

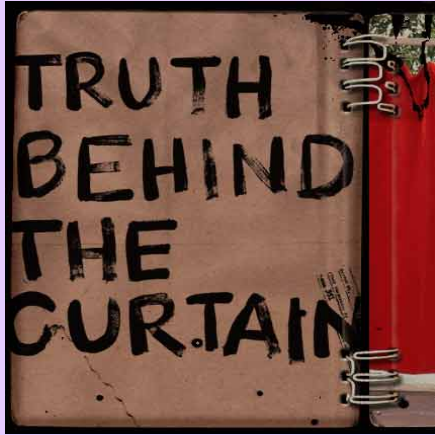
CHOOSING HEALTH: **community engagement**

**A report on the conference held at
Sir James Hawkey Hall
10 November 2005**

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Foreword: Can we do it here?



In 2000, in Wisconsin, USA, the authorities decided they had to do something to reduce the numbers of teenagers who smoked. So they went and asked some 14-16 year olds "what would make you stop?"

"Don't advertise to us about the dangers of smoking" they said. "We don't trust adults".

So the authorities listened and built on that lack of trust. They informed the teenagers about the behaviour of tobacco manufacturers, and explained why, indeed, they shouldn't trust adults. Around the county you could hear teenage protests telling people not to trust the tobacco companies; outside the companies' gates you could see young people carrying placards.

And the numbers of teenagers who smoked dropped. Not just by a little, but hugely* - far more than anything we've achieved here.

Imagine what we would achieve in Redbridge if we had the confidence and skills to really listen to local people, and to really invest in information and services that would make the Wisconsin difference to everyone's health.

Introduction

In Redbridge, the authorities in the Redbridge Local Strategic Partnership (LSP)¹ want our local citizens to have

- Better mental health
- Better physical health
- Better diet and nutrition and less obesity
- Better sexual health
- Less need for tobacco and
- More sensible drinking

We know that the only way we can do this is to work WITH local citizens to give them **more information, more power to help themselves and more say in the way local services** are provided and run.

As a first step, on 10 November 2005 the LSP invited representatives from community groups and not-for-profit organisations (“the voluntary sector”) (see Appendix 1) to a Choosing Health² conference at Sir James Hawkey Hall where they were asked to share information about what they do now and what they could do in the future to achieve these goals. This booklet describes what they said and also includes a list of promises of action from the community about what they can achieve, with our support.

This is not the whole story. Redbridge Council and Redbridge PCT are also working hard to improve what they do. For example the Council has agreed in principle³ to invest £35 million in building new and improving existing leisure facilities across the borough. Redbridge PCT employs health professionals to provide information, counselling and treatment in diet and nutrition, mental health, sexual health, stop smoking and alcohol; it coordinates local health information campaigns and collects data on whether Redbridge people are getting more or less healthy.

We understand that as the largest employers in the borough we are important role models. We must promote health directly by actively managing our Smoke-free policies and also by recognising that providing good, well-managed and properly rewarded jobs is an important way to support people to be mentally and physically healthy. Where possible, we can also actively encourage applications from people with physical and mental disabilities.

Most importantly, we also understand that we will never know all the good things that are going on in Redbridge unless you tell us and each other and we *all* take responsibility for spreading the word together. We intend to find more ways for you to meet up, share your ideas, stories, experiences and events.

Heather O’Meara
Iain Varah

¹ Redbridge Strategic Partnership includes representatives from over 100 organisations in the public, voluntary and private sectors. It is divided into 5 clusters. One of which is Health. This community engagement plan is supported by the Health Cluster. We use the word “authorities” to refer to London Borough of Redbridge and the Redbridge Primary Care Trust (PCT).

² Choosing Health is the name of the Government’s policy on improving the nation’s health.

³ Subject to resources being found

Organising the conference: a summary of the preparation, planning and feedback

The Choosing Health conference was held on 10 November 2005 at Sir James Hawkey Hall⁴. In total 163 people participated throughout the afternoon and evening sessions.

The idea for organising the conference came from the Chief Executive of Redbridge PCT, Heather O'Meara, as a method of consulting on community engagement on the Government's white paper Choosing Health, which sets out the key principles for supporting the public to make healthier and more informed choices about their health. Both Heather O'Meara and Pratibha Datta, Director of Public Health, instigated hosting the conference in 2005. They envisaged that all four objectives of the Primary Care Trust would be touched in some form or another:

Redbridge PCT aims to:

- Be a learning organisation, by listening to what others say, embracing best practice, involving staff, seeking experience, learning from comments and complaints, and challenging the 'status quo'.
- Empower people by providing a clear framework, supporting staff with offers of advice, guidance and recognition, providing education and training and share responsibility.
- Value and respect individuals' expertise and contribution, respect confidentiality, focus on strengths; provide appropriate, balanced supervision, appraisal and evaluation.
- Work in partnership with the public and stakeholders, communicate with and seek feedback from all stakeholders in an honest and open way.

The project was implemented by the Health Improvement Team with help and support from a range of individuals and partner organisations (Appendix 2).

The conference was an opportunity to involve staff and stakeholders across Redbridge, seeking experience, and learning from what individuals have to say. The conference was an opportunity to provide a clear framework to key stakeholders of what the PCT (Health Improvement) targets are and how we can address them together. It was also an opportunity to recognise the hard work that individuals in the trust and partner organisations have already put in, helping us achieve our targets.

Here are a few reasons why this conference was needed:

- To bring together as many organisations as possible (statutory, voluntary and community) that are working towards a healthier Redbridge.
- To improve cohesion between organisations and help in the delivery of health improvement targets.
- To raise awareness of Choosing Health as a key driver for improving health and how this impacts on current and future work plans.

The overarching priority of Choosing Health is to reduce health inequalities.

⁴. Broomhill Road, Woodford Green, IG8 0BJ.

These are the priorities for the Health Improvement Teams nationally:

- Reduce smoking and exposure to tobacco smoke
- Reduce obesity & improve diet & nutrition
- Increase physical activity
- Improve mental health
- Improve sexual health
- Reduce alcohol consumption⁵

Through a number of meetings with partner agencies these objectives were agreed as the focus for the conference.

- A. Raise awareness of the local impact and implications of Choosing Health;
- B. Reflect on current local good practice in some of the Choosing Health priority areas and celebrate what has been achieved so far;
- C. Highlight how this work needs to develop in the light of Choosing Health;
- D. Identify what collaborative work between key stakeholders could make a significant contribution to delivery.

The method used to address these objectives was a conference spread across an afternoon and evening. This was done to encourage the working population as well as people working outside the borough to attend. The evening and afternoon session had identical programmes, although the evening meeting was shorter.

The conference themes matched those in the Choosing Health white paper:

- Reduce smoking and exposure to tobacco smoke
- Reduce obesity & improve diet & nutrition
- Increase physical activity
- Improve mental health
- Improve sexual health
- Reduce alcohol consumption

Tables each labeled with one of these themes were arranged in a large hall. When booking, conference participants were asked to select their preferred topics for discussion and they were allocated to the appropriate tables. A panel was set up with lead officers from partner organizations. The keynote speakers were Heather O'Meara⁶, Iain Varah⁷, and Dr Jeff French.⁸ Sian Williams⁹ facilitated the conference and co-ordinated and compiled the report.

Outcome

The objectives A-D of the conference were met. In addition we received useful feedback on how we can improve access to information and services and more insight into what the barriers to participation might be.

Evaluation of participant feedback

Pre-conference

42% of participants attending rated the pre-conference publicity as excellent. This can be attributed to a number of factors such as advertising in the local paper and

⁵ The London Borough of Redbridge is taking a lead on this issue.

⁶ Chief Executive Redbridge PCT.

⁷ The London Borough of Redbridge: Chief Culture, Sport and Community Learning Officer

⁸ National Consumer Council

⁹ Independent healthcare consultant

A very well organised conference, [that] allowed ample network opportunities and a chance to see the good work that is happening in the borough

mass mailing to all voluntary and community sector organisations on the RCVS mailing list. The pre-conference administration was crucial in helping us keep track of decisions made, as well helping to organize and plan. Using a defined project management tool, Prince 2, helped the smooth running of the project. Eighty-two percent of participants rated this as good (42%) to excellent (40%).

A lot of good principles and aspirations. I hope these will turn into real action on the ground

Venue and speakers

Finding a suitable venue was difficult. However the Sir James Hawkey Hall met our specification. 55% of participants rated the location of the venue as good. The keynote speakers provided talks to address and engage the audience at different levels. Participants rated our choice of keynote speakers as good (53%) to excellent (40%).

Rooms and groups well organised for day

Very inspirational speakers. I particularly enjoyed listening to Jeff French who used some good illustrations

Discussions

The roundtable discussions provided an opportunity for individuals to express their views and share ideas. 46% of participants felt that the sessions were good.

It was interesting to see that there were a range of professionals involved

Overall feedback

The overall view of the conference by the majority of participants 54% was good. 33% felt that it was excellent.

Costing: (Will complete this section when information is available)

Food and Refreshments: £1130

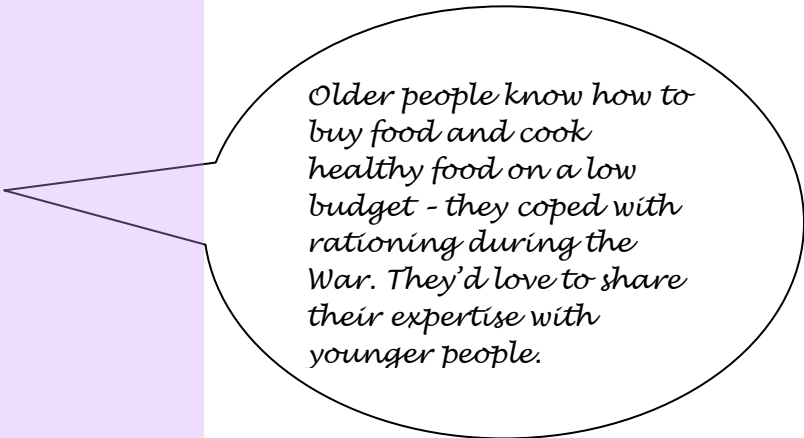
Venue: £304.00

Key note Speakers?

Publicity ?

Messages

There were some clear messages from the community



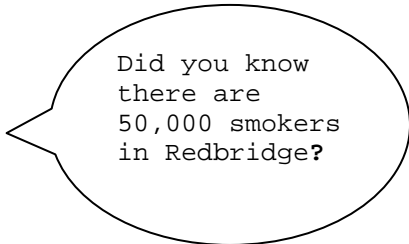
Older people know how to buy food and cook healthy food on a low budget - they coped with rationing during the War. They'd love to share their expertise with younger people.

Who?

On the one hand, there are many people in the community with expertise, experiences and skills to share, if only they were asked, helped to get started and given proper expenses:

- Parents who would like to help coach children in sport
- Older people who could help young people to cook healthily on a low budget
- People who have given up smoking and could help others
- People who have overcome drinking problems and could encourage others
- Young parents
- Teaching Assistants who speak community languages and regularly chat to children, their parents and carers

On the other hand, there are people who would benefit from help, but who do not ask for it either because they don't know they would benefit, or because none of the existing services attract them.

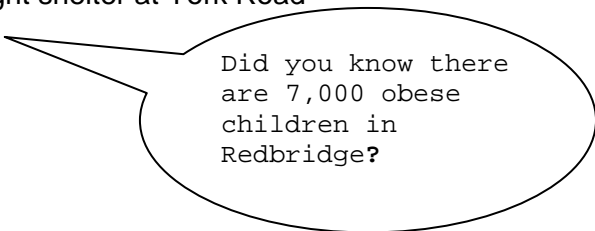


Did you know there are 50,000 smokers in Redbridge?

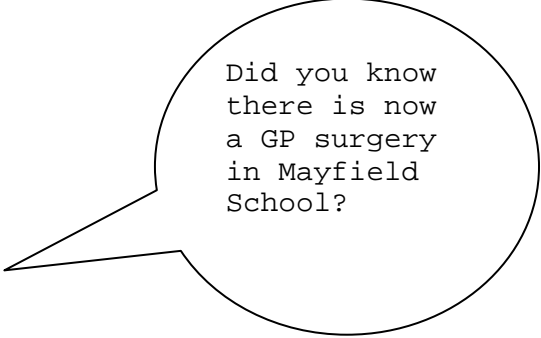
For example:

- Working men who do not take exercise
- Bangladeshi, Turkish and Kurdish men who smoke more than average
- People who are lonely and try to cope on their own, particularly older people on low incomes who don't go out much
- Children who are overweight or obese
- People with mental health problems whose physical health gets overlooked
- Families living in more deprived areas
- Looked after children
- People sleeping rough or using the night shelter at York Road

We need to link up



Did you know there are 7,000 obese children in Redbridge?



Did you know
there is now
a GP surgery
in Mayfield
School?

Where?

There are many community facilities that could be shared better:

- Schools in the evenings, at weekends and holidays – particularly their sports facilities and kitchens but also their indoor space
- Leisure centres that might offer activities but also medical and physiotherapy advice
- The fourteen (14) new children's centres
- Adult Education centres
- The Forest Farm Peace Gardens are open and could be used for other gardening projects in addition to those supporting refugees and asylum seekers
- Workplaces – the largest employers are the NHS and the Council, so this is a good place to start and to be role models for private companies

What?

Information, skills, facilities and publicity

Far more people are able to talk about sexual health now and are aware of problems such as teenage pregnancy and sexually transmitted diseases and how to get help. We could learn from how that has been achieved, and share those lessons with community groups involved in encouraging sensible drinking or reducing obesity, where there remains insufficient understanding about the risks, what the public could do to help themselves and where to find professional services.

The public wants facts about risks to health; they want services that are easy to get to; that make them feel comfortable talking about their health problems and that offer them practical, affordable solutions. Community groups have experience to share about how to develop these and how to publicise them, for example faith groups and GP surgeries are good places to advertise services.

Mental health groups have experience of using the knowledge and understanding of people who have had mental health problems to improve their information and services. We should learn from this and involve patients more in providing information and planning services.

How?

Communicating well

The authorities made a commitment to the community that they would use the creativity of the community and health professionals when consulting with the public so that children, young adults and those who did not speak or read English could be engaged. They also promised to use the experience and skills of community

experts when designing information so that if the information was printed it used signs and symbols, simple language and stories, and there were choices such as videoed and recorded interviews and posters. The work of those who provided Learning Disabilities services was commended as an example of good communication.

The authorities also accept the criticism that there were very few disabled people at the meeting, and recognise that they need to learn how to engage them more by networking better.

The authorities also need to make sure that if community groups provide more services to the community that they have adequate access to interpreting and translating services.

Knowing what works and demonstrating this

Those people providing sexual health services were proud of their work in changing attitudes, and in increasing the numbers of people who used their services. They could prove this through survey results and monitoring the use of services. They were all committed to continuing to run surveys and monitoring service use as it enabled them to demonstrate their value to the funding organisations. Those providing opportunities for physical activity recognised that they did not all yet monitor the same things – for example at the moment, those in Adult Education did not monitor the effects of their exercise classes on the health of participants. However, they agreed it would be possible to do this if they linked up with their health colleagues.

Training and induction

People in the community may have very relevant experience that will help them gain the trust of their peers. However, they may not have the teaching or coaching skills that would help them pass on that experience or skill. Therefore the authorities need to make a commitment to invest in training and supporting peer-group educators.

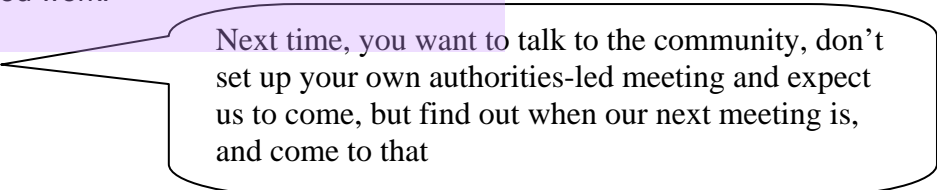
For example, there is a scheme in Lewisham, known as Patients as Teachers, where people with mental health problems train health professionals and reception staff about mental health.

Conference participants recommended that before employees started work in the NHS or local authority, they could spend time working in different community groups and the voluntary sector learning what they do, and building networks. Redbridge Concern for Mental Health volunteered to co-ordinate this for mental health services.

Connections

A person with poor self-esteem who uses drugs or alcohol may also have sexual health problems. Therefore whilst many of the community groups and organisations had a particular focus such as mental health or sexual health, they needed to know how to refer people to other services.

These organisations also accepted that their priority might not be the same as the authorities' priorities. However, they did expect the authorities to give their approval to their work by staying informed about it, and if invited, sending a sufficiently senior representative to make decisions and help the organisation connect with other related work.



Next time, you want to talk to the community, don't set up your own authorities-led meeting and expect us to come, but find out when our next meeting is, and come to that

Linking up:

Local community groups are committed to **sharing with each other, and with NHS and Council staff, resources** such as

- Facilities
- Newsletters
- Mailing lists
- Information
- Funds
- Applications for funding

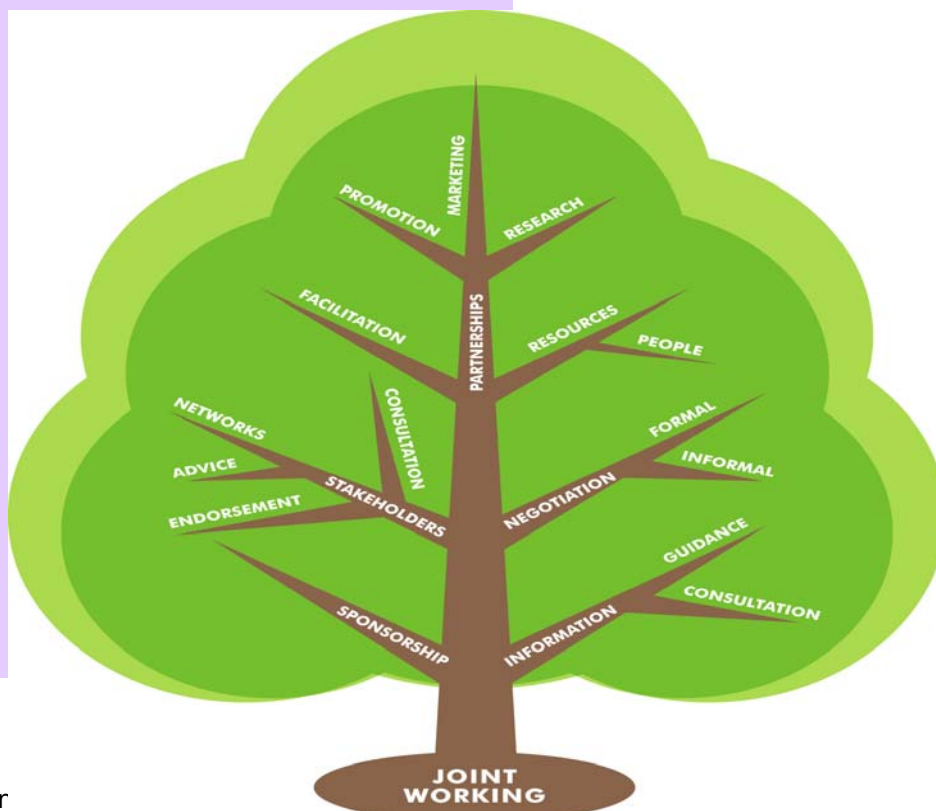
A starting point might be for the PCT to open up its website to community groups to advertise their events, ideally by having permission to upload information, and for the PCT to post more information on its website about who does what, who to contact for more information and their contact details.

Redbridge CVS will continue to organise training and events to build the skills and experience of the community and voluntary sector to acquire grants and funding to make their ideas for health improvement and health promotion a reality. It has already run a funding fair as part of Make a Difference Week that demonstrated the wide range of funding sources available other than from the authorities.

During World Mental Health Week events there could be people running stalls not just on smoking cessation and mental health but in all areas of health such as sexual health, blood pressure checks, diabetes checks, weight checks and dietary consultations as evidence shows that people with mental health problems often have higher rates of physical illness.

Other work would require some coordination by the authorities such as helping older people teach cooking skills to children and young parents.

Everyone could imagine the benefits of a **tree of engagement** showing how groups could connect and grow in different ways.



Why?

Why do so many Redbridge citizens have health problems? We need to start with more understanding about what makes people tick. What would help people manage stressful situations or cope with stress better? What makes it so difficult for people to give up smoking? How else could they get the pleasure smoking gives them? What makes people eat too many unhealthy foods? What stops them doing enough exercise? What stops them drinking sensibly?

We decided that this requires sharing existing knowledge, but also **new market research** either by the authorities, by local communities or by market research companies.

The belief amongst those who met was that most people *do* want to be healthier, but they do not think they can afford the time or the money or the potential embarrassment to do it.

There was also a belief that there was tremendous goodwill and expertise in Redbridge in the community and in the Council and PCT. However, sometimes this was overstretched and at risk of being lost, and at other times, not used enough. If the community were to do more, it would need to be **properly rewarded, properly publicised and properly understood**. For example, a success for a mental health project might be to help a refugee sleep through the night. Was the value of that work truly appreciated and understood by the authorities, not just the individual? For example, were community groups regularly made aware of funding possibilities and given help in making applications through training programmes or by being helped to share expertise?

Celebration

We celebrated some work that had already made a positive difference to Redbridge citizens' health:

- Joint work by Brook, Young Parents Project and the Council to screen pregnant women for HIV to ensure that they are referred as early as possible to services to support them and their babies
- Redbridge Concern for Mental Health and Redbridge Racial Equality Council held an event in October at a local Islamic community centre to raise awareness amongst black and Asian people about mental health services. Over 100 people attended
- Information for specific community groups that responds to their needs e.g. sexual health information for lesbians and bisexuals and for Africans such as the Musa and Melody HIV booklet
- The Faith Health Project made by Faith leaders from African groups, which works to educate and raise awareness about HIV/sexual health in churches and among African faith leaders
- Sexual health services encourage earlier visits because people are now less embarrassed to talk about sexual health, which means for example, more people are diagnosed earlier with Chlamydia which is quick and cheap to treat if found early
- The drop-in Welcome Centre at Green Lanes/St Mary's Road meets the practical needs such as a hot meal and shower of 50-60 people a day, many of whom are homeless and many of whom use alcohol to try to relieve their problems
- Healthy Schools Programme
- Age Concern runs a programme to support people with mental health problems remain in their own homes through telephone or face-to-face contact
- YMCA night shelter helps those it shelters get back into work
- Redbridge Domestic Violence Forum held a White Ribbon Day Event, raising awareness about the severity of domestic violence cases in the Borough. Alongside this, a discreet service directory has been produced, providing information for domestic violence victims detailing where they can get help and assistance to end the abuse. There is also a Sanctuary Project that provides a 'safe room' in victim's houses, allowing them to stay within their homes. For more information on this scheme, please contact Redbridge Housing Advice Centre on 0208 708 4002/4003.
- Bhanot facility offers cholesterol checks, glucose management, nutritional advice and advice on reducing weight
- Loxford Sure Start has encouraged parents and children to walk by supplying pedometers, and funding one of the mums to run aerobics classes
- Sanibel Counselling is based in local GP surgeries. It provides counselling to people suffering from mental health problems such as depression, anxiety,

eating disorders, anger, stress, bereavement, relationship problems and bullying. It also provides self help programmes including web sites, computer programmes like Beating the Blues, books, CDs, telephone help lines, support groups and relaxation

- The Council's Smoke Free policy has helped staff give up
- Age Concern and the Council run chair-based exercise classes for older people living in sheltered accommodation
- Redbridge Institute of Adult Education (RIAE) offers yoga classes for people who have recently had heart attacks, and is working with the Bengali Association to attract Bengali people to its activity classes and is running a family learning programme that includes healthy eating and nutrition as well as exercise
- Fullwell Cross swimming pool offers a cardiac rehabilitation programme
- Two hundred people attended a "know your numbers" day at Fulwell Cross that found ten people with very high blood pressure not known by their health professionals
- Walking can be fun if properly marketed. SPOOKFEST 2004 took place on Saturday 30th October 2004 attracting approximately 500 people. It consisted of guided evening walks around Hainault Country Park and an activity "Graveyard" that hosted a number of marquees including a "Spooky who is the Ugliest Contest" Owl Display and Badger information to key in with the night theme. <http://www.hainaultforest.co.uk/>
- Forest YMCA ran a large consultation exercise with young people and users of their services that made them change the programmes they offered
- Age Concern and The Alzheimer's Society jointly manage The Redbridge Resource Centre for People with Dementia with the Council's Mental Health Unit. It is a place of expertise and knowledge, where people can call in for advice and information or look through a library of books, videos and publications on dementia. People with dementia attend groups there, and the borough's specialist outreach team uses it as its base.
- Redbridge Young Parents Project offers support and access to informal and formal education to about 140 young parents, 60% of whom have not finished mainstream education. Midwives, health visitors, a drugs worker, careers worker and the Citizens Advice Bureau all run sessions. There is an OFSTED registered 20-place nursery. The project engages young parents by offering Redbridge College-provided GCSE education, and a wide variety of accredited short courses including parenting and budgeting.

Promises to and from the community¹⁰

Those who attended the meeting made some promises to each other that we share with you here. We have included only those that involve the community, not those that are already included in the authorities' action plans. It will be the role of the people from the authorities leading the work on each of the six topics to agree the actions necessary to deliver these promises.

It is not their role to fund them, but to provide their support for good ideas and to work in partnership. Our aim is to have lots of activities happening in the community that do not rely on the authorities for funding or management but operate on their own as part of a network connected to the authorities.

- Better mental health
- Better physical health
- Better diet and nutrition and less obesity
- Better sexual health
- Less need for tobacco
- More sensible drinking

Networking

People not working in the authorities expressed an overwhelming need to know what was going on, and who was organising it. Some people suggested the solution was a "database". Databases can be expensive to build and maintain, and are rarely kept up to date with information for long. People talking to each other tends to be a much surer way of getting up-to-date information. However, they need to have opportunities to meet up. In addition, there are computerised networks that could be used. For example, the PCT's website could be used to post information about community events and contacts.

Promise 1: (networking): the LSP will help community organisations to meet up to share information, knowledge and experience, particularly fundraising experience, and enable them to use existing networks such as the PCT website.

Promise 2 (networking): when the LSP wants to meet community representatives, it will check if there are any suitable events planned by community groups that it can join before organising its own.

Promise 3 (networking): if a community organisation intends to run an event for the public about one or more of these six health topics, it will liaise with the authorities to see if there are opportunities and support to promote any of the other topics.

Better mental health

We all agreed that there should be a shift from thinking about mental ill health to thinking about feeling well - psychological wellbeing. We also agreed that more people in the community and more services needed to understand that what often harms that wellbeing are social circumstances such as domestic violence, poor work conditions and homelessness.

Promise 1 (mental health): We, the community and voluntary sector, will explain and improve the public and authorities' understanding of the impact of domestic violence

Promise 2 (mental health): We will all increase volunteering through increased participation in the YMCA training scheme and in supported volunteering schemes

¹⁰ * Please note that this report focuses on what the community can start and develop itself, with backing from the authorities. A full list of the actions to be undertaken by the authorities is already available from Lead Officers.

such as Capital Volunteering <http://www.capitalvolunteering.org.uk/>

Promise 3 (mental health): We, the community and voluntary sector, will support people with mental health problems to have their physical health examined regularly and to receive appropriate referrals to health services if the NHS will support a scheme such as Patients as Teachers

Promise 4 (mental health): We, the community and voluntary sector, will encourage major employers to promote mental health and to reduce the causes of poor mental health; recognising that the Council and the NHS in Redbridge are the two biggest employers

Promise 5 (mental health): We will all encourage more people to use Forest Farm Peace Project and specifically, build on the Redbridge Capital Volunteering grant to develop an Outdoor Project (see Promise 2)

Promise 6 (mental health): We will agree measures of success together

Promise 7 (mental health): We, the community and voluntary sector, will provide education to those working with homeless people about mental health

Promise 8 (mental health): Redbridge Concern for Mental Health will continue to distribute its directory of local mental health services, activities, organisations and support groups. It will also continue to update its online version <http://www.rcmh.org.uk>

Better physical health

We agreed that the first stage was to get more people being more active by walking up stairs rather than taking the lift, walking further to catch the bus, gardening, and so on. To do this we need to promote the benefits of being active and demonstrate how people can build sufficient physical activity into their everyday lives. We are also committed to make the most of the positive legacy that will be left by having the London 2012 Olympic and Paralympic Games on our doorstep.

The Council has agreed in principle, subject to the resources being identified, to invest £35 million in building new, and improving existing, leisure facilities across the borough. This will provide much-needed facilities enabling large numbers of people to be physically active in a safe environment. The proposed new leisure centre might offer health services such as cardiac rehabilitation¹¹ and exercise programmes for people referred by their doctor.

Promise 1 (physical health): We will all build on the successes of the Council's Housing Estate project

Promise 2 (physical health): We will work together to create and run a memorable campaign like the "5-a-day" campaign to promote the benefits of physical activity

Promise 3 (physical health): We, the community and voluntary sector, will encourage parents and community groups to take advantage of training programmes offered by the Council to deliver sport and physical activity sessions

Promise 4 (physical health): We will work together to ensure that the development of future leisure facilities in the Borough will provide suitable accommodation for the delivery of a range of health services.

¹¹ Special supervised exercise and advice programmes for people who have heart problems

Promise 5 (physical health): We will work together to develop ante-natal and post-natal classes for women e.g. water aerobics

Promise 6 (physical health): The Woodland Trust and authorities will work together to find funding to develop activities in Hainault Forest Country Park and then to publicise these

Promise 7 (physical health): In addition to the existing popular Sports Club directory, the authorities will develop a physical activity directory of services they provide that will inform planning of services by the community and voluntary sector. The Council will also explore the possibilities of setting up an Internet-based database, where each individual organisation adds their own details.

Improving diet and nutrition

All the different groups such as Age Concern, Sure Start and schools were committed to talking together about the importance of socialising and eating; of encouraging whole families to cook and eat together; and about sharing skills in buying and preparing food.

Promise 1 (improved diet and nutrition): We, the community and voluntary sector, will work with the authorities to explore the feasibility of running cookery classes for children e.g. Memory Lane cooking

Promise 2 (improved diet and nutrition): We will all take all opportunities to help well people to maintain their wellbeing through good eating, not wait until they become ill

Less need for tobacco; less smoking

Everyone agreed that those who had previously smoked could be excellent role models and trainers, particularly those who spoke community languages other than English.

Promise 1 (less smoking): We will build on the successes of the authorities' Smoke Free policies by getting other organisations to have Smoke Free policies

Promise 2 (less smoking): We will increase the number of Community Advisers who speak a community language other than English by ensuring we support ex-smokers and other community members to accept and receive NHS training

Promise 3 (less smoking): We will all explore how we could link up more closely with hypnotherapy services.

More sensible drinking

There was consensus that services for people who misused alcohol were the least developed of all and that there was a real need for a local strategy for alcohol services that involved many services and that included plans for encouraging and supporting sensible drinking and reducing binge drinking. Only the professionals knew what those services were as they had a directory of services that was not shared with the public. No-one really knew the extent of the health problems in Redbridge caused by alcohol or other harm such as alcohol-related violent crime and

specifically, domestic violence. However, those in the groups agreed that their targets were young people, those drinking at work and those vulnerable people with multiple problems including alcohol problems. They believed that there should be ways to measure success by using existing information such as A&E attendances and crime and disorder figures. They also thought that there was a need to involve colleagues whose role was public protection.

Promise 1 (more sensible drinking): The authorities will produce a strategy during 2006 and will ensure that the community and voluntary sector has opportunities to contribute

Promise 2 (more sensible drinking): We will work together to find out the scale of the problem by involving others who have useful experience e.g. noise nuisance officers

Promise 3 (more sensible drinking): We will share with each other, health and social care professionals, with the local media and parents, stories of people's experiences and successes to raise awareness about alcohol and alcohol-related harm

Promise 4 (more sensible drinking): We will work together to explore the opportunities for self-referral to services and referral between services so that the public has a stronger sense of connection between services

Promise 5 (more sensible drinking): The authorities will share information about services with the public and community organisations who will share it with their networks

Promise 6 (more sensible drinking): We, the community and voluntary sector, will encourage our organisations and local businesses to have workplace policies

Promise 7 (more sensible drinking): Together we will encourage retail premises to do more to prevent binge drinking for example by reviewing Happy Hours

Promise 8 (more sensible drinking): The authorities will discuss with the business community the possibility of training and employment opportunities for substance misusers

Promise 9 (more sensible drinking): Together, we will develop and test out procedures so that people with alcohol problems who seek help receive appropriate care. Our starting point should be the local Accident and Emergency department, and encourage staff to fully assess people and if necessary to refer them to specialist alcohol services. We will also work with staff in outpatient services and GPs to enable people with alcohol problems to receive a proper assessment, and when they need it, referral to specialist services and aftercare.

Better sexual health

Everyone supported the "Hub and spoke model" with 1 hub and two spokes in Redbridge - one in North/Central Ilford and one in South Ilford, with community links to the spokes.

Promise 1 (better sexual health): We, the authorities, will bring together sexual health and family planning services under one roof in an accessible place with support from the community and voluntary sector

Promise 2 (better sexual health): The community and voluntary sector will lend its support to the authorities to get funding to revamp John Telford Clinic in Ilford and then help it host services there for young people

Promise 3 (better sexual health): All organisations that provide sexual health services in Redbridge will formalise their partnership so that they can apply for funding such as Section 31 funds for the HIV service and possibly also for a service for pregnant teenagers

Promise 4 (better sexual health): We will work together to help people with HIV to become peer educators by providing training for those who have first been on an Expert Patient Programme

Promise 5 (better sexual health): We will work together to educate faith leaders about sexual health

Promise 6 (better sexual health): The authorities will help the community and voluntary sector to link up our work on sexual health with our colleagues' work on teenage pregnancy

Imagine

If we delivered our promises together? We believe this would help the people who live in Redbridge to be healthier, fitter and more able to cope with life. If we, the authorities, help the community and voluntary sector to network, learn about funding and training opportunities, and demonstrate support by learning more about what you do; can you do more? Do you have any other ideas? Will you volunteer to help?

1 February 2006

Appendix 1

List of those who expressed interest in attending the Choosing Health Conference

Rubina	Abi	Sure Start
Jon	Abrams	Redbridge Concern for Mental Health
Sherma	Alexander	Redbridge Primary Care Trust
Hazra	Atcha	Redbridge Racial Equality Council
Abdul	Azad	Redbridge Primary Care Trust
Sukwinder	Bassi	Redbridge Primary Care Trust
Angela	Benta	Drugs & Health Education Team
Shaheen	Bhatia	PS Chemist
Avril	Browne	Standing Conference of Women Org
Joanna	Burch Brown	Forest Farm Peace Garden
Roger	Carruthers	London Borough of Redbridge
Peter	Caton	Hypnotherapist
Jo	Chaney	Barnardos Indigo Project
Sultana	Choudhury	Redbridge Primary Care Trust
Carol	Christofi	Redbridge Primary Care Trust
Caroline	Conway	Fullwell Cross Swimming Pool
Alveena	Cossor	Redbridge Primary Care Trust
Athena	Daniels	London Borough of Redbridge
Dr Pratibha	Datta	Redbridge Primary Care Trust
Krishan	Dayal	RISK
Michele	Desousa	Redbridge Primary Care Trust
Glynis	Donovan	Redbridge Carers Support Society
Jenny	Douse	Redbridge Primary Care Trust
Edwin	Doyle	Redbridge Primary Care Trust
Candy	Duggan	Redbridge Primary Care Trust
Catherine	Edwards	Redbridge Primary Care Trust
Kate	Ezeoke-Griffiths	Redbridge Primary Care Trust
Julie	Fanning	London Borough of Redbridge
Vi	Franklin	Groveland Day Unit
Tony	Fuller	Redbridge Forum
S	Grant	Forest Therapeutic Counselling Agency
Jacquie	Grieve	Faith Forum
Anna	Hadassi	Redbridge Primary Care Trust
Kevin	Harrington	London Borough of Redbridge
Sheila	Henry	Goodmayes Hospital
Phil	Herbert	Healthy Living Project
Linda	Herbert	Hainault Forest Country Park
Kevin	Hughes	London Fire Brigade
Marilyn	Imber	Age Concern
Maria	Ioannidou	Redbridge Primary Care Trust
Collette	Johnson	Redbridge Primary Care Trust
Karen	Jordan-Nicholls	Night Shelter
Linda	King	London Borough of Redbridge
Carol	Lambert	Redbridge Primary Care Trust
Jennifer	Lewis	Forest YMCA
Maria	Lin Wong	East London Out Project
Rebecca	Lubega-Bukulu	London Borough of Redbridge
Joan	Macer	Daffodils
Nita	Madhani	Redbridge Primary Care Trust

Anthony	Manning	London Borough of Redbridge
Julia	Marriott	Redbridge Primary Care Trust
Anne	Marsden	Homestart Redbridge
Safina	Masood	RCVS
Mr	Matharu	Elizabeth Optical
Karen	McDonagh	Empress Lodge
Paula	McNamara	Brook London
Sheila	Moses	Sure Start
Andrew	Mouzouri	Redbridge Primary Care Trust
Suzanne	Neilson	Redbridge Primary Care Trust
Wendy	Neli	
Annie	Noble	Enterprise Solutions (UK) Ltd
Jonay	Ojeda	Redbridge Primary Care Trust
Heather	O'Meara	Redbridge Primary Care Trust
Sushila	Patel	
Mandie	Patterson	Brook London
Rosie	Payne	Young Parents Project
Sue	Pepper	
Andy	Petty	Age Concern
Rameshbhai	Popat	Redbridge Gujrati Welfare Association
Kris	Rambukwella-Gill	Practice Nurse
Alison	Robert	Brook London
Abida	Ruma	London Borough of Redbridge
Parmjit	Sagoo	Kiran Asian Women's Aid
Kim	Saleh-Jahromi	Redbridge Primary Care Trust
Kiran	Sanghera	
Mark	Santos	Positive East
Geri	Schaper	Redbridge Primary Care Trust
Diane	Searle	Redbridge Primary Care Trust
Pam	Shaw	CIS
Margo	Sheridan	Redbridge Primary Care Trust
Jessica	Sheringham	Redbridge Primary Care Trust
Audrey	Shorer	Seven Kings & Newbury Park Residents' Association
Geoff	Sinclair	Woodland Trust
Brian	Spinks	Redbridge Sports Council
Yvonne	St Hillaire	Olympic House
Pamela	Stephenson	
First name	Surname	Organisation
Bushra	Tahir	AWAAZ
Sue	Thiedeman	London Borough of Redbridge
Elizabeth	Thomas	Redbridge Primary Care Trust
Judy	Thomas	Nurture
Dharam Pal	Tohani	RISK
Roger	Truelove	Sure Start
Rev Enoch	Tshilongo	Faith Health Project
Iain	Varah	London Borough of Redbridge
Jenny	Viggars	Redbridge College
Nadine	Wakefield	Redbridge Institute of Adult Education
Sarah	Warman	London Borough of Redbridge
Catherine	Webb	Redbridge Primary Care Trust
Samuel	Wesil	Fullwell Cross Swimming Pool
Natalie	White	London Borough of Redbridge
Janet	Wilkinson	London Borough of Redbridge
Lou	Williams	London Borough of Redbridge
Lynelle	Wood	Redbridge Primary Care Trust

Carole
Gladys

Wright
Xavier

Redbridge Primary Care Trust
Redbridge Primary Care Trust

Appendix 2

List of those from the Health Improvement Team, individuals and partner organisations that planned the event

Abdul Azad	Redbridge PCT
Jenny Douse	Redbridge PCT
Margo Sheridan	Redbridge PCT
Kate Ezeoke-Griffiths	Redbridge PCT
Sultana Choudhury	Redbridge PCT
Kim Saleh-Jahromi	Redbridge PCT
Vanda Thomas	Redbridge PCT
Athena Daniels	London Borough of Redbridge
Janet Wilkinson	London Borough of Redbridge
Kevin Harrington	London Borough of Redbridge
Marie Moody	London Borough of Redbridge
Sarah Warman	London Borough of Redbridge
Gareth Edwards	London Borough of Redbridge
Jacque Grieve	Faith Forum
Jennifer Lewis	Forest YMCA
Nita Madhani	Speech & Language Therapy, NELMHT
Marcia Samuels	Redbridge CVS
Ross Diamond	Redbridge CVS