



South Norfolk Council's Strategy for Health & Well-being

2006-2016

Introduction

I. Why have a Health and Well-being Strategy?

The Health Act 1999 and the Local Government Act 2000 placed a duty on councils to maintain and where possible, to improve the health and well-being of their residents. In October 2006, the Government published the White Paper *Strong and prosperous communities*, which reminded all councils that they should take a leading role in improving the health and well-being of every local community. Our Health and Well-being Strategy will enable South Norfolk Council to deliver these important duties.

Good health is something that many of our residents take for granted. Life expectancy for both sexes is well above the national average, but as people are living longer lives, there is more opportunity for ill health and sickness. This Health and Well-being Strategy sets out how South Norfolk Council will strive to:

- **Improve the health and well-being of everyone who lives or works in South Norfolk**
- **Reduce the health inequalities of those who are most in need**

2. What do we mean by health and well-being?

The widely used and quoted World Health Organisation (WHO) definition of health is:

“A state of complete physical, mental and social well being and not merely the absence of disease and infirmity.”

This definition acknowledges many of the factors that we would associate with someone who enjoys “good health”. Well-being is more difficult to define, but for this Strategy, we have decided to define it as meaning:

“A feeling of being safe and secure, free from stress, and comfortable with life and the local environment.”

3. What Influences Health and Well-being?

A person’s state of health and well-being is determined by a wide range of factors. Some such as age and genetic makeup are fixed, and there is little that can be done to change them. Other determinants such as lifestyle, employment and living conditions can be changed and, depending on how they change, can have a good or a bad influence on a person’s health.

The way in which the determinants of health and well-being are inter-related is illustrated in figure 1.

This illustration serves two purposes:

- a) it identifies key determinants; and
- b) it shows which determinants are beyond the control of the individual.

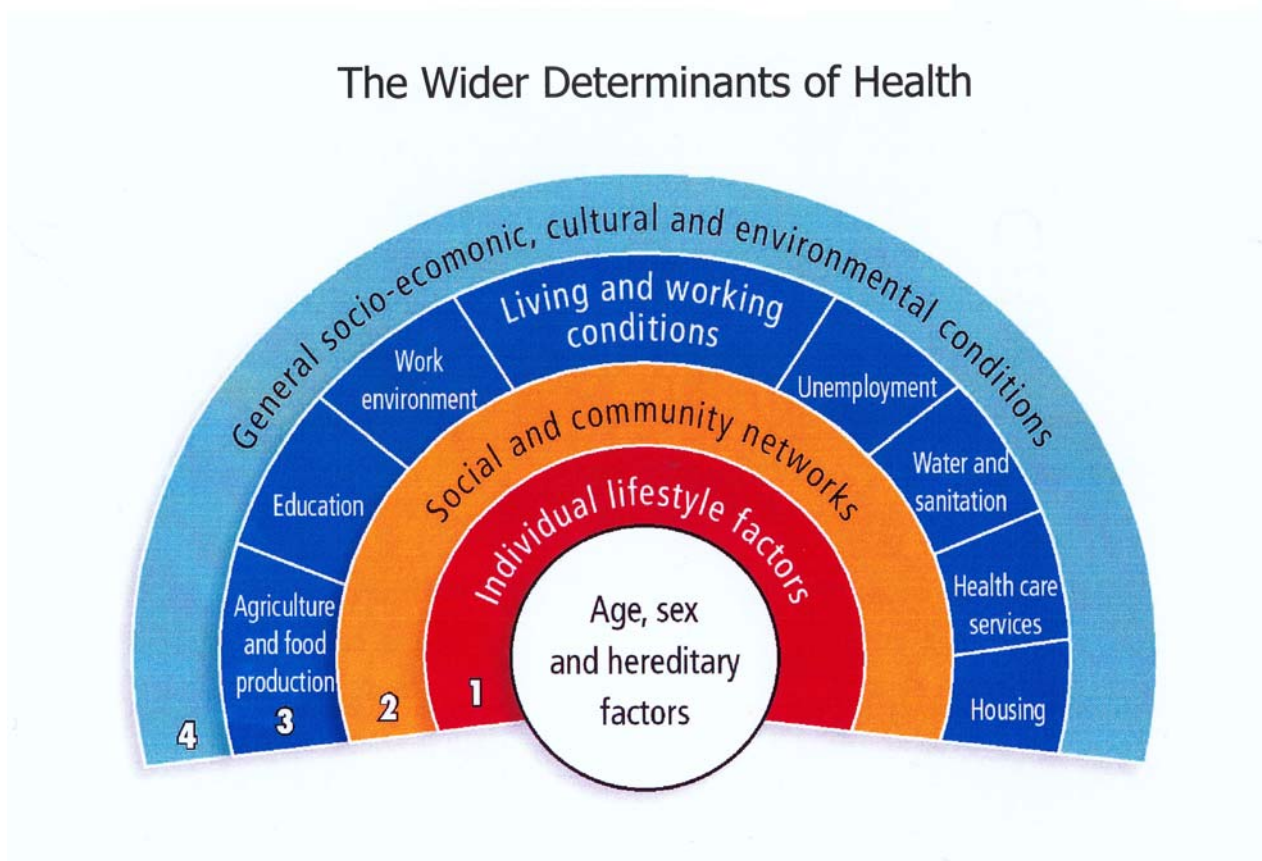


Figure 1

(Source: Dalgren and Whitehead)

Figure 1 shows that an individual has most control over their lifestyle choices, but that they have progressively less power to influence the health determinants that make up bands 2, 3 and 4. Whilst there is little an individual can do to improve the determinants in bands 3 and 4, it is not the case for councils. The Local Government Act 2000 specifically requires that councils respond to the needs of their local communities by using their powers: *to improve and promote the economic, social and environmental well-being of their areas.*

4. How can South Norfolk Council influence health determinants?

The Council in its various roles can exert a significant influence on the health of the community. It does this as:

- A democratically elected body that represents the local community and understands their needs
- A locally based agency that prepares a comprehensive Local Development Framework
- The initiator of a range of Strategies that impact on the health and well-being of our community and environment
- A direct and indirect provider in health related areas such as, community safety, affordable and temporary housing provision, leisure, culture and countryside services
- A regulatory and enforcement agency for planning, housing and environmental health
- A community leader in the Local Strategic Partnership process
- A large employer
- The purchaser of a wide range of goods and services that can have an impact on the local environment and businesses
- A partner with other agencies such as the Primary Care Trust, the County Council and voluntary organizations

5. An Overview of Health in South Norfolk

From health profile research conducted by the Southern Norfolk Primary Care Trust, we know that the state of health in the district is generally good, when compared to other parts of the country. However, many premature deaths still occur and there are pockets of health inequality within towns and parishes.

Deaths - about two thirds of all deaths in South Norfolk are caused by either circulatory disease (heart disease and stroke) or cancer. Circulatory disease is more common (38% of deaths) than cancer (26% of deaths). These levels differ little from the national averages.

Life Expectancy - is generally high in South Norfolk, but there is a difference of over 10 years between the ward with the highest life expectancy (88.8 years) and the lowest (77.4 years). This difference must be of concern and its reason needs to be better understood.

Inequality and Deprivation – is commonly assessed by using the National Index of Multiple Deprivation. This compares every ward in England using six indicators; income, employment, education skills and training, housing and access to services. Generally, this shows South Norfolk to be less deprived than other parts of Norfolk. However, the Index does not measure rural deprivation in a very effective way, and thus masks the isolated pockets of deprivation that are known to exist. For example, car ownership in villages is high, because without it, people cannot access employment and essential services. Consequently, some people appear to be well off, when the reality is that they are not.

Access – to services in South Norfolk was researched in 2000 by looking at access to: a doctor, a post office, a primary school and to food shops. The

rurality of the district places some of our wards in the worst 10% of wards in the country.

Unpaid Care - there is quite a variation between wards. Approximately 10% of South Norfolk's residents provide unpaid care, and of these about 2,000 provide over 50 hours per week of unpaid care. As we have an aging population in South Norfolk, it is likely that the number of unpaid carers will rise.

Year 11 Leavers – the links between educational attainment and ill health are well established. It is therefore a cause of concern that there are significant numbers of lower achievers in parts of the district .

Teenage Pregnancies and Conception - in South Norfolk rates are generally very low; however there are a few areas that stand out as having higher rates than elsewhere.

Summary of Health in South Norfolk – overall the picture is favourable, but there are health issues that require the Council's intervention. We know that each year some of our residents will die from preventable disease. Access to services is a particular problem in some parishes and within the district there are pockets of health inequality and deprivation.

It can be concluded from the health profile data that four of the highest health priorities at South Norfolk are:

- Heart disease
- Cancer
- Access to services
- Health inequalities

6. Change and Sustainability

As shown in Figure 1, the factors that influence health are multiple and inter-related. We therefore have to be realistic about what can be done and when it will happen. For change to be sustainable and effective, it will be necessary to coordinate a range of different actions that happen at all levels. For example, most people probably know that a diet high in saturated fats is unhealthy but, if they wish to make a lifestyle change to improve their diet, they need to:

- a) know what to eat and how to prepare it - relevant information or instruction therefore has to be available
- b) be able to source healthy foods – the foods need to be readily accessible
- c) be able to afford the foods they need – for persons who unemployed or on a low income, this is a major obstacle

Changes in “non-health” services such as access to culture and leisure can have a wide spread impact upon health. If a community has difficulty in accessing leisure services, this could result in people being less physically active. Whereas a community that can access leisure and cultural services is likely to be physically healthier, have a greater number of social contacts and subsequently suffer less depression.

Peoples’ health status can be improved by changes to the controllable factors that influence health, but this can be a slow process. For outcomes to be lasting, the interventions have to be sustainable.

7. Measuring Success

The Health and Well-being Strategy seeks to improve the health and well-being of the whole community, but as there is no single action that will make everyone healthier and happier, it is necessary to monitor a range of different indicators to assess how well we are doing. These indicators include the following:

Short Term (0 to 5 years) indicators:

- the number of people making lifestyle changes E.g. quitting smoking
- the number of new community groups established
- the number of new community projects (especially those relating directly to health issues, inc. food co-ops etc)
- an uptake of services provided for vulnerable people E.g. GP referral scheme
- more people regularly using leisure and cultural services

Medium Term (5 to 10 years) indicators:

- reduced levels of anti-social behavior
- more affordable housing
- more new businesses
- a low level of unemployment
- fewer people needing to claim benefits
- fewer people requiring hospital treatment for accidents in and around the home

Long Term (10 years +) success indicators:

- evidence of individuals and groups being more actively involved in wider community life and being more participative in social or support networks
- less demand for social housing
- fewer days being lost at work due to ill health
- less demand on local NHS services for preventable ill health
- longer life expectancy with fewer periods of ill health

- less deprivation within wards and across South Norfolk as measured by national indicators of deprivation

The important monitoring function is the responsibility of the Council's Care, Fairness and Housing Policy Development Panel. The Panel receives reports at six monthly intervals on work in progress, work completed and proposals for new actions, thus ensuring the Strategy and Action Plan remain responsive to changing need and developments.

8. Partnership

Health Improvement is not the sole responsibility of South Norfolk Council. There are many regional and local organisations that we need to engage with, in order to make the best use of resources and to avoid duplication of effort, or gaps in service provision. For these reasons, partnership working is identified as being an important part of the Health and Well-being Strategy.

9. Conclusion

Generally the health profile for South Norfolk is quite a good one, but we know it could be better. For some people a change of lifestyle will make a significant difference to their health, but for others their health will not improve, unless the health determining factors over which they have no control are changed.

We know that cancer and circulatory disease are the big killers, and that there are things that the Council can do to help people improve their own health. For example, people who wish to give up smoking may find it easier if the Council uses its powers to secure smoke free enclosed public places.

A consequence of the aging population in South Norfolk is that more people have to provide unpaid care for an elderly partner or relative. Access to services and social inclusion therefore warrant special attention to help lighten the load for carers.

The Health and Well-being Strategy is a strategy written for South Norfolk and addresses the needs that we know exist from the work done on health profiling. It gives the Council direction and the focus for work that has a potential to improve the health of local people now and for years to come.

Health and Well-being Action Plan

The Action Plan has two broad themes, under which a number of aims and actions have been identified to secure the delivery of the Health and Well-being Strategy:

- Theme One – Improving the health and well-being of everyone who lives or works in South Norfolk
- Theme Two - Reducing health inequalities

Theme One – Improving the health and well-being of everyone who lives or works in South Norfolk

Aim 1 – to reduce the incidence of ill-health caused by smoking

(Tobacco smoke is a proven cause of heart disease, cancer and other illnesses.)

What we shall do to achieve this aim:

Action	Why	Who	When	Resources
Provide businesses with advice and guidance on the legislation that will ban smoking in enclosed public areas, workplaces and public vehicles	Second hand smoke causes ill health and kills people	South Norfolk Council (SNC)	By July 2007	Within existing resources
Ensure that there is compliance with the “smokefree” legislation	To protect public health	SNC	To commence monitoring compliance from the implementation date (1 July 2007)	Within existing resources

Work with the Smoke Free Norfolk Alliance to implement "Smoke Free Norfolk"	About 25% of the people who live in South Norfolk smoke	Members of the Alliance SNC	To participate in one annual campaign	Within existing resources
Help smokers to quit their dependency on tobacco by signposting to "cignificant"	Research shows that smokers are more likely to succeed in quitting smoking if they can access trained support workers	"cignificant" SNC Norfolk Primary Care Trust (PCT)	A protocol for responding to enquiries from the public will be operational from April 2007	Within existing resources
These actions support the delivery of Local Area Agreement 2.1 – reducing the number of people who smoke				

Aim 2 - to promote the benefits of regular exercise

(A lack of exercise can lead to heart disease, cancer and obesity)

What we shall do to achieve this aim:

Action	Why	Who	When	Resources
Promote Norwich Health Walks and seek funding to set up new routes in South Norfolk	Increased physical activity of moderate intensity is associated with lower overall mortality rates and decreased risk of cardiovascular disease	PCT SNC Voluntary groups	Action plan developed by July 2007	Within existing resources
Supporting measures that will help to encourage walking and cycling as an alternative to using the car for short journeys –	Health benefits gained by people not using a car	SNC South Norfolk Cycling Forum Norfolk County Council Active	Annual review of the Local Transport Plan – it's application of the relevant planning	Within existing resources

particularly taking children to and from school		Norfolk (AN)	policies to all qualifying development schemes	
Develop policies to protect and promote the existing cycleway network and to ensure that new developments provide pedestrian and cycle links to nearby centres and facilities	A lasting legacy that can lead to improved health in the local community	SNC AN	3 Cycling Forum meetings held a year	Within existing resources
Make greater use of existing leisure and sports facilities within the area including schools, parish and village halls and other leisure providers	Increased physical activity by making it easier for the community to access facilities	SNC AN	Action will be taken in accordance with the Council's Leisure, Culture and Countryside Strategy up to Dec 2016	Within existing resources & new sources as accessed during the lifetime of the Strategy
These actions support the delivery of Local Area Agreement 1.1b – healthier, more active children and young people				

Aim 3 - to encourage healthy eating

(An unhealthy diet can lead to heart disease, cancer and obesity)

What we shall do to achieve this aim:

Action	Why	Who	When	Resources
Participate at least one local initiative a year to help people improve their nutrition and to eat healthily	Levels of obesity are rising	PCT SNC East Anglia Food Link	Every year	Within existing resources
This action supports the delivery of Local Area Agreement 1.1b – healthier,				

more active children and young people

Aim 4 - to promote sensible alcohol consumption

(Excessive alcohol consumption is implicated in premature death, heart disease, cancer, obesity, violence, social and mental health problems)

What we shall do to achieve this aim:

Action	Why	Who	When	Resources
Support the Norfolk Drug and Alcohol Action Team	Long term harm to health is associated with excessive alcohol consumption	Norfolk Drug and Alcohol Action Team PCT SNC	Every year	Within existing resources

Aim 5 - to help people with existing heart problems

(Appropriate exercise has an important role in improving life expectancy)

What we shall do to achieve this aim:

Action	Why	Who	When	Resources
Develop the Exercise Referral scheme by educating targeted individuals to the problems associated with inactivity and the simple steps that can reduce these risks through moderate activity	To enable more people at risk from cardiovascular disease to benefit from taking exercise in a safe environment	PCT SNC	By Dec 2008	Within existing resources
Develop Heartstart training package for the family and friends of cardiac rehabilitation patients	To save lives by understanding how to reduce the risks of a heart attack and what to do if one happens	PCT SNC	April 2007	Within existing resources

Work with the Ambulance Trust to establish community run First Responder Schemes	Early defibrillation saves lives	Ambulance Trust SNC	Until 2016	Within existing resources & new sources as accessed during the lifetime of the Strategy
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Aim 6 – to protect local air quality

(If air quality is poor it can trigger or worsen asthma attack and generally make it more difficult for people in poor health to breathe)

What we shall do to achieve this aim:

Action	Why	Who	When	Resources
Continuously monitor the air quality for a range of pollutants	So that timely and appropriate action can be taken to minimise exposure to polluted air	SNC	Until reviewed March 2008	Within existing resources

Aim 7 - to reduce the health impact of land contamination

(This can help to reduce the risk of peoples' health being affected by toxic substances in the soil originating from former land usage)

What we shall do to achieve this aim:

Action	Why	Who	When	Resources
To identify contaminated land and take appropriate action to enable the land to be brought back into safe use	Many substances that were used on sites for industrial or manufacturing purposes are a major health risk	SNC Norfolk CC Environment Agency	Up to Dec 2010	Within existing resources

Aim 8 – to reduce the effects of excessive noise

(Noise nuisance has a significant effect on the quality of life and mental health of those people exposed to it.)

What we shall do to achieve this aim:

Action	Why	Who	When	Resources
Target the sources of noise pollution	To improve peoples feeling of well-being by not being exposed to other peoples noise	SNC	This is not a time limited action, but will be subject to review in line with best practice	Within existing resources

Aim 9 – to protect public health

(Prevention is better than cure)

What we shall do to achieve this aim:

Action	Why	Who	When	Resources
Ensure that drinking water complies with national and EU safety standards	To ensure that drinking water does not pose risk to health	SNC Environment Agency Water companies Householders	Annual monitoring programme	Within existing resources
Secure the provision of adequate and suitable foul and surface water drainage systems	To reduce the risk of water contamination	SNC Norfolk CC Environment Agency Water companies Developers	This is not a time limited action and forms part of the Development Control Process	Within existing resources
Review our preparedness for the prevention and control of outbreaks of	To ensure that we can take appropriate and timely action to control the	SNC Norfolk Health Protection Unit. PCT	March 2007 and then review annually	Within existing resources

notifiable disease	spread of disease			
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Aim 10- to tackle accidents in the workplace

What we shall do to achieve this aim:

Action	Why	Who	When	Resources
Take targeted action to raise employers awareness of the special requirements of young people in the workplace	This is a national problem that requires local action	SNC Norfolk CC Businesses Health and Safety Executive (HSE)	Annual campaign	Within existing resources
Produce an action plan to fully participate in the FIT 3 Project to tackle: <ul style="list-style-type: none"> • Slips and trips • Falls from height • Workplace Transport • Asbestos 	Research has shown that these are major causes of serious injury and death	SNC Businesses HSE	March 2007	Within existing resources

Aim 11 – to promote high standards of food safety

(Food poisoning is debilitating and is preventable)

What we shall do to achieve this aim:

Action	Why	Who	When	Resources
Provide one to one coaching sessions for businesses to assist with the implementation of a documented food safety	To reduce the risk of outbreaks of food poisoning	SNC	Throughout 2007 and then review Jan 2008	Within existing resources

system				
Participate in at least one local campaign a year to raise awareness of food safety in the home	To reduce the risk of people becoming ill from food they have handled and prepared	SNC Norfolk CC	Annually	Within existing resources

Aim 12 - to reduce accidents in the home

(Injury is the leading cause of death in children in England and Wales. At the other end of the age spectrum, falls are the main cause injury related death for people over 75 years of age)

What we shall do to achieve this aim:

Action	Why	Who	When	Resources
Participate in at least one local campaign a year to raise awareness of home safety	To reduce the risk of people having accidents in their homes	SNC PCT RoSPA	Annually	Within existing resources
Use the powers of the Housing Act 2004 to improve home safety	To make homes fit for purpose	SNC	This is not a time limited action, but will be subject to review in line with national guidance	Within existing resources
Use our data base of statutory accident notifications to identify interventions that could reduce the risk of elderly people having serious falls	To reduce the number of elderly people who sustain preventable serious injuries	SNC	This is not a time limited action, but will be subject to review in line with best practice	Within existing resources

Aim 13 – to reduce the risk of road traffic accidents involving young people

(In the age group 12-15 years, cyclists are most at risk from death and serious injury)

What we shall do to achieve this aim:

Action	Why	Who	When	Resources
Work with developers to make developments safe and pedestrian friendly	To create a safer interaction between segregate pedestrians, cyclists and motor vehicles	SNC	This is not a time limited action and forms part of the Development Control Process	Within existing resources
Promote safety messages to shops employing young people for newspaper deliveries	To reduce the risk of young people being involved in road traffic accidents	SNC	Annually	Within existing resources

Aim 14 - to improve health and well-being through partnership working

(Health improvement is not the sole preserve on any one organisation.)

What we shall do to achieve this aim:

Action	Why	Who	When	Resources
Work with the South Norfolk Alliance to create a sustainable framework for local action on health and well - being	Many of the actions detailed in this Action Plan are reliant on effective partnership working with statutory partners, voluntary organisations	SNC PCT Voluntary organisations South Norfolk Alliance (SNA)	Annually + Area Forum meetings + Health Improvement Forum meetings	Within existing resources

	and the community			
This action is key to the delivery of the Local Government White Paper 2006				

Theme Two - Reducing Health Inequalities

Aim 1 - to improve health and well-being by supporting community development

What we shall do to achieve this aim:

Action	Why	Who	When	Resources
Develop key sustainable communities projects	To tackle the underlying issues that adversely influence the health of the community	SNC SNA PCT	Phased action up to March 2009	Within existing resources
Help Diss and other towns use the Cittàslow approach to developing a healthy and well cared for community	Improved health and quality of life	SNC Diss Town Council Development Partnership SNA	By Dec 2009	Within existing resources
Work with the Market Town Community Partnerships	To make the towns healthier places to live in	The 4 Market Town Community Partnerships SNC	This is not a time limited action	Within existing resources
Fund appropriate community projects and provide guidance on how to seek other sources of funding	To support community groups that can help tackle exclusion, social isolation and improve cohesion	SNC Other funders Community & voluntary organisations Parish councils	This is not a time limited action	Within existing resources

Aim 2 – to provide practical support for carers

(One in ten of all residents in South Norfolk provide unpaid care)

What we shall do to achieve this aim:

Action	Why	Who	When	Resources
Develop a	The number of	SNC	December	Within

sustainable signposting system for carers of all ages, to the support services they need	unpaid carers will increase as our population ages Many children provide care for relatives	PCT Norfolk CC Voluntary organisations	2007	existing resources
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Aim 3 – to Integrate minority and disadvantaged communities

(Minority groups often suffer from more ill health and social disadvantage than the rest of the community)

What we shall do to achieve this aim:

Action	Why	Who	When	Resources
Work with the South Norfolk Alliance to promote community cohesion by improving understanding and tackling prejudice	To improve the health and well being of everyone	SNC PCT Voluntary organisations SNA	This is not a time limited action	Within existing resources
Improve the way that the Council uses Intran and other communication services	To tackle information isolation for people who have difficulty reading, hearing or understanding English	SNC	This is not a time limited action	Within existing resources

These actions also support the delivery of Local Area Agreement 3.5

Aim 4 – to help people without their own transport access services

(Access to essential services has a significant role to play in maintaining health and independence)

What we shall do to achieve this aim:

Action	Why	Who	When	Resources
Financial support for community	Maintaining health and independence	SNC Parish Councils	This is not a time limited action	Within existing resources

transport initiatives that enable people to access health services		Norfolk CC Volunteers		
Local Development Framework (LDF) policies that seek to ensure most new housing will be located within easy reach of peoples daily needs without the need for a car	To reduce social exclusion and rural deprivation	SNC	Local Development Framework target by Dec 2010	Within existing resources

Aim 5 – to reduce financial hardship

(People on low incomes suffer greater health inequality than people who are better off)

What we shall do to achieve this aim:

Action	Why	Who	When	Resources
Use Take-up Campaigns to raise awareness of the benefits to which people on low incomes are entitled	To reduce financial hardship and its adverse impact on health	SNC Citizens Advice Bureau (CAB) Pensions Service (PS)	December 2007	Within existing resources
Support initiatives that help people improve the management of their personal finance	To reduce financial hardship	SNC South Norfolk Credit Union Ltd. CAB	This is not a time limited action	Within existing resources

Aim 6 - Assist older people and disabled people to maintain their independence

What we shall do to achieve this aim:

Action	Why	Who	When	Resources
Maximise the number of people claiming Attendance Allowance and Disability Living Allowance	To reduce hardship	SNC CAB PS	December 2009	Within existing resources
Enable people to continue to live in their homes by carrying out adaptations	To maintain a good quality of life and social networks	SNC	This is not a time limited action	Within existing resources
These actions support the delivery of Local Area Agreement 2.6 – to support older people wherever possible to live at home and to lead independent, safe and fulfilling lives				

Aim 7 - to improve the standard of the private housing stock within the district

(Housing conditions have a major impact upon the health and well-being. All dwellings should be safe, warm, dry and well ventilated, with amenities that meet minimum standards of comfort)

What we shall do to achieve this aim:

Action	Why	Who	When	Resources
Work with private landlords to improve rented accommodation	To improve living conditions and minimise health risks	SNC	This is not a time limited action	Within existing resources
Work with partners to attract additional funding to improve private sector housing stock	To prevent homelessness and improve living conditions	SNC	This is not a time limited action	Within existing resources
Inspection of rented accommodation	To improve living conditions and minimise health risks	SNC	This is not a time limited action	Within existing resources

Aim 8 - to improve the energy efficiency of homes to help those at risk of fuel poverty

What we shall do to achieve this aim:

Action	Why	Who	When	Resources
Promote improved energy efficiency in new developments through the LDF	Sustainable financial savings from reduced energy needs	SNC	Over the lifetime of the LDF	Within existing resources
Enable householders to access financial assistance for energy efficiency works	To tackle hardship from a disproportionate percentage of income having to be spent on energy	SNC	This is not a time limited action	Within existing resources
Work with local GP surgeries to improve peoples health where the root cause is fuel poverty	To improve health and well-being	SNC PCT	This is not a time limited action	Within existing resources

Aim 9 - to increase the availability of affordable housing

What we shall do to achieve this aim:

Action	Why	Who	When	Resources
Ensure there is a balanced housing market	To meet the housing need in a cohesive and sustainable manner	SNC Greater Norwich Housing Partnership (GNHP)	Over the lifetime of the existing and future LDF	Within existing resources
Work with other local authorities and registered social landlords to maximise the opportunities for securing affordable housing	To tackle homelessness and provide housing for those unable to meet their needs through the housing market	SNC GNHP	Over the lifetime of the existing and future LDF	Within existing resources & new sources as accessed during the lifetime of the Strategy

These actions also support the delivery of Local Area Agreement 3.9 – improved housing provision

Aim 10 – to help the most vulnerable groups of residents in South Norfolk

What we shall do to achieve this aim:

Action	Why	Who	When	Resources
Offering housing and related advice at the earliest opportunity for homeless or potentially homeless people	To reduce the risk of people becoming homeless	SNC	This is not a time limited action	Within existing resources
Assisting people find alternative accommodation	To prevent homelessness	SNC	This is not a time limited action	Within existing resources
Ensuring that we have robust evidence of the housing needs of all sections of the community	To help ensure that there is a balanced housing market	SNC GNHP	This is not a time limited action	Within existing resources
Promoting Care and Repair	To improve living conditions	SNC	This is not a time limited action	Within existing resources
Involve disabled people in the shaping of the services the Council delivers	To ensure equality for all members of the community	SNC	This is not a time limited action	Within existing resources