HM Government

DH Department of Health

CHOOSING HEALTH

Making healthy choices easier

Executive Summary

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

NHS

EXECUTIVE SUMMARY

Introduction

1. England has a proud history of improving the health of its people. Over the past three centuries, the combined impact of individuals, families, communities, national and local government, education, business and industry, and voluntary, faith and charitable bodies has seen unthought of progress in the health of the people of England.

2. Some of that progress has been driven by wider social, economic, environmental and cultural trends as England benefited from economic growth, improving education, better housing and better sanitation. In the twentieth century health services also began to make a significant impact, gathering pace after 1948 as the establishment of the NHS enabled free universal provision of immunisation, screening and treatment to make in-roads into ill health and premature death.

3. The role of Government in the prevention of ill-health during this time was often a top-down approach, reflecting the cultural and political relationships of the times. In the post war era of deference in a homogenous society, 'Public Health' was often seen as something that was *done to* the population, for their own good, by impersonal and distant forces in Whitehall and the public bodies and professionals that it directed, with varying degrees of success.

4. As rapid progress was made on the big killer infectious diseases of the past, more intractable issues and conditions such as cancer and coronary heart disease came to the fore. The absence of obvious simple, quick solutions to these diseases and the increasing preoccupation of the NHS in coping with rising demand for treatment, meant that too often public health was diverted into better analyses of the problems they were witnessing rather than practical solutions. With widening health inequalities, a sharp rise in obesity, a slowing in the decline of smoking rates, growing problems with alcohol, teenage pregnancy and sexually transmitted diseases, old ways of thinking about and responding to public health problems were, increasingly being shown to be inadequate.

5. While there were many notable successful public efforts, such as the response to HIV and AIDS, too often work to tackle longstanding, intractable or emerging problems was increasingly caught up in a sterile national debate, disconnected from the real lives of the public, that created a false dichotomy between those proposing a heavy handed nanny state on one hand, and those supporting inactivity bordering on neglect in the name of individual freedom on the other.

6. At the same time, new opportunities have been opening up rapidly. The public is now used to consuming a range of goods and services and enjoy the choices available to them. However, they look to Government to assist them with information about healthy and unhealthy choices. Not to make the decisions for them, but to provide them with clear information. Information technology and the internet have transformed the way in which we can communicate information. At the same time, the NHS is freeing itself from a decades-old crisis focused on waiting for treatment, which is creating the time, space and resources needed for effective action on prevention. Now action to improve health and to provide the practical support to achieve this is needed urgently. Paragraphs 11–33 summarise many of the key actions we are putting into place.

A new approach to the health of the public

7. The time is now right for action. At the start of the twenty-first century England needs a new approach to health of the public, reflecting the rapid and radical transformation of English society in the latter half of the twentieth century, responding to the needs and wishes of its citizens as individuals and harnessing the new opportunities open to it. To sustain and build upon an historic track record of progress and effectiveness, it needs policies and approaches which reflect the realities of people's lives today. That means an approach which respects the freedom of individual choice in a diverse, open and more questioning society; which recognises the realities of the impact of the consumer society on those choices; which addresses the fact that too many people and groups have been left behind or ignored in the past; and which moves forward at the pace which the people of England want and will support.

Reconnecting with people's lives

8. The first and critical stage in that process was to listen to the views of the people in England, to get in touch with their real concerns and to ask what ***they*** wanted and how ***they*** could be helped to realise ***their*** aims. For this White Paper, it is the public who have, for the first time, set the agenda and identified what 'for their own good' means, not Whitehall. They have made clear where they want support, where they want to be left alone by Government and where they want Government to intervene. They have also made clear that they wish to see change. Chapter 1 – the time for action on health and health inequalities – describes the extensive and unprecedented consultation that has gone into reshaping public health policy for the public and by the public.

Underpinning principles

9. That process has enabled us to establish three core principles of a new public health approach. These underpin the whole of this strategy, and are set out in Chapter 1:

(1) Informed choice. People want to be able to make their own decisions about choices that impact on their health and to have credible and trustworthy information to help them do so. They expect the Government to provide support by helping to create the right environment. However, this principle is subject to two qualifications. First, people believe that we need to exercise a special responsibility for children who are too young to make informed choices themselves. Second, people agree that we need special arrangements for those cases where one person's choice may cause harm or nuisance to another, such as exposure to second hand smoke. We need to balance rights and responsibilities, in ways that protect health.

(2) Personalisation. Some people want support in making healthy choices and sticking to them, but, particularly in deprived groups and communities, find current services do not meet their needs or are difficult to use. To be effective in tackling health inequalities, support has to be tailored to the realities of individual lives, with services and support personalised sensitively and provided flexibly and conveniently.

(3) Working together. The public are clear that Government and individuals alone cannot make progress on healthier choices. Real progress depends on effective partnerships across communities, including local government, the NHS, business, advertisers, retailers, the voluntary sector, communities, the media, faith organisations and many others. People look to Government to lead, coordinate and promote these partnerships, and expect that the other players take their health and the health of their families seriously and are prepared to engage constructively in a shared effort.

Overarching priorities

10. The consultation process was also critical in establishing a shared set of priorities for action. These are:

- **Reducing the numbers of people who smoke,** because it leads to heart disease, strokes, cancer and many other fatal diseases; because many people felt this was an area in which they needed more support in addressing the problem; because many people were concerned about the affects of second-hand smoke; and because many parents were concerned about their children taking up smoking.

- **Reducing obesity and improving diet and nutrition,** because the rapid increase in child and adult obesity over the past decade is storing up very serious health problems for the future if it is not addressed effectively now. Effective action on diet and exercise now will help to tackle heart disease, cancer, diabetes, stroke, high blood pressure, high cholesterol and a range of factors critical to our health.
- **Increasing exercise,** because it reduces the risk of major chronic diseases and premature death. Over a third of people are not active enough to benefit their health, and rates of walking and cycling have fallen over the last 25 years.
- **Encouraging and supporting sensible drinking,** because alcohol misuse is associated with deaths from stroke, cancer, liver disease, injury and suicide; because it places a burden on the NHS, particularly on Accident and Emergency departments; and because it is related to absenteeism, domestic violence and violent crime.
- **Improving sexual health,** because risk-taking sexual behaviour is increasing across the population; because diagnoses of HIV, Chlamydia, genital warts and Syphilis have increased in recent years; because sexually transmitted infections can lead to cancer, infertility and death; and because delay in diagnoses and treatment can lead to more people being infected.
- **Improving mental health,** because mental well-being is crucial to good physical health and making healthy choices; because stress is the commonest reported cause of sickness absence and a major cause of incapacity; and because mental ill-health can lead to suicide.

Chapter 2 – Health in the consumer society

11. Many of the choices that affect our health are choices we make as consumers. The consultation generated a debate between producers, retailers, the marketing industry, the media, communities and individuals about how best to make choosing health an easier option for consumers.

12. People get information on health from many different sources including friends and family, product labelling, the media, and national campaigns. Chapter 2 sets out a modern strategy for health that includes action to stimulate both demand for healthier options – through information that people trust – and the availability of those options so that people can take up the choices they want to make.

Marketing health – we will work across government and with other organisations in the

voluntary and independent sector, through a strategy to bring together messages that raise awareness of health risks with information about action that people can take themselves to improve their health – for example by changing their diet, taking more exercise or seeking advice through telephone help lines, local health improvement services or clinics. Action will be linked to activities in communities, schools and workplaces. The focus will be on:

- **sexual health** – with 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 sexually transmitted infections or unplanned pregnancies;
- **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;
- **smoking** – a boosted campaign to reduce smoking rates and motivate smokers in different groups to quit supported by clear information about health risks, reasons not to smoke and access to NHS support to quit, including Stop Smoking Services and nicotine replacement therapy; and
- **alcohol** – working with the Portman Group to cut down binge drinking.

Food labelling – the Government will work with the food industry to develop better information on the nutrition content of packaged food. Our goal is, by early 2006, for there to be:

- a clear straightforward coding system
- that is in common use
- 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.

Information for the public – 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 where they exist – for example, information on diet and nutrition (provided by the Food Standards Agency) and support for parents (provided by Sure Start and other agencies).

Information for the media – we will expand the existing programme of expert briefings provided by the Chief Medical Officer and support the development of an independent national centre for media and health.

13. Chapter 2 also sets out action to address inequalities in health that focuses particularly on getting information across to people in different groups and securing better access to healthier choices for people in disadvantaged groups or areas.

Tackling inequalities – we will help providers of local services to:

- tailor information and advice to meet people's needs, and support staff to communicate complex health information to different groups in the population; and
- provide practical support for people who lack basic skills to help them use health information, including signposting them to extra support through programmes such as *Skilled for Health*.

14. Where demand for healthier choices is increasing – for example following the national campaigns on 5 A DAY and on salt – industry is already responding. However, the Government has a role in taking the lead on issues where strong national and public concern about health indicates the need to do more to increase awareness of the benefits and supply of healthy options – in particular, maintaining a balance between exercise and a healthy diet.

Partnership with industry – the Government intends to discuss with the food industry how it might contribute to funding national campaigns and other national initiatives to promote positive health information and education.

Health Ministers and the Food Standards Agency are leading discussions with industry aimed at:

- 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 foods including signposting;
- introducing long-term and interim targets for reducing sugar and fat levels in different categories of foods; and
- developing guidance on portion sizes to reduce fat, sugar and salt intake.

Coordinated action – we will work with the farming and food industries to coordinate action through a Food and Health Action Plan to be published in early 2005.

15. Responses to the consultation indicated that while people felt it was generally right to leave lifestyle choices up to each individual, Chapter 2 sets out the steps that the Government will take to protect children and help them to make healthier choices about what food to eat, and about alcohol and smoking.

Food promotion to children – the Government is committed to securing, by 2007, a comprehensive and effective strategy for action to restrict the advertising and promotion to children of foods and drinks that are high in fat, salt and sugar covering through both broadcast and non-broadcast media, sponsorship, vending machines and packaging.

Social responsibility scheme for alcohol – we will also 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;
- including reminders about responsible drinking on alcohol advertisements; and
- checking identification and refusing to sell alcohol to people who are under 18.

Restrictions on tobacco advertising – by the end of the year, the size of tobacco advertising still allowed in shops will be restricted, and in 2005 we will end internet advertising and brand-sharing.

Chapter 3 – Children and Young People – Starting on the Right Path

16. Chapter 3 sets out action to support children and young people, as well as their parents, families, carers and staff in the public and voluntary sectors.

17. Services will be coordinated to meet needs and increasingly brought together in one location as part of an integrated service delivery through children's trust arrangements that involve everybody working together locally to improve outcomes for children.

Integrated planning and delivery of services – we are recommending that all areas should have a children's trust by 2008 and we will work with local authorities to establish over 2,500 children's centres by March 2008. We will also encourage more schools to develop as extended schools, working with other local agencies to offer opportunities to pupils, their families and the local community both for activities and classes out of school hours, and for accessible health and social care.

School nursing services – we will modernise and promote school nursing services, expanding the number of qualified staff working with primary and secondary schools so that, by 2010, every cluster of schools will have access to a team led by a qualified school nurse.

18. There will be new sources of information guidance and practical support for parents, children (particularly those who are disadvantaged in early years) and young people, provided in ways that are designed to meet their individual needs and accessible to everyone.

Personal health guides – Children's Health Guides are being introduced as part of the new Child Health Promotion Programme. As they grow up, each child will take on responsibility for developing their own health goals with help from their parents or carers, school staff and health professionals, including health visitors and school nurses. These plans will be the foundation for personal health guides for life.

Support for parents and carers – we will develop better access to information on all aspects of growing up, through more accessible services that are tailored to local needs.

Nutrition – from 2005, a new scheme – Healthy Start – will provide disadvantaged pregnant women and mothers of young children with vouchers for fresh food and vegetables, milk and infant formula.

Local support – *Sure Start* will develop new programmes in 2005 to improve support for parents in understanding the things that impact on their children's social, emotional and physical development in the early years. By 2007, nine out of 10 areas will provide home volunteer visiting programmes through *Home Start* for families under stress.

Looked-after children – new guidance for carers to be published in 2005 will help carers engage looked-after children to improve their self-esteem, social skills and emotional well-being.

Support and information for young people – we are developing a new *youth offer* that will be the subject of a forthcoming cross-government Green Paper. This will include specific new proposals to improve health and provide alternatives to risk-taking behaviour. We are also developing new sources of information about health – for example, a new magazine *FIT* will be designed to get health information across to young men aged 16 to 30, targeted information for young people on sexual health and developing responsible sexual relationships. From 2006, we will pilot health services specifically targeted at meeting young people's needs.

19. The components of good health will be a core part of children's experience in schools through a coordinated 'whole school' approach to health – in lessons, sport, provision of food, personal advice and support, and travel arrangements.

Healthy schools – the *National Healthy Schools* programme encourages schools to foster better health in everything that schools provide – including a healthy environment with policies on smoking, healthy and nutritious food, time and facilities for physical activity and sport both within and beyond the curriculum, and a comprehensive programme of personal, social and health education. Our aim is that half of all schools will be healthy schools by 2006, with the rest working towards healthy school status by 2009.

Standards and inspections – from 2005, all relevant inspections of services for children will be carried out under a single overall inspection framework focusing on how services contribute towards improving the well-being of children and young people, including their physical and mental health.

Food in schools – by the end of 2004, all 4–6 year olds in LEA-maintained schools in England will be eligible for free fruit or vegetables. We are investing to improve nutrition in schools through revision in standards for school meals and, subject to legislation, extension of the standards to cover vending machines and tuck shops, and through improved training and support for catering staff. We will seriously consider introducing nutrient-based standards. From early 2005, a new *Food in Schools* package will support implementation of the 'whole school' approach to healthy eating.

School travel – by 2010, building on existing progress, all schools in England should have active travel plans.

Support for cycling – we will drive forward the new National Standard for cycle training across England by 2006, through new support for instructor training schemes and advice to local communities on implementation.

20. There will be new initiatives to promote physical activity and sport inside and outside school.

PE and school sport – we are significantly increasing investment in PE and school sport as part of the *National Strategy for PE, School Sport and Club Links* to promote sport in schools and lifelong participation in sport via out-of-school-hours learning, inter-school sport and school-clubs links for all children and young people – focusing particularly on those who do not traditionally take part in sport. In 2006, all maintained schools will be in a school sports partnership and we aim to

have at least 400 sports specialist schools and academies with a sports focus.

21. We will strengthen measures to protect children and young people and help them understand and manage risk – including risks in sexual activity and smoking.

Underage tobacco sales – we will develop a communications programme to support local authority enforcement of underage tobacco sales and we propose to bring forward legislation to strengthen powers in this area.

Teenage pregnancy – we will support implementation of the *Teenage Pregnancy Strategy*, in particular through action in neighbourhoods with high teenage conception rates.

Chapter 4 – Local Communities Leading for Health

22. Chapter 4 sets out how the environment we live in, our social networks, our sense of security, socio-economic circumstance, facilities and resources in our local neighbourhood can affect our experience of health. There are unacceptable differences in people's experience of health between different areas and between different groups of people within the same area. Action by local authorities working with local communities, business and voluntary groups to tackle local health issues makes a difference to the opportunities for both adults and children to choose healthier lifestyles.

23. This chapter sets out action to maximise the positive impact of the local community setting with measures that will mean successful community-based models for improving local health can be more confident of sustained support.

- We will support new community 5 A DAY initiatives in deprived communities – from 2006, more primary care trusts (PCTs) will provide support for cookery clubs and food co-ops to encourage fruit and vegetable consumption. From 2006, we will extend healthy community collaboratives to new areas and we will use collaborative techniques to support action through local partnerships.
- A new National Strategic Partnership Forum is being set up to help promote health through cooperation between the NHS and the voluntary sector, and revised guidance on health and neighbourhood renewal will be published in 2005.
- Beginning in spring 2005 we will pilot a new approach in 12 localities, *Communities for Health*, to promote action on locally chosen

priorities for health across the local voluntary sector, the NHS, local authorities, business and industry.

- From 2006, through the Public Health Observatories, we will publish new reports for local communities, and a national composite report, based on a standard set of local health information that can be linked to other local data sets.

24. Local authorities and PCTs will have more flexibility to develop local targets through local partnership, in response to local needs.

- Working with local government and other partners, including PCTs and children's trusts, from 2005 we will pilot *Local Area Agreements* in 21 areas to secure local delivery of national priorities, reinforce joint working and bring together different funding streams in ways that reflect local priorities. From April 2005, PCTs will develop targets to meet the needs of people living in their area that are agreed with local partners to meet national targets set by *Choosing Health* and the *NHS Improvement Plan*.

25. Football and other sports have a huge reach and engagement and a strong community base, alongside other forms of active recreation they make a significant contribution to overall physical activity levels in the population. There will be new opportunities for people who want to be more active through cycling, walking, and easier access to sports facilities.

- We will use lessons learned from the 27 local authority pilots on improving parks and public places to invest through the new *Safer and Stronger Communities Fund* and will build on the *Sustainable Travel Towns* pilot to develop new guidance on 'whole town' approaches to walking, cycling and public transport.
- By 2006, local authorities, working with the transport charity Sustrans, are forecast to build over 7,000 miles of new cycle lanes and tracks, and we are also providing new investment to link more schools into the existing National Cycling Network.
- New initiatives will encourage the use of pedometers to promote awareness of the benefits of physical activity among pupils in schools and in clinical practice. And building on the success of the *Local Exercise Action Pilots*, we are setting up new initiatives to promote and coordinate local roll-out of evidence-based physical activity interventions and guidance on best practice for local authorities, PCTs and voluntary bodies.

- We will also publish new guidance in 2005 on best practice in local development of free swimming and other sports initiatives and on fostering links between PCTs and sports clubs.

26. Organisations, including NHS organisations, will increasingly use their corporate power in ways that promote the health and well-being of their local communities, and people across all sectors of society will be encouraged to work together to improve health.

- We will work with others to develop a network of local health champions – including people in local government, voluntary organisations and individuals – to share good practice and celebrate success.
- We will invite national and local organisations to develop their role as corporate citizens by making their own pledges on improving health to their workforce, local community or customers.
- We will sponsor development of good practice for action across the public and private sectors to improve the health of employees and the wider community. And, building on work being taken forward by the Food Standards Agency and others for schools, the NHS and the armed forces, we will develop nutritional standards for the public sector.
- Building on the Sustainable Development Commission's *Healthy Futures* programme, we will develop new guidance for the NHS on food procurement and on capital development and building programmes.

27. Smoking is a major cause of ill-health. Balancing the rights of people who choose to smoke against the interests of the majority who object to being exposed to second-hand smoke at work and in public places was one of the most controversial issues in the consultation. This is an area where campaigns and public demand for change have not done enough to achieve national targets to reduce prevalence in smoking. We therefore intend to shift the balance significantly in favour of smoke-free environments.

By 2006, all government departments and the NHS will (subject to limited exceptions) be smoke-free.

We will consult on detailed proposals for regulation with legislation where necessary, so that by the end of 2008, all enclosed public places and workplaces will be smoke-free except those specifically exempted.

Chapter 5 – Health as a way of life

28. The consultation made clear that people are ambitious for their health and the health of their families, but often found it difficult to turn good

intentions into sustained action. People wanted support both in making the right decisions for their own health and help to carry them out in practice. This chapter sets out new proposals to provide that support.

- First, anyone who wants help to make healthier choices and stick to them will have the opportunity to be supported by a new kind of personal health resource, NHS health trainers. In keeping with a shift in public health approach from 'advice from on high to support from next door', health trainers will be drawn from local communities, understanding the day-to-day concerns and experiences of the people they are supporting on health. They will be accredited by the NHS to have skills appropriate to helping members of their community to make the changes they want. In touch with the realities of the lives of the people they work with and with a shared stake in improving the health of the communities that they live in, health trainers will be approachable, understanding and supportive. Offering practical advice and good connections into the services and support available locally, they will become an essential commonsense resource in the community to help out on health choices. A guide for those who want help, not an instructor for those who do not, they will provide valuable support for people to make informed lifestyle choices. From 2006, NHS-accredited health trainers will be giving support to people who want it in the areas of highest need, and from 2007 progressively across England. We will also consult shortly on proposals to offer disabled people the option of taking up a health-stocktake.
- Everyone who wants to will have the opportunity, starting in the areas of the country with the biggest health challenges, to use a Personal Health Kit to develop their own personal health guide, based on who *they* are, what *they* want and what *their* circumstances are. This tool will help people to identify their own priorities for health and the changes that they feel ready to make, to obtain online guidance about what will make the most impact on their lives, and to receive tailored advice on how to go about making changes and sticking to them. Starting from 2006 in the areas of highest need, and progressively across the country, 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.

Chapter 6 – A health-promoting NHS

29. Chapter 6 sets out how the NHS, as it tackles waiting for treatment successfully, will increasingly become a health improvement and prevention service, supporting individuals in the healthy informed choices that they make. It includes measures to:

- Help local health services to plan and deliver effective action to tackle inequalities and improve health and to ensure that health improvement and prevention services are of a high quality and benefit from the same drive for modernisation and improvement as exists across the rest of the NHS.

We are giving PCTs the means to tackle health inequalities and improve health through funding to give greater priority to areas of high health need, new investment in primary care facilities, with a focus on the most deprived areas, and development of new tools to help PCTs and Local Authorities jointly plan services and check on progress in reducing inequalites.

We are working with the medical, pharmaceutical and dental professions to build on opportunities under the new contractual arrangements to develop health improvement activity in primary care.

The National Clinical Directors with the Deputy Chief Medical Officer will, by March 2005, make recommendations on building a comprehensive and integrated prevention framework across all the areas covered by the National Service Frameworks, focusing particularly on action to tackle health inequalities.

- Make the most of the millions of encounters that the NHS has with people every week and ensure that all NHS staff have training and support to embed health improvement in their day-to-day work with patients.

We will develop training and support for all NHS staff to develop their understanding and skills in promoting health and to foster and expand a comprehensive range of community health improvement services, building on the new health trainers and including more specialist practitioners.

- Address the needs of people at particular risk, such as those with long-term conditions or mental health problems.

By 2008, there will be 3,000 Community Matrons who will take the lead in providing personalised care and health advice for patients with complex problems with support from health trainers. We will also look at ways that independent sector partners can work with PCTs to develop new

approaches to improving the health skills of people with chronic conditions.

We will develop new approaches to helping people with mental illness manage their own care and all aspects of their health, and take forward work on development of a 'whole system' approach to tackling inequalities in the mental healthcare system experienced by people from minority black and ethnic minority communities.

- Ensure that health improvement and prevention services – such as sexual health services, NHS Stop Smoking Services, obesity and alcohol services – benefit fully from the same drive for modernisation and improvement that exists across the rest of the NHS.

Smoking: improving services and disseminating best practice – the Healthcare Commission will assess local progress in reducing smoking prevalence against national standards and indicators. We will establish a national task force to support efficiency and best practice in NHS Stop Smoking Services. We will develop campaigns to raise awareness of Stop Smoking Services linked to national campaigns, pilot use of electronic booking systems in the NHS to trigger advice for smokers on stopping smoking, build stop-smoking advice into surgical care pathways, promote access to nicotine replacement therapy and extend support services for people who want to quit.

Tackling obesity – NICE will prepare by 2007, definitive guidance on prevention, identification, management and treatment of obesity. We will develop a comprehensive care pathway for prevention and treatment of obesity and will support implementation through a range of new initiatives – including support tools for NHS staff in assessing risk of overweight and obesity in their patients, guidance on weight loss, advice on practical action to prevent obesity through diet and physical activity, and work with the independent sector to develop alternative approaches in behaviour change.

Sexually transmitted infections – we are committing new capital and revenue funding to modernise the whole range of NHS sexual health services, communicate better with people about risk, offer more accessible services and provide faster access to treatment. By March 2007, a national screening programme for chlamydia will cover all areas of England, and by 2008 patients referred to a GUM clinic will be able to have an appointment within 48 hours.

Alcohol harm reduction – we will build on commitments in the *Alcohol Harm Reduction Strategy* through guidance and training to ensure

all health professionals are able to identify alcohol problems early: piloting new approaches to targeted screening and brief intervention in the NHS with a particular focus on A&E settings; developing similar approaches in criminal justice settings to reduce repeat offending; and improving alcohol treatment services.

Chapter 7 – Work and Health

30. For people in employment, work is a key part of life. The environment we work in influences our health choices and can be a force for improving health – for individuals and the communities they are part of. Work offers self-esteem, companionship, structure and status as well as income.

31. Chapter 7 sets out the action that employers, employees, Government and others can take to extend healthy choices by:

- reducing barriers to work to improve health and reduce inequalities through employment;
- improving working conditions to reduce the causes of ill-health related to work; and
- promoting the work environment as a source of better health.

It also sets out what the NHS will do to become a model employer in supporting and promoting the health of its 1.3 million staff.

Maintaining health in work and helping people back to work – we will support initiatives to challenge discrimination and improve access to work for people with mental illness, increase the availability of NHS Plus services and develop occupational health services in the NHS to support employers in fostering the health of their workforce. We will work with the medical Royal Colleges and Faculties to ensure that the NHS supports a wider occupational health approach.

Promoting improved health in the workplace – we will work with the cycle industry to promote cycling. We will establish pilots to develop the evidence for effectiveness on promoting health and well-being through the workplace. We are working with Investors in People UK (IiP) to develop a new healthy business assessment, building on existing mechanisms already available to businesses. This work will be incorporated into the IiP Standard when it is next reviewed in 2007. Sport England will work with government departments to encourage and support staff to be more active in the workplace.

Promoting health of NHS staff – we will support NHS organisations in developing as healthier workplaces through development of a better evidence base to assess current practice, new guidance and dissemination of good practice, and initiatives to support leadership development.

Specific initiatives will include: Health Development Agency publication of guidance for NHS organisations on provision of smoke-free buildings; a joint campaign with the Royal College of Nursing to provide a comprehensive programme of support for nurses who want to quit smoking; work with NHS employers organisations to ensure implementation of the *Framework for Vocational Rehabilitation*; and new guidelines on the management of mental illness in the workplace.

Chapter 8 – Making it Happen – National and Local Delivery

32. Chapter 8 sets out the next steps for delivery of the White Paper. It shows how the new Public Health will move on from the debates of the past and move forward from an era of analysis and description to a hard focus on practical action. It introduces the key elements of how the strategy will be delivered – regulation, resourcing, joining up different parts of the system who can play a part, aligning and building partnerships and effective engagement with everyone who can contribute.

33. Annex B sets out in more detail how we will ensure a strong system delivers the commitments we make in this White Paper, and how we can build on the huge support for action to create irreversible momentum for change. These actions fall into three broad areas:

- Information and evidence – to provide the information and research evidence to achieve real-time health surveillance and support cost-effective interventions to improve health, inform commissioning of services and improve practice of front-line staff.

We will be increasing central funding for public health research from April 2006 and establishing a new public health research initiative within the framework of the United Kindgom Clinical Research Collaborative. This will be backed up by projects focusing on effective health interventions to support delivery of this White Paper and a National Prevention Research Initiative, working in collaboration with research funders in the fields of cancer, coronary heart disease and diabetes to develop research on primary prevention of these diseases.

The National Institute for Health and Clinical Excellence (NICE) will appoint an Executive Director for Health Improvement to provide professional leadership in delivering public health across the NHS and partner organisations, and we will provide additional resources to support NICE work on health improvement to deliver specific objectives related to the White Paper.

We will invest in and develop the Public Health Observatories and set up a Health Information and Intelligence Task Force to lead action to develop and implement a comprehensive public health information and intelligence strategy.

We will establish a new innovations fund from 2006–07 to support and test new models of working and promote faster implementation of those that are proven to be effective.

- Capacity and capability, building the workforce – the changes needed to deliver the policies in this White Paper will only occur if the right people with the right skills are in place to deliver them and if barriers to change are broken down.

We will develop new induction, training and professional development modules for NHS staff at all levels to support them in effective practice to improve the health of patients and explore ways of sharing modular training with other sectors. We will invest in workforce development and work with NHS commissioners locally to develop capacity of public health specialists and practitioners and establish a Health Improvement Workforce Steering Group to develop a comprehensive national strategy.

- Systems for local delivery will be achieved: by aligning investment, performance assurance mechanisms, planning guidance, inspection and regulation processes to deliver increased flexibility; by providing greater incentives and rewards for good performance; and by encouraging innovation and enabling strong leadership and management.

A systematic approach for delivering local improvements in health will be supported by a range of organisations working together, including:

- Government departments;
- inspectorates such as the Healthcare Commission, the Audit Commission, Commission for Social Care Inspection and Ofsted;
- regional bodies such as the Government Offices and Regional Development Agencies;
- NHS arm's-length bodies such as the Health Protection Agency, the new National Institute for Health and Clinical Excellence and the NHS Modernisation Agency or its successor; and
- local government organisations such as the IDeA and the Local Government Association.

The key to success will be effective local partnerships led by local government and the NHS working to a common purpose and reflecting local needs.

Conclusion

34. Just as sustained investment and reform is transforming England's NHS, the new approach to public health set out in *Choosing health* will, through sustained investment and fresh thinking, backed by the public, deliver sustained improvement to the health of the people of England. It will do so by responding to people's concerns about their health with practical support on their own terms and by providing the context and environment needed to make real progress. This white paper sets out some very significant changes – on smoking in public places, on advertising to children and on Health Trainers. But it also sets out a large number of other measures which together will have a significant combined effect. The opportunities are now opening up rapidly for everyone to make their own individual informed healthy choices which together will sustain and drive further the improvement in the health of the people of England.

35. This White Paper is the start, not the end of a journey. We will continue to develop ideas and action, learning from experience to help people choose health in the 21st century. It is the next step in our journey towards engaging everyone in choosing health and tackling health inequalities. It is the beginning of a journey to build health into Government policy and ensure that health is everybody's business. We have set ambitious targets for health. The Government is serious about ensuring that these commitments are met and that this time we get sustained and focused action to improve people's health. By working together across society we should achieve this.