

HEALTH AND WELLBEING DRAFT STRATEGY 2025-2028

Head of Service:	Rod Brown, Head of Housing & Community
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Wards affected:	(All Wards);
Urgent Decision? (yes/no)	
If yes, reason urgent decision required:	No
Appendices (attached):	Appendix 1: Health and Wellbeing Strategy 2025-2028. Appendix 2: Equality impact Assessment

Summary

This report sets out the Council's intended Health and Wellbeing strategy for 2025-2028.

Recommendation (s)

The Committee is asked to:

- (1) Approve the final Health and Wellbeing Strategy 2025-2028 as set out in Appendix 1.**

1 Reason for Recommendation

- 1.1 On 13th March 2025 a report was taken to the Community and Wellbeing Committee, setting out the Council's draft Health and Wellbeing Strategy 2025-2028
- 1.2 The Committee approved the draft Strategy and agreed to the council taking this to public consultation.
- 1.3 The outcome of the consultation has been represented in the final revision of the Health and Wellbeing Strategy 2025-2028, which is now being presented back to Committee for final approval.

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2 Background

- 2.1 In October 2019, the Community and Wellbeing Committee approved the council's first Health & Wellbeing Strategy 2019-2023.
- 2.2 The Strategy was based on a comprehensive review of data that reflected local insights. It also considered the strategic priorities of the 10-year Surrey-wide Health and Wellbeing Strategy, and findings from the Joint Strategic Needs Assessment (JSNA); a significant body of work produced by Public Health, Surrey and overseen by the Joint Health and Wellbeing Board.
- 2.3 The Council's Strategy subsequently highlighted 5 key priorities for the borough:
 - 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
- 2.4 Unfortunately, the delivery of the Strategy was impacted by both the pandemic, and later, in February 2022, the Homes for Ukraine scheme; both saw council resources re-directed.
- 2.5 Since the first iteration of the Strategy, the council's involvement and partnership working alongside colleagues in health and the community and voluntary sector has continued to prosper. The council has continuously built and maintained strong and purposeful relationships across these sectors, and this has helped inform the council's revised draft strategy.
- 2.6 In 2022, the Pulling Together Programme commenced. This was an initiative by Surrey Downs Health and Care Partnership and attended by health and community leads operating across Surrey Downs. Its purpose was to draw on shared resources and address health and wellbeing inequalities across the area of Surrey Downs which covers the surrounding council areas of Epsom and Ewell, Mole Valley, Reigate and Banstead, and East Elmbridge.
- 2.7 Neighbourhood Boards were one initiative that came from the Pulling Together agenda and were tasked with bringing together agencies to identify priorities and agree on targeted actions.

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- 2.8 The council chairs the Neighbourhood Board, with both the Integrated Care Partnership, and Epsom Primary Care Networks (PCN) in attendance. Whilst membership is currently being extended, this partnership has been vital in providing greater insights into the health of the borough via its population health data.
- 2.9 Relying on population health data from the NHS, and an in-depth review of other reliable data sources including (but not exhaustive of) the JSNA, Public Health, and the Office of National Statistics, the draft Strategy was presented to Committee on both the 16th January, and 13th March 2025, and subsequently approved for public consultation.
- 2.10 The draft Strategy proposed the following priorities:
- To improve the mental and emotional wellbeing of residents through:
- Improving access to physical health activity in the borough.
 - Creating opportunities for residents of the borough.
 - Supporting residents to build a connection with others.
- 2.11 And whilst intended to serve all residents, also proposed to focus on:
- Children and young people
 - Those who are impacted by the wider determinants of health
 - Those whose circumstance disproportionately impacts on their health and wellbeing.

Public Consultation:

- 2.12 The consultation launched on Friday 4th April and ran for 6-weeks. It closed at 5pm on Friday 16th May 2025.
- 2.13 The consultation questionnaire was available for completion online, and available in hard copy across 6 locations. This included Epsom Town Hall, Rainbow Leisure Centre, Epsom Methodist Church, Bourne Hall, The Wells Community Centre, and the Community and Wellbeing Centre. The Community Development Officer also held drop-ins at each of these locations.
- 2.14 The questionnaire was also available at several GP surgeries across the borough, for return by post.
- 2.15 The Council received 114 responses in total.
- 2.16 The proposed Strategy received a high level of public support with the following observed:

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- For the priorities shown in 2.10, on average, just over 90% of respondents agreed or strongly agreed with the priorities identified.
- For the areas of focus shown in 2.11, on average, just over 70% of respondents agreed or strongly agreed with the areas of focus identified.

2.17 However, of note, 65% of respondents felt that the council needed to consider more groups than those listed in the draft Strategy.

2.18 Older residents, those with disabilities and those who are isolated featured the most heavily in respect of the groups that respondents asked the council to take into wider consideration.

2.19 The council has subsequently reviewed this feedback and has responded to this feedback as follows:

- The council upholds the position that issues relating to isolation will be addressed in its strategic intention to *support residents to build connections*. As such, no changes have been made to the Strategy in this regard.
- In respect of those with disabilities, the draft strategy reflected those with a learning disability. The council has however been more explicit by incorporating those with physical disabilities into long-term health conditions.
- In respect of older residents, the council has responded by the inclusion of older residents in the Strategy. The council accepts that by doing so we will also further bolster our commitment to addressing those impacted by isolation, disability and digital exclusion.

2.20 The full details of the public consultation, including the engagement under-taken, the demographics of those who responded, and the feedback/results received, are provided within the Equality Impact Assessment that can be found in Appendix 2.

2.21 An action plan will be developed to support the delivery of the strategy.

3 Risk Assessment

Legal or other duties

3.1 Equality Impact Assessment

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3.1.1 The council accepts that in the development and delivery of the Health and Wellbeing Strategy, there will be impact on residents who have protected characteristics under the Equality Act 2010. It is of note however that the Strategy is likely to have a positive or neutral impact on those residents.

3.1.2 In recognition of the potential impact of the strategy the council has produced an Equality Impact Assessment, and this is contained in Appendix 2.

3.2 Crime & Disorder

3.2.1 The development of the Health and Wellbeing Strategy may have an indirect and positive impact on crime and disorder where projects are delivered that incorporate:

- Diversionary activities for residents that promote engagement in the community, and steer away from participating in crime and disorder.
- Increased access to support services for those at risk of, or who have previously offended.
- Priorities from other services areas (such as Community Safety), that also under-pin the aims and objectives of the revised Health and Wellbeing Strategy.

3.3 Safeguarding

3.3.1 In the delivery of the revised strategy the council accepts that projects and initiatives will specifically serve vulnerable residents, children and young people.

3.3.2 The council will continue to ensure its safeguarding duties to report safeguarding concerns, and under-take due diligence in working with delivery partners is maintained.

3.4 Dependencies

3.4.1 In the delivery of the revised strategy, the council would seek to work in partnership with other agencies. This would include, but would not be exhaustive of:

- Community and Voluntary Sector Partners.
- Health Partners and Primary Care Networks.
- Statutory services.
- Local business where applicable.

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3.4.2 The council will also work closely with internal departments in the drafting of the strategy as applicable.

3.4.3 The council will also work with Neighbourhood Boards (as stated in 2.7), as to ensure the effective utilisation of population health data.

3.5 Other

3.5.1 None

4 Financial Implications

4.1 Any projects and initiatives that are to be under-taken in the connection with the finalisation and delivery of the strategy will need to rely on:

- The councils allocated revenue budget
- Applications for Bid funding
- Central Government grant funding where applicable.
- Reserves where applicable and subject to further approval.

4.2 **Section 151 Officer's comments:** There is currently no direct revenue or capital impact from this decision. Any changes that may require resources to implement the strategy will be reviewed and reported back to the committee.

5 Legal Implications

5.1 The legal implications are considered in section 3 of this report. There are no further considerations for the purpose of this report.

5.2 **Legal Officer's comments:** None for the purposes of this report

6 Policies, Plans & Partnerships

6.1 **Council's Key Priorities:** The following Key Priorities are engaged:

- The revised Health and Wellbeing Strategy will engage the Council's key priorities of: Safe and Well, Opportunity and Prosperity and Smart and Connected.

6.2 **Service Plans:** The matter is included within the current Service Delivery Plan.

6.3 **Climate & Environmental Impact of recommendations:** Potential for positive links with actions within the climate change action plan including on providing practical help to vulnerable and disabled people to improve energy efficiency in their homes and reduce fuel poverty and improving access to physical health activity could link with active travel initiatives.

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- 6.4 **Sustainability Policy & Community Safety Implications:** Community Safety Implications are considered in section 3.2 of this report. There are no other considerations.
- 6.5 **Partnerships:** The partnerships are as identified in section 3.3 of this report.
- 6.6 **Local Government Reorganisation implications:**
- 6.7 The term of the strategy will extend to beyond 2027, when it is anticipated that Epsom and Ewell will form part of a unitary authority. The Council fully intends to proceed with its delivery of the strategy until this time, however it is acknowledged that this will have implications for its delivery of the in the final year.
- 6.8 Whilst the local data and insights contained in the strategy are reflective of the borough's health and wellbeing needs, the priorities identified in the strategy are broadly aligned to what is has been observed across the County, and by Surrey Downs Health and Care Partnership.
- 6.9 As such, the strategy may help inform any health and wellbeing initiatives, across a future unitary.
- 6.10 **Background papers**
- 6.11 The documents referred to in compiling this report are as follows:

Previous reports:

- [Community and Wellbeing Committee Report – 19th October 2019: Health and Wellbeing Strategy 2019-2023](#)
- [Community and Wellbeing Committee Report – 16th January 2025 Health and Wellbeing Priorities 2025-2028.](#)
- [Community and Wellbeing Committee Report – 13th March 2025: Health and Wellbeing Priorities 2025-2028.](#)

Other papers:

- None