

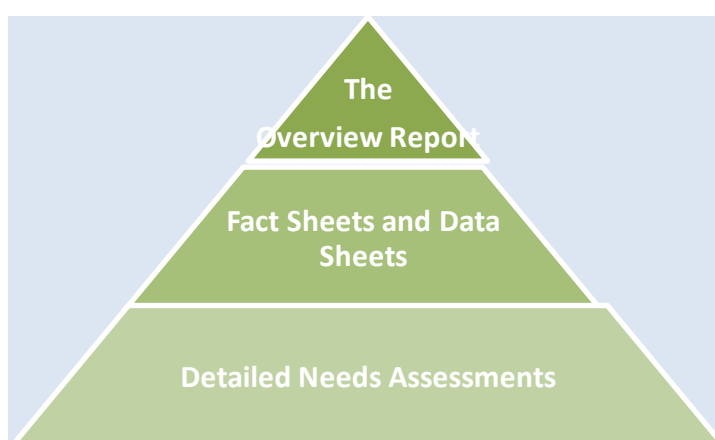
Background to the JSNA process

The duty to undertake the Joint Strategic Needs Assessment (JSNA) was originally set out in Section 116 of the Local Government and Public Involvement in Health Act (2007). The Health and Social Care Act 2012 amended that Act to introduce duties and powers for Health and Wellbeing Boards in relation to JSNAs and Joint Health and Wellbeing Strategies. Since April 2013, Local authorities and Clinical Commissioning Groups (CCGs) have an equal and joint duty to prepare JSNAs and Joint Health and Wellbeing Strategies through the Health and Wellbeing Board.

The Sutton JSNA for 2016

This JSNA updates the report published in 2015. In producing the JSNA our aim has been to undertake a partnership process to provide the best evidence and intelligence to inform priority setting, service commissioning and delivery. The updates include:

- Updated information and data
- The implications of policy development



We have used a pyramidal structure for the JSNA with each level providing a higher level of detail. This overview provides a summary of the work undertaken for Sutton's JSNA. The next level includes the Fact Sheets and corresponding Data Sheets on a range of specific health and wellbeing topics, and the final level includes detailed needs assessments.

Content

This document is a summary of the issues and recommendations in the JSNA. This overview is divided into eight themed sections:

Section 1: Demographics

Section 2: Children and Young People's Wellbeing

Section 3: Adult Health and Wellbeing

Section 4: The Wider Determinants of Health

Section 5: Long Term Conditions

Section 6: Health Protection

Section 7: Social Care Services

Section 8: What People Are Telling Us

Section 1: Demographics

Current Population

The 2011 Census recorded a population figure of 191,123 residents for Sutton. This represents an increase over 10 years from 2001–2011 of approximately 11,400 people (6.3% increase).¹ The most up to date population estimate, for mid-year 2015, was 200,145 people.

[\[See Population Fact Sheet and Data Sheet\]](#)

The population Change

The 2011 Census provided valuable information about the population composition in Sutton.

The proportion of both children/young people aged 0-19 years and those aged 35-44 years is higher in Sutton compared to the national profile, while the birth rate and the population of young children (0-4 year olds) is lower compared to London or England. The 2011 census reported that there were 78,174 households in Sutton, an increase of 2.3% since 2001. [\[See Population Fact Sheet and Data Sheet\]](#)

Sutton has become more ethnically diverse over the last decade. The 2011 Census recorded that 79% of people living in Sutton were of white ethnicity. This is lower than England (85%) and higher than London (60%). There has been a change in the ethnic profile of the population since the 2001 Census when 89% of the population were of white ethnicity. 20% of Sutton residents were born abroad, less than London (37%), but higher than the national average (14%). There are differences between generations in the ethnic composition within Sutton. Minority communities generally have a younger profile, reflecting the arrival of people of working age in recent decades and their establishment of families. The borough remains less diverse ethnically than London. [\[See Protected Characteristic Fact Sheet \(ethnicity\) and Data Sheet\]](#)

The Index of Multiple Deprivation 2015 is the official measure of relative deprivation for small areas (or neighbourhoods) in England. It combines indicators grouped into seven domains (income, employment, education, health, crime, housing and living environment) into one overall indicator allowing each area to be ranked relative to others according to its level of deprivation. Sutton is one of the least deprived London boroughs and overall levels of deprivation have not changed significantly over time. There are however marked differences within the borough with some

¹ ONS Neighbourhood Statistics. <http://www.neighbourhood.statistics.gov.uk/>

small areas within Sutton becoming more deprived compared to the rest of England. Overall Sutton ranks 215 out of 326 boroughs (where 1 is the most deprived and 326 is the least deprived); Sutton wards with areas in the most deprived quintile are Beddington South, Belmont, Wandle Valley, St Helier and Sutton Central. Sutton has one small area that ranks in the most deprived decile of England, in Beddington South. [\[See Deprivation in Sutton Fact Sheet\]](#)

Future Population Change

The ONS 2014 sub-national population projections estimate that between 2014 and 2024 Sutton's population is projected to increase by 12.7%. This is similar to London (13.7%) and higher than for England (7.5%). Over this time the population of young people aged 0 to 19 is expected to increase by 16.6% in Sutton, higher than for London (14.8%) and England (7.8%). This will have implications for children's services. For older people aged 65 and over, the population is expected to increase by 19.7% in Sutton, less than for London (23.6%) and England (20.4%). One of the key consequences of longer lives is that people are more likely to develop long-term conditions, particularly if they have less healthy lifestyles. [\[See Population Fact Sheet and Data Sheet\]](#)

The ethnic profile in Sutton is projected to change with the borough becoming increasingly more diverse.

The trend in population growth is driven by local births, longer life and migration into the borough. The largest increases in population between 2014 and 2024 are predicted to be in the wards of Wandle Valley, Sutton Central, Belmont and Carshalton South.²

Mortality

Mortality data provides an insight into inequalities in the health and wellbeing of our population and where to best target resources. In line with the national profile the population of Sutton now lives longer and mortality rates are decreasing. However there is still a need to reduce avoidable mortality and improve equity across wards within the borough. [\[See Mortality Fact Sheet and Data Sheet\]](#)

Sutton has some of the lowest avoidable mortality rates (people dying before the age of 75 years) compared to London and England.³ In Sutton, cancer remains the biggest single cause of death in under 75 year olds, and the proportion of cancer deaths slightly decreased over the last five years. Over the same time, the proportion of deaths from circulatory disease also reduced, but there was an increase in deaths

² GLA Population projection, SHLAA

³ National Mortality Rankings Public Health England (2011-2013)

<http://healthierlives.phe.org.uk/topic/mortality/area-details#are/E09000029/par/E92000001/ati/102/pat/>

from respiratory conditions. It is estimated that two thirds of deaths among those under 75 years could be avoided by:⁴

- Lifestyle changes, taking more exercise or stopping smoking
- Tackling the wider social determinants of health (preventable mortality) [[Section 4: Wider Determinants of Health](#)]
- Health care interventions such as early diagnosis of diseases or conditions and through effective treatment (amenable mortality)

Excess Winter Deaths

The number of excess winter deaths depends on the temperature and the level of disease in the population as well as other factors, such as how well equipped people are to cope with the drop in temperature. Most excess winter deaths are due to circulatory and respiratory diseases, and the majority occur amongst the elderly population. The Excess Winter Deaths Index (EWD Index) measures the ratio of extra deaths from all causes in the winter months compared with expected deaths based on the average number of non-winter deaths.

In 2014-2015, there was a national increase in the number of excess winter deaths, with the biggest increases amongst men under 85 and women over 85. The EWD measure for Sutton increased markedly in 2014-2015 and was significantly higher than for London, England and our statistical neighbours (boroughs with similar characteristics). Many of these deaths are to women.

Section 2: Children and Young People's Wellbeing

This section focuses on the health and wellbeing of children and young people in Sutton. The Marmot Review, Fair Society, Healthy Lives, 2010 made clear the importance of giving every child the best start in life to reduce health inequalities across the life course.

Between 2002 and 2014 the number of live births in Sutton increased from 2,131 to 2,751 (29%).⁵ The percentage of low birth weight babies born at term in Sutton (2.1%) is lower than England (2.9%) and London (3.2%).⁶ However, there is significant variation within the borough. [[See Births Fact Sheet and Data Sheet](#)] Engaging mothers early with services and ongoing support in early years is critical to the long term health of the child and other long term outcomes. Early engagement enables assessment of maternal poor health and risk including obesity and smoking. 6.2% of women in Sutton smoke in pregnancy which is better than the England

⁴ Tackling the causes of premature mortality (early death) NICE briefing paper (February 2015) <https://www.nice.org.uk/guidance/lgb26/resources/tackling-the-causes-of-premature-mortality-early-death-60521210252485>

⁵ Source: ONS Birth Files

⁶ Public Health England. Sutton Child Health Profile 2016.

average (11.4%), but higher than for London (4.8%).⁷ However, reducing this figure should be an objective for maternity and smoking cessation services.

Breastfeeding

Breastfeeding provides many health benefits for both baby and mother and the longer time spent breastfeeding, the greater the benefits. In Sutton, breastfeeding initiation rates have fallen and there has been a decline in continuation rates. Sutton's prevalence rate of breastfeeding at 6-8 weeks (59.6% in 2012-13) has decreased slightly since 2011-12 (61.5%) and although rates have been consistently higher (better) than England (47.2%), they remain lower than for London overall (68.5%). [[See Breastfeeding Fact Sheet and Data Sheet](#)]

Childhood Immunisation

Childhood immunisation programmes support good health, early years development and reduce the risk of the spread of preventable infectious disease.

- In Sutton, coverage rates for the 5-in-1 infant DTaP/IPV/Hib vaccine (2014-2015) were lower than the national average and below the World Health Organisation (WHO) target of 95%.⁸
- Coverage of the Hib/Men C booster at two and five years was also below the WHO target (2014-2015) and Sutton's coverage rates were lower than the England average.
- Although there was an improvement in the coverage rate for the MMR vaccine at age five years (compared to the previous year), Sutton remained below the WHO target of 95% and had a coverage rate lower than the England average.

In summary, there was a mixed picture within the borough with some encouraging improvements in 2014-2015, however coverage rates for several immunisations remain below the WHO target of 95%. Increasing the proportion of children protected by vaccination remains a priority for Sutton. [[See Immunisations in Childhood Fact Sheet and Data Sheet](#)]

Deprivation

The London Borough of Sutton continues to work to ensure that looked after children have their life chances maximised through access to the right services at the right time. The number of looked after children (232 children in Sutton (March 2016), representing a rate of 505 per 10,000 aged under 18) has increased since 2011 (165 children, 38 per 10,000).⁹ [[See Vulnerable Children Fact Sheet](#)]

⁷ Public Health England. Public Health Outcomes Framework. <http://www.phoutcomes.info>

⁸ For herd immunity the WHO recommend coverage of at least 95%. When a high percentage of the population is vaccinated it is difficult for infectious diseases to spread because there are fewer people who can be infected.

⁹ National Statistics. Children looked after in England. Local Authority Tables SFR34/2015.

Poverty, as measured by a household's income relative to the national average, is often a symptom of deeper, more complex problems. Many of these problems are passed on from one generation to the next. Children in families affected by these problems have reduced chances of success in their own lives. The proportion of children living in low income families is better than the England average but in Sutton 13.8%¹⁰ of children aged under 20 years were living in relative poverty in 2013. Strategic initiatives should address the problems that cause people to end up living in poverty rather than focussing on income in isolation.

School readiness is influenced by early parenting and deprivation. In Sutton a lower proportion of children (64.3%) are judged to have achieved a good level of development at the end of the foundation stage¹¹ compared with England (66.3%). School readiness in children receiving free school meals is also worse than the England average, though not significantly – Sutton's percentage is 45.8% compared with an England value of 51.2%.

Early help requires a collaborative approach from all agencies to ensure an integrated approach for children and families. This includes clear access points, information sharing between organisations and robust care pathways and processes. The Early Help Strategy for Sutton, which was published in 2016, makes this work an ongoing priority for the borough.

Special Educational Needs and Disability

Children and young people with Special Educational Needs and/or Disabilities (SEND) are a diverse group who are living with a range of conditions, needs and abilities. [\[Educational Attainment Fact Sheet and Data Sheet\]](#)

- The attainment gap between children with special educational needs and their peers at Key Stage 2 was worse in Sutton compared to England; however
- Overall attainment for children with statements for special needs was higher (better) than the average for London and England.

Projections suggest that the need for SEND Council funded education provision may rise by up to one third by 2020. Future planning of services to meet the needs of these children will rely upon having good information, accurate forecasts and knowledge of interventions that are effective in improving outcomes.

Priorities for Sutton include implementing the changes in service responsibilities set out in the Children and Families Act 2014, supporting families and carers in order to

¹⁰ Public Health Outcomes Framework, Public Health England

¹¹ The foundation stage assessment is completed in the final term of the academic year in which a child reaches the age of five.

prevent family disintegration and effective management of transitions of care from children's to adult services. [[See Children with Learning Difficulties and Disabilities \(includes Special Educational Needs\) Fact Sheet and Children; Young People with Special Educational Needs and Disability in Sutton – A Review; Child to Adult Care Fact Sheet and Educational Attainment Fact Sheet and Data Sheet](#)]

Obesity

The World Health Organisation (WHO) regards childhood obesity as one of the most serious global public health challenges for the 21st century. Obese children and adolescents are at an increased risk of developing various health problems, and are also more likely to become obese adults. Excess weight in 4-5 year-olds in Sutton is 15.4%, lower compared with the England value of 22.2%. It is a concern however that the proportion of children with excess weight increases to 29.5% in children aged 10-11 years of age, which is lower than the national average (33.2%, 2014-15 figures).

Within the borough there is a wide range in levels of excess weight between electoral wards. For 4-5 year olds this ranges from 16.5% of children in Stonecot and Cheam wards to 22% in Wandle Valley. For 10-11 year olds this ranges from 27% of children in Worcester Park to 39.4% in St. Helier. [[See Child Obesity and Healthy Weight Fact Sheet and Data Sheet](#)]

Oral Health

Dental caries is one of the most preventable childhood diseases. A common measure of oral health is dmft (**d**ecayed, **m**issing, **f**illed **t**eeth). In 2014-15, 5 year old children in Sutton had on average 0.43 decayed teeth, 0.07 missing teeth and 0.06 filled teeth resulting in a total dmft of 0.56. This was better than the dmft averages for London (1.0) and England (0.84).

In 2017-18, work is needed to understand the rate of hospital admissions for children having dental extractions due to decay. The development of a local oral health action plan, focused on improving oral health outcomes and reducing inequalities within the borough, is also recommended. [[See Oral Health in Children Fact Sheet](#)]

Childhood to young adulthood

Education

Overall, Sutton's KS4 (GCSE) educational attainment is much higher than the average for both London and for England. However at this age the achievement gap between the general population and children eligible for free school meals is significantly greater (worse) than it is for London or England. At KS2 (11 year olds) the percentage of pupils eligible for free school meals who are achieving Level 4+ is worse (75%) than for the general population (89%), but is in line with the national

average.¹² The achievement gap for children eligible for free school meals was slightly worse than the previous year (2013-2014) and improving the attainment of local vulnerable young people should continue to be a focus of the borough. [[See Educational Attainment Fact Sheet and Data Sheet](#)]

Self-harm

Self-harm among young people is a major public health issue in the UK. Self-harm blights the lives of young people and seriously affects their relationships with families and friends. It presents a major challenge to services and organisations that work with young people, from schools to hospital accident and emergency departments. Levels of self-harm in a community are one indicator of the mental health and mental wellbeing of young people in general.¹³

In 2014-2015 Sutton's rate of hospital admissions for self-harm for children and young people (aged 10 to 24 years) was the highest of any London borough but statistically similar to England.¹⁴

Sutton has the highest rate of hospital admissions for intentional self-harm, for people of all ages, in London and amongst CIPFA nearest neighbours.¹⁵ Improved training, promotion of self care for young people and access to specialist care is recommended.

Under 18 Conception

The under 18 conception rate for 2014 was 17.3 per 1,000 compared with the England rate of 22.8 per 1,000 and London 21.5.¹⁶ Rates have fallen over time. The percentage of teenage conceptions that end in termination is in line with London and England. [[See Teenage Pregnancy Fact Sheet and Data Sheet](#)]

Smoking

The estimated number of young people in Sutton aged 15 who smoke regularly (5.4%) is similar to the England average (5.5%). Smoking cessation services are available to children from 12 years of age across the borough with additional specialist services provided in schools and colleges. [[See Tobacco Control Fact Sheet and Data Sheet](#)]

¹² It should be taken into account that Sutton has a number of selective schools who have the freedom to take applicants from outside the borough, so many children at Sutton's schools, particularly secondary school, are resident elsewhere.

¹³ Truth Hurts - Report of the National Inquiry into Self-harm among Young People (Mental Health Foundation 2006) <https://www.mentalhealth.org.uk/publications/truth-hurts-report1>

¹⁴ Public Health England. Child Health Profiles. <https://fingertips.phe.org.uk/profile/child-health-profiles/>

¹⁵ Public Health England. Public Health Outcomes Framework. <http://www.phoutcomes.info/>

¹⁶ Numbers are small so subject to variability and need to be interpreted with some caution.

Alcohol

Figures from the Local Alcohol Profiles for England (LAPE) for 2012-13/2014-15 for alcohol specific hospital admissions in the under 18 age group indicated that Sutton (47.8 per 100,000)¹⁷ had the *highest* rates of admissions in London (23.7 per 100,000). It should be noted that absolute numbers are small and that one or two admissions would affect the ranking. [[See Alcohol Fact Sheet and Data Sheet and Community Safety and Crime Fact Sheet](#)]

Community Safety and Crime

Despite levels of crime and disorder in Sutton being lower than the average for both London and England, the peak age for being charged with criminal offences in Sutton is between 18 years and 24 years of age. Early intervention work within the borough, to prevent younger people falling into the criminal justice system should be a priority. In addition, a focus on those aged 18-24 years within the Integrated Offender Management could impact upon recidivism. [[See Community Safety and Crime Fact Sheet](#)]

Safeguarding and Duty to Prevent

Safeguarding and promoting the welfare of children – and in particular protecting them from significant harm – depends on effective joint working between agencies and professionals that have different roles and expertise. Individual children, especially some of the most vulnerable children and those at greatest risk of harm and social exclusion, will need co-ordinated help from health, education, early years, children's social care, and the voluntary sector and other agencies, including youth justice services. For those children who are suffering, or at risk of suffering, significant harm, joint working is essential, to safeguard and promote welfare of the child(ren) and, where necessary, to help bring to justice the perpetrators of crimes against children. In 2015-2016 there were 7,805 contacts¹⁸ with the Multi-agency Safeguarding Hub (on average 650 per month). Approximately 48% of these came from the police and around a quarter of all contacts were converted into referrals to statutory services. [[See Vulnerable Children Fact Sheet](#)]

The Prevent duty is the duty in the Counter-Terrorism and Security Act 2015 on specified authorities, in the exercise of their functions, to have due regard to the need to prevent people from being drawn into terrorism. [[See the Prevent Duty Fact Sheet](#)]

Transitions: Child to Adult Care

¹⁷ Public Health England. Local Alcohol Profiles for England.

¹⁸ A 'contact' is the initial step into children's social care statutory services.

There is a need to ensure that adolescents and young people with any form of disability, long term condition or significant mental health problem receive a smooth transition from children's to adult services. As adolescents and young people move between services, they and their families often find significant differences in the expectations, style and culture of these services, while their own needs are evolving. [See Transitions: Child to Adult Care Fact Sheet]

Section 3: Adult Health and Wellbeing

Whilst child health is predominantly concerned with ensuring a good start in life, adult health and wellbeing focuses on lifestyle and behaviour. Smoking, alcohol, diet and physical activity are the key contributors and are detailed in this section.

Smoking

Sutton has an overall smoking prevalence of 14.5%. This represents around 22,300 adults. This is lower than London (16.3%) and England (16.9%). However, the prevalence is much higher (23.1%) for people in routine and manual occupations. Nationally we know that smoking prevalence is almost 70% in mental health clients living in inpatient units¹⁹ and approximately 83% of probation clients.²⁰ Overall in Sutton smoking attributable mortality (285.3 per 100,000) is in line with the rate for England but higher than for London. An integrated approach between agencies and traders is required to develop effective tobacco control interventions.

In August 2015 Public Health England an evidence review published by concluded that e-cigarettes are significantly (95%) less harmful to health than tobacco and have the potential to help smokers quit smoking. Further, there was no evidence that e-cigarettes are acting as a route into smoking for children or non-smokers. [See Tobacco Control Fact Sheet and Data Sheet]

Alcohol

Alcohol harm is a significant public health issue that impacts upon health, community safety and crime. Alcohol consumption has health implications (stroke, cancer and heart disease). [See Alcohol Fact Sheet and Data Sheet] In some wards there is a strong relationship between clusters of licensed venues and anti-social behaviour with the following wards most affected: Sutton Central, St Helier, Nonsuch, Worcester Park and The Wrythe. [See Community Safety and Crime Fact Sheet]

Adult Obesity, Healthy Eating and Physical Activity

The Public Health Outcomes Framework indicates that nearly two thirds (63.2%) of adults in Sutton are overweight or obese. This is worse than London (58.4%) but

¹⁹ Mental Health and Smoking: A Position Statement by the Faculty of Public Health (2008) http://www.fph.org.uk/uploads/ps_mental_health_and_smoking.pdf

²⁰ Brooker et al (2008) A health needs assessment of offenders on probation caseloads in Nottinghamshire and Derbyshire: report of a pilot study.

similar to England (64.6%). The percentage of physically active adults within the borough is low (58.8%) but similar to England (57.7%). The benefits of exercise extend far beyond weight management. Research shows that regular physical activity can help reduce the risk for several diseases and health conditions and improve overall quality of life. In Sutton more than a quarter of adults are physically inactive (29.9%). Physical inactivity (lack of physical activity) has been identified as the fourth leading risk factor for global mortality (6% of deaths globally). Moreover, physical inactivity is estimated to be the main cause for approximately 21–25% of breast and colon cancers, 27% of diabetes [see [Diabetes Fact Sheet and Data Sheet](#)] and approximately 30% of the ischaemic heart disease burden.²¹

Tackling obesity and promoting physical activity requires an integrated programme of solutions involving national and local actions. [See [Adult Obesity, Healthy Eating and Physical Activity Fact Sheet](#), the [Falls Prevention Fact Sheet](#) and the [Diabetes Fact Sheet and Data Sheet](#)]

Falls Prevention

Fractures resulting from falls are a major cause of mortality and disability among older people. Injuries due to falls in people aged 65 years and over in Sutton have been consistently higher than both London and England for the past three years and rates are rising, while rates of hip fracture in this age group are similar to London and England overall. In 2009 the Department of Health recommended a systematic approach to falls and fracture prevention.²² The strongest evidence for preventing and managing falls is around participation in an exercise programme as part of a multi-factorial assessment and intervention plan. [See [Falls Prevention Fact Sheet](#)]

Screening for Cancer

Early identification of cancer through screening can result in better outcomes for breast, cervical and bowel cancer.

Sutton's current screening coverage for bowel screening (56.2%) is significantly better (higher) than London (47.8%) but significantly lower than the national average (57.1%).

Sutton's current screening coverage for cervical cancer (74.9%) is better than both London and the national average.

Sutton's breast cancer screening coverage (74.5%) is significantly lower than England (75.4%) but significantly higher than London (68.3%).

²¹ WHO. Global Strategy on Diet, Physical Activity and Health.
<http://www.who.int/dietphysicalactivity/pa/en/>

²² Falls and fractures: effective interventions in health and social care. Department of Health, 2009.
http://webarchive.nationalarchives.gov.uk/20130107105354/http://www.dh.gov.uk/prod_consum_dh/groups/dh_digitalassets/@dh/@en/@pg/documents/digitalasset/dh_109122.pdf

Overall, since 2010, there is no discernible trend for cervical screening and breast screening in Sutton. [See [Screening for Cancer Fact Sheet and Data Sheet](#)]

NHS Health Check

The NHS Health Check programme aims to improve case finding and identify those at risk of heart disease, stroke, diabetes, and kidney disease. Everyone between the ages of 40 and 74 who has not already been diagnosed with one of these conditions, or has certain risk factors, is invited once every five years for the screening check. Advice and support is provided with onward referral when appropriate to services for smoking cessation, management of blood pressure or promotion of healthy lifestyle.²³ The programme also aims to reduce levels of alcohol related harm and to raise awareness of the signs of dementia. To date Sutton has achieved the target set for offering NHS Health Checks to the eligible population. However the proportion of people taking up the offer of a check (41.2%) fell short of the national goal (55%). Promotion of the scheme locally and changes to programme delivery are underway to improve this figure.

Oral Health

The main oral diseases are: dental caries (tooth decay), periodontal disease (gum disease), and oral cancer. The immediate causes of poor oral health are diet (sugars), smoking, alcohol, and poor oral hygiene, which are largely influenced by the wider determinants of health. Dental caries is a preventable disease. [See [Oral Health in Adults Fact Sheet](#)]

Sexually transmitted Infections

In 2015 there were 1,510 new STIs diagnosed in Sutton with a new diagnoses rate (762.1 per 100,000 population) which is lower than England (767.6 per 100,000 population). The highest rates of STIs were in young adults aged 15-24 years but there were also inequalities in the rate of new STIs by ethnic group. Reinfection with an STI is a marker of persistent risky behaviour. In Sutton, an estimated 8.8% of women and 9.9% of men presenting with a new STI at a GUM clinic (2010-2015) became re-infected with a new STI within twelve months.²⁴

Sexual Health - HIV

The number of people living with HIV in Sutton has increased by 7% in the last five years compared to 17% for England.²⁵ This equates to a prevalence rate in 2015 of 2.4 per 1,000 population aged 15-59 years which was lower than the London rate (5.8 per 1,000), and similar to the England rate (2.3 per 1,000).²⁶ Prevalence varies

²³ NHS Health Check. <http://www.healthcheck.nhs.uk/>

²⁴ Sutton Local Authority HIV, sexual and reproductive epidemiology report (LASER):2015

²⁵ Public Health England. Sexual and Reproductive Health Profiles.

²⁶ Ibid.

across Sutton. For 2013-15, 47.9% of HIV diagnoses were made at a late stage of infection compared to 33.5% in London and 40.3% in England. This represents an improvement upon the previous year and Sutton is now statistically in line with London and England. [[See Sexual Health - HIV Fact Sheet and Data Sheet](#)]

Chlamydia

In 2015, Sutton did not achieve the Public Health Outcome Framework (PHOF) indicator of 2,300 cases of Chlamydia diagnosed per 100,000 population aged 15-24 years. It is estimated that in that year an additional 754 tests would have been needed to reach the target.²⁷ More testing in a GUM setting could increase the positivity rate of Chlamydia tests performed, and support work towards achieving the target. [[Sexual Health – Chlamydia Fact Sheet and Data Sheet](#)]

Flu

The national target recommended for flu vaccination coverage is 75%. In Sutton (2015-16) the coverage rate for older people, aged 65 years and over was 68.4% which is slightly higher than for London (66.4%) and lower than England (71%). During the same period, the uptake rate amongst 'at risk' individuals, aged between 6 months to under 65 years (excluding pregnant women) was 43.5% in Sutton, which is similar to London (43.7%) and England (45.1%). Overall, Sutton's uptake rate for all risk groups is far lower than the 75% coverage target and there is marked variation between GP practices. This leaves a significant proportion of the population at risk of infection. Many cases of influenza and pneumonia are preventable through increasing rates of vaccinations in 'at risk' populations. [[See Flu Fact Sheet and Data Sheet](#)]

Section 4: The Wider Determinants of Health

This section considers the wider determinants of health. These are the collective set of conditions in which people grow up, live and work. These include housing, education, financial security and the built environment as well as the health system. It is widely accepted that these social determinants are responsible for significant levels of health inequalities. So whilst some health inequalities are the result of natural biological differences or free choice, others are beyond the control of individuals or groups and could be avoided or modified. Some of the factors that can be improved with support from organisations such as the government, local councils, the NHS and police are considered in this section.

Housing

Where people live and the quality of their home have a substantial impact on health; a warm, dry and secure home is associated with better health. The Census 2011

²⁷ Public Health England. Public Health Outcomes Framework.

indicated that there were 78,174 households in the borough. This represents a 2.3% increase in the number of households since the 2001 Census.

In Sutton the level of statutory homelessness at 0.7 per 1,000 households (2014-15) is lower than the England average of 0.7.²⁸ However there is a high level of housing need locally. The challenge for the Council is to be able to forecast future housing needs, particularly in light of welfare reforms. [See [Economic Welfare and Welfare Reform Fact Sheet](#)] Additional challenges, posed by the aging population, will include the need for more sophisticated solutions for supported living, [See [Shared Lives Fact Sheet and Data Sheet](#)] including a greater need for sheltered and extra care accommodation for people with learning disabilities who also have dementia. [See also [Adults with Learning Disability Fact Sheet and Data Sheet](#)]

In Sutton, 7.7% of households (6,144) are estimated to be in fuel poverty,²⁹ but it is known that there are much higher rates in some wards.

Physical Environment

If water supplies are clean and safe, the air is clean, workplaces safe and healthy, housing and homes comfortable and safe, then people are more likely to enjoy good health.

The quality of the air in the local environment has an impact on the health of the public and ecosystems. Sutton is an Air Quality Management Area for nitrogen dioxide and particulates. This is not because levels of these pollutants regularly exceed relevant standards but because recorded concentrations are variable.

Particulate matter (PM) is a term used to describe the mixture of solid particles and liquid droplets in the air which can be either human-made or naturally occurring. Exposure to high levels of particulate matter (e.g. during short term pollution episodes) can exacerbate lung and heart conditions, affect people's quality of life and increase deaths and hospital admissions. Children, the elderly and those with pre-existing respiratory and cardiovascular disease are known to be more susceptible to the health impacts from air pollution.³⁰

Sutton Council in collaboration with other South London Boroughs has developed a website (www.lovecleanair.org) which contains information about air pollution with borough level detail. Up-to-date information is available from www.londonair.org.uk. Air text (www.airtext.info) is a free service that produces daily health bulletins for each London borough. The bulletins contain forecasts for a range of environmental information, including temperature, pollen, UV index, and air pollution. This service is

²⁸ Public Health England. Health Profile Sutton September 2016.

²⁹ Using the Low Income High Cost definition

³⁰ Air Quality: Public Health Impacts and Local Actions. DEFRA. [http://laqm.defra.gov.uk/documents/air_quality_note_v7a-\(3\).pdf](http://laqm.defra.gov.uk/documents/air_quality_note_v7a-(3).pdf)

currently underutilised but work is ongoing to raise awareness and to promote it to those at risk. [\[See Air Quality Fact Sheet\]](#)

Education

Educational qualifications and attainment are key determinants of opportunities and income in later life. There is evidence that overall, children from poorer families have lower levels of educational attainment, a major contributing factor to social mobility and poverty. Although overall GCSE results for Sutton schools are some of the best in the country, there is a gap in attainment for Sutton's more disadvantaged young people compared to their peers. Early help, to address inequalities in outcomes for children and young people, requires a collaborative approach from all agencies. There should be continued focus on work with schools to ensure that disadvantaged children have the necessary skills and education to enable them to gain full employment in the future. [\[See Educational Attainment Fact Sheet and Data Sheet and Children with Learning Difficulties and Disabilities \(includes Special Educational Needs\) Fact Sheet\]](#)

Economic Welfare and Welfare

Statistics show that people in employment are more likely to enjoy better health than those who are unemployed. Unemployment levels in Sutton are 5%, which is lower than London (7.1%) and Britain (6.5%).³¹ In Sutton in February 2016, 0.8% of people aged 16-64 years claimed Jobseekers Allowance (JSA) which is lower than London (1.7%) and Britain (1.5%). Locally the wards with the highest percentage of JSA claimants are Sutton Central (2.6%), Wandle Valley (2.6%), Beddington South (2.6%) and St. Helier (2.4%).

The Welfare Reform Act (2012) and ongoing reform of the benefit system could have economic implications for: looked after young people and care leavers, foster carers, adults with physical or learning disabilities or mental health difficulties, larger families and those with dependent children and older people. All agencies will need to maintain a focus on these vulnerable groups to ensure that they are adequately supported. [\[See Economic Welfare and Welfare Reform Fact Sheet\]](#)

Community Safety and Crime

Levels of crime and disorder in Sutton are lower than the average for both London and England making it one of the safest boroughs in London. Although overall crime continues to fall in Sutton, specific problems need to be addressed, particularly Sutton's night time economy, the rise in motor vehicle crime and improving Sutton's residents' sense of safety within the communities where they live. [\[See Community Safety and Crime Fact Sheet\]](#)

³¹ Nomis official labour market statistics. Labour Market Profile Sutton.

Domestic Violence

'Domestic violence is the abuse of one partner within an intimate or family relationship. It is the repeated, random and habitual use of intimidation to control a partner. The abuse can be physical, emotional, psychological, financial or sexual. Anyone forced to alter their behaviour because they are frightened of their partner's reaction is being abused.'³²

Domestic violence and abuse can contribute to poor lifestyle choices such as alcohol and substance misuse, and victims have an increased risk of mental ill-health and suicide. In Sutton, statistics suggest that the incidence of domestic abuse is increasing, however, repeat victimisation has decreased and the number of victims reporting crime has increased. In Sutton domestic violence is reported to be a contributing factor within a considerable number of local Child Protection issues.

[\[See Domestic Violence Fact Sheet\]](#)

Female Genital Mutilation (FGM)

Female Genital Mutilation (FGM) is a procedure where the female genitals are deliberately cut, injured or changed, but where there's no medical reason for this to be done. It's also known as "female circumcision" or "cutting", and by other terms such as sunna, gudniin, halalays, tahur, megrez and khitan, among others. FGM is usually carried out on young girls between infancy and the age of 15, most commonly before puberty starts. It is illegal in the UK and is child abuse. It is very painful and can seriously harm the health of women and girls. It can also cause long-term problems with sex, childbirth and mental health (NHS Choices).

The female genital mutilation (FGM) mandatory reporting duty was introduced from 31st October 2015. It requires regulated health and social care professionals and teachers in England and Wales to report 'known' cases of FGM in under 18s. At present it is estimated that there is a low rate of FGM in the borough. [\[See FGM Fact Sheet and Data Sheet\]](#)

Section 5: Long Term Conditions

The burden of disease in Sutton includes cancer, circulatory disease, respiratory disease and diabetes. Key risk factors for all of these diseases are smoking, risky alcohol consumption and obesity.

Diabetes

Sutton's diabetes prevalence as recorded on GP Registers is 6.1% (adults, both Type 1 and Type 2) which is slightly lower compared to England (6.4%). However, there is variation within the borough with GP practices reporting prevalence ranging

³² <http://www.refuge.org.uk/get-help-now/what-is-domestic-violence/>

from 4.3%-7.5%.³³ Estimated prevalence based on statistical modelling would suggest that a larger number of people in Sutton have diabetes than is reported, implying that a proportion of cases remain undiagnosed. Forecasts indicate that there will be an 8.1% increase in diabetes in Sutton between 2014 and 2018.

Being overweight or obese is the main modifiable risk factor for Type 2 diabetes and GP practice recorded prevalence of obesity varies between 2.4% and 11.8%. [See [Adult Obesity Healthy Eating and Physical Activity Fact Sheet and Data Sheet](#)] In addition, deprivation is closely linked to the risk of both obesity and Type 2 diabetes, with the disease being 40% more common among people in the most deprived quintile compared with those in the least deprived quintile.³⁴ [See [Deprivation Fact Sheet](#)] People from Black, Asian and Other minority ethnic groups are at an equivalent risk of Type 2 diabetes at lower BMI levels than White European populations.

People with diabetes are at a greater risk of a range of chronic health conditions including cardiovascular disease, blindness, amputation, kidney disease and depression. A lower percentage of diabetics in Sutton (57%) had the recommended eight care processes compared with England (60%). In addition, people with diabetes in Sutton are around two thirds more likely than the general population to have a heart attack, which is again higher than for England. People with diabetes in Sutton are nearly 50% more likely to have a stroke, which is also higher than for England (around a third more likely). People with diabetes in Sutton have a higher additional risk of minor amputation than for England overall, though rates are similar for major amputation.

To address these issues, action within Sutton should be targeted towards prevention and early identification of diabetes; supporting individuals to be more active and motivated to manage their diabetes and improving uptake of the NHS Health Check. Sutton is taking an active part in the National Diabetes Prevention programme [See [Diabetes Fact Sheet and Data Sheet](#)]

Respiratory Disease

The three respiratory conditions with the greatest impact on services and mortality are chronic obstructive pulmonary disease (COPD), asthma and pneumonia. Some cases of COPD and pneumonia are potentially avoidable, either through reduction of known risk factors (smoking is the key risk factor for COPD) [See [Tobacco Control](#)

³³ Public Health England Website, Healthier Lives dataset – Diabetes
<http://healthierlives.phe.org.uk/topic/diabetes/comparisons#par/E38000179/ati/7/iid/90690/gid/1938132700/pat/19>

³⁴ Adult Obesity and Type 2 Diabetes: Public Health England (2014)
https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/338934/Adult_obesity_and_type_2_diabetes.pdf

[Fact Sheet and Data Sheet](#)] or preventative treatment such as immunisation for those at risk of pneumococcal disease. [\[See Flu Fact Sheet and Data Sheet\]](#)

Sutton has a COPD prevalence of 1.4% (1 in every 71 people) compared to 1.8% nationally. This represents 2,704 people in 2014-15. However there is variation within the borough with GP practices recording prevalence ranging from 0.39% to 4.4%.³⁵ Estimated prevalence of based on statistical modelling (2.97%) would suggest that a larger number of people in Sutton have COPD than is reported, implying that a proportion of cases remain undiagnosed. Emergency hospital admissions for COPD are closely associated with areas of greatest deprivation. [\[See Deprivation Fact Sheet and Data Sheet\]](#) Overall in Sutton the Directly Standardised Mortality rate per 100,000 population for COPD (all ages) has increased over time (38.9 in 2004-06 to 58.9 in 2012-14). [\[See also the Air Quality Fact Sheet\]](#) To address these issues, action within Sutton should be targeted towards prevention and early identification of COPD; supporting individuals to be more active and motivated to manage their condition.

The prevalence of asthma in the borough is 5.6% (1 in every 18 people) compared to 6% nationally. [\[See Respiratory Disease Fact Sheet and Data Sheet\]](#)

Cancer

In 2014-2015 there were 3,723 Sutton residents on a GP register for cancer (QOF data). The prevalence of cancer in Sutton based on these GP Registers was 2% which is similar to England overall.

Incidence rates in Sutton for all cancers (new cases), are in line with national averages but a little higher than regional averages.

Cancer mortality rates for people aged under 75 years in Sutton are lower than the national but higher than the regional average, although these differences are not significant. Mortality rates of cancer in Sutton for people aged under 75 years have remained fairly constant in recent years, though there was a slight increase for females. [\[See Mortality Fact Sheet and Data Sheet\]](#)

Overall since 1995-1997 there has been a decrease in rates for breast, lung and colorectal cancer. However there have been fluctuations, in particular for breast cancer for which rates have been rising since 2009-2011. Notably rates of breast cancer screening in Sutton (74.5%) are lower than for England (75.4%), though higher than for London (68.3%). [\[See Screening for Cancer Fact Sheet and Data Sheet\]](#). Higher rates of cancer are also found in more deprived areas in the northern wards (St Helier and Wrythe).

³⁵ NHS Digital Information Centre Quality and Outcomes Framework (QOF) 2014-2015.

High achievement in cancer screening programmes is vitally important to detect the early presence of disease and treat appropriately. Promotion of screening programmes should be targeted according to need, i.e. to more deprived areas and disadvantaged groups in the community where uptake of screening programmes is generally lower. Service care pathways should integrate prevention, screening and treatment. [\[See Cancer Fact Sheet and Data Sheet\]](#)

Circulatory disease

Mortality rates from cardiovascular disease continue to fall but it remains the single biggest cause of death and disability in England. Cardiovascular disease includes diseases with common risk factors including coronary heart disease (CHD) and stroke.

Sutton's prevalence of CHD based on GP Registers is 2.5%, representing 4,766 patients; that is in Sutton about 1 in 40 people have CHD compared to 3.2% nationally. Overall, Sutton's early mortality rates for CHD have been lower than England and have decreased since 2000, but there was a sharp increase in the rate in 2013. Emergency hospital admissions for CHD are significantly lower in Sutton (87.2 Standardised Admission Rate) than England (2010-11 to 2014-15 data).

The main risk factors for CHD are smoking [\[See Tobacco Control Fact Sheet and Data Sheet\]](#) and obesity. [\[See Adult Obesity Healthy Eating and Physical Activity Fact Sheet and Data Sheet\]](#) Higher levels of CHD are associated with areas of deprivation. Some Sutton wards with higher mortality rates are also some of the most deprived.

Circulatory disease prevention and treatment remain a high priority for Sutton. It is important to identify those at risk early on, for example through improved access to NHS Health Checks. Specific actions, appropriate to many long term conditions, should be promoted to support Sutton residents to achieve healthier lifestyles: by stopping smoking, increasing physical activity, eating more healthily and reducing harmful drinking. [\[See Section 3: Adult Health and Wellbeing\]](#)

Stroke

Stroke is a major health issue in the UK accounting for around 11% of deaths. It results in significant morbidity in people who survive, and represents a substantial health and resource burden. The prevalence of stroke in Sutton, based on GP registers is 1.3% which is lower compared to England (1.7%), but higher than the London average (1.1%).

Sutton's emergency hospital standardised admission rate for stroke was 96.6, statistically similar to England (2010-11 – 2014-15 data).

Stroke mortality rates for those aged under 75 years in Sutton show an overall decline (improvement) and in recent years have been well below those for London and England. However since 2009-11, there has been an upturn in the rate due to an increase for females. People with diabetes in Sutton are 47.4% more likely to have a stroke, higher than the England level of 34.3%. [[See Diabetes Fact Sheet and Data Sheet](#)]

Hypertension is the main risk factor for stroke. In Sutton the prevalence of hypertension is 12.3%, higher than for London (11.1%) but lower than England (13.8%). People with diabetes in Sutton are 47.4% more likely to have a stroke, higher than the England level of 34.3%. [[See Diabetes Fact Sheet and Data Sheet](#)]

Stroke prevention and treatment remains a high priority in Sutton and delivering an integrated approach to prevention, early identification (including NHS Health Check) and timely access to health and care services will support this objective. [[See Stroke Fact Sheet and Data Sheet](#)]

Long Term Neurological Conditions

Long term neurological conditions (LTNCs) comprise a diverse set of conditions resulting from injury or disease of the nervous system that will affect an individual for life.

There is a lack of data on people with long term neurological conditions. However the prevalence of stroke in Sutton, based on GP registers is 1.3% which is lower compared to England (1.7%), but higher than the London average (1.1%). [[See Stroke Fact Sheet and Data Sheet](#)]

GP Practice data recorded in the Quality and Outcomes Framework (QOF) includes prevalence of epilepsy (the percentage of registered patients aged 18 and over recorded on the epilepsy register). This indicates that actual prevalence of epilepsy in Sutton is 0.7% representing 1,069 people, compared to 0.6% for London and 0.8% for England. There is little variation in rates in London by local authority. Improving local data collection about long term neurological conditions is recommended to better understand the needs of those living with these conditions. [[See Long Term Neurological Conditions Fact Sheet and Data Sheet](#)]

Autism

It is difficult to identify an exact figure of the number of adult residents of Sutton with Autistic Spectrum Conditions Disorder (ASC/D) as many people will not have used health or social care services since leaving school and may be living full, independent lives without external agency support. Estimates based on national data suggest that prevalence of ASC/D is approximately one in a hundred people, and that approximately half of them would have a learning disability. Based on this

prevalence, it is estimated that there are approximately 1,482 people in Sutton (2014) with ASC/D and that this number will rise to 1,699 by 2025. [[See Autism Fact Sheet and Data Sheet](#)]

Adults with Learning Disabilities

Based on expected prevalence, it is estimated that there are 3,000 adults in Sutton with a learning disability; however the number of adults recorded on the GP Practice Learning Disability register (960) is considerably less. The difference in these figures suggests that a significant number of people with learning disabilities are not being identified and that work is needed to understand and address this.

It is estimated that nationally the number of older adults (aged over 70 years) with a learning disability using social care services will more than double by 2030.³⁶ With increasing age come increasingly complex needs, making it likely that more support will be required to help people with learning disabilities to remain independent. [[Adults with Learning Disability Fact Sheet and Data Sheet](#)]

Section 6: Health Protection

Infectious Diseases

Statistics indicate that Sutton has comparatively lower incidence of many infectious diseases compared to London and England. Furthermore the incidence of tuberculosis is low in Sutton compared to London and similar to England, and treatment completion rates are one of the highest in England.

Despite these successes, with regard to vaccine preventable disease, [[see Immunisation in Childhood Fact Sheet and Data Sheet](#)], Sutton's coverage remains lower than would be expected for childhood immunisations although there have been improvements in the most recent year. It is thought that this is due in part to under recording of immunisation in Sutton; however this issue needs to be addressed at the same time as trying to improve coverage via collaborative work with front line staff. [[See Health Protection Infectious Disease Fact Sheet and Data Sheet and for further information Sexually Transmitted Diseases Fact Sheets and Data Sheets: Chlamydia, and HIV](#)]

Section 7: Social Care Services

Shared Lives

Shared Lives is an increasingly important, alternative to home care and care homes for people in need of accommodation or support; including people with a mental

³⁶ Emerson E, Hatton C. (2011) Estimating Future Need for Social Care among Adults with Learning Disabilities in England: An Update, Centre for Disability Research.

health need, with a form of disability and older people. Shared Lives offers personalised, quality care where carers share their lives and often their homes with those they support. Sutton's Shared Lives scheme is small at present with 27 people living in Shared Lives Schemes and 31 vetted and trained carers; however it is a successful scheme with plenty of potential to expand.

The main priority is to raise awareness of Shared Lives within Sutton by promoting it to social workers, and others, and using the success of current placements to showcase the success of the local scheme. [\[See Shared Lives Fact Sheet and Data Sheet\]](#)

Carers

There are 18,298 carers in Sutton. Of these approximately 20% provide over 50 hours of care per week. People providing more hours of care are at greater risk of poor health and social exclusion.³⁷

Carers are found across the borough but are heavily concentrated in some of Sutton's most deprived wards (e.g. St Helier, Wandle Valley and Wallington South). Many are at risk of income poverty, with only 11% of carers in Sutton being in employment, which is lower than the London average. Early identification of those with caring responsibilities, and providing access to information and support are crucial to maintaining the health and wellbeing of carers and resilience within caring relationships. The Care Act 2014, which came into effect from April 2015, represents significant reform of care and support. [\[See Carers Fact Sheet and Data Sheet\]](#)

Section 8: What People are Telling Us

Healthwatch

Healthwatch was established as part of the reforms of the Health and Social Care Act 2012 which also transferred Public Health from the NHS to the Local Authority. Healthwatch Sutton (HWS) is the residents' consumer champion for Health and Social Care, with a remit to ensure that the views and experiences of local people are heard and taken forward at local and national level. Healthwatch Sutton prioritises engagement of hard to reach groups. [\[See Healthwatch Fact Sheet\]](#)

A summary of the Sutton Resident Survey.

Since 1987 the London Borough of Sutton has undertaken a Residents' Survey every two years. The aim is to measure satisfaction with the local area and the services the council provides. A number of questions regarding health and fitness and mental wellbeing are asked and results included:

³⁷ Carers UK (2013) State of Caring 2013.

- Most residents reported good or very good health, while 6% reported bad or very bad health
- Over half of residents exercise at least two to three times a week
- 10% of residents stated they don't have enough or have no social contact
- 79% of residents stated that they can get to all the places in the local area they want while 18% find this difficult
- Around three quarters of residents have neighbours or friends that they can ask for help

[\[See Sutton Residents' Survey 2015 Fact Sheet\]](#)

The Voluntary Sector

The London Borough of Sutton has a vibrant and diverse Voluntary and Community Sector (VCS). The VCS has been funded both by the London Borough of Sutton and health partners (NHS, South West London and St George's Mental Health Trust) to deliver services for children, young people and families, adult health, wellbeing and social care as well as a diverse range of other activities including church, faith and cultural groups, arts and culture, heritage, friends groups, uniformed groups and more. [\[See Voluntary Sector Fact Sheet\]](#)

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