



Health and Wellbeing Strategy 2016-2021

Foreword

The members of Sutton's Health and Wellbeing Board work within a complicated, changing system that crosses organisational, cultural and political boundaries. Too often this complexity results in services that have a narrow focus because they are built around commissioning structures rather than the needs of residents.

By reimagining a place-based approach, the Health and Wellbeing Board is seeking to overcome these challenges by developing a system that promotes prevention, personalisation and integration and is shaped and informed by the needs and views of residents and those who deliver services.

We are already making progress towards this ambition:

- the Sutton Homes of Care Project was one of only six sites to be awarded national Enhanced Health in Care Homes Vanguard status in 2015;
- the Royal Marsden Partners Cancer Vanguard is a new collaboration to deliver cancer services across West London; and
- Opportunity Sutton, the council's investment arm, has secured £328million of private and public funding in the past two years, paving the way for a number of exciting regeneration projects in Sutton town centre. The projects, due to be completed in the next five years, will create thousands of new homes and jobs as well as deliver major improvements to transport infrastructure and public spaces.

However in a challenging financial climate, it will be vital to continue to build upon this success and to provide the foundations on which the wider devolution of health and care can be built- joining up strategic commissioning of health and care and bringing together the key local stakeholders and public services. This supports the Government's aim that health and social care will be integrated across the country by 2020, including through the Better Care Fund.¹

This strategy sets out the Health and Wellbeing Board's direction for the next five years- and takes account of the development of the South West London Sustainability and Transformation Plan (STP) and the sub-regional STP.

¹ The Government's mandate to NHS England 2016-2017 (accessible from https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/494485/NHSE_mandate_16-17_22_Jan.pdf)



Sutton

Clinical Commissioning Group

Table of Contents

Foreword 1

1 Background..... 4

2 Key documents 4

 2.1 Acheson 4

 2.2 Marmot..... 4

 2.3 The Health and Social Care Act (2012)..... 5

 2.4 The Welfare Reform Act and public spending cuts (see Appendix 1)..... 5

 2.5 The Five Year Forward View (2014) (see Appendix 1)..... 5

 2.6 The Care Act (2014) (see Appendix 1) 5

 2.7 The Children and Families Act (2014) (see Appendix 1) 5

 2.8 London Health and Care Devolution Agreement(2015) (see Appendix 1) 5

 2.9 NHS Mandate 2016-2017 (see Appendix 1)..... 5

 2.12 Future in Mind (2015) (see Appendix 1) 5

 2.13 The Five Year Forward View for Mental Health (see Appendix 1)..... 5

 2.14 General Practice Forward View (2016) (see Appendix 1) 5

3 Introduction to Sutton..... 5

4 Priorities for Sutton 7

 5.1 Actions 1 and 2 9

 The best start in life and healthy schools and pupils 9

 Overview..... 9

 5.3 Action 3 13

 Helping people find good jobs and stay in work 13

 Overview..... 13

 5.4 Action 4 and 5 16

 Active and safe travel 16

 Access to green and open spaces and the role of leisure services 16

 Overview..... 16

 5.5 Action 6..... 19

 Warmer and safer homes..... 19

 Overview..... 19

 5.7 Action 7..... 22



Clinical Commissioning Group

Strong communities, wellbeing and resilience.....	22
Overview.....	22
5.8 Action 8.....	24
Public protection and regulatory services (including takeaway/fast food, air pollution, and fire safety)	24
Overview.....	24
Living Well for Longer - other Sutton services.....	26
5.9 Action 9.....	29
Health and spatial planning.....	29
Overview.....	29
Integrated Care.....	30
Appendix 1.....	33
The Health and Social Care Act (2012)	33
The Welfare Reform Act and public spending cuts (2012).....	33
The Five Year Forward View (2014).....	33
The Care Act (2014)	33
The Children and Families Act (2014).....	34
The Five Year Forward View for Mental Health (2016).....	35
Future in Mind promoting, protecting and improving our children and young people's mental health and wellbeing' (2015).....	36
London Health and Care Devolution Agreement (2015).....	34
Appendix 2 Benchmarked performance for each area of impact.....	37



1 Background

The **overall aim of the health and wellbeing strategy** is to improve the health of the population in Sutton and to reduce the differences in health outcomes between different parts of the borough.

Approaches to health and wellbeing in the past have often taken a **narrower** view of health issues. Today the health and wellbeing board is well placed to join up strategic commissioning of health and care, bringing together the key local stakeholders and public services to profoundly change the places and situations that people live and work in.

The priorities described within the strategy have been informed by the **Joint Strategic Needs Assessment (JSNA)** for Sutton; in addition the Health and Wellbeing Board must have regard to the Secretary of State's mandate to NHS England in developing the Health and Wellbeing strategy and the JSNA.

2 Key documents

2.1 Acheson

Sir Donald Acheson's 1998 report into health inequalities (Inquiry into inequalities in health)² set out a wide ranging review of health inequalities which included employment, housing and transport. A London specific report in 1999 followed which identified issues such as 'high levels of HIV/AIDS, mental health problems, drug abuse and infectious disease'³ in the capital.

2.2 Marmot

Findings that are relevant to Sutton from Sir Michael Marmot's 2010 report 'Fairer society, healthy lives' are as follows:

- 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

² <http://www.york.ac.uk/yhpho/documents/hea/Website/AchesonReport.pdf>

³ <http://www.york.ac.uk/yhpho/documents/hea/Website/AchesonReport.pdf>



Clinical Commissioning Group

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 community⁴

2.3 The Health and Social Care Act (2012)

2.4 The Welfare Reform Act and public spending cuts (see Appendix 1)

2.5 The Five Year Forward View (2014) (see Appendix 1)

2.6 The Care Act (2014) (see Appendix 1)

2.7 The Children and Families Act (2014) (see Appendix 1)

2.8 London Health and Care Devolution Agreement(2015) (see Appendix 1)

2.9 NHS Mandate 2016-2017 (see Appendix 1)

2.10 Better Care Fund Planning Guidance (2016-2017) (see Appendix 1)

2.12 Future in Mind (2015) (see Appendix 1)

2.13 The Five Year Forward View for Mental Health (see Appendix 1)

2.14 General Practice Forward View (2016) (see Appendix 1)

3 Introduction to Sutton

Sutton is an outer London borough with a population of 191,000 persons at the time of the 2011 census. The latest population estimate (mid-2014) is 198,000. For more detail see the Sutton JSNA at <http://www.suttonjsna.org.uk/>

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 life⁵. The difference in life expectancy between the most and least deprived wards in Sutton is that men are expected to live until 84 years in Nonsuch and 77 years in St Helier wards, a difference of seven 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 **7.4 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 an increase in the past year

⁴ http://www.local.gov.uk/web/quest/health/-/journal_content/56/10180/3510094/ARTICLE

⁵ GLA Ward Profiles and Atlas, Life Expectancy 2009-13



Clinical Commissioning Group

(increasing inequality). For females the Slope Index is **4.4 years** and there has been no consistent trend over recent years⁶.

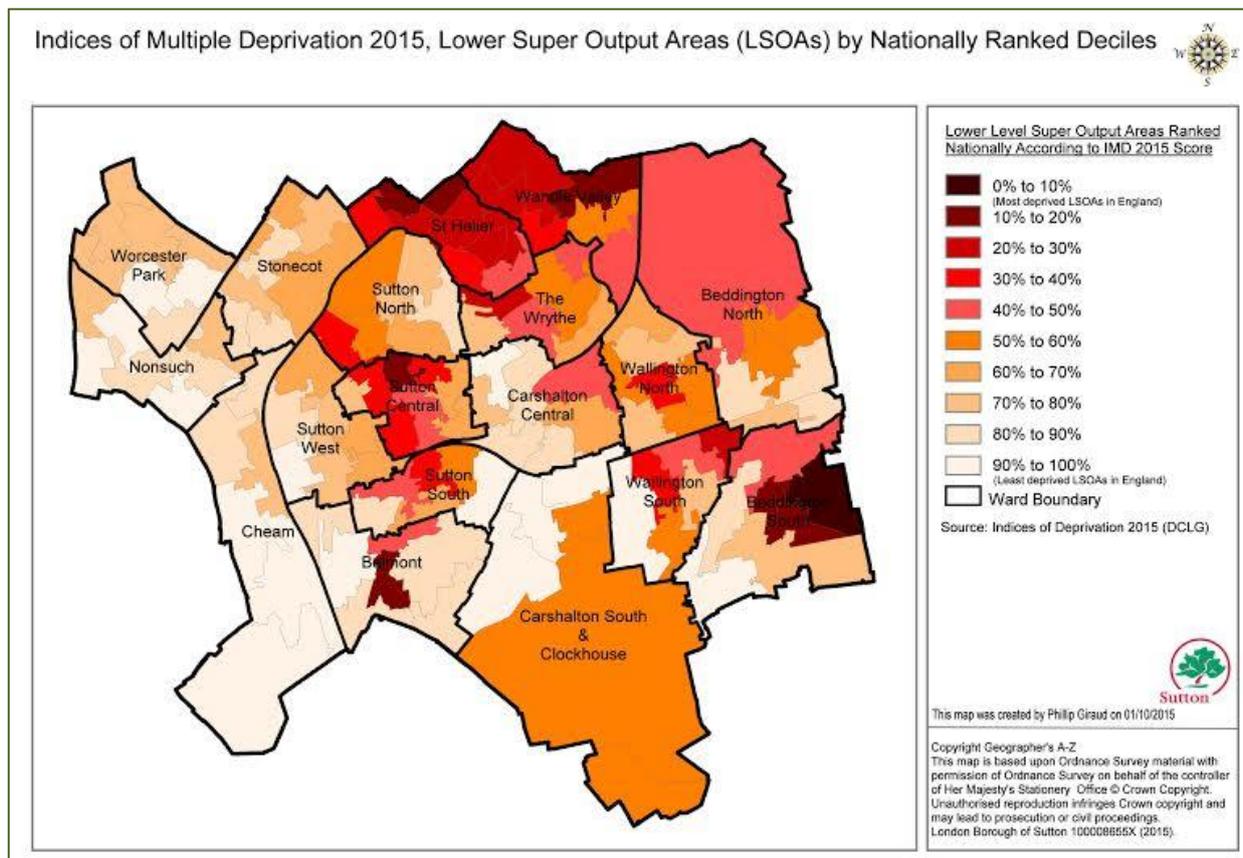
3.2 Ethnicity

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, though this is changing over time.

3.3 Deprivation

Sutton is one of the least deprived London boroughs and overall, since 2010, small areas within Sutton have become relatively less deprived in comparison with the rest of England. However, there are wide variations within the borough and for the first time Sutton has one area that ranks in the most deprived decile in England (10%).

Sutton wards with small areas in the most deprived quintile (20%) are: Beddington South, Belmont, Wandle Valley, St Helier and Sutton Central⁷ (see map below).



⁶ Public Health England. Public Health Outcomes Framework, 2012-14

⁷ Sutton JSNA 2015



3.4 Causes of death

In Sutton, **cancer** is still the biggest single cause of death in under 75 year-olds, and the rate of cancer deaths increased, over five years from 2009 to 2014. Over the same time, the rate of deaths for those aged under 75 from **circulatory disease** reduced slightly, whilst there was a slight increase in deaths from **respiratory (lung)** conditions (all ages).

4 Identifying the Priorities for Sutton

4.1 Sutton JSNA

The current Sutton Joint Strategic Needs Assessment was published in 2015 and is continuously updated as part of a rolling programme. The JSNA overview provides a summary of the health and wellbeing priorities for the borough and is available from http://data.sutton.gov.uk/sutton_jsna/.

4.2 The Health and Social Care Act

The Health and Social Care Act 2012 established Health and Wellbeing Board as statutory committees of all upper-tier local authorities to act as a forum for key leaders from the local health and care system to jointly work to:

- improve the health and wellbeing of the people in their area,
- reduce health inequalities, and
- promote the integration of services.

4.3 King's Fund Report Improving the Public's Health

In 2014, the King's Fund published a report⁸ that set out how local authorities can improve their population's health and described **interventions in nine key areas**:

1. early years
2. education
3. helping people get and keep good jobs
4. active and safe travel
5. warmer and safer homes
6. access to green and open spaces and leisure
7. community resources, wellness and resilience
8. public protection and regulatory services (including takeaway/fast food, air pollution, and fire safety)
9. health and spatial planning

⁸ King's Fund Report 'Improving the Public's Health' (2014) accessible from http://www.kingsfund.org.uk/sites/files/kf/field/field_publication_file/improving-the-publics-health-kingsfund-dec13.pdf



Using the JSNA priorities, national policy context, the nine key interventions and the ambition to integrate care, Sutton Health and Wellbeing Board has developed a place-based strategy that takes an **'upstream' approach to public health** with a focus on reducing health inequalities⁹. The following section of the strategy describes the areas for action and:

- proposed interventions;
- the work that is currently taking place in Sutton
- what more can be done

The detailed evidence base for the interventions is described in the King's Fund report¹⁰ are not reproduced in the section that follows.

A table of benchmarked indicators for each area of action is included in Appendix 2.

⁹ <http://shop.kingsfund.org.uk/products/improving-the-publics-health-a-resource-for-local-authorities>

¹⁰ <http://shop.kingsfund.org.uk/products/improving-the-publics-health-a-resource-for-local-authorities>



5 The Areas for Action

5.1 Actions 1 and 2

The best start in life and healthy schools and pupils

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) have a major impact on their health and life chances, as children and adults"¹¹.

'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).¹²

Overview

The Health and Wellbeing Board considers that achieving the best outcomes for children and young people within the borough requires a collaborative approach that involves families and the wider community working with public sector and voluntary sector organisations. All have a role to play in ensuring that the problems that children and families face (particularly the most vulnerable) are identified early, and addressed as effectively and as soon as possible.

Although policy continues to emphasise the importance of integrated support,¹³ nationally young children and their families have regular contact with a number of different services (such as midwifery, health visiting, childcare and education provision) that are accountable to different national bodies and that work independently without sharing information or coordinating their support to families. In Sutton the **Children's Trust Board** works to resolve these challenges by setting local strategic priorities that promote multiagency agency working¹⁴ to secure the wellbeing of children and young people.

Providing seamless care for young people with learning disabilities and mental health needs, making the transition from children's to adult services, is essential for ensuring that needs are met. In Sutton, the **Transition Partnership Board** oversees delivery of an integrated, person-centred transition through a multiagency approach involving the local authority, health and voluntary and community sector organisations.

¹¹ <http://shop.kingsfund.org.uk/products/improving-the-publics-health-a-resource-for-local-authorities> pg10

¹² http://www.kingsfund.org.uk/sites/files/kf/field/field_publication_file/improving-the-publics-health-kingsfund-dec13.pdf pg15

¹³ Key policy reports of recent years, such as the Graham Allen review of Early Intervention, Eileen Munro's reports on child protection, and the Children and Families Act (2014) have all made the case for a holistic, integrated service for children and young people.¹³

¹⁴ For example: clear access points, information sharing between organisations, and robust processes that are backed up by evidence based interventions



Clinical Commissioning Group

The Health and Wellbeing Board will ensure that the voices of children and young people are reflected in its work and will oversee the effective integration of services by reviewing delivery of The Children’s Trust Board’s strategies (**Sutton Children and Young People’s Plan and the Early Help Strategy**) and consideration of the **Local Safeguarding Children Board’s Annual Report**.

Intervention 1: The best start in life		
Possible priority actions	Sutton profile	What else should we do?
<p>Early Years education: In terms of content, delivery and organisation is of central importance to the outcomes of early years education and childcare. This is particularly true for disadvantaged groups. ¹⁵</p> <p>(Provision of 10-15 hours per week of free early education, recently extended to most disadvantaged 2 year olds)</p> <p>(Delivery of 15 hours a week of free early education for 3 and 4 year olds)</p>	<p>Most early years settings in Sutton are rated ‘good’ by Ofsted and Sutton continues to provide advice and guidance to new early years providers to support the development of high quality services.</p> <p>In line with the extension of the free entitlement announced in the last Parliament, the borough is providing an additional 190 early years places for 2 year old children from more disadvantaged backgrounds. (92% of providers meet quality criteria to take 2 year olds).</p>	<p>Support more early years settings to gain good and outstanding Ofsted certification and increase the range of specialist training available to providers. (Early Help Strategy)</p> <p>Ensure that there is adequate capacity in early years settings to provide 30 hours free childcare for 3-4 year olds by September 2017 (in line with national policy).¹⁶ Maintain existing provision of early years places for disadvantaged 2 year olds and continue to secure additional capacity. Improve awareness and take-up of free childcare provision by some target groups. (Early Help Strategy)</p>
<p>Expand Troubled Families National programme¹⁷ (Department for communities and local government - DCLG)</p>	<p>Sutton is in Year 3 of delivery of this programme with a significant number of families engaged to date.</p> <p>Additional capacity has been realised for families by merging Troubled Families with all existing early help teams in Children’s Services.</p>	<p>Complete all targets for Phase One of the Troubled Families Programme and enter Phase Two by introducing extended and widened referral criteria. Facilitate improved communication with health providers so that more referrals are made via this route.</p> <p>Improve information sharing between partners to demonstrate ‘reach’ and turn around.</p> <p>Continue the work that the Troubled Families Team is doing to develop a multi-agency locality model.</p>
<p>Target the most disadvantaged children and families with intensive support, supplementing specific interventions with</p>	<p>The most disadvantaged children and families are supported through the Early Help and Families Matter Service at the Tweeddale Children’s Centre.</p> <p>Public Health investment in oral health promotion and distribution of tooth brushing packs as part of the health</p>	<p>Cascade training and information on benefit entitlement for staff working within communities. Weekly benefits and housing advice and 1:1 appointments in Children’s Centres. (Early Help Strategy)</p> <p>Facilitate improvements in two way communication between Healthcare Staff (Midwifery, Family Nurse</p>

¹⁵ Nuffield Foundation, Early Years Education and Childcare, Lessons from Evidence and future priorities (2015)

¹⁶ Government election manifesto commitment to extend the Free Entitlement Funding (FEF) for 3-4 year olds from 15hours to 30 hours <http://www.foundationyears.org.uk/files/2015/10/The-30-hours-childcare-entitlement.pdf>

¹⁷ The Troubled Families Programme aims to:

- get children back into school
- reduce youth crime and anti-social behaviour
- put adults on a path back to work
- reduce the high costs these families place on the public sector each year



Clinical Commissioning Group

<p>mainstream universal family support services (Hallam 2008)</p>	<p>visiting service.</p>	<p>Partnership, GPs and Health Visiting) with Early Years, Early Help, Families Matter and Children's Centre staff. (Health and Wellbeing Partners)</p> <p>Public Health Sutton to work with Public Health England to pilot a project for newly qualified dentists to provide oral health training to Health Visitors and families in Children's Centres. (Public Health, Sutton Council)</p>
<p>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 (Hallam 2008)</p>	<p>The Family Nurse Partnership offer support to residents under 19 who are expecting their first child.¹⁸</p>	<p>Facilitate improvements in two way communication between Healthcare Staff (Midwifery, Family Nurse Partnership, GPs and Health Visiting) with Early Years, Early Help, Families Matter and Children's Centre staff. Consider and evaluate mechanisms to secure earliest identification of young mothers to access the Family Nurse Partnership. (Health and Wellbeing Partners)</p> <p>Mobilise the newly commissioned integrated children's services for 0-19 (health visiting, school nursing, National Child Measurement Programme, family weight management services and Family Nurse Partnership) co-locating these services with the local authority children's services, early intervention and troubled families services to develop improved multiagency working. (Public Health, Sutton Council)</p>
<p>Intervention 2: Healthy schools and pupils</p>		
<p>Possible priority actions</p>	<p>Sutton profile</p>	<p>What else should we do?</p>
<p>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)</p>	<p>Exclusion levels in primary and secondary schools are both low. However, because of respite and 'child at risk of exclusion placements' the numbers needing alternative provision have risen.</p>	<p>The Inclusion Review between schools and the Local Authority is looking to revise approaches to accessing alternative provision earlier identification of special needs and best use of expertise that exists in: schools with specialist provisions on site and in the Local Authority Inclusion Support Service (Autism Spectrum Disorder Service, Sensory Impairment Service and Speech, Language and Communication Needs Service).</p>
<p>Keep Children Safe in Education (statutory guidance for schools and colleges, Department for Education 2015)</p>	<p>All schools in Sutton were judged 'good' or 'better' by Ofsted in managing and responding to pupil behaviour.</p> <p>Sutton Council has established the Emotional Literacy Support Assistant (ELSA) programme. (Most schools have at least one ELSA trained employee).</p> <p>Child and Adolescent Mental Health Service (CAMHS) staff have been integrated into primary schools to support the behaviour support service.</p> <p>Sutton CCG and Sutton Council have commissioned a single point of access to an integrated CAMHS service. This provides all referrers (GPs, other healthcare professionals, schools, social workers etc) with a quick and easy way of referring children and young people to the most appropriate service.</p>	<p>Secure access to Improving Access to Psychological Therapies (IAPT) (Joint Strategy for Health and Social Care).</p> <p>Integrate greater support from Educational Psychologists and CAMHS specialists to the Early Help Families Matter service.</p> <p>Make the most of each and every opportunity to help young people to improve their health and wellbeing by Making every contact count (MECC). (All Health and Wellbeing Board Partners).</p>

¹⁸ The programme supports mothers from 16-28 weeks of gestation up to the 2nd birthday of their child, offering the five mandated 0-5 year health reviews, care and advice about pregnancy, childbirth and responsible parenting. The young mother is also given advice on employment and education.



Clinical Commissioning Group

<p>Promote schools as settings for healthy behaviours (McLellan and Perera 2013)</p>	<p>Sutton schools develop children’s life skills supporting them to problem-solve and to build self-esteem and resilience to peer and media pressure. Personal Social Health Education (PSHE) is embedded well into the school curriculum. Staffing capacity has been maintained by merging PSHE with Education Safeguarding.</p>	<p>Encourage and assist more schools to seek Healthy School Status.¹⁹</p> <p>See Inclusion Review above</p>
<p>Schools to incorporate more physical activity into the curriculum</p>	<p>Primary schools are working collaboratively to secure additional capacity for PE.</p> <p>Schools continue to promote and support PE and competitive sport.</p>	<p>Encourage and assist more schools to seek Healthy School status.</p> <p>Explore scope for third sector organisations to provide comprehensive physical activities potentially out of school hours.</p> <p>Introduce the ‘Daily Mile’ to Sutton primary and nursery schools. The aim of the Daily Mile is to improve the physical, emotional and social health and wellbeing of children – regardless of age or personal circumstances.²⁰</p> <p>(Health and Wellbeing Board Partners)</p>
<p>Schools to promote more healthier diets, focusing on 6-12 year olds. Overall impacts in terms of reducing weight gains may be relatively small, but can lead to significant longer-term impacts, halving adult obesity rates (National Institute for Health and Care Excellence 2013b)</p>	<p>All key stage 1 children in Sutton receive free school meals.</p> <p>The council has attracted funding to improve school facilities (e.g. in kitchens) that can improve the quality of meals. Many Sutton schools are working together to procure healthier and more sustainable food options.²¹</p>	<p>Promotion of healthy eating for target families within support mechanisms like Early Help Families Matter.</p> <p>Work collaboratively with Sutton Council Planning Department to support the ambition of the Local Plan to improve the Health and Wellbeing of residents by reducing the concentration and clustering of hot food takeaways. (See Action 8).</p>
<p>Transition to adult services: A loss of continuity in care can be a disruptive experience, particularly during adolescence, when young people are at an enhanced risk of psychosocial problems (Patten and Viner 2007).</p> <p>Some groups are considered at particular risk: Young people with complex and multiple needs (Crowley et al. 2011) Child and adolescent mental health service users (Singh</p>	<p>The transition team works with young people with Special Education Needs and Disability (SEND) aged 17 years to ensure that their transition to adult services is effective. The transition team also coordinates multi-agency working groups to develop health, employment, housing and life opportunities for young people with SEND. The aim of this work is to increase the options available to assist young people with SEND to be healthy, to find work, to live independently and to form friendships, relationships and pursue their interests.</p>	<p>Establish Education Health and Care Plans for all children with disabilities by 2017 (Joint Health and Social Care Strategy)</p> <p>Implement NICE Guidance: Transition from children’s to adults’ services for young people using health or social care services (February 2016)</p>

¹⁹ The London Healthy Schools Programme provides an awards scheme for London schools that have achieved various levels of success using its healthy school resources and tools.

²⁰ More information about the project is accessible from <http://thedailymile.co.uk/>

²¹ https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/366852/PHE_Priorities.pdf



et al. 2010), Young people with palliative care needs and life limiting conditions (Children and Young People's Health Outcomes Forum 26 2012) and young people leaving residential care (Beresford and Cavet 2009)

5.3 Action 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).²²

Overview

The Health and Wellbeing Board considers that a collaborative approach is needed to create a borough where the positive links between work and health are recognised by all; where everyone aspires to a fulfilling working life; and where health conditions and disabilities are not a barrier to enjoying the benefits of work.

Achieving this place- based approach to employment will rely on partnership working, Making Every Contact Count (MECC)²³ and coordinating pathways between medical and non medical sources of support (see also Action 7).

Intervention 3: Helping people find good jobs and stay in work

Possible priority actions	Sutton profile	What else should we do?
Those commissioning public services should use the Social Value Act ²⁴ to maximise equitable employment opportunities, focusing on those least likely to be	Nationally and locally a broad range of organisations shape and deliver the complex skills and employment agenda. In Sutton, partners are brought together through the Sutton Economic Support Taskforce (SEST) which includes representatives from the public, private and voluntary sectors. Sutton has a higher percentage of	Improve commissioner's awareness and knowledge of the Social Value Act. (Sutton Council and Sutton CCG) Through Opportunity Sutton, and partners across the Sutton Economic Support Taskforce, the borough is developing a Talent Management Strategy with a view to developing career pathways to support the London Cancer Hub and the wider health and social care sector. (Opportunity Sutton and SEST)

²² http://www.kingsfund.org.uk/sites/files/kf/field/field_publication_file/improving-the-publics-health-kingsfund-dec13.pdf pg21

²³ Making Every Contact Count is a concept which aims to improve lifestyles and reduce health inequalities. It encourages conversations based on behaviour change methodologies (ranging from brief advice, to more advanced behaviour change techniques), empowering healthier lifestyle choices and exploring the wider social determinants that influence all of our health. (information accessible from <http://www.makingeverycontactcount.co.uk>) and Public Health England implementation guidance from https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/495087/MECC_Implementation_guide_FINAL.pdf

²⁴The Public Services (Social Value) Act came into force on 31 January 2013. It requires people who commission public services to think about how they can also secure wider social, economic and environmental benefits.



Clinical Commissioning Group

<p>able to access the jobs market.</p>	<p>residents with educational qualifications than the London average; however it is vital that the skills available within the borough match the demands of local businesses as they grow. The Sutton Skills Match strategy²⁵ sets out the priorities for raising skill levels in the borough, increasing employment and creating sustainable employment opportunities.</p> <p>Sutton has launched the Sutton Apprenticeship Hub. The hub is an online platform to improve the information given to young people and their parents, teachers and businesses. (Sutton Skills Match Strategy).</p> <p>Sutton Education Business Partnership provides opportunities for young people to develop their employability skills, gain valuable work experience, and the skills and abilities needed for employment.</p> <p>The NEET Forum is a multiagency group that considers the needs of young people who are not in employment, education or training. Sutton aims to track and identify all young people who are NEET (currently around 135 young people aged 16-19 years) and offer them intensive support to find career paths to sustainable employment. Courses are coordinated through the NEET Forum and weekly information, advice and guidance (IAG) sessions allow vulnerable and NEET young people to access support and assessment for hardship allowance.</p> <p>An accredited 'Tots and Teens' programme is available for Teenage parents to enable them to learn and progress.</p>	<p>Work with external organisations, funded via European Structural and Investment Funds or national grants, to support the Not in Education, Employment or Training (NEET) cohort in the light of reduced Local Authority budgets. (NEET forum)</p> <p>Increase the availability of weekly information and guidance sessions across those parts of the borough, where there are hot spots of NEET young people and higher rates of unemployment. (Early Help Strategy)</p> <p>Work with businesses and employers to increase decent opportunities for people with a mental health diagnosis particularly for long term paid employment. (Our Place)</p>
<p>Workplace health remains a significant public health issue and each year more than a million people in the UK experience a work-related illness (NICE)</p>	<p>As local employers Sutton Council and Sutton NHS organisations are well placed to improve the health and wellbeing of their workforce by introducing healthier working practices and promoting the benefits of healthy lifestyle choices.</p> <p>Sutton Council recognises the importance of employee wellbeing and ensuring that the workplace is a thriving one. The Council has invested in the Employee Assistance Programme (EAP). EAP aims to provide a work-life balance by supporting staff through topics from health and well-being to relationships</p> <p>By supporting the health and wellbeing of its staff, the NHS and LA can act as</p>	<p>Support the lowest paid council staff, who are residents of Sutton, to access NHS Health Checks and stop smoking and healthy weight services as well as alcohol advice. (Public Health, Sutton Council)</p> <p>Encourage Local Authority and NHS organisations to sign up to the Workplace Wellbeing Charter.²⁶ (Sutton CCG and Sutton Council)</p>

²⁵ <https://moderngov.sutton.gov.uk/documents/s36672/Sutton%20Skills%20Match.pdf>

²⁶ <http://www.wellbeingcharter.org.uk/>



Clinical Commissioning Group

	an advocate both for patients/clients and in their own communities, e.g. encouraging frontline staff to have annual flu vaccinations.	
<p>Nationally people with mental health conditions report numerous barriers to employment.²⁷</p> <p>'Supported employment is significantly more effective in helping people with severe mental health illness into employment than pre-vocational training' (Crowther et al 2001).</p> <p>Help more people to be 'fit for work' – learning from the national pilot</p>	<p>The objective of Sutton's 'Our Place!' project²⁸ is to assist people with a mental health diagnosis into paid employment opportunities. The project is a partnership between Sutton CCG, Job Centre Plus and the London Borough of Sutton. It is supported by a dedicated Employer Engagement Officer. The project is funded by the Department of Work and Pensions through Sutton Job Centre Plus.</p>	<p>Work with the Department for Work and Pensions (DWP) to co-design innovative local models of employment support for harder-to-reach claimants. (Public Health, Sutton Council)</p> <p>Work with DWP and other partners to develop social prescribing pathways between medical and non medical sources of support to help people find good jobs and stay in work. (Public Health, Sutton Council + see also Action 7)</p> <p>Work innovatively with DWP to deliver NHS Health Checks and stop smoking services in or near the Jobcentre, to improve access to residents from more deprived communities. (Public Health, Sutton Council).</p>

²⁷ Care for Mental Health briefing 47: Barriers to employment, what works for people with mental health problems (2013) http://www.cnwl.nhs.uk/wp-content/uploads/2012/11/Briefing47_Barriers_to_employment.pdf

²⁸ Our Place! - Embracing Mental Health is a Sutton partnership that supports people with mental health conditions, learning disabilities or autistic spectrum disorders back into work with employers who prioritise their wellbeing. Partners in the project include Mencap, Imagine, Sutton Jobcentre Plus, Uplift, South West London St George's Mental Health Trust and SCOLA. The project is part of the national Our Place! programme run by the Department of Communities and Local Government (DCLG).



Clinical Commissioning Group

5.4 Action 4 and 5

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.²⁹

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

There is significant and growing evidence of the health benefits of access to good quality green and open spaces. Those with nearby access to green space live longer than those without it, even adjusting for social class, employment and smoking. The impact is most significant amongst the least well off.³⁰

‘For too long, physical activity has been seen merely in the light of its benefits in tackling obesity. However, there is compelling evidence that physical activity in its own right has huge health benefits totally independent of a person’s weight—in fact research recently published suggested that increasing physical activity levels could have greater impact on reducing mortality than reducing weight.’³¹

Overview

In Sutton good health is not equally distributed within the borough and some groups of people suffer disproportionately poor health and also record lower than average levels of physical activity than others. Tackling physical inactivity will be a key part of the Health and Wellbeing Board’s place-based approach to reducing the burden of preventable death, disease and disability, and supporting Sutton residents to achieve their potential.

The Health and Wellbeing Board will aim to embed physical activity into the fabric of daily life and across the life course (see also Action 1), developing partnership working, Making Every Contact Count (MECC) and coordinating pathways between medical and non-medical sources of support (see also Action 7) to deliver this ambition.

Intervention 4: Active and safe travel

Intervention	Sutton profile	What else should we do?
Promote active travel	Sutton has an extensive network of public rights of way and signed cycle routes; however, less than half of the short journeys made within the	Ensure that walking and cycling are considered alongside other interventions when working to achieve specific health outcomes in relation to the local population (such as a reduction in the risk of
Walking and cycling		

²⁹ http://www.kingsfund.org.uk/sites/files/kf/field/field_publication_file/improving-the-publics-health-kingsfund-dec13.pdf pg26

³⁰ Public Health England: Everybody Active, Every Day (2014) https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/353384/Everybody_Active__Every_Day_evidence_based_approach_CONSULTATION_VERSION.pdf

³¹ Health of Commons Health Committee: Impact of physical activity and diet on health (March 2015) <http://www.publications.parliament.uk/pa/cm201415/cmselect/cmhealth/845/845.pdf>



Clinical Commissioning Group

<p>are accessible and cost-effective ways of incorporating physical activity into everyday life.</p>	<p>borough are made on foot, bicycle or public transport.^{32,33} Sutton Council's approaches to improving the borough's transport and environment over the next decade are set out in the Sustainable Transport Strategy (2015) and Sutton Cycling Strategy (2015).</p>	<p>cardiovascular disease, cancer, obesity and diabetes, or the promotion of mental wellbeing). NICE guideline [PH41] (Sutton Local Plan)</p> <p>Ensure that walking and cycling are included in chronic disease pathways.). NICE guideline [PH41] (Joint Health and Social Care Strategy)</p> <p>Encourage adults to become more active more often by integrating physical activity advice into relevant care pathways to Make Every Contact Count (MECC).³⁴ (Health and Wellbeing Board Partners)</p>
<p>Create safe, attractive green and enjoyable local environments with roads that prioritise perceptions of safety, and reported quality of life. (Living Streets 2012; Walking for Health 2013)</p>	<p>One of the biggest transport challenges facing the borough is the high level of car ownership and usage and the consequential problems of traffic congestion, air pollution and contribution to climate change. High car ownership also contributes to relatively low levels of walking, cycling and public transport use, and related health issues.³⁵</p>	<p>Implement new and innovative solutions to create safer and more liveable streets including home zones, play streets and bike streets. (Sutton Sustainable Transport Strategy 2015)</p> <p>Continue to provide cycle training to schools and to adult learners, carry out road safety campaigns and initiatives in conjunction with the Safer Sutton Partnership, police and TfL and support the school crossing patrol service. (Sutton Sustainable Transport Strategy 2015)</p> <p>Continue to apply existing planning policies to help reduce the need to travel and promote sustainable transport. (Sutton Sustainable Transport Strategy 2015).</p>
<p>Introduce 20mph speed zones where appropriate. (Steinbach et al 2013)</p>	<p>To improve road safety and to encourage more people to walk and cycle, Sutton has implemented selective 20mph zones over the last 20 years.</p>	<p>Continue to roll out the programme to introduce more 20mph zones within the borough. (Sutton Sustainable Transport Strategy 2015)</p>

Intervention 5: Access to green and open spaces and the role of leisure services

Intervention	Sutton profile	What else should we do?
<p>Open space should be taken into account in planning for new development and considering proposals that may affect existing open space (see National Planning Policy Framework paragraphs 73-74).</p>	<p>Sutton has 85 parks and open spaces, a total of 600 ha and 14% of the borough's land area.³⁶ These green spaces provide sporting venues and play a key role in allowing communities to pursue healthy activities, including for some residents who are less likely to use traditional leisure facilities. Sutton Council works with local resident groups to maintain local parks and develop innovative strategies to promote their use e.g.</p> <ul style="list-style-type: none"> ▪ Working with The Wandle Valley Regional Park Trust to enhance parks, conservation areas and the River Wandle corridor to improve access for walking and cycling and ensure that the health benefits of parks are optimised. ▪ Working with private 	<p>As part of the work to develop Sutton's Local Plan engage with local communities to develop plans for green space within the Hackbridge and Beddington neighbourhood plans (Astell-Burt et al 2013). (Sutton Local Plan)</p> <p>The improvement of green space in town centres and the provision of green space outside of towns should be considered in local planning developments. (Sutton Local Plan)</p>

³² Less than 3 miles (5 kilometres)

³³ Sutton Council Sustainable Transport Strategy (2015)

³⁴ Preventing unintentional injuries in the home: interventions for under 15s (NICE 2010)

³⁵ Sutton Sustainable Transport Strategy 2015

³⁶ The total of 600ha also includes: 6 cemeteries and free access to other privately owned spaces



Clinical Commissioning Group

	tennis coaches and local sports clubs to ensure that open spaces are accessible and that sports activities are provided.	
Actively engage community groups and volunteers: Research demonstrates that volunteering can have a positive impact on well-being providing volunteers, with increased feelings of self esteem, a sense of belonging and a network of support which they can draw on in times of need³⁷	There are a wide range of volunteering opportunities within Sutton that enable people to improve their local environment and their health at the same time e.g. Sutton Nature Conservation Volunteers (SNCV), and Park Friends Groups.	Continue to coordinate volunteering opportunities within the borough and improve signposting. (See Action 7)
Proactively plan the use of leisure facilities to maximise local residents' health.	<p>Sutton Council has an important leadership role in bringing together schools, voluntary sport clubs, National Governing Bodies of sport, health and the private sector to forge partnerships and unblock barriers to participation in local sport.³⁸</p> <p>During 2014/15 the 'Exercise on Referral' scheme was reviewed. As a result a number of recommendations were made to improve the service and increase activity.</p>	Encourage children and adults to become more active more often by integrating physical activity advice into relevant care pathways to Make Every Contact Count (MECC). ³⁹ (Health and Wellbeing Board Partners + Action 1+ Action 7)

³⁷ Institute for Volunteering Research (2011) Volunteering and health evidence of impact and implications for policy and practice: A literature review <http://www.ivr.org.uk/images/stories/Institute%20of%20Volunteering%20Research/Migrated%20Resources/Volunteering%20and%20Health%20Literature%20Review%20October%20Final.pdf>

³⁸ HM Government: Sporting Future, A New Strategy for an Active Nation (2015)

³⁹ Preventing unintentional injuries in the home: interventions for under 15s (NICE 2010)



5.5 Action 6

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.⁴⁰

Overview

Housing, its availability, standard and suitability, has a critical role to play in the Health and Wellbeing Board's plans for a more preventative, personalised, and integrated approach to health and social care.

Housing is central to health, wellbeing and social inclusion and evidence suggests that cost effective housing interventions can reduce accidents, falls, and hospital admissions and promote independence. Working through the Better Care Fund, the Health and Wellbeing Board will support a collaborative approach to housing issues (between health and social care organisations, housing and the third sector) to improve health outcomes for residents, reduce health inequalities and contribute to a sustainable health and social care economy. (See also Action 7)

Intervention 6: Warmer and safer homes

Intervention	Sutton picture	What else should we do?
<p>Making homes warmer</p> <p>Each winter in England and Wales between 25,000 and 30,000 more people die than in the summer (Department of Health 2013; Office for National Statistics 2013), particularly those over the age of 65 (The Poverty Site, no date). Much of this is due to living in a cold house with an</p>	<p>Sutton residents who are vulnerable to fuel poverty and cold homes are interspersed to varying degrees throughout the borough and unexpectedly rates of fuel poverty appear to be relatively high in some of the least deprived wards (e.g. Stonecot and Cheam).⁴¹ This distribution reflects the complex causes of fuel poverty. However the interplay of the energy efficiency of the property, energy costs and household income are considered particularly important⁴² and form the basis for national and local interventions.</p> <p>Sutton Council's website provides advice, information and signposting to help people to keep warm in winter.</p>	<p>Integrate warm homes advice into relevant care pathways to Make Every Contact Count (MECC)⁴⁴ (Sutton Fuel Poverty Strategy, Health and Wellbeing Board Partners + see also Action 7)</p> <p>Increase flu vaccination coverage in vulnerable groups (See Action 8).</p>

⁴⁰ http://www.kingsfund.org.uk/sites/files/kf/field/field_publication_file/improving-the-publics-health-kingsfund-dec13.pdf pg31

⁴¹ Source Sutton Fuel Poverty Strategy

⁴² UK Health Prevention Forum: Fuel Poverty, How to improve health and wellbeing through action on affordable warmth (2014)



Clinical Commissioning Group

<p>increased risk of cardiovascular disease, respiratory illnesses and stroke. Cold homes are usually due to poor energy efficiency and inadequate heating, mostly affecting those on low incomes. Just under 2.4 million homes were considered 'fuel poor' in England in 2011 (Department of Energy & Climate Change 2013)</p>	<p>Sutton's Fuel Poverty Strategy⁴³ aims to target affordable warmth interventions to fuel poor households. The interventions, which are led by the Local Authority and voluntary sector, enable vulnerable people to access support and advice when needed.</p> <p>The Warm Rooms scheme is funded by Public Health and managed and delivered by Environmental Health. The scheme which targets vulnerable groups (e.g. those on a low income, older and disabled people, and those living with a long term condition) offers:</p> <ul style="list-style-type: none"> • home assessments, • benefits checks • thermal clothing, bedding, draft Proofing or emergency heating. <p>Sutton's Advice and Information service provides impartial advice about housing, care and related finance to support people to stay in control of where and how they live.</p>	
<p>Preventing falls among older people</p> <p>Adaptations and mobility or other aids help people live independently for longer (Adams and Ellison 2009).</p> <p>Housing disrepair impacts on mental as well as physical health, affects carers' ability to care and can fundamentally undermine older people's ability to live independently and safely as part of the wider community.⁴⁵</p>	<p>The vast majority of older and disabled people in Sutton live in general rather than specialist housing.⁴⁶ Therefore home adaptations, equipment and repairs play are important in enabling safe, independent living at home. When delivered early, these interventions can contribute to preventing falls, reducing admissions to hospital and residential care or enabling an individual to remain at home as they approach end of life.</p> <p>Sutton has an 'in house' home improvement agency which manages the Councils Disabled Facilities Grants Programme⁴⁷ to install home adaptations and improvements for older vulnerable and disabled people. The agency also provides financial assistance to residents to enable early discharge from hospital and prevent readmission. In addition a Minor Homes Repair Scheme and Priority Repair Loans targeted at vulnerable home owners aims to improve housing conditions including heating and</p>	<p>Integrate falls prevention advice into relevant care pathways to Make Every Contact Count (MECC)⁴⁸ recognising that many falls happen at home. <i>(Joint Health and Social Care Strategy)</i></p> <p>Develop a community falls prevention approach working with the fire service and police. <i>(Better Care Fund)</i></p> <p>Sutton Council will continue to work with Sutton Housing Partnership to ensure that the council's housing stock meets the Decent Homes Standard.^{49 50} <i>(Sutton Housing Strategy)</i></p> <p>Better understand the number of people in the borough that have benefiting from the Disabled Facilities Grant and the Integrated Community Equipment Service. By extending the use of NHS numbers to the IT systems used to manage Disabled Facilities Grant applications and other housing interventions, data can be collected to monitor benefits and target interventions to support people who may be at risk of moving into residential care prematurely. <i>(Better Care Fund)</i></p> <p>Work with Housing (Sutton Council) to develop innovative ways to optimise funding and use of loans.</p>

⁴⁴ Preventing unintentional injuries in the home: interventions for under 15s (NICE 2010)
⁴³ <https://moderngov.sutton.gov.uk/documents/s29971/Fuel%20Poverty%20Strategy%20-Formal%20Consultation%20Draft%20at%207%20Nov%202013.pdf>
⁴⁵ Care and Repair England: Off the Radar, Housing disrepair and health impact in later life (March 2016)
⁴⁶ Sutton Adult Social Care Market Position Statement
⁴⁷ Disabled Facilities Grants, (paid to Sutton Council through the Better Care Fund since October 2015) provide an important mechanism for supporting people with disabilities to live independently.
⁴⁸ Preventing unintentional injuries in the home: interventions for under 15s (NICE 2010)
⁴⁹The Decent Homes standard is a nationally defined standard³ which is measured by indicators that include need for urgent repairs, age of the kitchen and bathroom facilities and thermal comfort, as well as presence of a 'Category 1 hazard'. This is a hazard that presents a significant risk to the health of the occupant.
⁵⁰ Sutton Council Corporate Plan 2014/15-2018/19



Clinical Commissioning Group

	<p>insulation.</p> <p>The Integrated Community Equipment Service (ICES) is commissioned through the Better Care Fund. The service provides residents of all ages, with temporary or permanent disabilities, with equipment that enables them to function at home with greater safety and independence. The ICES also enables health or social care staff to manage the clinical and manual handling needs of the resident safely within their home environment.</p> <p>Age UK (Sutton) operate a Handy Man Scheme.</p> <p>The Sutton Falls Prevention Service, Community Rehabilitation Team and Older People's Assessment and Rehabilitation Service (OPARS) provide a range of services that support older people to remain independent and living at home.</p>	<p>Work with planners to ensure that the increase in numbers of older households is taken into account and that new homes are designed to anticipate the needs of people as they grow older, supporting them to remain independent. (Sutton Housing Strategy + see also Action 9)</p>
<p>Preventing accidents in the home among children</p> <p>(Prioritising, those with children under five, those living in rented or overcrowded conditions and those on low incomes).</p>	<p>Sutton health visitors lead and support the delivery of universal injury prevention work for infants and young children through the Healthy Child Programme. Sutton's Children's Centres share this aim and are key partners.</p> <p>Preventing unintentional injuries for the under-fives is an objective of the Family Nurse Partnership programme and part of the wider aims for the Troubled Families Programme.⁵¹</p>	<p>Encourage partnership working across the public, private and voluntary and community sector to bring together services such as early years providers (including child-minders), GPs, midwives, social housing, fire and rescue and safety equipment suppliers⁵² to reduce unintentional injuries. (See Action 1)</p> <p>Better use of clinical information, including risk profiling, disease registers and information sharing to identify those that may be at greatest risk of unintentional injury (NICE 2010)⁵³ (See Action 1)</p> <p>Integrate home safety advice into relevant care pathways to Make Every Contact Count (MECC)⁵⁴ (See Action 1)</p>

⁵¹ Public Health England, ROSPA and Child Accident Prevention Trust (2014) Reducing unintentional injuries in and around the home among children under five years
https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/322210/Reducing_unintentional_injuries_in_and_around_the_home_among_children_under_five_years.pdf

⁵² Public Health England, ROSPA and Child Accident Prevention Trust (2014) Reducing unintentional injuries in and around the home among children under five years
https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/322210/Reducing_unintentional_injuries_in_and_around_the_home_among_children_under_five_years.pdf

⁵³ Preventing unintentional injuries in the home: interventions for under 15s (NICE 2010)

⁵⁴ Preventing unintentional injuries in the home: interventions for under 15s (NICE 2010)


5.7 Action 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).⁵⁵

Social prescribing is a method of linking people with health problems or social, emotional or practical needs to a range of local, non-medical sources of help and support in the community. Social prescribing recognises the influence of social, economic and cultural factors on health and provides a holistic approach as an appropriate alternative to medicalised explanations and treatments of poor health (Rogers and Pilgrim, 1997)

Overview

Resilience is the capacity of people to confront and cope with life's challenges and to maintain their wellbeing in the face of adversity. Sutton has a vibrant voluntary and community sector (VCS) with a long history of providing a diverse range of services and activities.⁵⁶ However despite this wealth of resource the Health and Wellbeing Board has limited understanding about the number of people who use these services, or how the outcomes achieved contribute to the wellbeing and resilience of the community.

Supported by the emerging evidence base, the Health and Wellbeing Board will support the introduction of Social Prescribing to align pathways from primary care with non-medical sources of support. Referrals for social prescribing could include opportunities for arts and creativity, physical activity, learning new skills, volunteering, peer support, befriending and self-help, or signposting to support with employment, benefits, housing, debt or legal advice.

Social prescribing will enable people to be referred easily between services, avoid duplication of provision and allow intelligence and best practice to be shared and outcomes evaluated. This model has the potential to support the introduction of personal health budgets enabling people with long term conditions and disabilities to have greater choice, flexibility and control over the health care and support that they receive.

⁵⁵http://www.kingsfund.org.uk/sites/files/kf/field/field_publication_file/improving-the-publics-health-kingsfund-dec13.pdf pg42

⁵⁶ Sutton JSNA Voluntary Sector Fact Sheet <http://data.sutton.gov.uk/resource/view?resourceId=478>


Intervention 7: Strong communities, wellbeing and resilience

Intervention	Sutton picture	What else should we do?
<p>Build social capital and utilise community based assets to improve health and wellbeing.</p> <p>70% of health outcomes are determined by social factors, 30% by clinical interventions (Marmot)</p> <p>Support volunteering which is beneficial for health and wellbeing (Mundle et al 2013)</p>	<p>There are 26 GP Practices in Sutton. It is estimated nationally that approximately a fifth of a GP's time is spent managing patients with social problems including debt, social isolation, work, relationships and unemployment.⁵⁷</p> <p>Care Place, commissioned by Sutton Council, is a London wide website that provides information and guidance about care and community services within the borough</p> <p>Sutton Council's Advice and Information service is provided by Advice Link Partnership Sutton (ALPS)⁵⁸ working closely with organisations from the Sutton Together Consortium and other organisations. It offers residents information about the local resources that are available to them within their communities as well as targeted advice (with proportionate support if necessary) on issues such as debt, housing, benefits, employment and personal rights.</p> <p>Sutton Uplift service is a partnership between the NHS and local voluntary sector organisations⁵⁹ and supports anyone who has a mental health or wellbeing need, whether this is due to emotional difficulties or life stressors.</p> <p>The Community Social Work Team support people to retain and increase their social network, maintain their tenancy and home environment, access meaningful day time activities or provides help with money and financial issues.</p> <p>An outreach officer is employed by Sutton Council to provide support to those affected by the welfare reforms. This role includes benefit maximisation, employability, debt and budgeting support, prevention of homelessness, confidence building and support for vulnerable adults.</p>	<p>Align local resources to develop a step wise approach to social prescribing based on need, The model should consider innovative approaches to building resilient communities. (Health and Wellbeing Board Partners)</p> <p>Local consideration should be given to aligning pathway redesign (diabetes, dementia and respiratory) with social prescribing. There is a growing body of clinical and economic evidence to support investment in clinical services which address mental health conditions and physical health long-term conditions.⁶⁰ (Joint Health and Social Care Strategy).</p> <p>Continue work to introduce Personal Health Budgets exploring opportunities to align the programs of work (Joint Health and Social Care Strategy).</p> <p>Continue to work closely with individuals and communities to understand their needs, maximise talents and resources, support self reliance, and build resilience. (Health and Wellbeing Board Partners).</p>

⁵⁷ Citizens Advice Bureau: A Very General Practice (2015)

https://www.citizensadvice.org.uk/Global/CitizensAdvice/Public%20services%20publications/CitizensAdvice_AVeryGeneralPractice_May2015.pdf

⁵⁸ ALPS is a consortium made up of: Sutton Borough Citizens Advice Bureau (SBCABx), Sutton Carers Centre (SCC) and Age UK Sutton (AUKS).

⁵⁹ Sutton Uplift partners: South West London and St George's Mental Health NHS Trust with wellbeing support provided through a partnership between, Imagine, Age UK Sutton, Off the Record and Sutton Carers Centre).


5.8 Action 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).⁶¹

Overview

Preventing illness, keeping people healthy and ensuring a sustainable health and social care economy are fundamental ambitions of the Health and Wellbeing Board. Within Sutton although the health of the population has generally improved over time, there are still too many avoidable deaths and preventable conditions that are linked to lifestyle. This has created marked differences in the health of some groups of residents and between geographical areas of the borough.

Many of the wider social and environmental determinants of health are shaped by some form of law or regulation. Regulation influences where homes and workplaces are located, the availability of different modes of transport, and the marketing, availability and affordability of most products including alcohol, tobacco and food. Although a lot of this regulation is developed and enacted at a national level, much of the responsibility for interpretation, implementation and enforcement of the regulatory framework rests with local authorities.

The Health and Wellbeing Board will work with partners to reduce inequalities by developing an integrated place-based approach to prevention. This will involve collaboration between regulatory services, public and third sector organisations to deliver evidence based measures (universal and targeted) that empower residents to make healthier choices and lead healthier lives.

⁶¹ http://www.kingsfund.org.uk/sites/files/kf/field/field_publication_file/improving-the-publics-health-kingsfund-dec13.pdf pg48


Intervention 8: Public protection and regulatory services (including takeaway/fast food, air pollution, and fire safety)

Intervention	Sutton profile	What else should we do?
Work with takeaways and the food industry to make food healthier.	Sutton Council operates the Food Hygiene Rating Scheme in partnership with the Food Standards Agency. This allows 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. (Sutton Local Plan)
Work with schools to reduce the amount of fast food students consume during breaks and on journeys to and from school (Public Health England 2013a; GLA 2012)	There are currently no specific interventions that address 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 Sutton schools who are Food for Life accredited ⁶² to share their learning with other local schools. (One Planet Sutton) ⁶³
Regulate the number and concentration of hot food takeaways and alcohol outlets.	Many (but not all) research studies have found a direct link between a fast food-rich environment and poorer health and particularly obesity (Public Health England 2013a; GLA 2012). The Council's Housing Economy and Business Committee (HEB) agreed that the discretionary local business rate relief scheme would exclude takeaways. The Council through its Licensing Policy has introduced 8 Cumulative Impact Zones ⁶⁴ in commercial centres across the borough. Public Health review and respond to, where required, to all new alcohol licensing representations.	Work collaboratively with Sutton Council Planning Department to support the ambition of the Local Plan to improve the health and wellbeing of residents by reducing clustering of hot food takeaways. (Sutton Local Plan) Public Health to continue to review and respond, where required, to all new alcohol licensing representations. (Public Health)
Improving air quality could have an enormous impact on health. The health impacts of air pollution are greater than the risks of passive smoking and transport accidents added together (Department of Health 2010). Local authorities should lead by example in their local area to reduce air pollution. (Kilbane-Dawe 2012)	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. http://lovecleanair.org/ The Council is currently working with businesses in the Beddington Lane area to implement a fleet emissions reduction programme aimed at improving local air quality. Eco driver training is being organised for freight drivers. The Director of Public Health works closely with the air quality officers.	Outdoor air pollution is associated with important adverse effects on symptoms in patients with COPD living in London (Peacock et al 2011). ⁶⁵ As part of respiratory pathway redesign promote Air Text to increase the number of subscribers who receive alerts by text or email about high pollution forecasts. (Health and Social Care Strategy) Encouraging people to make more journeys by bike, through integrated and harmonised cycling networks (Sustainable Transport Strategy). The Director of Public Health to continue to work closely with the air quality officers and support delivery of the air quality action plan (2016-2017). (Air Quality Action Plan)

⁶² The Food for Life Catering Mark (bronze, silver and gold) is an award for caterers of all sizes working in all sectors that is administered by the Soil Association <https://www.soilassociation.org/certification/the-food-for-life-catering-mark/>

⁶³ One Planet Sutton Targets- Looking to 2017, 2025 and 2050 (accessible at <http://www.bioregional.com/wp-content/uploads/2014/10/One-Planet-Sutton-targets.pdf>)

⁶⁴ The effect of adopting a Cumulative Impact Zone is to "create a rebuttable presumption" that applications for licences which are likely to add to the existing cumulative impact will normally be refused or subject to certain limitations unless the applicant can demonstrate that there will be no negative cumulative impact on the licensing objectives.

⁶⁵ Thorax 2011;66:591e596. doi:10.1136/thx.2010.155358 <http://thorax.bmj.com/content/66/7/591.full.pdf+html>



Clinical Commissioning Group

<p>Support the provision of wider public health interventions by fire crews (Marmot et al 2010, p 153)</p>	<p>Currently work is delivered on home fire safety visits by London Fire Brigade.</p>	<p>Develop a community falls prevention approach working with the fire service and police. (Better Care Fund + see also Action 6)</p>
---	---	---

Living Well for Longer - other Sutton services

Intervention	Sutton profile	What else should we do?
<p>In order for NHS Health Checks to be effective at reducing health inequality, it is important to have high and equitable uptake in high risk populations as risk factors of tobacco use, high blood pressure, excess alcohol consumption, high cholesterol and being overweight are key reasons for inequalities in health and life expectancy⁶⁶</p>	<p>Public Health commissions NHS Health Checks for adults in Sutton aged 40-74 without a pre-existing condition. The service evaluates circulatory and vascular health and the resident's risk of a disabling vascular disease.</p>	<p>Strengthen the NHS Health Check programme to increase uptake and ensure equitable access across the borough. (Public Health, Sutton Council). Participate in the National Diabetes Prevention Programme (NDPP) (Sutton Council and Sutton CCG).</p>
<p>Smoking is increasingly concentrated in more disadvantaged groups and is the main contributor to health inequalities in England.⁶⁷</p>	<p>Smoking cessation advice is available online (e.g. from NHS Choices, free help lines and apps) and from a range of providers commissioned by Public Health (Sutton Council) to meet the needs of residents (e.g. community pharmacies, GP practices, maternity services and mental health services)</p>	<p>Ensure that smoking cessation services are responsive to local needs, targeted appropriately (young people, pregnant women, routine and manual workers and people with mental health problems) and incorporated within respiratory and diabetes care pathway redesign. (Public Health, Sutton Council and the Joint Health and Social Care Strategy)</p>
<p>Sutton Public Health completed a Tobacco Control Needs Assessment 2015.</p>		<p>Encourage smoking cessation services to be open to people who want to use e-cigarettes to help them quit and offer them support.⁶⁸ (Public Health, Sutton Council)</p>
<p>An analysis of risk factors for death and disability found that alcohol is the third leading risk factor for death and disability after smoking and obesity.⁶⁹</p>	<p>Sutton commissions an assertive outreach alcohol A&E liaison worker. The worker assesses and engages service users entering A&E and refers them to treatment and follow up in the community.</p>	<p>Ensure that the community counselling and psychosocial services, commissioned by Sutton, to support families (parents and children) affected by drug or alcohol problems are integrated into children's services. (See also Action 1)</p>
<p>Alcohol misuse impacts not just on the drinker but also those around them. Children affected by parental alcohol misuse are more</p>	<p>An alcohol in reach clinical practitioner, linked to substance misuse and the mental health team, sees and assesses people admitted to St Helier with primary or secondary alcohol problems and refers into community services.</p> <p>Community counselling and psychosocial services, support families (parents and children) affected by drug</p>	

⁶⁶ Public Health England: Health inequalities briefing for London NHS Health Checks and target diseases: Inequalities by protected characteristics and socioeconomic factors (2015)

⁶⁷ Public Health England: Health Matters, Smoking and quitting in England (2015)

⁶⁸ E-cigarettes: an evidence update A report commissioned by Public Health England (2015)
www.gov.uk/government/uploads/system/uploads/attachment_data/file/457102/E-cigarettes_an_evidence_update_A_report_commissioned_by_Public_Health_England_FINAL.pdf

⁶⁹ Public Health England: Health Matters, harmful drinking and alcohol dependence (2016)



likely to have physical, psychological and behavioural problems. ⁷⁰	or alcohol problems.	
<p>'A healthy, balanced diet that is high in fruit, vegetables and fibre and low in saturated fat, sugar and salt, alongside being more active, will help you to maintain a healthy weight and lower your risk of developing heart disease, type 2 diabetes and some cancers.'</p> <p>Chief Nutritionist (Public Health England).</p>	<p>Sutton CCG and Sutton Council promote NHS England and Public Health England resources that support people to make healthier dietary choices. (These include NHS Choices, One You and Change 4 Life – online resources and apps).</p> <p>All schools teach children about healthy eating as part of the curriculum and in PHSE lessons.</p> <p>School Nurses deliver evidence based Mind, Exercise, Nutrition...Do it! (MEND)⁷¹ courses within the borough. This targeted intervention provides the information that children and families need to choose healthier foods and spend more time being active.</p> <p>Livewell (commissioned by Public Health, Sutton Council) provides dietician led weight management courses for residents identified by their GP. Health Trainers provide support motivation and encouragement to help people to make healthy eating choices and improve their diet.</p> <p>Sutton Community Farm (which is based in Wallington) is a community venture, developed with the purpose of increasing access to fresh, healthy, sustainable food. It provides a shared space for people to cultivate skills, get exercise and make friends.</p> <p>Sutton People's Kitchen brings people together to celebrate food, encourage healthy eating and promote local food growing. The project involves cook clubs, banquets, film screenings and a pop-up stall running cooking demonstrations.</p>	<p>Optimise opportunities to provide advice about healthy diets by Making Every Contact Count (MECC).</p> <p>Use social prescribing to align pathways from primary care with non-medical sources of support and increase community resilience. (See Action 7).</p> <p>Participate in the National Diabetes Prevention Programme (NDPP) (Sutton Council and Sutton CCG).</p>
<p>In addition to reducing premature death and the incidence of disease, participating in physical activity also has benefits for mental health, quality of life and wellbeing and maintaining independent living in older age. It can also play a key role in reducing health</p>	<p>See Actions 1,2,4,5 and 7</p>	

⁷⁰ Public Health England: Health Matters, harmful drinking and alcohol dependence (2016)

⁷¹ The MEND Foundation <http://www.mendfoundation.org/>



Clinical Commissioning Group

<p>and social inequalities⁷²</p>		
<p>Efficient and good quality vaccination and screening programmes</p>	<p>The routine immunisation programme⁷³ and population screening programmes⁷⁴ are delivered in a number of settings within the borough.</p>	<p>Sutton Council along with partners in the NHS have an active role to play in reaching out to hard-to-reach groups, to address health inequalities, and working with schools and communities to improve awareness about the importance of screening and vaccination programmes. (Health and Wellbeing Partners).</p>
<p>The provision of integrated sexual health services is supported by current accredited training programmes and guidance from relevant professional bodies including FSRH, BASHH, BHIVA, MEDFASH, RCOG and NICE and relevant national policy and guidance issued by the Department of Health and Public Health England.</p>	<p>Sutton Council undertook a sexual health needs assessment (2015) and commissioned an integrated sexual health and reproductive health service (CaSH and GUM). The new service will improve access to sexual and reproductive health services and provide seamless care for residents.</p>	<p>Continue work with Sutton CCG to implement the recommendations of the sexual health needs assessment - integrating care across organisational boundaries (Public Health, Sutton Council and Sutton CCG).</p>

⁷² Marmont M. Social determinants of health inequalities. The Lancet. 2005;365(9464):1099-1104.

⁷³ The Routine Immunisation Schedule (2015)

https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/500214/9406_PHE_2016_Complete_Immunisation_Schedule_A4_02.pdf

⁷⁴ Population screening programmes <https://www.gov.uk/topic/population-screening-programmes>



Sutton

NHS
Sutton
Clinical Commissioning Group

5.9 Action 9

Health and spatial planning

The health and wellbeing of communities cannot be an afterthought. It must begin with the planning process. (Chang et al 2010)⁷⁵

Overview

Towns can act as engines for health - connecting people to jobs, education, services, and a wealth of opportunities. The built environment and well-designed outdoor spaces can enhance the long-term health and wellbeing of those who use them regularly and can reduce the risk of accidents, promote physical activity, healthy aging and reduce social isolation. (See also Action 4 and 5)

The Health and Wellbeing Board will encourage partners and the wider community to work with planners to ensure that new developments promote health and wellbeing, reduce inequalities and make it easier for people within Sutton to live healthy lives.

Intervention 9: Health and Spatial Planning

Intervention	Sutton picture	What else should we do?
<p>It is increasingly clear that health and public health priorities, such as cardiovascular diseases, stroke, respiratory diseases, and mental and physical health, have a significant spatial dimension⁷⁶</p> <p>And a lifetime neighbourhood ... is a place where a person's age doesn't affect their chances of having a good quality of life. The people living there are happy to bring up children and to grow older – because the services,</p>	<p>The link between planning and health has been long established and this is reflected throughout the National Planning Policy Framework.⁷⁷</p> <p>In line with this guidance, Sutton Council has ensured that health and wellbeing, and health infrastructure have been considered in developing their Local Plan.</p> <p>Sutton CCG's estates strategy (2015) supports the ambitions of the Five Year Forward View. The document, provides a longer term strategic plan for the development of primary and community estate that anticipates changes in demography, demand for healthcare services and delivery of healthcare closer to people's homes. This agenda is developed by the Sutton Estates Group (Sutton CCG, NHS England, Sutton Council and providers).</p>	<p>Continue to work with planners to ensure that health and wellbeing, and health infrastructure are considered in local and neighbourhood plans and in planning decision making. (Public Health organisations, health service organisations, commissioners and providers, and local communities).</p> <p>Work collaboratively to develop an evidence based place -based approach to complex issues e.g. healthy ageing,⁷⁸ health and social care delivery and obesity.⁷⁹ (Health and Wellbeing Partners)</p>

⁷⁵ http://www.kingsfund.org.uk/sites/files/kf/field_publication_file/improving-the-publics-health-kingsfund-dec13.pdf pg52

⁷⁶ Communities and Local Government: National Planning Policy Framework (NPPF) Guidance (March 2012)

⁷⁷ Planning Practice Guidance: Health and Wellbeing
<http://planningguidance.communities.gov.uk/blog/guidance/health-and-wellbeing/what-is-the-role-of-health-and-wellbeing-in-planning/>

⁷⁸ Housing Learning and Improvement Network 'Active Ageing and the Built Environment' (February 2016) (accessible from https://ipc.brookes.ac.uk/publications/pdf/Housing_LIN_Active_Ageing_And_The_Built_Environment_2016.pdf)

⁷⁹ TCPA and Public Health England 'Planning Healthy-weight environments a TCPA reuniting health with planning project' (December 2014)



Clinical Commissioning Group

<p>infrastructure, housing, and public spaces are designed to meet everyone's needs, regardless of how old they are. (WHO Age-friendly Environments Programme)</p> <p>It is now widely acknowledged that the unhealthy habits and lifestyles that contribute to obesity do not exist in a vacuum. They are shaped by a web of interrelated factors – by our upbringing, how and where we live (our homes and neighbourhoods), our jobs, and our social networks, to name just a few key influences. Attempts to reduce levels of obesity cannot depend on changing individual habits, one person at a time, without taking into account the power of the environment to entrench old habits or support new ones.</p>		
--	--	--

Integrated Care

'Without integration at various levels [of health systems], all aspects of health care performance can suffer. Patients get lost, needed services fail to be delivered, or are delayed, quality and patient satisfaction decline, and the potential for cost-effectiveness diminishes.' (Kodner and Spreeuwenbur, 2002, p2)

'The patient's perspective is at the heart of any discussion about integrated care. Achieving integrated care requires those involved with planning and providing services to impose the patient's perspective as the organising principle of service delivery' (Shaw et al 2011after Lloyd and Wait 2005)

The intensity with which organisations and services need to integrate with each other depends on the needs of the client. Full (organisational) integration works best when aimed at people with severe, complex and longterm needs. (Leutz 1999)

Even when supported by the best evidence and with the most carefully designed interventions, the Health and Wellbeing Strategy will not be successful in reducing



inequalities unless local systems do not adapt and innovate to deliver these strategic ambitions.

The Health and Wellbeing Board will encourage the development of new models of care that promote integration and cooperation between health, the local authority and the third sector.

The Board will fully embrace the potential presented by new technology and shared information to help local services to plan more effectively and to deliver the most appropriate interventions. Information technology will also enable individuals to manage their conditions and improve their level of independence.

Integrated Care

Intervention	Sutton picture	What else should we do?
<p>Coordination of care for patients with complex needs.</p> <p>People are living for longer, but often with a number of complex conditions. This applies not only to older people – children born with complex conditions are now surviving to adulthood, while those with learning disabilities and other groups have lifelong needs.⁸⁰</p> <p>The traditional divide between primary care, community services, and hospitals is increasingly a barrier to the personalised and coordinated health services patients need.</p> <p>Physical and mental health are closely linked – people with severe and prolonged mental illness are at risk of dying on average 15 to 20 years earlier than other people – one of the greatest</p>	<p>Case finding, care planning and integrated locality working is being used in Sutton to identify those at risk of hospital admission and to provide timely health, social and third sector led interventions.</p> <p>The Sutton Integrated Digital Care Record (Sutton IDCR) is a secure electronic record that brings together health and social care for patients registered with a Sutton GP. Sutton IDCR will share information from residents' GP and social care records with local Urgent Care, Accident and Emergency, GP out-of-hours service and community health services. Health records will be available for adults and children, but social care records will initially only be available for adults.</p> <p>Coordinate my Care is an electronic register of patients identified in their terminal phase of life. The system improves communication of palliative care needs, choices for nearing death and the preferred place of death.</p> <p>The Sutton 'Homes of Care Vanguard Project' is co-producing innovative approaches to deliver seamless care for care home residents e.g. the Red Bag Scheme⁸² which aims to improve the quality and safety of transitions between the home and secondary care.</p> <p>Dementia pathway redesign work is underway to integrate the services provided by health, social care and the third sector. The aim of this project,</p>	<p>Continue to develop new models of care, co-produced with residents, and consider new contracting mechanisms to deliver these ambitions e.g. Multispecialty Community Provider (MCP) Contracts (Sutton Vanguard/Better Care Fund).</p> <p>Continue to encourage use of 'Coordinate My Care' to ensure that people's choices are known and respected at the end of life, wherever they receive their care. (Joint Health And Social Care Strategy).</p> <p>Jointly commissioned carer support services that are accessible to all carers, and provide timely, effective interventions (Joint Health And Social Care Strategy).</p> <p>Better align pathways from primary care with non-medical sources of support. (See Action 7).</p> <p>Develop a local action plan for managing delayed transfers of care (DTOC), including a locally agreed target. (Better Care Fund)</p> <p>Continue work to establish an integrated Dementia care pathway. (Joint Health And Social Care Strategy).</p> <p>Promote parity of esteem for people with severe and prolonged mental illness ensuring that care pathway redesign recognises the needs of these residents. (Joint Health and Social Care Strategy + see also Action 3 and Action 7)</p>

⁸⁰ National Collaboration of Integrated Care and Support 'Integrated Care and Support: Our Shared Commitment' (2013)

⁸² <https://www.youtube.com/watch?v=XoYZPXmULHE&sns=em>



Clinical Commissioning Group

<p>health inequalities in England. Two thirds of these deaths are from avoidable physical illnesses, including heart disease and cancer, many caused by smoking. There is also a lack of access to physical healthcare for people with mental health problems – less than a third of people with schizophrenia in hospital received the recommended assessment of cardiovascular risk in the previous 12 months.⁸¹</p>	<p>which is based on best practice guidance from the Alzheimer’s Society, is to create a Dementia Friendly Community within Sutton.</p> <p>Sutton Uplift Sutton Uplift (an integrated Primary Care Mental Health service) is a partnership between the NHS and local voluntary sector organisations.⁸³ The service supports anyone who has a mental health or wellbeing need, whether this is due to emotional difficulties or life stressors. Sutton Uplift also offers a service for people with a stable mental health diagnosis such as psychosis and Bipolar Affective disorder.</p>	
--	--	--

⁸¹ The Five Year Forward View for Mental Health, A report from the Independent Mental Health Taskforce to the NHS in England (February 2016) <https://www.england.nhs.uk/wp-content/uploads/2016/02/Mental-Health-Taskforce-FYFV-final.pdf>

⁸³ Sutton Uplift partners: South West London and St George’s Mental Health NHS Trust with wellbeing support provided through a partnership between, Imagine, Age UK Sutton, Off the Record and Sutton Carers Centre).



Clinical Commissioning Group

Appendix 1

The Health and Social Care Act (2012)

The Health and Social Care Act introduced a number of key changes to the NHS in England. These changes came into being on 1 April 2013. The changes include:

- giving groups of GP practices and other professionals – clinical commissioning groups (CCGs) – 'real' budgets to buy care on behalf of their local communities;
- shifting many of the responsibilities historically located in the Department of Health to a new, politically independent NHS Commissioning Board (this has now been renamed NHS England);
- the creation of a health specific economic regulator (Monitor) with a mandate to guard against 'anti-competitive' practices; and
- moving all NHS trusts to foundation trust status.

The Welfare Reform Act and public spending cuts (2012)

The Welfare Reform Act 2012 was one of the largest policy changes to be introduced by the Coalition Government. The Act, which was designed to deliver a £21 billion pound cut from Welfare Reforms (2011 – 2014), has affected thousands of residents in Sutton. The most significant economic implications of the Act affect individuals and families, in particular:

- Looked after young people and care leavers
- Foster carers
- Larger families and those with dependent children

The Five Year Forward View (2014)

The NHS Five Year Forward View, published in October 2014 by NHS England, set out a vision for the future based around seven new models of care. Its key arguments are that much more attention should be given to prevention and public health, that patients should have far greater control of their own care and that the organisational barriers to delivering seamless patient care should be broken down by promoting integration.

The Care Act (2014)

The Care Act 2014 came onto the statute books on 14th May 2014. It sets out a new framework of local authority duties in relation to the arrangement and funding of social care, along with a number of changes to the regulation of social care providers. Key changes include the introduction of national eligibility criteria, a right to independent advocacy, new rights for carers, (who are given significant new entitlements under the Act) and from 2020 a cap on care costs



faced by self-funders.⁸⁴ Central to the Act are the concepts of wellbeing and prevention, with councils having a duty to consider the physical, mental and emotional wellbeing of the individual and to provide preventative services to maintain people's health.

The Children and Families Act (2014)

The Children and Families Act 2014 seeks to improve services for vulnerable children and support families. It underpins wider reforms to ensure that all children and young people can succeed, no matter what their background. The changes to the law give greater protection to vulnerable children, better support for children whose parents are separating, a new system to help children with special educational needs and disabilities, and help for parents to balance work and family life. It also ensures that vital changes to the adoption system can be put into practice, meaning more children who need loving homes are placed faster.

London Health and Care Devolution Agreement (2015)

Sutton Council and Sutton CCG are partners in London's plans for transforming health and care provision across the capital. The plans will help to secure improvements in the health and wellbeing of London's diverse 8.6 million residents, addressing inequalities in health outcomes and radically reshaping healthcare provision across the city, in line with the aspirations of the NHS Five Year Forward View.

NHS Mandate (2016-2017)

The mandate is based on the shared priorities of Government and its partner organisations for health and care. The mandate (2016-2017) sets objectives for NHS England that reflects its contribution to delivering these priorities to 2020. These objectives are:

1. Through better commissioning, improve local and national health outcomes, particularly by addressing poor outcomes and inequalities.
2. To help create the safest, highest quality health and care service.
3. To balance the NHS budget and improve efficiency and productivity.
4. To lead a step change in the NHS in preventing ill health and supporting people to live healthier lives.
5. To maintain and improve performance against core standards.
6. To improve out-of-hospital care.
7. To support research, innovation and growth

⁸⁴In England the cost of care will be capped from 2020 (the government has delayed the original 2016 date)
<https://www.gov.uk/government/publications/delay-in-the-implementation-of-the-cap-on-care-costs>


The Five Year Forward View for Mental Health (2016)

The Five Year Forward View for Mental Health sets out recommendations to achieve the ambition of parity of esteem between mental and physical health for children, young people, adults and older people. The report highlights people's ambition, alongside access to good quality mental health care, was to have a decent place to live, a job or good quality relationships in their local communities. The report includes a particular focus on tackling inequalities as mental health problems disproportionately affect people living in poverty, those who are unemployed and who already face discrimination.

Better Care Fund Planning Guidance (2016-2017)

The Better Care Fund (BCF) creates a local single pooled budget to incentivise the NHS and local government to work more closely together around people, placing their wellbeing as the focus of health and care services, and shifting resources into social care and community services for the benefit of the people, communities and health and care systems.

The National Guidance sets out 8 National Conditions for this year's BCF Agreement. The first six of these are the same last year (2015-2016), they are:

- i. That a BCF Plan, covering a minimum of the pooled Fund specified in the Spending Review, should be signed off by the HWB itself, and by the constituent Councils and CCGs;
- ii. A demonstration of how the area will meet the national condition to maintain provision of social care services in 2016-17.
- iii. Confirmation of agreement on how plans will support progress on meeting the 2020 standards for seven-day services, to prevent unnecessary nonelective admissions and support timely discharge;
- iv. Better data sharing between health and social care, based on the NHS number;
- v. A joint approach to assessments and care planning and ensure that, where funding is used for integrated packages of care, there will be an accountable professional;
- vi. Agreement on the consequential impact of the changes on the providers that are predicted to be substantially affected by the plans;
- vii. That a proportion of the area's allocation is invested in NHS commissioned out-of-hospital services, or retained pending release as part of a local risk sharing agreement; and
- viii. Agreement on a local action plan to reduce delayed transfers of care.

**Future in Mind promoting, protecting and improving our children and young people's mental health and wellbeing' (2015)**

The Children and Young People's Mental Health and Wellbeing Taskforce was established in September 2014 to consider ways to make it easier for children, young people, parents and carers to access help and support when needed and to improve how children and young people's mental health services are organised, commissioned and provided.

Key themes emerged which provide the structure of this report bringing together the core principles and requirements which the taskforce consider fundamental to creating a system that properly supports the emotional wellbeing and mental health of children and young people. In summary, the themes are:

- Promoting resilience, prevention and early intervention
- Improving access to effective support – a system without tiers
- Care for the most vulnerable
- Accountability and transparency
- Developing the workforce

General Practice Forward View (2016)

The General Practice Forward View published in April 2016, sets out a plan to stabilise and transform general practice. The plan also contains specific, practical and funded steps to grow and develop workforce, drive efficiencies in workload and relieve demand, modernise infrastructure and technology, and support local practices to redesign the way modern primary care is offered to patients. The document includes ten high impact actions to release capacity in General Practice (Chapter 5 Care Redesign) one of which is social prescribing.



Appendix 2 Benchmarked performance for each area of impact

Key: Compared with England



Area of Impact	Indicator	Year	Sutton	London	England	Sutton compared to London
Areas of impact 1 and 2: The best start in life and healthy schools and pupils	School Readiness: The percentage of children achieving a good level of development at the end of reception	2014-15	64.3%	68.1%	66.3%	
	School Readiness: The percentage of children with free school meals achieving a good level of development at the end of reception	2014-2015	45.8%	58.6%	51.2%	
	Tooth decay in children aged 5 (mean dmft per child)	2011-2012	0.80	1.23	0.94	
	Looked after children: Rate per 10,000, under 18 population	2014-15	50.8	52.0	60.0	
	Children in poverty (under 16s)	2013	14.3%	21.8%	18.6%	
	Excess weight in 4-5 year-olds	2014-15	15.4%	22.2%	21.9%	
	Excess weight in 10-11 year olds	2014-15	29.5%	37.2%	33.2%	
Areas of impact 3: Helping people find good jobs and stay in work	16-18 year olds not in education, employment or training	2014	3.2%	3.4%	4.7%	
	Gap in the employment rate for those in contact with secondary mental health services and the overall rate	2014/2015	68.7%	66.2%	66.1%	
	Unemployment, % of working age population	2014	5.4%	7.0%	6.2%	
	Statutory homelessness	2013-14	2.4		2.3	
Areas of impact 4 and 5: Active and safe travel, access to green open spaces and the role of leisure services	Utilisation of outdoor space for exercise/health reasons	2013-2014	20.2%	11.8%	17.1%	
	Percentage of physically active adults	2014	59.9%	57.8%	57.0%	
	Percentage of physically inactive adults	2014	25.1%	27.0%	27.7%	
	Rate of people killed or seriously injured (KSI) on the roads per 100,000	2012-2014	17.4	29.8	39.3	
	Rate of children KSI in road traffic accidents per 100,000	2012-2014	9.2	12.2	17.9	
Area of impact 6: Warmer and safer homes	Excess winter deaths index (single year, all ages), ratio	2013-2014	14.1	11.8	11.6	
	Injuries due to falls in people aged 65 and over per 100,000	2014-2015	3,120	2,253	2,125	
	Injuries due to falls in people aged 65-79 per 100,000	2014-2015	1,504	1,138	1,012	



Clinical Commissioning Group

	Injuries due to falls in people aged 80+ per 100,000	2014-2015	7,807	5,489	5,351	
	Hip fractures in people aged 65 and over per 100,000	2014-2015	584	517	571	
	Hip fractures in people aged 65-79 per 100,000	2014-2015	301	223	239	
	Hip fractures in people aged 80+ per 100,000	2014-2015	1,404	1,368	1,535	
	Fuel poverty	2013	7.7%	9.8%	10.4%	
Areas of impact 7: Strong communities, wellbeing, resilience	Social Isolation: percentage of adult social care users who have as much social contact as they would like	2014-2015	46.0%	41.8%	44.8%	
Areas of impact 8: Public protection and regulatory services	Cumulative % eligible people invited for NHS Health Check	2014-2015	37.7%	44.6%	37.9%	
	Cumulative % people receiving an NHS Health Check	2014-2015	15.3%	21.5%	18.6%	
	Cumulative % people taking up an NHS Health Check invite	2014-2015	40.5%	48.1%	48.9%	
	Proportion of population meeting recommended '5-a-day'	2014	49.4%	50.3%	53.5%	
	Excess weight in adults	2012-2014	63.2%	58.0%	64.6%	
	Smoking prevalence	2014	15.3%	17.0%	18.0%	
	Smoking prevalence – routine and manual	2014	25.5%	25.3%	28.0%	
	Smoking prevalence at age 15 – regular smokers (WAY)	2014-2015	5.4%	3.4%	5.5%	
	Smoking status at time of delivery	2014-2015	6.2%	4.8%	11.4%	
	Deaths from chronic obstructive pulmonary disease (COPD) DSR per 100,000	2012-2014	58.9	50.8	51.2	
	Admission episodes for alcohol-related conditions – narrow definition (persons) age standardised rate per 100,000	2013-2014	571	541	645	
	Successful completion of drug treatment – opiate users	2014	12.6%	8.0%	7.4%	
	Successful completion of drug treatment – non opiate users	2014	51.3%	39.4%	39.2%	
	Cancer screening coverage – bowel cancer	2015	56.2%	47.8%	57.1%	
	Cancer screening coverage – breast cancer	2015	74.5%	68.3%	75.4%	
	Cancer screening coverage – cervical cancer	2015	74.9%	68.4%	73.5%	
	Vaccination coverage - PCV	2014-2015	94.2%	90.3%	93.9%	
	Vaccination coverage - PCV booster	2014-2015	87.7%	86.4%	92.2%	
	Vaccination coverage - Hib/MenC booster (2 year old)	2014-2015	87.9%	86.8%	92.1%	
	Vaccination coverage- Hib/MenC booster (5 year old)	2014-2015	81.8%	87.3%	92.4%	
	Vaccination coverage - MMR for one dose (2 years old)	2014-2015	88.8%	87.3%	92.3%	
	Vaccination coverage – MMR for two doses (5 years old)	2014-2015	80.4%	81.1%	88.6%	
	Vaccination coverage – Flu (aged 65+)	2014-2015	70.3%	69.2%	72.7%	
	Vaccination coverage – Flu (at risk individuals)	2014-2015	48.2%	49.8%	50.3%	



Clinical Commissioning Group

	Chlamydia detection rate/100,000 aged 15-24	2014	1,574	2,178	2,012	
	Under 18s conception rate/1,000	2014	17.3	21.5	22.8	
	Under 18s conception rate leading to abortion	2014	57.4%	64.0%	51.1%	
	HIV late diagnosis	2012-2014	54.5%	36.6%	42.2%	
	Hospital admissions for CHD per 100,000	2012-13	587.5		575.1	
	Sutton's hospital admission rate for stroke per 100,000	2012-13	239.1		179.1	
	Recorded diabetes	2012-14	6.1%	6.1%	6.4%	
Areas of impact 9: Integrated Care	Emergency readmission within 30 days of discharge	2011-2012	12.4%	12.1%	11.8%	
	Dementia: recorded prevalence (all ages)	2014-2015	0.66%	0.49%	0.74%	
	Dementia: recorded prevalence (aged 65+)	Sep 2015	4.45%	4.27%	4.27%	
	Death in Usual Place of Residence (DiUPR) all ages	2014	38.4%	37.2%	44.7%	

This page is intentionally left blank