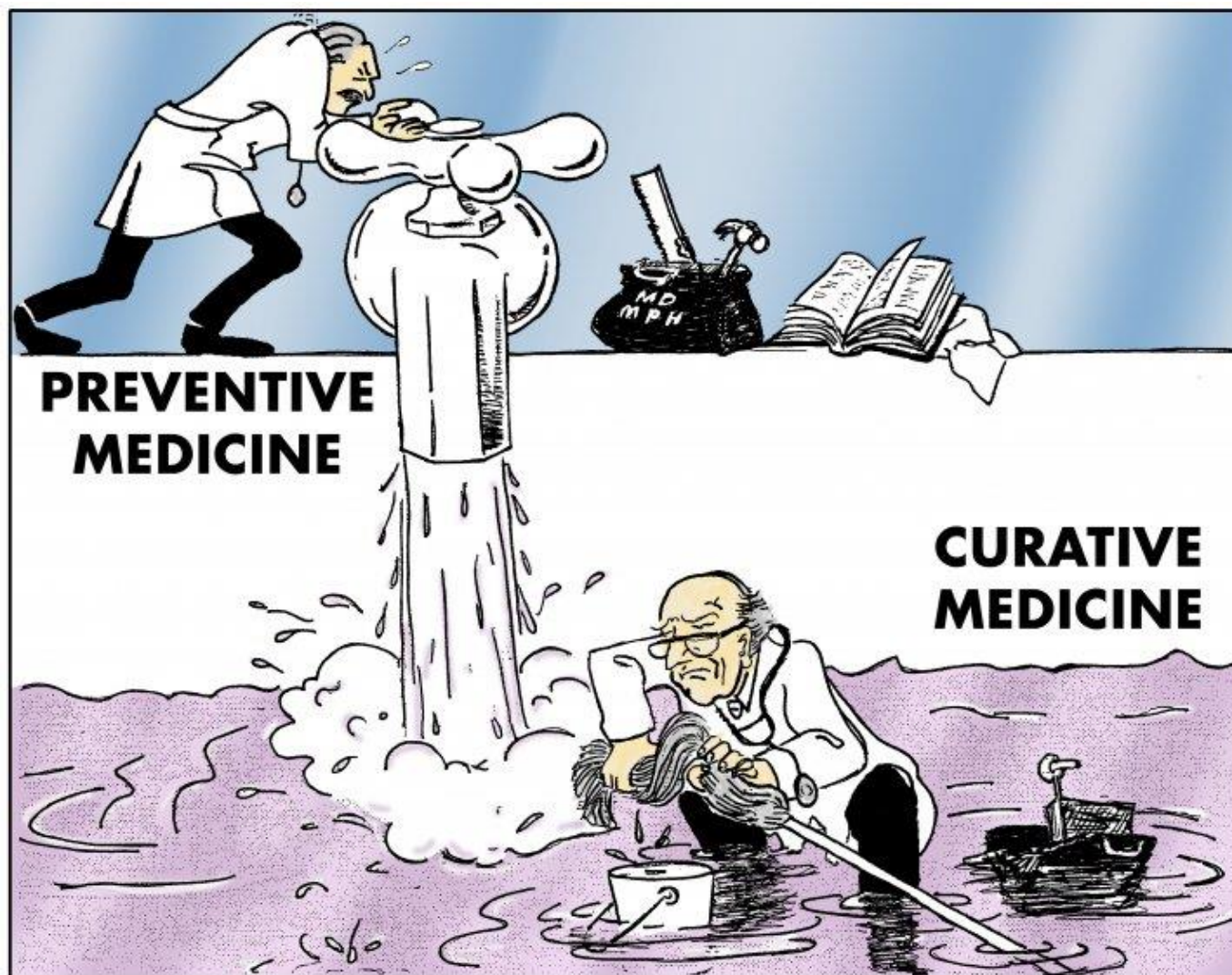




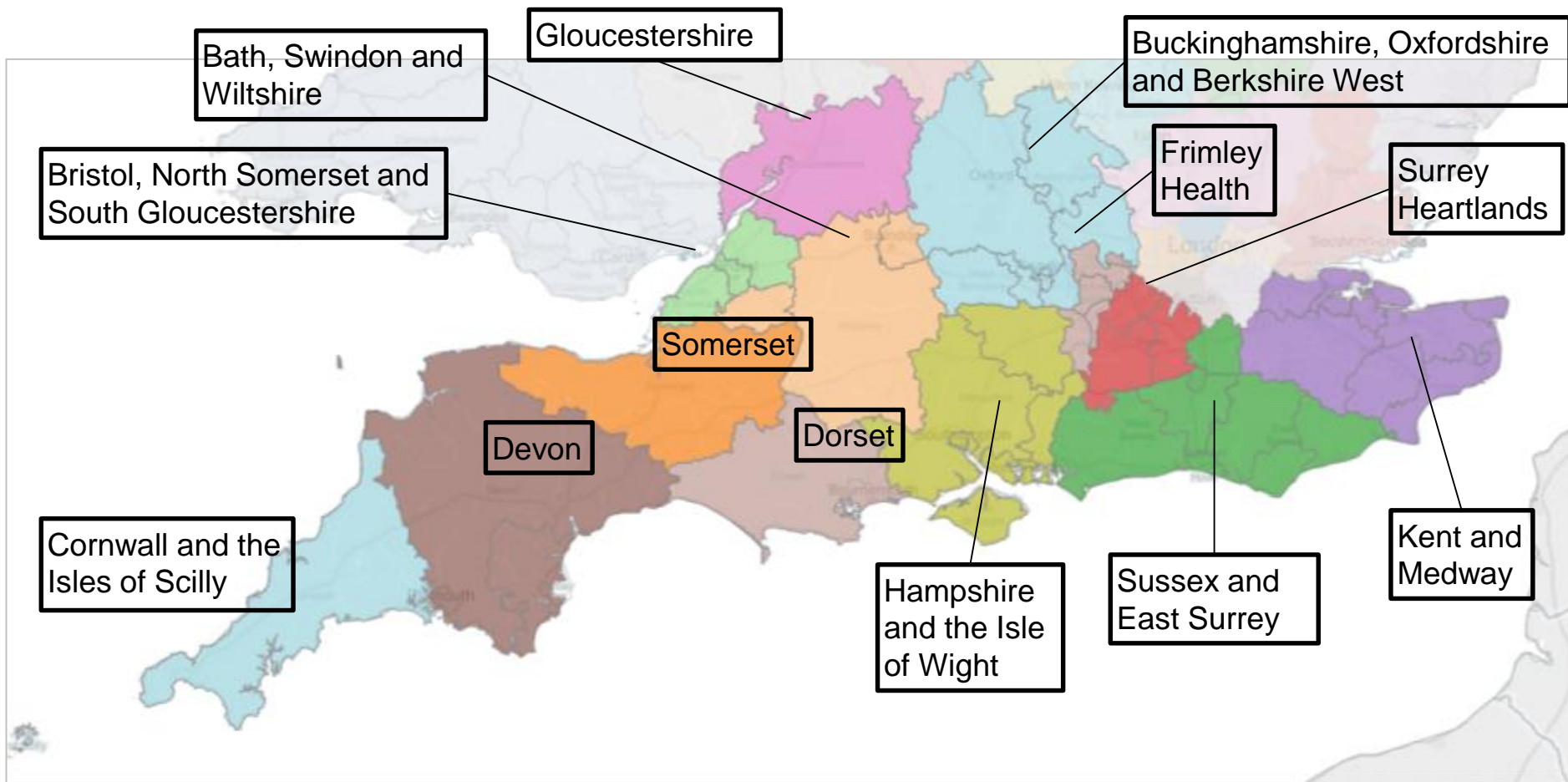
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The current strategic context for sustainability and health in the South region

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Health and
wellbeing gap

Care and quality
gap

Finance and
efficiency gap

Healthy life
expectancies gap

Increasing burden of
preventable disease

Persistent health
inequalities

Persistent variations in
healthcare

Integration of
prevention within care
pathways

Opportunity costs of
not having a
prevention focus



Public Health* action for addressing three gaps



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Sustainability and STPs

Health and wellbeing gap

Rooted in communities with LEPs and LAs to reduce inequalities

Supports healthier lifestyles at its core. E.g. active travel and engaged local communities

Care and quality gap

Successful sustainability programmes such as Care Without Carbon (Sussex Community Trust) couple carbon reduction with enhanced care

Tackling unwarranted variation

Finance and efficiency gap

Rigorous identification and ceasing interventions without a proven evidence base

Provider SDMPs are key to providing services for less with a more efficient use of resources





- ✓ Build on the Sustainable Development Management Plans that most providers and many commissioners already have
- ✓ Be developed with reference to the wider local economic and social environment in which the health economy sits, aligning with the economic growth, environmental health and societal priorities of LEPs and Local Authorities.
- ✓ Commit to targeting and personalising services more effectively, informed by local assets, local voice and local social and environmental priorities.
- ✓ Acknowledge the responsibility for improving social value in the significant levels of public sector spending in each geography from health and other partners.
- ✓ Actively promote prevention and reduce inequalities e.g. by building on the Marmot Review recommendations on the Social Determinants of Health.
- ✓ Adopting a rigorous methodology to reduce unacceptable variations in care using the RightCare approach.

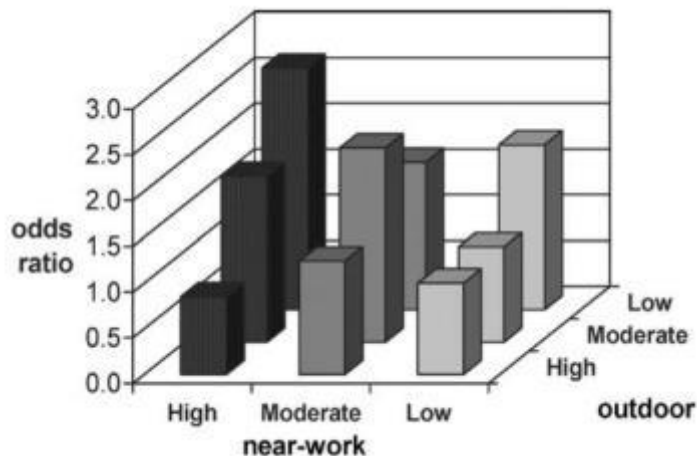


- Empowering local communities to improve their own health and wellbeing
- Supporting people with mental illness with their physical health needs
- Supporting people with physical illness with their mental health needs
- Supporting carers and those with dementia
- Giving children the best start in life
- Reducing loneliness and enhancing community cohesiveness
- Improving physical activity
- Reducing the prevalence of diabetes and its impact
- Reducing falls
- Reducing inequalities



Northern Ireland Childhood Errors of Refraction (NICER) study

Myopia is more than twice as prevalent among UK children now than in the 1960's (16.4% vs 7.2%)



<http://www.focusclinics.com/blog/8223/#>

Rose, K.A., Morgan, I.G., Ip, J., Kifley, A., Huynh, S., Smith, W. and Mitchell, P., 2008. Outdoor activity reduces the prevalence of myopia in children. *Ophthalmology*, 115(8), pp.1279-1285.



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What do we mean by CSEF sustainability?

The triple bottom line in health and social care



A simultaneous return on investment in all three areas

Clinical, social, environment and financial sustainability seeks to achieve the triple bottom line in health and social care

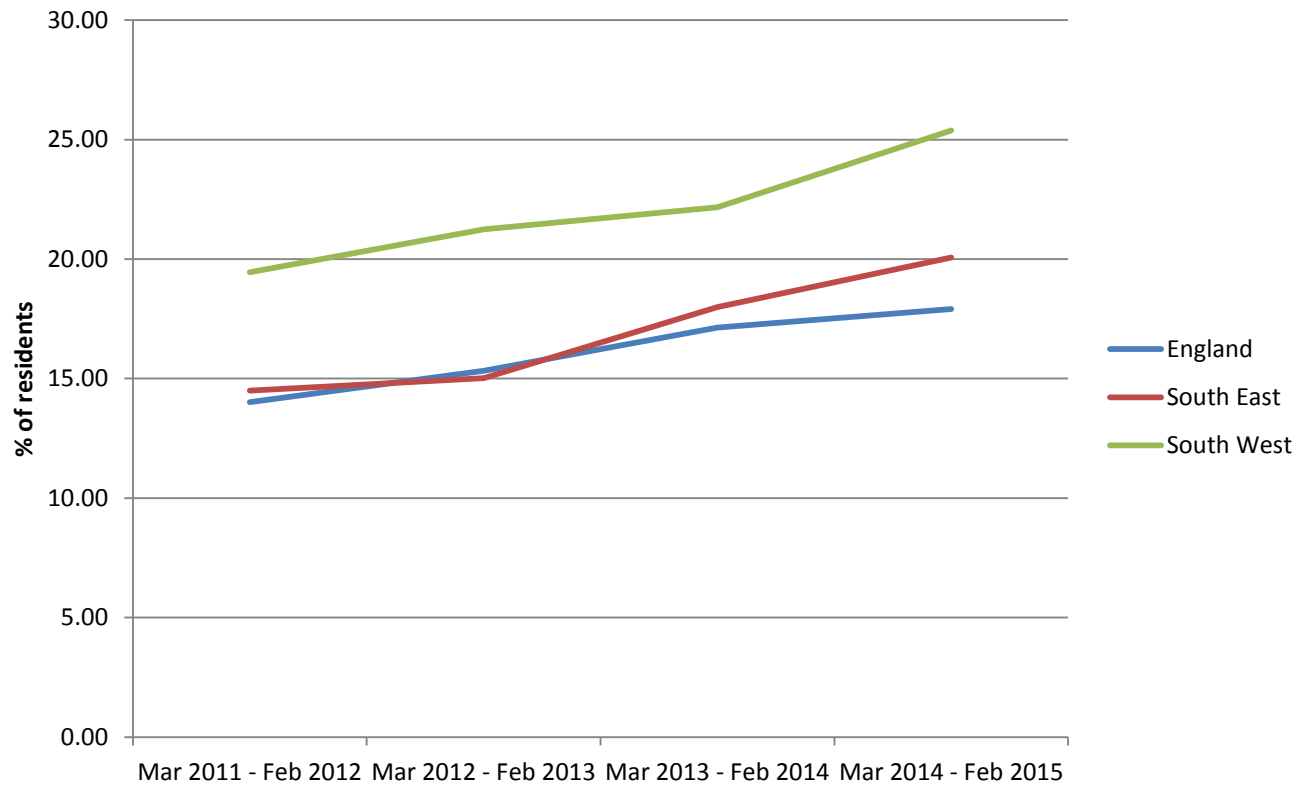
The NHS employs 1.4 million people across England, and spends over £115 billion a year.

Using this power as an employer and a purchaser smartly can

- **improve health and wellbeing now**
- **manage demand for the future**
- **and help bring the system back into financial balance.**



Utilisation of outdoor space for exercise/health reasons





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Protecting and improving the nation's health

PHE Fingertips

fingertips.phe.gov.uk (accessed 4/11/16)

Map Created: 04/11/2016 at 15:05

Created by: James.Mapstone

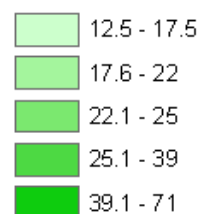
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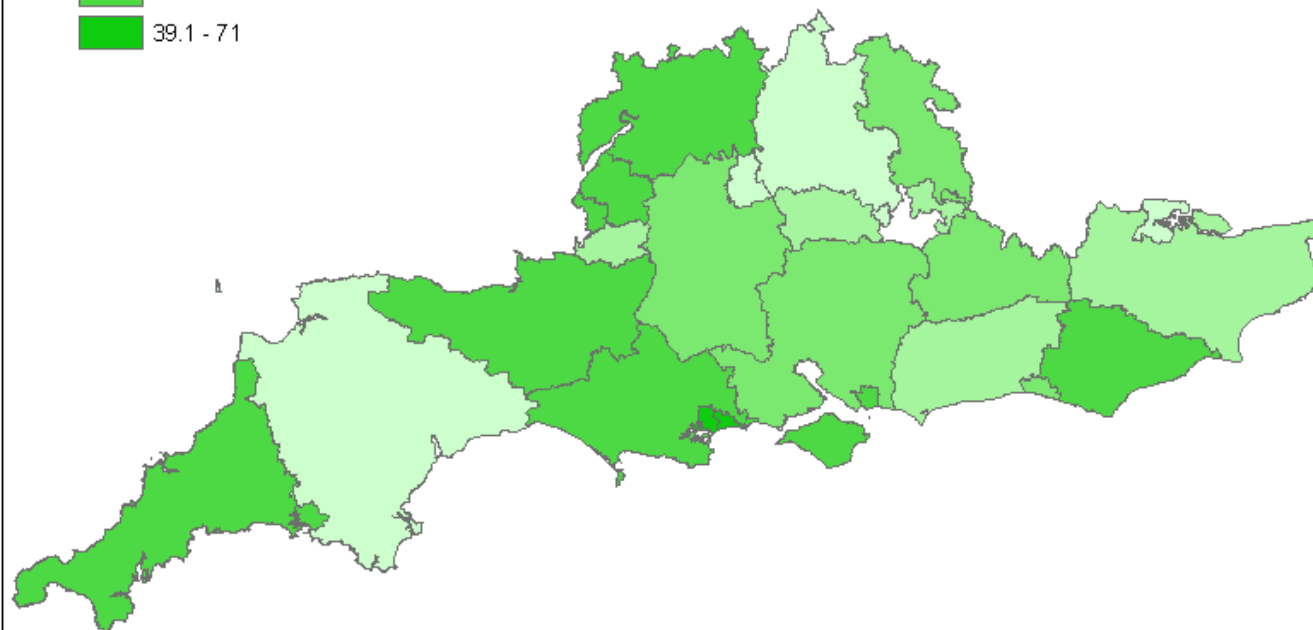
2 Rivergate House, Bristol. BS1 6EH

Legend

% Residents



Utilisation of outdoor space for exercise/health reasons 2014 - 2015



PHOF 1.16. Accessed 4/1/16. Based on Natural England MENE survey

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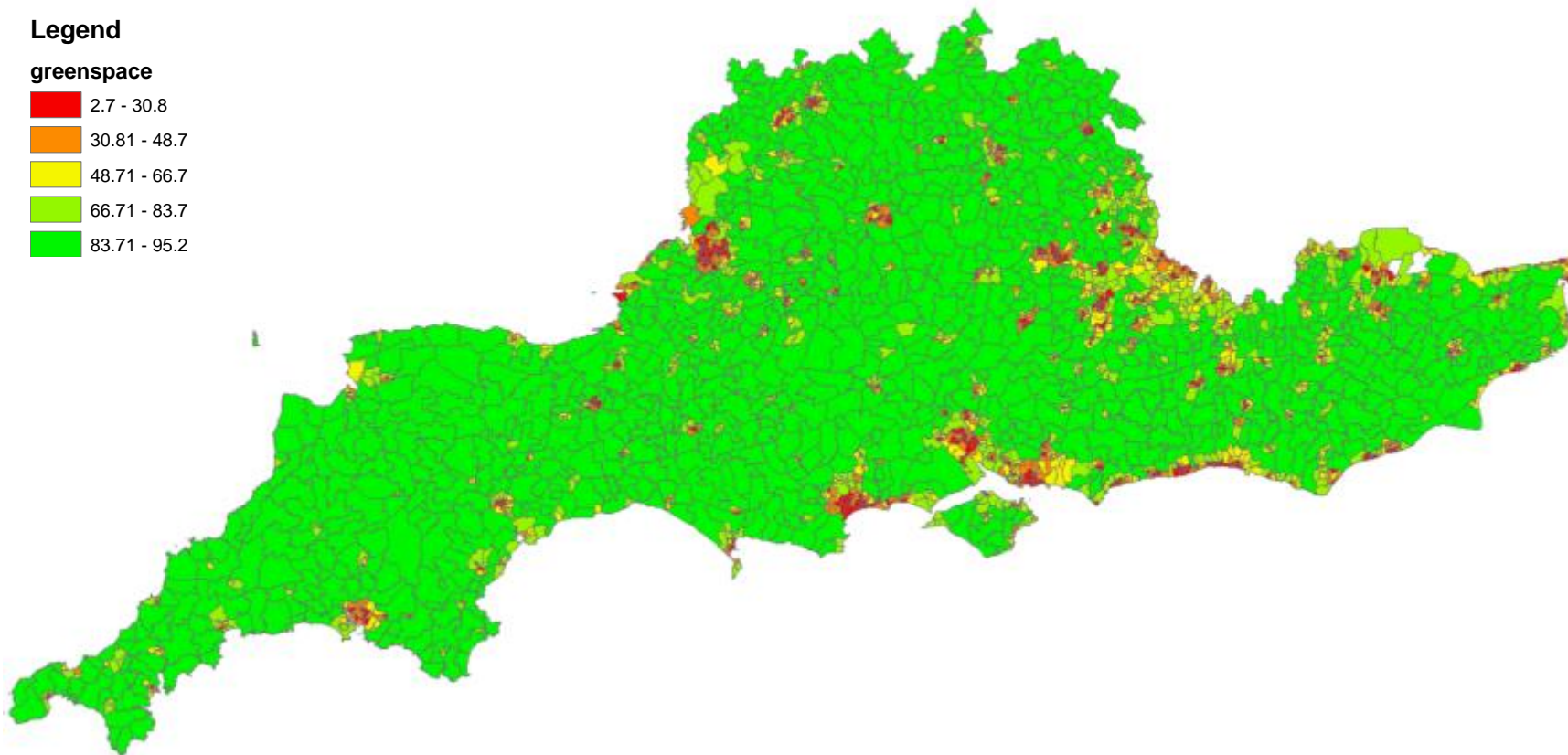
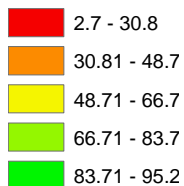


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Green Space per ward

Legend

greenspace



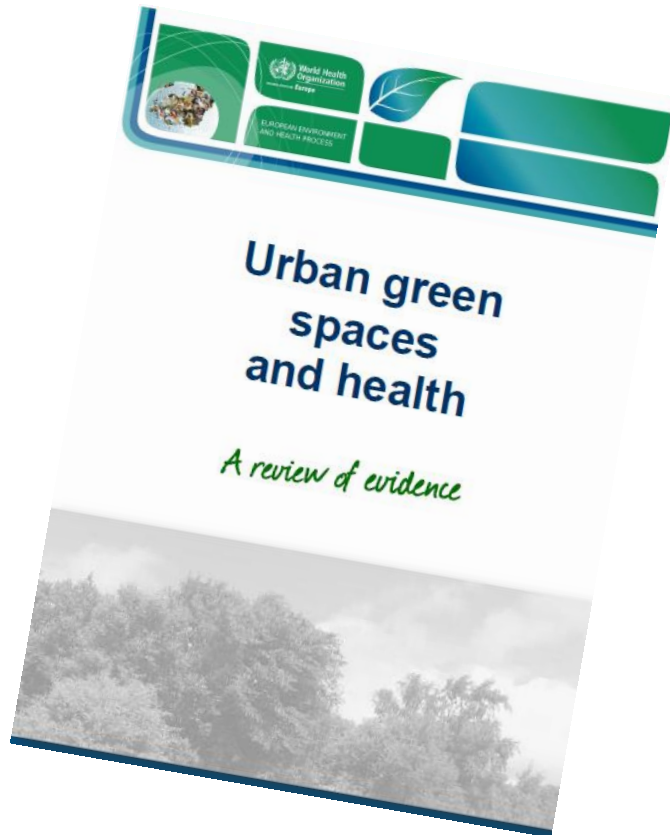
Richardson EA, Mitchell R. (2010) Gender differences in green space and health relationships in the United Kingdom. *Social Science & Medicine* **71**: 568-575

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WHO : Urban Green Spaces & Health



The evidence shows that urban green space has health benefits, particularly for economically deprived communities, children, pregnant women and senior citizens. It is therefore essential that all populations have adequate access to green space, with particular priority placed on provision for disadvantaged communities. While details of urban green space design and management have to be sensitive to local geographical and cultural conditions, the need for green space and its value for health and well-being is universal.

<http://www.euro.who.int/en/health-topics/environment-and-health/urban-health/publications/2016/urban-green-spaces-and-health-a-review-of-evidence-2016>

Local action on health inequalities:
**Improving access
to green spaces**

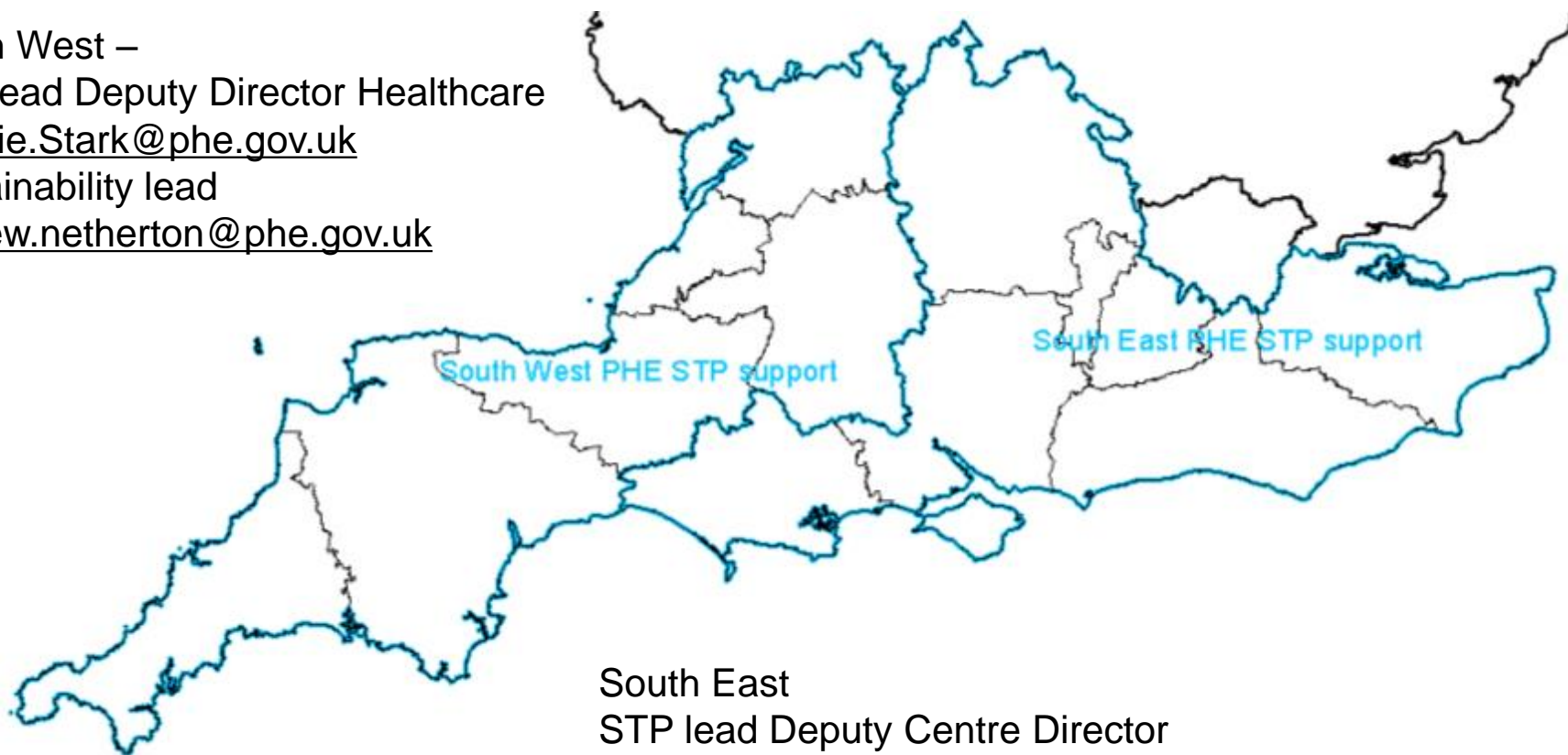


Health Equity Evidence Review 8: September 2014





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