

2010/2011

Annual Public Health Report



LETTER FROM DEPARTMENT OF PUBLIC HEALTH

Over the past year public health has worked closely with the London Borough of Waltham Forest to lay the foundations for joint work. This year's report builds on the 2010 Annual Public Health Report A Healthier Waltham Forest – A Fairer Waltham Forest, which focused on the joint Healthier, Fairer Waltham Forest health inequalities strategy agreed in early 2011. The report recognised that we had worked hard in recent years to address inequalities, but that they still persist. A new approach was therefore required and the report adopted the Marmot Review framework to address both the social and health inequalities across the life stages. This combined with an increased priority on prevention in the widest sense, a better understanding of our disadvantaged communities and making health everyone's business offer opportunities to reduce the unfair disease burden and health care costs.

The 2011 report takes Making Health Everyone's Business as its theme and uses the Ottawa Charter as an organising framework. The Charter was trailblazing in 1986 when it was agreed and is still relevant today. Five key areas were proposed in the Charter as the building blocks for health, including

- Build healthy public policy
- Create supportive environments
- Develop personal skills including information and coping strategies
- Strengthen community action including social support and networks
- Re-orient health services to increase prevention and access to health services

Making health everyone's business involves ensuring leadership to raise the priority of health within the local authority and ownership of health improvement across all services and settings in Waltham Forest. Local authority levers include the powers to regulate and policies that influence health in housing, education, employment, and crime to increase the positive impact on health. All service providers must consider the influence of their work on health when designing and implementing their activities and ensure that we increase the positive and reduce the negative influences on people's health. Making sure residents live in environments that promote health is the first step. Residents must take responsibility for their own lifestyle choices by increasing decision making skills that develop and maintain health. Strengthening community is not only good for us as a society but also good for individual health outcomes. Making health everyone's business involves taking every opportunity to promote prevention through all frontline staff contacts in health and social care.

Significant funding cuts and increasing deprivation point to the need to do things differently and more effectively. Our case studies showcase several of these. While prevention is a long-term investment, we must make the decision now to plant the seeds that will blossom in the form of improved outcomes, including improved health and well being and financial savings. By combining frontline advice and signposting with use of the many policy and regulatory levers to 'level the playing field' to make healthy choices possible, we can develop an innovative public health that ensures the largest health gains for our residents.

Over the last year we have made some progress but mainly through small initiatives that did not require extra resource. The real test will come when we have to make difficult choices. Will we have the political will to shift scarce resources to these longer term investments? A special thanks to Barbara Durack who undertook all the data analysis for this report.

Health is Everybody's Business

EXECUTIVE SUMMARY

Over the last twenty years or so, health has come to be seen as a resource for everyday life that helps people realise their aspirations, to satisfy their needs, and to cope with their environment. Our view of health therefore must move from a focus on individual responsibility for healthy choices and medical interventions to cure disease to a whole system that creates an environment making it possible to be healthy and make healthy choices. The social determinants of health - those conditions in which people are born, grow, live, work and age - combine to create health and ill health and are dependent on the quality of housing, education, employment, and a nurturing environment in childhood, for example. They are shaped by policy decisions, which are mostly responsible for inequities in health - the unfair and avoidable differences in health status seen within and between groups of people.

Major changes proposed in the Health and Social Care Bill of 2011 are meant to be transformational, to bring about population health improvements that have not been possible in the old way of commissioning and delivering health and social care services separately. The coming together of new responsibilities for health in the local authority and GP commissioning of local health care services combine with the move of public health to the local authority and requirements for significant service cuts in local services to provide an opportunity to raise the priority for the prevention agenda.

This report reviews progress on recommendations made in the 2009/10 report A Fairer Waltham Forest, A Healthier Waltham Forest. Over the last year we have made some progress but mainly through small initiatives that did not require extra resource. A number of pilot initiatives have been put in place, which require partners to work differently and to use resources more effectively.

The 2010/11 Annual Public Health report for Waltham Forest takes Making Health Everyone's Business as its theme and uses the Ottawa Charter for Health Promotion as its organising framework. The forthcoming Joint Strategic Needs Assessment sets out more detailed population health needs and recommendations.

The Charter recognised that health is not just the responsibility of the health sector, going beyond healthy lifestyles to well-being. Five key levels were proposed as the building blocks for health, including

- Build healthy public policy
- Create supportive environments
- Develop personal skills including information and coping strategies
- Strengthen community action including social support and networks
- Re-orient health services to increase prevention and access to health services

The report then focuses on the five levels of the Ottawa charter, setting out examples of achievements to date and plans for the future. The three Locality appendices set out a baseline for health through the settings that focus on our pre-school children—children's centres, on our children—primary and secondary schools and on adult health—GP practices. Because health data is non-existent for children's centres and sparse for schools, we have grouped schools and GP practices around their closest children's centres. This allows us to provide an approximate picture of the health of our pre-school and school age children in those settings, based on the nearby GP indicators. It also points to the need to develop health data in these community settings.

INTRODUCTION

Over the last twenty years or so, health has come to be seen as a resource for everyday life that helps people realise their aspirations, to satisfy their needs, and to cope with their environment. Health is therefore a positive concept emphasising social and personal, as well as physical capacities (WHO, 1986). Health is defined by the World Health Organisation as:

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

Our view of health therefore must move from a focus on individual responsibility for healthy choices and medical interventions to cure disease to a whole system that creates an environment making it possible to be healthy and make healthy choices. The social determinants of health - those conditions in which people are born, grow, live, work and age - combine to create health and ill health and are dependent on the quality of housing, education, employment, and a nurturing environment in childhood, for example. They are shaped by policy decisions, which are mostly responsible for inequities in health - the unfair and avoidable differences in health status seen within and between groups of people. Even with the best health care services in the world, inequalities in disease outcomes would remain if nothing were done to address the wider influences on our health. In fact, about 70 – 80% of what creates health lies outside the health care system, which accounts for only about 20 – 30%.

Figure 1 shows that health is produced by the interaction of a number of factors. We are born with certain genetic predispositions that interact with the social and physical environments in which we live. These environments influence our health behaviours and together result in health or disease that is then mitigated by health care services. Health is not an end in itself as it contributes to overall well being.

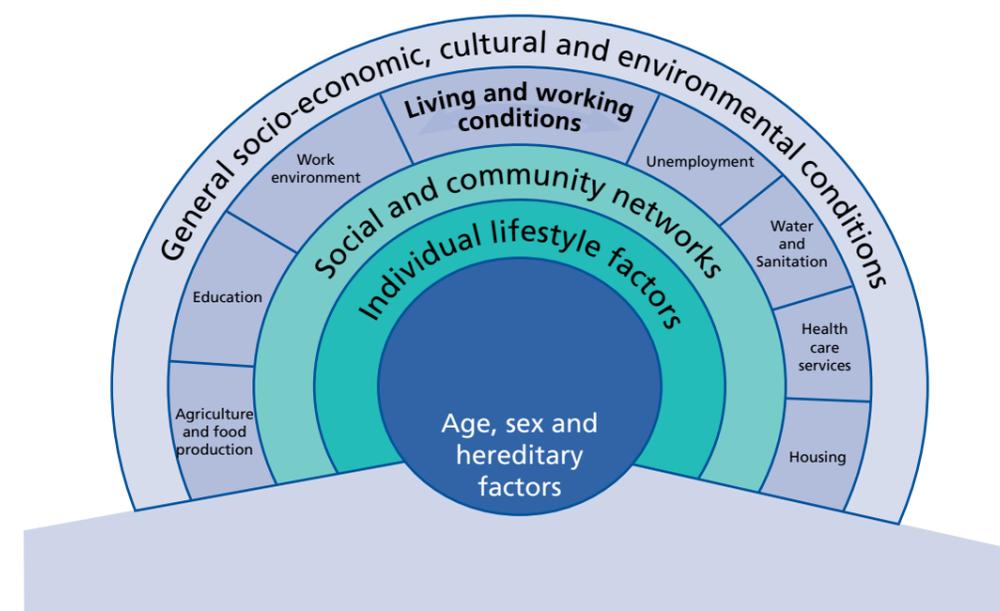


Figure 1
Dahlgren and Whitehead 1991

Where wealth has been wisely used in places such as the Nordic countries, policies have been put in place that encourage equality of benefits and services, full employment, gender equity and low levels of social exclusion. Wealth alone however does not determine the health of a nation's population. Some low-income countries such as Cuba, Costa Rica, the state of Kerala in India and Sri Lanka have achieved levels of good health despite relatively low national incomes by adopting similar policies.

The SDOH framework defines the factors that shape health, calling for more effective partnerships across organisations and levels of society to address those factors. While partnerships have traditionally been viewed as a good thing in themselves, a review of the literature on partnerships in public health¹ revealed the importance of examining both process and outcome issues. This means that we must not only focus on health outcomes but also on the process of how we work together as partners to address these underlying causes of poor health and wellbeing.

THE CHANGING HEALTH LANDSCAPE IN ENGLAND

The changes that are proposed in the Health and Social Care Bill of 2011 are meant to be transformational, to bring about population health improvements that have not been possible in the old way of commissioning and delivering health and social care services separately. Local Authorities will take on new responsibilities for the health and wellbeing of their residents, including

- to promote integration and partnership across areas, including through promoting joined up commissioning plans across the NHS, social care and public health;
- to support joint commissioning and pooled budget arrangements, where all parties agree this makes sense
- to undertake a scrutiny role in relation to major service redesign
- to commission HealthWatch, a consumer champion for ensuring local voices are heard and patients are able to exercise genuine choice
- and to provide a local public health function

Building on the power of the local authority to promote local wellbeing, local authorities will have statutory powers to take a strategic approach and promote integration across health and adult social care, children's services, public health and the wider local authority agenda through newly developing Health and Well being boards. This closer work between the Local Authority, health and other stakeholders offers real opportunities to develop a multidisciplinary approach to improving health.

GPs will take on responsibility for commissioning local health care services and will be held accountable for health and financial outcomes. Public Health has a vital role to play in supporting GP commissioners to understand the health needs of their population and to embed evidence of best practice in services, as well as to encourage an effective link with social care and services that influence health delivered by the local authority.

GP practices have a crucial role to play in helping to keep their patients healthy. GP practice staff have the most frequent contact with residents and are already delivering clinical and secondary prevention interventions such as immunisations and cervical screening. GPs are well placed to expand this to include primary prevention as each visit can be an opportunity to detect risk factors such as smoking status, diet, exercise and alcohol consumption that may lead to disease, disability or death.² Evidence has shown that patients are more willing to take up cancer screening invitations, for example, if their GP recommends it.³ GPs are playing an important role in diagnosing disease early when it can best be managed in the community, either through regular assessments directly or referral to appropriate community services.

Introduction of responsibilities for health in the local authority and GP commissioning of local health care services combine with the move of public health to the local authority and requirements for significant service cuts in local services to provide an opportunity to raise the priority for the prevention agenda.

² Boyce, T, Peckham S, Hann A, Trenholm S (2010) A Pro-active approach. Health Promotion and Ill-health prevention. King's Fund.

³ Turner K, Wilson B, Gilbert F (1994) Improving breast screening uptake: persuading initial non-attenders to attend. J Med Screen 1: 199-202

PROGRESS FROM 2010 ANNUAL PUBLIC HEALTH REPORT

Over the past year public health has worked closely with the London Borough of Waltham Forest to lay the foundations for joint work. This year's report builds on the 2010 Annual Public Health Report A Healthier Waltham Forest – A Fairer Waltham Forest, which focused on the joint Healthier, Fairer Waltham Forest health inequalities strategy agreed in early 2011. The report recognised that we had worked hard in recent years to address inequalities, but that they still persist. A new approach was therefore required and the report adopted the Marmot Review framework to address both the social and health inequalities across the life stages. This combined with an increased priority on prevention in the widest sense, a better understanding of our disadvantaged communities and making health everyone's business offer opportunities to reduce the unfair disease burden and health care costs.

The past year has brought major changes in delivery of commissioning of health care, which are still under development. Along with these changes have come significant budget cuts in public sector services. This has not only meant delays in moving forward but also rethinking of delivery where resources are no longer available. New opportunities opened with the changes in health and social care. For example, a Healthier, Fairer Waltham Forest sub-board of the Health and Well Being Board has been agreed and will provide an opportunity to keep prevention and inequalities high on the agenda. See Table 1 below for an update.

| | 2010 REPORT RECOMMENDATIONS | PROGRESS |
|--|--|--|
| Prioritise the early years | <ul style="list-style-type: none"> • Focus on reducing infant mortality to gain the most years of life expectancy • Fully resource the healthy child programme • Provide adequate, quality Children's Centre services to those who need them most | <ul style="list-style-type: none"> • Best Start in Life pilot ready to launch • Focus has been on restructuring and budget savings, resulting in Best Start in Life to work differently and use limited resources more effectively |
| Expand lifelong educational and skills training | <ul style="list-style-type: none"> • Keep children in school, reducing absence and extending school age • Expand learning across the life course, especially English literacy to increase control over one's life | <ul style="list-style-type: none"> • GP/Local Authority agreement over GP absence notes finalised |
| Working life – increase healthy work | <ul style="list-style-type: none"> • Prioritise job creation opportunities in Waltham Forest and skills training • Develop workplace health schemes to establish LBWF and the NHS in Waltham Forest as exemplar employers • Prioritise interventions to manage chronic conditions in the community to add years and quality to life | <ul style="list-style-type: none"> • Work in Health pilot in place in two GP practices with Job CentrePlus • Health Promoting GP practice scheme ready for GP Commissioning Consortia agreement, along with a diabetes accreditation scheme in primary care |
| Retirement – encourage independence | <ul style="list-style-type: none"> • Support people to maintain their independence into older age • Provide opportunities for older people to stay engaged in their communities | <ul style="list-style-type: none"> • Prevention strategy focused on reablement and home care and additional joint funding for telecare • Significant reduction in people placed in residential care from 98 per 10,000 in 2008/09 to 52.2 per 10,00 by March 2011 • Increased numbers of older people with personal budgets able to make choices for their care and additional Extra care allows people to remain in their own homes • Recommissioning of voluntary sector services led to more appropriate, targeted services, provided through resource hubs |

2010 REPORT RECOMMENDATIONS

PROGRESS

Prioritise prevention across all groups in Waltham Forest

Recommendations to facilitate this include

- Think about the whole system – the influences on health and the influence of health on education and employment. Raise awareness of the influences on health, ensuring that new efforts reduce the negative and promote the positive influences
- Ensure that best practice and evaluation are embedded in our work. Reallocate scarce resources to the most effective interventions
- Improve targeting to groups that experience inequalities by understanding these groups better, including data collection on characteristics (e.g., age, gender, ethnicity, deprivation) used to measure these inequalities
- Identify barriers to access to health services and to services that influence health; work with partners (local, regional and national) to reduce these barriers
- Make health part of everyone's job by embedding prevention in their everyday work

- Health Promoting GP practice
- Health embedded in Core Strategy and Development Management Policies
- Presentations to Health and Well Being Board on public health
- Development of Healthier, Fairer Waltham Forest (prevention and inequalities) sub-Board
- Evaluations part of ongoing work, including Teenage Pregnancy and Sex and Relationship Education
- Negotiating with Health Analytics to develop capacity for Public Health to access GP data, including ethnicity to enable health equity audits
- Plans for health impact assessment requirement in LBWF in place
- Health Promoting GP practice

THE BUILDING BLOCKS FOR HEALTHIER OUTCOMES

The WHO Ottawa Charter for Health Promotion in 1986 called for working at multiple levels to improve health, combining individual, community and societal interventions. The Charter recognised that health is not just the responsibility of the health sector, going beyond healthy lifestyles to well-being. Five key areas were proposed as the building blocks, including

- **Build healthy public policy**
- **Create supportive environments**
- **Develop personal skills including information and coping strategies**
- **Strengthen community action including social support and networks**
- **Re-orient health services to increase prevention and access to health services**

The Charter was one of the first efforts to bring the determinants of health agenda forward. The five levels of interventions remain just as important today as they were in 1986. The Charter built on growing evidence that social, economic, and environmental factors outside the control of individuals had significant impacts on health outcomes. The responsibility for health promotion in creating health must therefore be shared among individuals, community groups, health professionals, health service institutions and the wider sectors that influence health.

The Charter pointed to the need not only to develop evidence of what works but also to use this evidence in developing leadership for decision making in 'healthy public policy.' This decision making would go beyond the health sector to include the politics of building and implementing public policy for health in all policy arenas. Health promotion would only succeed in achieving equity in health by engaging with professionals in education, welfare, and economics.⁴

The Charter and work on these five levels will serve as the organising framework for this 2011 Annual Public Health Report. The forthcoming Joint Strategic Needs Assessment sets out more detailed population health needs and recommendations.

LAYING THE GROUNDWORK TO DELIVER THE FIVE BUILDING BLOCKS OF THE OTTAWA CHARTER IN WALTHAM FOREST

Public Health is about what we do as a society to ensure that all people have opportunities to be healthy. It is defined as

The science and art of preventing disease, prolonging life and promoting health through organised efforts of society. **Sir Donald Acheson 1988**

Because public health is not the sole responsibility of a public health department, the local Public Health department has worked closely with the local authority over the last year to raise awareness of the influence of the various local authority services on health. This work is ever more crucial as major changes and cuts are occurring across the public sector, at the same time that our ageing population and medical technologies push up the cost of medical care. In Waltham Forest, cuts to frontline services stemming from national directives mean that working differently and more effectively together is no longer a choice but a must-do. Much work is going on to get services out of expensive acute facilities into high quality community services that are closer to patients and to better align health and social care services through the Quality, Improvement, Productivity and Prevention (QIPP) agenda. Less work has been undertaken to stem the flow into health care services through prevention, early detection and management of mild to moderate disease in primary care. We will be working on this in the forthcoming year.

Increasing deprivation calls for this whole system approach. From 2004 to 2007, the Index of Multiple Deprivation showed that deprivation increased in Waltham Forest, moving from 47th most deprived local authority in England to 25th most deprived. Preliminary data for 2010 show that deprivation has once more increased, with Waltham Forest now estimated to have the 15th highest level of deprivation nationally.

Prevention offers opportunities not only to improve the quality of life but also to reduce health care costs. A move away from the disproportionate emphasis on treatment will release resources for prevention and early detection and management, while maintaining high quality treatment services for those who cannot be managed in the community.

The remainder of this report focuses on the five levels of the Ottawa charter, setting out examples of achievements to date and plans for the future. The three Locality appendices set out a baseline for health through the settings that focus on our pre-school children—children's centres, on our children—primary and secondary schools and on adult health—GP practices. Because health data is non-existent for children's centres and sparse for schools, we have grouped schools and GP practices around their closest children's centres. This allows us to provide an approximate picture of the health of our pre-school and school age children in those settings, based on the nearby GP indicators. It also points to the need to develop health data in these community settings. All data in the locality profiles must be used with caution—small numbers mean that there are few statistical differences and no adjustments have been made for differing populations between the different settings.

1. Build healthy public policy

Building healthy public policy means putting health on the agenda of policy makers in all sectors and at all levels. Policy makers must be aware of the health consequences of their decisions, ensuring that where proposed policies might harm health, changes are made to reduce harm and to promote health. Approaches used in pursuit of healthy public policy involve legislation, fiscal measures, taxation and organisational change. Income and social policies can foster greater equity, while joint action can work to deliver safer and healthier goods and services, healthier public services, and cleaner, more enjoyable environments. The healthier choice must be the easier choice for policy makers, as well as individuals.

CASE STUDY:

Spatial Planning Creates Healthy Policy

Over the last year Public Health and Spatial Planning have collaborated to embed in the Core strategy. Examples include

- 1. Policy CS13 - promoting health and well being, improving access to health facilities, promoting higher levels of regular exercise; reducing the proliferation of any land use which reduces people's ability to be healthy**
- 2. Policy CS2 – improving housing quality and choice, seeks to ensure that residents live in high quality, well designed homes.**
- 3. Policy CS4 – maximising opportunities to deliver new and improved health services and facilities.**
- 4. Policy CS 16 – providing more attractive and safer environments.**

Development Management Policies

- 1. Policy DM24 – resisting hot food takeaways where it results in over concentration and poses unacceptable risks of crime**
- 2. Policy DM8 – providing satisfactory sunlight, daylight and well designed homes**

Supplementary Planning Documents

LBWF was the first local authority to establish an SPD to manage Hot Food Takeaways near schools to ensure residents have choice in range of food including healthy food options.



The Future

- The forthcoming Core Strategy has built in a requirement for Health Impact Assessment (HIA) for all local authority developments, from policies to physical buildings. As part of the Strategic Regeneration Framework Convergence agenda for the 6 Olympic boroughs, an easy-to-use HIA is being developed and will be ready for piloting in the Autumn 2011 as part of ongoing work of local authority staff.
- After consultation and finalisation of the above policies, LBWF will work to deliver the content of the policies with public health support, where appropriate.

2. Creating supportive environments

Spatial planning plays an important role in creating supportive environments through design of transport systems, land use patterns and urban design. Much has been learned since the Ottawa Charter was published in 1986 and this level has broadened to encompass a settings approach. While current work in the NHS focuses on curative-fixing people once they become unwell, the local authority delivers services that influence health and prevent people from getting ill in the first place. Creating supportive environments involves ensuring that the settings in which people live, learn, work and relax do not only deliver education or work opportunities, for example. The workplace not only provides adequate income but also provides opportunities for more control and reduces stress and neighbourhoods and housing not only provide shelter but are safe and promote health. Additional examples of supportive environments involve making it possible for people to make healthy choices by limiting the number of fast food outlets and improving the food provision in those that are already available, for example.

CASE STUDY:

100% of schools are engaged in the National Healthy Schools Programme

The Change for Children Team, Babcock 4S, who manage the local Healthy Schools programme continues to work in partnership with the PCT and have developed a range of interventions to engage and support schools in addressing local health priorities.

Waltham Forest has been identified as an area which demonstrates good practice both at school and at the local authority level with regard to wellbeing and the Healthy Schools Programme. Targets set nationally have been consistently met and exceeded.

The government continues to support Healthy Schools but as a schools-led localised programme. Already 42% of schools have attended the new local training programme in the past year.

Particular achievements this year have included the production and dissemination of a culturally-sensitive parents' booklet to support discussions in the home around sex and relationships, and concise guidance on sex and relationship education for children and young people with learning difficulties/disabilities. This was developed in consultation with teachers, youth workers, health professionals and children and young people with LDD themselves.



CASE STUDY:

Turning Policy into Increased Opportunities for Outside Activities

Spatial Planning has proposed a number of projects that would improve public access to nature and increased opportunities for physical activities; e.g,

- **Walthamstow Wetlands, Lee Valley Regional Park and Epping Forest**
- **Policy DM 34 of the Development Management Policies – improving community safety and restricting proliferation of betting shops and hot food takeaways.**



CASE STUDY:

Creating a Healthy Environment in Leisure Centres

The London Borough of Waltham Forest and the local Public Health Directorate are working closely to ensure that the new Leisure Management contract includes healthy options. Potential bidders are asked to show how they will ensure that at least 50% of all vending products are healthy options for both food and drinks. Healthy means

- **Low in salt and saturated fats**
- **Nutritionally balanced and varied**
- **Water is available as an option**

The winning bid will show how it will screen clients for smoking, diet, and mental health issues and sign post clients to appropriate services including the smoking cessation service, for example. For interested clients, fitness instructors will signpost clients to local Healthy Walks programmes and Mobility classes outside the leisure centres. In addition no tobacco products will be sold in leisure facilities. LBWF and Public Health will provide training and materials to support this work.



The Future

- A Tobacco Control Alliance is being established because smoking is the biggest single cause of preventable death and ill-health, accounting for approximately 5.5% of the NHS budget. Locally, smoking related hospital admissions are significantly higher than the national average. The estimated smoking prevalence is 19% or approximately 47,000 people. Evidence based, multifaceted interventions are essential to reducing tobacco related harm. Studies have shown that smoking bans reduce exposure to second hand smoke and decrease hospital admissions for cardiac events. Advertising bans have resulted in a 6.3% reduction in adults smoking. NHS Stop Smoking Services are four times more likely to help people to quit than doing it alone.

The NHS and Local Authority will work together in a Tobacco Control Alliance that is chaired by one of our local councillors. The Alliance will use these interventions to meet three objectives:

- Stop the inflow of young people recruited as smokers
- Protect families and communities from tobacco related-harm
- Assist every smoker to quit

- Pubs are cited to be protected in the forthcoming Core Strategy as part of our cultural heritage and conservation of the buildings. A Healthy Pub scheme will be developed to reduce the dangers of alcohol misuse through enforcement and licensing, while maintaining the social aspects.

- The Northern Fringe is an area of the Olympic Park located in Waltham Forest. A scheme to set up Food Tents in this area will provide the impetus to pilot a Healthy Food Award, building on the SDP restricting opening of fast food outlets near schools. The scheme will provide training to outlet owners to use healthier ingredients and provide healthy food options.

3. Developing personal skills including information and coping strategies

This level of action supports personal and social development through information, education for health and enhancing life skills. This enhances the options available to people to exercise more control over their lives, including their own health and their environments, leading to individual choices beneficial to health.

Functional literacy and patient self-management programmes are examples of increasing people's control over their lives. People with good functional literacy skills have increased options to exercise more control over their own health and over their environments, and to make choices conducive to health. Patient self-management programmes, or Expert Patients Programmes, are not simply about educating or instructing patients about a chronic condition but also about developing the confidence and motivation of patients to use their own skills and knowledge to take effective control over life.

CASE STUDY:

Social club for people with drug and alcohol problems run by volunteers

WOSUP is a new social club for people with drug and alcohol problems run by volunteers who have experienced the problems themselves. The club provides much needed support at weekends for people in drug and alcohol treatment and recovery services.

As well as providing a social club, 'WOSUP' also provides an opportunity for those who are in treatment or have finished their treatment to volunteer to help run the club themselves and get involved in supporting others. "Organisers hope the club will help improve the self esteem of volunteers, develop their skills and give them experience which can help them back into work or training. "The new club is based at 1 Beulah Road, Walthamstow.



WOSUP has been an absolute godsend for both my family and I. I am able to spend time both during the week and weekends helping others with addiction, and to promote recovery in others whilst at the same time giving structure to my own life. This in turn has had a very positive impact on my children and wider family in that they can once again say how proud they are of me and the effort I put into the project as a volunteer and team member.

One of the major benefits to my immediate family is the fact that WOSUP is open to whole families on a Sunday. This has meant my children being able to be present with me in a safe, substance free & fun environment. They are able to take part in all the activities and they feel they are in a "party place" whereas as a volunteer we are here to support others. This is true to such an extent that the words they use are "Mummy, are we going to party?"

Other than the impact it has had on my children I must add that WOSUP has helped me immensely. I often wondered what I would do after my treatment had finished. I did not want to feel as if I was going to drop into an abyss. Now I know and I have good solid purpose. I now have just three weeks remaining on the Abstinence Day Programme. I will continue to make every effort to continue with volunteering at WOSUP, and I look forward to every weekend and the ongoing development work we generate during the weekdays. Some of the activities I can participate in are Nintendo Wii interaction games, table tennis, board games and

importantly for me volunteering on the catering side. I honestly feel the structure coming back into my life. Here I am able to help provide food and refreshments for the service users due to funding from the Primary Care Trust.

Other than the immediate benefits WOSUP will be providing further training, for example food hygiene & first aid. These are obviously skills I can carry forward into the wider world. I would like to take these skills into a career within Health and Social Care. I am sure the skills learnt and experience gained will help me to this end and to gain meaningful employment in due course.

TRACY WILDE

CASE STUDY:

Bringing Services Together for Easy Access in the Community

Adult Social Care (ASC) in the local authority is developing three Personalisation and Resource Hubs located within the North, Central and Southern parts of the Borough to overlap with GP Clinical Commissioning Groups.

The aim is to align health and social care services, bringing care to closer to home and providing multiple services for residents around the personalisation agenda. The focus for each of the hubs is on collaborative working to deliver services, particularly those that prevent people from going into crisis and which promote independence and social inclusion.

The first resource hub opened in the South of the Borough on the Crownfield Road site on 14 July 2011. Voluntary sector providers operate services from the hub ranging from support brokerage, direct payments support, carers services, information, advice, and advocacy. There are eight hot desks available for health and social care staff.



The Future

- Two further personalisation and resource hubs will be opened
- Year of Care – XPERT and Conversation Mapping to be expanded for diabetes patient self care

4. Strengthening community action including social support and networks

Community development aims to build social capital and networks by changing the relationships between ordinary people and people in positions of power, so that everyone can take part in the issues that affect their lives. Within any community there is a wealth of knowledge and experience which can be channeled into collective action to achieve the communities' desired goals. This is achieved by working in communities to help build relationships between community members and with key people and organisations to identify common concerns. A community development approach fosters social inclusion and equality.

Terms that are associated with good health outcomes for individuals and places include empowerment, social cohesion, resilience and social capital. Empowerment is defined as a 'process by which people, organisations and communities gain mastery over their affairs' (Woodall 2010). Empowerment improves wellbeing through increased confidence, control, knowledge and awareness, sense of community and networks (Wallerstein 2006). Resilience is the ability to deal with life's adversities and to adapt when things go wrong. Places that have promoted empowerment and are resilient may act as buffers to adversity and lead to better health outcomes (Friedli 2009). Evidence shows that social capital, a resource made up of social relationships and networks that involve high levels of trust and shared norms and values, may have a positive influence on health.

CASE STUDY:



“ I couldn't see my life changing at all, but over the past year I've met with other residents and now we work together on stuff in the community that matters to us. I'm now determined to get the future that I want for myself, my kids and my community

KELLY HUDSON, ASK FREDA RESIDENTS' TEAM ”

Ask Freda - Friends of The Drive and Attlee Terrace

We are a voluntary group, made up mainly of local residents, which aims to support its local community. We meet regularly and all are welcome. We offer a friendly ear and help to signpost people to local services, events and training. We try to create opportunities for people to get to know their neighbours and to promote community well-being.

We work in partnership with other local organisations to make this happen. Examples of what we do include community get-togethers, discussion and advice sessions, gardening, mini pamper sessions, Swop Shop... and more.

Contact us on: askfreda@hotmail.com

CASE STUDY:

The Mill - Closure of local library galvanised action amongst residents

The closure of a local library in Walthamstow galvanised action amongst residents to reinstate a community facility in the area. With support from the National Endowment for Science, Technology and the Arts (NESTA) they have been able to reopen the building and fund worker posts.

The local Community Council provided funding to map voluntary and community groups, both formal and informal, in the area. This will ensure that The Mill will be fully used by its diverse surrounding community and support future external funding applications.

The opening of the centre has inspired the local community. Volunteers from the area have completely refurbished the building, while increasing use by individuals and groups is already making it a focus for the local community.

- A forthcoming local authority grant to Public Health involves community outreach to raise awareness of risk factors, symptoms and services for the biggest killers cardiovascular disease and cancer. The initiative will adopt a community development model, working through community organisations and groups respected by specific groups who are at risk

The Future

5.Re-orienting health services to prevention services, moving away from a sole focus on treatment and care sickness models and improving access to health services.

This is the area that is least developed in the Ottawa Charter, in spite of evidence of need and effectiveness. In 2002 and 2004 Derek Wanless undertook a review of the future sustainability of the NHS. Wanless found that the most likely way to reach a financially sustainable health system for the future involved significant improvements in productivity, underpinned by increased patient engagement and investment in public health. International studies in the Netherlands, Sweden and Canada have shown that even a relatively small reorientation to investments in public health will produce major improvements in population health. Despite this the British focus remains on access to tertiary care.

The role of the health sector must move increasingly toward health improvement with the ultimate goal of health and well being. Health service providers need to expand their mandate to include an understanding of their patients and the environment in which they live. The non-health sector need to use their access to residents and take on a health promotion role, making health everyone's business. This mandate should support the needs of individuals and communities for a healthier life, and open channels between the health sector and broader social, political, economic and physical environments.

CASE STUDY:

Embedding Prevention and Improving Chronic Disease Management in Primary Care

A Health Promoting GP Practice scheme takes advantages of the multiple opportunities to reach patients to increase prevention advice by frontline health workers as well as referrals to smoking, alcohol, diet and exercise services. The scheme also rewards reductions in variations in health outcomes across GP practices.

The scheme will commence in the autumn at GP practices with support from Public Health. At the same time, a number of schemes to improve chronic disease management are being put in place with support from GP clinical leads that will enable improvements in GP practices.

A review revealed motivating factors for GP behaviour include professional norms, competition and public recognition; these will act as incentives for changing GP behaviour. Improvements will be recognised through an annual award given by Public Health. Funding is being sought to support this as a continuous quality improvement research initiative.



CASE STUDY:

Aligning Pregnancy and Newborn Services for a Better Start in Life

The Best Start in Life initiative developed from a coincidence of events in Waltham Forest including service cuts and service evaluation recommendations for antenatal and newborn services. Bringing together health visiting, midwifery, children's services and GPs, the initiative builds on a review of best practice in the literature and in neighbouring boroughs. Without additional financial resources, the project aims to align these services, ensuring a smooth transition of pregnant women and newborns from service to service and that no one slips through the net. New pathways are currently under development with a pilot starting in the Autumn 2011.



The Future

Over the next year we will roll out the Health Promoting GP Practice and the Best Start in Life schemes.

The rest of this report sets out summary data for health outcomes for Waltham Forest. An appendix for each of the three localities (Chingford, Walthamstow and Leyton Leytonstone) provides more detailed data.

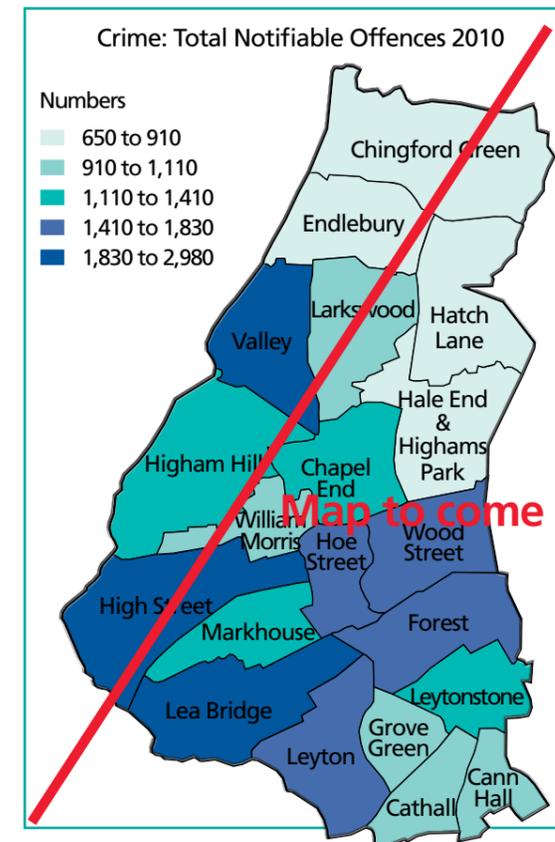
Conclusion

Significant funding cuts and increasing deprivation point to the need to do things differently and more effectively. Our case studies showcase several of these. While prevention is a long-term investment, we must make the decision now to plant the seeds that will blossom in the form of improved outcomes, including improved health and well being and financial savings. By combining frontline advice and signposting with use of the many policy and regulatory levers to 'level the playing field' to make healthy choices possible, we can develop an innovative public health that ensures the largest health gains for our residents.

Over the last year we have made some progress but mainly through small initiatives that did not require extra resource. The real test will come when we have to make difficult choices. Will we have the political will to shift scarce resources to these longer term investments?

Health in Waltham Forest

BROADER DETERMINANTS OF HEALTH



Deprivation has increased in Waltham Forest. In 2004, Waltham Forest ranked 47th most deprived in England; by 2010 the Borough ranked 15th most deprived in England.

Marmot Inequality Indicators - London Borough of Waltham Forest Fair Society, Healthy Lives; the Marmot Review report (published in February 2010) included suggested indicators to support monitoring the overall direction of health inequalities at a local authority level, and identify priorities for action. The Marmot indicators outlined in the spine below relate to Waltham Forest and make comparisons to England.

The indicators suggest a mixed level of health inequality for Waltham Forest. In particular, life expectancy for men and women are both significantly worse than the England average. However, the male inequality in life expectancy and disability-free life expectancy are significantly better.

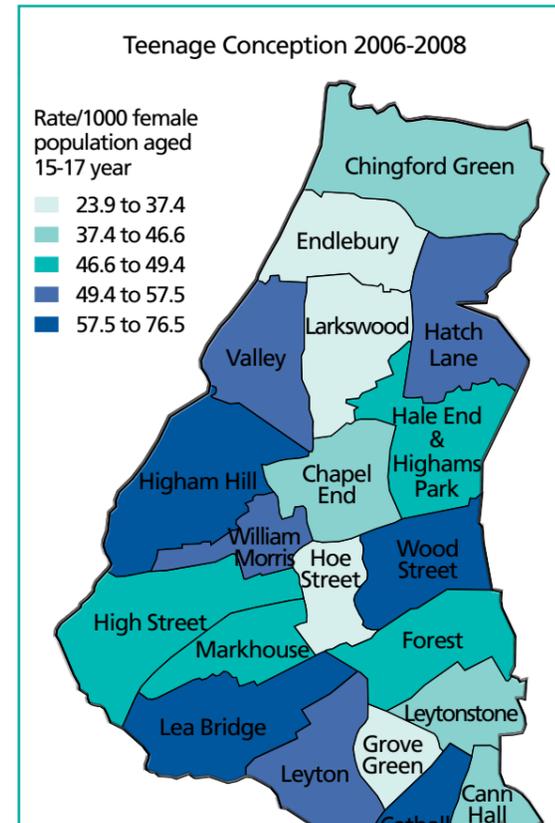
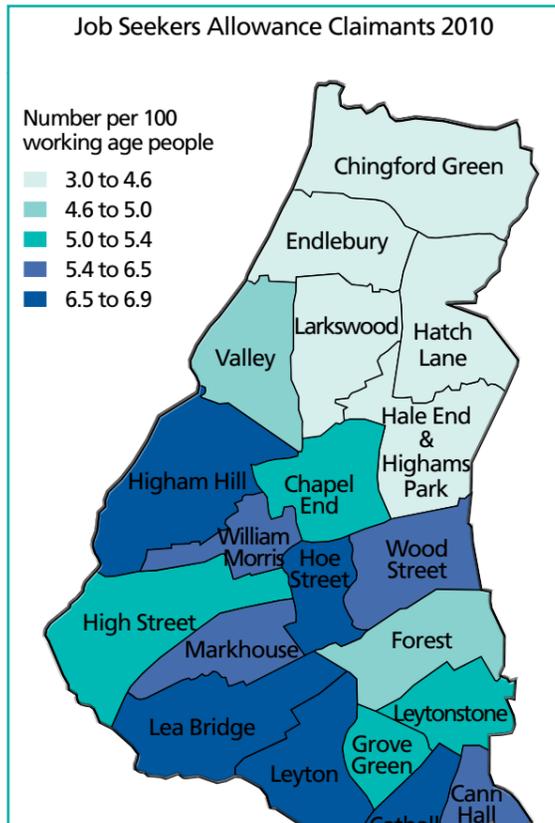
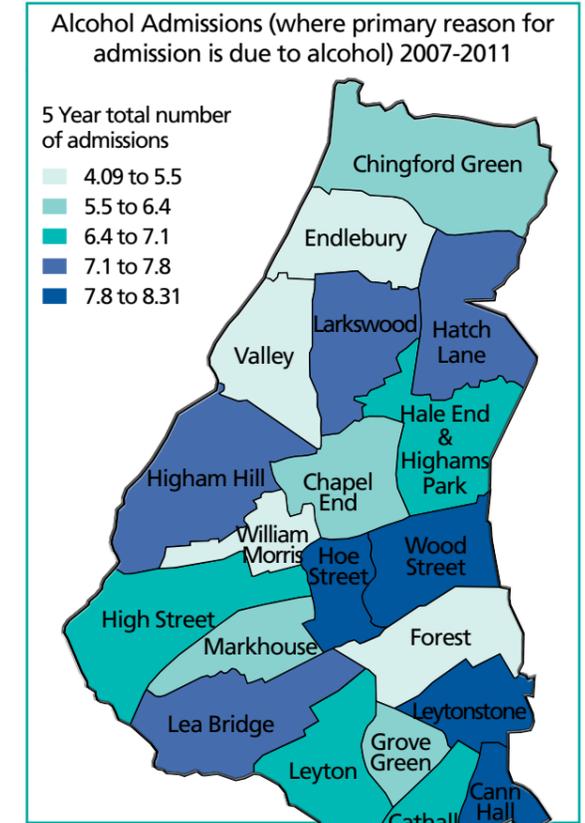
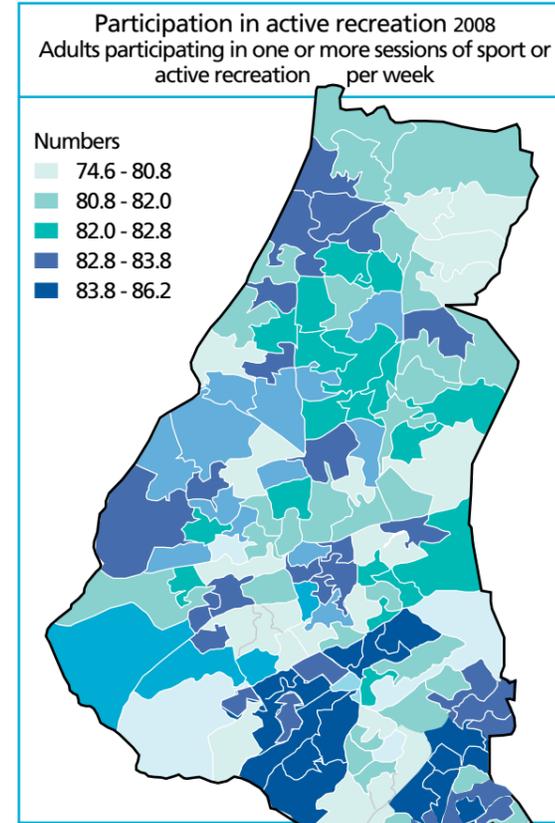
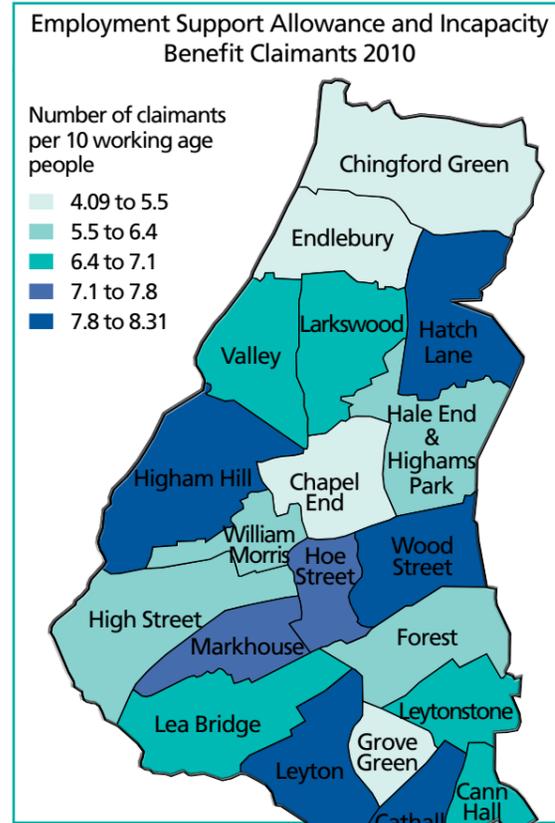
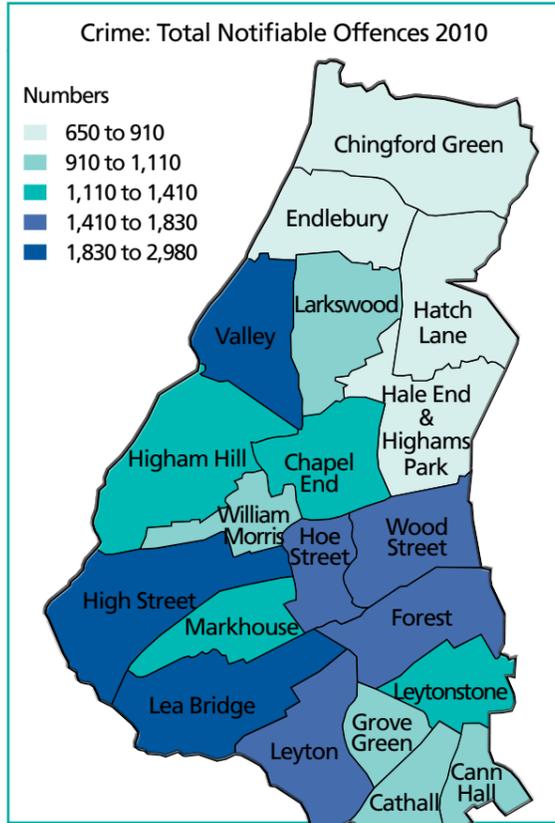
The proportion of people in households in receipt of means-tested benefits in the borough is significantly worse than the

England average, as is the proportion of children achieving a good level of development at five years. There are a significantly better proportion of young people not in employment, education or training (NEET) in the borough when compared with the England average.

| LB Waltham Forest | LBWF value | Eng. avg. | Eng Worst | England LA Range (25th to 75th Percentile) | Eng Best | London |
|---|------------|-----------|-----------|--|----------|--------|
| Male life expectancy at birth (years) | 77.1 | 78.3 | 73.7 | 75.0 - 81.0 | 84.4 | 78.6 |
| Male inequality in life expectancy (years) | 6.6 | 8.8 | 16.6 | 2.0 - 10.0 | 2.7 | 7.1 |
| Inequality in male disability-free life expectancy (years) | 7.5 | 10.9 | 20.0 | 3.0 - 15.0 | 1.8 | 9.1 |
| Female life expectancy at births (years) | 81.6 | 82.3 | 79.1 | 78.0 - 84.0 | 89.0 | 83.1 |
| Female inequality in life expectancy (years) | 4.5 | 5.9 | 11.5 | 1.0 - 8.0 | 1.8 | 4.7 |
| Inequality in female disability-free life expectancy (yrs) | 7.7 | 9.2 | 17.1 | 2.0 - 10.0 | 1.3 | 7.9 |
| Children achieving a good level of development age 5(%) | 45.8 | 55.7 | 41.9 | 45.0 - 65.0 | 69.3 | 54.7 |
| Young people not in employment, education or training (NEET)(%) | 4.9 | 7.0 | 13.8 | 3.0 - 10.0 | 2.6 | 5.8 |
| People in households in receipt of means-tested benefits (%) | 25.3 | 15.5 | 41.1 | 10.0 - 30.0 | 5.1 | 20.6 |
| Inequality in people in receipt of means-tested benefits (%) | 32.8 | 30.6 | 61.3 | 15.0 - 45.0 | 2.9 | 30.1 |

● Significantly worse than the England avg ● Not significantly different from England avg ● Significantly better than England avg

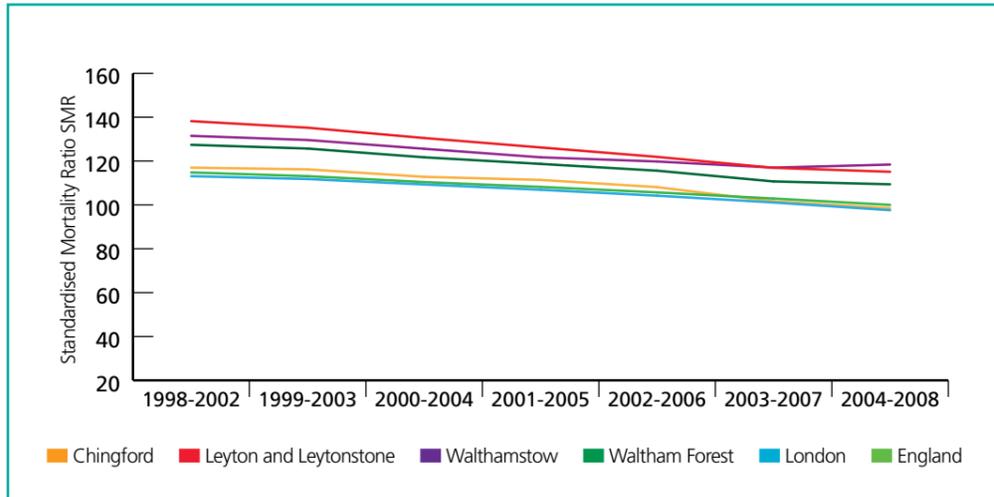
LIFESTYLE



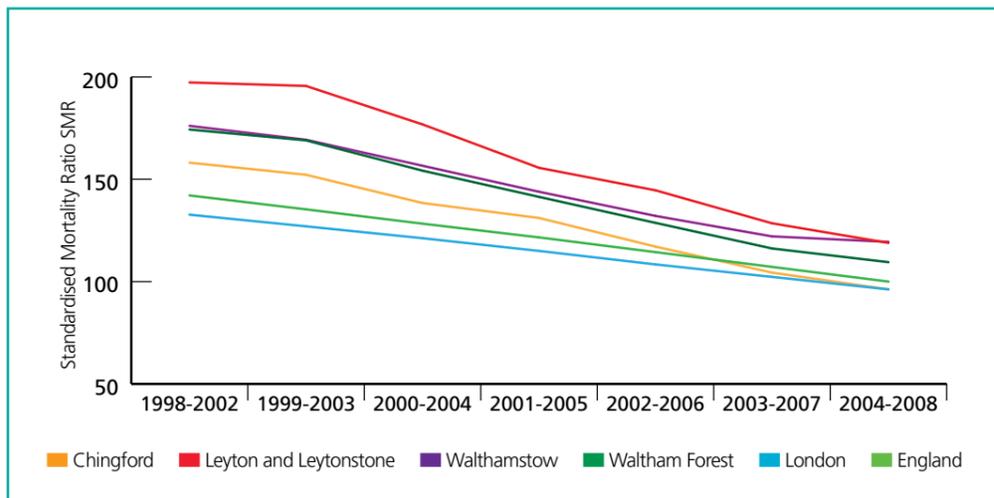
HEALTH OUTCOMES: TRENDS

Health outcomes for cardiovascular diseases and cancers are improving but not as quickly as England, increasing health inequalities.

All Cause All Age Mortality



CHD All Age Mortality



All Cancer All Age Mortality

