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Health and  
Wellbeing  
Surrey



# JINT STRATEGIC NEEDS ASSESSMENT SUMMARY

# FOREWORD

Over one million people live in Surrey. Each and every one of them has their own health and wellbeing needs. Meeting those needs is a complex task. It means everybody – health, social care, third (voluntary) sector and community leaders – working together to succeed in supporting people to resolve these needs in an effective and efficient manner every time.

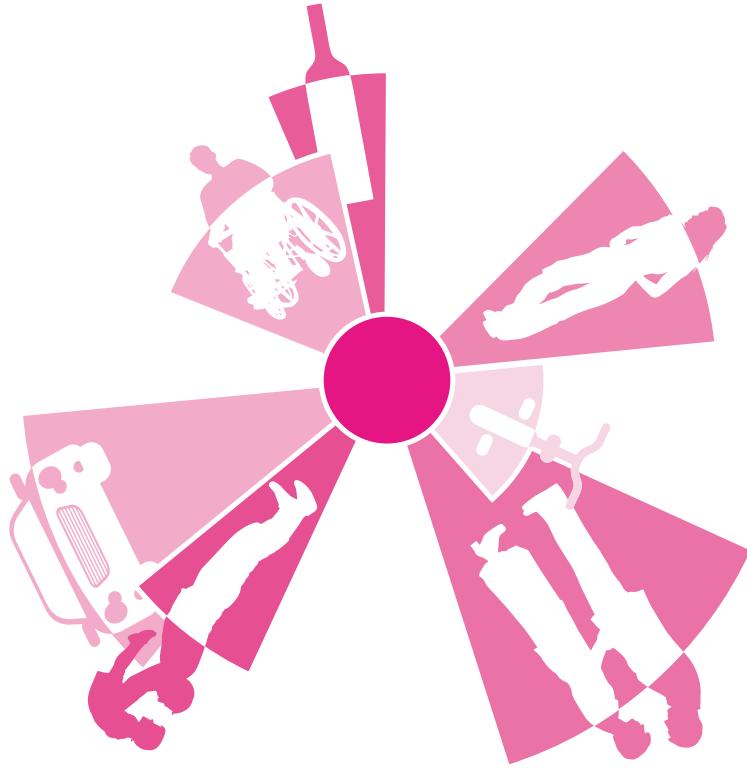
The Joint Strategic Needs Assessment (JSNA) pulls together lots of information about people in Surrey. It tells us about how they live, where they live and the health and wellbeing issues which affect them. The JSNA offers everybody working to improve health and wellbeing in Surrey access to a single source where the same facts and figures are always at their fingertips. With a good JSNA in place, the best decisions can be made about planning services to meet these needs for people in Surrey in a consistent manner.

This summary gives a quick and easy way to understand the type of information that is available in the full JSNA which offers a powerful tool for health commissioners, such as the Health and Wellbeing Board. This summary sits alongside a summary of the JSNA produced for Clinical Commissioning Groups (CCGs). Further summaries are now being prepared such as for districts and borough councils.

This summary lists some key facts and insights. It then explains what they currently mean for Surrey. Needs change constantly and so does the JSNA. The latest full version is always available online at [www.surreyj.gov.uk](http://www.surreyj.gov.uk).

Surrey's JSNA is an incredible resource. We hope you find this summary a useful introduction that will inspire your work on behalf of the people in Surrey. If you have any thoughts about this summary or the JSNA as a whole please e-mail us at [jsnafedback@surreycc.gov.uk](mailto:jsnafedback@surreycc.gov.uk)

On top of raw data, analysis and insight are crucial. The insights highlighted in the JSNA enable decision makers to act decisively about which services will be more appropriate, effective and relevant to put



# SECTION 1

# SURREY: AN OVERVIEW

Surrey people generally enjoy good health and wellbeing. They expect to live a long and healthy life. Life expectancy is high: 84 years for women and 81 years for men. That's almost two years longer than the average for England.

This is partly because Surrey is one of the least deprived counties in the country. But there are small pockets of relative deprivation (specific wards) especially in parts of Spelthorne, Woking, Guildford, Reigate and Banstead and Surrey Heath. These wards have been made 'priority places' so they can get the resources they need to improve the lives of people living there.

Although Surrey is a prosperous county there are at least 23,090 children (under the age of 20) living in poverty. This means they may not get good food and nutrition or live in poorer housing conditions. They are likely to do less well in school, resulting in poorer job opportunities. They are likely to live five years less than their peers.

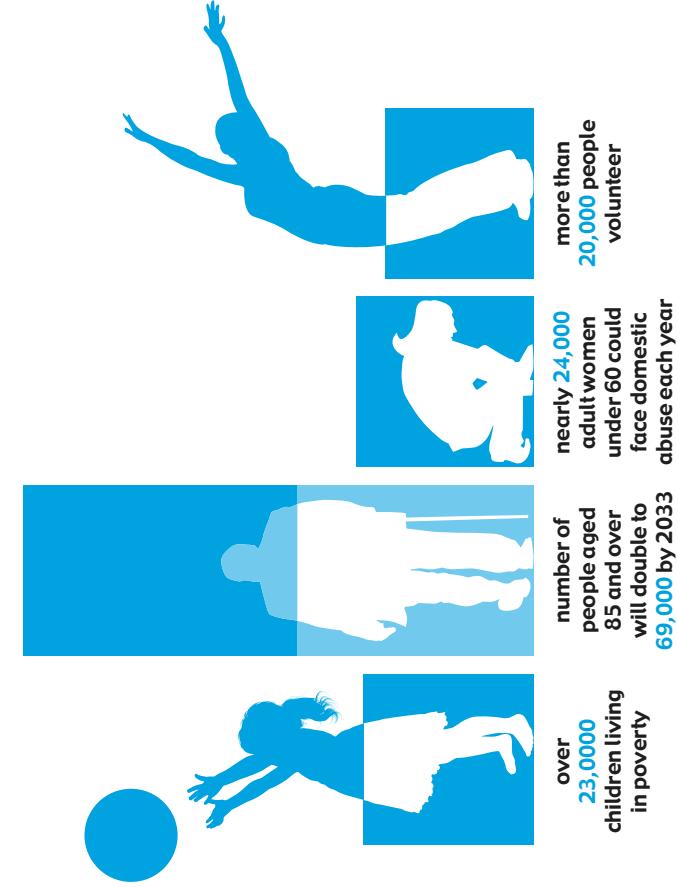
Surrey has a higher proportion of older people compared with England. Projections suggest that the number of people aged 85 and over in Surrey will double from 32,600 in 2013 to 69,000 by 2033.

Surrey relies heavily on car-based transport. For those who don't have access to a car, transport is costly and not always accessible.

We estimate that nearly 24,000 adult women under 60 in Surrey could face domestic abuse each year. The number of children affected by domestic abuse is rising.

## Assets in Surrey

This summary highlights the key needs in Surrey. However, the JSNA will also have an increased focus on identifying the range of assets within Surrey that can help meet these needs and that have an impact on people's general health and wellbeing. These include the physical environment as Surrey has some of England's finest parks, woodland and open spaces. It's about the people that live and work in Surrey. More than 20,000 people volunteer in Surrey and there are over 3000 charities and thousands of voluntary groups. These groups help people to take greater control of their own health and can help people manage long-term conditions. It also includes building upon the success of sporting events like the Olympic cycle race that took place around Box Hill in Dorking.



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# SECTION 2 HOW WE LIVE OUR LIVES

Seven out of Surrey's eleven boroughs are in the highest ten nationally for the percentage of adults engaging in 'increasing risk' drinking of alcohol. This means that one in four adults drink above the daily recommended sensible drinking levels. Rates of alcohol-related hospital admissions have almost doubled since 2002.

**S**urrey has the 2nd highest rate for "increasing risk" drinking in the country behind Leeds and is significantly higher than the England average of 20%. This pattern of drinking is thought to be linked with the affluence of the county and with frequent drinking at home where people don't realise the amount of alcohol that they consume.

Drinking too much alcohol causes a whole range of problems and includes alcohol related illness and injuries, increasing levels of crime and violence and teenage pregnancies. It can also impact on people's ability to work and in extreme cases can cause people to become homeless. In addition, the impact of parental alcohol misuse can be devastating for children.

In Surrey, just under a third of adults (31%) eat the minimum of five fruit and vegetables per day. This is slightly higher than the 2010 average for England of 28.7%. Good food and nutrition is important in the prevention and management of diet-related conditions such as cardiovascular disease, cancer, diabetes and obesity.

The number of pupils spending at least three hours each week on school sports is lower in Surrey than in other parts of England. However, more adults meet the recommended level of physical activity (walking, running, cycling etc) compared to England overall.

**What does this mean for Surrey?**  
Lifestyle has a huge impact on whether someone develops long-term health problems. We need to support and help people of all ages to adopt healthy lifestyles. We need to focus efforts on groups that might find it harder to change. Taking action now to change unhealthy behaviours could reduce the demand on health and social care services in the future. It will also address the widening gap in life expectancy between the least and most deprived communities.

Surrey has a lower rate of obesity amongst adults and children than the average for England. Even so, levels are concerning as obesity contributes to poor health, disability and premature death.

Smoking remains the single most important cause of early death and ill health in Surrey and we need to do more to help people quit. Estimates are that one in six people in Surrey smoke.

In Surrey, teenage pregnancy rates are falling but some areas have higher rates than the national average for teenage conceptions. Understanding why some young people engage in risky sexual behaviour will also help us to target interventions and reduce the costs associated with treating sexually transmitted infections, abortion and maternity services, and ongoing support for teenage parents and their children.

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# SECTION 3 CHILDREN AND YOUNG PEOPLE

The number of children on a Child Protection Plan has gone up. The number of vulnerable children requiring social care support as Children in Need has also risen.

**C**hildren are more likely to become healthy and productive adults when their family life is stable. So it is important to support parents and carers who are facing a range of problems or who are experiencing change, for example separating parents, lone parents, military families, young parents and kinship carers.

Despite a high proportion of women who start breastfeeding in Surrey, six to eight weeks later only just over half are still managing it. The World Health Organisation recommendation is to exclusively breastfeed for at least six months.

Uptake of childhood immunisations is lower in Surrey than average for the region and the country. Crucially, for some diseases such as measles, uptake is below immunity levels that prevent the spread of disease.

There are a small number of young people who commit a disproportionate number of crimes or offences, which has lead to the Surrey Youth Justice Service adopting a new approach to working with these offenders.

## What does this mean for Surrey?

Most children and young people in Surrey do well. However, looked after children, those affected by domestic abuse and Gypsy, Roma and Traveller children and young people are less likely to do as well as others.

Gaps still exist in our knowledge about the needs of children, young people and their families in Surrey.

These include:

- The estimated 2,000-3,000 children and young people with a disability who do not access any social care, education or health support services;
- The significant gap between the number of children experiencing domestic abuse and those receiving services; and
- The prevalence of alcohol and drug misuse among children and young people.

More efficient data collection and sharing can help to develop a more holistic picture and better understanding of need in Surrey.



Looked after children are more likely to experience poorer health outcomes than their peers



Over half of children subject to a child protection plan are affected by domestic abuse



uptake of childhood immunisations is lower in Surrey than average



just over half of breastfeeding mothers still do so after 6 to 8 weeks



## SECTION 4

# PEOPLE WITH SPECIFIC AND LONG-TERM CONDITIONS AND THEIR CARERS

The number of people with conditions such as diabetes, Coronary Heart Disease (CHD) and chronic obstructive pulmonary disease (COPD) is expected to increase over the next five to ten years.

**O**ver the last ten years, the rate of early deaths from heart disease and stroke has fallen. Rates are better than the national average but these diseases still remain the county's biggest killers and changes in lifestyle, such as quitting smoking could reduce the death rate further.

In Surrey there are 20,920 adults estimated to have a learning disability (with 16,766 aged 18-64). 4,334 of this group would have a moderate to severe learning disability and are more likely to require services. This figure is due to rise to 4,577 in 2020.

Surrey has a significantly lower incidence of most cancers than England and the South East apart from breast cancer and malignant melanoma (skin cancer) which are seemingly high. Overall mental health needs in Surrey appear to be relatively low; however there are some areas where known needs are higher than the national average. These areas closely match with the areas of greatest deprivation.

Children and young people with disabilities are a particularly vulnerable group in society. The numbers of those with a disability is likely to increase over the next ten years. Avoidable risk factors include premature birth and/or low birth weight babies, maternal use of drugs and alcohol, and economic disadvantage.

There are an estimated 54,965 people with a moderate physical disability and 16,398 with a serious physical disability in Surrey.

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**What does this mean for Surrey?**

As the population of Surrey gets older so will the number of people with long-term conditions. This will increase demand on health and social care resources as well as the voluntary sector and carers. Helping people stay well will be vital. Preventing illness will become ever more important. We need to enable people to manage their own conditions. In addition, as the number of children and young people with a disability is likely to increase it is important to ensure that the right services are in place to prevent childhood disability and to support youngsters who are disabled.

# SECTION 5 OLDER PEOPLE



In Surrey, an estimated 15,100 people have dementia; that's one in 15 people aged over 65. Fewer than half of them would have been diagnosed formally. Numbers are predicted to rise to 19,000 by 2020 and 25,000 by 2030.

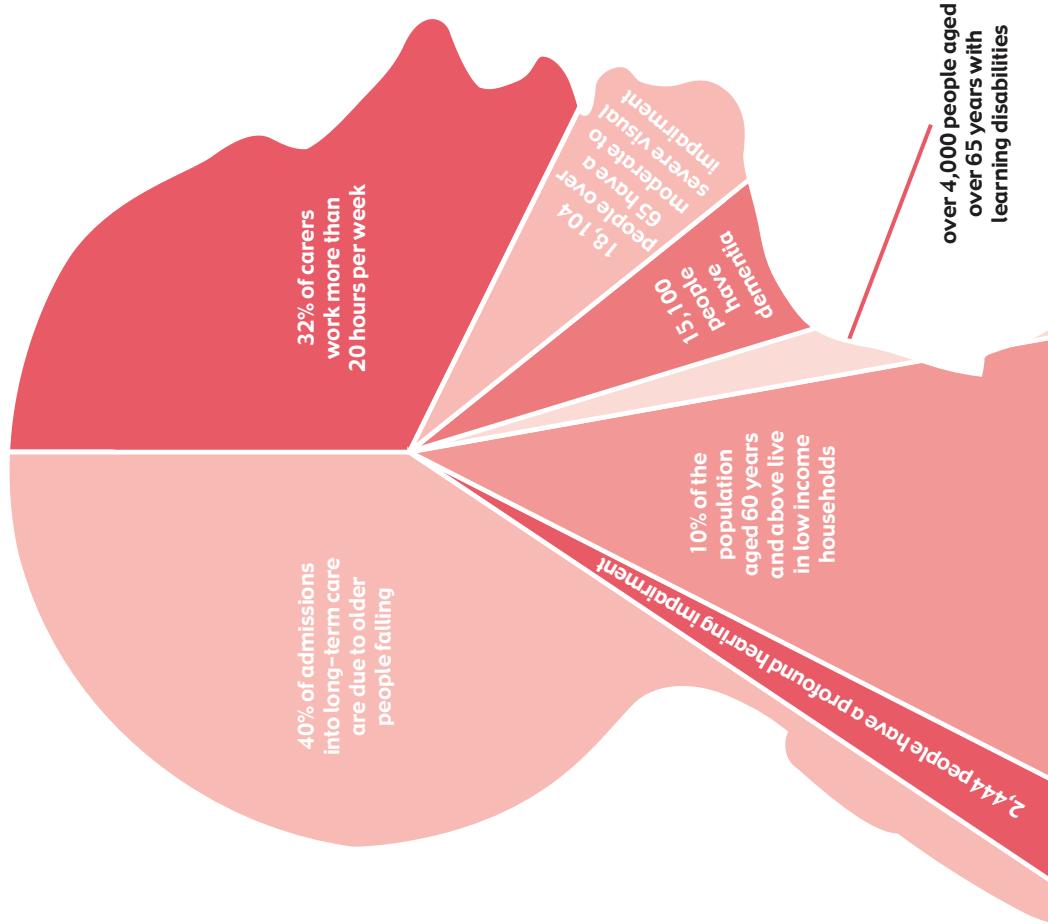
The number of people aged over 65 years with learning disabilities is estimated at 4,154 in 2012 (projected to rise to 4,902 in 2020), and of this group, 558 are estimated in the moderate to severe category. Those with moderate and severe disabilities, living at home, are likely to have high dependency as they age. There will be an increase in the need for age appropriate services as well as high levels of support to enable them to access community facilities.

The National Service Framework suggests that 40% of admissions into long-term care are due to older people falling. If this is the case approximately 427 (2010) 11 admissions to care homes in Surrey were because of falls. Hip fractures also lead to particularly prolonged stays in hospital and this appears to be increasing year on year as the population of older people increases in Surrey.

10% of the population aged 60 years and above live in low income households; a very high proportion in Woking and Runnymede.

More needs to be done to ensure people can die in their preferred place. Currently over half of all deaths occur in hospitals, which may not be the individual's preference. An end of life care strategy has been developed to ensure people can choose where to die and that they are supported with dignity and care.

**What does this mean for Surrey?**  
 A growing elderly population will have an impact on social and health services. Planning must account for this. Part of the challenge will be to ensure the right preventative and support services are in place so older people can remain independent for as long as possible.



# FURTHER INFORMATION

The detail and in-depth analysis that provides a full understanding of these issues can be found at [www.surrey.gov.uk](http://www.surrey.gov.uk) on the Joint Strategic Needs Assessment (JSNA) page.

## Demography

1. Ethnicity
2. Sexual Orientation
3. Population Estimates and Projections
4. Religion
5. Children Living in Poverty
6. Health Inequalities
7. Index of Multiple Deprivation (IMD) 2010
8. Priority Places

## Deprivation

1. Ethnicity
2. Sexual Orientation
3. Population Estimates and Projections
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6. Health Inequalities
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## Environment

9. Economic Factors
10. Environment
11. Housing
12. Road Safety
13. Alcohol
14. Arts and Culture
15. Breastfeeding
16. Diet and Lifestyle
17. Immunisation
18. Physical Activity
19. Screening
20. Sexual Behaviour of Young People
21. Smoking
22. Substance Misuse
23. Teenage Pregnancy

## Health Related Behaviour

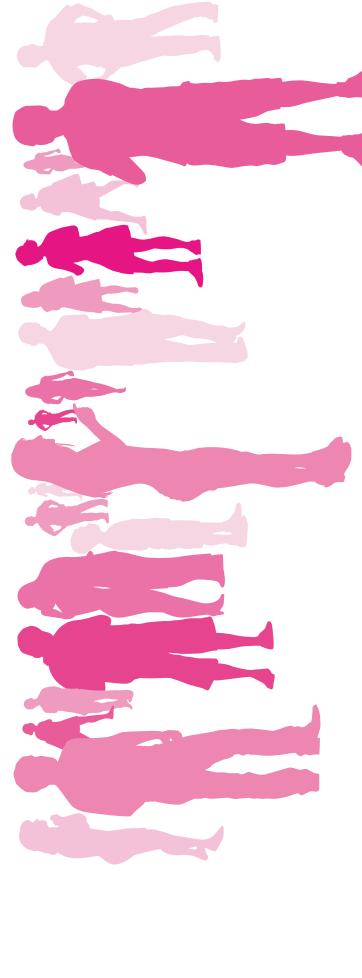
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## Specific Conditions

24. Cancer
25. Coronary Heart Disease (CHD)
26. Dementia
27. Dental Health
28. Diabetes
29. Dual Sensory Loss
30. Hearing Impairment
31. Infectious Disease
32. Mental Health
33. Long term Neurological Conditions
34. Obesity - Adults
35. Obesity - Children
36. People with Learning Disabilities
37. People with Physical Disabilities
38. Services for People Who are Deaf and Use British Sign Language
39. Sexual and Reproductive Health
40. Visual Impairment
41. Stroke
42. Tuberculosis (TB)

## People and Society

43. Antisocial Behaviour
44. Carers
45. Children with Disabilities
46. Children in Need known to Social Care
47. Children Subject to a Child Protection Plan
48. Domestic Abuse



# JOINT STRATEGIC NEEDS ASSESSMENT SUMMARY

Helping you  
Wellbeing  
Surrey



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