

PEOPLE

Active and Healthy Lifestyles Priority Delivery Plan

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Why is this a priority outcome?

Cannock Chase continues to face a number of health inequalities which not only affect the quality of life and healthy years expectancy of its residents but also have a significant impact on the overall prosperity of the District and its communities, alongside the effects on employment, mobility, and access to services. The health of the District is closely interrelated with the economic environment, and it is widely recognised that “economic and social inequalities greatly influence the health of the population.”¹ The high levels of Incapacity Benefit claims in the District indicate the relationship between economic prosperity and health and wellbeing.

The District has an ageing population, with the over 65 population predicted to increase from 14,400 in 2008 to 23,700 in 2030; an increase of over 60%. An ageing population has the potential to significantly affect the use of health services, with older people being more likely to have greater demands of health services.

Life expectancy at birth in Cannock Chase District is significantly lower than the England average for both men (-20 months) and women (-19 months). However in some Wards Life Expectancy is even lower, thereby creating a larger inequality when compared to the England average.² Healthy life expectancy is also a problem in Cannock Chase, with males and females both expected to spend significantly more time in ill or poor health compared to Regional and National averages.

“All age all cause mortality rates” in Cannock Chase are the highest in Staffordshire. In some Wards the age-standardised rates of mortality are more than double the Staffordshire and England averages.

Circulatory diseases, cancer, and respiratory disease account for 72% of all deaths in the District. The age-standardised rate for “Premature mortality from Circulatory disease” in Cannock Chase is the highest in Staffordshire. Premature mortality from Cancer (and especially lung cancer) is also higher in the District (126) than the overall England (115) average.

Estimates of smoking prevalence indicate that, although numbers of smokers are decreasing, the percentage of people who smoke in Cannock Chase (25.9%) remains higher than County (20.4%) and National (22.2%) averages.

¹ *A Review of Coalfields Regeneration*, Coalfields Regeneration Trust, September 2010.

² *Adult Lifestyle Survey for South Staffordshire PCT*: NEMS Market Research, June 2008, page 26

The issue of Obesity remains significant amongst children and adults in the District. The National Child Measurement Programme data indicates that whilst Obesity rates amongst reception year children are lower than County, Regional and National figures, by Year 6 Cannock Chase pupils are more likely to be obese.

	Reception	Year 6
Cannock Chase	9.4%	21.7%
Staffordshire	9.9%	18.6%
West Midlands	10.1%	19.8%
England	9.6%	18.3%

Table 1 Childhood Obesity. Source: Staffordshire JSNA Health and Social Profile of Staffordshire, December 2010.

The proportion of obese adults measured by estimates in Cannock Chase (29.4%) is significantly higher than the England average (24.2%) and above both County and South Staffs PCT averages (both 26.6%). Similarly, GP records in the District record 14.6% of patients as being Obese; higher than Staffordshire (10.7%) and England (9.9%) ratios.

The Health Survey for England 2008 found that the District also has a significantly lower rate of healthy eating adults (21.2%) than the England (28.7%) average. Research conducted by South Staffordshire PCT indicates that the most prevalent barriers to healthy eating include lack of time, cost, and inconvenience when compared to fast food.³

Evidence suggests that physical activity reduces the risk of cardiovascular disease and some cancers, helps to reduce obesity, and improves overall health and wellbeing. However, the Active People Survey in 2008/09 data indicates that 40.7% of adults aged 16 to 54 in Cannock Chase did no moderate activity, with the proportion rising to 69.2% for older adults aged over 55.

The Adult Lifestyle Survey⁴ commissioned by South Staffordshire PCT in 2008 also found that only 10% of respondents considered themselves very physically active; however, 63% of total respondents indicated that they would like to take more exercise, with the proportion rising amongst those considered obese (70.7%) or very obese (76.1%). The most popular forms of activity undertaken were short walks (52%), walks of 2+ miles (39%), and cycling (20%); with the most common facilities used being parks or walking routes, accounting for almost half of respondents (49.8%). The most common

³ *Adult Lifestyle Survey for South Staffordshire PCT*: NEMS Market Research, June 2008, page 31

⁴ *Ibid.*, pages 25-28.

barriers to taking more exercise were time availability (66.6%), motivation (29.3%) and cost (27.5%).

Public Health and Health Care services are currently undergoing radical change to form new structures. Responsibility for Public Health will transfer from South Staffordshire PCT to Staffordshire County Council. The Director of Public Health is already in place. Primary Care Trusts will cease to exist from 1st April 2013, and in their place newly formed GP lead Clinical Commissioning Groups are being set up.

There is a clear need to work closely with these new bodies to further the priority outcomes and service aims set out in this plan. However, this is not yet possible as the new Public Health structure is not yet in place and the Cannock Chase Clinical Commissioning Group is not yet fully operational.

In the meantime the actions contained in this plan are those that are possible with the current available resources.

Priority Outcome: Active and Healthy Lifestyles

What are the aims of our services that directly contribute to the priority outcome?

Service Aims:

- Promote health and wellbeing (with a focus on health lifestyle choices)
- Increase participation in physical activity
- Support people to live independently in their own homes

How will we achieve our service aims?

Service Aim: Promote health and wellbeing (with a focus on health lifestyle choices)

How	When				Who	Indicator	Resource
	Q1	Q2	Q3	Q4			
Deliver the Council actions in the revised District Alcohol Harm Reduction Strategy action plan - secure approval of revised strategy and action plan - implement Council actions - review strategy and action plan	✓	✓	✓	✓	Head of Environmental Health	Completion of actions within required timescales	Staff resources

Service Aim: Increase participation in physical activity

How	When				Who	Indicator	Resource
	Q1	Q2	Q3	Q4			
<p>Deliver a full size Artificial Turf Pitch (ATP) at Cardinal Griffin RC High School</p> <p>- complete ATP and handover</p>		√			Culture and Leisure Services + Legal, Finance, Audit, and Procurement	Delivery of 1 st Full size ATP within the District Achievement of target dates for completion and handover.	\$106 capital programme £345,000 (Council contribution).
<p>Provide new modern leisure facilities that will lead to an increase in the participation of sport and physical activity – Modernise and remodel Chase Leisure Centre</p> <p>- Complete and handover Chase Leisure Centre</p>		√			Head of Commissioning	Delivery of new modern facility. Achievement of target dates for completion and handover.	

How	When				Who	Indicator	Resource
	Q1	Q2	Q3	Q4			
Deliver new and modernised Play Area – Bevan Lea - Complete and handover	√				Head of Commissioning Parks and Open Spaces Manager	Delivery of new modern play facility	
Deliver Community Games within the district		√			Head of Commissioning + WLCT	Number of events and participants	

Service Aim: Support people to live independently in their own homes

How	When				Who	Indicator	Resource
	Q1	Q2	Q3	Q4			
Facilitate the adaptation of the homes of people with disabilities Target for number of adaptations completed: - 100 Council owned - 62 Privately owned				✓ ✓	Head of Environmental Health / Head of Housing	Number of completed adaptations.	£562,000 in HRA capital programme. £500,000 in General Fund Capital programme.

Key performance measures

Service aim: Promote health and wellbeing (with a focus on health lifestyle choices)			
Indicator reference code	Definition	Baseline 2011/12	Targets 2012/13

Service aim: Increase participation in physical activity			
Indicator reference code	Definition	Baseline 2011/12	Targets 2012/13
People 1	Community Games – number of events staged		
People 2	Community Games – number of participants		

Service aim: Support people to live independently in their own homes			
Indicator reference code	Definition	Baseline 2011/12	Targets 2012/13
People 3	Complete disabled adaptations in Council owned homes	95	100
People 4	Complete disabled adaptations in privately owned homes	62	62

