

Preston Ward Reigate and Banstead Health Needs Assessment 2014

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Executive Summary

Surrey County Council Public Health Team and Reigate and Banstead Borough Council decided to carry out a mini health needs assessment of Preston Ward. The group felt that as Preston is undergoing a physical regeneration that a health needs assessment would provide evidence and recommendations that could be embedded into community plans and the wider regeneration project.

This health needs assessment has been conducted with support from community service providers, organisations and groups. Information has been included on the social determinants of health in addition to data on health related behaviours and health conditions. Where possible ward level data has been used and where this has not been available alternative data has been used that provides an indication of the health needs of the communities.

Community feedback on health has been collected from residents through questionnaires and focus groups. Residents were asked what they thought were health issues in Preston, what their experiences are of local health services and what could be done to improve the health of people living in Preston.

Evidence from the health data, feedback from residents and stakeholders has been used to produce recommendations for future action.

Key findings

The current resident population of Preston Ward is 2950¹. With the regeneration project it is anticipated that 335 new homes will be built. This will result in an increase of an estimated 1000 residents.

- 35% of Preston Ward residents are often indebted families living in low rise estates².
- 35% of residents live in social housing; compared to 11.4% in Surrey and 17.7% in England³.
- 9.6% are low income communities reliant on low skill industrial occupations⁴.
- 23% of children in Preston under 16 years of age live in poverty, compared to 10.3% in Surrey and 20.6% in England⁵.
- 28.6% of adults aged 18 and over living in Preston Ward smoke⁶. This is higher than the England prevalence of smoking where 22% of adult men and 19% of adult women are smokers.
- 36% of questionnaire respondents stated that they do not exercise on a regular basis
- 80% of questionnaire respondents stated that they do not meet the government recommended level of weekly physical activity
- 29% of the adult population in Preston are obese- compared to 22% in Reigate & Banstead and 24% in England⁷.
- 24% of adult living in Preston consume a healthy diet compared to 28.7% in England⁸.
- 8.7% of people over 18years of age registered with Tadworth medical centre have a diagnosis of depression. This is higher than the prevalence of depression in Surrey Downs CCG (5.2%) and England (5.8%)⁹.

- More people in Preston are dying from premature deaths compared to neighbouring parts of Surrey. Between 2007/8- 2010/11 the greatest cause of deaths in Preston was all circulatory diseases which accounted for 28.5% of deaths, followed by coronary heart diseases (14.6%) and respiratory diseases (14.6%)¹⁰.
- Life expectancy for males living in Preston is 6.5years less than women living in Preston. Nationally male life expectancy is 4 years less than females¹¹.

Top 10 health concerns in Preston Ward

Within the health needs assessment the following ten areas have been highlighted as top health concerns in Preston:

1. High levels of obesity in adults and children
2. Low participation in physical activity
3. Poor diet
4. High levels of perceived alcohol misuse in the community
5. High levels of smoking
6. High levels of mental health need in the community. With high levels of prescribing of antidepressants
7. Isolation due to lack of central community venue and poor public transport
8. Poor access to local primary care health services
9. Dissatisfaction with local primary care health services
10. Residents concerns that local health services will not cope with the number of new residents moving to Preston under the regeneration project

National Comparator

There is no national data on the top health concerns in England. However data from the 2013 Health Atlas of Risk¹² shows that the top five killers in order of prevalence in England are:

1. Heart and Circulatory diseases
2. Cancers
3. Respiratory disorders
4. Nervous system disorders
5. Digestive disorders

The top five causes of premature deaths in England¹³ in order of prevalence are:

1. High blood pressure
2. Smoking
3. High Cholesterol
4. Obesity
5. Low consumption of fruit and vegetables

Key recommendations

Please see chapter 8 for in-depth recommendations

Partnership

1. Develop a health promotion group of key partners
2. Develop a health improvement action plan
3. Reduce the impact of poverty in Preston Ward

Reigate and Banstead Borough Council

4. Review the cost of accessing leisure facilities in the new leisure centre
5. Consider discounted cost of leisure facilities for people who are on low incomes and benefits.
6. Review bus services in Preston
7. Consider putting benches at bus stops
8. Review the community park facilities for under 5s and parents
9. Seek views of residents on what services and groups they would like to be run in the new community room
10. Discuss food that will be on offer in the cafe of the leisure and community centre with the leisure provider GLL.

Surrey County Council Public Health Team

11. Deliver targeted health promotion messages
12. Deliver health improvement services locally and raise awareness of them
13. Improve access to smoking cessation services in Preston
14. Develop smoking cessation support for children and young people
15. Raise awareness of screening services

Surrey Downs CCG

16. Review primary care health services in Preston in line with the population increase
17. Review appointment process at Tadworth Medical Centre
18. Seek views of residents on local health service care provision

Community Development

19. Develop a community team that will provide support for neighbours during adverse weather conditions such as extreme snow.
20. Consider a weekly minibus service to the cinema or develop cinema nights in the new facilities
21. Develop local interest groups.

Youth settings

22. Further develop the workforce on health improvement
23. Develop a youth health improvement plan

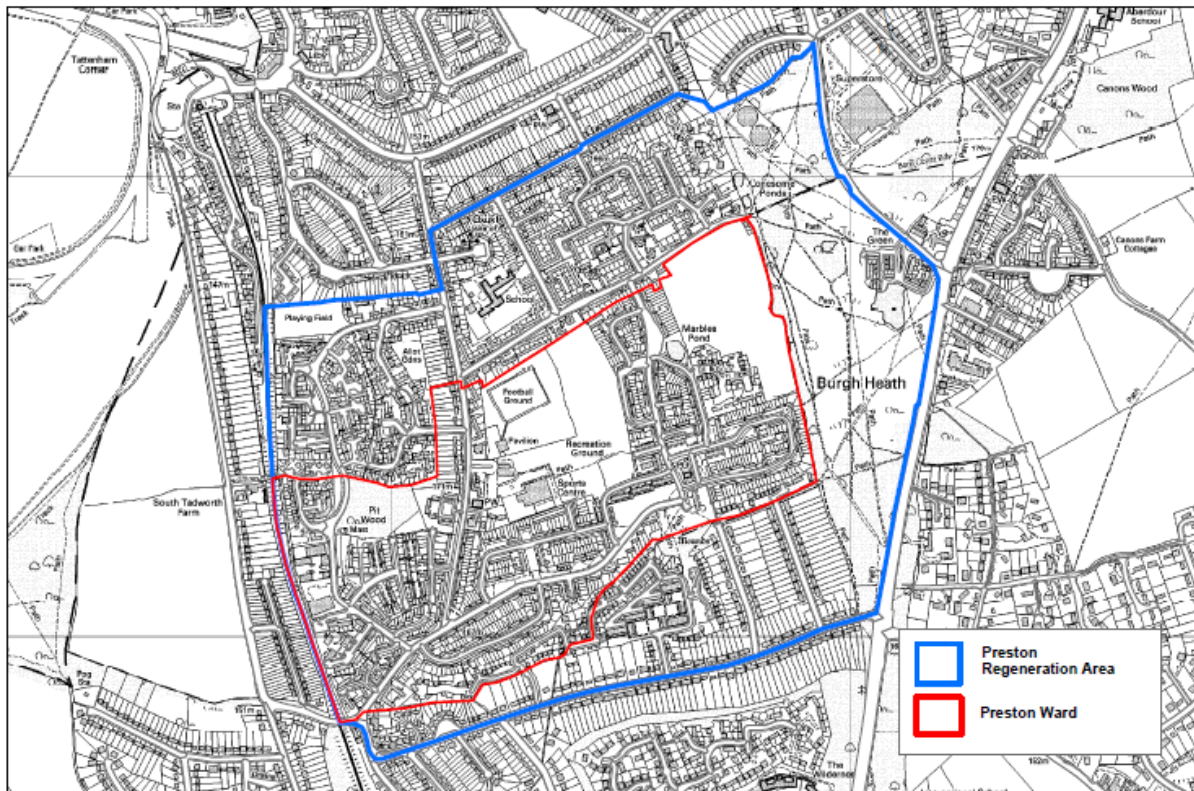
Introduction

Aim of this needs assessment

This needs assessment aims to identify the health needs of people living in Preston and map the health intervention and health improvement services available. As health data is not available below ward level, data has been gathered for and analysis focused on Preston ward. Tattenhams ward data has been included as a comparator ward. Though this process we can identify the gaps and make recommendations which could improve the health and wellbeing of the local community.

Preston Ward

Map of Preston ward and the Preston regeneration area



Source: Reigate and Banstead Borough Council
The regeneration focuses on the Preston Ward and surrounding area.

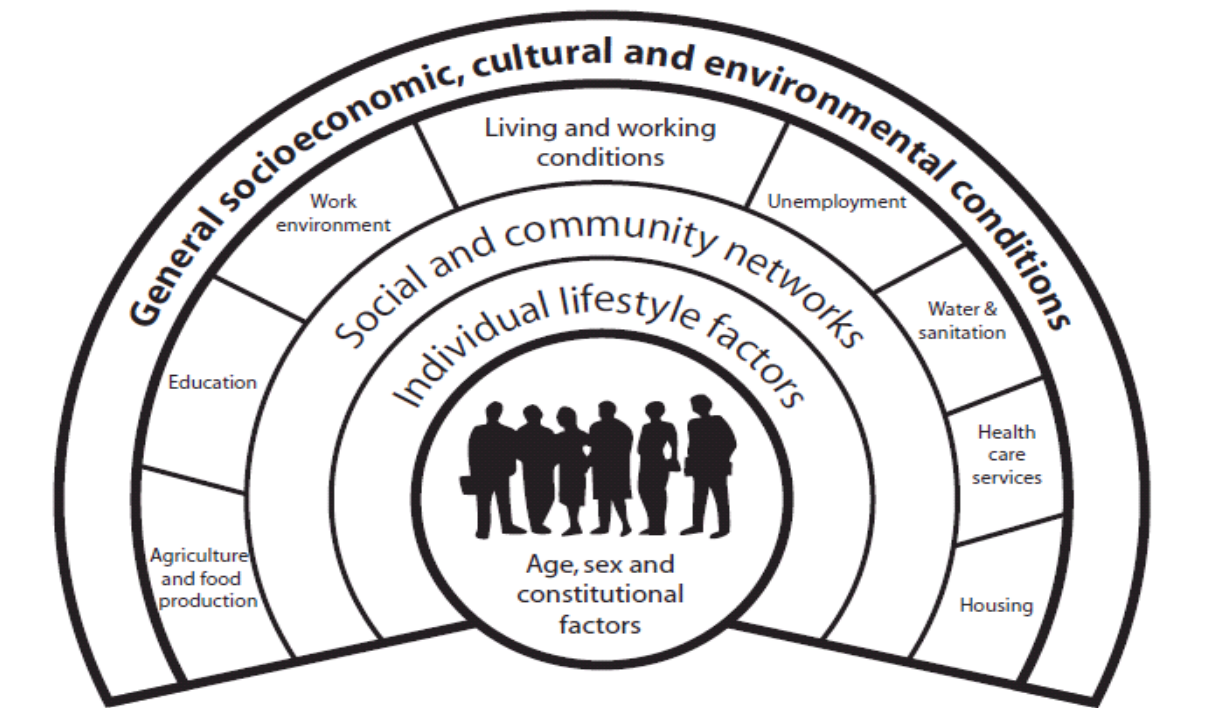
Definition of health

Health for this needs assessment is defined as a positive concept that emphasises social and personal resources, as well as physical capabilities. It involves the capacity of individuals – and their perceptions of their ability – to function and to cope with their social and physical environment, as well as with specific illnesses and with life in general (WHO, 1984).

This is a concept based on the model of Dahlgren and Whitehead 1991 (see figure 1), which suggests that there are complex, multi-layered influencing factors with an impact on the health of individuals. At the centre are factors including age, gender and genetic inheritance. In the second layer are behavioural patterns such as smoking, diet and physical activity. In a third layer are social position,

economic resources and the material environment. The fourth layer includes the wider or underlying determinants, consisting of social and community networks, work environment, housing and living conditions, education and transport. In the outer layer are the economic, political, cultural and environmental conditions present in society as a whole.

Figure 1: A Social Model of Health (Dahlgren & Whitehead, 1991)¹⁴



Definition of health needs assessment

Health needs assessment is a systematic method for reviewing the health issues facing a population, leading to agreed priorities and resource allocation that will improve health and reduce inequalities. They commonly have three approaches summarised below:

- **The Corporate approach** involves the structured collection of the knowledge and views of stakeholders and Preston Ward residents.
- **The Comparative approach** involves the comparison of levels of disease prevalence and service provision between different comparative populations. This could be comparing Preston ward with a similar wards, Surrey and the Borough it is located in- Reigate and Banstead. North of the Borough has also been used as a comparator. These are the wards that are near Preston Ward.
- **The Epidemiological approach** to needs assessments has three elements: (i) determining the incidence and/or prevalence of the health or social problem; (ii) identifying the effectiveness (and cost-effectiveness) of existing interventions for the problem; and (iii) identifying the current level of service provision. This combination of epidemiology (health status

assessments) and evidence (effectiveness/cost-effectiveness) has also been described as the evidence based approach to needs assessments.

The model adopted for this needs assessment utilises a mixture of these three approaches, but in a rapid form utilising existing epidemiological data, expressed need from a survey of students and evidence of effectiveness. An illustration of the model can be found on page the next page.

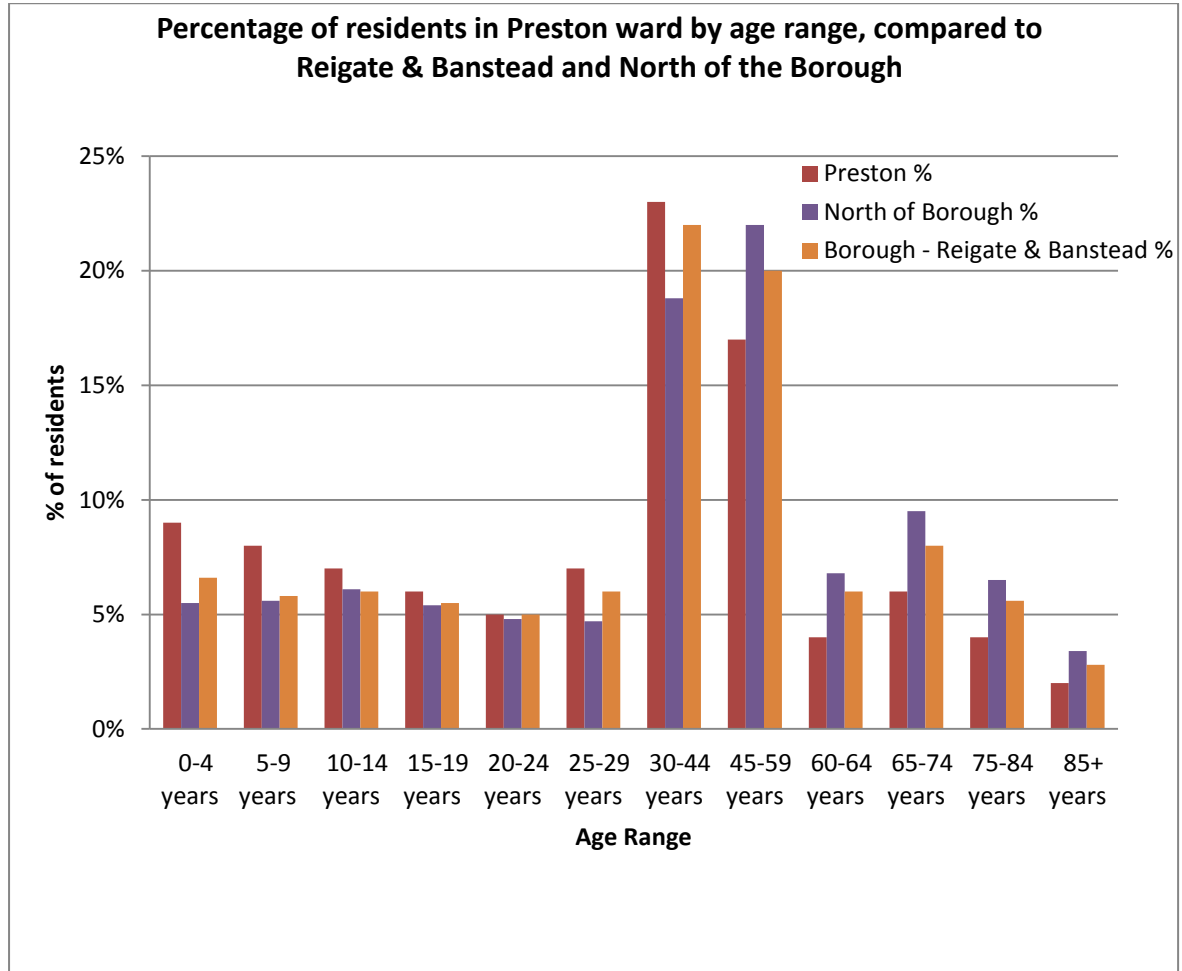
Steering group

A multi agency steering group was not set up for the health needs assessment. Instead the Preston Community Regeneration Group was used as a steering group. A meeting of relevant agencies is being held to discuss the findings and enable a process of taking forward the recommendations from this health needs assessment.

Chapter 1: Preston Ward Population

Age

Figure 2: Age distribution of residents living in Preston



SOURCE: Neighbourhood Statistics (2011 census) based on resident population at the time of 2011 census¹⁵

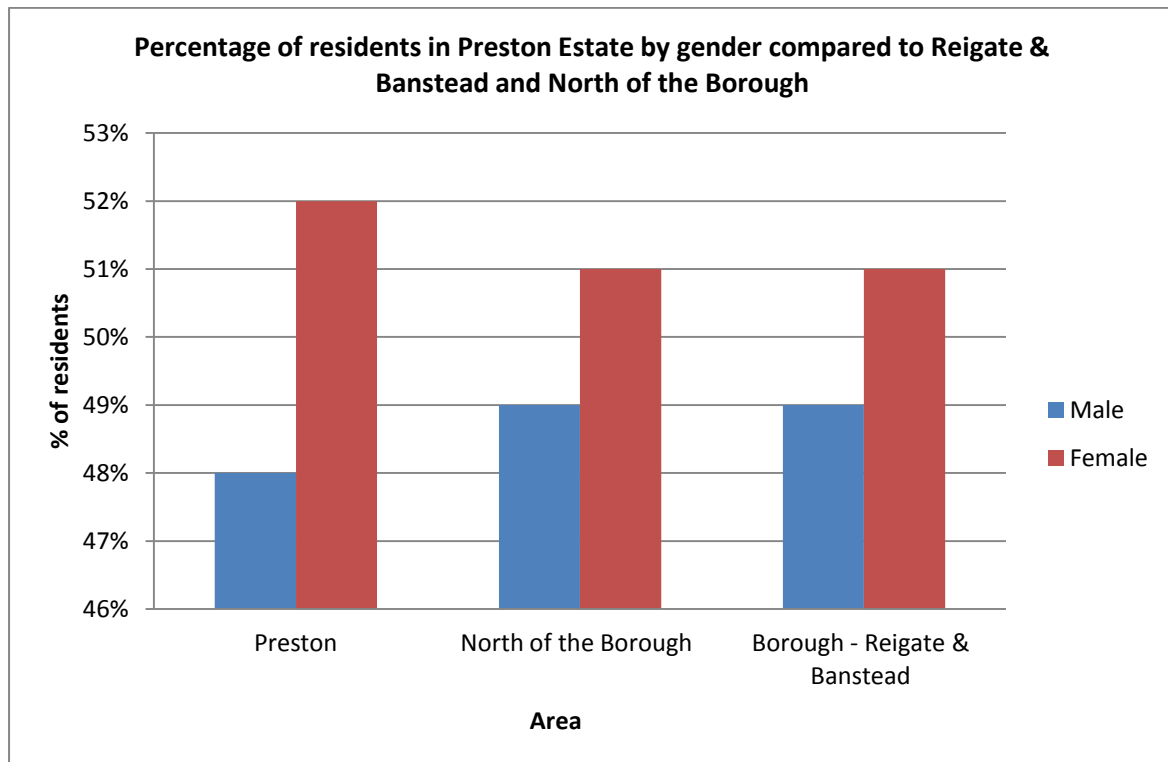
- 30% of Preston residents are 0- 19 years old.
- 23% of Preston residents are 30- 34 years old.
- 16% of Preston Residents are over 60 years old.

Compared to Reigate & Banstead and North of the Borough:

- There are more children and young people aged 0- 19years old living in Preston (30%) compared to Reigate and Banstead (24%) and North of the Borough (23%).
- There are less people over 60 years old living in Preston (16%) compared to Reigate and Banstead (23%) and North of the Borough (27%).

Gender

Figure 3: Gender of residents living in Preston



SOURCE: Neighbourhood Statistics (ONS 2011 census)

52% of Preston resident are female and 48% are male.

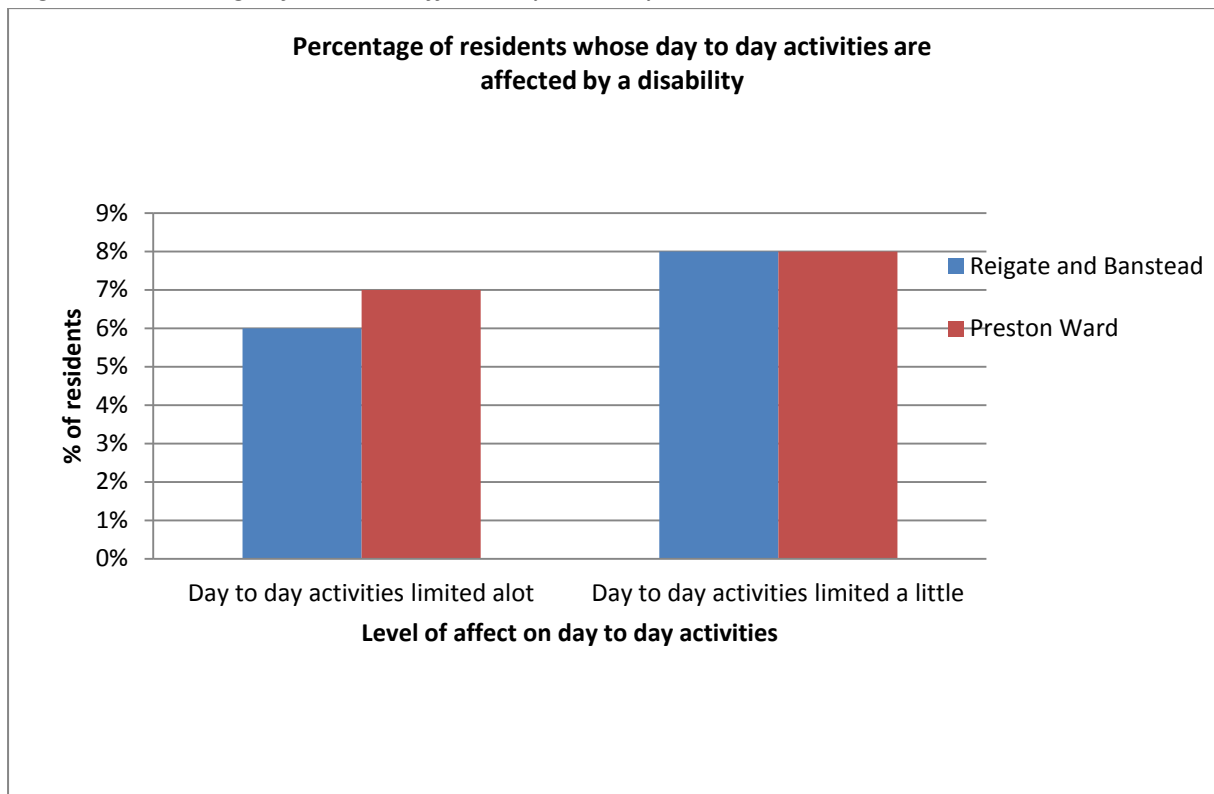
Ethnicity

According to the Office of National Statistics, 85% of people living in Preston Ward describe their ethnicity as White British. Other ethnicities include White other, Asian, Mixed and Other.

This is similar to Surrey and Reigate and Banstead where 83% of residents describe their ethnicity as White British.

Disability

Figure 4: Percentage of residents affected by disability



Source: Neighbourhood Statistics (ONS 2011)

Data on disability shows that 15% of residents in Preston are affected by a disability. Compared to Reigate and Banstead, there does not appear to be a great difference in the impact of disability on day to day living experienced by those living in Preston Ward.

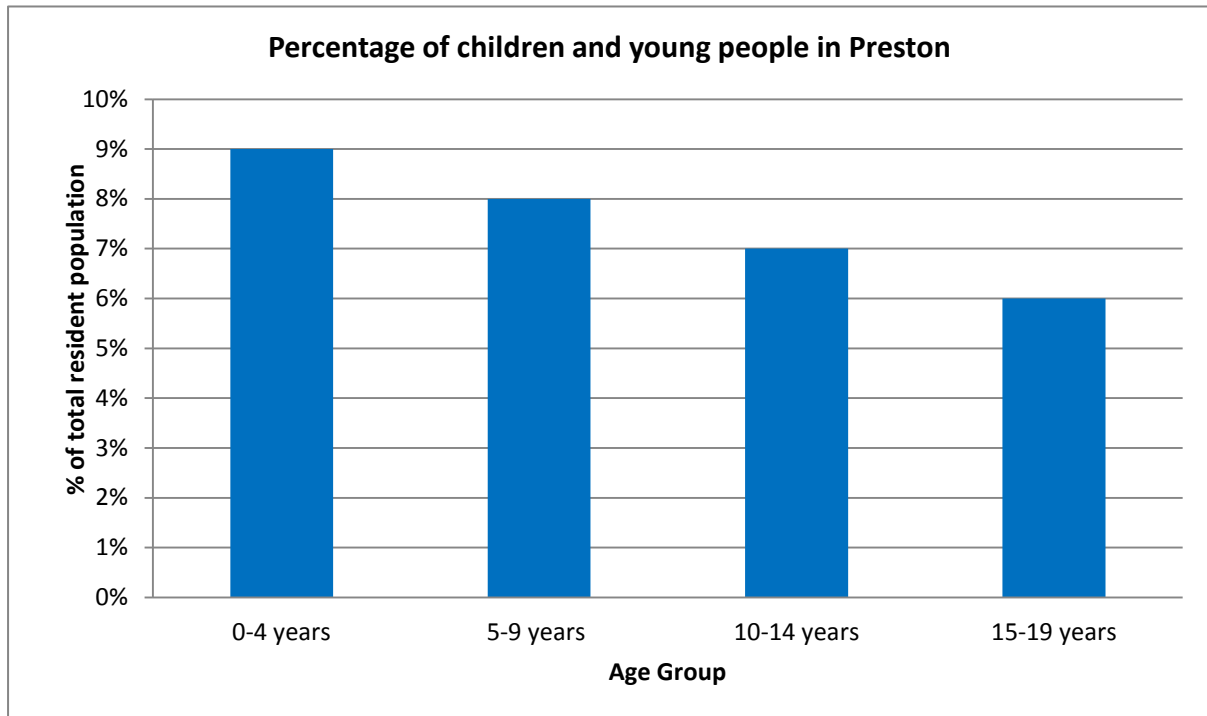
Sexual Orientation

Often people do not wish to disclose their sexual orientation as a result there is no accurate data on the sexual orientation of people living in Preston Ward. However data from household composition shows that 0.9% of people live with a person of the same sex.

Chapter 2: Specific Populations

Children and Young People

Figure 5: Percentage of children living in Preston



Source: Surrey 2012 ONS¹⁶

30% of the Preston Ward resident population are between 0- 19yrs of age.

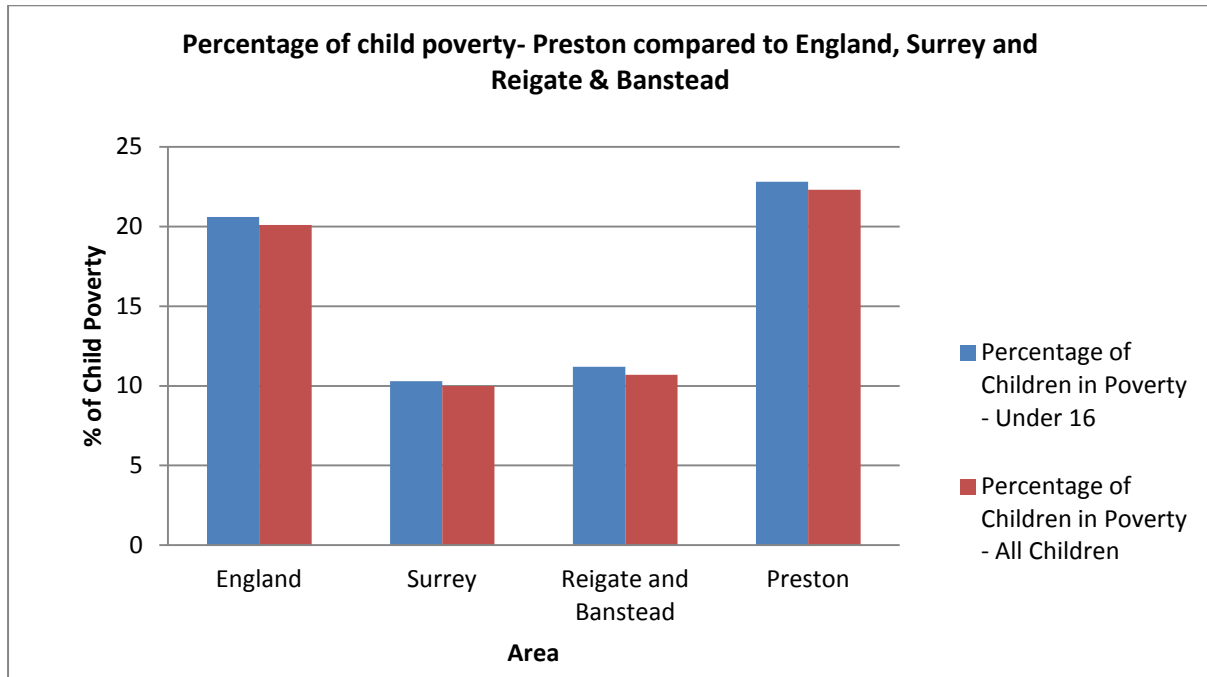
- 9% (n- 273)of residents are 0-4 years old
- 8% (n-246) of residents are 5- 9 years old
- 7% (n- 209) of residents are 10- 14 years old
- 6% (n-183) are 15- 19years old

Child Poverty

If a household's income is less than 60% of the UK median income they are considered as living in poverty. Poverty can be caused by unemployment/ lack of employment or being in a low paid job. People who rely on benefits may have a benefit entitlement that puts them under the poverty line.

The Child Poverty Action Group highlights that children living in poverty often underperform at school, are more likely to suffer from chronic illnesses during childhood and experience poor physical health. They are also more likely to experience poor mental health¹⁷.

Figure 6: Child poverty in Preston

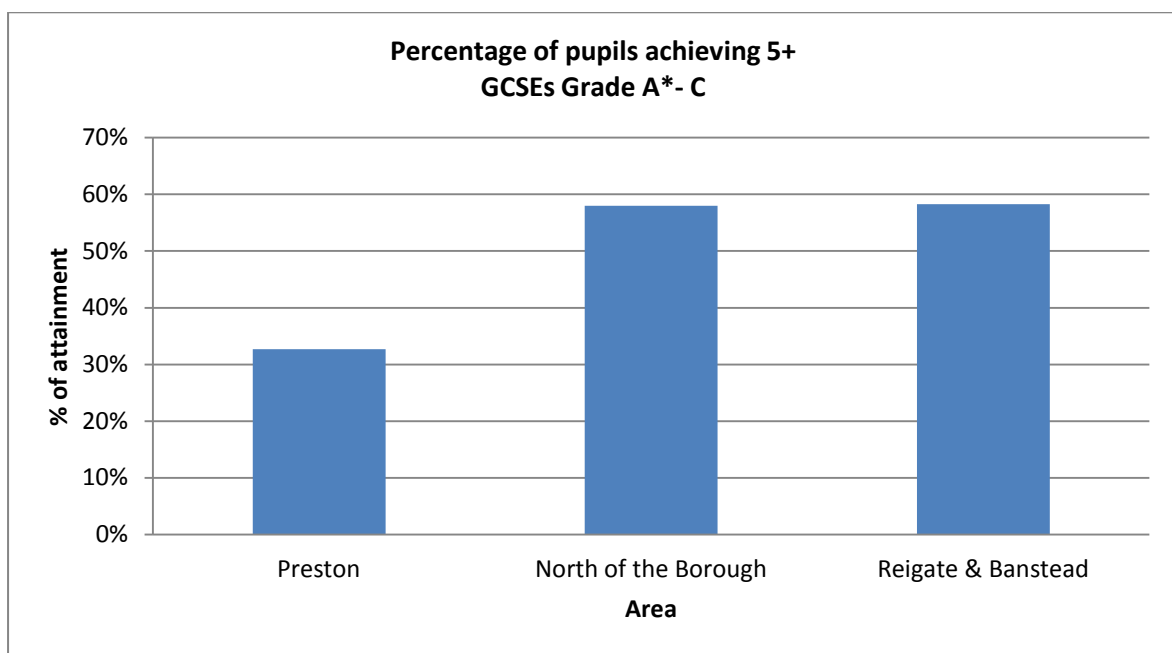


Source: HMRC 2011¹⁸

The percentage of children living in Poverty is significantly higher in Preston compared to Surrey and Reigate & Banstead. 23% of children in Preston under 16 years of age live in poverty, compared to 10.3% in Surrey and 20.6% in England. 22% of children of all ages in Preston live in poverty, compared to 10% in Surrey and 20% in England.

Education

Figure 7: Percentage of pupils achieving 5+ A* - C GCSE



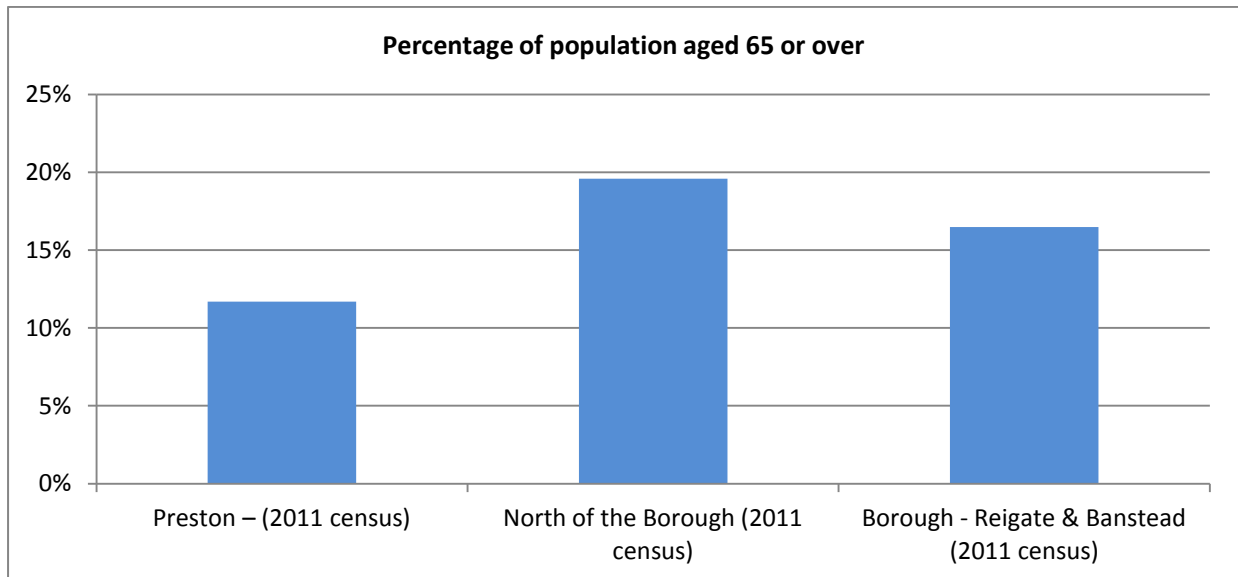
SOURCE: Surrey 3 year pooled data – 2009/11

The percentage of pupils achieving 5+ A*- C GCSE grades is significantly lower in Preston (32.7%) compared to Reigate & Banstead (58.3%) and North of the Borough (58%).

Older People

In Preston 11.7% of the population are aged 65years and over. This is lower than North of the Borough (19.6%) and Reigate and Banstead (16.5%)

Figure 8: Population aged 65+ Preston compared to North of the Borough and Reigate and Banstead



SOURCE: Neighbourhood Statistics (ONS 2011 census)

Chapter 3: Social Circumstances

Relationships

2011 Census¹⁹ relationship data for people living in Preston Ward show that:

- 42.4% of people are married
- 13.3% cohabit with a member of the opposite sex
- 0.9% live with a partner of the same sex
- 24.4% are single and have never married or been in a registered same sex partnership, 10.1% are separated or divorced
- 5.8% are widowed

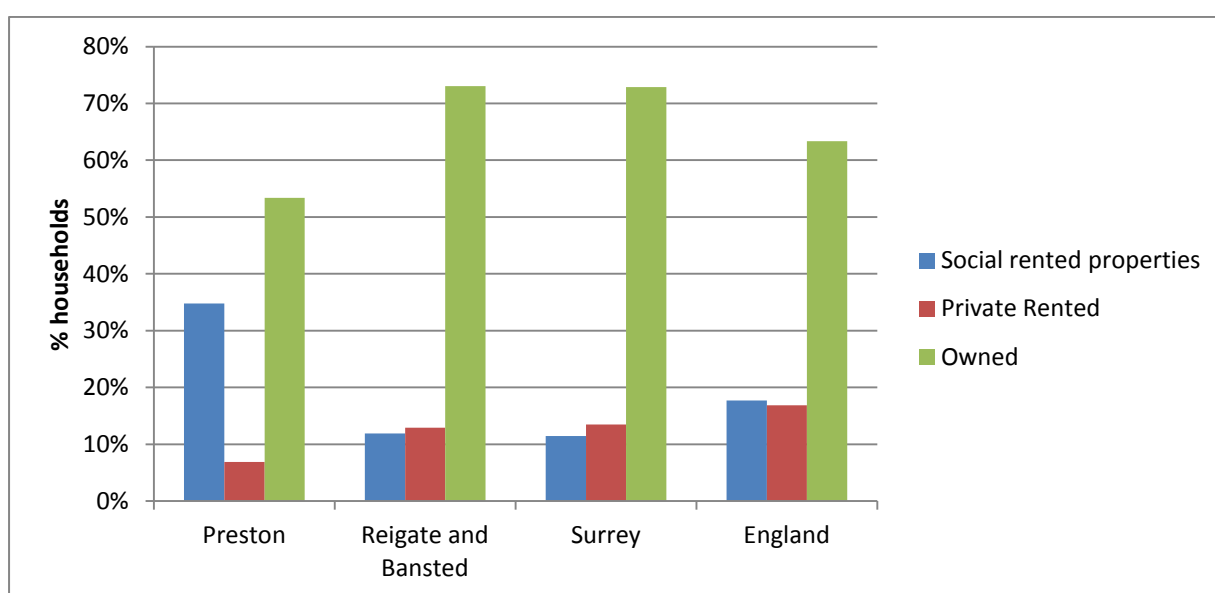
Accommodation/ Living

Currently there are 1,176 households in Preston Ward²⁰. On average there are 2.5 people per household- which is the same as Reigate and Banstead and North of the Borough.

Compared to Reigate and Banstead and North of the Borough, Preston Ward has higher levels of:

- Social rented housing
- Lone parent households
- Residents aged 16 and over not living as a couple

Figure 9: Preston Housing Tenure

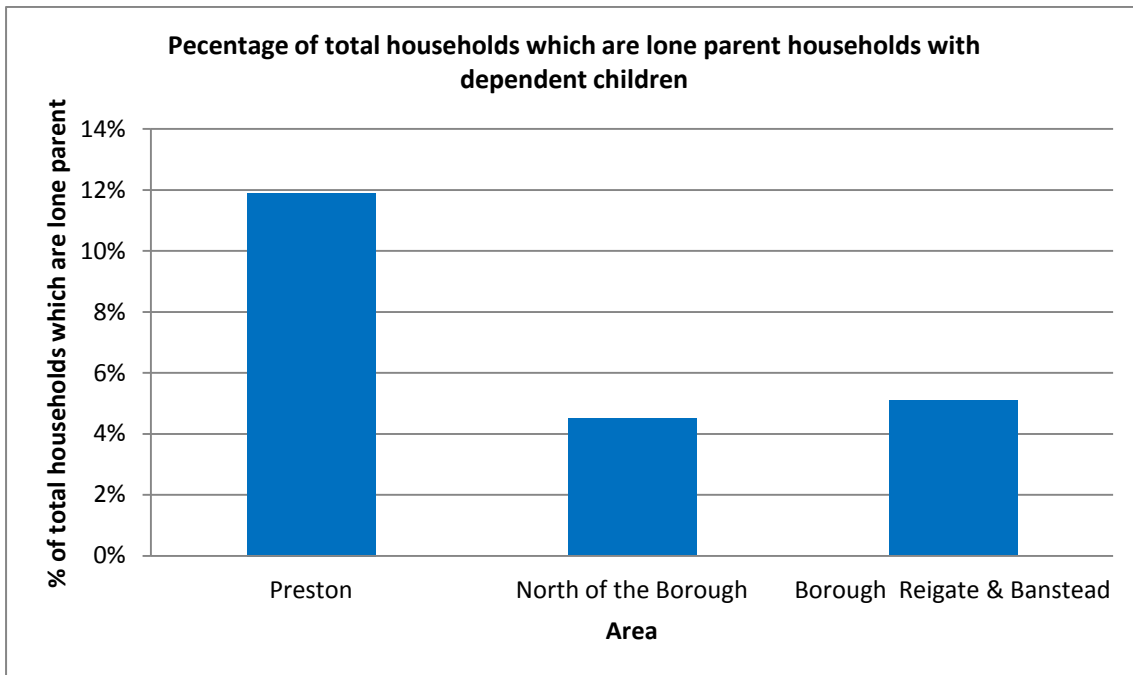


Source: 2011 Census²¹

In Preston Ward 35% of the housing tenure are social rented properties. This is three times higher than Reigate and Banstead (12%) and Surrey (11.4%). Raven Housing is the registered provider of most of the social rented accommodation in Preston Ward.

53.4% of Preston housing is owner occupied which is lower than Reigate and Banstead (73%) and Surrey (73%)

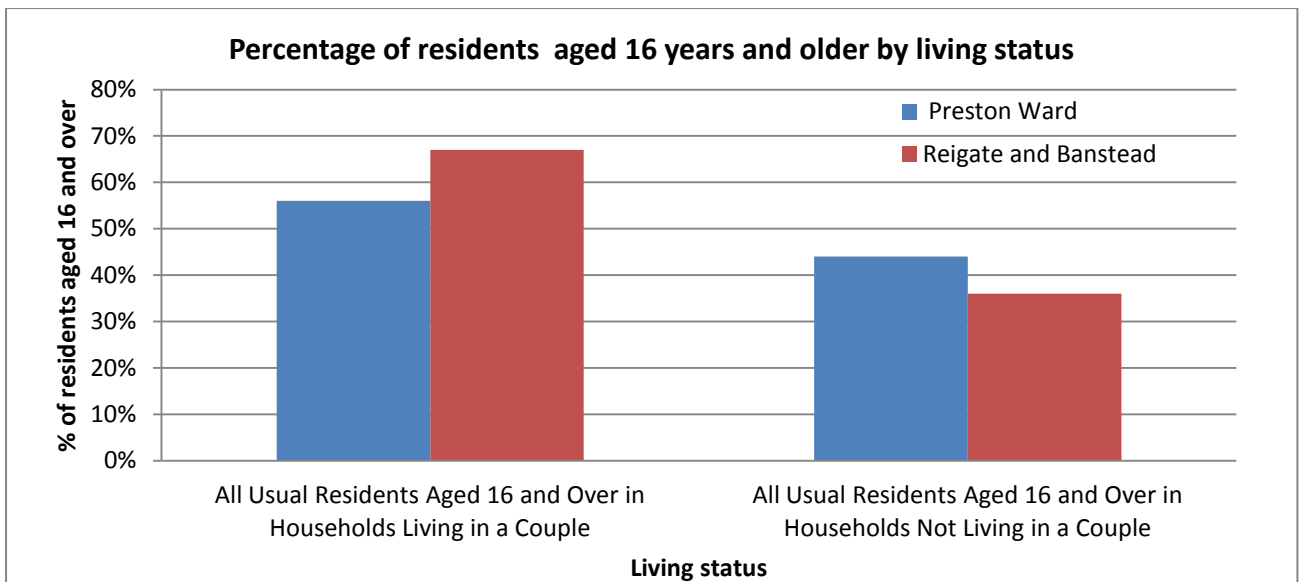
Figure 10: Lone Parent households with dependent children.



Source: Census 2011²²

12% of households in Preston are lone parent households with dependent children. This is significantly higher than North of the Borough (4.5%) and Reigate and Banstead (5%).

Figure 11: Percentage of residents aged 16+ by living status



Source: Census 2011²³

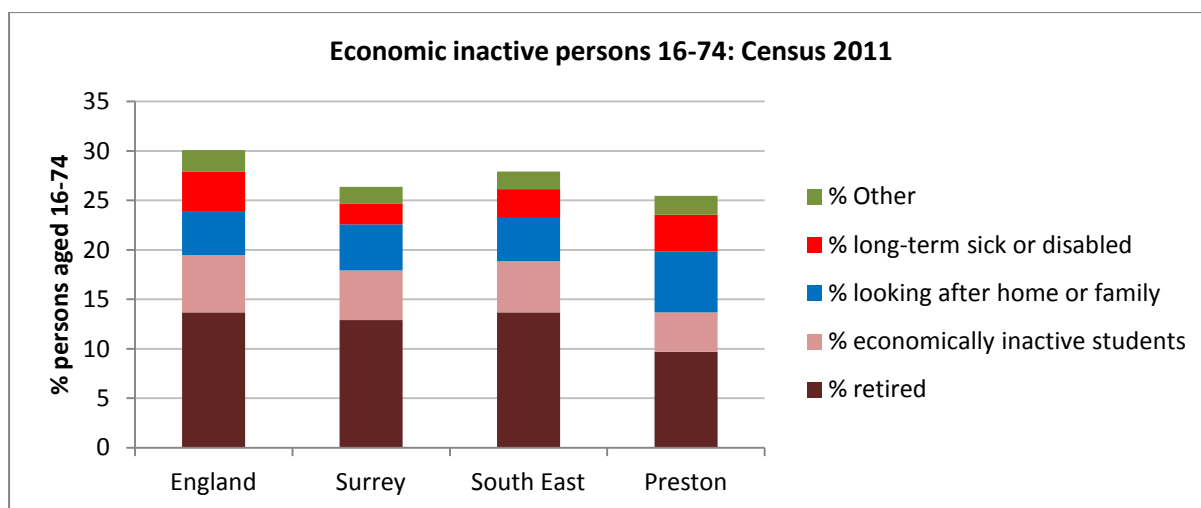
56% of Preston residents over 16 years old are in households living as a couple compared to 67% in Reigate and Banstead.

Working status

Data from the 2011 Census shows that 4.5% of Preston residents were unemployed at the 2011 Census. This is higher than Surrey (2.8%) and the South East (3.45%). However the unemployment rate is similar to England (4.4%).

The percentage of people aged 16- 74 yrs old and over in full-time education is lower in Preston (2.6%) compared to Surrey (3.1%), the South East (3.3%) and England (3.4%)

Figure 12: Economically inactive persons in Preston aged 16- 74



SOURCE NOMIS – 2011 census²⁴

- 6.1% of the economically inactive persons in Preston are looking after their home or family. This is Higher than Surrey (4.6%), South east (4.4%) and England (4.4%).
- 3.7% of the economically inactive persons in Preston are long term sick or disabled. This is higher than Surrey (2%) and South East (2.9%). However it is lower than England (4%)
- 9.7% of the economically inactive persons in Surrey are retired. This is lower than Surrey (13%), South east (13.7%) and England (13.7%).

Income and finances

Figure 13: Total % of working age population that are claiming benefit (February 2014)

Total claimants	Preston Ward	Borough - Reigate & Banstead
ESA & incapacity benefits	5.8%	3.4%
Disabled	1.6%	0.9%
Carers	0.8%	0.8%
Key out of work benefits*	10.8%	5.6%
Working age population (16-64 years) total count	1,900	8,8400

*Include job seekers, ESA and incapacity benefits, lone parents and others on income related benefits

SOURCE NOMIS – 2012 claimant count

During the process of carrying out the health needs assessment the perception in the community was that there are high levels of benefit claimants in Preston.

2012 data on the number of people claiming benefits shows that the percentage of people claiming benefits in Preston is not higher than Reigate and Banstead.

Figure 14: Poverty Indicators (2007-08) – Households in poverty: model based estimates at MSOA

Indicator	Preston - (2007-08)	North of the Borough – (2007/08)
Percentage of households below 60% of the median income (after housing costs accounted for per household)	25.2%	15% (average)

SOURCE: Neighbourhood Statistics (ONS 2001 census)

It is estimated that a quarter (25.2%) of households in Preston are below the 60% of median income. This is higher than North of the borough (15%).

Chapter 4: Key Service Provision on Preston Ward

Epsom Downs Children's Centre

The centre is run by a full-time centre manager, 5 family support workers and a full-time administrator.

The Children's Centre supports the local community by providing opportunities for parents and carers to meet each other and take part in activities alongside their children. The purpose-built centre has all of the modern facilities required to provide a comprehensive range of services to families in our community. The centre is a safe, child-friendly space where a number of services and activities can run at once. Examples of some of the services and activities offered include:

- Baby clinic
- Breast Feeding Support Group
- Healthy Living Programmes
- Adult Learning - including access to laptops and the internet
- Family Links Nurturing Programme
- Parenting classes
- Healthy eating sessions, helping families to cook together and share the meals they have created.
- Midwifery and health visitor services
- Stay and play sessions
- Small farm

Fathers are encouraged to attend the general services. In the past a Saturday fathers session was attempted but was unsuccessful.

In the past the centre has tried to deliver the following services which have been unsuccessful and therefore no longer offer these services and signpost instead:

- Smoking cessation support
- Get in on- giving out condoms
- Sexual health advice

Youth centre- Phoenix Centre

The Phoenix Centre is a needs led centre that offers a range of support services. Young people are actively involved in planning, co-designing and evaluating the services available. Consulting with young people is embedded in the values of the centre.

The centre is unique in that it has its own curriculum based on the local need. The Phoenix Centre Learning Outcomes include:

1. Keeping young people safe
2. Health and Nutrition
3. Respect
4. Providing opportunities for all to participate

The views of centre users were collected in a focus group (see chapter 7). The following health needs have been identified by the Phoenix centre users:-

Figure 15 shows a health mapping exercise carried out by the Phoenix Centre. This identifies evidence based health needs, the provision and resources to meet this need, gaps in resources and what the community need.

Figure 15 Children and Young People identified health needs by Phoenix Centre

Health Needs Identified	Provision and resources on Offer	Resources Needed	Community Needs
Young people smoking	<p>Phoenix Youth Centre sports and activities</p> <p>Phoenix varied program to encourage participation – reduces boredom and explores issues around peer pressure</p> <p>Health resources</p> <p>Ongoing support and guidance</p>	<p>Bleep fitness test</p> <p>Carbon monoxide testing kits and training for professionals</p> <p>Develop stop smoking resources/workshops for young people</p> <p>Information and access to licensed nicotine replacement methods</p>	<p>Free or affordable access to leisure activities</p>
Alcohol	<p>Phoenix Youth Centre sports and activities</p> <p>Phoenix varied program to encourage participation – reduces boredom and explores issues around peer pressure</p> <p>Alcohol awareness sessions</p>	<p>Up to date information and access to a range of resources</p>	<p>Positive role models</p> <p>Marbles way shops – positive role models</p> <p>Tighter controls re purchasing alcohol</p> <p>Family support services</p> <p>Safety – improved paths and lighting</p>
<p>Mental Health</p> <p><i>Young people identify that poor mental health can lead to alcohol and substance misuse and smoking and vice versa</i></p>	<p>Phoenix youth centre - All activities/projects/discussions focus on developing young people’s confidence/self esteem and self awareness</p> <p>Raising young people’s awareness regarding mental health</p> <p>One to one support – solution focused</p> <p>Targeted projects</p> <p>Signposting system</p> <p>Multi professional involvement and support to</p>	<p>Accessible mental health services for young people</p>	<p>Doctors to spend more time with their patients – possibly reducing the number of prescribed antidepressants</p> <p>Education and training for schools</p> <p>Mental health education in schools</p>

	<p>young people and families Advocating young people's needs within a multi professional capacity Youth workers have ongoing support and training specific to this area</p>		
Diet and Nutrition	<p>Phoenix -Independent living skills include cooking a healthy meal on a budget, store cupboard challenge etc. Young people are shown how to prepare food safely and hygienically. Food and fruit is always on offer Phoenix does not allow energy drinks in the centre</p>	<p>Cooking courses for local families Education/resources re food packaging – e numbers/additives etc</p>	<p>Encourage families to cook healthy meals on a budget through cooking courses.</p> <p>Reduce accessibility to cheap fast food locally</p>
Sexual Health and risk taking	<p>Phoenix CCard scheme – condom and Chlamydia testing Understanding self and relationships workshops and discussions Cyber baby for pregnancy prevention work</p>	<p>Links with local teenage pregnancy health visitor Developing resources in partnership with children's services on sexual exploitation</p>	<p>New youth centre that will be fit for purpose. This will enable young people to access discreet workshops and support</p> <p>Sexual health clinic in new youth centre</p>
Cannabis and substance misuse	<p>Signposting system to C22 Phoenix varied program to encourage participation – reduces boredom and explores issues around peer pressure Drug awareness sessions discussion and support</p>	<p>Accessibility and outreach/drop in services</p>	<p>Positive role models locally</p>

Leisure Centre

In June 2014, work started to build a new leisure and community centre in Preston Ward. The new leisure and community centre will include a 25-metre six-lane swimming pool, a 60-station gym and sports hall, space for community activities, and a separate youth skills centre which will replace the Phoenix Youth Centre. The build is expected to be complete in late summer 2015.

Merland Rise Church

Merland Rise Church provides a valuable community resource. As well as faith services the church provides meal sessions, group social meetings and activity sessions for children and young people.

During extreme weather conditions members of the church will make contact with vulnerable people living in the community to check on their welfare and offer any assistance.

[Tadworth Medical Centre](#)

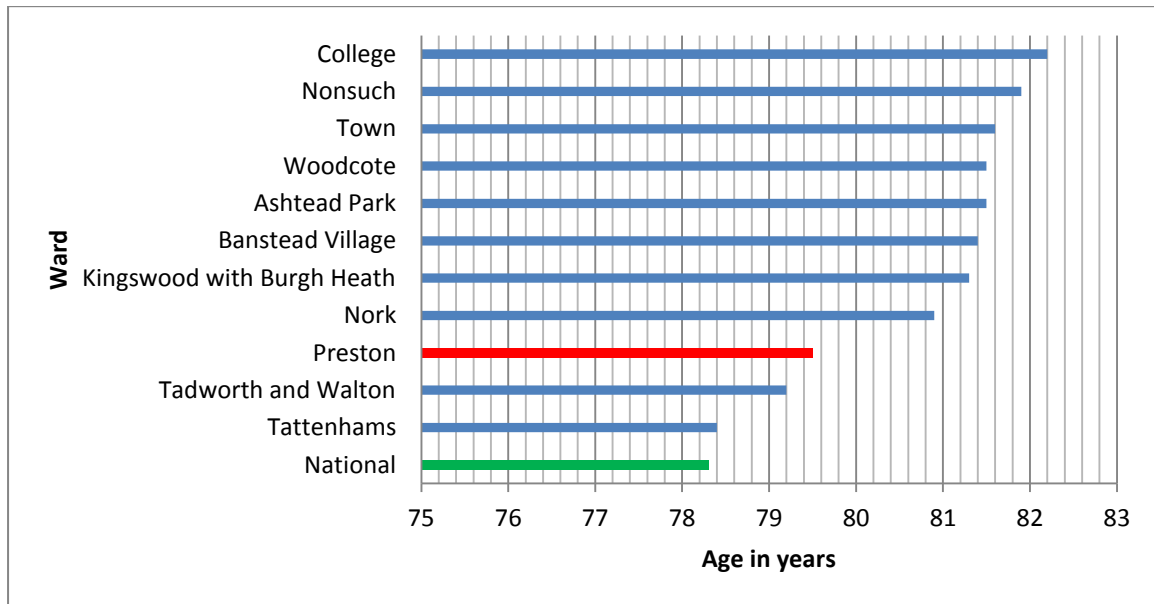
Tadworth Medical Centre is the nearest medical centre to Preston Ward. The medical centre provides a GP services, nurse led clinics in order to treat minor ailments as well as providing specialist management of long-term conditions. There are also [clinics](#) covering a wide range of healthcare issues

The surgery opening times are 8.30am- 11am and 3pm- 5pm Monday to Friday. Patients can call the 111 line for out of hours health care provision.

Chapter 5: Health in Preston Ward

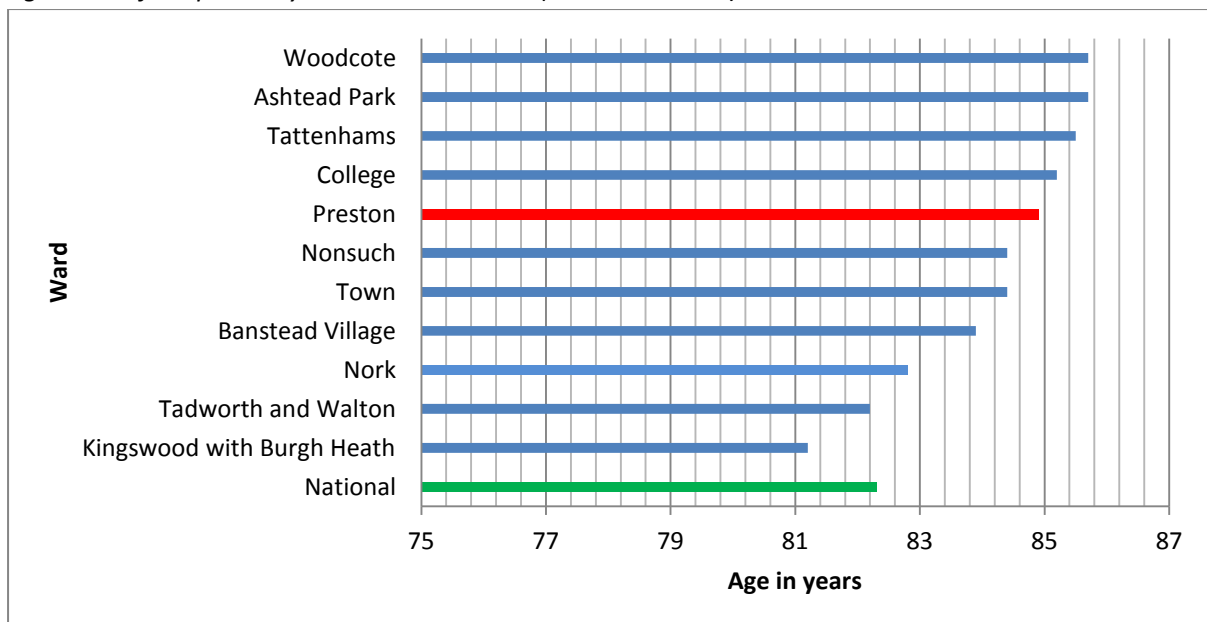
Life Expectancy

Figure 16 Life expectancy at birth 2006-2010 (2011 estimates) Male



Please note the comparator wards are the wards local to Preston Ward.

Figure 17 Life expectancy at birth 2006-2010 (2011 estimates) Female



Please note the comparator wards are the wards local to Preston Ward.

Source: Health Profile 2006- 2010²⁵

The inequalities in health amongst males and females living in Preston are evident from life expectancy date:-

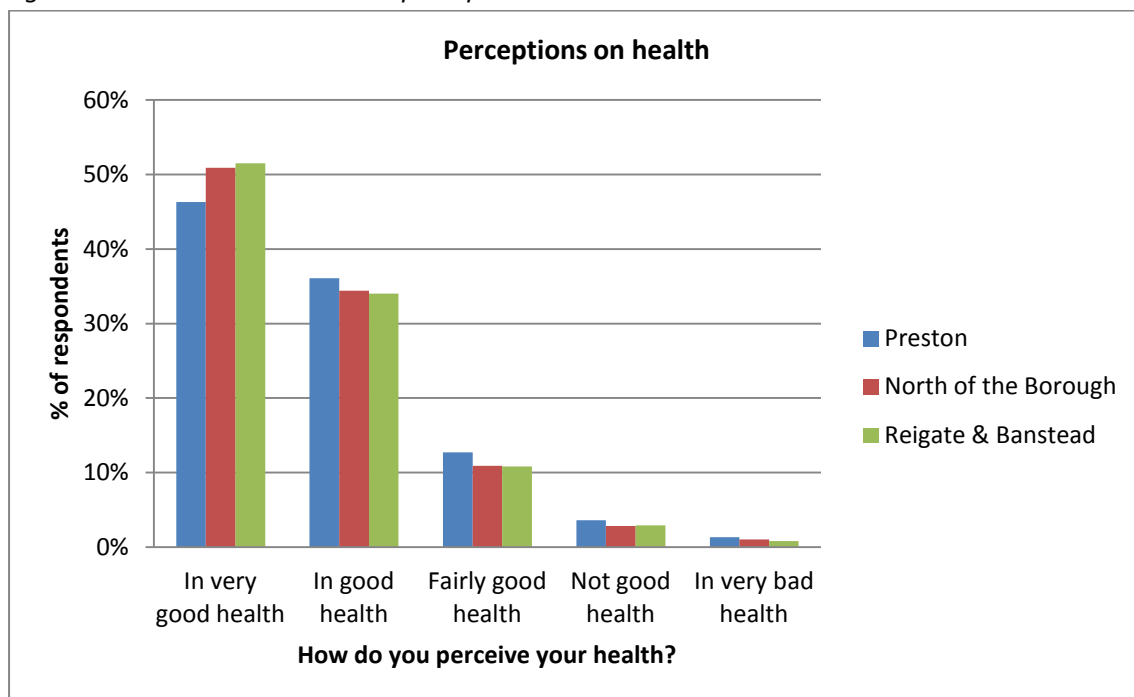
- Life expectancy for males living in Preston is 6.5years less than women living in Preston. Nationally male life expectancy is 4 years less than females.
- Females living in Preston have a greater life expectancy than females living in neighbouring wards- Tadworth and Walton, Banstead Village, Kingswood and Burgh Heath
- Males living in Preston have a lower life expectancy than males living in neighbouring wards- Banstead Village, Kingswood and Burgh Heath.

Healthy Life expectancy is defined as the average number of years that a person can expect to live “in full health” taking into account years lived in less than full health due to disease and / or injury. Over the years the estimates for healthy life expectancy in Preston have increased.

For 1993- 03 the estimated healthy life expectancy in Preston was 69.8yrs- therefore beyond 69.8yrs they experiences poor health. According to 2011 ONS data²⁶ estimated life expectancy for Men living in Preston is 79.5 and 84.5 for women- So people their quality of a healthy life has increased. This is similar to Reigate and Banstead. However as this data is an estimate it should be treated with caution.

Perceptions on health

Figure 18 Preston ward residents perceptions on health



SOURCE: Neighbourhood Statistics (ONS 2011 census)

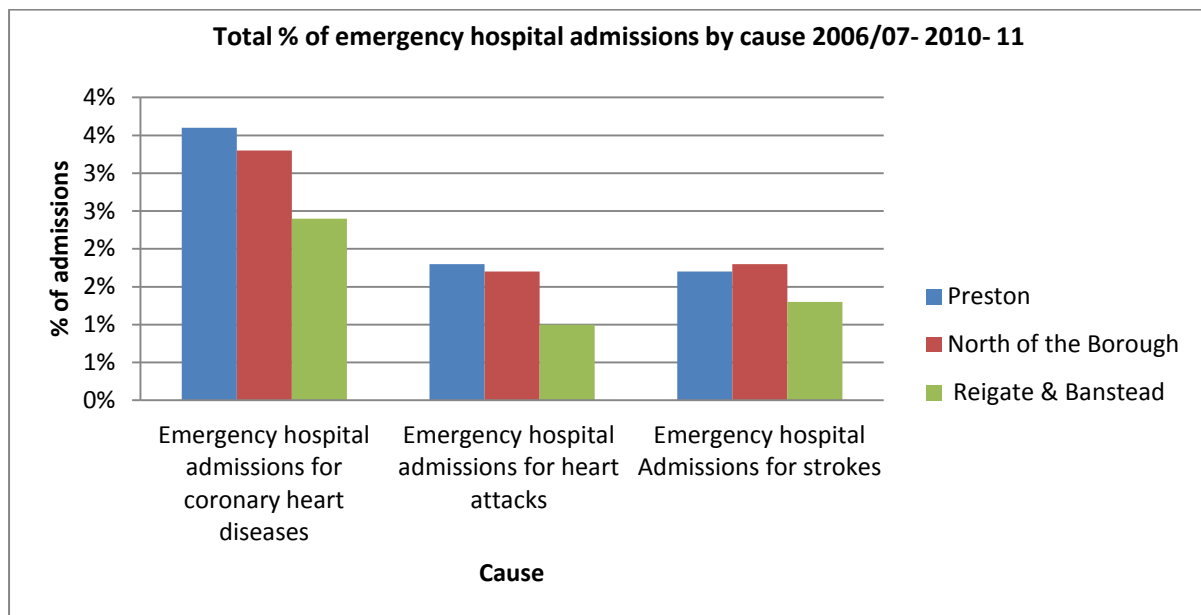
Please note there is no data on the age group of the residents that responded to this question.

- 46% of people living in Preston Ward described their health as very good compared to 51% North of the borough and 51.5% in Reigate and Banstead.
- 3.6% of people living in Preston described their health as not very good compared to 2.8% North of the borough and 2.9% in Reigate and Banstead

From this we can conclude that people living in Preston have a poorer perception on their health compared to North of the borough and Reigate and Banstead.

Hospital admissions

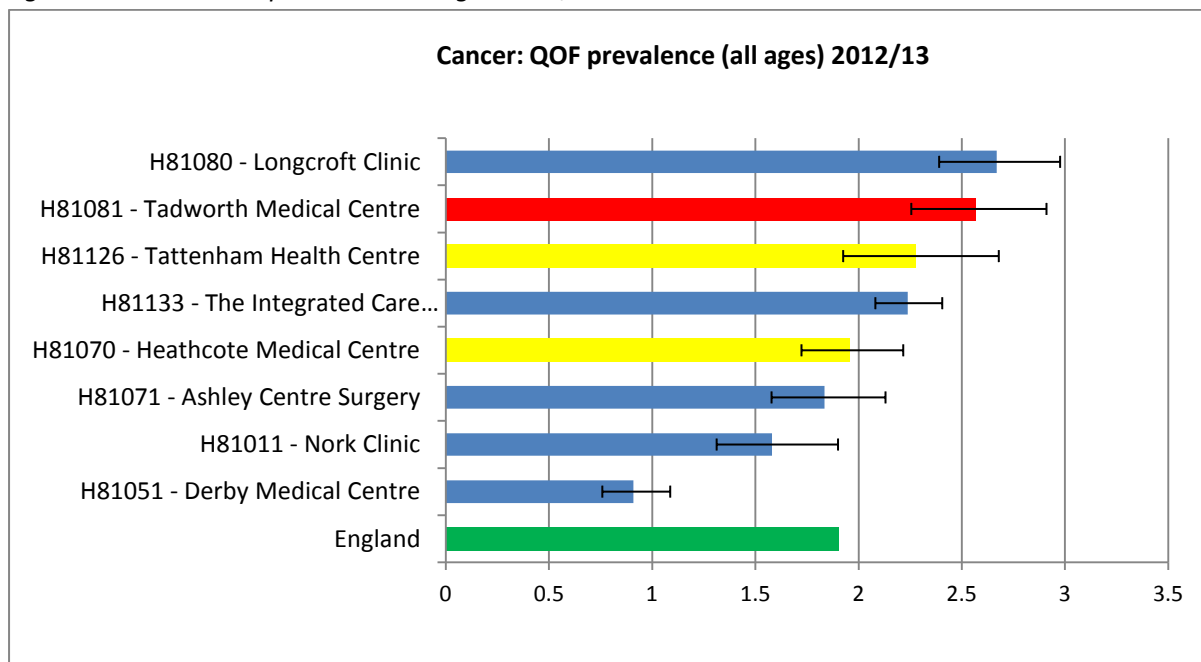
Figure 19 Emergency hospital admissions 2006/7- 2010/11



SOURCE: Health Profiles – Local Health website

Please note there is no data on the actual number of A&E visits.

Figure 20 Cancer QOF prevalence all ages 2012/13



Key

- In Preston estate
- Less than a mile from Preston estate
- Less than 3 miles from Preston estate

Source GP QOF data²⁷

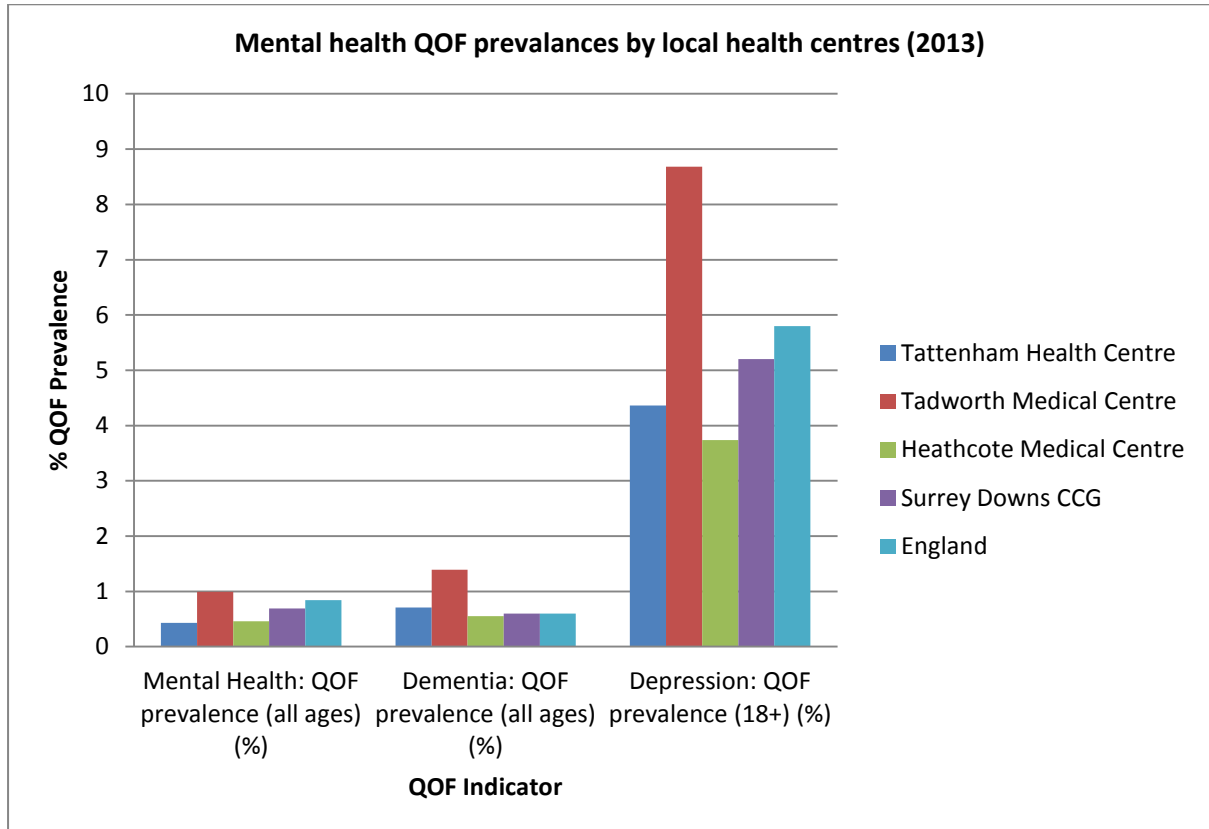
GP QOF prevalence data provides information on the prevalence of cancer for a diagnosis of cancer, excluding non-melanotic skin cancers at a given time.

Figure 20 shows GP Cancer prevalence for 2012/13. Tadworth Medical Centre in Preston Ward has a 2.5% prevalence of cancer- which is higher than the England prevalence of 1.9%.

Tattenham Medical Centre and Heathcote Medical Centre less than a mile from Preston Ward have a higher prevalence of cancer compared to England.

Mental Health

Figure 21: QOF Mental health prevalence by health centre 2013

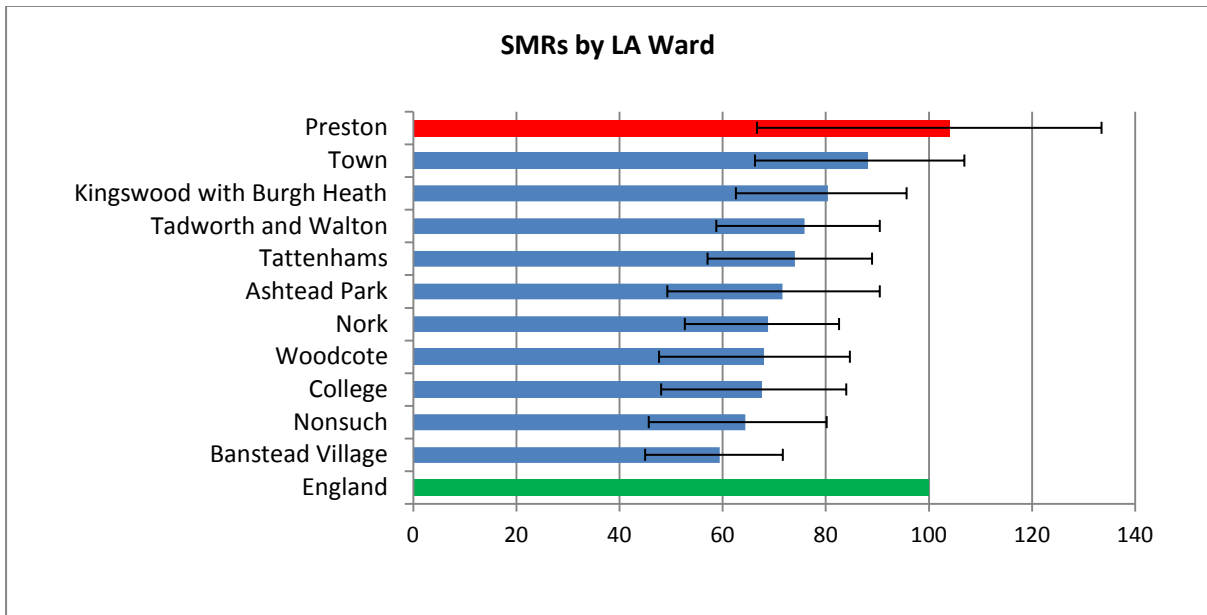


Source- HSCIC 2013²⁸

GP QOF data on the prevalence of mental health shows that 8.7% of people over 18 years of age registered with Tadworth medical centre have a diagnosis of depression. This is higher than the prevalence of depression in Surrey Downs CCG (5.2%) and England (5.8%).

Mortality

Figure 22 Standardised mortality rate (SMR) – total number of premature deaths under 75 years – between 2006-2010

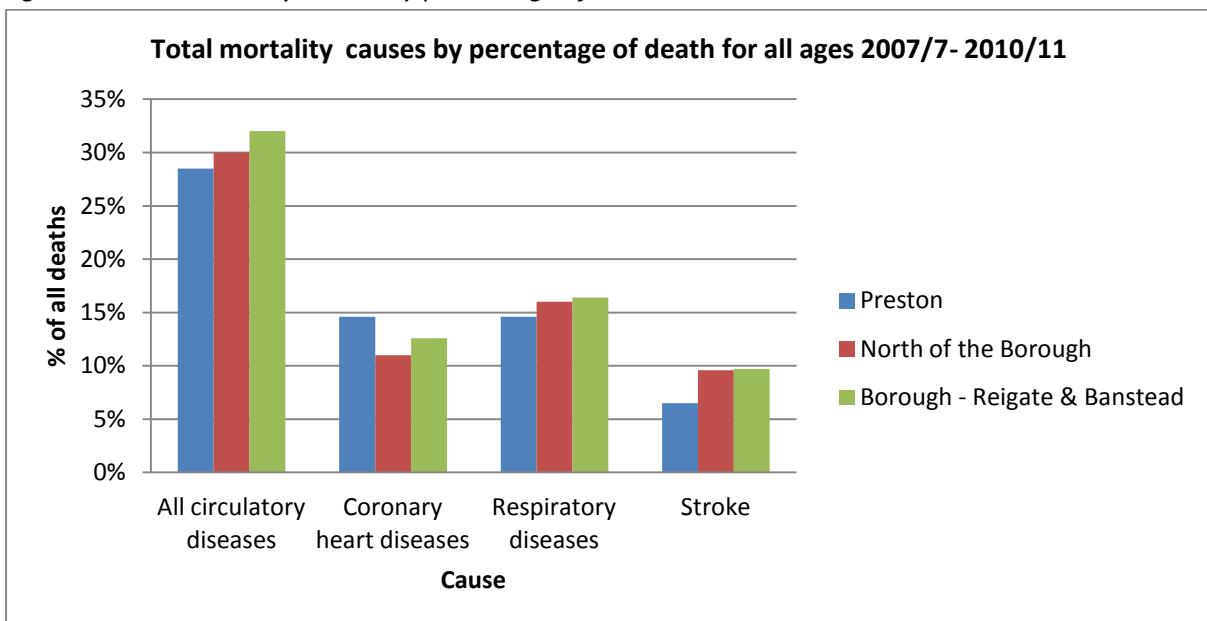


Source: PHO 2010²⁹

The standard mortality rate (total number of premature deaths under 75 years old) is higher in Preston Ward compared to neighbouring wards. Therefore more people in Preston are dying from premature deaths compared to neighbouring parts of Surrey.

So whilst people are enduring a healthy life for longer they are more likely to die at a younger age compared to neighbouring wards.

Figure 23 Total mortality causes by percentage of all deaths



SOURCE: Health Profiles – Local Health website

Between 2007/8- 2010/11 the greatest cause of deaths in Preston was all circulatory diseases which accounted for 28.5% of deaths, followed by coronary heart diseases (14.6%) and respiratory diseases (14.6%).

There were less deaths in Preston from all circulatory diseases compared to North of the Borough and Reigate and Banstead. However there were more deaths from coronary heart diseases in Preston compared to North of the Borough and Reigate and Banstead.

Circulatory diseases, coronary heart disease, respiratory diseases and stroke can all be caused by lifestyle choices such as poor diet, lack of exercise, smoking and excess drinking. Stress and anxiety can also contribute to these diseases.

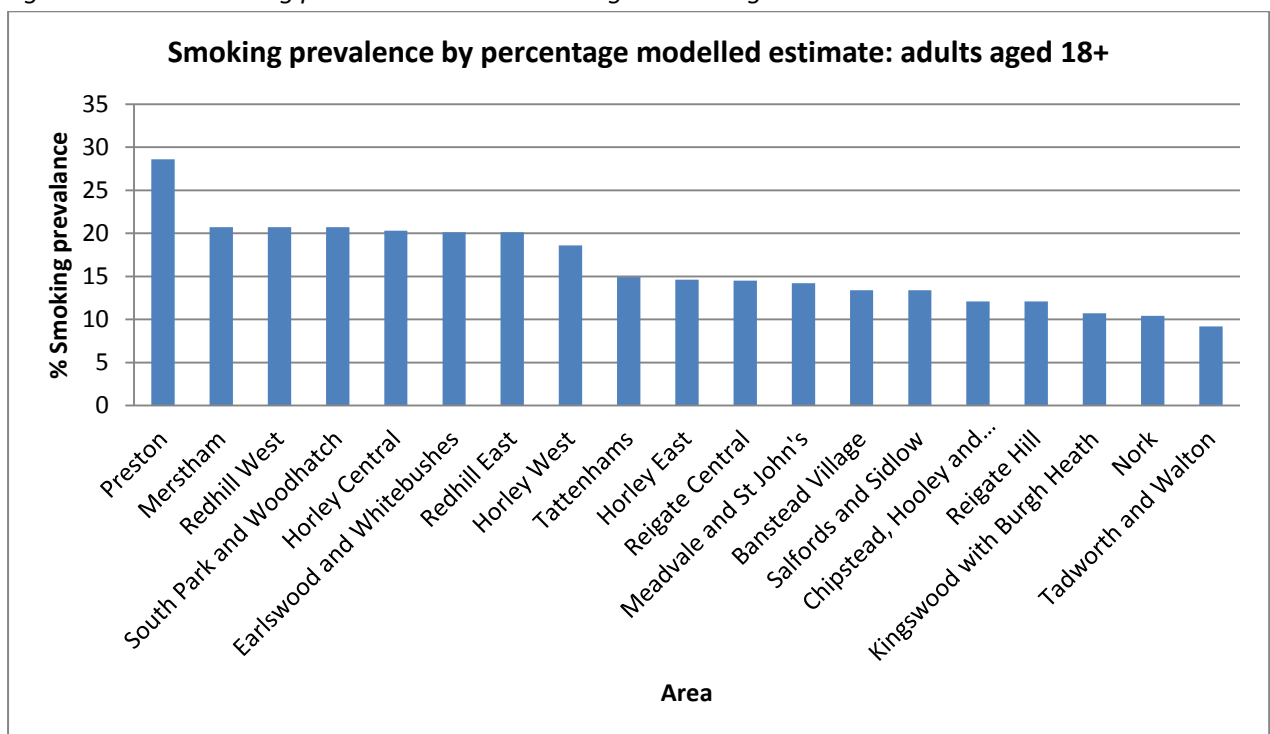
Chapter 6: Health Behaviours and Lifestyle Choices

Lifestyle choices have a significant impact on health and quality of life. Smoking, obesity, inactivity and alcohol misuse increase the risk of:

- Chronic conditions
- Coronary heart disease
- Cancers
- Respiratory conditions
- Reduce life expectancy
- Reduces “healthy” life expectancy

Smoking

Figure 24 Ward smoking prevalence estimates using Mosaic segmentation tool



Source: Mosaic 2013

Data from Mosaic estimates that 28.6% of adults aged 18 and over living in Preston Ward smoke. This is higher than the England prevalence of smoking where 22% of adult men and 19% of adult women are smokers. Preston ward also has the highest prevalence of smoking in Reigate and Banstead.

There is no data on the prevalence of smoking amongst young people living in Preston. However anecdotal information from young people and community workers suggests that a lot of young people smoke.

In Surrey there are three types of stop smoking support available:

1: **Weekly clinics**

Clinics run at several locations across Surrey. At the clinics advice and support is available from an NHS Specialist, as well as the chance to meet other local people trying to quit! Nicotine Replacement and medication to stop smoking can be organised at the clinic.

2: **Telephone support**

For people who prefer to get help at home, there is a telephone support service.

3: **GP Support**

Many GP Surgeries in Surrey have staff trained as stop smoking advisors.

In Preston Tadworth medical practice do not deliver any stop smoking support programmes. However they refer patients to Jubichem pharmacy, Shelveys Hill. Tattenham Health Centre has 2 staff trained and actively supporting patients to quit.

In the past smoking cessation groups were available in various central venues in Preston. Due to poor uptake they are no longer available. Data from the stop smoking database shows that 3.5% of smokers in Preston tried to quit in 2013.

Local smoking cessation services should be developed to meet the needs of the community. Making smoking cessation services readily available in primary care setting and community setting supported by a targeted awareness campaign can increase the uptake of the services.

Physical activity

In July 2011, The Chief Medical Officer's (CMO's) of England, Scotland, Wales and Northern Ireland published guidelines for physical activity. The report recommends that adults aged 19-64 participate in at least 150 minutes (2 hours and 30 minutes) of moderate-intensity aerobic activity such as cycling or fast walking every week.

The uptake of physical activity in Preston Ward is low. In the community engagement questionnaire 36% of questionnaire respondents stated that they do not exercise on a regular basis and 80% of questionnaire respondents stated that they do not meet the government recommended level of weekly physical activity

Meeting the government guidelines for physical activity can prevent and help to manage over 20 conditions and diseases including coronary heart disease, type 2 diabetes, stroke, mental health problems, musculoskeletal conditions and some cancers (NICE, 2013).

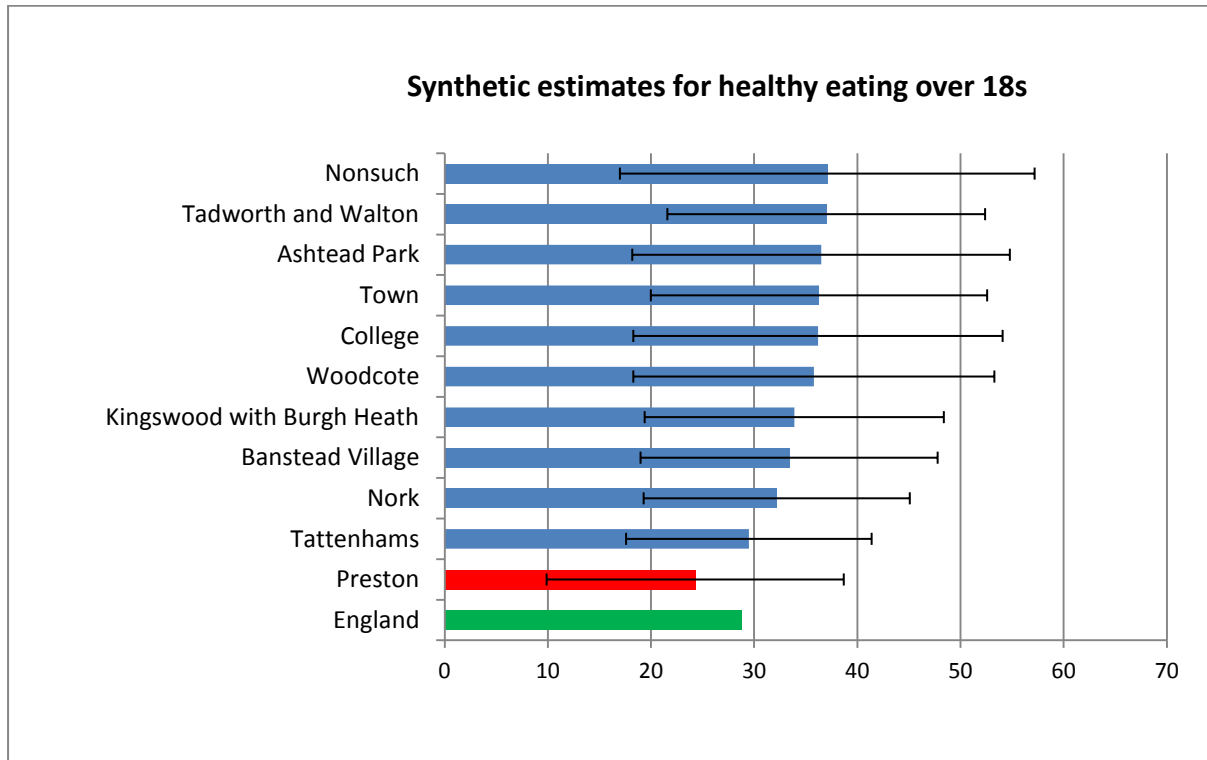
Diet and Nutrition

Poor food choices and excess food can cause obesity.

- Fast food is often high in fat and sugars.
- Portion sizes- eating larger portions will increase calorie intake which will then be stored as fat.

- Sugary drinks – are often high in calories
- Poor mental health- can cause people to make poor food choices and to comfort eat.
- Lack of awareness can cause people to make poor food choices

Figure 25: Estimates for healthy eating amongst adult (aged 18+)



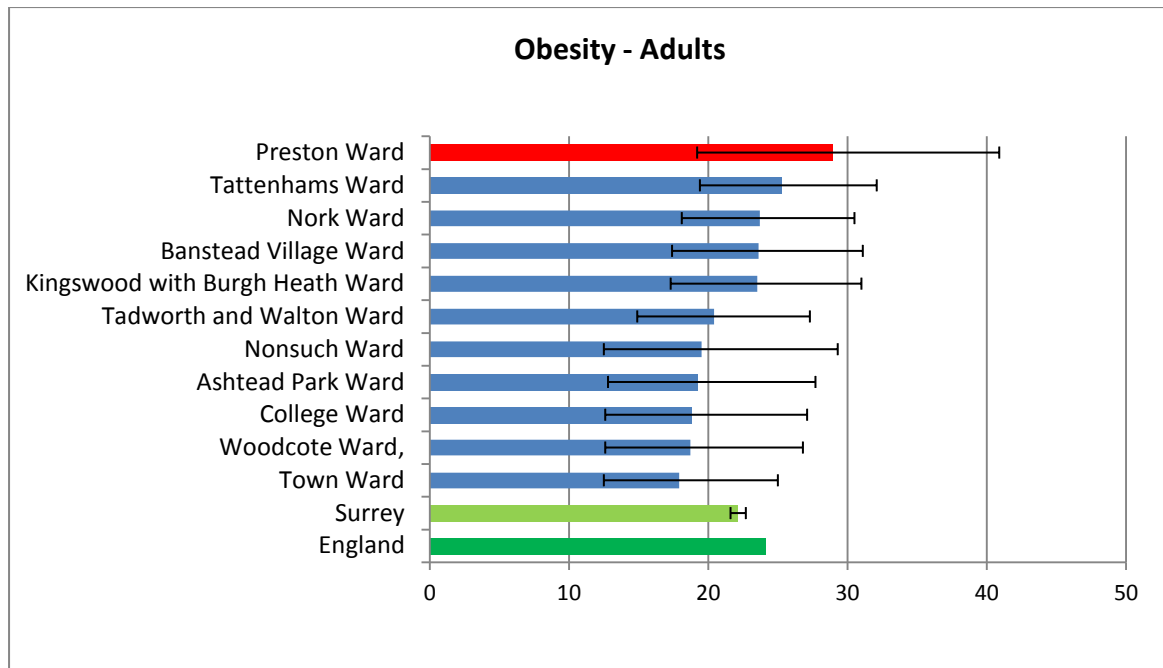
Source: PHO 2010

Synthetic estimates for healthy eating show that 24% of adult living in Preston consume a healthy diet compared to 28.7% in England. Therefore less people in Preston consume a healthy diet.

Access to fresh food in Preston Estate is limited. The local shops within walking distance do not sell fruit and vegetables. The nearest supermarket is Asda Burgh Heath which is a few minutes' drive. However the walking distance is just over one mile and takes about twenty minutes. The route is not all pavements and includes a walk through Burgh Heath Common. This journey may discourage people who do not have access to transport.

Obesity

Figure 26 Adult obesity rates – (2011 estimates as a percentage)

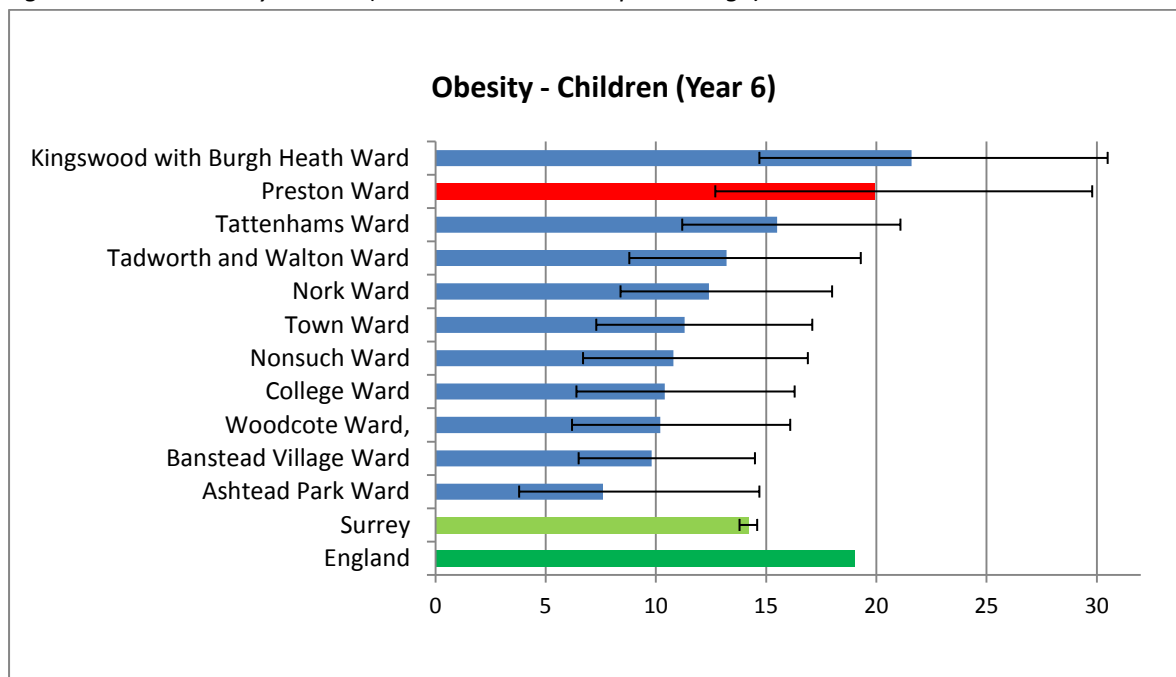


Source: PHO 2010

It is estimated that 29% of the adult population in Preston are obese- compared to 22% in Reigate & Banstead and 24% in England.

Estimates through confidence intervals show that up to 40% of the Preston adult population could be classed as obese

Figure 27 Child obesity rates – (2011 estimates as a percentage)



Source: (Children's data) Source: NHS Information Centre³⁰

Data from the 2011 National Child Measurement Programme shows that 20% of year 6 children in Preston were classed as obese and confidence intervals suggest the figure could be as high as 30%. This is higher than England (19%) and Surrey (14%).

This data is three years old and does not reflect the positive interventions with younger children that are under way in Preston Ward.

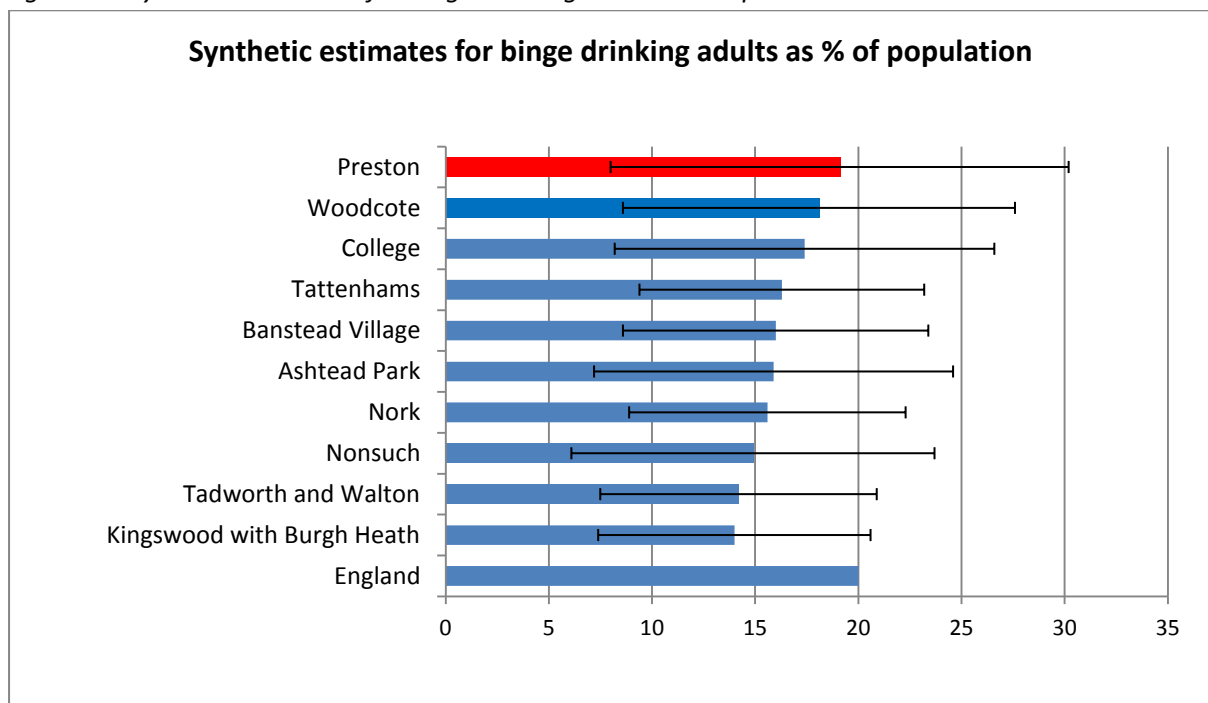
Alcohol

The government advice for daily intake of alcohol is:

- 3-4 units of alcohol for men (equivalent to a pint and a half of 4% beer)
- 2-3 units of alcohol for women (equivalent to a 175 ml glass of wine)

The NHS definition of binge drinking is drinking lots of alcohol in a short space of time.

Figure 28: Synthetic estimates for binge drinking- Preston compared to other wards



Source: PHO 2010³¹

It is estimated that 19% of adults in Preston binge drink. Whilst this is 1% lower than the England estimate, confidence intervals suggest that the figure could be as high as 30%. Preston ward has the highest percentage of binge drinking compared to local wards. .

From the community engagement questionnaire over 57% of respondents felt that people alcohol misuse was a health issue in Preston Ward.

Chapter 7: Residents and Stakeholder Views

The views of residents and stakeholders were sought through focus groups, questionnaires, interviews and meetings.

Focus Groups

In total 49 residents participated in the focus groups. As two groups had a small number of participants no data on the number of people that attended each group is reported.

- Phoenix Centre (Target Group- Children and young people)
- Merland Rise Church (target Group over 60s)
- Children's Centre (Target group- mothers of children under 5yrs of age)
- 2 focus groups at Chavecroft (Target group- open to all)

Meetings with stakeholders

In total 15 stakeholders were interviewed/participated in focus groups as part of the HNA

- 2 members of the Local Police Team
- Epsom Downs Childrens Centre Manager
- 9 members from Surrey Adult Social Care Team (Focus Group)
- 3 members of staff from Phoenix Centre

Additionally information on health needs was also discussed at Preston community regeneration group meetings.

Residents and stakeholders were asked:

1. What do you think are the health needs, concerns or worried in Preston?
2. Why do you think this is a health need?
3. What could be done to improve the health and wellbeing of people living in Preston?

The responses are reported thematically:

Health Behaviours and lifestyle choices

- People are confused by all the health messages
- Lots of people smoke and drink alcohol.
- People think it's cheaper to smoke than to eat
- People eat fast food and unhealthy food as its all they can afford
- Not enough education and awareness
- Poor mental health means that people make poor choices
- People don't know where to go for advice, information and support
- All the information is online- everyone refers us to the internet. Not everyone has internet access

What could be done to promote healthy behaviours and positive lifestyle choices?

- Awareness of how people can access support- particularly local support
- Raise awareness- make information available in public places.

- Teach people how to cook on a low budget
- Help people to stop smoking
- The leisure centre could offer better and healthier food choices

Mental Health

- Lots of people of all ages are experiencing poor mental health
- GPs are too eager to give out antidepressants
- Isolation
- Isolation due to poor transport
- Relationship breakdown
- The area is depressing

What could be done to promote good emotional and mental health?

- Raise awareness of mental health and reduce stigma
- GPs could refer people for support and counselling
- A community venue where people can socialise
- Mother and baby groups
- Review public transport so that people don't feel isolated
- A return shuttle bus to the cinema, theatre, bowling.
- Support for those experiencing relationship difficulties
- Regeneration could include better use of open spaces for all ages. e.g. Park benches, Play area for children under 5, exercise facility in park.
- Encourage people to look after their area- no fly tipping, clean lawns, clean dog mess

Physical Health

- Lots of people have poor physical health due to them not looking after themselves
- The health services here are poor and have not improved over the years
- People make poor lifestyle choices- smoking, drinking, poor diet
- People are becoming more obese
- People don't go out like they used to so don't get enough exercise- they choose to stay at home and socialise online

What could be done to promote physical health?

- Encourage people go out and walk, get mobile
- Healthy fast food places- e.g.; jacket potatoes, wraps, sandwich bar
- Educate people
- Make it easier for people to exercise- make it cheaper or reduced rate
- Improve local health services

Diet and nutrition

- Lots of people don't know what's in fast food, processed food
- People are confused by food labels and food packaging
- People know what food is healthy and what is not but make poor food choices as its all they know

- It's easy to buy fresh fruit and vegetables from Asda
- People don't know how to cook
- By the time the rent and bills are paid there is not much money left for food
- Due to benefit changes people can't afford to eat

What could be done to encourage people to make health diet choices?

- Cooking lessons
- Sessions where people can try different foods- so they don't end up spending the little money they have on food they might not like
- Budgeting sessions and advice on how to cook on a low budget
- Support for people who are in financial hardship due to benefits
- Education of content of food and how to read labels

Alcohol and substance misuse

- Lots of people drink too much
- Lots of empty alcohol bottles, cans on the estate
- People drink to relieve the stress
- Children and young people drinking too much
- People feel intimidated walking by the shops on Marbles way due to people sat with cans of alcohol
- There is no support for people who are experiencing alcohol misuse
- Lots of people smoking cannabis
- We don't think there is a problem with Crack, Cocaine or Heroin

What could be done to reduce alcohol and substance misuse?

- Education and awareness
- Stop people drinking on the streets
- Make Marbles Way an alcohol free zone
- Stop the shops from serving to young people
- Stop parents and other adults giving alcohol to young people

Health services- Tadworth Medical Centre

- The practice is always very busy
- Everyone seems to use the practice and its over subscribed
- GPs are really good and know their patients well
- It's hard to get an appointment. You have to stand outside the medical centre at 8am in the morning if you would like an appointment. Often there are 20- 30 people waiting. This is difficult for those who are ill, elderly, children and disabled. In winter it is unbearable waiting outside in the cold.
- Can't see a doctor of our own choice
- Many people who live in Preston don't work in Preston, therefore it is difficult for them to see their doctor

- The disabled access is poor- if you have someone in a wheel chair you have to park the car in the car park and walk up a narrow steep pavement to the entrance of the building

What could be done to improve access to healthcare?

- Improve the appointment system
- Allow us to make an appointment with a doctor of our choice
- Extend the opening hours of the practice- some evening and weekends
- Stop taking on new patients
- Review disabled access

Health care and health services

- Excellent treatment from hospitals
- Expensive parking at Epsom Hospital
- Why don't we get the same services in Preston as other areas? Some areas give acupuncture treatment;
- In Preston you can't afford to be ill after the GP surgery closes- other areas have a walk in centre, out of hours health care, But Preston has nothing. Therefore we have to go to Epsom. As the evening buses are poor it's hard to get there and back.
- Medication leaflets are small and hard understand

What can be done to improve experiences of health and healthcare?

- Review the health services in Preston
- Review the out of hours healthcare provision
- Raise awareness of minor ailments and management
- Encourage people to go to Pharmacy for minor ailments
- Pharmacy give information on medication rather than just hand it out

Physical environment

- No public toilets
- Poor street lighting
- Poor transport links
- Some pavements are poor and in the dark there is a risk of injury. It is dangerous for people who are in a wheelchair, mobility scooter on these pavements.

What could be done to improve the physical environment?

- Bring the community together through community days
- Review transport links
- More benches at bus stops
- Clean up dog mess
- Park picnic areas- which would be good for people don't have gardens to go out

- Community barbeque area in the park
- Improve the parking
- Fix damaged/ poor pavements

Winter support

- The Church will check up on vulnerable people that are known to them
- The roads aren't gritted so people cannot use the roads. Therefore they cannot drive to essential services such as hospital, supermarket and places of work.
- There is no coordinated support

What could be done?

- A community winter team that gets people working together
- Gritting area and making sure grit boxes have grit so people can help themselves
- Someone should check up on vulnerable people

Community networks

- Lots of people were born here and have gone on to raise their own families here
- It's a friendly place where everyone knows everyone
- There is no central place that brings people together

What could be done to improve community networks?

- A central place where people can meet
- A cafe
- More community groups
- More community events

Questionnaire

In order to collect a range of views questionnaires were available in the Banstead leisure centre, Epsom Downs children's centre, Tadworth medical centre and Raven Housing office based on Marbles Way. A ballot box was left with the questionnaire to encourage people to complete and return them. In total 400 questionnaires were put out over a period of three week. The return rate was poor and only 26 completed questionnaires were returned.

The questionnaire was also available on Survey Monkey. The link to the questionnaire was distributed to the community via partners, Reigate and Banstead Borough Council Preston regeneration website and Preston regeneration Facebook page. In total 21 people completed the online survey.

In total 47 questionnaires were completed. The full responses to the questionnaire are reported in Appendix 1.

Children and young people

This focus group was carried out at Phoenix Centre with young people.

The main health concerns discussed were; Smoking, Alcohol misuse, mental health, Poor diet and nutrition, Sexual risk taking behaviours.

Smoking

- The majority of young people smoke in the area.
- It has been observed that 10 year old children regularly smokers.
- Young people start to smoke because they think it's cool and want to impress others
- Young people smoke because there isn't much to do in the area and they smoke out of boredom
- Young people get stressed at home and having a cigarette calms them down

What support might help young people to stop smoking?

Education and awareness: workshops using shock tactics, raising awareness of risks of smoking, information on weight management as some young people feel that smoking help them lose weight and stopping smoking increases weight.

Physical activity: More accessible sports for local young people. If the leisure centre offers a reduced rate this would encourage young people to access more sports. When a young person is Beep test to measure young people's fitness levels and use as an incentive to improve fitness levels

Training for professionals: Smoking cessation training for professionals working with young people. Information on smoking cessation products available for young people- especially as some family members may choose to buy nicotine replacement for the young person.

Smoking cessation: Appropriate support for young people who would like to stop smoking

Alcohol

- Young people are starting to experiment with alcohol from as young as twelve years old
- Peer pressure, depression and family difficulties contribute to young people's alcohol misuse
- A lot of local families are heavy drinkers
- The main alcohol young people are consuming spirits which include; Courvoisier, Dissorano, Jaeger bombs and vodka
- A lot of young people don't realise the effects of alcohol
- There are negative adult role models within the community, particularly around Marbles way shops, who drink alcohol any time of the day
- Safety issues were discussed and young people feel there needs to be better paths and lighting as the current condition along with poor lighting makes the area unsafe, particularly for young people under the influence of alcohol

What support might help young people to reduce alcohol intake/ drink responsibly?

Community: Positive role models in the community. Stop adults drinking in public

Safety: Raise awareness on the dangers of excess alcohol- particularly around keeping safe

Education: Raise awareness of the effects of alcohol

Support: More support for young people experiencing difficult circumstances such as problems at home, relationship problems, bullying, and stress.

Mental Health

- Doctors should not prescribe anti depressants so quickly
- Doctors should be able to spend longer with their patients, particularly with mental health needs
- More opportunities for young people
- Young people feel that their future prospects are poor

What support might help young people to improve mental health?

Support: Mental health services need to be more accessible to young people- young people need to be able to trust the service and professionals.

Easy access to services: Signposting a young person to an accessible service- which is local.

Education and Awareness: Is needed to raise young people's awareness of mental health at all levels. Young people should be made aware of the support that Samaritans, childline, crisis and First Steps offer and how they can be contacted.

Not in education or Training: A number of young people are not attending school. More support is needed for them as often their mental health can be poor.

Sexual Health and Risk taking behaviours

- High levels of risk taking behaviours amongst young people
- The Phoenix runs the CCard scheme
- The Phoenix has ran workshops on understanding relationships along with LGBTQ work
- Junior leader ran an equalities workshop as part of a community event. This was received very well by young people and visiting community members
- The Phoenix runs discussions on risk taking along with causes and consequences
- The Phoenix has a Cyber baby – pregnancy prevention work
- The Phoenix is working in partnership with Children's services to develop a toolkit/session plans which can be used by both services with young people to raise young people's awareness on risk taking and sexual exploitation

What support might help young people to reduce risk taking behaviours?

Mental health: Increase the self esteem and emotional wellbeing of young people

Positive relationship: promote good relationships and awareness of what a good relationship is.

Young parents: The Phoenix could run young parent groups. A teenage pregnancy coordinator would be a good asset for young pregnant women and would ensure they get the right support.

Diet and nutrition

- Fast food is cheap and easily accessible. The local chip shop and kebab shop, in Marbles way, is where a lot of young people get their food.
- Young people have a poor diet
- A lot of young people come to the youth centre hungry
- The youth centre promotes healthy eating and young people cook healthy meals weekly along with a range of fruit on offer at each session
- People don't really know what's in their food
- People don't really know what the labels mean on food packaging
- The general feeling among the group was that it's cheaper to eat unhealthy foods

What support might help young people to make healthy food choices?

Access: Better access to healthy "fast foods"

Education and awareness: Awareness of nutritional content of food and how to read food labels. Awareness of what is in the food- e.g.: Burgers, kebabs.

Cooking: Family cooking sessions as parents often have poor cooking skills which in turn reflect on the food choices that young people make.

Budgeting: information on budgeting and cost of food

Other

- Young people feel that there are a lack of opportunities in Preston
- Young people feel that the future for them is poor- poor transport links makes it hard to find a job, go to college, socialise with friends and take up activities.
- Young people perceive the area to be poor- poor housing, high unemployment, high levels of alcohol misuse
- Some people don't learn well in a school setting

What could be done?

- More opportunities for children and young people
- The area could be improved to make young people feel proud of their community
- Community based education

Older People

Health Service

- Age Concerns transport has to be booked 48hrs in advance and if you need to see a doctor you can't use the transport as you have to go on the day and wait.
- No choice on which hospital you are referred to
- When we have been unhappy with health services we do not know who to complain to or if we can
- No awareness of what to do if you are unhappy with a health service

- When people have been admitted into hospital they are often discharged in the evenings when there is no transport to get home
- Hospital parking is expensive
- When you have to go to hospital on a regular basis for treatment; it makes it hard to do anything else- could a district nurse deliver some treatments such as wound care, change bandages?

What could be done?

- Improve the system for getting a doctors appointment- particularly at Tadworth Medical Centre
- Let us choose which hospital we would like to go to- especially as public transport is poor and we need to ensure we can get there and back in line with bus times.
- Raise awareness of how to complain about health services
- Hospitals should consider how people will get home before they discharge them

Other

- Lots of elderly people are isolated due to poor transport links in the evenings and at weekends
- People living in Preston are very proud of where they live

What could be done?

- Improve transport links and bus times
- More park benches
- More advice on keeping well- particularly around exercise and seasonal ailments

Chapter 8: Recommendations

The recommendations have been developed from the findings of the health needs assessment. In order to reduce health inequalities in Preston Ward it is important that key stakeholders develop an action plan to meet the recommendations.

Local residents should be represented on any group that is set up to address the recommendations of the health needs assessment.

Partnership

1. Develop a health promotion group of key partners
2. Reduce the impact of poverty in Preston Ward
3. Develop a health improvement action plan
 - Prioritise the recommendations in line with resources available and where necessary identify new resources
 - So that progress towards the action plan can be measured- agree percentage reductions on key health issues such as smoking, binge drinking and obesity

Reigate and Banstead Borough Council

4. Review the cost of accessing leisure facilities in the new leisure centre
5. Consider discounted cost of leisure facilities for people who are on low incomes and benefits.
6. Review bus services in Preston
7. Consider putting benches at bus stops
8. Review the community park facilities for under 5s and parents
9. Seek views of residents on what services and groups they would like to be run in the new community room
10. Discuss food that will be on offer in the cafe of the leisure and community centre with the leisure provider GLL.

Surrey County Council Public Health Team

11. Deliver targeted health promotion messages on the following topics:
 - Alcohol know your limits campaign
 - Healthy eating
 - Understanding food labelling
 - Cooking on a low budget
 - Mental health awareness
12. Deliver health improvement services locally and raise awareness of them. Particularly:
 - Smoking cessation support
 - Annual health checks
 - Mental health promotion
 - Healthy cooking courses
13. Improve access to smoking cessation services in Preston
14. Develop smoking cessation support for children and young people
15. Raise awareness of screening services

Surrey Downs CCG

16. Review primary care health services in Preston in line with the population increase
17. Review appointment process at Tadworth Medical Centre
18. Seek views of residents on local health service care provision

Community Development

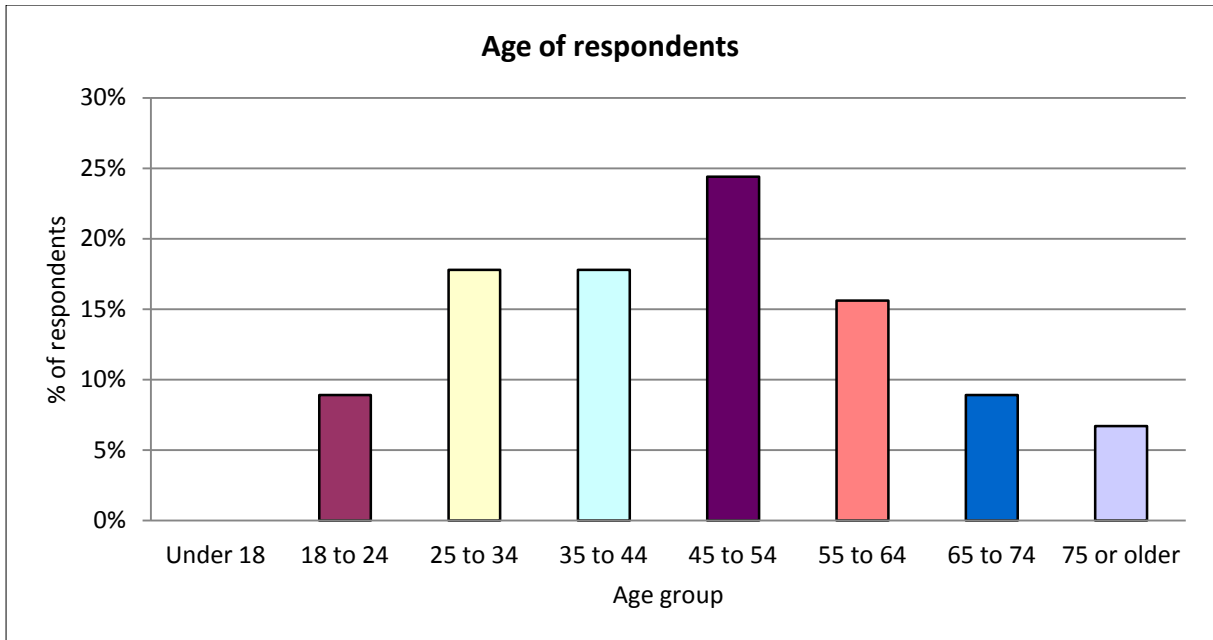
19. Develop a community team that will provide support for neighbours during adverse weather conditions such as extreme snow.
20. Consider a weekly minibus service to the cinema or develop cinema nights in the new facilities
21. Develop local interest groups such as
 - Mother and baby groups
 - Craft/ activity group
 - Scouts/Brownies/Girl guides

Youth settings

22. Further develop the workforce on health improvement, particularly on the following training:
 - Smoking cessation
 - Royal society of Public Health level 1 and 2
 - Healthy cooking
23. Develop a youth health improvement plan

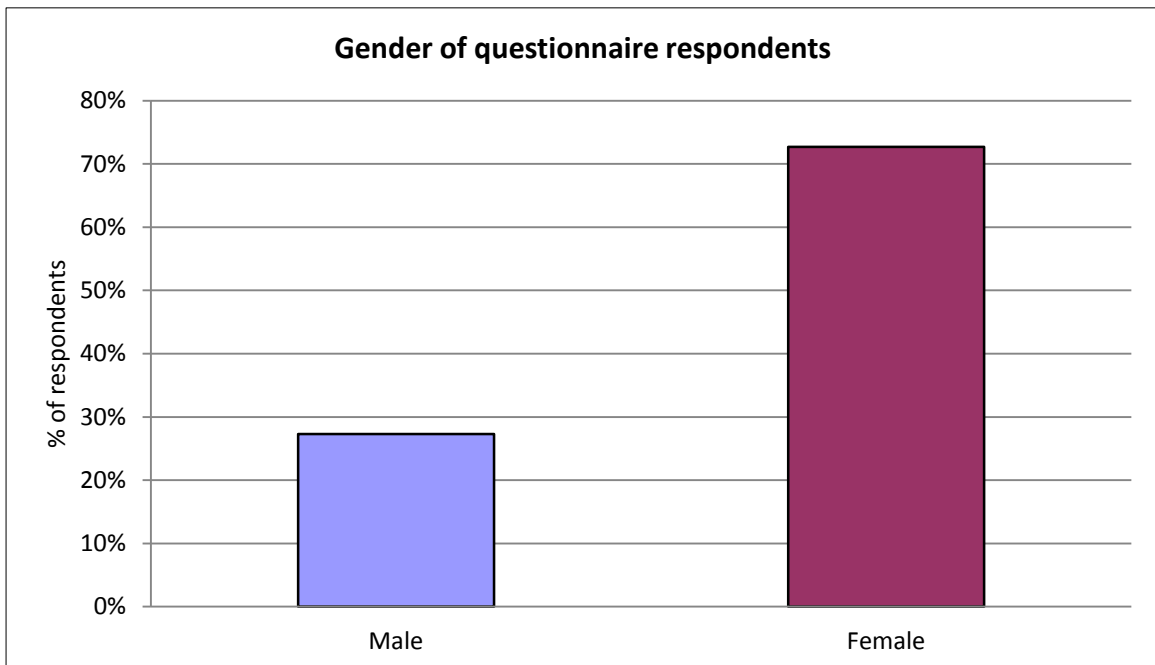
Appendix 1: Questionnaire respondents

Figure 29 Age distribution of questionnaire respondents



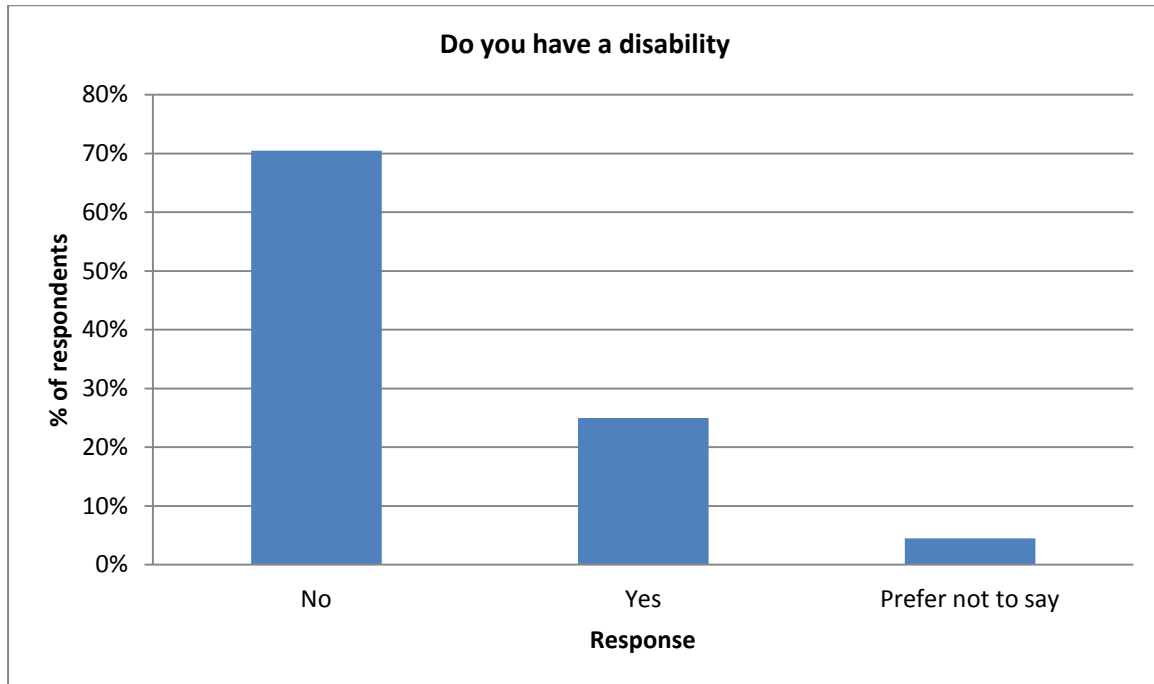
Despite the questionnaire being available in the leisure centre there were no respondents under 18 years old. A quarter of respondents were 45- 54yrs old. 31% of respondents were over 55 years old. Due to the poor response from children and young people a separate focus group was carried out at the youth centre.

Figure 30: Gender distribution of questionnaire respondents



72.7% of respondents were female and 27.3% were male

Figure 31: Do you have a disability by percentage of respondents



A quarter of respondents stated that they had a disability. As the numbers are too small to report, the disabilities stated include arthritis, hearing impairments, skeletal conditions and respiratory conditions.

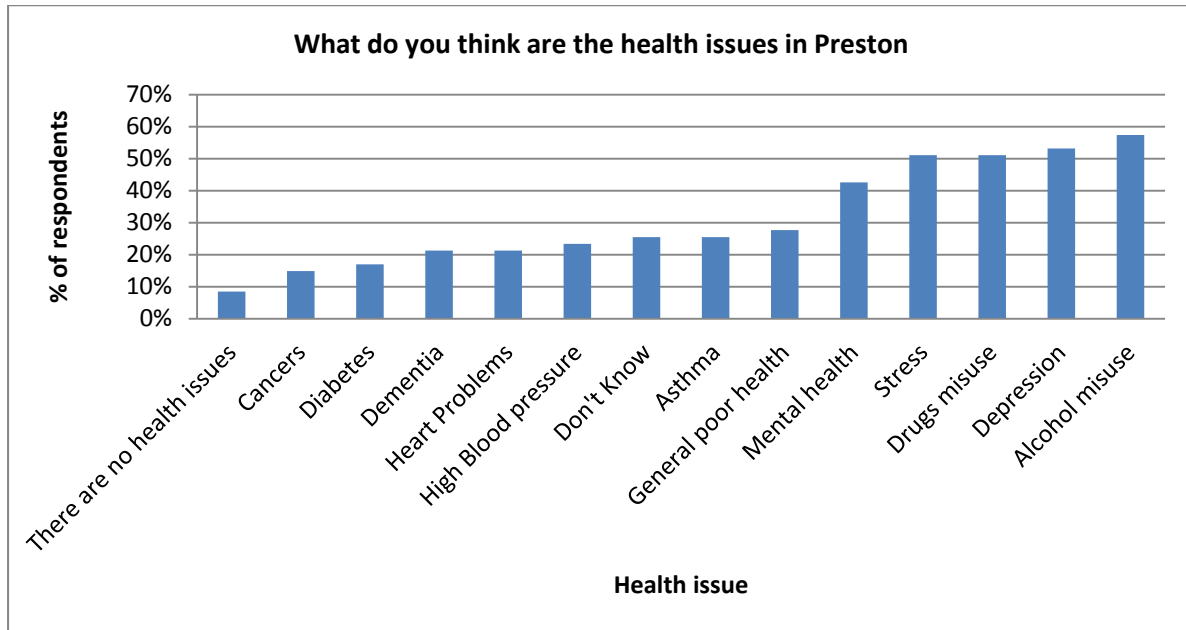
View on health

Figure 32: Self rating of health by percentage of respondents



51% of respondents rated their health as good.

Figure 33: What do you think are the health issues in Preston by percentage of respondents?

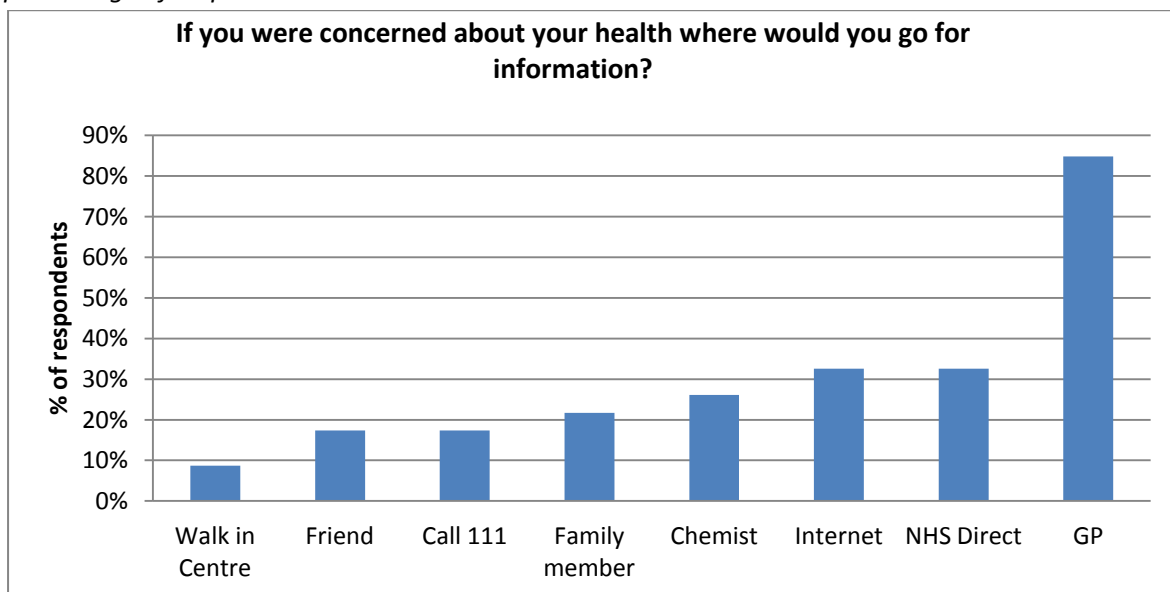


In the questionnaire it was asked what do you think are the health issues in Preston. The top five perceived health conditions in Preston are:

- Alcohol 57.4%
- Depression 53%
- Drug misuse 51%
- Stress 51%
- Mental health 42.6%

Access to health information and health services

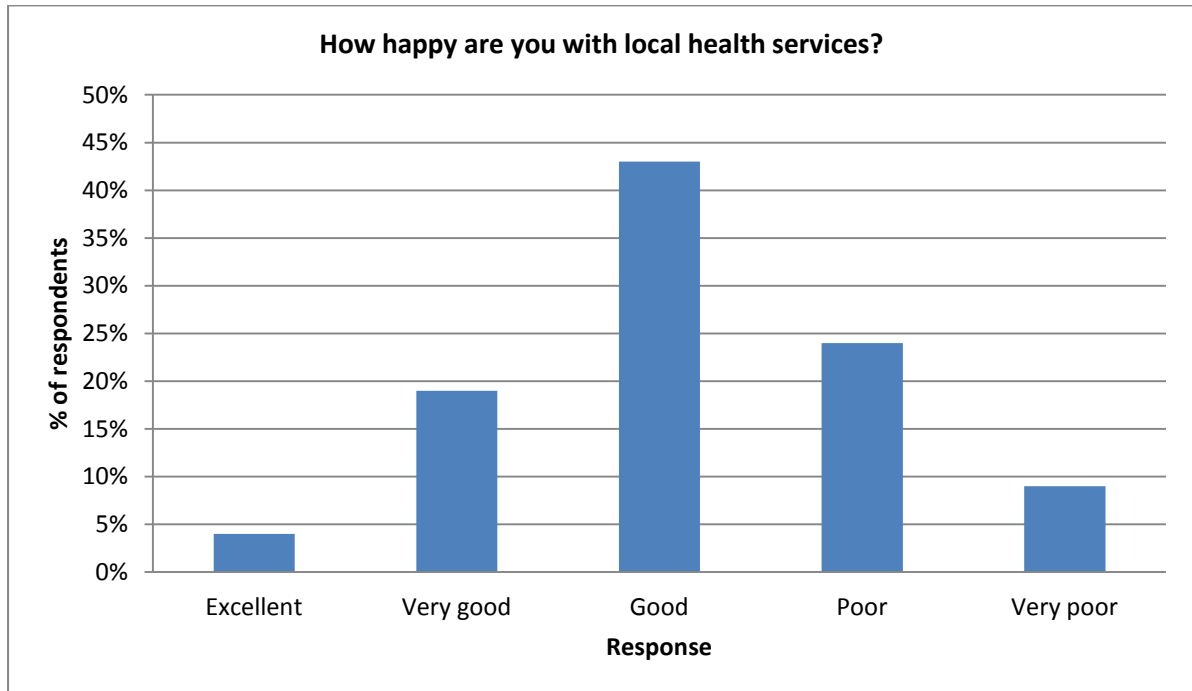
Figure 34: If you were concerned about your health where would you go to for information by percentage of respondents



84.5% of respondents stated that they would go to their GP for information on health. 32.6% stated NHS direct and 32.6% stated Internet.

Whilst a pharmacist can provide information on minor ailments only 26% stated that they would go to the pharmacy/ chemist.

Figure 35: How happy are you with the local health services by percentage of respondents?

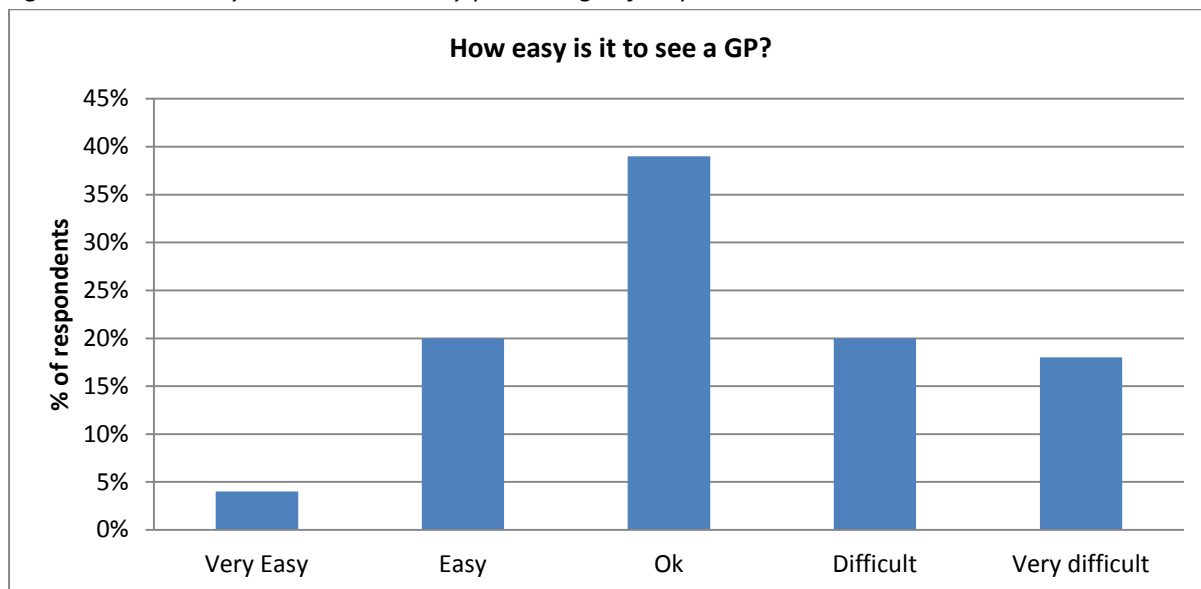


43% of respondents felt that their local health services were good. A third of respondents felt that their local health services were less than good.

98% of respondents were registered with a GP Practice. GP practices that respondents were registered with include:

- Tadworth Medical Centre 68%
- Tattenham Corner 16%
- Other practices stated include Nork practice and Heathcotes.

Figure 36: How easy is it to see a GP by percentage of respondents



Only 20% of respondents felt that it was “easy” to see their GP. Difficulty seeing a GP was strongly highlighted in the focus groups.

Screening

Cervical Screening

All women between the ages of 25 and 64 are eligible for a free cervical screening test every three to five years. The screening intervals³² are:

Age group (years)	Frequency of screening
25	First invitation
25 - 49	3 yearly
50 - 64	5 yearly
65+	Only screen those who have not been screened since age 50 or have had recent abnormal tests

Of those that responded to the questionnaire, 11% of women eligible for cervical screening had not received an invitation for screening.

Of those that had received an invitation 30% of women did not have the test. Unfortunately no information was collected about their reasons for not having the test.

Breast Screening

All women between the ages of 50 and 70 are routinely invited for screening every 3 years. Of those that responded to the questionnaire, 20% of women eligible for breast screening had not received an invitation for the screening.

Of those that had received an invitation, 80% had attended breast screening appointment. Nationally it is estimated that 75% of women go for breast screening following an invitation³³. Therefore the uptake of women that responded to the questionnaire was higher than the national

uptake. As the number of respondents to the questionnaire is low this may not be representative of Preston Ward.

Bowel Screening

The NHS Bowel Cancer Screening Programme offers screening every two years to all men and women aged 60 to 69. Of the questionnaire respondents eligible for bowel screening 100% had received a screening kit through the post.

Lifestyle choices and behaviours

Smoking

21% of respondents stated that they smoke. Those that declared a smoking status were asked if they knew where to access stop smoking support.

- 70% knew where to access support to help them stop smoking.
- The remaining 30% stated they did not know who to contact or where to go if they wanted help to stop smoking.

Alcohol

Alcohol Use Disorders Identification Test (AUDIT) has become one widely used screening tool. It was developed by the World Health Organisation and used around the globe to help identify drinking behaviours that may cause damage to health. In the questionnaire respondents were asked about how much alcohol they drink in a typical week.

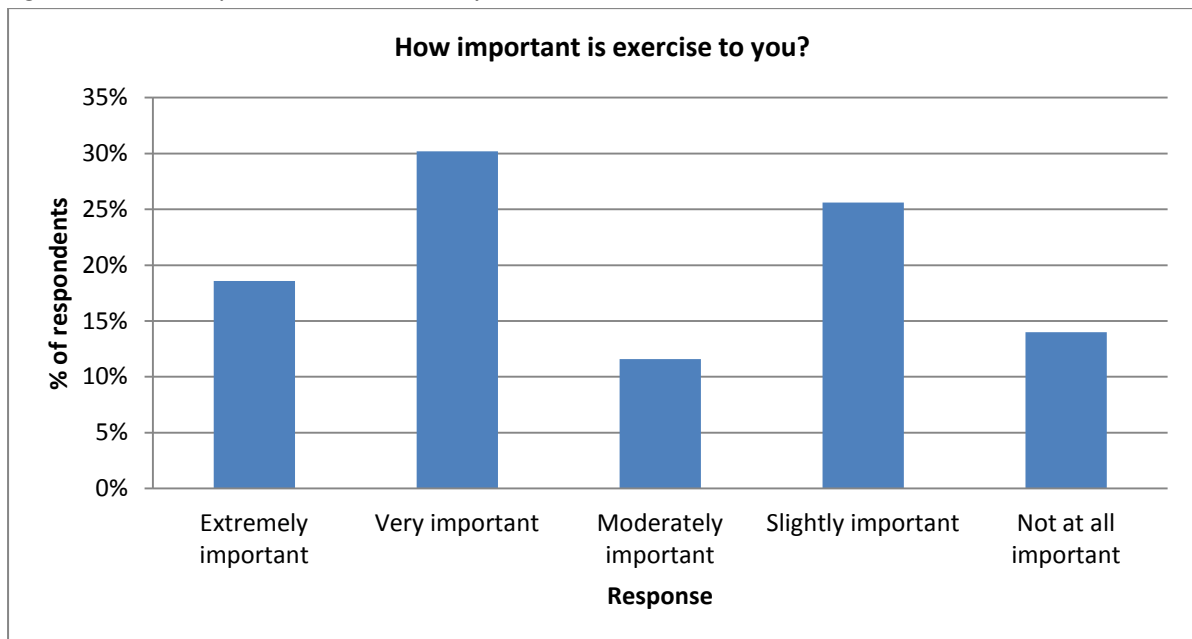
Using the AUDIT tool the response from the questionnaire has been categorised into low risk drinking, high risk drinking and binge drinking.

Figure 37: Alcohol consumption by AUDIT category

Risk Group	Meaning	% of questionnaire respondents
Low risk drinking	Do not exceed government daily recommended allowance of alcohol units	79%
High Risk drinking	Regularly exceeds government daily recommended allowance of alcohol units	15%
Binge drinker	Consume weekly government recommended allowance of alcohol in a day	6%

Physical activity

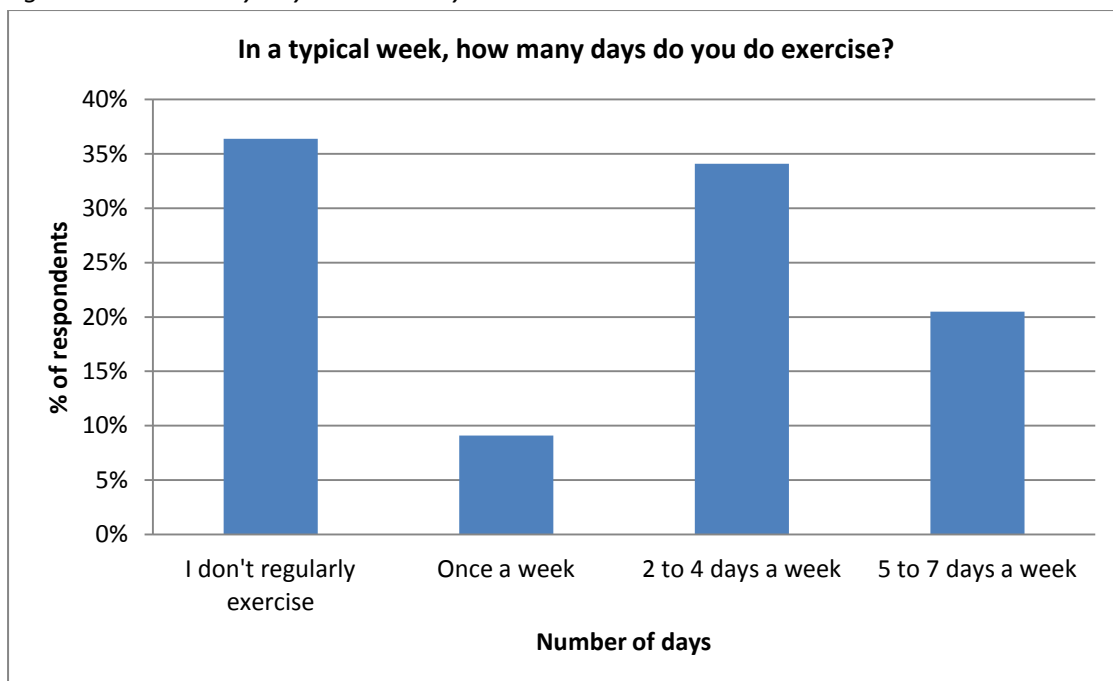
Figure 38: How important is exercise to you?



In the questionnaire residents were asked how important exercise is:

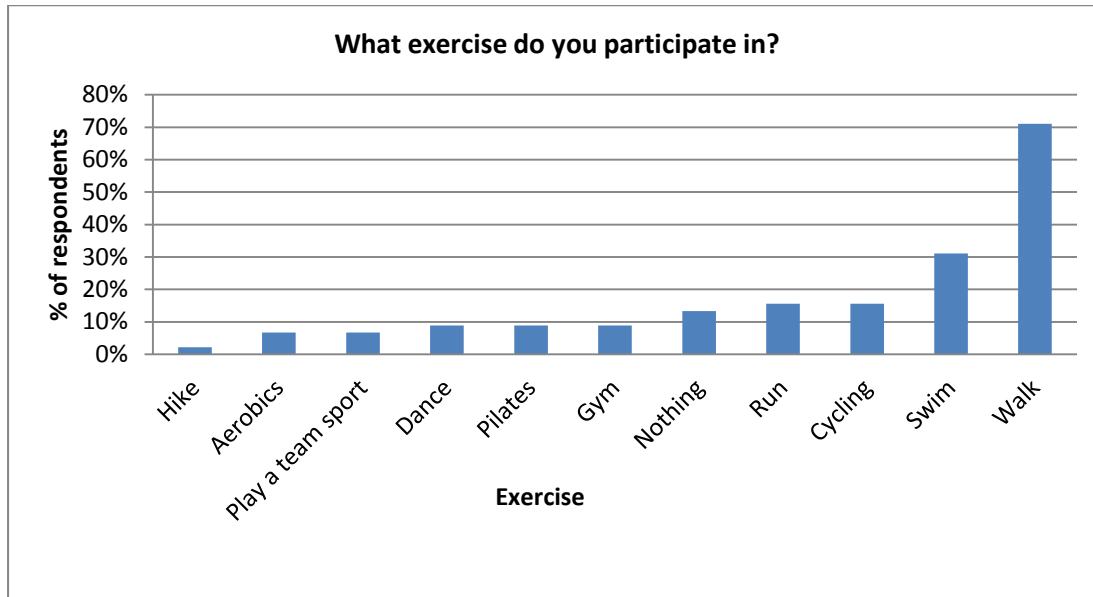
- 14% stated that exercise was not important at all
- 18.6% stated that exercise was extremely important

Figure 39: How many days a week do you exercise?



36% of respondents stated that they do not exercise on a regular basis. 9% stated they exercise once a week and 34% stated that they exercise 2-4 days a week. Only 20.5% of respondents meet the government recommended level of physical activity.

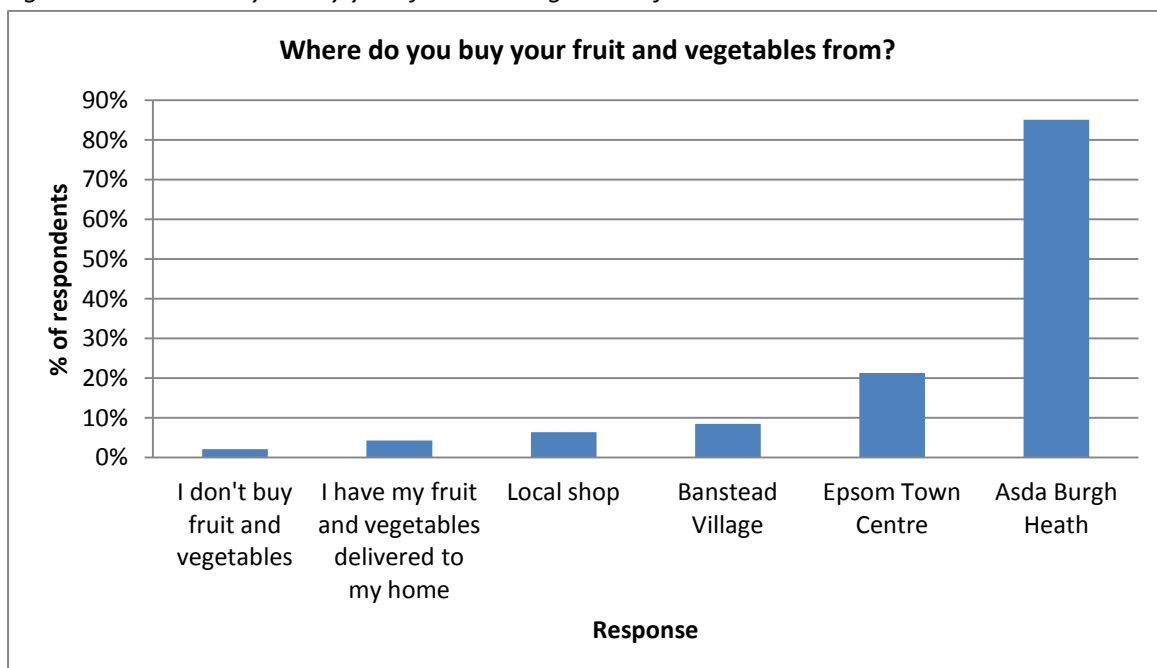
Figure 40: What exercise do you participate in?



71.1% of respondents stated that walking was their exercise. Due to the low response rate it is not possible to break this down by age group. Unfortunately no information was obtained about the distance that they walk. In the focus groups, participants stated that they could not afford to attend organised physical activity at the leisure centre.

Access to food

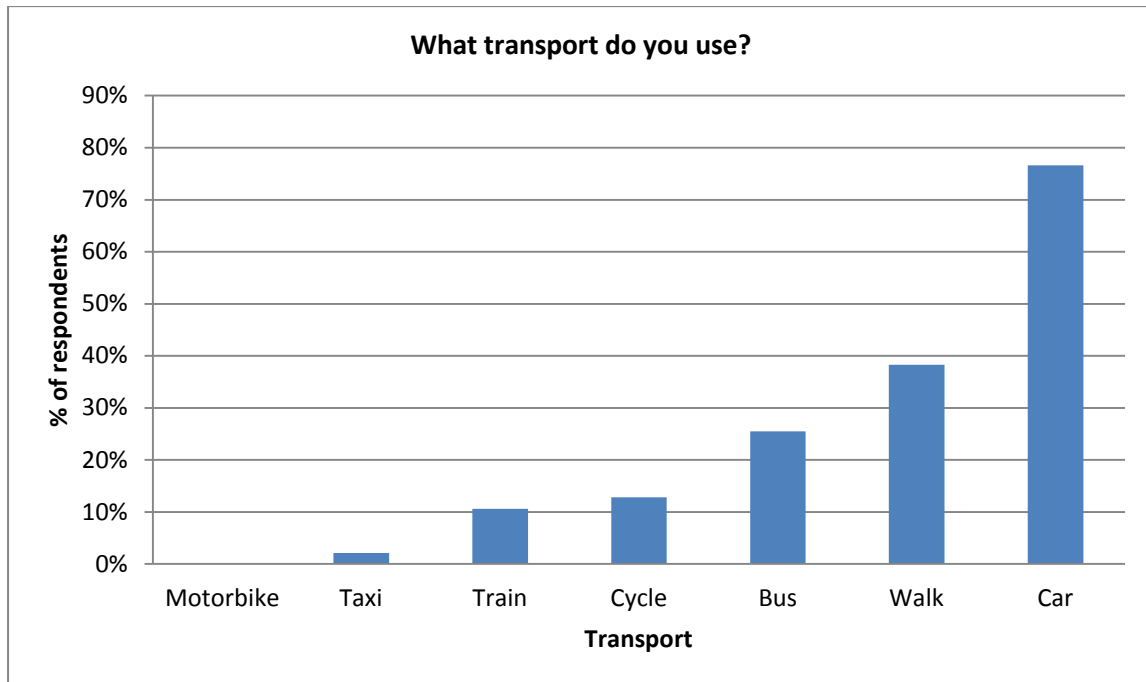
Figure 41: Where do you buy your fruit and vegetables from?



2% of respondents stated that they do not purchase fruit and vegetables. 85% of respondents stated that they purchased fresh fruit and vegetables from Asda Burgh Heath.

Transport

Figure 42: What transport do you use?



76.6% of respondents stated that they had access to a car. 38.3% stated that they walk.

References

- ¹ 2011 Census
- ² Mosaic 2013
- ³ Census 2011
- ⁴ Mosaic 2013
- ⁵ *HMRC 2011*
- ⁶ Mosaic 2013
- ⁷ Health Profile 2008
- ⁸ <http://www.localhealth.org.uk/#v=map9;l=en>
- ⁹ GP Profiles: QOF data
- ¹⁰ <http://www.localhealth.org.uk/#v=map9;l=en>
- ¹¹ <http://www.localhealth.org.uk/#v=map9;l=en>
- ¹² <http://www.nhs.uk/Tools/Pages/NHSAtlasofrisk.aspx>
- ¹³ <http://www.nhs.uk/Tools/Pages/NHSAtlasofrisk.aspx>
- ¹⁴ <http://www.healthknowledge.org.uk/public-health-textbook/disease-causation-diagnostic/2h-principles-health-promotion/responsibilities-health-physical-mental>
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- ¹⁶ <http://www.surreyi.gov.uk/RealmDataBrowser.aspx?GroupID=0&filterDataSetID=734>
- ¹⁷ http://www.cpag.org.uk/content/impact-poverty#footnote2_nfzuwph
- ¹⁸ <http://www.surreyi.gov.uk/Viewpage.aspx?C=basket&BasketID=126>
- ¹⁹ <http://localstats.qpzm.co.uk/stats/england/south-east/reigate-and-banstead/preston>
- ²⁰ Neighbourhood Statistics (ONS 2011 census)
- ²¹ <http://www.surreyi.gov.uk/RealmDataBrowser.aspx?GroupID=0&filterDataSetID=1172>
- ²² <http://www.surreyi.gov.uk/Viewpage.aspx?C=basket&BasketID=238>
- ²³ <http://www.surreyi.gov.uk/RealmDataBrowser.aspx?GroupID=0&filterDataSetID=728>
- ²⁴ <http://www.surreyi.gov.uk/RealmDataBrowser.aspx?GroupID=0&filterDataSetID=1142>
- ²⁵ <http://www.localhealth.org.uk/#v=map9;l=en>
- ²⁶ National statistics at ONS (1999-2003 estimates) and 2011 ONS.
- ²⁷ <http://fingertips.phe.org.uk/profile/general-practice>
- ²⁸ <http://fingertips.phe.org.uk/profile/general-practice>
- ²⁹ <http://www.localhealth.org.uk/#v=map9;l=en>
- ³⁰ National Child Measurement Programme 2011
- ³¹ <http://www.localhealth.org.uk/#v=map9;l=en>
- ³² <http://www.cancerscreening.nhs.uk/cervical/about-cervical-screening.html>
- ³³ <http://www.cancerresearchuk.org/cancer-help/type/breast-cancer/about/screening/who-is-screened-for-breast-cancer>