

Health and Wellbeing Board  
Thursday 7<sup>th</sup> December 2017

## Developing a Preventative Approach: Priority Status Update

### Purpose of the report: Performance Management

To provide the Health and Wellbeing Board with an update on progress against the 'Developing a Preventative Approach' priority in the Joint Health and Wellbeing Strategy since the Board's last update in January.

### Recommendations:

1. The HWBB is asked to agree to:
  - endorse the Surrey Air Alliance Action Plan and for representatives to support action on air quality through their own organisations
  - explore the opportunities of the fire service as an asset to health and social care through their own organisations and Sustainability and Transformation Partnerships (STPs)
  - support and advocate for the inclusion of Cardiovascular Disease (CVD) prevention in all relevant clinical pathways
  - support the Surrey Tobacco Control Strategy in their own organisation by implementing the delivery of brief advice to all smokers about quitting and referring them for specialist stop smoking support
  - support the Surrey Tobacco Control Strategy as a priority within STP plans
  - support the Multiple and Severe Disadvantage/Needs programme through their own organisations and consider nominations to the Partnership and Delivery Board
  - the reporting of the Multiple and Severe Disadvantage/Needs work to come to the HWB Board

## Performance Overview:

2. 'Developing a Preventative Approach' is the second priority in the Joint Health and Wellbeing Strategy (JHWS). The aim of this priority is to prevent ill-health as well as spot potential problems as early as possible and ensure effective support for people. National and international evidence tells us that there is a clear link between social status, income and health which creates a significant gap in life expectancy. Put simply people are healthy when they have a good start in life; reach their full potential and have control over their lives; have a healthy standard of living; have good jobs and working conditions; and live in healthy and sustainable communities.
3. The Health and Wellbeing Board last considered the 'Developing a Preventative Approach' priority in January. At that meeting there was an update on delivering the prevention priority through the Surrey STPs and an update on the work around Air Quality.
4. Since the Board received its last update, the 'Developing a Preventative Approach' priority has been progressed in a number of key areas, more details on this have been provided below. Furthermore, the new five-year place-based Sustainability and Transformation Plans (STPs) have been agreed and Sustainability and Transformation Partnerships established. Prevention and self-care are priorities within all three STPs that cover Surrey.
5. The Health and Wellbeing Board 'Developing a Preventative Approach' priority has been implemented largely through local CCG prevention plans as well as relevant local Health and Wellbeing Strategies. An update on the progress and achievements of these plans was provided in the last update to this Board.
6. Rather than focus on the work that individual CCGs and districts and borough councils are undertaking, this report focuses on five key areas where partners are addressing prevention at a Surrey-wide or STP-wide partnership level. Described in greater detail below, the five areas are:
  - Air Quality
  - Fire as a Health Asset
  - Prevention of CVD across Surrey
  - Tobacco Control Strategy
  - Severe and Multiple Disadvantage/Needs (Complex Needs)

## Key Achievements and Outcomes

## 7. Air Quality

### *Background*

8. Air pollution is an important determinant of health. Numerous epidemiological studies, including large cohort studies that follow people's health over several years, have found an association between air pollution and a wide range of adverse health effects (World Health Organisation Regional Office for Europe, 2005).
9. Poor air quality can impact across the life course, including effecting children's lung-growth and increasing the risk of chronic disease later in life. Older adults, children, pregnant women and people with long term chronic conditions, may be more vulnerable to the effects of air pollution. Areas of high deprivation suffer a greater burden from air-pollution-related ill health, contributing to inequalities in health (Royal College of Physicians, 2016).
10. Pollutants that impact significantly on health include: PM<sub>2.5</sub> (small particulate matter, which includes combustion particles from petrol or diesel engines and tyre and break wear); nitrogen dioxide (gases generated by vehicles, or by chemical reactions in the atmosphere); and ozone (this gas is formed when other pollutants react in the atmosphere). (Department of Environment, Food and Rural Affairs, DEFRA 2016).
11. District and borough councils have the statutory duty to assess air quality (under 1995 Environment Act) and declare an Air Quality Management Area (AQMA) if there is a potential breach in the standards. There are currently 25 AQMAs declared in Surrey distributed between eight of the eleven boroughs and districts. Guildford, Mole Valley and Tandridge have not to date declared any AQMAs. All 25 AQMAs in Surrey are declared in relation to excessive nitrogen dioxide (NO<sub>2</sub>), or both NO<sub>2</sub> and particulate matter under 10 microns (PM<sub>10</sub>). The source of both these pollutants in Surrey is road traffic. This mirrors the national picture: transport is identified as the main source of pollution in 92% of all AQMAs (Surrey County Council Transport Plan: Air Quality Strategy, 2016).

### *Partnership working to improve air quality*

12. Improving air quality requires joint strategic action across a range of stakeholders. In April 2016, DEFRA published revised air quality guidance setting out a new flexible role for upper tier local authority (Director of Public Health) in working towards reducing emissions and concentrations of PM<sub>2.5</sub>, recognising the need for collective action to address air quality issues. Therefore, Surrey County Council

(Public Health and Environment & Infrastructure) have been working closely with Environmental Health colleagues in district/boroughs across Surrey to improve air quality and established the Surrey Air Alliance in 2016.

13. Following the air quality update to the Health and Wellbeing Board in January, the Surrey Air Alliance has developed a multi-agency action plan aiming to reduce the negative health impacts of air quality on local residents. The action plan includes six key workstreams: communication; behaviour change; monitoring air quality; planning; transport and infrastructure; and research.
14. The communication workstream includes four main aims: to increase awareness of the health impacts of poor air quality among people who live and work in Surrey; to increase awareness of where the Air Quality Management Areas (AQMAs) are across Surrey; to support people with cardiovascular and respiratory conditions to understand the potential impacts of air quality and know how to manage their condition during episodes of poor air quality (through the Air Alert System); and ensuring strong communication channels between district/borough councils and Surrey County Council around air quality issues to support joint action.
15. The behaviour change workstream aims to support individuals, organisations and businesses to change their current behaviour to improve air quality. This area includes promoting a consistent approach to taxi licencing across Surrey to encourage the use of low emission vehicles; encouraging local businesses/public transport providers to reduce emissions in their fleet vehicles; developing a behaviour change campaign for use in schools; and expanding the anti-idle campaign at appropriate settings across Surrey (for example at train crossings).
16. The monitoring workstream aims to develop a consistent approach to monitoring air quality across district/borough councils to support joint action. District and borough councils have the statutory duty to assess air quality (under 1995 Environment Act) and declare an Air Quality Management Area (AQMA) if there is a potential breach in the standards. To build on this, we plan to undertake a computer modelling exercise on PM<sub>2.5</sub> and nitrogen dioxide concentrations across Surrey (including health impact and costs of air pollution). This will support a better understanding of air quality across Surrey to enable targeted action and provide a baseline to measure success of interventions in the action plan.
17. The planning workstream recognises the potential impact that new developments can have on air quality and looks

to maximise the opportunities for improving air quality through the planning process. Key outcomes are for: developers to consider the impact of their plans on local air quality; local authority Planning Services to consider the impact of planning applications and the Local Plan on local air quality; and promote a consistent approach to conditions and recommendations on new developments across local authorities in Surrey.

18. Transport is identified as the main source of pollution in 92% of all AQMAs (Surrey County Council Transport Plan: Air Quality Strategy, 2016), therefore the transport workstream identifies key interventions: to reduce local emissions through transport solutions; increase use of low emission vehicles, through the emerging Electric Vehicle Charging Strategy; and to increase use of alternative modes of travel, for example through sustainable transport projects such as walking, cycling and public transport use (bus and rail).
19. The final workstream is around research to increase understanding of interventions that are effective in improving air quality. We will explore opportunities to collaborate with Surrey University, who lead the Global Centre for Clean Air Research.
20. Across the action plan, we will prioritise neighbourhoods/targeted work in areas with poorest air quality to tackle health inequalities. The Surrey Air Alliance will ensure this work is linked with the Surrey Transport Plan, Local Transport Strategies for each district/borough, Electric Vehicle Charging Strategy, Surrey Healthy Weight Strategy, individual district/borough Air Quality Action Plans and the Surrey Air Quality Strategy.
21. The Air Quality Action Plan will be included as an appendix to Surrey County Council's Air Quality Strategy, although it will be owned by the Surrey Air Alliance partnership. A workplan has been developed in order to implement the action plan through the Surrey Air Alliance.
22. We are working with members and Chief Executives of local authorities to raise awareness of air quality and gain support to build on the action plan and strengthen joint working on air quality.
23. The Surrey Public Health Team are linking this work with the sustainability agenda in local Sustainable Transformation Partnerships (STPs), and are currently developing a 'sustainable hospitals' model, working with the Surrey Heartlands Sustainability Ambassador. The 'sustainable hospitals' model supports the air quality action plan with respect to active travel plans; reducing emissions

from fleet vehicles; and raising awareness of the health impact of air quality, for example through embedding the Air Alert Scheme in respiratory and cardiovascular pathways. Once developed and piloted, this model could be extended to all hospitals sites across Surrey, through the relevant STP.

24. **Fire as a Health Asset**
25. Fire as a Health Asset is a national agreement between the Chief Fire Officers Association, NHS England, Public Health England and Age UK and covers a range of possible work streams that allow health to benefit from the fire services prevention skills and activities.
26. Surrey Fire and Rescue Service (SFRS) have been for the last 2 years supporting the corresponding work stream supplying SECAMB with additional resources for red 1 and red 2 emergency medical calls. This work is currently on hold due to a national dispute with the Fire Brigades Union. This does affect other work under Fire as a Health Asset.
27. SFRS introduced the concept of the Safe and Well Visits as part of the Fire as a Health Asset Programme to the Surrey Health and Wellbeing Board in 2016 which was supported by the Chief Fire Officer Group and Fire and Rescue Service Programme Board.
28. Since then SFRS have been working with the NHS using Exeter data sources, a number of CCG's, Adult Social Care locality hubs, Public Health, and others on building on this offer to the Surrey resident. The aim of this collaboration has been to utilise Fire as a Health Asset model to contribute to a number of high risk areas including falls prevention, non-emergency (Telecare) response service and referrals of high risk vulnerable adults directly to SFRS for a Safe and Well Visit through the locality hubs.
29. SFRS Safe and Well Visit currently is based on the service's Home Fire Safety Visit plus the use of One Stop Surrey enabling fire staff to appropriately refer in to up to 26 other agencies for services that support independent living.
30. SFRS has developed a business case for a Surrey-wide non-emergency (Telecare) response service based on the success of the pilot currently in Elmbridge.
31. SFRS have met with all CCG's Local Joint Commissioning Groups to highlight the potential advantages, benefits, costs efficiencies and improvements to resident services

that Fire as a Health Asset could provide. SFRS have outlined specific business case opportunities that already exist to further improve health, reduce demand for services and expenditure and potentially create alternative capacity within the current health care systems (see Appendix 1).

32. As yet, there is no identified funding to support a coordinated approach across Surrey for Fire as a Health Asset. In the Surrey Heartlands, this is being taken forward as part of the work of the Prevention Programme Board.
33. Additionally SFRS are part of the regional multi agency Fire as a Health Asset working group that are working to develop regional standards approaches and systems of delivery with the objective of highlighting areas of best practice and learning.
34. A range of opportunities for SFRS to contribute to health have been identified and can be found in Appendix 1.

### **35. Prevention of CVD across Surrey**

#### *Background*

36. Cardiovascular disease is an overarching term that describes a family of diseases with a common set of risk factors and that result from atherosclerosis (furring or stiffening of artery walls), particularly coronary heart disease, stroke and peripheral arterial disease. It also covers other conditions such as vascular dementia, chronic kidney disease, cardiac arrhythmias, type 2 diabetes, sudden cardiac death and heart failure. These conditions often share common risk factors or have a significant impact on cardiovascular disease mortality or morbidity.

#### *The case for change: why try to prevent CVD?*

37. Although there has been a significant reduction in deaths from cardiovascular disease in the past 20 years, it remains the second highest cause of death in England. Although mortality rates in Surrey are generally below the overall rate for England, an average of 356 people in Surrey lose their lives prematurely each year due to either Coronary Heart Disease or Stroke. CVD is the leading contributing condition to the life expectancy gap between the most and least deprived quintile of Surrey.
38. Cardiovascular disease can also have a serious impact on quality of life and cause considerable disability. Stroke survivors may lose their speech and have impaired mobility; those with peripheral arterial disease may lose a limb. The breathlessness and exhaustion of severe heart failure can preclude even minimal daily activities and all of these can prevent people returning to employment.

39. The approach to prevention of cardiovascular disease in Surrey focuses mainly on the first two levels of prevention:
- primary prevention: initiatives aimed at reducing the prevalence of the behavioural risk factors for CVD, namely:
    - Unhealthy diet
    - Physical inactivity
    - Tobacco use
    - Harmful use of alcohol
  - secondary prevention: aimed at detecting and treating conditions that are risk factors for CVD, namely:
    - Hypertension (high blood pressure)
    - High blood cholesterol
    - Irregular pulse (Atrial Fibrillation)
    - Pre-diabetes
    - Being overweight

*What are we doing in Surrey to prevent CVD?*

#### *Behavioural risk factors*

40. A healthy diet and regular physical activity are key components of maintaining a healthy weight, as well as important protective factors against CVD in themselves. The [Healthy Surrey website](#) has brought together a range of resources to help people in Surrey achieve and maintain a healthy weight, including the One You “how are you?” quiz and the [NHS Weight Loss Plan](#). The site also contains links to further information on a healthy diet (how to reduce salt intake for example) and becoming more active. Active Surrey, the County Sports Partnership (CSP) for Surrey, continue to implement the Physical Activity Strategy for Surrey which aims to increase exercise participation rates across all groups but in particular those known to be “inactive” (achieving less than 30 minutes of moderate intensity physical activity per week).

Surrey Public Health Team are leading the development of a Healthy Weight Strategy which takes a whole system approach and has a focus on Tier one (prevention) and environmental influences on weight. A full update on the Healthy Weight Strategy for Children and Families in Surrey has been received by this Board in November 2017.

- Action to reduce smoking rates, particularly amongst certain target population groups, is described in the separate Tobacco Control section below.
- Across Surrey, there are several initiatives and programmes in place or being developed to help reduce

the impact of harmful levels of alcohol intake. These include:

- The embedding of Alcohol Identification & Brief Advice processes within clinical pathways, combined with training for frontline staff
- Commissioning and promotion of the [Don't Bottle It Up](#) website
- Support to Alcohol Liaison Services in Hospitals
- Support to successful implementation of the “Risky Behaviour CQUIN”, an incentivisation programme for NHS providers around delivering screening, brief advice and referral for smoking and alcohol
- Development of the Local Alcohol Action Area Programme, aiming to tackle alcohol-related crime and health harms through licensing authorities, health bodies, and police coming together with businesses to address problems caused by alcohol in their local area.

*CVD-risk conditions; primary care*

43. CVD-risk conditions such as hypertension, high cholesterol, AF or pre-diabetes can be effectively treated with a mixture of drug treatment and support to modify health-related behaviours (e.g. healthy eating (including reducing salt intake), increasing exercise, quitting smoking and safe alcohol intake).
44. Elements of assessing patient's CVD risk are part of the Quality and Outcomes Framework payment incentive scheme, in which Surrey primary care organisations currently participate. This includes recording BMI, smoking status, blood pressure, blood sugar levels and cholesterol levels as well as diagnosing the risk conditions themselves.

*The NHS Health Check programme*

45. The aim of the NHS Health Check programme for people aged 40 to 74 is to reduce the burden of CVD in the community by enabling more people to have their risk identified and managed at an early stage. The Health Checks programme facilitates behaviour change around modifiable lifestyle factors.

In Surrey the NHS Health Check programme is delivered by GP practices and pharmacies with a small element of community based outreach. People living in deprived areas are known to be at greater risk of developing CVD and experiencing poor health outcomes. However, a recent equity audit found that these groups were three times less likely to receive the health check than those from more affluent areas. The Surrey Public Health team

are currently implementing a strategy of prioritisation of NHS Health Check delivery to ensure those at increased risk have the potential for at least equal, and preferably increased access to our programme. This revised delivery strategy incentivises GP providers to deliver Health Checks to those most at risk of Type 2 Diabetes and those living in areas of deprivation. Following implementation we will be reviewing the impact of this strategy to confirm it improves equity of access for Surrey residents and ensures that those most in need are given priority when it comes to receiving the NHS Health Check.

*Sustainability and Transformation partnerships*

46. All three STPs covering the Surrey area have a stated priority of improving the identification and management of CVD-risk conditions such as hypertension.
47. In Frimley STP, Surrey Public Health team are leading the development of implementation frameworks to improve the care pathway for hypertension including community awareness campaigns, community testing opportunities, case finding in primary care and strategies to improved adherence to management protocols.
48. Across all STPs in Surrey, the Public Health team lead the local implementation of the national Heart Age campaign during September 2017 (including “Know Your Numbers” week). The campaign aimed to raise awareness of the importance of knowing your blood pressure and make blood pressure checks freely available and accessible in community locations across England. Several community pharmacies and workplace settings participated, providing free blood pressure checks. Frimley Park hospital provided over 300 checks to staff and visitors, identifying over 100 people with higher than normal blood pressure.
49. Members of the Surrey Heartlands Partnership (STP) are developing a project focussing on improving blood pressure testing opportunities within workplaces. Whilst the prevalence of hypertension is highest in the oldest population groups, the proportion of those undiagnosed starts to increase from around 45 years and so the 45-65 year age group represents a good opportunity to diagnose and control the condition before it leads on to CVD. The workplace therefore is an ideal setting to reach this age group and it is proposed to begin with the large public sector workforce within the Heartlands area. As well as potentially identifying undiagnosed hypertension, providing blood pressure checks creates an opportunity to encourage changes in behaviour that have a positive effect of health and wellbeing and signpost to other sources of support (i.e a “Make Every Contact Count” approach). The group aims to co-design and implement a

pilot scheme with staff at the Royal Surrey County Hospital, before potential roll out to other Heartlands workplace settings, pending evaluation.

*The National Diabetes Prevention programme (Healthier You)*

50. Healthier You is a joint programme between Public Health England, Diabetes UK and NHS England. The aim is to identify those at risk of Type 2 diabetes early and refer them into evidence-based lifestyle interventions to reduce their risk. The programme is open to adults with raised blood glucose levels, but not in the diabetic range (i.e. they have non-diabetic hyperglycaemia, also known as pre-diabetes).
51. Healthier You in Surrey is delivered by Ingeus in partnership with Leicester Diabetes Centre (LDC). People are referred to the programme either through their GP or as the result of an NHS Health Check. Patients are invited to attend 13 sessions over a nine-month period, allowing participants to make behavioural changes gradually in a sustainable manner. Between April and September 2017, over 2,700 people have been referred to the programme.

**52. Update on the Surrey Tobacco Control Strategy**

53. In 2016, Surrey's adult smoking prevalence dropped from 14% to 12.4% (England 15.5%). However, smoking amongst those in routine and manual occupations, often low income jobs remained high at 23.5% (England 26.5%). As the local figures demonstrate, smoking rates vary across Surrey.
54. Smoking is the single biggest cause of health inequalities. The Surrey Tobacco Control Strategy (2016-21) focusses on reducing the smoking prevalence of priority groups, who often find it harder to quit and are more likely to suffer from smoking related disease and premature death.
55. In July 2017, the Department of Health published the Tobacco Control Plan for England which focusses on priority groups such as pregnant women and young people and reducing the inequality gap in smoking prevalence.
56. Over the past 6 months, Public Health and the Smokefree Surrey Alliance have been working in partnership to implement the Surrey Tobacco Control Strategy:

*Surrey County Council launches countdown to a total Smokefree workplace*

57. In June, Surrey County Council launched a one year countdown to implementing total smokefree grounds, removing all on site designated smoking areas. Some sites have already gone smokefree. SCC would like to support

local NHS partners who have taken steps to become smokefree, as well as support boroughs and district councils and commercial businesses to undertake the same steps. To support this, Public Health ran a workshop for partners where smokefree organisations shared their experiences of going smokefree.

58. In September, the three women's prisons in Surrey went totally smokefree. The remaining two prisons will go smokefree next year. In October, Surrey and Borders Partnership NHS Foundation Trust became totally smokefree.

#### *Smokefree Homes campaign*

59. The smokefree homes campaign encourages families to keep their homes totally smokefree, via an online quiz to help residents to test their knowledge on secondhand smoke. Promoted via social media and through partners such as Children's Centres, just under 400 people took the quiz throughout the month. The online quiz is still available via the Healthy Surrey website and will continue to be promoted by Public Health.

#### *Illicit Tobacco Roadshow*

60. Specially trained sniffer dogs joined trading standards, Public Health and Quit 51 (stop smoking service in Surrey) in Redhill, Woking, Staines and Guildford as part of a crackdown on illegal tobacco. The roadshow aimed to raise awareness of the dangers of illegal tobacco and cigarettes which is often linked to organised crime, carry no health warnings and can encourage young people to take up the habit because of its low prices. Over the four day roadshow, the team gathered intelligence from residents on where illicit tobacco is being sold in Surrey and referred smokers to Quit 51.

#### *Support for Surrey residents*

61. Quit 51 provide specialist stop smoking help and advice, providing behavioural support and stop smoking medications in a variety of venues across Surrey. With support from Quit 51, smokers are four times more likely to quit. In 2016/17, 2953 smokers set a quit date with Quit 51, with over 50% of them quitting smoking. Quit 51 are commissioned to support smokers in priority groups and successfully targeted pregnant smokers, those with mental health problems, BME groups and smokers with long term conditions.
62. **Severe and Multiple Disadvantage/Needs (Complex Needs)**

#### *Background*

- 63. In January 2017 Public Health, Policy and Performance and representatives of the Chief Housing Officers Group presented to the Health and Wellbeing board on “Health Inequalities, Homeless Health Needs Audit and Complex Needs”. This recognised that for individuals, whose needs fall across health, social and criminal justice, the current complex systems makes it difficult to achieve improved outcomes. The outcome of this was a request for local partners including Public Health to work to develop practical approaches to address this challenge.
- 64. In taking this forward it became apparent that a common language or term was needed as a starting point. Nationally “Multiple Disadvantage” or “Multiple Needs” are more commonly used as it is felt that to be a more accurate representation of the small but severely disadvantaged proportion of people who fall into a chaotic cycle of homelessness, substance misuse, offending behaviours and mental ill-health. These terms are therefore being used in Surrey rather than “Complex Needs”.

#### *Local Progress*

- 65. A number of specific multiagency pilots have/had been developed to provide a suite of options to meet the holistic needs of this group of people from differing parts of the system. While clearly positive, this has demonstrated that in spite of significant improvements in collaborative working, the existing projects have been developed largely in isolation from one another with different funding streams, targets and objectives.
- 66. The High Impact Complex Drinkers (HICD) and The Surrey High Intensity Partnership Programme (SHIPP) are both multi-agency responses to people who are both high risk and high demand and have been identified due to regular and routine to police, mental health, substance misuse services, the ambulance service and the A&E department. The INDIGO project, following Department of Communities and Local Government (DCLG) funding, is developing a client centred approach which places the client, with unstable or unsuitable housing at the centre of their care planning with the support of a wellbeing worker and Mental Health Practitioner. The Lead organisations have more recently identified the similarity in approach and developed more of a shared vision to provide an improved response to those with multiple need and recognise that the current response is both costly to the system and place a significant risk to service users. All of these projects however are using short term funding and it is recognised that a more sustainable approach needed to be considered alongside as well as working to align them in the short term.

67. In order to better understand the potential barriers and facilitators in the system Surrey County Council (Public Health), Office of the Police and Crime Commissioner and Surrey Police put in a successful application for support from the national Lottery Funded Making Every Adult Matter (MEAM) programme (see MEAM Approach diagram in Appendix 2). This application was supported by Surrey County Council Public Health, Surrey Police, Office of the Police and Crime Commissioner, Guildford Borough Council Housing, Catalyst Guildford and Waverly CCG (on behalf of the Crisis Care Concordat).
68. Whilst being the most complex geographical area that the MEAM approach and team has considered, the recent application was successful and as a result as a system Surrey will be able to access a package of support equivalent to around 20 days per year from the national team. Their support will draw on expertise from across the MEAM coalition to ensure cross-sector insight. The primary aim of working with the MEAM programme is to see how these projects can work together better and build a clear case as to how this work can best fit with the greater pooling of budgets that is occurring through the developing STP and devolution processes. Ultimately though it seeks to identify a sustainable means of improving equity of access and outcomes for people with multiple needs.

#### *Next steps*

69. Following the recent successful MEAM application the current partners involved in the bid have started to draft the aims and objectives for this collective work programme (these are included below). Following the official announcement of the successful MEAM support at the end of November, wider engagement will be undertaken to broaden the approach and engage additional partners.
70. The draft Programme Aim is to improve the equity of access and outcomes for people with multiple needs through the development of a collective sustainable response in the context of Sustainability and Transformation Partnerships and Devolution. This will include the following actions: pathway development, making sure the services we do have work for those with multiple needs; develop options for sustained service for those who are in crisis and / or high intensity users; development of a place based, neighbourhood policing and service delivery
71. The draft Programme Objectives include: developing a model which supports prevention and de-escalation; supporting people so they don't reach crisis and if they do

ensuring they receive the most appropriate response; understand the lessons learnt from previous experiences of those with multiple disadvantage; review and understand the effectiveness of current pilots in supporting those with multiple needs and if there is any overlap in clients and service delivery.

### **Key Challenges**

72. The national reduction in Public Health funding continues to place pressure on public health commissioned services and public health lead activities. There is increasing evidence of how public health interventions can contribute to reducing overall spend (return on investment) and extent to which they can improve population health and wellbeing in ways that are cost-effective and make the most efficient use of scarce resources. Therefore, it is imperative that public health services and programmes are prioritised and plans put in place to mitigate the impact of budget pressures.
73. There remains a challenge for Public Health to ensure equitable provision of support across the whole of the Surrey while taking advantage of opportunities to improve public health as these arise within individual STPs. PH are looking the way in which we organise our work and our relationship with CCGs to ensure that we can deliver as appropriate.

### **Conclusions:**

74. Considerable work has been undertaken to move forward the ‘Developing a Preventative Approach’ priority in the Joint Health and Wellbeing Strategy, through a diverse range of topic areas.

### **Next steps:**

75. To implement the Air Quality Action Plan through the Surrey Air Alliance and continue to strengthen joint working on air quality.
76. Continue to work with partners to embed prevention of CVD in relevant clinical pathways across the three STPs in Surrey.
77. Smoking rates in Surrey remain high amongst some groups and smoking cessation should be seen as part of treatment. All health and social care staff should routinely

ask patients about their smoking status and offer referrals for stop smoking support.

78. To produce a Surrey wide Consensus on Fire as a Health Asset; develop a business case to make the case for implementing the regional Fire as a Health Asset concept in Surrey; and to explore opportunities to expand Safe and Well visits to support the ambitions of the three STPs across Surrey.
  79. To draft the aims and objectives for the Severe and Multiple Disadvantage/Needs work programme and undertake wider engagement to broaden the approach and engage additional partners.
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**Report contact:**

Please see the contacts below for more information on:

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- **Prevention of CVD across Surrey:** Catherine Croucher, Consultant in Public Health, [Catherine.croucher@surreycc.gov.uk](mailto:Catherine.croucher@surreycc.gov.uk)
- **Surrey Tobacco Control Strategy:** Rachael Davis, Public Health Lead, [rachael.davis@surreycc.gov.uk](mailto:rachael.davis@surreycc.gov.uk)
- **Severe and Multiple Disadvantage (Complex Needs):** Laura Saunders, Public Health Lead, [laura.saunders@surreycc.gov.uk](mailto:laura.saunders@surreycc.gov.uk)

## Appendix 1: Opportunities for Fire as Health Asset

<b>SCC/ SFRS assets capable of supporting Fire as a Health Asset</b>	
<b>SFRS Assets</b>	<b>Comments</b>
26 fire station – 17 crewed 24/7, 2 crewed weekday day time, night time covered by on-call staff, 6 crewed 24/7 by on-call staff.	Fire Station could be used as a venue for health activities e.g exercise classes, blood donning services locations, recovery clinics and help group meetings, locating volunteering resources, etc (each station would require assessment for suitability) Note: on-call staff respond to the station from the local area when there is an incident. These are SCC premises accounted for by the SCC STP property lead and actions within the document fit with STP objectives.
Based on fire station there are 80 staff working in teams of 4 available 27/7	To carry out safe and well visits and other prevention activity. Currently Co-Responding to medical emergencies with SECAmb due to the fire service skills in immediate medical care
Each fire station has a 4x4 Landover	Available to other agencies for spate conditions e.g during snow/flooding to assist with home care visit clients.
There are a total of 28 officers supplied with 4x4 vehicles (not all are on duty 24/7). An additional 16 4x4 vehicles available at fire stations.	Available to other agencies for spate conditions e.g during snow/flooding to assist with home care visit clients.
Surrey Fire Volunteer Service	A range of support for prevention and engagement activities including safe and well visits etc
Safe and Well Visits	SFRS in 2016/17 offered 8000 vulnerable people a safe and well visit by visiting the property. What additional areas would health (STPs) want fire to cover at these visits? – e.g fall assessments, blood pressure and cholesterol monitoring, etc

## Appendix 2: MEAM Approach

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