



Our county **has**, what about you?

A joint strategy to make Suffolk the healthiest county in Britain

2008-2028

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This document is available from www.healthyambitionssuffolk.nhs.uk
Please visit the website to find out more about *Healthy Ambitions Suffolk* and what's in it for you.

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What this strategy is all about

Making Suffolk the healthiest county in Britain by 2028

All of the leading public services, and many voluntary sector organisations and businesses in Suffolk have set a goal to make Suffolk the healthiest county in Britain by 2028.

This means people in Suffolk living longer and with fewer health problems. It means putting an end to increasing rates of illnesses, such as diabetes, heart and chest problems and other diseases caused by unhealthy lifestyles. The aim is part of the county's community strategy, ***Transforming Suffolk***.

The national drive

Healthy Ambitions Suffolk is part of national reformation that is already underway.

All counties in Britain, driven by clear national policies, are raising the pace of action to improve health. Much of the influence for this has come from recommendations made by Sir Derek Wanless in his two independent reports on the long-term trends affecting the NHS:

Securing our Future Health: Taking a Long Term View, Department of Health, April, 2002
Securing Good Health for the Whole Population, Department of Health, 2003

These reports demonstrate the need for more investment and power for local communities. In 2007, the Audit Commission reviewed the scenario proposed by Wanless where local communities were "fully engaged" and confirmed what everyone knows instinctively, that preventing ill-health will make significant savings in expenditure on health and social services over the longer term.

Partnerships for Better Health: Small Change, Big Difference: Healthier Choices for Life, Department of Health, 2007

***Making Suffolk
the healthiest
county in Britain
by 2028***



The challenge

Suffolk's health is in many ways better than the health status of other parts of the UK, but some of our population still suffer from persistent, avoidable health problems, and health in some parts of Suffolk shows similar statistics to the most deprived areas in the country.

- // In some parts of the county, people have 12.3 fewer years life expectancy than those in the more affluent parts.
- // There are around 2,000 premature deaths (people under 75) each year in Suffolk.
- // Smoking currently kills three people in Suffolk every day.
- // 80% of men over 45 are either overweight or obese and unless we can stop current trends, by 2050, more than half of all adults will be obese.
- // At any one time, one in six of us in Suffolk has some form of mental illness.

Action is needed now to reverse the adverse consequences of lifestyle choices or the burden will be too great for our health and social care services in the future.

All working in the same direction

There are many things that local services can do, and this document explains what the agreed priorities are. The real possibility of success is that organisations are working together in the same direction. *Healthy Ambitions Suffolk* is a strategic campaign that joins up the very best efforts of organisations and ideally, all individuals in the county, to change people's lives for the better.

Healthy Ambitions Suffolk is about getting all organisations, groups, communities, families and people to make changes to improve health:

- // At an individual level, the campaign will help people to change.
- // At a higher level, it will give organisations the incentive and the methods to help others to change.

There is a lot happening already in Suffolk to improve health, but it is fragmented and people don't always know about it. If all the county's initiatives came together, there would be a very powerful impact on the health of the population as a whole.

Ideas usually come from individuals. *Healthy Ambitions Suffolk* provides a way of making them known, and making them work.



How will *Healthy Ambitions Suffolk* work?

Overview

The strategy's scope covers the whole of Suffolk, its entire population and all relevant groups and organisations. The focus is health in its broadest sense, not just health and social services, but also other wider issues that can have a dramatic influence on health and life quality.

Healthy Ambitions Suffolk:

- // gives all organisations and individuals a clear single direction that will bring people together to get results
- // promotes definable improvements in health and life quality, including all aspects of physical and psychological health
- // provides the support that individuals and organisations need to make changes and improve health, e.g. financial assistance, information on best practice and measures that are likely to have the greatest impact, monitoring and evidence gathering
- // uses a campaign to reach people in a range of innovative and creative ways, including explicit public recognition of their participation and achievements
- // monitors year on year progress and explores how incentives for further action can be developed.

Carly Wicks
Port Police Officer
Port of Felixstowe, Suffolk



Making it work in practice

Healthy Ambitions Suffolk taps into the intrinsic motivation to affiliate with others, together with a growing trend towards improving health. It offers membership of a network with a shared values, vision, ideas, plus the real benefits of better health.

The strategy has two main elements:

// *an agreed joint plan for Suffolk's statutory services and partners, steered and monitored by the Suffolk Strategic Partnership*

// *an attractive support package and recognition for other organisations and individuals that "sign up" to change.*

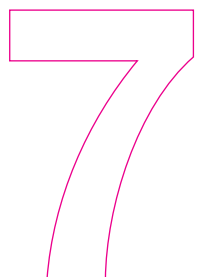
The joint plan and its priorities, which is part of **Suffolk Strategic Partnership's** community strategy, ***Transforming Suffolk***, are summarised later in this document.

Organisations and individuals can apply for a *Healthy Ambitions Suffolk* award, which offers recognition of achievement in the form of an official accreditation for two years. Applicants become members of a county network with a chance to link up and share schemes with other organisations and like-minded people.

Those who achieve recognition under *Healthy Ambitions Suffolk*, have access to information, expert help, financial assistance in some cases and the benefits of free publicity and promotion across the county, including an opportunity to be considered for a special award at an annual gala event.

Healthy Ambitions Suffolk encourages organisations and individuals to put their ideas and schemes into practice. It provides an umbrella that will give credibility to a wide range of initiatives large and small, and annual promotional campaigns will maintain the momentum using real examples of participants to convey the message and get more people to "sign up".

Healthy Ambitions Suffolk encourages organisations and individuals to put their ideas and schemes into practice.



Our healthy ambitions

Suffolk will achieve its healthy ambitions by:

- // Prioritising sustained investment in promoting health and life quality, to prevent disease and intervene early where it occurs.*
- // Increasing the degree to which citizens and communities can share in decisions about their health and life quality.*
- // Acknowledging the diversity and totality of people's lives.*
- // Addressing the underlying causes of ill-health and promoting longer-term solutions.*
- // Acknowledging the contribution and increasing participation in the health and life quality agenda across all organisations and partnerships in the NHS, statutory, private and third (voluntary and community) sectors.*
- // Improving the health and life quality of the whole population by making use of Suffolk's unique economic, socio-cultural and physical environment.*
- // Reducing inequalities in health that exist between geographical areas and groups of people across the county by considering health and life quality - a basic human right.*
- // Restricting the use of less effective treatments and increasing the provision and take up of effective forms of care.*
- // Modernising the health and social care infrastructure and using technology to improve access to health and life quality services and access to information and data.*
- // Looking for new solutions and adopting the best from national and international models.*
- // Ensuring that we treat our communities fairly in the services we design and purchase.*



Billy Mullenger
Wood Ley Community Primary
School, Stowmarket



How we will achieve our ambition

We will seek agreement and commitment from all key organisations to the strategic priorities set out in *Healthy Ambitions Suffolk*.

We will recommend priority areas, targets and actions to improve health and life quality and to reduce health inequalities.

We will develop mechanisms to achieve our ambition. This will include using existing relationships such as Local Area Agreements and Local Strategic Partnerships to develop new integrated commissioning strategies and plans.

We will ensure that culturally sensitive services are available within the communities where people live. This will include commissioning local groups to signpost and support.

How *Healthy Ambitions Suffolk* could change people's lives

In this section we describe two scenarios that show how *Healthy Ambitions Suffolk* could make a radical change to people's lives. Charlie and Maria are fictional but are based on real examples of people living in Suffolk.

Charlie, aged nine, living in poverty

Charlie lives in a block of terraced houses with his mum and his brother. All the family are overweight, but Charlie's Mum feels it's too difficult to change on the money she earns.

The children rarely go out to play because the playground next to their home was recently vandalised and they do not feel safe outside. Charlie's mum cannot afford to take them out in the holidays. Charlie doesn't play outside at school because he is often teased and bullied about being fat. He is actually obese but has not had his weight recorded since he was five. Today Charlie brought a packed lunch to school. It contained crisps, a bought sausage roll, chocolate biscuits and a coke.

Life for Charlie with the benefits of local health initiatives

- // *Charlie now has his weight checked at school and by his GP.*
- // *Charlie no longer has a packed lunch because a local 'health trainer' (who lives in the local community) has talked to his mother about the family diet. He has free school lunch and now eats some fruit and vegetables at school every day.*
- // *Charlie's school has been involved in the Social and Emotional Aspects of Learning (SEAL) programme, which offers some support about tackling on-going bullying and raising self esteem.*

Charlie's improved environment (specifically targeting deprived groups in the community)

- // *The streets next to Charlie's home are now clean, well-lit and safe. The playground nearby was also refurbished. Charlie and his brother can now play outside.*

Improvements in the environment (targeting all members of the community)

- // *Charlie's school has started a "walking bus" and he now walks to school each morning on the way to the healthy breakfast club.*
- // *Food professionals visit the school to talk about healthy eating and run "discovery sessions" to find out about new foods.*
- // *There are organised active games at playtime and he is also part of an activity club at the local fire station for overweight/obese children. He has now lost weight and the other children at school do not tease him about being fat.*
- // *There is a new recreational area close to Charlie's home. It is free for everyone to use. Charlie's mother now takes them for walks or cycling trips during the school holidays.*
- // *His mother has also recently lost weight, as Charlie won't let her eat any more chips.*

Charlie, aged nine, with a better future ahead of him

With the right action, Charlie would be keeping his weight down and enjoying a happy young life. He is more likely to avoid a life-long struggle with the effects of diabetes and heart disease, or the possibility of a stroke before he is 70. He would have much better chances of doing well at school, finding a fulfilling career and eventually giving his own family the right start in life.

Maria, aged seventy six, living alone

Maria has unstable diabetes and mild asthma. She sees her GP several times a year and is also admitted to hospital about twice a year.

Even when she is feeling well, Maria doesn't leave the house much because the traffic outside her home is too fast and the lighting is poor. She has thought about going swimming but finds it difficult to get there, especially during winter.

She tries not to feel lonely.

Life for Maria with the benefits of local health initiatives

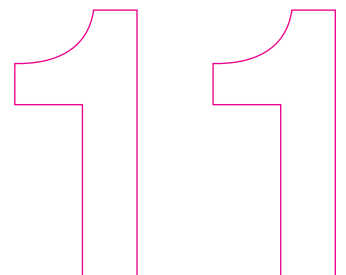
- // *Maria is getting help with managing her diabetes and asthma from her nurse specialist advisor.*
- // *Maria is also part of an Expert Patient Programme on diabetes and now sees her GP less frequently, often only for check-ups and has not been admitted to hospital since.*
- // *Maria visits her local library and volunteers teach her how to use the internet and access information on prescription.*

Maria's improved environment (targeting all members of the community)

- // *Planners and architects have introduced cycle/walking paths linking to green space in the town. This has won local support as traffic noise has reduced and air pollution has improved.*
- // *Maria went on a course for older cyclists with her friend and is now more confident about cycling. In the summer, she and a friend go cycling at the weekend.*
- // *The speed limit on the road outside her home is now reduced and there is better lighting. She now finds it safe enough to go to the bus stop to get the free bus service to the local swimming pool. Maria now goes swimming three times a week, all year round.*
- // *Maria's diabetes and asthma is under very good control.*

Maria, aged seventy-six, living out a new chapter

With the right action, Maria would be in control of her diabetes and asthma. She would avoid having to go into hospital and the risks to her independence that are increased by these episodes. She could extend her life by years, but more importantly she would greatly improve her quality of life.



The big health issues for Suffolk

- // *The main causes of death in Suffolk are circulatory disease, cancer and respiratory disease, all of which are often related to lifestyle factors. Current public health campaigns do not often reach those who continue to smoke, they take little exercise, eat poorly or take behavioural risks, such as drinking too much.*
- // *Some communities have greater than average health need. Life expectancy varies by ward by 12.3 years. More needs to be known about new and diverse communities in the county and their particular health needs.*
- // *The population of Suffolk is growing. Most importantly, the elderly population will grow faster than any other group, with a projected 50% growth in the over 65s and a 90% growth in the over 85s by 2018. Estimates suggest that this will mean a rise in the number of people with dementia from 9,900 in 2008 to 17,000 by 2025.*
- // *The elderly and other vulnerable groups are susceptible to the extremes in weather, particularly as climate change impacts on Suffolk. Poorer housing and fuel poverty are particularly important issues.*
- // *People cannot always access services easily. For example, 40% of the population of Suffolk live outside the main urban areas and have difficulty getting to services outside of their local area.*
- // *There were 66,133 unpaid carers in Suffolk at the time of the 2001 census, and this number is expected to rise with the growth of the older population.*
- // *Some areas have high levels of unemployment and debt rates leading to poorer health and life quality. The current economic climate and forecasts for recession are likely to bring further pressures in the next few years.*
- // *Children and young people under 18 represent around 24% of the Suffolk population. The needs of vulnerable young people such as young carers need to be recognised. 18% of 11-year olds in Suffolk were recorded as obese in June 2006.*
- // *We estimate that there are approximately 140,000 people registered with a physical disability and between 2,000 and 3,000 people with a severe learning disability in Suffolk. There is currently insufficient data for any of the disabilities, including sensory.*

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// Issues related to lifestyle are of particular concern:

- o Smoking kills approximately 1200 people each year.*
- o One in five adults smoke.*
- o Seven in ten adults don't eat five a day fruit and vegetables.*
- o One in six people binge drink.*
- o A quarter of adults are obese.*
- o A sixth of adults are experiencing some form of mental ill-health.*

// People with long term conditions are the biggest users of healthcare and account for 80% of all GP consultations.

// Death rates from accidents have not improved in Suffolk between 1993 and 2005 .

// About 40 per 1000 young women under 18 become pregnant and the incidence of sexually transmitted infections is increasing year on year.



Michelle Tooke
Training and Activities Administrator
Suffolk Family Carers, Claydon

Local priority themes

The strategic themes for the twenty year vision for Suffolk have come from various studies including:

- // *A Joint Strategic Needs Assessment*
- // *Previous reports of Directors of Public Health*
- // *A consultation with local organisations and community representatives*

Five strategic themes have been identified as follows:

1. Reducing health inequalities.

Reduce health inequalities and raise the life expectancy of the most socially disadvantaged.

2. Promoting healthy, sustainable communities.

Promote a vibrant, healthy and sustainable county to maximise the impact on people's health.

3. Improving the contribution that employment makes to developing and maintaining health and life quality.

Increase the opportunities for a healthy and productive workforce and wider social inclusion in employment.

4. Improving outcomes for children and young people – 0-19 years.

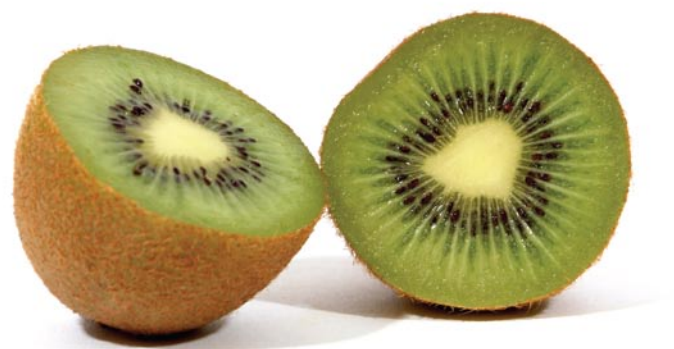
Promote the physical and mental health and life quality of children and young people, and implement effective programmes to protect the most vulnerable from adverse outcomes and serious health consequences.

5. Improving outcomes for older people.

Improve the quality of healthy life of older people and reduce inequalities in health by adding years to life - and life to years. Improve life quality and dignity in disadvantaged groups.

These long-term aims link with the aims of **Transforming Suffolk**, Suffolk's sustainable community strategy to maximise economic prosperity, develop social capital and promote a healthy, and safe, environment in the next twenty years.

We will work with all our partners to develop shorter term action plans for all the themes to ensure that objectives are achieved as part of the journey to 2028.



Other important issues that came out of local consultation

The following themes that cut across organisational working were echoed consistently in the consultation process:

- // **Better access and equity for basic healthcare and all other public services – which should be more flexible and responsive to the needs of people.**
- // **More information and education to help people manage their lifestyles.**
- // **Better integration between health, social care, and third sectors, both in planning services and at the point of delivery.**
- // **Several important areas were highlighted for further development including:**
 - o **End-of-life care**
 - o **Mental health**
 - o **Education and life-long learning**
 - o **Obesity**
 - o **Issues for groups with below-average life expectancy such as minority ethnic groups**
 - o **Issues for family carers**
- // **Several priorities should not be age-related. E.g. financial security should be cross-cutting and not just for older people. Sexual Health should not just be related to young people.**
- // **Embed reduction in inequalities in all decision-making processes**

Action planning

See Appendix 1 for further details on the strategic priorities for *Healthy Ambitions Suffolk* and possible actions.

Over the years of the *Healthy Ambitions Suffolk* strategy there will be continuing progression and expansion of action plans. The strategy will be supported by information that will:

- // **identify gaps, where further initiatives are needed.**
- // **develop those actions that are proven to be successful.**
- // **facilitate partnership working and inter-agency co-operation.**

In addition, we propose the need for a balance of actions, some of which are innovative and some of which reflect best practice i.e. actions that are tried, tested and documented to be successful in research papers.

See Appendix 3 for references that provide documented evidence.

Our county *has* What can you do?

The *Healthy Ambitions Suffolk* strategy includes initiatives that recognise and reward organisations and individuals that are working actively to improve health. The strategy encourages organisations and individuals to put their ideas and schemes into practice. It provides an umbrella that will give credibility to a wide range of initiatives large and small, and annual promotional campaigns that will maintain the momentum and get more people to “sign up”.

Early priorities

The *Healthy Ambitions Suffolk* strategy is taking action in terms of three themes around the following target groups:

- // ***Employers and businesses in Suffolk***
- // ***Children and young people, in partnership with schools and colleges***
- // ***Older people, in partnership with the voluntary sector***

Once initiatives have been rolled out in these three areas the aim is to learn from outcomes and expand in other directions.

A key vehicle for communications and for developing the *Healthy Ambitions Suffolk* network will be a website in operation from January 2009.

Louise Markes
Support and Advocacy Worker,
Mental Health Team
Suffolk Family Carers, Claydon





What *Healthy Ambitions Suffolk* offers

In addition to actual health improvement, *Healthy Ambitions Suffolk* unites people in its aims through:

- // **Accreditation.** Organisations and individuals will be awarded a certificate confirming their accreditation under *Healthy Ambitions Suffolk*. This is valid for two years.
- // **Financial support.** The *Healthy Ambitions Suffolk* campaign includes investment in schemes, where these are likely to have a measurable impact and will monitor outcomes.
- // **Free training and support.** Professional health improvement training will be rolled out across the county for both individuals and organisations.
- // **Free publicity.** With permission, organisations and individuals will be listed on the *Healthy Ambitions Suffolk* website and in other promotional materials.
- // **Connections to like-minded people and organisations.** The strategy is creating a *Healthy Ambitions Suffolk* network of members, with a range of benefits:
 - o Useful information and tools to support health improvement
 - o Shared good practice and experiences
 - o Network events and meetings, including an annual awards ceremony, with access to more information and publicity.

How will we keep this going?

The mechanism for ensuring progress is summarised as follows:

- // *The whole Healthy Ambitions Suffolk initiative will be monitored and sponsored by the **Suffolk Strategic Partnership (SSP)** board, as an authoritative group supporting joint working in Suffolk.*
- // *The existing Public Health Partnership will become the Healthy Ambitions Suffolk board and act as an executive group, reporting to the SSP board.*
- // *An advisory group of champions, Healthy Ambitions Team Suffolk (HATS), will advise the Healthy Ambitions Suffolk board and generally act to raise the profile of health and life quality in Suffolk.*
- // *A public panel will be established, so that the Suffolk community can be consulted on evolving policy.*
- // *A series of events is planned with the public and joint partners.*

Joshua Braker and Daniel King
Wood Ley Community Primary
School, Stowmarket

Appendix 1 - *Healthy Ambitions Suffolk* strategic priorities

Health inequalities

HI 1: Reduce mortality from cardiovascular disease and cancer and reduce inequalities between social groups.

HI 2: Reduce infant mortality and reduce inequalities between social groups.

HI 3: Reduce smoking rates in groups currently not accessing services.

HI 4: Improve health in groups who are known to have worse than average life expectancy, including black and other minority ethnic groups.

HI 5: Promote the development of prison health and life quality initiatives.

HI 6: Target people with disability, with special needs and/or those who are already ill.

Healthy and sustainable communities

SUS 1: Increase awareness of the health benefits of sustainable development and combating climate change.

SUS 2: Develop the physical environment so that it is used to increase physical activity for all.

SUS 3: Promote the development of safer communities.

SUS 4: Through community empowerment, reduce accidents in the home, workplace and roads.

SUS 5: Reduce alcohol-related harm and reduce domestic, alcohol and drug related violence.

SUS 6: Develop the Suffolk economy as a knowledge-based economy with greater opportunities for skilled employment.

SUS 7: Produce reliable, accessible health information and promote health education.

SUS 8: Improve the health and wellbeing of family carers including young carers.

The health of people of working age

EMP 1: Improve health in the workplace. E.g. help to reduce obesity

EMP 2: Improve mental well-being in the workplace.

EMP 3: Increase employment levels among socially excluded populations.

EMP 4: Reduce discrimination and exploitation in the workplace

Children & young people

CYP 1: Reduce childhood obesity.

CYP 2: Improve the psychological health and wellbeing of children and young people.

CYP 3: Improve the sexual health of young people and reduce teenage pregnancy and rates of sexually transmitted infections.

CYP 4: Improve health outcomes for vulnerable children, including looked-after-children and those children at risk.

CYP 5: Decrease smoking, alcohol and substance misuse in young people.

CYP 6: Improve facilities for young people.

Healthy and sustainable communities

OP 1: Improve older people's mental health and reduce social exclusion by promoting independence, interdependence and engagement.

OP 2: Promote material wellbeing and financial security for older people. E.g. tackle fuel poverty

OP 3: Promote active healthy living by offering targeted life quality services.

OP 4: Prevent accidents and falls amongst older people.

OP 5: Support the implementation of dignity in care standards and end of life care. E.g. dementia

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Pearl Liao
Wood Ley Community Primary
School, Stowmarket

How can we tackle these priorities?

Clearly, to be successful, during the life of this 20-year strategy all of the priorities will need to be addressed, and we will have an action plan to do that. It is important that the plan remains cohesive with links with other plans and buy-in from all partners.

During the consultation process we invited partners to say, for each theme, which of these priorities were the most important in their view.

We used an interactive voting system and the results came out as follows:-

Priority	First Choice (% of delegates making a choice in brackets)	Second Choice (% of delegates making a choice in brackets)
Health inequalities	HI 1: Reduce mortality from cardiovascular disease and cancer, and reduce inequalities between social groups. (53%)	HI 6: Target people with disability, with special needs and/or those who are already ill. (45%)
Healthy and sustainable communities	SUS 2: Improve accessibility to the physical environment so it can be used to improve health. (E.g. promoting physical activity). (28%)	SUS 7: Produce reliable, accessible health information and promote health education. (39%)
The health of people of working age	EMP 3: Increase employment levels among socially excluded populations. (36%)	EMP 1 and 2: Improve health (E.g. help to reduce obesity) and mental well-being in the workplace. (42% for each)
Children and young people	CYP 1: Reduce childhood obesity. (36%)	CYP 2: Improve the psychological health and wellbeing of children and young people. (46%)
Older people	OP 3: Promote active healthy living by offering targeted life quality services. (35%)	OP 1: Promote interdependence and engagement for older people to reduce social exclusion to improve mental ill-health. (55%)

Partners were invited to devise one action for each of the above “Top Ten” that would address the issue and that could only be done by partners working together.

Theme	Priority	Action
Health Inequalities	Reduce mortality from cardiovascular disease and cancer and reduce inequalities between social groups	<p>Widen access to all with particular emphasis initially on areas that will decrease the gap in life expectancy between rich and poor including:</p> <ul style="list-style-type: none"> ○ Increasing prescribing of cardiovascular drugs in GP practices with high deprivation indices ○ widening opportunities for increasing activity and recreation ○ Improve low-income economy
	Target people with disabilities, special needs and those who are already ill	<ul style="list-style-type: none"> ○ Better treatment and rehab ○ Long-term support in community ○ No age discrimination ○ Good communication around screening ○ More joined up holistic therapies ○ Identify target groups and individuals through GP ○ Coordination of available info ○ GP training
Healthy and sustainable communities	Improve accessibility to the physical environment so that it can be used to improve health	<ul style="list-style-type: none"> ○ Create opportunities for people to undertake physical activity, for example, expand healthy walking ○ Subsidise entrance fees ○ Club activity ○ Build physical activity into care plans as standard, for example, community nurses to encourage activity at home ○ Olympics for older people ○ Understand how the planning of the physical environment can support more physical activity ○ Closer and clearer bus stops ○ Make better use of new technology, for example use IT e.g. Wii
	Produce reliable, accessible health information and promote health education	<ul style="list-style-type: none"> ○ Use libraries, GPs and children’s centres ○ Internet ○ Signposting ○ Lay people with appropriate knowledge ○ Sustainable, targeted messages ○ Champions for specific topics ○ Cohesive resources library ○ Website with PCT info ○ Better information and marketing ○ Survey on how people access information

Theme	Priority	Action
The health of people of working age	Increase employment levels among socially excluded populations	<ul style="list-style-type: none"> ○ “You can do it” - help people to realise that they have potential ○ Help employers to widen horizons
	Improve health (e.g. obesity) and mental wellbeing in the workplace	<ul style="list-style-type: none"> ○ Annual health appraisal of employees ○ Gateway to lifestyle and other services
Children and young people	Reduce childhood obesity	<p>Develop a Healthy Suffolk ecosystem for young people. Create a holistic, cross cutting approach to helping young people address health issues. From their point of view, this would involve simple and easy access to information, activities and support using all appropriate media.</p> <p>For service providers, it would mean offering a much more co-ordinated message that covered all sectors. Examples would be:</p> <ul style="list-style-type: none"> ○ encouraging young people to run campaigns via Facebook or similar ○ holiday activity schemes blending more organisations than just the local authority ○ encouraging peer group generation of health messages and change activities.



Theme	Priority	Action
	<p>Improve psychological health and wellbeing</p>	<ul style="list-style-type: none"> ○ Fully engage through the extended schools programmes and Sure Start schemes etc. ○ Develop life skills early on that will help deal with psychological issues ○ Have a holistic approach to developing communities as well as single family units-community cohesion and development. ○ With the 2012 Olympics coming, we should use this opportunity to get children fully engaged in sporting activities as there is a huge amount of evidence to support the positive benefits not just on physical health but in terms of psychological wellbeing as well. ○ Use local sporting champions to promote physical activity ○ Use partnerships to promote wellbeing among children.
<p>Older people</p>	<p>Promote active healthy living by offering targeted life-quality services</p>	<p>Co-ordinate a mobile service that would take facilities into an area intermittently, say once a month. These services would include a mobile library/knowledge service complete with internet access, café facilities, exercise classes, child play facilities, social services and police representatives. The aim would be to facilitate communities looking after their own wellbeing.</p> <p>Transport would be arranged for people to attend who would not otherwise be able to. Although the elderly could benefit from this it would be for all the community to help avoid the elderly being hived off from the rest of society.</p> <p>These events would not only be for rural communities but also urban communities where a need was identified.</p>
	<p>Support implementation of dignity in care standards and end of life care e.g. dementia.</p>	<p>Social integration Info sharing Financial security Scheme to protect older people</p>

These actions will be addressed by a team of people for each action taking them forward using an action plan that is SMART (Specific, Measurable, Agreed to (and Achievable), Realistic and Time-phased)

Appendix 2 - How we have developed *Healthy Ambitions Suffolk*

The content of this document has been developed from a wide range of international, national and local sources. It has been important not only to understand the concerns of local people and organisations and the issues that need to be addressed, but also to consider how we can tackle these issues in the most effective way.

The World Health Organisation (WHO)* recently concluded that the most effective way to deliver sustainable health improvement is to encourage ownership by local people to improve life quality of their communities, by involving them in local decision making and the delivery of services.

Local sources that we have drawn from include:

- // A collation of information from local consultations to inform the development of the Suffolk Community Strategy, Transforming Suffolk and the health strategy for NHS Suffolk***
- // Local information from a survey conducted amongst school pupils in Suffolk***
- // Evidence of local needs, as highlighted in the annual reports of the Suffolk Directors of Public Health and from the Suffolk Joint Strategic Needs Assessment***
- // Feedback from and initial consultation with stakeholders, including a consultation event held on 12 June 2008.***

With such a challenging agenda, we wish to ensure that everyone is able to target their efforts and make best use of the resources available to us. To understand what interventions could best be expected to meet our needs in Suffolk, the report has drawn on published literature from the health and social sciences. The detailed work remains to be done for individual goals and initiatives, but wherever possible we will promote interventions that already have a sound evidence base and have already been proven to work. At the same time, we do not wish to stifle local solutions and innovation as new initiatives will be needed and can be evaluated.



* What is the evidence on effectiveness of empowerment to improve health? WHO Regional Office for Europe's Health Evidence Network, WHO, Feb 2006.

Appendix 3 - References and further information

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Appendix 4 - Definitions

Health is defined as:

A state of complete physical, mental and social wellbeing and not merely the absence of disease or infirmity.

Wellbeing is defined as:

The subjective state of being healthy, happy, contented, comfortable and satisfied with one's quality of life. It includes physical, material, social, emotional (happiness) and development and activity dimensions¹

or

Any measure that could improve quality of life for the individual or group however defined.

Life quality is defined as:

A person's ability to enjoy their normal life activities²

Health inequalities are defined as

The gap in health status and gap in access to health services, between different social classes and ethnic groups and between populations in different areas. Health inequalities are not just linked to economic and social deprivation, but may also be linked to a particular health need associated with their culture, faith, gender, ethnicity, sexual orientation or any associated disability.

The terms **inequality and inequity**³ are used interchangeably, however:

Health inequality – is a broader term, meaning 'unequal' or a 'difference in size, degree or circumstances'

Health inequity – is a more specific and moral term meaning 'lack of fairness' or 'justice'

¹ Felce and Perry, 2005; Danna and Griffin 1999; Diener 2000

² MedicineNET.com

³ Pencheon, D, Guest, C, Melzer, D, Muir Gray, JA. (2006) Oxford Handbook of Public Health Practice. Second Edition. Oxford, p412