

Delivering Choosing Health:

making healthier choices easier



Working in partnership across government with people, their communities, local government, voluntary agencies and business

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PURPOSE

This delivery plan outlines the key steps that will be taken over the next three years to deliver *Choosing Health: making healthier choices easier*.¹

It highlights how the Department of Health and the NHS, within the framework of government policies, will help more people make more healthy choices and reduce health inequalities. It outlines clearly the priorities for delivery at national, regional and local levels and what will be done by whom and when. It brings into one place all of the actions on the White Paper commitments, alongside related Public Service Agreements and local targets to improve health.

It explains how:

- public interest and commitment to achieving better health through changes to behaviour, lifestyles and work will be continued and extended;
- government Public Service Agreement targets for health improvement will be delivered;
- local Government and the NHS will work together to deliver improved health outcomes and well-being at a local level;

- local delivery will be supported at regional and national levels across government.

In many cases, implementation will proceed immediately; others will take slightly longer as new approaches are developed and piloted. The Department of Health will report on progress every six months.

This delivery plan will be supported by the publication of two further action plans – *Choosing a Better Diet: a food and health action plan* and *Choosing Activity: a physical activity action plan*. These bring together all the commitments relating to food and health and physical activity and set out in further detail the context and next steps for action.

¹ Department of Health (2004) *Choosing Health: making healthier choices easier* [Public Health White Paper]. London: Department of Health.

CHAPTER 1

INTRODUCTION

The Government's White Paper *Choosing Health: Making Healthier Choices Easier* was published in November 2004. It set out how the Government will make it easier for people to make healthier choices by offering them practical help to adopt healthier lifestyles. *Choosing Health* laid out a challenging programme of practical action aimed at saving thousands of lives in years to come. Tackling health inequalities will be central to successful delivery and targeted support will be offered in communities with the worst health and deprivation.

Choosing Health also sets out commonsense steps to prevent unnecessary deaths and help people who want to be healthier. The national engine for health improvement is to be found in people's own ambition to live healthier lives and is underpinned by three key principles:

- informed choice for all;
- personalisation of support to make healthy choices; and
- working in partnership to make health everyone's business.

Derek Wanless' report *Securing Good Health for the Whole Population*² outlined the benefits for us all if we succeed in achieving a society more fully engaged in health. The prize includes longer, healthier lives, fewer working days lost, and

reductions in the pressure on health services in the future. This can only be achieved by people making informed decisions about their health. *Choosing Health* recognises that the Government cannot make these for them but it can support them by making healthier choices easier.

This delivery plan recognises that in order to help people make healthier choices, support and services for people need to be provided at a local level. Building on the Government's Cross Cutting Spending Review on Health Inequalities,³ it recognises the vital importance of co-delivery between local government and the NHS in partnership with local communities, business and the voluntary and community sectors.

Choosing Health highlights action over six key priorities for delivery based upon more people making more healthy choices:

- tackling health inequalities;
- reducing the numbers of people who smoke;
- tackling obesity;
- improving sexual health;
- improving mental health and well-being; and
- reducing harm and encouraging sensible drinking.

2 Wanless, D (2004) *Securing Good Health for the Whole Population: Final Report*. London: HM Treasury/Department of Health.

3 HM Treasury/Department of Health (2002) *Tackling Health Inequalities: Summary of the Cross Cutting Review*. London: HM Treasury/Department of Health.

In addition, action will be taken across government on:

- helping children and young people to lead healthy lives; and
- promoting healthy and active life amongst older people.

Delivering these priorities will depend on four supporting strategies:

- promoting personal health;
- developing the workforce;
- building in research and development; and
- using information and intelligence.

These priorities are grouped thematically in Annex I alongside an explanation of the delivery arrangements for each.

Action is already being taken right across government to improve health. Just as the Department of Health set out its vision for the next five years within *The NHS Improvement Plan*⁴ so too has every government department. Government Public Service Agreement (PSA) targets and supporting strategies that directly or indirectly relate to the delivery of *Choosing Health* are also detailed in Annex I. Some departments have targets that are jointly owned with the Department of Health or which depend on NHS delivery.

Some of the commitments will need international action. The UK will be working with its European Union partners to simplify nutrition labelling and making these changes mandatory on all packaged foods.

People care about their health and they told us in the *Choosing Health* consultation that they want services that connect with their lives. This delivery plan focuses on how we will work together at all levels to make this happen.

⁴ Department of Health (2004) *The NHS Improvement Plan: Putting People at the Heart of Public Services*. London: Department of Health.

CHAPTER 2

THE CONTEXT FOR DELIVERING CHOOSING HEALTH

Helping people make more healthy choices is now at the core of mainstream activity by government, the NHS and local authorities. Together we need to create an environment that touches and enthuses the lives of every individual and community so that sustained improvement will happen. This will be achieved by delivering practical solutions that connect with real lives.

Successful delivery will need a campaign for improvement firmly based on evidence: learning from what works and acting on it locally. Through appropriate monitoring, review and evaluation of new initiatives, we will be able to make the social and economic case for institutions investing in prevention and health improvement.⁵

Choosing Health signals the Government's intention to refocus the NHS into a true service for improving health as well as one that treats sickness. Health improvement and tackling health inequalities will become an integral part of the NHS's mainstream planning and performance systems and will be at the core of its day-to-day business.

The NHS is responsible for taking forward the health improvement agenda but it can only do this effectively through partnerships with key stakeholders. It is essential that Primary Care

Trusts (PCTs) work in partnership with local authorities to co-deliver the *Choosing Health* priorities.

Local and central government have already agreed 'shared priorities' where local government can make a real difference to communities and contribute to the Government's national priorities, including:

- creating safer and stronger communities;
- improving the quality of life of older people and children, young people and families at risk;
- promoting healthier communities and narrowing health inequalities;
- promoting the economic viability of localities and getting people back into work;
- transforming the local environment.

Given the diversity of the population in England, a key message of *Choosing Health* is that one size will not fit all. That is why information and support need to be tailored in many different ways to meet the needs of different communities and individuals.

The drive to focus on local needs means that local government, with its close links and democratic accountability to the community, will have a

⁵ Many *Choosing Health* commitments have been subject to a Partial Regulatory Impact Assessment or will be subject to an Assessment in the future.

leading role to play – together with PCTs – in ensuring effective co-delivery with the NHS.

Local Strategic Partnerships (LSPs) bring together local authorities, other public services and private, voluntary and community sector organisations to work with residents to improve local areas and services. Local Area Agreements will take this work a stage further. In some areas they are already setting challenging and inspiring goals for improving health and well-being. As a part of the Government's 'Every Child Matters: Change for Children Programme', children's trusts will be the main vehicle for delivering children's health and well-being at a local level. Children's trusts will co-ordinate needs analyses to inform the setting of challenging health and well-being goals, further enabling the health sector to develop its targets alongside those of local authorities and other partners.

This ambitious programme will not be achieved by doing 'more of the same'. Success will only come through a radical change in the way the public are 'engaged' in improving their own health. *The NHS Improvement Plan* and *Choosing Health* refocused the NHS as a service for health as well as for healthcare. Health is mainstream business for government, local authorities and the NHS. But the Government does not have the power and relationships to improve health behaviour on its own. Action in the public sector will need to be supported by new partnerships between industry, the voluntary sector and professional groups as well as by an infrastructure which supports, regulates and funds the delivery of change. Over the next three years £1 billion, in addition to planned mainstream funding, will be invested to catalyse action that supports people in taking responsibility for improving their health. There will also be investment right across government to support activities that contribute indirectly or directly to health improvement, such as the £1.5 billion that the Department for Education and Skills (DfES) and the Department for Culture, Media and Sport (DCMS) are spending to develop school

support between 2003 and 2008 and the £50 million on school travel plans between 2004 and 2006.

CHAPTER 3

MAKING IT HAPPEN: NATIONALLY, LOCALLY AND REGIONALLY

This section outlines how success will be built into the delivery of public services at local, regional and national levels and the ways we shall foster relationships with communities, the voluntary and community sectors, employers and industry. It builds on the chapters in *Choosing Health* that outline the key actions Government will take to ensure delivery.⁶

NATIONAL DELIVERY

Choosing Health identified five ways the Government will support national delivery:

- regulation;
- building partnership and inviting engagement;
- joining up action;
- aligning planning and performance assessment; and
- resourcing.

Regulation

The Government will ask industry, employers, the voluntary sector and professional bodies to hold themselves publicly accountable for delivering change through formal Pledges, Compacts or Voluntary Codes of Practice. These will be backed up by new legislation where *Choosing Health*

indicates this is needed or a voluntary approach has not succeeded. Food labelling, advertising, responsible alcohol promotion, and employment practices will all be developed in this way and through the work of Ofcom and the Food Standards Agency which, among other functions, have a role as statutory regulators.

Health Impact Assessments have now been incorporated into the Regulatory Impact Assessment framework. This requires the Government to assess the impact and effectiveness of all new regulatory proposals that are likely to create or remove burdens in the private and public sectors. *Choosing Health* policies that either have a major impact on business or require legislation, or both, have already been subject to partial Regulatory Impact Assessments.

Building partnership and inviting engagement

Choosing Health argues for a commercial and social environment that supports healthier choices. To help deliver this, the Government will draw on the expertise, resources and drive of private sector advertising and marketing organisations.

The Department of Health will explore formal agreements on local priorities for health and well-being with a wide range of national representative bodies. It will spell out the broad policy framework

⁶ *Choosing Health*, op cit: Chapter 8 and Annex B.

and the agreed priorities to be delivered by local action with the active help and support of the Government and regional bodies.

Joining up action

Action across government to tackle poverty and unemployment and to improve housing and education will also have a positive impact on health, particularly that of the most disadvantaged. Examples include:

- the Department for Work and Pensions' 'Pathways to Work' pilots where the local NHS is working closely with Jobcentre Plus to help people manage their health problems and return to work;
- the cross-government National Strategy for Neighbourhood Renewal;
- the Deputy Prime Minister's programme to bring all social housing into a decent condition;
- action by the Department for Work and Pensions to reduce the proportion of children living in workless households;
- action by the Department for Environment, Food and Rural Affairs to eliminate fuel poverty and to improve air quality.

Delivery across government will be overseen by a Cabinet sub-committee chaired by the Secretary of State for Health, supported by a Health Improvement Board of senior government officials. Other Boards and Steering Groups involving partners outside the Government will be convened to help lead change and to report on progress.

These will ensure that action across government is properly monitored, that risks to delivery are identified and minimised and that interdependencies between programmes are managed effectively. During 2005 the Department of Health will work with other government departments to develop more detailed agreements setting out how they will work together to deliver key *Choosing Health* priorities. The Office of the Deputy Prime Minister (ODPM) and the

Department of Health will work together to ensure that government policy reduces health inequalities, and that improving the overall health and well-being of the population does not inadvertently widen health inequalities.

Progress will be measured through:

- improvements in the health of the population;
- increased delivery of high-quality services – data submitted by Strategic Health Authorities (SHAs) and local authorities;
- achieving project milestones;
- delivery partners' progress reports.

During 2005 the Government will set trajectories that allow progress against targets to be regularly reviewed.

Aligning planning and performance assessment

Independent inspection, assessment and review of health improvement will be carried out by the Healthcare Commission, Audit Commission, Ofsted and Commission for Social Care Inspection (CSCI).

The Concordat signed between the main healthcare inspectorates last year committed them to working together to minimise the burden of review on frontline services.⁷ The Department of Health is exploring with the Healthcare Commission how best to ensure that the new standards for NHS provision they will publish later this year achieve a balance between prevention and care.

The new NHS Institute for learning, skills and innovation will also be helping the NHS to redesign its services, focussing on a small number of high priority issues in order to derive maximum benefit. The new Institute is expected to be up and running by July 2005 and its priorities will be set in due course. Each of its priority programmes will consider how to maximise associated health benefits and may focus on a specific public health issue, such as obesity.

⁷ The Concordat between bodies inspecting, regulating and auditing healthcare can be found at www.healthcarecommission.org.uk/assetRoot/04/00/43/00/04004300.pdf

Resourcing

The NHS will invest its mainstream budgets to secure improvements in health, well-being and health inequalities and achieve longer-term savings in the cost of treatment and social care.

A significant proportion of the delivery of health improvement will be funded from PCTs' main allocations and will form part of their core business planning. Local Authorities will also prioritise action on health and health inequalities through existing mainstream spending to maximise Government programmes and initiatives such as Local Area Agreements and Neighbourhood Renewal Funding. This is in line with government policy to devolve responsibility and resources to local organisations. PCTs will also need to consider the contribution that local authorities and other partners make to jointly agreed actions in support of national or locally agreed priorities and explore whether funding streams can be aligned and pooled. Over £1 billion of additional NHS funding has been made available to supplement the delivery of *Choosing Health* over the next three years. The extra funding will pump-prime innovations to existing services (such as sexual health, school nurses, health trainers or obesity services) and test new ideas. Around half of the extra funding in 2006/07 and 2007/08 has gone directly to PCTs as part of their annual allocation and will be used to deliver *Choosing Health* commitments through the local delivery planning process.

ENSURING ACTION LOCALLY: A CLEAR SYSTEM FOR DELIVERY

The NHS has a responsibility for taking forward the health improvement agenda. Early detection, health advice and clear pathways for improving the health of patients and the public are all needed to improve health and manage future demands for NHS care. But *Choosing Health* also emphasises the relationship between health, learning and work, leisure and recreation, crime and community cohesion and the key role of local authorities in improving health and well-being.

Local authorities and PCTs share a responsibility to improve health and well-being by:

- leading community partnerships;
- delivering on national priorities and targets;
- identifying local needs and achieving local targets;
- commissioning and delivering services.

Local authorities also have a responsibility to ensure that effective local planning mechanisms are set up to drive improvements in health and well-being, for example, Local Strategic Partnerships (LSPs)⁸ emerging children's trust arrangements, Crime and Disorder Reduction Partnerships (CDRPs), Drug and Alcohol Teams and 'Pathways to Work'.⁹

Local needs are identified through:

- planned local information reports from regional Public Health Observatories (PHOs) to each local authority;
- annual reports to councillors by each PCT Director of Public Health;
- local government's scrutiny of health services, as introduced in the Health and Social Care Act;
- health and well-being equity audits and ethnic monitoring;¹⁰
- consultation and involvement of local communities themselves.

Local services are delivered by:

- primary care and hospital trusts and other NHS organisations;
- children's services, including schools;
- other local authority services, such as housing, social care, leisure and recreation;
- the voluntary sector and community based organisations; and
- private businesses.

8 The Office of the Deputy Prime Minister's recently published five-year plan *Sustainable Communities: People, Places and Prosperity* sets out a view of the future of local government which emphasises its roles in community leadership and engagement.

9 The documents Health Development Agency and Local Government Agency, NHS Confederation (2003) *Planning with a Purpose*; Health Development Agency (2004) *Pooling Resources Across Sectors: A Report for Local Strategic Partnerships* offer useful models for joint delivery at local level.

10 Further information on health equity audits being developed by the NHS is available from the website: www.dh.gov.uk/PolicyAndGuidance/HealthAndSocialCareTopics/HealthInequalities/fs/en

Local needs and targets for improving health and well-being are contained within the Local Authority Community Plan.

Roles and responsibilities for delivery are contained in PCT Local Delivery Plans (LDPs) and the local authority's own business plans.

Other ways in which local government, the NHS and their community partners can improve health and well-being include:

- using existing services to raise the awareness and understanding of local communities about how to improve their own health;
- community advocacy – in particular, local elected representatives have an important role in helping people to represent their concerns and views to local policy makers and decision makers;
- increasing the knowledge and understanding of health issues amongst public sector employees, and those working for organisations funded by the public sector. Health awareness should permeate all areas of work so everyone understands how they can contribute to improving health;
- as healthy employers, pledging their organisation to observe healthy employment practices and encouraging staff to make personal pledges to improve their lifestyles; and
- redesigning jobs to widen access to employment and finding more effective ways of delivering health messages to disadvantaged communities.

PCT LOCAL DELIVERY PLANS

Delivery planning for *Choosing Health* is an integral part of PCTs' LDPs, which should be developed in close consultation with local authority partners and other key stakeholders in LSPs. A Planning and Performance toolkit has been

circulated to PCTs to support them in planning locally for *Choosing Health*.

Performance levels within LDPs will be agreed between PCTs and SHAs, and PCTs will be held accountable for delivery with the same determined focus at national and local levels that has brought such impressive results in waiting times, cancer and CHD. SHAs will have an important role in ensuring that the spearhead PCTs¹¹ in their areas are making faster progress than the average of all PCTs in order to reduce health inequalities in line with the national targets.

Within their LDPs, PCTs will agree with relevant partners a number of targets which respond to local needs and help tackle health inequalities by more effective prioritisation and targeting of disadvantaged groups and areas. They will also agree levels of performance to contribute to many of the key aims of *Choosing Health*, including among others:¹²

- better management of blood pressure and cholesterol levels by GPs;
- implementation of National Institute for Health and Clinical Excellence guidance on cancer treatment;
- reducing smoking during pregnancy and adult smoking prevalence as a whole;
- increasing the uptake of breastfeeding;
- tackling childhood obesity;
- reducing under-18 pregnancy and improving access to sexual health services; and
- improving mental health and well-being and reducing suicide rates.

LOCAL AREA AGREEMENTS

The Department of Health is supporting the development of Local Area Agreements (LAAs)¹³ as an important new planning process which brings health inequalities and health outcomes to the forefront of local community planning. LAAs are agreed with Government Offices for the Region (GORs) and are based on three 'blocks':

11 The spearhead group is the fifth of areas with the worst health and deprivation indicators. It consists of the 70 local authority areas, mapped across to 88 PCTs, that are in the bottom fifth nationally for three or more of the following five factors: (i) male life expectancy at birth; (ii) female life expectancy at birth; (iii) cancer mortality rate in under-75s; (iv) cardiovascular disease mortality rate in under-75s; (v) Index of Multiple Deprivation 2004 (Local Authority Summary).

12 Full details of the LDP data-monitoring lines against which PCTs will agree levels of performance with their SHAs is included in Annex 1 on government policy and targets.

13 Information on implementation of LAAs can be found at www.odpm.gov.uk/localvision

- children and young people;
- safer and stronger communities; and
- healthier communities and older people.

Outcomes in each block will be negotiated between local authorities (and their partners) and GORs on behalf of central departments. LAAs will reflect both local and national priorities. PCTs in the pilot areas will lead the development and delivery of the health elements of LAAs, with the support and encouragement of SHAs.

In 2005/06, 21 local authority areas will pilot LAAs. These include 10 spearhead PCTs which will set particularly challenging targets to reduce health inequalities in their area. The Government has recently announced a further pilot phase of 40 LAAs which will be in place by April 2006 and may include more local authority areas in the spearhead group. The LAA approach may also be used to firm up action plans for health improvement in spearhead areas that are not included within the LAA pilots.

To encourage and support new ways to improve health:

- the Department of Health will develop a network of 'Health Champions' able to provide advice and support to new services;
- the Improvement and Development Agency's (IDeA's) peer support will recruit and accredit people with experience and skills to provide consultancy, advice and peer review; and
- Communities for Health will pilot new approaches to local action, piloted in at least 12 areas from April 2005.

CHILDREN'S TRUSTS

Children's trusts are being established by local authorities working with colleagues in the health sector and other local stakeholders. They will determine the services needed to drive improvements in children's health and well-being in line with the Children's Outcomes Framework.¹⁴

This sets expectations on children's and young people's experience as follows:

- be healthy;
- stay safe;
- enjoy and achieve;
- make a positive contribution; and
- achieve economic well-being.

Local services will be held accountable for delivering improved outcomes and the requirements of the Children's National Services Framework through the annual performance assessments of local authorities and the integrated inspection of children's services.

REGIONAL DELIVERY

The GORs, Regional Assemblies and Regional Development Agencies (RDAs) also play an important part in helping to shape the wider economic determinants of health and strategy on transport, employment, the environment and regeneration. GORs bring together the activities of 10 Whitehall departments within a single organisation in the region. These activities include, for example, ODPM's interests in sustainable communities and in deprived neighbourhoods, DfES's interests in children and learners, and Home Office's interests in crime, community safety and community involvement. GORs are ideally placed to make the connections necessary between these activities to improve health and well-being. GORs are already leading the negotiation of LAAs on behalf of central government which wants to strengthen their role and delegate more activities currently carried out in Whitehall.

Regional Directors of Public Health and their Public Health Groups (PHGs) are based within GORs and will support local delivery of health improvement by:

- working with other key regional stakeholders such as RDAs and Regional Assemblies to deliver health improvements;

¹⁴ HM Government (2004) *Every Child Matters: Change for Children*. London: The Stationery Office.

- integrating health improvement and activity in supporting local planning and delivery mechanisms within GORs;
- encouraging closer working with GORs and SHAs;
- co-ordinating regional task forces and other action to support the delivery of health improvement PSAs;
- work closely with regional PHOs to track and report performance;
- identifying regional issues and concerns that may need a national policy response; and
- brokering support for local action and facilitating cross-regional learning and development opportunities.

The Department of Health has responsibility for overseeing the implementation of *Choosing Health* as a whole. These annexes outline the full range of national, regional and local actions to deliver the White Paper which have been planned to date.

ANNEXES

I DELIVERY SUMMARIES

This annex summarises:

- economic arguments for taking action on each priority area;
- 'big wins', key interventions and best practice most likely to improve health;
- the framework for cross-government action to improve health, including national and local targets, supporting strategies and measures of success; and
- evidence in support of 'big wins'.

II DELIVERY TABLES

This annex provides more detail, referencing the *Choosing Health* commitments and 'big wins' under the priority they relate to most closely. For each commitment, national, regional or local actions are suggested alongside the organisation or body leading their implementation and their main delivery partners. Those responsible for monitoring and reporting on delivery are also listed.

ANNEX I

DELIVERY SUMMARIES

This annex summarises the economic arguments for taking action on each priority area, and lists 'big wins', key interventions and best practice most likely to improve health.

Evidence in support of 'big wins' is also referenced. At this stage some 'big wins' are based on expert advice rather than evidence. Further research and improved monitoring will mean that in future all 'big wins' will reflect a strong evidence base.

The Department of Health will identify teams of experts to support delivery and coordinate the spread of good practice nationally, regionally and locally.

TARGETS AND POLICY TABLES

These set out all national Public Service Agreement (PSA) targets and local targets that will contribute to the priority areas identified in this delivery plan. Supporting strategies are also referenced.

The NHS Improvement Plan set out the Government's vision for the NHS for the next five years. Importantly, it emphasised how the NHS will become not just a sickness service but a service that places health and well-being at its core.

This shift in focus was reflected in the new PSA targets agreed by the Department of Health with

HM Treasury. At a time when the Department is reducing the number of targets for frontline organisations overall, the Department of Health's new PSAs will ensure that there is a stronger emphasis on overall health.

Objective 1 of the Department of Health's PSA is to:

Improve the health of the population. By 2010 increase life expectancy at birth in England to 78.6 years for men and to 82.5 years for women.

This overarching objective is underpinned by the following specific targets:

1. Substantially reduce mortality rates by 2010:

- *from heart disease and stroke and related diseases by at least 40% in people under 75, with at least a 40% reduction in the inequalities gap between the fifth of areas with the worst health and deprivation indicators and the population as a whole;*
- *from cancer by at least 20% in people under 75, with a reduction in the inequalities gap of at least 6% between the fifth of areas with the worst health and deprivation indicators and the population as a whole; and*
- *from suicide and undetermined injury by at least 20%.*

2. Reduce health inequalities by 10% by 2010 as measured by infant mortality and life expectancy at birth:

- *starting with children under one year, by 2010 reduce by at least 10% the gap in mortality between 'routine and manual' groups and the population as a whole;*
- *starting with local authorities, by 2010 to reduce by at least 10% the gap between the fifth of areas with the worst health and deprivation indicators and the population as a whole.*

3. Tackle the underlying determinants of ill health and health inequalities by:

- *reducing adult smoking rates to 21% or less by 2010, with a reduction in prevalence among routine manual groups to 26% or less;*
- *halting the year-on-year rise in obesity among children under 11 by 2010 in the context of a broader strategy to tackle obesity in the population as a whole;*
- *reducing the under-18 conception rate by 50% by 2010 as part of a broader strategy to improve sexual health.*

Cross-government targets

The White Paper recognised that the above targets would only be achieved through joined-up action and shared priorities across government. Just as the Department of Health has set out its vision for the next five years and set its priorities through its PSA targets so too has every government department across Whitehall. In some cases, this has resulted in joint targets such as those on obesity and teenage pregnancy.

However, there are wider determinants of health such as poverty, housing, employment and education. All of these have an impact on people's health and well-being. This means that the priorities of many government departments will directly contribute to the objective set by the Department of Health to 'improve the health of the population'.

For example, Chapter 7 of *Choosing Health* sets out the relationship between an individual's employment status and health. Workers are healthier and live longer than the unemployed, and health worsens with the loss of a job. So, the PSA targets set by the Department for Work and Pensions to continue to raise employment rates, particularly among disadvantaged groups, and to halve the number of children living in low-income households are inextricably linked to the objectives and targets set by the Department of Health to improve the health of the population.

Similarly, the objective set by the Office of the Deputy Prime Minister to ensure people have decent places to live, or the target shared by Department for Environment, Food and Rural Affairs and Department of Trade and Industry to eliminate fuel poverty in vulnerable households by 2010, are fundamental to improving the health of the population and to reducing health inequalities.

PRIORITY A: TACKLING HEALTH INEQUALITIES

Why invest?

There remain significant inequalities in the prevalence of disease and in access to healthcare. For example:

- Males living in Manchester have a life expectancy almost eight and a half years less than males living in East Dorset. Death rates from circulatory disease are over 25% higher in the North West than in the South East of England.
- The incidence of lung cancer among men and women in the most deprived areas is around twice that in the most affluent areas, and death rates are even higher – at about two and a half times higher.
- Babies born in England and Wales of mothers who were born in Pakistan have an infant mortality rate more than double the average rate in England and Wales.
- In England, the proportion of Bangladeshi men who smoke is over 50% higher than the national average.
- Type 2 diabetes is up to six times more common in people of South Asian descent and up to three times more common in those of African and African-Caribbean descent. Health outcomes are also likely to be poorer in these groups.
- Men and women of African-Caribbean descent report higher than average psychiatric ill health and men, especially young men, have higher rates of diagnosis of psychotic illness.

Big wins

- **Reducing smoking, especially in disadvantaged groups and among pregnant women:** the most important factor for achieving national health inequalities targets, since smoking is the single biggest preventable cause of the socio-economic gradient in infant mortality and life expectancy.

- **Targeting disadvantaged groups:**¹ for example, smoking programmes should target at-risk groups, especially pregnant women and lone parents,^{2,3,4} routine and manual workers or black minority ethnic groups with high levels of smoking.
- **Improving access to primary care and secondary prevention and care, especially for disadvantaged groups:**⁵ by making services more accessible and responsive, reducing delays before patients' first visit to their GP; increasing uptake of screening; improving access to diagnostics and specialist referral; management of high blood pressure, cholesterol reduction and emergency care for treatment for heart attack; ensuring variations in prescribing (eg. statins and cancer drugs) are explained and minimised; action focused on the big killers (cancer, CVD and respiratory disease, including action on smoking); identifying and treating those at high risk of disease, especially the over-50s.
- **Using health equity audit and ethnic monitoring** as tools to identify and reduce inequalities in access to services.
- **Responsive, accessible services and advice:** for example, tailoring information and advice to meet people's needs; providing services in community settings; signposting and one-to-one support for people who need help to use complex health information, including improving health literacy; support from health trainers.
- **High-quality family and early years support:**^{6,7} for example, assistance with housing; more accessible antenatal care (including early antenatal booking, obstetric and midwifery services); Sure Start, Healthy Start and home visiting services such as Home Start; services aimed at reducing teenage pregnancies; increasing the uptake and duration of breastfeeding.^{2,8}
- **Healthy schools:** see page 35.

1 Acheson, D et al (1998) *Report of the Independent Inquiry into Inequalities in Health*. London: The Stationery Office.

2 Bell, Ruth et al (2002) *Perinatal and Infant Health Information: A Scoping Study*. Public Health Observatory Northern & Yorkshire.

3 Naidoo, B et al (2004) *Smoking and Public Health: A Review of Reviews of Interventions to Increase Smoking Cessation, Reduce Smoking Initiation and Prevent Further Uptake of Smoking*. London: Health Development Agency.

4 Bull, J et al (2003) *Prevention of Low Birth Weight: Assessing the Effectiveness of Smoking Cessation and Nutritional Interventions*. London: Health Development Agency.

5 Mulvihill, C et al (2003) *The Management of Obesity and Overweight: An Analysis of Reviews of Diet, Physical Activity and Behavioural Approaches*. London: Health Development Agency.

6 Swann, C J et al (2003) *Teenage Pregnancy and Parenthood: A Review of Reviews*. London: Health Development Agency.

7 Bull, J et al (2004) *Ante- and Post-Natal Home Visiting Programmes: A Review of Reviews*. London: Health Development Agency, http://www.hda.nhs.uk/documents/home_visiting.pdf

8 Protheroe, L et al (2003) *The Effectiveness of Public Health Interventions to Promote the Initiation of Breastfeeding* London: Health Development Agency.

PRIORITY A: TACKLING HEALTH INEQUALITIES**Department of Health PSAs****Reduce health inequalities by 10% by 2010 as measured by infant mortality and life expectancy at birth:**

- starting with children under one year, by 2010 to reduce by at least 10% the gap in mortality between 'routine and manual' groups and the population as a whole (Data source: ONS linked file, linking information on birth and death registrations).
- starting with local authorities, by 2010 to reduce by at least 10% the gap between the fifth of areas with the 'worst health and deprivation indicators' and the population as a whole (Data source: ONS data).

Substantially reduce mortality rates by 2010:

- from heart disease and stroke and related diseases by at least 40% in people under 75, with at least a 40% reduction in the inequalities gap between the fifth of areas with the worst health and deprivation indicators and the population as a whole (Data source: ONS mortality statistics);
- from cancer by at least 20% in people under 75, with a reduction in the inequalities gap of at least 6% between the fifth of areas with the worst health and deprivation indicators and the population as a whole (Data source: ONS mortality statistics).

NHS Local Delivery Plan data-monitoring lines:**Cardiovascular disease mortality and inequalities**

- PSA01a: Cardiovascular disease mortality rates among under-75s (reduction in levels)
 PSA01b: Practice-based registers of patients at risk of CHD (GP screening of high-risk patients)
 PSA01c: Blood pressure (GP screening of high risk patients)
 PSA01d: Cholesterol levels (GP screening of high risk patients)

Cancer mortality and inequalities

- PSA03a: Cancer mortality rates among under-75s (reduction in levels)
 PSA03b: Cancer – implementation of NICE Improving Outcomes Guidance
 PSA03c: Bowel cancer screening

Infant mortality

- PSA06a: Smoking during pregnancy (reduction in levels)
 PSA06b: Breastfeeding initiation rates (increase)

Supporting strategies:

- **Tackling Health Inequalities: a programme for action – July 03**
www.dh.gov.uk/assetRoot/04/01/93/62/04019362.pdf
- **NHS Cancer Plan: a plan for investment, a plan for reform – Sept 00**
www.dh.gov.uk/assetRoot/04/01/45/13/04014513.pdf
- **National Service Framework for Coronary Heart Disease – March 00**
www.dh.gov.uk/assetRoot/04/05/75/26/04057526.pdf

Supporting cross-government PSAs	Supporting strategies/guidance
<ul style="list-style-type: none"> ■ Tackle social exclusion and deliver neighbourhood renewal, working with departments to help them meet their PSA floor targets, in particular narrowing the gap in health, education, crime, worklessness, housing and liveability outcomes between the most deprived areas and the rest of England, with measurable improvement by 2010. ODPM 	<p>Making it Happen in Neighbourhoods: The National Strategy for Neighbourhood Renewal Four Years On.</p> <p>www.neighbourhood.gov.uk/publications.asp?did=1193</p>
<ul style="list-style-type: none"> ■ Reduce the number of people killed or seriously injured in Great Britain in road accidents by 40% and the number of children killed or seriously injured by 50%, by 2010 compared with the average for 1994–98, with greater reductions in disadvantaged communities. DfT 	<p>Tomorrow's Roads: Safer for Everyone</p> <p>www.dft.gov.uk/stellent/groups/dft_rdsafety/documents/pdf/dft_rdsafety_pdf_504644.pdf</p>
<ul style="list-style-type: none"> ■ Reduce the under-18 conception rate by 50% as part of a broader strategy to improve sexual health. DfES/DH 	<p>National Teenage Pregnancy Strategy – June 1999</p> <p>www.dfes.gov.uk/teenagepregnancy/dsp_showDoc.cfm?FileName=teenpreg.pdf</p>
<ul style="list-style-type: none"> ■ Improve children's communication, social and emotional development so that by 2008, 50% of children reach a good level of development at the end of the Foundation Stage and reduce inequalities between the level of development achieved by children in the 20% most disadvantaged areas and the rest of England. DfES/Sure Start Unit/DWP 	<p>Choice for Parents, the Best Start for Children: A Ten Year Strategy for Childcare – Dec 2004</p> <p>www.everychildmatters.gov.uk/key-documents/</p>
<ul style="list-style-type: none"> ■ Narrow the gap in educational achievement between looked-after children and that of their peers, and improve their educational support and the stability of their lives so that by 2008 80% of children under 16 who have been looked after for 2.5 or more years will have been living in the same placement for at least two years, or are placed for adoption. DfES 	<p>Guidance on the Education of Children and Young People in Public Care (DfES/DH – May 2000)</p> <p>A Better Education for Children in Care (Social Exclusion Unit – Sept 2003)</p> <p>Draft Statutory Guidance – Duty on Local Authorities to Promote the Educational Achievement of Looked After Children (DfES – final statutory guidance target date July 2005)</p> <p>www.dfes.gov.uk/educationprotects</p> <p>Research summary from Stability in Foster Care seminar:</p> <p>www.dfes.gov.uk/choiceprotects/pdfs/stabilityseminar.pdf</p>

Supporting cross-government PSAs	Supporting strategies/guidance
<ul style="list-style-type: none"> By 2010, bring all social housing into a decent condition with most of this improvement taking place in deprived areas, and for vulnerable households in the private sector, including families with children, increase the proportion who live in homes that are in decent condition. ODPM 	<p>ODPM Five Year Strategy: Sustainable Communities: Homes for All – Jan 2005</p> <p>www.odpm.gov.uk/stellent/groups/odpm_about/documents/divisionhomepage/033927.hcsp</p>
<ul style="list-style-type: none"> Eliminate fuel poverty in vulnerable households in England by 2010 in line with the Government's Fuel Strategy objective. DTI/Defra 	<p>Fuel Poverty in England: The Government's Plan for Action</p> <p>www.defra.gov.uk/environment/energy/fuelpov/index.htm</p>
<ul style="list-style-type: none"> Reduce race inequalities and build social cohesion. Home Office 	<p>Improving Opportunity, Strengthening Society: The Government's Strategy to Increase Race Equality and Community Cohesion – Jan 2005</p> <p>www.homeoffice.gov.uk/docs4/raceequality.htm</p>
<ul style="list-style-type: none"> Demonstrate progress on increasing the employment rate. DWP/HMT 	<p>DWP Five Year Strategy: Opportunity and Security Throughout Life – Feb 2005</p> <p>www.dwp.gov.uk/publication/dwp/2005/5-yr-strat/report</p>
<ul style="list-style-type: none"> Increase the employment rates of disadvantaged groups (lone parents, ethnic minorities, people aged 50 and over, those with the lowest qualifications and those living in the local authority wards with the poorest initial labour market position). DWP 	<p>DWP Five Year Strategy: Opportunity and Security Throughout Life – Feb 2005</p> <p>www.dwp.gov.uk/publication/dwp/2005/5-yr-strat/report</p>
<ul style="list-style-type: none"> Significantly reduce the difference between the employment rates of the disadvantaged and the overall rate. DWP 	<p>DWP Five Year Strategy: Opportunity and Security Throughout Life – Feb 2005</p> <p>www.dwp.gov.uk/publication/dwp/2005/5-yr-strat/report</p>
<ul style="list-style-type: none"> By 2008, improve health and safety outcomes in Great Britain through the progressive improvement in the control of risks in the workplace. DWP 	<p>A Strategy for Workplace Health and Safety in Great Britain to 2010 and Beyond – Health and Safety Commission, February 2004</p> <p>www.hse.gov.uk/aboutus/hsc/strategy.htm</p>
<ul style="list-style-type: none"> Promote sustainable development across government and in the UK [and internationally], as measured by: the achievement of positive trends in the Government's headline indicators of sustainable development. Defra 	<p>UK Sustainable Development Strategy to be published March 2005</p>

Supporting cross-government PSAs	Supporting strategies/guidance
<ul style="list-style-type: none"> ■ Reduce the gap in productivity between the least well performing quartile of rural areas and the English median by 2008 demonstrating progress by 2006, and improve the accessibility of services for people in rural areas. Defra 	<p>Rural Strategy 2004 www.defra.gov.uk/rural/strategy/default.htm</p>
<ul style="list-style-type: none"> ■ Increase the number of adults with the skills required for employability and progression to higher levels of training. ■ Improve the basic skill levels of 1.5 million adults between the launch of Skills for Life in 2001 and 2007, with a milestone of 750,000 by 2004. ■ Reduce by at least 40% the number of adults in the UK workforce who lack NVQ 2 or equivalent qualifications by 2010. Working towards this, 1 million adults in the workforce to achieve level 2 between 2003 and 2006. DfES 	<p>21st Century Skills: Realising our Potential: July 2003 www.dfes.gov.uk/skillsstrategy/</p>
<ul style="list-style-type: none"> ■ Improve air quality by meeting the Air Quality Strategy targets for carbon monoxide, lead, nitrogen dioxide, pesticides, sulphur dioxide, benzene and 1,3 butadiene. Defra/DfT 	<p>Air Quality Strategy – Jan 2000 www.defra.gov.uk/environment/airquality/strategy/index.htm</p> <p>Addendum to Air Quality Strategy – Feb 2003 www.defra.gov.uk/environment/airquality/strategy/addendum/pdf/aqs_addendum.pdf</p>

PRIORITY B: REDUCING THE NUMBERS OF PEOPLE WHO SMOKE

Why invest?

- Smoking is the single greatest cause of illness and premature death in England today. It kills an estimated 86,500 people per year in England (one-fifth of all deaths), accounting for a third of all cancer and a seventh of all cardiovascular disease. Over 80% of deaths from lung cancer are the direct result of smoking, and every year thousands of children have to go to hospital because of breathing other people's cigarette smoke.
- Smoking disproportionately affects the least well off: 26% of all adults in England smoke, but the figure is 31% among manual groups compared with 20% among non-manual groups.
- 70% of smokers want to quit.
- Smoking costs the NHS between £1.4 and £1.7 billion per year.

Big wins

- **Support for smoking cessation:**^{3,4,9} more accessible and responsive 'stop smoking' services, wider availability of nicotine replacement therapy, particularly to manual groups; use of new technology, for example, electronic booking, targeted support for NHS employees.
- **Reducing exposure to second-hand smoke:**¹⁰ a staged approach to ending smoking in public places; establishing smoke-free government, NHS and voluntary agreements (*key date: by 2006*); legislation on enclosed public spaces and workplaces (*key date: by end 2007*) and licensed premises (*key date: by end 2008*) following consultation with the hospitality industry.

- **Reducing tobacco advertising and promotion:** enforcing existing and new legislation banning or restricting advertising and promotion;^{11,12,13} stronger regulatory framework with new mandatory picture warnings on tobacco products.^{13,14,15}
- **National smoking communication campaigns and education:**³ new campaigns on second-hand smoke and the health risks of tobacco products; motivating and helping people who want to quit, with a particular focus on manual groups.¹⁶
- **Reducing availability of illicit and smuggled tobacco and underage sales:**¹⁷ HMT and Customs working together locally and nationally to reduce the market share of smuggled (including counterfeit) tobacco; new powers on underage sales and enforcement of existing regulations.

9 Parrott, S et al (1998) 'Guidance for Commissioners on the cost-effectiveness of smoking cessation interventions' *Thorax*, 53 (Suppl 5, Part 2): S11–S16.

10 Fichtenberg, C M et al (2002) 'Effect of smokefree workplaces on smoking behaviour: A systematic review' *British Medical Journal*, 325: 188–191.

11 DH analysis: impact on smoking prevalence around 2.5%.

12 Department of Health (1992) *Effects of Tobacco Advertising on Consumption: A Discussion Document Reviewing the Evidence*. London: Department of Health.

13 The International Bank for Reconstruction and Development (1999) *Curbing the Epidemic: Governments and the Economics of Tobacco Control*. IBRD.

14 European Commission (2004) *Tobacco or Health in the European Union, Past, Present and Future*, Luxembourg: Office for Official Publications of the European Communities, http://www.europa.eu.int/comm/health/ph_determinants/life_style/Tobacco/ev_20041022_en.htm

15 DH analysis: impact on smoking prevalence around 0.5%.

16 DH analysis: impact on smoking prevalence around 1%.

17 DH analysis: impact on smoking prevalence – a 1% real increase in price is estimated to decrease consumption by 0.4%.

PRIORITY B: REDUCING THE NUMBERS OF PEOPLE WHO SMOKE**Department of Health PSA**

- Reduce adult smoking rates (from 26% in 2002) to 21% or less by 2010, with a reduction in prevalence among routine manual groups (from 31% in 2002) to 26% or less (Data source: ONS General Household Survey). **DH**

NHS Local Delivery Plan data-monitoring lines:

PSA08a: Smoking quitters at four-week follow-up stage

PSA08b: Smoking status among the population aged 15 to 75 years (reduction in levels)

Supporting strategies:

- Smoking Kills – December 1998
www.archive.official-documents.co.uk/document/cm41/4177/contents.htm

Supporting cross-government PSAs

- By 2007–08 reduce the illicit market share for cigarettes to no more than 13%.
HM Revenue and Customs

Supporting strategies/guidance

Tackling Tobacco Smuggling
www.hm-treasury.gov.uk/media/6A1/17/433.pdf

PRIORITY C: TACKLING OBESITY

Why invest?

- Increased child obesity may mean today's children have a shorter life expectancy than their parents. Childhood obesity increases the risk of early onset of preventable disease in adulthood, including diabetes, stroke and CVD, and thereby increases demands on NHS services.
- Nearly a quarter of people are obese (2003 data), and obesity reduces life expectancy on average by nine years. The prevalence of obesity in England has tripled since the 1980s. If we take no action, it is estimated that a third of adults, a third of girls and one-fifth of boys will be obese by 2020. Three out of ten boys and four out of ten girls are not achieving the recommended one hour per day of at least moderate physical activity.¹⁸
- Obesity disproportionately affects the least well off: in Social Class 1, 14% of men and women are obese compared to 28% of women and 19% of men in Social Class 5 (2001).

Big wins

- **Simple labelling of packaged food:** a clear and simple set of food labels developed with the FSA, retailers and industry; simplified and mandatory food labelling; action by industry to reduce fat, salt and sugar in foods and reverse the trend in increasing portion sizes.
- **National obesity awareness campaign:** evidence-based promotional campaign to encourage parents to make healthy choices for themselves and their children, awareness raising in early years through Sure Start including promotion of breastfeeding.
- **Helping people who want to lose weight:** practical advice and support to promote healthy lifestyles, screening by GPs and referral through obesity care pathways for dietetic programmes and surgical interventions.
- **Food promotion to children:** restricting further advertising and food promotion to children of

foods high in fat, sugar and salt; push to amend EU Directive to restrict advertising of infant follow-on formula.^{19,20}

- **Healthy schools:**⁵ see page 35 'Helping Children and Young People to Lead Healthy Lives'.
- **Encouraging Activity:** community level interventions to promote physical activity, sport, cycling and use of green spaces; play projects; school PE, sport and club links; Specialist Sport Colleges; cycle training; action to promote cycling and walking to school.
- **High-quality family and early years support:** see page 19.

¹⁸ Department of Health (2004) *At Least Five A Week: Evidence of the Impact of Physical Activity and its Relationship to Health – A Report from the Chief Medical Officer*. London: Department of Health.

¹⁹ Hastings, G et al (2003) *Review of Research on the Effects of Food Promotion to Children*. University of Strathclyde: Centre for Social Marketing

²⁰ Ofcom (2004) *Childhood Obesity – Food Advertising in Context*. London: Ofcom.

PRIORITY C: TACKLING OBESITY

Department of Health/Department for Education and Skills/Department for Culture Media and Sport PSA

- Halt the year-on-year rise in obesity among children under 11 by 2010 (from the 2002–04 baseline) in the context of a broader strategy to tackle obesity in the population as a whole (Data source: Health Survey for England: DH, DfES and DCMS are also exploring options for other sources of data to obtain more local-level information). **DH/DfES/DCMS**

NHS Local Delivery Plan data-monitoring lines:

- PSA10a: Childhood obesity (returning plans to DH is deferred)
 PSA10b: Obesity status among the GP-registered population aged 15 to 75 years (GP screening)

Supporting strategies:

- **Food and Health Action Plan – March 2005**
www.dh.gov.uk/publications
- **Physical Activity Plan – March 2005**
www.dh.gov.uk/publications

Supporting cross government PSAs

- By 2008, increase the take-up of cultural and sporting opportunities by adults and young people aged 16 and above from priority groups by:
 - increasing the number who participate in active sports at least 12 times a year, by 3%; and increasing the number who engage in at least 30 minutes of moderate intensity level sport at least three times a week, by 3%.**DCMS**

Supporting strategies/guidance

Game Plan: A Strategy for Delivering Government's Sport and Physical Activity Objectives

www.number-10.gov.uk/su/sport/report/pdf.htm

Sport England 2005 Delivery Plan

www.sportengland.org/

- Further enhance access to culture and sport for children and give them the opportunity to develop their talents to the full and enjoy the full benefits of participation by:
 - enhancing the take-up of sporting opportunities by 5- to 16-year-olds by increasing the percentage of schoolchildren who spend a minimum of two hours each week on high-quality PE and school sport within and beyond the curriculum, from 25% in 2002 to 75% by 2006 and 85% by 2008 in England, and at least 75% in each School Sport Partnership, by 2008. **DfES/DCMS**

Learning through PE and School Sport – March 2003

Information on the PE, School Sport and Club Links national strategy can be found at: www.teachernet.gov.uk/pe

Learning through PE and Sport – an update on the strategy – can be downloaded from the same website or obtained from DfES publications (0845 60 222 60)

Supporting cross government PSAs	Supporting strategies/guidance
<ul style="list-style-type: none"> ■ Ensure people have decent places to live by improving the quality and sustainability of local environments and neighbourhoods, reviving brown field land, and improving the quality of housing <ul style="list-style-type: none"> – leading the delivery of cleaner, safer and greener public spaces and improvement of the quality of the built environment in deprived areas and across the country, with measurable improvement by 2008. ODPM 	<p>ODPM's 5 Year Strategy: People, Places and Prosperity – Jan 2005</p> <p>www.odpm.gov.uk/stellent/groups/odpm_about/documents/divisionhomepage/033927.hcsp</p>
Other supporting strategies	
<ul style="list-style-type: none"> ■ DfES (2004) Healthy Living Blueprint www.teachernet.gov.uk/healthyliving ■ Healthy Schools website www.wiredforhealth.gov.uk ■ Food in Schools website www.foodinschools.org 	

PRIORITY D: IMPROVING SEXUAL HEALTH

Why invest?

- Teenage mothers and their babies are more likely to suffer poor health outcomes.
- For every £1 invested in contraceptive services there is a saving of at least £11 on associated NHS costs.
- Sexually transmitted infections (STI) and HIV rates continue to rise, reflecting increases in unprotected sex.
- 25% reduction in HIV incidence would save up to £500 million NHS costs per year.
- Delays in access to sexual health services result in increased risk of spread of infection and further cases, in turn leading to additional pressure on NHS services.
- Up to one in 10 young people aged under 25 may be infected with chlamydia leading to pelvic inflammatory disease, ectopic pregnancy and infertility. There is evidence that areas which achieve high volumes in screening programmes have the highest reductions in these diseases.

Big wins

- **A new national media campaign:** co-ordinated with the teenage pregnancy strategy and targeting younger men and women to ensure they understand the risks of unprotected sex and the benefits of using condoms;²¹ engaging support of local stakeholders and industry.
- **Teenage pregnancy strategy:** strengthen delivery to reach vulnerable groups and target areas with high rates of under-18 conception as part of the broader programme to improve sexual health.
- **Modernised sexual health services:** investment in more accessible and effective contraceptive, abortion and sexually transmitted infection (STI) services; fully integrated care pathways and networks; working with the Health Protection Agency to identify needs; developing new service models; implementing standards for HIV services (and forthcoming standards on STIs).²²

- **Faster access to services:**²³ annual progress towards targets; appointments offered within 48 hours of contacting a genito-urinary medicine (GUM) service (*target date: 100% by 2008*); national roll-out of screening for chlamydia (*target date 2007*), including screening in non-traditional sites (for example pharmacies).^{24,25}
- **Advice and contraceptive services for young people:** co-ordinated programmes through children's trusts involving the NHS, local authorities and schools.
- **Sexual Assault Referral Centres (SARCs):** joint DH and Home Office initiative to develop nationally, including services for children and adolescents.

21 Ellis, S et al (2004) *Prevention of Sexually Transmitted Infections (STIs): A Review of Reviews into the Effectiveness of Non-Clinical Interventions*. London: Health Development Agency, www.hda.nhs.uk/documents/prevention_stis_evidence_briefing.pdf

22 Guidelines to be found on www.bhiva.org and www.bashh.org

23 Djuretic, T et al (2001) 'Genitourinary medicine services in the United Kingdom are failing to meet current demand' – *Int J STD & AIDS*, 12:571–2.

24 Scholes, D et al (1996) 'Prevention of pelvic inflammatory disease by screening for cervical chlamydial infection' – *New Engl. J Med.*, 334:1362–6.

25 Fenton, K A et al (2004) 'National chlamydia screening programme in England: Making progress' – *Sex Transm Infect.*, 80:331–3.

PRIORITY D: IMPROVING SEXUAL HEALTH**Department of Health/Department for Education and Skills PSA**

- Reduce the under-18 conception rate by 50% by 2010 (from the 1998 baseline) as part of a broader strategy to improve sexual health (Data source: ONS conception statistics). **DH/DfES**

NHS Local Delivery Plan data-monitoring lines:

- PSA11a: Under-18 conception rates
 PSA11b: Access to GUM clinics within 48 hours
 PSA11c: Decrease in rates of new diagnoses of gonorrhoea
 PSA11d: Percentage of people aged 15 to 24 accepting chlamydia screening

Local Authority Best Value Performance Indicator:

BVPI197 in the health and social care (children) grouping- Teenage Pregnancy

Supporting strategies:

- **National Teenage Pregnancy Strategy – June 1999**
www.dfes.gov.uk/teenagepregnancy/dsp_showDoc.cfm?FileName=teenpreg.pdf
- **The National Strategy for Sexual Health and HIV – July 2001**
www.dh.gov.uk/assetRoot/04/05/89/45/04058945.pdf

PRIORITY E: IMPROVING MENTAL HEALTH AND WELL-BEING

Why invest?

- One in six people suffer a mental disorder at any one time.
- Up to one in four consultations with a GP concern mental health problems. As many as 630,000 people are in contact with specialist mental health services and over 4,000 people take their own lives each year.
- 10% of children – some 1.1 million – have a mental health disorder, with prevalence rates significantly higher for some vulnerable groups.
- There are significant inequalities with respect to suicide: for instance, rates of suicide and self-harm among young Asian women are up to 60% higher than the average for their white counterparts.
- Mental illness and stress-related conditions are now the commonest cause of sickness absence. Around 900,000 adults claim sickness and invalidity benefits for mental health conditions and only a quarter (at most) of people with severe mental illness are in work.
- Mental health and social exclusion costs over £77 billion per year through care costs, economic losses and premature deaths
- Adults with common mental disorders are between four and five times more likely to be permanently unable to work.
- There is good evidence concerning the effectiveness of interventions that target children at risk.

Big wins

- **Expanding help for people with mental illness:** improving access, care planning and referral arrangements (including referrals from the criminal justice system); well-being support programmes; physical and mental health promotion and illness prevention; supported employment and day services.
- **Targeted action to improve the quality of patient experience:** for example, patients from black and minority ethnic communities²⁶ or victims of domestic violence²⁷ (such as through the joint DH, HO and NIMHE violence and abuse programme).²⁸
- **Extended coverage of child and adolescent mental health services:** closer working between health, social care, education (through children's trusts), and the youth justice system and adult mental health services toward agreed aims.
- **New services to improve mental and emotional well-being:**^{29,30,31,32,33,34} for example, by supporting parents and carers and improving parent-child relationships; Sure Start, Healthy Schools and programmes for looked-after children; supporting carers and promoting social inclusion through initiatives to engage communities; local implementation teams to promote mental health and reduce stigma; materials to support self-help.
- **A healthy workplace programme:** encouraging employers, including the NHS, to adopt policies and guidelines to promote better mental health at work, tackle stress and support staff experiencing distress; supporting people with mental health problems back into the workplace³⁵ through links with local partners, including Jobcentre Plus.
- **NHS Health Trainers:** see page 41.

26 Mentality (2004) 'Making it Diverse: Mental health promotion and black and minority ethnic groups' *Radical mentalities: Briefing Paper 3*. (www.mentality.org.uk).

27 Richardson, J et al (2002) 'Identifying domestic violence: Cross sectional study in primary care', *British Medical Journal* 324(2) 274–7.

28 C Itzin (2000) *Home Truths About Child Sexual Abuse*. London: Routledge.

29 Barlow, J et al (in press) 'Systematic review of the effectiveness of group based parenting programmes for infants and toddlers' *Child Care Health Dev.*

30 Coren, E et al (2002) 'Systematic review of the effectiveness of parenting programmes for teenage parents', *J Adolesc.* 26 (1): 79–103.

31 DfES Social and Emotional Aspects of Learning (SEAL) curriculum resource seeks to develop lasting change in behaviour, learning and skills that contribute to emotional health and well-being (to be rolled out in all primary schools in 2005).

32 Barlow et al (1999) *Systematic Review of the Effectiveness of Parent Training Programmes in Improving Behaviour Problems in Children Aged 3–10*. Oxford: University of Oxford.

33 Bower P, Richards D, Lovell K (2001) 'The clinical and cost-effectiveness of self-help treatments for anxiety and depressive disorders in primary care: A systematic review', *BJ Gen Pr*, 838–45.

34 Lewis G et al (2002) *Self-help interventions for mental health problems*. London: Department of Health.

35 See Michie, S (2002) 'Causes and management of stress at work', *Occup Environ Med*, 59: 67–72.

PRIORITY E: MENTAL HEALTH AND WELL-BEING**Department of Health PSAs:**

- Substantially reduce mortality rates by 2010 from suicide and undetermined injury by at least 20% (Data source: ONS mortality statistics).

Department of Health existing target to be maintained:

- Improve life outcomes of adults and children with mental health problems by ensuring that all patients who need them have access to crisis services by 2005 and a comprehensive child and adolescent mental health service by 2006.

NHS Local Delivery Plan data-monitoring lines:

- PSA05a: Suicide rates (reduction in levels – mortality rate from suicide and undetermined injury per 100,00 directly age standardised population)
- PSA05b: CPA 7-day follow-up (increase the percentage of people on enhanced CPA receiving follow-up by phone or face-to-face contact within 7 days of discharge from hospital).

Local Authority Best Value Performance Indicator:

BV176: to assess the overall provision and effectiveness of local authority services designed to help victims of domestic violence and prevent further domestic violence.

Supporting strategies:

- **National Service Framework for Mental Health – Sept 1999**
www.dh.gov.uk/assetRoot/04/01/45/02/04014502.pdf
- **Delivering Race Equality in mental health care – Jan 2005**
www.dh.gov.uk
- **National Workforce Programme for Mental Health – NIMH(E)**
- **National Suicide Prevention Strategy – NIMH(E)**
- **Developing Choice, responsiveness and equity in health and social care – NIMH(E)**
- **Mental Health Promotion programme and 'Shift': the programme to reduce stigma – NIMH(E)**
- **Social Inclusion Programme – NIMH(E)**
www.nimhe.org.uk

Supporting cross-government PSAs**Supporting strategies/guidance**

- Improve the accessibility of services for people in England's rural areas (success criteria – mental health – access to (i) crisis services and (ii) child and adolescent mental health services).

PRIORITY F: REDUCING HARM AND ENCOURAGING SENSIBLE DRINKING

Why invest?

- The financial burden of alcohol misuse is around £1.7 billion annually to the NHS and over £10 billion to society as a whole.
- 15,000–22,000 deaths and 150,000 hospital admissions each year are associated with alcohol misuse.
- A quarter of children under 16 drink alcohol – on average around 10 units per week.
- Over a million children are affected by parental alcohol problems in the UK.
- Nearly half the victims of violent crime described their assailant as being under the influence of alcohol at the time.
- Up to 17 million working days are lost annually due to alcohol-related absence.
- About 2 in 10 male prisoners and 1 in 10 female prisoners reported that their drinking had caused injury to self or others in the year before coming into prison.

Big wins

- **Placing information for the public on alcohol containers and in alcohol retail outlets:** providing clear and accessible information about sensible drinking, including reminders about responsible drinking on alcohol advertisements.
- **Raising awareness:** national communications campaign to reduce binge drinking; providing information for the public in healthcare and non-healthcare settings (for example retail outlets).
- **Local Authority enforcement:** for example checking retailers identify and refuse to sell alcohol to under-18s, and comply with codes of practice and legislation.

- **Increase access to and effectiveness of alcohol treatment:** using the national audit of alcohol services and the Models of Care guidance³⁸ (spring 2005) to develop local services; training professionals to identify and target support at harmful and dependent drinkers; establishing referral protocols between primary and secondary healthcare settings and specialist alcohol services.
- **Screening and brief interventions:** piloting interventions in primary care and A&E;^{36,37} identifying ways to reduce alcohol intake in high-risk groups, linked to similar initiatives within criminal justice settings.
- **Planning local responses:** involving local authorities, PCTs, the police, licensing trade and other local statutory partners (for example through Crime and Disorder Reduction Partnerships).

36 Mulvihill, C et al (in press) *Prevention and reduction of alcohol misuse. Evidence Briefing*. London: Health Development Agency www.hda-online.org.uk/Documents/alcohol_brief_v4.pdf

37 Moyer, A et al (2002) 'Brief interventions for alcohol problems: A meta-analytic review of controlled investigations in treatment-seeking and non-treatment-seeking populations' *Addiction*, 97, 279–92.

38 Details of National Treatment Agency's forthcoming Models of Care Guidance for Alcohol Treatment is on www.nta.nhs.uk/programme/guidance/models.htm

PRIORITY F: REDUCING HARM AND ENCOURAGING SENSIBLE DRINKING

Supporting cross-government PSAs	Supporting strategies/guidance
<ul style="list-style-type: none"> ■ Reduce crime by 15% and further in high-crime areas, by 2007–08. Home Office 	<p>Alcohol Harm Reduction Strategy for England – March 2004</p> <p>Under the Alcohol Harm Reduction Strategy for England there is a cross-government approach to tackling the harms and cost of alcohol misuse. The delivery of this strategy relies on creating partnerships at both national and local level between government, health and police services, the drinks industry and individuals and communities. Work is being undertaken in four areas:</p> <ul style="list-style-type: none"> ■ better education and communication; ■ improving health and treatment services; ■ combating alcohol related crime and disorder; ■ working with the alcohol industry. <p>www.strategy.gov.uk/output/Page3669.asp</p>

PRIORITY G: HELPING CHILDREN AND YOUNG PEOPLE TO LEAD HEALTHY LIVES

Why invest?

- Tackling inequalities in childhood is the most cost-effective intervention for reducing health inequalities both in childhood and later life.
- Poverty, deprivation or poor parenting can result in lower life expectancy, poor mental health and increased demands on NHS and social care services.
- People's patterns of behaviour are often set early in life:
 - 22% of 15-year-olds smoke regularly;
 - 3 out of 10 boys and 4 out of 10 girls are not doing the recommended one hour per day physical activity.
 - increased levels of obesity in children mean they may have a lower life expectancy than their parents.
- Children from the poorest families are five times more likely to be killed as a result of unintentional injuries than children from affluent families – and are more likely to suffer injuries that require hospital admission.

Big wins

- **Healthy schools:** implementing new healthy school standard (*key date: half of all schools by 2006 with the rest working towards Healthy School status by 2009 – targeting schools with >20% free school meals as a priority*); deliver PE and school sport target and implement school meals standards and school fruit and vegetable scheme.
- **School nurses:**³⁹ every PCT resourced to have at least one full-time, year-round, qualified school nurse working with each cluster or group of primary schools and the related secondary school to identify and help children at risk (*key date: 2010*).

- **Children's Trusts:** integrating the planning, commissioning and delivery of health services across education and social care (*key date: in all areas by 2008*); implementing a single inspection framework (*key dates: September 2005*); improving core health skills and knowledge of professionals working with children, young people, families and carers;⁴⁰ action to make health services more accessible to children and young people.
- **Children's Centres:**⁴¹ (*key dates: 2,500 centres, including one in each of the 20% most disadvantaged areas by March 2008, 3,500 by 2010, one for every community in England*).
- **Extended Schools:** all schools over time to deliver an integrated range of services to pupils, parents and the wider community.
- **Supporting healthier choices:** national campaigns, children's health guides, digital media; targeting high-need children and their parents, for example carers of looked-after children, young people in contact with the criminal justice system; vouchers for milk, fresh food; improving youth work to support young people's choices including sex and relationships, drugs, alcohol and opportunities for physical activity; action to improve emotional wellbeing.

See page 26 'Tackling Obesity'.

39 Department of Health, (2004) *The Chief Nursing Officer's Review of the Nursing, Midwifery and Health Visiting Contribution to Vulnerable Children and Young People*. London: Department of Health www.dh.gov.uk/assetRoot/04/08/72/21/04087221.pdf

40 Department of Health/Department for Education and Skills (2004) *National Service Framework for Children, Young People and Maternity Services*. London: Department of Health.

41 National Evaluation of Sure Start (2005) *Implementing Sure Start Local Programmes: An In-Depth Study*, www.surestart.gov.uk/ensuringquality/research/localprogrammeevaluation/nationalevaluation/

PRIORITY G: HELPING CHILDREN AND YOUNG PEOPLE TO LEAD HEALTHY LIVES**Department of Health/Department for Education and Skills/Department for Culture Media and Sport PSA**

- Halt the year-on-year rise in obesity among children under 11 by 2010 (from the 2002–04 baseline) in the context of a broader strategy to tackle obesity in the population as a whole (Data source: Health Survey for England: DH, DfES and DCMS are also exploring options for other sources of data to obtain more local-level information). **DH/DfES/DCMS**

NHS Local Delivery Plan data-monitoring lines:

- PSA10a: Childhood obesity (returning plans to DH is deferred)
 PSA10b: Obesity status among the GP-registered population aged 15 to 75 years (GP screening)

Department of Health/Department for Education and Skills PSA

- Reduce the under-18 conception rate by 50% by 2010 (from the 1998 baseline) as part of a broader strategy to improve sexual health (Data source: ONS conception statistics). **DH/DfES**

NHS Local Delivery Plan data-monitoring lines:

- PSA11a: Teenage conception rates
 PSA11b: Access to GUM clinics within 48 hours
 PSA11c: Decrease in rates of new diagnoses of gonorrhoea
 PSA11d: Percentage of people aged 15 to 24 accepting chlamydia screening

Local Authority Best Value Performance Indicators:

BVPI197 in the health and social care (children) grouping – teenage pregnancy

Supporting strategies:

- **National Service Framework for Children, Young People and Maternity Services – Oct 2004**
www.dh.gov.uk/assetRoot/04/09/05/66/04090566.pdf

Supporting cross-government PSAs**Supporting strategies/guidance**

- Improve levels of school attendance so that by 2008, school absence is reduced by 8% compared to 2003. **DfES**

DfES Five Year Strategy for Children and Learners (2004)

www.dfes.gov.uk/publications/5yearstrategy/

- By 2008, 60% of those aged 16 to achieve the equivalent of 5 GCSEs at grades A* to C; and in all schools at least 20% of pupils to achieve this standard by 2004, rising to 25% by 2006 and 30% by 2008. (This target may be reviewed in light of recommendations in the Tomlinson report.) **DfES**

DfES Five Year Strategy for Children and Learners (2004)

www.dfes.gov.uk/publications/5yearstrategy/

- Increase the proportion of 19-year-olds who achieve at least level 2 by 3 percentage points between 2004 and 2006, and a further 2 percentage points between 2006 and 2008, and increase the proportion of young people who achieve a level 3 qualification. **DfES**

DfES Five Year Strategy for Children and Learners (2004)

www.dfes.gov.uk/publications/5yearstrategy/

Supporting cross-government PSAs	Supporting strategies/guidance
<ul style="list-style-type: none"> ■ Reduce the proportion of young people not in education, employment or training by 2 percentage points by 2010. DfES 	<p>DfES Five Year Strategy for Children and Learners (2004) www.dfes.gov.uk/publications/5yearstrategy/</p>
<ul style="list-style-type: none"> ■ Reduce the use of Class A drugs and the frequent use of any illicit drugs among all young people under the age of 25, especially by the most vulnerable young people. Home Office/DfES 	<p>Updated Drugs Strategy – Preventing young people from using drugs and developing drug problems is one of the four strands of the Updated Drugs Strategy, published in 2002. This builds on the Government's ten-year strategy, <i>Tackling Drugs to Build a Better Britain</i>, 1998. www.homeoffice.gov.uk/drugs/strategy/index.html</p>
<ul style="list-style-type: none"> ■ Improve children's communication, social and emotional development so that by 2008, 50% of children reach a good level of development at the end of the Foundation Stage and reduce inequalities between the level of development achieved by children in the 20% most disadvantaged areas and the rest of England. DfES/Sure Start Unit/DWP 	<p>Choice for parents, the best start for children: a ten year strategy for childcare – Dec 2004 www.everychildmatters.gov.uk/key-documents/</p>
<ul style="list-style-type: none"> ■ Narrow the gap in educational achievement between looked-after children and that of their peers, and improve their educational support and the stability of their lives so that by 2008, 80% of children under 16 who have been looked after for 2.5 or more years will have been living in the same placement for at least 2 years, or are placed for adoption. DfES 	<p>Guidance on the Education of Children and Young People in Public Care (DfES/DH – May 2000) A Better Education for Children in Care (Social Exclusion Unit – Sept 2003) Draft Statutory guidance – Duty on Local Authorities to Promote the Educational Achievement of Looked After Children (DfES – final statutory guidance target date July 2005) www.dfes.gov.uk/educationprotects Research summary from Stability in Foster Care seminar: www.dfes.gov.uk/choiceprotects/pdfs/stabilityseminar.pdf</p>
<ul style="list-style-type: none"> ■ As a contribution to reducing the proportion of children living in households where no one is working, by 2008: <ul style="list-style-type: none"> – increase the stock of Ofsted-registered childcare by 10% – increase the take-up of formal childcare by lower-income families by 50%; – introduce by April 2005, a successful light-touch childcare approval scheme. Sure Start Unit/DfES/DWP 	<p>Choice for parents, the best start for children: a ten year strategy for childcare. Dec 2004 www.everychildmatters.gov.uk/key-documents/</p>

Supporting cross-government PSAs

- Further enhance access to culture and sport for children and give them the opportunity to develop their talents to the full and enjoy the full benefits of participation by:
 - enhancing the take-up of sporting opportunities by 5- to 16-year-olds by increasing the percentage of schoolchildren who spend a minimum of two hours each week on high-quality PE and school sport within and beyond the curriculum, from 25% in 2002 to 75% by 2006 and 85% by 2008 in England, and at least 75% in each School Sport Partnership, by 2008. **DfES/DCMS**

Supporting strategies/guidance

Learning through PE and School Sport – March 2003

Information on the PE, School Sport and Club Links national strategy can be found at: www.teachernet.gov.uk/pe

Learning through PE and Sport – an update on the strategy – can be downloaded from the same website or obtained from DfES publications (0845 60 222 60)

PRIORITY H: PROMOTING HEALTHY AND ACTIVE LIFE AMONGST OLDER PEOPLE

Why invest?

- Older people are the biggest users of health and social care services: they are 'core customers' for the NHS and social services.
- 20% of people are currently aged 65 or over; in the next decade, life expectancy will have increased by two years for both men and women.
- Health promotion in the over 50s is highly cost-effective in reducing death and improving health in late life.⁴²
- For people aged over 75, falls are the leading cause of injury and death, with over 400,000 older people attending A&E departments annually as a result.⁴³
- Increasing exercise throughout life has major benefits in old age through promoting independence, health and well-being.

Big wins

- **Local physical activity programmes:** improving strength, stamina, flexibility and balance at the same time as helping to tackle social isolation; parks, open spaces and the countryside are accessible and safe.
- **Communications and education:** health messages (alcohol, smoking, obesity, osteoporosis, exercise) targeted at people in midlife to avert the risk of poor health in later life.
- **Continued piloting, promotion and good practice in new technologies and assistive technology** to preserve independence and enable older people to lead active lives including telephone and digital services such as Health Direct.
- **Preventing falls and fractures:** world-class integrated falls services in every locality.

- **Intermediate healthcare and intensive homecare:** universally available as alternative to hospitalisation, to prevent unnecessary admission, or to support early discharge from a provider of acute care or treatment.

42 Andrews, G (March 2001) *Promoting health and function in an ageing population*. London: *BMJ*, Volume 322 (7288): 728–9.

43 Millward, L et al (2003) *Prevention and Reduction of Accidental Injury in Children and Older People: Evidence Briefing*. London: Health Development Agency. www.hdaonline.org.uk/documents/prev_accidental_injury.pdf

PRIORITY H: PROMOTING HEALTHY AND ACTIVE LIFE AMONGST OLDER PEOPLE**Department of Health PSA**

Improve the quality of life and independence of vulnerable older people by supporting them to live in their own homes where possible by:

- increasing the proportion of older people being supported to live in their own homes by 1% annually in 2007 and 2008 (Data source: DH RAP return, ONS population estimates); and
- increasing by 2008, the proportion of those supported intensively to live at home to 34% of the total of those being supported at home or in residential care (Data source: DH HH1, DH SR1 return, PAF PI published data). **DH**

Supporting strategies:

- **National Service Framework for Older People**

www.dh.gov.uk/assetRoot/04/07/12/83/04071283.pdf

Supporting cross-government PSAs

- By 2008, be paying Pension Credit to at least 3.2 million pensioner households, while maintaining a focus on the most disadvantaged by ensuring that at least 2.2 million of these households are in receipt of the Guarantee Credit. **DWP**
- Improve working age individuals' awareness of their retirement provision such that by 2007/08, 15.4 million individuals are regularly issued a pension forecast and 60,000 successful pension traces are undertaken a year. **DWP**

Supporting strategies/guidance

DWP Five Year Strategy: Opportunity and Security Throughout Life – Feb 2005

www.dwp.gov.uk/publication/dwp/2005/5-yr-strat/report

- Eliminate fuel poverty in vulnerable households in England by 2010 in line with the Government's Fuel Strategy objective. **DTI/Defra**

Fuel Poverty in England: The Government's Plan for Action

www.defra.gov.uk/environment/energy/fuelpov/index.htm

SUPPORTING STRATEGY A: PROMOTING PERSONAL HEALTH

Why invest?

- NHS and other public and private sector organisations can make a significant contribution to the health and sustainability of local communities.
- The *Choosing Health* consultation showed that people want to be able to make their own decisions about choices that affect their health, but believed that the Government has a role to:
 - provide trustworthy information to help them make these decisions;
 - take action to make some healthier choices easier;
 - protect children who are too young to make informed choices themselves.
- Digital communications bring opportunities to reach the public in their homes, at leisure and at work, which did not exist 10 years ago.
- Only 3% of companies in England provide comprehensive occupational health support.⁴⁴
- Workplace travel plans can increase workforce participation in walking and cycling and reduce care dependency.⁴⁵
- **Stronger voluntary and statutory codes:**^{19,20} restricting advertising and promotion of high fat, salt and sugar foods to children; supporting healthy living promotions (*key date: 2007, legislation if necessary after this*).
- **Using marketing to build public awareness and change behaviour:** co-ordinated, evidence-based approach covering a range of healthy lifestyle issues, including obesity, sexual health, smoking and mental well-being, focusing on deprived communities and young people (*key dates: campaigns from April 2005*).
- **Healthier workplaces:** revising current Investors in People standard to include a health organisational model (*key date: 2007*); advice and support to prevent people becoming ill or injured at work and to get people back to work quickly (*key date: Workplace Health Direct pilots starting early 2006*).
- **Skilled for Health:** every spearhead PCT to have run a Skilled for Health programme, with wider roll-out across the NHS (*key date: 2007*); new demonstration sites to include the business sector (*key date: starting autumn 2005*).

Big wins

- **NHS health trainers:**⁴⁶ helping people who want to develop their own health guides; providing advice and practical support to stop smoking, practise safer sex, deal with stress and access local services; support people who lack basic skills (*key date: from 2007, 2006 in areas with highest need*).
- **Health Direct, internet and digital television services:** easily accessible and confidential personal advice, information and practical support through a single point of telephone and electronic access (*key date: mid-2007*).

44 CRR 445/2002 Survey of use of occupational health support, Health and Safety Statistics Highlights 2002/3, HSE, 2003.

45 Department for Transport (2004) *Making Smarter Choices Work*. London: Department for Transport.

46 Hillsdon, M et al (1995) 'Randomised controlled trials of physical activity promotion in free living populations: A review', *Journal of Epidemiology and Community Health*, 49, 448–53.

SUPPORTING STRATEGY B: DEVELOPING THE WORKFORCE

Why invest?

- The NHS employs 1.3 million people. There are big opportunities for improving health if they all have skills to help improve the health of the people they work with.
- As a major employer the NHS will set an example by making sure that the personal health of its workforce improves by offering support such as smoking cessation clinics, and a healthy environment in which to work.
- The changes set out in *Choosing Health* will only occur if professional boundaries are broken down and capacity for health improvement is built:
 - across the wider workforce;
 - amongst public health practitioners;
 - amongst public health specialists; and
 - in the leadership of organisations.

Big wins

- **Engaging the NHS workforce:** using new contractual arrangements to engage primary care in improving health through everyday practice including GPs, midwives, health visitors, pharmacists, dentists, opticians, managers; implementing Essence of Care Benchmark for promoting health through nursing care in hospitals and NHS Trusts; National Clinical Directors to focus on prevention as well as healthcare through their National Service Frameworks and clinical networks.
- **Improving the health of the NHS workforce:** advice and support for NHS staff to stop smoking; positive encouragement to adopt healthier lifestyles.
- **A national workforce strategy and competency framework:** to underpin the development of education and skills and work across the health

and social care community, local government, business communities and the voluntary sector.

- **Developing local capacity and capability:** PCT Local Delivery and Workforce Plans to identify gaps in the health improvement workforce and:
 - improve specialist and practitioner capacity in public health;
 - address specific skills deficits including leadership, young people, management of obesity; and
 - improve health awareness and skills right across health and social care and partnerships with voluntary and business sectors, housing, schools and community organisations.
- **Supporting the development of new roles:** School nurses, see page 35 'Helping Children and Young People to Lead Healthy Lives'; Health trainers, see page 41 'Promoting Personal Health'.

SUPPORTING STRATEGY B: DEVELOPING THE WORKFORCE

Department of Health Standards

The following standards will be achieved and maintained:

- a four-hour maximum wait in A&E from arrival to admission, transfer or discharge
- guaranteed access to a primary care professional within 24 hours and to a primary care doctor within 48 hours
- every hospital appointment booked for the convenience of the patient, making it easier for patients and their GPs to choose the hospital and consultant that best meets their needs.

NHS Local Delivery Plan data-monitoring lines:

Projected demand for:

SUP01a:	All consultants, including medically qualified directors of public health
SUP01f:	All consultants/specialists in public health, including all directors of public health
SUP01g:	GPs
SUP01h:	NHS primary care dental practitioners (GDS, CDS, PDS)
SUP01i:	Primary care nurses
SUP01j:	Nurses other than those in primary care
SUP01k:	AHPs and scientists (all qualified scientific, therapeutic and technical staff)
SUP01l:	Healthcare assistants

Supporting strategies:

- **Delivering the NHS Improvement Plan: The Workforce Contribution – Nov 2004**
www.dh.gov.uk/assetRoot/04/09/38/96/04093896.pdf

SUPPORTING STRATEGY C: BUILDING IN RESEARCH AND DEVELOPMENT

Why invest?

Evidence on the practical implementation and cost-effectiveness of health and prevention initiatives is needed to justify the investment in new services and inform the redesign and re-commissioning of existing services.

Big wins

- **Public health research initiative:** to provide a strong evidence case for intervention and improve public health. Developed within the framework of the UK Clinical Research Collaboration, with a Strategic Planning Group (comprising the major funders of public health research in the UK), and the advisory and consultation structures to support it (*key date: spring 2005*).
- **Public health research consortium:** to strengthen the evidence base for national policy-making.
- **Increased funding:** extra national funding each year (*key date: in April 2007/08*).
- **National prevention research initiative:** to operate as a collaboration of funders, including the Department of Health, set up to provide dedicated funding for research aimed at the prevention of cancer, coronary heart disease and diabetes.

SUPPORTING STRATEGY D: USING INFORMATION AND INTELLIGENCE

Why invest?

- Reliable local health information is needed by PCTs and local authorities to identify the needs and choices of communities and to monitor the impact of interventions.
- One size does not fit all: high-quality local information is needed so that services can accurately target diverse local communities.

Big wins

- **Health information task force:** to lead action to develop and implement a comprehensive health information and intelligence strategy (*key date: March 2005*).
- **Standard sets of local and regional health information:** provided by Regional Public Health Observatories, used to monitor the delivery of national targets and support Directors' of Public Health reports to councils (*key date: end 2005*) – to include data to support equity audit and ethnic monitoring.
- **Six-monthly progress reports on national delivery** (*key date: from early 2006*).
- **New systems for recording lifestyle measures:** for example obesity in school-age children (jointly with DfES), smoking and obesity in adults (through GPs).
- **New guidance on data sharing, disclosure and confidentiality.**
- **Workforce development:** building the capacity of the public health workforce to use knowledge management systems.
- **Innovations Fund:** local funding to test new and better ways delivering interventions and disseminating best practice effectively (*key dates: £30 million in 2006/07; £40 million per annum from 2007/08*).

- **Guidelines and reviews of evidence:** publications by NICE and the public health research consortium to provide practical guidance to improving services aimed at tackling high priority topics like obesity management (*key date: 2007*).

ANNEX II

DELIVERY TABLES

This annex provides more detail, referencing the *Choosing Health* commitments and big wins under the priority they relate to most closely. For each commitment, national, regional or local actions are suggested alongside the organisation or body heading their implementation and their main delivery partners. Those responsible for monitoring and reporting on delivery are also listed.

Local actions not referenced as a requirement within the LDP technical note for PCTs (as reflected in Annex I of *Delivering Choosing Health*) should be interpreted as recommended best practice.

PCTs will also be taking account of the Health Care Commission's assessment system for PCTs.

WP ref	Choosing Health commitment	Responsibility	Suggested date	Accountability
BIG WIN: Improving access to primary care and secondary prevention and care, especially for disadvantaged groups				
6.10	National Clinical Directors working with clinical communities.	See 6.10 under Information and intelligence		
6.11	As part of this work, the National Clinical Directors with the Deputy Chief Medical Officer will make recommendations by March 2005 on how to build a comprehensive and integrated prevention framework across all the areas covered by the National Service Frameworks.	<p>Local: SHAs support engagement from NHS organisations, particularly PCTs and NHS trusts, via NSF leads, DsPH and professional leaders</p> <ul style="list-style-type: none"> • Programme of local events led by and for clinical professionals <p>National: National Clinical Directors, DCMO and professional bodies</p> <ul style="list-style-type: none"> • NCD and DCMO group established • Identify lead NCD champions for major Choosing Health priority areas • Produce core script on key prevention messages for front line staff 	<p>Autumn 05 to spring-06</p> <p>Jan-05</p> <p>Apr-05</p> <p>Apr-06</p>	DH internal process (NSF clinical networks)

HEALTH INEQUALITIES

WP ref	Choosing Health commitment	Responsibility	Suggested date	Accountability
6.12	<p>We are giving PCTs the means to tackle health inequalities and improve health through:</p> <ul style="list-style-type: none"> • funding to give greater priority to areas of high health need. We shall continue and if possible accelerate distribution towards need and promote commissioning for health; • new investment in primary care facilities for some 50% of the population by 2008 with a focus on the most deprived areas of our communities; and • development of a tool to assess local health and well-being that will help PCTs and local authorities jointly plan services and check on progress in reducing inequalities. 	<p>Local: PCTs (SHAs), LAs</p> <ul style="list-style-type: none"> • Ensure additional funding is allocated to areas of greatest need and increase in preventive services for improved health • Use health equity audit • Introduction of jointly planned services <p>Regional/Sub-regional: DH (RPHGs), GORs, SHAs</p> <ul style="list-style-type: none"> • Monitor progress of PCTs and LAs • Provide network of support, development and learning for spearhead PCTs in the region with NICE <p>National: DH, LGA</p> <ul style="list-style-type: none"> • PCT financial allocations to support areas of high health need, particularly spearhead PCTs • Ongoing investment through NHS LIFT for primary care facilities • Support developmental work undertaken by Shared Priority Pathfinder Authorities 	<p>Spring 05 to spring 08</p> <p>Ongoing to spring 08</p> <p>Feb-05</p> <p>Feb-05</p> <p>Ongoing</p>	<p>SHAs (LDPs)</p> <p>DH internal process (NHS LIFT, LDPs)</p> <p>Health Inequalities Programme Board</p>
6.21	Expansion of community health improvement services.	See 6.21 under Investing in the workforce		
6.24	Strategy for pharmaceutical public health	See 6.24 under Investing in the workforce		

HEALTH INEQUALITIES

WP ref	Choosing Health commitment	Responsibility	Suggested date	Accountability
BIG WIN: Using health equity audit and ethnic monitoring				
6.27	PCTs will need to use health equity audits to build a better understanding of why some people or groups are less likely to use the range of available opportunities for screening, and then act to promote take-up.	<p>Local: PCTs (SHAs)</p> <ul style="list-style-type: none"> • PCTs to do regular health equity audits (eg to increase uptake of screening among disadvantaged groups) • PCTs to apply financial allocations to support areas of high health need identified through health equity audits • SHAs to monitor progress of PCTs in improving take-up of screening opportunities in line with LDP data-monitoring requirements on screening <p>Regional: PHOs, DH (RPHGs)</p> <ul style="list-style-type: none"> • Collate and share learning on use of audits <p>National: DH</p> <ul style="list-style-type: none"> • Identify the evidence base for improving the effectiveness of screening uptake among at risk individuals and groups 	From Jan-05 Spring-05 to Spring-08 Autumn 05 to spring 07	SHAs (LDPs)
4.22	Local health information	See 4.22 under Information and Intelligence		
8.3	To avoid the risk that, in some cases, interventions may contribute to widening health inequalities, government departments, and particularly the Office of the Deputy Prime Minister and Department of Health, will ensure that initiatives and programmes are health inequality 'proofed'.	National: ODPM, DH	Summer/ Autumn 05	DH internal process, ODPM internal process

HEALTH INEQUALITIES

WP ref	Choosing Health commitment	Responsibility	Suggested date	Accountability
BIG WIN: Responsive, accessible services and advice				
4.14	We will extend the current Healthy Communities Collaborative to more deprived communities from 2006, and we will use collaborative techniques to support action through local partnerships.	<p>Regional: DH (RPHGs)</p> <ul style="list-style-type: none"> Share learning from the collaborative <p>National: DH, with Healthy Communities Collaborative</p> <ul style="list-style-type: none"> Define scope for extending collaborative 	Sep-05	DH internal process
2.37	Skilled for Health programme	See 2.37 under Promoting personal health		
3.18	Children's centres	See 3.18 under Children and young people		
3.38	Breastfeeding mothers, Healthy Start voucher scheme, Communications campaign for deprived families	See 3.38 under Tackling obesity		
4.11	Community food initiatives	See 4.11 under Tackling obesity		

WP ref	Choosing Health commitment	Responsibility	Suggested date	Accountability
4.27	Working with local government and other partners, including PCTs and children's trusts, we will pilot Local Area Agreements in 21 areas, starting in April 2005. If the pilots are successful, agreements will be rolled out nationally. LAs will be based on agreements between Government, councils and local partners about local delivery of national targets in ways that reflect local priorities, reinforce joint working between partners and more flexible use of central government support, bringing together different funding streams to best meet local priorities.	<p>Local: <i>Pilot areas in LAs, PCTs (SHAs)</i></p> <ul style="list-style-type: none"> • Pilot areas agree LAAs with their Government Offices • Phase two roll-out, covering an additional 40 LAs <p>Regional: <i>DH (RPHGs), GORs</i></p> <ul style="list-style-type: none"> • Support and development of LAAs <p>National: <i>ODPM, DH</i></p> <ul style="list-style-type: none"> • Ministerial Sign-off of pilot areas • ODPM-led evaluation of pilot LAAs with a view to rollout to an additional 40 LAs • Evaluation of health implications of LAAs 	<p>Mar-05</p> <p>2005/06</p> <p>Mar-05</p> <p>Jan-06</p>	<p>SHAs (LDPs), DH internal process, LAAs</p>
4.29	From 2005/06 onwards, we will require PCTs to develop targets to meet the needs of people living in their area which are agreed with local partners and designed to meet national targets and priorities set by the White Paper and the NHS Improvement Plan.	<p>Local: <i>PCTs (SHAs), LAs</i></p> <ul style="list-style-type: none"> • All PCTs agree LDPs with their SHAs, including local targets • Roll out to further 40 pilot LAAs <p>Regional/Sub-regional: <i>SHAs, DH (RPHGs)</i></p> <ul style="list-style-type: none"> • Review local health targets in LAAs 	<p>May 2005</p> <p>From Apr-05</p> <p>Apr-06</p>	<p>SHAs (LDPs)</p> <p>DH internal process</p> <p>ODPM; Local Government Directorate</p>

HEALTH INEQUALITIES

WP ref	Choosing Health commitment	Responsibility	Suggested date	Accountability
4.19	We shall work, initially with 12 localities, to pilot a new approach to unlocking the energy that lies within communities themselves. Communities for Health, beginning in spring 2005, will promote action across local organisations – voluntary sector, NHS, local authorities, business and industry – on a locally chosen priority for health, to celebrate current achievements and build momentum for future change.	<p>Local: Pilot LAs</p> <ul style="list-style-type: none"> At least one promotion activity in each pilot area during 2005/06 All activities evaluated and effective interventions disseminated <p>Regional/Sub-regional: DH (RPHGs), SHAs</p> <ul style="list-style-type: none"> Identify regional level support for pilot areas, share learning and ensure integration with other regionally coordinated community development programmes <p>National: DH</p> <ul style="list-style-type: none"> Communities for Health pilot authorities 'signed up', funding and support arrangements in place 	Mar-06 During 2005/06 Apr-05	DH internal process
4.57	We will work with others to develop a network of health champions, starting in local government but drawing from a wide range of organisations and sectors – including voluntary organisations and individuals who want to champion health. Nationally we will support local health champions through arrangements to share good practice and celebrate success through an annual award scheme that recognises excellence and commitment to improve health.	<p>Local: LAs, all sectors</p> <ul style="list-style-type: none"> Health champions, pilot authorities and other bodies identified <p>Regional: DH (RPHGs)</p> <ul style="list-style-type: none"> Provide support and development for health champions <p>National: DH, IDeA, Nuffield Trust, MA</p> <ul style="list-style-type: none"> Launch annual awards scheme Good practice support in place 	Jun-05 Jan-06 Mar-06	DH internal process

HEALTH INEQUALITIES

WP ref	Choosing Health commitment	Responsibility	Suggested date	Accountability
5.10	Health trainers roll-out	See 5.10 under Promoting personal health		
5.18	Health trainers and personal health guides	See 5.18 under Promoting personal health		
5.24	Training of health trainers	See 5.24 under Investing in the workforce		
5.31	Support to develop personal health guides.	See 5.31 under Promoting personal health		
BIG WIN: Healthy Schools				
3.47	Healthy Schools	See 3.47 under Children and young people		
3.48	Healthy Schools to target deprived schools; possible extension to nursery education.	See 3.48 under Children and young people		
3.30	School nurses	See 3.30 under Investing in the workforce		
BIG WIN: High-quality family and early years support				
3.43	Sure Start Unit programmes	See 3.43 under Children and young people		
OTHER				
4.18	We will publish revised guidance on health and neighbourhood renewal, early in 2005, to support local action to address health inequalities and deliver neighbourhood renewal.	National: DH, ODPM • Publish revised health and neighbourhood renewal guidance	Mar-05	ODPM/DH internal process
4.38	Development of the £660m Safer and Stronger Communities Fund.	See 4.38 under Tackling Obesity		
7.34	A healthier NHS	See 7.34 under Investing in the workforce		

HEALTH INEQUALITIES

WP ref	Choosing Health commitment	Responsibility	Suggested date	Accountability
Annex B-24	Health Information Task Force	See Annex B-24 under Information and intelligence		
Annex B-38	New induction programme for all NHS staff and review of curricula for pre-registration training and continuous professional development.	See Annex B-38 under Investing in the workforce		

REDUCING THE NUMBERS OF PEOPLE WHO SMOKE

WP ref		Choosing Health commitment	Responsibility	Suggested date	Accountability
BIG WIN: Support for smoking cessation					
6.14		We are also working towards embedding an offer of stop smoking advice as part of clinical assessments in surgical care pathways from 2006.	Local: PCTs (SHAs), NHS trusts National: DH	2006	DH internal process HCC
6.14		As part of improving access and availability of tailored help to smokers wanting to quit we will, from 2006, offer NHS Stop Smoking Services on the new 'choose and book' system.	Local: PCTs (SHAs), NHS trusts National: DH	2006	DH internal process for 'Choose and Book' delivery
6.51		To help PCTs meet the PSA targets for reduction in prevalence of smoking: <ul style="list-style-type: none"> in 2005/06 the Healthcare Commission will examine what PCTs are doing to reduce smoking prevalence among the local population, including their own staff, through tobacco control campaigns, championing smoke-free environments and provision of NHS Stop Smoking Services. Ongoing progress will be assessed against national standards and indicators; we will establish a national taskforce to help increase the effectiveness and efficiency of the NHS Stop Smoking Services and provide practical guidance for local implementation, in particular how to make services more people-centred; we will identify and disseminate good practice on what works through Regional Tobacco Control Managers and the NHS; and we will develop pilots on using the electronic booking system to trigger advice for smokers on stopping, with a view to national roll-out. 	Local: PCTs (SHAs), LAs <ul style="list-style-type: none"> Set LDP trajectories on smoking prevalence Possible inclusion of targets in local plans (LSPs, etc) Regional: GORs, DH (RPHGs) <ul style="list-style-type: none"> Review regional strategies and support SHA action on PCT performance National: DH <ul style="list-style-type: none"> Milestones around establishing a national taskforce and pilots to be confirmed 	Apr-06 Sep-05	SHAs (LDPs) HCC
6.55		We have a well-established partnership with the manufacturers of NRT, who have an important role in public health and in the promotion of therapies. In 2003 we agreed an innovative deal with the companies involved, under which they provide free NRT patches to PCTs in recognition of the increased investment the NHS is making in stop smoking products. This arrangement will increase the resources available to the NHS to help even more smokers quit.	Local: PCTs <ul style="list-style-type: none"> PCTs promote use of free NRT patches National: DH <ul style="list-style-type: none"> Oversight of national amounts of NRT 	Ongoing	DH internal process (agreement between DH and three NRT companies)

REDUCING THE NUMBERS OF PEOPLE WHO SMOKE

WP ref	Choosing Health commitment	Responsibility	Suggested date	Accountability
6.56	The companies have publicly committed to look at new and innovative ways of making NRT more widely available. They are currently discussing with the Medicines and Healthcare products Regulatory Agency (MHRA) the licensing restrictions around NRT, and are looking at wider access issues and other ways to promote the use of NRT including: raising awareness among healthcare and related professions by committing resource to that work, new media campaigns, developing new and innovative therapies, promotion of therapies through a wider choice of outlets, and encouraging retailers to allocate more space for stop smoking therapy products and space alongside cigarettes.	National: DH, MHRA, NRT manufacturers, retail sector, health/anti-smoking organisations	Ongoing	DH internal process (ONS surveys of NRT usage, sales of NRT, NRT prescribing)
6.53	We will develop the Together programme of support for smokers to quit and roll it out across England from spring 2005 as part of the range of services that will be linked to Health Direct.	National: DH • Develop programme and roll out	Spring-05	DH internal process Performance monitoring by Central Office of Information
6.57	We will extend our awareness-raising campaigns to promote the use of NRT for people quitting on their own or as part of an NHS-supported attempt.	See 2.15		

REDUCING THE NUMBERS OF PEOPLE WHO SMOKE

WP ref	Choosing Health commitment	Responsibility	Suggested date	Accountability
<p>BIG WIN: Reducing exposure to second-hand smoke – subject to consultation</p>				
4.76	<p>We intend to shift the balance significantly in favour of smoke-free environments. Subject to parliamentary timetables, we propose to regulate, with legislation where necessary, in order to ensure that:</p> <ul style="list-style-type: none"> • all enclosed public places and workplaces (other than licensed premises which are dealt with below) will be smoke-free; and • licensed premises will be treated as follows: <ul style="list-style-type: none"> – All restaurants will be smoke-free; – All pubs and bars preparing and serving food will be smoke-free; • Other pubs and bars will be free to choose whether to allow smoking or to be smoke-free; and • In membership clubs the members will be free to choose whether to allow smoking or to be smoke-free; • Smoking in the bar area will be prohibited everywhere. <p>NB: details are subject to consultation as outlined in Chapter 4 of <i>Choosing Health</i></p>	<p>Local: LA</p> <ul style="list-style-type: none"> • Promotion of voluntary agreements, enforcement of legislation <p>National: DH, HDA/NICE, HSE/DWP, Home Office, DfES, ODPM/LAs, LGA/CIEH, DTI (all central government departments for own premises), NHS employers' representatives, Healthcare Commission, British Beer & Pub Association, British Hospitality Association (among others)</p> <ul style="list-style-type: none"> • All government departments and the NHS to be smoke-free (subject to consultation) • All enclosed public places and workplaces to be smoke-free • All arrangements for licensed premises to be in place 	2006	<p>DH internal process</p> <p>ONS survey of smoke-free workplaces</p> <p>HCC, Ofsted, LA enforcement</p>
4.77	<p>We intend to introduce smoke-free places through a staged-approach:</p> <ul style="list-style-type: none"> • By the end of 2006, all government departments and the NHS will be smoke-free; • By the end of 2007, all enclosed public places and workplaces, other than licensed premises (and those specifically exempted) will, subject to legislation, be smoke-free. • By the end of 2008 arrangements for licensed premises will be in place. <p>We will use the intervening period of time to consult widely in the process of drawing up the detailed legislation including on the special arrangements needed for regulating smoking in certain establishments – such as hospices, prisons, or long-stay residential care. In implementing this policy there are also a range of practical issues that will need to be addressed – we will need to consult, for example, with schools and other institutions on how best to give practical effect to this policy, as well as how best to enforce the policy and what penalties will be appropriate for people who do not follow the law.</p>	See 4.76 above		

REDUCING THE NUMBERS OF PEOPLE WHO SMOKE

WP ref	Choosing Health commitment	Responsibility	Suggested date	Accountability
7.29	Recognising the importance of leading by example we, as central government, want to end all smoking in all our enclosed workplaces by 2006. We will be consulting with staff and unions on how to put this into practice.	See 4.76 above		
7.30	The Health Development Agency will shortly publish guidance for NHS organisations on provision of smoke-free buildings to protect staff, patients and others from the health risks of second-hand smoke.	<ul style="list-style-type: none"> Guidance published (see www.hda-online.org.uk/Documents/smokefree_guidance.pdf) 	Achieved 2004	
7.31	A joint DH and Royal College of Nursing campaign will ensure that nurses are at the forefront of a smoke-free NHS by providing personalised support for nurses wanting to stop, an award for the team that quits, a dedicated helpline for nurses, better access to NRT, new self-help materials for nurses, a checklist for Directors of Nursing on how to help nurses to quit, and learning materials for student nurses	<p>National: DH, RCN</p> <ul style="list-style-type: none"> Undertake campaign 	2006	DH, RCN joint process
BIG WIN: Reducing tobacco advertising and promotion				
2.64	By the end of the year, the size of tobacco advertising still allowed 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 Line number, and in 2005 we will end internet advertising and brand-sharing (using a non-tobacco product [to promote a tobacco product]) in the UK.	<p>Local: LA</p> <ul style="list-style-type: none"> Enforcement of existing Regulations by Trading Standards Enforcement of new Regulations by Trading Standards <p>National: DH, European Commission, DCMS/DTI, LACoRS, Trading Standards Institute</p> <ul style="list-style-type: none"> Powers on internet advertising and brand-sharing come into force 	Ongoing Jul-05 Jul-05	Trading Standards Enforcement

REDUCING THE NUMBERS OF PEOPLE WHO SMOKE

WP ref	Choosing Health commitment	Responsibility	Suggested date	Accountability
2.27	We believe that picture warnings on tobacco products could play a powerful role in any campaign to reduce the number of smokers and we will consult on how to use them most effectively when the European Commission publishes its final proposals.	<p>Local: LAs</p> <ul style="list-style-type: none"> Enforcement activity by Trading Standards <p>National: DH, EC, DTI</p> <ul style="list-style-type: none"> Receipt of final image library for picture warnings from EC Complete consultation on and finalise picture warning regulations Subject to consultation, new pack warnings start to appear 	<p>Autumn 06</p> <p>Spring/summer 05 (subject to EC)</p> <p>Autumn/winter 05</p> <p>Summer-06</p>	<p>DH internal process</p> <p>Trading Standards Enforcement</p>
BIG WIN: National smoking communication campaigns and education (see Promoting personal health)				
2.15	Smoking – a boosted campaign to reduce smoking rates and motivate smokers in different groups to quit; supported by clear and comprehensive information about health risks, reasons not to smoke, and access to NHS support to quit; including Stop Smoking Services and nicotine replacement therapy.	<p>National: DH, charity partners</p> <ul style="list-style-type: none"> Run hard-hitting campaigns building on success achieved 		DH internal process
BIG WIN: Reducing availability of illicit and smuggled tobacco and under-age sales				
8.7	We have reduced the smuggled share of the cigarette market to 18% in 2002/03, and aim to reduce this further to no more than 13% by 2007/08.	<p>National: HM Customs, DH</p> <ul style="list-style-type: none"> Under their PSA, Customs have been tasked with reducing the illicit market share for cigarettes to no more than 13% by 2007/08. DH will continue to support this work. 	Ongoing	HM Customs internal process
3.104	Under-age sales: We propose that legislation be brought forward to create new powers to ban retailers from selling tobacco products, on a temporary or permanent basis, if they repeatedly flout the law. This complements the work already under way to improve proof of age schemes. We intend to support this measure by looking at higher fines and updated guidance for magistrates, along with education for retailers on better compliance with the under-age sales law. Before introducing these measures, we will consult with local authorities, the retail industry and other key stakeholders. We will support this with a communications programme for local authority enforcement.	<p>Local: LA</p> <ul style="list-style-type: none"> Enforcement activity by Trading Standards <p>National: DH, HO, DTI, retailers</p> <ul style="list-style-type: none"> Timetable for legislative amendment 	<p>Ongoing under current legislation</p> <p>2006/07</p>	<p>DH internal process</p> <p>LA enforcement</p>

TACKLING OBESITY

WP ref	Choosing Health commitment	Responsibility	Suggested date	Accountability
BIG WIN: Simple labelling of packaged food				
2.23	We will press vigorously for progress before and during the UK presidency of the EU in 2005 to simplify nutrition labelling and make it mandatory on packaged foods.	<p>National: FSA, DH</p> <ul style="list-style-type: none"> EU draft Regulation received 	Mid-06 (expected)	DH internal process
2.24	By mid 2005 we aim to have introduced a system that could be used as a standard basis for signposting foods. This will build on the nutrient criteria for the 5 A DAY logo. The criteria will also be used among other things to identify which foods can be promoted to children [see paragraphs 48-52]. The criteria for use of the 5 A DAY logo will be extended to processed foods and foods targeted at children.	<p>Local: LAs, PCTs, schools</p> <ul style="list-style-type: none"> Communication of key 5 A DAY messages <p>Regional: DfES, DH (RPHGs)</p> <ul style="list-style-type: none"> Support implementation and coverage (ie school fruit) <p>National: DH, FSA, food industry</p> <ul style="list-style-type: none"> Publication of FSA nutrition criteria Use of 5 A DAY logo extended to processed food and foods targeted at children Consultation on use of criteria in signposting Adoption by industry of nutrition signposting criteria 	<p>Jun-05</p> <p>Sep-05</p> <p>Jul-05</p> <p>From Mar-06</p>	Obesity Programme Board
2.26	The Government will work with the food industry to develop the signposting approach further on the completion of FSA consumer research. Our goal is, by early 2006, for there to be: <ul style="list-style-type: none"> a clear straightforward coding system; that is in common use; and that busy people can understand at a glance which foods can make a positive contribution to a healthy diet, and which are recommended to be eaten only in moderation or sparingly. 	<p>See 2.24 above</p> <p>National: FSA</p> <ul style="list-style-type: none"> Monitor and evaluate signposting 	From Oct-06	

WP ref	Choosing Health commitment	Responsibility	Suggested date	Accountability
2.44	Health Ministers and the Food Standards Agency are leading discussions with industry to identify and implement a range of action to increase opportunities for people to make healthy choices in what they eat. These are aimed at <ul style="list-style-type: none"> – increasing the availability of healthier food, including reducing the levels of salt, added sugars and fat in prepared and processed food and drink and increasing access to fruit and vegetables, – reversing the trend towards bigger portion sizes, – adopting consistent and clear standards for information on food including signposting 	See 2.24 and 2.45		
BIG WIN: National obesity awareness campaign				
2.13	Promote health by influencing people's attitudes through a health strategy	See 2.15 below and 2.13 under Promoting Personal Health		
2.15	Obesity – a new cross-Government campaign to raise awareness of the health risks of obesity, and the steps people can take through diet and physical activity to prevent obesity	National: DH, creative media, OGDs <ul style="list-style-type: none"> • Pilot campaign regionally and evaluate • Launch campaign nationally 	2006 Mar-07	Obesity Programme Board
2.12	We intend now to simplify messages on what a portion means for children and adults, for example, using 'a handful'.	Local: LAs, PCTs <ul style="list-style-type: none"> • Reinforce messages National: DH <ul style="list-style-type: none"> • Agreement on simplified messages 	Ongoing Jun-05	DH internal process
2.43	The Government intends to discuss with the food industry how they might contribute to funding national campaigns and other national initiatives to promote positive health information and education.	National: DH <ul style="list-style-type: none"> • Discussion to be held with food industry (see 2.56) 	Mid-05	Obesity Programme Board

TACKLING OBESITY

WP ref	Choosing Health commitment	Responsibility	Suggested date	Accountability
BIG WIN: Helping people who want to lose weight				
6.66	We will develop a comprehensive 'care pathway' for obesity, providing a model for prevention and treatment.	<p>Local: PCTs (SHAs)</p> <ul style="list-style-type: none"> Care pathway implemented and evaluated SHA overview of PCT planning for obesity services, eg identifying local obesity teams and specialist obesity services. <p>National: DH (RPHGs)</p> <ul style="list-style-type: none"> NICE/HDA guidance for children and adults published 	Dec-05 Jun-06 Jun-07	SHAs – LDPs HCC
6.70	We will support the setting up of a 'national partnership for obesity'. The partnership will act to promote practical action on the prevention and management of obesity and as a source of information on obesity (for both diet and physical activity) and evidence of effectiveness.	<p>National: DH</p> <ul style="list-style-type: none"> Decision made on partnership at first programme board Consult with relevant professional groups 	Spring 05	Obesity Programme Board
6.64	Guidance for PCTs on priorities and planning includes the need to give advice on diet and activity. The next challenge will be to act on obesity as an issue in its own right using levers such as the new primary medical care contracting arrangements, including enhanced services, and through negotiated changes which may be possible in the Quality and Outcomes Framework.	<p>National: DH</p> <ul style="list-style-type: none"> Outcome of discussions on GP contract (QOF) 	End 2006	Obesity Programme Board
6.68	We will also commission production of a 'weight loss' guide, to set out what is known about regimes for losing weight and help people select the approaches that are healthy and are most likely to help them to lose weight and then maintain a more healthy weight.	<p>National: DH</p> <ul style="list-style-type: none"> Guidance issued 	Jul-05	Obesity Programme Board
6.69	Further studies to support development of new approaches where there are gaps in the evidence base, including production of specific guidelines for children's exercise referral.	See 6.69 under Research and development		

WP ref	Choosing Health commitment	Responsibility	Suggested date	Accountability
6.72	The independent sector may have a key role in providing effective behaviour change programmes in ways that are more acceptable than traditional NHS care to some groups of patients. We will test this as part of a procurement for a 'year of care' for diabetic patients.	National: DH, Diabetes policy team <ul style="list-style-type: none"> Project work plan to be developed 	Spring 05	DH internal process
6.74	As part of the National Health Competency Framework, we will allocate new funding for training, management, provision of evidence-based obesity prevention and treatment, based on national occupational standards for obesity.	See 6.74 under Investing in the workforce		
6.75	We will develop a patient activity questionnaire, which will be available by the end of 2005 to support NHS staff and others to understand their patients' levels of physical activity and assess the need for interventions, such as exercise referral.	National: DH <ul style="list-style-type: none"> Validation of the questionnaire completed Questionnaire published 	May-05 Dec-05	Obesity Programme Board
BIG WIN: Food promotion to children				
2.52	In line with the research conclusions and the responses to the consultation, the Government considers there is a strong case for action to restrict further the advertising and promotion to children of those foods and drinks that are high in fat, salt and sugar. To have maximum effect, action needs to be comprehensive and taken in relation to all forms of food advertising and promotion, including: broadcast, non-broadcast, sponsorship and brand-sharing, and point of sale advertising, including vending in schools, labels, wrappers and packaging.	National: DH, DCMS, FSA, DTI, Ofcom, ASA, industry <ul style="list-style-type: none"> Membership and TOR for food and drink advertising and promotion forum established Forum established Changes to codes adopted following consultation Industry code of conduct agreed and adopted Review effectiveness of voluntary measures 	Early 05 Early 05 Dec-05 Jan-06 Early 07	Obesity Programme Board (industry spend on advertising, profile; surveys)

TACKLING OBESITY

WP ref	Choosing Health commitment	Responsibility	Suggested date	Accountability
2.55	On television, we will work with the broadcasting and advertising sectors on ways to help drive down levels of childhood obesity. In particular, we will look to Ofcom to consult on proposals on tightening the rules on broadcast advertising, sponsorship and promotion and securing their effective implementation by broadcasters in order to ensure that children are properly protected from encouragement to eat too many high fat, salt and sugar foods – both during children's programmes and at other times when large numbers of children are watching. It should also include options for broadcasters and advertisers to participate in healthy living promotions.	See 2.52		
2.56	We will work with industry, advertisers, consumer groups and other stakeholders to encourage new measures to strengthen existing voluntary codes in non-broadcast areas, including: <ul style="list-style-type: none"> • setting up a new food and drink advertising and promotion forum to review, supplement, strengthen and bring together existing provisions; and • contributing funding to the development of new health initiatives, including positive health campaigns 	See 2.52 See 2.15		
2.58	The Government is committed to ensuring that measures to protect children's health are rigorously implemented and soundly based on evidence of impact. We will therefore monitor the success of these measures in relation to the balance of food and drink advertising and promotion to children, and children's food preferences to assess their impact. If, by 2007, they have failed to produce change in the nature and balance of food promotion, we will take action through existing powers or new legislation to implement a clearly defined framework for regulating the promotion of food to children.	National: DH, DCMS, FSA, Ofcom, Defra, DTI, industry <ul style="list-style-type: none"> • Success measures chosen for monitoring and evaluating success of voluntary industry action • Review of effectiveness 	Summer 05 Early 07	Obesity Programme Board
2.59	We will look to the broadcasting and advertising sectors, including Ofcom, to consider how they could have a positive impact on children's food choices.	See 2.52		
BIG WIN: Healthy Schools				
3.47	Healthy Schools.	See 3.47 under Children and young people		

WP ref	Choosing Health commitment	Responsibility	Suggested date	Accountability
3.48	Healthy Schools to target deprived schools; possible extension to nursery education.	See 3.48 under Children and young people		
3.49	From 1 April 2005, a Healthy School will provide: <ul style="list-style-type: none"> • a supportive environment including policies on smoking, and healthy and nutritious food, with time and facilities for physical activity and sport both within and beyond the curriculum; and • comprehensive Personal, Social and Health Education (PSHE). 	See 3.49 under Children and young people		
3.57	We will invest over the next three years to improve nutrition in school meals by: <ul style="list-style-type: none"> • revising both primary and secondary school meals standards, to reduce the consumption of fat, salt and sugar and to increase the consumption of fruit and vegetables and other essential nutrients. We will strongly consider introducing nutrient-based standards. Ofsted inspectors will be looking at healthy eating in schools, and will take account of any school meals provided in doing so; • subject to legislation, extending the new standards to cover food across the school day, including vending machines and tuck shops; • supporting schools to provide the best meal service possible, for example through new guidance on food procurement for heads and governors, and improving training and support for school meal providers and catering staff. 	Local: LEAs, PCTs, schools <ul style="list-style-type: none"> • Implement in LEAs and schools National: DfES, DH, Ofsted <ul style="list-style-type: none"> • Specifications in fat, salt and sugar for processed foods • New training qualification for caterers • Ofsted inspections • New school meal standards adopted 	Jul-05 Apr-05 Sep-05 Sep-06	Ofsted DfES Obesity Programme Board
3.59	Following successful pilots in over 300 schools, a comprehensive Food in Schools package is being developed to support implementation of the whole school approach to healthy eating and drinking. Available from early 2005, this package will provide guidance and resources for schools to encourage, for example: <ul style="list-style-type: none"> • cooking clubs where children prepare and cook healthy food in a fun and enjoyable way; • how to set up and manage healthy vending machines; • healthier breakfast clubs; • tuck shops; • lunch boxes; • water provision; • growing clubs; and • the dining room environment. 	Local: LEAs, PCTs, schools <ul style="list-style-type: none"> • Implementation of guidance in schools Regional: GOs, DfES, DH (RPHGs) <ul style="list-style-type: none"> • Regional training events • Website established National: DH, DfES <ul style="list-style-type: none"> • Launch of Food in Schools package 	Apr to May-05 Apr-05 Mar-05	DfES Ofsted Obesity Programme Board

TACKLING OBESITY

WP ref	Choosing Health commitment	Responsibility	Suggested date	Accountability
3.30	School nurses.	See 3.30 under Investing in the workforce		
3.56	As part of the School Fruit and Vegetable Scheme, by the end of 2004 all four to six-year-old children in LEA-maintained infant, primary and special schools in England will be eligible for a free piece of fruit or vegetable every school day. Following evaluation, which will be completed early in 2005, we will consider extending the scheme to LEA maintained nurseries.	<p>Local: LEAs, PCTs</p> <ul style="list-style-type: none"> • Ensure all schools participate in scheme <p>Regional: DH (RPHGs)</p> <ul style="list-style-type: none"> • Continue regional coordination of programme delivery <p>National: DfES, DH, LEAs</p> <ul style="list-style-type: none"> • Evaluation of School Fruit and vegetable scheme completed 	Jun-05	Obesity Programme Board
4.12	To support the work at the local level, new resources will be launched in early 2005 to help healthcare professionals support people to increase their fruit and vegetable consumption, including a short 5 A DAY questionnaire to assess consumption levels. These resources are also useful when giving general advice on diet and nutrition and will support work on obesity prevention and management.	<p>National: DH</p> <ul style="list-style-type: none"> • Primary care resources launched 	Apr-05	DH internal process
BIG WIN: Encouraging activity				
3.63	Building on existing progress, by 2010 all schools in England should have active travel plans. We are supporting the Travelling to School initiative by: <ul style="list-style-type: none"> • funding around 250 local authority-based school travel advisers who are helping schools develop and implement travel plans; and • providing a help desk and web database of trainers to support local authorities, schools and parents administer the National Standard 	<p>Local: LAs</p> <ul style="list-style-type: none"> • School travel plans in place (6,000 schools) • School Travel Plans in place (10,000 schools) • Travel plans in place in all schools <p>Regional: DH (RPHGs), DfT, DCMS</p> <ul style="list-style-type: none"> • Provide advice on LTP <p>National: DfT, DfES</p>	Mar-06 2010	Obesity Programme Board DfT, ODPM, (CPA) (Proportion of children walking or cycling to school)

WP ref	Choosing Health commitment	Responsibility	Suggested date	Accountability
3.68	<p>We are investing an unprecedented amount in PE and school sport. The Government's National Strategy for PE, School Sport and Club Links is the keystone of a bridge being built from PE to lifelong participation in sport via out of school hours learning, inter-school sport and school-club links. The DfES and DCMS will announce shortly funding they will make available in 2006/07 and 2007/08 to support school sport and the national strategy.</p>	<p>Local: LAs/LEAs, PCTs, schools, Sport England</p> <ul style="list-style-type: none"> • Appoint primary/secondary sports coordinators • Implement school sports partnerships • Implement sports colleges <p>National: DCMS, DfES, Youth Sport Trust, DH, Sport England</p> <ul style="list-style-type: none"> • Funding announcement on PESSCI • Secondary and primary sports coordinators in post • 75% of schools in a school sports partnership • 400 school sports partnerships operational • All 400 sports colleges operational • All schools to be in a school sports partnership 	<p>Achieved Dec-04</p> <p>Sep-05</p> <p>Sep-05</p> <p>Sep-06</p> <p>Sep-06</p> <p>Sep-06</p>	<p>Obesity Programme Board</p> <p>(School Sport PSA)</p>
3.71	<p>By September 2005, we will have increased by a third (to 75%) the number of maintained schools (secondary, primary and special) in a school sports partnership and will achieve 100% coverage from September 2006. By 2006, we also aim to have at least 400 sports specialist schools and academies with a sports focus.</p>	<p>See 3.68 above</p>		
3.66	<p>We will drive forward action to implement the new National Standard for cycle training for children across England by 2005-06 by</p> <ul style="list-style-type: none"> • establishing a formal cycle training and curriculum body – the Cycle Training Reference Group; • funding instructor training schemes and accrediting existing training schemes and centres; • providing a help desk and web database of trainers to support local authorities, schools and parents in administering the national standard. 	<p>National: DfT</p> <ul style="list-style-type: none"> • Helpline launch 	<p>Mar-05</p>	<p>To be confirmed</p>

TACKLING OBESITY

WP ref	Choosing Health commitment	Responsibility	Suggested date	Accountability
4.46	<p>Building on the success of the Local Exercise Action Pilots, we will invest over the next three years in initiatives to promote physical activity supported by guidance to promote best practice. This will include:</p> <ul style="list-style-type: none"> • a Physical Activity Promotion Fund to roll out evidence-based physical activity interventions – linked where appropriate locally to health trainers and developing obesity care services (see Chapter 6), • regional Physical Activity Coordinators to coordinate delivery of activity interventions and support planning for use of the fund, linked to plans to tackle obesity; and • guidance on what works for LAs, PCTs and voluntary bodies backed up by annual stakeholder events to promote best practice. 	<p>Regional: DH (RPHGs)</p> <ul style="list-style-type: none"> • Regional activity coordinators nominated • Regional coordinators nominated to work with PCTs <p>National: DH</p> <ul style="list-style-type: none"> • LEAP pilot evaluation (interim) • LEAP pilot evaluation (final) • Annual stakeholder events • Publish community physical activity best practice guidance 	<p>Spring 05</p> <p>May-05</p> <p>May-05 Summer 06 Jun-06 Summer 2007/08</p>	<p>Obesity Programme Board</p>
4.38	<p>We will use lessons learned from the 27 local authority pilots on improving parks and public places in the development of the £660m Safer and Stronger Communities Fund announced in Spending Review 2004.</p>	<p>Regional: DH (RPHGs)</p> <ul style="list-style-type: none"> • Collaborate with regional partners to evaluate health benefits and support roll-out of good practice <p>National: ODPM</p> <p>Milestones to be confirmed</p>		<p>Obesity Programme Board</p>
4.39	<p>The transport charity Sustrans, in partnership with LAs, has already completed 8,000 miles of new cycle lanes and tracks, and LAs are forecast to build over 7,000 miles of new cycle lanes and cycle tracks by 2006</p> <ul style="list-style-type: none"> • The DfT is investing in programmes to link the existing National Cycle Network to hundreds of schools, enabling more children to walk or cycle to school. This complements the wider Travelling to School programme. • We will also be incorporating local highways authorities' statutory plans for improving public rights of way into local transport plans. (<i>Defra and DfT will lead on the progressive integration of rights of way improvement plans (ROWIPs) into DfT's local transport plans.</i>) 	<p>Local: LAs</p> <ul style="list-style-type: none"> • Local authority progress report published • All ROWIPs completed • Integration of rights of way and cycle networks into all local transport plans <p>National: DfT, DEFRA</p> <p>Milestones to be confirmed</p>	<p>Jul-05</p> <p>Nov-07 2010</p>	<p>DfT internal process</p>

WP ref	Choosing Health commitment	Responsibility	Suggested date	Accountability
4.40	Following evaluation we will build on the Sustainable Travel Towns pilots to develop guidance for local authorities, PCTs and others on whole town approaches to shifting travel from cars to walking cycling and public transport.	National: DfT <ul style="list-style-type: none"> Health Impact Assessment completed Pilots completed 	Mar-05 2009	DfT internal process
4.44	Working with the Countryside Agency and Defra, we will encourage health professionals across PCTs to use pedometers in clinical practice, with coverage of all areas by the end of 2005.	National: DH, Countryside Agency, Defra <ul style="list-style-type: none"> Commencement Full coverage in all areas 	Sep-05 End 06	Obesity Programme Board
4.45	We are also working with the Youth Sports Trust to pilot the use of pedometers in schools, both as a tool to support a wide range of curriculum topics and to increase awareness among pupils of the need to be active.	National: DH <ul style="list-style-type: none"> Assessment of the outcome of the pilot 	Summer 06	Obesity Programme Board
7.22	DfT will work with the cycle industry to produce user-friendly guidance on the tax-efficient bike purchase scheme to increase the use of the scheme and promote cycling.	National: DfT <ul style="list-style-type: none"> Publish guidelines on internet 	Apr-05	Obesity Programme Board
3.69	We are working through the PE School Sport Club Links strategy to ensure that continuing professional development programmes provide teachers with the knowledge and skills to: identify and support children who may be at risk from obesity; and work in partnership with the health sector to provide appropriate services.	See 3.68		
3.79	We are further strengthening the regime governing the sale of school playing fields by LAs to ensure that: <ul style="list-style-type: none"> the sale of a playing field is an absolute last resort; as a first priority sale proceeds are used to improve outdoor sports facilities; and new sports facilities are sustainable for at least 10 years. 	National: DfES <ul style="list-style-type: none"> Achieved 	Achieved	
4.43	We will as part of our proposals on marketing health outlined in Chapter 2 commission authoritative, evidence-based guidance on how to meet the Chief Medical Officer's physical activity recommendations, including the use of pedometers.	National: DH, NICE <ul style="list-style-type: none"> Project plan to be developed 	Spring 05	Obesity Programme Board

TACKLING OBESITY

WP ref	Choosing Health commitment	Responsibility	Suggested date	Accountability
4.49	The Government, working with the NHS, British Olympic Association, Greater London Authority and London 2012 Ltd, will make clear the beneficial effects for Londoners and the rest of the country of increased physical activity.	National: DCMS • Awaiting IOC decision on who wins the bid	May-05	DCMS internal process
4.50	We will work with key interests to develop best-practice guidance on providing free swimming and other sport initiatives, for publication in 2005.	National: DH, DCMS, Sport England, Amateur Swimming Association • Publication	Autumn 05	Obesity Programme Board
4.51	We will publish a guide for PCTs and sports clubs to encourage good practice and foster links on health improvement work, building on existing work with football clubs and extending this to other sports.	Local: PCT/local sports clubs • Learning from good practice National: DH, DCMS • Publish best practice document for PCTs and sports clubs	From autumn 06 Spring 05	Obesity Programme Board
BIG WIN: High quality family and early years support				
3.38	From 2005, we will provide eligible pregnant women, including all income families with vouchers that can be exchanged for fresh fruit and vegetables, milk and infant formula through a new scheme – Healthy Start. The scheme will be backed by a new communications campaign to help deprived families improve their diets and wider health, and make effective use of the vouchers.	Local: PCTs • Take forward Healthy Start Scheme Sub-regional: SHAs • Monitoring PCTs on increasing breastfeeding initiation rates National: DH, DWP, IR • Consultation on draft Regulations • Regulations laid • Evaluate plans for Healthy Start • Implementation of Phase 1 begins • National roll-out of Healthy Start	Spring 06 Autumn 05 Feb to Apr-05 May-05 Jun-05 Jul-05 Mid-06	DH internal process SHAs (LDPs)
3.39	Further action will include the review of Infant Formula and Follow-on Formula Regulations (1995) with a view to further restrict the advertisement of infant formula. We will continue to press for amendments to the EU Directive on infant formula and follow-on formula.	National: DH, FSA	2005	DH, FSA internal process

TACKLING OBESITY

WP ref	Choosing Health commitment	Responsibility	Suggested date	Accountability
3.43	Sure Start Unit programmes	See 3.43 under Children and young people		
OTHER				
4.11	The Department of Health is committed to funding similar community food initiatives, following evaluation of the lottery-funded pilot initiatives, in more PCTs from 2006. The focus will be on deprived communities and will build on the lessons to come out of the evaluation of lottery-funded initiatives.	<p>Local: PCTs, LAs</p> <ul style="list-style-type: none"> Take forward community initiatives <p>Regional: DH (RPHGs)</p> <ul style="list-style-type: none"> Ensure integration with 5 A DAY programme <p>National: DH</p> <ul style="list-style-type: none"> Resources for primary care professionals published Evaluation of lottery-funded community initiatives Roll-out of new community initiatives (<i>investment made via PCT allocations</i>) 	<p>Mid-05</p> <p>Dec-05</p> <p>From Apr-06</p>	Obesity Programme Board SHAs
2.14	Strategy on action to promote people's health.	See 2.14 under Promoting personal health		
2.21	Building on successful campaigns to reach people.	See 2.21 under Promoting personal health		
2.45	We will work with industry to develop voluntary action based on long-term and interim targets for reducing sugar and fat levels in different categories of foods. Compliance will be monitored through regular surveys, and developed guidance on portion sizes to reduce energy, fat, sugar and salt intake.	<p>National: DH, FSA, industry</p> <ul style="list-style-type: none"> Publication of salt targets for key product categories Identify interim and long-term targets for sugar and fat Publish guidance on portion sizes for consultation 	<p>Sep-05</p> <p>Dec-05</p> <p>Autumn 06</p>	Obesity Programme Board

TACKLING OBESITY

WP ref	Choosing Health commitment	Responsibility	Suggested date	Accountability
2.46	We will work with the farming and food industries to coordinate action, including action to take forward policies in this White Paper, through a Food and Health Action Plan to be published in early 2005 fulfilling the commitment to such a plan in our Strategy for Sustainable Farming and Food. This will be backed up with wider action in the Food Standards Agency Strategic Plan.	<p>National: <i>DH, Defra, FSA</i></p> <ul style="list-style-type: none"> • 'Choosing A Better Diet: A food and health action plan' published <p>Regional: <i>DH (RPHGs)</i></p> <ul style="list-style-type: none"> • Coordination and advice on health aspects of regional plans 	<p>Mar-05</p> <p>From Mar-05</p>	<p>DH internal process</p>
4.63	The Sustainable Development Commission's Healthy Futures programme; development of a self-assessment model; development of guidance on good practice in food procurement.	See 4.63 under Investing in the workforce		
4.64	We will develop nutritional standards for all foods provided by the NHS, the Prison Service and the Ministry of Defence and other public bodies – building on the work in schools. Our intention is to increase access to a range of healthier foods and will take account of the different formats of food provision – restaurant, fast food, vending, etc.	<p>National: <i>DH, OGDs, FSA</i></p> <ul style="list-style-type: none"> • Establish working group • Develop new nutritional standards • Pilot and evaluate • Roll-out of implementation • Consider new Healthy Eating award 	<p>Jun-05</p> <p>Sep-05</p> <p>From Nov-05</p> <p>From spring 06</p> <p>2007</p>	Obesity Programme Board
6.73	Another model we will test is to use the Healthy Communities Collaborative (HCC) principles in the prevention and management of obesity. This will build on existing HCC work on diet and nutrition, and accidents (see Chapter 4).	<p>National: <i>DH, Healthy Communities Collaborative</i></p> <ul style="list-style-type: none"> • Scope out the extension of the collaborative (see 4.14 under inequalities) 	Sep-05	Obesity Programme Board

WP ref	Choosing Health commitment	Responsibility	Suggested date	Accountability
BIG WIN: A new national media campaign				
2.15	Sexual health – a new national campaign targeted particularly at younger men and women to ensure that they understand the real risk of unprotected sex and to persuade them of the benefits of using condoms to avoid the risk of STIs or unplanned pregnancies.	<p>National: DH, DfES, ODPM LAs, children's trusts, LGA, voluntary orgs (eg FPA), industry</p> <ul style="list-style-type: none"> • Define 'bridging campaign' • Prepare new campaign, involvement of third parties • Deliver major new high-profile campaign based on the 'use a condom' message and prevention of chlamydia 	Achieved 2005/06	DH internal process Sexual Health Programme Board (DH commissioned campaign evaluation reports & HPA STI/conception rates)
3.96	<p>We will ensure a broader reach of information about sexual health for young people in ways that they can access in complete confidence. This will include:</p> <ul style="list-style-type: none"> • confidential signposting to advice plus easier access to 'teenage test your sexual health knowledge' material to ensure all teenagers have access to the information they need at the time they need it; • a confidential e-mail service offered by trained sexual health advisers; • provision of information via www.ruthinking.co.uk partnerships with specialist websites such as www.teenagehealthfreak.org and online youth portals; • increased support for parents in talking to children about sex and relationships; • provision of advice in settings where young people go; • development of interactive learning material; and • provision of targeted material for specific groups such as disabled children, young people in public care and care leavers. 	<p>National: DH, DfES</p> <p>The provision of information to young people about sexual health will be a sub-element of the national campaign (see 2.15).</p>	See 2.15	See 2.15

IMPROVING SEXUAL HEALTH

WP ref	Choosing Health commitment	Responsibility	Suggested date	Accountability
BIG WIN: Teenage pregnancy strategy				
3.106	We will support Teenage Pregnancy Partnership Boards to strengthen delivery of their strategy in neighbourhoods with high teenage pregnancy rates.	<p>Local: LA, PCTs, (SHAs)</p> <ul style="list-style-type: none"> In line with LDP requirements, set targets to reduce teenage pregnancy, including within areas associated with socioeconomic disadvantage, neighbourhoods with high levels of teenage pregnancy (identifying contribution of health, education services, employment and regeneration initiatives) Agree with local secondary schools how the Healthy Schools initiative will be used to foster better sexual health <p>Regional: Teenage Pregnancy Coordinators</p> <ul style="list-style-type: none"> Priorities conversations led by Regional Change Advisers Annual report assessments Six monthly review with Teenage Pregnancy Partnership Board <p>National: DfES, DH</p> <ul style="list-style-type: none"> Identify the role of school nurses and health trainers in promoting access to sexual health services and raising awareness of STIs among young people 	Apr-06	SHAs (LDPs) Teenage Pregnancy Board HCC Ofsted

WP ref	Choosing Health commitment	Responsibility	Suggested date	Accountability
BIG WIN: Modernised sexual health services				
6.76	We are committing new capital and revenue funding to tackle the high rate of STIs in England. This will support modernisation of the whole range of NHS sexual health services, to communicate better with people about the risks, offer more accessible services to provide faster and better prevention and treatment, and deliver these services in a different way. (NB: this is closely linked to 6.24.)	<p>Local: PCTs (SHAs)</p> <ul style="list-style-type: none"> Identify trajectory for reduction of gonorrhoea rates <p>National/Regional: DH</p> <ul style="list-style-type: none"> Establish national support team and regional networks Map training needs of the workforce and produce an action plan to move the agenda forward 	<p>Dec-05</p> <p>Dec-05</p> <p>Jul-05</p>	<p>SHAs LDPs (PSA 6a)</p> <p>Sexual Health Programme Board</p> <p>HCC</p>
6.81	We will carry out an audit of contraceptive service provision in early 2005 and invest centrally to meet gaps in local services, in particular to ensure that the full range of contraceptive services is available, good practice is spread and services modernised.	<p>Local: PCTs (SHAs), service providers, manufacturers</p> <ul style="list-style-type: none"> Gaps in services identified Plans to fill gaps developed <p>National: DH</p> <ul style="list-style-type: none"> Audit of contraceptive services completed Develop plan to address outcomes of audit 	<p>Dec-05</p> <p>Dec-06</p> <p>Apr-07</p>	<p>SHAs, (LDPs)</p> <p>Sexual Health Programme Board</p> <p>HCC</p>
6.82	We are carrying out a national review of GUM treatment services for STIs to provide advice and support on service modernisation for both commissioners and service providers, and will follow this up with investment in both services and infrastructure.	<p>Local: PCTs (SHAs), service providers, manufacturers</p> <ul style="list-style-type: none"> Gaps in services identified Plans to fill gaps developed <p>National: DH</p> <ul style="list-style-type: none"> Monitor performance of services Target support at list of poorest performing 20% identified through Gonorrhoea rates 	<p>Dec-05</p> <p>Jul-05</p> <p>Dec-05</p>	<p>DH internal process</p>

IMPROVING SEXUAL HEALTH

WP ref	Choosing Health commitment	Responsibility	Suggested date	Accountability
BIG WIN: Faster access to services				
6.80	We will accelerate implementation of a national screening programme for chlamydia, to cover the whole of England by March 2007.	<p>Local: PCTs (SHAs)</p> <ul style="list-style-type: none"> • SHA plans detail how screening will be introduced • 100% coverage by March 2007 <p>National: DH, HPA</p> <ul style="list-style-type: none"> • Complementary pharmacy screening work incorporated into National programme • Transfer responsibility for screening programme to HPA 	<p>Sep-05</p> <p>Sep-05</p> <p>Mar-07</p>	<p>SHAs (LDPs), (HPA biannual survey)</p> <p>Sexual Health Programme Board</p> <p>(evaluation of pilots)</p> <p>HCC</p>
6.80	We believe that the independent sector could contribute to providing efficient and convenient screening services. As part of the national programme, we will take steps to introduce and evaluate the effectiveness of chlamydia screening in retail pharmacies starting in London.	<p>Local: DH, pilot PCTs (SHAs)</p> <ul style="list-style-type: none"> • Pilots in London and Cornwall 	<p>Jul-07</p>	<p>SHAs;</p> <p>Sexual Health Programme Board;</p> <p>DH</p> <p>commissioned evaluation of pilots</p>
6.84	We intend that the NHS should offer the same fast access to high-quality GUM services that patients expect of other NHS treatment. The goal is that by 2008 everyone referred to a GUM clinic should be able to have an appointment within 48 hours.	<p>Local: PCTs (SHAs)</p> <ul style="list-style-type: none"> • Implement plans to improve access to a maximum of 48 hours by 2008 <p>National: DH, SHAs</p> <ul style="list-style-type: none"> • Continuous monitoring of LDPs to ensure annual progress and goal of 100% of patients being offered a GUM appointment within 48 hours by 2007 is met 	<p>Apr-05</p> <p>Apr-06</p>	<p>SHAs (LDPs)</p> <p>HCC</p>

WP ref	Choosing Health commitment	Responsibility	Suggested date	Accountability
BIG WIN: Expanding help for people with mental illness				
6.43	We will use the lessons from a new approach being piloted in eight centres in England to extend the new models of physical healthcare for people with mental problems across all PCTs.	<p>National: DH, support from NIMHE</p> <ul style="list-style-type: none"> Develop and publish guidance for effective commissioning of programmes based on pilots evaluated by Lilly. 	Dec-05	DH internal process
6.44	We will develop new approaches to helping people with mental illness manage their own care and make available information for them on all aspects of health, both mental and physical well-being.	<p>National: DH, NHS Direct</p> <ul style="list-style-type: none"> Establish stakeholder/steering group including service users and NGO stakeholders Commission NGO leads to 'kitemark' effective products by tendering First products available via NHS Direct and NHS Direct Online with links to Health Direct 	Dec-05 Apr-06 Dec-06	DH internal process
BIG WIN: Targeted action to improve quality of patient experience				
6.45	DH is developing a programme of work to take forward the recommendations in <i>Delivering Race Equality: a framework for action</i> , which outlined a whole system approach to tackle the inequalities experienced by people from black and minority ethnic communities in the mental health system of care.	<p>Regional: NIMHE, DH (RPHGs)</p> <ul style="list-style-type: none"> Raise awareness via Mental Health Networks <p>National: DH, NIMHE, Delivering Race Equality Programme</p> <ul style="list-style-type: none"> DRE report published Establish project plan for effective governance and reporting on relevant NIMHE programmes for the public mental health aspects of the White Paper. 	Jun-06 Achieved Apr-06	DH internal process

IMPROVING MENTAL HEALTH AND WELL-BEING

WP ref	Choosing Health commitment	Responsibility	Suggested date	Accountability
BIG WIN: New services to improve mental and emotional well-being				
3.83	We will publish guidance next spring to help carers engage looked-after children in creative activity to improve their self-esteem, social skills and emotional well-being.	<p>Regional: GORs, DH (RPHGs), CSCI</p> <ul style="list-style-type: none"> Encourage and monitor uptake of guidance <p>National: DfES</p> <ul style="list-style-type: none"> Publish guidance 	<p>Jun-06</p> <p>Spring 05</p>	Every Child Matters: Change Programme Board; Ofsted; Audit Commission; Children's and Young People's Plans
3.43	Sure Start Unit programmes.	See 3.43 under Children and young people		
3.47	Healthy schools.	See 3.47 under Children and young people		
3.81	Evaluation of ENABLE – a CD-ROM designed to help schools identify and address the emotional health needs of children with emotional and behavioural difficulties.	See 3.81 under Children and young people		
BIG WIN: A healthy workplace programme				
7.41	We will develop with partners guidelines to be published in 2005 on the management of mild to moderate mental ill health in the workplace.	<p>Regional: DH (RPHGs), RDA</p> <ul style="list-style-type: none"> Ensure dissemination outside NHS <p>National: DH, NHS Plus</p> <ul style="list-style-type: none"> Final draft stage reached by work group 	<p>Summer 05</p>	DH internal process (sponsor NHS Direct)

WP ref	Choosing Health commitment	Responsibility	Suggested date	Accountability
7.70	<p>NIMHE will work with the Disability Rights Commission to challenge discrimination against people with mental health difficulties, and enable more to gain access to employment.</p>	<p>Regional: DH (RPHGs), Jobcentre Plus</p> <ul style="list-style-type: none"> • Incorporate approach in Pathways to Work pilots <p>National: DH, DWP</p> <ul style="list-style-type: none"> • Hold meeting with DWP to set out initial stages 	<p>To be confirmed</p>	
7.80	<p>DH will work through the NIMHE and in liaison with DWP to implement evidence-based practice, in particular Individual Placement Support.</p>	<p>Regional: DH (RPHGs), DWP, RDA</p> <ul style="list-style-type: none"> • Facilitate dissemination and implementation of evidence-based practice <p>National: DH, DWP</p> <ul style="list-style-type: none"> • Hold meeting with DWP to set out initial stages 	<p>To be confirmed</p>	

REDUCING HARM AND ENCOURAGING SENSIBLE DRINKING

WP ref	Choosing Health commitment	Responsibility	Suggested date	Accountability
BIG WIN: Placing information for the public on alcohol containers and in alcohol retail outlets				
2.61	We will work with industry to develop a voluntary social responsibility scheme for alcohol producers and retailers, to protect young people by placing information for the public on alcohol containers and in alcohol retail outlets and including reminders about responsible drinking on alcohol advertisements, checking identification and refusing to sell alcohol to people who are under 18.	<p>Local: <i>Responsibility to be agreed</i></p> <ul style="list-style-type: none"> Enforce implementation of local code of practice/report breaches <p>Regional: <i>Responsibility to be agreed, to involve DH (RPHGs), HO</i></p> <ul style="list-style-type: none"> Local code of practice implementation oversight and coordination <p>National: <i>DH, HO, alcohol industry</i></p> <ul style="list-style-type: none"> Industry stakeholder group meeting on code of practice and evaluation plans Launch of code of practice Plans for the National Fund 	<p>From Jun-05</p> <p>From Jun-05</p> <p>Mar-05</p> <p>Apr-05 May-05</p>	<p>Cross-government Alcohol Harm Reduction Officials Group (HO/DH lead)</p>
2.62	Ofcom, which has statutory responsibility for the regulation of broadcast advertising, has been undertaking a review of the rules on broadcast advertising of alcohol and has published its code amendments, aimed at significantly strengthening the rules in many areas, particularly to protect the under-18s. This took effect from January 2005.	<p>National: <i>Ofcom</i></p> <ul style="list-style-type: none"> Code amendments published by Ofcom 	<p>Delivered – Jan-05</p>	<p>Cross-government Alcohol Harm Reduction Officials Group (HO/DH lead)</p>

WP ref	Choosing Health commitment	Responsibility	Suggested date	Accountability
BIG WIN: Raising awareness				
2.60	We will work in partnership with the Portman Group to develop a new and strengthened information campaign to tackle the problems of binge drinking.	<p>National: DH, Portman Group, other stakeholders</p> <ul style="list-style-type: none"> • Terms of reference on developing campaign agreed (subject to support from industry) • Working group convened <p>Regional: DH (RPHGs), GORs</p> <ul style="list-style-type: none"> • Develop network of local leads to disseminate information campaign 	<p>To be agreed</p> <p>To be agreed</p>	<p>Cross-government Alcohol Harm Reduction Officials Group (HO/DH lead)</p>
BIG WIN: Increase access to, and effectiveness of, alcohol treatment				
6.88	We will build on the commitments within the Alcohol Harm Reduction Strategy for England through developing a programme of improvement for alcohol treatment services, based on the findings of an audit of demand for and provision of alcohol treatment in England and the Models of Care framework for alcohol treatment. These initiatives will be supported, from April 2006, through additional funding provided through the Pooled Treatment Budget for Substance Misuse.	<p>Local: PCTs, Acute Trusts, LAs, voluntary sector</p> <ul style="list-style-type: none"> • Assess local needs • Initiate local improvements • Review progress <p>Regional: DH (RPHGs), GORs, HO</p> <ul style="list-style-type: none"> • Assess regional needs • Initiate regional improvements • Review progress <p>National: DH, NTA, NHS, voluntary sector</p> <ul style="list-style-type: none"> • Treatment audit complete • Models of Care published • Programme of improvement published • Review implementation as part of AHRSE review <p>(Investment made via PCT allocations)</p>	<p>Oct-05 Apr-05 Mar-07</p> <p>Oct-05 Apr-06 Mar-07</p> <p>Mar-05 Jun-05 Sept-05</p> <p>Jun-07</p>	<p>HCC/NTA/ Audit Commission</p> <p>Cross-government Alcohol Harm Reduction Officials Group (DH/HO lead)</p>

REDUCING HARM AND ENCOURAGING SENSIBLE DRINKING

WP ref	Choosing Health commitment	Responsibility	Suggested date	Accountability
BIG WIN: Screening and brief interventions				
6.88	We will build on the commitments within the Alcohol Harm Reduction Strategy for England through guidance and training to ensure that all health professionals are able to identify alcohol problems early.	<p>National: DH, medical and nursing colleges and other training bodies</p> <ul style="list-style-type: none"> • Undergraduate training modules for doctors • Undergraduate training modules for nurses • Postgraduate training programmes • Training Champions programme implemented 	<p>Sep-05</p> <p>May-05</p>	Cross-government Alcohol Harm Reduction Officials Group (HO/DH lead)

WP ref	Choosing Health commitment	Responsibility	Suggested date	Accountability
6.88	<p>We will build on the commitments within the Alcohol Harm Reduction Strategy for England through:</p> <ul style="list-style-type: none"> • piloting approaches to targeted screening and brief intervention in both primary care and hospital settings, including A&E departments; and • similar initiatives in criminal justice settings with the aim of reducing repeat offending. 	<p>National: <i>DH</i></p> <ul style="list-style-type: none"> • Tender for contract • Award contract • Begin pilots • Report interim findings • Report final findings <p>Regional: <i>DH (RPHGs), GORs, HO</i></p> <ul style="list-style-type: none"> • Oversee local implementation of findings from interim report via Criminal Justice System and NHS • Oversee local implementation of findings from final report via Criminal Justice System and NHS • Develop work programme with National Offender Management Service <p>Local: <i>PCTs (SHAs), CDRPs, DAATs</i></p> <ul style="list-style-type: none"> • Take forward findings from interim report and subsequently from final report <p><i>(Investment made via PCT allocations in 07/08; central allocations in 06/07)</i></p>	<p>Feb-05 May-05 May-05 Jun-06 Jul-07</p> <p>Jul-06</p> <p>Jul-07</p> <p>Jul-06/Jul-07</p>	<p>Cross-government Alcohol Harm Reduction Officials Group (HO/DH lead)</p>

HELPING CHILDREN AND YOUNG PEOPLE LEAD HEALTHY LIVES

WP ref	Choosing Health commitment	Responsibility	Suggested date	Accountability
BIG WIN: Healthy Schools				
3.47	The Government has a vision that half of all schools will be Healthy Schools by 2006, with the rest working towards Healthy School status by 2009.	<p>Local: LEAs, PCTs, local HSP, childrens trust</p> <ul style="list-style-type: none"> Local Healthy School Programme target schools <p>Regional: DH (RPHGs)</p> <ul style="list-style-type: none"> Work with DfES and GORs to agree and implement regional work plan <p>National: DH/DfES</p> <ul style="list-style-type: none"> Establish new delivery unit Draft guidance to schools on new healthy school definition Set targets for LEAs, in partnership with PCTs, to recruit all schools by 2009 Develop communications strategy 	<p>Ongoing to meet 2009 target</p> <p>Apr-05 Apr-05 Jul-05 Jul-05</p>	<p>Local: LEAs in partnership with PCTs</p> <p>Regional: GORs</p> <p>National: DH Cross-Departmental Children's Group (DfES representation)</p>

WP ref	Choosing Health commitment	Responsibility	Suggested date	Accountability
3.48	<p>We will encourage local Healthy Schools programmes to target deprived schools, including Pupil Referral Units. We will also look to extend Healthy Schools to include nursery education.</p>	<p>Local: LEAs, PCTs, local HSP, schools, children's trusts</p> <ul style="list-style-type: none"> • Work with PRUs to recruit in line with recruitment strategy • Work with maintained nurseries to recruit in line with recruitment strategies <p>Regional: DH (RPHGs)</p> <ul style="list-style-type: none"> • Work with DfES to support implementation and monitoring of regional work programme <p>National: DH/DfES</p> <ul style="list-style-type: none"> • Targets set for recruitment of PRUs • Recruitment strategy for PRUs in place • Recruitment strategy for maintained nurseries in place • Explore potential for expanding the Healthy Schools programme to early years settings universally 	<p>Dec-05 onwards</p> <p>Dec-05 onwards</p> <p>Jul-05</p> <p>Dec-05</p> <p>Dec-05</p> <p>2007</p>	<p>Local: LEAs in partnership with PCTs</p> <p>Regional: GORs</p> <p>National: DH Cross-Departmental Children's Group (DfES representation)</p>

HELPING CHILDREN AND YOUNG PEOPLE LEAD HEALTHY LIVES

WP ref	Choosing Health commitment	Responsibility	Suggested date	Accountability
3.49	<p>From 1 April 2005, a healthy school will provide:</p> <ul style="list-style-type: none"> a supportive environment, including policies on smoking and on healthy and nutritious food, with time and facilities for physical activity and sport both within and beyond the curriculum, and comprehensive PSHE. 	<p>Regional: DH (RPHGs)</p> <ul style="list-style-type: none"> Work with DfES to support implementation and monitoring of regional work programme <p>National: DH/DfES</p> <ul style="list-style-type: none"> Incorporate healthy eating, Physical Activity, comprehensive PSHE and emotional well-being into the Healthy Schools programme as essential elements Draft guidance to schools on the new healthy school definition 	<p>Apr-05</p> <p>Apr-05</p>	<p>Local: LEAs in partnership with PCTs</p> <p>Regional: GORs</p> <p>National: DH Cross-Departmental Children's Group (DfES representation)</p>
4.45	Pedometers in schools.	See 4.45 under Tackling obesity		
3.57	Improving nutrition in school meals.	See 3.57 under Tackling obesity		
3.59	Food in Schools package.	See 3.59 under Tackling obesity		
3.63	Active travel plans; Travelling to School initiative.	See 3.63 under Tackling obesity		
3.66	New national standard for cycle training for children.	See 3.66 under Tackling obesity		
3.69	Continuing professional development programmes for teachers and provision of appropriate services.	See 3.69 under Tackling obesity		
3.71	School sports partnerships; sports specialist schools and academies with a sports focus.	See 3.71 under Tackling obesity		
3.56	School Fruit and Vegetable Scheme.	See 3.56 under Tackling obesity		
4.39	Linking the National Cycle Network to hundreds of schools.	See 4.39 under Tackling obesity		

WP ref	Choosing Health commitment	Responsibility	Suggested date	Accountability
BIG WIN: School nurses				
3.29	CNO working with nurse leaders and DfES; school nursing, national programme for best practice.	See 3.29 under Investing in the workforce		
3.30	School nurses.	See 3.29 under Investing in the workforce		
BIG WIN: Children's trusts				
3.17	Children's trust arrangements will involve everybody working together locally to improve outcomes for children. The Government is recommending that all areas should have a children's trust by 2008.	<p><i>Note: Development of children's trusts will be led by local authorities and other partners subject to the duty to cooperate to improve outcomes for children set out in the Children Act 2004.</i></p> <p>Regional: DH (RPHGs)</p> <ul style="list-style-type: none"> Collaborate with DfES to advise on the implementation of children's trusts <p>National: DfES, DH</p> <ul style="list-style-type: none"> National evaluation of children's trusts – phase 1 report Jun-05 Phase 2 preliminary report Mar-06 Final report Mar-07 Guidance for the Children Act 2004 Apr-05 		Every Child Matters: Change for Children Programme Board
3.53	From 2005, all relevant inspections for services for children will be carried out under a single overall inspection framework. This will focus on how services contribute towards improving the well-being of children and young people, including their physical and mental health.	<p>National: DfES, Ofsted</p> <ul style="list-style-type: none"> Framework for inspection of children's services published May-05 Joint area reviews of children's services begin Sep-05 		Every Child Matters: Change for Children Programme Board; Ofsted

HELPING CHILDREN AND YOUNG PEOPLE LEAD HEALTHY LIVES

WP ref	Choosing Health commitment	Responsibility	Suggested date	Accountability
3.14	<p>Following recommendations in <i>Every Child Matters</i>, DfES is developing a common core of skills and knowledge to support training for all professionals working with children, young people, families and carers. The common core will pay attention to the importance of promoting good health, and of recognising and being willing to discuss health concerns in response to requests.</p>	<p>National: DfES, DH, HO</p> <ul style="list-style-type: none"> • Common core prospectus published • Children's Workforce Development Council set up as part of sector skills arrangements for those working with children, young people and families 	<p>Spring 05</p> <p>Apr-05</p>	<p>National: Children's Workforce Development Council</p> <p>Local: Children's Trusts</p>
3.6	<p>Subject to parliamentary approval, powers set out in the [Children Act 2004] will introduce the Children and Young People's Plan. The plan will bring together planning for LA services with other plans, for example for health services, voluntary and community services and drugs action for children and young people. We will look to PCTs to be fully involved with the new Children and Young People's Plan arrangements and contribute advice and support in taking action to promote the health of children and young people.</p>	<p><i>To note: LAs (Directors of Children's Services and lead members), partners covered by duty to cooperate and other providers of services to children and young people in the local area.</i></p> <p>National: DfES</p> <ul style="list-style-type: none"> • DfES consultation on regulations and non-statutory guidance • Planning repeals • Children and Young People's Plan in place 	<p>Spring 05</p> <p>Mar-05 Apr-06</p>	<p>Every Child Matters: Change for Children Programme Board</p>

WP ref	Choosing Health commitment	Responsibility	Suggested date	Accountability
3.93	We are developing a resource to support PCTs in making NHS services easy to use and trusted by young people. <i>You're Welcome</i> will be published early in 2005.	<p>Local: PCTs</p> <ul style="list-style-type: none"> Use the <i>You're Welcome</i> resource locally <p>Regional: DH (RPHGs)</p> <ul style="list-style-type: none"> Link with SHAs on coordination of launch resource <p>National: DH</p> <p><i>Better adolescent health services</i></p> <ul style="list-style-type: none"> Standards disseminated and training of PCT providers commenced <p><i>Training for professionals</i></p> <ul style="list-style-type: none"> Training/academic posts and dedicated sites offering specialists in adolescent health services <p><i>Developing research capacity</i></p> <ul style="list-style-type: none"> Provision of adolescent health in pre-registration medical and nursing training 	<p>Apr-06</p> <p>Jul-05</p> <p>2006</p> <p>2006</p>	DH Cross-Departmental Children's Group (DfES representation)
3.94	From 2006, DH will pilot health services dedicated to young people and designed around their needs. These services will include primary care and specialist services in locations that are aimed at attracting young people, and will include facilities such as internet access.	<p>Local: pilot PCTs</p> <ul style="list-style-type: none"> Pilot sites introduce new services <p>Regional: DH (RPHGs)</p> <ul style="list-style-type: none"> Assist DH in pilot process, and link to extended schools programme <p>National: DfES</p> <ul style="list-style-type: none"> Investigate potential for kitemarking/badging schemes Three pilot prototype services set up 	<p>Dec-05</p> <p>Summer 06</p>	DH Cross-Departmental Children's Group (DfES representation)

HELPING CHILDREN AND YOUNG PEOPLE LEAD HEALTHY LIVES

WP ref	Choosing Health commitment	Responsibility	Suggested date	Accountability
BIG WIN: Children's centres				
3.18	We will work with to establish up to 2,500 children's centres by March 2008. The Government's longer-term ambition is for there to be a children's centre in every community.	<p>Local: LAs</p> <ul style="list-style-type: none"> Develop strategy for development of children's centres <p>Regional: Regional Sure Start Teams</p> <ul style="list-style-type: none"> Work with DfES to support implementation and monitoring of regional work programme <p>National: DfES</p> <ul style="list-style-type: none"> Guidance for LAs on children's centre development 2,500 children's centres As announced in the ten-year strategy for childcare (December 2004), we will establish 3,500 children's centres, one for every community in England 	<p>Ongoing</p> <p>Ongoing</p> <p>Spring 06</p> <p>Mar-08</p> <p>Mar-10</p>	<p>Sure Start and Extended Schools Programme Board</p> <p>LAs in partnership with PCTs</p>
BIG WIN: Extended schools				
3.21	The Government's expectation is for all primary and secondary schools to develop as extended schools over time.	<p>Regional: DH (RPHGs)</p> <ul style="list-style-type: none"> Work in partnership with DfES and GORs on the public health aspects of the extended schools agenda <p>National: DfES</p> <ul style="list-style-type: none"> Publication of the extended schools prospectus, setting out the vision for extended schools 	<p>Spring 05</p>	<p>Sure Start and Extended Schools Programme Board</p>

WP ref	Choosing Health commitment	Responsibility	Suggested date	Accountability
BIG WIN: Supporting healthier choices				
3.32	We will ensure that parents can access information and advice on their children's health through the eGov website and by phone and through links to Health Direct.	Milestones to be agreed by DfES ministers. Interventions will include: funding of helpline services for parents; local information services; maintenance of Parents Online and Directgov parents website; specialist parenting support including family learning and support programmes, home visiting programmes and parent education programmes	To be confirmed	To be confirmed
3.81	We are evaluating the use of ENABLE – a CD-ROM designed to help schools identify and address the emotional health needs of children with emotional and behavioural difficulties – with a view to extending this model more widely.	<p>National: DH, DfES</p> <ul style="list-style-type: none"> Building on ENABLE – develop a programme to help parents, carers and professionals to promote children and young people's positive emotional well-being Further milestones to be determined 	Dec-05	<p>National: DH Cross-Departmental Children's Group (DfES representation)</p>
2.12	We intend to simplify messages on what a portion means for children and adults, for example using 'a handful'.	See 2.12 under Tackling obesity		
2.24	We will introduce a system that could be used as a standard basis for signposting foods.	See 2.22 under Tackling obesity		
2.52	We will take action to restrict the advertising and promotion to children of those foods and drinks that are high in fat, salt and sugar.	See 2.52 under Tackling obesity		
2.55	We will work with the broadcasting and advertising sectors to help drive down levels of childhood obesity.	See 2.55 under Tackling obesity		

HELPING CHILDREN AND YOUNG PEOPLE LEAD HEALTHY LIVES

WP ref	Choosing Health commitment	Responsibility	Suggested date	Accountability
2.56	We will work with industry, advertisers, consumer groups and other stakeholders to encourage new measures to strengthen existing voluntary codes in non-broadcast areas.	See 2.56 under Tackling obesity		
2.59	We will look to the broadcasting and advertising sectors, including Ofcom, to consider how they could have a positive impact on children's food choices.	See 2.59 under Tackling obesity		
3.33	We will also develop: <ul style="list-style-type: none"> expanded support for parents, with targeted help accessible at key transition points in children's lives; and information for all parents on all aspects of growing up, delivered locally to best meet their needs through outlets in places such as children's centres, extended schools, libraries and GP practices. 	Milestones to be agreed by DfES ministers.	To be confirmed	To be confirmed
3.96	We will ensure a broader reach of information about sexual health for young people.	See 3.96 under Improving Sexual health		
3.90	We have funded a three-year Young People's Development Programme to pilot ways of reducing teenage pregnancy and substance misuse and improving sexual health, particularly among vulnerable young people.	<p>Regional: DH (RPHGs)</p> <ul style="list-style-type: none"> Support regional programme with particular regard to collation of information and dissemination of good practice <p>National: DH, DfES</p> <ul style="list-style-type: none"> Evaluation of pilots will inform possible roll-out and further milestones 	Autumn 07	DH Cross-Departmental Children's Group (DfES representation)
3.44	Home Start provides a home visiting programme with trained volunteers to support parents and families under stress in caring for and nurturing children during their early years. We have significantly increased funding to Home Start, so that by 2006/07 nine out of ten LAs will have this service available.	<p>National: DfES</p> <ul style="list-style-type: none"> Home Start will work with 31,800 families with children under 5 Home Start service available in 90% of LAs 90 paid staff and 11,000 volunteers recruited 250 local schemes open 	<p>Mar-07</p> <p>Jun-07</p> <p>Mar-07</p> <p>Mar-07</p>	<p>Sure Start and Extended Schools Programme Board</p>

WP ref	Choosing Health commitment	Responsibility	Suggested date	Accountability
3.38	Healthy Start scheme.	See 3.38 under Tackling obesity		
3.83	Guidance to help carers engage looked-after children in creative activity to improve their self-esteem, social skills and emotional well-being.	See 3.83 under Improving Mental health		
3.88	We are currently developing a new youth offer that will be the subject of a forthcoming cross-government Green Paper.	National: DfES <ul style="list-style-type: none"> Youth Green Paper launched by ministers 	To be confirmed	Every Child Matters: Change for Children Programme Board
2.58	Monitor success of measures to protect children's health in relation to the balance of food and drink advertising and promotion to children, and children's food preferences.	See 2.58 under Tackling obesity		

HELPING CHILDREN AND YOUNG PEOPLE LEAD HEALTHY LIVES

WP ref	Choosing Health commitment	Responsibility	Suggested date	Accountability
3.100	<p>Connexions partnerships and learning centres participating in the scheme can already award points to young people for progress in working towards an agreed goal or target. If the learning centres or partnerships choose to, this can include rewarding positive health choices. We will continue to offer this facility and seek to encourage Connexions partnerships and learning centres to link the Connexions Card's reward opportunities with their other activities related to positive health choices.</p>	<p>Local: <i>Connexions Partnerships (and other local Youth Support Services), Learning centres</i></p> <p>National: <i>DfES Milestones for the Connexions Card are dependent on the Youth Green Paper and so we cannot be clear on milestones until this is published. The following milestones, therefore, are provisional pending the publication of the Youth Green Paper.</i></p> <ul style="list-style-type: none"> • Identify where links might exist between the Connexions Card products and DfES activity to promote: <ul style="list-style-type: none"> – healthy eating for the 16 to 19 age group; and – leisure and exercise for the 16 to 19 age group • Identify where links might exist between the Connexions Card products and Connexions service (or other youth support services) activity to promote healthy activities with their clients in the 16 to 19 age group 	Dec-05	Connexions Card Partnership Executive

WP ref	Choosing Health commitment	Responsibility	Suggested date	Accountability
3.98	DH has recently commissioned a review of the international evidence for incentive schemes. The aim is to assess which areas of public health could benefit the most and to consider piloting work should the general approach look encouraging.	<p>National:</p> <ul style="list-style-type: none"> • Initial scoping report • Production of searchable database of existing schemes and literature • Systematic review of existing evidence (if there is sufficient evidence to warrant carrying out a review) 	<p>Mar-05 Summer 05</p> <p>Early 06</p>	DH Cross-Departmental Children's Group (DfES representation)
3.43	<p>The Sure Start Unit will put in place by late 2005:</p> <ul style="list-style-type: none"> • a training programme on social and emotional development to improve support for people delivering services for children between birth and 5; • guidance for early years practitioners focusing on changing patterns of parental behaviour and delivering activities that influence the physical health of babies and young children from conception to 5; and • a Community Parental Support Project to promote greater parental involvement in children's early learning and development in some of the most disadvantaged areas. This will involve training four lead workers in each of the 500 communities supporting every Sure Start local programme, Early Excellence Centre and children's centre in England. 	<p>Early years social and emotional development materials</p> <ul style="list-style-type: none"> • Develop and produce training material • Hold regional conferences to train the trainers <p>Physical Health materials:</p> <ul style="list-style-type: none"> • Materials on child accident prevention available • Material on smoking interventions available • Information on diet and nutrition available and publicised <p>Community Parental Support Project (a two-year project covering 2005–07)</p> <ul style="list-style-type: none"> • Develop a core model including training materials for practitioners • Deliver training to practitioners 	<p>Jan to Dec-05</p> <p>Dec-05 to Feb-06</p> <p>Apr-05</p> <p>End 05</p> <p>End 05</p> <p>Sep-05 to Mar-06</p> <p>Jul to Dec-06</p>	<p>Sure Start Unit Programme Board</p>
OTHER				
6.69	Further studies to support the development of new approaches where there are gaps in the evidence base, including production of specific guidelines for children's exercise referral.	See 6.69 under Research and development		

HELPING CHILDREN AND YOUNG PEOPLE LEAD HEALTHY LIVES

WP ref	Choosing Health commitment	Responsibility	Suggested date	Accountability
3.104	Underage tobacco sales.	See 3.104 under Reducing the numbers of people who smoke		
3.39	We will continue to press for amendments to the EU Directive on infant formula and follow-on formula.	See 3.39 under Tackling obesity		
3.79	Sale of school playing fields by LAs.	See 3.79 under Tackling obesity		

PROMOTING PERSONAL HEALTH

WP ref	Choosing Health commitment	Responsibility	Suggested date	Accountability
BIG WIN: NHS health trainers (see also Investing in the Workforce – A national competency framework for health big win)				
5.10	From 2006 NHS-accredited health trainers will be giving support to people who want it in the areas with the highest need and from 2007 progressively across the country.	National: DH • Launch health trainers project	Apr-05	DH internal process
5.31	Starting from 2006 in the areas with the highest need, 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.	National: DH, NICE • Launch health trainers project Regional: DH (RPHGs) • Linking to regional policy eg tobacco	Apr-05	DH internal process
5.36	DH will work to develop a number of tools for planning for health that will suit a variety of different needs and approaches.			
3.23	We are introducing children's health guides as part of the new Child Health Promotion Programme. These health plans will be the foundation for personal health guides for life.	National: • Launch children's health guides project	Apr-05	DH internal process
6.32	Using proven best practice and modern information technology, local services will have the ability to provide targeted support. DH will advertise for independent sector partners to work with the NHS in a number of areas to develop new approaches to supporting self-care for chronic conditions linked to personal health plans.	Linked to launch of health trainers project (see 5.10) and health guides projects (see 5.31)		
5.18	If people want it, NHS-accredited health trainers will provide advice and support to develop a personal health guide, including help with: • defining the changes they want to make; • providing advice and practical support on what they can do – such as stopping smoking, doing more exercise, eating healthily, practising safe sex, dealing with stress or tackling social isolation; • providing advice, motivation and support – including training to look after their own health, and help with making better use of lifestyle information – on making and sustaining changes over time; and • explaining how to access other help locally, both from the NHS and more widely across the community.	Linked to launch of health trainers project (see 5.10) and health guides projects (see 5.31)		

PROMOTING PERSONAL HEALTH

WP ref	Choosing Health commitment	Responsibility	Suggested date	Accountability
2.35	<p>We will look to providers of local services to:</p> <ul style="list-style-type: none"> • take account of the factors that impact on the decisions people make about their health; • tailor information and advice to meet people's needs and support staff to communicate complex health information to different groups in the population; • provide practical support for people who lack basic skills to help them use health information, including signposting them to extra support; • build new opportunities for health – such as the electronic patient record and Health Space – into education and development provided in schools, further education and the workplace. 	Linked to launch of Health Trainers project (see 5.10) and health guides projects (see 5.31)		
BIG WIN: Health Direct, internet and digital television services				
2.30	<p>We will commission a new service – Health Direct – to provide easily accessible and confidential information on health choices. Health Direct will be set up from 2007. It will include links to existing services, for example information on diet and nutrition (provided by the FSA) and support for parents (provided by Sure Start and other agencies).</p>	<p>National: DH</p> <ul style="list-style-type: none"> • Project board established • Agree scope and approach outlined in project brief • Detailed delivery implementation plan prepared • Health Direct launched 	<p>Feb-05 Spring 05 Summer 05 2007</p>	DH internal process
2.31	<p>Health Direct will be developed as a telephone, internet and digital TV service. It will also be available to people who do not have internet access at home through the government-funded UK online Centres.</p>			
BIG WIN: Using marketing to build public awareness and change behaviour				
2.13	<p>DH will lead on action to promote health by influencing people's attitudes to the choices they make through a strategy that extends across all aspects of health and involves a broad range of different government departments and agencies, such as those covering interests in the NHS, food, sport, the environment and transport. DH will appoint an independent body to implement the strategy on its behalf.</p>	<p>National: DH in conjunction with the NCC</p> <ul style="list-style-type: none"> • Programme of work to develop the social marketing strategy commenced • Report outlining the new social marketing strategy and recommendations for implementation published 	<p>Mar-05 End of 05</p>	To be confirmed

PROMOTING PERSONAL HEALTH

WP ref	Choosing Health commitment	Responsibility	Suggested date	Accountability
2.14	The strategy (on action to promote people's health) will include new communications that build on previous successful campaigns on smoking, salt, mental well-being and sexual health, and will extend them to include information on obesity, healthy eating and physical activity in different groups.	See 2.13 above (included in strategy)		
2.16	In the longer term, we expect to see a significant part of the strategy delivered through campaigns that are jointly funded by government and industry.	See 2.13 above (included in strategy)		
2.21	The most successful campaigns have been those that reach people through a number of sources that actively and consistently promote health. We will build on this by: <ul style="list-style-type: none"> • funding specific campaigns through non-government organisations like the British Heart Foundation, Cancer Research UK and Age Concern; • encouraging industry involvement – through the use of consistent messages on health like 5 A DAY in supermarkets and on food packaging – to reach people where they make choices; • working with the sports and recreational activity sectors to deliver positive, innovative messages about healthy lifestyles through, for example, football, walking, cycling and fitness centres; and • linking into activity in communities, schools and workplaces to make messages relevant to different people's lives – as set out in Chapters 3, 4 and 6. 	See 2.13 above (all of these areas will be included in the strategy)		
2.52	We will take action to restrict the advertising and promotion to children of those foods and drinks that are high in fat, salt and sugar.	See 2.52 under Tackling obesity		
2.55	We will work with the broadcasting and advertising sectors to help drive down levels of childhood obesity.	See 2.55 under Tackling obesity		
2.56	We will work with industry, advertisers, consumer groups and other stakeholders to encourage new measures to strengthen existing voluntary codes in non-broadcast areas.	See 2.56 under Tackling obesity		

PROMOTING PERSONAL HEALTH

WP ref	Choosing Health commitment	Responsibility	Suggested date	Accountability
2.58	Monitor success of measures to protect children's health in relation to the balance of food and drink advertising and promotion to children and children's food preferences.	See 2.58 under Tackling obesity		
2.59	We will look to the broadcasting and advertising sectors, including Ofcom, to consider how they could have a positive impact on children's food choices.	See 2.59 under Tackling obesity		
4.49	The Government, working with the NHS, British Olympic Association, Greater London Authority and London 2012 Ltd, will make clear the beneficial effects for Londoners and the rest of the country of increased physical activity.	See 4.49 under Tackling obesity		
4.53	We will commission the RoSPA to establish an accreditation scheme for safety centre, across England to sustain best practice and new ways of delivering accident-prevention messages.	National: DH, ROSPA • Commission ROSPA to work on accreditation scheme	Mar-05	DH internal process
3.95	We are working with PCTs to pilot a new resource aimed at delivering health information for younger men aged 16 to 30. <i>FIT</i> magazine will be based on the <i>Your Life!</i> model, bringing together national and local content to reflect local priorities such as exercise, nutrition, smoking, alcohol, drugs, sexual health, violence and depression.	To be confirmed		DH internal process
BIG WIN: Healthier workplaces				
7.27	We have agreed with IIP that they will develop a new healthy business assessment, in conjunction with DH, identifying the advantages for business and employees in investing in staff health, building on mechanisms already available to businesses from IIP, and covering issues such as work-life balance. This work will be incorporated into the IIP standard when it is next reviewed in 2007.	National: DH, IIP • Planning meetings held • Further discussion about funding • Develop a health model for organisations under the IIP brand • Include key elements from the health model in the review of the IIP standard	2007	DH internal process; IIP

PROMOTING PERSONAL HEALTH

WP ref	Choosing Health commitment	Responsibility	Suggested date	Accountability
7.25	We will establish pilots to develop the evidence base for effectiveness on promoting health and well-being through the workplace. Each pilot will focus on a specific type of workplace, such as an NHS organisation, a local council or business.	<p>National: <i>DH, Big Lottery Fund, British Heart Foundation, Sport England</i></p> <ul style="list-style-type: none"> Identify potential pilot sites <p>Regional: <i>DH (RPHGs)</i></p> <ul style="list-style-type: none"> Ensure regional pilots link with local NHS related support provision e.g. stop smoking services 	To be confirmed	DH internal process
7.18	We will increase the availability of NHS Plus services in parallel with the development of occupational health services in the NHS. We are working to develop evidence-based guidelines on occupational health and we will bring forward measures to ensure that services are of a consistent high quality. SHAs will be asked to demonstrate how development is progressing in their areas.	<p>National: <i>DH, NHS Plus</i></p> <ul style="list-style-type: none"> Develop proposals for NHS Plus <p>Local:</p> <ul style="list-style-type: none"> To be agreed 	Jun-05	DH internal process
7.19	To help ensure that employees are able to return to work as soon as possible following injury or illness, we will ensure that the NHS supports a wider occupational health approach. The medical Royal Colleges and faculties are working on ways to put this into practice in both primary and secondary care.	<p>National: <i>DH, medical Royal Colleges</i></p> <ul style="list-style-type: none"> Programme plan developed 		DH internal process
3.101	We will support the initiatives being taken locally by some colleges and universities to develop a strategy for health that integrates health into the organisation's structure to create healthy working, learning and living environments, increase the profile of health in teaching and research, and develop healthy alliances in the community.	To be confirmed	To be confirmed	DH internal process

PROMOTING PERSONAL HEALTH

WP ref	Choosing Health commitment	Responsibility	Suggested date	Accountability
BIG WIN: Skilled for Health				
2.37	<p>To drive forward action to improve people's understanding of health issues, focusing first on the most deprived areas, we will:</p> <ul style="list-style-type: none"> • provide new funding to enable every NHS PCT by 2007 to run at least one local Skilled for Health programme each year as part of local strategies for health; • expand Skilled for Health, with a further wave of projects in workplaces in partnership with Business in the Community, focusing on marginalised groups where people commonly lack basic skills; • introduce courses on what the new electronic patient care record does and how to use it in planning personal health choices. These courses will be included in relevant learning curricula for adult education and will draw on the specialist skills of relevant organisations to develop action on health literacy; • expand access to training, advice and education to support individuals' development of skills to improve their own health; and • draw on the specialist skills of relevant organisations to develop action on health literacy. 	<p>Local: PCTs</p> <ul style="list-style-type: none"> • Provision of funding to support local programmes in the spearhead PCTs (DH) <p>National: DH, DfES</p> <ul style="list-style-type: none"> • First new sites set up • Introduction on to ICT courses completed • National collaborative set up 	<p>Starting Apr-06</p> <p>Autumn 05 Dec-06 Sep-05</p>	<p>Skilled for Health Project Group (DH/DfES)</p>
OTHER				
4.58	<p>Following on from the interest shown in the <i>Choosing Health?</i> consultation, we will invite national and local organisations to make their own pledges about what they will do to respond to people's enthusiasm to improve their health. This may be a pledge to their own workforce, to their local community, to their customers or as part of their core business.</p>	<p>Regional: DH (RPHGs) with Regional Assembly/ Development Agency/TUC/ employers' associations</p> <ul style="list-style-type: none"> • Promote the economic case for workplace health initiatives, and ensure that this is reflected in the next round of regional economic strategies • Promote the corporate citizen agenda • Promote a Health Improving Business network <p>National: DH</p> <ul style="list-style-type: none"> • Develop proposals and framework for engagement 	<p>DH internal process</p>	

PROMOTING PERSONAL HEALTH

WP ref	Choosing Health commitment	Responsibility	Suggested date	Accountability
4.65	The Government will sponsor debate on corporate citizenship across the public sector, which will lead to firm recommendations for action for all public and private sector employers to demonstrate how they can organise their activities in ways that improve the health of employees and the wider community.	<p>Regional: DH (RPHGs)</p> <ul style="list-style-type: none"> Encourage participation of regional organisations in the debate <p>National: DH</p> <ul style="list-style-type: none"> Publish proposals 	Jul-05	To be confirmed
6.25	Under the new contractual arrangements for NHS dentistry, from October 2005 (note: now April 2006) dentists will give a new focus to advice on the prevention of disease, lifestyle advice and the discussion of options for care.	<p>National: DH, CDO professional bodies</p> <ul style="list-style-type: none"> Publish Oral Health Action Plan to provide support to PCTs and primary dental care teams Incorporate incentives for prevention into new contractual arrangements for NHS dentistry <p>Regional: DH (RPHGs)</p> <ul style="list-style-type: none"> Promote oral health within RPHG networks <p>Sub-regional: SHAs, dental services leads</p> <ul style="list-style-type: none"> Monitor progress of PCTs implementation of new contractual arrangements <p>Local: PCTs, CsDPH, Dental Leads, Dental Practice Advisers</p> <ul style="list-style-type: none"> Ensure effective implementation of new contractual arrangements Consider incentives for prevention in new PCT contractual arrangements for NHS dentistry 	<p>Jul-05</p> <p>Apr-06</p> <p>Sep-05</p> <p>Apr-06 to Mar-09</p> <p>Winter 05 to spring 06</p> <p>Apr-06 to Mar-09</p>	<p>New contractual arrangements in place by April 2006</p>

PROMOTING PERSONAL HEALTH

WP ref	Choosing Health commitment	Responsibility	Suggested date	Accountability
7.20	Sport England will provide a free consultancy service to government departments on how they can encourage and support staff to be more active in the workplace.	To be confirmed	Summer 05	DCMS internal process
4.65	<p>From the beginning of 2005 DH will:</p> <ul style="list-style-type: none"> • expand the existing programme of expert briefings provided by the CMD to include regular and coordinated updates on a wider range of health-related topics; and • provide support for the development of an independent regular forum with regional and national media to discuss major health issues – a national centre for media and health. 	<p>National: DH</p> <ul style="list-style-type: none"> • Build on existing programme • Commission national centre for media and health 	2005 2005	DH internal process

INVESTING IN THE WORKFORCE

WP ref	Choosing Health commitment	Responsibility	Suggested date	Accountability
BIG WIN: Engaging the NHS workforce				
3.29	The CNO will work with nurse leaders and DfES to: <ul style="list-style-type: none"> • modernise and promote school nursing; and • develop a national programme for best practice that includes reviewing children and young people's health and supporting the use of children's personal health guides. 	<p>Local: PCTs (SHAs), Children's leads, DSPH, nursing leaders, LEAs, Children's trust, schools</p> <ul style="list-style-type: none"> • Local communication events <p>National: CNO, WD, DfES, professional bodies</p> <ul style="list-style-type: none"> • Establish CNO School Nursing Stakeholder Group • Produce advice to schools and the NHS • Publish of revised edition of school nurse resource pack 	Feb-05 Autumn 05 Autumn 05 to spring 06	DH internal process (via SHA lead nurses)
4.15	Working with the new National Strategic Partnership Forum from November 2004, we will encourage activity to promote health through cooperation and partnership between the NHS and the voluntary sector and we will link this into the specialised public health PHorum, which will also be strengthened.	<p>National: DH</p> <ul style="list-style-type: none"> • Discussions with the National Strategic Partnership Forum and PHorum 	Apr-05	DH internal process
7.37	We will work with the HCC and the NHS Employers' Organisation to develop the annual NHS staff survey so that we can better assess current practice and encourage more NHS organisations to become healthier workplaces.	<p>National: DH</p> <ul style="list-style-type: none"> • Develop national workforce strategy for health and social care 	Apr to May-05	DH internal process
BIG WIN: Improving the health of the NHS workforce				
7.38	We will develop the NHS Occupational Health services to increase the focus on quality and customer need. Altered working arrangements and the use of evidence-based practice will increase capacity and allow concentration on what the NHS needs in terms of staff and patient protection and attendance management.	<p>National: DH, NHS Confederation/Employers' Organisation, NHS Plus</p> <ul style="list-style-type: none"> • Initial discussions to be held 	Mar-05	To be confirmed

INVESTING IN THE WORKFORCE

WP ref	Choosing Health commitment	Responsibility	Suggested date	Accountability
6.16	We will develop a National Health Competency Framework, which will include new programmes to give NHS staff the training they need to develop their understanding and skills in promoting health.	<p>Local: PCTs, LAs</p> <ul style="list-style-type: none"> • Spearhead PCTs implement framework with local partners <p>National: DH</p> <ul style="list-style-type: none"> • Develop programme plan with Skills for Health and professional organisations 	<p>End 2006</p> <p>Dec-05</p>	HIWGS
6.24	The strategy for pharmaceutical public health, to be published in 2005, will demonstrate how pharmacists and their staff can contribute to improving health and reducing inequalities and how we can develop new services in the places they work.	<p>National: DH</p> <ul style="list-style-type: none"> • Strategy to be published 	Oct-05	HIWGS
6.74	As part of the National Health Competency Framework, we will allocate new funding for training, management, provision of evidence-based obesity prevention and treatment, based on national occupational standards for obesity.	<p>Local: PCTs, LAs</p> <ul style="list-style-type: none"> • Link to relevant local plans <p>Regional: DH (RPHGs)</p> <ul style="list-style-type: none"> • Encourage support for local delivery through regional plans and bodies, eg Sports Board, school fruit scheme, LSCs and RDAs <p>National: DH, Skills for Health</p> <ul style="list-style-type: none"> • Develop programme plan 	<p>Dec-05</p> <p>Dec-05</p> <p>Sep-05</p>	HIWGS
7.36	We will work with the NHS Employers' Organisation to ensure that the recently published <i>Framework for Vocational Rehabilitation</i> , which is the first step towards developing a new approach to helping people back to work following injury, illness or impairment, is adopted by NHS employers.	<p>National: DH</p> <ul style="list-style-type: none"> • Develop national workforce strategy for health and social care 	Apr to May-05	DH internal process

INVESTING IN THE WORKFORCE

WP ref	Choosing Health commitment	Responsibility	Suggested date	Accountability
Annex B – 26	<p>a) Public health practitioners and NHS staff will be supported in developing skills to assist effective dissemination.</p> <p>b) PHOs will support the development of skills, for example in equity audits and HIAs.</p>	<p>Regional: PHO lead</p> <ul style="list-style-type: none"> Support implementation <p>National: DH</p> <ul style="list-style-type: none"> Develop programme plan with Skills for Health and professional organisations 	Sep-05	DH internal process Health Information and Intelligence Taskforce
Annex B – 36	We will develop and build capacity for health improvement at all levels of the system, with the backing of a national competency framework for health to support the development of the necessary education and skills.	<p>Local: PCTs (SHAs), LAs</p> <ul style="list-style-type: none"> Ensure community-wide capacity reflected in LDPs <p>Regional: DH (RPHGs)</p> <ul style="list-style-type: none"> Support SHAs through regional PH function <p>National: DH</p> <ul style="list-style-type: none"> Develop programme plan with Skills for Health and professional organisations 	Apr-06	DH internal process
Annex B – 37	We will work with Skills for Health and other key stakeholders to ensure that occupational standards and the NHS Knowledge and Skills Framework properly reflect health improvement and the science of behaviour change.	<p>National: DH</p> <ul style="list-style-type: none"> Develop programme plan with Skills for Health 	Dec-05	DH internal process

INVESTING IN THE WORKFORCE

WP ref	Choosing Health commitment	Responsibility	Suggested date	Accountability
Annex B – 38	<p>a) The new induction programme for all NHS staff will include basic information.</p> <p>b) In addition, the curricula for pre-registration training and continuous professional development will be reviewed. Staff from other local partners, particularly LAs, including environmental health officers, may also benefit from access to similar training and development.</p> <p>c) Flexible modular approaches, consistent with the NHS skills escalator, will be developed, to create opportunities for multisectoral and lifelong learning.</p>	<p>Local: PCTs (SHAs)</p> <ul style="list-style-type: none"> • Ensure all NHS partners facilitate staff engagement in health improvement • DsPH to advise <p>Regional: DH (RPHGs)</p> <ul style="list-style-type: none"> • Develop opportunities for implementation with relevant regional bodies outside the NHS, eg RDAs, LSCs <p>National: DH/NHSU</p> <ul style="list-style-type: none"> • Develop induction programme • Develop programme plan with Skills for Health 	Sep-05 Dec-06	DH internal process
Annex B – 39	We will commission work on the core competencies for this role [health trainers], so that training can be commissioned.	<p>National: DH</p> <ul style="list-style-type: none"> • Develop programme plan with Skills for Health 	May-05	DH internal process
Annex B – 40	<p>a) We will work with IDEa, the NHS Employers' Organisation and other government departments to establish the best way of offering elements of this training to other front-line staff, for example housing officers, home care staff, non-teaching assistants, and staff working in leisure centres.</p> <p>b) We will explore with the relevant educational awarding bodies the possibility of developing a core curriculum for a new national health trainer certificate.</p>	<p>National: DH</p> <ul style="list-style-type: none"> • Set up group • Develop programme plan with Skills for Health and other partners 	May-05 May-05	DH internal process

INVESTING IN THE WORKFORCE

WP ref	Choosing Health commitment	Responsibility	Suggested date	Accountability
Annex B – 47	Action to expand specialist capacity in public health, including: (i) expanding the number of PH specialist training posts; (ii) strengthening PH input to the undergraduate curriculum; (iii) offering new career pathways; (iv) improving retention of specialists; (v) working with other national agencies to develop workforce capacity; (vi) assessing the need to develop new areas of specialist practice, such as public health genetics; (vii) recruiting managers to support the delivery of health improvement services; (viii) exploring international recruitment and fellowships as a means to developing additional specialist capacity; (ix) recruiting managers to support the delivery of health improvement; and (x) supporting the development of academic PH, including joint appointments with the NHS to reflect local population and delivery needs.	National: <i>DH, professional organisations</i> • Develop programme plan Local: <i>PCTs (SHAs)</i> • Develop LDPs to include workforce development in line with LDP monitoring requirements	Apr-06 Apr-05	HIWVG SHAs (LDPs)
Annex B – 35	[Action to ensure the right workforce, with the right skills] must now be extended to health improvement. Plans will need to be aligned with mainstream NHS programmes including Agenda for Change and Modernising Medical Careers. These plans must cover not just the NHS, but also the needs of local government, voluntary organisations, academic research, and others with roles in health improvement.	Local: <i>PCTs (SHAs)</i> • Develop PCT LDPs National: <i>DH</i> • Develop programme plan	Apr-05 Apr-06	DH internal process
Annex B – 48	We will work with key stakeholders to ensure that training, continuing professional development and professional regulation promote the generic skills that all public health specialists will need and address critical shortfalls in staff numbers.	National: <i>DH, Skills for Health, professional organisations</i> • Develop programme plan and strategy for implementation	Apr-06	HIWVG
Annex B – 54	The immediate focus will be the capacity-planning that the NHS needs to begin with its partners, to support LDPs.....National workforce strategy in spring 2005, which will have health improvement as an important component.	Local: <i>PCTs (SHAs)</i> • Develop LDPs National: <i>DH</i> • Develop national workforce strategy for health and social care	Apr-05 Apr to May-05	SHAs (LDPs) HIWVG
Annex B – 55	We will establish a Health Improvement Workforce Steering Group to develop a strategy and coordinate the action needed, within this framework, to ensure delivery of this White Paper.	National: <i>DH</i> • Group to be established	May-05	DH internal process

INVESTING IN THE WORKFORCE

WP ref	Choosing Health commitment	Responsibility	Suggested date	Accountability
6.21	<p>We will foster and expand a comprehensive range of community health improvement services that includes specialist practitioners who know how to:</p> <ul style="list-style-type: none"> • help people develop their understanding and skills to improve their own health; • strengthen community action for health to tackle inequalities; and • work with communities offering training, advice and support to a broad range of health professionals. 	<p>Local: PCTs (SHAs), LAs</p> <ul style="list-style-type: none"> • Expand range of services to meet local needs through LDPs, LAAs, LSPs <p>Regional: GORs, DH (RPHGs)</p> <ul style="list-style-type: none"> • Work with SHAs to monitor the range of services outside the NHS • Support service expansion through GORs, PCTs (SHAs) LAs and other regional bodies and regional plans <p>National: DH</p> <ul style="list-style-type: none"> • Develop programme plan 	2006	<p>DH internal process</p> <p>SHA Performance Management (of elements within LDPs only)</p> <p>HCC</p> <p>Audit Commission</p>
6.30	<p>We will ensure that community matrons take the lead in providing personalised care and health advice with support from health trainers. By 2008, there will be 3,000 community matrons who will take on responsibility for case-managing patients with complex health problems.</p>	<p>Local: PCTs (SHAs)</p> <ul style="list-style-type: none"> • Appoint community matrons <p>National: DH</p> <ul style="list-style-type: none"> • 3,000 community matrons 	2007 2008	<p>HIWSG; SHAs (LDPs)</p>
Annex B – 43	<p>We will ensure that the increased capacity needs of the services we propose, for example sexual health and occupational health, are assessed through SHAs working with their PCTs, local hospital trusts and other local partners.</p>	<p>Local: PCTs (SHAs)</p> <ul style="list-style-type: none"> • Develop LDPs 	Apr-05	SHAs (LDPs)
Annex B – 46	<p>We will commission guidelines to help PCTs develop roles for practitioners with a special interest to promote health improvement.</p>	<p>National: DH</p> <ul style="list-style-type: none"> • Guidelines commissioned 	Dec-06	<p>Primary Care Policy Board</p> <p>HIWSG</p>
Annex B – 50	<p>We will work with the Improvement and Development Agency (IDeA), the Modernisation Agency (MA), and the NHS Leadership Centre and the National College for School Leadership to identify the core skills and competencies that are needed for the new style of leadership that is required at different levels.</p>	<p>National: DH, new MA, NHSU</p> <ul style="list-style-type: none"> • Establish leadership development group involving Skills for Health and other partners 	Sep-05	HIWSG

INVESTING IN THE WORKFORCE

WP ref	Choosing Health commitment	Responsibility	Suggested date	Accountability
OTHER				
7.40	The NHS Leadership Centre and NHSU support the development of leadership capability and capacity. Through national programmes, including Managing Health and Social Care, they will promote learning opportunities for leaders and managers on both wider public health issues and the responsibilities of managers to support and improve the health of staff. [Note: The Leadership Centre, NHSU and MA will be known as the NHS Institute].	<p>National: DH, Skills for Health, NHSI</p> <ul style="list-style-type: none"> Develop programme plan, integrating with LA Leadership Centre 	Sep-05	DH internal process
4.63	We will fund the SDC's Healthy Futures programme to develop the capacity of NHS organisations to act as good corporate citizens. This will include the development of a self-assessment model to help assess progress. We will develop guidance on good practice in: <ul style="list-style-type: none"> food procurement in the NHS and across other public sector services; and capital developments and new building programmes in the NHS. 	<p>Regional: DH (RPHGs)</p> <ul style="list-style-type: none"> Encourage links between NHS as a corporate citizen and regional partners Encourage use of existing toolkits, eg Building for Health <p>National: DH</p> <ul style="list-style-type: none"> SDC commissioned to develop programme Launch good corporate citizen self-assessment toolkit 	Achieved Sep-05	DH internal process
Annex B – 25	Developing the national public health information and intelligence strategy. [...] PHDs [...] support directors of public health and their teams with information and skills to promote local action and monitor its impact on health.	<p>National: DH</p> <ul style="list-style-type: none"> Develop programme plan with Skills for Health and professional organisations <p>Regional: PHOs, DH (RPHGs)</p> <ul style="list-style-type: none"> Develop plans to provide support and monitor improvements 	Sep-05	DH internal process (Health Information and Intelligence Taskforce, regional PHO monitoring)

RESEARCH AND DEVELOPMENT

WP ref	Choosing Health commitment	Responsibility	Suggested date	Accountability
BIG WIN: Public health research initiative				
Annex B – 9	We will establish a new public health research initiative within the framework of the UKCRC	National: DH • Commence public health research initiative	Spring 05	UKCRC
Annex B – 10	Starting in 2005/06, the Government will provide new funding for the public health research initiative.	National: DH • New funding allocated to the public health research initiative	From Apr-05	DH
BIG WIN: Public health research consortium				
Annex B – 11	Early in 2005, we shall launch a public health research consortium, bringing together national policymakers and researchers from a wide range of disciplines, to focus effort on strengthening the evidence for effective health interventions to support White Paper delivery.	National: DH • Establish public health research consortium	Spring 05	DH
BIG WIN: Increased funding				
Annex B – 17	We will provide additional resources to support NICE, in its new work on health improvement.	National: DH • Allocate additional funding to NICE for health improvement work	From Apr-06	DH
BIG WIN: National prevention research initiative				
Annex B – 12	We shall launch a national prevention research initiative, working in collaboration with research funders in the fields of cancer, coronary heart disease and diabetes, to provide dedicated funding for research aimed at the primary prevention of these diseases.	National: DH • Establish national prevention research initiative	From Apr-05	Prevention Research Advisory Board

RESEARCH AND DEVELOPMENT

WP ref	Choosing Health commitment	Responsibility	Suggested date	Accountability
OTHER				
6.69	We will commission further studies to support the development of new approaches where there are gaps in the evidence base within the new framework for research discussed in Annex B. This will include production of specific guidelines for children's exercise referral	<p>National: DH</p> <ul style="list-style-type: none"> • Creation of NICE • Commission NICE to produce evidence and guidelines for children's exercise referral • Establish national prevention research initiative • Establish public health research consortium • Commence public health research initiative 	<p>Apr-05</p> <p>Apr-05</p> <p>Spring 05</p> <p>Spring 05</p> <p>Spring 05</p>	<p>DH</p> <p>Prevention Research Advisory Board</p>
8.4	The Government will build health into all future legislation by including health as a component in regulatory impact assessment.	<p>National: CO, DH, NICE</p> <ul style="list-style-type: none"> • Publish guidance and evidence on HIA for regulatory impact assessment on CO, DH and HDA/NICE websites: <ul style="list-style-type: none"> – www.cabinetoffice.gov.uk/regulation/ria/index.asp – www.dh.gov.uk/PublicationsAndStatistics/Legislation/HealthAssessment/fs/en – www.hiagateway.org.uk <p>Regional: DH (RPHGs)</p> <ul style="list-style-type: none"> • Develop skills to do HIA across government 	<p>Feb to Mar-05</p> <p>From Mar-05</p>	<p>CO</p> <p>DH</p>
Annex B – 8	We will review the existing research and development strategy for public health to provide a strategy focused on supporting delivery of this White Paper through improved, timely evidence.	<p>National: DH</p> <ul style="list-style-type: none"> • Commence public health research initiative 	<p>Spring 05</p>	<p>UKCRC</p>

INFORMATION AND INTELLIGENCE

WP ref	Choosing Health commitment	Responsibility	Suggested date	Accountability
BIG WIN: Health Information Task Force Annex B – 24	Following the White Paper, we will establish a Health Information Task Force to lead action to develop and implement a comprehensive public health information and intelligence strategy. Priorities for action are set out on page 191 of the White Paper.	<p>Regional: PHOs, DH (RPHGs)</p> <ul style="list-style-type: none"> Produce action plans for regional delivery of the national strategy for public health information and intelligence <p>National: DH</p> <ul style="list-style-type: none"> Appoint task force members Produce delivery plan for the public health information and intelligence strategy Publish guidance on data-sharing and on disclosure and confidentiality 	End 05 Mar-05 Jun-05 End 05	DH internal process

INFORMATION AND INTELLIGENCE

WP ref	Choosing Health commitment	Responsibility	Suggested date	Accountability
BIG WIN: Standard sets of local and regional health information				
4.22	We will develop a standard set of local health information that can be linked to other local data sets for publication. PHOs will produce reports designed for local communities at LA level which will support directors of public health in promoting health in their area. The first of these local reports will be published in 2006 and we will also publish the first national report that year.	<p>Regional/National: PHOs, DH (RPHGs)</p> <ul style="list-style-type: none"> Identify indicators to be collected and available, and agree to support DsPH in their use design format of information for local communities Publish the first local health report linked to local PSAs, LAAs and priorities <p>National: DH, partners (to be determined)</p> <ul style="list-style-type: none"> Task force to identify and pilot an agreed set of core public health data to measure national and local progress Task force to establish a framework for health surveillance at national, regional and local levels, building on the work of the existing PHOs Publish the first national health report 	<p>End 05</p> <p>Early 06</p> <p>End 05</p> <p>End 05</p> <p>Early 06</p>	<p>DH</p> <p>DH internal process</p>
8.18	To ensure public accountability and demonstrate continuing progress, DH will publish a six-monthly progress report on key indicators for the targets that relate directly to improving health. These reports will reflect the joint contributions of all departments involved.	<p>National: DH</p> <ul style="list-style-type: none"> Task force to identify and pilot an agreed set of core public health data to measure national, regional and local progress Publish the first national health report 	<p>End 05</p> <p>Early 06</p>	<p>DH internal process</p>

INFORMATION AND INTELLIGENCE

WP ref	Choosing Health commitment	Responsibility	Suggested date	Accountability
BIG WIN: New systems recording lifestyle measures				
4.30	DH will continue to work closely with DfES to develop appropriate systems for recording lifestyle measures, for example obesity through weight and height measurements, among school-age children.	<p>Local: PCTs</p> <ul style="list-style-type: none"> • Establish relationships with schools, school nurses and LEAs • Identify local need <p>Regional: DH (RPHGs), PHOs, GOs</p> <ul style="list-style-type: none"> • Support pilots through children's trusts and centres • SHAs collate data from PCTs <p>National: DH, DfES</p> <ul style="list-style-type: none"> • Establishment of inter-departmental working group • Task force to identify and pilot an agreed set of core public health data to measure national and local progress 	<p>End 05</p> <p>End 05</p> <p>Achieved</p> <p>End 05</p>	DH/DfES internal process

INFORMATION AND INTELLIGENCE

WP ref	Choosing Health commitment	Responsibility	Suggested date	Accountability
BIG WIN: Innovations Fund				
Annex B – 31	We will establish a new Innovations Fund, of £30m in 2006/07 and £40m per annum from 2007/08. This will support and test new models of working and provide real-time evaluation and feedback to ensure faster learning so that proven models can be put into practice much more rapidly than in the past.	<p>National: DH</p> <ul style="list-style-type: none"> Hold workshops to generate involvement in innovation Launch first commissioning round Launch pilots <p>Regional: DH (RPHGs), PHOs, NICE</p> <ul style="list-style-type: none"> Develop expertise at regional and supra-regional level to support the evaluation of innovative practice 	<p>Summer 05</p> <p>Dec-05</p> <p>Apr-06</p>	DH internal process
BIG WIN: Guidance and review of evidence				
6.65	DH has commissioned NICE to prepare definitive guidance on prevention, identification, management and treatment of obesity. This is due to be available in 2007.	<p>National: NICE</p> <ul style="list-style-type: none"> Guidance published 	Early 07	NICE DH
Annex B – 18	NICE will appoint an Executive Director for Health Improvement to provide professional leadership in delivering public health for its work across the NHS and partner organisations in local government, in education and elsewhere. Additional non-executive board members will also be appointed to improve its capacity to discharge its significantly extended role across this wider range of sectors, including local government.	<p>National: DH</p> <ul style="list-style-type: none"> Complete secondary legislation for the establishment of the new NICE, including the requirement to appoint an Executive Director for Health Improvement and provision for additional non-executive board members 	Apr-05	DH

INFORMATION AND INTELLIGENCE

WP ref	Choosing Health commitment	Responsibility	Suggested date	Accountability
OTHER				
6.10	<p>Each National Clinical Director (NCD) will work with clinical communities and networks to:</p> <ul style="list-style-type: none"> • identify where there may be scope to extend primary and secondary prevention in their clinical areas, including geographical variation in preventive action and prescribing rates; • agree the most important steps to take, in particular to tackle health inequalities; and • set how progress can be assessed. 	<p>Local: SHAs to lead across local health communities and ensure engagement from all NHS organisations, particularly PCTs and NHS trusts, via NSF leads, DsPH and professional leaders</p> <ul style="list-style-type: none"> • Programme of local events led by and for clinical professionals <p>Regional: PHOs</p> <ul style="list-style-type: none"> • Publish local data annually, broken down to PCT/LA • More complex analysis, eg related to inequalities and ethical monitoring <p>National: DH</p> <ul style="list-style-type: none"> • NCDs have agreed to champion the key disease prevention workstreams within their lead areas • Identify key public health indicators and systems for reporting and extracting, eg use of QOF and HES data • Set up quality assurance processes with PHOs/SHAs • Identify lead NCD champions for major Choosing Health priority areas • Produce core script on key prevention messages for front-line staff 	<p>Autumn 05 to spring 06</p> <p>Early 06</p> <p>Achieved</p> <p>End 05</p> <p>Apr-05</p> <p>Autumn 05</p>	DH internal process

OLDER PEOPLE

For action on older people, see the NSF:

www.dh.gov.uk/PolicyAndGuidance/HealthAndSocialCareTopics/OlderPeoplesServices/OlderPeopleArticle/fs/en?CONTENT_ID=4073597&chk=4wRxm%2B

GLOSSARY

AHRSE	Alcohol Harm Reduction Strategy for England	DfT	Department for Transport
ASA	Advertising Standards Authority	DH	Department of Health
BMI	Body Mass Index	DRE	Delivering Race Equality
CAP	Committee of Advertising Practice	DsPH	Directors of Public Health
CDO	Chief Dental Officer	DTI	Department of Trade and Industry
CDPH	Consultant in Dental Public Health	DWP	Department for Work and Pensions
CDRP	Crime and Disorder Reduction Partnership	EC	European Commission
CIEH	Chartered Institute of Environmental Health	EU	European Union
CMO	Chief Medical Officer	FPA	Family Planning Association
CNO	Chief Nursing Officer	FSA	Food Standards Agency
CO	Cabinet Office	GOR	Government Office for the Region
CPA	Comprehensive Performance Assessment	GUM	Genito-Urinary Medicine
CSCI	Commission for Social Care Inspection	HCC	Healthcare Commission
DAAT	Drug and Alcohol Action Team	HDA	Health Development Agency
DCMO	Deputy Chief Medical Officer	HES	Hospital Episode Statistics
DCMS	Department for Culture, Media and Sport	HIA	Health Impact Assessment
DEFRA	Department for Environment, Food and Rural Affairs	HID	Health Improvement Directorate
DfES	Department for Education and Skills	HIWSG	Health Improvement Workforce Steering Group
		HMT	Her Majesty's Treasury
		HO	Home Office
		HPA	Health Protection Agency
		HSE	Health and Safety Executive

HSP	Healthy Schools Programme	ODPM	Office of the Deputy Prime Minister
ICT	Information and communications technology	Ofcom	Office of Communications
IDeA	Improvement and Development Agency	Ofsted	Office for Standards in Education
iiP	Investors in People	OGDs	Other government departments (non-DH)
IOC	International Olympic Committee	ONS	Office for National Statistics
IR	Inland Revenue	PCT	Primary Care Trust
LA	Local Authority	PE	Physical education
LAA	Local Area Agreement	PESSCI	Physical Education, School Sport and Club links
LACoRS	Local Authorities' Coordinators of Regulatory Services	PHO	Public Health Observatory
LDP	Local Delivery Plan	PMETB	Postgraduate Medical Education and Training Board
LEA	Local Education Authority	PRU	Pupil Referral Unit
LEAP	Local Exercise Action Pilot	PSA	Public Service Agreement
LGA	Local Government Association	PSHE	Personal, Social and Health Education
LSC	Learning and Skills Council	QOF	Quality and Outcomes Framework
LSP	Local Strategic Partnership	RCGP	Royal College of General Practitioners
MA	Modernisation Agency	RCN	Royal College of Nursing
MHRA	Medicines and Healthcare products Regulatory Agency	RDA	Regional Development Agency
NCC	National Consumer Council	RDD	Research and Development Directorate
NCD	National Clinical Directors	RDPH	Regional Director of Public Health
NCRI	National Cancer Research Institute	RoSPA	Royal Society for the Prevention of Accidents
NGO	Non-Government Organisation	ROWIP	Right of Way Improvement Plan
NHS	National Health Service	RPHG	Regional Public Health Group
NHS LIFT	National Health Service Local Improvement Finance Trust	SDC	Sustainable Development Commission
NHSI	National Health Service Institute	SHA	Strategic Health Authority
NHSU	National Health Service University	STI	Sexually Transmitted Infection
NICE	National Institute for Clinical Excellence	TOR	Terms of Reference
NIMHE	National Institute for Mental Health in England	TUC	Trades Union Congress
NRT	Nicotine Replacement Therapy	UKCRC	United Kingdom Clinical Research Collaborative
NSF	National Service Framework	WD	Workforce development
NTA	National Treatment Agency		

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