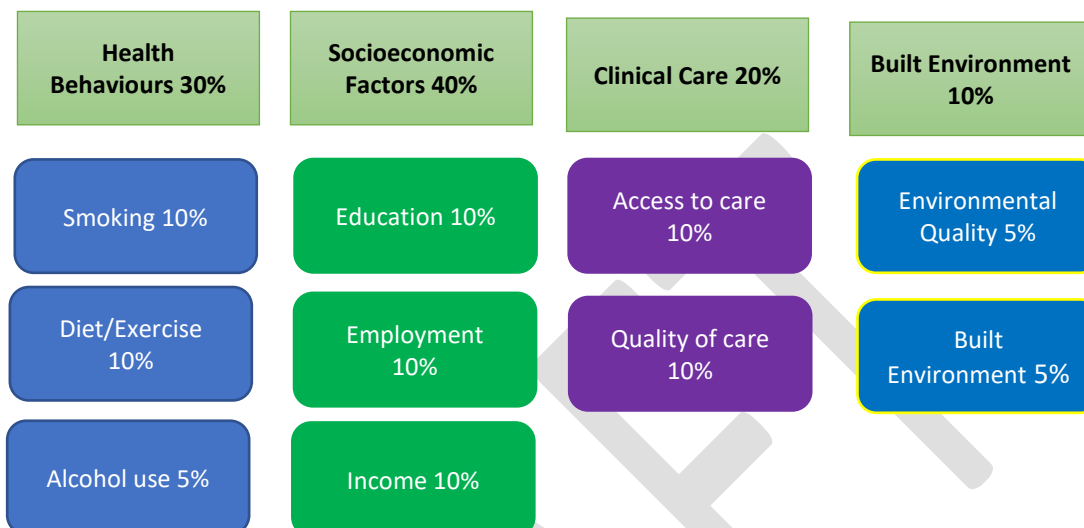




**Epsom and Ewell Borough Council**  
**Health and Wellbeing Strategy 2025-2028**

### **Introduction and background:**

The Council's first 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 2019-2023 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 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
- 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

There was a focus on developing initiatives for those who were most impacted by health inequality, with an action plan being developed.

The delivery of the Strategy was however impacted by the Covid 19 Pandemic. This saw Council resources diverted to providing vital services to vulnerable residents and those shielding. Further to this, over the course of 2021 and 2022, the Council responded to the conflicts in Afghanistan and Ukraine, by administering the Governments refugee schemes, welcoming those affected to the borough.

Consequently, a majority of the of the projects that have been delivered against the Strategy were achieved from late 2022, through until after the Strategy expired.

### **The current health and wellbeing landscape**

Epsom and Ewell is a vibrant and green borough, where residents are able to enjoy good health outcomes and capitalise on the wealth of opportunity the borough affords.

**86.5% of residents report to be in very good, or good health**

As we move to deliver the next iteration of the Strategy however, it continues to be widely acknowledged that those whose health was most negatively impacted by the pandemic, are those who were already experiencing poor health outcomes due to socio-economic factors. The cost-of-living crisis has further compounded this and therefore we wish to ensure that the revised Strategy retains its focus on those who experience the greatest health inequalities in the borough; both in respect of mental and physical health outcomes.

In response to the pandemic, the Council became a contributor to the Pulling Together Programme. This programme was led on by Surrey Downs Health and Care Partnership, and sought to bring health partners, district and borough representatives, and the community and voluntary sector together with the aim of addressing health and wellbeing inequalities across the geography.

Subsequent to the Pulling Together Programme, Neighbourhood Boards were formed in 2023, with the Council currently chairing their local board. The board is formed with the Primary Care Networks (a network of GP surgeries throughout the borough) and seeks to address the health and wellbeing of residents. The purpose of the board is to bring about an improved understanding of the health of the borough's population, to share knowledge and resources and to agree priority areas of work that may have the most impact on our communities. The early work of the board has helped inform this Strategy.

The Council also continues to work closely alongside the community and voluntary sector, both as part of the work of the Neighbourhood Board, and in a wider capacity from hosting the community and voluntary sector forum, through to the delivery of multiple projects across the borough. This sector continues to provide valuable insights into where the Council should be focusing their efforts in improving the quality of life for residents, whilst delivering incredible outcomes. The Council has reflected on the collective views of this sector in the development of this Strategy and continues to value these partnerships.

### **Corporate plan:**

In the revised strategy, the Council remains aligned with its corporate priorities and annual plan, ensuring the wellbeing of residents by promoting safety, health, opportunity, and prosperity. Through this Strategy we shall place a greater emphasis on connectivity, further enhancing the impact of the Strategy.

We will also recognise the value, and the role arts, culture and heritage can play in improving the health and wellbeing of residents. This will help increase our reach by enhancing the opportunity for creativity in improving health and wellbeing outcomes. As such, this Strategy will align to the priorities in the Council's Arts, Culture and Heritage Strategy, and bolster nurturing talent, the economic growth within our communities, and inclusivity and access for all in the project delivery.

### **Our Health and Wellbeing Priorities**

The Council has identified a key strategic aim, and 3 additional priority areas to be the focus of the Strategy over the next 3-years and these are summarised as follows:

#### **Our key strategic aim:**

Improving the mental and emotional wellbeing of residents.

This will be achieved by delivery against 3 priorities:

- 1) Increasing activity levels across the borough
- 2) Creating opportunities for residents of the borough
- 3) Supporting residents to build a connection with others

And whilst the Council will deliver a Strategy that serves all residents, our efforts will focus on:

- Children and young people (CYP)
- Older residents
- Those residents impacted by the wider determinants of health and,
- Those whose life circumstance may disproportionately impact on their health and wellbeing.

#### **The role of Arts, Culture and Heritage:**

We also recognise the positive impact that art, culture and heritage can have in improving our sense of wellbeing, relieving stress and bringing about a sense of connection and purpose.

As such, this Strategy will be delivered in synergy with the Council's Art, Culture and Heritage Strategy, supporting a holistic and inclusive approach to improving the health and wellbeing of residents through a broad range of initiatives.

### **Our key strategic aim: Improving the 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 drive us towards our aspirations. Good mental health also drives our health behaviours and not only prevents 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 are free to enjoy their built environment and open spaces, and experience better mental health than where these determinants are lacking.

Where there is the loss of employment, or low-quality employment, especially where the situation is enduring and combined with additional socio-economic factors (including a lack of support), we are likely to experience worse mental health outcomes.

Surrey's Joint Strategic Needs Assessment (JSNA) for example, has highlighted the significance of the pandemic and the current cost of living crisis in respect of poor mental health. The JSNA cites that:

- Around 60% of those who had 3 or more debts experienced mental health problems.
- People experiencing debt are also 3 times more likely to consider suicide.
- The greatest predictor of good mental health in response to the pandemic, was employment and income.

Surrey's JSNA reports the finding that 'multidisciplinary interventions' (including improving education and employment opportunities and reducing social isolation) were found to offer the best outcomes for those with mental health problems.

What the mental health and wellbeing in our borough currently looks like:

***At the time of the last strategy, the prevalence of depression was 9.3% and currently it stands closer to 11.9%. The 4<sup>th</sup> highest rate in Surrey.***

***We also have the lowest rating for 'happiness' at a score of 7.1 out 10. This represents a decrease of 0.7 since a 2020 survey.***

***We are 10<sup>th</sup> out of the 11 districts and boroughs for 'feeling worthwhile' with a rating of 7.5 out of 10. This represents a decrease in feelings worthwhile of 0.9 since 2020***

***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.***

Whilst we acknowledge the causal relationship between mental wellbeing and the wider determinants—and recognise that mental health issues can contribute to unemployment—this strategy takes a holistic approach. Its ultimate aim is to improve mental health and emotional wellbeing by promoting activity, opportunity, and connection.

### **1: 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 are inactive.

In a Sport England report (2022-23) on *Understanding the impact of movement on mental health and wellbeing*, they report a direct correlation between self-reported happiness, and increased rates of activity:

**Those who engaged in 150-minutes of activity per week reported a happiness rating of 7.2 out of 10 in comparison to a rating of 6.5 for those who engaged in 30-minutes or less. To put in simply, more exercise leads to us feeling happier!**

**Surrey's Joint Strategic Needs Assessment reports 28% of people with a mental health problem are physically inactive in comparison to 21% of the general population**

Epsom and Ewell have long reported high rates of activity, both in adults and children. At the time of drafting the 2019-2023 strategy we were the 3<sup>rd</sup> most active borough. This remains relatively stable with it being estimated that:

**76% of over 19-yr olds are engaging in the recommended level of activity of 150-minutes each week as reported for 2023.**

Whilst this is a high rate of activity, it remains the case that:

**15.4% of adults over 19yrs old are physically inactive and doing less than 30-mins of activity per week for 2023. This equates to approximately 9,400 residents.**

Children are also recorded as engaging in the following levels of activity with the borough being ranked 9<sup>th</sup> of the 11 districts and boroughs:

**43.8% of children are engaging in the recommended 60-minutes per day. This means over 50% of the borough's children are not doing enough activity**

We know the importance of activity across a life-span, and that we are more likely to continue to engage in activity the earlier we start. Activity can also help us prevent and manage long-term conditions and steer us towards a healthy older age.

We also know that approximately 11.3% of the adult population in the borough report at least two long-term health conditions, with one being related to a muscular skeletal issue; that 13.7% have high blood pressure, and 6% have diabetes. Combined with the borough's lowest rating for self-reported happiness, the role of physical activity in preventing and managing long-term health conditions, as well as enhancing emotional wellbeing, is well established and will be a key focus of our strategy.

## **2: Creating and promoting opportunities for residents of the borough.**

People who have opportunities and choices in life experience better health and wellbeing outcomes than those who, by circumstance, are not always able to access the opportunities life affords us.

We know that barriers to opportunity are strongly associated with the wider determinants of health. For example, individuals on low incomes, or those experiencing unemployment may not be able to access social or physical activities that improve their mental and physical health. They may not be able to explore further education, improve their home environment, or simply have access to the resources they need to progress such as a laptop or car.

We also know that those on low incomes and experiencing unemployment may also be faced with additional life challenges, such as caring responsibilities or a disability, making opportunities even more difficult to explore.

**The 2021 census reports a combined total of 4.6% for working age adults recorded as economically inactive (other), or economically inactive on grounds of being on long-term sick or disabled and 6.2% of working age adults were working in routine occupations, associated with low incomes**

Where unemployment or low incomes are further compounded by significant debt and poverty, we see a further decline in mental and physical health outcomes, that can make it even harder to secure, sustain or progress in employment or education.

**17.5% of residents have struggled to pay a utility – ranking us 8<sup>th</sup> of the 11 districts and boroughs**

Skills and education gaps can also contribute to reduced opportunities and perpetuate the cycle of low income or unemployment. Whilst Epsom and Ewell has high rates of attainment overall, it remains that case that:

**22% of residents in Epsom and Ewell are recorded as having 'very low' digital skills**

**In the 2021 census 12.8% of those over 16-years old were recorded as having no qualifications**

We will therefore look to promote the opportunities that already exist for all within the borough, whilst working with partners to explore improving access to employment, education, skill-development for those who face barriers. This may include learning through work experience, volunteering, sports and activities, with the aim of bringing about achievement.

We will work to enhance the digital skills of residents, recognising that digital skills enhance our chances of securing employment and education, maintaining connections, and accessing services, including vital healthcare provision; all of which improve health outcomes and reduce inequality.

Opportunities will also be fostered by ensuring residents understand where and how they can access community resources and support; both in respect of educational and employment opportunities, but also where they can seek support to address the barriers that prevent progression in the first instance. Further work with the Neighbourhood Board and with our community and voluntary sector, will be under-taken to explore initiatives that help residents facing the greatest barriers, secure the right support, reduce inequality and clear a path towards improving their prospects and health and wellbeing outcomes.

### **3: Supporting residents to build a connection with others.**

Research indicates that socially isolated people are more likely to smoke, and in the absence of smoking, are 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.

***In Epsom and Ewell 5.1% of the population report feeling lonely often or all the time.***

***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 Town, Court and Ruxley are the loneliest.**

The Marmalade Trust states that research shows that more people live alone than ever before, and that our sense of belonging to neighbourhoods has fallen and 36% of people in the UK feel lonelier now than before the pandemic.

***In 2021, there were 31,321 households in Epsom and Ewell. Of these 24.3% are recorded as a person living alone. This represents 7,611 people who are currently living alone.***

Loneliness and isolation is not just connected to living alone nor is it simply attributable to getting older. More young people are reporting feelings of loneliness and isolation. A report by the Mental Health Foundation showed that, in the UK, 7% of young people aged 18-24 report being lonely all of the time, in comparison to 2% of those aged over 55.

***Epsom and Ewell has nearly 24,000 children and young people living in the borough***

In addition, isolation and loneliness can also be most felt in marginalised groups, by those that provide care for another person, those who lack support systems and those who are unable to socialise due to illness, mobility issues or financial constraints.

This Strategy will therefore seek to create opportunities for residents to build social connections that are based on shared interests and offer meaningful connections. We will look to encourage engagement in health and wellbeing activities that are already available, whilst also looking to work with partners to develop new activities that bring about a greater sense of wellness; such activities will draw on the benefits of creativity, movement and the accessing of green spaces, with the aim of reducing barriers for those who have previously felt marginalised.

We also recognise the benefits of community engagement on reducing isolation:

***34.2% of residents had engaged in unpaid work that benefited their community in comparison to Waverly, who reported a rate of 46%.***

We know how acts of kindness and community cohesion can give us a sense of purpose and connection, and as such we will look to identify ways to increase resident participation in community projects and initiatives. Finally, we shall work to reduce the stigma that surrounds loneliness.

### **Who we shall prioritise.**

We will seek to deliver a Strategy that offers opportunities for all residents, and across of all ages, as to support health and wellbeing across a lifetime. However, we shall pay particular attention to the following:

#### **Children and Young People (CYP).**

We 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 on learning, self-esteem, confidence and being able to take advantage of life's opportunities. We also know that engaging in physical activity from an early age help to build a consistent approach to exercise and helps improve feelings of self-esteem and wellness.

Surrey Children and Young People's Emotional Wellbeing and Mental Health Strategy 2022-2027 reports a significant increase in demand for mental health support, with evidence suggesting that 10–15-year-olds have the greatest need.

In the first quarter of 2021, the mental health service, MindWorks received over 2400 referrals for mental health support across Surrey for 10–15-year-olds. Whilst the data is not available for Epsom and Ewell specifically, increased demand is seen across all the districts and boroughs.

The same Strategy also states that the pandemic had a greater impact on CYP mental health than their physical health, with 18-25-year-olds experiencing the greatest impact.

**In Epsom and Ewell, we have approximately:**

**6,400 are aged 10-15-years old**

**7,500 are aged between 16-24yrs old.**

With the exclusion or suspension from educational establishments in CYP with mental health problems being up to three times higher than their peers this can have a significant impact on young resident's future. It may present barriers to opportunities which can further perpetuate poor mental and physical health outcomes in the future. This places greater impetus to deliver a strategy that holds focus on CYP.

Delivering against our 3 key priorities, and learning from previous Strategies, The Council will endeavour to work with relevant educational establishments and organisations to reach those CYP who require additional support Looking at initiatives that promote confidence, self-esteem and a sense of autonomy as well as peer cohesion.

#### **Older residents of the borough:**

Epsom and Ewell continue to have a growing aging population:

**In 2011, the borough had a population of approx. 75,100 of which 12,616 residents were over 65-years of age (16.8%) In 2022, the Office of National Statistics showed the borough had a population of approx. 81,300 of which 14,877 were over the age of 65-years (18.3%)**

As with CYP, we know that older residents of the borough are more likely to be impacted by reduced amounts of activity and experience less of an opportunity to build a connection with others; this is especially the case with those unable to leave their home. Such circumstances can lead to physical health problems, as well as low mood, depression and is known to contribute to, and worsen the impact of dementia.

**In 2025, Epsom & Ewell is likely to rank 4<sup>th</sup> worst for depression rates in those over 65-years**

**In January 2024, 617 residents of the borough were diagnosed with dementia, with estimated prevalence being 1072. In January 2025, 633 were diagnosed with dementia with the estimated prevalence being closer to 1092. This represents an increase of 2.6% in those case diagnosed in one year.**

The lack of connection within older residents can be further impacted by the effects of digital exclusion. The use of technology, especially since the pandemic, has grown exponentially and for the borough's older residents, accessing, and receiving information about healthcare has become increasingly difficult.

We also need to acknowledge that and that for some, retirement or a reduced capacity to work may be attributed to worse health outcomes as income reduces. Access to transport, activities and essential services (all of which help us stay well and connected to others), can cost and whilst there are those that experience a comfortable retirement, others are not fortunate to be in this position.

As shown below, the wards of Court, Town and Ruxley experience the highest levels of deprivation. Within these wards:

**2,599 (13%) of residents living in these 3 wards are aged over 65-years old**

We will therefore look to work with the community and voluntary sector, Council services, and Primary Care Networks to help develop and deliver initiatives that focus on improving activity and connection for older residents. We shall focus on access to services, including how we improve digital access and on reducing isolation in line with our three strategic priorities.

#### **Those who are impacted by the wider determinants of health.**

Health inequalities are preventable health conditions that are found to be disproportionately represented in some groups of people. These inequalities effect not only impact on life expectancy, but also on lives lived in 'good health'.

There is recognition that health inequalities are perpetuated by social and economic factors which put simply, means that some of our residents are more likely to experience poor health and wellbeing outcomes, based simply on the quality of their social support network, their economic status, and their subsequent living environments.

In Epsom and Ewell, we have three wards that are listed as housing the most deprived households:

**Town, Court and Ruxley.**

**These 3 wards have an approximate population of 19,800 people, living in 8,100 households.**

**Approximately 4,000 of these households across the 3 wards meet at least one of the 4 criteria for deprivation. These are broken down as follows:**

**COURT: 1,323 RUXLEY 1,050 TOWN 1,624**

We have also seen an increase in the life expectancy gap between the most, and least affluent wards in the borough, and this is now estimated as follows

**For males there is a 10-year life expectancy gap between Auriol and Court ward**

**For females there an 8-year life expectancy gap between Stoneleigh and Court ward**

The ward most adversely impacted by the wider determinants of health therefore remains Court Ward, followed by Town ward and it is here where the Council intends to intensify its reach in delivering against its priorities.

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

Finally, we recognise that health and wellbeing outcomes can also be disproportionately impacted by a person's circumstance, or life experience.

As the focus of our Strategy is to improve the mental and emotional wellbeing of residents, this section shall assume the position that we shall naturally seek to work with those experiencing mental health problems across a continuum, with a specific focus on working to reduce depression and anxiety and increase feelings of purpose and connection.

Whilst we shall aspire to ensure inclusivity, we shall also focus our attention on:

**Carers of all ages**

**3.5% of residents aged over 5-years old provide 20-hours + every week. 81% of carers nationally have reported feelings of social isolation and loneliness. This rises to 89% in under 24-year-olds. In addition, a Carers UK survey reported 84% of carers report 'bad' or very bad mental health**

**Those who have survived domestic violence and abuse**

**In 2024, there were 638 incidents of domestic violence and abuse reported in the borough. Court ward recorded the highest incident rate. The Joint Strategic Needs Assessment (JSNA) reports that of referrals made to support services in 23/24, 59% reported a mental health support need.**

**Those with learning difficulties**

**There are 1,462 residents aged over the age of 18-years registered as having a learning difficulty. And 724 children with an Educational Health and Care Plan. The JSNA reports disproportionate rates of poor physical and mental health outcomes for people with learning difficulties**

|                                                              |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |
|--------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <b>Those with long-term health conditions and disability</b> | <p><b>24.7% of Surrey residents have high rates of long-term conditions with the most prevalent being diabetes, hypertension and cardiovascular disease. This rate is higher than England’s average (13.9%). Depression rates are likely to be 2-3 times higher with a chronic physical condition, increasing further for people living with more than one condition.</b></p> <p><b>In 2021, 4.8% of residents in Epsom and Ewell identified as being disabled and limited a lot, according to the 2021 Census. Additionally, 8.6% of the workforce at the Epsom and Ewell Borough Council stated they have a disability.</b></p> |
| <b>Those experiencing multiple disadvantage</b>              | <p><b>This is a new area of development within the JSNA that recognises the impact of multiple disadvantage. This considers how experiencing 3 or more areas of disadvantage such as homelessness, addiction, bereavement, poverty, trauma etc. can significantly and negatively impact on our wellbeing. As people with multiple disadvantage are also the most likely to be impacted by the wider determinants of health, this area of work will allow the Council to adopt a Strategy that can target the most vulnerable.</b></p>                                                                                             |

In addition to these groups, the Council will continue its work to improve the health and wellbeing of its refugee population, recognising the isolation and mental health impacts relocating to another country; especially where trauma and low levels of English are observed.

We shall also, in line with our responsibilities to our veterans, by progressing work to increase the visibility of services and support available.

#### **Our commitment to partnership working in delivery of the Strategy:**

Over the course of the last Strategy, and resultant from the pandemic and cost of living crisis, the Council has developed and maintained effective and purposeful relationships with both the health sector, and our community and voluntary sector partners.

In delivering this Strategy the Council will continue to fully engage our partners, recognising the value in collaboration. Of utmost importance is the Council’s intent to work with partners to further understand our communities, sharing local data and the continue creating a detailed picture of need as we move through the delivery of this Strategy. This will help shape projects, services and initiatives that are resultant from this Strategy, as well as help us secure outcomes, and measure our impact.

The Council shall also draw on the expertise and knowledge of Council departments, with particular focus on the delivery of the priorities through our housing teams, revenue and benefits, home improvement, community and wellbeing and community safety.

The Council shall also remain committed to reflecting on the views and experiences of residents of the borough through direct community engagement, and through the local insights our partners are able to provide.

**APPENDIX 1: Our contribution in supporting the health and wellbeing of residents:**

This summary is not exhaustive of the work of the Council

**Supporting The Epsom Pantry with the Good Company, helping reduce food poverty and uncertainty.**

**The Community Boxing initiative to build confidence and self-esteem in young people: [Innovative boxing programme champions young people in Epsom & Ewell | Epsom and Ewell Borough Council](#)**

**Installation of ‘Happy to Chat’ benches in reducing social isolation**

**Community swimming project with GLL (Rainbow) and community referral partners: [Innovative new programme helps families experiencing barriers to sports participation | Epsom and Ewell Borough Council](#)**

**Delivery of the Surrey Youth Games.**

**Supporting ‘The Hub’ with Surrey Lifelong Learning Partnership: Improving access to employment, education and skill acquisition [About | Epsom and Ewell Hub](#)**

**Supporting ‘The Hub’ with Work Placement opportunities at the Council to improve employment potential.**

**Working with the Meeting Room, Citizens Advice Epsom and Ewell, and the Good Company to deliver the Household Support Fund: [Household Support Fund | Epsom and Ewell Borough Council](#)**

**Working with Epsom and Ewell Refugee Network to deliver an art projects, and coordination of refugee support programmes.**

**The development of the Councils Suicide Prevention Action Plan to support residents’ mental health and wellbeing.**

**Leading on Suicide Prevention Day – 10<sup>th</sup> September 2024 – raising awareness and reducing stigma. [Borough Insight - Epsom & Ewell Borough Council hosts walk and talk event on World Suicide Prevention Day](#)**

**Rollout of Suicide Awareness training to Council staff: Improving the Council’s response to disclosures of suicide.**

**Supporting young carers and their families with a free pass to Horton Golf club: [Horton Golf Park - Fun For the Whole Family](#)**

**Annual support of Community and Voluntary Sector each year - [Agenda](#)**

**APPENDIX 2: Data sources:**

[Joint Strategic Needs Assessment | Surrey-i](#)

[How life has changed in Epsom and Ewell: Census 2021](#)

[Local indicators for Epsom and Ewell \(E07000208\) - ONS](#)

<https://www.surreyi.gov.uk/census-2021/census-2021-household-characteristics/>

[JSNA Mental Health Published | Tableau Public](#)

[Mapping loneliness during the coronavirus pandemic - Office for National Statistics](#)

[Fingertips | Department of Health and Social Care](#)

[Health & Wellbeing Strategy Index | Tableau Public](#)

<https://cdn-wp.datapress.cloud/surrey/20230922153308/CYP-EWMH-strategy.pdf>

<https://cdn-wp.datapress.cloud/surrey/20230922153308/CYP-EWMH-strategy.pdf>

[Census 2021: Household Characteristics | Surrey-i](#)

[Interactive map: Loneliness rates by local authority](#)

[Build a custom area profile - Census 2021, ONS](#)

[Life expectancy by census ward](#)

[Surrey - Incidents of Domestic Violence \(Ward\) | Surrey-i](#)

[State of Caring Survey 2023 - The impact of caring on: health | Carers UK](#)

[Emotional and Mental Wellbeing in Surrey Adults | Surrey-i](#)

<https://www.ons.gov.uk/visualisations/censusareachanges/E07000208/>

[Loneliness Guide | Marmalade Trust](#)

[Loneliness and mental health | Mental Health Foundation](#)

[495,904 patients with a dementia diagnosis in January 2025 – Polimapper](#)

<https://www.ons.gov.uk/visualisations/customprofiles/build/>