

This issue Saving Lives

Saving Lives: Our Healthier Nation aims to improve the health of everyone and the health of the worst off in particular.

This issue of *Health Policy Matters* summarises the White Paper, provides a brief commentary and discusses the implications for local health policy makers.

Introduction by Ken Jarrold

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New Labour cannot be criticised for failing to create a policy framework for the NHS. Two and a half years of government have resulted in the most comprehensive and detailed national policy agenda that I have encountered in my 30 years as an NHS manager. *Saving Lives**, the subject for this first edition of *Health Policy Matters*, is at the heart of the policy for the new NHS.

It is not easy for chairs, non-executives, chief executives and senior managers to keep pace with the developing agenda. They need to be aware, to understand and to know what is expected of them.

We hope that this and subsequent issues of *Health Policy Matters* will help you to keep in touch with the developing policy agenda and that it will make a real contribution to your work in establishing the new NHS.

The first edition of *Health Policy Matters* is accompanied by a Social Policy Supplement. This features policy initiatives aimed at the wider determinants of health and which are not initiated by the NHS.

* Department of Health (1999). *Saving Lives: Our Healthier Nation*. London, The Stationery Office. Cm 4386

Summary

This section summarises the White Paper according to the following themes: (1) approaches aimed at individuals, (2) strategies focusing on the wider causes of ill health, (3) those with responsibility for delivering the strategy and finally (4) specific health targets.

Individuals

The *Healthy Citizens* programme focuses on people's knowledge and expertise to deal with health problems. The three main strands are:

- **NHS Direct** - as well as the telephone advice line, further initiatives will include: NHS Direct On-Line and NHS Direct Healthcare Guide, a source of advice on common ailments available through several media.
- **Health Skills** - training initiatives, often undertaken

by the voluntary sector in partnership with the NHS, such as cardiac resuscitation skills including the use of defibrillators.

- **Expert Patients** - A task force led by the Chief Medical Officer will design a programme to promote self-management by those with chronic illnesses and disabilities.

Wider causes of ill health

Policies which may affect health inequalities, but which are not implemented through the NHS, are summarised in the Social Policy Supplement to this issue of *Health Policy Matters*. Other policies aimed at the wider determinants of health which do require input from the NHS include:

Healthy schools: The White Paper *Excellence in Schools*¹ identifies a commitment for all schools to become healthy schools along the

lines of pilot partnerships between education and health authorities.

Healthy workplace: The Healthy Workplace initiative launched in March 1999 has implications for the NHS as a major employer.

Health impact assessment: All new government policies will in future be assessed for their impact on health.

Delivering the strategy

Health Authorities and PCGs:

Using the instrument of Health Improvement Programmes (HiMPs), Health Authorities have overall responsibility for improving health locally, principally through an 'enabling' role with Primary Care Groups/Trusts and hospital and community trusts have a 'doing' role. In reality though these roles will be blurred. Health Authorities will be required to publish an annual core health statement and their health improvement performance will be measured.

Partnerships: There is a new duty of partnership on NHS bodies (including Primary Care Trusts) and local government. The Health Act 1999 permits the flexible use and pooling of budgets, so opening the door to transfers between health and other sectors at the local level. An example of support for partnerships is the Single Regeneration Budget (worth £2.4 billion over three years) targeted on deprived local authority areas, which could be used to improve access to community-based health facilities.

Public health function: A Public Health Workforce National Development Plan will be produced to increase the multi-disciplinary expertise needed to deliver the public health agenda. The public health role of nurses, midwives and health visitors will be strengthened and non-clinical Specialists in Public Health will be created who will be able to become Directors of Public

Health. Measures will also be taken to strengthen public health information resources such as the establishment of a Public Health Observatory in each NHS region. The Health Education Authority is being replaced by a Health Development Agency which will advise on the setting of standards for public health and health promotion practice and will promote the role of research evidence in health improvement standards.

Specific health targets

Cancer

Aim: to reduce the death rate in the under 75s by at least 20% in 10 years

The principal focus is to cut smoking (see below) and otherwise promote healthier behaviour such as increasing the dietary intake of cereals, fruit and vegetables. The White Paper also advocates increasing the quality and coverage of cervical screening and more generally the quality of diagnostic, treatment and palliative care services.

The White Paper on Tobacco: Smoking Kills⁹

Aim: to reduce the number of smokers by 1.5 million over the next 10 years.

A package of measures will be introduced to prevent uptake and to promote smoking cessation. This includes:

- a ban on tobacco advertising
- an increase in taxes on tobacco
- enforcement of the ban on under-age sales
- encouragement of smoke-free public places
- better services to help smokers to quit
- a mass media campaign
- action against tobacco smuggling.

Coronary heart disease and stroke

Aim: to reduce the death rate in the under 75s by at least 40% over the next 10 years

In addition to focusing on smoking (see above), the strategy identifies the reduction of dietary fat and salt intake, physical activity and the effective treatment of high blood pressure as key areas for action.

Mental health

Aim: to reduce the death rate from suicide and undetermined injury by at least 20% within 10 years

Educational campaigns will be used to promote simple steps to enhance mental health, such as relaxation and time with family. Social support for unemployed job seekers and carers is proposed as well as rapid treatment for post natal depression. Early recognition and effective treatment of mental health problems is a key part of the strategy which is elaborated in the National Service Framework.

Accidents

Aim: to reduce the death rate from accidents by at least 20% over the next 10 years

The strategy includes action focused on the environment, such as modifying traffic flows and better building design and on individual behaviour such as safer road crossing and safety protection.

Implications for local health policy

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It would be sensible for Health Authorities, PCGs and Trusts to concentrate in the short term on a few feasible, measurable and 'evidence-based' activities which have the greatest prospect of success. These could also be used as the core around which to develop

Brief commentary

Saving Lives: Our Healthier Nation provides a useful framework for effective action. It is broad in scope and ambitious and reflects a real desire to tackle the underlying influences on health. However, it has not taken into account adequately the lessons from the previous national health strategy.² For example, it is hard for decision makers to identify the key elements for implementation and there is insufficient guidance on how to meet the targets. Implementation is likely to be

hindered by the somewhat blurred roles of the various services and agencies and the lack of adequate organisational capacity and skills to deliver such a broad and complex strategy.

Whilst the idea of 'joined-up thinking' is to be welcomed, there are so many references to other strategies and initiatives e.g. transport and clean air policies that the strategy may prove difficult to put into practice. This 'initiativitis' and emphasis on strategy over operation will lead to fatigue, lack of co-ordination, cynicism and failure. It remains to be seen

whether the new national structures will provide the necessary support for the development of co-ordinated local action.

There are several elements of the strategy which are currently fashionable but which are insufficiently supported by research. For example, we do not know the overall effect of NHS Direct on demand for care or the distribution of health outcomes, and health impact assessment is a poorly developed technique which has yet to be proven of use.

and implement effective partnerships and other innovative programmes. In order to reduce inequalities, it is important for effective health service action to be specifically targeted at the disadvantaged. It will also be important to ensure that at a local level initiatives are nested (e.g. within existing HiMPs) rather than new, competing, structures being set up in parallel. This should also take account of activities being promoted by the Regional Office in partnership with Regional Development Agencies, aimed at affecting the social and economic determinants of health.

Cancer: Priorities are to reduce the rates of smoking and to improve the diagnosis and treatment of cancer according to the recommendations of the guidance produced by the NHS Executive over the last few years.³⁻⁶ The implementation of this cancer guidance will soon be audited by the Commission for Health Improvement.

Smoking: There is reasonable evidence to indicate which services are effective in helping smokers to quit e.g. the provision of nicotine replacement therapy.⁷ Guidelines have been produced which could be

useful for local implementation.⁸ The emphasis in the White Paper⁹ on mass media campaigns and law enforcement (preventing sales to children) is less convincing and their effect on smoking behaviour by themselves is likely to be small.^{10,11} There is no simple way to prevent children and young people from taking up smoking and fashionable approaches such as 'stages of change' have not been shown to work.¹² However, school-based programmes which build on social learning theories which teach skills to resist pressures to smoke have had some success and are most likely to work as part of co-ordinated comprehensive community programmes. This should be started before regular patterns of smoking are established.¹³

Coronary heart disease (CHD) and stroke: The main priority for local policy makers will be to tackle aspects of existing services which diverge from the recommendations of the forthcoming National Service Framework for CHD. Areas for initial focus could include:

- reducing smoking in adults (see above)
- ensuring that a greater proportion of people at high risk of CHD are identified and

offered low dose aspirin, beta blockers and cholesterol lowering drugs (statins)¹⁴ and people with hypertension are identified and effectively treated.¹⁵ Systems need to be established to ensure that people at raised risk are identified and effectively treated

- improving access to and the quality of cardiac rehabilitation for people with symptoms or who have had a cardiac procedure¹⁶
- ensure that any increased provision of coronary bypass graft surgery /angioplasty for people with CHD is targeted at those who stand to benefit most. There is evidence that a significant proportion are inappropriately treated and so clear criteria or indications for treatment should be developed, implemented and monitored.¹⁷

Mental health: Local policy makers should focus attention on 'evidence-based' approaches to mental health promotion and the prevention of mental illness in high risk groups¹⁸ contained in *Saving Lives*. This includes interventions aimed at children with behaviour problems, carers of highly dependent people,

and people recently unemployed.¹⁸ Increasing access to cognitive behavioural interventions is needed but further investment in generic counselling is unlikely to yield significant benefits.¹⁸ Policy makers should also concentrate on specific elements of the recent National Service Framework. This will be the subject of the next issue of *Health Policy Matters*.

Teenage pregnancy: This is the subject of a recent Social Exclusion Unit report¹⁹ much of which is backed up by research evidence. Local health policy makers need to check that children have access to school-based sex education programmes, which stress the acquisition of skills to avoid sex and have easy access to confidential contraceptive services which can

help reduce teenage pregnancy.²⁰ A local co-ordinator should be identified who will ensure that prevention of and reduction of the adverse consequences of teenage pregnancy are a key part of local Health Improvement Programmes and that progress is monitored.

Accidents: There is good research evidence to support a number of accident prevention interventions. In children this includes the promotion of cycle helmets and child car seat restraints (which should be made available at low cost to poorer households), use of safety devices in the home such as smoke detectors and child resistant containers.²¹ Targeting households at higher risk combined with home visits, education and free distribution of devices is likely to

make the most impact.²¹ Action should be co-ordinated with Fire and Rescue Services which also have targets for reducing deaths from fires. The rate and severity of childhood accidents can also be reduced by urban road safety measures.²¹

Falls and consequent fractures in older people can be reduced by encouraging exercise (such as Tai Chi), the use of hip protector pads in the frail elderly and home surveillance to identify and reduce environmental risk factors for falls.²²

Education and training: Policy makers should consider the implications for public health and the skills gap when considering how best to invest funds allocated for training doctors, nurses and other health care professionals.

References & resources

Effective Health Care and Effectiveness Matters bulletins provide useful and relevant summaries of the evidence. They are distributed free to the NHS and can be downloaded from: www.york.ac.uk/inst/crd. These and other resources are referenced below.

1. Department for Education and Employment. *Excellence in schools*. London: The Stationery Office, Cm 3681, 1997.
2. Hunter D, Warner M, Beddow T et al. *The health of the nation: a policy assessed*. London: The Stationery Office, 1998.

Cancer

NHS Executive Cancer Guidance for commissioners and supporting evidence documents are available from the NHS Response Line (0541 555455) and in summary form as *Effective Health Care* bulletins:

3. The management of primary breast cancer. *Effective Health Care* 1996;2(6):1-12.
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6. Management of gynaecological cancers. *Effective Health Care* 1999;5(3):1-12.

Smoking

7. Smoking cessation: what the health service can do. *Effectiveness Matters* 1998;3(1):1-4.
8. Raw M, McNeill A, West R. Smoking cessation guidelines for health professionals. A guide to effective smoking cessation interventions for the health care system. *Thorax* 1998;53 (supplement 5(1)):S1-19.
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12. Aveyard RP, Cheng KK, Almond J, et al. Cluster randomised controlled trial of expert system based on the transtheoretical ("stages of change") model for smoking prevention and cessation in schools. *BMJ* 1999;319:948-953.
13. Preventing the uptake of smoking in young people. *Effectiveness Matters* 1999;5(5):1-12.

CHD

14. Cholesterol and CHD screening and treatment. *Effective Health Care* 1998;4(1):1-12.
15. Drug treatment of essential hypertension in older people. *Effectiveness Matters* 1999;4(2):1-4.
16. Cardiac rehabilitation. *Effectiveness Health Care* 1999;5(5):1-12.
17. Management of stable angina. *Effectiveness Health Care* 1998;4(5):1-12.

Mental health

18. Mental health promotion in high risk groups. *Effectiveness Health Care* 1997;3(3):1-12.

Teenage pregnancy

19. Social Exclusion Unit. *Teenage Pregnancy*. London: June, 1999
20. Preventing and reducing the adverse effects of unintended teenage pregnancies. *Effectiveness Health Care* 1997;3(1):1-12.

Accidents

21. Preventing unintentional injuries in children and young adolescents. *Effectiveness Health Care* 1996;2(5):1-12.
22. Preventing falls and subsequent injury in older people. *Effectiveness Health Care* 1996;2(4):1-12.

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