

Surrey Health and Wellbeing Board

Date of meeting	13 March 2014
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Item / paper title: Developing a Preventative Approach Priority Action Plan

Purpose of item / paper	The purpose of the paper is to review progress made in turning strategic priorities into actions, consider a set of proposed actions and agree which actions should be taken forward as part of the next steps.
Surrey Health and Wellbeing priority(ies) supported by this item / paper	The paper outlines the progress to date and next steps needed to implement the 'Developing a Preventative Approach' priority of the Joint Surrey Health and Wellbeing Strategy.
Financial implications - confirmation that any financial implications have been included within the paper	The development of the priority action plan is in its' early stages and one of the next steps will be to consider the financial implications for all the actions.
Consultation / public involvement – activity taken or planned	Large scale engagement took place as part of the prioritisation process that resulted in Surrey's five health and wellbeing priorities. This engagement included over 900 people from a range of organisations from across Surrey. The development of the action plans is in its early stages and one of the next steps should include engagement with stakeholders.
Equality and diversity - confirmation that any equality and diversity implications have been included within the paper	The development of the priority action plan is in its' early stages and one of the next steps will be to consider the equality and diversity implications for all the actions.
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Sponsoring Surrey Health and Wellbeing Board Member	Helen Atkinson: Director of Public Health, Surrey County Council - Helen.atkinson@surreycc.gov.uk John Jory: Chief Executive Reigate and Banstead Borough Council - john.jory@reigate-banstead.gov.uk

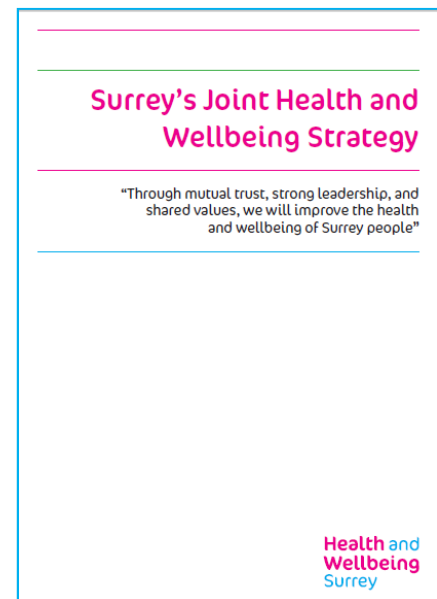
Actions requested / Recommendations	The Surrey Health and Wellbeing Board is asked to: <ul style="list-style-type: none">• Review progress made so far in turning strategic priorities into actions.• Endorse the proposed approach to a developing the Prevention Priority Plan, and specifically the two-staged approach.• Agree to receive a further update report and action plan following the completion of phase two of the priority planning.
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1. Background / context

Surrey's Joint Health and Wellbeing Strategy sets out five priority areas for Surrey's Health and Wellbeing Board to focus upon - these are:

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

In developing its work programme, and to ensure sufficient focus and time is spent on each priority, the Board decided to tackle each of the five priorities in turn with the aim of translating the high level strategic intentions described in the Strategy into clear sets of actions for the Board and its member organisations to take forward together.



The Board has also agreed a set of cross cutting principles which underpin the Board's work on each of the priority areas:

- Early intervention
- Improved outcomes
- Centred on the person, their families and carers
- Evidenced based
- Opportunities for integration
- Reducing health inequalities

This report provides an update on the work that has been undertaken to develop the Health and Wellbeing Board's action plan for the 'Developing a preventative approach' priority – it sets out the rationale for the focussing on prevention (the evidence base), summarises the work undertaken so far and sets out a proposed approach and set of next steps for taking the priority planning forward.

2. Why prevention? – the evidence base

Ill-health prevention must form the foundation of any strategy to improve health and wellbeing. The evidence base for this is substantial, and includes:

- The Global Burden of Disease Survey 2010
- The US County Health Rankings Model
- The Marmot Review

The Global Burden of Disease Survey 2010 - Leading Risk Factors

The Global Burden of Disease 2010 study is the largest study ever undertaken, and shows that in the UK, the contribution of unhealthy behaviours to the overall burden of disease is enormous. This represents a key opportunity to improve health and wellbeing through targeting these behaviours through a prevention strategy.

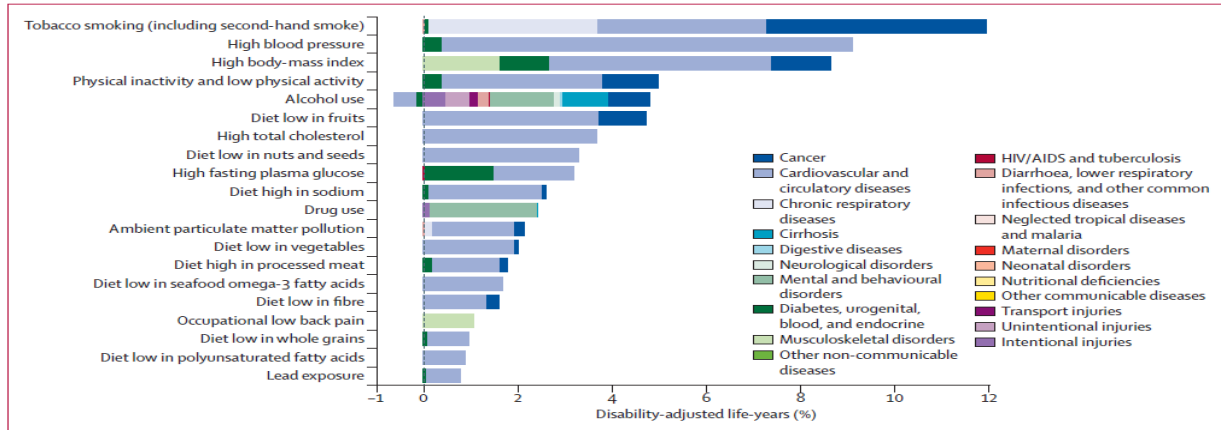


Figure 7: Burden of disease attributable to 20 leading risk factors for both sexes in 2010, expressed as a percentage of UK disability-adjusted life-years. The negative percentage for alcohol is the protective effect of mild alcohol use on ischaemic heart disease and diabetes.

According to the Global Burden of Disease Survey 2010 the top 5 risk factors are tobacco smoking, hypertension, high BMI, physical inactivity, and alcohol, all of which are entirely, or in large part amenable to prevention (significant weight loss through calorie restriction or bariatric surgery leads to a cure rate for hypertension and diabetes of over 70% - not an argument for bariatric surgery necessarily, but for the impact of weight loss on hypertension).

All dietary and exercise components together account for 14.3% of the burden of disease.

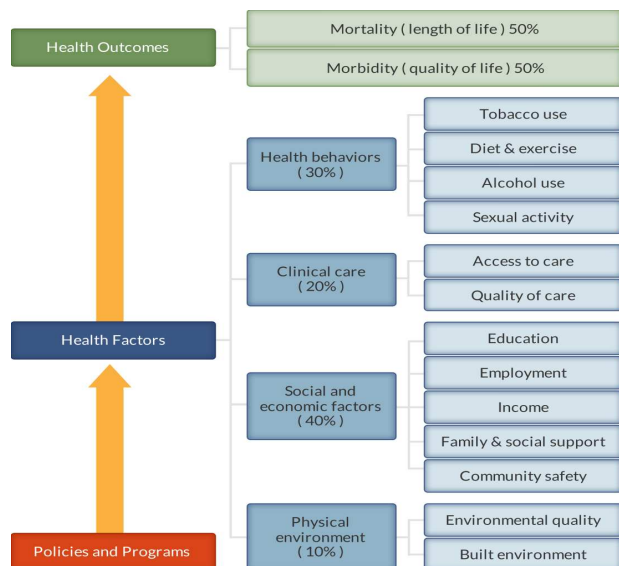
Tobacco smoking alone accounts for 12% of the burden of disease, the single greatest cause of ill health in the UK.

It should also be noted that tobacco smoking, as the single greatest cause of preventable deaths in England, kills over 80,000 people per year, greater than the COMBINED total of preventable deaths from obesity, alcohol, road traffic accidents, illegal drugs, and HIV (source: NICE).

US County Health Rankings

The US County Health Rankings systematic review of determinants of health outcomes estimates the following contributions:

- Socio-economic factors: 40%
- Unhealthy behaviours: 30%
- Clinical care: 20%
- Environmental factors: 10%

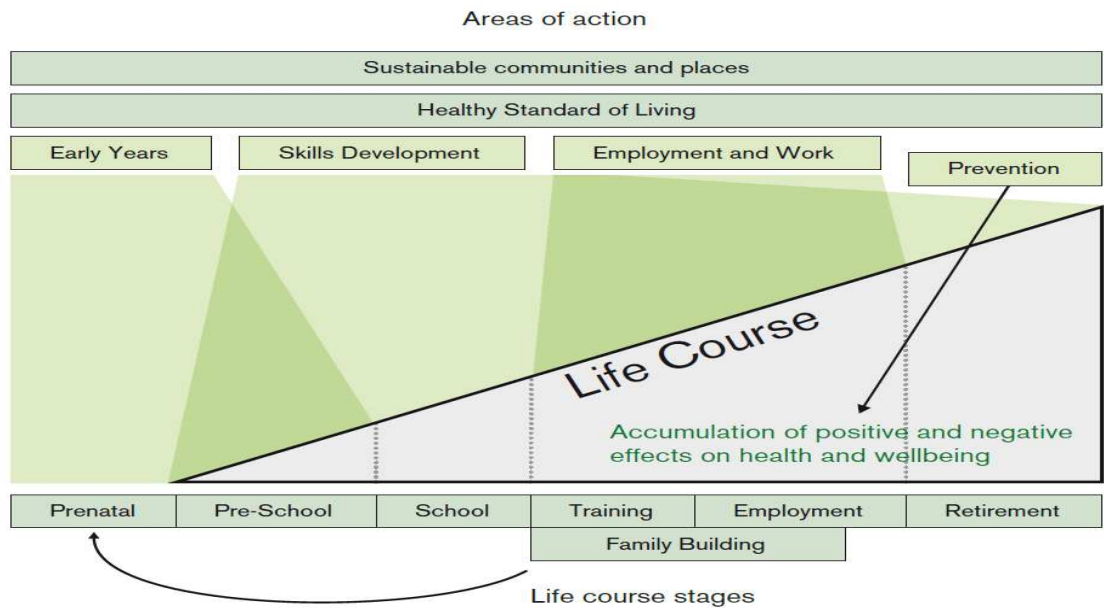


County Health Rankings model ©2012 UWPHI

Marmot Review

The Marmot Review shows us with staggering clarity that health inequalities arise from social inequalities, and action on inequalities require a focus on prevention. Prevention here incorporates both the narrow definition of tackling unhealthy behaviours, and the wider definition of action on socio-economic determinants to prevent the onset of ill-health in the future.

Figure 5 Action across the life course

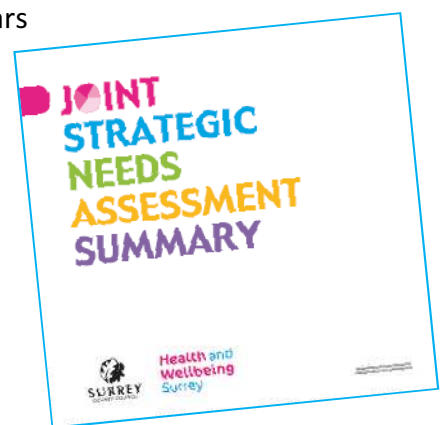


3. Outcomes for people in Surrey

Surrey’s Joint Strategic Needs Assessment (JSNA) provides a vast range of information, measures and indicators regarding the population in Surrey and includes information about the ‘risk factors’, outcomes and lifestyle choices of those living in the County.

The JSNA tells us:

- Life expectancy is 6.3 years lower for men and 4.0 years lower for women in the most deprived areas of Surrey than in the least deprived areas. Poverty is also linked to poor health outcomes for children
- On average in Surrey, boys aged 11 to 18 years eat 3 portions of fruit and vegetables per day and girls eat 2.8 portions per day. Only 11% of boys and 8% of girls in this age group met the ‘5-a-day’ recommendation
- 14% of children in year 6 are classed as ‘obese’, this is five percentage points below the English average of 19%
- Only around a third of adults (32.5%) in Surrey eat the minimum of five fruit and vegetables per day



- In 2010, 12% of adults in Surrey did the recommended amounts of physical activity (5 x 30 minutes of moderate activity every week)
- About 25% of people aged 16+ in Surrey drink in a way classed as “increasing risk”, meaning more than 3-4 units a day on a regular basis. This is the second highest level of “increasing risk” drinking in the country, and is higher than the national average which is 20%
- On average there are around 550 more deaths in winter than summer in Surrey, some of which can be prevented by improvements in housing conditions.

4. What are we trying to achieve?

Surrey’s Health and Wellbeing Strategy describes five outcomes that will be achieved if we are successful – these are:

- The gap in life expectancy across Surrey will narrow
- More people (people means all people – children and adults) will be physically active
- More people will be a healthy weight
- The current increase in people being admitted to hospital due to drinking alcohol will slow
- There will be fewer avoidable winter deaths

The Public Health Outcomes Framework , which reflects a focus not only on how long people live, but on how well they live at all stages of life, provides a helpful set of measures to help us to track progress.

The Framework, a summary of which is included in appendix one, has two overarching indicators:

- increased healthy life expectancy; and
- reduced differences in life expectancy and healthy life expectancy between communities.

5. Our approach to prevention planning in Surrey

Prevention cuts across all aspects of health and wellbeing – in order to develop a manageable programme of work, the Board began by looking at the evidence base and selecting four areas to focus its initial discussions. These, being the leading causes of ill-health and early death, were:

- Smoking;
- Physical activity / exercise;
- Healthy eating / nutrition; and
- Alcohol.

The Board held two workshops in January and February 2014 to explore the evidence and begin to identify actions and opportunities for partners from the County Council, District

and Borough Councils, Surrey's Clinical Commissioning Groups (CCGs) and Surrey Police to work together. Examples of the types of projects / pieces of work discussed at those workshops are set out in appendices two and three. The intention is for the actions identified and agreed by the Health and Wellbeing Board to complement the actions within the CCG Prevention Plans that the County's Public Health Team have already produced (see appendix 4).

In addition, and to inform the Board discussions and to share good practice, a District and Borough workshop was held in January 2014 – this included presentations from a range of partners including Active Surrey, Sustrans¹, Guildford Borough Council's food safety team, Reigate and Banstead Borough Council's Community Safety Team and the County Council Trading Standards Team.

6. Next steps and proposed approach

Through this report, the Board is asked to endorse a two-staged approach to prevention planning. At a high level, this two staged approach would be:

Stage one of the Surrey prevention planning

- CCGs to incorporate their CCG Prevention Plans into their local strategic and operational plans; and
- Further work to be undertaken across all six CCG areas in Surrey to further develop, refine and agree the CCG / District and Borough / Public Health actions identified in the Health and Wellbeing Board workshops in January and February 2014.

Stage two of the Surrey prevention planning

- Stage two Health and Wellbeing Board and District and Borough workshops to be held in Summer / Autumn 2014 focussing on the wider prevention agenda (including, for example, air quality and accident prevention);
- Discuss and agree governance arrangements for overseeing delivery of local action plans; and
- Prepare and present a Surrey Prevention Plan (covering stages one and two) for approval by the Health and Wellbeing Board. A Surrey Prevention Plan template is attached (appendix 4).

Alongside the approach proposed above:

- The Annual Public Health Report (to be produced by the Director of Public Health) will focus on the evidence to support the prevention planning for stages one and two; and
- This prevention plan will not be developed or implemented in isolation - there are interdependencies with numerous other regional and local strategies and programmes.

¹ Sustrans is a UK charity that aims to enable people to travel by foot, bike or public transport for more of their everyday journeys.

Appendix one – the Public Health Outcomes Framework 2013 – 2016

VISION
To improve and protect the nation's health and wellbeing and improve the health of the poorest fastest
Outcome measures
Outcome 1) Increased healthy life expectancy, i.e. taking account of the health quality as well as the length of life
Outcome 2) Reduced differences in life expectancy and healthy life expectancy between communities (through greater improvements in more disadvantaged communities)

Alignment across the Health and Care System

- * Indicator shared with the NHS Outcomes Framework
- ** Complementary to indicators in the NHS Outcomes Framework
- † Indicator shared with the Adult Social Care Outcomes Framework
- †† Complementary to indicators in the Adult Social Care Outcomes Framework

Indicators in *italics* are placeholders, pending development or identification

Public Health Outcomes Framework 2013–2016

At a glance

1 Improving the wider determinants of health
Objective
Improvements against wider factors which affect health and wellbeing and health inequalities
Indicators
1.1 Children in poverty 1.2 School readiness 1.3 Pupil absence 1.4 First time entrants to the youth justice system 1.5 16-18 year olds not in education, employment or training 1.6 Adults with a learning disability / in contact with secondary mental health services who live in stable and appropriate accommodation* (ASCOF 1G and 1H) 1.7 People in prison who have a mental illness or a significant mental illness 1.8 Employment for those with long-term health conditions including adults with a learning disability or who are in contact with secondary mental health services ** (NHSOF 2.2) †† (ASCOF 1E) †† (NHSOF 2.5) †† (ASCOF 1F) 1.9 Sickness absence rate 1.10 Killed and seriously injured casualties on England's roads 1.11 Domestic abuse 1.12 Violent crime (including sexual violence) 1.13 Re-offending levels 1.14 The percentage of the population affected by noise 1.15 Statutory homelessness 1.16 Utilization of outdoor spaces for exercise / health reasons 1.17 Fuel poverty 1.18 Social isolation † (ASCOF 1I) 1.19 Older people's perception of community safety †† (ASCOF 4A)

2 Health improvement
Objective
People are helped to live healthy lifestyles, make healthy choices and reduce health inequalities
Indicators
2.1 Low birth weight of term babies 2.2 Breastfeeding 2.3 Smoking status at time of delivery 2.4 Under 16 conceptions 2.5 Child development at 2 – 2 ½ years 2.6 Excess weight in 4-5 and 10-11 year olds 2.7 Hospital admissions caused by unintentional and deliberate injuries in children and young people aged 0-14 and 15-24 years 2.8 Emotional well-being of looked after children 2.9 Smoking prevalence – 15 year olds (Placeholder) 2.10 Self-harm 2.11 Diet 2.12 Excess weight in adults 2.13 Proportion of physically active and inactive adults 2.14 Smoking prevalence – adults (over 16s) 2.15 Successful completion of drug treatment 2.16 People entering prison with substance dependence issues who are previously not known to community treatment 2.17 Recorded diabetes 2.18 Alcohol-related admissions to hospital 2.19 Cancer diagnosed at stage 1 and 2 2.20 Cancer screening coverage 2.21 Access to non-cancer screening programmes 2.22 Take up of the NHS Health Check programme – by those eligible 2.23 Self-reported well-being 2.24 Injuries due to falls in people aged 65 and over

3 Health protection
Objective
The population's health is protected from major incidents and other threats, whilst reducing health inequalities
Indicators
3.1 Fraction of mortality attributable to particulate air pollution 3.2 Chlamydia diagnoses (15-24 year olds) 3.3 Population vaccination coverage 3.4 People presenting with HIV at a late stage of infection 3.5 Treatment completion for TB 3.6 Public sector organisations with board approved sustainable development management plan 3.7 Comprehensive, agreed inter-agency plans for responding to health protection incidents and emergencies

4 Healthcare public health and preventing premature mortality
Objective
Reduced numbers of people living with preventable ill health and people dying prematurely, whilst reducing the gap between communities
Indicators
4.1 Infant mortality* (NHSOF 1.0) 4.2 Tooth decay in children aged 5 4.3 Mortality rate from causes considered preventable ** (NHSOF 1a) 4.4 Under 75 mortality rate from all cardiovascular diseases (including heart disease and stroke)* (NHSOF 1.1) 4.5 Under 75 mortality rate from cancer* (NHSOF 1.4) 4.6 Under 75 mortality rate from liver disease* (NHSOF 1.3) 4.7 Under 75 mortality rate from respiratory diseases* (NHSOF 1.2) 4.8 Mortality rate from communicable diseases 4.9 Excess under 75 mortality rate in adults with serious mental illness* (NHSOF 1.5) 4.10 Suicide rate 4.11 Emergency readmissions within 30 days of discharge from hospital* (NHSOF 2b) 4.12 Preventable sight loss 4.13 Health-related quality of life for older people 4.14 Hip fractures in people aged 65 and over 4.15 Excess winter deaths 4.16 Estimated diagnosis rate for people with dementia* (NHSOF 2.0)

Appendix two - local actions agreed at the Health and Wellbeing Workshop on 9 January 2014

CCG/D&B	Rationale	What action	Who by	When and next steps	Measure of Success
Surrey Heath, Guildford and Waverley CCGs	Smoking has a big overall impact on health and wellbeing	Involving targeted local communities in a different model of delivery of Stop Smoking interventions e.g. Smoking clinics in pubs	PH stop smoking team CCG's, D and Bs on the wider smoking issues Targeting GP practices in areas of high prevalence. Involve Voluntary sector (Carol Dunnett)	Immediate	Improved numbers of quits and improved quit rates
Surrey Heath, Guildford and Waverley CCGs	Improving opportunities for physical exercise in daily routine e.g. work	Stair marking in workplaces showing the number of calories used if people use the stairs rather than the lift. Has an evidence base and has been tried before in other areas. Easy to do by everyone and all partners	PH team, CCG and D& Bs	Discussions to start with partners on feasibility within work places e.g. SCC and D and B offices	Slow down overall increase in obesity rates. Increase level of physical activity within population
Surrey Downs CCG, Mole Valley and Reigate & Banstead BC	Improving health and wellbeing with particular focus on the wider determinants of health	Social prescribing of physical activity, emotional wellbeing activity and befriending schemes.	CCG and D& Bs	To start by scoping referral route between GPs and D&B services	Improved health and emotional health outcomes
Surrey Downs CCG, Mole Valley and Reigate & Banstead BC	Reduction in health inequalities by targeted interventions	Making better use of the existing Family Support Programme by adopting wider reach criteria.	CCG and D&Bs	Scope	Improved health outcomes
Surrey Downs CCG, Mole Valley and Reigate & Banstead BC	Widening the PH workforce for better health outcomes	Developing multidisciplinary skill sets by training frontline staff in brief interventions (staff in job centres, GP surgeries, schools, housing dept and benefits agency)	PH, D&Bs, CCGs	Scope the training offer and how this will be offered	Increased specialist workforce Improved health outcomes
Surrey Downs CCG, Mole Valley and Reigate & Banstead BC	A focus on alcohol which is one of the leading causes of ill health	Patch targeting by Trading Standards and licensing based on risky drinking and antisocial behaviour information.	SCC, D&Bs, Police and PH	Scope what needs to be done and add to the alcohol strategy	Improved health outcomes and reduction in A&E attendances due to alcohol

Surrey Downs CCG, Mole Valley and Reigate & Banstead BC	A targeted approach to improve health outcomes in the workplace	Trying to target the unhealthy behaviours and lifestyles of the 'White Van Demographic' through the Workplace Health Charters and Environmental Health	PH, D&Bs	The Workplace Health Charter is to be piloted in April when the national tool kit is launched	Improved health outcomes
East Surrey CCG and Reigate and Banstead BC	Better information sharing across partners on alcohol: Primarily between GPs, borough and district councils and the Police.	For discussion at the Joint Enforcement Group – need to work through the detail i.e. what the information would be, how it would be shared and when, and have a formal protocol.	PH, CCG, D&Bs	Joint Enforcement Group to invite health to their meeting	Improved health outcomes and reduction in A&E attendances due to alcohol
East Surrey CCG and Reigate and Banstead BC	Licensing: The Police and Public Health should be more formally involved in licensing decisions about bars and off licences, to ensure they are more effective, based on more robust evidence	Map the current process for consultation re licensing in Reigate and Banstead. Identify what other areas are doing with respect to health input into licensing. Public Health to consider their input into the licensing process	PH, D&Bs and CCG Pete Tong Kate Lees Kate Lees	To include in the alcohol strategy action plan	Improved health outcomes and reduction in A&E attendances due to alcohol
East Surrey CCG and Reigate and Banstead BC	Communications - Agreeing key messages to public / joint surrey communications strategy on alcohol	Agree core messages so that we can have a coordinated approach. Localise these messages e.g. numbers of people turning up at A&E, what this costs i.e. at East Surrey Hospital there were X no of alcohol related admissions Agree a comms strategy can explain what comms methods will be a county approach and what methods will be local.	PH, CCG, D&Bs and the Health and Wellbeing Board Communications Group	Include in the Alcohol Strategy Action Plan and use the Health and Wellbeing Board Communications Group and website to take forward	Improved health outcomes and reduction in A&E attendances due to alcohol

East Surrey CCG and Reigate and Banstead BC	Having one pot of money that many organisations contribute to (like the Better Care Fund).	This would help delivery of preventative initiatives where one organisation invests (the money, time, effort) and another organisation gains the benefits. An e.g. initiative Booze Bus outside hospital	PH, CCGs and D&Bs	Further scoping	TBC
East Surrey CCG and Reigate and Banstead BC	Focused work on increasing physical activity a key priority for improving health outcomes	GP prescribing physical activity with the incentive of free gym membership for one month	CCG and D&Bs	Scope the referral	Increased physical activity Improved health outcomes
East Surrey CCG and Reigate and Banstead BC		A service that provides blood pressure monitors or an ECG in different locations like libraries or leisure centres	CCGs, D&Bs	Scope the evidence base	
East Surrey CCG and Reigate and Banstead BC	Linking up GPs to the Neighbourhood Policing Teams–	GPs could refer patient’s details onto policing team to follow up on, to prevent reoccurrence?	CCGs, D&Bs, Police	Scope the evidence base	
East Surrey CCG and Reigate and Banstead BC	Birmingham City Council provides leisure centre services free of charge.	D&Bs to offer leisure services free of charge	D&Bs	Cost / benefit evidence for this is not clear – would need to be investigated before exploring in Surrey.	
East Surrey CCG and Reigate and Banstead BC	Police and CCG keen to work together on occupational health	Districts and Boroughs are leading on the Workplace Health Charter. Could the Police and Primary Care practices be included as workplaces?	D&Bs, PH, CCGs and Police	Include in the plans for roll out post the pilot in April	Improved health outcomes
East Surrey CCG and Reigate and Banstead BC	Targeted joint working with the elderly frail at a local level	GPs should share the risk stratification tool with borough and district councils to enhance effectiveness and outcomes	CCGs, D&Bs	Further scoping of what information would be shared and link into Better Care Fund action plans	Improved health outcomes

<p>NW Surrey CCG and Woking Borough Council</p>	<p>Linking H&W prevention priority (smoking, alcohol, physical activity and nutrition) and H&W children's priority.</p> <p>Strong evidence base regarding implementing 'early help'. (Marmot life course)</p>	<p>Focus on 'early help' in targeted communities in Woking. To align with partners commissioning plans in particular NW Surrey CCG 'targeted communities' prevention plan.</p> <p>Immediate action: clarify needs regarding prevention in early years from NW Surrey JSNA.</p> <p>Ensure strategic fit with all key partners: NW Surrey CCG, Surrey County Council (CSF, ASC and PH), Woking Borough Council and Area Team</p> <p>Find recent research on 'family nursing' and circulate.</p> <p>Principles: Universally available services but targeted and differentiated where necessary.</p> <p>Evidence based: effective prevention in early years support but not over professionalised e.g. use of peer support.</p>	<p>SCC CSF, CCG, D&B, PH</p> <p>Ian Banner (SCC) - to lead from 'early help' perspective.</p> <p>Jo-Anne Alner (NW Surrey CCG) Ray Morgan (Woking BC)</p> <p>Ruth Hutchinson (SCC- PH)</p>	<p>Scoping to be completed by end of March 2014.</p>	<p>Strategic fit with priorities of all partners based on need.</p>
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Appendix three - on 6 February 2014 the Board assessed the identified projects for each CCG/D&B area against both the Board Principles and the Strategy Outcomes.

Health and Wellbeing Board Principles

CCG/D&B Projects	Centred on the person, their family and carers	Early Intervention	Opportunities for integration	Reducing Health Inequalities	Evidenced based	Improved outcomes
East Surrey – Alcohol better info sharing	√	√	√	√	√	√
East Surrey - Licencing	X	√	√	X	√	√
East Surrey – pooled budgets	√	√	√	√	√	√
East Surrey - GP exercise on referral	√	√	√	√	√	√
East Surrey – Workplace Health Charter	X	√	√	√	√	√
East Surrey – frail elderly social prescribing	√	√	√	√	√	√
Surrey Downs – Social Prescribing	√	√	√	√	√	√
Surrey Downs – Family Support Programmes	√	√	√	√	√	√
Surrey Downs – Developing multidisciplinary skills	√	√	√	√	?	?
Surrey Downs – Alcohol intelligence in enforcement	√	√	√	√	√	√
Surrey Downs – Workplace Health Charter	√	√	X	√	?	?
North West Surrey – Teenage Conceptions	√	√	√	√	√	√
North West Surrey – emotional wellbeing children	√	√	√	√	√	√
North West Surrey – childhood obesity	√	√	√	√	√	√
North West Surrey - Alcohol	√	√	√	√	√	√
North West Surrey - smoking	√	√	√	√	√	√
North West Surrey - Nutrition	√	√	√	√	√	√

North West Surrey – Physical activity	√	√	√	√	√	√
North West Surrey – Targeted awareness	√	√	√	√	√	√
Guildford & Waverley, Surrey Heath and NE Hants & Farnham – targeted smoking cessation	√	√	√	√	√	√
Guildford & Waverley, Surrey Heath and NE Hants & Farnham - Physical activity (stairs & employers)	---	√	---	---	√	√
Guildford & Waverley, Surrey Heath and NE Hants & Farnham – targeted physical activity offer	√	√	√	√	√	√
Guildford & Waverley, Surrey Heath and NE Hants & Farnham – YP smoking prevention	?	√√	?	√	√	√

Health and Wellbeing Board Outcomes

CCG/D&B Projects	Gap in Life Expectancy narrowed	More people physically active	More people with a healthy weight	Increase in alcohol admissions slowing	Fewer avoidable winter deaths
East Surrey – Alcohol better info sharing	√	X	√	√	√
East Surrey - Licencing	√	X	X	√	X
East Surrey – pooled budgets	√	√	√	√	√
East Surrey - GP exercise on referral	√	√	√	X	X
East Surrey – Workplace Health Charter	√	√	√	√	X
East Surrey – frail elderly social prescribing	√	√	√	X	√
Surrey Downs – Social Prescribing	√	√	√	√	√
Surrey Downs – Family Support Programmes	√	√	√	√	X

Surrey Downs – Developing multidisciplinary skills	√	√	√	√	√
Surrey Downs – Alcohol intelligence in enforcement	√	X	√	√	X
Surrey Downs – Workplace Health Charter	√	√	√	√	X
North West Surrey – Teenage Conceptions	X	X	X	X	X
North West Surrey – emotional wellbeing children	√	√	√	√	X
North West Surrey – childhood obesity	√	√	√	X	X
North West Surrey - Alcohol	√	X	√	√	?
North West Surrey - smoking	√	X	X	X	√
North West Surrey - Nutrition	√	√	√	√	√
North West Surrey – Physical activity	√	√	√	X	√
North West Surrey – Targeted awareness	√	√	√	√	√
Guildford & Waverley, Surrey Heath and NE Hants & Farnham – targeted smoking cessation	√	X	X	X	√
Guildford & Waverley, Surrey Heath and NE Hants & Farnham - Physical activity (stairs & employers)	?	√	√	X	?
Guildford & Waverley, Surrey Heath and NE Hants & Farnham – targeted physical activity offer	√	√	√	X	√
Guildford & Waverley, Surrey Heath and NE Hants & Farnham – YP smoking prevention	√	X	X	X	?

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