



# Health and Wellbeing Strategy 2015-2020

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London Borough of Sutton

March 2015

Draft



**Sutton**  
**Foreword**

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## **1 Background**

The new Sutton health and wellbeing strategy reflects the position of public health in local authorities, almost two years after the transition in April 2013. The **Health and Social Care Act (2012)**<sup>1</sup> included the return of major statutory public health functions to local authorities, which used to fully host public health in 1974. The public health responsibilities which transferred to councils in 2013 include **commissioning of health services** such as drug and alcohol treatment, sexual health and family planning, school nursing, stop smoking and healthy weight support.

Public health's new location within councils enables a fundamental shift to take place, enabling recognition of the profound effects that factors *other than* health services have on people's health – such as housing, employment, regeneration, education, and neighbourhood resilience – the **wider determinants of health**.

This strategy is intended as a **catalyst**, to set the scene for **innovation and action**, so that we can see real and meaningful changes effected via a holistic approach to public health which takes into account the wider factors that fundamentally influence people's health.

The priorities described here have been informed by the information in the **Joint Strategic Needs Assessment (JSNA)** for Sutton.

The **overall aim of the health and wellbeing strategy** is to improve the health of the population in Sutton and also reduce the differences in health outcomes between different parts of the borough. All the objectives relate directly to that overarching aim.

The strategy will be supplemented with an action plan, but this document is intended as a broad **statement of aims and objectives** rather than commissioning intentions.

## **2 Key documents**

### **2.1 Acheson**

Sir Donald Acheson's 1998 report into health inequalities (Inquiry into inequalities in health)<sup>2</sup> set out a wide ranging view on health inequalities which included employment, housing and transport. A London specific report in 1999

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<sup>1</sup> <http://www.legislation.gov.uk/ukpga/2012/7/contents/enacted>

<sup>2</sup> <http://www.york.ac.uk/yhpho/documents/hea/Website/AchesonReport.pdf> last accessed 20 Nov 2014



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followed, which pointed to issues such as 'high levels of HIV/AIDS, mental health problems, drug abuse and infectious disease'<sup>3</sup> in the capital.

## **2.2 Marmot**

Sir Michael Marmot's 2010 report 'Fairer society, healthy lives' contained findings that are relevant to Sutton:

- People living in the poorest neighbourhoods in England will on average die seven years earlier than people living in the richest neighbourhoods
- 'People living in poorer areas not only die sooner, but spend more of their lives with disability - an average total difference of 17 years
- The Review highlights the social gradient of health inequalities - put simply, the lower one's social and economic status, the poorer one's health is likely to be
- Health inequalities arise from a complex interaction of many factors - housing, income, education, social isolation, disability - all of which are strongly affected by one's economic and social status
- Health inequalities are largely preventable. Not only is there a strong social justice case for addressing health inequalities, there is also a pressing economic case. It is estimated that the annual cost of health inequalities is between £36 billion to £40 billion through lost taxes, welfare payments and costs to the NHS
- Action on health inequalities requires action across all the social determinants of health, including education, occupation, income, home and community<sup>4</sup>

## **3 Introduction to Sutton**

Sutton is an outer London borough with a population of 192,000 persons at the time of the 2011 census. The latest population estimate (mid-2013) is 196,000. For more detail see the 2014 JSNA <http://www.suttonjsna.org.uk/>

Approaches to public health in the past have taken a **narrower** view of health issues, with a focus on specific problems such as immunisation levels, smoking, or obesity. The shift of public health back into councils has the potential to

<sup>3</sup> <http://www.york.ac.uk/yhpho/documents/hea/Website/AchesonReport.pdf> last accessed 20 Nov 2014

<sup>4</sup> [http://www.local.gov.uk/web/guest/health/-/journal\\_content/56/10180/3510094/ARTICLE](http://www.local.gov.uk/web/guest/health/-/journal_content/56/10180/3510094/ARTICLE) last accessed 20 November 2014



address these problems, recognising that **deprivation is often a common denominator** for many public health issues.

For that reason, a more meaningful approach will be to profoundly change the places and situations that people live and work in – in order to effect real and lasting change.

### **3.1 Life expectancy**

In terms of health inequalities, **life expectancy at birth** is a well recognised measure of comparative health. It is an estimate of how long a child born today might expect to live if current age and gender specific death rates applied throughout their life<sup>5</sup>. An example of the difference in life expectancy between the most and least deprived wards in Sutton is that men are expected to live until 83 years in Nonsuch and Cheam and 77 years in St Helier wards, a difference of six years. The difference in life expectancy for women in Sutton is eight years.

The Slope Index of Inequality (SII) is a measure of the **social gradient in life expectancy**, i.e. how much life expectancy varies with deprivation. It takes account of health inequalities across the whole range of deprivation within an area and summarises this in a single number. The Slope Index for males in Sutton is **6.4 years**. This represents the range in years of life expectancy across the social gradient within the borough, from most to least deprived. There has been a decrease in the past three years (decreasing inequality). For females the Slope Index is **4.5 years** and there has been no consistent trend over recent years<sup>6</sup>.

### **3.2 Ethnicity**

The 2011 census indicated that around 79% of people living in Sutton were of white ethnicity, compared to 85% nationally and 60% in London i.e. the **borough is less diverse** ethnically than London.

### **3.3 Deprivation**

**Deprivation** is measured in Sutton using the Index of Multiple Deprivation 2010 (IMD 2010) which combines a number of indicators -economic, social and housing issues - into a single score for each small area (Lower Super Output Area (LSOA)) in England. This allows each area to be ranked relative to others according to the level of deprivation.

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<sup>5</sup> GLA ward profiles and atlas, life expectancy 2008-12

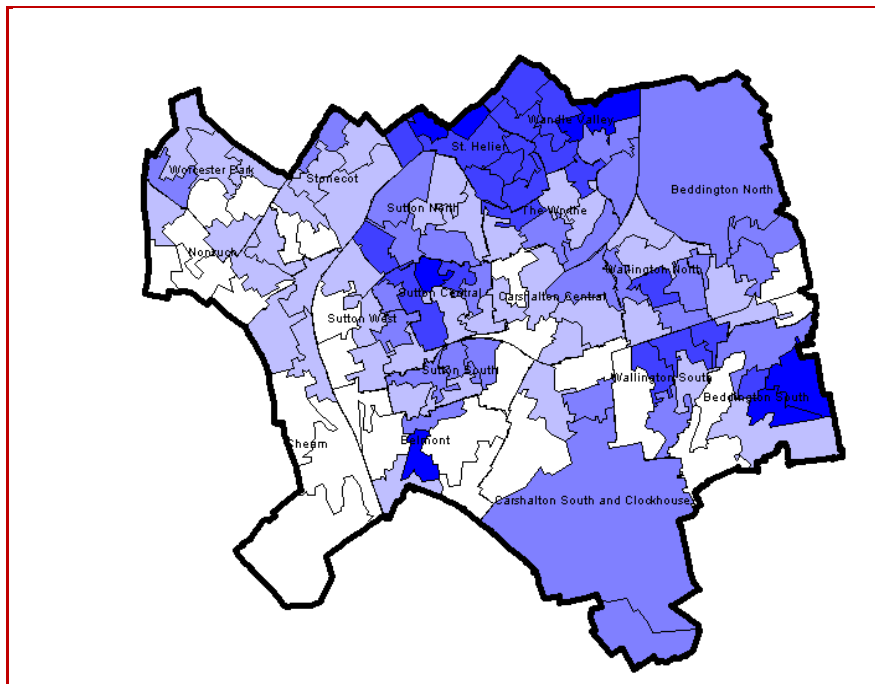
<sup>6</sup> Public health outcomes framework, 2011-13



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Sutton is a **moderately affluent borough** but there are marked differences within it, and over time the borough has become **relatively more deprived overall**. At borough level Sutton ranks 196 out of 326 boroughs according to the IMD (where 1 is the most deprived, and 326 is the least deprived).

**Sutton wards with areas in the most deprived quintile** are: Beddington South, Belmont, Wandle Valley, St Helier and Sutton Central<sup>7</sup>.



Key	
	1 Least deprived
	2
	3
	4
	5 Most deprived

**Indices of Multiple Deprivation 2010, Lower Super Output Areas (SOAs) by National Rank Quintiles**

Source: The English Indices of Deprivation 2010, Department for Communities and Local Government. Map: ©Crown copyright 2014. All rights reserved. ©1994-2014 ACTIVE Solutions Europe Ltd

**3.4 Causes of death**

In Sutton, **cancer** is still the biggest single cause of death in under 75 year-olds, and the percentage of cancer deaths has increased, comparing 2008 and 2013. Over the same time period, the proportion of deaths caused by **circulatory**

<sup>7</sup> Sutton JSNA 2014 – S Godden



**disease** reduced, and there was a slight decrease in the percentage of deaths from **respiratory (lung)** conditions.

### **3.5 Public health priorities for Sutton**

The new and updated joint strategic needs assessment is due for publication in early 2015. Drawing out key areas of health and wellbeing described below will set the scene for action.

<b>Area</b>	<b>Issue</b>	<b>Key figures<sup>8</sup></b>
<b>Children and young people's health</b>	Child poverty and looked after children	In Sutton, 14.7% of children <sup>9</sup> live in poverty. In terms of at risk children, the numbers of looked after children (200 children in Sutton in 2014, representing a rate of 45 per 10,000 aged under 18) have increased since 2010 (145 children, 34 per 10,000) <sup>10</sup> .
	School readiness	Only 59.6% of Sutton children are <b>school ready</b> after reception, compared with 60.4% in England. School readiness is influenced by early parenting and deprivation. <b>School readiness in children receiving free school meals</b> is also significantly worse than the England average – Sutton's figures are 40.4% compared with an England value of 44.8%
	Self harm in children and young people	Self harm in children and young people in Sutton has been ranked the third highest in London <sup>11</sup> , this reflects many complex issues including reporting but is an area of increased attention.
	Child obesity	Excess weight in 4-5 year-olds is 19.2% compared with the England value of 22.5%
	Childhood immunisation	An area of <b>low coverage</b> – second measles mumps rubella coverage at age 5 year is 86.2% in Sutton compared with an England value of 94.1%
	Child oral health	<b>Tooth decay</b> at age 5 years is 0.8 compared with an England value of 0.94 (lower than England but should be better given the relative affluence)
	Teenage pregnancy	<b>Under 18 conception</b> for 2012 was 25.8 per 1000 compared with England value of 27.7 per 1000, small number so subject to variability. Latest data for Q3 of 2013 were 12/1000.
<b>Adult health</b>	Coronary heart disease	Although Sutton's early mortality rates for coronary heart disease are significantly lower than England and have decreased since 2000, <b>hospital admissions for coronary heart disease</b> are higher in Sutton (587.5 per 100,000) than for England (575.1 per 100,000)
	Stroke	Sutton's hospital admission rate for stroke was 239.1 per 100,000, significantly higher than the England rate (179.1 per 100,000). Sutton's hospital admissions for stroke increased by 19.1% between 2004/5 to 2012/13.

<sup>8</sup> From 2012-14 PHOF, Public Health England

<sup>9</sup> Public health outcomes framework 2012-14 PHE

<sup>10</sup> National Statistics. Children looked after in England. Local Authority Tables SFR36/2014.

<sup>11</sup> UCL Partners led by Jonathan Campion





<b>Adult health</b>	Smoking	Although <b>smoking</b> levels are relatively low for the borough at 15.6%, the levels are much higher (22.3%) for people in routine and manual occupations. Nationally we know that smoking prevalence is almost 70% in mental health clients living in inpatient units <sup>12</sup> and approximately 83% of probation clients <sup>13</sup> .
	Diabetes	Levels of <b>recorded diabetes</b> in Sutton are lower (at 5.8%) than the national average (6.2%). A lower percentage of diabetics in Sutton (56.7%) had the recommended eight care processes compared with England (60.2%). In addition, people with diabetes in Sutton are 67.2% more likely than the general population to have a heart attack, which is again higher than the England level (55.4%). People with diabetes in Sutton are 47.4% more likely to have a stroke, which is again higher than the England level of 34.3%.
	Obesity	Levels of <b>excess weight</b> in adults are high in Sutton – 62.5% in adults compared with 63.8% in England and levels of <b>physical activity</b> are low – 58.4% only slightly higher than England at 55.6%
	Alcohol	Alcohol consumption affects strokes, cancer and heart disease. <b>Alcohol attributable hospital admissions</b> are increasing in Sutton as are <b>alcohol attributable deaths</b> .
	Sexual health and family planning	<b>HIV rates</b> are 2.5 per 1000 in Sutton for people aged 15-59 years, compared with an England rate of 2.1 per 1000. Sutton's levels of <b>late HIV diagnosis</b> - at 57% (for 2011-13) - are higher than the England average of 45%, which needs a concerted action as HIV if diagnosed early can become a chronic illness and also reduce onward spread to other people.  The total <b>abortion rate per 1,000 female population</b> aged 15-44 years was 18 for Sutton, compared with an England rate of 16.6. The rank (out of 146) within England for the total abortion rate (1st has the highest rate) was 50.
	Injuries in persons over 65 years	<b>Injuries due to falls</b> in this age group are higher than the England average
<b>Wider determinants of health</b>	Employment	<b>Unemployment</b> levels in Sutton are 5%, lower than London (7.1%) and Britain (6.5%) <sup>14</sup> , levels of statutory homelessness, at 1.8 per 1000 households (2012/13) are lower than the England average of 2.4 <sup>15</sup> . Sickness absence in the last week is higher than the England average.
	Fuel poverty	It is also estimated that 7.4% of people live in <b>fuel poverty</b> in Sutton. Whilst on the surface an affluent borough, there are pockets of deprivation and vulnerable groups, as evidenced by these figures.

<sup>12</sup> [http://www.fph.org.uk/uploads/ps\\_mental\\_health\\_and\\_smoking.pdf](http://www.fph.org.uk/uploads/ps_mental_health_and_smoking.pdf) last accessed 20 November 2014

<sup>13</sup> Brooker et al (2008) A health needs assessment of offenders on probation caseloads in Nottinghamshire and Derbyshire: report of a pilot study.

<sup>14</sup> Nomis official labour market statistics. Labour Market Profile Sutton.

<sup>15</sup> Health profiles Sutton July 2014. Public health England.



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#### **4 King's Fund - improving the public's health: a resource for local authorities**

The King's Fund recently published a document (2014) on how local authorities can improve people's health, describing **interventions in nine main areas**. This health and wellbeing strategy for Sutton summarises the areas where work is already taking place, and gaps which then indicate what work could be done to reduce health inequalities<sup>16</sup>.

This strategy will take an '**upstream**' look at public health, and rather than focusing on narrow priority areas, will outline the areas with the broadest potential to influence the public's health, with the aim of then addressing the priority areas above in a holistic way. Each action is linked to some of the priority areas above, but it must be noted that any wide ranging interventions to reduce poverty is likely to have a positive impact on several health indicators.

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<sup>16</sup> <http://shop.kingsfund.org.uk/products/improving-the-publics-health-a-resource-for-local-authorities>



## 5 The nine (9) key areas for action

The detailed evidence base for the interventions is described in the King's Fund report<sup>17</sup> and will not be reproduced here. This section will describe the proposed interventions, whether work is taking place already in Sutton and suggests what can be done locally to take action.

### 5.1 The best start in life

The King's Fund (2014) report notes that: "to get the best possible start in life, a baby's mother needs to be healthy before and during pregnancy and childbirth. There is compelling evidence that a child's experiences in the early years (0-4) has a major impact on their health and life chances, as children and adults"<sup>18</sup>.

Possible priority actions	Sutton picture	What else should we do?	Areas of potential impact (including public health outcomes framework (PHOF))
<b>Tailored early years support, national programme</b>	<p>We are continuing to provide advice, guidance and support to new early years providers.</p> <p>The overall quality is majority are good or better There are around 190 additional places for 2 year olds from more disadvantaged backgrounds being provided</p>	<p>Support more settings to gain good and outstanding certification.</p> <p>Secure considerable additional places for disadvantaged 2 year olds.</p> <p>Improve awareness and take-up of free childcare provision by some target groups</p> <p>Review use of Children's Centres and Primary Schools in terms of early years provision <b>to maximise public health gain</b></p> <p><b>Ensure adequate investment in early intervention – may include support pre-birth</b></p> <p><b>Commission innovative and integrated children's services for 0-19 across health visiting, school nursing and FNP which are seamlessly integrated into local authority children's services/early intervention services/troubled families</b></p>	<p>Breastfeeding, immunisation, oral health, school readiness, child mental health, child obesity, child poverty</p>
<b>Expand Troubled families National programme (Department for communities and local government - DCLG)</b>	<p>We are now in year 3 of delivery of this programme with a significant number of families engaged to date.</p> <p>So far we have a good track record in turning around families engaged with extended capacity by merging Troubled Families</p>	<p>Complete all targets for Phase One of Troubled Families and enter phase two of Troubled Families by introducing extended and widened referral criteria. Improve information sharing between partners to demonstrate 'reach' and turn around.</p> <p><b>Public health to support troubled families</b></p>	<p>Breastfeeding, immunisation, oral health, school readiness, child mental health, child obesity, child poverty, pupil absence, first time entry into youth justice</p>

<sup>17</sup> <http://shop.kingsfund.org.uk/products/improving-the-publics-health-a-resource-for-local-authorities>

<sup>18</sup> <http://shop.kingsfund.org.uk/products/improving-the-publics-health-a-resource-for-local-authorities> pg10



	<p>with all existing early help teams in Children's Services.</p> <p>Troubled Families is now working on a multi-agency approach on locality model.</p>		
<p><b>Provision of 10-15 hours / week of free early education, recently extended to most disadvantaged 2 year olds</b></p>	<p>Around 840 families now entitled to this due to extended criteria - 10 new provisions opened in 2014.</p> <p>11 provisions extended to take 2 year olds.</p> <p>92% of providers meet quality criteria to take two year olds.</p>	<p>Increase range of specialist training to providers and extend the number of schools delivering targeted services to disadvantaged 2 year olds.</p>	<p>school readiness, child poverty</p>
<p><b>From Sept 2014, free early education places for 2yr olds who meet the free school meal eligibility criteria, along with looked after children (DfE 2013)</b></p>	<p>See above</p> <p>We have secured 2 schools and three Children's Centres that are now taking 2 year old place offers</p>	<p>See above</p>	<p>School readiness, child poverty</p>
<p><b>The delivery of 15 hours a week of free early education for 3 and 4 year olds, 95 per cent of whom now access their free entitlement</b></p>	<p>See above</p>	<p>See above</p>	<p>School readiness, child poverty</p>
<p><b>Target most disadvantaged children and families with intensive support, supplementing specific interventions with mainstream universal family support services</b></p>	<p>We currently do this through early help and Families Matter Service through Tweeddale Children's Centre</p>	<p><b>Public health to invest in oral health promotion as part of early years/ health visiting/school nursing, with attention to deprived areas</b></p> <p><b>Public health to support work around domestic violence</b></p>	<p>School readiness, child poverty</p>
<p><b>Focus on vulnerable mothers, from pregnancy until the child reaches the age of two. Programmes that involve health visitor and specialist nurses undertaking home visits have had success</b></p>	<p>The Family Nurse Partnership to residents under 19 are expecting their first child. The programme supports mothers from 16 weeks of gestation up to the 2<sup>nd</sup> birthday of their child, offering care and advice about pregnancy, childbirth and responsible parenting. The young mother is also given advice on employment and education.</p>	<p>Looking at mechanisms to secure earliest identification of young mothers to access FNP</p> <p><b>Public health investment into mental health of looked after children via early intervention approaches</b></p>	<p>School readiness, child poverty, immunisations, breastfeeding, child obesity, domestic abuse, smoking at time of delivery, low birth weight, emotional wellbeing in LAC</p>



## 5.2 Healthy schools and pupils

'Evidence...confirms that there is a strong correlation between educational attainment, life expectancy and self-reported health, within and across generations' (King's Fund 2014).<sup>19</sup>

Intervention (LA to support schools)	Sutton picture	What else should we do?	Areas of potential impact
<b>Learn from other successful interventions to reduce drop-out and exclusion rates, and focus on raising educational standards among the most vulnerable children and young people (Parsons 2009)</b>	Exclusion levels in primary and secondary both low However, because of respite and child at risk of exclusion placements, numbers needing alternative provision have risen	Inclusion Review between schools and LA looking to revise approaches to accessing alternative provision, earlier identification of special needs and best use of expertise that exists in both schools with specialist provisions on site and in the central LA Inclusion Support Service	Smoking in young people, drug and alcohol admissions in young people, teenage pregnancy
<b>Support and expect schools...to reduce bullying (Farrington and Ttofi 2010)</b>	Local Safeguarding Children's Board (LSCB) has identified the need for a broader policy position on anti-bullying.  All schools in Sutton were judged 'good' or 'better' in managing and responding to pupil behaviour. Currently, schools develop their own specific anti-bullying policies	Draft, agree and implement an LSCB Position Statement setting out minimum requirements of school policies and approaches based on best practice in Sutton and elsewhere.  The position Statement principles to be an extended revised anti-bullying policy for front line services for young people such as the 'Youth Service'.	Mental wellbeing in children and young people
<b>Support and expect schools to reduce the prevalence and impact of conduct disorders through programmes that have been shown to improve students' social and emotional skills, attitudes, behaviours and attainment (NICE 2013a)</b>	Sutton Council has established the Emotional Literacy Support Assistant (ELSA) programme (most schools have at least one ELSA trained employee). We have also integrated specialist CAMHS staff into primary schools to support behaviour support service.  An increasing number of schools now include specialist counsellors and trained staff within their staffing establishments.	The extension of ELSA to more schools. A formal evaluation of impact of ELSA on pupil emotional health and well being.  Secure access to Improving Access to Psychological Therapies  Integrate greater support from Educational Psychologists and CAMHS specialists to the Early Help Families Matter service  <b>Public health investment into Our Place! for schools</b>	Mental wellbeing in children and young people including self harm
<b>Intervention – promote schools as settings for healthy behaviours</b>	We have encouraged embedding Personal Social Health Education well into curriculum in schools. We have also preserved the staffing capacity by merging PSHE with Education Safeguarding.  Effective network of lead teachers in place who will promote healthy behaviours	See Inclusion Review above  <b>Public health to explore potential for allotments near schools to educate children about food and growing, cook at eat programmes</b>	Child obesity, children's mental health,

<sup>19</sup> [http://www.kingsfund.org.uk/sites/files/kf/field/field\\_publication\\_file/improving-the-publics-health-kingsfund-dec13.pdf](http://www.kingsfund.org.uk/sites/files/kf/field/field_publication_file/improving-the-publics-health-kingsfund-dec13.pdf) pg15



<p><b>Develop children’s life skills, such as problem solving, and to build self-esteem and resilience to peer and media pressure</b></p>	<p>PSHE has been embedded in the curriculum of Sutton schools, with a network of Health Advisors (teachers)</p>	<p>Public health investment into Pan London digital mental wellbeing project</p>	<p>First time entrants into youth justice, 16-18 NEETs, pupil absence</p>
<p><b>Schools to incorporate more physical activity into the curriculum</b></p>	<p>Schools working collaboratively at primary schools to secure additional capacity for PE.</p> <p>Schools continue to promote and support PE and competitive sport.</p>	<p>Explore scope for 3<sup>rd</sup> sector organisations to provide comprehensive physical activities potentially out of school hours. (this has been started with the launch of Crystal Palace Foundation sports, commissioned by public health October 2014)</p>	<p>Children and young people’s obesity – cardiovascular disease later in life, diabetes late in life</p>
<p><b>Schools to promote more healthy diets, focusing on 6-12 yo</b></p>	<p>All key stage 1 children in Sutton are given free meals. The council has also won funding to improve school facilities in order to improve food provided I.E improvements in school kitchens. Large number of schools collectively re-commissioning their catering provision to focus on healthier options</p>	<p>Promotion of healthy eating for target families within support mechanisms like Early Help Families Matter</p> <p>Public health to work with planning around takeaways and schools</p>	<p>Children and young people’s obesity cardiovascular disease later in life, diabetes late in life, child oral health</p>

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### 5.3 Helping people find good jobs and stay in work

'Getting back into work improves people's health, as long as it is decent work' (Kings' Fund 2014).<sup>20</sup>

Intervention	Sutton picture	What else should we do?	Areas of potential impact
<b>LA can use the Social Value Act to maximise equitable employment opportunities, focusing on people classed as NEET and those least likely to be able to access the jobs market</b>	<p>Currently Sutton is delivering projects to support lone parents back into work and training and; an over 40's executive project to secure employment.</p> <p>Sutton is also delivering early interventions for young people at risk of NEET through schools. Post 16, LBS tracks destinations of all young people</p> <p>We also Co-ordinate activity through the NEET Forum and run 'Tots and Teens' drop in support group for young parents during term time.</p>	<p>Creating an apprenticeship Hub in Sutton, and working with partners to develop and increase traineeships</p> <p>Public health to commission services which actively engage marginalised groups</p>	Mental health and wellbeing, employment indicators in PHOF
<b>LA can improve the health of employees</b>	<p>Sutton Council recognises the importance of employee wellbeing and ensuring that our workplace is a thriving one. One way we have encouraged healthy workplaces is to invest in the Employee Assistance Programme (EAP). The service supports employees throughout the year, and is accessible by phone, email, online or instant messaging. EAP aims to provide a work-life balance by supporting staff through topics from health and well-being to relationships.</p>	<p>Public health to invest in this area to benefit the lowest paid council staff in terms of health checks, stop smoking and healthy weight as well as alcohol advice</p>	employment indicators in PHOF, sickness absence in PHOF
<b>Champion and improve the take up of 'supported employment' and job retention schemes. 'supported employment is significantly more effective in helping people with severe mental health illness into employment than pre-vocational training' Support and challenge local businesses to sign up to the Responsibility Deals' health at work network</b>	<p>Sutton's 'Our Place!' project has the objective of assisting more people with mental health issues achieve sustainable employment. The project has brought together a partnership of local providers of mental health employment support and equipped them with a dedicated Employer Engagement Officer</p>	<p>Public health to work on innovative models with DWP around promoting employment</p>	employment indicators in PHOF, sickness absence in PHOF, child poverty

<sup>20</sup> [http://www.kingsfund.org.uk/sites/files/kf/field/field\\_publication\\_file/improving-the-publics-health-kingsfund-dec13.pdf](http://www.kingsfund.org.uk/sites/files/kf/field/field_publication_file/improving-the-publics-health-kingsfund-dec13.pdf) pg21



<p><b>Help more people to be 'fit for work' – use the lessons learned from national pilot</b></p>	<p>Part of Sutton's Our Place Scheme is to support residents with mental health illnesses to become integrated into the community by improving their employability skills; either through helping individuals find an apprenticeship, traineeship or work experience.</p>	<p>Working with DWP, public health to help drive discussions with general practice on fit for work and different impacts of benefits</p> <p>Public health to work on innovative models with DWP such as health checks and stop smoking in or near the jobcentre, to ensure coverage of more deprived communities whilst accessing the jobcentre</p>	<p>employment indicators in PHOF, sickness absence in PHOF</p>
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#### 5.4 **Active and safe travel**

Nearly 80 per cent of car trips under five miles could be replaced by walking, cycling or using public transport (Cabinet Office Strategy Unit 2009). To get people walking or cycling more, roads need to be safer and more pleasant environments; the single biggest reported barrier to cycling is a perception that it is dangerous, yet more young men die in car accidents than bike accidents.<sup>21</sup>

Intervention	Sutton picture	What else should we do?	Areas of impact
<b>Create safe, attractive and enjoyable local environments with roads that prioritise perceptions of safety, and reported quality of life. (Living Streets 2012; Walking for Health, no date)</b>	This is being reinforced through the council's new Sustainable Transport Strategy.	Sutton could improve the design of the schemes and projects to improve the street environment and quality of life and promote walking and cycling.	Adult obesity, adult cardiovascular disease, child obesity
<b>Introduce 20mph speed zones where appropriate, however costs can outweigh benefits, so choosing roads and areas carefully is critical (Steinbach et al 2013)</b>	Sutton has implemented selective 20mph zones over the last 20 years.	Through the Sustainable Transport Strategy the council will be rolling out a programme of 20mph zones  <b>Public health to invest in drink driving and road safety initiatives</b>	Killed and seriously injured on England's roads indicator

<sup>21</sup> [http://www.kingsfund.org.uk/sites/files/kf/field/field\\_publication\\_file/improving-the-publics-health-kingsfund-dec13.pdf](http://www.kingsfund.org.uk/sites/files/kf/field/field_publication_file/improving-the-publics-health-kingsfund-dec13.pdf) pg26



## 5.5 Warmer and safer homes

Suitable accommodation that is safe and warm is one of the foundations of personal wellbeing, whether in childhood or old age. It enables people to access basic services, build good relationships with neighbours and others, and maintain their independence – all resulting in a better quality of life. Local authorities can focus on three areas that can have a significant impact on improving health: preventing accidents in the home, making homes warmer, and preventing falls among older people.<sup>22</sup>

Intervention	Sutton picture	What else should we do?	Areas of impact incl PHOF
<b>Implement NICE guidance (NICE 2010) and the Safe At Home programme (Errington et al 2011)</b>	The recommended (draft) guidelines: <a href="http://www.nice.org.uk/news/press-and-media/new-draft-guidance-to-help-prevent-people-becoming-ill-or-dying-in-the-winter">http://www.nice.org.uk/news/press-and-media/new-draft-guidance-to-help-prevent-people-becoming-ill-or-dying-in-the-winter</a>	<b>Public health investment into warm homes as a way to prevent excess winter deaths (cf warm rooms scheme)</b>	Fuel poverty, excess winter deaths
<b>Prioritise high-risk groups, targeting interventions at:</b> – those with children under five – those living in rented or overcrowded conditions – those on low incomes.	Homeless residents with dependent children are in a priority group for housing if they are statutory homeless. A reason that a household might be considered to be homeless is if they are living in 'unreasonable accommodation'. Factors such as overcrowding and the condition of the accommodation are taken into account.  Further advice is given by the Housing Advice team	Work with partner organisation and outreach groups to develop a comprehensive register of vulnerable residents most at risk for targeted interventions.  Develop a single point referral scheme for signposting individuals and professional to appropriate help and information on relevant schemes/grants/funding.  Carry out an updated house condition survey to identify areas of poor housing and fuel poverty for targeted interventions  <b>Public health investment into street homelessness as significant overlap with mental health, substance misuse and infectious disease</b>	Fuel poverty, excess winter deaths
<b>Help people reduce their energy bills by organising 'collective switching' schemes; targeting poorer consumers (EBICO 2012), and give people information about community schemes (Energy Saving Trust 2013)</b>	Sutton Council supports the Big London Energy Switch – a scheme designed for residents of all economic backgrounds to reduce energy bills		Fuel poverty, excess winter deaths
<b>Undertake targeted risk assessments and work with home improvement agencies to provide support for older people, people with disabilities, and those on low incomes.(National Housing Federation 2013)</b>	Sutton has an in house home improvement agency to assist older vulnerable and disabled people and manages the Councils Disabled Facilities Grants Programme to install home adaptations	Expand the programme of works available to residents through the Minor Homes Repair Scheme and the Hospital discharge scheme  The HIA also runs a Minor Homes Repair Scheme and Priority Repair Loans targeted at vulnerable home owners to	Fuel poverty, excess winter deaths

<sup>22</sup> [http://www.kingsfund.org.uk/sites/files/kf/field/field\\_publication\\_file/improving-the-publics-health-kingsfund-dec13.pdf](http://www.kingsfund.org.uk/sites/files/kf/field/field_publication_file/improving-the-publics-health-kingsfund-dec13.pdf) pg31



	and improvements. They also provide financial assistance to residents to prevent re admission to or enable early discharge from hospital.	improve housing conditions including heating and insulation	
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Draft



## 5.6 Access to green and open spaces and the role of leisure services

A study in the Netherlands showed that every 10 per cent increase in exposure to green space translated into a reduction of five years in age in terms of expected health problems (Groenewegen et al 2003) with similar benefits found by studies in Canada (Villenveuve et al 2012) and Japan (Takano et al 2002).<sup>23</sup>

Intervention	Sutton picture	What else should we do?	Areas of impact including PHOF
<b>Work with local communities to help them develop strategic plans for green space within broader neighbourhood plans. (Astell-Burt et al 2013).</b>	Sutton Council is currently underway in working with the local community to improve Beddington Park	Public health investment into park/green gyms/community growing and allotments	Child and adult obesity, use of outdoor space for exercise, mental health
<b>Actively engage community groups and volunteers. The 'green gym' scheme run by The Conservation Volunteers (2013), encourages people to improve their local environment and their health at the same time</b>	The Parks Service promotes and supports volunteering and parks friends groups. From Summer 2014 the service started undertaking Green Flag style assessments jointly with the friends groups. The Sutton Nature Conservation Volunteers are supported to deliver maintenance of conservation areas.	Extend volunteer opportunities into parks as well as the conservation sites and promote volunteering to attract new people.	Child and adult obesity, use of outdoor space for exercise, mental health
<b>Proactively plan the use of leisure facilities to maximise local residents' health. (Birmingham's Be Active programme)</b>	During 2014/15 the 'Exercise on Referral' scheme has been reviewed. Recommendations were made to improve the service and increase activity.	Public health investment into park/green gyms/community growing and allotments Public health to commission integrated healthy lifestyles services that effect a real reduction in adult obesity	Child and adult obesity, use of outdoor space for exercise, mental health

<sup>23</sup> [http://www.kingsfund.org.uk/sites/files/kf/field/field\\_publication\\_file/improving-the-publics-health-kingsfund-dec13.pdf](http://www.kingsfund.org.uk/sites/files/kf/field/field_publication_file/improving-the-publics-health-kingsfund-dec13.pdf) pg37



## 5.7 Strong communities, wellbeing and resilience

A lack of social networks and support, and chronic loneliness, produces long-term damage to physiological health via raised stress hormones, poorer immune function and cardiovascular health. Loneliness also makes it harder to self-regulate behaviour and build willpower and resilience over time, leading to engagement in unhealthy behaviours (Cacioppo and Patrick 2009).<sup>24</sup>

Intervention	Sutton picture	What else should we do?	Areas of impact
<b>Work with other public services in their local area to develop an asset-based community development approach</b>	The community wellbeing programme is working with the corporate developmental asset model to enable communities to be more self supporting and resilient.	<p>Further develop this asset based approach to gain better understanding of which assets make most impact to building resilient communities.</p> <p>Public health investment into libraries for dementia - secondary prevention and support</p> <p>Public health to commission healthy lifestyles services that take deprivation into account with targeted work for vulnerable groups or communities</p> <p>Public health to continue support for a forensic mental health practitioner in probation</p>	Child and adult obesity, social isolation, mental health, injuries in >65s

Investment areas for strong communities which are not addressed by the King's Fund review are as follows:

<b>Stop smoking</b>	<b>Focus on marginalised groups - smoking in pregnancy, probation, mental health clients</b>	<b>Coronary heart disease, stroke</b>
<b>Healthy lifestyles</b>	Focus on mental health and learning disabled clients	Coronary heart disease, stroke
<b>Diabetes</b>	Links between obesity prevention and diabetes prevention, and active case finding for diabetes	Coronary heart disease, stroke
<b>Alcohol</b>		

<sup>24</sup> [http://www.kingsfund.org.uk/sites/files/kf/field/field\\_publication\\_file/improving-the-publics-health-kingsfund-dec13.pdf](http://www.kingsfund.org.uk/sites/files/kf/field/field_publication_file/improving-the-publics-health-kingsfund-dec13.pdf) pg42



## **5.8 Public protection and regulatory services (including takeaway/fast food, air pollution, and fire safety)**

In 2002, the average local authority area incurred NHS costs of around £18 million to £20 million due to obesity, and a further £26 million to £30 million in lost productivity and earnings due to premature mortality (National Obesity Observatory 2010). Estimates from around the same time suggest that fires cost £6.9 billion in England and Wales (Weiner 2001; ODPM 2006).

The cost-benefit evidence for investing in air quality is substantial. A review for the London Royal Borough of Kensington and Chelsea showed that the overall benefit-to-cost return was £620 in benefits for every £100 spent (Kilbane-Dawe 2012). Low-emission zones can be a cost-effective way to reduce air pollution but only if well designed and tailored to local needs (Department for Environment, Food and Rural Affairs 2007).<sup>25</sup>

<b>Intervention</b>	<b>Sutton picture</b>	<b>What else should we do?</b>	<b>Areas of impact</b>
<b>Through information, training, advice, award schemes and, where necessary, inspection and regulation, work with takeaways and the food industry to make food healthier</b>	Sutton operates the Food Hygiene Rating Scheme in partnership with the Food Standards Agency which provides consumers with information about hygiene standards in food outlets such as restaurants, pubs, cafés, takeaways, supermarkets etc. to allow consumers to make an informed choice about where to eat or buy their food	Work with food business to encourage uptake of the Healthier Catering Commitment and provide a healthier range of food choices.  Public health investment into a project for healthy takeaways and planning work, as well as investing into Environmental Health	
<b>Work with schools to reduce the amount of fast food students consume during breaks and on journeys to and from school</b>	There is currently no specific activity that tackles this issue.	Using the Healthy Schools London framework, encourage schools to engage with their local community to discourage takeaway usage and inspire young people to cook. Encourage cross learning from Food for Life accredited Sutton schools with other schools.	
<b>Regulate the number and concentration of outlets</b>	The Council's Housing Economy and Business Committee agreed that the discretionary local business rate relief scheme would exclude takeaways from obtaining the relief.  The Council through its Licensing Policy has introduced 8 Cumulative Impact Zones in commercial centres across	Investigate planning policy to restrict the number of new takeaways opening near schools. Alongside partners, investigate attracting 'healthier' food businesses into the borough.  Work with more businesses to prevent sales of age restricted products including alcohol through training and advice.  Carry out more targeted enforcement programmes/promotions/events to encourage responsible drinking and	Admissions due to alcohol

<sup>25</sup> [http://www.kingsfund.org.uk/sites/files/kf/field/field\\_publication\\_file/improving-the-publics-health-kingsfund-dec13.pdf](http://www.kingsfund.org.uk/sites/files/kf/field/field_publication_file/improving-the-publics-health-kingsfund-dec13.pdf) pg48



	<p>the borough to deal with the cumulative impact of the number, type and density of licensed premises and reduce persistent problems of nuisance and disorder – <b>public health review and respond where needed to all new alcohol licensing representations</b></p>	<p>compliance with licensing conditions. Introduce an award scheme to promote responsible management and operation of alcohol-licensed premises which offer and maintain a safe, welcoming drinking environment.</p> <p><b>Public health to invest in intervention and brief advice for alcohol in primary care / other settings</b></p>	
<p><b>Local authorities should lead by example in their local area by:</b>  – implementing business engagement programmes to reduce air pollution  – encouraging expansion of council-run income-generating car clubs  – promoting zero emission 'last mile' delivery of as many goods and services as possible  – organising 'eco-driving' training for taxi-drivers to encourage more fuel-efficient driving, and finding ways to reduce idling at taxi ranks</p>	<p>The 'South London Cluster Group' formed of Bromley, Croydon, Merton, Lewisham, Sutton, and Wandsworth councils have worked together to create the Love Clean Air website to promote air quality in the region.  <a href="http://lovecleanair.org/">http://lovecleanair.org/</a></p> <p>We are currently working with businesses in the Beddington Lane area to implement a fleet emissions reduction programme aimed at improving local air quality.</p> <p>Eco driver training is being organised for freight drivers.</p>	<ul style="list-style-type: none"> <li>• Work with more businesses to reduce emissions from fleet, including idling vehicles and operations.</li> <li>• Promote Air Text to increase the number of subscribers who receive alerts by text or email about high pollution forecasts.</li> <li>• Extend the diffusion tube surveys to cover more schools<sup>26</sup>.</li> </ul>	
<p><b>Invest in longer-term changes with potentially greater impacts, such as:</b>  – rolling replacement of boilers with the least polluting models  – ensuring that new buildings are air quality neutral  – encouraging people to make more journeys by bike, through integrated and harmonised cycling networks</p>	<p>Sutton Council adheres to the Greater London Authority guidelines on minimising carbon emissions as proposed in the Mayors London Plan. This requires all developers to ensure their designs are at least air quality neutral.</p>		
<p><b>Support the provision of wider public health interventions by fire crews. Innovative authorities, such as Merseyside Fire and Rescue have expanded their roles to deliver opportunistic health promotion interventions. (Marmot et al 2010, p 153)</b></p>	<p>Currently work is delivered on home fire safety visits by LFB</p>	<p>Consider potential for fire prevention, including work with mental health clients, carers and vulnerable groups</p>	

<sup>26</sup> Diffusion tubes are an easy way to measure levels of nitrogen dioxide. Results from the survey feed into educational vents about the effects of air pollution and how it can be reduced.



Investment areas for health protection which are not addressed by the King's Fund review are as follows:

<b>Robust infection control input into council commissioned services</b>	Public health together with Sutton CCG has created an innovative shared <b>infection control post</b> to deliver expert infection control advice and contribute to emergency planning and response for public health	
<b>Late HIV diagnosis</b>	Public health is reviewing all HIV prevention and support to ensure value for money and to reduce rates of late diagnosis (which will in turn reduce onward transmission)	
<b>Immunisations</b>		
<b>Sexual health</b>	Public health to commission integrated sexual health services to meet the needs of the population  Remove age restrictions on emergency hormonal contraception <sup>27</sup> to reduce barriers and increasing condom provision in the borough. Redesign service provision to improve accessibility and encourage uptake of family planning	Teenage conceptions

<sup>27</sup> Currently only available for under 25 year-olds





## 5.9 Health and spatial planning

The health and well-being of communities cannot be an afterthought. It must begin with the planning process. (Chang et al 2010)<sup>28</sup>

Intervention	Sutton picture	What else should we do?	Areas of impact
<b>Increase local capacity and knowledge of health and spatial planning issues, with key staff and their teams taking the lead (director of public health, environmental health service, and chief planning officer)</b>	The current development plan includes an objective (SO4) to improve health and well-being and an accompanying policy (BP5).	When the council revises its planning policies, it will be consulting on the changes and so residents will have an opportunity to consider and contribute to improving health and wellbeing through planning.	
<b>Use the Spatial Planning and Health Group (SPAHG)'s health checklist (Spatial Planning and Health Group 2011) when scrutinising planning strategies, plans and proposals, and implement the recommendations set out in Planning Healthier Places (Ross and Chang 2013)</b>	Many of the elements of SPAHG's checklist and Planning Healthier Places' recommendations are part of the council's planning sustainability appraisal and monitoring framework.	When the council revises its planning policies, it will consider whether its sustainability appraisal and monitoring framework continue to incorporate the relevant elements of the SPAHG checklist and the Planning Healthier Places' recommendations.	

### Next steps

This strategy will lead to an action plan for the council and CCG to take forward, and we will also agree the overarching public health and other routinely collected data that can inform whether the objectives are being reached.

<sup>28</sup> [http://www.kingsfund.org.uk/sites/files/kf/field/field\\_publication\\_file/improving-the-publics-health-kingsfund-dec13.pdf](http://www.kingsfund.org.uk/sites/files/kf/field/field_publication_file/improving-the-publics-health-kingsfund-dec13.pdf) pg52