

PREVENTION

TOBACCO

DIET

ALCOHOL

SEASONAL
HEALTH

PHYSICAL
ACTIVITY

AIR
QUALITY

UNINTENTIONAL
INJURIES

The Independent Annual Report
of the Director of Public Health
- Surrey County Council 2014

“Ill health PREVENTION and health promotion are not the sole domain of the NHS, so it is not the only player in addressing health inequalities.

Similarly, public health departments should not be the only part of the NHS responsible for tackling health inequalities. Reducing health inequalities is a responsibility shared between a range of different sectors and services. Local and national decisions made in schools, the workplace, at home and in government as well as across the NHS, all have the potential to help or hinder ill health prevention.”

(Marmot 2010)

Why prevention?

Ill-health prevention must form the foundation of any strategy to improve health and wellbeing. 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.

The Global Burden of Disease 2010 study is the largest study of its kind ever undertaken, and shows that in the UK, the contribution of unhealthy behaviours to the overall burden of disease is enormous. This represents a key opportunity to improve health and wellbeing by targeting these behaviours through a prevention strategy. According to the survey, the top 5 risk factors are tobacco smoking, raised blood pressure, obesity, physical inactivity, and alcohol; all of which are entirely, or in large part, amenable to prevention. Tobacco smoking alone accounts for 12% of the burden of disease, the single greatest cause of ill health in the UK, and is responsible for 1 in 7 of all deaths in Surrey.

A systematic review (US County Health Rankings) showed the following factors determine health outcomes:

- Socio-economic factors: 40%
- Unhealthy behaviours: 30%
- Clinical care: 20%
- Environmental factors: 10%

The Marmot Review shows us clearly 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.



It is with great pleasure that I present this, my first Annual Report as Director of Public Health in Surrey County Council. The focus of this year's report is prevention. The evidence for focusing on prevention is substantial and includes the 'Global Burden of Disease' and 'Marmot' reviews. This year we have decided to publish the APHR with a focus on the greatest behavioural risk factors for ill health and early death – smoking, lack of physical activity, poor diet and alcohol misuse. We have also taken a focus on the wider prevention agenda, including air quality, unintentional injuries and seasonal health. Prevention is a key priority of the Surrey Health and Wellbeing Board and our focus is on what we can do better together rather than as individual organisations. This focus will also reduce **both** health inequalities **and the 15 year variation in life expectancy between wards in Surrey.**

I look forward to seeing this work further develop across Surrey and the health improvements that it will create for our residents.

Helen Atkinson FFPH
Director of Public Health
Surrey County Council

I am very pleased with how Public Health is embedding in the county council in this first year following transition. This is the first Annual Public Health Report in Surrey County Council and it showcases some of the critical public health work that we are leading on in the Council and in partnership with our Clinical Commissioning Groups, District and Borough Councils and the Health and Wellbeing Board. I look forward to seeing this work further develop across Surrey and the health improvements that it will create for our residents.

Michael Gosling
Cabinet Member for Public Health and Health and Wellbeing Board
Surrey County Council

TOBACCO

Tobacco is an extremely harmful consumer product, responsible for the death of half of all life-long smokers. According to Public Health England's Framework for Health and Wellbeing, the number of people dying from tobacco in England is equivalent to a 747 crashing at Heathrow every two days. Tobacco is unique in being the only consumer product that, when used as the manufacturer intends, kills. Surrey has over 1400 smoking related deaths every year with the highest rate of smoking-attributed mortality in Spelthorne.



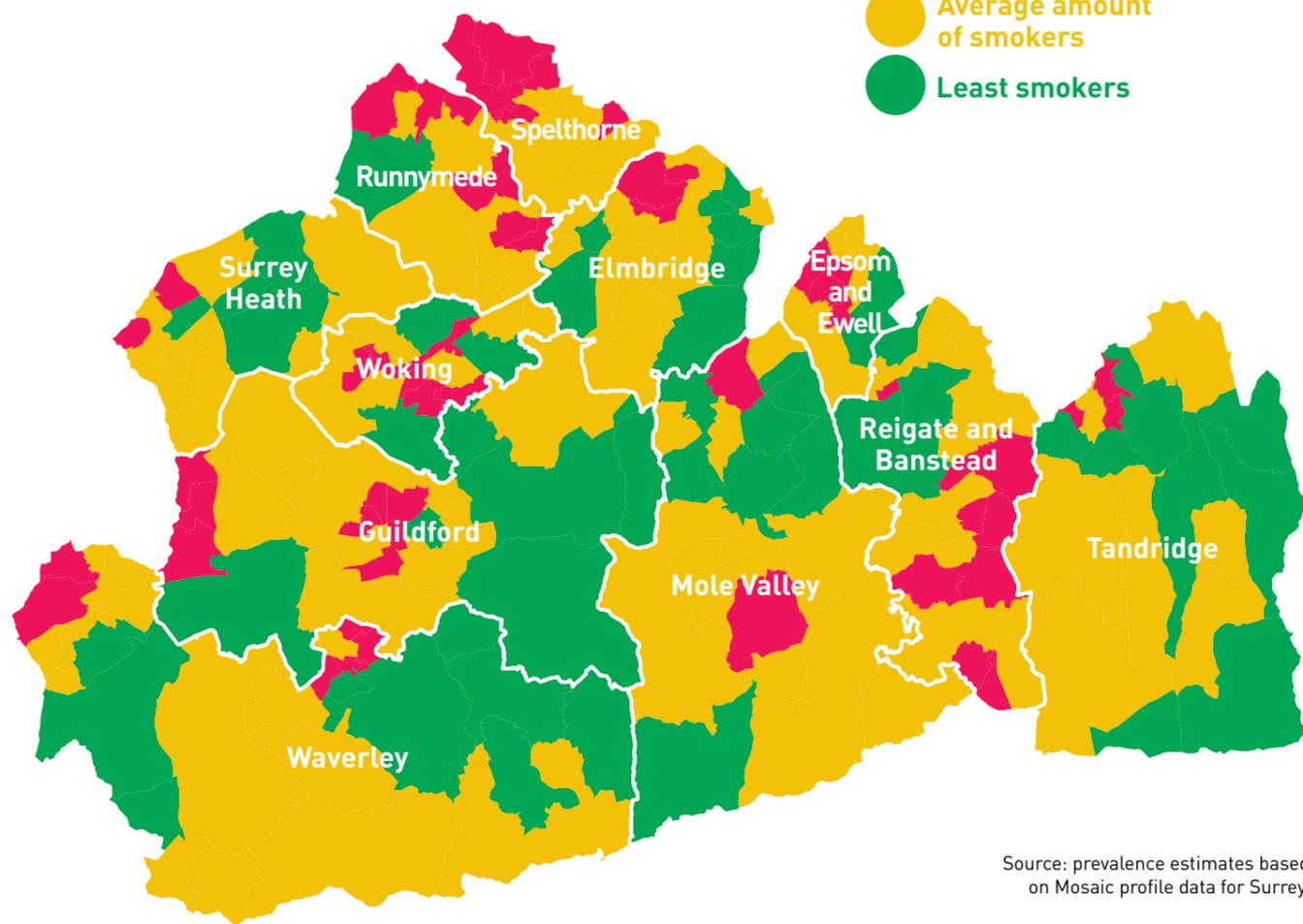
FACT

The prevalence of smoking is highest in routine and manual workers. This is true both nationally and for Surrey, where the corresponding rates are 29.7% and 27% (35,000 smokers) respectively.

DID YOU KNOW?

You are four times more likely to quit smoking if you have professional support. Surrey Stop Smoking Service can be contacted at 0845 602 3608.

SMOKING PREVALENCE IN SURREY BY WARD



Source: prevalence estimates based on Mosaic profile data for Surrey.

Tackling the supply of illicit tobacco products through partnership working



Aim - To reduce illegal tobacco supply

Summary - Illicit tobacco products are significantly cheaper than legal products and increase affordability for smokers raising the chances that young people will start smoking and decreasing the likelihood others will quit. Worryingly, illicit tobacco tends to have its roots in organised crime, which impacts on Surrey communities more widely.

During autumn 2013, SmokeFree Surrey teamed up with Surrey Crimestoppers to generate intelligence on the supply of illicit tobacco products in the county. A high profile campaign was initiated to encourage members of the public to report suspected trade in illicit tobacco. The information reported led to the inspection of numerous trade premises for illicit tobacco. At some premises a trained tobacco detection dog revealed cleverly concealed illicit tobacco products which were seized by Trading Standards Officers.

SmokeFree Surrey is an alliance of partner organisations trying to reduce smoking prevalence in Surrey. The group draws together Trading Standards, Environmental Health professionals from the Boroughs and Districts, Public Health, Surrey Police, Surrey Fire and Rescue and HMRC.

Impact - The campaign has sent a clear message to those thinking of supplying illicit tobacco products which will hopefully be reinforced with legal action against the retailers who were identified.

CASE STUDY

Who smokes?

- 6% of 11-15 year olds in Surrey are regular smokers, higher than the national average.
- Smoking prevalence in Surrey for those 18 years and over is 15%. The highest percentage is in Woking at 19.8% (95% CI 14.1 - 25.5) and the lowest in Guildford at 10.7% (95% CI 7.0 - 14.4).

Costs

- The total cost to the NHS due to smoking in Surrey is £45.5m. We estimate the cost of lost productivity from smoking related sick days in Surrey is £42.1m, in addition to £48.9m from smoking breaks.
- Nationally, a third of all Chronic Obstructive Pulmonary Disease (COPD) emergency admissions are current smokers. The cost to Surrey of COPD (per 1000 registered population) is £3.3m with the highest spend in North West Surrey CCG at just over £1m a year.

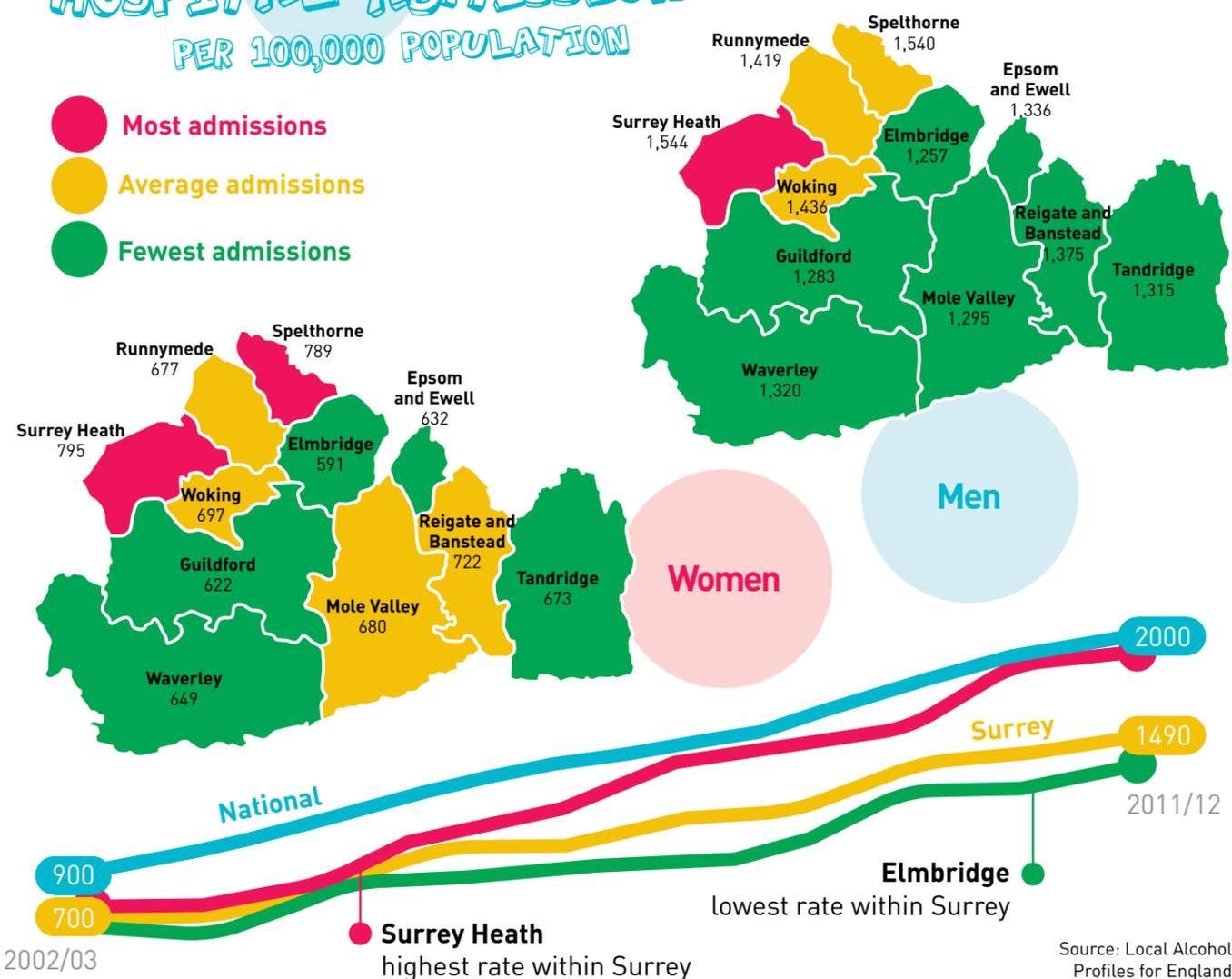
Smoking prevention strategies being employed by Surrey Public Health and partners

- We have developed and shared an educational toolkit for secondary schools, along with training for teachers and staff to try to reduce the uptake of smoking in young people.
- We continue to offer advice and support to quitters via the Surrey Stop Smoking Service which features weekly clinics, telephone service and GP support.
- We will continue to strengthen and enforce the smoke free homes and vehicles project.
- We are working with the SmokeFree Surrey Alliance to combat illicit tobacco.

ALCOHOL

Addressing the harm caused by alcohol remains a government priority both nationally and locally. Of the eleven boroughs and districts in Surrey, five fall into the top twenty-five for increased risk drinking in the country. We estimate that more than 25% of people who consume alcohol in Surrey do so above recommended limits, putting themselves at risk of alcohol-related health problems. Around 2% of the adult population in Surrey are moderately to severely dependent on alcohol with only 2.5% of the dependent drinkers estimated to be engaged in treatment.

RATE OF ALCOHOL-RELATED HOSPITAL ADMISSIONS PER 100,000 POPULATION



FACT

Increasing risk drinking tends to be associated with affluence. People in managerial and professional employments and those on the highest incomes drink most frequently and are most likely to drink above recommended limits during the week. However, those who are unemployed, manual workers or on lower incomes experience the greatest health harm from alcohol.



DID YOU KNOW?

You should try to have at least two alcohol-free days a week to give your liver a rest.

Impact on public services

- In 2012/13 Mole Valley (41%), Epsom and Ewell (40%) and Reigate and Banstead (41%) had alcohol-specific hospital admission rates for under 18's that were slightly higher than the regional average (39%).
- Increasing risk drinking and higher risk drinking are most common in people aged 25-64. It is those aged 35 years and over that present at hospital with alcohol-related health problems, as a result of drinking at increasing and higher risk levels for a sustained period of time.
- In 2012/13 there were 4,479 alcohol-related crimes in Surrey, with the highest rates of alcohol-related crime in Guildford and Reigate and Banstead.
- Overall, alcohol related hospital admissions in Surrey have more than doubled in the last decade.

Costs

The NHS cost for alcohol related hospital admissions in Surrey is estimated at £87m a year, equating to £96 per person, higher than the national spend of £90 per head. Surrey Heath CCG alcohol spend is the highest in Surrey at £99 per adult and Guildford and Waverley the lowest at £85 per head.

Alcohol prevention strategies being employed by Surrey Public Health and partners

- We will continue to deliver an annual alcohol awareness campaign targeted at groups most vulnerable to alcohol misuse.
- We will improve support for schools to provide alcohol prevention and education measures for young people
- We will increase provision of Identification and Brief Advice within the community in line with the NHS programme 'Make Every Contact Count'.
- We will continue to work with our partners to develop and deliver an Integrated Care Pathway for alcohol across Surrey.

CASE STUDY

Integrated Care Pathway in East Surrey CCG - Alcohol in Safer Hands?

Aim - To provide a clearly defined pathway to help people address alcohol issues.

Summary - NHS East Surrey CCG have been working to develop an integrated care pathway approach to managing alcohol.



The Alcohol in Safer Hands project is a partnership including hospitals, GPs, pharmacists, local authorities, Public Health, Probation, domestic abuse services, community services, Police, Ambulance, voluntary organisations and industry.

The pathway will help signpost people who want to get more control over how much alcohol they drink, as well as those who just want to understand the effect it has on their health and wellbeing. It aims to ensure people can get health advice on alcohol in the same way they do with any other health concerns. A scratch card resource has been developed to be utilised by all partners to raise awareness and allow people to reach out when they are concerned to a telephone help line. A Locally Enhanced Service (LES) has been drafted for GPs and local pharmacists. The telephone help line and acute hospital liaison posts will direct people at risk of harm to this new service and the specialist services.

Impact - The project has been recognised as a novel and exciting service and has secured funding to assist in the implementation of new Alcohol Liaison posts in the acute setting and the primary care screening and brief advice services.



PHYSICAL ACTIVITY

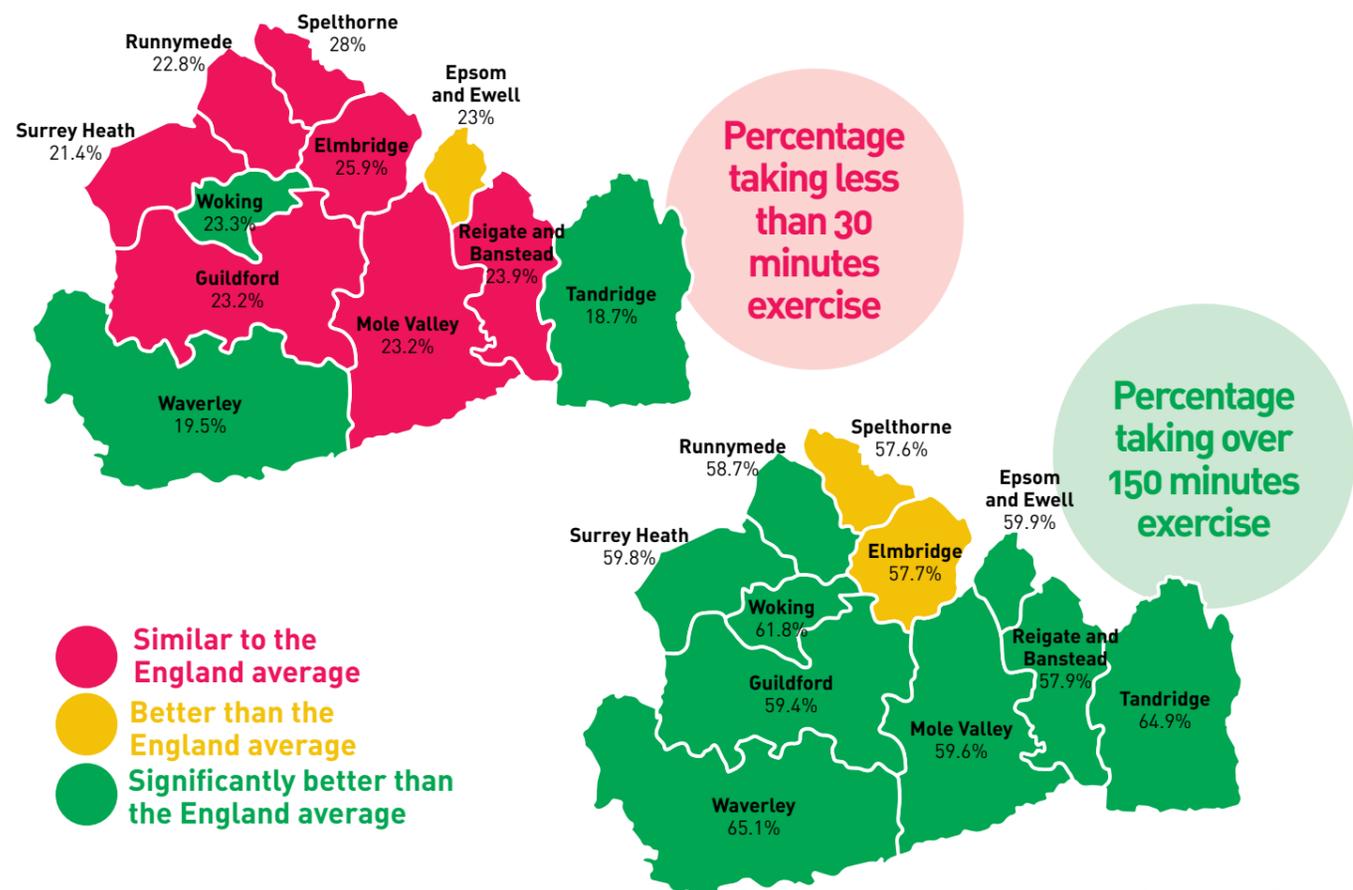
In 2012, the Government set a new national target for physical activity. Their aim is to achieve a year on year increase in the number of active adults (those who do 150 minutes of physical activity per week in bouts of 10 minutes or more); and a year-on-year decrease in those who are inactive (doing less than 30 minutes of moderate physical activity per week). Currently, 60% of Surrey's population is classed as being 'active' with the most active area being Waverley (65%), and the least active, Spelthorne (58%). Inversely, 23% of Surrey adults are classed as being 'inactive' with the most inactive area being Spelthorne.



DID YOU KNOW?

One in four people in England said they would become more active if they were advised to do so by a doctor or nurse.

PERCENTAGE OF POPULATION COMPLETING EXERCISE EACH WEEK



Source: Active People Survey.

Let's Get Moving: Physical Activity Care Pathway

Aim - To increase the level of physical activity among Surrey residents.

Summary - The Let's Get Moving pilot was a physical activity care pathway run in Surrey in 2012. GPs screened patients' physical activity levels and referred those measured as 'less than active' to a physical activity specialist who designed a personalised physical activity programme. In order to suit varying patient lifestyles, programmes offered a diverse range of activities through sports clubs and leisure centres as well as via smaller groups such as walking clubs. These personalised programmes could also recommend more simple approaches to improving physical activity such as walking further by getting off the bus one stop earlier. Let's Get Moving was run in partnership with GPs, Borough and District Councils, Surrey County Council, County Sports Partnership and Public Health.

Impact - The Surrey pilot scheme realised fantastic results, reporting increases in activity in all patients that completed the scheme along with overall reductions in blood pressure, waist circumference and weight.



CASE STUDY

What could we prevent if we became more active?

- 637 deaths could be prevented per year if 100% of the Surrey population became active.
- If 75% of the population aged 39-79 in Surrey were to meet the recommended levels of physical activity, 429 deaths, 128 emergency admissions for coronary heart disease, 101 new cases of breast cancer, 65 new cases of colorectal cancer and 3748 cases of diabetes could be prevented.

Costs

The total care costs attributable to physical inactivity in Surrey is £18m, ranging from £2.2m in Reigate and Banstead to £1.1m in Epsom and Ewell. Coronary heart disease attributed to physical inactivity accounts for £8.3m of this total.

Physical activity prevention strategies currently employed by Surrey Public Health and partners

- We will continue to promote physical activity initiatives such as ActivKids, active transport services such as Surrey Cycle Challenge and physical activity websites such as Active Surrey.
- We will target the least active groups in Surrey such as older adults and those living in areas of deprivation.
- We will continue to provide physical activity screening and intervention within a primary care setting following the 'Make Every Contact Count' principle.
- We will work to improve opportunities for incorporating exercise into daily routines.

DIET



DID YOU KNOW
77% of parents of overweight children do not recognise that their child weighs more than they should.

The impact of poor diet in society can be measured against several different benchmarks. Not only can we have too much of a good thing, but also too little. Levels of obesity, malnutrition and fruit and vegetable intake can be used to highlight poor dietary status.

Eating well

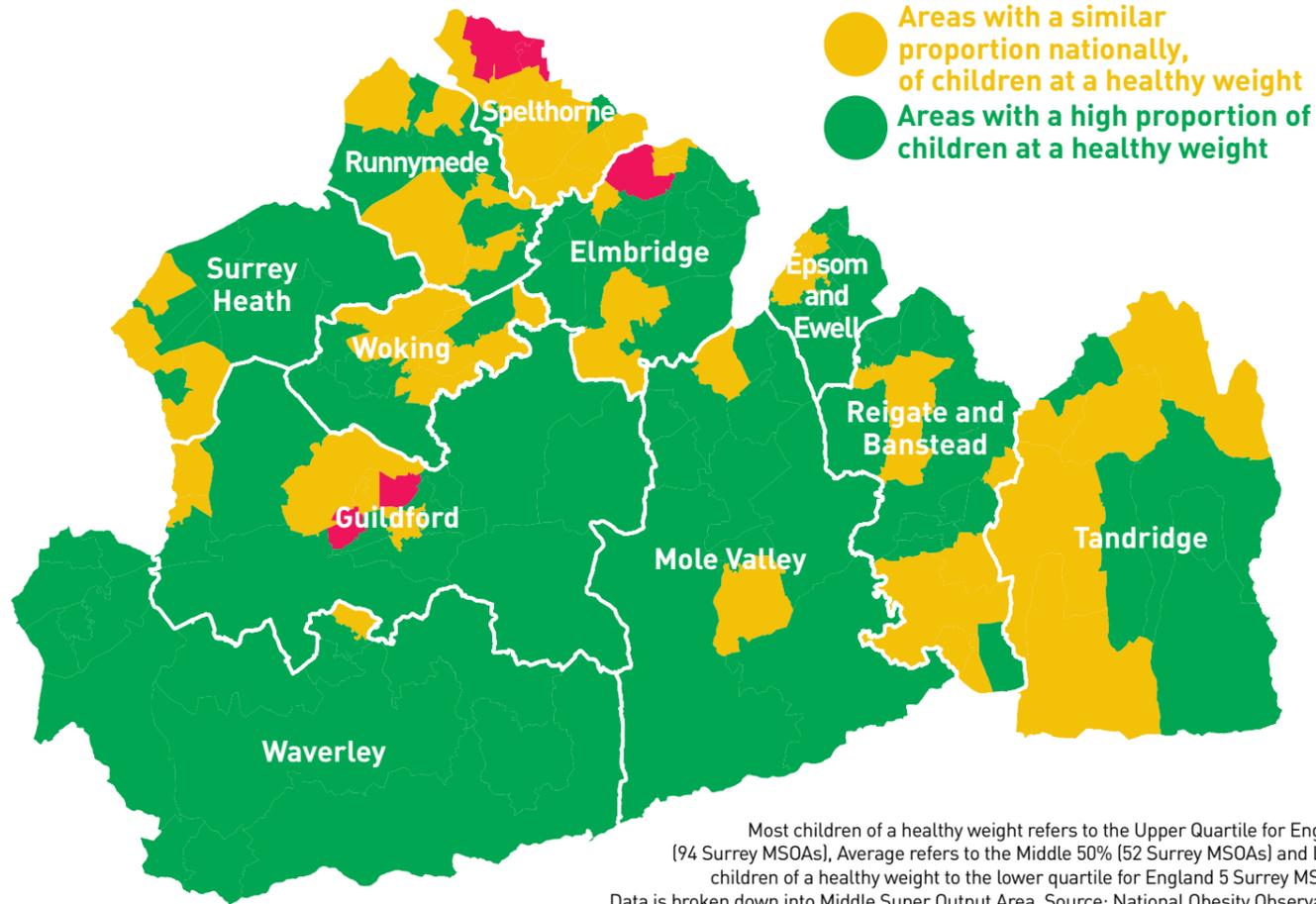
In Surrey only 33% of adults eat the recommended five portions of fruit and vegetables a day. Spelthorne has the lowest intake (29%) and Elmbridge the highest (35%).



Surrey - Underweight to overweight

- In Spelthorne 4.2% of adults are underweight, Woking and Guildford also see numbers above the national average.
- Spelthorne and Surrey Heath have a healthy weight population below the England average.
- Mole Valley (42%), Reigate and Banstead (44%), Surrey Heath (45%), Tandridge (45%) and Waverley (42%) all have a higher percentage of overweight adults than the national average.
- 20% of adults in Surrey are obese with the highest rate in Spelthorne (26%).

PERCENTAGE OF YEAR 6 CHILDREN AT A HEALTHY WEIGHT



Most children of a healthy weight refers to the Upper Quartile for England (94 Surrey MSOAs), Average refers to the Middle 50% (52 Surrey MSOAs) and Least children of a healthy weight to the lower quartile for England 5 Surrey MSOAs) Data is broken down into Middle Super Output Area. Source: National Obesity Observatory.

*Results from the National Child Measurement Programme for 2012/13

Reception year children*

- The highest proportion of healthy weight children is in Elmbridge (83%) and the lowest in Runnymede (77%).
- 6% of Surrey reception year children are classed obese with the largest percentage being seen in Spelthorne where we see variation between wards from 12% in Stanwell North to 5% in Halliford and Sunbury.
- Englefield Green ward in Surrey has the highest recorded levels of obesity (16%)

Year 6 children*

- Waverley has the highest proportion at a healthy weight (77%) and Spelthorne the lowest (65%).
- 13% are classed obese, with the highest overall percentage in Spelthorne.
- Ash Vale ward in Surrey has the highest recorded level of obesity (28%)

Nutrition prevention strategies being employed by Surrey Public Health and partners

We are committed to helping individuals improve their diet by targeting different at risk groups with specific interventions. For example, for children:

- We will ensure that, where applicable, families are aware of the Healthy Start Vouchers which can be exchanged for fruit, vegetables, vitamins and milk.
 - We will ensure families are signposted to the HENRY (Healthy Exercise and Nutrition for the Really Young) scheme, especially those whose children are at higher risk of obesity.
- We will continue to support and promote diet specific Surrey based initiatives such as Cook and Eat Surrey.
- We will ensure the participation target for the National Child Measurement Programme is met.
- We will continue to promote the Surrey Healthy School Programme.

FACT
In Surrey 1.2% of adults are underweight, 38% are healthy weight, 40% are overweight and 20% are classified obese. This is similar to the England averages of 1.2%, 35%, 41% and 23% respectively.

CASE STUDY

Epsom Down's SureStart Children's Centre

Aim - To support learning that encourages families to eat well

Summary - The Children's Centre runs activities year round to support families with breastfeeding, weaning and developing cookery skills.

The Feed Your Family For Less course teaches parents how to cook low cost, simple, nutritionally balanced meals by following a selection of recipes under supervision of a qualified trainer. A light-hearted approach is taken to classes using games on portion sizes and hidden fats, calories and sugar. The class also makes full use of the centre's farm and garden area by using its fresh herbs, vegetables, fruit and collecting eggs from the resident chickens! After a two hour lesson, the children are brought back in and tuck into lunch with their parents.

There are various routes to enrolling on the course. Some parents sign up at the centre while others have been referred by health visitors. Referrals from local GP's are also welcome and one-to-one home visits can be made for those who need an extra helping hand.

Impact - Not only do parents learn about the nutritional value of food but also how they can save money whilst cooking fresh, wholesome meals. They increase their awareness of the impact of poor diet on their family and are more able to recognise and act on issues such as childhood obesity. Additionally, gaining new skills can help raise self esteem and many parents benefit from socialising in class.



AIR QUALITY

Air pollution has significant health impacts. Short-term exposure can exacerbate conditions such as asthma, increasing hospital admissions and causing premature deaths. Long-term exposure, particularly from microscopic particles, known as fine particulates, increases the risk of cardiovascular morbidity and mortality which decreases life expectancy by an average of six months. There is no evidence for a threshold below which effects would not be expected. Long term prenatal exposure to particulates is associated with poorer outcomes, including low birth weight, intrauterine growth retardation, and an increased risk of chronic diseases in later life. Other air pollutants such as nitrogen dioxide, sulphur dioxide, ozone and volatile organic compounds, also have adverse health effects.

Outdoor air pollution arises primarily from burning fossil fuels. Road traffic is a major contributor to air pollution in Surrey. People who live near busy roads or airports are at particular risk of long term health effects of air pollution. Areas of high deprivation suffer a greater burden from air-pollution-related ill health.

ESTIMATED DEATHS ATTRIBUTABLE TO AIR POLLUTION IN COMPARISON WITH OTHER COMMON CAUSES OF DEATH



Legend:
 1 estimated premature deaths (in persons aged 25 years or over) in England attributed to long term exposure to small particulate (PM2.5) air pollution in 2010
 2 in Great Britain in 2010
 3 deaths partially or wholly attributable to alcohol in England in 2014
 4 deaths wholly or partially attributable to smoking in England in 2010

Source: Public health England 'Estimating Local Mortality Burdens associated with Particulate Air Pollution' 2014; Local Alcohol Profiles for England, Health and Social Care Information Centre, Department of Transport

FACT
 It is estimated that 527 deaths during 2010 in Surrey were attributable to long term exposure to small particulate pollution

Air pollution causes (estimated) annual health costs of around £15 billion in the UK.

Surrey has 25 Air Quality Management Areas (AQMAs) in 8 of its 11 Districts and Boroughs. AQMAs are areas where pollutant levels have been exceeded.

Easy Surrey AirAlert

Aim - AirAlert aims to reduce the health effects associated with air pollution by issuing pollution advice.

Summary - Air pollution can cause short-term health effects in sensitive individuals. The AirAlert service, currently being piloted, is a service for people with respiratory and other health conditions who may be affected by air pollution.

People who registered for the free service receive an email, text or voicemail message, informing them the day before of expected elevated air pollution in their area. This enables them to make choices about what they do and how they manage their medication, so they can stay in control of their own health.

Health advice in the AirAlert message is approved by UK experts and varies according to a simple air pollution index (low, moderate, high and very high). The index is based on the levels of five pollutants (nitrogen dioxide, sulphur dioxide, ozone, carbon monoxide and particles).

The service is provided by the East Surrey AirAlert consortium, a partnership between Elmbridge, Epsom and Ewell, Mole Valley, Reigate and Banstead and Tandridge District and Surrey County Councils.

For more information on the AirAlert service visit www.airalert.info/Surrey

Impact - A survey of AirAlert users showed that 88% of survey respondents found AirAlert a useful or very useful service, and two thirds had recommended it to someone else. They found the service helped them manage their symptoms and reduce their exposure to air pollution. They also reported increased confidence to participate in social and recreational activities.



CASE STUDY

Action on air quality in Surrey

- Surrey's Transport Plan includes an Air Quality Strategy which aims to improve air quality in Surrey's Air Quality Management Zones.
- Districts and Boroughs monitor air quality, declare Air Quality Management Areas (AQMA), prepare and implement Air Quality Management Action Plans.

What could we do to improve air quality?

- Prioritise active and sustainable travel strategies, to create a modal shift in transport choices, from private vehicles to walking and cycling.
- Work in partnership to embed air quality, health and transport in local planning Surrey-wide.
- Consider the impact of developments on green space, in particular broad leaved trees and plants.
- Work together to improve the energy efficiency of homes and businesses, and reduce emissions from heating systems.
- Promote the AirAlert scheme and extend it across Surrey.

UNINTENTIONAL INJURIES

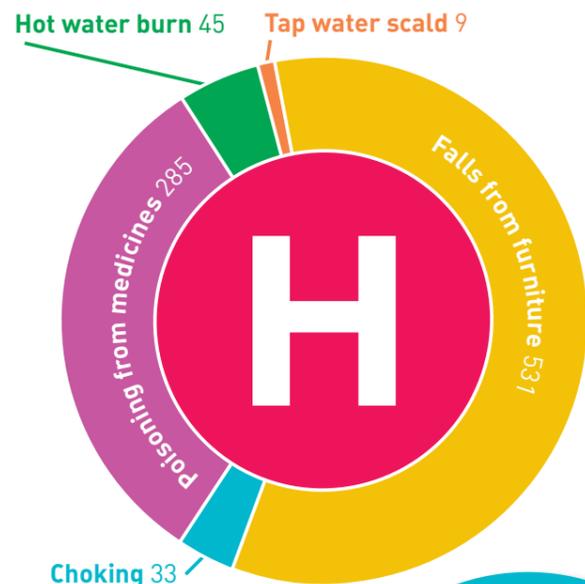
FACT

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

Unintentional injuries are defined as predictable and preventable injuries and associated events. It is estimated that unintentional injuries cost the UK £150 billion every year and account for approximately 13% of emergency hospital admissions and 4.5% of all admissions in Surrey. Most unintentional injury admissions are for falls, followed by injuries on the roads. Smoke, fire and flames, drowning and poisoning injuries also result in admissions to hospital but are less common.

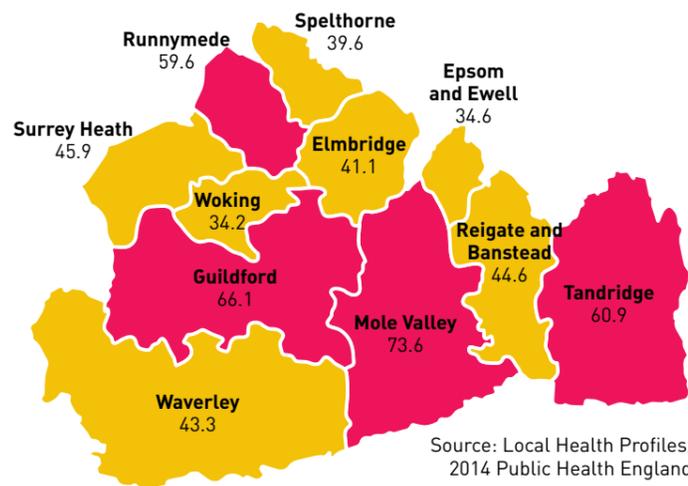
The people that are most likely to be injured are: men, people aged over 65, children under 4 years and people living in disadvantaged areas.

HOSPITAL ADMISSIONS FOR UNINTENTIONAL INJURIES, FOR THOSE AGED 4 YEARS AND UNDER IN SURREY



It is important to wear a mouth guard during contact sports such as rugby and hockey. Permanent teeth that have been knocked out can be placed back into the socket, ideally within 30 minutes

ROAD INJURIES AND DEATHS IN SURREY PER 100,000 POPULATION 2010-2012



FACT

There were 62,654 A&E attendances by Surrey residents due to unintentional and deliberate injury in 2010/11

- Significantly worse than England average
- Not significantly different from England Average

What is being done in Surrey to prevent unintentional injuries?

- Falls services in Surrey are provided in hospitals and in the community and there is a Surrey-wide falls group which aims to reduce falls in the county.
- Surrey Drive SMART road safety and antisocial driving strategy aims to tackle anti-social driving and reduce unintentional road injuries.
- Surrey Fire and Rescue Service offers a wide range of services to prevent unintentional injuries due to fire. These include: targeted educational work with children and young people; targeted work for adults most at risk from fire injury; and offering support to all residents by providing home assessments and adjustments as appropriate.
- When a child under 5 years of age attends A&E, local health visitors are informed. They subsequently work with families to reduce the risk of injury by providing guidance, raising awareness of risk and promoting the use of safety equipment such as stair gates.

CASE STUDY

Safe Drive, Stay Alive - Tackling unintentional injuries on the roads in young people through partnership working

Aim - To reduce the number of unintentional injuries on the roads that involve young people

Summary - Safe Drive Stay Alive Surrey is a theatre based education production that aims to raise road safety awareness amongst young people and to positively influence their attitudes to driving. Theatre performances are offered free to schools, colleges and army trainees and feature specially commissioned films addressing issues around road traffic collisions. Emergency services personnel and members of the public give live testimonies alongside these films, describing how road traffic incidents have affected their lives.



Young people are a high risk group on the UK's roads; Safe Drive Stay Alive aims to make them aware of their responsibilities as road users and the consequences if these are not taken seriously. Young people are also signposted to guidance on becoming a safer road user including driver tuition, insurance choices, online 'brain training' and the Safe Drive Stay Alive OFF smart phone app.

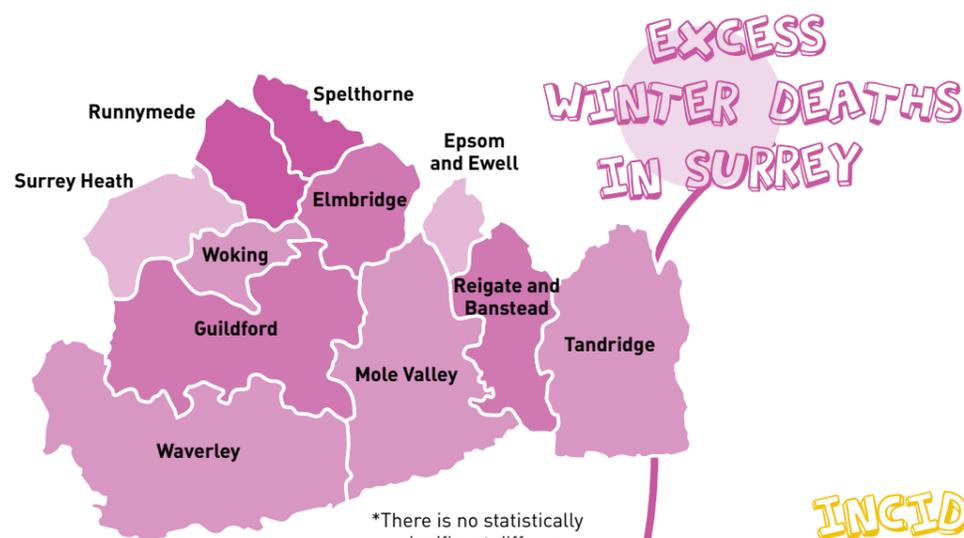
Surrey Fire and Rescue Service leads the Safe Drive Stay Alive partnership in Surrey, working alongside emergency services partners including Surrey Police, South East Coast Ambulance Service and Frimley Park Hospital. Safe Drive Stay Alive is funded by a range of supporters that can be found on <http://www.surreycommunity.info/safedrivesurrey/>

Impact - Safe Drive Stay Alive currently has 4,500 Facebook followers. Since April 2005, 92,000 young people have attended 155 performances with 14,900 young people booked to attend this November. Whilst it is difficult to attribute the effect the performance has on any reductions in unintentional injuries on the roads, post course evaluation shows young people are more aware of their responsibilities as a driver, are less likely to use a mobile phone whilst driving and are more likely to wear a seatbelt.



SEASONAL HEALTH

Seasonal variations in temperature affect health and cause death in high risk groups such as the very old, the very young, the disabled and those living in fuel poverty. 'Excess winter deaths' are observed between December and March, while health conditions associated with hot weather tend to peak between June and September. The main causes of seasonal illness or death are respiratory and cardiovascular diseases such as influenza, asthma, pneumonia and heart attacks. Overexposure to the sun or sunburn are risk factors in the development of skin cancers, which are becoming increasingly more common.



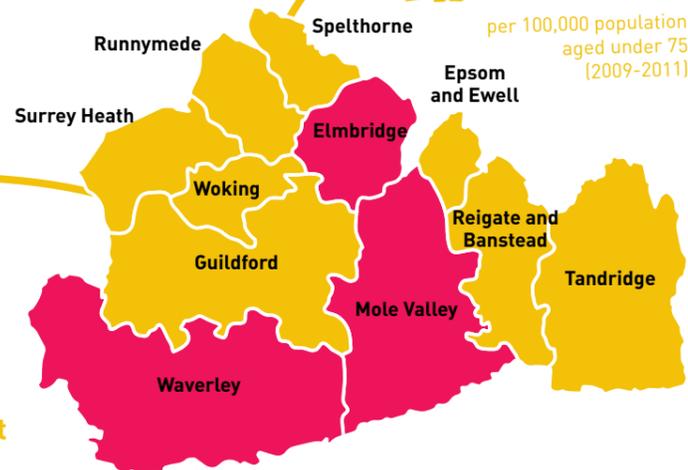
*There is no statistically significant difference between the EWDI for Surrey district and boroughs, and these results are variable year by year.

Highest quartile for EWDI
Lowest quartile for EWDI

*Quartiles have been determined using the excess winter death index (EWDI) for District and Boroughs in the Prosperous Southern England ONS cluster (43 District and Boroughs)

Significantly worse than England average
Not significantly different from England Average

INCIDENCE OF MALIGNANT MELANOMA IN SURREY



Source: Local Health Profiles 2014, Public Health England

FACT

In Surrey, malignant melanoma of the skin is the eighth most common form of cancer. There were 589 recorded cases in Surrey over the period 2009-11 with the highest proportion of these in Waverley (88) and the lowest in Runnymede (26).

The Department of Energy and Climate Change estimate that in 2014, eight per cent of households in the South East, some 277,000 families, live in fuel poverty.

British Red Cross Support at Home Service

Aim - To support vulnerable people after they are discharged from hospital.

Summary - The Red Cross Support at Home programme provides short term emotional and practical home support to help people regain their independence following a brief hospital stay. The service is provided by volunteers who assist with tasks such as collecting prescriptions, helping with shopping or simply providing companionship. Volunteers can also help people fill in the Age UK One Stop Surrey form, signposting vulnerable people to additional supporting services such as the Home Improvement Agency or Action Surrey.



"In the early days after I came out of hospital, the Red Cross was the link between me and the outside world. Michelle came once a week and took me to the shops and to the GP. At the time it was essential and it made that transition from hospital to independent living much easier. Without her help and kindness I wouldn't have been able to recuperate so easily." **Randolf**

Referrals to the service are accepted from GP's, hospitals, social workers and friends and family. The programme comes under increased pressure during periods of extreme temperature change when Surrey's most vulnerable residents are at increased risk of illness, hospital admission and death.

Impact - The service helps vulnerable people settle back into a normal routine, regain their confidence and independence at home and reduces re-admission to hospital.

FACT

The uptake of seasonal flu vaccination is low in Surrey compared to the Public Health England target (75% of those aged 65 and over). During the winter of 2013/14, 68.9% of over 65s had a flu jab and only 46.8% of those in the other high risk groups had the vaccination.

CASE STUDY

Winter: Surrey Public Health are working with the energy advice service Action Surrey and other partners, to reduce the effects of fuel poverty by insulating the homes of the most vulnerable residents to bring down their fuel bills.

Surrey Public Health works with partners to promote the benefits of the seasonal influenza vaccination, provided by local GPs, to residents most at risk. For example, those aged 65 and over, pregnant women and people with long term conditions such as diabetes, severe asthma, and heart, liver or kidney disease. Frontline health and social care staff are also encouraged to get vaccinated to protect themselves, their families and service users.

How can we prevent seasonal deaths?

Public Health England produces Heatwave and Cold Weather Plans which aim to reduce ill health from hot and cold weather. These are adapted and implemented locally.

Summer: Surrey partners sign up for heat health alerts from the Met Office. Predicted temperatures trigger Heatwave Alert levels. Services implement recommended actions at each level to protect residents' health during hot weather.

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Richard Neale (Communications Design Team)
Jean Parkinson (Epsom Downs SureStart Children's Centre)
Steve Playle (Surrey County Council Trading Standards)
Katherine Preston (Surrey County Council Trading Standards)
Alison Sheard (Communications Design Team)
Mark Taylor (Surrey Fire and Rescue Service)
Allister Upton (East Surrey CCG)
Sara Winnington (Action Surrey)
Sue Zirps (AGE UK Surrey)

Further information

To access an electronic copy of the report and further information including details behind some of the fact and figures in this document, a glossary and a list of references, go to: www.surreyi.gov.uk/annualpublichealthreport

Surrey Joint Strategic Needs Assessment

www.surreyi.gov.uk/ search for 'Physical Activity, Smoking, Alcohol and Diet, Lifestyle Winter Deaths and Cancer chapters'

Surrey Health and Wellbeing Board

www.healthysurrey.org.uk

Surrey Tobacco Control Strategy 2010-2015

www.surreyi.gov.uk search for 'Tobacco Strategy'

Surrey Strategy for Sport and Physical Activity 2011-2015

www.surreyi.gov.uk search for 'Surrey's Strategy for Sport'

Surrey draft Alcohol section of the Substance Misuse Strategy

www.healthysurrey.org.uk search for 'Alcohol Consultation'
Final version expected summer 2014 on the Surrey website

Surrey CrimeStoppers illicit tobacco campaign

www.crimestoppers-uk.org Search for 'Surrey' Telephone: 0800 555 111

Epsom Downs Children's Centre

www.epsomdowns.surrey.sch.uk/Our-Programmes/index.asp

Active Surrey

www.activesurrey.com

Let's Get Moving commissioning guidance

www.gov.uk/government/publications/let-s-get-moving-revised-commissioning-guidance

East Surrey CCG

www.eastsurreyccg.nhs.uk search for 'Alcohol in Safer Hands'

Smoking Prevalence Estimates

These are based on the Mosaic database supplied by Experian Ltd

Public Health England Heatwave and Cold weather plans

www.gov.uk search for Heatwave and Cold Weather plan

Safe Drive Stay Alive

www.surreycommunity.info/safedrivesurrey/

AirAlert Surrey

www.airalert.info/Surrey/

British Red Cross Support at Home programme

www.redcross.org.uk search for 'Support at Home'

Health Profiles for England 2014

www.apho.org.uk search for Health Profiles

WHO Global Burden of Disease 2010

[www.thelancet.com/journals/lancet/article/PIIS0140-6736\(12\)61766-8/fulltext](http://www.thelancet.com/journals/lancet/article/PIIS0140-6736(12)61766-8/fulltext)

US County Health Rankings

www.countyhealthrankings.org/rankings

If you have anything to say about health, contact Healthwatch Surrey on 0303 303 0023 or www.healthwatchsurrey.co.uk

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