

APPENDIX 1

Background: The Council's Health and Wellbeing Strategy 2019-2023 was approved by the Community and Wellbeing Committee in October 2019. The strategy was under-pinned by local data, and took into consideration the wider determinants of health, and the finding that in respect of health outcomes, only 20% is attributable to clinical intervention. With health behaviours, socioeconomic factors, and our surroundings, having the most influence on our health.



At the time, the strategy highlighted a 7-year life expectancy gap between those living in more affluent and green areas of the borough, in comparison to those who live who live in less affluent and more population dense areas. Such a health inequality being attributable to the wider determinants as set out above.

The Council's strategy subsequently set out 5 priorities:

- Eating Well, getting active and reducing our alcohol consumption.
- 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

In addition, there was a focus on developing initiatives for those who were, and continue to be, most impacted the greatest inequality in health outcomes. An action plan was subsequently developed.

It is of note that due to the C19 pandemic, followed by the conflicts in Afghanistan and Ukraine, the delivery of the strategic objectives was significantly impacted. A majority of the projects that have since been delivered against the strategy were achieved from late 2022 through until after the strategy expired. The revision of the health and wellbeing strategy will take on board lessons learned from the first iteration, as well as any learnings from the projects delivered against it.

The proposed revision of the Strategy:

The Council now both chairs and participates in the Neighbourhood Boards. Born of the Pulling Together Initiative, these boards are formed of the Primary Care Networks and are seeking to extend membership to statutory, and voluntary sector partners. The purpose of the board is to bring about an improved understanding of population health data and what this means for communities in

Epsom and Ewell, to share knowledge and resources, to agree priority areas of work that will have the most impact, and to ensure we can allocate any funding that comes from Surrey Downs Health and Care Partnership.

The strategy will therefore seek to focus on some areas and communities in the borough, such as the wards of Town, Court and Ruxley and ultimately, look to improve the health and wellbeing of those communities most impacted by health inequality.

Commencement and term:

The proposal is for the strategy to run from 2025 – 2028. This would bring the strategy into line with the Arts, Culture and Heritage Strategy.

The full (draft) strategy would be brought back to Community and Wellbeing Committee in March 2025, prior to public consultation. There would also be the intention to make available an accessible version of strategy for those who have additional learning needs, as well as those who are neuro-diverse, as such, an exact date for commencement and term is not provided as yet.

Areas of strategic focus: Mental and emotional wellbeing of residents.

Most of us recognise the importance of good mental and emotional wellbeing in our daily lives.

Good mental health supports our resilience, helps us make positive life choices, and engage in healthy relationships and behaviours. It can help with a sense of purpose and can drive us towards our aspirations. Good mental health also drives our health behaviours and can not only prevent ill-health but also helps us manage long-term conditions, leading to better health outcomes.

The interplay between the wider determinants of health and that of mental and emotional wellbeing is widely acknowledged. We know that people who engage in positive health behaviours, have strong social connections and support systems, are in a good standard of education or employment, and are free to enjoy their built environment and open spaces, experience better mental health than where these determinants are lacking.

Where there is the loss of employment, or low-quality employment, we are more likely to see a negative impact on mental health, especially where the situation is enduring. And whilst we acknowledge the causal effect between mental wellbeing and the wider determinants and recognise that a mental health problem may be the reason for unemployment, the strategy seeks to take a holistic approach.

At the time of the last strategy, the prevalence of depression was 9.3% and currently it stands closer to 11.2%. The 4th highest in Surrey. We also have the lowest rating for 'happiness'.

Over the last 3-years the borough has also seen its suicide rates spike at 14 per 100,000 of the population, and the highest rate in Surrey. Whilst new data shows this has decreased, we shall up-hold the position that one life lost is too many and keep the mental wellbeing of residents at the core.

The Council will therefore deliver a strategy that places improved mental and emotional wellbeing at its core.

Where we propose our efforts will be focused.

Improving access to physical health activities in the borough.

We know the benefits of physical activity on mental and emotional wellbeing, and that those who engage in higher levels of activity, report higher levels of happiness than those who engage in less physical activity

At present, approximately 22.8% of adults are physical inactive. This equates to 14,000 residents. In 2020-2021, 30% of children (under 16-years of age) were also engaging in less than 30-mins of activity per day.

If we also consider the connection between activity, and the prevention and management of long-term health conditions, as well as active ageing, a continued focus on physical activity is recommended.

Creating opportunities for residents of the borough.

We know that people who have opportunities in life experience better health and wellbeing outcomes than those who, by circumstance, are not always about to access the opportunities life affords us.

Barriers to opportunity are strongly associated with the wider determinants of health. For example, individuals on low incomes, or who are experiencing unemployment may not be able to access social or physical activities, explore further education, be able to improve or change their home environment, or simply have access to the resources they need to make these things possible, such as a laptop or car.

The revised strategy will therefore look to promote and improve access to the opportunities that already exist in the borough, whilst seeking to create new ones. This may be through exploring opportunities to develop new skills and gain work experience, to support and to grow local talent, and to better access community resources (including health), that help promote better mental and physical health.

Supporting residents to build a connection with others.

Whilst research indicates that socially isolated, people are more likely to smoke, they are also, in the absence of smoking, also likely to be less active and engage in other risk-taking health-behaviours that can increase the risk of stroke and cardio-vascular disease. Isolated people are also twice as likely to develop dementia and there is a strong correlation between experiencing social isolation and feelings of loneliness, and depression and anxiety. This may be further compounded where feelings of stigma pertaining to loneliness are present.

The prevalence of depression is 17% in the loneliest areas of the borough, in comparison to 10% in the least lonely.

The prevalence of anxiety is 10.8% in the loneliest areas of the borough, in comparison to 6.4% in the least lonely.

Areas of Ruxley, Town and Court remain the loneliest parts of the borough.

This strategy will seek to create opportunities for residents to build social connections that are based on shared interests, whilst seeking to encourage engagement in health and wellbeing activities. The

strategy will also look to initiatives that break the stigma associated with loneliness that can further impede how ability to speak out and seek meaningful connections.

Who shall we focus our efforts on:

The Council will seek to focus their efforts on resident of all ages as to support the health and wellbeing across a lifetime. However, we shall pay particular attention to the following:

Children and Young People (CYP).

We also know that good mental health begins from a very young age, and that the absence of good mental health in children and young people, can have implications for learning, self-esteem, confidence and being able to take advantage of life's opportunities. The rate of exclusion or suspension in CYP with mental health problems is up to three times higher than their peers, and this can have a significant impact on their futures.

We also know that isolation and loneliness experienced in CYP, has further implications for future mental health. As 7% of young people aged 18-24 in the UK report being lonely all of the time, in comparison to 2% of the of those aged over 55, this importance of holding some focus of this strategy is imperative.

Those who are impacted by the wider determinants of health.

As purported above, 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 lives lived in 'good health'. Further to this, there is recognition that health inequalities are further perpetuated by social and economic factors. 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.

The 7-year life expectancy gap in males between the most, and least affluent ward in the borough has shown an increase, and now stands at 9-years. The ward most adversely impacted remains Court Ward and it is where the Council needs to intensify its reach.

Those whose circumstance is evidenced as disproportionately impacting on health and wellbeing outcomes.

These groups shall include but not limited to:

Carers of all ages, those with long term health conditions, those in single households, survivors of domestic violence and abuse, those with special educational needs, those who are neuro-diverse, those who are homeless and the refugee community. Wider consideration will also be given to those who experience multiple disadvantage. This is as aligned to the Joint Strategic Needs Assessment; an assessment produced by Surrey County Council that considers the current and future health needs of population

In Epsom and Ewell for example, the percentage of those aged over 5yrs old, providing 20-hours or more care per week has increased from 3% of the population, at the time of drafting the first strategy, to 3.5% of the population in the last census. A further review of data will be under-taken in drafting the next iteration of the strategy.