
Living, coping, thriving: exploring preventative health behaviours of people aged 50–66 in Surrey

March 2026



“Human contact is the biggest positive, knowing that people
care is more important than any amenities.”



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Executive summary

The Surrey Health and Wellbeing Strategy was refreshed in early 2022 in response to the COVID-19 pandemic, to ensure it had a greater focus on reducing health inequalities so ‘no-one is left behind.’ A refresh of the strategy, which includes changes to key neighbourhoods and priority populations is due to be approved at the Health and Wellbeing Board on 18 March 2026. Prevention – specifically ‘Supporting people to lead healthy lives by preventing physical ill health and promoting physical wellbeing’ – is Priority 1 of the [Surrey Health and Wellbeing Strategy](#). Prioritising prevention, moving from reactive to proactive care, is also one of the cornerstones of the [NHS 10 Year Plan](#).

The success of Surrey’s Health and Wellbeing Strategy is measured via indicators which make up the Health and Wellbeing Strategy Index. This project explored people’s behaviour, attitudes and motivation relating to some of these indicators, adding qualitative insight to existing quantitative metrics. The research focussed specifically on the attitudes of people in their 50s and 60s (those approaching the age range which, statistically, uses the NHS and social care the most) to their own health and wellbeing.

Geographically, we focussed on Spelthorne – the neighbourhood with the poorest health outcomes in Surrey – and compared to the rest of Surrey.

Some people told us that their first priority was ‘survival’. Finding work, paying rent, accessing food, transport issues and, for some, overcoming bereavement are uppermost in their minds, before thinking about their health and wellbeing.

Only a small proportion of people currently claim to have excellent physical health and many people have concerns about their future health. The majority of people with concerns about their future health claim to be doing something to combat them and uptake of screening programmes is good. However, less than half do the recommended amount of physical activity and only around a quarter eat the recommended 5 portions of fruit or vegetables per day. Supporting the plethora of existing data on this topic, we found that people who are more active have better mental health outcomes than those who are less active.

Overall, excellent mental health is more prevalent than excellent physical health. People with long-term conditions report worse mental health than others.

People talked about the importance of social connection for their mental health, but for some, the lack of opportunities in their local area is a challenge. People who have done voluntary unpaid work in their neighbourhood have better mental health scores than those who don't. The proportion of residents who reported doing unpaid work to help their community in the last year is significantly lower in Spelthorne than elsewhere in Surrey.

We also looked at whether people are, or feel, safe. More than a third of people in Spelthorne said they had been impacted by anti-social behaviour, double the rate that was reported elsewhere in Surrey.

Our recommendations focus on the 3 key areas of our report: physical health, mental health and social isolation and screening. We look at the importance of facilitating access to local exercise classes (tailored to different needs, and peer support to encourage attendance) as well as strategies to support healthy eating. We also explore the importance of building a sense of community through social groups and activities and recommend work to dispel myths around screening.

A note on study remit

This report is designed to highlight the themes we have been hearing about and includes quotes from local people to provide context on these themes. Whilst this report accurately reflects what we hear from the individuals we speak to, it may not be representative of everyone's views.

Where we have included percentages, these are a percentage of the people who chose to participate in our study and answered that particular question.

Any subgroup analysis e.g. geography or working status is also not statistically representative of those populations.

Where we state Spelthorne, this relates to Spelthorne residents who answered the question. 'Elsewhere' relates to residents of other districts and boroughs of Surrey. Spelthorne plus 'elsewhere' combine to give the total sample score.

The lived experiences quoted in this report are in people's own words and reflect their personal perspective, not the views or opinions of Luminus, home of Healthwatch Surrey, as an organisation.

All appropriate information and signposting have already been given.

Introduction

Approach and methodology

Over **150** people contributed to this research:



35 people spoke to us at focus groups or community engagement events.



118 people completed our survey.

We visited or reached out to warm hubs, community centres, leisure centres, churches, a residents' association meeting, cafes, high street shops, a football club, GP surgeries, allotment associations and libraries across Spelthorne and Elmbridge to ensure we reached a cross section of the community. To hear from people with long-term conditions, disability or sensory impairments we ran a focus group with a Multiple Sclerosis support group. We also ran a focus group at an Action for Carers Surrey drop in hub to ensure that we spoke to carers and visited a Men's Pitstop group to hear from men specifically.

Approximately half of our sample is made up of Spelthorne residents; the rest are from elsewhere in Surrey. Where useful, we have compared the data for Spelthorne versus 'elsewhere' with the aim of finding insights which could inform local initiatives.

During our face to face engagements, we asked about how people look after themselves, what they'd like to do more of now and in the future, and any barriers faced.

Our online survey also included more detailed behaviour and attitude questions related to Surrey's Health and Wellbeing Strategy priorities, such as physical health, mental health, isolation, screening and vaccination. These are used as a framework for parts of this report, with key differences between Spelthorne and other areas highlighted where noteworthy.

Findings

Basic survival beyond health and wellbeing

Some people told us that their first priority was 'survival'. Finding work, paying rent, accessing food, transport issues and – for some – overcoming bereavement are uppermost in their minds, before thinking about their health and wellbeing.

For those with caring responsibilities, worrying about what will happen to the person they care for if something happens to them (the carer) is a constant source of stress.

Some people told us that they can't do more to look after themselves because they are waiting for surgery or other treatment, or support from adult social care.

Almost half (**44%**) of the people we heard from said that they are too busy working to do more to look after their wellbeing; 35% said they are too busy caring for others, and 25% said they can't afford it (people could choose multiple options). During in person conversations, other factors were mentioned such as their own health issues (such as joint pain) the weather and dark nights (prohibiting being outdoors).

69% of people working full or part time said they are too busy working, 33% are too busy caring for others, 23% said they can't afford to do more to look after their wellbeing (people could choose multiple options).

Supporting people to lead healthy lives by preventing physical ill health and promoting physical wellbeing¹

Only 11% of those who spoke to us claim to have excellent physical health.

Less than half of the people who contributed to this project do the recommended amount of physical activity² and only around a quarter eat the recommended 5 portions of fruit or vegetables per day.

Supporting the plethora of existing data on this topic, we found that people who are more active have better mental health outcomes than those less active.

How physically healthy are people?

Half of the participants (50%) said they had good physical health and another 11% said it was excellent. We found that there is a strong link between good physical health and life satisfaction; people with excellent or good physical health scored their life satisfaction higher than the sample average, and people with high life satisfaction scores rated their physical health higher than the sample average.

What health concerns do people have for the future?

76% of respondents have concerns about their future health. When we asked people what they were worried about, losing their mobility and physical fitness were at the top of the list. Many people said 'ageing' in general. Dementia and cancer were also concerns, followed by muscular skeletal issues such as hips and knee joints plus osteoporosis and osteoarthritis.

What are people doing about these health concerns now?

84% of people said they are doing something to combat these health conditions now, including exercise (which was the most common choice) (65%), followed by changing their diet, yoga, meditation, complementary therapy. Talking therapy was the least common choice – only 7% of people.

¹ Health and Wellbeing Strategy Priority 1

² <https://www.nhs.uk/live-well/exercise/physical-activity-guidelines-for-adults-aged-19-to-64/>

Motivation to do something about these health concerns is significantly lower in Spelthorne – only 78% of people are doing something versus 93% in other areas, which may correlate with poorer health outcomes in Spelthorne.

Physical activity

Less than half (42%) of those we spoke to said that they **do at least the recommended** 150 minutes of moderate or vigorous activity per week.

This is significantly lower in Spelthorne (29%) than elsewhere (53%).

Would people like to do more exercise?

The majority of people (81%) would like to do more exercise. When we dig deeper into what people said, 93% of those who are relatively inactive (do less than the recommended amount of vigorous exercise and no low intensity exercise) would like to do more. Of the people who are more active (do the recommended amount or more of vigorous exercise and or some less intense exercise), 77% would like to do more.

There is a significantly bigger desire from those who are less active to do more exercise... how can we help them fulfil their ambition?

People could choose multiple reasons as barriers to doing more exercise, the most common being time (62%), money (38%), having a long term condition, disability or sensory impairment and the weather (most responses were gathered in January).

"I'd like to do more exercise, but we need to make it more affordable with outside provisions like padel for people to go to not just a leisure centre. Crazy golf, bowling etc."

Female, Spelthorne

Some people also mentioned the location of the gym/leisure centre as a barrier to doing more exercise. One person told us that to get from Stanwell to Staines leisure centre using public transport takes either 2 buses, or 1 bus plus a 17 minute walk.

Of the people who are more active, almost three quarters (**74%**) are planning to continue to do sport/exercise when they retire. Of the less active, only **38%** are planning to do sport/exercise when they retire.

What can be done to support those with a long term condition or sensory impairment to be more active?

31 out of 41 people who have a long term condition or sensory impairment said they would like to be more active; their long term condition or sensory impairment is the main barrier to them doing more. It is also the main factor stopping them doing more to look after their overall wellbeing (either physical or mental).

We spoke to people with multiple sclerosis (MS) at an in person engagement event. They told us that, although some of the members do exercises at home, they would benefit from access to more physiotherapy sessions. The group leader told us that although she would like to set up exercise sessions at the centre specifically for people with MS this needs careful consideration to be accessible and appropriate.

What can be done to encourage those less active to do more sport/exercise in retirement?

Recommendations

Facilitate accessible **local** exercise classes by providing more outreach directly into local communities, with the aim of encouraging those who are less active to do more exercise now and in retirement. Consider working with an independent VCSE organisation specialising in community engagement to listen to the views of residents. (Healthwatch Surrey can advise).

Encourage and enable those who are active to be champions and support those who are nervous to attend but have the desire to do more exercise.

Provide activities such as relaxation sessions at local carers hubs which require minimal travel.

Provide tailored exercise classes for those with long term conditions where appropriate.

Weight management

Almost two thirds (62%) of our respondents are unhappy with their weight and would like to weigh less. This increases to 71% amongst disabled people and people with long term health conditions or sensory impairment. People with a long term condition are more likely (than those who don't have a long term condition) to ask their GP for support with weight management.

"I have approached the GP, but I can't access support."

Female, Spelthorne

Only a third of people who have a long term condition were aware of the free weight loss programmes run by Surrey County Council (SCC).

How can we support disabled people and people with long term conditions and impairments to lose weight?

Recommendation:

Support disabled people and people with long term conditions and impairments to lose weight by raising awareness of the SCC weight loss programme available via GPs.

What weight management support would people like?

In terms of making changes to their weight, lack of willpower and determination was the main issue that people mentioned.

"I know what I have to do and I am actually really trying to shift those extra pounds. I keep an eye on my weight and do try to eat and exercise."

Female, Guildford

People recognise that peer support or group environments are beneficial, and asked for free, fun, local health coaching or exercise classes.

"Free or cheap exercise classes or sessions in the park.
There is this already, but they are always oversubscribed

and you have to have the time to keep refreshing pages to get places. I wish there was just free sessions in local parks or a community centre.”

Female, Spelthorne

Time and money are barriers, as well as feeling nervous about going alone.

“I’ve just signed up to an App (Joe Wicks). I’ve successfully lost weight with a slimming club before, but time and money are now a barrier.”

Female, Elmbridge

“I need to do water aerobics but too scared to go alone and it will cost too much.”

Female, Spelthorne

A number of people said that they can’t get support via their GP, or via their dietitian, and that they would like weight loss medication or jabs.

Diet

When we asked what people would like to do to improve their overall wellbeing, some people mentioned eating more healthily.

“I’d like to eat better –and to have the energy to cook from scratch and eat healthier meals.”

Female, Spelthorne

Only a quarter of people we spoke to (26%) said they have 5 or more servings of fruit and vegetables per day. Around a fifth of people said that cost is a barrier to eating more, some people said that they don’t have time to prepare them or some individuals or family members simply don’t like them.

Just over a quarter of people said that they ‘didn’t know’ why they didn’t eat more fruit and vegetables. This suggests that they don’t have an active dislike of them and that there may be other reasons which they may have been embarrassed to disclose, such as cost, or uncertainty how to prepare them.

How can we encourage people to eat more fruit and vegetables?

Recommendation:

Encourage people to eat more fruit and vegetables, as per Runnymede scheme – Runnymede Cooks, Runnymede Grows.³



³³ **Runnymede Cooks:** The Council has secured National Lottery funding to deliver the Runnymede Cooks Programme. This programme will teach those attending to cook healthy and affordable plant-based recipes through in-person and online workshops. Additionally, short videos of the recipes will be disseminated digitally alongside printed versions in Runnymede libraries, day centres and other venues within the borough. The project will run for a year up until 31st March 2027. For the duration of the campaign, the Council will be running monthly in-person cookery classes for 10-12 people at a time at various venues across the borough (the exception is 2 of the face to face classes which will be family sessions to allow parents to cook with their children). The online classes will be held quarterly.

Runnymede Grows: The overarching aim of this campaign is to support people that want to have a go at growing their own food but may have limited space, time, confidence and/or money to get involved in this activity. The Council is currently in the process of procuring a supplier to provide residents with 'grow you own food starter packs' containing seasonal seeds as well as the necessary equipment and instructions to support people as they start their food growing journey. On going support will also be provided during the campaign. The Council is looking to provide a minimum of 700 starter packs between 1st April 2026 and 31st March 2027.

A note on carers

In total we spoke to 68 carers.

42% of our respondents to the survey (50 people) said that they cared for someone who couldn't manage without them. We also met carers at the carers' hub and an additional 9 carers at other engagement events, some of whom were registered as a carer with their GP and Action for Carers, and others who were not. When we met someone with caring responsibilities, we signposted them to Action for Carers and explained the benefit of registering as a carer with their GP.

Those with caring responsibilities said they'd like more time to look after themselves. 66% said they were too busy looking after others to look after themselves.

"I'd like some help with exercise I could do around care responsibilities would be helpful."

Female, Waverley

"I'd love to be able to go away for yoga retreats etc but being a carer it's not possible as I have responsibilities."

Female, Mole Valley

"More time to actually do things for myself. You manage what you can but sometimes you would like to say that this is my life too and I want to do what I want to do. But if you do, you have guilt because you are not looking after the people you care for. Also, I'd like support in caring for my cared for, my caring responsibilities are mentally challenging too and it is me that does most of it."

Female, Spelthorne

We asked carers what would make a difference to their caring role: The top answers were respite, support for the carers themselves and activities and subsidised leisure facilities:

"Support for us to be able to take the time to do things for our wellbeing. What would be really useful is to have some help to enable us to take time out. I know there are carers breaks, but it still doesn't help with the issue of

the care being provided for our cared for. I also think it would be good if carers groups arranged activities to help us with our wellbeing, we are already taking the time out for the meeting, so it would be nice to have a bit of a pamper and have some reflexology or meditation etc.”

Carer, Spelthorne

“Better mental health support to help, so there would be some light at the end of the tunnel. Without that then my caring role won't ever end so there is zero time to myself and to worry about my own future or wellbeing.”

Carer, Spelthorne

Recommendation

Raise awareness of unpaid carers and the support available for them via Action for Carers Surrey. Improve signposting to carers breaks and the GP carers break payment.

Supporting people's mental health and emotional wellbeing by preventing mental ill health and promoting emotional wellbeing⁴

Only a small proportion of people rated their mental health as excellent and scores are significantly lower amongst those with long term health conditions. We found that people who are more active have better mental health than less active people. We also found that people who have done unpaid voluntary work in their neighbourhood have better mental health scores than those who don't. They also have higher life satisfaction, feel their life is more worthwhile and are happier than those who don't do unpaid work in their community.

How do people rate their mental health?

Only 20% of people claimed to have excellent mental health; another 41% claimed their mental health was good.

Disabled people and people with long term conditions or impairments rated their mental health significantly lower: only 7% excellent and 38% good (versus 27% excellent among those who don't have a long term condition).

How do people manage their mental health?

People told us that they manage their mental health in the following ways: talking to a friend or family member (58%), engaging in a hobby or creative activity (52%), exercise (49%), meditation or mindfulness (22%), take medication (10%).

We found that people who are more active (those who do 150 minutes of vigorous or moderate exercise OR less intense exercise) have better mental health outcomes: 26% have excellent and 47% good mental health (versus 20% and 41% for total sample – and 7% and 34% for less active people).

⁴ Health and Wellbeing Strategy Priority 2

Our data also showed us that people who are **more active**:

- Have higher life satisfaction
- Feel their life is more worthwhile
- Are happier
- Are less anxious
- And feel less stressed.

Loneliness and isolation

The Joint Strategic Needs Assessment (JSNA) Loneliness and Social Isolation chapter states that loneliness is a risk factor for older people⁵.

When we asked people what they do to support their **overall wellbeing**, as well as eating healthily and exercising, many examples given included some element of social connection, socialising or group activities.

"I'd like to do craft classes, learning things like crochet, knitting, art, pottery etc."

Female, Elmbridge

This was reiterated by people we met at warm hubs, men's pitstops and groups for people living with specific health conditions. At the warm hub we heard from people whose only social interactions came from their twice weekly visits there.

"Human contact is the biggest positive, knowing that people care is more important than any amenities."

Male, Spelthorne

However, the cost of organised activities was raised by many:

"I would like to be able to do hobbies, socialise more, meet new people, but I never have spare cash to do these things."

Female, Elmbridge

A lack of specific provision for men, with many creative activities felt to be targeted to women, was also noted as a barrier.

"I wish there were more things for men to do. Lots of hobby things are for women or older people."

Male, Spelthorne

⁵ [JSNA Loneliness and Social Isolation | Surrey-i](#)

A note on carers

For many carers, attending a carers' group is the only respite they get; its value is in the friendship and peer support available as well as practical help and advice.

"I go to the carers' meeting once a fortnight to look after myself, to see what services there are and meet other carers. There is also a lady who arranges lunches where we chat about anything but our caring responsibilities. I look at people in that group and they look exhausted."

Female, Spelthorne

Less than a third (31%) of the people we heard from who were Spelthorne residents strongly agreed that "there are places to meet and socialise", increasing to 40% elsewhere in Surrey. Similarly, only 31% of Spelthorne residents strongly agreed that "If I needed help, there would be people in my local area there for me", increasing to 39% elsewhere in Surrey. Conversely, fewer people in Spelthorne (8%) say they have felt isolated from others than elsewhere (14%).

Recommendations:

Provide/ promote/encourage people to set up more social groups for over 50s (but under 70s) at community centres and encourage people to be peer champions and support those who are nervous to attend.

Build a sense of community by embedding group activities (creative or educational) into local areas. Include activities that actively welcome and encourage men.

Environment and mental health

It is recognised that giving something back to your local community helps with [wellbeing](#).

The proportion of residents who reported doing any unpaid work to help their community or the people who live in it is much lower in Spelthorne (41%) than elsewhere in Surrey (70%). However, in Spelthorne, there is untapped potential: 26% have not done any unpaid work yet but **would like to** (compared to 11% elsewhere).

The main reasons for not doing unpaid work in the community are lack of time because of work, and caring responsibilities.

We found that people who have done unpaid work in their neighbourhood have higher life satisfaction, feel their life is more worthwhile and are happier than those who don't do unpaid work in their community.

We also heard that there is a much higher rate of people being impacted by anti-social behaviour in Spelthorne (39%) than elsewhere (16%).

"Last year there were a lot of kids on scooters and balaclavas who wanted us to feel threatened. I stood my ground and the police have been good, but it has changed how I feel about where I live."

Female, Spelthorne

Recommendation:

Raise awareness of volunteering opportunities and the benefits to individuals and communities with Spelthorne residents.

Serious conditions and illnesses are prevented: screening and vaccinations

The people we spoke to had reasonably high levels of awareness and uptake of most of the screening programmes, with a lack of invitation being the main reason for not taking part. There was also some wariness/distrust and misinformation.

Flu and Covid vaccinations have the highest rates of rejection in terms of people saying that they are 'very unlikely' to take the vaccination in the future. There is less rejection of Pneumococcal and Shingles vaccines.

Screening programmes

Amongst our sample there was high levels of awareness of breast screening (89%), bowel screening (87%) and cervical cancer screening (77%). However, less than a quarter (23%) of our sample were aware of diabetic eye screening (only 1 of the people we heard from who have diabetes was not aware) and only 12% were aware of abdominal aortic aneurysm screening.⁶

Not everyone who is offered screening takes it up, the reasons for this varies by type of screening.

Breast screening

13% of the people we spoke to were eligible but had not taken part. The main reason was that they had not received an invitation. For others there is a wariness and / or a lack of trust around screening. One person told us that the information in the leaflet was off putting.

"The statistics in the literature do not make this seem very worthwhile."

Female, Mole Valley

Another said they hadn't had time, and another told us about a previous bad experience which had put them off.

⁶ this is only offered to men when they are aged 64-65, and as the majority of our sample were female, this is not surprising.

“Not recently because of a previous encounter with an unkind, uncaring & abrupt member of staff.”

Female, Reigate and Banstead

Bowel cancer screening

25% of the people we spoke to were eligible but had not taken part. Some people said they had not been invited; one person had been invited to do it once but not again and did not realise it was offered every 2 years. One person said that they didn't agree with the process of sending something through the post, and another said they had forgotten to do it.

There were a number of people who haven't taken part for medical reasons which may not always be valid:

“I have a stoma, so they said they can't do it as it's an end stoma, but I still have my large colon in me, so I worry.”

Female, Spelthorne

“I have other conditions (liver disease) so I am not worried about it.”

Female, Spelthorne

“As I am already under gastro, I don't know if I can still take part.”

Female, Reigate and Banstead

Another person said that they hadn't taken part because they know the signs to look for, yet another commented that they would like more regular screening:

“It's not enough - I have a family history of bowel cancer, but I have had to demand regular colonoscopies.”

Female, Elmbridge

Cervical screening

17% of the people we spoke to were eligible but had not taken part. The main reason why people did not take part was because they found it an uncomfortable experience:

"Fear, pain, bad experiences when having it done in the past. Terrible experience, including shocking attitude from the nurse doing it."

Female, Elmbridge

"I have taken part when I was younger, but since the menopause I have felt uncomfortable about the idea of the test and have put it off."

Female, Elmbridge

A perceived lack of risk was also cited by some.

"Because I have a retroverted uterus and practice nurses are unsympathetic, insensitive and cannot do it painlessly. I used to pay but don't anymore as I am not high risk."

Female, Epsom and Ewell

"The process has been incredibly uncomfortable and painful, and I am a low risk."

Female, Elmbridge

One person was prompted to ask for a test having taken part in this survey:

"I have not had a smear test for some time – I don't know why. If I was invited to one I would go. I will request one."

Female, Elmbridge

Diabetic eye screening

Of the 11 people in our sample who were diabetic, 10 were aware of diabetic eye screening, 9 had taken part and 1 said they were not eligible for it.

PSA

We asked about awareness of the PSA test, 13 of the 16 men who completed our survey were that we heard from were aware of it. We explained that routine PSA testing is not offered on the NHS, but men can ask for the test.

10 men said they were eligible and had asked for a test, 5 were eligible but had not asked. 1 man thought they weren't eligible.

When some had asked about it, they had been advised against taking it by their GP.

"I have discussed with my GP; they said that testing is not accurate enough for men with no family history."

Male, Spelthorne

"My husband, aged 63 asked. The GP discouraged it."

Female, Epsom and Ewell

Recommendation:

Improve uptake and dispel misinformation about screening. Carry out further engagement with people on why they don't take up screening and co-produce ways to improve uptake.

Uptake of and attitudes to vaccinations

Flu (28%) and Covid (26%) have the highest rates of rejection in terms of people saying that they are "very unlikely" to take the vaccination in the future. There is less rejection of Pneumococcal (17%) and Shingles (17%).

Flu

Many had made a conscious choice not to have the flu vaccine, citing reasons such as immunity:

"I believe that my immunity system needs to deal with this at my age. I may take it up as I grow older."

Female, Spelthorne

Bad reactions to the vaccine – either themselves or others – were a barrier for some people.

"I had a bad reaction to the last vaccine which impacted me being able to provide care."

Female, Waverley

"Because I know people who said they had flu or got very ill after having the flu vaccine. I think with the recent Covid vaccines and the amount of people who've got unwell, had

life changing conditions since, or are dead, it is enough to put anyone off having any vaccine.”

Female, Spelthorne

These barriers tie in with the findings from our Luminus report on flu vaccines amongst care workers. See the report: [Vaccine hesitancy report](#)

Covid vaccine

Fears about the vaccine were also cited in relation to the Covid vaccine.

“I think for a healthy person it does more harm than good.”

Female, Surrey Heath

Pneumococcal vaccine

Not wanting it or not being offered it were reasons cited by people for not taking up the pneumococcal vaccine.

“I wasn't eligible before, but now I fit the age criteria. I have not been contacted by my surgery.”

Female, Reigate and Banstead

Shingles vaccine

As with the other vaccinations, reasons for not taking the Shingles vaccine were a mixture of not being aware of it, not being offered it, and not wanting it.

Conclusion

With this research we set out to understand what people in their 50s and 60s do to look after themselves – in terms of their mental health and physical health.

On one hand, we heard from some people who are unable to prioritise their health as they need to focus on basic survival or caring for others.

On the other hand, whilst some people do have a focus on looking after their health, less than half of the people we spoke to are doing the recommended amount of vigorous exercise.

This research has highlighted that there are opportunities to help people to understand more about the importance of prevention and opportunities to design services which will support them to do this.

Case study

Whilst we have used individual's quotes throughout the report, it is important to see some people's entire experiences that they shared with us. We felt that the case study below was particularly poignant.

"I don't have a car; I walk everywhere which keeps me fit. I try not to eat too badly. I don't drink. I do think that after I lost my job the support should have been a lot better. It was absolutely heartbreaking, I felt so powerless. The soft skills around job loss and claiming benefits could have been so much better.

I found the whole process hugely difficult, particularly now that I have debts, it is very demoralising. There needs to be more mental health support available when someone is suddenly in this situation, so that you don't feel forgotten. You need someone to keep in touch with that person and make sure they are ok. I had lots of things happen at once, job loss, debt, rent increases. All my plans went out of the window. The Department of Work and Pensions is a big problem; they treat you like a criminal. I had a medical emergency, they said if you don't come to your appointment we will stop your benefits. I had to get an uber there, and then an uber to hospital.

There is a huge issue with male suicide, and I can see very easily how someone might get broken by this.

Human contact is the biggest positive, knowing that people care is more important than any amenities. When I walked through the door of this place I was met with such warmth, I have never felt more welcomed."

Male, Spelthorne

Summary of Recommendations

Theme	What would be helpful?
Physical health	1. Facilitate access to local exercise classes by providing more outreach into local communities, with classes run by borough leisure centres at local village halls, with the aim of encouraging those who are less active to do more exercise now and in retirement. Consider working with an independent VCSE organisation specialising in community engagement to listen to the views of residents. (Healthwatch Surrey can advise)
	2. Encourage and enable those who are active to be champions and support those who are nervous to attend but have the desire to do more exercise.
	3. Provide activities such as relaxation sessions at local carers hubs which require minimal travel
	4. Provide tailored exercise classes for disabled people, and those with long term conditions or impairments
	5. Support disabled people and those with long term conditions and impairments to lose weight by raising awareness of the SCC weight loss programme available via GPs.
Weight management	6. Support disabled people and those with long term conditions, and impairments to lose weight by raising awareness of the SCC weight loss programme available via GPs.
Diet	7. Encourage people to eat more fruit and vegetables, as per the Runnymede borough council scheme – Runnymede Cooks, Runnymede Grows.
Carers	8. Raise awareness of unpaid carers and the support available for them via Action for Carers. Improve signposting to carers breaks and the GP carers break payment.

Theme	What would be helpful?
Loneliness and isolation	9. Provide/ promote/ encourage people to set up more social groups for over 50s (but under 70s) at community centres and encourage people to be peer champions and support those who are nervous to attend.
	10. Build a sense of community by embedding group activities (creative or educational) into local areas. Include activities that actively welcome and encourage men.
Environment and mental health	11. Raise awareness of volunteering opportunities and the benefits to individuals and communities with Spelthorne residents.
Screening	12. Improve uptake and dispel misinformation about screening. Carry out further engagement with people on why they don't take up screening and co-produce ways to improve uptake.

Acknowledgements and thank yous

We are grateful to Gaby Markham and Andrew Scott, Community Partnership officers for Elmbridge and Spelthorne for their support in connecting us with engagement locations.

We are also grateful to Cllr Joanne Sexton, Leader of Spelthorne borough council for her help in promoting the survey.

We are also grateful to all the community organisations who hosted our engagement events.



Appendices

ONS Mental health questions

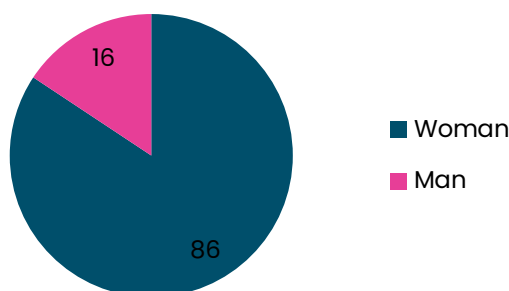
We asked people a series of standard mental health questions which were developed by the Office of National Statistics and used in the Annual Population Survey (this wording is used on the Health and Wellbeing Strategy Index).

Rather than just report this data we have combined it with other data to explore the relationship between physical activity and mental health.

Survey demographics

Religion or belief	Number of people who answered
Christian	53
No religion or belief	36
Prefer not to say	6
Spiritualist	2
Buddhist	1
Other religion or belief	1
Jewish	1
Sikh	1
Total	101

Gender

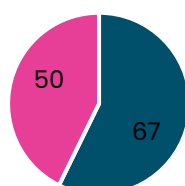


No one who contributed identified as non-binary or preferred to self-describe.

Ethnicity	Number of people who answered
White: British/English/Northern Irish/Scottish/Welsh	86
White: Any other White background	9
Prefer not to say	2
Other (Not specified)	2
White: Irish	1
Asian/Asian British: Indian	1
Black/Black British: Caribbean	1
Total	102

Resident District/Borough	Number of people who answered
Spelthorne	51
Elmbridge	22
Reigate & Banstead	8
Mole Valley	8
Runnymede	5
Guildford	4
Epsom & Ewell	3
Waverley	2
Woking	2
Surrey Heath	2
Tandridge	1
Total	108

Are you a carer?



■ No ■ Yes

Do you have a long term health condition, disability or impairment?	Number of people answered
No	70

Yes	42
Prefer not to say	3
Total	115

Details of long term health condition, disability or impairment	Number of people answered
Long term health condition	29
Physical or mobility impairment	14
Mental health condition	12
Other	8
Neurodivergent	5
Sensory impairment	4
Prefer not to say	2
Learning disability	1
Grand Total	75

Relevant research

[Surrey Health and Wellbeing Index](#)

About Healthwatch Surrey

Healthwatch Surrey champions the voice of local people to shape, improve and get the best from NHS, health and social care services. We are independent and have statutory powers to make sure decision makers listen to the experiences of local people.

We passionately believe that listening and responding to local people's experiences is vital to create health and social care services that meet the needs of people in Surrey. We seek out people's experiences of health and care services, particularly from people whose voices are seldom heard, who might be at risk of health inequalities and whose needs are not met by current services. We share our findings publicly and with service providers and commissioners to influence and challenge current provision and future plans.

We also provide reliable and trustworthy information and signposting about local health and social care services to help people get the support they need.

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Luminus

The Healthwatch Surrey service is run by Luminus Insight CIC, known as Luminus. Luminus is a Surrey based, independent, community interest company which exists to empower people to have their voices heard. We help organisations provide equity of access and the best services possible, through the inclusive involvement of local people.



**Committed
to quality**

We are committed to the quality of our information.
Every 3 years we perform an audit so that we can be certain of this.

#EndPovertySurrey

We are proud to have signed up to the End Poverty Pledge –
End Poverty Surrey – Good Company.