

Leicester
City Council

WARDS AFFECTED
All

Cabinet

7th March 2005

**“CHOOSING HEALTH”
THE GOVERNMENT’S PUBLIC HEALTH WHITE PAPER**

Report of the Corporate Director of Social Care & Health and the Director of Public Health for Leicester

1. Purpose of Report

1.1 This report presents an initial appraisal of the Government’s White Paper, Choosing Health, and its likely implications for the City Council.

2. Summary

2.1 The White Paper sets out a new approach to public health, incorporating a wide range of new initiatives and enhancing the role of local government in promoting health, tackling health inequalities, and addressing the causes of poor health. A summary of the White Paper forms Appendix 1. Appendix 2 outlines the City Council’s current contribution as the local authority and as a major employer.

2.2 As part of Leicester’s response, the recently appointed Director of Public Health, Dr Stephen Whitehead, and Andrew Cozens, as corporate lead on health matters, have brought together a team of officers from across the City Council and the two City Primary Care Trusts, to coordinate a joint project with the working title of “Healthy Leicester”. This will link closely with the new Public Health Partnership and the Leicester Strategic Partnership. Adrian Russell, Service Director, Community Protection & Well-being is lead Service Director.

2.3 Leicester’s Primary Care Trusts, and Leicester City Council, have been given “Spearhead” status by the Department of Health because of the combination of health and deprivation factors present in the city. Further details on what this means will be included in future reports. A healthy community is one of the themes for Local Area Agreements and it is likely Leicester will feature in the 40 pilots to be announced shortly.

2.4 This report seeks Cabinet approval to develop a programme of work in the City to respond to the White Paper’s challenges. These tie in with key Corporate Plan priorities to improve the attractiveness, environment, educational achievement and sustainability of the city. Initial public health priorities identified are smoking cessation; exercise, diet and obesity; improving air quality; and alcohol. Associated work, tied in with other work streams, could include sexual health, oral health, and mental health.

2.5 We await the publication of the Government's Action Plan, due in March. This should address priorities and resources.

3. Recommendations

3.1 Cabinet are asked to:

- (a) note the implications of the White Paper on Public Health for Leicester, the designation of "Spearhead" status, and the implications for Local Area Agreements;
- (b) endorse the development of a Healthy Leicester initiative and receive further reports on its possible scope;
- (c) ask the Health Overview and Scrutiny Committee to monitor its development on behalf of the City Council; and
- (d) seek the support of Leicester Partnership for the project as a crosscutting theme in relation to the Community Plan and the Neighbourhood Strategy.

4. Headline Financial and Legal Implications

4.1 Financial Implications

None directly at this stage. The Government is committed to the New Burdens Doctrine and has stated that it will reimburse local authorities fully for any extra costs they face as a result of the policies in this White Paper. (Colin Sharpe, Head of Finance – ext 8800)

4.2 Legal Implications

There are no direct legal implications arising from the Report in its description of the Government's policy objectives for public health. The implementation of those objectives may, however, result in the imposition of new statutory duties or powers upon local authorities by the Government. (Guy Goodman, Assistant Head of Legal Services - ext 7054).

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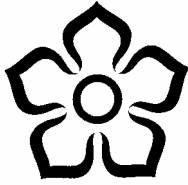
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DECISION STATUS

Key Decision	No
Reason	N/A
Appeared in Forward Plan	No
Executive or Council Decision	Cabinet



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**“CHOOSING HEALTH”
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1. Introduction

1.1 Published on 16 November 2004, Choosing Health, the Government’s Public Health White Paper sets out how the Government’s strategy for improving the public’s health through measures aimed at preventing illness. The Paper sets out a new public health approach with three core principles:

- **Informed choice** - allowing people to make their own choices about decisions affecting their health;
- **Personalisation** - tailoring support to the realities of individual lives; and
- **Working together** - recognising that real progress depends on effective partnerships across communities, including local government, the NHS, business, the voluntary sector and many others.

1.2 The White Paper sets out a number of overarching priorities for achieving better health:

- reducing the numbers of people who smoke;
- reducing obesity and improving diet and nutrition;
- increasing exercise;
- encouraging and supporting sensible drinking;
- improving sexual health;
- improving mental health.

2. Key Measures and Implications for Local Authorities

2.1 A detailed summary of the White Paper can be found in Appendix 1. The White Paper identifies a number of measures to achieve better public health with implications for local authorities. Cross-referenced to chapters in the White Paper, these include:

“Health in the consumer society” (Chapter 2)

- 2.2 Whilst the precise role of local authorities is unclear at the present time, the Paper states that Government will look to “providers of local services” to provide access to a range of information, for example reference is made to:

“Promotional initiatives and campaigns on the issues of sexual health, obesity, smoking, alcohol (including a social responsibility scheme), food labelling and extension of tobacco advertising restrictions”.

- 2.3 Although not elucidated in the Paper, local authorities’ new licensing responsibilities have a key role to play in addressing under age drinking, binge drinking and other alcohol-related problems.

“Children and young people - starting on the right path” (Chapter 3)

- 2.4 Central to this is developing an integrated framework for child health. This includes using the children's trust arrangements to bring together planning, commissioning and delivery of children and young people's health services alongside education, social care and other partners, working with councils to establish 2,500 children's centres by 2008, and the expectation for all primary and secondary schools to develop as extended schools over time.
- 2.5 By 2005 Sure Start will put in place a number of measures including a community parental support project to promote greater parental involvement in children's early learning and development in some of the most disadvantaged areas.
- 2.6 Developing a communications programme will help councils enforce underage tobacco sales, with legislation anticipated to bring forward proposals in this area.
- 2.7 Proposals for a new, modernised role for school nursing include providing general information, advice and supporting on broad health, diet, emotional, smoking and sexual health issues, and how to contact social services.
- 2.8 A new phase of the healthy schools programme will include policies on smoking, healthy eating, and facilitating physical activity within and beyond the curriculum.
- 2.9 Expanded support for parents at key transition points in children's lives and information for all parents on growing up, is planned to be locally delivered to meet their needs using children's centres, extended schools, libraries and GPs' practices.
- 2.10 There will be a focus on food in schools including investment over the next three years to improve nutrition in school meals, including new standards to cover food across the schools day (vending machines and tuck shops) and supporting schools to provide the best meal service possible (through guidance on procurement and training for school meal providers).

“Local Communities leading for health” (Chapter 4)

2.11 Whilst in some instances the precise role of local authorities is uncertain at the present time, measures proposed or announced include:

- Community food initiatives - new resources to be launched in early 2005.
- Twelve localities to pilot a new approach to unlocking the potential of communities, to begin in Spring 2005.
- Investment in physical activity - there will be further investment over the next 3 years, building on Local Exercise Action Pilots.
- Guidance will be developed or revised in relation to:
 - free swimming and other sport initiatives in 2005;
 - on whole-town approaches to shifting travel from cars to walking, cycling and public transport;
 - health improvement work aimed at PCTs and sports clubs
 - health and neighbourhood renewal in early 2005.
- Accessibility planning - NHS bodies will be encouraged to work with local authorities as they draw up accessibility plans by July 2005 to improve access to health services.
- Smoking - the Government will regulate, with legislation if necessary to ensure that:
 - By 2006 all government departments and the NHS (subject to some exceptions) to be smoke-free.
 - A ban on smoking in all enclosed public places and workplaces (except licensed premises), by the end of 2007.
 - A ban on smoking in all licensed restaurants, pubs and bars serving prepared food by the end of 2008.
 - Pubs and bars not serving food, and membership clubs will be free to decide whether to allow smoking.

Local authorities will be responsible for enforcing many of the proposed smoking bans.

“Health as a Way of Life” (Chapter 5)

2.12 The three new initiatives announced in this chapter will have a direct impact on local authorities, though their precise role is unclear at the present time:

- From 2006, NHS accredited health trainers will be giving support to people who want it in the areas with highest needs and from 2007 progressively across the country.
- Starting from 2006 in the areas with highest needs, (and then progressively across the country by 2008), people, if they want to, will be able to use a variety of different types of support from the NHS to develop their own personal health guides.
- The Government will commission a new service (Health Direct) to provide, from 2007, easily accessible and confidential information on health choices. It will include links to existing services where they exist - for example, information on diet and nutrition (provided by the Food Standards Agency) and support for parents (provided by Sure Start and other agencies).

“A health-promoting NHS” (Chapter 6)

2.13 This chapter sets out plans for health improvement and prevention services that support individuals in making healthy informed choices. Local authorities are recognised as key partners in delivering some specific services (for example, in preventing and tackling obesity through leisure services). However, the White Paper does not mention the role of social care in its work with vulnerable people:

- The Government will recommend by March 2005 how to build comprehensive and integrated prevention framework across all National Service Framework areas.
- PCTs will be given means to tackle health inequalities and improve health through funding to give greater priority to areas of high health need. New investment in primary care facilities for 50% of the population focuses on the most deprived communities and the development of a tool to assess local health and well being to help PCTs and local authorities jointly plan services and check progress in reducing inequalities.
- The Government will expand community health improvement services with specialist practitioners to work with individuals and communities, including new contracting arrangements for primary medical care, pharmacy and dentistry. Community matrons will lead in providing personalised care and health advice, with support from health trainers.
- In relation to mental health, the White Paper works to strengthen individuals and communities and to reduce structural barriers (e.g. through increasing access to employment). Physical health inequalities experienced by people with mental illness will be addressed by extending new models of physical healthcare currently being piloted.
- NHS action will form a key part of tackling obesity by the development of care pathways for obesity. This will be achieved through co-ordinated activity in each PCT with appropriate staff and services from voluntary sectors working in different settings (e.g. leisure centres). There will be additional funding for PCTs to prevent and tackle weight gain - but it will need local partnerships between NHS, local authorities, schools and workplaces to deliver action on nutrition and exercise.
- The National Treatment Agency will publish models of care in May 2005 setting out how to organise alcohol treatment - a programme will be developed to take this forward. There will be additional funding from pooled treatment budget for substance misuse.

“Work and Health” (Chapter 7)

2.14 This chapter looks at the working environment and how it can assist people's health aspirations and also at measures the Department of Health and NHS are taking to improve employee health. The role of local authorities, both as major employers and as regulators of the working environment, does not appear to have been fully recognised. For example, Leicester City Council is the biggest single Leicester-based employer with 15,000 employees (1 in 12 of the working population), and its officers have regular contact with virtually all employers and workplaces in the City.

- Pilots will be established to develop the evidence base for effectiveness on promoting health and well being across the workplace. Each pilot will focus on a specific type of workplace, such as an NHS organisation, a local council or business.

- The Department for Transport will work with the cycle industry to produce user-friendly guidance on the tax-efficient bike purchase scheme to increase use of the scheme and promote cycling.
- A new standard has been agreed with Investors in People to develop a healthy business assessment, in conjunction with Department of Health, identifying the advantages for business and employees in investing in staff health.
- The Government and NHS announced a number of measures it will take to improve its own employees' health, especially around smoking, healthy working practices and mental health.

“Making it Happen - national and local delivery” (Chapter 8)

2.15 This chapter looks at ways to ensure that proposals are joined-up and resources are provided for implementation:

- To avoid the risk interventions may contribute to widening health inequalities, government departments, and particularly the Office of the Deputy Prime Minister and the Department of Health, will ensure that initiatives and programmes are health inequality 'proofed'. The Government will also build health into all future legislation by including health as a component in regulatory impact assessment.
- To ensure Government itself demonstrates the joined up action that it asks of others, the Secretary of State for Health will co-ordinate action through the new Cabinet Sub-Committee, set up to oversee the development and implementation of the Government's policies to improve public health and reduce health inequalities.
- The Secretary of State for Health has committed to provide the new funding identified against specific proposals. This includes new money for stimulating demand for health through campaigns, more school nurses, the introduction of health trainers and better obesity and sexual health services.
- The Government is also committed to the New Burdens Doctrine and will reimburse local authorities fully for any extra costs they face as a result of the policies in this White Paper. We will be working with local government to assess the resource implications of relevant initiatives before they are implemented.

3. Beginning to Make it Happen in Leicester

3.1 Effective partnership working is clearly essential to making real progress in addressing the wide range of public health issues facing communities. In Leicester, we already have a good sound foundation of collaborative working involving the City Council, NHS and other stakeholders. Appendix 2 provides examples of some of areas of local action involving the City Council. This provides a good indication of the breadth of involvement across a wide range of service areas.

3.2 However, successfully responding to challenges presented by the White Paper will demand a far higher level of partnership working, particularly with the local PCTs, and will expand the role of the Council and its services across a far wider range of public health issues.

3.3 Whilst the new approach to public set out in the White Paper is still at an early stage and a great deal of detailed guidance is set to follow, this would seem to provide an

appropriate opportunity to review current working arrangements at a strategic level and identify the likely areas of future development.

- 3.4 The Leicestershire Partnership, together with the Public Health Partnership, already provide a sound basis for developing health promoting partnership working between all key stakeholders in the City.
- 3.5 It is worth noting that the Director of Public Health is already a “virtual” member of the Council’s Corporate Directors Board, as well as being an advisor to the Health Overview and Scrutiny Committee, and the Social Care Scrutiny stream. As an immediate response to the White Paper, a Virtual Public Health Team has already been established, involving ELPCT and LCWPCT Joint Public Health Directorate, the Corporate Director of Social Care & Health and other key officers within the City Council.
- 3.6 With the White Paper encompassing such a broad range of public health issues and proposed future initiatives, all demanding effective collaborative working towards agreed objectives, consideration may need to be given to developing a public health strategy for the City. As a pre-cursor to this, the City Council may need to review current strategic priorities, so as to ensure that the appropriate level of corporate commitment can be given to the new public health agenda.
- 3.7 Finally, in an attempt to focus work within the City Council, the following are proposed as initial priorities:
- Smoking;
 - Exercise, diet and obesity;
 - Alcohol; and
 - Sexual health.

4. Financial, Legal and Other Implications

4.1 Financial Implications

None directly at this stage. The Government is committed to the New Burdens Doctrine and has stated that it will reimburse local authorities fully for any extra costs they face as a result of the policies in this White Paper. (Colin Sharpe, Head of Finance – ext 8800)

4.2 Legal Implications

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5. Other Implications

OTHER IMPLICATIONS	YES/NO	Paragraph References Within Supporting information
Equal Opportunities	No	Addressing inequalities in health is a key principle within the White Paper
Policy	Yes	This report relates to a key policy area.
Sustainable and Environmental	Yes	The proposed focus on air quality.
Crime and Disorder	Yes	The proposed link with sensible drinking.
Human Rights Act	No	
Elderly/People on Low Income	Yes	As above

6. Background Papers – Local Government Act 1972

“Choosing Health - Making healthy choices easier” (Department of Health, November 2004).

7. Report Author/Officer to Contact

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Choosing Health: Making Healthier Choices Easier: Summary of Public Health White Paper

1. Introduction

This paper summarises the main issues outlined in the recent White Paper: Choosing Health, and focuses on some of the key points for the City.

2. Background

A founding principle for the NHS in 1948 was that it should improve health and prevent disease, not just provide treatment for those who are ill. As the NHS makes rapid progress in treating illness, the need for similar progress on improving people's health comes to the fore. "Choosing health" aims to inform and encourage people as individuals, and to help shape the commercial and cultural environment we live in so that it is easier to choose a healthy lifestyle.

The paper is the result of extensive consultation – to which locally, the Leicester Partnership responded - which provided information on what is important to people across England today. It is also the product of task group work and discussions of over 200 experts in areas such as food, leisure, employment, working with children, community development, local government and health care.

3. Principles and Priorities

The consultation showed that people wanted to take responsibility for their own health, making it clear that the choices they made – smoking, diet, exercise and sexuality - were personal issues. However, they did expect Government to support them in making those choices through clear and credible information and with support when making healthy changes was hard. Choosing Health sets out the key principles for that support:

Informed Choice

- People want the freedom to make decisions about their own health.
- They need the back up of credible and trustworthy information.
- They expect support from Government by helping to create the right environment
- There are circumstances where the Government should intervene:
 - to protect children's health
 - where one person's choice may inflict harm on another.

Personalisation

- People want support in making healthy choices but current services often do not meet their needs or are difficult to use

- Support must be tailored to the realities of individual lives to ensure health inequalities are addressed
- Services and support personalised sensitively and flexibly and provided conveniently

Working together

- Government and individuals alone cannot make progress on healthier choices
- Effective partnerships are required involving local government, the NHS, business, advertisers, retailers, voluntary sector, communities, the media, faith organisations and many others
- People look to Government to lead, coordinate and promote these partnerships

Choosing Health identifies six priorities for action:

- Reduce the numbers of people who smoke – building on current progress
- Reduce Obesity – new action with a focus on children.
- Increase exercise – more opportunities.
- Support sensible drinking.
- Improve sexual health – new campaigns and services.
- Improve mental health and well being – crucial to good physical health.

4. Health and Health Inequalities

Health is linked to the opportunities available to choose health in the communities where we live. Health and life expectancy are not shared equally across the population. There are big differences in health between those at the top and bottom ends of the social scale.

Although childhood death rates are falling and infectious killer diseases have been eradicated or are largely controlled, deaths due to cancer, CHD and stroke have risen and now account for around two-thirds of all deaths and are major causes of ill-health causing disability, pain and poor mental health.

The White Paper aims to create a society where more people, particularly those in disadvantaged backgrounds, are enabled to make healthier choices. The Paper recognises that people have to feel in control of their own lives before they can take control of their own health. This approach builds on the second Wanless report which recommended that the “fully engaged scenario” or building a society engaged in health will bring most benefits in improving health and reducing inequalities. Wanless suggested that a step change is needed in the way we address health and tackle health inequalities. ‘More of the same’ is insufficient to deliver that change. We need to develop practical solutions, which connect with real lives.

5. Health in a consumer society

The Paper recognises that a wide range of lifestyle choices are marketed to people, but health itself has not been marketed. Promoting health on the principles that commercial markets use – making it something enjoyable, convenient and something to aspire to – will create a stronger demand for health and in turn influence industry to take more account of broader health issues for what they produce.

Marketing tools applied to social good can be used to build public awareness and change behaviour, but to be effective they need to be given, received, believed, understood and acted upon.

The Department of Health is committed to lead on action to promote health by developing a strategy that extends across all aspects of health and involves cross-government departments and agencies. The strategy will include new communications, which build on previous successful campaigns operating at a national and regional level, and use social marketing techniques and new technology. Early focus will be on:

- Sexual health – to target younger men and women to promote their understanding of the benefits of using condoms.
- Obesity – a new cross-government campaign to raise awareness of the health risks of obesity.
- Smoking - a boosted campaign to reduce smoking rates and motivate smokers in different groups to quit.
- Alcohol – to cut down binge drinking.

The Government acknowledges that the most successful campaigns are those which reach people through a number of sources, so they will build on this by funding campaigns through NGOs: such as British Heart Foundation and Cancer Research. They will also work with the sports and leisure industries, creating links with activities in communities, to make the message relevant to different people's lives.

5.1. Food

Government will press for progress during the UK presidency in the EU in 2005 to simplify nutrition labelling and make it mandatory on packaged foods.

The Department of Health (DH), working with the Food Standards Agency (FSA), will develop criteria that look at the levels of salt, fat and sugars and indicate the contribution a food makes to a balanced diet. By mid 2005, DH will have introduced a system, building on the nutrient criteria for the 5 A DAY logo that could be used as a standard basis for signposting foods or identifying foods that can be promoted to children. By 2006 there will be a clear, straightforward food coding system that is in common use, which busy people can understand at a glance and use to make positive food choices.

5.2. Smoking

The Government will introduce picture warnings on tobacco products and will consult on how to use them most effectively when the European Commission publishes its findings. The size of tobacco advertising in shops will be restricted to a total area the size of an A5 piece of paper, a third of which will be a health warning featuring the NHS Smoking Helpline number.

5.3. Alcohol

The Government will work in partnership with the Portman Group to develop an information campaign to tackle the problems of binge drinking, and work with the

industry to develop a social responsibility scheme for alcohol producers and retailers to protect young people drinking alcohol.

5.4. Health Direct

The Government will commission a new service starting from 2007, Health Direct, to provide easily accessible information on health choices. It will include links to existing local services, build upon NHS Direct services and offer a telephone, Internet and also a digital television service.

5.5. Other Government plans

- Expand the existing programme of expert briefings by the Chief Medical Officer.
- Provide support for the development of an independent forum to discuss major health issues – a national centre for media and health.
- Provide funding to enable every PCT by 2007 to run at least one *Skilled for Health Programme* (a combined adult basic skills programme that provides practical help in managing situations such as making an appointment with their GP and understanding medicines).
- Work with industry: for instance, the food industry to implement a range of proposals to increase opportunities for people to make healthy choices.
- Work with farming and food industries to take forward the policies in the White Paper through a *Food and Health Action Plan* to be published in early 2005.
- Restrict advertising and promotion to children of foods and drinks that are considered unhealthy. Setting up a new food and drink advertising and promotion forum that will develop new health initiatives including positive health campaigns. There will be a commitment to the evaluation of this and if, by 2007, they have failed to produce change, action will be taken through existing powers or by the introduction of new legislation to implement a clearly defined framework for regulating the promotion of food to children.

6. Children and young people – starting on the right path

People's patterns of behaviour are often set early in life and influence their health throughout their lives. Infancy, childhood and young adulthood are critical stages in the development of habits that will affect people's health in later years.

The programme of changes set out in this chapter will implement the reforms in the *Every Child Matters Green Paper* and the *NSF for Children, Young People and Maternity Services*.

The Government target, outlined in *The Child Poverty Review*, to halve child poverty by 2010 and eradicate it by 2020 through opportunities created by government and local joined up working, reinforces the importance of commitment from a wide range of public services to improving poor children's life chances and tackling cycles of deprivation.

Powers set out in the Children Act 2004 will introduce the *Children and Young People's Plan* and look to PCTs to be fully involved.

Looked after children, disabled and BME children often face more problems and are less likely to access services, for example immunisation programmes. The NSF for Children sets out the standards that Councils and PCTs should follow in planning and delivering services for these children.

The prevalence of obesity in children aged between two to ten years old has increased from 9.6% in 1995 to 15.5% in 2002. Obese children, especially girls, are more likely to come from lower social groups (*Health Survey for England 2002*).

Government has set a national target to halt by 2010 the year on year increase in obesity among children in the context of a broader strategy that will tackle obesity in the population as a whole. (Please see summary of *Intelligence on Obesity* published with the White Paper).

Recommendations in *Every Child Matters* set out how the Department for Education and Skills (DfES) is developing a common core of skills and knowledge to support training for all professionals working with children.

The Child Health Promotion Programme set out in the Children's NSF provides a joined-up system to ensure good health from childhood to young adulthood. It moves old health programmes from a narrow focus of health screening to a more broad-based programme of support to children and their families, which will reduce health inequalities. Starting with the introduction of Children's Health Guides, these health plans will be the foundation for Personal Health Guides (PHGs) for life.

The Government is committed to improving health of children and young people through the development of Children's Trusts (bringing together children's health services with education and social care – all areas will have a children's trust by 2008) and starting with the 20% most deprived wards, the government has set a target for the development of 2,500 Children's Centres by 2008.

Another component is the development of extended schools. The expectation of the Government is that all primary and secondary schools will be developed as extended schools over time. School nurses will have a new and broader role than they have previously had. The Chief Nursing Officer will work with nurse leaders and the DfES to modernise school nursing and develop a national programme that includes reviewing children's health and supporting the use of children's PHGs. New funding will be provided so that by 2010, every PCT will be resourced to have at least one WTE qualified school nurse working with each cluster or group of primary schools, ensuring that school nurses become part of the wider health improvement workforce. The roll out will start from 2006 to 2007.

Parental and care support is vital, and they will be encouraged to work in partnership with health organizations, through access to information and advice which will be provided on the e-Gov website and telephone lines, as well as through links to Health Direct. Information for parents will be delivered locally through children's centres, extended schools, libraries and GP practices.

Support will be available for parents during pregnancy and the early years of parenting, especially for young parents. From 2005, all pregnant women under 18 years old, eligible women over 18 years old, breastfeeding mothers and young children from low

income families will receive vouchers that can be exchanged for fresh fruit, vegetables and so on, through a new scheme called the Healthy Start. A communications and training programme for all health professional will be introduced.

To encourage breast-feeding, infant formula milk will no longer be available in healthcare premises. Further action to restrict advertisement of infant formula will continue with government pressing for amendments to the EU Directive on Infant formula and follow up formula.

Healthy Schools

The Government vision is that half of all schools will become healthy schools by 2006, in particular focussing on deprived schools and Pupil Referral Units. From April 2005, Healthy Schools will provide supportive policies on smoking, nutrition, physical activity and PHSE. These initiatives will be supported by a new approach to school inspections, implemented by Ofsted from Sept 2005, using a single overall inspection framework which ensures the well-being of children and young people, including their mental health. Other initiatives in schools include providing children from four to six years old with a free piece of fruit every school, and improving the nutritional value of school meals using nutrient based standards. The *Food In Schools* package will be produced in order to support a whole school approach to healthy eating and drinking. Physical activity will especially be encouraged through cycle training and PE initiatives, which are linked to a national strategy, and also have funding available from DfES and DMCS in 2006/07 and 2007/08 to support school sport.

Young People

Bridging the gap from childhood to adolescence, *Getting it Right for Teenagers*, provides a review checklist and training for GPs to help develop services for young people. DH is developing a resource, entitled *You're Welcome*, which is intended to support PCTs in making the NHS easier to use and trusted by young people. A further resource, FIT magazine, which is aimed at young men aged 16 to 30, will also be developed with collaboration from PCTs. Other information outlets include www.teenagehealthfreak.org and www.ruthinking.co.uk and in addition the Connexions – Personal advisor scheme, Connexions smartcard scheme, Learning Centres, and incentive schemes.

Teenage Pregnancy Strategy

This has two key goals:

- Halve the conception rate under 18 year olds.
- Increase the proportion of teenage parents, aged between 16 to 19 years old, in education, employment or training to 60% by 2010 through Care to Learn programmes and SureStart plus.

7. Local Communities Leading for Health

Well-ordered, stable communities promote better health opportunities than divided communities, which have high crime rates and inadequate, disjointed services. Individuals cannot change their local environment alone. This is the work of local

authorities, the voluntary sector, health and community organisations, including businesses.

The White Paper encourages us to look at how these organisations engage with their populations. The Paper also encourages us to build a working partnership with them through social enterprise schemes. Those programmes, which have been highlighted as ways of engagement, include 5 A DAY, Healthy Communities Collaborative and the Expert Patient Programme. The DH is committed to funding similar programmes and plans to extend current HCC to more deprived communities by 2006.

7.1. Government action:

- Through the National Strategic Partnership Forum from Nov 2004, the DH will encourage activity between the voluntary sector and PCTs.
- Through Neighbourhood Renewal, there will be revised guidance to support local action in addressing health inequalities in early 2005.
- Through Communities for Health pilot sites, there will be guidance on how best to work with communities on health priorities, which are chosen locally.
- Public Health Observatories will provide local data to support PCTs and DPH. The first of these reports will be published in 2006.
- Councils and PCTs will have more flexibility to develop local targets through local partnership, in response to local needs.
- The DCMS will develop a 5 Year Sport and Physical Activity Plan by 2005.
- The Government is to provide £660 million to improve parks and public places through a Safer and Stronger Communities Fund.
- Guidance for PCTs and Sports Clubs to encourage good practice, whilst building on existing work with Football Clubs.
- Guidance for local developments of swimming pools and other sports initiatives through best practice will also be published in 2005.
- The White Paper calls for corporate social responsibility to promote physical activity, and the provision of safer green public places with a national target to achieve measurable improvement by 2008.

7.2. Local Action Guidance

- LSPs will facilitate joined up planning and working arrangements. This will be supported by new local area agreements forged between the Government, Councils and PCTs about local delivery of national targets.
- Future development of targets in collaboration with partners to deliver national targets set in the White Paper from April 2005.
- Development and Coordination of the Physical Activity Strategy.
- Other local initiatives will include building working partnerships with Sport England, Regional Physical Activity Co-ordinators and training local NHS doctors in Sports Medicine.

7.3 Corporate Social Responsibility for Health

The NHS operates as the biggest business in England spending £90 billion by 2008. The NHS CEO has identified the NHS as a good corporate citizen: this is also one of five new priorities set for the next ten years. The *Healthy Futures* Programme will

develop capacity in the NHS using a self-assessment tool to develop good practice in food procurement, capital developments and new building programmes. As a PCT we will be asked to communicate a pledge or vision and an annual award scheme will recognise excellence and commitment to improving health.

7.4 Smoking In Public Places

Shifting the balance in favour of smoke free environments using a staged approach. By the end of 2006, all Government and the NHS will be smoke free. By the end of 2007, this will be extended to all enclosed public places and workplaces (other than licensed premises). By the end of 2008, all licensed premises preparing and serving food will be smoke free.

8. Health as a way of life

The difficulties people experience in changing to a healthier way of life is a call for action. We must put in place support that reaches everyone, particularly people in difficult situations. Success in this will be vitally important for tackling health inequalities.

From 2006, NHS Health Trainers will provide personalised support in areas of high need. Health Trainers will come from local communities and will support people to make the changes they want to make by assessing individuals and recognising all their needs, whether it be tackling smoking or obesity. NHS Health Trainers will fill the gap in service provision enjoyed now by only a few. They will support the development of Personal Health Guides, provide practical advice, motivation and signposting to other services. This is an opportunity for local people to take the first steps on a 'Skills Escalator' through the National Qualifications Framework, which is seeking to increase employment opportunities and develop local communities. In the future, health trainers will support people to develop their own PHGs and change to healthy lifestyles, drawn from a variety of paths, including a Health Space site.

9. A Health Promoting NHS

Aim: To ensure that the one and a half million contacts people have with the NHS every day become opportunities for improving and promoting health.

By March 2005, the National Clinical Directors, together with the Deputy CMO will build a comprehensive and integrated prevention framework across all the areas covered by the NSFs, focusing on action to reduce health inequalities.

PCTs will be allocated funding and be supported to distribute towards areas of need. There will be new investment in Primary Care facilities for 50% of the population by 2008, with a focus on the most deprived areas and the development of a tool. A health and well being audit will also be developed to help PCTs and LAs jointly plan services and check on progress in reducing health inequalities. The NHS Stop Smoking Services, as part of the Choose and Book system, is an example of the enhancements in access and accessibility of facilities that will be taking place.

NHS Staff will be trained and supported through a National Health Competency Framework and health promotion will be included in all induction training for new staff, as well as in undergraduate courses. Elements of this training will be available to workers outside the NHS, such as the Voluntary Sector. New contracting arrangements with pharmacists and dentists will be part of these changes, in order to provide more scope and building in extra public health capacity.

Community matrons will take the lead in providing PHGs and case managing patients with complex problems and co-ordinate the support provided by NHS Health Trainers.

Mental health: The NSF for Mental Health Standard One, which deals with health promotion, will be fully implemented to include work in areas such as strengthening individuals and communities, and reducing structural barriers to the promotion of employment opportunities wherever possible. In early 2005, progress in service design will be monitored and the NIMHE will publish guidance for commissioners.

To complement this work the DH is developing a programme of work to take forward the recommendations in *Delivering Race Equality: A Framework for Action*

Smoking: In 2005/06 the Healthcare Commission will examine what PCTs are doing to reduce smoking prevalence including championing smoke free environments and the provision of NRT. The DH will continue to work in partnership with NRT manufacturers and provide free NRT for local stop smoking services.

Obesity: DH has commissioned NICE to prepare definitive guidance by 2007, on the identification, management and treatment of obesity. DH will develop care pathways for obesity, which provide a model for prevention and treatment. In addition, the production of a weight loss guide will also be commissioned, and further studies to develop new approaches, such as specific guidelines for children's exercise referral. There will be a National Partnership for Obesity, which will focus on prevention, management and evidence of effectiveness. From 2006, there will be additional funding for PCTs to enable them to strengthen Primary Care capacity within each PCT area, and also to develop a specialist obesity service, which includes access to a dietician. By the end of 2005, a patient activity questionnaire will also be developed, to enable PCTs to provide enhanced support to obese patients.

Sexual health: DH is committing new capital and revenue funding to tackle the high rates of STIs in England. Priorities include reducing the incidence of Chlamydia through high volume testing. DH will accelerate a national screening programme for Chlamydia to cover the whole of England by 2007. DH will carry out an audit of contraception services in early 2005 and invest in local services to close gaps. By 2008, the DH has set a national target that everyone referred to a GUM clinic will have an appointment in 48 hours.

Alcohol: By April 2005 the DH will publish national and local audits for the provision of alcohol treatment. By May 2005 the National Treatment Agency will publish Models of Care, a resource that will provide guidance on the organisation of alcohol treatment and a road map for implementation. Pilot projects will be introduced in Primary Care and Accident and Emergency Departments There will be extra funding available for the Pooled Treatment Budget for Substance Misuse.

10. Work and Health

Employment levels are at their highest rates ever through such initiatives as New Deal. Areas to be improved include recruitment and retention of older workers as part of an age diverse workforce and identifying employment opportunities for those with a mental health problem through *Pathways to Work Pilots*.

The White Paper sets out what the NHS can do to become a model employer through Improving Working Lives. All NHS organisations have to reach practice plus status by March 2006.

The DH will enable the NHS to become an exemplar for public and private employers and to develop a NHS workforce strategy that will:

- Encourage staff expansion which will in turn boost capacity in public health interventions
- Encourage the skill mix needed to provide health for all
- Encourage international recruitment in nursing
- Take steps to support good health in a high quality workforce

Other interventions will include:

- Encourage more NHS organisations to become healthier workplaces through the annual NHS staff survey
- Develop NHS occupational health services to increase focus on quality and customer need and to encourage return to work after long periods of sickness absence
- Build on the publication *Mental Health and Employment in the NHS 2002*, DH will develop guidelines on the management of mild to moderate mental ill health in the workplace, to be published in 2005

11. Making it happen

The Government is determined that the White Paper will make a difference to people's lives. To avoid the risk that in some cases interventions may contribute to widening health inequalities, Government bodies will ensure that all initiatives and programmes are health inequality proofed. The impact of non-health interventions on population health should also be more actively encouraged, for example through health impact assessments.

The Government is committed to the New Burdens Doctrine and will reimburse councils fully for any extra costs they face as a result of the White Paper.

Last year's cross-government Health Inequality Programme for Action identified 4 key areas for action:

- Supporting families, mothers and children
- Engaging communities and individuals
- Preventing illness and providing effective treatment and care

- Addressing the underlying determinates of health

The White Paper makes specific commitments to each key area and encourages joined up action into practice to improve health. To ensure accountability the DH will publish a six monthly report on key indicators for the targets that relate directly to improving health. In early 2005, the Government will publish a Delivery Plan for the White Paper, which will make clear the accountability arrangements and the action that needs to be taken.

The DH will organise the first national conference within a month of publication of the White Paper to disseminate key messages and will encourage regional roadshows to present the main messages, and encourage commitment.

Local implementation will include the creation of Care Trusts and Children's Centres, and serious consideration on the need for organisations, communities and individuals to work together on action for health.

EXAMPLES OF LOCAL ACTION INVOLVING CITY COUNCIL SERVICES

Highlighted below are some of the areas of local public health action involving Leicester City Council services, which may provide a foundation for future action.

1. Sexual Health

Leicester City has one of the highest teenage pregnancy rates in the country. A lot of joint action is taking place between the City Council and the local Primary Care Trusts to reduce rates and meet the PSA target of a 50% reduction by 2010. The Teenage Pregnancy Board (of which the City Council is the accountable body) is responsible for strategy, policy implementation and performance.

Sexual health advice and support is given to targeted groups like the homeless attending day centres and hostels, teenagers in care and in schools as well clients of Social Care and Health and prostitutes through outreach work. In the latter case there is need to develop accommodation based housing support services for prostitutes who wish to leave the sex industry.

A new Sexual Health Strategy for Leicester, Leicestershire and Rutland is currently being prepared, for completion this summer. It should reflect the developments highlighted in this White Paper, particularly the introduction of a screening programme for chlamydia, something that does not currently take place in Leicester where up to 1 in 5 sexually active females are thought to be infected. The Council's HIV Strategy is also currently under review and should reflect the objectives in the White Paper.

2. Physical activity, diet, obesity

As part of the personal, social, health curriculum in schools, promotion of healthy lifestyles is taught to children and also forms part of youth service activities. Many schools are actively pursuing the National Healthy School Standard. Many schools provide breakfast clubs with healthy food options. Leicester was chosen to be a pilot authority trialling the daily provision of free fresh fruit to children between 4 years and 6 years of age in ten schools across the city. The White Paper is seeking to roll out this scheme nationally, based on the success at Leicester and other pilot authorities. The council's City Catering Service, which is the main provider of school meals, has reduced the sugar, salt and fat content of its recipes whilst at the same time increasing its fibre content. City Catering also employs a Community Dietician to advice on its menus and ensures they meet government nutritional standards.

Healthy balanced meals are offered in the hostels for the homeless, luncheon clubs for the elderly and disabled and the mobile meals service. Also Adult Education offers courses in health and nutrition. All housing tenancy support and social workers offer general advice on healthy eating.

The Leicester Federation of Children's Services could develop a lot of the issues highlighted in the White Paper through the "National Schools Framework" and "Every Child Matters" agenda. The recent Government initiative "Healthy Living Blue Print for Schools" if adopted will support the White Paper objectives by addressing unhealthy lifestyles through changing children's patterns of eating, playing, working, travel and leisure. The use of personal health trainers once established could prove beneficial to the people the Council supports.

In terms of physical education, Leicester is in the forefront and already doing much of what the White Paper wants to see happen. It is part of the National Physical Education and Schools Sport Clubs Links Strategy (PESSCL), with 100% coverage of all schools in the city providing information for the delivery and development of physical activity and sport. It is also striving to meet the PSA target of 75% of all pupils in school receiving two hours quality physical education a week by 2006. This currently stands at 55% compared with a national average of 62%. Leicester has 2 sports specialist schools and another aspiring towards this status. A fund of £5 million for capital investment on new sports facilities has been secured. SPACE for sports and arts has provided capital investment of £3.5 million. This has been used to provide new sports and arts facilities in eight primary schools. Also £200,000 for developing out of school sports provision has been granted by the Government.

The Council maintains its parks and green spaces to encourage recreation and leisure. A range of sports activities are offered in our leisure centres and parks. The Sports Development Unit also uses sport as a tool to engage the community and by so doing, seeks to lower crime rates, increase educational attainment, improve employment opportunities and promote healthier lifestyles.

The Leicester Local Transport Plan encourages walking and cycling as an alternative to using motor vehicles. It also promotes safer routes to school through the use of cycle lanes, traffic calming measures and "walking buses". It incorporates targets including completing the cycle network and provision of parking facilities particularly in and around schools.

3. Alcohol

Housing and other Council services work in partnership with the local PCTs to address health inequalities. Housing accommodation and other support providers, in collaboration with the Drug and Alcohol Action Team, work closely with the homeless and other clients to promote wellbeing, for example to minimise use of substances like alcohol and drugs. A wet hostel for 6 - 8 chronic drinkers is being developed which will enhance this work. Social work staff offer support to clients with drink problems.

Under the Licensing Act 2003, responsibility for liquor licensing transfers to local authorities, with the transition period having started in February 2005. The Council's Licensing Policy encompasses the control of public nuisance associated with licensed premises, underage drinking and irresponsible drink promotions. Closer working with the Police, licensees and licensing authority is to be encouraged. Also Leicester needs to develop an alcohol reduction strategy, which could also link to the White Paper objectives.

4. Smoking

Staff within Education, Housing, and Social Care and Health work closely with the local PCT's smoking cessation services in offering, where appropriate, support and advice to clients seeking to give up smoking. However, there is clearly a great deal more that could be done to promote this issue to a wider audience.

The Consumer Protection Service deals with under age tobacco (and alcohol) sales and regularly targets businesses to ensure they are not breaking the law. The proposed Government smoking ban for all enclosed public places, work places and licensed restaurants, pubs and bars is likely to fall to the regulatory services within the Council's Community Protection and Well-being Division.

5. Improving Air Quality

Air quality is not specifically included within the White Paper, though it is undoubtedly an issue of public health concern in urban areas, and one for which the City Council has a statutory responsibility.

The key air quality issue in Leicester is emissions of nitrogen dioxide from traffic, affecting exposed people in proximity to the major road network. The City Council designated an Air Quality Management Area in 2000 and published its first Air Quality Action Plan in 2004. Some of the most disadvantaged residential areas lie within the Air Quality Management Area.

Since 95% of nitrogen dioxide measured in Leicester is attributable to traffic, the focus of action must be upon reducing vehicle emissions. Hence, air quality action planning is closely integrated with the current Local Transport Plan. Current transport schemes are centred upon the encouragement of modal shift, including the development of improved bus services and facilities, the creation of park and ride sites and promotion of cycling and walking for short journeys.

The Council also uses statutory powers to carry out compulsory roadside vehicle emission testing. Changing of public attitudes and perceptions is crucial to bringing about longer-term change. Campaigns that are periodically run by the City Council include:

- Free vehicle emission checks and advice on simple remediation of faults;
- Campaigns to promote avoidance of short car journeys & aggressive driving styles;
- Education sessions with schools to raise awareness of the issues ("Breathe Easy");
- "Safe routes" and "Green travel plans" for schools;
- Travel Planning for large employers.

The links between traffic pollution and respiratory ill health are complex, but are increasingly well documented by studies in the UK and elsewhere, and the City Council has participated in a number of local respiratory health studies. However, it is clear that outdoor air pollution alone is not responsible for the increasing incidence of asthma and other respiratory diseases; indoor air quality, allergens and exercise may also be significant factors.

6. “Traditional” Public Health

The role of the City Council in providing some of the “traditional” public health services, such as drainage and sanitation, waste management, pest control, food safety, pollution control, infectious disease control, etc. should not be overlooked; whilst not generally viewed as primary areas of concern at the present time, they are nevertheless fundamentally important in protecting the health of the public.

7. Employment Practice

Aspiring to be an exemplar of good public health practice presents a major challenge to any employer, especially where the workforce is as large and diverse as the Council's. However, there are a number of measures and initiatives that could provide a basis for future development. For example the City Council has:

- A Smoking Policy in place (No smoking in buildings, but permitted in 'smoking rooms', leisure centre bar areas, elderly persons homes).
- Offered giving up smoking courses, provided jointly with the NHS.
- Travel plans in place (alternatives to commuting by car, etc.) and offers bicycle allowances.
- Operated a 'Get fit for life' pilot scheme with Loughborough College.
- Discounts provided for employees at City Council leisure centres.
- A Substance Misuse Policy.
- Health surveillance made available via Occupational Health Service (OHS) for relevant employee groups.
- Immunisation (e.g. flu jabs in Social Care and Health).
- Introduced a Personal Health Care Scheme in response to suggestions from the Staff Survey.
- A council-wide Employee Assistance Programme (EAP) e.g. employees to have direct access to advice, information, counselling on stress-related matters etc. (currently available in some Departments).
- Improved OHS referrals and support services e.g. muscular skeletal rehabilitation, health surveillance, etc.