Legal and Democratic Services

To: All Members of the Community and Wellbeing Committee

Dear Councillor

COMMUNITY AND WELLBEING COMMITTEE - THURSDAY, 10TH OCTOBER, 2019

Please find attached the following report for the meeting of the Community and Wellbeing Committee to be held on Thursday, 10th October, 2019. This was not included in the original Agenda pack published previously.

8. **HEALTH AND WELLBEING STRATEGY 2019-2023** (Pages 3 - 34)

A revised Annex 1 to this report is attached. It contains minor grammatical corrections and 3 minor amendments to sentence structure/content on pages 4,6 and 28. No changes will have an impact on strategic direction and/or priorities.

For further information, please contact Democratic Services, 01372 732122 or democraticservices@epsom-ewell.gov.uk

Yours sincerely

Chief Executive

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Epsom and Ewell Borough Council

Health and Wellbeing Strategy 2019-2023

FOREWORD

Epsom and Ewell Borough Council has a proud tradition of listening to our residents and providing opportunities and developing services to meet their needs. However, there is still too much of a difference in health outcomes across the borough and this strategy has used our local data to identify the gaps, as well as identify what our priorities should be for health and wellbeing over the next four years.

As individuals, our health and wellbeing are affected by a wide range of factors. Access to high quality health care is important, but much more significant are the wider determinants of health and wellbeing. Examples of these wider determinates can be highlighted by where we live, whether we work, but also the daily decisions we make about what we eat, whether we drink or smoke, our daily exercise and what we can do to ensure we look after our mental wellbeing.

Our five health and wellbeing priorities are set out in this strategy and supported by the annual Action Plan. Delivery on these areas involves many partners from the GPs and the NHS, Central Government, Surrey County Council, Schools, Sports facilities, Voluntary organisations and our Local communities, as well as families and friends. We too, as Epsom and Ewell Borough Council have a vital role. Not only as your community champion to identify what our local needs are, but working as a catalyst to bring our communities and partners together, to act and develop new opportunities targeted at making the health and wellbeing for all of our residents who live in Epsom and Ewell, the best it can be.

This strategy is our starting point to improve the health and wellbeing of all in Epsom and Ewell. Inevitably it will take time to make the scale of changes we need, but by working collaboratively we will make a difference.

Starting small, we can all make the difference we need to change our health and wellbeing. I would encourage you to commit to taking a step to improve your own health and wellbeing and if you can, to reach out to others in our community such as your neighbours and friends, to help improve their health and wellbeing as well.

Barry Nash

Chairman of Community and Wellbeing Committee

Epsom and Ewell Borough Council

The Health & Wellbeing Needs of our Borough

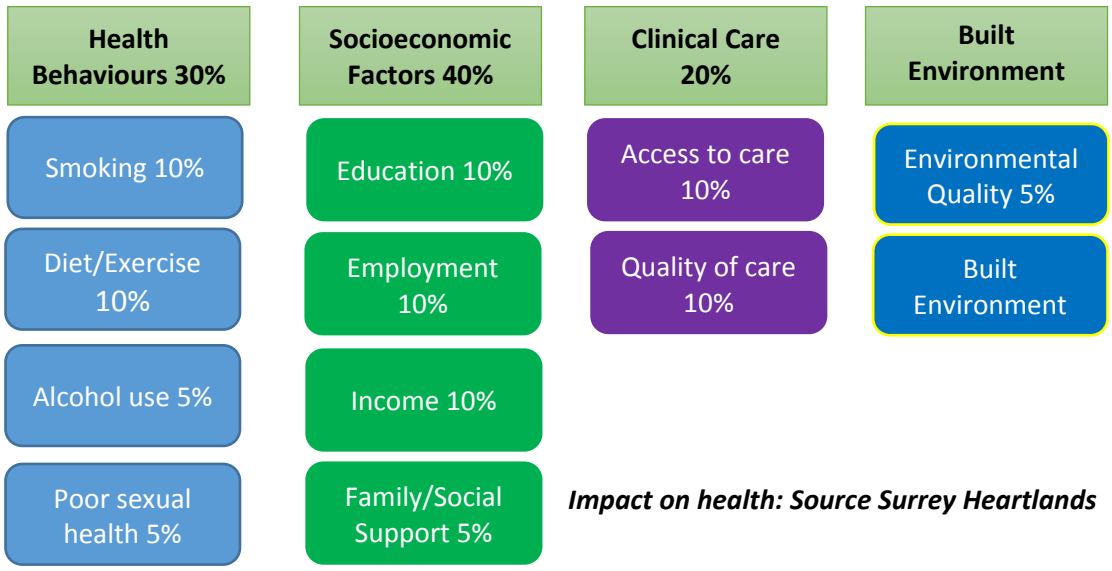
Epsom and Ewell Borough is a healthy place to live and work.

Health and wellbeing outcomes are different across men and women and across the different wards within the Borough.

We want to improve the health of all residents and reduce inequalities so that all residents, particularly those that are vulnerable, have better opportunities and a better quality of life.

However, the available data shows that there is a wide variation in health outcomes across the borough. An example of this is that there is a 7 year difference across the Borough in life expectancies of our male residents.

Health and wellbeing is affected by a wide range of factors, not just clinical healthcare, the following highlighting the impact of these wider determinants:



Impact on health: Source Surrey Heartlands

Epsom and Ewell Borough Health and Wellbeing Priorities

Using local available evidence we have identified 5 priority areas where we think action is required to improve the health and wellbeing outcomes for our residents.

The 5 priorities for the borough are:

- **Eating Well, getting active and reducing our alcohol**
- **Living life to the full, whatever your age**
- **Supporting vulnerable residents to live well**
- **Supporting the mental and emotional wellbeing of our residents**
- **Supporting our residents to stay connected**

This strategy and the attached Action Plan sets out the outcomes that the Council want to achieve over the next four years. We will be working with partners to achieve this.

We have provided a definition of health & wellbeing in the wider context in Appendix 1, and the evidence that directed us towards these priorites, which is available in Appendix 2 of this strategy.

Our vision for the Health & Wellbeing of Epsom and Ewell

The borough has recently under-taken its largest community engagement programme, Future40, and has looked to secure the views of many in our borough. The findings have shown that our residents are proud of our long association with health and wellbeing, of our heritage and green space, and of our educational opportunities.

Our residents have an on-going vision for the borough in respect of wishing to live in a borough that promotes both *physical and mental wellbeing*, with ready access to great medical care, health and wellbeing facilities, and where people can look forward to a long and healthy life.

Our residents have identified wanting to live in a borough with a strong sense of community, and where neighbours look out for each other. Our residents wish to live well whatever their age, and have the opportunities to keep fit and be active. Our residents

would also like to ensure that people get an excellent start in life, and can succeed regardless of their background.

Ultimately, our residents would like a borough "where residents can make the *most of the opportunities that life has to offer".*

Our Health and Wellbeing Strategy is key to these aspirations.

Corporate Plan

The Council are currently developing a new Corporate Plan 2020-2024.

This will set out the context in which the Council delivers services and provides community leadership. The Health and Wellbeing Strategy will support the Corporate Plan's delivery, in conjunction with Service Delivery Plans and other supporting strategies.

Priority: Eating well, getting active and reducing our alcohol

Our borough is generally healthy, with increasing levels of activity and a high percentage of our population engaging in health enhancing behaviours.

We are currently reported to be the 3rd most active borough.

Why this matters:

We know that our lifestyle can influence poor health outcomes and therefore increases our risk of preventable, long-term conditions. We also know that our lifestyle can impact positively on existing long-term conditions and as such presents opportunity for health improvements.

In 2017/18, Public Health England reported that 10.6% of borough residents (that's approximately 8,000) have two Long Term Health Conditions (LTC) with muscular-skeletal registered as one. Additional health conditions may range from diabetes and hypertension, all of which can be prevented or better managed with our lifestyle choices; evidence shows that 90% of the risk of having a heart attack is *directly* attributable to modifiable risk factors such as weight, alcohol, activity and a diet.

Whilst our use, and therefore the health burden of alcohol in our borough is *significantly better* than national averages, there are potentially some early signs of increasing use and has implications for our health.

We have seen an increase in hospital admissions for alcohol-related conditions, moving from 328 admissions in 2015/16 to an admission rate of 372 in 2016/17.

Where action is needed:

If we are to improve the health & wellbeing outcomes of our residents, there remains three key areas we need to address: our diet, activity levels and alcohol.

Source: *Active Lives – Surrey* Survey

Over half of our adult population (54.4%) remains over-weight

We have lower rates of female participation in sports and activity

According to public Health England, only 53.2% of the borough eat the recommended amount of fruit and vegetables

According to Public Health England, in 2017/18, our admission rate for alcohol related conditions was 345. Whilst lower than 2016/17, this still represents an increase of 5%

Within these targets, we also need to increase participation in activity across those from low income households, and those of Black, Asian and Minority Ethnic groups.

Priority: Supporting our residents to live life to the full whatever their age

The population of Epsom and Ewell is set to grow and if we consider population growth over the next 10-years, up-until 2030 we are expected to see our population rise to 87,600.

Of our residents, it is anticipated that an additional 3,200 will be over the age of 65-years, with a higher number of females.

Why this matters:

For our older residents, poor health outcomes can have significant costs. These costs are to the person, their family, and in respect of escalating health care costs; this may be of particular issue for those needing to purchase their own package of care.

Older people who experience poor health, may be impacted emotionally, and can report a loss of confidence and self-esteem that can lead to higher rates of depression and anxiety. A loss of independence is also associated with loneliness and isolation.

There are also wider impacts on those caring for loved ones, with carers reporting higher levels of mental and the emotional ill-health, poor physical health, financial pressures and loneliness and isolation.

Where action is needed:

If we are to improve the health & wellbeing outcomes of our residents, there remains three key areas we need to address: our dementia, falls, and excess winter deaths.

Dementia

Out of the 11 boroughs and districts across Surrey, where 1 is the worst, we are ranked 8th, with dementia being prevalent in only 1.3% of the population. It is anticipated however that an additional 260 new cases will be diagnosed between now and 2025, taking this figure to 1,297.

Falls

In 2017-18, there were 435 falls in persons over 65yrs in our borough

306 occurred in people over 80yrs old

72 of those who fell, suffered a broken hip

Excess Winter Deaths (EWD)

Our borough is aligned to a national trend that shows an increase in EWD, increasing from 90 deaths over a 3-year period from 2012/15, to 110 EWD for the 3-year period of 2013/16.

Females are at greater risk, as are those aged over 85yrs old, and those with underlying health concerns. Up-to 10% are associated with fuel poverty.

Priority: Supporting our vulnerable residents to live well

Potentially the most far reaching of our priorities, our Strategy will draw attention to the health inequalities experienced by some within our borough.

Why this matters:

Health inequalities are ***preventable*** health conditions that are found to be disproportionately represented in some groups of people. These inequalities impact not only on life expectancy, but also on their live lived in 'good health'. Further to this, there is recognition that health inequalities are further perpetuated by social and economic factors (also referred to as the wider determinants of health). Put simply, this means that some of our residents are more likely to experience poor health and wellbeing, based simply on their social and economic status, and subsequent living environments:

4 more years of education, reduces mortality by 16%

When unemployment or low Income work follows:

There is an increased prevalence of hypertension, CVD, lung cancer and suicide.

Source: *A Vision for Population Health* – The Kings Fund An overview of Health inequalities and the wider determinants of health is provided in Appendix 3

Where action is needed:

If we are to improve the health & wellbeing outcomes for our residents, we need to focus on 7 priority groups:

Those from low income households: Our residents of Court, Town & Ruxley are more likely to be on low-incomes, with Court & Ruxley having high levels of child deprivation. Court & Ruxley have the lowest levels of GCSE attainment and Town have the highest number of people with long-term conditions.

Our homeless community: It is estimated that 80% of homeless people will have experienced poor mental health. Our housing team report an increase in prevalence.

Where English is not a first language: Individuals experience health inequalities due to miscommunication and misunderstanding. They are also more likely to be from low-income families.

Our traveller community: They are three times more likely to experience mental ill-health, and 18 times more likely to experience the loss of a child. They are also likely to experience prejudice.

Those experiencing domestic abuse: Are likely to experience poor mental health.

Those with learning difficulties, autism or with Special Educational needs: Are more likely to experience poor physical health, and experience exclusion from school.

Our carers: The average annual income for families' young carer is £5,000 less than those without. Young carers have *significantly* lower educational attainment at GCSE level. Mental & emotional wellbeing in carers of all ages can be negatively impacted.

Priority: Supporting the Mental and Emotional Wellbeing of our Residents

Epsom and Ewell has a heritage of supporting the mental health of our residents. Having had one of one of the largest therapeutic communities and hospital settings in the UK for mental health up until the early 1990's.

Overall, the residents of our borough experience positive mental and emotional wellbeing with lower rates of Common Mental Health Disorders (CMD) and Serious Mental Illness (SMI) in both adults and children when compared to national rates. We are however seeing an increase, or areas of concern in respect of the mental and emotional wellbeing of some of our residents.

Why this matters:

Mental and emotional wellbeing is fundamental to our quality of life. Poor mental health has been found to impact on our physical health, on our interpersonal relationships and upon our performance in school, further education and employment.

Mental health is also linked to health inequalities, with the wider determinants of health:

We see a reduced life expectancy of up to 20yrs for those experiencing the most severe of mental health symptoms

There are disproportionate levels of mental ill-health in vulnerable residents. For mood and anxiety, Court reports the highest rates followed by Town

Where action is needed:

If we are to improve the health & wellbeing outcomes of our residents, there remains three key areas we need to address: prevalence, intentional self-harm, and our health behaviours.

Prevalence:

The prevalence of depression in our borough is 9.3%. This is currently significantly higher county and national levels.

Intentional self-harm:

Of significant concern we are seeing an increase in self-harm and suicide. In 2017/18, Public Health figures reported emergency admission for self-harm at 196 per 100,000 of the population as opposed to the national admission rate of 185. Of further note, our young people aged 15-24yrs old have increasing rates of admission for intentional and unintentional harm.

We are seeing an increase in our suicide rates and currently have the highest rate in Surrey.

Health Behaviours:

Of particular concern is our smoking rates in those who are experiencing a CMD (currently at 43%), our use of alcohol in relation to mental health, and worryingly our use of Xanax in our young residents, predominantly.

Priority: Supporting our Residents to Stay Connected

Described as a national issue, social isolation and the feelings of loneliness, effects people of all ages, and genders. Epsom and Ewell will therefore aim to have an inclusive approach to addressing loneliness, whilst targeting those residents who may be most impacted.

Why this matters:

The effects of isolation and loneliness on the health and wellbeing has been widely reported, carrying the same risks to health as someone smoking 15 cigarettes per day.

Those experiencing loneliness remain less active, and engage in risk taking behaviours that put them at greater risk of stroke and CVD.

Lonely people are also twice as likely to develop dementia, and there is a strong correlation between loneliness and depression and anxiety.

Social Isolation and Loneliness can be attributed to poor health, or situational factors whilst conversely, may also be found to be the *pre-cursor to the onset* of poor health. Similar to income deprivation being both the cause and effect of health inequality; social isolation and loneliness is also reciprocal in nature.

The benefits of connecting with others has significant benefits, both in helping prevent cognitive decline and in our experience of emotional wellbeing, purposefulness and self-esteem and confidence.

Where action is needed:

If we are to improve the health & wellbeing outcomes of our residents, there remains three key areas we need to address: where you live, your experiences, and your means to connect.

Where you live:

An extensive piece of research conducted by Age UK identified that 8 of our neighbourhoods rated at being at very high risk of social isolation and loneliness. Areas of Court (south-east) and Town (south) rated in the top 20% of most lonely, followed by Ruxley.

What you experience:

Social isolation and loneliness is most prevalent in our older population and in some of our vulnerable groups as identified in this strategy. This includes those residents identified in groups within our vulnerable residents on page 8 of this strategy as well as those with mental and emotional health issues.

However, it is to note that anyone can experience loneliness, with life transitions (moving, having a baby etc.) being attributed.

Your means to make connections:

Rurality, finances and the loss of independence (health conditions etc.) impact on our resident's ability to access services, leisure and recreation and ultimately make connections.

Our challenges in tackling the identified health and wellbeing needs of our borough

Epsom and Ewell borough council has demonstrated a commitment to improving the health and wellbeing of its residents.

Council services are currently involved in supporting each of the 5 priorities listed above. The council services involved include:

Sports & Leisure Developments:	**Housing Department**	**Environmental Health &**	**Country-side Teams**
Planning	**Recreation**	**Operational Services**	**Licensing & Grants**

A full overview of services and initiatives is available in Appendix 6.

In response to these challenges we will develop initiatives, such as exercise programmes, prevention programmes and 'friendly communities', that champion and promote the community resilience, and reduce isolation.

We shall look to communicate our health and wellbeing agenda at scale; linking in with housing associations, faith groups, national bodies (i.e. Diabetes UK) our community and voluntary sector providers, our statutory partners and our educational establishments, as to address the priorities identified, and reach those we may not have otherwise.

We shall also look to address the health and wellbeing priorities, with consideration given to the wider determinants of health, and how these may positively impact on the health and wellbeing of our residents.

Most importantly, we will focus on our residents and all they have to offer in respect of impacting on the health and wellbeing of their communities.

Our action plan will provide a detailed plan that will be both set and reviewed annually.

APPENDICES

Appendix 1: A definition of Health & Wellbeing:

Health & Wellbeing by definition:

The definition of health remained mostly un-changed throughout much of the 20th Century and was first defined by the World Health Organisation (WHO) as:

"A state of complete physical, mental and social well-being and not merely the absence of disease or infirmity", with their constitution stating, *"The enjoyment of the highest attainable standard of health is one of the fundamental rights of every human being without distinction of race, religion, political belief, economic or social condition"*[1]

Wellbeing has several definitions for which this Strategy does not have the capacity to explore. However, there are commonalities across all definitions that place emphasis on the *'whole person'* in respect of their physical and mental health, as well as their social connectedness, their life experience, their environment, and their ability to function well and find purpose and meaning.

It is now widely accepted therefore that health and wellbeing are intrinsically linked, and that our positive experience of both, is determined by: *individual, societal, and environmental factors.*

1. https://www.who.int/about/who-we-are/constitution

Appendix 2: Supporting information for the 5 priorities

Eating well, getting active and reducing our alcohol

Active Live Surrey reports that 17% of us are inactive engaging in less than 30-mins of activity per week. This equates to 13,500 of us.

Active Lives Surrey reports that Black, Asian and Ethic Minority Groups (BAME) and those who are from lower income families, are less likely to engage in activity. As a borough with 3 of its wards identified as housing lower-income families, and with a high percentage of BAME residents (approx. 11,130), these are identified as target groups.

Active Lives, reports Ruxley as the least active wards with 24.9% inactivity.

Per square kilometre, we have 5.4 licensed premises (Surrey Average is 2.1). Where 1 is the worst, we are ranked as 2nd across Surrey.

It is to note that this was an estimate, and that in 2017/18, Surrey's prevalence for hypertension was recorded at 13.1% and deemed to be increasing. If we were to accept this figure it would still represent 8,300 of our adult residents. It does not include those who are undiagnosed.

Hypertension is a significant risk factor for CVD.

JSNA reports a prevalence of 5.1% across Surrey Downs for diabetes. Public Health data for 2015 however, showed Epsom and Ewell to have over 3,500 persons with diabetes and therefore closer to 5.3% of our population.

This is likely to have increased as the Surrey Downs CCG had one of the highest rates of non-diabetic hyperglycemia (11.5% vs. 11.2% for England); a risk factor for diabetes

Supporting our residents to live life to the full whatever their age

The impact of dementia diagnosis on an individual is felt both physically and emotionally. Those diagnosed report a loss of confidence and self-esteem as well as depression and anxiety. They may also experience the loss of employment, financial pressures, health issues (an increase in falls is associated with dementia), and an impact on interpersonal relationships; all of which can further a loss of independence, and compound symptoms.

The impact of a dementia diagnosis on loved ones can also be physically and emotionally impactful. According to Carers Trust UK:

- 68.8% of older carers say that it's had an adverse effect on their mental health, 33% of older carers say they have cancelled treatment or an operation for themselves because of their caring responsibilities. Those providing high levels of care, are at 23% higher risk of stroke.

NICE report that people aged 65yrs are also at heightened risk of falls. They estimate that there is a 30% risk of a fall in persons aged between 65-80yrs. This risk rises to 50% in persons over 80yrs. *It is also of note that the risk of falls increases further, with a diagnosis of dementia.*

With an estimated cost to the NHS of £2.3 billion per annum, the prevention of falls is of national priority.

In 2016, the *Health Needs Assessment (HNA) of Falls Preventions & Management by Surrey Council,* states that women are more likely to fall than males at a rate 2,489 per 100,000 vs. 1,696 per 100,000.

In 2015, The Academy of Medical Royal Colleges produced *Exercise: The miracle Cure* reported that physical activity programmes for older adults reduces the risk of falls and dementia by 30-50%. The NHS support this view linking lifestyle factors and health condition (stroke, diabetes etc.) in indicating risk.

Our high risk population: In 2018, the Office of National Statistics (ONS), reported that EWD for 2017/18 was the highest on record since 1975/76. The most 'at risk' were:

- Females: Epsom and Ewell have a higher proportion of females
- Those aged over 85yrs old: Epsom and Ewell will have 2,768 people aged over 85yrs by 2030.
- Those with **respiratory disease** was recorded as greatest cause of death. In 2017, Public Health recorded 88 deaths with underlying respiratory disease noted. **Of these, 74 were over 75yrs.**
- **Circulatory disease** is also closely aligned to age, with our borough reporting 135 deaths in 2017; all but 7 were over the age of 65yrs. Of note, this is currently recorded as 'deceasing'.
- Approximately 10% of EWD are attributable to fuel poverty and therefore cold homes.

Supporting our vulnerable residents to live well

Some our resident within Court, Ruxley & Town Wards

According to the 2016 census via the Officer of National Statistics we have approximately 21,820 living within these three wards. Almost 5,000 were aged 16yrs and under.

Our Gypsy, Romany, Traveller Communities (GRT)

According to the 2011 census (last available census), there were 2,261 persons in Surrey registered as being part of the 'GRT' community. In 2015, Surrey-I recorded 389 GRT within our borough.

Those with learning disabilities and/or autism a Young Persons with SEN

In 2017 Epsom and Ewell had 1478 adults with learning difficulties living in the borough. This represents 1.85% of our total population, and reflects the *4th highest prevalence* across the 11 boroughs and districts.

In the same period, 608 adults were on the autistic spectrum, representing 0.76% of our population total. Both are anticipated to increase. For our Young Persons, the Epsom and Ewell profile for 2017/18, showed that 5% (1,240) of under 24yr olds had *Special Education Needs.*

Those from BAME communities, whereby English is not the 1st Language

The Office of National Statistics reports that Epsom and Ewell has approximately 700 people (0.9%) who are unable to speak English 'well', or not at all.

Those Experiencing Domestic Abuse

Between 1st Dec 2018, and 31st March 2019, 195 calls were made to the Police from Epsom and Ewell, reporting domestic abuse incidents. A local service reports that 40% of their referral cite some form of domestic abuse.

Our Carers

In 2016, there were approx. 7,900 carers aged 16+ in our borough. 1,339 were providing more than 50hrs+ per week. In comparison to other boroughs, we were one of the lowest for carer numbers.

This is predicted to increase significantly by 2025, with Epsom and Ewell seeing an increase of 9% for those aged 16-64yrs; this is the largest projected increase across all boroughs and possibly aligns to our ageing population.

Life expectancy

Our wards: In a 2014 census

Female life expectancy: Stoneleigh 87.7yrs / Court 81.8yrs
Male life expectancy: Stamford 84.3yrs / Court 75.6yrs

This has now been reported to have reduced to a 7yr difference for males, and 3yr difference of females.

Our Traveller Community: Men live for 66yrs and woman live for 69yrs.

Learning Difficulties & Autism: For people with complex needs, is just 47yrs old. For people with mild-moderate learning difficulties, it's 67yrs old. For people with Autism, life expectancy can be up to 16yrs less.

Our homeless: The average age of a person living on the street is *just* 44yrs. And for street homeless women it's between just 35-39yrs old. 84% of deaths are male.

Inequality:

Our Wards:

Access to education and employment are significantly reduced, leading to lower incomes, and therefore perpetuating further health inequalities: In the 2011 census, Ruxley, Court & Town Wards have highest levels of non-English speaking residents.

According to the Office of National Statistics, for those who do not speak English 'well' or 'at all' = 35% report to be in poor health compared to just 12% where English is proficient.

Court and Ruxley are in the top 30% for deprivation effecting children, and therefore these wards house low income, with Court having the highest number of children in Epsom and Ewell receiving free school meals (FSM).

In 2017/18, 1177 children were receiving FSM meals in our borough. *This is low*. However a review by Surrey County Council found those children receiving FSM, make the *least* progress in Epsom and Ewell in comparison to those in others boroughs.

Court, Town and Ruxley have the highest percentage of people claiming working age benefits.

Homeless Community:

According to The Mental Health Foundation, homeless people are significantly more likely (80%) to have experienced mental health, with a high use of substance misuse. Our homeless community are also more likely to experience physical ill-health issues (with musculoskeletal and dental problems being the two most common presentations) Almost 80% smoke. Children experiencing homelessness are likely to experience significant disruption to their education, further perpetuating a cycle of lack of opportunity.

Domestic Abuse:

Women's Aid found that 14% of women in poverty have faced extensive violence and abuse, compared to women not in poverty (6%).

Women of lower socio-economic status often feel more restricted by exercising the choice to leave, and upon leaving, often experience unsettled housing, financial hardship, and mental and emotional ill-health, further increasing health inequalities.

Women of Black, Asian and Minority Ethnic groups can be at greater risk of 'time spent' in abusive relationships (sometimes up to 20yrs).

Women with disability Inc. mental health and/or pregnant are at greater risk.

43% of the 195 calls we received were from the wards of Town, Ruxley and Court.

Research into the impact of domestic abuse on a child from primary through to secondary shows emotional and behavioural issues to include**:** self-blame, stress-related physical health problems, hypervigilance, depression, anxiety, eating disorders, class disruption, criminal behaviour and withdrawal from education.

Our Traveller Community are:

18 times more likely to experience the death of a child. Are three times more likely to experience mental health issues. Have higher rates of CVD, diabetes and long-term illness with smoking rates three times that of general population. They have high rates of SEN in children (59% vs 19% of general population).

Our Traveller community also experience low educational attainment (60% - almost 3x higher than England) which acts as a barrier to employment, and financial exclusion. Lack of knowledge and lack of trust in health care leads to low up-take in services and an association of 'fatality'; services are accessed 'too late'.

Our traveller community are also most likely to experience prejudice: Nationally over 33% admitted to prejudice towards GRT. Along with cultural insensitivity, this often contributes to the lack of access to services.

Learning Difficulties, Autism and Special Educational Needs (SEN):

For those with Learning Difficult and/or autism, they are more likely to have multiple health issues including: epilepsy, mental health, obesity, hypothyroidism, diabetes and asthma. They are the group *less* likely to receive vaccinations and health screening.

The Joint Strategic Needs Assessment reports that people with learning difficulties have higher rates of visual impairments impacting on social isolation and quality of life.

Those with mild to moderate diagnosis are less likely to continue in education, or gain employment, further impacting on income deprivation and health outcomes.

In 2017, we had 95 people with LD or autism living with their parents, it is predicted that these in turn will also become carers to their ageing parents.

Our SEN children, in Surrey have *high rates of exclusion*, with Surrey in the bottom 3 in supporting Key Stage 4 pupils into on-going education.

Boys are over 5x more likely to have Autistic Spectrum Disorder than girls as their primary need. They are also more than 3 times as likely to have Social, Emotional and Mental Health (SEMH) needs.

Attention Deficit Hyperactivity Disorder is similar for girls and boys.

Research indicates that school exclusion is attributable to a child experiencing mental ill-health, whilst exacerbating the behaviours the exclusion was intended to resolve. Exclusions are aligned to learning difficulties, parental mental ill-health, experience of problems at home, and those experiencing financial hardship.

The Mental Health Foundation reports that adults with Autism had lower levels of education, and that ADHD is strongly associated with a lack of employment.

25% of men and 14% of women who were economically inactive screened positive for ADHD.

Carers:

The average annual income for families' young carer is £5,000 less than those without. Young carers have *significantly* lower educational attainment at GCSE level. Young carers are 1.5x more likely to be from our BAME groups, and are 2x more likely to not speak English as a 1st language.

71% of all carers have poor physical or mental health, leading to a possible loss of employment. Their own health, and financial difficulties and stress, further compounds health outcomes.

In a Carer's UK Survey:

38% of carers had given up work to care for someone.

78% are struggling to make 'ends meet'.

This perpetuates further health inequalities as carers become less likely to attend (or be able to pay) for services that support wellbeing.

Supporting the Mental and Emotional Wellbeing of our Residents

Nationally, mental health remains a significant concern with 1 in 6 adults experiencing a common mental health problem *every* week.

Our Emergency Admission rates for self-harm is 196 per 100,000 of the population. The emergency admission rate for self-harm in England in 2017/18, was 185 per 100,000 of the population.

In 2015, Epsom & Ewell had significantly higher rates of depression recorded at a prevalence 9.3% with anticipated increase of 15% by 2020.

By 2020, Epsom and Ewell were predicted to see one of the biggest increases in residents experiencing SMI (predicted to rise by 18%).

The Suicide rate for Epsom and Ewell has increased from 7.9 per 100,000 of population in 2015/16, to 10.4 in 2017/18. We are ranked 'worst' across Surrey at present.

Admission rates for intentional and unintentional harm in our 15-24yr olds, is at a rate of 173 per 100,000 of our population, vs. the Surrey average of 149.

"Common mental health problems such as depression and anxiety are distributed according to a gradient of economic disadvantage across society. The poorer and more disadvantaged are disproportionately affected by common mental health problems and their adverse consequences" – *Mental Health Foundation*

85% of people out of work say that they have experienced a mental health problem compared to 66% who are in work.

Even when working, 73% of people earning less than £1,200 per month, had experienced mental ill-health. This is compared to 59% of those earning £3,701.

It is established that younger people, people with disability, and those experiencing deprivation, are up *20% less likely to recover from mental health treatment.* This may somewhat indicate that the stress the person continually experiences in relation to their situation hinders their chance of recovery

Women are more likely to report Common Mental Health Disorder. Women are much more likely to engage in self-harm without suicidal intent - 25.7% compared with 9.7% of men in

the same age group. This trend continues for the 'working age' of women. Women are more likely to make suicide attempts. There is also a strong correlation between the severity of symptoms of a Common Mental health Disorder and self-harming behaviors.

There is a 'switch' in suicide attempts across the working age of 16-64yrs for the economically inactive (not able to work):

20% of males aged 16-64yrs old attempt suicide, vs 13% of females. Unemployed females (those who are out of work but able) still have increased risk of attempts.

In respect of our ageing population, we need to also consider that single males with no children, experience an increase in suicidal thoughts.

We also need to acknowledge that whilst admission for self-harm (no denoted age range) is high, the intentional and unintentional rates of harm, for under 24yr olds is higher. This may give some indication as to the age range of those being admitted purely on the grounds of deliberate self-harm. This, along with the suicide rates requires further investigation.

We are now slightly *above* the national and county average for alcohol-specific admissions for under 18yr olds. It is to note that whilst numbers are low, when benchmarked, this equates to an admission rate of 40.7 per 100,000 of the under 18 population vs. the national and county rate of 32.9 and 32.7 respectively.

Where 1 is the worst, we are now at number 3 across the 11 boroughs and districts. With marginally higher female admissions.

In 2017, 43.5% of persons in our borough who were experiencing anxiety and/or depression smoked. *(This is significantly higher than England's average of 25%).*

Admissions for woman with a mental health disorder attributable to alcohol is 177 per 100,000 of population compared to Surrey Average 162.

In 2019, local intelligence has advised on one *significant* risk for our young people experiencing mental health is: *The overuse of Xanax – a benzodiazepine / anti-anxiety*

Overuse of Xanax requiring withdrawal, carries the same risks as withdrawing from alcohol. Ultimately risking seizures and death

Supporting our Residents to Stay Connected

The effects of isolation and loneliness on the health and wellbeing has been widely reported, carrying the same risks to health as someone:

Smoking 15 cigarettes per day. Why? Research indicates that lonely people are more likely to smoke! However, they are also, in the absence of smoking, also likely to be less active and engage in risk taking behaviours and therefore at higher risk of stroke and CVD.

Lonely people are ***twice as likely to develop dementia*** and there is a strong correlation between loneliness and depression and anxiety.

The experience of social isolation loneliness is correlated to other conditions; **this is especially the case with loss of sight in older age**. There are currently approx. 20,000 people in Surrey with sight loss:

- Almost 50% of blind and partially sighted people feel 'moderately' or 'completely' cut off from people and things around them.
- Older people with sight loss are almost three times more likely to experience depression than people with good vision.

How do Epsom and Ewell fair for loneliness?

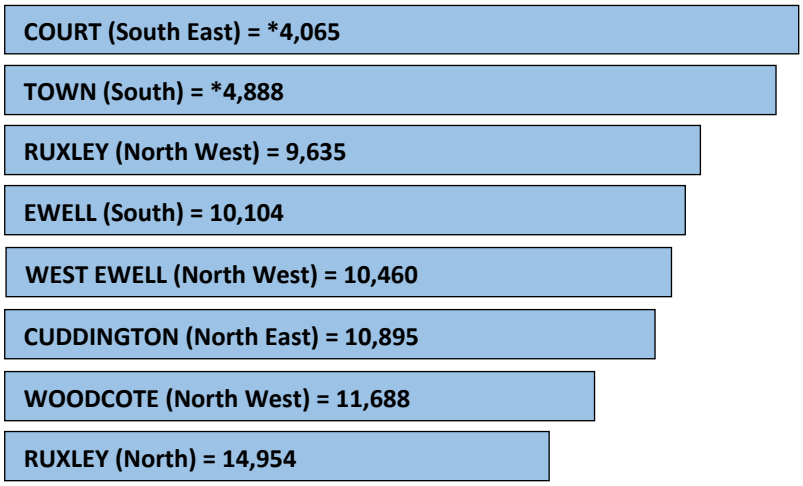
Age UK have studied 32,844 neighbourhoods across the UK and have looked to measure the 4 factors that are found to predict social isolation and loneliness by approximately 20%. These are:

- **Marital status**
- **Self-reported health status**
- **Age**
- **Household size**

Epsom and Ewell houses 41 of the 32,844 neighbourhoods listed.

8 of our neighbourhoods register as being at *very high risk* for social isolation and loneliness.

The following represents the position of each of our neighbourhoods as ranked against the 32,844 in the study where 1 represents the worst for social isolation and loneliness:



***Listed in the top 20% of most lonely neighbourhoods**

Court, Town and Ruxley, remain at higher risk of being our loneliest wards

Appendix 3: Our current borough profile

Our population:

Surrey's population was estimated at 1,187,500.

In 2018 Epsom & Ewells population was estimated at 79,500.

We therefore represent only 6.7% of the County's population.

We may be the smallest borough, but we are also the most densely populated. The Surrey average is 7 persons per hectare, we support 3x this population density with 23 persons per hectare.

In wards such as our Town Ward, this rises to 56.7 persons per hectare.

We are a diverse community:

14% (approx. 11,130) of our residents are from Black, Asian, Minority & other Ethnic Groups (BAME). That is 1 in 7 of us

The highest proportion (6,800) people being from Asian/Asian British backgrounds.

54,140 (68.1%) people living in Epsom and Ewell have a faith and identify as Christian, Muslin, Hindu, Buddhist, Jewish and Sikh. The Joint Strategic Needs Assessment reports that Epsom & Ewell have the second largest Muslim population with 2,385 (3%) identifying themselves as such.

In 2015, Surrey-i recorded 389 Gypsy Romany Travellers within our community.

- We are borough consisting of 41,055 females, and 38,478 males
- 16,216 are children (20.4%)
- 48,813 are aged between 16-64yrs (61.6%)
- 12,452 are aged between 65-84yrs (15.5%)
- 2,017 are over 85yrs + (2.5%)

We are a Prosperous borough:

We rate 310 out of 324 of Local Authorities on the Index of Multiple Deprivation (where '1' is the worst)

We came an impressive 18 out of 324 Local authorities for Social Mobility (where '1' is the best)

We live for a long time

The average life expectancy (LE) is 81.6 for men, and 85.3 for women (in 2014, we were in the top 10 for female life expectancy)

This is *higher* than national averages with the Office of National Statistics reporting the national LE in 2017 at 79.2 for males, and 82.9 for females

We are a borough of higher achievers

Approximately 30,000 of our residents aged between 16-65yrs hold a minimum qualification of NVQ L4 (which is higher than both the county, and national level)

An additional 6,000 hold a qualification of Level 3

We have 27 primary and secondary schools, the University of Creative Arts, Laine Theatre Arts, and NESCOT

In 2018, 85% of our residents aged 16 and 64 were economically active (again higher than the county level of 80%)

As reported between June 17-18: 60.1% of our borough worked in managerial, director and senior positions, with average recorded earnings as £723.60 per week

However, we know

That approximately *2,800 people aged between 16-64yrs* old in the borough do not hold any qualifications

That approximately *1,000 people aged between 16-64yrs* old are educated at L1

That approximately *8,700 people aged between 16-64yrs* old are educated to L2[2]

This is therefore representative of 12,500 persons in the borough who are educated to below A-level standard within 'working-age'.

In addition, we know that approximately 1,400 people aged between 16-64yrs were unemployed in 2018, and that this has a *significant* impact on our health outcomes.

Our housing:

Approximately 90% of our dwellings are private sector-owned.

[2] https://www.nomisweb.co.uk/reports/lmp/la/1946157329/report.aspx#tabrespop

We have access to green space:

- A *significant* of our borough is Greenbelt
- We have 2 areas of Sites of Special Scientific Interest
- Epsom Downs
- Nonsuch Park
- 3 Nature reserves; Hogsmill, Epsom Common & Horton Country Park
- An array of formal parks and gardens as well as other significant areas of green space

We are mostly 'healthy' & active!

- 67.5% of our population is undertaking 150 minutes + per week
- This is *significantly* better than the national average at 61.8%
- And those now considered to be fairly active at 30-149 minutes of per week has risen to 15.5%

(source: *Active lives – Sport England).*

We have low levels of childhood obesity [3]:

- With a prevelance of 4.7% for 4-5 year olds
- And 9.1% for 10-11yrs olds

Both are lower than the County at 6.5% and 13.2% respectively [4]

And finanlly, we have access to healthcare

We have two newly formed Primary Care Networks now established each serving between 30,000-50,000 residents.

With an acute facilty at Epson General Hospital.

[3] https://www.ons.gov.uk/peoplepopulationandcommunity/populationandmigration/populationprojections/bulletins/subnationalpopulationprojectionsforengland/2016based
[4] https://www.surreyi.gov.uk/dataset/child-obesity-in-surrey

Appendix 4: Health Inequalities & the Wider-Determinants of Health

Our life expectancies are primarily determined by poor health outcomes and there is now widespread recognition that poor health outcomes across certain groups are primarily driven by health inequalities; which are ***preventable*** health conditions that are found to be disproportionately represented in some groups of people.

Further to this, there is a focus on how health inequalities are perpetuated by social and economic factors; also referred to as the wider determinants of health

What do we mean by this?

The Marmot Review (2010) highlights that whilst individual health behaviours are indeed a factor, it is not the sole cause of poor health outcomes and that social and economic determinants (often referred to as the wider-determinants) of health, such as the **level of education, employment, income, housing, and environment** are vital; "*put simply the higher one's social position, the better one's health is likely to be*" (p.16).

The Kings Fund goes further to report a '*double jeopardy*' in that not only do people from the more deprived backgrounds die early, much of their life is spent in poor health. Such findings not only continue to evidence a lack of progress towards health equality, they also make it difficult to dismiss poor health outcomes solely through the lens of individual responsibility.

The Kings Fund reports that if we are therefore to address and improve health outcomes, we need to target the *'four pillars',* with the wider-determinants of health being the *most important* factor in determining health outcomes:

The wider determinants of health

An integrated health and care system

The place we live in, and the communities we live with

Our health behaviours and lifestyle

Source: *The Kings Fund – A Vision for Population Health (p.21)*[5]

The Social Mobility Commission report that those from more affluent communities are 80% more likely to work in professional jobs. Those people from more disadvantaged backgrounds, even when entering a professional job, earn 17% less, than those from those coming from an affluence.

The Kings Fund – *Inequalities in Life Expectancy* (2015), cite a study by Folland (2008), and the strong influence found between social relationships, norms and networks in the up-take and maintenance of unhealthy behaviours.

Put simply what you see, what you experience, and what is 'normal' in your world, has a *significant* impact on how you behave, the health outcomes you expect, who and what you might aspire to become.

[5] http://www.instituteofhealthequity.org/resources-reports/fair-society-healthy-lives-the-marmot-review/fair-society-healthy-lives-full-report-pdf.pdf

Appendix 5: Health & wellbeing in a county and national context

The Joint Surrey Health and Wellbeing Strategy 2019

The strategy has produced three over-arching priorities, whist focusing on the needs of five population cohorts:

Enabling People to live healthy lives

Supporting the mental & emotional wellbeing of people in Surrey

Supporting people in Surrey to fulfil their potential

Enabling People to live healthy lives:

-Working to reduce obesity and excess weight rates and physical inactivity
- Supporting prevention and treatment of substance misuse, including alcohol
- Ensuring that everyone lives in good and appropriate housing
- Promoting prevention to decrease incidence of serious conditions and diseases
- Preventing domestic abuse (DA) and supporting and empowering victims
- Improving environmental factors that impact people's health and wellbeing
- Helping people to live independently for as long as possible and to die well

Supporting the mental health & emotional wellbeing of people in Surrey

-Enabling children, young people, adults and elderly with mental health issues to access the right help and resources
-Supporting the emotional wellbeing of mothers throughout and after their pregnancy
-Preventing isolation and enabling support for those who do feel isolated

Supporting people in Surrey to fulfil their potential

-Supporting children to develop skills for life

-Supporting adults to succeed professionally and / or through volunteering

The general population

All young and adult carers in Surrey

Those people living with illness and / or disability

Children with special education needs and disabilities, and adults with Learning Disabilities and/or Autism.

Those people living in deprivation, or those who are vulnerable across Surrey.

Health & Wellbeing: An overview of the National Picture:

Health and Wellbeing at a national level can be understood through a significant body of research, policy and legislative acts. For the purpose of this Strategy, we shall provide only a 'snap-shot' as to ensure context and understanding to the borough's strategic intentions.

Marot review: *Fair Society, Healthy lives (2010)*[6]

The review reflects poor health outcomes as being largely representative of health inequality and demonstrative of social and economic disadvantage; in other words, poor health outcomes are significantly disproportionate in deprived communities.

Marmot referred to the significant finding that there is a 7-year disparity in life expectancy between our most affluent, and most deprived communities.

Marmot cites that the wider determinants of health (housing, education, employment etc.) as being a driving force of health inequality.

NHS Five Year Forward[7] & Long Term Plan[8]:

Sets out several priorities for health improvement that rely upon the contribution *of local government, and the community and voluntary sectors*. The plans emphasise the importance of prevention, integration of services, and social capital (through volunteering and mentoring schemes) in improving the health and wellbeing outcomes across whole communities, with a focus on reducing health inequalities, perinatal health and addressing the 'life cycle', mental health, addressing the needs of our carers.

Health & Social Care Act (2012): [9]

The Act is a key driver in improving health and, most importantly in reducing health inequalities. The Act highlighted several priorities inclusive of giving patients a voice, clinically led commissioning, provision of public health (giving greater powers to *local authorities* and services to address public health and reduce inequalities) and providing integrated care; the Health & Wellbeing Boards were formed as part of this priority, and much of the strategic direction taken by the NHS and Statutory bodies are evidence of the Act.

Social Mobility:[10]

Social Mobility Commission, measures the 'distance travelled' between our current occupation and income, and that of our parents. It is evidenced that there remains significant inequality between our more, and less affluent communities and that *"being born privileged, means you usually remain privileged".* Those from lower-economic backgrounds, tend to remain in this position.

Given the Marmot Review, this finding has implications for the health and wellbeing of our less affluent families.

[6] https://www.local.gov.uk/marmot-review-report-fair-society-healthy-lives
[7] https://www.england.nhs.uk/publication/nhs-five-year-forward-view/
[8] https://www.england.nhs.uk/long-term-plan/
[9] https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/138257/A1.-Factsheet-Overview-240412.pdf
[10] https://www.gov.uk/government/news/class-privilege-remains-entrenched-as-social-mobility-stagnates

An overview of the County Picture:

Surrey's Joint Health & Wellbeing Board

Health & Wellbeing Boards were established under the Health & Social Care Act (2012) and have a statutory duty to produce Surrey's Joint Strategic Needs Assessment, provide strategic direction, and give oversight and governance in relation to the delivery of local priorities. They are a drive towards integrated working with a wide representation of critical health partners, local authorities, and community and voluntary sector.

Surrey's Joint Health & Wellbeing Strategy[11]

The Surrey Health and Wellbeing Board and Surrey Heartlands Integrated Care System published its Health & Wellbeing Strategy for the County. The Strategy encompasses the targets of the NHS FYFP and LTP, whilst taking further account of the health inequalities for the area, Surrey's current demographic and health profiles, and the findings of Surrey's Joint Strategic Needs Assessment, as to align its objectives to the health needs of its residents.

Integrated Care Systems and Integrated Care Partnerships[12],[13].[14]**:**

Surrey formed an Integrated Care System – *Surrey Heartlands*. This is an integrated care system formed of Clinical Commissioning, NHS, County Councils, Local Borough & Districts, Community and Voluntary Sectors, Surrey Police and GP clinical leads. It has secured a devolution deal of funds, with combined funds of 1.3b. The overall objective of the ICS is best summed up as targeting:

"Prevention, healthier lifestyles and the wider determinants of health, removing unwarranted variation in care, providing care in the right place at the right time, and taking opportunities such as devolution and digital innovations to make the best use of collective resources".

The Integrated Care System is formed of 3 Integrated Care Systems: North West Surrey, Surrey Downs and Guildford and Waverly

Primary Care Networks (PCN):

From June 2019, there are 6 PCN geographies across the Surrey Downs area. These are GP practices that have come together to offer a 'place-based' health service to those populations typically between 30,000-50,000 persons. They will be central to integrated care and will act as a delivery vehicle for community care. Social Prescribing (for example) will now be aligned to the PCNs.

[11] https://www.healthysurrey.org.uk/about/strategy
[12] https://www.england.nhs.uk/integratedcare/stps/view-stps/surrey-heartlands-health-and-care-partnership/
[13] http://surreyheartlands.uk/about-surrey-heartlands/our-strategy/
[14] https://www.england.nhs.uk/integratedcare/integrated-care-systems/surrey-heartlands-health-and-care-partnership-ics/

Appendix 6: Overview of the current Borough offer:

Housing: Sanctuary Scheme for domestic abuse / East Surrey Outreach Service / ETHOS / Homeless Audit / Mental Health Housing Protocol & Special Needs Register to ensure priority housing to those most in need. Provision of affordable housing to meet identified housing needs within the Borough, including aiding the prevention of homelessness.

Community Safety: Responsible for the provision and implementation of safeguarding policy and associated training and awareness raising Including community programmes. Responding to Anti-social behaviour disputes and partnership working with Police. Community alarms for vulnerable persons. PREVENT - safeguarding against radicalisation. Patrol of open spaces – parks and recreational areas.

Communications: Promotion of Surrey-wide & Healthy Surrey initiatives. Conduit for NHS National Campaigns such as NHS England, NHS Choices, Public Health England, and local campaigns to include Surrey and Borders Partnership, Surrey Heartlands Integrated care systems and Health-watch Surrey. E-Borough insight for local residents. Communications conduit- national and local police campaigns.

Environmental Health Ensures the environmental health of the community. Includes food hygiene, healthy food awards, dealing with or investigating pollution, nuisance, pest control, infection control, air pollution, licensing of Housing of Multiple Occupancy to enforce minimum standards of housing in the private sector. CCTV. Newly purchased electric patrol car.

Sports & Leisure: Coordination of sporting events. (Round the borough *bike,* and Surrey Youth Games). Contract Management of Rainbow Leisure Centre. Communicating sporting opportunities to our schools. Producing the sport and activity newsletters & Summer Activity brochure. Promoting Free Access for County Sports. Hosting 'Just Play' & Epsom and Ewell Community football. Sports areas and recreational areas

Green Activity Local Nature Reserve Management Plans, and EEBC Biodiversity Action Plan. Countryside Team Conservation Volunteers, Countryside Team, Ecological Monitoring Volunteers. Provision of planning advice on biodiversity. Annual countryside guided walks programme / Long distance walks / Nature Reserve site leaflets / supporting Forest Schools / supporting Friends of Horton County Park

Operations & Provisions: Social Prescribing. Community & Wellbeing Centre, (including high provision for those experiencing dementia) Transport from Home, Community Alarm and Telecare, Hospital to home, Safe & Secure, Handyperson schemes & major works grants. Warm at home. 2 trusted assessors. Disabled facilities support grant. Stay well this winter. Winter warmer Packs. Shopping service & Meal at Home for vulnerable clients in all year around.

Partnerships: Relate, Sunnybank Trust, Age Concern, Central Surrey Voluntary Action, Citizens Advice Bureau. Active Surrey & Local Sport Clubs. Multi-agency safeguarding meeting. Hosting Family Support Programme. Surrey Chief Housing Officers Group, and Surrey Housing Needs Managers Group. Surrey young people, looked after & care leavers meetings. Surrey Parks & Countryside Forum/Lower Mole Partnership/Surrey Nature Partnership. EEBC & Ashtead Commons SSSI Working Group, Hogsmill River Partnership, Surrey School Grounds Forum, Epsom Common Association.

Recreation: In addition to the above, we also need to consider the role of recreation and leisure. We have the Epsom Playhouse, which, in 2018, performed a Learning disability / autism friendly Christmas pantomime. In addition to this, we need to celebrate Epsom Playhouse in respect of the ease of access to creative and performing arts for our residents, as well as the role of Bourne Hall in Ewell for its community offering.

Resource List

Priority: Eating well, getting active and reducing our alcohol

https://fingertips.phe.org.uk

https://www.surreyi.gov.uk/jsna/long-term-conditions

https://www.nhs.uk/conditions/cardiovascular-disease

https://www.surreyi.gov.uk/dataset/activelives20172018

Priority: living life to the full, whatever the age:

https://www.ons.gov.uk/peoplepopulationandcommunity

https://www.dementiastatistics.org/statistics/

https://public.tableau.com/profile/surrey.county.council.joint.strategic.needs.assessment#!/vizhome/SCCJSNADementia/JSNADementia

https://www.aomrc.org.uk/wp-content/uploads/2016/05/Exercise_the_Miracle_Cure_0215.pdf

https://www.alzheimers.org.uk/news/2018-06-22/carers-people-dementia-struggling-silencehttps://www.nice.org.uk/guidance/cg161/chapter/introduction

https://fingertips.phe.org.uk

http://data.ageuk.org.uk/loneliness-maps/england-2016/epsom%20and%20ewell/

https://www.nhs.uk/conditions/dementia/dementia-prevention/

Hills J. Getting the measure of fuel poverty: Final Report of the Fuel Poverty Review. London: 2012

Priority: Supporting our vulnerable residents to live well:

https://www.surreyi.gov.uk/jsna/economy-employment-and-deprivation/

https://www.exeter.ac.uk/news/research/title_595920_en.html

https://mycouncil.surreycc.gov.uk/Data/Adult%20Social%20Care%20Select%20Committee/20111122/Agenda/Item%2009%20-%20Appendix%209.2%20-%20Epsom%20&%20Ewell.pdf

https://mycouncil.surreycc.gov.uk/documents/s44179/Item%2010%20Annex%201%20Early%20Help%20Profile%20Feb%2018.pdf

https://public.tableau.com/profile/surrey.county.council.joint.strategic.needs.assessment#!/vizhome/PeoplewithLearningDisabilitiesandorwithAutismJSNA/JSNA-PLD

https://public.tableau.com/profile/surrey.county.council.joint.strategic.needs.assessment#!/vizhome/SCCJSNAAdultCarers/JSNACarersDataCollection

https://www.surreyi.gov.uk/dataset/census-provision-of-unpaid-care-by-2

http://surreyheartlands.uk/get-involved/surrey-heartlands-carers/

https://www.childrenssociety.org.uk/news-and-blogs/press-release/report-reveals-impact-young-carers

https://www.mentalhealth.org.uk/statistics/mental-health-statistics-carers

https://www.ons.gov.uk/peoplepopulationandcommunity/culturalidentity/ethnicity/articles/whatdoesthe2011censustellusaboutthecharacteristicsofgypsyoririshtravellersinenglandandwales

https://www.surreyi.gov.uk/jsna/children-with-send/#header-education-outcomes

https://public.tableau.com/profile/surrey.county.council.joint.strategic.needs.assessment#!/vizhome/PeoplewithLearningDisabilitiesandorwithAutismJSNA/JSNA-PLD

https://www.ons.gov.uk/peoplepopulationandcommunity/crimeandjustice/bulletins/domesticabuseinenglandandwales/yearendingmarch2018#prevalence-of-domestic-abuse

https://www.surreyi.gov.uk/dataset/surrey-incidents-of-domestic-violence-ward

https://www.ncbi.nlm.nih.gov/pmc/articles/PMC6243007/

https://www.womensaid.org.uk/information-support/what-is-domestic-abuse/the-nature-and-impact-of-domestic-abuse/

https://www.actionaid.org.uk/blog/policy-and-research/2018/03/07/5-links-between-poverty-and-violence-against-women

https://www.ons.gov.uk/peoplepopulationandcommunity/culturalidentity/ethnicity/articles/whatdoesthe2011censustellusaboutthecharacteristicsofgypsyoririshtravellersinenglandandwales

https://mycouncil.surreycc.gov.uk/documents/s14874/item%2010%20-%20Annex%20B%20GRT%20needs%20analysis%202013.pdf

https://carers.org/key-facts-about-carers-and-people-they-care

Priority: Supporting the mental and emotional wellbeing of residents

https://public.tableau.com/profile/adwoa.owusu#!/vizhome/AdultMentalHealth-SurreyDownsCCG/MoodandAnxietyDisorders

https://www.mentalhealth.org.uk/statistics/mental-health-statistics-uk-and-worldwide

https://www.mentalhealth.org.uk/statistics/mental-health-statistics-most-common-mental-health-problems

https://www.ons.gov.uk/peoplepopulationandcommunity/populationandmigration/populationestimates/articles/overviewoftheukpopulation/november2018

https://fingertips.phe.org.uk/

https://public.tableau.com/profile/surrey.county.council.joint.strategic.needs.assessment#!/vizhome/Wellbeingandadultmentalhealth_0/MHStory

https://www.surreyi.gov.uk/jsna/wellbeing-and-adult-mental-health/#header-the-level-of-need-in-the-population

https://www.surreyi.gov.uk/dataset/unemployment-claimant-count-ward

https://www.gov.uk/government/publications/severe-mental-illness-smi-physical-health-inequalities/severe-mental-illness-and-physical-health-inequalities-briefing

https://researchbriefings.files.parliament.uk/documents/SN06988/SN06988.pdf

https://webarchive.nationalarchives.gov.uk/20180328130852tf_/http://content.digital.nhs.uk/catalogue/PUB21748/apms-2014-suicide.pdf/

Priority: Supporting our residents to stay connected:

https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/750909/6.4882_DCMS_Loneliness_Strategy_web_Update.pdf

https://www.ageuk.org.uk/our-impact/policy-research/loneliness-research-and-resources/loneliness-depression-and-anxiety-exploring-the-connection-to-mental-health/

https://www.ageuk.org.uk/our-impact/policy-research/loneliness-research-and-resources/loneliness-maps/