

EAST MIDLANDS  
REGIONAL ASSEMBLY

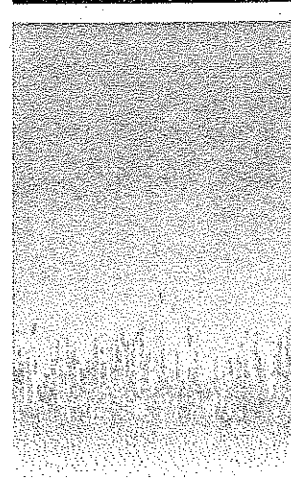
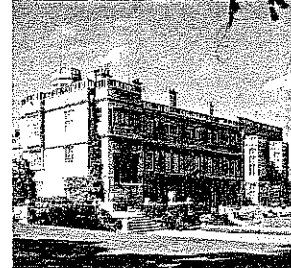
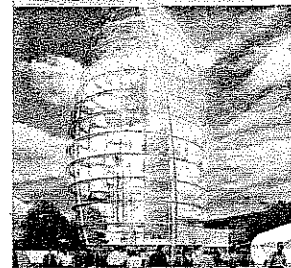
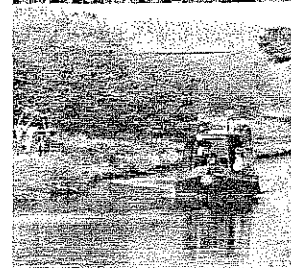
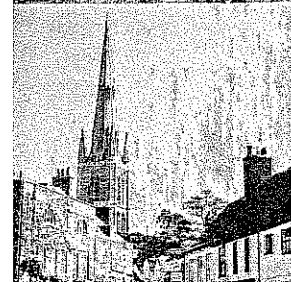
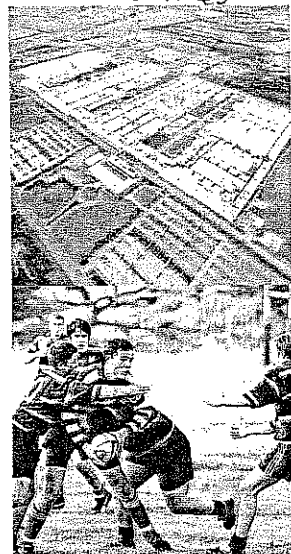
*• Progress Through  
Partnership*

# INVESTMENT FOR HEALTH

## A PUBLIC HEALTH STRATEGY FOR THE EAST MIDLANDS

SOUTH DERBYSHIRE  
DISTRICT COUNCIL  
RECEIVED  
24 OCT 2002  
CENTRAL SUPPLY SERVICES

*A Summary of the Strategy  
and Five Priority Objectives*



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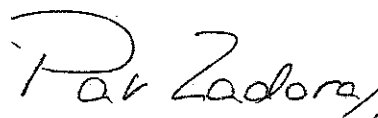
**Supplement:**

A Profile of Health Inequalities in the East Midlands

The Public Health Task Group of the Regional Assembly was formed in June 2001 with the primary task of producing a public health strategy for the East Midlands. After a year of extensive discussion and consultation, our draft strategy 'Investment for Health' has been produced. This draft strategy provides a regional consensus on what are the significant public health issues for the East Midlands region. The 'Investment for Health' strategy has been developed in the context of national policy and its intention is to add value and support to the public health endeavour of local partnerships. It also suggests what could be done at the regional level to contribute to the achievement of the overall objective of the strategy, *'to improve the health of East Midlands residents by reducing health inequalities through addressing the social, economic and environmental determinants of health, supporting healthy lifestyles, protecting health and improving access to and provision of local health and health related services'*.

The strategy suggests sixteen Policy Objectives, five of which have been identified as Priorities for immediate attention at the regional level. This Summary outlines the background to each of these five Priorities, together with suggestions for regional action. Similar descriptions for all sixteen Policy Objectives are contained in the Full version of the draft strategy, which is available on request. A supplement is included with the strategy, which maps some of the health inequalities within the region, this has been prepared by the Trent Public Health Observatory.

You now have an opportunity to influence the final strategy, which will be published in early 2003 and we would value any comments you wish to make during this final consultation period. The Task Group is particularly keen to receive comments from Local Strategic Partnerships with regard to regional action which would support their delivery of local health improvements and the reduction of health inequalities. There is a Response Form at the back of this document which can be used to provide the Public Health Task Group with your observations and comments or to request a copy of the Full version of the strategy. I look forward to receiving your input.



**Pat Zadora**

Chairperson of the East Midlands' Assembly  
Public Health Task Group



## 1.1 Health, Public Health and Investment for Health

### What is health?

For individuals and communities, good health is a resource for everyday life, not just an end in itself. It is about social and personal resources as well as physical capabilities. For people to improve their health requires both themselves and their society to invest and act on the social, economic and environmental determinants of health. It is also vital that such investment by society is fair so that individuals and families have equal opportunities to develop and maintain their health. Good health is both a resource for achieving socio-economic progress and a product of its success. It is an essential element of social and economic development.

### The role of public health

The purpose of Public Health is to increase life expectancy and narrow the health gap between communities and groups. By working to maximise the health of communities it complements clinical medicine's treatment of individuals.

Effective public health depends on co-ordinated planning across a wide range of technical, medical and social disciplines. It is based on the following principles<sup>1</sup>:

- An emphasis on collective responsibility for health,
- A focus on whole populations,
- An emphasis on prevention,
- A concern for the underlying economic determinants of health and disease,
- A multidisciplinary approach incorporating qualitative and quantitative methods,
- Partnership with the populations served.

Historically, public health successes have not come from medicine but from social and economic improvements which also promote health.

### Investment for health

Investment for health is a concept, which widens public health practice to recognise that a further 'health dividend' can be obtained from social, economic and environmental activity which is not necessarily health focused. Investment for health is a holistic approach that recognises the interdependence of the economic, social, environmental and health worlds. It attempts to develop a unified agenda where mutual benefit moves from being accidental or incidental to one that is recognised and planned. This maximises the resources available to each development sector and avoids waste and duplication.<sup>2</sup> Investment by other development sectors such as those within the Assembly's 'Integrated Regional Strategy', is recognised as having a significant effect on health status and outcomes. By realising this investment and using it in a planned way, the full investment for health within the region can be accounted for and used in an integrated way.

Health services investment, which could be described as investment in health, should also be expected to add economic and social value to the community it serves. This is particularly challenging for the secondary health care sector where in the past there has been less emphasis on health promotion, community action and sustainable economic development. If investment in health is transformed into investment for health, there is the potential to provide additional dividends to the health service sector as well as bringing social and economic benefits to the whole community. A healthier community can make a more productive contribution to the overall socio-economic development of the region. The more economically developed the region becomes, the more it opens up the possibility that there will be less demand on the health care and welfare services, so lessening the spiral of investment required in the future.

Pursuing an investment for health approach will align this public health strategy with the principles of the Regional Assembly's Integrated Regional Strategy and offer a mechanism to engage with the other strategies for mutual strategic benefit.

<sup>1</sup> Harvey I, Turning public health problems into answerable questions; in Pencheon D Guest C et al Oxford Handbook of Public Health Practice, Oxford. (2001)

<sup>2</sup> The roots of this approach lie within the WHO 1986 Ottawa Charter for Health promotion

- Build healthy public policy - across all possible policy areas,
- Create supportive environments - including schools, workplaces and local communities,
- Strengthen community action - people need to be at the heart of programme development and decision making process,
- Develop personal skills - through real access to education, training and information,
- Re-orientate health service provision - to take account of the issues above.

A useful reference for the investment for health concept is: Ziglio E, Hagard S, et al, Principles, methodology and practices of investment for health, Promotion & Education, pp4-15, VII, 2000/2

## 1.2 Purpose of the strategy

The purpose of this 'Investment for Health' strategy is to add value to national health-related policy and its local implementation, through regional action. The trick is to develop a regional strategy which actively supports and does not hinder local services and organisations in the delivery of the national agenda.

This strategy aims to:

- Provide a reference point for the Regional Assembly, regional organisations, Sub-regional partnerships and Local Strategic Partnerships which details the most important public health issues for the East Midlands region; this having been established through region wide consultation.
- Provide a public health agenda for the Integrated Regional Strategy based on the information from the consultation process.
- Develop a shared vision of public health priorities with regional organisations using an investment for health approach.
- Identify a specific number of public health priorities which will provide a health dividend at regional level and add value to the work of local partnerships.
- Offer a regional action plan which can ensure that the East Midlands Assembly's 'Integrated Regional Strategy' (IRS) has a comprehensive programme to improve health and reduce health inequalities.

This 'Investment for Health' strategy, does not attempt to address every action and every area of work that is necessary to improve health and reduce health inequalities. However, it does try to provide a regional reference point on health and identify possible regional actions which will support national policy and local endeavour.

## 1.3 Development of the strategy

'Investment for Health' has been developed on behalf of the East Midlands Regional Assembly by its Public Health Task Group, whose membership includes representatives from regional organisations, networks and other Assembly Task Groups. Through discussion and public consultation, this process has been informed by:

- The 'Integrated Regional Strategy' and its health related Objective (SO3) 'to promote, support and sustain healthy communities and lifestyles'
- National policy on health including: 'A Better Quality of Life'<sup>3</sup>; 'Saving Lives: Our Healthier Nation'<sup>4</sup> and 'The NHS Plan'<sup>5</sup>
- Key points of reference on health inequalities including 'The Independent Inquiry into Inequalities in Health' by Sir Donald Acheson<sup>6</sup>
- Previously published regional 'Viewpoints' documents on: 'Health in the East Midlands'<sup>7</sup> and 'Social Exclusion in the East Midlands'<sup>8</sup>
- A profile of health inequalities in the East Midlands' prepared by the Trent Public Health Observatory.
- Extensive consultation with regional partners, networks and organisations including: the East Midlands Public Health Network, other Regional Assembly Task Groups and members of the East Midlands Regional Assembly through a Health Summit held earlier this year.

## 1.4 Structure of the strategy

This Summary of 'Investment for Health' sets out:

- An Overall Public Health Objective for the region, together with the Vision which has informed it and the Principles underpinning it.
- Sixteen suggested Policy Objectives, five of which are proposed as Priority Policy Objectives for early development and implementation at a regional level.
- Initial suggestions for regional action within each of the Priority Policy Objectives to be developed in partnership with other regional organisations and IRS Task Groups.
- The links between 'Investment for Health' and other strategies within the Regional Assembly's Integrated Regional Strategy.
- A Supplement which profiles significant health inequalities in the East Midlands.

### More information:

[www.euro.who.int](http://www.euro.who.int); [www.eastmidlandsassembly.org.uk](http://www.eastmidlandsassembly.org.uk);  
[www.emda.org.uk/main](http://www.emda.org.uk/main); [www.ohn.gov.uk](http://www.ohn.gov.uk); [www.sustainable-development.gov.uk/ukstrategy](http://www.sustainable-development.gov.uk/ukstrategy); [www.doh.gov.uk/nhsplan](http://www.doh.gov.uk/nhsplan);  
[www.archive.official-documents.co.uk/document/doh/ih](http://www.archive.official-documents.co.uk/document/doh/ih;); (Acheson Report)  
[www.trentpho.org.uk/products](http://www.trentpho.org.uk/products)

<sup>3</sup> Department of Environment, Transport and the Regions, A better quality of life: a strategy for sustainable development for the United Kingdom, Stationery Office, London. (2000)

<sup>4</sup> Department of Health, Saving Lives: Our Healthier Nation, Stationery Office, London. (2000)

<sup>5</sup> Department of Health, The NHS Plan: A plan for investment, a plan for reform, Stationery Office, London. (2001)

<sup>6</sup> Acheson D Independent Inquiry into Inequalities in Health report, The Stationery Office, London. (1998)

<sup>7</sup> Crooks L, Viewpoints on Health in the East Midlands, East Midlands Development Agency, Nottingham. (1999)

<sup>8</sup> East Midlands Regional Assembly, Viewpoints on Social Exclusion in the East Midlands, East Midlands Regional Assembly, Melton Mowbray. (2000)





## 2. Vision, Principles and the Policy Objectives

### 2.1 The Vision which informs 'Investment for Health'

The Regional Assembly's vision for the East Midlands is that:

*'The East Midlands will be the most progressive region in Europe recognised for its high quality of life, vibrant economy, rich cultural and environmental diversity and sustainable communities'*

It is reasonable to expect that this vision for a modern, successful society should include major improvements in health. Consequently the Vision of this public health strategy is one which reflects the World Health Organisation's Charter, that:

*'People living and working in the East Midlands should be able to enjoy the highest attainable standard of health as one of the fundamental rights of every human being.'*

In other words, improvement in the health and well-being of people, should be the ultimate aim of social and economic development in the East Midlands. From this viewpoint, health status and health equity can provide benchmarks for measuring progress on reducing poverty, promoting social cohesion and eliminating discrimination.

### 2.2 The Principles underpinning 'Investment for Health'

Through the consultation process, a series of key messages was offered to the Task Group to guide the development of this public health strategy. Using this guidance, the Task Group developed a set of principles which it believes should inform the way 'Investment for Health' should be delivered.

Actions to improve health and reduce health inequalities must:

- Focus first on the health of those populations and communities whose social, economic and health needs are the greatest.
- Ensure equitable access to health promoting, health and social care services by responding to the particular health needs of different groups or communities.
- Be sustainable, going hand in hand with

social, economic and environmental development, so that there is a better quality of life for everyone in the East Midlands, now and for future generations.

- Be through organisations and communities working in partnership to assess needs, plan action, share investment, deliver services and evaluate outcomes.
- Involve individuals and groups in the planning, delivery and evaluation of initiatives and services which directly affect them.
- Recognise diversity so that individuals and groups already excluded from society by virtue of their age, gender, religion, ethnic background, disability or sexual orientation have opportunities to engage with and change the communities in which they live and work.
- Be based on effective practice where such information is available and this to be applied within the context of the knowledge and experience of local people.
- Be specific and understandable to the communities and groups which are targeted.
- Have specific health related outcomes and clear lines of accountability for delivery.

### 2.3 The Overall Objective for 'Investment for Health'

Starting with the Social Objective for Health within the Integrated Regional Strategy and using the consultation process already described, the Public Health Task Group developed an Overall Objective for this public health strategy:

'The Investment for Health strategy aims to improve the health of East Midlands residents by reducing health inequalities year-on-year through:

- addressing the social, economic and environmental determinants of health,
- supporting healthy lifestyles,
- protecting health,
- improving access to and provision of local health and health related services.'

### 2.4 The Policy Objectives for 'Investment for Health'

'Investment for Health' contains sixteen Policy Objectives, categorised into four Themes, which support the Overall Objective. The Themes are:

- Addressing the determinants of health,
- Supporting healthy lifestyles,
- Protecting health,

Each of the sixteen Policy Objectives represents a significant public health concern within the East Midlands. A key part of this consultation process is to identify a lead organisation(s) for each Policy Objective. As well as taking account of consultation responses, the Public Health Task Group will be negotiating with regional organisations and IRS Task Groups, to identify an appropriate lead organisation for each Objective.

With sixteen Policy Objectives, there is clearly a large and wide ranging public health agenda

to be delivered. For the practical purposes of implementation and delivery, it will be necessary to concentrate initially, on those public health issues that demand immediate attention and action at a regional level. To this end, five of the Policy Objectives have been nominated as *Priority Policy Objectives*<sup>9</sup>. The background and possible action for each of these Priorities is provided within the following chapter.

Theme 1: Addressing the determinants of health		Possible Lead Organisation
PH1	Ensure that the agenda of 'Investment for Health' is an integrated part of the East Midlands IRS and its constituent strategies.	Public Health Task Group
<b>PH2 (Priority)</b>	<b>Increase the access of children and young people to organised and accredited health promotion programmes through pre-school, school and college education.</b>	To be negotiated

Socio-economic and environmental factors can have a profound effect on people's health. The majority of these issues are already the focus of attention from other strategies within the 'Integrated Regional Strategy'. Consequently, the Public Health Task Group will do all it can to ensure that these other strategies maximise their potential to improve health and reduce health inequalities.

One of the significant determinants of health which is not covered currently by the IRS, is

the education of children and young people. While this is obviously a vital factor in the development of the Region generally, it is also of profound importance for improving the health of the people within the region and reducing the health inequalities between them. For this reason, *pre-school, school and college education* will be the focus of a Priority Policy Objective.

Theme 2: Supporting healthy lifestyles		Possible Lead Organisation
PH3	Promote the self-esteem, mental health and spiritual well-being of East Midlands' residents.	To be negotiated
<b>PH4 (Priority)</b>	<b>Increase the level of individual physical activity</b>	To be negotiated
<b>PH5 (Priority)</b>	<b>Improve the diet of families</b>	To be negotiated
PH6	Reduce the prevalence of smoking, drug misuse and excessive alcohol consumption.	To be negotiated
PH7	Increase the level of safe sexual health practice	To be negotiated

Encouraging individuals to look after their own health is a traditional expectation of public health activity. However, success from this will still largely be determined by the socio-economic and environmental situations in which people live and work. For example it is unreasonable to exhort people to keep fit if the area in which they live is unsafe and they have no money to pay leisure centre charges. Consequently, the focus of public health attention needs to be supporting people to improve their health by addressing the issues which deter them from doing so.

Two Priority Policy Objectives *healthy eating and physical activity* have been nominated within this Theme because of their inter-relationship. Each in their own right is vital to maintain good health and make a major contribution to the prevention of circulatory disease and cancer. However together, they represent the only viable way to reduce the epidemic of obesity which is affecting the UK in general, and the East Midlands in particular.

<sup>9</sup> The criteria for selecting the Priority Policy Objectives include:

- It is a particular public health issue for the whole East Midlands region,
- It requires immediate attention,

- It requires multi-agency approach on a regional level,
- There is the possibility of additional resources becoming available.



Theme 3: Protecting health		Possible Lead Organisation
<b>PH8 (Priority)</b>	<b>Reduce the incidence of accidental death and injury</b>	To be negotiated
PH9	Protect the health of East Midlands' employees within their place of work	To be negotiated
PH10	Reduce the incidence of food poisoning	To be negotiated
PH11	Increase and maintain high levels of specific immunisations	To be negotiated
PH12	Ensure an effective response by the NHS to major incidents and emergencies in partnership with other regional organisations,	To be negotiated

Public health's traditional role is to identify and where possible, provide protect the population from the accidental, incidental and unexpected environmental risks to our health and well-being. Preventing and controlling communicable diseases (infections), accidental injury, occupational diseases and planning for major emergencies and catastrophes are all parts of this area of work.

National arrangements for the provision of health protection services are currently under review following the Chief Medical Officer's

Report 'Getting Ahead of the Curve'<sup>10</sup> The implications for the organisation of these services within the East Midlands will be clearer by the end of 2002.

Within this Theme, *accidents* has been nominated as the Priority Policy Objective simply because the level of accidental injury within the East Midlands is the highest in the UK.

Theme 4: Health service provision		Possible Lead Organisation
<b>PH13 (Priority)</b>	<b>Improve access to primary and secondary care services</b>	To be negotiated
PH14	Reduce the incidence and improve the outcomes of cancers.	To be negotiated
PH15	Reduce the incidence and improve the outcomes of coronary heart disease and stroke.	To be negotiated
PH16	Reduce the incidence and improve the outcomes of mental illness.	To be negotiated

Tackling the determinants of health, supporting changes in personal lifestyle and protecting people from the unexpected, provide the pathway to health improvement and a reduction in health inequalities. However effective these measures are it will not happen overnight. Whether we shall eventually need a health service in the future to identify, treat and cure the many diseases which affect us, we certainly need one now! It is vital that there is

fair and equitable access to the local health services and that a uniformly high standard of care is available to all people in the region. For this reason '*access to the NHS*' has been nominated as the Priority Policy Objective within this Theme.

**More Information:**

[www.doh.gov.uk/ohn](http://www.doh.gov.uk/ohn);  
[www.doh.gov.uk/cmo/idsstrategy](http://www.doh.gov.uk/cmo/idsstrategy);  
[www.doh.gov.uk/nhsplan](http://www.doh.gov.uk/nhsplan)

<sup>10</sup> Department of Health, Getting Ahead of the Curve: A strategy for combating infectious diseases (including other aspects of health protection) London (2001)

### 3. Priority Objectives and Possible Actions for 'Investment for Health'

This chapter provides the rationale and suggested actions for the five Policy Objectives which have been nominated for priority attention within the 'Investment for Health' strategy.<sup>11</sup>

#### Priority Policy Objective: PH 2 Education

*Increase the access of children and young people to organised and accredited health promotion programmes through pre-school, school and college education.*

#### Background

People with low levels of educational achievement are more likely to have poor health. The Acheson Report on 'inequalities in health' identified four key issues within education, which influence the degree of health inequality between individuals and communities:

- Equipping children with the practical social and emotional knowledge, understanding and skills to achieve a full and healthy life,
- Preparing children to participate fully in society, using services, working together and enhancing their understanding of other groups in society,
- Providing an environment and culture that is safe, healthy and conducive to learning,
- Acquisition of educational and vocational qualifications which provides a route out of poverty and its associated poor health.

The Report recommended that significant health benefit could be achieved for disadvantaged communities from:

- Further development of high quality pre-school education,
- Further development of the 'health promoting schools' initiative,
- Improving the nutrition available to children at school.

Through its 'Strategy for Young People', its education strategy 'Achieving Success' and in 'Saving Lives: Our Healthier Nation', the Government appears to have embraced these recommendations through initiatives such as:

- **Sure Start** which aims to improve the health and well-being of families and children before and from birth, so children are ready to flourish when they go to school. A wide variety of local programmes engage with parents and parents-to-be to assist them in improving their children's life chances through better access to family support, advice on nurturing, early learning and health services. There are currently 21 established programmes in the East Midlands with the prospect of more in the near future.
- **The National Healthy Schools Standard (NHSS)** initiative which provides a framework for LEA and health partnerships to support schools to develop a health-promoting ethos. A healthy school is regarded as one that is successful in helping pupils to do their best and build on their achievements by providing both a physical and social environment that is conducive to learning. It promotes physical and emotional health by providing accessible and relevant information and equipping pupils with the skills and attitudes to make informed decisions about their health.


There are seven focus areas within the programme covering: Personal Social and Health Education, Citizenship, Healthy Eating, Physical Activity, Safety, Emotional Health & Well-being, Sex & Relationships and with many schools adding an area on the Environment.

There is some indication that the schools involved in NHSS are making improvements at a faster rate than schools nationally with regard to: the behaviour of pupils, standards of class work, quality of the PSHE programme and the management and support of pupils. At present there are 595 schools in the East Midlands fully engaged with this scheme.

- **The Connexions Service** provides a co-ordinated advice, guidance and support service for 13-19 year olds helping them to make a smooth transition to adulthood. The focus is on participation and achievement in learning, but the Connexions Personal Adviser will try to address the whole needs of the young person. They will give basic advice on health and drugs issues and work closely with other agencies to ensure that the young person gets the help they need. County-based local services are now established across the region. There are NHS representatives on the Connexions Partnership Boards and Local Management Committees.







Other programmes that support the recommendations of Acheson and have natural links with the NHSS include:

- Nutritional guidance for caterers on the provision of **Healthy School Lunches**.
- The piloting of a **National School Fruit Scheme** which aims to provide all 4-6 year olds with a free piece of fruit each school day. Currently there are pilot School Fruit Schemes in Corby, Leicester and Nottingham
- **The explicit entitlement** for all pupils to have two hours of high quality physical activity a week including sport in and outside of school hours activities. This is contained in the education strategy 'Achieving Success'. Participation in physical activity and sport is associated with numerous health benefits and better performance in the classroom
- Accreditation for schools for sports related activity through Sport England's **Active Schools Programme**.
- **Accreditation** of secondary school teachers in Personal, Social and Health Education

Currently there are no national health promotion schemes targeted at colleges and universities. However many of the principles, if not the methods could be developed to meet the health and social needs of students.

#### Possible Actions across the Region:

- Identify a practical mechanism for the Public Health Task Group to establish a two-way strategic link with the LEAs in the East Midlands.
- Encourage the development and recognise the contribution that pre-school educational initiatives (including Sure Start) make to health improvement within the most deprived communities
- Encourage regeneration and community development programmes to:
  - involve their respective schools with the National Healthy Schools Standard,
  - to support programmes which encourage parents to work in partnership with their child's school.
- Encourage all schools to meet the Government's pledge for pupils' entitlement to 2 hours of PE and sport.

- Encourage schools and colleges to improve nutritional provision and develop food initiatives for pupils and students.
- Encourage the development of college based health promotion schemes.

#### More information:

[www.dfes.gov.uk/achievinguccess](http://www.dfes.gov.uk/achievinguccess);  
[www.dfes.gov.uk/schoollunches](http://www.dfes.gov.uk/schoollunches); [www.cpyu.gov.uk](http://www.cpyu.gov.uk);  
[www.doh.gov.uk/fiveaday](http://www.doh.gov.uk/fiveaday); [www.connexions.gov.uk](http://www.connexions.gov.uk);  
[www.surestart.gov.uk](http://www.surestart.gov.uk); [www.wiredforhealth.gov.uk](http://www.wiredforhealth.gov.uk);  
[www.sportengland.org/active](http://www.sportengland.org/active);  
[www.hda-online.org.uk/html/improving/nhss.html](http://www.hda-online.org.uk/html/improving/nhss.html)

## Priority Policy Objective: PH 4

### Physical Activity

*Increase the level of individual physical activity.*

#### Background

'Saving Lives: Our Healthier Nation' confirms that physical activity is one of the key determinants of good health. A physically active lifestyle including walking, cycling or participating in sport, reduces the risk of coronary heart disease, stroke, diabetes, Alzheimer's disease, bowel cancer and obesity. Regular walking and weight bearing activity can reduce the risk of osteoporosis. People who are fitter have a greater chance of living longer. Older people who remain active are more likely to continue to be independent and live at home.

Over 70% of people in the UK are not active enough to benefit their health. Low levels of physical activity is a key contributing factor to the increasing prevalence of people who are overweight or obese, coronary heart disease and adult diabetes. It is estimated that 37% of coronary heart disease could be avoided with moderate but regular physical activity. (30 mins/ day, 5 days/week) The greatest health improvements are gained by encouraging sedentary people to do a modest amount of regular exercise such as walking. Walking has the advantage of being an accessible and affordable form of exercise. It can promote good mental health by reducing anxiety, depression and loneliness through promoting social contact, increased confidence and self-esteem. Although higher levels of walking are reported by people in the manual social classes, obesity and being overweight has a greater prevalence in this social group.

There is an increasing concern about the fitness of children. Current social patterns among children and limitations on the amount of sport and physical activity at school, may be factors in the increasing numbers of obese and overweight children. Currently 61% of girls and 45% of boys do not meet the Government's minimum physical activity guideline of one hour per week. A number of initiatives have been developed to combat this situation. The most important of these is the recent statement by the Prime Minister that every pupil is entitled to at least 2 hours of high quality, physical activity per week, including sport in and outside of school

Significant barriers to people increasing their level of physical activity include personal reasons such as lack of time and enjoyment, perceived incompetence and embarrassment and with some ethnic groups, cultural and

religious mores. Availability of facilities and cost are also important. Environmental barriers to undertaking more moderate physical activity such as walking or cycling is the issue of safety. Creating environments which are safe to exercise such as green open spaces, cycle ways and secure footpaths are an important consideration in any attempt to increase the levels of physical activity in the population particularly in regeneration areas. Sport has a significant contribution to increasing the levels of physical activity amongst all ages. Within this region, East Midlands Sport has facilitated a wide range of initiatives including:

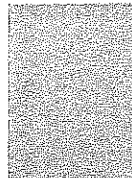
- **Sport Action Zones** in Leicester and North Nottinghamshire and Derbyshire Coalfields.
  - School based initiatives such as:
  - the recruitment of **School Sports Co-ordinators**,
  - the establishment of the **Active Schools Programme** including 'Activemark' and 'Sportsmark' accreditation systems,
  - the vetting of applications to sell off school playing fields.


#### Possible Actions across the Region:

- Ensure a public health input into the review of the Regional Planning Guidance.
- Engage with the other IRS regional strategies to identify strategic opportunities which will facilitate an increase in the levels of physical activity of residents in the East Midlands.
- Advocate schools to engage with the National Healthy Schools Standard.
- Encourage SSPs and LSPs to support local developments that will increase access to sport and physical activity opportunities for people living in regeneration and rural areas, older people, people of specific ethnic minority cultures, people with physical or learning disabilities.
- Increase public and professional awareness that increased physical activity together with a healthy diet is an appropriate way to maintain a healthy body weight.
- Advocate further provision of facilities and open spaces which will encourage physical activity and sport in a safe environment.
- Identify how regional data collection on physical activity and sport participation can be improved.

#### More information:

[www.culture.gov.uk/sport](http://www.culture.gov.uk/sport); [www.ohn.gov.uk](http://www.ohn.gov.uk);  
[www.sportengland.org.uk/active](http://www.sportengland.org.uk/active)





**Priority Policy Objective: PH 5  
Diet**

*Improve the diet of families.*

**Background**

What we eat is central to our health throughout life. A good diet during pregnancy is important for the healthy development of the growing baby and women who breastfeed give their children the best start in life. A balanced diet combined with an adequate level of physical activity during childhood, helps to ensure that children grow well and do not become overweight as they get older. Avoiding sugary foods and drinks helps to prevent tooth decay.

Good nutrition through adult life will help protect against diabetes, coronary heart disease, stroke and some cancers. Healthy eating could lead to 20% reduction in deaths from these chronic diseases. An unhealthy diet and low levels of physical activity can contribute to people being overweight or obese. This is a major problem for the East Midlands where around a quarter of men and almost a third of women aged 45-64 are obese. These are among the highest levels nationally.

Appropriate dietary advice can prevent physical and mental deterioration and improve the quality of life of older people, people with chronic diseases and those living in residential care. These groups make up a significant part of the 5% of the population in whom under-nutrition is a problem.

The incidence of diet related diseases is significant in lower socio-economic groups where consumption of fruit and vegetables is half that of professional groups. In deprived and rural communities where comparatively few people own cars and public transport is poor and relatively expensive, people will have major difficulties in reaching shops which sell a range of affordable foods to make up a healthy diet. Shopping at small independent 'cornershops' can be 60% more expensive than a supermarket. Consequently, the poorest people often face the highest prices for food, which is often not conducive to maintaining a healthy diet.

For families living on a low income, the free midday meal at school is of vital nutritional importance. Unfortunately there is strong evidence that not all who are entitled to this facility, actually take it up - possibly due to stigma. Ensuring that schools implement and accord with the Nutritional Standards for

School Lunches 2000 could significantly improve the diet of young children in poor families.

Taken together with physical activity, a healthy diet has the potential to enhance the length and the quality of an individual's life. The current recommendations for eating healthily are:

- Maintaining a healthy body weight within the BMI range of 20-25,
- Increasing the consumption of a wide variety of fruits and vegetables,
- Eating more starchy food and increasing dietary fibre through a variety of sources,
- Eating 2 portions of fish per week (especially oily fish),
- Reducing total and saturated fat,
- Limiting sugar and salt intake,
- Drinking alcohol within recommended limits.

Research by the Health Development Agency indicates that promoting healthy eating interventions in a variety of populations and settings are worthwhile and effective. England has one of the lowest fruit and vegetable intakes in Europe. If the population ate an average of five portions of fruit and vegetables per day, this would lead to a 50% increase in consumption. The potential for this increase to stimulate the local food economy is undermined by the fact that currently, 30% of vegetables and 90% of fruit is being imported.

In partnership with government agencies, the food industry and consumer groups, the Department of Health has developed a national 'Five-a-day' programme to promote an increase in fruit and vegetable consumption. This is being delivered through schools and local community initiatives. Five national pilots have been established and a regional programme of development for the East Midlands is imminent. Currently there are pilot 'School Fruit Schemes' in Corby, Leicester and Nottingham.

**Possible Actions across the Region:**

- Engage with the other IRS regional strategies to identify strategic opportunities which will facilitate an increase in the levels of healthy eating within families in the East Midlands.
- Facilitate the establishment of a Regional Food Forum from existing regional initiatives to:
  - Bring key organisations including consumer

and community representatives together to exchange views and information.

- Advocate for an increase in the availability and accessibility of foodstuffs to supply a healthy and affordable diet.
- Co-ordinate existing stakeholder action.
- Develop a programme of shared and integrated action to support East Midlands residents to improve their diet easily and economically.
- Share innovative and effective practice.
- Encourage schools and colleges to improve nutritional provision for pupils and students through:
  - Promotion of food and health policies which includes lunches, tuck shops, vending machines, packed lunches and celebratory events.
  - Provision of fresh drinking water throughout the day to avoid dehydration.
  - Implementing Nutritional Standards for School Lunches 2000.
  - Participating in the national '5-a-day' community initiatives and school fruit schemes.
  - Engaging with the Healthy Schools Standard programme.
- Increase public and professional awareness that increased physical activity together with a healthy diet is an appropriate way to maintain a healthy body weight.
- Encourage local partnerships to:
  - Facilitate an increase the availability and accessibility of foodstuffs to supply an adequate and affordable diet for people who are disadvantaged or living in isolated
  - Increase the numbers of women willing to breastfeed their babies.

More Information:

[www.doh.gov.uk/fiveaday](http://www.doh.gov.uk/fiveaday);  
[www.doh.gov.uk/nutritionforum](http://www.doh.gov.uk/nutritionforum);  
[www.trentpho.org.uk/products/khi2002](http://www.trentpho.org.uk/products/khi2002);  
[www.emda.org.uk/food\\_action\\_plan](http://www.emda.org.uk/food_action_plan)  
[www.hda-online.org.uk/html/research/effectivenessreview](http://www.hda-online.org.uk/html/research/effectivenessreview);  
[www.jrf.org.uk/knowledge/findings/socialpolicy](http://www.jrf.org.uk/knowledge/findings/socialpolicy)







### Priority Policy Objective: PH 8

#### Accidents

*Reduce the incidence of accidental death and injury.*

#### Background

Preventing accidental injury is a priority in the Government's health strategy, 'Saving Lives: Our Healthier Nation'. The majority of accidents arise from human error and as such may be avoidable and could be prevented.

In the UK, accidental injury is the commonest cause of death between one and forty years of age and is the greatest cause of mortality in children above 1 year. The overall mortality rate from accidents in the East Midlands is higher than any other English region with over 3000 deaths per year. Death rates, particularly males are especially high in North Nottinghamshire, Northamptonshire and Lincolnshire. The picture is similar for children, with death rates much higher for 1-4 year olds in North Nottinghamshire and 5-14 year olds in Northamptonshire and Lincolnshire.

Non-fatal injuries are very common in childhood. Each year about 20-30% of children in the UK attends an Accident and Emergency Department as a result of an injury.

**Road traffic accidents** are a major cause of accidental death and injury in the UK with over 3,500 people killed and 40,000 seriously injured each year. Around a quarter of these are pedestrians. Drink-drive accidents account for one in seven deaths. Road traffic accidents remain the biggest single cause of death to children with around 300 under 5s dying each year. While this death rate has fallen substantially over the last 25 years, childhood pedestrian fatalities still remain amongst the highest in Europe. Within the East Midlands during 2000, there were over 23,000 casualties of which 3,483 were seriously injured and 330 died.

Each year, **the home** is the setting for around 2.8 million accidents which result in attendances at Accident & Emergency Departments. This accounts for over a third of all accidents requiring hospital treatment. Half of all childhood deaths are as a result of accidents in the home. In 1998, there were around 4,300 deaths and over 172,000 serious injuries in UK homes. Thirty-eight percent of home accidents are due to falls. Older people are at particular risk from falls in the home and this can create long term health and social care needs due to their increased vulnerability. Two-thirds of accidental deaths in females aged over 65 were due to falls in 1997. Among

the over 85s, 20% of fall-related deaths occur in Nursing Homes. Currently, the national mortality rate from falls is static.

The average length of stay in hospital after an accident (usually a fall) in the over 75s, is eight days. In the early 1990s in England & Wales, a quarter of all Orthopaedic bed occupancy was due to hip fractures in the elderly, the majority of which were due to falls.

**The workplace** can expose employees to the risk of accidental injury. Over 620 people were killed and at least 1.5 million injured in work accidents during the financial year 1998/9 but there is a substantial under-reporting of non-fatal injuries. The cost of workplace accidents in Britain has been estimated at over £2 billion with 25 million working days lost annually.

**Leisure activities** also create the risk of accidental injury. Drowning is the predominant cause of death resulting in 569 deaths in Britain during 1999. Some 800,000 sports related accidents are reported annually.

There is a strong association between child accidental injury and socio-economic status. Accident-related attendances at A&E services have shown that the more deprived wards are over-represented in injury statistics. Researchers in Nottingham have also found that children from social classes IV & V, have a death rate from injury five times that of children from social classes I & II, with this difference increasing. Similar differences exist for deaths from most injuries, particularly fire, pedestrian and cyclist injuries, falls, and poisoning. The rate for fatal accidents for 15-24 year olds is generally higher in rural than in urban areas.

Trent Public Health Observatory is producing a 'toolkit' for use by the public and a wide range of other users, which will include a statistical profile, a review of evidence-based practice and examples of current good practice for the prevention of accidental injury.

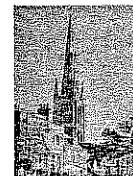
#### Possible Actions across the Region:

- Engage with the other IRS regional strategies to identify strategic opportunities which can address accident prevention as well as the development and maintenance of safe environments.
- Establish a regional mechanism to enable key local and regional agencies to:
  - Exchange views and information on accidents.

- Co-ordinate existing action to prevent accidents.
- Investigate the possibility of additional sustainable resourcing to support local accident prevention initiatives.
- Develop a regional plan to reduce the incidence of accidental injury and death across the region which will integrate regional, sub-regional and local action.
- Develop a relational database to provide a comprehensive picture of accidental injury at a regional and neighbourhood level.
- Establish how injury prevention training can be part of a greater range of mainstream qualifications as well as local training and development schemes.
- Advocate safety education to be part of the National Healthy School Standard.

**More Information:**

[www.doh.gov.uk/ohn](http://www.doh.gov.uk/ohn); [www.rosipa.com](http://www.rosipa.com);  
[www.transtat.dft.gov.uk/facts](http://www.transtat.dft.gov.uk/facts)  
[www.dti.gov.uk/homesafetynetwork](http://www.dti.gov.uk/homesafetynetwork); [www.hse.gov.uk/statistics](http://www.hse.gov.uk/statistics);  
[www.trentpho.org.uk/products/khi](http://www.trentpho.org.uk/products/khi)





### Priority Policy Objective: PH13

#### Access to the NHS

*Improve access to primary and secondary care services.*

#### Background

The NHS Plan confirms that the 'inverse care law' still applies in too many parts of the country. Communities in greatest need are least likely to receive the health services that they require. Inequity in access to services is not restricted to social class and geography. People of minority ethnic groups are also less likely to receive the services they need, due in part to insensitivity to their respective culture, religious beliefs and first language. Bangladeshi women are half as likely to take up cervical cancer screening invitations compared to the general population. There are other particular population groups in a similar situation including prisoners, travellers and 'rough sleepers'

Access to good primary health care services has been poor in many disadvantaged communities and in rural areas. There are fewer GPs working in the most disadvantaged communities and the provision of NHS dental services is a significant problem in parts of the East Midlands.

Communities most at risk of ill health also likely to experience the least satisfactory access to a full range of preventive services, such as screening, health promotion and immunisation. Rates of consultation for GP based preventive care can be around a third lower in men from social classes IV & V compared to those in I & II. Compared with affluent communities, people living in deprived circumstances are also less likely to access secondary care treatment services such as heart surgery, hip replacements and mental health services. The development of National Service Frameworks on cancer, coronary heart disease and stroke, diabetes, mental health, older people and children, are providing quality standards of service to address the problem of access to services and uniform standards of care.

There is an increasing need to develop local services which meet the needs of young people. Involving them in the development of services and building relationships with local schools and colleges to increase their understanding and trust of health services, are examples of how this could be achieved.

An inadequate public transport infrastructure means that access to the NHS is part of a larger problem of access to public services. In

general, people living in rural areas and in some deprived urban communities have fewer transport options. Around 27% of people who have no access to a car, face difficulties travelling to hospital and 13% find accessing primary care difficult. Physical distance and travel times are important factors in visit rates to a GP. Over 90% of rural communities with less than 100 residents have no primary care facility and in most regions, 10% of rural residents live further than 12km from hospital. In his report on health inequalities, Acheson found that lack of access to transport is experienced disproportionately by older people, limiting their access to goods, services, opportunities and social contacts. The NHS Plan has given priority to tackling this inequity of access to primary care by improving primary care services to disadvantaged populations so that access to and quality of all health services are more closely matched to need.

#### Possible Actions across the Region:

- Establish that within local health services:
  - There is equity of access to all mainstream NHS services and particularly those which focus on cancer, coronary heart disease, stroke and mental illness,
  - There are sustainable mechanisms to involve particular population groups in the needs assessment, resource allocation, health care planning and delivery of services which affect them. (For example: ethnic minority communities, children and young people, older people, people with physical and/or learning disabilities),
  - The development of outreach services for primary and secondary care services are being considered to meet the health and social care needs of particular urban or rural communities. (For example: primary care one-stop centres or mobile services),
  - Investment and service improvement is being directed to local communities and population groups in the greatest need of health improvement.
- Engage with local and regional transport planning bodies to develop a public transport infrastructure which meets the health needs of people living in rural and deprived urban communities.

#### More Information:

[www.doh.gov.uk/nhsplan](http://www.doh.gov.uk/nhsplan); [www.hm-treasury.gov.uk/spending\\_review/spend\\_sr02](http://www.hm-treasury.gov.uk/spending_review/spend_sr02);  
[www.defra.gov.uk/wildlife-countryside/ruralwp](http://www.defra.gov.uk/wildlife-countryside/ruralwp);  
[www.nhsdirect.nhs.uk](http://www.nhsdirect.nhs.uk);  
[www.archive.officialdocuments.co.uk/document/doh/ih](http://www.archive.officialdocuments.co.uk/document/doh/ih) (Acheson)

## 4 Factors which will influence the implementation and outcome of the strategy

### 4.1 Strategies within the Integrated Regional Strategy

'Investment for Health' is but one of the family of strategies of the 'Integrated Regional Strategy' (IRS) which provide a holistic framework for all strategic planning in the region. The IRS is built on four broad Themes, which together cover a wide spectrum of policy development. These Themes of the Economy, Environment, Spatial and Social, are closely linked, with integrated action being a key criterion for success. This section identifies the links between 'Investment for Health' and other IRS strategies. These strategies cover many of the determinants of health<sup>12</sup> identified in the Acheson Report on Health Inequalities.

#### The Economic Strategy: 'Prosperity through People'

'Prosperity through People' includes the aspects of economic development that are required to produce regional economic growth, promote social inclusion and respect the environment, so increasing the region's 'quality of life'. The 'Investment for Health' strategy needs a thriving economy to deliver its agenda. Equally, this economic strategy needs the residents of the East Midlands to share a good level of health, if it is to fulfil its Vision of being 'one of Europe's top twenty regions'.

The Acheson Report on Health Inequalities, confirmed that the linkage between low household income and poor health is unequivocal, and disproportionately affects families with young children and pensioners. Although increasing the incomes of poor households will not guarantee good health, it will remove the significant barriers to improving health and life expectancy as well as reducing the health inequality gap between the rich and poor. 'Prosperity through People' offers a number of opportunities for health improvement across all of its Policy Themes. However, this economic strategy is now under review, so there are now further opportunities to influence the direction of this strategy as regards health improvement.

A major area for future development is capitalising on the significant contribution the NHS makes to the East Midlands economy at every level. A recent local report commissioned by the Health Development Agency: 'The Business of Health'<sup>13</sup> has detailed the economic contribution of the NHS within the East Midlands in terms of employment, demand for goods and services, and capital investment. As the fifth largest employer in the region, the NHS provides at least 125,000 jobs and many more are dependent on its existence. The report points out that a 3.2% increase in health sector spending could lead to an increase in employment of around 66,000 jobs in all sectors. The added value to every £1 spent by the health sector to the East Midlands' economy is around one third (£1.37). Reflecting the philosophy of investment for health, it is imperative that the potential social, economic and health dividends of this enormous resource are used to benefit local communities as a whole as well as patients.

#### The Environment Strategy

The Environment Strategy covers issues relating to the natural and built environment such as bio-diversity, pollution and the efficient management of energy and natural resources. The relationship between human health and the environment is fundamental, intimate and the genesis of the discipline of public health. However, in the breadth of competing agendas within the environmental debate, the issue of human health is often understated. It could be argued that this issue is the ultimate arbiter in the development and implementation of any environmental strategy.

The environment of disadvantaged communities is usually under the greatest strain and the health of people who live and work in them at greatest risk. The link between public health and the environment is recognised within the East Midlands' Environment Strategy. The Policy Objectives within the strategy offer considerable potential for improving health and reducing health inequalities.

#### The Spatial Strategy: Regional Planning Guidance


The Regional Planning Guidance (RPG) provides guidance to ensure that the development of economic, housing, shopping and transport infrastructure takes place in locations that are compatible with the social,

<sup>12</sup> A useful summary of the determinants of health and their impact is contained in the recent Trent Public Health Observatory publication: Green G, Determinants of Health Inequalities in the East Midlands, Yorkshire and the Humber, Trent Public Health Observatory, Sheffield. (2002)

<sup>13</sup> Chant L, Brazier J, et al, The Business of Health: Assessing the economic contribution of the health sector to the East Midlands' regional economy, Trent Public Health Observatory, Sheffield. (2002)







economic and environmental aims of the IRS. The RPG plays a major roll in determining the health status of local communities and influencing the potential for health improvement. For example, transport is necessary to enable people to access other people, employment, goods and services. Personal transport such as the car is very expensive so the importance of a good public transport system that is accessible, affordable and integrated is vital to the promotion and maintenance of good health for people on low incomes or who do not drive.

Through its Key Objectives and within its eighty-nine specific Policies, the planning and transport elements of the RPG provide a firm foundation for supporting the intent of 'Investment for Health' to improve health by reducing health inequalities.

As with 'Prosperity for People', the RPG is now under review and this will provide substantial opportunity to reinforce the case for health improvement is a key input and outcome in the planning process.

#### **The Social Theme**

The Social Theme encompasses those issues that are directly associated with social well-being such as education, culture, health, sport, leisure, discrimination, community safety, social cohesion and equality issues. The overarching concern is to achieve a real and sustainable reduction in social exclusion. Although 'a rich and vibrant region', the diversity within the East Midlands disguises significant numbers of people who are socially excluded and often living in deprived circumstances.

The Social Inclusion Task Group (SITG) has been established by the Assembly to ensure that social exclusion within the region is addressed through the Economic, Environmental and Spatial strategies as well as the six Social Objectives of the IRS. These relate to housing, life-long learning, healthy communities, culture, community safety and social capital. The development and integration of strategic plans for the wide variety of social themes is vital if the IRS is to be successful. Equally, the success of the 'Investment for Health' strategy is dependent on integrated planning and action with the two published strategies within the Social Theme (housing and culture) and influencing the development of the forthcoming ones on life-long learning and community safety.

#### ● **The Housing Statement**

Within our society, shelter and security is probably the second fundamental pre-requisite for health after the biological necessities of food and drink. Poor housing and poor health walk hand-in-hand. Provision of affordable housing in a safe environment for the less well off, which takes account of social networks and access to goods and services such as health care, is fundamental to protect and promote health let alone reduce health inequalities.

The Regional Housing Statement specifically recognises the link between housing and health. It also addresses the key health issues which relate to housing, through its Strategic Priorities. Consequently, there is considerable opportunity for integrated action to improve health through the adequate and affordable supply of 'decent homes' and through planning approaches such as 'Home Zones' to create 'streets for people'.

#### ● **The Cultural Strategy: 'Time for Culture'**

The Regional Cultural Strategy for the East Midlands 'Time for Culture' sets out a vision for culture in the region over the next 10 years. The Strategy's overall aim is *'to ensure that everyone in the East Midlands will have better opportunities to participate in, embrace and enjoy cultural activities and to enhance their quality of life'*. Within the eight described Objectives, a number of health-related actions are identified which will provide many opportunities for 'Investment for Health' and 'Time for Culture' to have a significant effect on improving health and reducing health inequalities. For example, increased understanding of the culture of particular ethnic groups can do much to increase the sensitivity and appropriateness of health service provision, while the performing arts offer effective ways of increasing personal life-skills for all age groups.

'Investment for Health' recognises and will support the respective commitments of the other IRS strategies which contribute to its own Overall Objective of: *'improving health by reducing health inequalities'*. Equally it requires the other IRS strategies to embrace the Objectives and support the Actions of 'Investment for Health', if this public health strategy is to succeed. The Public Health Task Group will strive to achieve this through co-ordinated action with other partners involved in the IRS.

## 4.2 Social Issues not currently covered by the Integrated Regional Strategy

Two areas of social development which will have significant effect on the outcome of this 'Investment for Health' strategy are School and College Education and Social Care.

### School and College Education

Adults with low levels of educational achievement are more likely to have poor health. The Government's health strategy 'Saving Lives: Our Healthier Nation' confirms that education is vital to health. Education can build self-esteem, equip children and young people with the skills to adopt healthier lifestyles and improve employment and career opportunities that are themselves associated with improved health.

### Social Care

The Social Care agenda is a vital social mechanism to provide care and support to a wide variety of people, helping them to maintain or achieve more fulfilling lives. Many of these are people whose physical and mental health is at considerable risk such as older people needing support to maintain their independence, people with physical and learning disabilities and their carers, children and families at risk, homeless people and refugees.

Two of the major players in this type of work are Local Authority Social Services and the Voluntary sector. At any one time, over 100,000 people within the East Midlands rely on help from local Social Services. Many thousands more rely on the formal and informal support provided by voluntary organisations and volunteers.

Social Services generally work in partnership with other statutory agencies such as the NHS, Housing Departments, the Employment Service and LEAs as well as some community and voluntary organisations. In addition to these formal partnerships, voluntary groups and organisations play an enormous complementary role in supporting people in need of social support in diverse and often unrecognised ways.

Both these agendas directly address health inequality and so will have a significant effect on health status. Therefore it is vital that there is some mechanism established to ensure that the organisations responsible for delivering these services have a way to influence the 'Investment for Health' strategy and have their contribution to it recognised. As part of this consultation process, the Public Health Task

Group will investigate how this might best be achieved.

## 4.3 Health Impact Assessment and Sustainability Appraisal

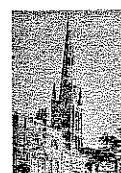
Throughout this strategy for 'Investment for Health', the case has been made that the health of a community is a product of a wide range of economic, social and environmental factors. Organisations, which develop policy or legislation in any of these areas, will inevitably and to some extent, influence the health of individuals and communities.


Health Impact Assessment (HIA) is a systematic process to assess how specific policies or projects will affect the health of targeted populations or communities. Through this process the significant positive and negative impacts on health can be established. This information can stimulate decisions to reduce if not eliminate the negative impact of a particular programme and offer an opportunity to enhance or increase any potential benefits.

Reflecting the investment for health philosophy, it is important that the potential health impact of each of the other IRS strategies is determined. This will enable health promoting investment and its potential health dividends to be recognised as well as the identification of any policy conflicts which might undermine the investment strategy. As part of its programme of work, the Public Health Task Group will negotiate with other Task Groups to establish if they are willing to submit their respective strategies to a Health Impact Assessment. Where possible this could be undertaken as a part of a Sustainability Appraisal exercise.

The HIA process is similar to a number of other policy assessment tools which have been recently developed. Among these, there is an increasing recognition that there is considerable overlap in the content and method of the HIA and Sustainability Appraisal processes. To address this issue, the Public Health Task Group in liaison with the Environmental Task Group, will commission the East Midlands Public Health Observatory to develop local guidance for Health Impact Assessment work, which will be compatible with and complementary to the Sustainability Appraisal Checklist developed for the Regional Assembly.

To ensure internal consistency within the IRS, the final 'Investment for Health' strategy will be subjected to a Sustainability Appraisal, to





ensure that its priorities are in balance with the economic, social and environmental aspirations of the other strategies.

#### 4.4 Rural Proofing

A significant percentage of the East Midlands population lives within rural communities. Health inequalities and poor health are as significant in rural communities as in urban ones. However by the very nature of the rural context, these health disparities are widely dispersed. It is vital that the 'Investment for Health' strategy offers the same level of support for health improvement within the country as in the town.

An outline strategy by Action for Rural Care and Health<sup>14</sup>, identified transport, personal isolation, social exclusion and poor communication as key issues to be addressed within the health and social care agenda. The national strategy 'Our countryside: the future'<sup>15</sup> and the Countryside Agency have also highlighted the inherent problems in delivering an equitable health provision to rural people.

'Rural Proofing' offers one way of assessing in advance, whether this strategy is likely to have a differential impact in rural areas. Submitting 'Investment for Health' to a rural proofing process, should indicate what changes are required to fully reflect the health needs and circumstances of the rural communities. The East Midlands Rural Forum will be asked to undertake an initial assessment of 'Investment for Health' as part of the consultation process. The results of this initial Rural Proofing appraisal can then used in the production of the final strategy.

##### More Information:

[www.eastmidlandsassembly.org.uk](http://www.eastmidlandsassembly.org.uk); [www.emda.org.uk](http://www.emda.org.uk);  
[www.dfes.gov.uk/achievementsuccess](http://www.dfes.gov.uk/achievementsuccess);  
[www.trentpho.org.uk/products/inequalities/reckoner.htm](http://www.trentpho.org.uk/products/inequalities/reckoner.htm);  
[www.doh.gov.uk/scg/socialc](http://www.doh.gov.uk/scg/socialc); [www.engage-em.org.uk](http://www.engage-em.org.uk);  
[www.ohn.gov.uk/ohn/making/impact.htm](http://www.ohn.gov.uk/ohn/making/impact.htm); [www.hda-online.org.uk](http://www.hda-online.org.uk);  
[www.countryside.gov.uk/ruraiproofing](http://www.countryside.gov.uk/ruraiproofing)

<sup>14</sup> Action on Rural Care and Health, Improving community care and health services in rural Nottinghamshire: an outline strategy, unpublished. (2002)

<sup>15</sup> Department of Environment, Transport and the Regions, Ministry of Agriculture and Fisheries, Our Countryside: the future: a fair deal for rural England, Stationery Office, London. (2000)a

## 5. MONITORING AND EVALUATION

It is an accepted part of the development and implementation of any strategy, that progress towards its goals or objectives should be monitored. In this way, achievement can be recognised and problems discovered and addressed.

While this is a laudable approach, there is an increasing awareness that when the 'aim' or 'vision' of a strategy is broken into a series of objectives with their respective targets and indicators, the successful delivery of the objectives does not always add up to the achievement of the initial vision. The objectives and their progress tend to become the agenda rather than the vision.

In an attempt to counter this problem, the evaluation of the 'Investment for Health' strategy will cover not only progress on the sixteen Policy Objectives, but will also evaluate whether the strategy is achieving its Overall Objective to improve health by reducing health inequalities.

To carry out this work, the Public Health Task Group will be heavily reliant on the guidance and expertise of the Trent Public Health Observatory.

### 5.1 Evaluation of the Overall Objective

The basis of the 'Investment for Health' strategy is that the most appropriate way to improve health within the East Midlands is by reducing the level of health inequalities within the region. This can be most effectively be achieved by improving the health of the population groups and communities whose socio-economic and health needs are the greatest. So it is reasonable to expect that effective progress of any public health strategy should reduce the gap between the health status of the worst and best off.

With this in mind, the Public Health Task Group, aided by the Trent Public Health Observatory, will regularly assess progress of its Overall Objective by monitoring:

- The health inequality indicators for the East Midlands region which reflect the national health inequality targets:
  - Mortality between manual groups and the whole population,
  - Life expectancy at birth of the poorest 20% of areas and the population as a whole,

- Conception rates for under-18 year olds in the worst 20% of wards and the national average
- The variation between the most deprived and most affluent communities for premature mortality from the 'big killers' of circulatory diseases and cancers.

### 5.2 Evaluation of the individual Policy Objectives

In a similar vein to the monitoring of the Overall Objective, successful delivery of a specific Policy Objective should produce a significant positive effect for particular social or economically vulnerable groups such as those described by Acheson in his report on health inequalities. Such groups include:

- Children and their families,
- Older people >65 years,
- People with particular disabilities,
- People with mental illness,
- People of particular minority ethnic groups,
- Socially excluded young people,
- Prisoners,
- People living in rural situations.

The Public Health Task Group will regularly evaluate the progress and success of individual Policy Objectives. However, it believes that such work should be undertaken from the perspective of how a Policy Objective has delivered for these population groups. Thus it would seem appropriate that the Task Group does this work in partnership with representatives of organisations concerned with these particular groups of people. As part of this consultation process, the Task Group will establish which representative bodies would be willing to assist it in this endeavour. Once again the Task Group will be heavily reliant on the Trent Public Health Observatory to achieve this ambitious agenda.

Monitoring and evaluation the 'Investment for Health' strategy will be a standard part of the Public Health Task Group's future work programme acting on behalf of the Regional Assembly. The outcome of this work may also be useful to Local Authority 'Overview & Scrutiny Committees' as part of their wider role in health improvement and reducing health inequalities for their respective areas and residents. Equally, as part of its own work the Task Group will welcome and take account of the observations from these Committees.





## 6. RESOURCES

Any strategy is impotent unless there are the resources to make it happen. The thrust within this 'Investment for Health' strategy is about identifying and recognising the existing resource that is already providing a health dividend for the East Midlands' population. This section takes a tentative step towards identifying what resources are, or need to be available, to support the endeavour of this strategy.

### 6.1 Finance

Currently there is no collated information available to indicate the level of financial investment to support public health action or its workers. Although the level of investment in health by the NHS within the East Midlands is in the region of £2b, this takes no account of the financial investment for health by other national, regional and local agencies including the significant contribution of Local Authorities. As part of its programme of work, the Task Group will attempt to identify a means of assessing the level of financial investment underpinning this public health strategy.

### 6.2 Workforce

As well as money, public health requires a skilled workforce. In his recent report 'To Strengthen the Public Health Function'<sup>16</sup>, the Chief Medical Officer (CMO) suggests that the public health workforce and its practice can be differentiated into three groups :

- Professionals including managers in the NHS, local authorities and elsewhere, who would benefit from a better basic understanding of public health and some public health skills development,
- Hands-on public health practitioners who spend a substantial part of their time furthering health by directly working with groups and communities,
- A relatively small group of public health specialists (including medical doctors) who need a core of knowledge, skills and expertise in this area of specialist practice.

The CMO is clear that an increase in the public health capacity and capability is now required across the Country:

*'We need to make sure that the public health workforce across all sectors is skilled, staffed*

*and resources to deal with the major task of delivering the Government's health strategy'* As with finance, there has been no organised audit to determine the range or number of public health workers within the East Midlands. The recently established East Midlands Public Health Network, currently has over 400 people on its distribution list. So once again the Task Group will seek a mechanism which will be able to estimate of the size and extent of the public health workforce in this region.

### 6.3 Training and Development

The Government's health strategy and its modernisation programme for the NHS and Local Authority services is dependent upon a stronger public health function. The CMO's report sets out priority areas for action if an increase in the capacity and capability of the national public health function is to be achieved including:

- Increasing workforce capacity,
- Strengthening multi-disciplinary public health,
- Strengthening capability,
- Education, training and organisational development,
- Leadership and management development,
- Strengthening academic public health.

The CMO's Report also provides the context and a useful framework for increasing public health capacity and capability within the East Midlands region. The Public Health Task Group is concerned that an adequate and comprehensive professional development system is established for public health workers. Consequently it will investigate how such a mechanism can be established and resourced as well as identifying what existing professional development opportunities are already available. At present, the principal public health development resources are:

- The Faculty of Public Health training programme for Consultants in Public Health Medicine,
- The Masters in Public Health at Nottingham University,
- The East Midlands Public Health Network.

<sup>16</sup> Department of Health, Chief Medical Officer, The Report of the Chief Medical Officer's Project to Strengthen the Public Health Function, Stationery Office, London. (2002)

## 6.4 Information & Research

For 'Investment for Health' to have a chance of improving health by reducing health inequalities, its actions need to be informed by robust information and high quality research evidence

The East Midlands is fortunate in having access to two well developed information sources in the form of the East Midlands Observatory for a wide range of regional information and the Trent Public Health Observatory for health related information. Both these organisations will play a vital role in supporting the Task Group in its assessment, monitoring and evaluation work.

A national 'Research Development Strategy for Public Health' was devised in 2001<sup>17</sup> which confirmed the need of policy makers, practitioners, academics and the public to have access and use of public health research findings. It suggested that through a partnership of the main funding agencies, more effort would need to be put into:

- Summarising the research evidence base,
- Interpreting and translating evidence into policy, guidance and standards,
- Linking practitioners, public health observatories and the academic community.

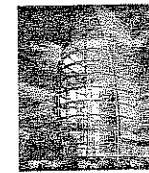
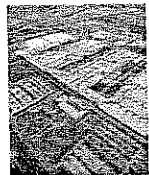
The strategy indicated that there would be new investment in public health research together with the publication of an implementation plan.

There is no single organisation within the region which has responsibility for public health research although there are two public health academic centres in the Universities of Nottingham and Leicester. Public health research is likely to be undertaken by a wide range of individuals and organisations from individual practitioners to dedicated research organisations. What is required is a mechanism to link the products of such research together and make it easily available if it is to inform effective public health practice and strategy. Currently there is no strategy for doing this within the East Midlands. The Public Health Task Group will await the national plan with keen interest and seek ways to support it when it is published.

### More Information:

[www.trentpho.org.uk](http://www.trentpho.org.uk); [www.eastmidlandsobservatory.org.uk](http://www.eastmidlandsobservatory.org.uk);  
[www.doh.gov.uk/cmo/phfunction.htm](http://www.doh.gov.uk/cmo/phfunction.htm);  
[www.doh.gov.uk/research/rd1/strategicresearch](http://www.doh.gov.uk/research/rd1/strategicresearch)

<sup>17</sup>Department of Health, A Research and Development Strategy for Public Health, Department of Health, London. (2001)





## 7. NEXT STEPS

'Investment for Health' is the product of two years of development which commenced with the publication 'Viewpoints for Health in the East Midlands'. This draft public health strategy, 'Investment for Health' is now out to consultation for the period September 1st until November 30th 2002. At the end of this consultation period, comments and observations will be used to form the definitive public health strategy for the East Midlands which will be published by March 2003. This will include a draft Action Plan.

Along with the publication of the strategy, the East Midlands Public Health Observatory will publish a Health Profile of the region.

If you wish to receive or comment on the Full version of 'Investment for Health', this can be downloaded from the East Midlands web-site [www.eastmidlandsassembly.org.uk](http://www.eastmidlandsassembly.org.uk) or requested using the Response Form attached or by e-mail from: [publichealth@eastmidlandsassembly.org.uk](mailto:publichealth@eastmidlandsassembly.org.uk)

If you wish to comment on this Summary of the 'Investment for Health' strategy, you can do so either in free-form or by using the attached Response Form.

The deadline for comments and observations is 30th November 2002. These can be returned:

By post to:  
Public Health Consultation, East Midlands  
Regional Assembly, The Belvoir Suite, Council  
Offices, Nottingham Road, Melton Mowbray,  
Leicestershire, LE13 0UL  
By fax: 01664 568201  
By e-mail  
[publichealth@eastmidlandsassembly.org.uk](mailto:publichealth@eastmidlandsassembly.org.uk)

**Response Form for the 'Investment for Health' strategy**

1. Do you feel that the philosophy, vision and Overall Objective of 'Investment for Health' is appropriate and useful?

2. Do you think that the 4 Themes and 16 Policy Objectives is an appropriate structure for the strategy?

3. Are the 5 selected Priority Policy Objectives an appropriate choice?

4. Do you consider that the 'Investment for Health' strategy and its agenda has the potential to be useful to the work of Sub-regional and Local Strategic Partnerships?

*Please detach and return*





5. In regard to any particular Policy Objective:

i. Do you have any suggestions, amendments or deletions to the list of the Possible Regional Actions?

[Empty response box for question 5.i]

ii. Which organisations do you think should be involved in the delivery of the Possible (or additional) Regional Actions?

[Empty response box for question 5.ii]

iii. Which organisation(s) do you consider should lead and/or be accountable for the delivery of this particular regional Policy Objective?

[Empty response box for question 5.iii]

6. Additional Comments or to request a copy of the Full version of the strategy.

[Empty response box for question 6]

Please feel free to continue on additional sheets or photocopy this Response Form

Name.....

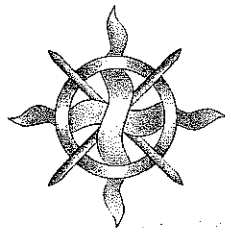
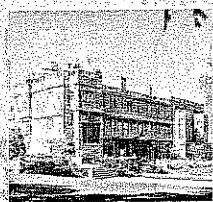
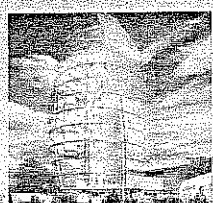
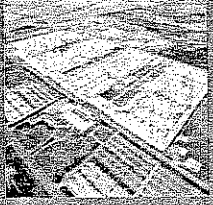
Organisation .....

Contact address/e-mail address .....

Please Return by 30th November 2002 to: Public Health Consultation, East Midlands Regional Assembly, The Belvoir Suite, Council Offices, Nottingham Road, Melton Mowbray, Leicestershire, LE13 0UL

Please detach and return





**EAST MIDLANDS  
REGIONAL ASSEMBLY**

*• Progress Through  
Partnership •*

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