

Health Challenge England – *next steps for Choosing Health*



LIFESTYLE DIET EMPLOYMENT
ENVIRONMENT ACTIVITY SCHOOL
EDUCATION CRIME TRAVEL

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Foreword



Good health and wellbeing is everyone's responsibility – individuals, communities, business, public services and government. In 2004 *Choosing Health: Making healthy choices easier* set out an ambitious agenda for change. We said we would work differently and we have been doing so. *Health Challenge England* describes this new approach to public health and also what we have learned over the past two years. It sets out the next steps in our strategy to support the changes we all need to make in our lives to enjoy the best possible health.

People are rising to the challenge. Today, there are 1.2 million fewer smokers than there were in 1998.

Government has a role in leading and enabling change. We are increasing our focus on delivery. An example is our approach to tackling geographical inequalities – almost a fifth of Spearhead areas are on track to narrow gaps in life expectancy compared to the England average by 2010.

These achievements are a testament to people's willingness to change and develop at all levels. Just as individuals have risen to their own health challenges, so too

have communities, institutions and corporations.

Over the past two years we have developed new alliances for good health and wellbeing – nationally across government and with industry and voluntary organisations, locally between public services and with business and third sector partners. These alliances encourage new approaches and challenge old ways of looking at health problems. They focus on building responses around people and their needs – where necessary underpinning those responses with national action to create the right environment for change.

Health Challenge England sets out how we want to build on those developments over the next two years, working in partnership across government and with industry and the voluntary sector to move further towards the goal of good health and wellbeing being something that every citizen can aspire to and enjoy.

A handwritten signature in blue ink, appearing to read 'Caroline Flint'.

Caroline Flint MP
Minister of State for Public Health

Introduction

Lifestyles in the 21st century present new challenges for health that will affect our whole life. Health challenges stem from choices we make in the way we travel, the food we buy, the way we use our leisure, and in the way we interact with others – in particular as we grow and develop through life. *Health Challenge England* is about recognising the shared responsibility we all have to make the changes that will help improve our health.



Our responsibility as a government is to understand how we can help people to live the healthy lives they want and create the conditions to enable them to make healthy decisions.

In November 2004, the White Paper *Choosing Health: Making healthy choices easier* set out an ambitious agenda of new thinking and practical action to tackle inequalities in health and engage people in looking after their own health¹. Understanding our nation's health is central to stepping up action to improve it. *Choosing Health* promised to bring together for the first time key indicators that provide a picture of the health of people in England to ensure that we continue to face up to this challenge.

The Health Profile of England published in 2006² brings together data on key indicators that provide a picture of the health status of people in England in 2004. It describes and benchmarks the health challenge faced when *Choosing Health* was first published. It demonstrates both the scale of the problem we confront as a nation today in tackling preventable ill health, and the unacceptable geographical variation in health and the inequalities this brings.

As is so often the case with health information at population level, the time taken to gather, validate and analyse data from many different sources means that *Health Profile of England* does not fully reflect recent progress – much of it achieved

through innovative partnerships between public services and with business and voluntary sector organisations. That does not diminish its value as a reference resource for strategic planning. One of the goals of our public health information strategy, *Informing Healthier Choices*³ is to develop real time public health data. We are making progress, but for the present, the analysis set out in this report provides a more complete and useful picture than we have previously had.

We have already made significant progress in meeting the commitments we made in *Choosing Health*⁴. This paper, *Health Challenge England – next steps for Choosing Health* sets out how we have developed this new approach to public health; a new approach that aims to enable everybody to make a contribution to the nation's health. It also describes how this will be taken forward in the next two years.

What have we learnt?

Over the past two years, we have learnt more about people's expectations around health and how we can build effectively on the successes, learning from the experience of the new approaches that have developed. This document will highlight some of these and give examples of how we are approaching health improvement in new, more targeted ways. These priorities are set in the context of public sector reform such as in health, education and local

government – for example, in *Every Child Matters: change for children* reforms of services for children and *Youth Matters* for young people and families – and new commitments for improved health and social care services in *Our Health, Our Care, Our Say*⁵.

The choices people make in how they live their lives impact on their health and wellbeing. Other factors play a part, but success in improving population health will depend on making it easier for more individuals to make healthier choices, as well as ensuring strong incentives and easier access to support – rather than inhibit – healthy choices.

We know there are some areas where government needs to take the lead in protecting people's health, but central government is only one player. Action by individuals and by government must sit alongside action led by communities, third sector organisations and business. This is the only way we can succeed in making healthier choices part of people's everyday lives.

This programme for change has been underpinned by significant new investment. We are committed to achieving sustained progress in improving the health of the whole population with a specific focus on health inequalities, smoking, obesity, alcohol and substance misuse, sexual health including teenage pregnancy, and mental wellbeing.

**Good health is dependent on what we eat,
how we travel, how we live**



People want more convenience and choice in the advice and support available on what they can do to prevent ill health

What happens next?

The foundations for the next steps are already in place. Many of the specific commitments outlined in *Choosing Health* have been met, a key one being legislation to make enclosed public places and work places completely smoke-free from summer 2007. (At-a-glance detail on progress across 13 key areas is in fact sheets published alongside this paper⁶.)

We recognise through feedback that people want to have more control over their own health and wellbeing. People want, and expect, more convenience and choice in the advice and support available on what they can do to prevent ill health. They also want early intervention when problems arise, and opportunities to extend self-care. We are emphasising prevention, choice and personalising service responses to individuals. We are examining the root causes of behaviour, and seeking new ways to engage with every part of society to create an environment where healthier choices are easier for all. Opportunities exist across life to improve health. But by connecting with parents and children, we can help develop healthy habits from the outset.

Our reform programme focuses on developing services designed to meet the needs of the people who use them and offering patients more

choice as well as a real voice in the services they get. These reforms apply equally to the range of responses the NHS and its partners offer, from supporting people in managing and preventing health problems, to providing care and treatment when they are ill.

The new emphasis on commissioning for health and wellbeing is underpinned by better local information about what services patients want, and their expectations. With greater diversity of providers including the third sector comes new opportunities to redesign NHS and its partners responses – not only to address the growing demand for prevention and health improvement services, but to tackle health inequalities.

Despite considerable challenges we face we can improve the nation's health: we have successfully reduced deaths from cardiovascular disease (coronary heart disease (CHD) and stroke and related diseases) – these fell by nearly 36% between 2003-05 over the 1995-97 baseline. Meanwhile, cancer mortality in people under 75 fell by 14% between 1996 and 2003. This equates to around 43,000 lives saved over this period⁷.

Much of this progress has been the result of effective prevention. But we also recognise that success depends on using the evidence of

what works to influence responses that impact on the way people live their whole lives. Understanding and acting on the different challenges different people face is key to delivering effective interventions.

One-size solutions usually do not work for all. *Health Challenge England* is not only shared by individuals and government, but also by communities, third sector organisations and business. Success depends on the choices of millions of individuals and organisations. Our task in government is to empower them all and create the conditions in which everyone can make healthier choices. We also need to guard against giving 'advice from on high', being nagging or self-righteous. Our job is to ensure good health is something every citizen has the right to and can enjoy. We have to shift the way we think about becoming healthier, away from negative views to something that can be easy for everyone and a popular thing to do.



A new state of play

The relationship between the state and people is changing rapidly. Most people are generally wealthier, healthier, better educated, have higher expectations, are living longer and expect to remain active during these years. Such changes represent huge national successes. But there are still far too many across the country who do not enjoy as good health as they could, and who are not able to benefit from the fruits of the progress experienced by the majority.



Tackling today's threats to health means examining the way we live. This is a challenge that we have to embrace; we have to see the world as it is. We have to understand the realities of how people live their lives, not make assumptions about how things are. We must be sensitive to people's needs and work with them to make the changes that they can and want to.

Why? Because once we do this, we really are better equipped to support people in changing their lifestyle for the better. Without such a people-centred approach we are blind to the challenges people face and risk providing support that is inappropriate and ineffective.

If this is our aim, then we must first consider some important questions:

- What do people know, and what do they believe, about the impact of lifestyle choices on health?
- What do people think about what might help them to make the best choices?
- How might the redesign of public services help?
- How can we best communicate and motivate people to make changes?
- How do we tailor our message to different age groups and sectors of society so we can support them fully?
- How do we identify what factors have the biggest influence on people's health where they live, learn and work?
- What would positively influence the choices people make when they are shopping, relaxing and enjoying themselves?
- How do we work with them to make healthier choices a reality?

We are already seeing the negative impact of lifestyle-related problems such as obesity, reduction in physical activity, increased alcohol consumption, stress, smoking and poor sexual health on our society. We are also seeing differences at community level in the incidence of these problems. In some areas health problems are being positively addressed. What can we learn from local successes to help support change elsewhere?

Leadership

As a government we take very seriously the challenge of supporting people's expectations that they will experience healthier, longer lives when in today's society it is often easier to make choices that lead to poor health.

We are adopting a new approach that will ensure people become drivers of change that firmly roots their desires and needs in improving health for all. It is an approach that recognises that most people do not compartmentalise their lives or their view of health in terms of specific diseases or risk factors for disease. Instead, it accepts the reality that every aspect of our lives relates to health – work, education, transport and leisure activities. They are all part of the bigger health picture and shape the society we live in. We recognise the need to develop a strategy that helps people manage the challenges themselves, and enjoy the rewards of better health through the choices they make in how they go about their daily business.

Delivering effective policy to support good health requires strong leadership across government. Joined-up government is essential to delivery on public health. We cannot afford to work with an 'us and them' mentality. We need to recognise where government can and should add value. This includes prioritising national effort, coordinating action between different departments, developing national research and intelligence and delivering national programmes of action when the benefits of economies of scale justify it. We must support local action by working with the media to keep positive health on the public agenda. At the same time, we need to recognise where action by central government is unnecessary or inappropriate.

CASE STUDY**Healthy Schools – Wales High School, Rotherham**

Since becoming a Healthy School in 2004, Wales High School in Rotherham is thriving with a number of well-established and pending schemes to enhance both the education and health of its school community.

Initially focusing on healthy eating, the school steadily introduced a healthier lunchtime menu, banned unhealthier drinks, limited the amount of confectionary in vending machines and – with the help of the pupils – established a healthy snacks trolley.

Pupils also have a staff-run fitness suite at their disposal and an extra-curricular sporting activity available to them on Friday evenings. PSHE lessons cover a host of issues including binge drinking and smoking as well as a yearly anti-litter poster competition for Year 7 children. The spiral PSHE curriculum continues into the sixth form and an annual health day enhances the PSHE curriculum.

Parents, meanwhile, continue to participate actively in sporting activities and will soon be involved in an upcoming community walk. As in all healthy schools, parents are invited to be involved in policy-making about health-related matters.

'The benefits of becoming a Healthy School have been numerous' says the school's Healthy Schools Coordinator Caroline Smith. 'The children are calmer and more attentive. They recognise what a healthy lifestyle is.' The school works constantly to raise awareness of the bullying issue that could surround any school, and pupils know how to react appropriately to counter any occurrence of it.

The Local Healthy Schools Programme provides Wales High with constant support and an annual conference allows the school to share ideas with neighbouring schools. Bolstering this support network are outside agencies such as *Food Lab* which supports the healthy eating mantra with a series of presentations and a local anti drug initiative called *Know the Score*.

Working together

We have taken steps to improve partnerships throughout government – focusing on areas where we need to ensure policies complement or support each other, and looking particularly at areas where policy goals in one area may cut across delivery of policy goals in another. Leadership for health improvement across government is provided by a cross-cutting cabinet sub-committee, chaired by the Deputy Prime Minister. This brings together ministers from key government departments to ensure joined-up action across the range of public health policies.

On specific issues, government departments are working together in an integrated approach to improve the likelihood of success. Many of our strategies focus on children and young people. This is for the simple reason that good health, wellbeing and understanding the risks of lifestyle choices in early life has a major influence on health outcomes and capacity to succeed in adulthood. The Department for Education and Skills (DfES), Department for Culture Media and Sport (DCMS) and Department of Health (DH) are jointly leading a cross-government strategy to tackle childhood obesity; DH and DfES are working together on strategies to develop Healthy Schools and reduce



Policy initiative: Teenage pregnancy and adolescent health

Teenage pregnancy rates are falling in most areas across the country, but progress varies considerably – from 42% increase to 42% reduction. To help all areas perform at the level of the best, we have published guidance setting out the success factors and made clear which young people face the greatest risk of early pregnancy and the negative outcomes for teenage parents and their children.

Four Teenage Health Demonstration sites (launched this summer in Bolton, Portsmouth, Hackney and Northumberland) have been set up to identify and drive forward good practice in helping teenagers manage the range of choices and risks to health that arise in adolescence.

teenage pregnancy; and DH is working with the Home Office and DfES on strategies for alcohol and drugs misuse. In each case government is engaging with a broad range of partners across the public, business and the third sectors, to identify innovative solutions and ensure maximum impact of development programmes.

We are also working together on issues that impact on adult health. DH, the Health and Safety Executive

(HSE) and the Department for Work and Pensions (DWP) are leading a strategy designed to promote improved health and wellbeing amongst people of working age. Caroline Flint, as minister with lead responsibility for increasing physical activity, heads a ministerial group involving colleagues from DCMS, DfES, the Department for Transport (DfT), the Department for Communities and Local Government (DCLG) and the Department for

Environment, Food and Rural Affairs (Defra). These groups are working together on a comprehensive approach to tackle sedentary behaviour and increase physical activity with the goal of achieving a fitter Britain by 2012.

Together we are developing a renewed and strengthened focus on delivery. An example of this is the high-level review on health inequalities led by DH and Her Majesty's Treasury (HMT). The review focused on what would be needed to meet the national target for reducing inequalities in life expectancy by 2010. It demonstrated that engaging with the community and delivering agents, and a rigorous approach to analysis, together with a focus on solutions, can help cut through seemingly intractable problems.

Following the review, we are improving the evidence on effective interventions to narrow the life expectancy gap. Key to this is first identifying which Spearhead areas are on track to deliver and which are not, then using that information to improve understanding of what succeeds in turning things round. A new National Support Team is being set up to provide support to Primary Care Trusts (PCTs) and local authorities on implementing the measures which are likely to be effective in tackling local health inequalities. Health inequalities is one of the NHS priorities for action in



>> Positive action: Creating the Legacy for 2012

In the year since introducing free estate-based sports and activity areas, first-time appearances at Stratford Youth Court went down by an incredible 25%. Of course, there may be a number of reasons for this, but making sports accessible during the Olympic bid process certainly had a positive impact.

What's more, research by Newham Council also found that a massive 92% of people surveyed who took part in sporting and cultural projects felt that such activities had increased their sense of community spirit⁶.

The Big Sunday community event, organised by Newham Council, attracted more than 32,000 people and helped to define local priorities for 2010. In addition Newham Fit Club supports adults in getting active and has been particularly successful in engaging people on low incomes through its emphasis on free or low cost activities such as exercise and swimming on referral, 2012 walking programme and 'well@work' activities.

Newham PCT, with a range of local partners, has also created Communities of Health, which involves local people in a movement for health, making it relevant to their experiences. In short, we are witnessing the start of a sustainable community.



2006-07 and will be a mandatory indicator for Local Area Agreements (LAAs) from 2007.

Local government has an important role to play in leading the planning and delivery of cross-agency working at a local level. Local authorities can bring together the range of agencies and organisations that influence people's health and wellbeing in the communities where they live, for example through development of children's trust arrangements, to ensure integration of public services for children.

Local Strategic Partnerships and LAAs are already demonstrating the potential of good partnership working. The forthcoming White Paper on local government will strengthen the Local Authority role in leading development of an agreed local vision for change, driven by community involvement. It will support local partnerships in securing excellent services for local communities and increasing flexibility for service providers to work together.

We know that improvements in health at community level go hand

in hand with developments that are found at the heart of a thriving sustainable community.

Developments that depend on building people's capacity, individually and collectively, to improve their lives through opportunities for education and skills training, employment, better housing, efficient transport – including cycling and safe walking – accessible recreational spaces and a strong community infrastructure.

Regeneration is a driving force in preparing for London 2012, and we are already seeing a real impact. The London Borough of Newham, where the bulk of the 2012 Olympic Games and Paralympic Games will be held, has already experienced significant changes. London 2012 is another example not only of strong cross-government action, but of what is possible when we work together with others.

Putting 'Understanding people's needs' at the heart of change

We must learn the lessons from what has and has not worked in

influencing the choices people make about their health. We know that just telling people what to do does not work. We also know that most people want to live healthy lives and that the biggest influence is their close family and friends.

We know that people only decide to change when they realise that the downside of changing is worth the payback. So any new approach needs to put people in the driving seat for choices that impact on health. We have to listen to people and understand how they want to live their lives, then use that insight to develop interventions that they will be able to take on board. This is called social marketing. The *It's our health* national independent review of social marketing¹⁰ demonstrates the

CASE STUDY

Local Area Agreements

LAAs have great potential to deliver improvements in health and social care outcomes. LAAs have proved an important catalyst for improved partnership working, particularly in areas with previously entrenched difficulties. LAAs have been extremely valuable in bringing people together, and providing a framework for joint working to address local issues.

We have also seen enthusiastic coverage of the health and wellbeing agenda from LAs and their partners. The vast majority of LAAs address important public health issues such as smoking cessation and increasing levels of physical activity. In addition, virtually all LAAs contain outcomes that address priorities for independence, well-being and choice for older people and social care outcomes, such as increasing the number of direct payments.



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>> Positive action: Cycling Demonstration Towns project

Darlington, Peterborough and Worcester were selected as three Sustainable Transport Demonstration Towns in early 2004 – after an open competition among local authorities in England.

DfT is investing £10 million in the project over five years, which aims to promote safe and pleasant walking and cycling as well as achieving increased use of buses and other forms of public transport.

Through the Cycling Demonstration Towns project, Cycling England is funding and working with six local highway authorities in Aylesbury, Brighton & Hove, Darlington, Derby, Exeter and Lancaster with Morecambe to develop an exemplary physical environment for cycling, supported by a comprehensive range of 'soft' measures to encourage more people to cycle.

DH officials have been working closely with colleagues from the DfT, Cycling England and South East Public Health Observatory, to put in place robust monitoring systems for measuring the health impacts and benefits of the Sustainable Travel Towns and Cycle Demonstration Towns projects. This builds upon a health impact assessment workshop for the Sustainable Travel Towns, funded by the Department in March 2005. In particular, we are keen to understand how the interventions across the towns will increase physical activity through walking and cycling.

need to apply this approach to health improvement. England is now at the forefront of social marketing practice, with the development of the world's first systematic approach to applying social marketing principles to guide action on health improvement.

What we have learned through delivering our existing single-issue based programmes is that often people's behaviours are multiple and more complex. We know from research that for many, a multiple message or approach will have a greater impact on our ability to influence them and support lasting change. For example, many negative behaviours are symptomatic of deep-rooted issues that relate to self-esteem. We need to address these deeper issues before we can hope to affect behaviour. Often it is about how to achieve the biggest impact and targeting people to give them the confidence to do things differently.

Social marketing is a set of tools that can help people achieve the changes we all need to make. It is about understanding where people

are in their own lives in order to help them build their own strategies for change. To achieve lasting behavioural change, social marketing requires investment in understanding the target audience at the beginning of any strategy. Only then can barriers and incentives to behaviour, in particular the factors that otherwise extend and prolong health inequalities, be clearly understood and addressed.

Social marketing approaches harness the power of both commercial and not-for-profit partners in order to connect with those hardest to reach. For example, the social marketing campaign on obesity next year will promote lifestyle changes for positive reasons rather than only discouraging risk-taking behaviour.

As a government, we have to ensure everyone has equal opportunity to engage in healthy choices. The big challenges such as health inequalities can be tackled more effectively by applying approaches, such as social marketing, that emphasise

development of targeted interventions for different segments of the population. These approaches are based on research with that segment, indicating what will and will not deliver change. Social marketing is about putting people back into the centre of national and local strategies for public health.

Social marketing approaches harness the power of both commercial and not-for-profit partners in order to connect with those hardest to reach



>> Positive action: Obesity Prevention Social Marketing Programme

The underlying approach to this programme is to identify a small number of key attitudinal and behavioural influences within childhood obesity and align as much resource as possible against these focus points to deliver positive changes. This will be achieved through developing a common strategy with partners based on these influences.

In order to achieve this, the team at DH worked with stakeholders to bring together academic and market research from across government, the academic community, NGOs and the commercial sector to identify the key focus areas.

These are as follows:

- Parents are unable to assess their personal/family weight status and/or do not appreciate the associated risks of being overweight and the connection with their 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.

Within each of these focus areas the specific behaviours, their drivers and the barriers to change have been identified and a strategy is being developed to tackle them. A draft strategy will be discussed with internal and external partners and launched early in 2007.



>> Positive action: Tobacco – how mass media as part of social marketing can communicate with target groups, provided you understand them

The tobacco control campaigns designed to motivate and support smokers to give up continue to play an important role in the overall programme designed to reduce smoking prevalence.

The use of customer insight, generated mostly through qualitative research, ensures the campaigns are influencing the behaviour of the key target audience of adult smokers from routine and manual groups.

The importance of mass media advertising to generate quit attempts is shown in quantitative research statistics. There has been a steady rise in smokers saying that advertising has been a trigger for quitting.

In 1999 only 8% of smokers said that advertising was the prompt for their most recent quit attempt, which compares with 37% of C2DE smokers in March 2006, ahead of 'something said by friends/family' (22%) and 'something said by a doctor' (19%).



CASE STUDY MOSAIC profiling

Evidence for effective targeting can be seen in the number of callers to the NHS Smoking Helpline, which is the principal call to action. Following the most recent testimonial campaign in February/March 2006, the most popular MOSAIC categories were:

- 'Municipal dependency', comprising families who lack the funds to buy their own homes and are reliant upon Local Authority housing, typically living on low-rise estates
- 'Ties of community', people tending to live in very established old-fashioned communities, traditionally marrying young and having manual jobs.

In July 2005 and September 2006, the 'Motivations that Matter' campaign used separate advertising for men and women to encourage 18–30-year-olds to give up smoking with the news of the effects smoking has on their looks (women: 'if you smoke, you stink') and sexual performance ('smoking causes impotence').

Focus groups with the target groups generated the insight, which informed the development of the campaign messages across all media. This targeted approach led to over 200,000 people responding to the campaign, via the web, text and helpline (July 2005).

Breaking down barriers and opening doors

Cross-departmental government action demonstrates that strategies for change require joined-up thinking. We must personalise health by reaching people in different, more empowering ways, responding to individuals not attempting to force change from the outside.



An enabling government has to engage and empower individuals, and improve public, private and voluntary sector collaboration with new ways of working. We need to find ways to engage with as many partners as possible in order to make a difference for people in their everyday lives. That's why with a number of influential partners we launched the 'small change, Big Difference' (SCBD) initiative earlier this year. The aim of SCBD is to encourage people to make small, but achievable positive changes in their lifestyle that have the potential to reap significant benefits.

New ways of working in partnership

An example of this is 'Boots Health

Club'. The initiative, which encourages people to take small steps towards health, has had a massive response.

Engaging people on their own terms, in their own communities

The challenge is to ensure that strategies and campaigns to support better health reach the maximum number of people, by working across organisations that influence people in their everyday lives. For this, we need a new style of leadership to create joined-up responses that address people's real life experiences. Business in the Community's work through 'Clubs that Count' shows just how successful such an approach can



CASE STUDY: Boots The Chemists – Change One Thing

The nationwide health and beauty retailer launched the 'Change One Thing' campaign in January 2006. The campaign is designed to provide expert solutions to help people lose weight, eat well, stop smoking, get fit, de-stress and look great. Over 1,000 people have also joined its weight loss programme. Boots then launched a free Health Club in April 2006, through which people have access to advice and information on the health topics most important to them. Boots hopes its Health Club will encourage many more people to take control of their health.

CASE STUDY: Clubs That Count

'Clubs that Count' is designed to capture, communicate and celebrate the positive work football and other sports clubs are doing in society and provide information to clubs to help them prioritise and support their involvement in the wider community.

The 'Clubs that Count' tracker is based on a framework that Business in the Community has developed, with the support of DH, through a series of consultations and engagement with a number of clubs, sponsors, football bodies, other government departments, sports charities and other businesses.

Business in the Community has invited clubs to complete an online tracker that asks questions about what they are doing in their communities. Twenty-three clubs completed it in this first year, 72% of which are based in areas of deprivation. It has revealed that 92% of these clubs are taking a holistic approach to promoting health including: tackling obesity, promoting physical activity and healthy eating, sexual health and drug awareness.

be. Similar approaches work at local level. The National Chlamydia Screening Programme is being rolled out across England to target young people most at risk of infection in both traditional health service settings and through innovative outreach programmes. High levels of infection are being detected and treated – 1 in 10 of young men and women aged under 25 tested.

And in Camden, a local pharmacy has forged strong links within the community and with other health providers to introduce easily accessible services that local people want and use.

Personalising information and individual responses

Choosing Health focused on the importance of personal support for people to help them alter their behaviour and achieve sustained change in the way they live their lives – in effect shifting from advice from on high to support from next door. This approach represents a new

health paradigm. Once we would have focused on transmitting expert advice and relying on fear tactics. Now we have learnt that in order to empower and motivate people to trigger sustainable behavioural change, we should use positive approaches, going beyond information provision and drawing on the skills and expertise of people and organisations that can provide direct help in school, at work or close to home.

To help with providing personalised support and advice in the most deprived communities, we developed the Health Trainer model to directly help people make realistic healthier choices. The real strength of Health Trainers is that they are ordinary people; they are part of the community in which they operate. They work in everyday jobs, and relate to everyday life.

Programmes providing Health Trainers through the NHS in the most deprived areas of the country are achieving high levels of engagement

To trigger sustainable behavioural change, we should use positive approaches, drawing on the skills of people that can provide direct help

CASE STUDY: Innovations in chlamydia screening

Connecting with young people – East Kent ran a ‘goody bag’ drop at nightclubs. The bag included a test kit, condoms and a CD. Other areas have run special ‘Valentines Day’ events on the same lines.

Web craze – North Staffordshire have started giving results via the Internet. Other programmes allow young people to access kits via the web and some have a web address to advertise screening events.

Passion Wagon – Brighton have done great work with peer educators and this year have got sponsorship from a pharmaceutical company to help hire a minibus complete with magnetic CSP advertisement on the side panel, to be called the ‘Passion Wagon’. The bus will travel around college sites and other places young people hang out.

Hard to reach groups – Coventry are working with the Terence Higgins Trust to target commercial sex workers and hard-to-reach gay men.

Targeting men – Reaching out into local areas to visit military bases, further education colleges, shopping centres and young offender institutions to increase screening amongst men.

Thinking laterally – pharmacies are playing an increasingly important role in the programme as venues to collect kits, and arrange and deliver treatment and contact slips. Other more unusual screening venues have included accident and emergency departments, occupational health departments, drug user clinics and a variety of places used by the homeless.

**CASE STUDY:
Green Light Pharmacy**

Green Light Pharmacy near Euston station in central London has invested in and actively involved their local community. Providing typical pharmacy services from ground-level premises, their basement has been transformed, with neighbourhood renewal funding and private investment, into a local health education and meeting centre with a particular focus on the needs of older people, ethnic minorities and those with long-term illness.

The pharmacy provides regular health education sessions to the Bangladeshi and wider communities, including specialist stop-smoking services. Pharmacy visitors also benefit from a PCT-funded public health assistant who conducts healthy lifestyle assessment and motivational counselling.

Green Light is also one of six partners in the West Euston Healthy Communities Project (HCP) which helps local people shape community services. Green Light operates, through the HCP, healthy walks from the pharmacy, health checks, diabetes support groups and health education. By working with the HCP partners, Green Light is able to provide mainstream services to the harder-to-reach minority groups.





CASE STUDY

Health Trainer: Bolsover Wellness programme, Cresswell Leisure Centre

The Bolsover Wellness programme started life as an exercise referral scheme, accepting referrals from GPs, practice nurses, health visitors, district nurses, respiratory nurse teams and community support workers. It also worked with people who have existing conditions such as diabetes, heart disease, musculo-skeletal problems, obesity, mental health and social exclusion issues.

However, since December 2005, three Health Trainers have also been part of the programme. From day one, they support people coming onto the scheme, build rapport and buddy them. They also signpost people to services available locally and help them take up those services (which might involve accompanying them to an initial appointment). They then follow up.

Health Trainers have added even more value to an already excellent project, by broadening out the service available far beyond physical activity. Those referring know that patients will get support across a much broader range of lifestyle issues to embrace healthy eating, weight loss, smoking cessation and general wellbeing.

Choosing Health recognised that business, the media and third sector organisations are often more successful in getting information across to people than government or public sector-led campaigns.



in local communities, from people who often miss out on mainstream health advice. The NHS Health Trainer programme has generated considerable interest from other sectors, including the army, prison service, and private sector companies who see the potential benefit in their organisations or recognise there will be a much wider support for this approach.

New approaches to health literacy have proved popular, with packages of education tailored to people's needs enabling them to learn about how to improve their own health, whilst obtaining basic adult skills.

Public consultation on health and care reform last year generated strong interest in the idea of an NHS health check to help people stay healthy or take action to improve their health before they become ill. In response *Our Health, Our Care, Our Say*³ committed to developing Health Direct and NHS Life check, a two-part service based on self-assessment followed by personalised advice and support from Health Trainers for those who need it.

Partnership with industry

Choosing Health recognised that business, the media and third sector organisations are often more successful in getting information across to people than government or public sector-led campaigns. The health and work agenda is a key area where partnership working with the CBI and trade associations is helping to spread understanding about health and wellbeing throughout the private sector.

We are also developing new partnerships with business and industry to tackle health problems and promote good health across a range of areas to ensure that people have the best information to make healthy choices and that the environment in which they make those choices is supportive.

Establishment of a new organisation, the Drinkaware Trust, with the drinks industry and non-industry stakeholders provides a new vehicle to lead campaigns to encourage sensible drinking and to change public behaviour positively.

We are also working with the drinks industry to ensure the promotion of responsible and sensible drinking, to make the true alcohol content of products clear and to avoid the marketing and selling of alcohol to those under 18 years of age.

Increasing public demand for information about the impact of diet on health is driving new dialogue with industry about food labelling. We know that busy consumers want a single, clear system to help them inform themselves about the food they are buying in the shops. There is already emerging evidence that clearer labelling leads to a change in purchasing patterns, while greater demand for healthier products is leading to innovation and diversification in the food industry. We need to work with industry to ensure that these benefits extend across all sectors of society, not just those people who can afford the obviously healthy choices.

>> Positive action: Skilled for Health

A national cross-cutting initiative, Skilled for Health was created by DH and DfES.

As the major government adult learning initiative, it pulls together goals for reducing inequalities in health and improving the literacy, language and numeracy (LLN) skills of adults, all within one programme.

Working alongside Skills for Life, Skilled for Health means programme users are encouraged to consider the link between LLN skills and better health.

There are learning programmes in eight different parts of the country, and these initiatives are opening up new horizons for users. We don't yet know the full extent of how adult education positively impacts on health, but early indicators show health-related adult learning is making a real difference to people's lives.

Feedback from Skilled for Health pilot projects has already shown that learners are experiencing improved confidence and self-esteem, increased levels of exercise, improved diet and better parenting skills.



CASE STUDY: NHS Health Direct

NHS Health Direct will be a free healthy living and learning centre available to the public on the Internet, digital TV, and via an SMS mobile service, in selected areas from the end of 2007, and nationally by early 2009.

This will add a new health and lifestyle information and advice zone, to complement NHS Direct's existing symptom relief and emergency services.

The benefits of an additional NHS Health Direct adviceline are currently being evaluated and, if given the go-ahead, this would be launched by the end of 2009.

NHS Health Direct is designed to appeal to people aged 16 and above, especially those least likely to help themselves, or seek support from the NHS or voluntary sector.

Presented in a candid, yet refreshing format, it will have interactive games and quizzes, and a selection of lifestyle programmes on popular topics to inform and engage viewers.

>> Positive action: Life Check

The new Life Check service will provide people with an opportunity to assess key aspects of their health and wellbeing. Life Checks will help people understand how their current lifestyle choices may affect their health, and direct them to information and resources to help them make positive health changes. We are initially developing and evaluating Life Checks at three key life stages: early years, adolescence and mid-life. They will focus on the important risk factors relevant to each key life stage, including diet, physical activity, smoking and emotional wellbeing.

People will be able to complete a paper-based or online assessment themselves, or in conjunction with a Health Trainer or other professional. Based on the outcome of that assessment, people will be offered tailored advice, support and signposting to local services to reduce their current and long-term risk of ill health.

These three Life Checks will build on existing policies and programmes at each life stage. For example, the early years Life Check is being developed within the framework of the Child Health Promotion Programme.

In addition, the Adolescent Life Check is being developed and piloted in the four recently launched Teenage Health Demonstration sites where we will be testing a range of youth-friendly services to improve adolescent health.

Life Checks will be available in a variety of settings and local methods of delivery may differ. However, the core Life Check assessment will always remain the same. Evaluation during this early phase will include an assessment of these different delivery models. Initial development and evaluation of the Life Check service is focusing on areas with the worst health and deprivation (the Spearhead areas). Life Checks will be tested in early adopter Spearhead sites from early 2007.

DRINKAWARE.CO.UK

CASE STUDY: Drinkaware Trust

As part of its Alcohol Harm Reduction Strategy for England, launched in 2004 (and subsequently reaffirmed in the *Choosing Health* White Paper), the Government announced that it wished to develop a fund, voluntarily financed by industry, but with broadly based support, to tackle alcohol misuse and alcohol-related harms.

The fund would be used to finance community and national activities across the UK and would be wholly independent of government. Government is also working with the industry to implement its social responsibility standards, which will address irresponsible promotions, underage sales and includes putting sensible drinking messages on alcoholic drinks labels.

DH was approached by The Portman Group, the organisation representing many of the UK's leading alcoholic drinks producers, suggesting that its charitable arm, the 'Drinkaware Trust', might offer a suitable vehicle to deliver the proposed new fund. The Trust had already come to prominence through its website and various advertising campaigns promoting responsible drinking, but was seen very much to be a product of the industry. It had not, though, succeeded in securing wider support, for example from the medical profession.

The Memorandum of Understanding between the Government, Devolved Administrations and The Portman Group establishing the new Drinkaware Trust was signed on 29 June 2006. The new Trust has already won the support of a broad range of stakeholders and represents a unique opportunity for industry and non-industry stakeholders to work together in common cause to tackle alcohol-related harms on a UK-wide basis.

Industry has committed a significant initial funding stream of £12 million over the first three years to finance the new Trust's activities. It is hoped that the new Trust will become operational early in 2007.





Sensible drinking messages initiative

The Minister of State for Public Health asked that a small group of alcohol industry representatives work with DH officials to develop a range of sensible drinking messages and unit information that can be displayed on alcohol drinks labels and at the point of sale. As well as to look at alcohol drinks promotions, she asked that the group consider the standardisation of such messages.

The following format for drinks labels has gone into market research testing:

- Standardised unit icon
- Chief Medical Officer Recommends/Dept of Health recommends men should not regularly drink more than three to four units a day and women should not regularly drink more than two to three units a day (and, in order to put this information into context for the consumer, showing the relationship against these recommended daily guidelines to the unit content of the product/bottle)
- Additional health message
- Drinkaware website address

The working group met in September to consider the outcome of this research and DH, along with OGDs, will make a recommendation of what should be included on alcohol drinks labels as well as information for point of sale, and when agreed consider a timetable for the implementation of these recommendations.





CASE STUDY: Food labelling

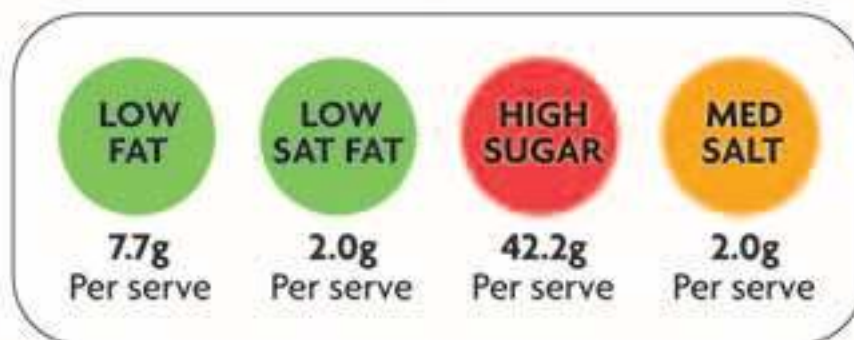
There is now general agreement that consumers need simpler front of pack labelling on processed foods to help tell them how much fat, salt and sugar it contains.

The Food Standards Agency (FSA) announced its preferred approach to front of pack labelling in March 2006, which is based on colour-coded multiple traffic lights for fat, saturated fat, salt and sugar.

Several retailers including Sainsbury's, ASDA, Co-op and Waitrose as well as McCain's have announced that they will adopt the FSA's preferred model. Other retailers and manufacturers have also introduced front of pack labelling based on Guidelines Daily Amounts (GDA).

Many food and drink manufacturers are placing their GDA labels on a much wider range of food and drink products than the FSA originally suggested.

The FSA and DH are continuing to work with the food and drink industry and will be independently evaluating the different models to see which is most effective in helping consumers make healthier choices.



Providing protection where needed

Government has a responsibility to act in the best interests of the whole population. There is a long tradition of legislation on a range of matters that impact on the public's health, from water quality to speed restrictions.



Choosing Health committed to government action where only government could secure the degree of change needed to protect people from harm. Such changes in legislation in part reflect the changing attitudes of society. Just a decade ago there was not majority support for restrictions on smoking in all enclosed public spaces and workplaces.

A comprehensive and sustained policy on smoking alongside shifting social attitudes has opened up new possibilities and today there is widespread support for legislation to make enclosed public spaces and workplaces completely smoke-free.

We must be bold in providing protection, where appropriate, in all areas that impact on people's health.

From this school term, school food is changing. The Education Bill will bring in significant changes to school food with new standards for school meals and restrictions on the type of food that will be available from school vending machines and tuck shops.

Ofcom is developing new rules for TV advertising of food to children, and the Government is also working with food and drink manufacturers and advertisers to develop new rules on non-broadcast advertising and promotion to children of food and drink that is high in fat, salt and sugar. We will review the situation in 2007 and will consider further action if this approach has not led to a significant change in the nature and balance of advertising.

These are areas where it is right for government to take the lead and respond to changing public awareness of the health problems associated with smoking and poor diets. But centrally-driven measures are more effective where there is good public understanding and supportive action from industry and public services.

Perhaps the most significant piece of public health legislation in recent years is that on smoking in public places. This is historic legislation that will touch everybody's lives. But its success will depend on working together as we count down to England going smoke-free.

CASE STUDY: Smoke-free legislation

In *Choosing Health*, the Government set out its intention to shift the balance significantly in favour of smoke-free environments through legislation. This has been achieved through the enactment of the Health Act 2006 in July 2006.

Public support for dealing with second-hand smoke in enclosed work and public places has risen considerably, due in no small part to beliefs that the Government should prevent people from doing things that put the health of others at risk.

National Statistics for 2005 found that 86% of those interviewed as part of the annual *Smoking-related behaviour and attitudes* study agreed that there should be restrictions on smoking in the workplace. Support for restrictions on smoking in enclosed places has risen sharply since 2003.

Second-hand smoke is a serious health issue. By looking at scientific and medical evidence, we know that second-hand smoke can cause a range of medical conditions, including lung cancer, heart disease, asthma attacks, childhood respiratory disease and Sudden Infant Death Syndrome.

Choosing Health recognised that tackling exposure to second-hand smoke is a hotly-debated issue. Understanding that people want to be part of the debate, DH consulted the public on the smoke-free legislation, and received 57,000 responses. The vast majority of respondents called for the proposed policy to be changed to make all enclosed public places and workplaces completely smoke-free. The Department has now finished consulting on smoke-free regulations to be made under provisions in the Health Act 2006. Through smoke-free legislation, virtually all enclosed public and workplaces will become smoke-free from summer 2007.

Getting ahead of the game

Better health brings both short- and long-term gains for individuals and communities, organisations, and society as a whole. By tackling the fundamental causes of health inequalities and ill health, we can improve many people's quality of life and help avoid the tragedy of early death.



CASE STUDY Sunderland Royal Hospital GUM

Sunderland Royal Hospital have improved their waiting times for their GUM service from 19% of patients seen within 48 hours in May 2005 to 71% in August 2006. Key actions to achieve this included:

- ‘Bottom up’ review of service configuration
- Monthly monitoring of waiting times instituted locally
- Extending opening hours to enable the clinic to open 12 hours a day at least 5 days a week and increasing walk-in sessions
- Regular input and support for service developments at monthly meetings from senior Trust staff at monthly meetings
- Appointment of a second GUM consultant and nurse manager (who is also responsible for all non-medical staff)
- Development of a multi-disciplinary team, in particular extending the skills base of nursing staff has enabled the clinic to extend opening hours as they are undertaking full episodes of patient care
- Defined roles and responsibilities for all clerical and administrative staff
- Review of the patient journey – this reduced the number of discrete steps taken by patients from 10 to 7
- Review of follow-up cases and delivery of results through institution of telephone clinics
- Sunderland PCT published a strategy for achieving the GUM access target and agreed to increase the size of the contract for GUM services delivered by Sunderland Royal Hospital by 50% to support delivery of the target and increased activity levels.

Delivering better health has never been of greater importance, which is why health inequalities and sexual health, especially access to genitorurinary medicine (GUM) clinics are priorities for action in 2006-07 for the NHS⁹. Good progress is being made in improving access to GUM clinics: 57% of patients were seen within 48 hours in August 2006 as against only 38% in May 2004 when data was first collected. A new continuous reporting system has been introduced to obtain better quality data that will strengthen performance management and local monitoring.

We recognise that early action and targeted preventive intervention has a significant impact on long-term

health problems. It is just as much a part of the good health service people have the right to expect, as high quality care in hospital.

Economic analysis also shows that early intervention and prevention as part of a continuum of care will produce efficiency savings for NHS and care services, and helps reduce sickness absence in the workplace. This analysis will be promoted by new guidance on partnership commissioning in the reformed health and social care system to be published early next year, including guidance on commissioning for health and wellbeing.

To deliver the ‘fully-engaged scenario’ recommended by Derek Wanless,¹⁰ and reduce future health

costs, NHS commissioners must develop services to help people engage in reducing the future health risks that lifestyle choices create. These need to be comprehensive, systematic, high-quality and easily accessible to the public. There needs to be a shift to better self-care combined with opportunities for people to build health and wellbeing solutions that suit their needs with local services. Closer joint working, including joint appointments across health and local government, will support this shift.

People’s knowledge of their own conditions or local environmental challenges can be harnessed more effectively to inform commissioning and planning of services that better



CASE STUDY

Smoking costs – modelling the economic impact of tobacco in the West Midlands

In 2004, the West Midlands Public Health Group commissioned a study to create an economic model to establish the impact of tobacco production, retail distribution and consumption on the regional economy.

It also assessed what the likely economic impact would be of a reduction in the number of people who use tobacco products.

It is estimated that the total cost of treating smokers and the effects of premature death, ill health and loss of productivity in the West Midlands amounted to more than £1.25 billion in 2001 alone and that businesses carried 69% of the cost burden.

The initial paper-based report received wide publicity and as a result a web-based version was developed using a more refined and accurate model with flexibility to alter prevalence data and cost assumptions and to include a wider range of geographies including PCTs and local authorities.

Use of the e-model, which can be found at the open website www.smokingcosts.org.uk, has enabled public health practitioners to demonstrate to others the true economic effects of tobacco on society (including the effects on different socio-economic groups), generate support for tobacco control measures from a wider range of interested parties and model the possible consequences of tobacco control interventions.

A regional launch of the e-tool included representatives from public health, tobacco control, local authorities and the business sector.

Publicity for this work has been obtained in local press, trade journals and national radio.

The work has also been featured at national and international meetings and conferences. The North East and Yorkshire and Humberside regions have commissioned additional work so that the e-model now applies to those areas.

meet individual and community needs. Responding to the Third Sector Task Force, the forthcoming commissioning framework will include guidance to help health and local authority leaders maximise the contribution of local social capital and create more opportunities for community-based support for self-care.

Population health impacts on both the local and national economy. Derek Wanless put forward strong arguments for improving the health of the whole population, in order to secure the capacity needed to build and maintain a strong, economically-viable NHS in the face of changing demography. Promoting health at work can improve the economic health of the country. We should not underestimate the role that

employers and the workplace can play in improving health or the impact that employment has for individual and family wellbeing. There is strong evidence showing that work is generally good for physical and mental health, and that being out of work is associated with poorer physical and mental health and wellbeing. Research has also shown that work can be therapeutic and reverse the adverse health effects of unemployment.

How do we support employers and employee representative bodies in making the most of the potential for better health and wellbeing in the workforce, to help build and strengthen local economies? 'Health, Work and Wellbeing: caring for our future' is a cross-departmental strategy seeking to improve the

health and wellbeing of the working age population, and enable people with health conditions to enter, remain in or quickly return to work. Government is working with a wide range of partners, including employers, trade unions, insurers and healthcare professionals, to create healthier workplaces and reduce the likelihood of people becoming injured or sick at work. This strategy will also encourage the provision of good occupational health services, as well as enhanced rehabilitation and return-to-work support in both public services and private sector.

We have established that there is a strong business case for reducing sickness absence both for employers and individual employees. We are working with partner



CASE STUDY

New proactive approaches to managing stress and other mental illness in the Prison Service

- 24.6% of total absence, April to June 2005, was due to psychological problems
- Between 2001/02 and 2002/03, there was an increase of 7.8% in the rate of psychological absence but there has since been a significant fall – 17.0% up to 2003/04 and 19.6% by 2004/05
- Long-term sickness absence fell 22.9% between 2002/03 and 2003/04 and a further 3.7% between 2003/04 and 2004/05.

Recently, Her Majesty's Prison Service (HMPS) has introduced welfare support systems and HR policies aimed at reducing stress, including an imminent contract for stress support and the introduction of wellbeing days. HMPS is also working closely with HSE advisers on a stress reduction strategy through the implementation of stress management standards. These actions have already led to a 3% fall in days lost to stress-related illness.

>> Positive action: Condition Management Programme (CMP)

Remaining in work or returning to work is good for health and wellbeing. Increasing employment and supporting people into work are key elements of the UK Government's public health and welfare agenda.

The CMP is one of the voluntary choices offered to Incapacity Benefit Claimants in Pathways to Work areas. They are non-treatment interventions aimed at helping the individual to understand and manage their condition.

CMP demonstrates the benefit of cross-government working between DH and DWP in facilitating active partnerships between the individual, Jobcentre Plus, PCTs and multidisciplinary healthcare professional teams. Working together, we can help people to access the information that they need to make the right choices about health, work and wellbeing.

organisations, such as Investors in People, to develop the tools that will help organisations build on the benefits of good health in the workforce. We are engaging with healthcare professionals, giving them the training and support necessary to provide informed advice to patients on fitness for work and options for return to work. This shift in the system is necessary if change is to happen through coordinated action across all sectors of society.

We must continue to examine what works, recognising and quantifying benefits, building on existing evidence and developing better understanding where there are

gaps in knowledge. We must also be prepared to support new ways of working, heeding Derek Wanless' message: '... the need for action is too pressing for the lack of a comprehensive evidence base to be used as an excuse for inertia.' We must therefore be ready to go further: if we do not know what will work we need to try new ways of working and learn from them. The Condition Management Programme (CMP) is a good example of this sort of approach.

We know that there is a huge demand for good health from the population but at the same time a lot of unhealthy behaviour. We also

know that the voluntary sector and many businesses are making a great deal of effort to promote positive health. If we accept the principle that health is everyone's business and that good health in the workforce is integral to a thriving economy, then we must improve support for health across government, voluntary and business sectors. If we can better connect this effort nationally, we will get ahead not only by smarter, better-targeted action in the NHS, but by improving health and wealth across the board.

Working together, PCTs, local government and practice-based commissioners can use information about local health needs to develop new ways of making health and wellbeing services more responsive to communities

Promoting health through system reform

The goal of thriving, sustainable local communities is a central aim of public service system reform. Improvements in individual health and wellbeing will be integral to any strategy for success.

- How do we identify and understand what makes for success?
- How do we then use the evidence to achieve and sustain change?
- How do we align individual, community and whole system incentives to increase efficiency and develop quality and scope of health improvement services?
- How do we understand and replicate what will make for success in different circumstances?

We do it by making national strategies for tackling health inequalities and improving health, achievable through commissioning and delivering high-quality services. We do it by responding to local needs at community level and providing support to meet those needs, and by sustaining our efforts at national, regional and local level. This is what underpinned policies in *Our Health, Our Care, Our Say*, and is one of the drivers behind forthcoming proposals for changes in local government.

Analysis in the *Health Profile of England* demonstrates the importance of understanding and responding to local differences in designing and commissioning public sector services to respond to local population needs. The rigorous approach taken to analysis of life expectancy and health inequalities in areas with the worst health and deprivation, through the high-level

review on health inequalities, showed unexpected differences between areas and between men and women within them. With good analysis, and using social marketing approaches to understand people, local commissioners can target action on health improvement where it will make most difference.

Working together, PCTs, local government and practice-based commissioners can use information about local health needs to develop new ways of making health and wellbeing services more sensitive and responsive to communities. Strategic commissioning, built on an understanding of individual and community needs, will clearly identify the scale of local wellbeing challenges, as well as their current and future costs, enabling cross-community investment to reduce them.

Taking the lead in local communities

Strong leadership for health and wellbeing is key. This will be provided by Directors of Adult Social Services, and Directors of Public Health (jointly appointed across health and local government), working alongside Directors of Children's Services. Together they will lead local strategic needs assessments, then plan for the delivery of more effective health and wellbeing outcomes, alongside reductions in local health inequalities.

Effective commissioning will drive local capability and capacity development. New models of provision in the public sector, alongside development of social capital (achievable through better-commissioned partnerships with the third sector), have the potential to secure innovative approaches that

are more responsive to what people want. Developing providers to deliver new and innovative health improvement services will be essential. Health trainers are one such example of new models of provision that aim to look at people and their whole health, not see them as cases with diseases and lifestyle problems.

Government Offices for the Regions and the new Strategic Health Authorities provide a vital link in the delivery chain for health and wellbeing. Working with Regional Assemblies, the GLA and Regional Development Agencies, they have the potential to develop powerful alliances to tackle health inequalities, incentivising and building on these approaches to develop a strong infrastructure for health and wellbeing with the right skills in the right place. An infrastructure that is capable of responding to the range of needs across the whole population.

In May 2006, Sir Michael Lyons's interim report on the future function of Local Government¹¹ emphasised the importance of its role in coordinating local services to build sustainable communities. The forthcoming White Paper on local government will bring in measures to empower local people to influence, change and support the development of stronger coalitions across public services to improve community health and wellbeing.

Ensuring system reform reaches out into the community means we shape decisions at local level. By committing ourselves to deliver and develop solutions that help local commissioners work effectively, we help them shift towards increased spend on health and wellbeing.

This process started with the July commissioning framework and System Reform publications for the NHS, accelerating with the publication of the associated operating frameworks. This will culminate in the new year with the publication of commissioning frameworks for joint commissioning for health and wellbeing.

By creating an ongoing dialogue with local residents, including children and young people, local commissioners can create a mandate to develop individual and community solutions and provide services where gaps exist. These will be based around the needs of the very people they are designed to help, rather than relying on historic precedent or simply expert opinion about what people need.

>> Positive action: London Health Observatory

An example of how investment can support people in giving up smoking before they have an operation comes in the London Health Observatory. Researchers here have shown that if all London patients stopped smoking before a planned operation, 2,500-5,300 complications of surgery would be avoided each year which could mean a saving of between 2,600 and 4,000 bed days and up to £1 million per London PCT.



Health Challenge England – the next steps

Our Health, Our Care, Our Say and *Choosing Health* set the agenda for a paradigm shift in national attitudes to health, moving the debate on to quality of living as well as life expectancy; from one-size-fits-all to personalised support where people live their lives. We are already seeing recognition of collective responsibility and willingness to make this happen.



Health Profile of England sets out the immense challenge we faced in 2004. *Health Challenge England* shows how we are facing up to this by developing a new approach to delivering public health and taking forward our policy commitments. The next steps in developing the strategy will target action on tackling the root causes of ill health, through a focus on really understanding and empowering people to make positive health choices and ensuring that those choices are possible for everyone not just the few.

The main elements of this approach are:

- **Providing strong leadership across government at national and local levels, joining up policy development and seizing the opportunities this brings – for example, on physical activity**
- **Developing a stronger focus on understanding people, using tools such as social marketing to determine what works for different sectors of society – for example, through the obesity campaign**
- **Forging new partnerships with industry, the voluntary sector and communities, and providing better information and opportunities to empower people to make positive choices in everyday life – for example, through food labelling and ‘Clubs that Count’**
- **Personalising support in improving health backed up by opportunities and systems to follow through – for example Life Check and Health Direct**
- **Providing protection where needed, such as legislating to ensure smoke-free public and work places**
- **Getting ahead of the game by focusing on key priorities for delivery, understanding where change will make the most impact and quantifying the benefits for the public and business sectors to build a strong case for change – for example, through promoting health at work**
- **Ensuring system reform is aligned to improve health and tackle health inequalities – for example, through the commissioning framework for health and wellbeing and the forthcoming local government White Paper.**

Today, government, society and individuals are engaged in a new dialogue. Together we need to stand up to the health challenges we all face. After all, health does not belong to the Government, but to people. For this reason alone we must always put them at the heart of improving health and tackling inequalities.

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