Choosing Health?

A consultation on action to improve people's health

SPRING 2004

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Policy HR/Workforce Management Planning Clinical	Estates Performance IM & T Finance Partnership Working
Document Purpose	For Information
ROCR Ref:	**Gateway Ref:** 2840
Title	Choosing Health? A consultation on action to improve people's health
Author	Department of Health
Publication Date	03 March 2004
Target Audience	PCT CEs, NHS Trusts CEs, SHA CEs, Directors of PH, Communications Leads, Local Authority CEs
Circulation List	NDPBs, Voluntary Organisations, OGDs, Govt Offices for Regions
Description	Consultation on Public Health in advance of a White paper. Consultation to end on 28 May 2004. Responses to be sent to Choosing Health? Project Team (contact details below).
Cross Ref	N/A
Superceded Doc	N/A
Action Required	Contributions as appropriate
Timing	Consultation ends 28 May 2004
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Contents

Foreword:
by the Secretary of State

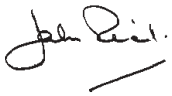
We are seeing a huge upsurge of interest in improving people's health and wellbeing. It dominates pages in the press every day – and not just for the New Year resolution season. This is all to the good. So too is the recognition that each of us has a responsibility for our own health. There is a growing recognition that the health and well being of communities and society as a whole is not just a matter for central Government, the NHS and other public services. Individuals, organisations and communities all play a part and are looking at how to make things better.

Of course, though people and their communities are the key, that does not mean that the Government should do nothing. Just as it is wrong to see action on health as solely a matter for the Government, so it is wrong to say that Government has no role. We have to strike the right balance between the contributions that the Government and others will make.

The Government's key priority to date has been to use the massive investment in the NHS to tackle the public's top priority in health – improved and faster access to high quality health services. We have delivered real progress, reducing premature deaths from coronary heart disease by 23% and cancer by 10% since 1997. Now that the foundations are in place, we have an opportunity to focus on improving health and preventing illness. In his recent report Derek Wanless has given us a real challenge to strengthen the drive for better health. We need now to decide what will make the most difference, building on what we already know works. We need to build on activities already underway to develop a cohesive and coherent strategy to improve health. And then we need to make sure that we put those plans into action to deliver real improvements.

We want your views on the role individuals, central and local government, the NHS, the public sector more broadly, the voluntary and community sector and industry, the media and others should have in helping people to be healthier. We know what the big challenges are in terms of smoking, obesity, diet, sexually transmitted infections and health inequalities. We need now to agree on how best we can make a real difference. How can we all work together more effectively to promote the health of all? How can we ensure that all our children are given the best possible start in life? How can we ensure people have a healthy retirement? How can we ensure people have the local environments, services, facilities and information they need to choose healthy lifestyles? What will really make a difference? How can we overcome the barriers that have hindered progress in the past?

This is a conversation that must take place not only around the Cabinet table, but in homes, workplaces and communities across the country. I hope you will take part in this consultation and encourage others to do the same.



JOHN REID
Secretary of State for Health

Chapter 1: The Context

1

Where we are now: an analysis of the problem

1. Good health and well being is fundamental to us all, enabling us to live active, fulfilled lives. The Government is absolutely committed to achieving better health for everyone, which is why we have put record levels of investment into the NHS. But just treating people when they become ill is not enough. Just as vital is taking action to safeguard health and prevent illness and disease, promoting healthier and longer lives. We all know that there are some simple things that we can do to improve our own health, like eating a healthy diet, stopping smoking and being more physically active. Many people are already taking these steps.

> "Strengthening public health means that we need to inspire, we need to explain, we need to communicate. We need to create a commitment to change amongst all of society, that builds on the impetus already gathering in communities, and nationally."
>
> Sir Liam Donaldson, Chief Medical Officer

2. Yet although many people are aware of steps that will improve their health – such as those set out in the Chief Medical Officer's 10 tips for better health[1] – there may be barriers which mean they do not act on them. For example, there may be a lack of safe places to walk or it may be quicker and easier to obtain unhealthy food than to ensure a balanced diet. It may be all too easy to drift into choices that are bad for our health.

3. There remain major challenges to be tackled – some of the statistics are genuinely shocking:

- 1 in 5 children does not eat any fruit in a week[2]
- Men in Manchester are likely to die on average 8½ years earlier than men in Rutland[3]
- 1 in 10 sexually active young women are infected with Chlamydia, one of the most common sexually transmitted infections.[4]
- In 2001/02 33 million working days were lost due to work-related ill health[5]

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1 CMO's 10 tips for better health are set out on the sheet accompanying this document and are available from the website or from the project team. See Chapter 5 for details.
2 National Diet and Nutrition Survey of young people aged 4-18 (published June 2000)
3 Office for National Statistics (www.statistics.gov.uk)
4 A pilot study of opportunistic screening for genital chlamydia trachomatis infection in England, 1999-2000, DH.
5 Self-reported work-related illness in 2001/02: Results from a household survey, National Statistics HSE col 06/03.

4. These health inequalities are challenges not just for the NHS. The whole of society benefits if people stay healthy and we all have a role to play in improving health. Central government, local government, the public sector, individuals, the public, industry, businesses, the media and voluntary and community organisations can all have an impact and need to be involved. Good health brings benefits to society as well as to individuals.

Did you know?
Sick leave cost the economy £11.6 billion in 2002, an average of £476 per worker and approximately 40% of absence costs were from the long term sick. (See A Safer Place to Work, NAO 2003; Absence and Labour Turnover Survey, CBI, 2003; Business and Health Care for the 21st Century, CBI, 2001.)

So what could the future look like?

5. In 2002 Derek Wanless published *Securing Our Future Health: Taking a Long-Term View*[6], a review examining future health trends and identifying the factors determining the long-term resource needs of the NHS. The Review presented three alternative future scenarios, depending on how productively the NHS uses resources, and the extent to which people are successfully engaged in protecting and promoting their own health and in managing their own care.

Scenarios in the Wanless report:

Slow uptake – there is no change in the level of public engagement: life expectancy rises by the lowest amount in all three scenarios and the health status of the population is constant or deteriorates. The health service is relatively unresponsive with low rates of technology uptake and low productivity;

Solid progress – people become more engaged in relation to their health: life expectancy rises considerably, health status improves and people have confidence in the primary care system and use it more appropriately. The health service is responsive with high rates of technology uptake and a more efficient use of resources; and

Fully engaged – levels of public engagement in relation to their health are high: life expectancy increases go beyond current forecasts, health status improves dramatically and people are confident in the health system, and demand high quality care. The health service is responsive with high rates of technology uptake, particularly in relation to disease prevention. Use of resources is more efficient.

[6] Securing Our Future Health: Taking a Long-Term View, Derek Wanless, published April 2002, see www.hm-treasury.gov.uk/Consultations_and_Legislation/wanless/consult_wanless_final.cfm

6. One of the Review's scenarios – the fully engaged scenario – envisages a future where there are not only better health outcomes, with longer life expectancy, but also a fundamental change in focus for the NHS, moving away from being primarily a 'sickness service' to having a twin aim: keeping healthy people fit, and helping those with health problems to remain as active as possible.

7. The groundwork to achieve the fully engaged scenario has already been done. The Government's White Paper *Saving Lives: Our Healthier Nation*[7], published in July 1999, identified the big killer diseases, the scandal of inequalities and set out the "healthy behaviours" that would make a difference. The *NHS Plan*[8] set out targets and action for the NHS and others to improve health and reduce inequalities. It aimed to achieve this by reducing inequalities in access to NHS services, as well as working in partnership to tackle the causes of ill health. Much is being achieved, at local level in neighbourhoods, communities, schools and healthy living centres, and at the national level through initiatives like smoking cessation clinics, new child health screening programmes and the National School Fruit Scheme. There has been excellent progress: premature deaths, from coronary heart disease have been reduced by 23% and cancer by 10% since 1997[9]; there has been a 10% fall in under 18 conception rates since 1998[10]; and the data on suicides for the last two years shows the lowest rates yet.[11]

8. Building on this, in July 2003 the Department of Health together with 11 other Government Departments published *Tackling Health Inequalities: A Programme for Action*[12], which set out action on a broad front to address the inequalities found across different geographical areas, between genders and different ethnic communities, and between different social and economic groups. In particular, it identified the vital role at the local level for Primary Care Trusts and local government to work together in partnership with local communities to tackle the causes and consequences of health inequalities.

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7 Saving Lives: Our Healthier Nation, published June 1999, see www.archive.official-documents.co.uk/document/cm43/4386/4386.htm
8 *The NHS Plan*, published July 2000, available through www.dh.gov.uk/publicationsandstatistics
9 *The NHS Cancer Plan – Three Year progress report – maintaining the momentum*, available through www.dh.gov.uk/Publicationsandstatistics
10 Office for National Statistics (www.statistics.gov.uk)
11 Office for National Statistics (www.statistics.gov.uk)
12 Tackling Health Inequalities A Programme for Action, published July 2003, see www.dh.gov.uk/PublicationsAndStatistics/Publications/

9. But more needs to be done. As well as the positive improvements, we face some worrying trends, such as the trebling in the incidence of obesity in just 20 years[13]. We also face some stark health inequalities, for example, people living in the most deprived areas are twice as likely to suffer from lung cancer as those living in the most affluent areas[14]. Derek Wanless has recently published a further review, which focuses on prevention and the wider determinants of health in England and on the cost-effectiveness of action that can be taken to improve health and reduce inequalities. In *Securing Good Health for the Whole Population*[15] he has set out the challenges which the Government faces[16]. The summary of this report is reproduced in the resource pack accompanying this document.

Did you know?

You are nearly three times as likely to be out of work and on sickness/disability benefits if you live in the North East than in the South East. The cross-Government Occupational Health strategy 'Securing Health Together' focuses on the links between work, health and rehabilitation. (See www.ohstrategy.com)

10. If as a country we fail to meet these challenges we shall pay the price through more illness and an increase in premature death. Meeting these challenges will improve the health and wellbeing of the public. At the same time the costs – whether NHS expenditure, workforce productivity or distress to individuals – will decrease, benefiting society as a whole. It is time for us all to think in a more focused way about the opportunities we have to work together to improve our health.

Did you know?

The Foods Standards Agency recommends that an adult should drink 'around six to eight cups, mugs or glasses of water (or other fluid) per day'. Dehydration has been identified as one of the risk factors for falls in the elderly. Falls can easily lead to life-threatening fractures. The risk increases with age. (See water.org.uk)

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13 Tackling Obesity in England, National Audit Office, 2001
14 Geographic variations in health, Office for National Statistics, DS No 16, 2001
15 Securing Good Health for the Whole Population, Derek Wanless, February 2004.
16 The summary of this report has been included in the resource pack. This is also available on the website or from the project team. See Chapter 5 for details.

11. More information on the current state of our health and initiatives already underway to improve it is available in the fact sheets in the consultation resource pack[17]. The fact sheets cover:

- Accidents
- Alcohol misuse
- Diet
- Drugs
- Exercise
- Inequalities
- Mental Health
- Obesity
- Sexual Health
- Smoking

Next steps

12. This document is part of a resource pack that signals the start of a programme of local, regional and national consultations on improving people's health. Consultations will be led at local and regional levels by the NHS and Local Authorities. Further details are set out in Chapter 5 ("The process of consultation and how to contribute").

> "The NHS is concerned with improving health as well as treating illness. The incredible knowledge and strengths of NHS people – and the thousands of contacts with patients and the public every day – mean that we can do even more to provide health in the future. I am looking to NHS Chief Executives to involve their organisations in this debate, support local consultation and, of course, deliver its outcomes".
>
> Chief Executive of the NHS, Sir Nigel Crisp

13. Outputs from the consultation will feed into the production of a new White Paper, to be published this summer. The White Paper will set out what the Government will do to achieve change right across the public sector and in partnership with other organisations. It is the next step in the programme of concerted action to generate sustainable improvement in health – a programme which involves people from all backgrounds and in all walks of life.

14. We have an opportunity to put the nation's health centre stage and generate momentum for social action to make real improvements to people's lives. This consultation is just the start. The consultation will establish the links, both at local and national levels, that support ongoing dialogue and participation.

[17] The factsheets are also available on the website or from the project team. See Chapter 5 for details

2 Why have a consultation?

> "None of us wants to see our children and grandchildren grow up to become less healthy than our generation. We want you to become active participants in the debate and to help us engage others."
>
> Melanie Johnson, Minster for Public Health, 23 February 2004

1. Improving the health of the nation and tackling health inequalities are priorities of the highest order for the Government and the Department of Health. In recent years, the Government has led a programme of action which has made real progress in improving health[18]. But there is more to be done to improve health, and health inequalities persist and are resistant to change. We understand a lot about what's wrong – now we need to work together to put things right.

2. The Government does not have all the answers. Last year we consulted people on how to expand choice and responsiveness within the NHS whilst preserving and enhancing equity. Around 110,000 people were reached by that consultation. The richness of the consultation responses was very impressive and has given us a challenging and exciting work programme to take forward. We are looking to generate the same sense of enthusiasm and creativity with new ideas of how to promote good health across all parts of society.

3. We are not starting from scratch. A range of programmes are already underway or in the pipeline. For example, work has already begun, in consultation with stakeholders, on developing a Food and Health Action Plan to improve diet and health through coordinated and concerted action by Government, industry, individuals, the NHS and schools. The Activity Coordination Team is also developing proposals – building on existing good examples of what works in this and other countries – to drive up levels of exercise in England among both children and adults.

[18] For further details see the factsheets in the consultations pack, which are also available on the website or from the project team. See Chapter 5 for details.

4. The Government wants to build on the work that is already in progress. This consultation offers an opportunity to extend the debate, to work out a more cohesive and coherent approach to improving health, to share innovation and best practice and to ensure delivery. We want to sharpen the focus on some of the challenges and stimulate a debate that will help:

– Define roles and responsibilities,
– Prioritise what should be done,
– Engage all partners in improving health, and
– Establish a clear course of sustained action and evaluation.

Defining roles and responsibilities

Derek Wanless' new report Securing Good Health for the Whole Population sets out a new definition of public health:
"the science and art of preventing disease, prolonging life and promoting health through the organised efforts and informed choices of society, organisations, public and private, communities and individuals."
This bring up to date a long-standing definition for public health.

5. Improving health and narrowing health inequalities are issues for society as a whole, not just the Government. The Government cannot force people to make healthier choices nor should it tell people how to live their lives. But the Government can and should provide information, encouragement and support to enable everyone to make healthier choices no matter where they live, who their parents were or how affluent they are. And that includes making sure people whatever their background can access information and advice so that they can make informed decisions within health friendly environments. Government's role is to ensure that the right balance is struck between individual freedoms and the public good.

"...the prime responsibility for improving the health of the public does not rest with the NHS nor with the Government, but with the public themselves."

John Reid, Secretary of State for Health, 3 February 2004

6. Central government and the public are not the only key players. The NHS and other public bodies, local government, the voluntary and community sector, individuals, communities, industry, retailers, employers and the media all have a role to play. However, the Government can facilitate and co-ordinate action to help maximise opportunities to improve people's health.

Prioritising what should be done

7. We need to concentrate effort where it will make the most difference. We need a debate about the relative priorities that individuals and organisations attach to the many possibilities for action within the public health agenda. This consultation offers us an opportunity to engage in a serious debate about what action to take over the next five years; and what the priorities for the longer term are. Prioritisation will mean considering:

– Are the proposals practicable?
– Is there evidence that they will work?
– How do we overcome barriers to implementation?
– How will they impact on inequalities?
– Do the benefits outweigh the costs?

Did you know?
About 2.5m homes are cold enough to cause ill health during any winter in England (DH 1999).

Working together to improve health

8. Real progress can only be achieved through concerted efforts. As part of the debate we also want to explore how to strike the right balance between the contributions that different people and organisations will make. We need to develop a clearer understanding about who is best placed to act on a given issue, what the limits to their involvement are, and how to ensure that they can and do play an active part in improving people's health.

Meeting the delivery challenge

9. There has been a lot of analysis of the problems we face in improving people's health. But analysis on its own does not deliver results. The Government wants to use this debate to identify not just what we all can do to improve health, but also how to do it, and how we will know when we have achieved it.

10. This consultation, and the White Paper which will follow, should not be seen in isolation. This is only the first stage in a new approach to public engagement in health, which will link in with the many strands of work, new and ongoing, locally and

nationally, to ensure that efforts are focused on action that really makes a difference to people's lives.

Did you know?
People who cycle regularly enjoy a fitness level equal to that of a person ten years younger (National Heart Forum for Coronary Heart Disease).

Why are we doing this now?

"The idea of partnership is not new but new approaches are needed if we are to address the formidable challenge of increasing opportunities to improve health and reduce inequalities."

Dr Fiona Adshead, Deputy Chief Medical Officer

11. Awareness and interest in health issues continues to grow. People are better informed and more involved in their own health and wellbeing. It is clear from the level of media coverage of health improvement matters that there is an appetite for a wide public debate. In addition, Derek Wanless' new report *Securing Good Health for the Whole Population* lays down serious challenges to all of us and demands a serious discussion.

12. Not only are we ready to hold such a debate now, but the timing of this consultation will fit well with the Government's planning process. This summer, the Government will announce its national priorities on health and plans for expenditure for 2005 to 2008. The Government Spending Review will set out plans for expenditure across Government. The priorities for health will be set out in the Priorities and Planning Framework for the NHS set by the Department of Health. Healthier Communities and reducing health inequalities is a shared priority for national and local government and will be reflected in the Comprehensive Performance Assessment and the Best Value Performance Indicators, and in the next theme round for Beacon Councils. We want the outcomes of this consultation to tie in with those plans.

Did you know?
Some areas of the country still have death rates that are the same as the national average in the 1950s (CMO's Annual Report, 2001).

3

Who should take part in this consultation?

"It is clear from the current debates on public health that we all have a stake in the future of our health and the health of our children. Real progress will depend upon the concerted efforts of the NHS and other public bodies, local government, industry, the media and the voluntary sector. Above all it will depend on working with people's own desires to lead better, healthier lives"

John Reid, Secretary of State for Health, 10 February 2004

1. The Government wants this consultation to be as extensive as possible. We want to hear from organisations that have an influence on people's health and the choices people make about health. But it is crucial that this debate is also informed by individuals and communities, so that we can be clear about what role individuals want central and local government to play in improving health. What would make the most difference for people trying to make healthier choices and make those choices easier? What should the Government, the public sector and industry do first to promote better health? Are there different actions for groups which have higher levels of ill health and, if so, what are they?

2. The consultation therefore is aimed at everyone, including those in the groups and areas experiencing the worst health outcomes. A successful consultation will capture, as a minimum, the views, ideas and aspirations of the general public, voluntary and community groups, the NHS, the wider public sector, public health professionals, clinical experts, people involved in the management of health and social care, media commentators, major employers and industries with a key role in food, alcohol, leisure and hospitality.

3. The Government already has a number of programmes and initiatives under way which are developing new approaches to promote better health, for example the Food and Health Action Plan and the Activity Coordination Team[19]. We would like to see these and other groups debating and contributing to the consultation, which will draw on the results of those exercises as well as the direct responses received.

[19] Examples are given in the fact sheets accompanying this document.

4

The questions

The consultation will have a number of strands to it. Further details are set out in Chapter 5. The questions in this Chapter are intended to help stimulate the discussions and debates that will be held locally, regionally and nationally:

Questions for individuals and communities

Did you know?
The Time Use Survey, conducted in 2000, found that eating, working, sleeping and watching TV are what people in the UK do most. A third of the day is spent sleeping, and together these activities take up more than half a day.

1. ***What you eat and how you spend your time at home, school, work, leisure make a difference to your health.***

What would make most difference to the choices you make:
– do you want more, or different, information about what matters?
– where would you like to get information from, for example GP surgeries, telephone helplines such as NHS Direct, the internet, shopping centres, the workplace, leisure centres?
– are there choices you would like to be able to make which aren't available to you now?
– what would help you to make healthier choices, for example to engage in more physical activity?

In your list of things to be done what should come first, and why?

Did you know?
Volatile substance abuse (VSA), the deliberate inhalation of volatile substances such as lighter fuel, glue or aerosols, is responsible for more deaths in young people aged 10-16 years in England and Wales than illegal drugs use.

2. *Everyone should be able to make their own choices*

What in particular would make a difference to choices that children, young people, pregnant women, people with disabilities and older people make? What would make most difference and why?

Case study

The Bradford District Stop Smoking Service (Ramadan Campaign) secured Department of Health funding in 2001 to carry out an intensive high profile awareness-raising campaign during the month of Ramadan, using the skills of the service's two South Asian development workers.

One of the most innovative aspects of the campaign was working with mosques. Agreement was gained from Imams of five local mosques for workers from the Service to visit to hand out dates as gifts and information about the services available. Some of the Imams also agreed to give a message about the harmful effects of smoking and the support available from local services during their Friday address. Visits from workers took place on the five Fridays during Ramadan with over 2000 people taking advantage of free gifts and information about smoking. In addition, 14 other mosques also distributed dates and information about the services to their congregations.

The campaign was supported by coverage on both Radio Ramadan Bradford and Radio Ramadan Keighley, who used a 45-second advert in both Urdu and English. The campaign also gained national coverage in two Asian newspapers – Daily Jang and Ravi – and in the Health Service Journal and Community Health Journal.

The campaign built links and networks with people who are powerful influencers within the community, particularly the religious leaders who were supportive of the campaign. It captured the imagination of the media and gained a high profile for the work. The results, focussed at prompting more Asian smokers to quit, are visible in the large increase in the proportion of people from these communities accessing the services, from less than 2.5% in 2000-01 to almost 6% in 2001-02.

3. ***People in some groups and areas experience health that is worse than the average including some people in black and minority ethnic groups and people living in disadvantaged areas.***

   How are your circumstances affecting your health?

   What would support you or your community to be healthier?
   – Who could help you?
   – What should they do?
   – What are the barriers that would need to be overcome?

   What could local services and organisations do to support healthier lifestyles? What would be better done by the community itself? In your list of things to be done what should come first, and why?

4. ***One person's choice may spoil the chances of good health for others***

   Have we got the balance right when it comes to:
   – smoking in enclosed public places and work places, e.g. shops, factories, offices, hospitals, public transport, restaurants, clubs and pubs?
   – recognising the difference between fun and anti-scocial behaviour?
   – considering the consequences of unprotected sex?

Did you know?
Since 1991/1993 the proportion of primary aged children walking to school has declined from 60 to 51 per cent, with an increase from 29 to 41 per cent in the numbers being driven to school. For secondary school pupils there was a similar shift from walking to car use. (National Transport Survey 2002)

5. *The role of regulation.*

Should central and local government take more of a role in supporting people to make healthier choices by making it:
– easier to access the things that would improve people's health e.g.: fruit and vegetables, safe walking routes, safe cycling, better communal spaces, gyms, swimming pools, sun protection, access to contraception?
– easier to avoid temptation from things that can be harmful, e.g. cigarettes, alcohol and foods high in salt, sugar and fat?

If yes, then how?

Should the rules be changed on:
– what gets advertised: on television, in newspapers and magazines, through promotions?
– availability of tobacco, alcohol, drugs to children and young people?
– how products such as sweets, snack foods and tobacco are promoted and displayed in shops?
– foods that industry produces?

If yes, then how?

Did you know?
Smoking kills more than 13 people an hour, every hour, every day.

6. *Working together to support healthy choices*

What opportunities are there to influence healthy choices through action by:
– parents?
– friends?
– schools and higher education?
– employers?
– faith communities?

– health and social care professionals?
– local government, including housing, education and the environment?
– voluntary and community organisations?
– retailers?
– manufacturers?
– industry?
– trades unions?
– the media?
– leisure organisations?
– national government?

Are there examples of good or innovative practice that other organisations could or should adopt? What should be given priority? Where could more be achieved by working together?

Case study

Haringey & Enfield

4YP is a sexual health advice bus for young people (aged 11-20) in Enfield and Haringey. It operates as a drop in service, offering information and advice on all aspects of sex and relationships, from puberty and emotions to contraception, STIs and local sexual health and contraception services.

4YP goes out to where young people are, offering a drop in service in places where they can hang out. The atmosphere is relaxed and informal, with young people setting the agenda for discussions. There is a separate consultation room, where young people can talk to a worker in confidence, if they have a personal information issue they want to discuss.

'We come to chat about problems, but also we talk about things we are curious about as well. Things that we know about but are unsure.'

Since the project was launched in September 2001, it has been extremely popular with young people, particularly boys and young men who account for 60% of its users. The project also targets other hard to reach groups of young people, working with leaving care teams, Youth Offending Teams, and community projects. Over 65% of young people accessing the bus are from ethnic minorities.

Questions for organisations

7. *Organisations have an impact on health through their interactions with the public, employees and society*

What action can industry, in voluntary and community organisations, the public sector take to improve health:
– in offering healthier choices in the products they provide?
– in influencing choices through advertising?
– as employers?
– improving access to services?

Did you know?
Over 1.4 million people say they have missed, turned down or chosen not to seek medical help over the 12 months to February 2003 because of transport problems. (See Making the Connections: Final Report on Transport and Social Exclusion.)

How can we better enable and support everyone, taking account of differences in social and ethnic background, to lead healthy lives by:
– increasing knowledge of what makes a difference?
– encouraging a positive attitude to health?
– making healthy choices available?
– discouraging destructive choices in: diet, drugs, alcohol, tobacco, sex, exposure to the sun?
– encouraging take up of screening programmes for early detection of diseases?
– improving access to and quality of NHS services, especially for people in disadvantaged groups and areas and people who are harder to reach?
– making sure people understand the risks and consequences of the choices they make?
– through better management of sickness absence and improving access and opportunities to people with long-term conditions or disabilities?

What should be given priority and why? How should progress be measured? What might the barriers to progress be and how could they be tackled? Who should take the lead?

Did you know?
Between 15,000 and 22,000 deaths each year are associated with alcohol misuse.

8. *Creating and maintaining a healthy environment*

Did you know?
Injury is the leading cause of child death in England and Wales.

What can be done to better identify, prevent and tackle inequalities to ensure that individuals, groups or communities are not unduly disadvantaged in their access to decent local environments (built and natural) and the environmentally related services and facilities needed for healthy lifestyles?

What can be done to create and maintain an environment that enables and encourages healthy lifestyle choices:
– in nurseries, schools and higher education facilities?
– in places where health and social care are provided?
– in other public buildings and enclosed spaces?
– through improvements to public transport?
– in shops?
– in places people go for leisure activities?
– where people work?
– in homes and communities?
– in residential streets and public communal places?
– through improvements to the environment and environmental quality?

What should be given priority and why?

How should progress be measured? What might the barriers to progress be and how could they be tackled? Who should take the lead?

Case Study

Over the last ten years, Kingston Upon Hull have been delivering the most extensive programme of 20mph zones of any local highway authority in the country. Currently there are over 100 zones in place, covering over a quarter of the authority's total road network.

The zones use a combination of physical measures to restrict speed, backed by the appropriate traffic signs, often designed locally by children. In treated areas casualties have been reduced by around 50% with particular success being achieved in the reduction of child pedestrian casualties.

9. *Helping people deal with the stresses of life*

Did you know?

Suicide is the most common cause of death in men under 35.

What can be done to help people in all social and ethnic groups to cope with the stresses of life by supporting them:

in getting a good start to emotional development and developing and maintaining protective mechanisms such as:

– meaningful relationships: e.g. at school, at home, if they are looked-after, when they leave home?

– developing and maintaining meaningful social and occupational roles?

– achieving a work/life balance?

in dealing with transitions: e.g. leaving home for work or university, having children, when a partner or child dies, break-up of a partnership, losing a job, retiring?

What should be given priority and why? Who should take the lead?

Did you know?

Sure Start programmes promote the physical, intellectual and social development of young people – particularly those who are disadvantaged – so that they can flourish at home, when they get to school and during later life. High quality pre-school and nursery education is associated with improvements in self-esteem, motivation and social behaviour.

10. *Working together to support healthy choices*

What information does your organisation need to improve health and tackle health inequalities? What opportunities are there to influence healthy choices by:
– parents?
– friends?
– schools and higher education?
– employers?
– faith communities?
– health and social care professionals?
– local government, including housing, education and the environment?
– residents associations?
– voluntary and community organisations?
– retailers?
– industry?
– trades unions?
– the media?
– leisure organisations?
– national government?

What should be given priority? Where could more be achieved by working together?

Case Study

Community Café is in the London Borough of Hillingdon, in an Single Regeneration Budget deprivation area – the most deprived part of Viewsley ward, which is the second highest on the social deprivation index for Hillingdon.

Based in what were two boarded up and run down shops on the Glebe Estate, the multi-function café opened in January 2001 with two paid staff. Volunteers from the estate have carried out all the other jobs in the café.

Over 500 people living in Hayes and West Drayton have become members of Com.Café. For £2 a year they get a range of activities free and subsidised internet access, food and drinks. The café is the focus for a number of health initiatives including a weekly clinic for mothers and babies, and on the other days general health advice and information on alcohol and drugs related issues.

Amongst its achievements is the Health Hillingdon Heartbeat award for its healthy food achievements and the 'Secure by Design' Metropolitan Police award.

Research and evaluation questions for Government, Public Health professionals, universities and the NHS

11. *Evidence Base*

Did you know?

The National Audit Office (NAO) report Tackling Obesity in England, published in 2001, estimated that the total cost of obesity in England in 1998 was £2.6 billion. This included costs to the National Health Service of £479 million and indirect costs (earnings lost due to premature mortality and sickness absence). If the prevalence of obesity continues to rise at the present rate until 2010, the annual costs are estimated to increase by £1 billion, to £3.6 billion.

Have we got the right evidence base to:

– assess the costs and benefits, including impact on inequalities, of current initiatives targeting lifestyle choices?

– understand how the pattern of wider environmental and social determinant can deliver both costs and benefits for public health?

– understand which interventions produce the greatest cost-benefits/reduction of inequalities?
– understand which interventions require joint action by several agencies and how can this best be achieved?

Where are the gaps? How can they be tackled? How should they be prioritised?

How can PCTs and Local Authorities improve the data they gather on local populations?

12. *Disseminating Information*

Did you know?
NHS Direct, the 24 hour nurse-led health advice service, which helps people access the right service at the right time is the world's largest and most successful e-health service of its type. It handles over half a million telephone calls and half-a-million internet visitor sessions every month and a National Audit Office report (published January 2002) highlighted that it is a very safe service. Each week, 3% of people who ring NHS Direct do not recognise the severity of their symptoms and are transferred to the 999 ambulance service. In many cases this will have saved lives.

What are the most effective ways of disseminating health information and good practice to the general public, the NHS, education, employers, other relevant organisations?

13. *Ensuring change happens*

Did you know?
The NHS Cervical Screening Programme was launched in 1988. Experts say the programme saves 1,300 lives per year (Sasieni et al, BMJ 1999), and is directly responsible for a drop in the incidence of cervical cancer of 43% between 1988 and 1997 (ONC Cancer Trends, 1950 to 1999).

How can we ensure that examples of good and innovative practice are adopted more widely?

How can we ensure that objectives, targets, performance assessment and management systems and incentives set the best context for local partners to work together for health?

Case Study

In Wiltshire, there is joint funding of the LINK voluntary car/good neighbour schemes through a partnership set up in 1997 between the council's passenger transport unit and social services, Wiltshire Health Authority (now taken over by PCTs) and Community First. This is a county-wide partnership to allocate grants to local (parish) schemes based on need. The Wiltshire Rural Transport Partnership funded a major project to develop and support LINK schemes, and extend their coverage to other areas of the county. This brought district councils into the LINK funding partnership. LINK schemes are locally based 'good neighbour' schemes that provide transport (using volunteers' own cars) for important journeys that could not be made otherwise. The partnership is hosted by Community First, which provides the administrative and managerial support.

The LINK schemes provide a vital 'fall back' for those who do not qualify for non-urgent patient transport, but for whom access is a problem. The number of trips made, and progress in developing more local schemes and extending coverage, is monitored through the funding partnership. There are increasing numbers of requests for health-related trips which is reducing the capacity of the schemes to cater for other sorts of socially important journeys. Volunteer resources are limited.

Approximately 50% of the scheme's transport work tends to be for health-related journeys, including local GP surgery visits and a substantial proportion to district and general hospitals. Costs are met by voluntary donations from passengers, local fundraising, and grants. A LINK development officer was funded through a lottery bid to support and develop LINK schemes, and to extend coverage across the county. This work was continued and expanded in 1999 to oversee quality and sustainability through funding from the rural transport partnership; district councils have now joined the funding partnership.

5

The process of consultation and how to contribute

How will the consultation process work?

1. There are several strands to this consultation:

i. Local consultation and events led by Primary Care Trusts and Local Authorities working within the framework of their Local Strategic Partnerships. Strategic Health Authorities will be providing leadership and support across their areas so that there is full engagement from the NHS.

ii. Regional consultation led by Directors of Public Health who will use their well-established links across the Government Offices for the Regions and with regional stakeholders to take the consultation forward focussing particularly on local inequalities and other local health issues.

iii. National consultation around eight identified themes led by task groups who will focus on the following issues:

- better health for children and young people
- working for health/opportunities in employment
- consumers and markets
- leisure
- maximising the NHS contribution – in primary care
- maximising the NHS contribution – across the NHS as a whole
- working with and for communities
- focusing on delivery

iv. Other national activities and events will feed into the consultation process. Some like the obesity summit, will be led by Department of Health and other Government Departments[20], but we also expect that existing forums will have discussions that will feed in.

v. Invitations to the public to contribute their views and ideas directly.

[20] For further information on these activities see the factsheets in the resource pack.

vi. The opportunity for stakeholders, including the public sector, voluntary and community organisations, professional organisations, industry and the media, to contribute to the debate.

2. This document forms part of a resource pack for those who will be leading consultations at a national, regional and local level. The resource pack includes other supporting materials, which will be added to over the timescale of the consultation. The resource pack and information on other activities related to the consultation are available from:
E-mail: choosing.health.consultation@doh.gsi.gov.uk
On the web at: www.dh.gov.uk/consultations/live consultation
Phone: 020 7210 5343

3. The Department of Health welcomes suggestions on further supporting materials or to publicise local activity on our website. If you have any suggestions, please contact the Choosing Health? Project team. Their contact details are set out below.

How to respond

4. When responding, please state whether you are responding as an individual or representing the views of a larger organisation. If responding on behalf of a larger organisation, please make it clear who that organisation represents. If responding as an individual, please mention your own interest.

5. Please use the cover sheet provided in the resource pack when submitting responses.

When should you submit your contributions by?

6. Ideas and proposals should reach the project team at the latest by **28 May 2004.**

7. The Department of Health would welcome contributions throughout the consultation. In particular, if there are emerging issues or contributions earlier in the process, we can feed these into the meetings of the task groups.

8. Wherever possible we will take account of contributions received after the deadline, however this may not be possible.

Where should you submit your contribution?

By e-mail to: choosing.health.consultation@doh.gsi.gov.uk
By post to: **Choosing Health?** Project Team
Department of Health, Room 528/9
Richmond House
79 Whitehall, London SW1A 0NS
Via the website: www.dh.gov.uk/consultations/liveconsultations

9. Please note that responses may be made public unless confidentiality is specifically asked for. We may also publish your responses in a summary of responses to the consultation unless you specifically include a request to the contrary. If you are replying by e-mail or via the website, unless you specifically include a request to the contrary in the main text of your submission to us, we will assume your consent overrides any confidentiality disclaimer that is generated by your organisation's IT system.

10. The consultation will be carried out in accordance with the Cabinet Office code of practice on written consultation (see Annex).

Annex

The Cabinet Office code of practice on written consultation

The consultation criteria

1. Timing of consultation should be built into the planning process for a policy (including legislation) or service from the start, so that it has the best prospect of improving the proposals concerned, and so that sufficient time is left for it at each stage.
2. It should be clear who is being consulted, about what questions, in what timescale and for what purpose.
3. A consultation document should be as simple and concise as possible. It should include a summary, in two pages at most, of the main questions it seeks views on. It should make it as easy as possible for readers to respond, make contact or complain.
4. Documents should be made widely available, with the fullest use of electronic means (though not to the exclusion of others), and effectively drawn to the attention of all interested groups and individuals.
5. Sufficient time should be allowed for considered responses from all groups with an interest. Twelve weeks should be the standard minimum period for a consultation.
6. Responses should be carefully and open-mindedly analysed, and the results made widely available, with an account of the views expressed, and reasons for decisions finally taken.
7. Departments should monitor and evaluate consultations, designating a consultation co-ordinator who will ensure the lessons are disseminated.