

Rossendale Alive

Health and Wellbeing Strategy 2008 - 2018



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1. Summary

The Commission on Social Determinants of Health commented in its final report that “the inequalities in how society is organised mean that the freedom to lead a flourishing life and to enjoy good health is unequally distributed between and within societies”.

Many organisations and individuals have an influence on health & well-being and many existing alliances contribute to the delivery of health interventions

The WHO definition of health is “a state of complete physical, mental and social well being and not merely the absence of disease and infirmity”. Well-being is more difficult to define, but could be said to be “a feeling of being safe and secure, free from stress and comfortable with life and the local environment”.

The state of people’s health & well-being is influenced by the following determinants:-

1. People - Age, sex and hereditary factors
2. Individual lifestyle factors – smoking, drinking, eating etc.
3. Community – neighbourhoods, facilities, green space
4. Local economy – financial exclusion, employment
5. Activities – participation by community and business
6. Built Environment – condition and situation
7. Natural Environment – state of environment
8. Global Ecosystem – adapting to and mitigation of effects of climate change

In Rossendale, marked differences exist in health inequalities between men and women, people living in different geographical areas, different ethnic groups and people of different socio-economic groups. Evidence of these differences is available from a range of sources.

Rossendale Local Strategic Partnership ensures that, through its Health & Well-being Theme Group, joint actions are taken and co-ordinated to help improve health & well-being and reduce health inequalities. The Aims of this Strategy are phrased in terms of the determinants of health listed above with the exception of No. 1 which is not subject to intervention.

A Health Plan has been developed and implemented in order to work towards achieving the Aims. This will be managed and monitored by the Theme Group and work will be undertaken to involve the community more closely in developing interventions of value to them.

2. Introduction

- 2.1 The Commission on Social Determinants of Health commented in its final report that “the inequalities in how society is organised mean that the freedom to lead a flourishing life and to enjoy good health is unequally distributed between and within societies. This inequity is seen in the conditions of early childhood and schooling, the nature of employment and working conditions, the physical form of the built environment and the quality of the natural environment in which people reside. Depending on the nature of these environments, different groups will have different experiences of material conditions, psychosocial support and behavioural options, which make them more or less vulnerable to poor health. Social stratification likewise determines differential access to and utilisation of health care, with consequences for the inequitable promotion of health and wellbeing, disease prevention and illness recovery and survival”.
- 2.2 Many local organisations are involved in protecting and improving health and wellbeing:-
- Rossendale Borough Council has a leadership role as well as being a key provider of services and place-shaper.
 - East Lancashire PCT covers five District Council areas including Rossendale.
 - Lancashire County Council is also a key provider of services with responsibilities in relation to education, transport, trading standards etc
 - The voluntary and faith sectors have a direct link to the needs of their communities and a capacity to deliver.
- 2.3 Many existing alliances contribute to the delivery of health interventions including the following:-
- Smokefree East Lancashire
 - Alcohol Harm Reduction Partnership
 - Sport and Physical Activity Alliance (SPAA)
 - Rossendale Food Forum
 - Mental Health Forum
 - Teenage Pregnancy Partnership
 - Children’s Centres
 - Action on Drugs
 - Active Ageing Strategy
 - New Health Inequalities worker post
- 2.4 A wide range of other organisations and individuals have the potential to influence determinants of health and include the following in relation to the key determinants of health:-
- a) Lifestyle – doctors, nurses, pharmacists, carers, social workers, health trainers, health promotion workers in a wide variety of settings.
 - b) Community – Religious leaders, community leaders, teachers
 - c) Local Economy – employers, businessmen, bankers

- d) Activities – restaurant owners, caterers, transport planners, teachers, business owners, employers, engineers, scientists.
- e) Built environment – architects, environmental health, traffic engineers, spatial planners, plumbers, builders.
- f) Natural environment – waste management professionals, farmers, gardeners, landscape design, environmental activists.
- g) Global ecosystem – political and global leaders, scientists, business leaders, civil servants.

3.0 What is meant by Health & Well-Being

- 3.1 The WHO definition of health is “a state of complete physical, mental and social well-being and not merely the absence of disease and infirmity”.

Well-being is more difficult to define, but could be said to be “a feeling of being safe and secure, free from stress and comfortable with life and the local environment”.

From these definitions it can be seen that a very wide range of issues will affect people’s health and well-being.

The determinants of health can be described under 8 main headings:-

1. People - Age, sex and hereditary factors
2. Individual lifestyle factors – smoking, drinking, eating etc.
3. Community – neighbourhoods, facilities, green space
4. Local economy – financial exclusion, employment
5. Activities – participation by community and business
6. Built Environment – condition and situation
7. Natural Environment – state of environment
8. Global Ecosystem – adapting to and mitigation of effects of climate change

The individual inherits the characteristics in Heading 1 without any choice and has progressively less control over the health determinants that follow. The Council and its partners, either working alone or together, can affect issues under those following seven headings.

4.0 Health Inequalities in Rossendale

- 4.1 These are the differences in health outcomes or life expectancy experienced by different groups within the community. The reasons for these differences are complex. They are linked to people’s social circumstances, personal behaviour affecting health and access to services. All the factors that lead to health inequalities are imperfectly understood. Local action on economic, social and environmental inequalities can make a difference.
- 4.2 In Rossendale, there are marked health inequalities between men and women, people living in different geographical areas, different ethnic groups and people of different socio-economic groups.

- 4.3 The health of people in Rossendale in 2008 is amongst the lowest quintile in England. Rossendale has therefore been identified as a Spearhead Authority as it is in the bottom fifth areas in relation to male life expectancy, female life expectancy, cancer mortality rate and circulatory disease mortality rate.
- 4.4 The Health Profile of England 2008 shows that generally,
- Declining mortality rates in targeted killers (cancers, all circulatory diseases and suicides)
 - Increasing life expectancy
 - Reducing infant mortality
 - Reducing levels of smoking prevalence
 - Increasing levels of obesity.

However, there still remain geographical inequalities, and challenges in relation to issues such as diabetes and Chlamydia. Any targets set in relation to this Strategy need to take account of the constantly changing national and regional information.

5.0 The Current State of Health & Well-Being of Rossendale

- 5.1 The current state of Rossendale can be assessed by reference to a number of sources. Data and information concerning mortality and morbidity will point towards the symptoms of the state of health and wellbeing of the community as it has been in the past. Data and information concerning the state of the environment, culture, economy, levels of knowledge and capacity of society and the levels of available resources will point towards the degree to which health and wellbeing can be preserved or enhanced in the future. A wide range of information sources can therefore be used to develop this strategy.

a) Rossendale Health Profile 2008

The Health Profile produced by the North West Public Health Observatory in 2008 provides a snapshot of health in the area and reveals the following:

- The health of people in Rossendale is generally worse than, or similar to, the England average. For example, children's tooth decay, the estimated percentage of adults who binge drink and male and female life expectancy are significantly worse than the England average. The percentage of people recorded with diabetes, the rate of hip fracture in the over 65s and the early death rate from cancer are similar to the England average. A few indicators are better than the England average, including deprivation.
- Over the last ten years there has been a large decrease in the early death rate from heart disease and stroke. However, the rate is still significantly worse than the England average. Around 74 people each year die early from heart disease and stroke.
- The estimated percentage of adults who smoke is similar to the England average, and smoking kills around 123 people each year.

- The rate of recorded violent crime is significantly better than the England average.
- Around 6 out of 10 mothers initiate breast-feeding, which is significantly worse than the England average.

b) East Lancashire Lifestyle Survey

In April 2006 a survey was undertaken, by the East Lancashire Public Health Resource and Information Centre for the Public Health Network, of residents across East Lancashire. The survey was intended to assist in health needs assessment and highlight health inequalities and their relation to community 'capital' (access to social, collective and economic resources). It was also undertaken to provide a baseline for monitoring future changes in residents' health. The survey assessed people's self assessment of lifestyle issues, their personal health and perceptions of locality issues. Comparisons were available between parts of Rossendale and parts of other East Lancashire Authorities and East Lancashire as a whole.

c) The State of Rossendale – a presentation to Rossendale Council on 12th June 2008.

This presentation, on the state of Rossendale as a whole district, revealed in broad terms as indicated by measures collected by the Government from a range of sources, that the area compared unfavourably with other Lancashire and neighbouring metropolitan districts, in relation to economic performance, industrial structure, labour market, deprivation, health, aspects of the natural and built environment and local services and amenities.

6.0 Health & Wellbeing Policy

Rossendale Partnership ensures that all partners work together to deliver joint actions to help make Rossendale a better place. By working together we can reduce inequality, include people in decision making and value everyone's contribution.

7.0 Vision – That Rossendale shall have plans and actions in place to achieve a reduction in health inequalities both between Rossendale and the rest of England and within Rossendale by 2010 and that by 2012 Rossendale shall have achieved its share of a million years saved.

This is expressed as an overall Aim of increasing healthy life expectancy, reduced illness, improved wellbeing and decreased health inequalities.

7.1 Strategic Objectives

Men – by 2010 to reduce by at least 10% the gap in life expectancy between the fifth of areas with the worst health and deprivation indicators (the Spearhead Group) and the population as a whole. Baseline 1.5 years

Women – by 2010 to reduce by at least 10% the gap in life expectancy between the fifth of areas with the worst health and deprivation indicators (the Spearhead Group) and the population as a whole. Baseline 1.6 years.

Reduction in all age all cause mortality rates – LAA target - NI 120
Males – 796 Females – 567 Target M 650 F 523

Healthy life expectancy at age 65 – LAA target – NI 137

7.3 Aims - are expressed in terms of the health determinants as follows:-

Aim No. 1 – To increase the opportunities for Rossendale residents to have a healthy lifestyle. – includes reference to tobacco use, alcohol abuse, physical activity, diet, sexual health and social behaviour.

Aim No. 2 – To encourage the development of an attractive, safe and socially desirable community environment – includes community safety, neighbourhood renewal, community cohesion, local facilities, access to green spaces, social activities etc.

Aim No. 3 – To reduce financial exclusion and enable people to obtain sufficient resources to afford the necessities of life for themselves and their families – includes work on fuel poverty and access to benefits, economic development activities, business support and advice etc.

Aim No. 4 – To increase the participation by key individuals and organisations in helping to deliver and reinforce the health messages and facilitate the pursuance of a healthy lifestyle – includes healthy workplace scheme, scheme to reduce mental ill-health, training, education, development and support of key individuals and professions to increase their capacity to facilitate health and wellbeing, accessible transport systems, tackling the ‘obesogenic environment’, promotion of Healthy Town initiative etc.

Aim No. 5 – To create and improve the built environment in order that it is conducive to the support of a healthy lifestyle – includes domestic energy efficiency measures, indoor pollution control, home maintenance, accident prevention, home adaptations, development and building control, health campus and other health facilities etc.

Aim No. 6 – To protect and improve the natural environment in order to provide a safe, accessible, attractive and interesting environment that will encourage outdoor activity – includes creation of allotments, green spaces and woodland, accessible footpath system, outdoor classrooms, permissive play areas, contact with agriculture etc.

Aim No. 7 – To adapt to and mitigate the effects of climate change on the health of people in Rossendale – flood protection, adverse effects of excessive heat and cold, forward planning, etc.

8.0 Aim 1 – Healthy Lifestyle

Overall Aim - To increase the opportunities for Rossendale residents to have a healthy lifestyle.

8.1 Background

These are the factors that individuals choose for themselves – e.g. smoking, alcohol, drugs, eating habits, exercise regime, sexual and social behaviour. Generally, the more extreme and abusive the behaviour, the greater will be the harmful health effects. As people make choices, influences can be brought to bear on that decision-making process, both positively and negatively. The quality of people's thinking will have a considerable effect on their behaviour and healthy or unhealthy choices.

8.2 Objectives for the future

- To reduce the number of people smoking in Rossendale
- To reduce obesity in adults
- To increase level of participation in physical activity

8.3 National Indicators

NI 123 – 16+ current smoking rate prevalence

9.0 Aim 2 – Attractive, safe and socially desirable community environment

Overall Aim - To encourage the development of an attractive, safe and socially desirable community environment

9.1 Background

The community within which they live affects people's feelings of health and wellbeing. People generally want neighbourhoods that are attractive, safe, healthy, unpolluted, with high quality local facilities, access to green spaces and excellent connections to local areas. They want the opportunity for convivial social activity and friendship. For some people, particularly the old and young and those who are home based during the day, the neighbourhood is vitally important for health & wellbeing.

9.2 Objectives for the future

- Improved mental health and well-being
- To reduce harm from alcohol
- Reduction in the number of deaths from accidents

9.3 National Indicators

NI 39 – Alcohol-harm related hospital admissions

10.0 Aim 3 – Reduced financial exclusion

Overall Aim - To reduce financial exclusion and enable people to obtain sufficient resources to afford the necessities of life for themselves and their families

10.1 Background

The ability of people to earn sufficient money and to be able to afford the necessities of life for themselves and their families is a basic need. There is ample evidence of the connection between poverty and health. The mere ability for people to be employed and be productive is good for their health & wellbeing.

Poverty results in three things – financial hardship, lack of participation in employment and limited social participation. People with long term health conditions can experience a range of barriers to employment, even if they have a strong work ethic. People who are less well off, less health literate or less fluent in English are harder to reach (or easier to miss). Ultimately the only real way to reduce health inequalities is by helping people to escape poverty and disadvantage and by achieving a less socially divided society. Health inequalities are getting wider. Changes are likely to take a generation to work.

10.2 Objectives for the future

- Reduce financial exclusion

10.3 National Indicators

NI 153 – working age people claiming out of work benefits in the worst performing neighbourhoods

11.0 Aim 4 – Increased participation by community and businesses

Overall Aim - To increase the participation by key individuals and organisations in helping to deliver and reinforce the health messages and facilitate the pursuance of a healthy lifestyle

11.1 Background

People have occupations that affect others. Their skill and experience can be utilised to make other people's lives better or worse. Local Authorities as well as business owners, caterers, engineers, scientists and many others work to benefit society. At the same time, some people work to the detriment of society and it is the role of regulatory bodies to take enforcement and educative action to prevent their activities. Much activity is undertaken on a voluntary basis and people helping each other fulfils a major role in health promotion that is not always recognised.

11.2 Objectives for the future

- Improve level of health and wellbeing in the workplace
- Improve people's self reported measure of health & wellbeing
- Increase in people with a long-term condition supported to be independent and in control of their condition

11.3 National Indicators

NI 119 – Self-reported measure of people's overall health & wellbeing

NI 124 – People with a long-term condition supported to be independent and in control of their condition.

12.0 Aim 5 – Built environment supporting healthy lifestyle

Overall Aim - To create and improve the built environment in order that it is conducive to the support of a healthy lifestyle

12.1 Background

People's health is affected by the condition and situation of the buildings they occupy. There are a multitude of health effects caused by living in damp, mouldy, cold, polluted, infested, unsafe, overcrowded and structurally poor housing with a lack of decent facilities. The Local Authority has a role in ensuring tenanted housing is fit but owner-occupiers occupy the vast majority of housing in Rossendale.

Schemes to help less advantaged owner-occupiers to improve, insulate and maintain their housing will benefit their health and the overall stock for future generations. The majority of housing here now will still be here in 50 years time, so we must look after the housing regardless of who owns it.

12.2 Objectives for the future

- Reduce the number of households living in fuel poverty
- Reduce the number of households living in temporary accommodation

12.3 National Indicators

NI 156 – Number of households living in temporary accommodation

NI 187 – Tackling fuel poverty (LAA target)

13.0 Aim 6 – Natural Environment

Overall Aim - To protect and improve the natural environment in order to provide a safe, accessible, attractive and interesting environment that will encourage outdoor activity

13.1 Background

Generally it is well known that people get upset about the state of cleanliness of streets, dog fouling, overgrown land, graffiti etc. Being able to access attractive, interesting and varied natural environment is known to be beneficial to health & wellbeing. Exposure to natural spaces – everything from parks and open countryside to gardens, allotments and other greenspaces – is good for health.

The outdoor environment can indirectly influence health by determining opportunities and behaviour. Children learn better having been exposed to the outdoor environment; it has a role to play in relation to obesity by encouraging physical activity when accessible. If they learn better, they might also get a better paid job in the future. Many children never visit the countryside, yet children with greater agricultural literacy are more likely to make better food

choices. There is not much arable farming around Rossendale, so what about allotments?

13.2 Objectives for the future

- Improve parks and open spaces
- Increase % of rights of way that are easy to use

13.3 National Indicators

NI 197 – Improved local biodiversity – active management of local sites

14.0 Aim 7 – Adapting to and mitigating the effects of climate change

Overall Aim - To adapt to and mitigate the effects of climate change on the health of people in Rossendale

14.1 Background

The likely effects of climate change on Rossendale e.g. more flooding, higher temperatures, problems with food supplies, movement of people, influences on biodiversity, global economic influences etc. These will all affect Rossendale and the health of its residents in one way or another and we cannot isolate ourselves from those influences. People will need to understand and influence their level of participation in developing local solutions to mitigate the effects or adapt to the inevitable, especially in relation to climate change.

14.2 Objectives for the future

- Implement contributions to the Lancashire Climate Change Strategy and Action Plan

14.3 National Indicators

NI 188 – Adapting to climate change (LAA target)

15.0 Health Plan 2009/2011

15.1 In order to protect or improve people's health, we need to affect the determinants of health. One project may therefore be likely to contribute towards improvements in relation to several conditions or diseases and contribute to more than one target or indicator.

15.2 The Health Plan is the means by which action carried out by the organisations represented at the Health and Wellbeing Theme Group, and its subsidiary groups, will work to achieve the aims of this Strategy. Each of the groups will also carry out activities on their own that will contribute towards achieving the Aims and individuals will make their own choices in relation to the Aims without reference to any of the organisations involved. Each of the Lead Organisations will also have a separate Action Plan, which contain the detail of individual projects and activities.

- 15.3 Funding will usually be provided to a varying extent by partners from within their own resources. In addition, external funding is provided from the following sources and to deliver the following initiatives:-
- a) Communities for Health Initiative (C for H) – the strategic aims of which are to:-
 - Engage communities in their own health and develop their capacity to support individual behavioural change for healthier lifestyles;
 - Build partnerships between organisations and communities; and
 - Develop innovative practices for community based health improvement

 - b) LifeChecks – this initiative, led by the Department of Health, involves the promotion of a web-based information system aimed at providing a one-to-one resource for people to answer questions and obtain tailored information that will help them improve their lifestyle and thereby their health. To date, £70,000 has been awarded to implement the first two products aimed at Early Years and Teens.

 - c) East Lancs. PCT – in 2008, the ELPCT agreed to award Rossendale Borough Council a total of £156,000 for the purpose of advancing a number of schemes aimed at protecting and improving health and reducing health inequalities.
- 15.4 In addition to the seven Aims, three supporting Aims are included. Implementation of these will ensure that health and wellbeing initiatives are sustainable.

16.0 Implementation, Monitoring and Review

- 16.1 This strategy will be implemented through its adoption by the various partners and individuals involved. Progress made in implementing the strategy and action plans will be monitored through the Council's Performance Management Framework, through the Rossendale Local Strategic Partnership Health & Wellbeing Theme Group and through liaison with partners. A set of indicators will be developed to enable absolute changes within Rossendale to be monitored over time. This will enable progress to be identified and also situations where further action may be needed in the future.
- 16.2 In order to successfully co-ordinate the implementation of this Strategy and develop appropriately targeted actions, reviews of available information will be undertaken. The development of a Health Impact Assessment process to be applied to new projects, developments, services and programmes will help to make the consideration of health and wellbeing a sustainable situation.
- 16.3 The Strategy will be reviewed annually in order to ensure that it remains relevant and incorporates any new information.

Health Plan 2009-2011

<i>Aim</i>	<i>Ref</i>	<i>Action/Project</i>	<i>Outcome</i>	<i>Target date</i>	<i>Lead Partner</i>	<i>LAA/Nat. Indicator</i>
1. Healthy Lifestyle	1.1	Deliver a portfolio of projects aimed at encouraging healthy eating	Increased knowledge of healthy eating Improvement in adherence to healthy eating	March 2011	Rosendale Food Forum	NI 55
	1.2	Implement Smokefree East Lancs initiatives	Reduced level of tobacco use	March 2011	East Lancs Smokefree Group	NI 123
	1.3	Deliver SPAA Action Plan	Increase the number of people who participate in 30 minutes of moderate physical activity three times a week	30% by March 2011	RLT	NI 8

<i>Aim</i>	<i>Ref</i>	<i>Action/Project</i>	<i>Outcome</i>	<i>Target date</i>	<i>Lead Partner</i>	<i>LAA/Nat. Indicator</i>
2. Safe and healthy community	2.1	Implement Alcohol Harm Reduction strategic plan	Reduction in rate of increase of hospital admissions for alcohol related harm	March 2011	Community Safety Partnership	NI 39
	2.2	Take forward action plans to reduce accidents affecting children and older people	Reduction in number of deaths from accidents (per 100,000 population aged under 75)	Equal NW rate	ACAP	n/a
	2.3	Older people's strategy				NI 137

<i>Aim</i>	<i>Ref</i>	<i>Action/Project</i>	<i>Outcome</i>	<i>Target date</i>	<i>Lead Partner</i>	<i>LAA/Nat. Indicator</i>
3. Local Economy	3.1	Implement small grants scheme	Supported community health initiatives	March 2011	LSP Theme Group	n/a
	3.2	Range of joint health initiatives	Various	March 2011	RBC/PCT	Various
	3.3	Plan to reduce financial exclusion, Pathways to Work and BASIS	Reduction in number of people claiming incapacity benefit because of mental or behavioural disorders (per 1,000 working age population)	37.7 to 27.4	REAL	NI 153

<i>Aim</i>	<i>Ref</i>	<i>Action/Project</i>	<i>Outcome</i>	<i>Target date</i>	<i>Lead Partner</i>	<i>LAA/Nat. Indicator</i>
4. Increasing capacity for health	4.1	Implement Healthy Workplace Scheme	Improved levels of health and wellbeing in the workplace	March 2011	Environmental Health	NI 153 and others
	4.2	Develop and implement a Health Impact Assessment process to be used in relation to all significant projects and programmes	Incorporation of health and wellbeing criteria in each initiative	March 2010	Environmental Health	n/a
	4.3	Deliver Rossendale Mental Health Promotion Plan	Improvement in self reported measure of people's overall health and well-being		Rossendale Mental Health Forum	NI 119
	4.4	Deliver Active Ageing Project	Increase in people with a long-term condition supported to be independent and in control of their condition		Age Concern	NI 124

<i>Aim</i>	<i>Ref</i>	<i>Action/Project</i>	<i>Outcome</i>	<i>Target date</i>	<i>Lead Partner</i>	<i>LAA/Nat. Indicator</i>
5. Built environment	5.1	Develop and implement an Affordable Warmth Scheme	Increased SAP rating of properties and reduced Fuel Poverty	March 2011	Strategic Housing Group	NI 187
	5.2	Develop and implement Home and Health Strategy	Reduced levels of ill health caused by the home environment	March 2011	Environmental Health	NI 187 and others
	5.3	Manage project to review health issues affecting homeless people. Implement recommendations	Reduce number of households living in temporary accommodation			

<i>Aim</i>	<i>Ref</i>	<i>Action/Project</i>	<i>Outcome</i>	<i>Target date</i>	<i>Lead Partner</i>	<i>LAA/Nat. Indicator</i>
6. Natural environment	6.1	Open Spaces Strategy				NI 197
	6.2	Implement Parks Improvement Plan	Delivery of agreed plan of parks enhancements	March 2010	RBC/ Groundwork	NI 197
	6.3	Develop rights of way (ROW) improvement plan for Rossendale	Increase in % of ROW that are easy to use	48% to 65%	Lancashire County Council	n/a

<i>Aim</i>	<i>Ref</i>	<i>Action/Project</i>	<i>Outcome</i>	<i>Target date</i>	<i>Lead Partner</i>	<i>LAA/Nat. Indicator</i>
7. Climate Change	7.1	Implement climate change mitigation and adaptation action plan	Reduced CO2 emissions and improved resilience to risk of flooding	March 2010	Environmental Health	NI 186 NI 188

Supporting Aims

<i>Aim</i>	<i>Ref</i>	<i>Action/Project</i>	<i>Outcome</i>	<i>Target date</i>	<i>Lead Partner</i>	<i>LAA/Nat. Indicator</i>
8. Research	8.1	Undertake reviews of information available on the LIS and JSNA	Provision of local sources of information for use by partners as evidence of need or of what works	March 2010	H&W Theme Group	n/a
	8.2	Take forward Trauma and Injury Intelligence project to improve data from A&E to inform future actions	Reduction in number of deaths from accidents		Trauma and Injury Intelligence group	n/a

<i>Aim</i>	<i>Ref</i>	<i>Action/Project</i>	<i>Outcome</i>	<i>Target date</i>	<i>Lead Partner</i>	<i>LAA/Nat. Indicator</i>
9. Resources	9.1	Develop and implement a Mental Well-being Impact Assessment process	Enhanced impact on mental health & wellbeing of planned actions	March 2010		
	9.2	Member and Staff development	Increased understanding of health issues.	March 2010	All agencies	n/a

<i>Aim</i>	<i>Ref</i>	<i>Action/Project</i>	<i>Outcome</i>	<i>Target date</i>	<i>Lead Partner</i>	<i>LAA/Nat. Indicator</i>
10. Facilities and Access	10.1	Implement Early Years and Teen LifeCheck initiative	High level of take access by target audience of web-site	March 2010	Environmental Health	
	10.2	Help Direct Gateway	Increase in people over 65 who say they receive information, assistance and support to exercise independence and choice	59% to 75% by 2011	Help Direct Gateway Forum	NI 139
	10.3	Health Hub	Implementation of project			

