

8 Making it happen – national and local delivery



'There has been so much written [on Public Health policy] often covering similar ground and apparently sound, setting out well-known major determinants of health, but rigorous implementation of identified solutions has often been sadly lacking.'

Derek Wanless, February 2004

INTRODUCTION

1. The Government is determined that this White Paper should make a difference to people's lives. Turning its commitments into sustained action will be everybody's business

2. This chapter sets out the key actions by which national government should be judged:

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

It also summarises how action will be ensured locally, particularly through local government and the NHS. Annex B has a more detailed description of those delivery mechanisms and how they will be used. The Annex also outlines how we will get sufficient workforce capacity and capability to deliver.

3. To avoid the risk that in some cases, interventions may contribute to widening health inequalities, government departments, and particularly the Office of the Deputy Prime Minister and Department of Health, will ensure that initiatives and programmes are health inequality 'proofed'. This will involve consideration of whether any policy changes or remedial actions are necessary to prevent any negative effects on health

inequalities. The impact of 'non-health' interventions on population health should also be more routinely considered both before implementing policies (through Health Impact Assessments, for example) and afterwards through evaluation.

REGULATION

4. **The Government will build health into all future legislation by including health as a component in regulatory impact assessment.**

5. The Government will take responsibility for ensuring detailed consultation on proposals to legislate in this White Paper, with the aim of bringing forward promptly the policies set out to regulate smoking in public places and workplaces, on the standard of food provided in schools over the whole school day and to tighten regulation of underage tobacco sales.

6. The Government will continue to take tough action on tobacco smuggling. Over the past two decades, establishing and maintaining a high level of tax on cigarettes – as has been the policy of successive governments – has been shown to help reduce smoking prevalence. Cigarette duty was subject to a sustained period of real-terms increases during the 1990s, and has been held at the present high level in real terms since 2000–01. Compared to many other countries, the UK has high duties on tobacco products and high-priced cigarettes.

However, an increase in the availability of cheaper, illegally smuggled cigarettes and hand-rolling tobacco has meant that some smokers have been able to by-pass higher prices, undermining the impact of price on smoking prevalence rates and meaning that further real increases in duty would be likely to be of limited effectiveness.

7. Tobacco smuggling undermines the Government's tobacco control strategy, as well as stimulating serious widespread criminality. Smuggling brings in large volumes of cheap cigarettes – including counterfeit cigarettes – making smoking more accessible to young people and those on low incomes. Major inroads have been made in the last few years to tackle the problem and Customs have succeeded in slowing, stabilising and reversing the growth in cigarette smuggling. **We have reduced the smuggled share of the cigarette market to 18% in 2002–03, and aim to reduce this further to no more than 13% by 2007–08.**

8. The question of how best to regulate tobacco products was an issue raised in the Wanless report and in the public consultation on *Choosing Health?* Although we do not think that there is a case for setting up a brand new UK agency to regulate tobacco, as some have called for, we recognise the need for more work to look at how best to regulate tobacco products. We are in discussion

with the European Commission and working with partner agencies, including Medicine and Healthcare products Regulatory Agency (MHRA) who regulate medicinal nicotine products such as nicotine patches and gum for quitting, the Health Protection Agency (HPA), our expert scientific advisory committees and the National Institute for Clinical Excellence (NICE),¹ to develop a strategy for taking this work forward. In 2005 we expect to see a report from the European Commission which will give a view of the cross-Europe priorities for work in this area.

RESOURCING DELIVERY

9. Some of the initiatives to improve health in this White Paper will rely on focusing mainstream programmes and innovative service design on public health objectives. Others will entail extra costs. Most are the responsibility of the Department of Health. The Secretary of State for Health has committed to provide the new funding identified against specific proposals. This includes new money for stimulating demand for health through campaigns, more school nurses, the introduction of health trainers and better obesity and sexual health services.

10. We will give funding priority to areas of greatest need, to address health inequalities. This will provide more flexibility for local partners, including local

¹ See Annex B for detail on the further development of NICE's role in public health.

authorities, to decide on how best to resource local activities through, for example, more efficient working arrangements or more effective targeting of services to reduce overall demand.

JOINED-UP ACTION

11. The Government is committed to the New Burdens Doctrine and will reimburse local authorities fully for any extra costs they face as a result of the policies in this White Paper. We will be working with local government to assess the resource implications of relevant initiatives before they are implemented.

12. To ensure Government itself demonstrates the joined up action that it asks of others, the Secretary of State for Health will coordinate action through the new Cabinet Sub Committee, set up to oversee the development and implementation of the Government's policies to improve public health and reduce health inequalities.

13. The Government will also pursue its approach to choosing health internationally, and has adopted 'Empowering people, reducing inequalities', as one of its themes for the UK's EU Presidency in the second half of 2005.

14. Last year's cross-government Health Inequalities Programme for Action identified four key areas for progress:

- supporting families, mothers and children;
- engaging communities and individuals;
- preventing illness and providing effective treatment and care; and
- addressing the underlying determinants of health.

15. We will publish a follow-up report on progress against the strategy. This will look at the national health inequalities target on life expectancy and infant mortality, together with progress against the 12 national health inequalities indicators and on the delivery of commitments by government departments set out in the Programme for Action.

16. This White Paper now makes specific commitments in each of the key areas, to focus effort over the next period. This is by no means the end of the story. Experience of service improvement in the NHS and elsewhere suggests that by focusing on a small number of priorities at the outset delivery is secured and momentum built for sustained change.

17. The White Paper also demonstrates how we are putting joined up action into practice to improve health. There will also be specific joint programmes of action on those targets/goals to which departments have already made joint commitments. These include:

- halting the year-on-year rise in obesity among children under 11 by 2010 in the context of a broader strategy to tackle obesity in the population as a whole. Joint target between the Department of Health, the Department for Education and Skills (DfES) and the Department of Culture, Media and Sport; and
- reducing the under-18 conception rate by 50% by 2010, as part of a broader strategy to improve sexual health. Joint target between the Department of Health and the DfES.

18. To ensure public accountability and demonstrate continuing progress the Department of Health will publish a six monthly progress report on key indicators for the targets that relate directly to improving health. These reports will reflect the joint contributions of all departments involved.

NATIONAL PLANS FOR DELIVERY

19. The Government will publish a Delivery Plan for the White Paper early next year. This will make clear the accountability for the commitments we have made and the action that needs to be taken. It will spell out the particular roles and responsibilities for health improvement of all health and social care organisations and, where we have reached agreements, for organisations in the rest of the public, private and voluntary sectors.

20. As part of this delivery programme we will also – as previously promised – publish discrete national delivery plans focusing on nutrition and activity, including:

- the Food and Health Action Plan;
- the Physical Activity Plan.

These will set out how and when Government, its agencies and others will deliver their commitments to improve the nation's diet and increase activity, including those commitments identified in this White Paper and other relevant Departmental plans.² In particular, the Food and Health Action Plan will coordinate with, and contribute to the delivery of, the *Strategy for Sustainable Farming and Food* (SSFF). As part of that we will ensure that the regional delivery plans of the SSFF all include commitments on nutrition. The plans will help coordinate the work of national, regional and local government, the voluntary sector, business and others. Together with other parts of the White Paper delivery plan, the plans will show how we will deliver the cross-Government public service agreement on halting the year-on-year rise in obesity in children.

21. Individual Government departments will also be publishing their own five-year delivery plans in the coming months. These include the Office of the Deputy Prime Minister, the Department for

² For example, Department for Transport, *Walking and Cycling: An Action Plan*, launched June 2004.

'(The ingredients of success are) effective performance management, clear priorities, targets, good real time data, management against trajectory and the capacity to intervene where necessary'.

Michael Barber, Prime Minister's Delivery Unit

Culture Media and Sport and the Department for Environment, Food and Rural Affairs, whose plans will be relevant to the implementation of this White Paper.

BUILDING PARTNERSHIPS AND INVITING ENGAGEMENT FOR DELIVERY

22. Development work as well as direct action is needed to take forward the ideas in this White Paper. We shall work on this with local government, the NHS, consumer and voluntary organisations and the private sector.

23. We will organise the first national conference within a month of publication to allow as many key players as possible to engage with our approach supporting healthy choices. This will lead into a series of regional roadshows to present the main messages in this White Paper and to encourage commitment from around the country.

24. To encourage organisations to make their pledges to improve health, described in Chapter 4, we will ensure that within six months there is a mechanism for everyone to record their pledges publicly. The first awards to celebrate achievements in improving health will be made in 2005. We will encourage individuals with the right skills and enthusiasm to join a network of health champions, to help organisations which want to improve health.

ENSURING ACTION LOCALLY: A CLEAR SYSTEM FOR DELIVERY

25. In order to achieve the step change needed in health improvement we need to make most effective use of the developing structural and organisational frameworks involving NHS bodies, local authorities, and the business, voluntary and community sectors. These include the creation of integrated statutory organisations such as Care Trusts, and partnership arrangements through children's trusts, and on a broader level Local Strategic Partnerships. Local leadership and commitment is vital and these partnerships provide an important forum for elected and board-level members, Chief Executives and other senior representatives to develop a shared vision and agenda for action to improve health.

26. Our approach for local delivery of improved health by the NHS and local government will be based on central government aligning for local partners. It will consist of:

- standards for services;
- targets, which are increasingly based on outcomes;
- incentives;
- support for change; and
- inspection and performance assessment.

'Healthcare organisations in the past have tended to focus on ill-health. The Healthcare Commission's systems of assessment will look at the contribution that healthcare organisations are making to improve the health and well-being of the population as well as reducing inequalities in the standard of health enjoyed by different sections of our community. By working in partnership with a broad range of inspectorates we will play a key role in improving public health.'

Sir Ian Kennedy, Chairman of the Healthcare Commission

27. From 2005, we are introducing a new performance framework for all health and social care organisations, *Standards for Better Health*. One of the areas it covers is public health. The standards will form a key part of the Healthcare Commission's assessment of all healthcare organisations.

28. The White Paper reinforces the importance of the Public Service Agreement targets which have already been set to improve health and reduce inequalities. Delivery of these targets will be primarily through the work of the NHS and local government. For the NHS, improving health has also been identified as one of the four national priorities for the period to 2008, putting health goals alongside service delivery as a top priority for every NHS organisation, every NHS Chair and every Chief Executive. In local government, tackling health inequalities is one of the shared priorities endorsed by the Local Government Association.

29. There is a range of incentives available to encourage progress towards the White Paper objectives and empower partners to work more effectively. In local government, councils can receive extra government funding for achieving more ambitious local targets, such as those on tackling health inequalities. The introduction of Local Area Agreements offers significant

opportunities for PCTs, councils and other partners to address improvements in the health of their communities. In the NHS, the Local Delivery Planning process focuses management attention on key targets and acts as a driver for step changes in performance. To reinforce this, it would be possible to encourage the development of new services by making the release of funding conditional on evidence of a robust, specific plan which addresses both capacity and capability and outlines clear delivery mechanisms. The local delivery plan process will engage all of the relevant local partners, including councils, in addressing public health priorities. Taken together with Local Area Agreements this process should support development of a shared agenda for all relevant partners and provide greater flexibility to achieve agreed priorities.

30. Supporting implementation of the White Paper proposals in the NHS and local government will be a priority task for the Modernisation Agency (and its replacement body), the Improvement and Development Agency and the Care Service Improvement Partnership. Funding will be available to support transformational change on the ground. Both agencies will work together to provide health improvement expertise, best practice tools and ideas on how to encourage local areas to adopt them rapidly. In time, extra support will be made

available to organisations which fail to make satisfactory progress on health improvement.

31. We will also publish revised Health and Neighbourhood Renewal Guidance in 2005, which will highlight good practice for organisations working together in Local Strategic Partnerships.

32. The Healthcare Commission and Audit Commission have agreed to work together to find ways to align their new performance systems for assessing health improvement and reduction in health inequalities.

33. They will also develop a framework for improvement reviews of public health issues as well as jointly reviewing and developing data sets on public health.

34. These actions will ensure that health is core business for the NHS and local government and their partners, and part of mainstream systems for incentives, performance, regulation and inspection which are aligned to support community development, health improvement service delivery and individual behavioural change.

CONCLUSION

35. Meeting the new health challenges of the 21st century will need a step change in action. These arrangements reflect the need for Government, communities and individuals to take seriously their respective responsibilities for health. The commitments in this White Paper are designed to ensure more healthy choices are available and to shape the environment so that these choices are readily available to those who would otherwise be disadvantaged. This is the beginning of a journey to build health into Government policy and ensure that health is everybody's business. This chapter shows the Government is serious about ensuring that these commitments are met and that this time we get sustained and focused action to improve people's health.