



## HEALTHIER LIVES FOR ALL PROGRESS REPORT FOR 2010-11

(January 2011)

### PROGRESS INDICATOR:



= Good progress towards achieving the target






= Trend generally satisfactory




= Concern about progress

**Nominated Board Member  
Jeptepkeny Ronoh**

**Sustainable Community Strategy outcome statement: Agencies work more effectively together to ensure everyone has a decent home environment to live in which enables them to be as healthy as possible.**


OUTCOME MEASURE:	ACTION:	BY WHO: [LEAD & PARTNERS]	BY WHEN:	INDICATOR	DETAILS: Including: 1. Measure (where specified) 2. Remedial action where there is concern about progress
Reduced winter deaths in older people due to cold	Partnership working to promote home heating and insulation grants	Private sector housing team & Health  Partners: VCS	2009 and ongoing		Health professional advice leaflets on cold homes and falls developed by OQ and Private Sector Housing ( PSH)  flu clinic attendance, contacts set up by OQ, clinics attended by PSH staff and advice given to patients  Loft clearance pilot 5 lofts cleared to make way for insulation using LSP funds  PSH facilitated in insulating 108 properties through SCDC funded grant schemes since 2008
Reduce risk in the home through timely referral for support and adaptations, thereby making it easier for people to remain in their own home and be as independent as possible.	Raise awareness among agencies and professionals of the services and grants available in Suffolk Coastal  Work with other referral schemes such as Home Shield to develop a multi agency referral approach for Coastal  Evaluate demand on schemes	Private sector Housing Team (Home Handy man scheme) & Health  Partners: Home Shield Supporting People VCS	2009  2009 & 2010  2010 &	  	Adaptation grants promoted alongside insulation grants at flu clinics and on SCDC website.  Disabled adaptation grants to continue into 2011 with government funding  Homeshield still encouraged to refer potential clients to PSH especially with regard to disrepair/cold and trip hazards in the home.



	such SCDC Home Handy man and assess need for expansion		2011		SCDC Handyman service no longer available. Clients now referred to Orbit Handy Help Service.
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<b>Sustainable Community Strategy outcome statement: Living in a rural area presents opportunities, not barriers, to accessing all services, including health and social care</b>					
<b>OUTCOME MEASURE:</b>	<b>ACTION:</b>	<b>BY WHO [LEAD &amp; PARTNERS]:</b>	<b>BY WHEN:</b>	<b>INDICATOR</b>	<b>DETAILS:</b>
Improved access to information, services, support, education and training to all areas but especially rural	Cross cutting theme	<ul style="list-style-type: none"> <li>• Community development (Good Neighbour Scheme, Age Concern Village Links and information services etc)</li> <li>• Access to services – mapping of services</li> <li>• Economy and skills –training &amp; skills</li> <li>• Young people</li> <li>• Healthier lives action for outcome 4.</li> </ul>	Ongoing		<p>Including:  1. Measure (where specified)  2. Remedial action where there is concern about progress</p> <p>There is a regular flow of Public Health and Health Improvement information disseminated by Health Improvement Manager based at SCDC to members of the HLFA working group, other LSP working group members and partnerships and other agencies providing services in the SC area and beyond. The information is from trusted sources with much of it originated by NHS Suffolk. The information is welcomed by partners as previously they have found it difficult to obtain this type of information or the most appropriate contact. This information provided encompasses a wide range of issues including access to services, mapping of services, training and skills opportunities and Young People and through a large</p>

network is available to all areas especially rural although there is always much more that can be done.



Valuable exchanges also take place on a practical level between members of the working group


<b>Sustainable Community Strategy outcome statement: People have the information, and where necessary the support, to take responsibility for their own health.</b>					
<b>OUTCOME MEASURE:</b>	<b>ACTION:</b>	<b>BY WHO: [LEAD &amp; PARTNERS]</b>	<b>BY WHEN:</b>	<b>INDICATOR</b>	<b>DETAILS:</b>
Reduce risk taking behaviour in young people through accurate information, support and appropriate intervention – for both young people and their parents/carers	Develop an educational project in relation to risk taking behaviour for youth workers, health staff and teachers to be trained to deliver in PHSE lessons and community settings. NOTE: rolled over project from previous action plan  Run the programme in a high school in Coastal and evaluate	CYP Partners:- Health Voluntary youth organisations	2009          2010		Through the CSP ASB Drugs and Alcohol worker accurate information and links to support provided. Schools in the area are visited throughout the year.  During the year the HAS Bus visited schools in the area providing information and interactive sessions to promote healthy lifestyles.

	Run the programme in a community setting and evaluate Report to CYP commissioners		2011 End 2010 & 2011		
Older people have a forum through which they can make their views and needs known and thereby influence provision of information and services.	Identify an older people's champion on the LSP Board  Explore the need for an Older People Forum and identify possible funding.	Healthier Lives for All Working Group	2009  2010	  	No additional action by LSP as working group was waiting for outcomes of work during 2010 by Age UK who have established 'Voice' and 'POPS' .two projects to enable older people to be involved and consulted.  A recent POPs Forum in the SC area consulted older people about Falls and the insight gained as a result is to be used in the development of a falls pathway that is currently being developed by NHS Suffolk , SCC and a wider partnership of a County Falls prevention group,  POPS and Voice offers SC potential to consult older people on a wide range of issues in the future.

**Sustainable Community Strategy outcome Statement: Vulnerable people, including those with mental health problems, are supported to live in and be part of a healthy inclusive community.**

OUTCOME MEASURE:	ACTION:	BY WHO: [LEAD & PARTNERS]	BY WHEN:	INDICATOR	DETAILS:
					Including: 1. Measure (where specified) 2. Remedial action where there is concern about progress

<p>Improved understanding and knowledge of services and support available for vulnerable people.</p>	<p>Scope the current availability of support services offered by statutory and voluntary/community sectors and promote through networks</p> <p>Identify gaps in provision and seek ways to redress the gaps.</p>	<p>VCS Development worker (SAVO)</p> <p>Co-ordinate action through working group to identify lead</p>	<p>2009</p> <p>2010 &amp; 2011</p>	<p></p>	<p>The Suffolk Coastal Voluntary Network Newsletter and Talk About Suffolk have proved to be an effective means of recruiting participants onto a seated exercise leadership course.</p> <p>In February 2011 SC VASP will be launched to promote better understanding, awareness and partnership working in relation to mental health, service users and carers. It also provides a means to identify gaps in provision</p> <p>Two SC Mental Health Link Workers have been recruited to the HLFA working group. They have identified gaps in provision and have provided training to council officers whose work bring them into contact with mental health service users and who as a result sometimes have difficulties resolving issues within their capacity. Since closer working relationships have been developed between the mental health workers and the officers some long outstanding issues have been resolved and newer issued resolved more quickly.</p>
<p>Maintain and expand opportunities for physical activity to increase well being, promote independence, reduce falls and improve health in older</p>	<p>Scope the current availability of support services offered by statutory and voluntary/community sectors and promote through networks</p>	<p>Walks co-ordinator &amp; Suffolk PCT</p>	<p>On going</p>	<p></p>	<p>Stepping Out in Suffolk has widely expanded. Over 120 walks across the county feature regularly in the quarterly Health Walks Programme supported by more than 80 volunteer walk leaders. Currently a new host and funding is being sought to secure the future of</p>

<p>people and those with long term conditions.</p>	<p>Identify gaps in provision and seek ways to redress the gaps.</p>				<p>Health Walks which will no longer be hosted by SCDC after April 2011 because as a countrywide service it is not appropriate to do so.</p> <p>The work in relation to the training of Chair Based Exercise Leaders enabled by the support of the SCLSP, is highly valued. As a result the County Falls Partnership who are currently developing a countywide falls pathway, have taken on board recommendations made by the HLFA lead as these are based on the knowledge gained in terms of the co-ordination and development of Chair Based Exercise in SC and the surrounding areas.</p> <p>A Community Exercise strand to the pathway is to be included.</p> <p>As a result of the Train the trainer programmes run for seated exercise instructors. There are 46 opportunities a week for older people to participate in seated exercise around the county</p> <p>The first programme to promote these sessions is soon to be launched.</p> <p>New Project received LSP support in October 2010</p>
<p>To increase adult participation in physical activity within rural community settings And to enhance community well-being</p>	<p>65 activity specific projects delivered in 25 villages across Suffolk Coastal.</p> <p>750 participants engaged into "Fit Villages"</p> <p>3750 throughput of participants</p>	<p>Suffolk Sport Suffolk ACRE Suffolk Coastal DC Cycle Suffolk Age UK</p>	<p>March 2012</p>		

<p>To Develop community volunteer activators and improved social networking. Expand opportunities for physical activity to increase wellbeing, promote independence, reduce falls and improve health in older people and those with long term conditions.</p>	<p>25 community volunteer activators established</p>				
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