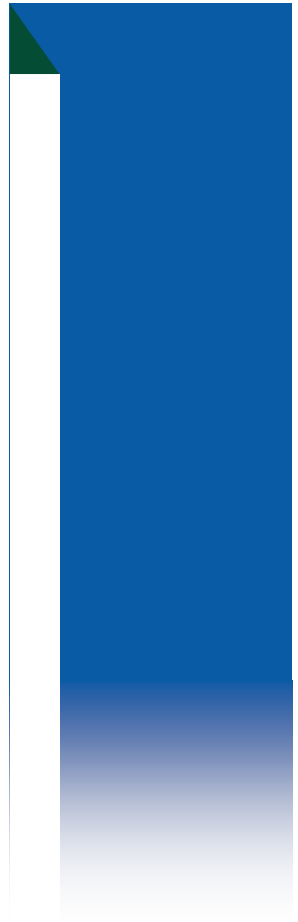


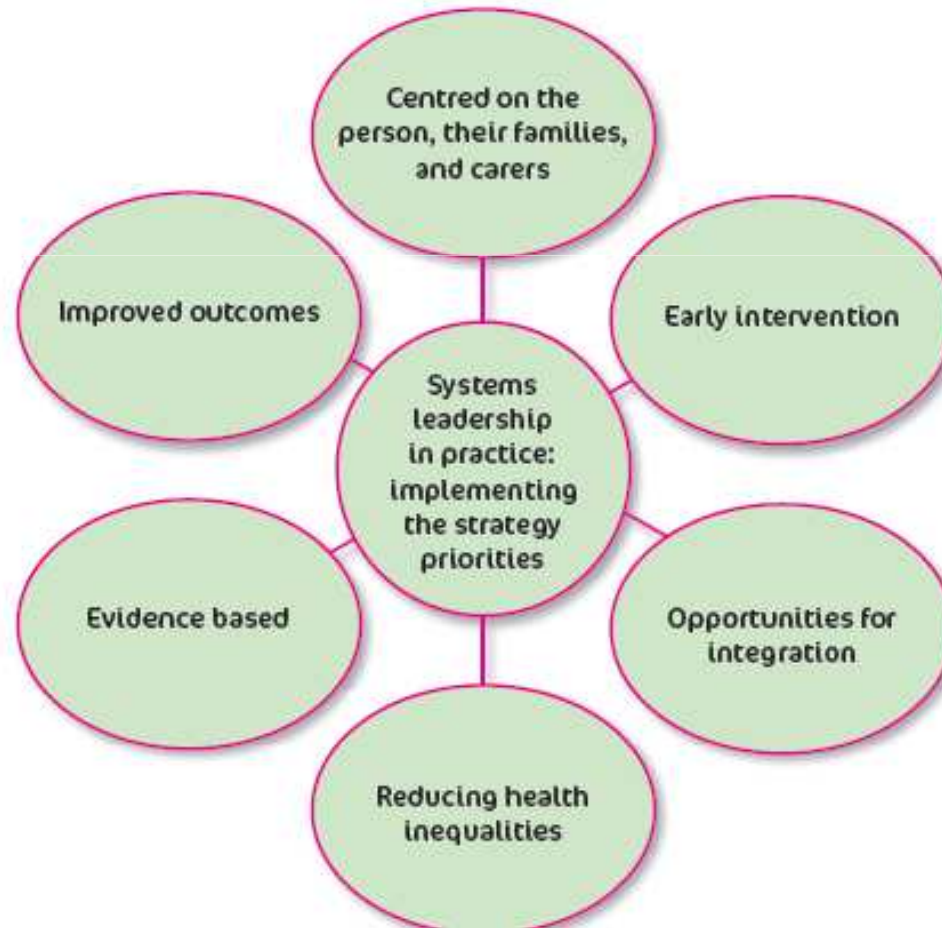
# Prevention Priority - Health and Wellbeing Board 13<sup>th</sup> March 2014



# Board's principles

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The board share a common set of values underpinning their partnership and work together:



# Developing a preventative approach

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Our Joint Strategic Needs Assessment tells us that:

- Life expectancy is 6.3 years lower for men and 4.0 years lower for women in the most deprived areas of Surrey than in the least deprived areas. Poverty is also linked to poor health outcomes for children
- On average in Surrey, boys aged 11 to 18 years eat 3 portions of fruit and vegetables per day and girls eat 2.8 portions per day. Only 11% of boys and 8% of girls in this age group met the '5-a-day' recommendation
- 14% of children in year 6 are classed as 'obese', this is five percentage points below the English average of 19%
- Only around a third of adults (32.5%) in Surrey eat the minimum of five fruit and vegetables per day
- In 2010, 12% of adults in Surrey did the recommended amounts of physical activity (5 x 30 minutes of moderate activity every week)
- About 25% of people aged 16+ in Surrey drink in a way classed as "increasing risk", meaning more than 3-4 units a day on a regular basis. This is the second highest level of "increasing risk" drinking in the country, and is higher than the national average which is 20%
- On average there are around 550 more deaths in winter than summer in Surrey, some of which can be prevented by improvements in housing conditions.

# Developing a preventative approach

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If we get this right we hope to see the following outcomes:

- The gap in life expectancy across Surrey will narrow
- More people (people means all people in this strategy- children and adults) will be physically active
- More people will be a healthy weight
- The current increase in people being admitted to hospital due to drinking alcohol will slow
- There will be fewer avoidable winter deaths.



Health and  
Wellbeing  
Surrey

# Why prevention is important

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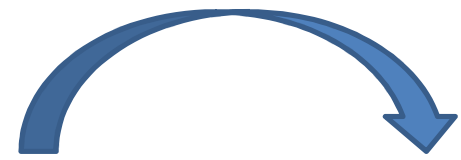
- prevention **must** form the foundation of any strategy to improve health and wellbeing
- We will develop a Surrey Prevention Strategy in two phases
  - Phase 1 – focusing on the greatest risk factors for ill-health
  - Phase 2 – widening the focus on prevention
- The evidence base for this is **substantial**, and includes:
  - The Global Burden of Disease Survey 2010
  - The US County Health Rankings Model
  - The Marmot Review

Health and  
Wellbeing  
Surrey

# Health is a vital resource for our country

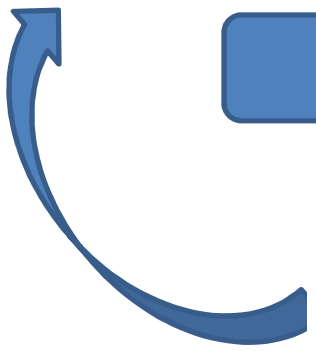


Healthy People

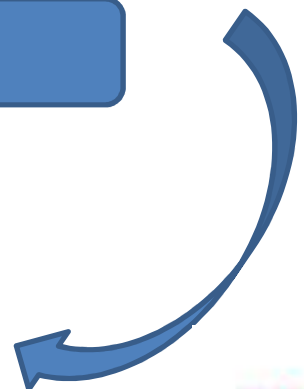


Being productive

**A virtuous circle**



Building a strong society



**Health and Wellbeing Surrey**

# We 'enjoy' good health, and it can be cheap to create. Why aren't we doing more?

## Some opening facts

It costs **£349** per person to put a person at risk through a falls prevention programme, yet the average cost per fall in hospital treatment is **£3,320**



The number of people dying from tobacco in England is equivalent to a **747 crashing** at Heathrow every **2 days**



Health and  
Wellbeing  
Surrey

# The wider determinants influence the proximate causes of ill health



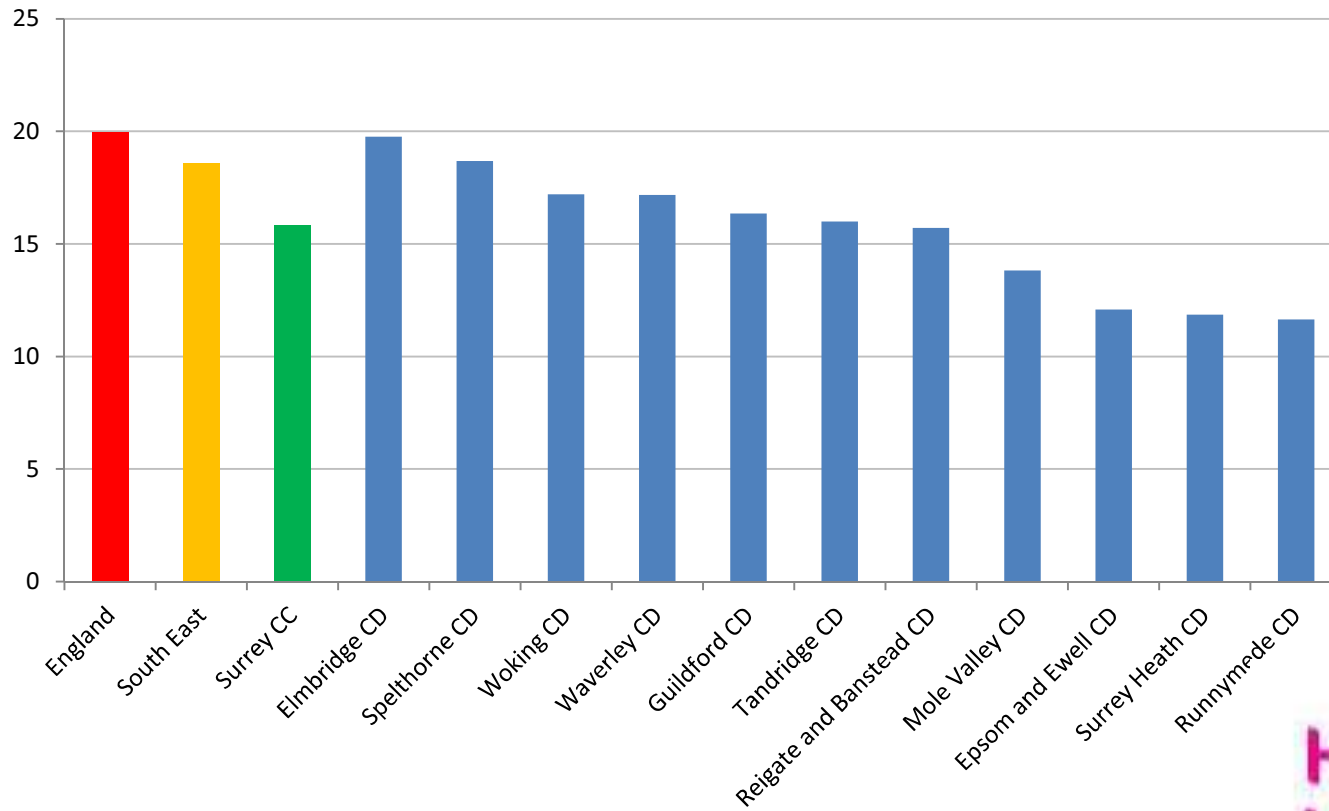


# These factors come together to drive the main causes of disability

- Musculoskeletal disorders
- Mental Health
- Diabetes
- Chronic respiratory diseases
- Neurological disorders
- Unintentional injuries
- Cardiovascular and circulatory disorders
- Cancer

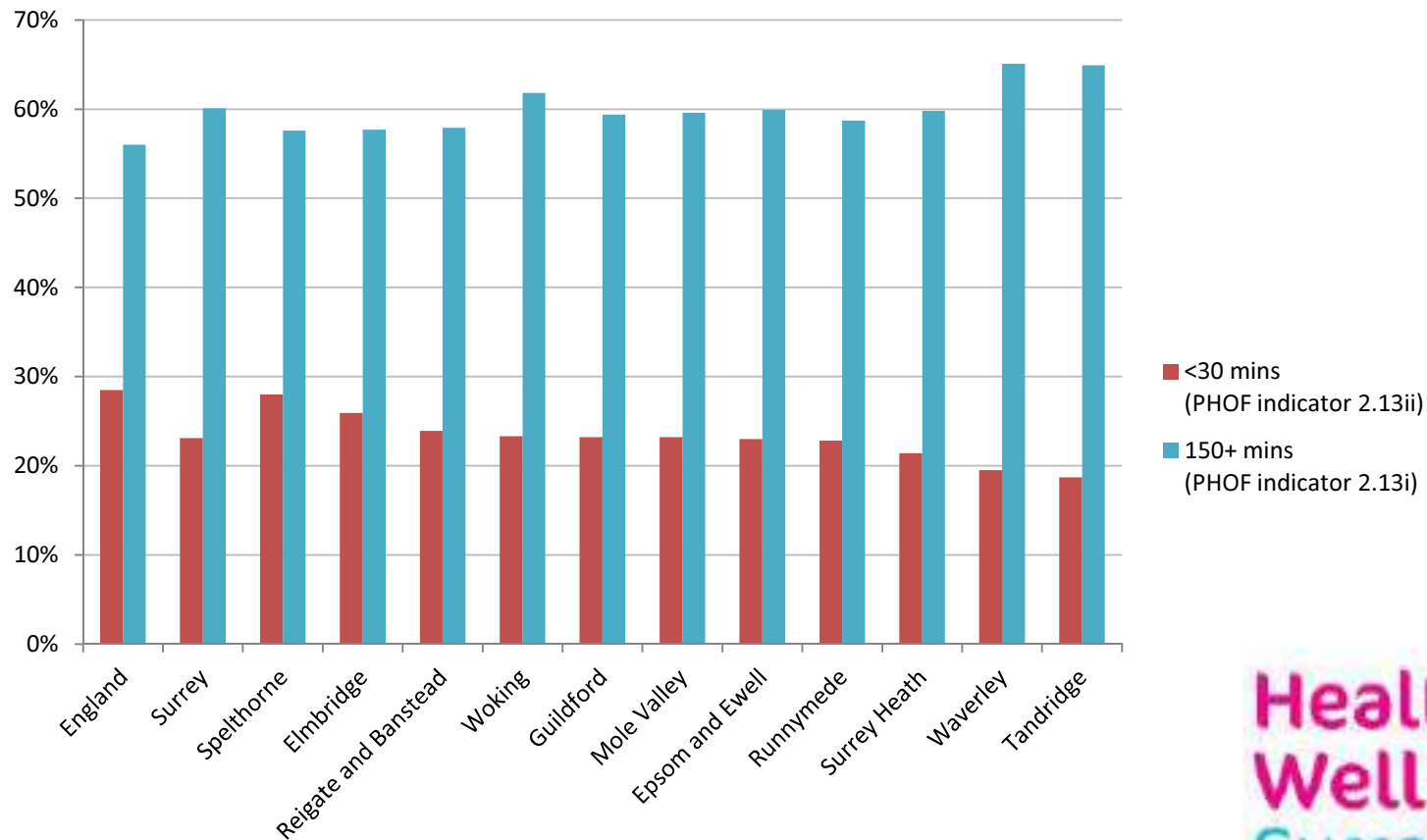
# Smoking Prevalence in Surrey

Adult smoking (18+) prevalence  
2011-12



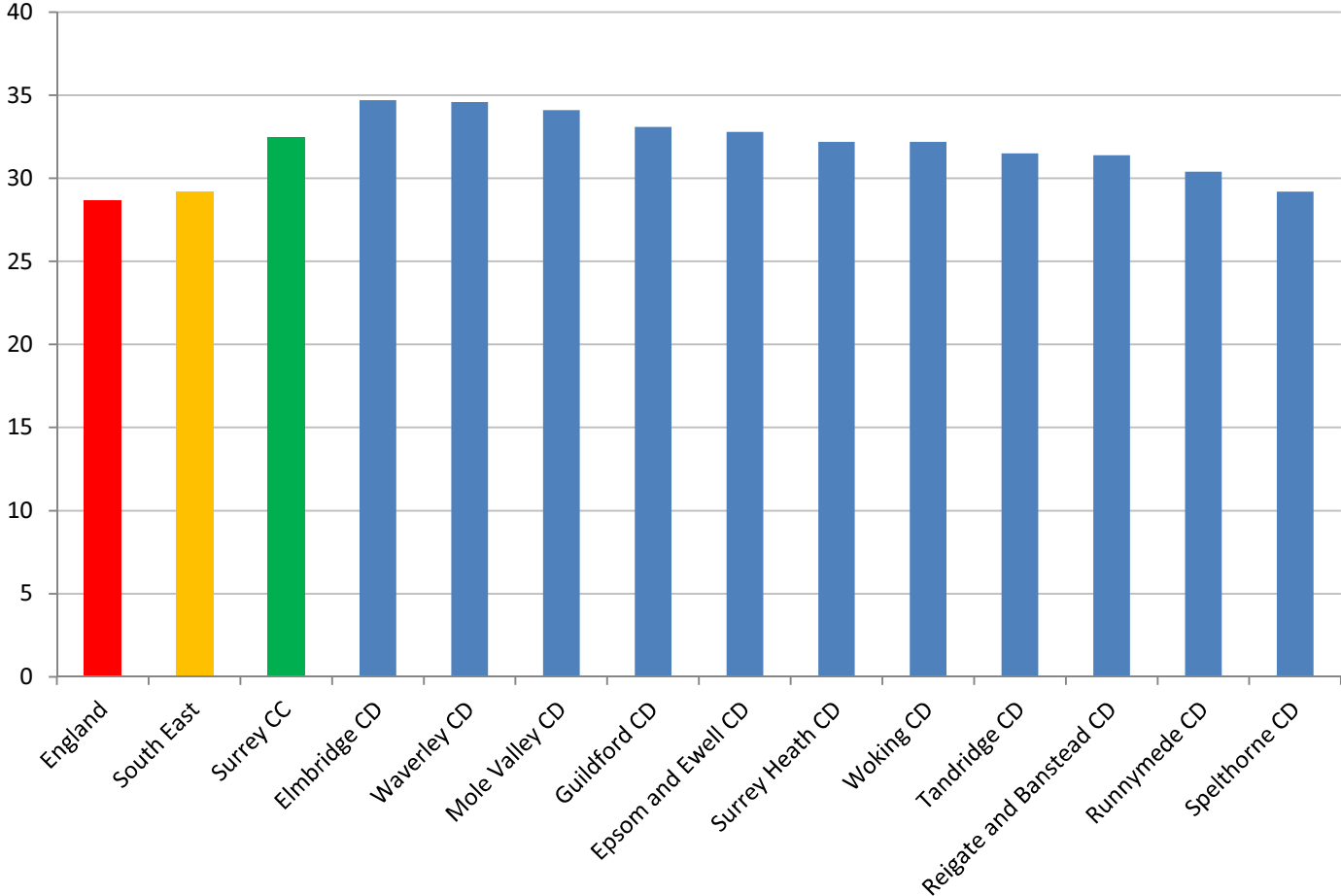
# Physical Activity in Surrey

Percentage adults (16+) achieving minutes of physical activity per week  
2012



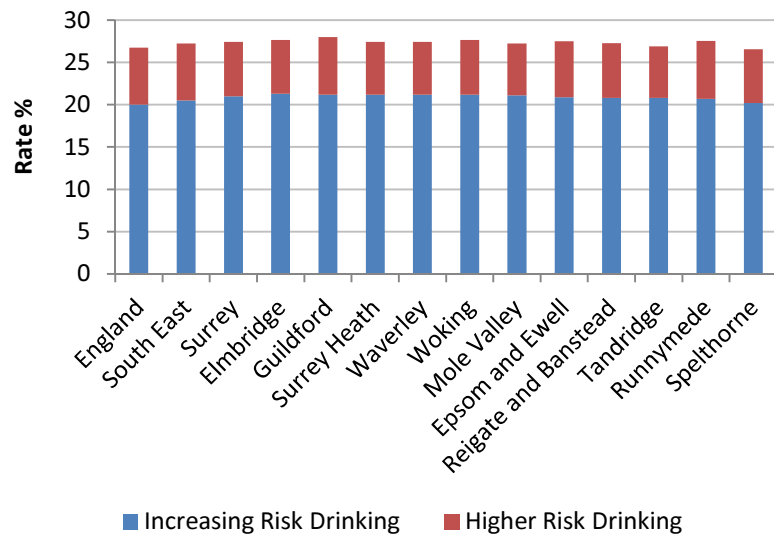
# Healthy Eating in Surrey

Percentage of adults estimated to eat at least five portions of fruit and vegetables a day (2006-08)

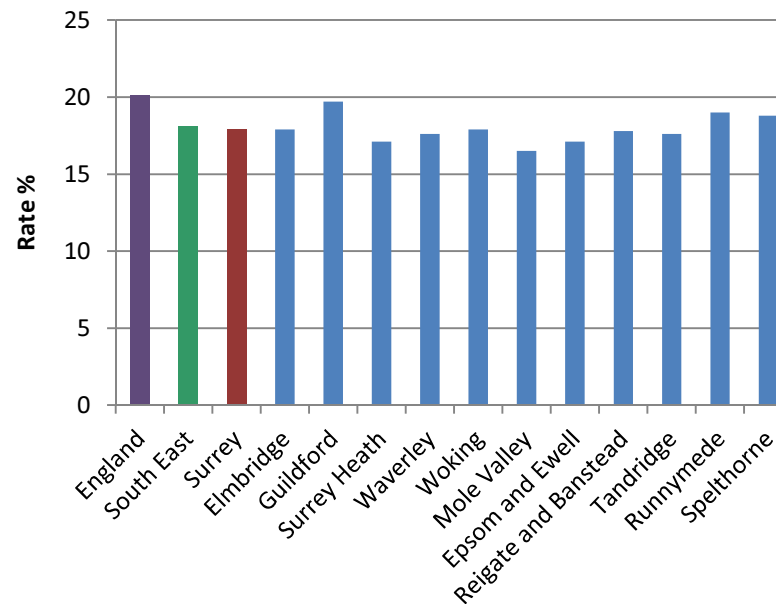


# Alcohol misuse in Surrey

Increasing risk and higher risk drinking rates for Surrey population aged 16 year and over (mid 2009)

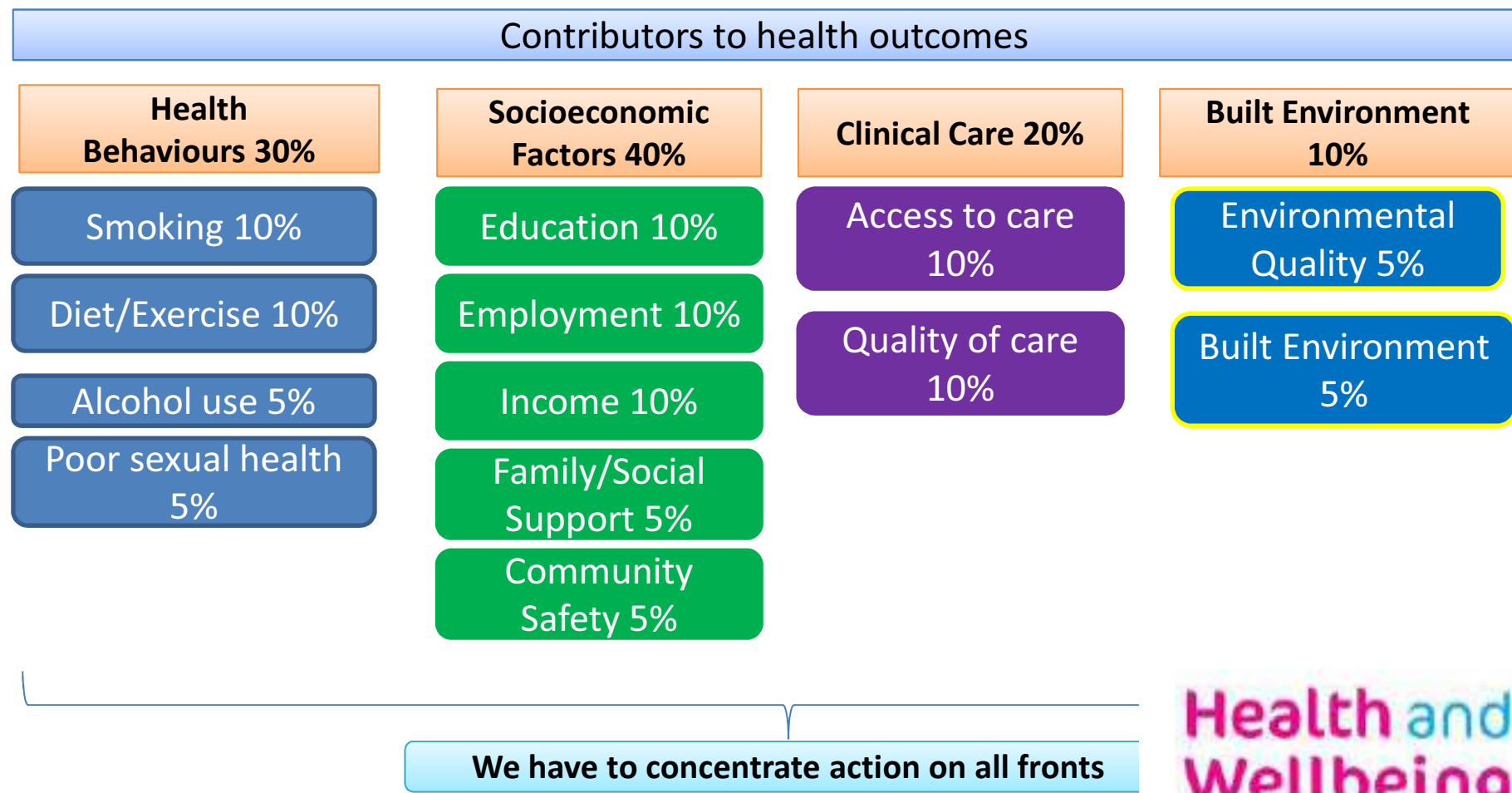


Binge drinking rates for Surrey population aged 16 year and over (2007-08)



# Health is affected by a wide range of factors

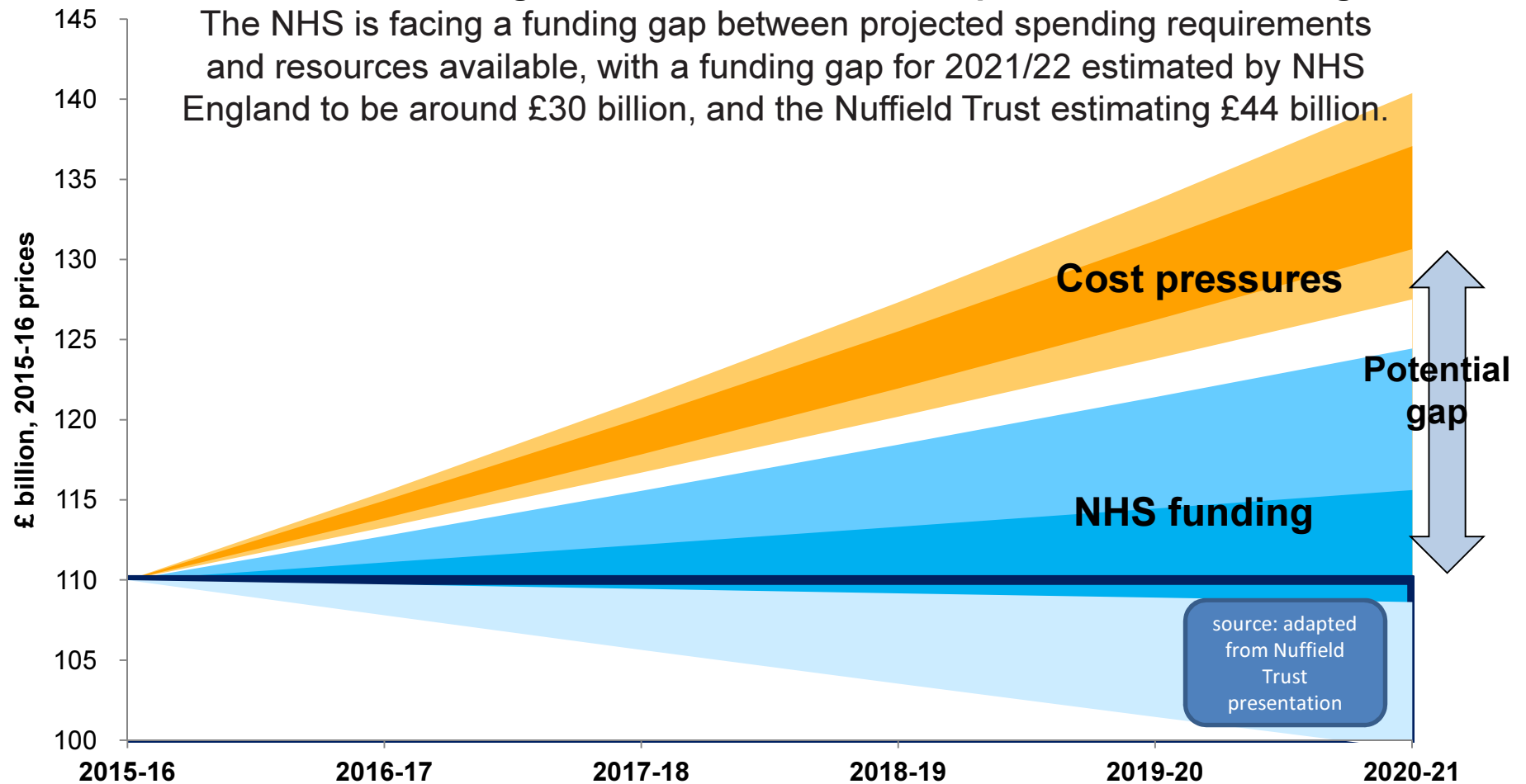
Page 78



# Unless we act now, things could get worse

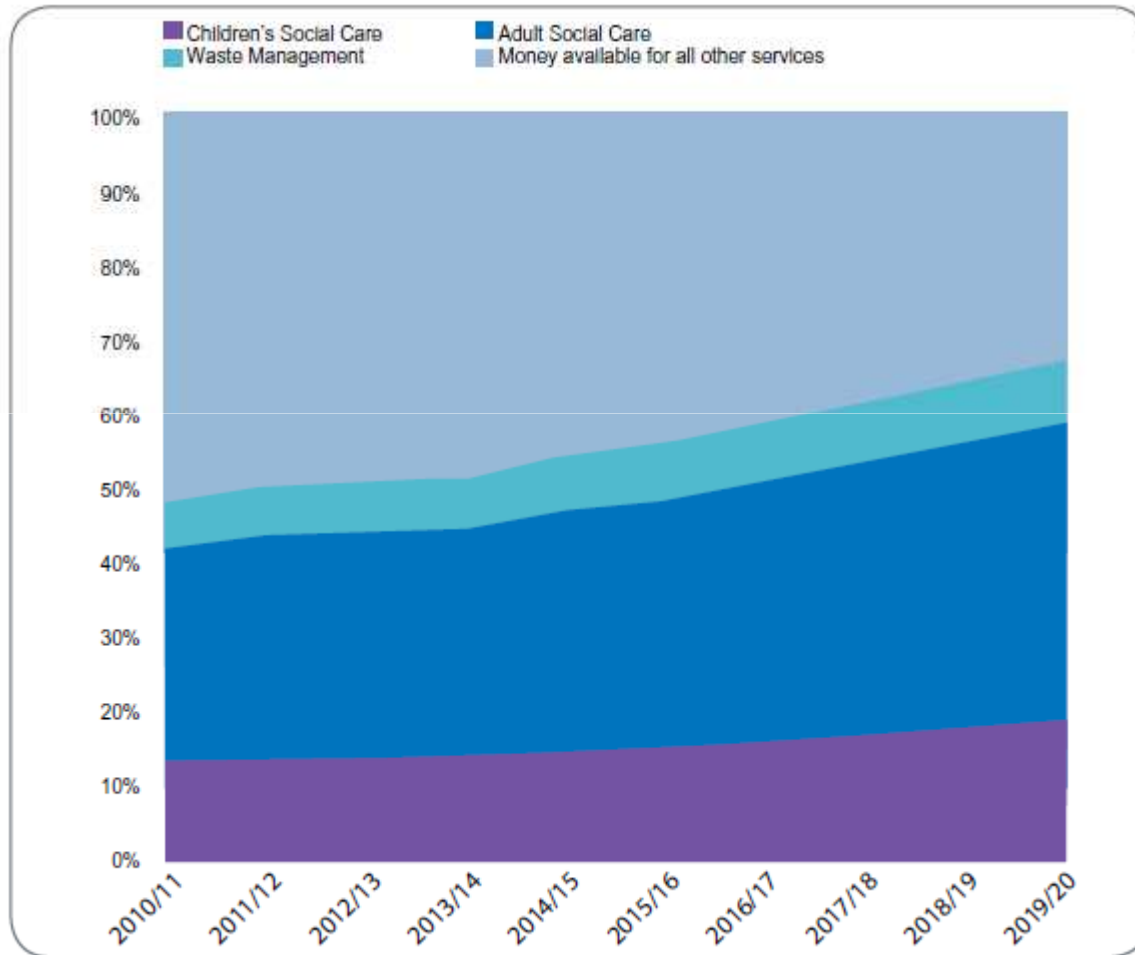
## Illustrative funding scenarios for future cost pressures and funding

The NHS is facing a funding gap between projected spending requirements and resources available, with a funding gap for 2021/22 estimated by NHS England to be around £30 billion, and the Nuffield Trust estimating £44 billion.



source: adapted from Nuffield Trust presentation

# Local Authorities may struggle to provide basic services



Within 10 years, adult social care and children's services will account for 50% of council budgets



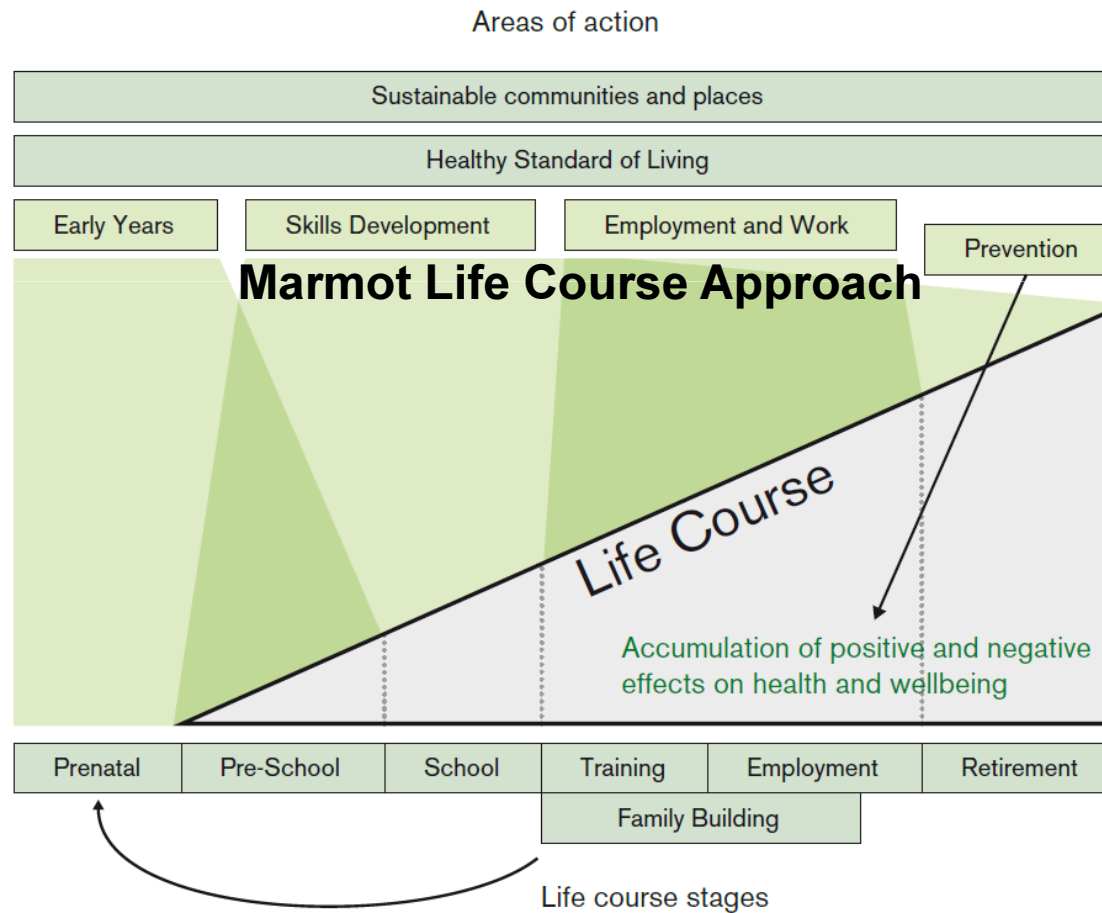
Other services e.g. transport, fire safety will be squeezed

Source: LGA – Funding outlook for councils from 2010-11 to 2019-20



# Marmot Life Course Approach

Figure 5 Action across the life course



# The costs of neglecting health are huge, for government and society



Starting with early years

Experiences in the early years of a person's life greatly impact on later life chances



To school

There is an association between **lack of physical activity** and **poor school performance**



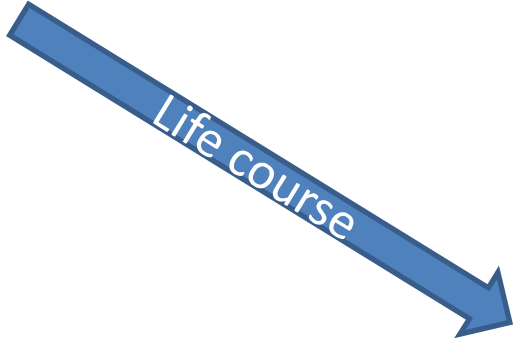
Affecting employment

**£14b per year lost** through sick days – with conditions linked to anxiety, stress and depression the leading cause of long-term absence

Public expenditure on social care for older people to rise to **£12.7b** by 2022 (an increase of **37%** from £9.3b in 2010)



Increasing health and social care costs



# Marmot Review

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- The **Marmot Review** shows us with staggering clarity that health inequalities arise from social inequalities, and action on inequalities require a focus on **prevention**
- **Prevention** here incorporates both the narrow definition of **tackling unhealthy behaviours**, and the wider definition of **action on socio-economic determinants** to prevent the onset of ill-health in the future

# Deprivation and Health

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- Following the publication of the Marmot Review in 2010, it is clear that there is a strong association between health inequalities and other measures of deprivation, including education, skills and employment, income, and housing.

“Many key health behaviours significant to the development of chronic disease follow the social gradient: smoking, obesity, lack of physical activity, unhealthy nutrition ... Reducing health inequalities requires a focus on these health behaviours”

# What have we done so far?

## And next steps

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- Developed CCG Prevention Plans to be incorporated into local strategic plans.
- Developed local CCG, D&B and PH action plans which will be further developed into Phase 1 of the Surrey Prevention Plan.
- APHR 2014 to focus on the evidence to support the Prevention Planning for Phase 1 & 2.
- Develop Phase 2 of the Prevention Plan over Summer/Autumn 2014.

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