

South Somerset District Council

STRATEGY *for*
Health and Well-Being
2007-2012



2007-2008
*Neighbourhood and
Community Champions:
The Role of Elected Members*

2006-2007
*Improving Rural Services
Empowering Communities*

2005-2006
Getting Closer to Communities



© South Somerset District Council
April 2007

This publication is also available electronically at www.southsomerset.gov.uk

All enquiries regarding this publication to

Stewart Brock
South Somerset District Council
Brympton Way
Yeovil
Somerset
BA20 2HT

stewart.brock@southsomerset.gov.uk

(01935) 462462

If your first language is not English and you require assistance with understanding this document please contact the Council on (01935) 462462.

Acknowledgement to the *SSP and Corbin O'Grady Studios* for the photos on page 2.

**IF YOU NEED THIS INFORMATION IN
LARGE PRINT
PLEASE CALL 01935 462462**



RNID typetalk **BT**

telephone relay service Working together

FOREWORD

Local government came into being because of threats to public health in Victorian England. Over the next century local councils provided safe water supplies, sewerage systems, refuse collection, housing for rent, even gas and electricity, all of which contributed hugely to reductions in infectious diseases and infant mortality, and increases in life expectancy. Gradually many of those functions have been lost from local government, but we are now coming full circle.

Once again public health and well-being is at the core of what local government is about. Of course we never stopped providing essential services like environmental health and refuse collection, but now Government expects us to take on a much bigger role—to champion the health and well-being of our communities.

Here in South Somerset we are working, with our partners in the statutory and voluntary sectors, to enhance life in all our communities through the concept of Enable-Partner-Deliver, with the South Somerset Health and Well-Being Partnership playing a key role. This *Health and Well-Being Strategy* will guide the Council's activities in addressing the major public health and well-being issues facing our communities, such as smoking, physical activity, healthy eating and drinking and rural isolation.

The National Health Service is still largely geared to treating the sick, but we all know that *'prevention is better than cure.'* For example, if obesity keeps on rising the NHS will face enormous difficulties in coping with the long-term consequences, such as diabetes, heart disease and joint problems. Already obesity is estimated to cost the NHS £1 billion a year. It has been said that today's children may die before their parents if we do not halt this epidemic, an appalling prospect that we must not allow to happen.

This strategy commits South Somerset District Council to play its part in supporting people and communities to make changes in their lifestyles and environments to improve their health and well-being.

Councillor Sylvia Seal



Cllr Sylvia Seal

CONTENTS

1. Introduction.....	2
2. A Message from our Health & Well-Being Champion.....	3
3. On the State of Public Health and Well-Being in South Somerset.....	4
4. The Bigger Picture.....	8
5. Public Health and Well-Being Priorities for South Somerset District Council.....	13
6. The Services of South Somerset District Council.....	35
7. Our Partners for Health and Well-Being.....	41
8. A Healthier Future for South Somerset.....	47
9. What Will Success Look Like in 2012?.....	49
10. Acknowledgements.....	50

Appendices

1. Key Contacts in South Somerset DC and Partner Organisations.....	51
2. Health Profile for South Somerset 2006 http://www.communityhealthprofiles.info	
3. Somerset Local Area Agreement Summary http://www.somerset.gov.uk/somerset/council/localareaagreement	
4. SSDC Corporate Plan Health Objectives 2005-2012 http://www.southsomerset.gov.uk/media/pdf/f/8/Corporate_Plan_2005-2012.pdf	
5. NICE Guidance on Obesity for Local Authorities 2006 http://www.nice.org.uk/cg043quickrefguide	
6. Annual Report of the Somerset Directors of Public Health 2005/6 http://tinyurl.com/yr966y	
7. LAA Outcome Targets for Healthier Communities http://www.somerset.gov.uk/somerset/council/localareaagreement	

1. INTRODUCTION

Picture in your mind's eye an area where manufacturing forms the backbone of the local economy, where labour shortages have led to an influx of migrant workers from elsewhere in Europe, and with areas of deprivation amongst the worst in England. The chances are you thought of an industrial city in the Midlands or North, but this is also a description of South Somerset.

It hardly fits with the impression a motorist would gain while travelling along the A303, the road which runs like a spine through the district, used by millions on their journeys from the south-east to the West Country. The stereotypical image of South Somerset is one of rolling green hills, dairy herds, farmhouse cheeses, cider, great country houses and the Somerset Levels. And this is also a true image, with agriculture and food production another major plank in the local economy of this predominantly rural area. Imagine though how isolated one could be in this landscape without access to a car. Areas of this district are also amongst the most deprived in England in terms of access to services: isolation is a real issue and one likely to grow as the population ages markedly in the coming decades.

South Somerset is perhaps then unique. It has the typical problems of isolation and provision of services to a well spread population in villages and small market towns throughout the district, but also pockets of multiple deprivation more typical of inner city areas, where health inequalities have a strongly negative impact on health and well-being. There are many health and well-being challenges facing the people of the district, such as smoking, diabetes, mental health and lack of affordable housing.

Over the years South Somerset District Council has developed strong links with all its communities, and is recognised nationally as a leader in getting closer to communities, working very closely with the statutory, private and voluntary sectors to improve the lives of the people and the environment in which they live and work. This *Health and Well-Being Strategy* is intended to build on these solid foundations.

In the following pages you will learn about the health and well being challenges facing the people of South Somerset. You will see how the Council already makes major contributions to health and well-being both through its own services, and by partnering and enabling others in the community. And you will find out how we intend to maximise our contribution over the next five years.



2. A MESSAGE

from our Health & Well-Being Champion Councillor Maggie Foot

We councillors at South Somerset District Council pride ourselves on having a unique understanding of the communities we represent. We have a genuine passion and commitment to improve the quality of lives of our constituents, balanced with a knowledge of the policies, strategies and service delivery mechanisms that can enable this to happen. The health and well-being of local people is at the heart of this desire for the local authority to serve people better, recognising the vitally important bearing this has on so many other issues.

As Champion for Health and Well-Being it is my task, together with a team of dedicated officers, to identify the local factors which impact on the health and quality of life of residents and address them effectively. By working with partners in the public, private and voluntary sectors of the community I know we can make a difference where it counts, especially for the most vulnerable people in our community.

This strategy is the product of the collective work of so many people sharing their expertise, interest, concern and skills to determine how we can make consistent improvement across South Somerset. It contains an outline of the key issues facing all sections of the community, the prioritised actions that we promise to deliver to effect change and the vision for a better and healthier future for everyone.

It is exciting work! And something I recognise as a huge privilege, not only because it brings me in close contact with the people who will benefit from this support, but also with the professionals who are in a position to make it happen.

Councillor Maggie Foot



Cllr Maggie Foot

3. ON THE STATE OF PUBLIC HEALTH AND WELL-BEING IN SOUTH SOMERSET

An Overview

The population of South Somerset is around 155,000 people, making it by some margin the most populous district in the county. It is a generally prospering rural area, but with manufacturing playing a key role in the local economy.

The people of South Somerset for the most part enjoy a healthier, longer and more prosperous life than the national average. Overall life expectancy is 78.4 years for men and 82.2 years for women, and rising, compared to 76.5 and 80.8 respectively for England and Wales as a whole. Infant mortality is particularly low, compared both to the rest of the county and the nation. The age profile of the district is also rising with the over 85 population expected to increase by 47% by 2014. The number of young people by contrast is relatively low, with many leaving to attend college and work elsewhere in the UK. Ethnic minority populations are increasing, notably from Portugal and the EU accession states such as Poland.

However, hidden within that generally rosy picture there are both specific health concerns and pockets of multiple deprivation where health inequalities have a strongly negative impact on health and well-being.

Cancer, heart disease and stroke are the big killers, as elsewhere, causing early deaths but at significantly lower rates than the national average (except some cancers). Only 6.1% of our residents report *feeling in poor health*, but that is still over 11,000 people.

A health profile of the district produced by the South West Public Health Observatory provides a lot more information on the state of public health in the district, and can be found at [appendix 2](#). The latest Annual Report of the Directors of Public Health in Somerset also provides a wealth of information, and examples of public health initiatives throughout the county. This is available at [appendix 6](#).

Health and Well-Being Concerns for South Somerset

These are the major health and well-being concerns for South Somerset

Obesity

- Adult obesity is forecast to rise to 30% by 2010. 3.4% of our residents are living with diabetes (5,455 people), a figure set to rise considerably if obesity levels continue to rise. Diabetes and its complications currently account for 10% of the NHS budget, forecast to rise to 25% by 2025. Obesity will soon surpass smoking as the greatest cause of premature loss of life.
- Childhood obesity in 2-10 year olds in England has risen from 9.9% in 1995 to 14.3% in 2004. If we do nothing, 20% of 2-10 year olds will be obese by 2010.

Physical Activity

- Levels of physical activity in both adult and child populations are substantially below those required for good health in the majority of the population

Smoking

- Around 268 people die from smoking related diseases each year, with 22% of adults smoking. The differing smoking prevalence between social groups accounts for about half of the differing health outcomes they experience.

Coronary Heart Disease and Stroke

- There were 400 early deaths in the period 2002-4

High Blood Pressure

- Hypertension (high blood pressure) rates are significantly higher than the county average, and a risk factor for stroke.

Cancer

- There were 601 early cancer deaths in the period 2002-4. Malignant melanoma and other skin cancer rates, and colorectal and breast cancer rates in women, are significantly high compared to national rates.

Alcohol abuse

- 13% of people (over 20,000 individuals) binge drink. Chronic liver disease rates in women are high and rising, with 50 people in total dying each year.

Health and Well-Being Concerns for South Somerset

Obesity

Physical Activity

Smoking

Coronary Heart Disease and Stroke

High Blood Pressure

Cancer

Alcohol abuse

Road Traffic Accidents

Housing

Multiple Deprivation

Rural Health

Road Traffic Accidents

- Around 110 people are killed or seriously injured on our roads each year.

Housing

- Life is good here, and many people from outside the area are attracted to South Somerset as a lifestyle choice. One consequence of this has been rapidly rising house prices, so that many local people are unable to afford to buy homes. South Somerset has more people on the housing waiting list for social rented housing than any shire district in the South West region. Demand far outstrips supply.
- Even when people have been able to get on the housing ladder by purchasing, many have been financially stretched in doing so. Recent rises in interest rates, coupled with rising fuel bills, may lead to significant financial difficulties for some of these people.

Multiple Deprivation

- 3% of areas in South Somerset are in the fifth most deprived in England, and life expectancy differs by almost six years between the most and least deprived wards in the district. An analysis of multiple deprivation shows that of the twenty most deprived areas in South Somerset, fourteen are in Yeovil and four in Chard.

Ward	SOA's	SOA SS Rank of IMD (Out of 103)
Yeovil Central	YC South	1
Yeovil East	YE Central North	2
Yeovil East	YE South West	3
Yeovil West	YW North	4
Yeovil East	YE North West	5
Yeovil Central	YC Central North	6
Chard Avishayes	CA West	7
Chard Holyrood	CH North	8
Chard Jocelyn	CJ West	9
Yeovil Central	YW Central	10
Yeovil Central	YC North	11
Chard Crimchard	CC East	12
Yeovil East	YE East	13
Brympton	B Central	14
Yeovil Without	YWO East	15
Martock	M South East	16
Yeovil West	YW West	17
Yeovil Central	YC Central South	18
Brympton	B West	19
Curry Rivel	CR North	20

In order to tackle the major health inequalities within the district it will be necessary to focus especially on Yeovil and Chard. Achieving equality in health outcomes will require difficult choices to be made when allocating scarce resources. To improve health outcomes in more deprived communities may require funding to be distributed more inequitably, with disproportionately more resources going to deprived areas or communities.

Rural Health

- While the multiple deprivation and health problems of parts of Yeovil and Chard are all too apparent, most of the district is rural in nature, with numerous small market towns and villages. This can present difficulties for residents in accessing services, including health and social care, as well as transport problems for those without access to a car. Several areas are classed as among the most deprived in the country for access to services. Children, young people, and the elderly, often lacking independent means of transport, can feel particularly isolated.
- Even though car ownership levels are high this should not be taken as an indicator of prosperity. In rural areas a car is virtually a necessity for the breadwinner to travel to work, and a significant fraction of a low income may be committed to car travel, as the only viable means of reaching the place of employment.
- The rural nature of the area is well illustrated in table one, showing just how many people live in small communities.

Table One

10%	live in communities of fewer than	500	residents
24%	“	1,000	“
40%	“	2,500	“
60%	“	5,000	“
73%	“	10,000	“
81%	“	15,000	“
100%	“	50,000	“

- Strong social and family networks are now increasingly recognised as being vital to maintaining a sense of health and well-being. An ageing population, with many elderly women, especially, living alone, will present particular challenges to rural communities in helping elders live an active and engaged lifestyle for as long as possible.



Ilminster in the distance

4. THE BIGGER PICTURE

This strategy fits into a much bigger picture, namely the policies and programmes of the Government, and our partners throughout the county. In this section we outline the wider policy context.

‘Choosing Health’

‘*Choosing Health*’ is the Government’s White Paper (policy) on public health, published in 2004. It sets out a policy framework for improving public health and tackling health inequalities, recognising that

- *‘health is inextricably linked to the way people live their lives and the opportunities available to choose health in the communities where they live.’*

‘*Choosing Health*’ expects councils to provide

- *‘local leadership to bring concerted and integrated local action on health.’*

South Somerset District Council is fully signed up to this responsibility and has committed resources accordingly.

LINKS

Choosing Health White Paper
<http://tinyurl.com/4uovd>

Health Challenge England
<http://tinyurl.com/34zpm>

“We need to step up the action we are taking across government and throughout society to tackle the causes of ill-health and reduce inequalities”

**JOHN REID,
HEALTH SECRETARY**

(Preface to ‘Choosing Health’)

‘Our Health, Our Care, Our Say’

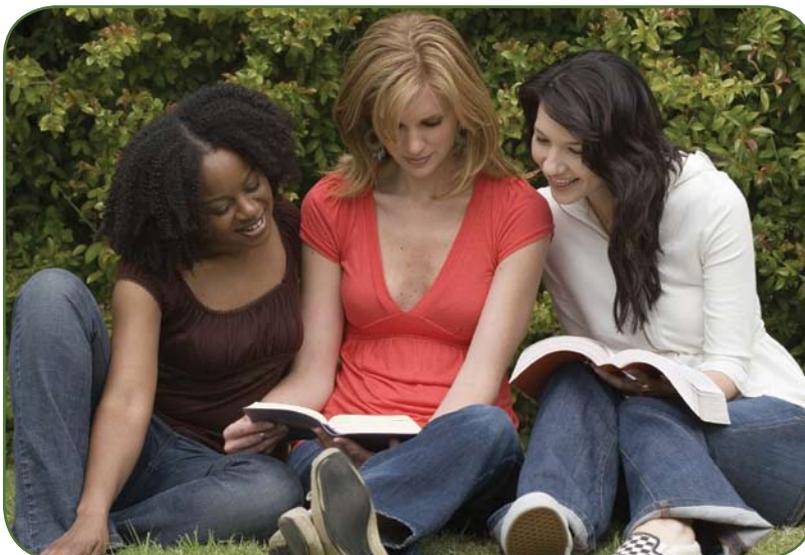
The White Paper on community services, *‘Our Health, Our Care, Our Say,’* emphasised the importance of good commissioning in providing integrated services, building on good local partnerships. The White Paper stated that NHS commissioners should commission for ‘health and well-being’ to ensure that health improvement is at the heart of the commissioning process.

LINK

<http://tinyurl.com/2tcty9>

The Commissioning Framework for Health & Well-Being

Central government has stated a clear intention to shift the focus of healthcare from treating sick people towards prevention and supporting well-being, not least to enable NHS funds to be spent on non-NHS services that have a preventive benefit for the NHS.



“For too long health has been seen simply in terms of hospitals and bed numbers. NHS stands for the National Health Service not the National Sickness Service and we want it to live up to its name.”

We need to radically change the culture of how we shape and deliver care –shifting focus from curing the sick to the proactive prevention of ill health, as well as tackling health inequalities.”

**PATRICIA HEWITT,
SECRETARY OF STATE
FOR HEALTH, 2007**

Local Area Agreement (LAA)

The Somerset Local Area Agreement (LAA) is a three-year agreement from April 2006 that sets out the priorities agreed between central government and Somerset. Local authorities need to ensure that their policies and programmes are closely aligned to the LAA, as significant additional resources can be drawn down if 'stretch targets' are achieved.

South Somerset District Council and the South Somerset Local Strategic Partnership (LSP) have made a major contribution to the Somerset Strategic Partnership that has developed the agreement with key stakeholders. There are 16 key outcomes included in the LAA, of which at least 12, if achieved, will represent significant improvements in health and well being for the people of Somerset. All 16 outcomes are listed in **appendix 3**, together with details of what is involved in each programme area.

There is one block of three outcomes entitled '*Healthier Communities*', which includes:

- promote and improve the health and lifestyles of Somerset people
- reduce health inequalities in Somerset
- maximise public health benefits by ensuring 'Choosing Health' delivers the maximum potential

The district Local Strategic Partnerships (LSP) in Somerset are responsible for the achievement of those outcomes which will directly impact on health and well-being, through the LSPs and appropriate LSP sub-groups, and LSP member organisations' activities.

There are many other outcomes where the District Council must play a key role. For example, in addressing the issue of affordable housing supply, reducing anti-social behaviour, and maximising the take up of welfare benefits to reduce poverty.

The LAA is a clear demonstration that many of the factors that impact on health lie outside the control of the NHS. This Council, working with the other Somerset organisations, will continue to play a leading role in achieving the LAA targets.

LINK

Appendices 3 & 7



A Health Walk

Local Strategic Partnership

The key multi-agency partnership in South Somerset is our Local Strategic Partnership, known as “*South Somerset Together.*” This brings together at local level different parts of the public, private, community, and voluntary sectors. The five district LSPs have a specific responsibility for achieving delivery of the targets outlined in the Local Area Agreement regarding ‘*Stronger, Healthier Communities.*’

For the last two years the LSP has committed funds to achieving these targets. In 2006/7 it committed £50,000 to:

- provide management support to the Healthy Living Centres
- carry out a feasibility study for an iconic healthy living initiative in Yeovil
- nurture the development of SHINE (Somerset) Ltd

Working to the LSP is the South Somerset Health and Well-Being Partnership, established in 2003 and comprising representatives of the Primary Care Trust (PCT), County and District Council and the voluntary and community sector.

LINK

<http://www.southsomerset.gov.uk/index.jsp?articleid=1888>

South Somerset Health and Well-Being Partnership

The South Somerset Health & Well-Being Partnership was established in 2003, to reflect the need to address local health inequalities on a multi-agency basis. The aims of the Partnership are:

- To provide a forum to ensure a co-ordinated strategic approach to tackling public health priorities in South Somerset
- To turn public health policy and strategy into local action
- To improve the health of the wider population of South Somerset by reducing health inequalities and tackling the wider determinants of health and well-being in South Somerset

The partnership reports directly to the Local Strategic Partnership and provides a key link between the District Council’s Executive and the PCT Board, amongst other partners.

TOP THREE MESSAGES TO COMMUNITY GROUPS

Don’t accept poor health as inevitable – promote the message that people can change their circumstances

Help people in your communities to feel more in control of their lives – if you can affect the neighbourhood you live in, people may begin to believe they can affect their own life chances

Look for small achievements – examples of things that your community can do to improve health – and shout about your successes!

SOURCE: ‘CHOOSING HEALTH’

The Corporate Plan

In a district wide survey in 2004/05 health was identified as one of the most important issues for residents. South Somerset District Council has adopted a corporate plan for the period 2005 to 2012 entitled “*Making a difference where it counts*” with a vision of “*an organisation consistently delivering an improving quality of life for all.*”

Within this overall vision, the Council has a strong commitment to a community leadership role, working with partners to both generate community action and improve service delivery and outcomes.

Within the corporate plan there are more detailed objectives which are reproduced at appendix 4.

LINK

South Somerset Corporate Plan 2005-2012
<http://tinyurl.com/34kjs8>

Health and Social Needs Analysis

Much of the work to develop local priorities has been based on The Health and Social Needs Analysis 2004 (HSNA) which is the third public report from the Health and Social Needs Group (HSNAG), and is unique to Somerset. This database contains a wealth of information about South Somerset on a wide range of issues such as:

- accidents
- benefits dependency
- social service use
- school exclusions
- hospital admissions for heart disease, cancers etc
- incidents of domestic violence and
- children with Special Educational Needs (SEN).

This is a very useful resource that is used by a wide variety of agencies to support funding bids, assess areas of need, allocate resources and plan interventions and services.

LINK

www.southsomerset.gov.uk/index.jsp?articleid=652

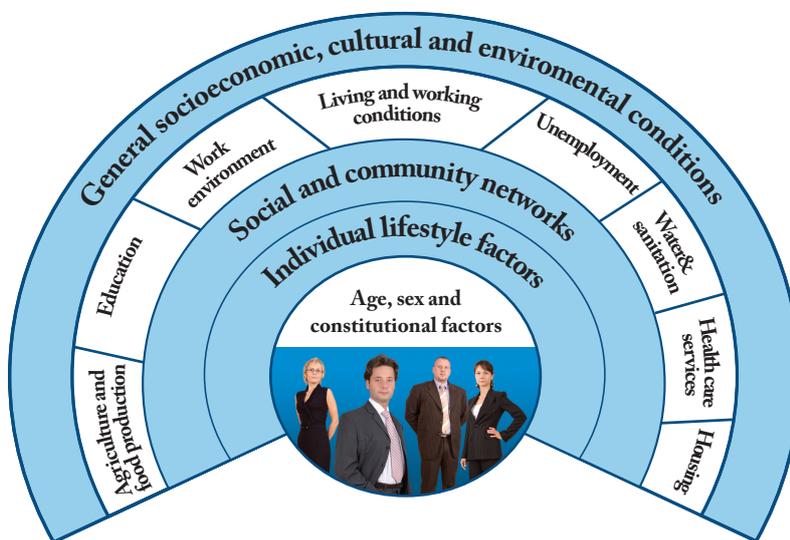
In adopting the Corporate Plan the Council agreed five corporate aims. One specific aim of key importance is:

**TO IMPROVE THE
HEALTH AND WELL-
BEING OF OUR CITIZENS.**

In recognition of the importance of this aim, the Council appointed a Corporate Director – Health and Well-Being.

5. PUBLIC HEALTH AND WELL-BEING PRIORITIES *for South Somerset District Council*

When the word ‘health’ is mentioned, most people’s thoughts turn instantly to the National Health Service, but as we noted in the foreword, local government has a major role to play in ensuring and maintaining good health. The diagram below illustrates how health care services are only one part of a much bigger range of factors that can have an impact on health and well-being. The Council can, and does, have a role to play in virtually all of the other areas in the diagram, as a service provider, regulator and enabler of others in the community.



Adapted from Whitehead & Dahlgren

What are health inequalities?

Health Inequalities - The gap in health status, and in access to health services, between different social classes and ethnic groups and between populations in different geographical areas.

That is the dictionary definition, but what does it mean in reality? In South Somerset we can compare two wards at opposite ends of the health spectrum, namely Yeovil East and Bruton.

HEALTH INEQUALITIES

“What greater inequity can there be than to die younger and to suffer more illness throughout your life as a result of where you live, what job you do and how much your parents earned?”-2001

YVETTE COOPER
UNDER SECRETARY OF STATE
FOR PUBLIC HEALTH

Yeovil East is the ward with the highest levels of multiple deprivation in the district, while Bruton is one of the least deprived. Table two shows some of the contrasting statistics for these two wards.

Table 2

	Yeovil East	Bruton
Social housing	30%	16%
Households with no car	29%	14%
Permanently sick/disabled	6%	3%
Income support	20.5%	10.5%
Children in households claiming income support	20.4%	7.0%
Adult smokers	37%	26%
Index of multiple deprivation	26	10
People not in good health	694	168

Differences in health outcomes are also evident when compared by social class.

- The death rate nationally from coronary heart disease is 3 times higher among unskilled manual men of working age than among professional men.
- A woman in an affluent area is more likely to live for at least five years after diagnosis of breast cancer than a woman in a deprived area.
- Residential fire deaths for children are 15 times greater for children in social class V compared to those in social class I.
- Children in social class V are five times more likely to be killed as pedestrians in road accidents than children in social class I.

One of our corporate priorities, shared with the Local Strategic Partnership, is Health and Well-Being, and within that broad aim, a key objective is to tackle health inequalities. The Council works with partners in the statutory, voluntary and business sectors to promote health and well-being. Action to narrow health inequalities focuses on those priority issues identified at county level through the Local Area Agreement process which are:

- Heart disease
- Cancers
- Infant mortality
- Lifespan
- Teenage pregnancy
- Breastfeeding rates
- Smoking and related illnesses



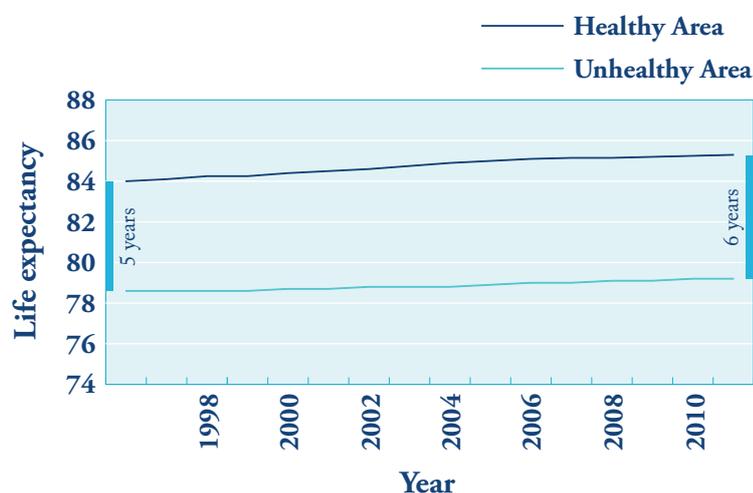
“There is evidence to suggest that living in materially deprived neighbourhoods contributes to worse health for individuals..... Children born and brought up in families with low levels of educational attainment, material disadvantage or in lower socio-economic groups are likely to experience worse health in later life.

“This is significantly avoidable and fundamentally unfair”

**SIR DONALD ACHESON
CHAIR, INDEPENDENT
INQUIRY INTO INEQUALITIES
IN HEALTH, 1998**

Although health is improving in virtually all communities, it is generally improving faster in the less deprived communities, meaning that in many areas health inequalities are actually widening.

HEALTH INEQUALITIES - THE WIDENING GAP



The Council will continue to focus its own attention on 'social environmental' determinants of health and well-being, because this is where it has particular strengths and capacity on which to build. Specifically, we will work, with our partners and communities, on the following areas:

- Active lifestyles
- Healthy eating and drinking
- Smoking
- Housing
- Community Development and Social Cohesion
- Volunteering

As well as addressing the health inequality issues outlined previously, these areas of work will also address other Choosing Health and LAA priorities, such as obesity, mental health, alcohol, sexual health and physical exercise.

We will also support our partners in tackling other priority public health issues where we do not have particular strengths, but may be able to offer assistance, such as in the areas of sexual health and tackling road accidents (see case study on page 16).

Somerset LAA Targets for Health Inequalities

- Reduce inequalities in deaths from coronary heart disease (CHD) in Mendip for people under 75 years as compared to the average for Somerset.
- Reduce the relative difference in the prescription of statins between the most and least deprived practice quintiles. This should be

achieved by increasing prescribing in the deprived area and not by reducing prescribing in the least deprived areas from 19% to 10%

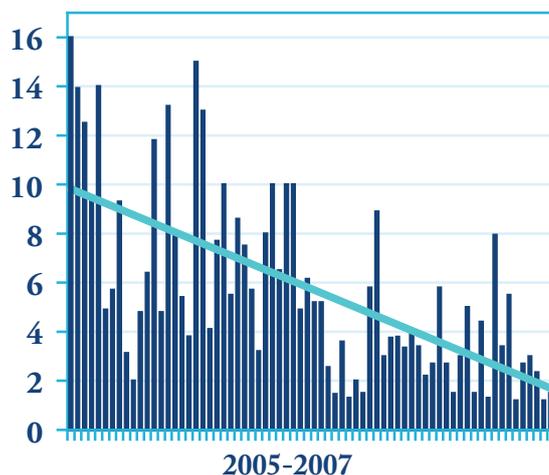
- Ensure that access to stop smoking services in the most deprived wards remains higher than the rate expected after adjusting for prevalence.
- Improve the take up of the welfare benefit and tax credit entitlement by 2008/9 for:

Pension Credit	22,350 to 22,641
Attendance Allowance	17,140 to 18,640
Council Tax Benefit	34,100 to 35,465

- All district councils to have health champions
- Increase the number of registered public health practitioners, particularly in non-NHS settings, to 30 by 2008/9. Currently the register has 40 registered practitioners, ten of whom are from non-NHS organisations.
- Numbers of people in non-NHS organisations developing their public health and well-being skills and capabilities to rise to 20 by 2008/9

Case Study – Community Speedwatch

A striking example of voluntary effort tackling a major issue in our villages is Community Speedwatch. With significant support from the Council and Police, volunteers monitor and report speed of vehicles. The result has been a measurable and sustained drop in speed, increased community satisfaction and an increase in the perception of local safety. The graph shows percentage reduction in speeders over two years in one scheme.



Community speedwatch in action

Obesity

At its simplest, obesity is a case of more calories going in, as food and drink, than calories going out in physical activity. Changes in lifestyle over recent years have led to a marked reduction in physical activity, particularly in every day life. Walking and cycling have declined as car use has increased; children are more often engaged in sedentary leisure pursuits such as computer games and television, rather than outdoor play, and the workforce is now far more likely to be engaged in largely sedentary work compared to previous generations.

Similarly there have been huge changes to our eating and drinking habits. Eating out is now far more common, and food eaten outside the home is typically more fat laden than home cooked food. Sugar-sweetened carbonated drinks have seen a huge increase in consumption, particularly amongst young people. Convenience food is now consumed as a matter of routine by large numbers of people, often as snacks, with most families no longer sitting down together at a table for the main meal of the day.

Tackling obesity successfully is a major challenge for society as a whole. Our environment is now considered to be 'obesogenic' (obesity generating), and the Council can therefore play a significant part in seeking to change that environment, to enable people to eat more healthily and have a more active lifestyle.

LINK

NICE Guidance on Obesity for Local Authorities
<http://www.nice.org.uk/cg043quickrefguide>



Five years ago the Chief Medical Officer gave this stark warning:

“The growth of overweight and obesity in the population of our country – particularly amongst children – is a major concern. It is a health time bomb with the potential to explode over the next three decades into thousands of extra cases of heart disease, certain cancers, arthritis, diabetes and many other problems. Unless this time bomb is defused the consequences for the population’s health, the costs to the NHS and losses to the economy will be disastrous.”

Active lifestyles

The contribution that physical activity and active recreation can make towards health and well-being became widely recognized in 2004/5 following the publication of the Chief Medical Officer's Report and the White Paper 'Choosing Health: Making Healthier Choices Easier.'

The SSDC Sport and Active Leisure Strategy 2006-2012 responded to this new national agenda by committing the Council to support the development of active lifestyles. It aims to overcome the three principal barriers in South Somerset

- increased pressure on time
- restricted rural access to transport and facilities; and
- cost.

Our high level vision for active lifestyles development is to build back activity into people's daily lives, providing active leisure opportunities close to where people live and work in a fun, enjoyable, fulfilling and beneficial way. To achieve this the service prioritises the following activities:

- **Supporting targeted communities to establish activity teams and programmes.**

The SSDC Corporate Plan has identified a commitment to introducing active community programmes in areas with the highest health needs, to help communities choose healthier lifestyles and reduce obesity. 20 communities will have benefited by March 2008.

- **Developing community based Active Health programmes with health practitioners.**

Strong evidence exists for the benefits of a physically active lifestyle for individuals with certain health conditions (Chief Medical Officer's Report-At Least Five a Week (2004). As a result, active programmes specifically aimed at Coronary Heart Disease, Chronic Obstructive Pulmonary Disease and Diabetes will be established by 2008.

- **Delivering and expanding the ProActive GP Referral Service with health practitioners.**

The team is working across the district to help more leisure providers become accredited in order to work with individuals with health conditions. This is being complemented by a targeted promotional campaign with health-care professionals.

COMMUNITY ACTIVITY AND LIFESTYLES SERVICE (CAL)

We aim to deliver activity within local communities in order to make access easier, bringing about a real positive change to people's lives through the inclusion of more activity each day. There is strong community demand for recreational activity for health, social and relaxation purposes (over 70% of South Somerset residents expressed a desire to see more opportunities available in this area).

In order to achieve this, the Council created a dedicated Community Activity and Lifestyles Team, in partnership with the Primary Care Trust, which became operational in October 2005. It has devised a completely new range of services specially to meet the needs of the community.

- **Encouraging Active Workplaces.**

From April 2007, the Community Activity and Lifestyles Team will be working with major employers (100+ employees) in South Somerset to promote active living with their staff. Healthy employees are more likely to have high morale and less sick leave.

- **Developing targeted programmes for those at risk.**

This involves developing more opportunities for young people to be involved in positive activities that promote mental and physical well-being and reduce the prevalence of anti-social behaviour.

LAA Targets for Physical Activity

- **Children**

Increase the proportion of children and young people aged 4 - 16 years participating in at least 2 hours of physical activity, sports or dance and movement per week. Baseline is 2004/05 academic year with 139 schools participating. Target is to achieve 85% with all 270 Somerset schools involved.

- **Adults**

Increase the proportion of adults (aged 16 to 74 years) who do a minimum of 3 x 30 minute sessions of moderate or strenuous physical activity per week, from 30.0% (111,700) to 33.1% (127,180)

Reduce the proportion of adults (aged 16 to 74 years) who do less than one session (30 minutes) of moderate strenuous physical activity per week (aim to reduce) from 32.5% (119,100) to 28.9% (111,100).

Increase the proportion of people referred to exercise referral schemes, with a condition amenable to exercise, who complete the scheme, from 17.2% to 26%.



Flexercise class in a care home

Case Study – Active Westfield, Yeovil

Westfield had recently undergone a local consultation exercise called “Planning for Real”[®], which gave residents the opportunity to identify what they felt were the key community development priorities for the area. High on the list was more activities for younger people under the age of 18.

Active Westfield Holiday Activity Scheme

The CAL Team were the driving force behind the organisation and delivery of a summer holiday activity scheme at Westfield Community School. The two-week programme gave local children the chance to participate in a number of activities including dance, badminton, circus skills, water games and football.

Young people whose families were in receipt of benefits were able to attend free of charge on the Passport to Leisure scheme thanks to a successful bid to the Neighbourhood Renewal Fund, which was then used to subsidise the places. Funding was also used to help volunteers at the event achieve a qualification (the ASDAN Working in the Community Award, Level 2), which ensured they acquired the skills necessary to organise future schemes. Due to the success of the event, activities were also run during the October Half Term holidays and more are planned for 2007.

Circuits

Young adults who have left school have also been catered for and a Friday evening Circuits exercise class has been running at Westfield Community school since July 2006. The CAL team helped to get these classes off the ground by sourcing an instructor and SSDC subsidised the first 8 weeks of classes. Attendance has been good and the classes are continuing to run.

LINKS

Sport and Active Leisure Strategy
<http://www.southsomerset.gov.uk/index.jsp?articleid=2252>

*MEND Mind.Exercise.Nutrition...Do It!
www.mendprogramme.org



Pictured are some of the children who attended along with volunteers who helped run the scheme and David Laws MP.

FUTURE DEVELOPMENTS:

The service will be expanded even further in 2006/7 through the introduction of an Active South Somerset database system to track and provide ongoing benefits to individuals wishing to develop a more active and healthier lifestyle. The service will also continue to explore partnership opportunities, for example working with private leisure and weight loss businesses, and will seek to incorporate appropriate national programmes into its work, which may include for example the MEND programme tackling childhood obesity.*

Healthy Eating

Healthy eating is not just about obesity, though that is clearly the major concern. For example, research evidence has shown that low fruit and vegetable intake is associated with some cancers, and high salt consumption is associated with hypertension. A balanced diet is essential to good health, but the reality is that many people do not eat a balanced diet.

Being obese is a significant risk factor for premature death or major chronic disease, such as:

- Coronary heart disease (CHD)
- Stroke
- Cancer
- Diabetes
- Hypertension (high blood pressure)
- High cholesterol

While an active lifestyle is an important part of achieving and maintaining a healthy weight, eating and drinking healthily are at least as important, not just for weight control, but for good health more generally. There is a need to:

- Increase the average consumption of fruit and vegetables to at least five portions a day
- Increase the average intake of dietary fibre
- Reduce the average intake of salt
- Reduce the average intake of saturated fat
- Reduce the intake of transfats (partially hydrogenated vegetable oils)
- Maintain the overall fat intake
- Reduce the average intake of added sugar
- Increase consumption of water and reduce consumption of carbonated drinks

What we currently do:

- The active lifestyles team's work with individuals and groups includes giving advice on healthy eating.
- The food safety team regularly inspects nearly all food businesses to ensure good hygiene and food safety.
- The Somerset Hygiene Award scheme is operated and includes an optional section for food businesses offering healthy food choices.

"Today's generation of children may be the first for over a century for whom life expectancy falls"

(HOUSE OF COMMONS
HEALTH COMMITTEE
REPORT ON OBESITY 2004)



- We support the voluntary sector in developing projects to encourage healthy eating, such as Somerset Food Links and the Yeovil Healthy Living Centre, for example in developing food co-ops, supporting local food sourcing and marketing, and providing cooking classes in areas of deprivation.

Case Study

With grant aid of £2,450 from the healthy living pooled fund South Somerset MIND developed an allotment project. 49 people participated, and as a result they have

- a better understanding of the processes of growing foods
- a greater understanding of the processes cooking plays in healthy food
- a better understanding of enjoyable exercise.
- positive experiences to assist them on their recovery from mental ill health, including
- involvement in work related skills, such as regular attendance at a project and interpersonal skills

This project has also contributed to the achievement of local targets to:

- Increase the proportion of people taking part in physical activity
- Improve the proportion of people eating a healthy diet in Somerset

LAA Target for Healthy Eating

Increase the proportion of adults eating five or more portions of fruit and vegetables a day from 62% to 66%.

What we intend to do in the next five years:

In addition to the work of the active lifestyles team, we will look to help people improve their diets by working on wider environmental factors such as the availability and use of healthier ingredients and foods to make choosing healthier options easier.

1. As an employer and operator of community facilities we will review our policies and practices on the provision of food and drink to provide healthier options, and encourage others to do the same.

In 2002 it was estimated that 33% of adults in the district were overweight, with a further 13% obese. On current trends by 2020 33% of adults will be obese. Perhaps even more worrying is that children are becoming increasingly obese as well. In 2005 it was estimated that 2500 young people (aged 2-19) in the district were obese, with a further 7900 overweight.

SOURCE: SOUTH SOMERSET PCT



2. We will carry out an audit of current Council activity against the recently issued Obesity Guidelines from the National Institute for Health and Clinical Excellence, which includes specific guidance for local authorities, reproduced at appendix 5. Where gaps are identified we will seek to address these with our partners.
3. We will also consider how we can support the forthcoming national obesity prevention social marketing programme with our partners. This programme will have four key focus areas:
 - Parents are unable to assess their personal/family weight status and/or do not appreciate the associated risks of being overweight and their connection with day-to-day behaviours
 - Parents are not embracing healthy eating and active lifestyles because they are, or are perceived to be, abnormal or 'too challenging.'
 - The level and nature of parental influence over the food habits of their children.
 - Parents are subject to pressures that act to increase sedentary behaviour and discourage everyday activity.
4. The food safety team will review its operations with a view to identifying ways it can influence the provision of healthier options by manufacturing, retail and catering food businesses and in particular:
 - Reduce added salt in cooking
 - Reduce saturated fats
 - Reduce use of trans fats (hydrogenated oils)
 - Reduce the prevalence of supersizing and ever larger portions
 - Increase availability of fruit and vegetables
5. We will explore running a social marketing campaign with partners, aimed at young people, discouraging the consumption of sugar-sweetened beverages (SSBs)

SSBs have recently been removed from school vending machines, which presents an opportunity to take the message outside the school environment into the wider community. There is increasing scientific evidence that SSBs are playing a key role in the childhood obesity epidemic.

Possible activities:

- Demonstration project in Yeovil using social marketing techniques to reduce demand for SSBs, and encourage take up of alternatives.



- Removal of 'unhealthy' SSBs from vending machines in non-school environments including Council buildings, leisure centres and takeaways.
- Encourage commercial outlets particularly frequented by young people to favour non-SSB drinks
- Encourage major food retailers not to promote SSBs, and to support the project.

(NOTE: a SSB campaign will need to be based on a review of the evidence including social research. This would be a good project for a bid to the Food Standards Agency as a demonstration project.)

6. Hydrogenated vegetable oils (HVOs), also known as trans-fats, are being rapidly phased out of retail food products, due to consumer pressure and the lead of major multiples in relation to own-brand products. HVOs are still used extensively in the catering sector, both as an ingredient and a frying medium. They have no known nutritional benefits, but have been closely linked to circulatory disease.

We will

- Use contacts with catering businesses to encourage them to move away from using HVOs.
 - Raise public awareness of HVOs and the need to avoid them
 - Consider using the website to highlight businesses that do not use HVOs and/or that decline to phase them out.
7. We will continue to work with others, through the health and well-being partnership, to explore and develop programmes and activities which support people to eat more healthily.

LINKS

Food Standards Agency
<http://www.food.gov.uk/healthiereating>

Somerset Food Links
<http://www.foodlinks.org.uk>

Five a Day
<http://www.5aday.nhs.uk/>



“Childhood obesity should be tackled as a matter of urgency as the rapidly emerging feature of type 2 diabetes among obese children sounds a warning of the very real health consequences. Effective strategies are needed to protect children who are targeted as consumers, but are vulnerable to sophisticated marketing techniques and intense and repeated advertising for high calorie energy-dense foods and drinks. Children deserve to be given back the freedom to play and exercise in safety enjoyed by previous generations.”

INTERNATIONAL OBESITY
TASK FORCE (2002)

Sensible drinking

Most people enjoy drinking alcohol, and do so without any problem. Yet there are substantial numbers of people who drink alcohol in sufficient quantity that they risk developing health problems in the short and the long term. Drinking too much alcohol has many direct and indirect health impacts, including acute alcohol poisoning; injuries due to loss of co-ordination; sexual health risks, including unintended pregnancy or infections from unprotected sex and risk of alcohol-related crime and disorder, such as violent assault.

Long term effects from chronic misuse of alcohol include direct health effects such as mental health problems; chronic alcohol dependence; liver disease and haemorrhagic stroke. Alcohol consumption has also been associated with an increased risk of some cancers, particularly in the upper digestive tract, liver and breast. Alcohol misuse also exerts an enormous social cost, including negative effects on performance at work, and on relationships with family members and friends.'

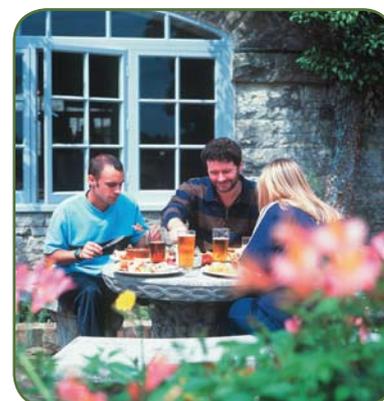
(SOURCE -HEALTHY CHOICES FOR SOMERSET)

In South Somerset there is a substantially higher and rising level of chronic liver disease and cirrhosis in women than the national average.

Based on national figures there are around 81,000 alcohol misusers over age 18 in the county of Somerset.

There is also a substantial under age drinking problem in South Somerset revealed by a recent survey commissioned by the Mendip and South Somerset Community Safety Partnership.

- Spirits (24%) and Alcopops (26%) were the main alcoholic drinks of choice.
- 35% of underage drinkers saw it as a means of fitting in with peers and 33% drank simply to get drunk.
- 58% of those questioned got drunk once a week while underage.
- Under 18's cannot legally purchase alcohol but 92% admitted to buying their own drinks either from shops or in public houses and nightclubs.



“We are seeing increasing numbers of women with end stage alcoholic liver disease at a young age. If current patterns of binge drinking continue this is only the beginning of a steep rise in patients damaged beyond recovery by alcohol”

NHS CONSULTANT

What we currently do:

- We license all premises which supply alcohol, applying licensing conditions to ensure effective management of potential risks to safety and well-being for patrons and nearby residents.
- We are a national and international pioneer in the use of biometric scanning for entrance to nightclubs, to control admissions of potential troublemakers and under age persons.
- We work with our partners the police and trading standards in the ongoing Operation Relentless, which targets key issues around the night time economy, including under age drinking and anti-social behaviour.

What we intend to do in the next five years:

- We will continue to target under-age drinking, working with our partners the police and trading standards.
- We aim to reduce excessive alcohol consumption.
- We aim to reduce alcohol-related violence and anti-social behaviour, through the Crime and Disorder Reduction Partnership.
- We will seek funding for a Knowledge Transfer Partnership with Westminster Business School to enable the Council's strategy for a multi-agency approach to managing the night-time economy to become a reality.
- We will raise the awareness of young women to the health dangers of excessive drinking, in particular chronic liver damage, working with the Primary Care Trust and the Drug and Alcohol Action Team.

LINKS

Department of Health Alcohol Misuse
<http://tinyurl.com/34wb8o>

SSDC Licensing Policy
<http://tinyurl.com/395uv4>

Crime and Drugs Strategy
<http://tinyurl.com/3djr9>



Smoking

Giving up smoking is the single best thing anyone can do for their health and for their children's health

Smoking remains the largest cause of premature death in the UK, killing about 120,000 people each year, of which around 268 are South Somerset residents. Smoking is also a major factor in much chronic ill health, including coronary heart disease, chronic obstructive pulmonary disease (COPD), and many cancers. Local data suggests around 20% of residents currently smoke, but there are wide variations between social classes, with the greatest prevalence in more deprived areas of the district. For example, in Yeovil East 37% of the adult population smoke, compared to 17% in Northstone ward. Smoking accounts for about half of the differences in overall health inequalities.

Supporting people to stop smoking remains the single most effective measure in reducing preventable ill health and premature death, and tackling health inequalities, and is therefore a public health priority for South Somerset.

What we currently do:

- Provide stop smoking support services to support those who want to quit
- Enforce existing workplace smoking legislation
- Our own buildings are smoke free

What we intend to do in the next five years:

- A ban on smoking in enclosed workplaces and public places is due to come into force in July 2007. The Council will be the enforcing authority for this new law, and we will be taking steps to ensure that all workplaces take action to ensure they can be smoke free when the law begins to apply, using new resources from central government.
- We will work with our partners to encourage employers, including pubs, to offer stop smoking groups and other activities to help employees and customers who want to give up to do so.
- We will work towards having a smoke free workforce

“Half of all teenagers who are currently smoking will die from diseases caused by tobacco if they continue to smoke. One quarter will die before 70 years of age, losing on average 21 years of life.”

(PETO R. MORTALITY IN RELATION TO SMOKING: 40 YEARS' OBSERVATIONS ON MALE BRITISH DOCTORS. BMJ 1994; 309: 901-911)

Cigarettes are highly efficient nicotine delivery devices and are as addictive as drugs such as heroin or cocaine.

(NICOTINE ADDICTION IN BRITAIN. A REPORT OF THE TOBACCO ADVISORY GROUP OF THE ROYAL COLLEGE OF PHYSICIANS, FEBRUARY 2000).

- We will seek to assist trading standards in work to prevent under age sales of cigarettes and tobacco.
- We will explore with others opportunities for a social marketing approach to reducing the uptake of smoking by young people.
- We will assist the PCT and Healthy Living Centres to recruit and support ex-smokers to a volunteer network to help smokers stop and stay stopped.

LAA targets for smoking

Smoking Cessation

Increase the proportion of people quit at 52 weeks from 12.6% in 2004/05 to 23.6% in 2008/9 (stretch target).

Smoking in Pregnancy

Reduce smoking in pregnancy, especially in hotspots. General target is to reduce from 23% in 2000 to 15% by 2010 by delivering a one percentage point reduction per year in the proportion of women continuing to smoke throughout pregnancy. In Somerset the 2003/04 rate was 24.4%, 2004/05 was 23.5%. We aim to reduce this to 19.5% by 2008.

Smoke free areas

Promote smoke free areas: currently there are 3 organisations with silver award status or above for the Clean Air Award. We plan to support 50 Somerset organisations by 2008 to be eligible for at least silver status.

LINKS

Smokefree Somerset

<http://www.smokefreesomerset.nhs.uk/>

Smokefree England

<http://www.smokefreeengland.co.uk>

NHS Stop Smoking

www.gosmokefree.co.uk

“However intriguing smoking was at 11, 12, or 13, by the age of 16 or 17 many regretted their use of cigarettes for health reasons and because they feel unable to stop smoking when they want to . . . Over half claim they want to quit. However, they cannot quit any easier than adults can”

**“PROJECT 16”. BY
KWECHANSKY MARKETING
RESEARCH INC. REPORT
FOR IMPERIAL TOBACCO
LIMITED. MONTREAL: 1977.**



Housing

South Somerset District Council has a statutory role as the Strategic Housing Authority for the district.

Obtaining a decent and affordable home is becoming a near impossible dream for many residents.

- The average house price in South Somerset in 2005 was £186,995.
- The average house price is now 9.7 times the average local income of £19,208.
- There were 6000 households on the housing register as of January 2007, substantially more than any other shire district in the South West. The total housing association stock is only 9,762 units.
- Housing Association completions in 2004/5 amounted to 110 homes.
- House prices in the South West have risen 164% since 1997, the fastest increase of any region in the country. Incomes have grown just 20% in the same period, one of the lowest rises of any region.

Thus promoting the provision of more affordable housing for rent is a key role for the Council. The Council works with a range of Registered Social Landlords (RSLs) – formally known as Housing Associations, and the Housing Corporation, to deliver more units of affordable accommodation within the district.

Working together with these partners, (in particular South Somerset Homes which is the largest provider of affordable homes in the district) we have secured nearly £7 million pounds worth of grant from the Housing Corporation to develop more homes during 2006-2008.

Of course, having a home is of primary importance, but the Council also helps those who are homeless, or face that prospect to find suitable accommodation.

The condition of housing is also of fundamental importance. Housing needs to be maintained in good repair and fit for human habitation. It also may need to be modified to suit the occupants as they become older or suffer disability.

Low average income levels mean that many residents live in fuel poverty and cannot afford essential repairs to their homes. This issue affects not only the elderly but also young families especially single parents. With rising fuel prices fuel poverty is likely to become of increasing importance over the next few years.

There is now a general acceptance that not having a home, or not having a suitable home, can mean more overcrowding, poorer health, lower educational attainment and restrictions on social mobility and employment prospects. All of these factors can adversely affect not only people's individual quality of life, but also economic growth. A decent home is a foundation stone for people to be able to fulfil their potential in society.

(SOURCE: NATIONAL HOUSING FEDERATION)

Since 1979, over 5,200 homes have been lost to the affordable housing for rent sector, as these have been sold under the Right to Buy legislation.

What we currently do and intend to do in the next five years:

We will implement, and revise as necessary, the Housing and Accommodation Strategy and Private Sector Housing Strategy. This will include:

Maintaining our investment in addressing unsatisfactory housing and providing affordable housing, and in particular:

- Tackle unfitness, disrepair and non decent housing
- Increase stock available for letting by conversions, flats over shops and by bringing back empty properties into use.
- Improve standards in houses in multiple occupation
- Help low income/disabled homeowners to remain in and maintain their own homes
- Improve domestic energy efficiency and reduce fuel poverty under our Home Energy Conservation Act programme
- Contribute to Care in the Community, the Community Safety Strategy and other market town and urban regeneration initiatives.
- Develop partnerships with other Local Authorities, housing providers and agencies so as to work together in a cost effective and efficient manner.
- Respond to national priorities such as the Decent Homes Standard and the Housing Health and Safety Rating System
- Work with landlords and the Private Sector to improve the availability of good quality affordable accommodation.

LINKS

South Somerset Private Sector Housing Strategy
<http://tinyurl.com/2l2a69>

Housing and Accommodation Strategy
<http://tinyurl.com/3xtcv7>



CORPORATE PLAN HEALTH (HOUSING) TARGETS

Achieve an annual increase of 10 per cent in the number of cases in which homelessness is prevented.

Achieve an annual increase of 10 per cent in the number of cases in which priority housing is met.

Achieve an appropriate balance of new housing provision by 2011.

Case Study

The Council recently helped an old lady who had been living all her life in a converted pig sty in a wood in South Somerset. Her husband had converted the building many years ago when times were hard and no one had much money. The dwelling, when inspected by Council officers, was suffering from considerable disrepair and was unfit for human habitation. It lacked modern facilities and was extremely damp. The old lady was offered alternative Council accommodation but did not want to leave the wood where she had always lived. She had the support of many friends who lived in a nearby village.

It was therefore decided to provide her with a new mobile home to live in next to her old home. This was paid for by the Council and put on site by members of the Council's home improvement agency team called Home Aid. Planning permission was given for the personal use of this mobile home by the old lady for the rest of her life. The lady is now warm and dry living happily in a modern mobile home.'

Before



After



Volunteering

The Art of Happiness...Is volunteering the blueprint for bliss?

'When we volunteer our time to do something for others, such as helping out an elderly neighbour or taking part in a local community project, it can be good news for our health, our children's education and even reduce the local crime rate too.'

Recent research funded by the Economic & Social Research Council (ESRC) has revealed that people who live in areas that record high levels of informal voluntary activity in their neighbourhood, also enjoy better health, students achieve higher GCSE grades and their communities suffer fewer burglaries.

The research has revealed an interesting link between helping others and enjoying a good quality of life. It seems that when we focus on the needs of others, we may also reap benefits ourselves. It means that voluntary activity in the community is associated with better health, lower crime, improved educational performance and greater life satisfaction. Communities with lots of civic and community engagement are also communities that have environments that foster favourable outcomes such as these.

Volunteering has a positive influence, irrespective of a community's social class or wealth. A relatively poor community with lots of voluntary activity can do better in relation to health, crime and education than a relatively affluent community which lacks such activity. The research also tested for links between voluntary activity and overall life satisfaction or happiness. Again there is a strong link between communities with lots of volunteering and those where people are very satisfied with their lives.'

(SOURCE: ESSEX UNIVERSITY)



Active Westfield project

"We need to escape the happiness-destroying emphasis on individualism and me first. Humans are social creatures—what makes us happy is being able to empathise with the plight of others and receiving that empathy in return."

WILL HUTTON

What we currently do:

- We have a very strong commitment to working with the Voluntary and Community Sector (VCS) through our ethos of Partner-Enable-Deliver.
- We provide strong financial support to the South Somerset Council for Voluntary Service.
- Partnering the CVS has enabled Furnicare Recycling to be established. This project diverts good quality furniture and white goods from landfill to those on low incomes.
- Partnership with the Citizens Advice Bureau (CAB) provides a home visiting service to work with those who are at risk of poverty to ensure that they claim all the benefits to which they are entitled.
- Other examples include the work with Young Somerset, Age Concern, CAB, Millennium Volunteers, Prince's Trust and Youth Offending teams. Work with the Community Council for Somerset has been productive in promoting parish plans, undertaking housing surveys and improving village hall facilities
- We provide core funding support to the Healthy Living Centres
- With our funding partners we provide pump-priming funds through the South Somerset Health & Well-Being Partnership to assist the voluntary sector with new projects that address LAA priorities
- We actively engage the voluntary sector in service delivery, and actively encourage community volunteering in many services, such as countryside and active lifestyles.

Case Study

The Crewkerne Aqua Centre has been given a small grant to provide a 12 week exercise and lifestyle programme enabling those suffering from Chronic Obstructive Pulmonary Disease (COPD) to become more active, manage their illness and improve their mental health and well-being. Sessions will run twice a week and will focus on mobility, stamina, personal confi-

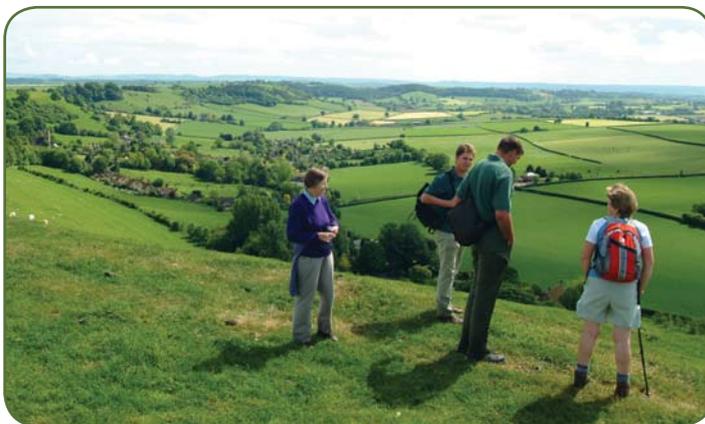


dence and social interaction, diet and nutrition and relaxation. Advice on benefits and care services will also be available.

This is the only opportunity for local people to reduce the medicalisation of treatment for COPD sufferers, of whom there are around 2100 in South Somerset.

What we intend to do in the next five years:

- We will continue to support and develop the voluntary and community sector, building on the very solid foundations we have made in recent years.
- We will actively encourage people to volunteer, recognizing the benefits to be obtained both for our communities and the individuals themselves.



6. THE SERVICES OF SOUTH SOMERSET DISTRICT COUNCIL

Given the origins of local government in public health, it is not surprising that many of the normal, day-to-day activities and services of the Council are actually rooted in health and well-being, even if residents, Council members and staff don't necessarily think of them in this way. In this section we look at a selection of Council services and the role they play in protecting and promoting the health and well-being of residents and, in some cases, people elsewhere in the UK and Europe.

Services Protecting Health and Well-Being

Protective services have a largely hidden role. Many citizens may never have direct contact with some of these services, yet benefit from their work. There is potential for some of these services to expand beyond the regulatory-based protective role, and take a more holistic approach to achieving improved health and well-being. There may also be scope to identify current activities and services that can be modified to release resources that will have a greater impact on health and well-being. Here are some examples of the protective services we provide.

Food and Safety Unit

Safe food is essential to health. This unit has the responsibility for overseeing food safety and hygiene in all business and public premises where food is produced or consumed. This extends from the corner shop, to on-farm cheese production, from restaurants and takeaways to major food manufacturers distributing products around Europe. The work includes a programme of around 1000 inspections per year and testing of food samples for contamination.

This unit also oversees health and safety at work in the private sector services of the economy such as wholesale and retail, offices, leisure and consumer services. Again there is a substantial inspection programme focussed on the key risks such as back injuries and slips and trips. They also investigate accidents to workers and members of the public.



Streetscene Services

This Unit carries out a range of services including removal of dead animals and fly tipped waste, litter sweeping and removal of graffiti. Failure to carry out these services would lead to a deterioration of the living environment, and have an impact on peoples' sense of well-being.

Pest Control

The pest control operatives provide a vital service for eradicating pests such as rats and mice, cockroaches and fleas on request. These pests can carry many diseases and populations need to be controlled to prevent public health problems arising.

Refuse collection and recycling

Refuse collection and recycling is the Council service with which residents have the most contact. It is perhaps the most crucial of our health protection activities. Without it our towns and villages would rapidly become stinking, infested places.

Emergency Planning

The emergency planning staff prepare constantly for disasters and major incidents such as floods, train crashes, and major fires. They aim to ensure that the Council and its partners are able to respond effectively and efficiently to any incident, safeguarding people and property until the emergency is over.

Homelessness

We all need shelter to live healthily, but sometimes people find themselves homeless, or threatened by homelessness. This could be due to marital breakdown, domestic violence or simply the end of a tenancy. This team is able to help people faced with homelessness to secure a roof over their heads.

Building Control

When buildings are constructed or modified it is essential that Building Regulations are complied with to ensure the building will be healthy and safe to live or work in. The Building Control service ensures this is the case, and also deals with any reported dangerous structures to prevent harm to the public.

*Services Protecting
Health and Well-Being
for South Somerset*

Food and Safety Unit

Streetscene Services

Pest Control

*Refuse collection and
recycling*

Emergency Planning

Homelessness

Building Control

Licensing

Environmental Protection

Community Safety



Licensing

This service licenses a wide and growing range of activities. Alcohol licensing was transferred to local authorities in 2006, and new responsibilities to regulate gambling will come into effect in 2007. The service also licenses taxis and private hire vehicles, and deals with a variety of other licences, including those relating to animal welfare.

Environmental Protection

This team regulates a wide variety of environmental factors that can have an impact on health and well being. Perhaps most prominent is noise pollution, whether that be from neighbours, noisy pubs or construction sites. A substantial programme of water sampling, primarily private water supplies, but also swimming pools, is carried out to identify contamination which may cause illness. This team is also responsible for identifying and investigating contaminated land, dealing with public health nuisances, monitoring air quality, and regulating some businesses which emit pollutants.

Community Safety

In 1998 the government gave local authorities and other bodies a mandate to tackle crime and disorder issues in their communities. We work closely with the following partners:

- Mendip District Council
- The Police and the Police Authority
- Somerset County Council
- The Fire Service
- The Primary Care Trust and other agencies and voluntary organisations

Collectively we work together as the Mendip and South Somerset Community Safety Partnership to reduce crime and disorder across the District. The Partnership has set out the priorities to be addressed and these are:

- Violent Crime
- Vehicle Crime
- Business Crime
- Road Safety
- Anti Social Behaviour

The Partnership has set a target to achieve a 15% reduction across these priorities by the end of March 2008.



Services Promoting Health and Well-Being

In addition to our protective services there are many other Council services that have direct or indirect impacts on health and well-being. In many cases it is not immediately apparent to the casual observer that these services are health-related, sometimes not even to the staff who work in them. Again, here are some examples and case studies.

Community Development

The four area development teams are located in Chard, Yeovil, Langport and Wincanton and are communicating and engaging with local people at a local level on a range of issues including their health and well-being. Regeneration work has taken place in the towns and villages to make disused buildings and sites fit for a purpose, which the whole community can benefit from whilst improving the living and working environment by making it more pleasant and safe. These teams also work very closely with parish councils and the voluntary sector, and provide considerable assistance in helping raise funds and facilitating new and innovative community developments and activities.

Case study – supporting the voluntary and community sector

South Somerset District Council (SSDC) demonstrates ambitious and successful community leadership in partnering, valuing and empowering the voluntary and community sector (VCS) so that they devise and deliver solutions to identified needs.

There are 750 voluntary organisations in South Somerset, from large, strategic organisations working across the District and delivering Council services on our behalf, through to small, local voluntary groups meeting specific needs in our isolated rural communities. All of these are vital in making up the fabric and infrastructure of our District. Staff are employed specifically to foster the VCS and be their advocate, however, the real added value of our culture is that all staff, whatever the service, feel enabled to share their knowledge and expertise with those in the voluntary sector.

In 2005, SSDC redefined this commitment to delivering via the VCS by adopting the 'Enable – Partner – Deliver' ethos as our Mission Statement. This bold statement clarifies how we partner the VCS in order to achieve sustained improvement across the district.

*Services Promoting
Health and Well-Being
for South Somerset*

Community Development

*Revenues and Benefits and
Welfare Benefits services*

*Countryside, Heritage and
Tourism service*

*The Home Aid Partnership
Scheme*

Community Handyman

Sports Development Team

Land Use Planning

Revenues and Benefits and Welfare Benefits services

These services help people to claim any benefits to which they may be entitled, thus helping to ensure they have a healthy income on which to live. An inadequate income can lead to difficulties with, for example, achieving an adequate diet, or being unable to heat your home sufficiently. The Council not only provides such services directly, but also supports the work of the Citizens Advice Bureaux (CAB).

Countryside, Heritage and Tourism service

This Unit provides events and activities throughout the year which include fun days, family events, skills days, guided walks and sporting events such as fishing and cycling. The service also runs facilities such as the Ham Hill and Yeovil country parks, and maintains a very large network of public footpaths, providing opportunities for informal recreation. These facilities and activities encourage people to take part in formal and informal physical activity and contribute to the active lifestyles strategy.

Case study – The Blackburn Fitness Trail

The brainchild of the Lions Club of Yeovil, the Blackburn Fitness trail was designed and erected with a legacy from the estate of Mr Reginald A E Blackburn. A keen fitness enthusiast Mr Blackburn left a legacy to the Yeovil Lions, and the Club wished to see it used to try and help improve the health of the people of Yeovil.

Working with the South Somerset District Council rangers from the Country Park, the Lions devised a one mile route that takes you around the wooded Valley Gardens. Exercise stations encourage you to use the existing features of the gardens to work those muscles. Exercises include running up and down steps and tricep dips on the bench and are explained and illustrated in a full colour leaflet available from the nearby Goldenstones Leisure Centre.

The fitness trail adds another dimension to Yeovil Country Park. The site is already popular with runners and walkers, but hopefully this will encourage more people to engage in healthy exercise - even the dog can come along here - they can't do that in a gym!

The marked Trail is suitable for the whole family to improve their fitness levels by using the natural features located around the country park trails. The legacy has also sponsored special 'Blackburn Fitness Trail' leaflets and trail poster maps and a 'resting bench' which is being located near to the end of the Trail.

The Countryside service also has many volunteers without whom much of the activity would simply not take place.



The Home Aid Partnership Scheme

Our in-house home improvement agency called the Home Aid Partnership Scheme has been one of the most cost effective and efficient in Somerset. Set up over 10 years ago the agency has enjoyed great success and has attracted considerable external funding. The Home Aid Partnership Scheme provides help to elderly and vulnerable people by:

- Establishing what work needs to be done in consultation with the client, Occupational Therapy Service etc.
- Drawing up plans and specifications.
- Selecting builders.
- Helping with grant applications.
- Liaising with Building Societies, Banks, Charities etc to raise funds in addition to grants.
- Seeing the building works through from start to finish.

Community Handyman

The handyman visits people in their homes carrying out small essential repairs. The positive impact on the lives of disabled people of having apparently minor works carried out, such as easing jammed windows, replacing fuses and light bulbs, etc, cannot be underestimated. Last year the handyperson did over 350 jobs and the service was extended slightly to take on more work. The positive feedback from clients has been exceptional.

Sports Development Team

The Sports Development team develops and supports community sport clubs and other voluntary organisations to deliver sporting opportunities for all residents in South Somerset.

Land Use Planning

Achieving a living, humane built environment for our communities does not happen by accident. The land use planning process seeks to ensure that development enhances the quality of the environment, whether that be in town or country. Properly applied policies can help with achieving a sense of place and belonging, preventing communities merging into each other by strip development. They can locate businesses and housing developments sensitively and sensibly, and develop alternative transport links for walkers and cyclists, enabling people to travel to work without needing to use a car.

At the level of individual developments, planning consents and conditions can ensure a standard of design in keeping with the local environment, and ensure high quality landscaping. Developers can also be required to contribute to community facilities such as play areas and shops.



Community Handyman

7. OUR PARTNERS FOR HEALTH AND WELL-BEING

The South Somerset Health and Well-Being Partnership

This partnership, as the 'health arm' of the Local Strategic Partnership, has a vitally important role to play in ensuring that organisations working for health and well-being in the district do so together. The statutory and voluntary sectors can and should work together on:

- identifying community needs and health priorities
- developing strategy
- achieving effective implementation
- supporting local initiatives

It is important to recognise that each organisation has its own priorities and programmes, and will contribute in different ways to the Partnership. The recent change to PCT configurations presents an opportunity to review the way the Partnership works to:

- Strengthen the links with the District LSP, '*South Somerset Together*'
- Play a leading role in the development and delivery of the LSP's Sustainable Community Strategy themes '*Active, Healthy, Safe*' and '*Fair and Inclusive.*'
- Ensure focus on the LAA priorities.
- Consider how it can work to shift the balance of spending within partner organisations towards upstream prevention activity.
- Consider how the partnership can enhance basic public health skills, including project evaluation, within partner organisations.

Some examples of the issues addressed by the Partnership include:

- ongoing funding for the Healthy Living Centres
- smoking cessation
- sport and healthy lifestyles
- health promotion
- Health and Social Needs analysis.



**Cllr Paul Robathon, Chairman,
South Somerset Local Strategic
Partnership**

Through the Partnership we have set up a *'Healthy Living Pooled Fund'* with an annual budget of £55,000, provided by the District Council and PCT. This has supported dozens of projects in South Somerset since 2002. Examples include:

- GP Referral
- disability awareness
- luncheon clubs
- life skills training
- obesity courses
- meditation
- swimming
- healthy eating

The partnership is highly successful and is developing its role continually. It is becoming recognised as a powerful group, which can bring about change whilst breaking down barriers between different organisations. The restructuring of PCTs and continuing pressures on funding present challenges in the coming year.

The *'healthy living pooled fund'* should also be reviewed annually to:

- Ensure that the 'pooled fund' arrangement is placed on a more secure footing
- Ensure that other sources of aligned funding are accessed when appropriate
- Ensure project funding goes to projects that are aligned with the LAA priorities and are well targeted in relation to the health and well-being needs of communities
- Identify specific priority areas of activity on which bids will be invited
- Ensure that funded projects include proportionate evaluation as a core component

In October 2006 the South Somerset Primary Care Trust was replaced by a new body, the Somerset Primary Care Trust. The District Council will seek to ensure that the new Trust plays a full and continuing role in the Health and Well-Being Partnership, including commitment to the healthy living pooled fund.

One of the Partnership's objectives over the forthcoming year is to attract further partnership funding to the 'Pooled Fund' to enable us to secure longer term funding to the Healthy Living Centres, as well as support innovative projects to promote healthy living.

Somerset Primary Care Trust

The newly formed Somerset Primary Care Trust (PCT) is a key partner for the Council. We are keen to maintain the close and vital links we had with the previous South Somerset PCT and its staff. There will be an inevitable tendency for the new PCT to develop close working links with county level organisations, particularly in the field of social care. The Council will be anxious to ensure that the excellent work and relationships developed at district level in recent years are built upon with the new organisation, and will endeavour to ensure the PCT has an appropriate balance between prevention on the one hand, and treatment and care on the other. This will be particularly important over the next few years as the period of rapid expansion in health service expenditure comes to an end, but pressures to spend on new treatments increase.

Healthy Living Centres

There are currently three Healthy Living Centres (HLCs) in South Somerset, more than any other district in England. They represent a significant resource and opportunity to enhance health and well-being through their community focus. South Somerset District Council and the Local Strategic Partnership continue to strongly support the HLCs, recognising that they can play a significant role in helping the Council achieve its corporate aims, not just in health, but also in terms of social cohesion and volunteering.

Their key values are:

1. To prevent ill health and deprivation
2. To deliver services in a client focused manner that values the individual
3. To be innovative in developing and delivering services
4. To help deliver partners' targets through innovation and work delivered within local communities
5. To aim for organisational excellence through development of robust policies and continuous professional development for staff, Board members and volunteers
6. To deliver a confidential service, free of charge at the point of delivery
7. To deliver a service that is preventative, but is not target driven
8. To provide detailed local knowledge to ensure local strategic priorities are delivered to disadvantaged communities
9. To provide a link to marginalized groups through community development
10. To increase the range and number of volunteers active
11. To develop community capacity through support and training
12. To increase the range and amount of out of school activity available for 5-16 year olds
13. To work with children and young people at risk



Patient and Public Involvement meeting, Yeovil

The HLCs operate to a social model of health and well-being, focusing on prevention and supporting the whole person in achieving their full potential.

Case Study – The Balsam Centre, Wincanton

Wincanton Community Venture was established in 1998 in response to local needs which showed that there was a distinct lack of health and social services in the area. Wincanton is the most easterly market town in the District with a population of 4639 people. It suffers from acute access to services deprivation in terms of pre-school provision, services for older people and mental health services. The Council helped the town conduct local surveys, supplied data such as the Health & Social Needs Analysis and helped with a feasibility study for a new community centre in the town. Results of this consultation showed there were particular gaps in services for families, people with mental health problems and access to healthy, fresh local food.

Through a successful bid to the Community Fund, Community Workers were employed to carry out feasibility work – these were hosted by SSDC. Initial funding from the Community Fund, Department of Health, local trusts and SSDC and a huge amount of local fundraising helped the community raise £330k to purchase the former Memorial Hospital in the town centre, and the doors to the Balsam Centre were opened in 2001.

Since opening, the Balsam Centre has worked with the local community with paid and volunteer staff to deliver services in response to local needs, including:

- Mental Health services such as counselling and dancercise
- Working with ex-offenders to help them complete 20 hours of voluntary work on their release from prison
- Fresh food co-ops benefiting 40 families per week
- Toy Library and Parent & Toddler group meeting once a week
- Community Café providing fresh, home cooked, locally sourced food
- Volunteering project which places people experiencing disadvantage in the workplace into volunteering opportunities. This is proving to be of particular benefit to people with mental health problems, people with disabilities and people who are rurally isolated.



Balsam Centre, Wincanton

- The Growing Space community garden – working with different groups to find communal solutions to problems whilst also creating a flourishing, productive garden. Groups currently working in the garden include 3 local schools, prisoners and adults with learning disabilities.
- The Comfort Zone – 25 people in the first year have benefited from Complementary Therapy workshops and remedies including tai chi, nutritional therapy and Alexander Technique
- 7-week smoking cessation courses

As well as providing core funding and working in partnership on a number of outreach projects, SSDC has helped The Balsam Centre access funding through the Healthy Living Pooled Fund to develop specific healthy living initiatives such as the Obesity Project and a programme of Health Walks. SSDC also provides core funding to the Child Contact Centre, run by Relate, at the Balsam Centre.

Other groups based at the centre include the CAT Bus (ring and ride transport service), health visitors, Yeovil College (at the dedicated IT suite), Trilith Farm Radio, Slimming World and Somerset Care.

In 2005, SSDC helped the Balsam Centre draw down further Big Lottery and NLDC capital funding to build an extension and expand facilities, and future plans include development of a Children's Centre*, providing integrated services for families in the town. The Balsam Centre has become not only one of our key partners in delivering services in Wincanton, but is also the cornerstone of voluntary sector development in the eastern end of South Somerset.

*Children's Centres provide a wide range of services for children and their families by working in close partnership with other organisations that provide services for children. The Children's Centre encourages professionals from a range of different disciplines to work together as a team with the shared objective of providing a sure start for all children. This integrated approach, which ensures the joining up of services and disciplines such as education, care, family support and health is a key factor in determining good outcomes for children.



Partnership for Older People Project (POPP)

Somerset is one of 19 Authorities to be given money by the Department of Health to help older people to stay active and healthy, and have more say about what happens in their local communities.

The Government's White Paper *"Our Health, Our Care, Our Say"* explains their vision for the future of health and social care services. One of the aims is to provide services that prevent long-term illness and dependency. Partnerships for Older People finance is being used to encourage local organisations to work together to develop opportunities for people to keep active and healthy.

Fifty Active Living Centres will be developed in Somerset by 2008, with plans to develop at least 10 of these centres within the South Somerset area. To date partnerships have been developed with the Boden Healthy Living Centre, the Wincanton Healthy Living Centre with further plans to develop Active Living opportunities in Yeovil, Ilminster and Crewkerne during 2007. Active Living Centres will be drop-in centres where people can take part in a range of activities that help them to stay active and healthy. The centres will be places from where community activities, information, and support services reach out into the community.

Active Living Centres will be based in church or village halls, community rooms and at sheltered housing schemes. Some activities will be provided at Adult Learning and Leisure centres. Active Living Centres will be places where people can come together informally, get information about local resources and services, enjoy activities and socialise with other people. The emphasis will be on staying active and healthy to avoid illness and injury in later life, and to be healthy and independent for longer. Through Active Living Centres older people will be able to have a say about how their local community could be improved and the type of activities they would like to have in their area.

Somerset has also developed a falls prevention service as part of the overall aims of POPP. The service is being commissioned through the Somerset Primary Care Trust. It will identify people who are at risk of falling and, by making sure they are identified early and offered support, will help to prevent emergency admission to hospital and long-term injury. Falls prevention will be delivered through newly established Active Living Centres.

The contribution of local volunteers will be very important for the success of the Active Living Centres. The Somerset POPP Partnership will be actively encouraging volunteering and offering new opportunities for voluntary work as Active Living Centres are developed.



A Health Walk

The Partnership for Older People is made up of representatives from voluntary and community organisations, South Somerset District Councils, Health Professionals, Somerset Primary Care Trust and the private sector, led by Somerset County Council. Age Concern Somerset is hosting the staff in the POPP development team, a Project Manager and 5 POPP development Workers.

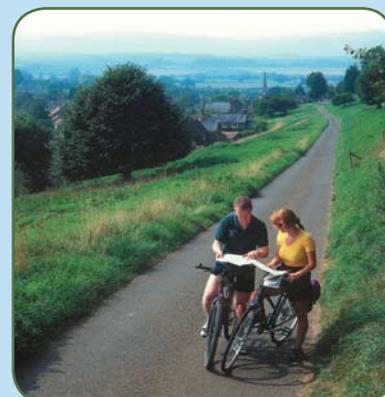
8. A HEALTHIER FUTURE FOR SOUTH SOMERSET - A STRATEGY TO 2012

The Council recognises that tackling health inequalities and improving health and well-being requires a major effort from everyone in our communities. We also recognise that there are no quick fixes. This is a long-term agenda involving major social changes, and thus requires a long-term perspective and a constancy of purpose, in truth well beyond 2012. It inevitably requires significant financial and manpower resources to achieve success, but we believe this is a goal worth attaining.

This is how we propose to achieve a healthier, better, South Somerset.

1. In order to make significant reductions in health inequalities we will focus scarce resources on those areas which suffer the greatest multiple deprivation, namely Yeovil and Chard, and areas which are deprived by virtue of poor access to services.
2. South Somerset District Council recognises that it has certain strengths in dealing with those aspects of health and well-being which are determined by the physical and social environment, but that other organisations in the voluntary, statutory and business sectors are better placed to lead on other priorities.
3. The Council will focus its own resources on the following priority issues across the district, working with partners wherever possible:
 - Active lifestyles
 - Healthy eating and drinking
 - Smoking
 - Housing
 - Community Development and Social Cohesion
 - Volunteering

These areas of work will also address 'Choosing Health' and Local Area Agreement priorities, such as obesity, mental health, alcohol, sexual health and physical exercise.



4. The Council recognises the need for long term constancy of purpose and mainstreaming of funding on these selected key priorities, so as not to spread resources too thinly. The Council will build on the existing strengths of in-house teams, developing their capacity and capability to address the priority issues. In particular we will:
 - seek to develop a capability to use social marketing techniques
 - consider redeployment of existing resources to achieve greater public health impact
 - support projects on an ‘invest to save’ basis, where investment in prevention work now will produce long-term benefits in both health and well-being, and reduced demands on NHS treatment services. Where long-term savings will accrue to external bodies, the Council will seek investment support from those bodies.

5. We will review progress against this strategy on an annual basis.

6. We will enable and support, and assist where practicable, other organisations, through the South Somerset Health and Well-Being Partnership and Somerset Local Area Agreement, in addressing other priorities, such as:
 - road accidents
 - mental health
 - sexual health

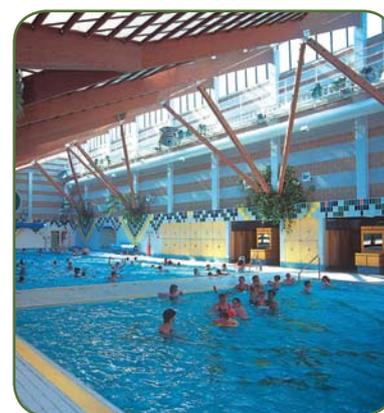
7. We will continue to support and assist the development of the Healthy Living Centres, and the voluntary sector more generally, in building capacity and capability to address the priority issues.

8. We will sign-up to long-term programmes, including funding. We will avoid short-term funding opportunities, unless either:
 - there is a clear intention to mainstream the programme afterwards; OR
 - the programme is experimental.

9. We will encourage partners to sign up to the same principles in accordance with the Somerset Compact.

10. We will ensure that all programmes are either:
 - Evidence-based; OR
 - Innovative, but with a sound basis; AND
 - Subject to proportionate evaluation of outcomes.

Where funding is provided to partners for specific programmes, the Council will apply the same principles by way of conditions.



Goldensones Leisure Centre,
Yeovil

NOTE: measuring outcomes for long-term programmes involving social change is by no means straightforward, as it can be difficult to separate out the impact of the programme from wider social influences.

9. WHAT WILL SUCCESS LOOK LIKE IN 2012?

In the short term the Council, with its partners, will be focusing on the Local Area Agreement targets that run to March 2009, and will seek to build on these thereafter.

Health inequalities

By 2012 we will want to see a narrowing of health inequalities between our most and least deprived wards, which we will measure by 'all age all cause' mortality.

Smoking

We will want to see a significant reduction in smoking prevalence, as this will be essential to achieving a narrowing of health inequalities, as smoking accounts for about half the difference.

We will also want to see a reduction in the uptake of smoking by young people.

Obesity

We will work towards the national target of stopping the rise in childhood obesity by 2010, and to reduce obesity in real terms beyond that date.

Physical activity

We will want to see active lifestyles becoming the norm for all parts of the population.

Healthy Eating and Drinking

Healthy choices will be available in all catering establishments.

Volunteering

Volunteering will be at least as prevalent in 2012 as it is in 2007.

The speed of change in society makes looking ahead even three years difficult. How then can we judge what success will look like in 2012?

10. ACKNOWLEDGEMENTS

Many people have been involved in the production of this strategy, without whom it could never have been produced.

Particular thanks go to:

Stewart Brock
Alice Knight
Claire King
Councillor Maggie Foot
Shirley Courage
Paul Harwood
Trudi Grant
Liz Davies
Alison Templeton
Tracy Caller
Robin Carr
Clare Freeman

Many others provided material which contributed to this document. Thanks to them also.

DAVID STAPLETON
Corporate Director - Health and Well-Being
South Somerset District Council

COUNCILLOR SYLVIA SEAL
Portfolio Holder
South Somerset District Council

APPENDIX 1: *Key Contacts in South Somerset DC and Partner Organisations*

South Somerset District Council

Tel: (01935) 462462

Email: firstname.lastname@southsomerset.gov.uk

<i>Corporate Director of Health and Well-Being</i>	David Stapleton
<i>Active Lifestyles</i>	Claire King
<i>Smoking Control / Food</i>	Stewart Brock
<i>Housing</i>	Colin McDonald
<i>Responsible Drinking</i>	Julia Bradburn
<i>Volunteering/Community Development</i>	Alice Knight

Somerset Primary Care Trust

Consultant in Public Health

Trudi Grant

Trudi.Grant@somersetpct.nhs.uk

Voluntary and Community Sector

Chard Healthy Living Centre

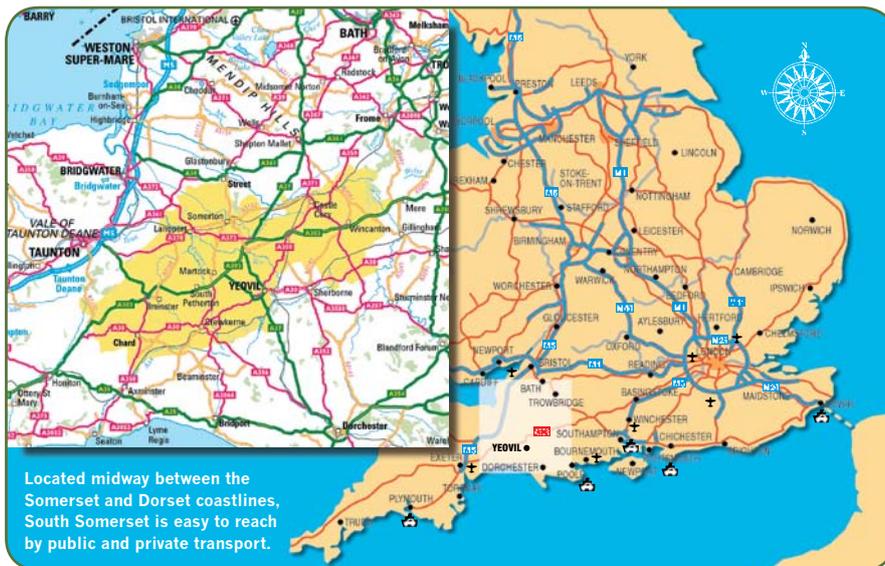
(Boden Centre) 01460 239253

Wincanton Healthy Living Centre

(Balsam Centre) 01963 31842

“Health is a state of complete physical, mental and social well-being and not merely the absence of disease or infirmity”

“well-being n. a contented state of being happy and healthy and prosperous”



South Somerset District Council
2007-2012