Health Improvement Strategy for Sutton 2011-2014

Consultation closes 20 January 2012

Take part, take pride

Sutton

Health Improvement Strategy for Sutton 2011-2014

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Background

The Health and Social Care Bill, currently before Parliament, sets out proposals for substantial change to the organisation and delivery of health and social care services in England.

These changes include local authorities assuming responsibility (and accountability) for improving and protecting the health of local communities; with these responsibilities the role of the Director of Public Health will transfer from the NHS to local government[1].

New responsibilities for health protection and improvement for local authorities are in response to Professor Sir Michael Marmot's report *Fair Society, Healthy Lives*[2], which highlights the need to focus on the wider social determinants of health from the cradle to the grave.

Transferring the responsibility for improving and protecting the health of local communities to local government is intended to make it easier to create local solutions appropriate to meeting local needs; enabling joint approaches to be taken with other areas of local government activity (such as housing, the environment, transport, planning, children's services, social care, environmental health and leisure) and working with key partners (such as the NHS, police, business, early years services, schools and voluntary organisations).

There are benefits for everyone if we stay fit and healthy. Healthy people tend to have a better quality of life, more independence, able to make more of their own choices, take an active part in their community and have better life chances. Locally more people are living longer and as people age they are more likely to have some ill-health; some is to be expected but some could be avoided. If we stay as we are, do nothing to improve our health, services such as the NHS and social care will be under increasing pressure to support increasing numbers of people. Given the current economic climate that means there will be more pressure on budgets for Health and Social Care, and less money available for other services provided by the council and their partners such as leisure facilities, libraries, street cleaning, and waste collection.

To help us enable local people to stay healthier for more of their lives, there are a number of questions running throughout this document that we would very much like you to respond to.

What is health?

In order to improve and protect health it is important to understand what it means to be healthy.

In 1946, the World Health Organisation defined health as
> *"a state of complete physical, mental and social wellbeing and not merely the absence of disease or infirmity."*

In 1986, the World Health Organisation (WHO) redefined health as

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[1] http://www.dh.gov.uk/health/2011/07/*healthy-lives-healthy-people/*
[2] Marmot, 2010; *Fair Society, Healthy Lives*. http://www.marmotreview.org/

"a resource for everyday life, not the objective of living. Health is a positive concept emphasizing social and personal resources, as well as physical capacities."

But how many people would count themselves healthy according to either of these definitions? Do they create an unrealistic goal for most people?

Being healthy can be difficult to describe but easy to spot when we see it. "Health" is capable of both a wide or narrow interpretation, and can be negatively as well as positively described; we can say we are in "good health" or "poor health" but this is relative depending on your own perception. Some people with quite serious long term conditions like asthma or diabetes or with a physical disability such as being blind or paralysed may say they "feel good" or "healthy" whereas others who have no long term illness or disability can equally say they feel "ill" or in "poor health".

Why is being healthy important and what are the benefits? From an individual's and a community perspective, healthy people tend to have a better quality of life; they tend to be more independent having less need for care services, take part in their community and have more active social networks, make more of their own choices in life and generally have better life chances.

Question 1   **What does being in "good health" mean to you?**

Question 2   **In our previous surveys, people have told us being healthy is important to them. Bearing in mind all of the things that are happening currently such as the financial crisis and "austerity measures" introduced by the Government; how important is being healthy to you now?**

                         (Please rank your response 0- 5 with 0 being not at all important and 5 extremely important)

What influences health?

How do we become healthy? Surprisingly, being healthy is not necessarily about how good your doctor, local hospital or social care services are; these are important in regaining health when you have been ill but they aren't really the most important factors in achieving or maintaining good health in the first place.

Looking back to the Victorian times; more lives were saved and more people lived longer and remained healthier because they discovered that having clean water and good sanitation, decent housing and good food were hugely important in stopping people getting ill.

In reality, the health of individual people and local communities is affected by a wide range of factors such as where and how people live, what is happening and what has happened to them. These factors include:

- Our genetic makeup
- Our lifestyles (how we live and what we do)
- Our home and our community
- Our income
- Our education level
- Our relationship with friends and family
- Our economy and society (where we live and what is around us)

Many factors contribute towards our good or bad health; Figure 1 looks at the influences on health – some of these we can control, some we can influence, but some we can't.
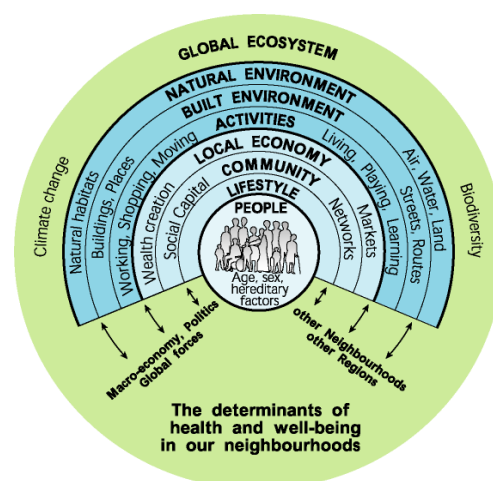

Figure 1[3]: The wider determinants of Health

Factors outside our control include

- **Gender** - men and women are susceptible to some different diseases, conditions and physical experiences, which play a role in our general health

- **Genetic makeup** - people's longevity, general health, and propensity to certain diseases are partly determined by their genetic makeup

The factors that are generally outside an individual's personal control (to at least some extent) but which can be improved with support from organisations such as the Government, local councils, the NHS and police include:

- **Socio-economic status** - the higher a person's socio-economic status is, the more likely he or she is to enjoy good health. The link is a clear one. Socio-economic status affects all members of the family, including newborn babies

- **Education** - people with lower levels of education generally have a higher risk of experiencing poorer health (this is also linked to socio-economic status)

- **Job prospects and employment conditions** - if you have a job, statistics show you are more likely to enjoy better health than people who are unemployed. If you have some control over your working conditions your health will benefit too

- **Physical environment** - if your water is clean and safe, the air you breathe is pure, your workplace is healthy, your house is comfortable and safe, you are more likely to enjoy good health compared to someone whose water supply is not clean and safe, who is exposed to air that is contaminated, and whose workplace is unhealthy

- **Social environment** - if you have support from your family as well as from friends and your community your chances of enjoying good health, especially good mental wellbeing, are far greater than somebody who is isolated and lonely

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[3] Barton H., Grant, M. (2006). A health map for the local human habitat. *Journal of the Royal Society for the Promotion of Health*, 126(6):252-3.

- **Access and use of health services** - a society that has access to and uses good quality health services is more likely to enjoy better health than one that doesn't. For example, developed countries that have universal health care services like the NHS have longer life expectancies for their population compared to developed countries that don't (UK vs. USA)

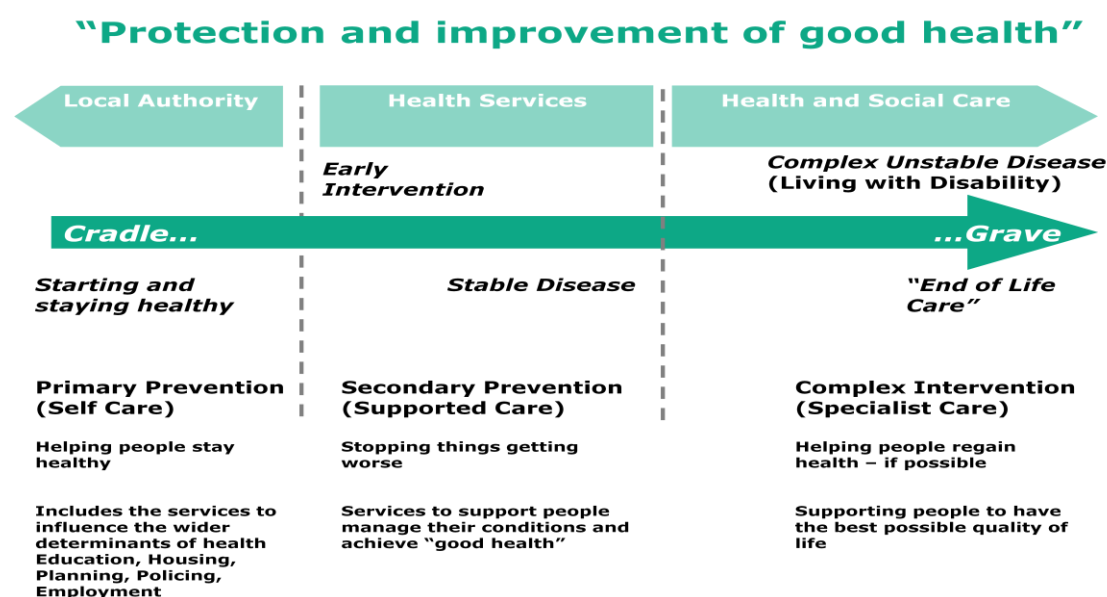Factors that affect our health that are much more within our control (although not necessarily all the time) include:

- **What we do and how we manage (our lifestyles)** – factors such as what we eat, our physical activity, whether or not we smoke or drink alcohol excessively or take drugs, and how we cope with stress all play an important role in our physical and mental wellbeing

So there are some things we can do for ourselves to improve our own health and chances of staying healthy (even if we might need a bit of help from someone else to get us on the right track) but there are other things that local organisations such as the council, the NHS, the police and the voluntary sector can do to help create the right environment for people to maintain good health. This is part of what the new responsibilities for protecting and improving health is about: What we can do for ourselves and what is our responsibility, and how local organisations can help.

What are we trying to achieve?

In recent years the focus for health improvement has been through the NHS, but people often don't make contact with the NHS until they are already ill. Organisational and regulatory barriers have frequently meant that organisations such as the NHS and local authorities have worked in silos which has resulted in duplication or missed opportunities.

The current position

"Protection and improvement of good health"

Local Authority	Health Services	Health and Social Care
	Early Intervention	Complex Unstable Disease (Living with Disability)
Cradle...		...Grave
Starting and staying healthy	Stable Disease	"End of Life Care"
Primary Prevention (Self Care)	Secondary Prevention (Supported Care)	Complex Intervention (Specialist Care)
Helping people stay healthy	Stopping things getting worse	Helping people regain health – if possible
Includes the services to influence the wider determinants of health Education, Housing, Planning, Policing, Employment	Services to support people manage their conditions and achieve "good health"	Supporting people to have the best possible quality of life

The proposed changes in the Health and Social Care Bill have presented a real opportunity for organisations locally to work in partnership, breaking down the traditional silos to enable people to improve their health.

What are we aiming for?

"Protection and improvement of good health"
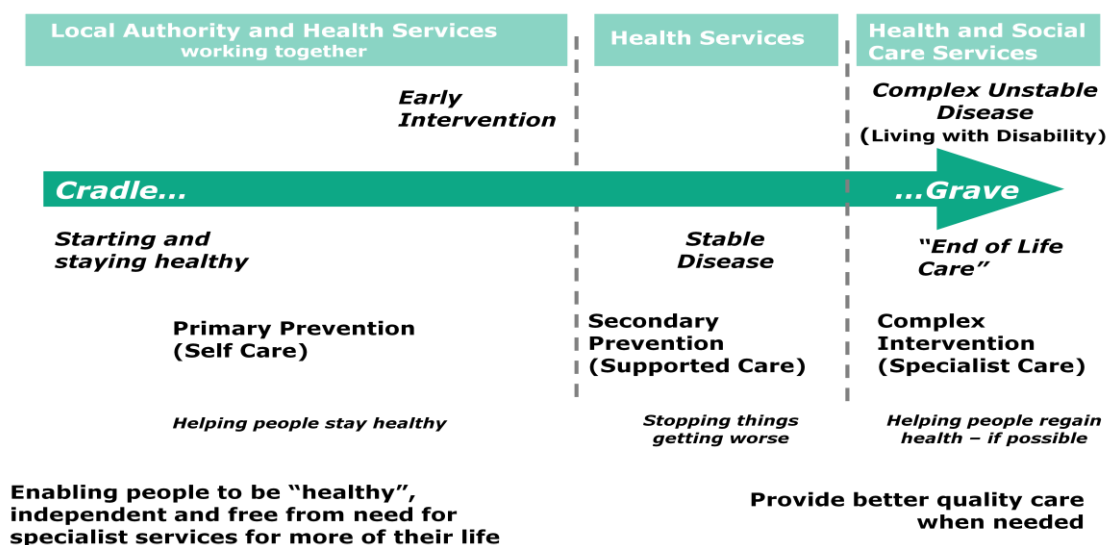
Our vision is to

Enable all in Sutton to improve and protect their health and wellbeing and enable those with the greatest need improve fastest

If we realise this vision, these are the following benefits we will achieve:

- Improved health outcomes extending life expectancy for all communities (reducing inequalities)
- Improved physical and mental wellbeing, positive contribution and self esteem
- Improved family and community cohesion and good role models in the community
- Improved social networks
- Improved understanding of health messages and better able to take action (people "know and do" irrespective of real and perceived barriers)
- Positive behaviour change that supports improved health and wellbeing
- Improved access to services and support to improve health and wellbeing for all communities
- Reduced need for health and social care services

Question 3   How can we work with you to achieve our vision of improved health and gain the benefits?

Where are we now? How healthy is Sutton?

How do we know we are healthy? Given that there are a wide number of factors that influence and determine good health, there is no one definitive measure to tell us if our community is "healthy" or not[4]. One way to address this is to look at the factors that contribute to good health and see how well we as a community are doing compared to other areas in the country.

Appendix 1 shows how Sutton compares to both London (region) and England for some key indicators that contribute to overall health.

- Generally people living in Sutton are very healthy; we have a good life expectancy (exceeding the national and regional average) for both men and women.

- We have fewer people dying from conditions that could be avoided (such as circulatory or heart disease or cancer in people aged under 75 years which are often caused by smoking, excessive alcohol intake or by being seriously overweight) compared to the national and regional rates

- We have fewer people needing unplanned hospital admissions for diseases caused by smoking or alcohol or through suicide or unintentional injury although there has been an increase over time for some of these indicators above regional or national rates

- We have significantly fewer children living in poverty, less infant mortality (which is often used as a comparative measure of a nation's health and as a predictor of health inequalities) and less long term unemployment compared to national and regional rates. However, these apparently good measures mask significant variation within Sutton. We have a significant difference in Life Expectancy between different communities within the borough. For men the difference ranges from 75.8 to 82.6 years and for women from 79.8 to 86 years

- Lifestyle choices can have a very significant impact on future health and wellbeing. The measures of how we are living now are cause for concern. Although we have lower than average levels of smoking overall, some areas within the borough are significantly higher than regional and national averages suggesting in the future we are likely to have increased numbers of people with circulatory diseases and cancer that are potentially avoidable. This is supported by slower decrease in mortality for circulatory disease compared to national trends. The levels of activity/fitness in both adults and children are much lower than regional and national averages (physical inactivity and being overweight increases the risk of developing diabetes, cardiovascular disease and cancer). Our levels of risky drinking are significantly higher than both the regional and national levels, and although these figures are only estimated levels, the figures are supported by the increases we are seeing in hospital

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[4] One note of caution with looking at this information; while it is very useful in telling us about overall health for different communities in Sutton it is not as good for telling us what will happen to an individual within that community. Just because someone lives in an area where there is a lower life expectancy doesn't mean they will also have a shorter life; what it means is that more people who live in those areas tend to die younger. Therefore, there is a bigger chance if you live in an area of lower life expectancy you won't live as long as other people who live in areas where there is higher life expectancy but that's not to say you won't have a long life.

admissions for alcohol related harm. The good news is that the impact on our health of our lifestyle choices are factors we can positively influence

The Marmot Report highlighted that poor health and poor mental wellbeing exist in all social groups across the whole community regardless of deprivation, although the more deprived populations are at higher risk of poorer health and wellbeing. Therefore, he suggested that our efforts need to be spread proportionally by need across all social groups not just targeted to a single social or economic group.

Question 4 **Illness knows no boundaries, anyone can suffer from poor physical and / or mental health regardless of age, gender or socio-economic background. Do you believe we should focus our efforts at preventing poor health:**

a) **Wherever it occurs regardless of age, gender or socio-economic background?**

Or

b) **Focus on specific groups of people, for example those who are vulnerable or who live in deprived areas, where they are more likely to have poorer health?**

What are we (or should we be) doing in Sutton?

In order to improve the health of our local communities we believe that we and our partners should adhere to the following guiding principles, to

- Understand the needs of our local populations (through careful consideration of the Joint Strategic Needs Assessment[5]) and make better use of our partners' knowledge which we should use to target more effectively
- Target our limited resources appropriately according to the Marmot recommendation
- Ensure where possible that all outcome measures are broken down by geography, age, disability, ethnicity and gender to help tackle inequalities
- Jointly agree and jointly own outcomes to support and facilitate partnership working and create opportunities to improve health. We need to commit to share our resources, both financial and people, to deliver our joint outcomes.
- Take a "cradle to grave" approach to improving health, removing artificial boundaries between and within partners
- Ensure good communications for improved awareness and knowledge of what it means to be healthy, working to a common understanding and shared definition of what health and happiness (wellbeing) mean to the residents of Sutton, and deliver consistent messages on being healthy
- Understand and reduce barriers (real and perceived), making healthier choices easier (what can we control or change? What can we influence?)

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[5] The Sutton JSNA can be accessed at www.jsna.suttonandmerton.nhs.uk

- Support local communities, families and individuals through initiatives such as volunteering, and look at what incentives will support people to achieve positive health and wellbeing
- Consider the impact on health of all that we do (Health Impact Assessment)
- Build our public health leadership through our workforces and local champions
- Ensure that the role of carers and the impact on the health of carers is taken into account within the strategy

While changes to our health service mean that local authorities become formally responsible (and accountable) for improving and protecting the health of local communities, the council has always held some health responsibilities that are very much part of its day to day work. These responsibilities include:

- Housing
- Planning
- Business Regulation (which includes Trading Standards, e.g. making sure that alcohol and tobacco aren't sold to children underage)
- Environmental Health (which includes making sure that our food is safe)
- Leisure and library services
- Green spaces (making sure our parks and open areas are safe and accessible)
- Children's Services, which include education (making sure our children have access to good schools), youth services, children's centres
- Social Care
- Waste collection (which creates a clean environment)

The tables in Appendix 2 identify some of the main activities the council is responsible for and will be leading on to help influence the health of people in Sutton

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Question 5   What would your priorities be to improve your own health?

Appendix 1: How Sutton compares to both London (region) and England for key indicators that contribute to overall understanding of how healthy we are (key on page 15)

		Sutton	London	England	Direction of Travel	Source	Notes/Rationale
Community	Deprivation 2010 (Higher numbers are better)	Ranked 196 (out of 326) 🟡	-	-	⬇️ (compared to 2007 rank)	IMD 2010	IMD is a measure of deprivation based on a number of factors including income, education and local environment. The measure is a rank order relative to other authorities (out of 326 where 1 is most deprived) – higher is good
	Proportion of children in poverty 2007 (Lower % mean fewer children in poverty)	17.3% 🟢	33.9%	22.4%		National Adult Social Care Intelligence Service (NASCIS) 2007 http://nascis.ic.nhs.uk/	The percentage of people aged under16 who are living in families receiving means tested benefits. Poverty in early years is associated with poorer life chances and lower life expectancy.
	Educational achievement 2010 (Lower % mean smaller gap)	31% 🔴	28%	19%	⬆️	DfE Statistical First Release SFR37/2010 - GCSE and Equivalent	Attainment gap for Key Stage 4 (16 years) between children eligible or not eligible for free school meals (2008-2010). Demonstrates how well our schools are enabling our children living in deprivation to achieve and to have the same opportunities as the others
	Long term unemployed per 1,000 (2010) (Lower figures mean fewer people long term unemployed)	3.14 🟢	6.61	6.16		Source data 2010 http://www.statisticsgov.uk/	People aged 16 and over claiming Jobseekers Allowance for more than 12 months per 1000 resident population.

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		Sutton	London	England	Direction of Travel	Source	Notes/Rationale
Children's and Young People's Health	Breastfeeding 2010-11 (Higher % mean more mothers breastfeeding) 🔴	48.9%	64.5%	45.2%	⬆️	Department of Health http://www.dh.gov.uk/ (only reported nationally as PCT – figures from SMCS) Q1 2011/12	The percentage of infants being breastfed at 6-8 weeks. There is evidence that breast feeding leads to improved health outcomes for young children
	Physically active children 2009-10 (Lower % mean fewer children physically active) 🔴	53.7%	55.2%	55.1%	⬇️	Association of Public Health Observatories (APHO). Health Profiles. http://healthprofiles.org.uk	The percentage of children attending state schools belonging to a School Sport Partnership who participated in at least 3 hours of high quality PE and school sport (within and beyond the curriculum) in a typical week.
	Healthy weight children 2009-10 (Lower % mean fewer children overweight) 🟢	17.4%	21.8%	18.7%	↔️	NHS Information Centre (IC) http://www.ic.nhs.uk/ncmp	The percentage of children in Year 6 with height and weight recorded who are obese.
	Teenage pregnancy 2009 (Lower rate means teenage conceptions) 🟢	33.3	40.7	38.2	⬆️	Teenage Pregnancy Unit & ONS	Under 18 conception data for top-tier local authorities (LAD1), 1998-2009. Rate per 1,000 females aged 15-18

		Sutton	London	England	Direction of Travel	Source	Notes/Rationale
Disease and Poor Health	Mortality rates for suicide and undetermined injury DSR/100,000 2007-09 (Lower rate means fewer deaths) 🟢	7.05	7.04	7.85	↔️	National Centre for Health Outcomes Development (NCHOD). http://www.nchod.nhs.uk/	Rate of mortality from suicide and injury of undetermined intent per 100,000 population.
	Hospital stays for alcohol related harm DSR/100,000 2009-10 (Lower rate means fewer hospital admissions) 🟢	1,523	1,684	1,743	⬇️ (trend increasing faster than L and E)	Local Alcohol Profiles for England APHO http://www.lape.org.uk/	Admission episodes for alcohol-attributable conditions (previously NI39): All ages, DSR per 100,000 population

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	Sutton	London	England	Direction of Travel	Source	Notes/Rationale
Hospital admissions for smoking related harm DSR/100,000 2009-10 (Lower rate means fewer hospital admissions) 🟢	1,223	1,342	1,417	n/k	Association of Public Health Observatories (APHO). Tobacco profiles. http://www.lho.org.uk/	Directly age-standardised rate of smoking attributable hospital admissions per 100,000 population aged 35 years and over
Recorded prevalence of diabetes 2009-10 (Lower rate means fewer people with diabetes recorded) 🟡	5.08	5.25	5.40	↔	QOF http://www.ic.nhs.uk	Proportion (displayed as a percentage): Number of QOF-recorded cases of diabetes per 100 patients registered with GP practices, aged 17 and over.

		Sutton	London	England	Direction of Travel	Source	Notes/Rationale
Adults lifestyles	Smoking 2009-10 (Lower % means fewer people smoking) 🟢	17.2%	19.7%	21%	↔	Association of Public Health Observatories (APHO). Tobacco profiles. http://www.lho.org.uk/	Estimated proportion of adult smokers (18+) 2009-10 from the Integrated Household Survey (IHS) 2009 -10 (IHS is a composite survey including questions asked on a number of Office for National Statistics (ONS) social surveys to produce a dataset of 'core' variables. It is not clear if this reflects the real position.
	Increasing and high risk drinking 2008 (Lower % means fewer people drinking alcohol to levels causing harm) 🔴	31.1%	23.3%	23.6%	↓	Association of Public Health Observatories (APHO). Health Profiles. http://healthprofiles.org.uk	Estimated percentage of increasing and high risk drinkers aged 16 and over, therefore it is not known how accurately this reflects the real position. However incidence of hospital admission due to alcohol related harm is increasing which provides evidence to support this estimate.
	Physically active adults 2008-2010 (Lower % means fewer people Physical active) 🔴	9.5%	10.2%	11.3%	↔	Association of Public Health Observatories (APHO). Health Profiles. http://www.apho.org.uk/	Number of adults aged 16 and over participating in moderate intensity sport and active recreation on 20 or more days in the previous 4 weeks, (averaging 5 or more times per week). Compared to the number of respondents of the Sport England Active People Survey 3 (or 2 and 3 combined).
	Healthy weight adults 2006-08 (Lower % means fewer people overweight) 🟡	23.0%	20.7%	24.2%	↓	Association of Public Health Observatories (APHO). Health Profiles. http://healthprofiles.org.uk	Estimated proportion of obese adults, therefore it is not known how accurately this reflects the real position. However, prevalence of diabetes is increasing which provides evidence to support this estimate.

		Sutton	London	England	Direction of Travel	Source	Notes/Rationale
Life Expectancy	Avoidable mortality (DSR/100,000) 2007-09 (Lower rate means fewer deaths)	79.38 🟢	98.55	96.37	⬆ (trend) ⬇ (comparing to trend L&E)	Clinical and Health Outcomes Knowledge Base www.nchod.nhs.uk	Mortality from causes considered amenable to health care: DSR/100,000
	Life expectancy- males (years) 2007-09 (Lower number means shorter life expectancy)	79.40 🟢	78.60	78.25	⬆ (trend)	Association of Public Health Observatories (APHO). Health Profiles. http://healthprofiles.org.uk	Life expectancy at birth for men born and living in the area. Life expectancy at birth is chosen as the preferred summary measure of all cause mortality as it quantifies the differences between areas in years of life
	Life expectancy - females (years) 2007-09 (Lower number means shorter life expectancy)	83.10 🟢	83.10	82.31	⬆ (trend)	Association of Public Health Observatories (APHO). Health Profiles. http://healthprofiles.org.uk	Life expectancy at birth for women born and living in the area Life expectancy at birth is chosen as the preferred summary measure of all cause mortality as it quantifies the differences between areas in years of life
	Slope Index of Inequality (years) males 2005-09	8.6 🔴	-	-	⬅➡	Association of Public Health Observatories http://www.apho.org.uk	A measure of inequality – the smaller the value that indicates the gradient of the slope the more equal the life expectancy within communities
	Slope Index of Inequality (years) females 2005-09	5.5 🔴	-	-	⬅➡	Association of Public Health Observatories http://www.apho.org.uk	A measure of inequality – the smaller the value that indicates the gradient of the slope the more equal the life expectancy within communities
	Infant mortality (rate per 1,000 live births) 2007-09 (Lower rate means fewer deaths)	3.6 🟢	4.4	4.7	⬆ (trend)	Clinical and Health Outcomes Knowledge Base www.nchod.nhs.uk	Infant deaths, crude rate, persons, aged less than 1 year, 2007-09, per 1,000 live births
	Smoking related deaths (DSR/100,000) 2007-09 (Lower rate means fewer deaths)	207.1 🟡	207.9	216.0		Association of Public Health Observatories (APHO). Tobacco profiles. http://www.lho.org.uk/	Mortality rate where the cause of death is likely to be smoking related
	Early deaths circulatory disease (DSR/100,000) 2007-09 (Lower rate means fewer deaths)	68.98 🟢	75.30	70.49	⬆ (trend) ⬇ (comparing trend to L&E)	Clinical and Health Outcomes Knowledge Base www.nchod.nhs.uk	Mortality from all circulatory disease in persons under 75 years (many of these are considered to be avoidable) 2007-09 pooled DSR/100,000
	Early deaths cancer (DSR/100,000) 2007-10 (Lower rate means fewer deaths)	101.78 🟢	108.18	112.07	⬆ (trend)	Clinical and Health Outcomes Knowledge Base (www.nchod.nhs.uk)	Mortality from all cancers in persons under 75 years (many of these are considered to be avoidable) 2007-09 pooled DSR/100,001

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Key

Symbol	Explanation
🟢	Indicator is better than national or regional measure
🟡	Indicator is the same as national or regional measure
🔴	Indicator is not as good as national or regional measure
⬆	Going in the right direction (getting better)
⬇	Going in the wrong direction (getting worse or not improving as well as national or regional figures)
⬌	Has not changed
L&E	London (regional) and England (national)
n/k	Not known – new measure

Appendix 2: Headline activities that the council are or will be undertaking to enable local communities to improve their health (2011-14)[6]

Work streams to achieve benefits	Leads	Benefits	High level what is happening?	Risks for Delivery	Wider Determinants of Health
Early intervention and prevention for children, young people and families including education and risky behaviours in young people	Children and Young People Directorate Peter Simpson	Early identification and remediation of all issues relating to children's performance and wellbeing Improved access to services to support health and wellbeing for all communities Improved physical and mental wellbeing. Positive contribution and self esteem	Restructuring of services to integrate intervention and education/learning.	Main risk is that of funding constraints. Whilst, in the long term, this strategy will bring benefits and savings, in the short, term this might have an invest to save element	Education Access to services
Implementing the Child Poverty Pledge 1. Think Family including a focus on supporting families off benefits and into employment 2. Positive Life Chances including a focus on improving educational attainment and skills 3. Vulnerability including a focus on primary and secondary prevention of Domestic Violence and/or supporting families where substance misuse is an issue	Children and Young People and Corporate Directorates Peter Simpson/Stephen Richards	Improved educational outcomes with concomitant improvements in life chances, employment prospects, independence and wellbeing Improved access to services to support health and wellbeing for all communities Improved physical and mental wellbeing. Positive contribution and self esteem Reduced domestic violence leading to better outcomes or children and young people with all the benefits this	Narrowing the gap projects to improve the outcomes for those young people from economically disadvantaged homes (current and continuing) High level of focus on young people in schools where attainment and pupil progress is below average (current and continuing) Development of working group to investigate ways in which early intervention will support the	Main risk is associated with funding constraints and the advent of academy status for a number of schools which reduces the influence of the LA Main risk is that associated with funding but this must be a priority	Socio-economic status Access to services

[6] This is in line with the transfer of responsibility for health improvement and protection to the Local Authority (Council) by 2013/14 and is not exhaustive. It will be added to over time

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Work streams to achieve benefits	Leads	Benefits	High level what is happening?	Risks for Delivery	Wider Determinants of Health
		accrues Improved family and community cohesion Positive behaviour change that supports improved health and wellbeing Reduced overall costs to statutory services	prevention of domestic violence in 'hot spot' localities. Group to be set up in June/July Working with Business Support to support families into employment		

Work streams to achieve benefits	Leads	Benefits	High level what is happening?	Risks for Delivery	Wider Determinants of Health
Early intervention and prevention for vulnerable adults	Adult Social Services and Housing Directorate Julia Penfound	Early identification and response to enable people to continue living independently Improved social networks and reduced isolation Promotes independence and less reliance on statutory services	Self care; Commissioning for Outcomes Prospectus consultation underway Supported care; discussions underway with PCT Commissioners on an integrated approach to reablement Specialist care; One Sutton Board priorities for improvements to Care Pathways e.g. COPD	Capacity of third sector NHS funding Capacity of One Sutton Board at this time given changes via commissioning	Education Lifestyles Social Environment Access to services

Work streams to achieve benefits	Leads	Benefits	High level what is happening?	Risks for Delivery	Wider Determinants of Health
Improving private sector housing conditions and energy efficiency	Adult Services and Housing Simon Latham	Improved housing conditions and energy efficiency can have a significant impact on people's health in variety of	Greater London Authority (GLA) funded 3-year programme (£1m +) of grants/loans for repair and	2011/12 is the last year of the programme Potential ending of	Housing Sustainability (Environment)

Work streams to achieve benefits	Leads	Benefits	High level what is happening?	Risks for Delivery	Wider Determinants of Health
	Environment and Leisure Peter O'Connell	ways, particularly in terms of illnesses resulting from cold/damp conditions	energy efficiency works GLA's RENEW scheme providing small scale energy efficiency works and promotional activity (£175k for 2011/12) LBS ongoing 'priority Repairs' programme (£40k p.a.) to tackle major H&S risks Government supported ongoing Disabled Facilities Grants programmes (mandatory and discretionary) providing for adaptations Ongoing LBS enforcement activity to tackle poor conditions, Health and Safety issues	funding Possible discontinuation in light of budgetary cuts Potential for funding reductions in future years in light of national fiscal position Activity could reduce if Smarter Services Sutton efficiencies result in less staff resources in the area	Access to services
Improving the council's housing stock and meeting the decent homes standard	Adult Services and Housing Simon Latham	Improved housing conditions and energy efficiency can have a significant impact on people's health in variety of ways, particularly in terms of illnesses resulting from cold/damp conditions	Sutton Housing Partnership carry out annual programmes of major repairs and improvements these are set to expand greatly with decent homes backlog funding over the next four years Ongoing programmes of responsive repairs and adaptations works	Latter years' decent homes backlog funding (£40m) may not be realised which would put back achieving full decency	Housing

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Work streams to achieve benefits	Leads	Benefits	High level what is happening?	Risks for Delivery	Wider Determinants of Health
Providing housing related support to vulnerable households	Adult Services and Housing Simon Latham	Improved independence and quality of life for individual service users and significant cost savings by reducing the need for more intensive/expensive interventions (e.g. residential care)	Ongoing programme of recommissioning of the whole range of support services by 2013/14, with new 3-year contracts to be put in place. These cover a wide range of clients including the frail elderly and those with mental health issues and a range of services to assist with home repairs and improvements. Review of the council's sheltered housing portfolio including management arrangements and support levels provided	Funding constraints may lead to lower levels of service and quality standards, with the possibility of closure of some resulting in greater costs faced by reactive services including health	Housing

Work streams to achieve benefits	Leads	Benefits	High level what is happening?	Risks for Delivery	Wider Determinants of Health
Achieving and maintaining a healthy life within a safer community Risky drinking (Alcohol) Substance misuse Domestic violence	Drugs and Alcohol Partnership/Ian Kershaw	Positive behaviour change that supports improved health and wellbeing Improved role models in the community/businesses. Increased reach and impact of public health programmes. Reduced violent crime	Developing an Alcohol Strategy that focuses on 5 key areas: Combating alcohol related crime and disorder including antisocial behaviour and domestic violence Supporting/enabling social behaviour change tackling the alcohol	Main risk is around funding constraints associated with drug and alcohol funding streams, pressure on budgets and diminishing and uncertain grants.	Lifestyles Social environment

Work streams to achieve benefits	Leads	Benefits	High level what is happening?	Risks for Delivery	Wider Determinants of Health
			industry (working with Business Regulation to ensure enforcement of licensing, promotion of safe, sensible social initiatives (e.g. Best Bar None and Public Health Responsibility Deal) and enabling responsible retailing Improving communication and understanding of the issues around alcohol related harm Improving treatment and outcomes for alcohol related harm ensuring faster access to treatment for those in need Delivering the treatment plan for substance misuse focussing on Recovery with a specific focus on i) Increasing the availability of self help ii) Ensuring that clients move from maintenance to recovery Improving multi-agency working to reduce the number of repeat victims of domestic violence		

Sutton's Health Improvement Strategy

Work streams to achieve benefits	Leads	Benefits	High level what is happening?	Risks for Delivery	Wider Determinants of Health
One Planet Living (10 Principles) creating a sustainable environment and community. All 10 principles impact on health but 5 have a direct impact; 1. Sustainable Transport, 2. Local and Sustainable ? 3. Food, Culture and Heritage, 4. Equity and Local Economy 5. Health and Happiness.	Environment and Leisure Daniel Ratchford Lee Parker	Improve physical activity and better air quality through active and sustainable travel. Better diet and healthier eating. More job prospects and a positive outlook and job and wealth opportunities Happier and healthier lifestyles	One Planet Sutton (OPS) to be achieved by 2025. A series of interim targets in place and under review.	Review of OPS delivery ongoing (due October)	Environment Lifestyles Employment Social environment
Improving the environment 1. Green spaces 2. Planning 3. Road Safety 4. Business Regulation	Environment and Leisure Daniel Ratchford Mandy Cherrington	Improved role models in the community and with businesses. Increased reach and impact of public health programmes Positive behaviour change that supports improved health and wellbeing	Working in partnership with business and workplaces to reduce injury and ill health in the work place	Potential for further funding reductions in future years in light of local and national fiscal position	Local environment Access to services
Improving employment opportunities /skills development	Environment and Leisure Mandy Cherrington	Improved role models in the community/businesses. Increased reach and impact of public health programmes	Working with partners in business and community sector to develop/support sustainable initiatives that enable people to gain employment including work clubs, apprenticeships, work experience (18-21year olds), providing support for business start up.	Economic climate means fewer employment opportunities are available locally	Employment and economic wellbeing

Sutton's Health Improvement Strategy

Work streams to achieve benefits	Leads	Benefits	High level what is happening?	Risks for Delivery	Wider Determinants of Health
Achieving and maintaining a healthy life Overall health behaviour change model	NHS Sutton and Merton Fiona Harris Barry Causer	Improved health outcomes including life expectancy for all communities (reduced inequalities) Improved access to services and support to improve health and wellbeing for all communities Positive behaviour change that supports improved health and wellbeing Improved role models in the community	Delivery of the LiveWell service, to support healthy lifestyles through a dedicated behaviour change programme. Develop a co-ordinated approach to support young people in making positive and informed choices to avoid risk taking behaviour that lead to poor outcomes	NHS funding Lack of delivery of outcomes	Lifestyles Social environment Community development Employment Access to services
Achieving and maintaining a healthy life Achieving a healthy weight	NHS Sutton and Merton Fiona Harris Barry Causer EcoLocal Lee Parker?	Improved health outcomes including life expectancy for all communities (reduced inequalities) Improved access to services and support to improve health and wellbeing for all communities Positive behaviour change that supports improved health and wellbeing	Continue delivery of Hackbridge Community Programme; aiming to support residents to be a healthy weight through increased activity, balanced diets and improved health literacy. Ongoing delivery of One Planet Food programme; with emphasis on improving sustainability and dissemination of learning. Extend the successful	Lack of take up of the initiatives on offer	Lifestyles Social environment Community development Employment Access to services

Work streams to achieve benefits	Leads	Benefits	High level what is happening?	Risks for Delivery	Wider Determinants of Health
		Improved role models in the community	Health Advocates Programme to Sutton, helping targeted communities to understand health services and how to use them Extend the successful Community Development and Health course in Sutton, increasing the number of residents who champion healthy living within their community		
Achieving and maintaining a healthy life Tobacco control	Business Regulation Mandy Cherrington	Improved health outcomes including life expectancy for all communities (reduced inequalities) Improved access to services and support to improve health and wellbeing for all communities Positive behaviour change that supports improved health and wellbeing	Working in Partnership including HMRC to ensure responsibility retailing of tobacco products		Lifestyles
Achieving and maintaining a healthy life Physical activity/leisure services/sport	NHS Sutton and Merton Fiona Harris	Improved health outcomes including life expectancy for all communities (reduced inequalities)	Commission a programme to increase sport and physical activity levels before, during and after the London 2012 Olympic and	Potential for further funding reductions in future years in light of local and national fiscal position	Lifestyles Social environment

Sutton's Health Improvement Strategy

Work streams to achieve benefits	Leads	Benefits	High level what is happening?	Risks for Delivery	Wider Determinants of Health
	Environment and Leisure Colin Beech	Improved access to services and support to improve health and wellbeing for all communities Positive behaviour change that supports improved health and wellbeing Improved role models in the community	Paralympic Games. Programme of sports clubs and arts groups development includes sports club development work and support for an arts network Team Sutton programme to support local participation in sport and culture as part of London 2012 and its legacy Refurbishment of Westcroft Leisure Centre and updating facilities in other centres to improve participation in sport and physical activity	Activity could reduce if SSS efficiencies result in less staffing resources in the area	Community Development Access to services
Local Responsibility Deal	NHS Sutton and Merton Fiona Harris Barry Causer Business Regulation Mandy Cherrington	Improved access to services and support to improve health and wellbeing for all communities Positive behaviour change that supports improved health and wellbeing Improved role models in the community/ businesses. Increased reach and	Encouraging business to sign up to public pledges that contribute to public health outcomes. Alcohol – reduced proxy sales by small licensed premises. Physical Activity – development of a network of community sport champions. Food – promotion of healthy choices in take	NHS funding/Lack of delivery of outcomes Lack of buy in by businesses.	Lifestyles Social environment Community development

Work streams to achieve benefits	Leads	Benefits	High level what is happening?	Risks for Delivery	Wider Determinants of Health
		impact of public health programmes.	aways near to schools. Workplace – provide support to the workforce to lead healthy lifestyles General – promotion of positive lifestyles		
Achieving and maintaining a healthy life Sexual health	NHS Sutton and Merton Gill Mullinar	Increased reach and impact of public health programmes Improved access to services and support to improve health and wellbeing for all communities Positive behaviour change that supports improved health and wellbeing	Improving access to Sexual Health Services; reviewing current services and pathways for access and introducing services in non-traditional settings responding to local need and bringing sexual health services closer to the community	Levels of demand increasing Transfer of responsibility to LA (lack of capacity and capability)	Lifestyles Access to services

Sutton's Health Improvement Strategy

Work streams to achieve benefits	Leads	Benefits	High level what is happening? /Time scales	Risks for Delivery	
Joint Strategic Needs Assessment	Joint Strategic Needs Assessment Steering Group − Public Health (lead) − Safer Sutton Partnership − Children's and Young People − Adult Social Services and Housing	Supports better understanding of the needs of our local populations and allows more effective targeting of current resources	• Process in place • Core data updated annually • www.jsna.suttonandmerton.nhs.uk • Reviewed as part of Shadow Health and Wellbeing Board's actions for 2011/12	Capacity within directorates to deliver analysis Loss of leadership	
Communications	Public Health Strategy Group Cllr Simon Wales/Fiona Harris Communications	Increased reach and impact of public health programmes Improved understanding of health messages and better able to take action (people "know and do" irrespective of real and perceived barriers)	Co-ordinated strategy for communicating health messages consistently across the council and partners	Capacity and resources	
Workforce development	Simon Wales Human Resources	Supports better understanding of the needs of our local populations and allows more effective targeting of current resources Increased reach and impact of public health programmes	Co-ordinated approach to raising awareness across staff within the council of the impact that council services and activity can have on improving health	Capacity within directorates	