HEALTH OF THE NATION

IMPLEMENTATION: REPORT ON PROGRESS

Introduction

1. This paper draws together the ways in which work on the "Health of the Nation" White Paper is being taken forward and forms the second regular report on progress to Ministers. It will continue to be updated on a three-monthly basis.

2. The report covers the whole range of implementation work, from the organisational structure (the Cabinet Committee) through general issues (such as monitoring and research) to specific activity in each key area.

3. The paper is in ten parts:

Part I	**Priorities and key challenges, 1993/4-1996/7**
Part II	**Promulgating the strategy**
Part III	**General oversight of development of the strategy in Government as a whole**
Part IV	**General oversight of responsibilities within DH for the strategy's development, and the reporting progress to Ministers and EDH(H)**
Part V	**"Health of the Nation" Advisory Machinery (the three Health of the Nation working groups)**
Part VI	**Work on key areas [Action plans in coloured Annex]**
Part VII	**General implementation and development of strategy outside the NHS**
Part VIII	**Implementation and development of strategy within the NHS**
Part IX	**Monitoring, reviewing and reporting arrangements and research**
Part X	**Meeting White Paper commitments in non-key areas.**

4. For each item of work the task is identified, together with the lead branch. In all cases where an administrative lead only is identified work is, of course, being pursued on the usual multidisciplinary basis.

HSU
JANUARY 1993

PART I PRIORITIES AND KEY CHALLENGES 1993/4-1996/7

Priorities and key challenges

1. Action on "The Health of the Nation" is included in the Secretary of State's priorities for 1993/94 and 1994/95 - 1996/97, as follows:

(a) To protect, promote and improve the health of the nation

1993/94

* Promote better health by developing and securing action on the national strategy for health in the Health of the Nation White Paper.

* Raise public awareness of factors affecting good health through effective public education on healthy lifestyles, with particular reference to the key areas identified in the Health of the Nation White Paper (coronary heart disease and stroke, cancers, mental illness, HIV/AIDS and sexual health, and accidents) and secure the adoption by individuals and corporate bodies of strategies and plans of action to raise standards of physical and mental health.

1994/95 - 1996/97

* Carry forward action to improve the health of the nation following up the Health of the Nation White Paper.

(b) To ensure high quality health care through the NHS

1993/94

* Develop strategies and initiate action within the NHS to contribute to the achievement of Health of the Nation objectives and targets.

1994/95 - 1996/97

* Implement NHS aspects of the Health of the Nation White Paper so as to achieve the health targets set by the Government.

2. The strategic aims for Health of the Nation over this period are to:

- sustain the profile of the initiative;
- develop programmes which take forward, and are seen to take forward, implementation of the strategy
  - * in the five key areas
  - * on general implementation issues

  both within Government and the NHS, and more widely;
- develop and roll forward the strategy itself.

PART II PROMULGATING THE STRATEGY

1. A major priority is to ensure the continued and widespread promulgation of the Health of the Nation White Paper and the strategy for health. As well as informing the many interested organisations and bodies about what is happening centrally, this helps encourage and direct their own efforts.

2. Promulgation is being done in a number of main ways:

- Conferences There are many opportunities for Ministers to take part in major non-DH conferences specifically devoted to the White Paper.

  A series of DH/NHS organised conferences is taking place from January to April 1993 - one in each NHS Region. These provide opportunity for Ministers to discuss particular themes and to explore what work is being planned - in the NHS and elsewhere - to take HoN forward. Each conference is drawing heavily on local activity and themes. Audiences come from NHS and outside organisations.

- Speeches Health of the Nation will form a major part of the Ministerial speech programme.

- Exhibition Following discussion at M(H)'s Wider Health Working Group, a Health of the Nation exhibition of good practice in health education is planned for 1993. Tentative plans are that this should be part of the 'one year after publication' celebrations.

- Supporting material

  - Demand for the summary and popular versions of the White Paper continues to be heavy. Both have had to be reprinted. These continue to be the 'core' documents.

  - A cassette version for the blind has been produced.

  - Ethnic versions, and an ethnic advertising campaign, are in preparation (February 1993).

- Newsletter A Health of the Nation newsletter is being produced on a quarterly basis - the first issue had to be reprinted because of heavy demand. The newsletter (*Target*) is primarily for a non-NHS audience, although it is of interest to the NHS and is circulated widely within the service. It complements the now established insert in ME News.

- Other publications There is now a series of Health of the Nation publications, including "First Steps for the NHS", "Specification of National Indicators" and five NHS handbooks - one for each key area.

- Internationally Opportunities are taken for Ministers and officials to refer to Health of the Nation in various fora, including meeting of Commonwealth Health Ministers, the Council of Europe and the World Health Organisation.

  An English-Dutch seminar on health strategy development was held in the Netherlands in September 1992. An English-German seminar is being planned for June 1993.

PART III GENERAL OVERSIGHT OF DEVELOPMENT OF THE STRATEGY IN GOVERNMENT AS A WHOLE

1. The main responsibility for taking forward the strategy for health set out in "The Health of the Nation" White Paper rests with the Secretary of State for Health. However, the initiative goes much wider than the Department of Health, and is being co-ordinated overall at Cabinet level.

Government machinery

2. The new Ministerial Sub-committee on Health Strategy (EDH(H)), of which the Secretary of State for Health is a member, has overall responsibility for developing the strategy. It is also responsible for co-ordinating UK-wide health issues. Its terms of reference are:

> "To oversee the development, implementation and monitoring of the Health Strategy for England set out in the White Paper "The Health of the Nation", to coordinate the Government's policies on United Kingdom-wide issues affecting health, and report as necessary to the Ministerial Committee on Home and Social Affairs".

3. Membership of EDH(H) is listed in the annex to Part III. Although serviced by Cabinet Office, the Secretariat includes the head of HSU.

4. The establishment of an Inter-departmental Official Group to support the Ministerial Sub-committee, chaired by Cabinet Office, has been agreed by EDH(H).

5. **Action on all the above rests with HSU**, in consultation with colleagues.

MEMBERSHIP OF THE MINISTERIAL SUB-COMMITTEE EDH(H)

Chairman: Lord President of the Council

Members:

Minister of Agriculture, Fisheries and Food
Secretary of State for the Environment
Secretary of State for Wales
Secretary of State for Social Security
Chancellor of the Duchy of Lancaster
Secretary of State for Scotland
Secretary of State for Northern Ireland
Secretary of State for Health
Minister of State, Department of Health (Minster for Health)
Paymaster General
Parliamentary Under Secretary of State, Department of Employment

The Secretaries of State for the Home Department, Transport, Education, National Heritage and the President of the Board of Trade receive papers and may be invited to attend as appropriate.

Secretariat:

Cabinet Office with head of HP(A)4/HSU from DH.

PART IV GENERAL OVERSIGHT OF RESPONSIBILITIES WITHIN DH FOR THE STRATEGY'S DEVELOPMENT, AND THE REPORTING PROGRESS TO MINISTERS AND EDH(H)

Machinery and responsibilities

1. *Responsibilities*

- *The HSU* with professional colleagues in HP(M) and Nursing is responsible for the overall development and coordination of work on the strategy for health, drawing together work taken forward within HSSG, the NHSME and elsewhere.

- *HSSG* is responsible (a) for taking forward work in the specific key areas and (b) for other specific action including the development of work on the 'non-key areas' identified in the White Paper which fall to HSSG. In both cases work will be in conjunction with relevant OGDs and the NHSME.

- In addition to its specific key area responsibilities, *HP(A)1* has responsibility for overseeing the HEA's contribution to the Health of the Nation strategy as a whole.

- *NHSME* is responsible for: the general issue of how the NHS will take forward the Health of the Nation priorities; how NHS targets will be set; how the NHS's performance will be monitored and appraised; and, working with the relevant parts of HSSG, how the NHS will take forward work in specific areas.

- *SD, RDD, EOR* and others are responsible for ensuring that information needs, research and other generic issues are taken forward, as well as having the lead on specific items of work.

2. *Machinery*

- *The HSU* works to DH's Health Strategy Steering Group (chaired by Mr Heppell with members from HSSG, the ME and others: members are listed in the annex to Part IV).

- The *NHSME focal point* for HSU on Health Strategy is PMD-CU. It is responsible for coordinating NHSME's work on Health of the Nation issues across the various directorates and it reports, via the NHS Implementation Steering Group chaired by Mr John Shaw, to the Chief Executive's Health of the Nation Working Group.

3. Within the NHSME specific responsibilities are:

Mr Hewlett (PMD)	-	Lead on implementation of "Health of the Nation" in the NHS (including national targets and monitoring), and servicing of ME's NHS Implementation Steering Group chaired by John Shaw
	-	Focus groups initiative
	-	Secretariat for Chief Executive's Working Group (with HSU and HCD-PH)
	-	Regional "Health of the Nation" coordinators
	-	"healthy hospitals" initiative
	-	NHS Priorities Guidance, monitoring and reviewing
	-	Supporting the HEA lead, in liaison with PD, on the "Health at work in the NHS" initiative
Dr Thoms (HCD)/ Mr Hodge (HP(A)4/HSU)	-	Secretariat for Handbooks Steering Group
Mr Stockford (PMD)	-	"Purchasing for health" and "healthy alliances"
Mrs B Soper	-	"Health of the Nation" aspects of the R&D strategy
Ms Dobson (FC1A2)	-	Funding; PES bids etc

▶ In addition to normal conduct of business, there are monthly bilateral progress meetings between HSU and NHSME (PMD-CU). These are essential in order to maintain contact - especially post-Leeds.

Reporting progress to Ministers and EDH(H)

4. Reporting is as follows:

- three-monthly progress reports to DH Ministers - started October 1992;
- initial implementation programme to EDH(H) - December 1992;
- six-monthly progress reports to EDH(H) thereafter (in addition to discussion of specific issues).

5. HSU leads on the preparation of all these reports.

MEMBERSHIP OF THE HEALTH STRATEGY STEERING GROUP

Chairman: Mr Heppell

Members:

Mrs Butler SD
Mr Liddell - RGM East Anglia
Mr Malone Lee CAD
Dr Metters DCMO
Mr Middleton HP(A)4/HSU
Mrs Moores CNO
Professor Peckham RDD
Mr J Shaw PMD
Mr Smee EOR
Dr Winyard HCD o/a

Terms of reference

To oversee the overall development of the Health of the Nation initiative within the Department of Health, including DH liaison with other Departments on implementation of Health of the Nation issues.

Secretariat

HSU - Mr Orr HP(A)4/HSU

PART V THE "HEALTH OF THE NATION" DH/NHSME ADVISORY MACHINERY

1. The White Paper continues the three "Health of the Nation" Working Groups to help take the strategy forward.

2. The position on the three groups is as follows.

M(H)'S GROUP ON WIDER HEALTH

i. Terms of reference and membership at are annex A to Part V.

ii. The purpose of this large group is to 'capture' the wider interests needed to make a success of the strategy. (The heavy health professional membership is fortuitous and helps demonstrate health professionals' own wider role.)

Action: The group met in September and December and agreed a forward work programme. Three sub-groups were set up to

(a) develop guidance on formation of healthy alliances - it is hoped to publish this guidance by the summer 1993;

(b) consider communications issues - this group has reported and its recommendations are being considered;

(c) form the nucleus of the workplace task force, announced in the White Paper.

iv. The group is due to meet again on 10 March 1993.

CMO'S HEALTH OF THE NATION WORKING GROUP

1. This group replaces the CMO's Working Group on Health Priorities. A sub-group of the main group to be known as the "CMO's Advisory Group for the Central Health Monitoring Unit and the Central Health Outcomes Unit" will provide expert advice for the two Units.

2. Current terms of reference and membership are at Annex B to Part V.

Action: **The group met on 24 November 1992 when it discussed those issues relevant to setting the group's work programme in the short and long term.**

The group will meet again on 25 February 1993 and will review the criteria for selection of key areas; revisit each key area and targets to identify any further work that might be needed; consider possible future key areas; consider the development of supplementary indicators; consider a paper from the ME on issues involved in sub-national targets and consider research into strategy issues.

CHIEF EXECUTIVE'S WORKING GROUP ON NHS IMPLEMENTATION

i. Current terms of reference and membership are at annex C to Part V.

ii. Issues include:

- oversight of progress on implementation of Health of the Nation within the NHS
- development of a forward work programme for the group;

Action: **The group met in October 1992; its next meeting will take place in Febuary 1993.**

M(H)'S WIDER HEALTH GROUP

Chairman:	Dr Brian Mawhinney	*Minister of State for Health*

Members:

Mr Tim Astill	*National Pharmaceutical Association*
Dr Michael Baxendine	*United Biscuits (UK) Ltd*
Dr Stuart Burgess	*Chairman, Oxford Regional Health Authority*
Dr Alastair Donald	*Royal College of General Practitioners*
Dr Alan Brown	*Health and Safety Executive*
Mr Derek Casey	*Sports Council*
Mr David Coleman	*Royal Pharmaceutical Society of Great Britain*
Mr Garth Crooks	*Institute of Professional Sportsmen*
Dr Alan Maryon Davis	*Acting Director of Public Health West Lambeth Health Authority*
Prof Roy Duckworth	*Chairman, Standing Dental Advisory Committee*
Mr Michael Eastwood	*Director of Environmental Health and Consumer Protection, Manchester City Council*
Ms Sally Gooch	*Royal College of Nursing*
Dr Malcolm Green	*British Postgraduate Medical Federation*
Sally Greengross	*Age Concern*
Mr Peter Gummer	*Member, NHS Policy Board*
Mr Terry Hogg	*Nissan UK Ltd*
Prof Walter Holland	*Professor of Public Health Medicine*
Dr Michael O'Brien	*Faculty of Public Health Medicine*
Mr Jack Johnson	*The Working Men's Club and Institute Union Ltd*
Mrs Rosemary Jenkins	*Royal College of Midwives*
Sir Donald Maitland	*Chairman, Health Education Authority*
Mrs Alison Norman	*Health Visitors' Association*
Mrs Sue Rogers	*National Association of Schoolmasters and Union of Women Teachers*
Mr Nick Ross	*TV and radio journalist*
Mrs Susan Stockley	*National Federation of Women's Institutes*
Ms Judi Weleminsky	*National Council of Voluntary Organisations*
Mr Robin Wendt	*Association of County Councils*

Representatives from Departments of Health, Environment, Education, Social Security and Ministry of Agriculture, Fisheries and Food

Current terms of reference:

"to advise the Secretary of State for Health on the wider public dimensions of the development and implementation of the English health strategy".

Secretariat:

HSU/HP(A)4 - Mr Orr
HP(M) - Dr Binysh
NUR - Dr Chapman

CMO'S HEALTH OF THE NATION WORKING GROUP

Chairman:

Dr Kenneth Calman	*Chief Medical Officer*

Membership:

Dr S Adam	*Regional Director of Public Health NW Thames RHA*
Dr C Bartlett	*Director, PHLS Communicable Diseases Surveillance Centre, London*
Professor M Buxton	*Director of Health Economics Brunel University*
Dr J Chambers	*Director of Public Health Health Education Authority*
Dr H Denner	*Head of Food Services, MAFF*
Dr D Fisk	*Chief Scientist, Department of Environment*
Dr J Fox	*Head of Medical Statistics, OPCS*
Dr D Hennessey	*Regional Nursing Advisor, SW Thames RHA*
Dr A Hopkins	*Director of RCP Research Unit*
Professor Kay-Tee Khaw	*Head of Clinical Gerontology Unit Addenbrookes Hospital*
Mr A Long	*Senior Lecturer, University of Leeds Nuffield Insitute for Health Services*
Professor M Marmot	*Head of Department of Epidemiology and Public Health, UCL*
Dr J Noakes	*General Practitioner, South Harrow, London*
Professor S Pocock	*Professor of Medical Statistics London School of Hygiene and Tropical Medicine*
Dr M Pringle	*General Practitioner, Collingham, Newark*
Professor NJW Wald	*Professor of Environmental and Preventive Medicine, St Bartholomew's Hospital*
Dr Rhys Williams	*Vice-Chairman Royal College of General Practitioners*

Observers: Territorial Departments

Dr P Madden - Scottish Home & Health Department
Dr M Boyle - Department of Health & Social Services, N Ireland
Dr D Hine - Welsh Office

Department of Health Representation

Dr J Metters, Professor M Peckham, Dr D McInnes, Dr E Rubery, Dr M Wiseman, Mr J Tait, Mr N Hale, Mrs R Butler, Mr C Smee, Mr B Mouatt, Dr G Jones, Dr H Markowe, Dr A Lakhani.

Terms of Reference

The terms of reference for the main group are:

"To advise on:

- the monitoring and review of progress towards the achievement of targets in the five key areas;

- the more general epidemiological and public health issues concerned with the strategy for health, including the identification and assessment of the effectiveness and cost-effectiveness of interventions;

- the identification and development of new key areas and targets."

Secretariat

HSU/HP(A)4 - Mr J Middleton
HSU/HP(A)4 - Mr J Bywater
NUR - Dr G Chapman
CHMU/HP(M) - Dr S Gupta

CHIEF EXECUTIVE'S WORKING GROUP ON NHS IMPLEMENTATION

Chairman: Mr Duncan Nichol — *Chief Executive, NHS Management Executive*

Members:

Mr Ian Carruthers	*District general Manager, West Dorset DHA*
Prof Liam Donaldson	*Regional Director of Public Health, Northern RHA*
Ms Jane Eminson	*General Manager, Walsall Family Health Services Authority*
Ms Ainna Fawcett-Henesy	*Director of Nursing, S E Thames RHA*
Dr Spencer Hagard	*Chief Executive, Health Education Authority*
Mr Alasdair Liddell	*Regional General Manager, East Anglian RHA*
Mr Howard Seymour	*Health of the Nation Regional Co-Ordinator, Merseyside RHA*
Dr Robert Haward	*Health of the Nation Regional Co-Ordinator, Yorkshire RHA*
Mr Michael Clark	*Deputy Director of Nursing, NHSME*
Mr Gordon Greenshields	*Director of Finance, NHSME*
Mr Norman Hale	*Under Secretary, Department of Health*
Mr Clive Smee	*Chief Economic Adviser, Department of Health*
Dr Diana Walford	*Director of Health Care, NHSME*
Mr John Shaw	*Under Secretary, Department of Health*
Mr David Hewlett	*Assistant Secretary, Department of Health*

Terms of reference:

"to consider how the NHS should help implement a Health Strategy in England, covering the way in which the NHS should be accountable for and deliver its contribution to the strategy".

Secretariat:

PMD CU - Mr Hetherington
HCD-PH - Dr Thoms
HSU/HP(A)4 - Mr Hodge
NUR - Dr Chapman

PART VI WORK ON KEY AREAS

1. The Key Areas are:

   A. Coronary Heart Disease and Stroke

   B. Cancers

   C. Mental Illness

   D. HIV/AIDS and Sexual Health

   E. Accidents.

2. **Annexes A-E (at the end of the paper) set out the specific commitments in each of the five key areas in the form of action plans (or developing action plans).**

3. Issues relevant to two or more key areas are:

Implementation programmes

i. In each key area the lead division in DH is developing a programme of work.

ii. Programmes cover:

- the objectives, targets and strategies as set out in the White Paper;
- the developing programme of work for the first year and outline proposals for two subsequent years;
- the development of task forces, where these are appropriate. Task Forces in the White Paper included:

  Nutrition)
  Smoking) key areas
  Accidents)

  Workplace 'Setting' - This is to operate as a sub-group, with outside membership, of the Wider Health Working Group

  Mental illness [on a specific aspect of the key area only]

Additionally, a task force on physical activity was not specifically mentioned in the White Paper, but is being set up.

Consideration is being given to the need for other task forces, within or covering key areas, as appropriate.

- the indicators or other means which will be used or developed to monitor general progress and progress to targets. [See also Part IX, item A.]

Resources

iii. DH manpower. It is for individual divisions to secure the resources necessary to take the work forward (advance warning was given of this earlier in the development of the White Paper).

v. Other funds. There is no DH central reserve for "Health of the Nation" purposes. Resources will have to be a call on existing budgets (divisional non-manpower budgets, R&D, Consultancy Fees), but see Part VII (d) for allocation of £250,000 Health of the Nation S.64 funds.

vi. PES Bids Although the White Paper itself does not call for increased spending, health promotion and disease prevention have required additional funding over the years. No public commitment should be made to "new money" for any part of "Health of the Nation", though it may be possible to plan on reprioritisation of available resources within local management discretion. Any proposal with resource implications should be discussed with the appropriate Finance Branch.

PART VII DEVELOPMENT OF THE STRATEGY OUTSIDE THE NHS (ASIDE FROM WORK ON SPECIFIC KEY AREAS)

Introduction

1. This part deals both with specific commitments in the White Paper (as identified) together with other general work identified as necessary to take "The Health of the Nation" forward.

Commitments in the White Paper

2. Specific commitments are as follows.

A. **Guidance on Policy Appraisal and Health**

Commitment to production of guidance, aimed mainly at other Government departments, on how to take account of health issues in developing policy [paragraph 3.7].

Action/Timetable:

EOR is currently exploring the possibilities of employing consultants to undertake a survey of current practice on other Government Departments and their views of their needs for advice on appraisal. It is intended to complete the groundwork by late spring 1993, with the production of a full policy appraisal guide by the autumn 1993.

Lead: EOR, with HSU

B. **"Healthy Alliances"**

DH to prepare, with wider M(H)'s Wider Health Working Group, and consult on guidance about promotion of healthy alliances [para 3.9].

Action/Timetable:

Sub-group of Wider Health Working Group established to take forward development and preparation work on healthy alliance guidance. Several meetings have been held and preliminary report was made to meeting of WHWG on 7 December 1992. Guidance to be ready by mid-1993.

Lead: HSU

[NB: See also NHS work on alliances in Part VIII]

C. **Health Education Authority**

HEA has reviewed its strategic aims and objectives in the light of priorities and targets in the White Paper. A strategic plan has been prepared and agreed by Ministers [para 3.14].

Lead: HP(A)1 - Mr Knight (with PMD and HCD).

D. **Voluntary Organisations**

Commitment of £250,000 in 1992/93 to fund preliminary "Health of Nation" voluntary sector work [para 3.16].

Action/Timetable:

Trawl for bids for 1992/93 completed. Eight grants awarded. Two further grants under consideration. Consideration of possible grants for 1993/94 in hand.

Lead: HSU

E. **Healthy Cities**

Examination of ways of supporting UK Health for all network, [para 3.20] and increasing number of localities - rural as well as urban.

Action/Timetable:

S. 64 application for £30,000 per year over three years agreed to enable the UK Health For All Network establish a database for the dissemination of information about good practice, developments and projects which has the potential for aiding the development of intersectoral healthy alliances. Approaches and ideas will be disseminated amongst a growing number of localities, both urban and rural.

Lead: HP(A)1 - Mr Knight

F. **Healthy Schools**

Commitment to develop pilot network of health promoting schools [para 3.22].

Action/Timetable:

DFE (with HEA) participating in EC/WHO/Council of Europe initiative. Draft strategic plan and timetable being produced in conjunction with HEA. Aim is to enter network in spring 1993. Work is in hand to determine criteria for selecting schools in England to participate. There is close liaison with relevant Departments in Scotland, Wales and Northern Ireland to secure the benefit of UK-wide involvement.

Lead: DFE (DH lead HP(A)1 - Mr Knight)

G. **Healthy Hospitals**

[See Part VIII: NHS action].

H. **Healthy Workplaces**

A task force to examine and develop activity on health promotion in the workplace, operating as a sub-group of the Wider Health Working Group but with wide outside representation, has been set up. It has met twice and is now (a) assessing information about present provision; (b) how to market workplace health promotion; and (c) how effective evaluation can be developed [para 3.25].

Action/Timetable:

Task force reporting regularly to Wider Health Working Group. Report due later this year (1993).

Lead: HP(A)1 - Mr Knight and HSU

I. **Healthy Prisons**

No specific commitments [para 3.27].

Action/Timetable:

See Part VI, Annex C

Lead: Home Office (Prison Health Care Directorate); in DH, contact points are HC(M)3 and HC(A)5A, and HP(A)1.

J. Environment and Health

There are a number of specific commitments to set new targets and the possibility of a new Institute on Environment and Health [paras 3.28, 3.29].

Action/Timetable:

DH/DoE discussions on a possible new Institute of Environment and Health taking place.

Lead: DOE and DH - Mr Kendall HEF(A)1

K. Role of Health Professionals

Government Chief Professional Officers to discuss with professions further development of standards of good practice and clinical protocols [para 3.32].

Action/Timetable:

The Royal Pharmaceutical Society of Great Britain's response to White Paper identifies ways in which pharmacists are contributing. PH awaits a response from RPSGB on proposals for pharmacy audit. The Standing Pharmaceutical Advisory Committee is considering a draft Pharmacy Charter. The National Pharmaceutical Association is planning a new initiative on the role of community pharmacists in helping smokers to quit; this is to be launched prior to National No Smoking Day in March 1993.

Chief Nursing Officer has initiated discussions with the professional organisations and statutory bodies on how further developments of standards of good practice and clinical protocols should be taken forward. The initiative is described in an annex to Part VII.

Leads: HC(A) and HC(M) as overall lead and coordinators; PH; NUR. There is a need to link in with other NHS initiatives via PMD and HCD.

L. Professional Education and Training

Government will discuss the need for further emphasis in training on disease prevention and health promotion with GMC, GDC, Royal Colleges and others [para 3.34].

Action/Timetable:

i. Discussions to emphasise training on disease prevention and health promotion, including doctors' skills in communications and counselling and in working with other professionals, have been initiated with the following professional bodies:

- The Standing Committee on Postgraduate Medical Education;

- The Committee of Postgraduate Medical Deans;

- The Conference of Medical Royal Colleges and Faculties of the United Kingdom.

The Standing Committee on Postgraduate Medical Education has now established a Working Party to take the matter further.

The next phase of advancing the Health of the Nation with professional groups will entail pursuing progress in these specific matters with individual colleges, faculties and postgraduate deans.

ii. Discussions will also take place on nursing professional education with the nursing, midwifery and health visiting professional bodies, and with UKCC and the ENB.

iii. The Steering Committee on Pharmacy Postgraduate Education, in setting priority areas for 1992/93, took full account of Health of the Nation key areas. The centre for Pharmacy Postgraduate Education programme for the continuing education of community pharmacists this year features AIDS prevention, drug misuse and smoking cessation. New distance learning packages have also been commissioned covering care of the mentally ill, coronary heart disease, nutrition, asthma and diabetes.

Leads: i. HCD-SD - Mr Catling
ii. NUR - Mr Tait
iii. PH - Mr Hartley

Other Work

4. In addition to these specific non-key area commitments in the White Paper, further work is needed in the following areas.

a. **Role of local authorities**

The NHSME will be making a significant investment in developing the role of Health Authorities. A key part of that will be HAs' role as instigators of local alliances. This work needs to be matched by similar work (albeit, no doubt, less in quantity) on developing the local authority role, and within that the role of key personnel such as Environmental Health Officers and LA Health Promotion Officers.

Action/Timetable:

Local Authority Associations are considering possible development of guidance to their members on Health of the Nation. The aim would be to produce this in the first half of 1993. DH will be consulted.

DH is sponsoring a conference in February, organised by the Royal Institute of Public Health and the Royal Agricultural Society of England, on safety and health in agricultural communities.

Lead: HEF and CS4

b. **Bilateral discussions with OGDs on cross-key area initiatives**

In hand

DFE - all aspects of White Paper

Proposed

DOE - to promote LA involvement, generally and in healthy cities

c. **Role of Voluntary Organisations**

SofS addressed NCVO conference in October 1992. NCVO and other voluntary organisations members of M(H)'s Wider Health Working Group. NCVO major player in production of guidance on formation of healthy alliances under aegis of WHWG.

d. **Role of research funders and research community**

Research is important for the attainment of objectives within key areas and also for contributing new knowledge in other areas, which is needed to enable the health strategy to develop and broaden over time.

PART VII

Action/Timetable:

A "healthy alliance" of research funders is being used to take forward the research which is needed, with DH's Research and Development Division coordinating the process. DH has reorganised its own commissioned programme to make it more responsive to the health strategy. The NHS research agenda, both that set by the Central Research and Development Committee (CRCD), and that being undertaken locally, now reflects the health strategy. The Medical Research Council (MRC) and to a lesser extent other research councils are already playing a major role in taking research work forward. Other Government Departments are also involved with funding work in their areas of responsibility. Other research funders, such as the medical charities, are being encouraged to make their contribution also, with activity being discussed in research liaison committees.

PART VII - ANNEX

NURSING, MIDWIFERY AND HEALTH VISITING

PROGRESS IN IMPLEMENTING "HEALTH OF THE NATION"

1 Introduction

1.1 This annex sets out the progress made within the nursing, midwifery and health visiting professions in implementing "Health of the Nation" both independently and in collaboration with other agencies and professional groups since the publication of the White Paper in July 1992.

1.2 It outlines Chief Nursing Officer's response to the Government commitment in the White Paper that Chief Professional Officers discuss with the health professions how further developments of standards of good practice and clinical protocols be taken forward.

2 Background

2.1 Paragraph 3.32 of "The Health of the Nation" White Paper requires Chief Nursing Officer to explore opportunities for development and dissemination of standards of good practice and clinical protocols collaboratively with the nursing, midwifery and health visiting professions.

2.2 Chief Nursing Officer agreed, in autumn of this year, an action checklist which identifies the main tasks and areas of activity with which key players within the profession might be involved. This is in the process of being discussed on the agendas of the meetings of:

Standing Nursing, Midwifery Advisory Committee

United Kingdom Chief Nursing Officers Meeting

Chief Nursing Officer and Regional Nursing Officers Meeting

Joint Committee of Professional Nursing, Midwifery and Health Visiting Associations

3 General Progress in Implementation of HON by the Nursing, Midwifery and Health Visiting Professions

3.1 Since the publication of the White Paper, nurses, midwives and health visitors have contributed to the work of the three National Working Groups - The

Minister of Health's "Wider Health Group", Chief Medical Officer's Health of the Nation Group and the Chief Executive's NHSME NHS Implementation Group. Nurses, midwives and health visitors from the professional organisations and Nursing Division have also contributed to the production of the Focus Group Reports - "First Steps for the NHS" which was published in November 1992, and in the key area handbooks to be published early in 1993.

3.2 Every opportunity has been taken by the Chief Nursing Officer and members of Nursing Division to disseminate the messages of "Health of the Nation" in speeches and articles published in professional journals. Chief Nursing Officer will also contribute to the series of Regional Conferences planned for spring, 1993.

3.3 The professional organisations representing nursing, midwifery and health visiting have welcomed the White Paper "Health of the Nation" in a position statement made available to the Department in July 1992. Each of the professional organisations have looked at the implications of "Health of the Nation" within their various constituent groups and what members contribution to the key areas and targets will be. Most professional organisations have used the opportunity provided by annual conferences and seminars to feature aspects of "Health of the Nation" policy, and the professional journals have published articles dealing with HON key areas and targets.

3.4 The United Kingdom Central Council is aware of the need to ensure that pre and post registration education is health needs driven and the English National Board has reviewed its strategy in response to "Health of the Nation" key areas and targets and notes that the prevention of disease and the promotion of health are incorporated in all the course guidelines and outline curricula for pre and post registration nurses, midwives and health visitor education and training.

4 Opportunities for Development and Dissemination of Standards of Good Practice in Collaboration with Nursing, Midwifery and Health Visiting Professions

4.1 Chief Nursing Officer held a meeting with the professional organisations and statutory bodies in December 1992 to explore opportunities for development and dissemination of standards of good practice.

PART VII - ANNEX

The importance of strong professional leadership, ensuring nurses, midwives and health visitors were engaged at operational level, that the "Health of the Nation" approach was integral to all educational programmes, and that awareness should be raised in every arena in which nurses, midwives and health visitors worked was emphasised. Some good ideas came up during the course of the discussion which the Department will need to take away and consider in the context of available resources:

- production of good practice material in collaboration with the professional organisations and statutory bodies

- organisation of a national conference on good practice in nursing, midwifery and health visiting in "Health of the Nation" in collaboration with Regions and the professional organisations

- consideration of the publication of a regular CNO letter to members focusing on nursing, midwifery and health visiting aspects of "Health of the Nation"

- continuation of the CNO professional organisations and statutory bodies group - to meet on a six month basis to review progress.

PART VIII DEVELOPMENT OF THE STRATEGY WITHIN THE NHS (ASIDE FROM WORK ON SPECIFIC KEY AREAS)

Introduction

1. This part identifies the specific commitments in the White Paper for work primarily directed at the NHS (although in many cases the NHS is operating in its 'wider health' role).

Commitments

2. The overall commitment is that:

> "Key areas will be at the core of DH's overall objectives for the NHS ... Increasingly Authorities' performance will be measured in terms of how well they are using their own resources, and working with others, to achieve improvements in the health of the local population." [Para 4.4]

3. Paragraphs 4.6-4.9 elaborate on what the various levels of the service will need to do. To facilitate NHS implementation of "The Health of the Nation", the specific commitments for DH are:

a. to work with the professions nationally, and managers and clinicians at local level, to explore ways of developing existing health promotion arrangements in primary care still further in response to the national strategy [para 4.9];

b. for the Department of Health and the NHS Management Executive to commission further work on the development of methods for setting and monitoring such health targets at local level [para 4.10];

c. to set up NHS Focus Groups for each key area [para 4.11];

d. to commission handbooks on possible local approaches to key areas within the national strategy, to be ready later in 1992 in time to contribute to the planning process for 1993-94; [para 4.11]

e. to establish a network of regional "Health of the Nation" coordinators and encourage the further development of good communication between RHAs in order to ensure that all NHS authorities have access to, and draw on, the experience and achievements of others [para 4.11].

4. These specific commitments are being taken forward as follows:

i. *Planning Guidance*

The NHS planning and priorities guidance for 1993-94, issued on 20 July [EL(92)47] sets out the priorities to March 1994 and given special emphasis to health improvement. The health priorities are taken directly from the White Paper's key areas. This was followed up by EL(92)57 on 20 August giving more details about implementing Health of the Nation within the NHS.

ii. *Focus groups*

The ME set up five short-term groups in each key area, including senior managers and professionals from all parts of NHS, and, where appropriate, local government and the voluntary sector as well as Departmental officials. The aim of the ***Focus Groups*** was to produce appropriate objectives in each key area to be included in regional corporate contracts, district and FHSA corporate contracts (including joint plans), purchasing contracts, NHS Trust and DMU business plans and GP practice plans for 1993-94. The report "First Steps for the NHS" was published in November 1992 under cover of EL(92)80.

DH lead: PMD-CU, involving HSU and HSSG colleagues from each key area.

iii. *Handbooks*

Handbooks are near completion in each of the five key areas. The aim is to enable local managers to work towards the Health of the Nation targets. A Steering Group has overseen the project and individual working groups were set up for each key area. The membership of the working groups included Department of Health, the NHS and other organisations. Publication of the handbooks is scheduled for week commencing 25 January, co-inciding with the first of the regional Health of the Nation conferences. The main audience is all levels of management. The handbooks will be illustrative rather than prescriptive, with the main focus on prevention rather than cure. They are intended to be of real value to managers, full of practical advice and examples of local initiatives.

DH Lead: The Handbooks Steering Group is chaired by Dr Reed. Secretariat: HCD-PH and HSU.

iv. *Regional Co-ordinators*

Each region has now appointed a senior official as a "Health of the Nation" co-ordinator to provide strong local leadership for the strategy. They meet approximately every month; the next meeting is planned for early February 1993.

v. *Task force of NHS managers and professionals*

There are plans for a ***task force*** for early 1993 to stimulate and promote action at a local level. Current thinking is that it should be similar to the Community Care Support Force and be led by a senior NHS figure (RGM) with a senior person from a local authority and from the voluntary sector.

DH Lead: PMD-CU

vi. *Healthy alliances*

The NHS has the lead role in forming ***healthy alliances*** locally. A workshop was held in late November, a report of which will be available in the spring as a Health of the Nation publication. (A sub-group of the Wider Health Working Group is producing a practical guide for all who might be involved in establishing healthy alliances, including the NHS. Publication is planned by the summer, 1993 -see Parts V and VII).

Lead: NHSME - Ms Tyler PMD, with Dr Binysh, HP(M) and HSU.

vii. *Local target setting*

Preliminary proposals related to local target setting were discussed by Chief Executive's Working Group and Chief Medical Officers's Working Group in late 1992. Revised proposals will be considered by these groups in February 1993.

Lead: HDC-PH/PMD-CU/EOR

viii. *Health promotion in primary care and the General Practitioner Contract*

(a) The new scheme focuses in particular in coronary heart disease and smoking. GMSC have agreed to the Government's proposals for changes in the arrangements for health promotion under the GP contract. Full information on the scheme and guidance to FHSAs on implementation will be issued as soon as possible. The scheme will start on 1 July 1993. Discussions will take place with GMSC during 1993 on the development of priorities outside the main programmes in the scheme from 1994-95. HCD-SD also proposes shortly to initiate discussion with the professions in CMO's Tripartite Group (DH/RCGP/GMSC) how to take forward Health of the Nation commitments not covered in proposed changes to the contract.

(b) The "Pharmaceutical Care: The Future for Community Pharmacy" Working Party Report recognises the important role community pharmacists play in the development of health promotion within primary care. Barnet's 'Health in the High Street' scheme demonstrates how FHSAs can encourage further development of this role. A number of other FHSAs are looking to introduce similar schemes. A number of medicine-related services were identified as suitable for pilot projects.

5. In addition, there are specific commitments to:

a. **Health Education**

The commitment (in para 4.14 of the White Paper) to a review has been largely fulfilled by the HEA's strategy, recently approved by Ministers, to implement Health of the Nation over the next five years. Produced in consultation with the Department (including NHSME), a major theme is the development of new ways of working with the NHS. To assist in implementing this strategy, Ministers have decided that there should be an independent scrutiny of HEA/NHS collaboration.

Action/Timetable:

Details being worked out.

DH Lead: HP(A)1 - Mr Knight, HCD and PMD

b. **"NHS as a Healthy Employer"**

Health at work in the NHS

A series of Health at Work in the NHS (HAWNHS) regional workshops concluded in Yorkshire Region on 21 December, when the Minister for Health addressed the meeting. In all, more than 2,000 managers and staff attended 14 workshops, and the conclusions are being brought together and will be disseminated throughout the NHS.

Membership of the HAWNHS project team is being expanded to include, amongst others, a Regional Health of the Nation Co-ordinator to assist in defining the future strategy of the initiative.

Healthy hospitals initiative

Chapter 3 of the White Paper states that "NHSME will examine how best the concept of healthy hospitals can be developed and taken forward from the point of view of patients, public and staff".

The NHSME and the Health Education Authority will work together in consultation with the HAWNHS project team to identify and disseminate good practice. The team will draw on the WHO initiative as well as other local healthy hospital schemes.

Lead: PMD-CU

c. **NHS Research and Development (R&D)**

The Central Research and Development Committee (CRDC) - and the regional R&D committees - will consider what research the NHS can contribute to underpin the achievement of targets in key areas, and also what R&D can be put in hand in other areas where targets have not yet been set.

By autumn 1992, RHAs published their first set of annual R&D plans. Health of the Nation objectives have a central position in these. A seminar on "Managing R&D for the Health of the Nation is being arranged for the spring 1993, bringing together Health of the Nation co-ordinators and regional directors of R&D.

Action/Timetable:

The CRDC will take full account of the health strategy as it advises on NHS R&D priorities, both in choosing areas to review and in the remit of each review. An advisory group on NHS R&D priorities in cardiovascular disease and stroke is due to report early in 1993, and a review of R&D needs of people with physical and complex disabilities is also under way. A review of R&D issues related to the interface between primary and secondary care is also starting shortly. Other reviews on R&D needs planned include the needs of elderly people, mother and child health, respiratory disease, and cancer services. In addition, RHAs were specifically asked in the White Paper to promote appropriate R&D; regional R&D programmes funded with regional money will be developed taking account of the health strategy and the framework of priorities identified by the CRDC.

Lead: RD3 - Mrs Soper

7. NOTES

I. **All NHSME Initiatives will be guided by the Health of the Nation "Implementation in the NHS" Steering Group, chaired by Mr John Shaw and reporting to CE's NHSME Working Group. The Steering Group is meeting every six weeks for the next six months, after which it will review its role.**

II. **Implicit in the strategies outlined here are doctors' skills in communicating and counselling, and in working with other health professionals. These matters are also being currently pursued with the profession.**

PART IX MONITORING, REVIEWING AND REPORTING ARRANGEMENTS AND RESEARCH

Introduction

1. This part deals with commitments and other action needed to monitor and roll forward the strategy.

Commitments in the White Paper

2. These are:

A. INDICATORS IN KEY AREAS

The publication of appraisals of **information and indicators needed to monitor progress** in key areas.

Action/Timetable:

i. The Central Health Monitoring Unit (assisted by SD and others) has produced a "Specification of National Indicators" which was published in December 1992.

ii. Work on supplementary indicators is being taken forward; meetings are taking place with NHS Handbook Groups.

iii. Provision of sub-national data on the majority of primary indicators to health authorities will be provided by an extension of the Common Data Set. Subject to receipt of 1991 census data, the data will be distributed by way of magnetic media.

iv. A discussion document on local target setting will be issued early in 1993.

Lead: CHMU, with HSU, SD, HCD-PH and other relevant ME and HSSG Divisions/Directorates

B. IMPROVED MONITORING OF THE NATION'S HEALTH

i. **CHMU epidemiological overviews.** The first will be on the health of elderly people; followed by ones on asthma, coronary heart disease and stroke.

Action/Timetable: The first epidemiological overview, on the health of elderly persons, was published in September 1992. Further overviews, on asthma and CHD/stroke, are being prepared. Initial drafts were completed by the end of 1992 and and the final versions will be published in 1993.

Lead: CHMU (Dr Markowe) with relevant DH Divisions

ii. **CMO's Health Intelligence Function.** Consideration will be given to the further improvement in dissemination of information about public health.

Action/Timetable:

A health intelligence officer has been appointed.

Lead: HP(M) - Dr McInnes

iii. **Health survey development**

Action/Timetable:

The expansion of the survey was announced in the White Paper. The project is on-going in conjunction with OPCS.

Lead: HSU, CHMU and relevant policy divisions.

iv. **Establishment of NHS survey advice centre**

Action/Timetable:

An appraisal of need and stocktake of current surveys is in progress. The results are to be presented to RGMs and RDsPH in January 1993. If it is agreed to proceed with the Centre, it will need to be subjected to market-testing.

Lead: HSU, CHMU, SD and HCD-PH

v. **Establishment of the Central Health Outcomes Unit.**

Unit established. Programme of work in preparation.

vi. **Public Health Information Strategy**

Development of this strategy will be guided by the priorities in the White Paper.

Action/Timetable

An internal report was issued to all Grade 6s and above in September 1992. PHIS is now concentrating on specific projects identified in the report, taking account of Health of the Nation priorities to ensure that, within the broad scope of the projects, the areas specifically mentioned in the White Paper are dealt with first.

Lead: SD - Mr Willmer

vii. **Directors of Public Health**

DH is to have discussions with DsPH and professional organisations on the enhancement of DPH reports so as to help monitor, review and develop strategies.

Action/Timetable:

- Representatives from HP(M) and HCD/PH have met with the Faculty of Public Health Medicine and a draft paper is being prepared for discussion within DH.

- DH will establish a working group, involving external members, towards end of 1992, with a view to producing draft guidance in 1993.

Lead: Dr Binysh HP(M) with HCD-PH and PMD

C. **RESEARCH**

i. Commitments to orienting research towards attaining objectives in key areas and developing other key areas and towards reflecting the strategy in R&D priorities.

ii. Also, specific research commitments in the key areas and in five non-key areas [see Part VIII].

Action/Timetable:

Under the Concordat between the Health Departments and the MRC, the HDs can indicate the work to which they would like the MRC to give priority. Ten of the eleven areas on the recently-negotiated HD priority list directly reflect the health strategy. These are: mental health; cardiovascular disease and stroke; HIV/AIDS/sexual health; nutrition;

environment and health; back pain, disability and rehabilitation; variations and inequalities in health; asthma; drug misuse; health of older people. Some of these areas will now be taken forward after further discussion with MRC, but for the others the MRC are already considering programmes of work. Decisions are shortly to be made (February 1993) on the allocation of DH's own research funds in its CCP, and it is expected that the Ministerial priority given to Health of the Nation issues will be reflected in these allocations, as they have been in the bids suggested by research customers. Discussions are taking place with MAFF about an enhanced health-related nutrition research programme.

Lead: RDD and research customers

D. **REPORTING AND REVIEWING**

i. Periodic **reports on progress** of "The Health of the Nation" are to be published.

Action/Timetable:

Options to be worked up for decisions.

Lead: HSU

ii. **Formal review of the strategy**

Action/Timetable:

Mechanisms need to be developed that will enable such a review successfully to be conducted.

Lead: HSU.

Other action

3. This includes joint work by CHMU, CHOU, EOR and HSU on modelling:

a. the likely effects of specific interventions on progress towards the national targets in the White Paper;

b. the ways in which the targets could best be disaggregated at local level, and in which local targets could best reflect local circumstances; and

c. the effects of success in meeting the targets on global measures of health such as life expectancy (in conjunction with Government Actuary's Department).

In addition, a group chaired by EOR is considering how effectiveness and cost-effectiveness might be addressed as fully and quickly as possible. Initial work is on two key areas - CHD/stroke, and cervical and breast cancers, and leads on from work on the key area handbooks.

Action/Timetable: Initial discussions and preliminary papers completed by the end of 1992 - further work currently in progress.

Lead: CHMU (Dr Gupta) and EOR (Mr Smee/Mr Churnside/ Dr Royston) with CHOU (Dr Lakhani) and HSU.

PART X MEETING WHITE PAPER COMMITMENTS IN NON-KEY AREAS

1. The White Paper records [paras 2.11 and 2.12] that the chosen key areas represent the beginning of a rolling programme. Other potential key areas mentioned in White paper fall into three categories.

I *Emphasis on sustaining and building on progress.*

- maternal and child health
- food safety
- oral health
- childhood immunisation

II *Future candidates for key area status* where further development (including information needs) and research are necessary.

- rehabilitation - Mr Jacobsen HC(A)2
- elderly people - Mr Jacobsen HC(A)2
- asthma - Mr Garlick PMD-ASPU
- back pain - Mr Garlick PMD-ASPU
- drug misuse - Mr Muir - HP(A)2

III *Others - action in hand.*

- diabetes
- hospital acquired infection
- breast feeding

3. Action: HSU will meet those with subjects in category II with RDD and other (eg SD) colleagues to discuss the action being taken forward. It will also be developing proposals for how these and other subjects can be considered for key area status later. It will not be taking any action itself in relation to subjects in Categories I and III above.

4. For elderly people and rehabilitation full action programmes have been drafted [available from HC(A)2].

5. The current position on research aspects of Category II items above is that:

- the need for research into asthma, particularly prevention aspects, was considered at the last respiratory research liaison committee. This is also being discussed by and with the MRC, who are likely to take a lead role;

- investigation into back pain has been suggested by the CSAG. A study on costs of back pain is to be commissioned by RDD. The MRC have recently conducted a field review and are in a good position to lead on increasing understanding of aetiology and what is needed for disease prevention strategies;.

- on drug misuse, prevention and treatment strategies are currently being evaluated, and related research projects are under consideration with a view to implementation in 1993/94;

- on elderly people, research for the HALE pilot study has now been commissioned to produce estimates of HALE at specified ages, to assess the usefulness of routinely available primary care data in estimating HALE, and to examine the factors which influence health in later life.

  The burden of disease in old age is the subject of current discussion, with particular reference to conditions such as osteoarthritis, on which a workshop will be held in February to discuss target setting.

6. On all these topics, and on rehabilitation, RDD are discussing with customers the contribution that should be made by DH's centrally commissioned programme, and what should be done in partnership with the research councils (ESRC as well as MRC), and which aspects might be more appropriate within the NHS R&D programme. A major research review for the CRDC on disabilities will include consideration of research priorities in rehabilitation.

7. The developments in items in Categories I and III are:

- On breast feeding, a national working group is being established to help identify and take forward action to increase breast feeding. A submission to Ministers on membership, terms of reference etc for this group is being prepared for mid-October. It is planned that it should prepare an outline programme of action and report to Ministers by spring 1993.

- On food safety, at the request of MAFF Ministers, it has been decided not to proceed with an external committee to work out food safety targets. The current DH view is that this subject should be revisited in 2-3 years in the light of the greater knowledge gained from the surveillance of the microbiological safety of food set in hand by the steering group on that topic.

- On hospital acquired infection, a working group chaired by Dr Mary Cooke of the Public Health Laboratory Service has been convened with the task of revising and expanding existing guidance to the NHS on this subject. The subject is also under consideration by the CSAG.

- A separate oral health strategy is being prepared; a consultation document is to be issued shortly.

- On maternal and child health, two new bodies have been set up following the Government's response to the Health Select Committee's report on maternity services. These are an expert committee, chaired by PS(L), to review care during childbirth and a joint DH-NHS task force to identify and disseminate examples of good practice in maternity care during pregnancy and after childbirth. Improving the maternity and neonatal services continues to be a high priority for the NHS Management Executive in the annual priorities and planning guidance. Regional reviews provide an opportunity to check on and encourage progress.

- On childhood immunisation, the Health of the Nation target of 95% cover by 1995 for protection against eight preventable childhood diseases featured as a NHSME requirement on the 1993-94 priorities and planning guidance. NHS regions must set targets for vaccination and immunisation, including reducing measles notification by 90% by 1995. The childhood immunisation programme is expanded from 1 October to include immunisation of children against haemophilus influenzae b (a form of meningitis)

- On diabetes, a joint DH/British Diabetic Association Task Force has been established to advise on the implementation of the World Health Organisation/ European Regional Committee of the International Diabetes St Vincent Declaration on the improvement of diabetic care.

ANNEXES A - E TO PART VI

Introduction

1. These annexes set out for each key area

- the objectives and targets in the White Paper
- the specific commitments in the White Paper
- the DH lead

and then

- set out the way forward in the form of action plans.

2. The annexes are:

A Coronary heart disease and stroke

B Cancers

C Mental illness

D HIV/AIDS and sexual health

E Accidents.

3. Action plans are not presented identically; the nature of some of the key areas, where there are a number of different elements, precludes this. Each, however, sets out the objectives, targets and commitments from the White Paper and shows how work is being taken forward to help meet these. Where possible, detailed forward programmes are indicated.

A. CORONARY HEART DISEASE AND STROKE

I. OBJECTIVE

To reduce the level of ill-health and death caused by coronary heart disease and stroke, and the risk factors associated with them.

II. TARGETS

(A). To reduce death rates for both CHD and stroke in people under 65 by at least 40% by the year 2000 (from 58 per 100,000 population in 1990 to no more than 35 per 100,000 for CHD and from 12.5 per 100,000 population in 1990 to no more than 7.5 per 100,000 for stroke).

(B). To reduce the death rate for CHD in people aged 65 to 74 by at least 30% by the year 2000 (from 899 per 100,000 population in 1990 to no more than 629 per 100,000).

(C). To reduce the death rate for stroke in people aged 65 to 74 by at least 40% by the year 2000 (from 265 per 100,000 population in 1990 to no more than 159 per 100,000).

III. SPECIFIC COMMITMENTS

Because most of the action to address CHD and stroke is dealt with under the specific causal factors, and treatment will be dealt with generally, the specific commitments on CHD/stroke itself are relatively few. They are:

a. The Government wishes to ensure that improvements in treatment and rehabilitation services continue and that standards of good practice are set and adhered to. One area that might be explored locally is the measurement and reduction of the time between onset of symptoms and institution of thrombolytic therapy in patients with acute myocardial infarction.

b. Continued research into the most appropriate an cost-effective ways of preventing and treating CHD and stroke. Close working relationships with the major research funding bodies in this field.

IV. DH LEADS

(a) above
Dr Ashwell/Dr Melia HC(M)1
with PMD-ASPU - treatment and rehabilitation

(b) above
Mr Knight HP(A)1/Dr Press HP(M) - prevention
Dr Ashwell/Dr Melia HC(M)1
with PMD ASPU - treatment and rehabilitation
Dr Pickles - research

The CHD NHS Handbook lead is Dr Thoms.

V. ACTION

i. Aside from the two specific items above, HP(A)1 will keep an overview eye on the totality of CHD work, through receipt of papers from:

HC(A) - treatment and rehabilitation

HEF - nutrition

HP(A)2 - smoking

ME-HCD - implementation of re-negotiated health promotion elements of GP contract (emphasis on CHD).

ii. On research, there are already a number of projects on aspects of CHD, stroke epidemiology and services in the DH centrally commissioned research programme, and implications, if any, of the output of those projects for the Health of the Nation will need to be considered as reports are produced.

An advisory group of the CRDC, under the chairmanship of Professor John Swales is currently considering R&D priorities for the NHS in cardiovascular disease and stroke. The group is considering R&D needs in four main areas:

- prevention, including risk factors, epidemiology, and client groups (eg Asians, people with congenital heart disease);

- organisation and management of services, information and education;

- treatment and rehabilitation in stroke;

- treatment and rehabilitation in cardiovascular disease, including other vascular diseases.

The group will report to the CRDC early in 1993, and work will be commissioned later in the year.

The cardiovascular and stroke research liaison committee, which includes major research funders such as the British Heart Foundation, discussed the White Paper at their last meeting.

iii. NHS Handbook and Focus group initiatives.

A I CHD AND STROKE: SMOKING

[see under Cancer]

A II CHD AND STROKE - DIET AND NUTRITION

I. OBJECTIVE - NONE SPECIFIED

II. TARGETS

(E). To reduce the average percentage of food energy derived by the population from saturated fatty acids by at least 35% by 2005 (from 17% in 1990 to no more than 11%).

(F). To reduce the average percentage of food energy derived by the population from total fat by at least 12% by 2005 (from about 40% in 1990 to no more than 35%).

III SPECIFIC COMMITMENTS

a. The Government will, in collaboration with others as appropriate:

- enhance and continue research into the links between diet and health, and into influences on consumer choice
- continue to secure expert advice on nutrition and health
- continue national surveillance of diet, nutrition and health of the population
- seek ways of improving and targeting information and advice on healthy eating and weight control
- seek ways of improving information on the nutritional content of foods
- produce and disseminate voluntary nutritional guidelines for catering outlets. [Para A 17]

b. The Government has set up a Nutrition Task Force, which is a partnership of officials from relevant Government Departments and representatives from other sectors. It met for the first time on 16 December 1992. [Para A 18]

IV LEAD

HEF(A)4 - Mrs Fry

V. ACTION

Action by late spring 1993

The Nutrition Task Force, within the wider context of COMA's recommendations, to adopt and report on an initial programme aimed at meeting the dietary targets set in the White Paper.

Working groups set up by the Task Force to meet and submit an initial report on the four areas which are to be considered in the first instance: education and the media; catering; food production, manufacturing and retailing; and NHS services and health professionals.

Nutrition Task Force and working groups to outline mechanisms for monitoring and evaluating progress towards achieving the targets, when submitting initial reports.

Through its working methods and in its recommendations, the Task Force to encourage co-ordination and co-operation between Government Departments and outside interests including food producers, caterers, the NHS and educators. In addition, to reflect the very large number of diverse actions which will need to be pursued simultaneously to help make progress towards the targets.

For action within a year:

The Nutrition Task Force to have in place an initial programme of action aimed at meeting the dietary targets set by the Health of the Nation White Paper.

The Nutrition Task Force to have established mechanisms for monitoring and evaluating progress towards achieving the targets.

A III. CHD AND STROKE: OBESITY

I OBJECTIVE

No separate objective specified.

II TARGET

(G). To reduce the percentages of men and women aged 16-64 who are obese by at least 25% for men and at least 33% for women by 2005 (from 8% for men and 12% for women in 1986/87 to no more than 6% and 8% respectively).

III SPECIFIC COMMITMENTS

None.

IV LEAD

HEF(A) - Mrs Fry

V ACTION

Action is subsumed within the Nutrition Task Force which will be looking for ways of achieving the targets within the whole diet approach. Clearly close liaison will be needed with work on physical activity.

A IV CHD AND STROKE : PLASMA CHOLESTEROL

I OBJECTIVE and II TARGET

None

III SPECIFIC COMMITMENTS

Issue of guidance on how SMAC Report's conclusions might be reflected in local strategies to combat CHD. [para A.22]

IV LEAD

HP(A)1 - Mr Knight

V ACTION

Issue of guidance, by means of CHD Handbook, and possibly in material for GPs in CHD prevention arising from re-negotiated contract.

A V. CHD AND STROKE : BLOOD PRESSURE

I OBJECTIVE

No specific objective specified

II TARGET

(H). To reduce mean systolic blood pressure in the adult population by at least 5mm Hg by 2005.

III SPECIFIC COMMITMENTS

None

IV LEAD

HP(A)1 - Mr Knight
HEF - Mrs Fry

V ACTION

1. The Nutrition Task Force is working within the 'whole diet' concept and so the nutritional aspects of reducing blood pressure can be regarded as being subsumed there and with work on alcohol and physical activity, in addition to the reviewed GP contract.

2. The new Health Survey will be central in monitoring progress.

A VI CHD AND STROKE : ALCOHOL

I OBJECTIVE

No separate objective specified

II TARGET

(I). To reduce the proportion of men aged over 18 who drink more than 21 units of alcohol per week from 28% in 1990 to 18% by 2005, and the proportion of women who drink more than 14 units of alcohol per week from 11% in 1990 to 7% by 2005.

III SPECIFIC COMMITMENTS

Commitments are, building on existing inter-departmental campaign (para A.25):

- health will be one of the factors which the Chancellor of the Exchequer will take into account in deciding the appropriate level of alcohol duties in any year
- the commitment within the framework of the family health services to the promotion of the sensible drinking message will be strengthened
- an agreed format for the display of customer information on alcohol units at point of sale will be considered jointly with the alcohol trade associations
- there will be a new initiative to monitor the penetration of the sensible drinking message
- employers will continue to be encouraged to introduce workplace alcohol policies, and to evaluate their impact
- the expansion and improvement of voluntary sector service provision will be supported, including the provision of additional funds through an allocation to Alcohol Concern (£4 million over three years), and through alcohol and drugs specific grants (£2.1 million in 1992/93).

IV LEAD

HP(A)2 - Mr Muir

VI ACTION

1. A draft action plan is being produced.

2. A Cabinet Sub-committee EDH(A), chaired by Mr William Waldegrave, has responsibility for coordinating the Government's activities in combatting alcohol misuse, and will receive progress reports on the implementation of the "Health of the Nation" alcohol misuse commitments. The action points which are for DH will be initiated and monitored by HP(A)2, in consultation with other branches as appropriate, and HP(A)2 will also receive reports on the implementation of the action points that are for other Government Departments.

3. Alcohol is included as a risk factor in the CHD/stroke key area handbook.

Action on specific commitments

* A submission has been made to Treasury regarding the 1993 budget and the levels of excise duty which would assist in meeting the commitments of Health of the Nation.

* The promotion of sensible drinking is included in band 3 of the new GP contract on health promotion.

* A working party has met and aims to produce by March 1993 a consultation document on customer information on alcohol units at the point of sale.

* OPCS have been asked to conduct a survey before March 1993 which will provide information on the penetration of the sensible drinking message.

* The development of services to help problem drinkers and their families is being taken forward in the implementation of Community Care. A guidance circular is to be issued shortly.

* £2.3 million has been made available for 1993/94 specific grant allocation for the voluntary sector for service provision.

A VII CHD AND STROKE: PHYSICAL ACTIVITY

I OBJECTIVE

No separate objective specified

II TARGET

None (yet set)

III SPECIFIC COMMITMENTS

The Government will, in consultation with others, develop detailed strategies for physical activity in the light of the survey results, and will set appropriate national targets. [A.29]

IV LEAD

HP(A)1 - Mr Knight

V ACTION

A "policy development group" has been established with the Department of National Heritage, the Sports Council and HEA to consider what might be done by way of target setting. A Task Force on physical activity is likely to be announced by Ministers in February 1993. It will consider possible targets and a programme of action to achieve targets.

B. CANCERS

OBJECTIVES ON CANCER

To reduce ill-health and death caused by breast and cervical cancer.

To reduce ill-health and death caused by skin cancers - by increasing awareness of the need to avoid excessive skin exposure to ultra-violet light.

To reduce ill-health and death caused by lung cancer - and other conditions associated with tobacco use - by reducing smoking prevalence and tobacco consumption throughout the population.

TARGET

No overall cancer target.

[NB: The main action is taking place on the four cancers separately.]

BI BREAST CANCER

I TARGET

(A). To reduce the death rate for breast cancer in the population invited for screening by at least 25% by the year 2000 (from 95.1 per 100,000 population in 1990 to no more than 71.3 per 100,000).

II SPECIFIC COMMITMENTS

The maintenance of high standards achieved so far in the programme, and the encouragement of women to take up screening invitations [para B.8].

III LEAD

PMD - ASPU: - Mr Garlick

IV ACTION

1. The NHS breast screening programme was launched in 1987 and will screen all women in the eligible age group (50-64) every three years. This work is ongoing and is the main tool for meeting the target.

2. The NHSME, by way of PMD, is working with Regions through regional reviews to ensure that the target date for completion of the first round of screening by March 1993 is met. Regions are continuing to work to ensure that non-responders to invitations for screening are brought into the programme and efforts are being made to update FHSA registers to ensure that invitations are issued to current addresses.

Progress on specific issues

3. The success of the programme will be measured by reduction in mortality. Timely, and accurate and complete information is essential for monitoring and evaluation.

(i) NHS BSP is currently producing guidance on interval cancers whose occurrence is an important indicator of sensitivity of the programme.

(ii) A minimum data set for cancer registration initially to include the stage and grade of breast (and cervical) cancer is under discussion.

Future monitoring and evaluation of the programme

4. Proper cancer staging information is needed for all cancer records, but in particular for cancer registries if they are to fulfil their potential in monitoring screening programmes. Discussions are under way on the following:

(i) that data should be collected about every newly diagnosed breast cancer in residents and non-residents within each Region;

(ii) the capture of histopathology data and the impact of the private sector on cancer registrations.

Research

5. The UK Health Departments, together with the Medical Research Council and two major cancer research charities, are currently funding four studies into breast cancer screening, costing some £5 million over five years. These will examine

(a) the impact on mortality from breast cancer of starting to screen women annually from the age of 40

(b) the effects of screening more frequently than every three years in women aged 50 and over

(c) the effect of taking two x-ray views of each breast of women screened (rather than one as at present)

(d) alternative methods of treating some of the very small cancers detected on screening.

B2 CANCER - CERVICAL CANCER

I TARGET

(B). To reduce the incidence of invasive cervical cancer by at least 20% by the year 2000 (from 15 per 100,000 population in 1986 to no more than 12 per 100,000).

II SPECIFIC COMMITMENTS

The priority for this area must be the continued development of good practice in operating the screening programme, and in encouraging women to be screened. [Para B.12]

III DH LEAD

PMD-ASPU: - Mr Garlick HP(M)6 - Dr Modle

IV ACTION

1. The NHS cervical cancer screening programme invites all women in the eligible age group (20-64) who are registered with a GP, for a cervical smear test at least every five years. This work is ongoing and will be the main tool for meeting the target.

2. The NHSME by way of PMD is working with the Regions through regional reviews to ensure that uptake for screening is improved in those areas where it is less than 70% and that non-responders to invitations for screening are brought into the programme. Efforts are continuing to be made to update FHSA registers to ensure that invitations are issued to current addresses.

Progress on specific issues

3. Definitive documents have been produced by the National Co-ordinating Network of the Cervical Screening Programme on:

i. Education and training needs of programme managers
ii. Guidelines for clinical practice and programme management
iii. Guidelines on fail-safe actions
iv. Cervical screening in primary care.

4. The Department of Health is revising health circular HC(88)1 "Health Services Management - Cervical Cancer Screening" which expired on 31 December 1992.

Research

5. Following recent discussions with the Cancer Screening Evaluation Unit, the National Co-ordinating Network for Cervical Screening and Research, and DH RDD, proposals for research are:

i. evaluation of the effectiveness of the programme

ii. identification of the groups of women who do not come forward for screening and the reasons for this

iii. development of programmes/strategies to establish and monitor standards/benchmarks for screening in the NHS

iv. evaluation of cost-effectiveness of screening intervals

v. improvements to the classification of cervical abnormalities.

B3 CANCERS - SKIN CANCER

I TARGET

(C). To halt the year-on-year increase in the incidence of skin cancer by 2005.

II SPECIFIC COMMITMENTS

a. Build on health education work to increase the numbers of people who are aware of their own skin type and, in the light of that knowledge, avoid excessive exposure to the sun for themselves and their children. [para B.15]

b. The Government will thus develop a strategy to increase awareness of skin cancer and how to reduce each individual's risk, through public information and awareness activity. [para B.16]

III LEAD

HEF - Mr Kendall and HSU/HP(A)4 - Mr Orr

IV ACTION

1 *Work scheduled to March 1993*

(a) Seek resources for and if available, carry through a baseline survey of public awareness of skin cancer.

(b) Establish with Health Education Authority and others the results of evaluations of earlier campaigns on skin cancer/exposure to sunlight.

(c) Contact to be established with other countries believed to have relevant experience (Australia, New Zealand, South Africa) on their experience with attempts to communicate relevant messages and/or change perceptions.

(d) Discussions to take place with DTI/HSE on sunscreen safety and harmonisation of sunscreen protection factors; safety of sunbeds, sunray lamps, and tungsten halogen lamps; and agree Departmental lead roles.

(e) Discuss with DTI ophthalmic aspects of sunglasses, including the British Standards for UV protection.

(f) Discuss with BMA etc on GMP involvement in skin cancer work, including the provision of information and training needs. Dependent on these discussion, consider issue of information note to GMPs.

2. The Pharmacy Healthcare Scheme plans to include prevention of skin cancer in its leaflet programme for spring/summer 1993.

3 *Outline programme for 1993/94 and beyond*

(a) Issue information note to health professionals in the spring of each year.

(b) In the light of baseline survey information and earlier experience, plan with HEA and carry out further public awareness campaigns in the media [subject to availability of resources].

(c) Monitor NHS activity following the issue of the Cancers handbook, in particular to identify and disseminate further examples of good practice.

(d) Follow up work with HSE/DTI on sunscreens, sunbeds, sunglasses etc involving relevant trade associations as appropriate.

(e) Consider training needs for health professionals in relevant health promotion.

4. *Indicators* The principal aim of the work is to influence public perception of the risks of sun exposure and of skin cancer, and this can best be measured by survey work to determine actual knowledge of these factors, how that knowledge is improving, and how it is changing attitudes.

5. The primary measure of success will be the number of cases of skin cancer registered. Subject to availability of resources, the aim will be to monitor progress of the work through surveys to determine increases in the proportion of people

i. who are aware skin cancer is preventable

ii. who recognise a link between exposure to the sun and skin cancer

iii. aware of their own skin type

iv. adopting protection measures

and reductions in the proportion of people

v. reporting sunburn episodes, in particular, children

vi. desiring a suntan.

B4 CANCERS - LUNG CANCER

I TARGETS

(D). To reduce the death rate for lung cancer by at least 30% in men under 75 and 15% in women under 75 by 2010 (from 60 per 100,000 for men and 24.1 per 100,000 for women in 1990 to no more than 42 and 20.5 respectively).

(E). To reduce the prevalence of cigarette smoking in men and women aged 16 and over to no more than 20% by the year 2000 (a reduction of at least 35% in men and 29% in women, from a prevalence in 1990 of 31% and 28% respectively).

(F). In addition to the overall reduction in prevalence, at least a third of women smokers to stop smoking at the start of their pregnancy by the year 2000.

(G). To reduce the consumption of cigarettes by at least 40% by the year 2000 (from 98 billion manufactured cigarettes per year in 1990 to 59 bn).

(H). To reduce the smoking prevalence among 11-15 year olds by at least 33% by 1994 (from about 8% in 1988 to less than 6%).

II SPECIFIC COMMITMENTS

White Paper, paras B25-B41:

National Government

a. The Government will develop a comprehensive strategy to reduce both smoking prevalence and the consumption of tobacco amongst those who cannot stop smoking. An interdepartmental task force will be created to develop and implement this strategy.

Price

b. The Government will therefore undertake at least to maintain the real level of taxes on tobacco products.

c. The Government will work with the European Community to encourage other European countries with prices lower than those in the United Kingdom to raise them to match our own.

Health education

d. Existing national programmes on teenage smoking and smoking and pregnancy will be continued and, where possible, expanded. The teenage programme has received an increase in funding of £0.5 million for this financial year.

e. In addition the Department of Health and the Health Education Authority will develop proposals for a major health education programme on smoking aimed at adults.

Protecting non-smoking members of the public

f. Schemes will be developed to monitor the provision of smoke-free areas.

g. The Department of Transport will seek an opportunity to amend the relevant legislation to enable taxi drivers to ban smoking in their cabs.

Controls on tobacco advertising and promotion

h. Government to review the effects of tobacco advertising, particularly on children, and consider what further steps are necessary.

Other steps

i. Any novel tobacco products which come to the attention of the Government will be rapidly assessed. If there is sufficient medical evidence of harmful effects, steps will be taken to ban their use in this country.

j. The Department of Health will maintain its careful scrutiny of modifications (and possible modifications) to tobacco products and will set up a review to consider whether the use of additives and emission of toxic substances from cigarettes should be controlled by legislation.

k. The Department of Health will provide advice to insurance companies on the health effects of smoking and encourage them to consider whether they should introduce or extend preferential treatment to non-smoker.

Smoking policies

l. Government Departments to establish such policies on their own premises, with guidance on health aspects of smoking from the Civil Service Occupational Health Service.

Local government

m. Local government has a key role in implementing national guidance on smoking in public places and in the workplace. Local authorities should ensure that all their premises (particularly educational establishments) are covered by appropriate no-smoking policies.

Non-Statutory organisations

n. The Government will encourage other voluntary organisations concerned with the promotion of health to ensure that the health hazards of smoking are given adequate weight.

The National Health Service

o. patients being asked routinely about their smoking habits - GPs will be encouraged to record quantified information on patient smoking habits, which can then be aggregated in practice profiles.

p. an increase in the numbers of smokers visiting their GPs who receive smoking cessation advice either opportunistically or in separate clinics.

q. an increase in the smoking cessation advice given to smokers attending hospital out-patient clinics.

r. a high priority given to the provision of advice on smoking and support for those wishing to stop.

s. an increase in the smoking cessation advice given to pregnant women attending hospital and GP antenatal clinics, with support for those wishing to stop.

t. in addition, the whole of the health service will need to work towards a virtually smoke-free environment for staff, patients and visitors as rapidly as possible. Managers and professional staff will need to ensure that advice and support is available for those working within NHS who wish to stop smoking.

u. The NHS should develop an exemplary role, leading the way for other employers to follow, including:

i. stopping all sales of tobacco on NHS premises except to long-stay patients who are smokers, by the end of 1992

ii. ensuring that the NHS is smoke-free except for limited necessary provision of separate smoking rooms by 31 May 1993.

Employers

v. The aim should be that the large majority of employees are covered by a smoking policy by 1995.

Retail tobacconists

w. The Government will monitor the working of those parts of recent legislation which strengthened the arrangements for enforcing the law and for bringing successful prosecutions against retailers who break the law.

III DH LEAD

HP(A)2 - Mr Muir

IV ACTION

1. Proposals for the smoking task force, including the terms of reference and membership, have been agreed by Ministers and two meetings have been held.

2. Ministers have agreed that the task force should develop a more detailed implementation programme. A draft action plan has been prepared and will be submitted to EDH(H) with a view to subsequent publication.

3. Specific action has already been taken on a number of commitments, including (letters refer to commitments listed a - w):

c. An EC UK Presidency seminar on "Reducing smoking through price and other means" was hosted by DH in November 1992 (with Treasury and Customs and Excise involvement). A summary of its conclusions was circulated to the Health Council and full proceedings will be circulated widely.

d.(i) A pilot project has been launched to test ways of broadening the aims of the teenage smoking programme. The project is aimed at parents who smoke and seeks to persuade them to set a better example.

d.(ii) Regulations requiring retailers to display large warning signs on under age tobacco sales have been made and come into force on 20 February 1992.

f. DoE have tendered for market research work on smoking in public places.

h. The DH report on the effect of tobacco advertising was published in October 1992 as a discussion document.

l. The Civil Service Occupational Health Service have issued guidance on smoking policies in Government Departments reflecting the Health of the Nation commitments.

o.-s. Focus group and handbook material for the NHS published November 1992 and January 1993.

t.-u. Guidance and good practice material has been published.

C MENTAL ILLNESS

I OBJECTIVE

To reduce ill-health and death caused by mental illness

II TARGETS

(A) To improve significantly the health and social functioning of mentally ill people.

(B) To reduce the overall suicide rate by at least 15% by the year 2000 (from 11.1 per 100,000 population in 1990 to no more than 9.4).

(C) To reduce the suicide rate of severely mentally ill people by at least 33% by the year 2000 (from the estimate of 15% in 1990 to no more than 10%).

III SPECIFIC COMMITMENTS

[NB: Not reiterated here - major series of commitments]

IV LEAD

HC(A) - Mr McCulloch/ HC(M) Dr Jenkins

V ACTION

1. Work on implementing the key area is currently being carried forward by the following groups:

(a) an internal Steering Committee within DH to co-ordinate central action;

(b) an NHS focus group which aims to produce advice on how the key area should be implemented through next years' contracts by October;

(c) a handbook group which is co-ordinating the production of an implementation handbook for NHS and SSD Managers by December; and,

(d) the "King" Taskforce, announced by Stephen Dorrell in February, is carrying out a separate exercise to determine why the provision of comprehensive, locally-based services has been disappointingly slow. Its work will have considerable significance for Target A.

More details of these groups are given in attachment I. In the longer term there will be a need to consider whether a wider, strategic, co-ordinating committee is required drawing in DH officials, other Departments, the NHS and SSDs.

2. The action plan which follows contains a list of initial, mostly short-term tasks. Once the advice of the focus and handbook groups has been obtained, it should be possible to formulate a longer-term strategy for achieving the targets, although this will need to be subject to a continuous process of adaptation and review in the light of research findings, data collection and feedback from SSDs and the NHS.

3. It should be noted that the action points listed below will apply, wherever appropriate:

* across the whole life span (i.e. to children and adolescents and elderly mentally ill people as well as adults)

* across all relevant agencies including local authorities, the independent sector, etc.

4. Details of Action

Initial action will be focused in the following areas:-

a. Research/Data Collection

i. An OPCS survey of psychiatric morbidity is being planned to establish a baseline. A steering group is being established and the survey is currently being piloted. The main survey is expected to start in Summer 1993.

[Summer 1993]

ii. Research needed to develop the brief standardised assessment procedures of symptom state, social disability and quality of life has now been commissioned from a small core group attached to the Research Unit at the Royal College of Psychiatrists.

[Funding finalised Autumn 1992]

iii. The "King" Task Force will have its own views on necessary research/data collection.

[King Task Force Initial view by Spring 1993]

iv. Research will need to continue on reducing suicide rates.

[Continuing]

v. Research to evaluate the progress of the Care Programme Approach has been completed and consideration is taking place on methods of dissemination.

[Summer 1993]

vi. Consideration is being given to commissioning literature reviews to pull together existing research on crucial issues.

[Autumn 1992]

vii. Establish a research strategy to enable the quantitative measurement of Target A. [April 1993]

viii. Work is in the process of being commissioned in the mental health field as part of the centrally-financed research priorities recommended by the CRDC. The first five topics concern:

- community care of the severely mentally ill
- quality of residential care for the elderly mentally ill
- training packages for use with those working in primary care and the community
- mental health of the NHS workforce
- methods of establishing the mental health needs of a population.

In addition, the MRC are taking steps to commission research in five other areas identified by the CRDC. These are:

- compliance with maintenance neuroleptics in schizophrenia
- prevention of relapse, recurrence and chronicity in depression
- patient compliance with antidepressant medication, and brief psychological treatments for depression in primary care
- clinical trials of treatment of common disorders in child and adolescent psychiatry
- the long term effects on mental health of early abuse and other traumatic events.

[continuing]

b. Encouraging and Disseminating Good Practice

i. Encouraging the use of brief standardised assessment procedures of symptom state, social disability and quality of life:

* pilot sites have been chosen and the research group has been established

* HC(M), together with other professionals within the Department, to co-ordinate liaison with statutory and professional bodies

[continuing]

* review the way forward after piloting

[national implementation by 1994/95]

ii. Promote the Care Programme Approach:

* consider Social and Community Planning Research report and how to use as vehicle for a further effort to promote the Care Programme Approach

[Spring 1993]

* consider interim report from the Personal Social Services Research Unit

[Summer 1993]

* follow-up to be completed by 1994

iii. Encouraging the development of comprehensive locally based services:

* react to/take forward ideas developed by the "King" Task Force

[end 1993]

iv. Develop local good practice guidance for the assessment and management of common psychiatric conditions, events and emergencies and for the use of the Mental Health Act:

* disseminate/encourage use of the "Defeat Depression" Campaign consensus statement and management guidelines

[Spring 1993]

* disseminate/build on best good practice guidance being developed locally

[1993]

* discuss implementation with Mental Health Act Commission

[Spring 1993]

v. Review use of benzodiazepines. HP(M), together with other professionals within the Department, to consider with professional bodies and advise on way forward.

[1993]

c. Clinical Audit

i. Introduce local multi-disciplinary audit of all suicides of mentally ill people in contact with specialist mental health services during 1993:

* to be built into 1993/94 contracts. Focus group produced advice in November 1992 ("First Steps for the NHS")

* liaise with Royal College of Psychiatrists over Confidential Inquiry.

[continuing]

ii. Liaise with the Medical Audit Advisory Group and the Regional and District Medical Audit Committees to review the auditing of benzodiazepine prescribing.

[1993]

iii. Consider scope for the development of audit of all suicides by Primary Care Teams:

* HC(M)/HCD-SD to consider way forward, followed by discussion with professional interests and Audit Advisory Groups/Audit Committees

[1993]

d. Information

i. All Provider Units should have effective systems for collecting and using data about service contacts by 1995:

* effectively disseminate NHSME Resource Management booklet "Information Systems in Mental Health"

[1993]

* consider the need for RHAs, purchasers, providers, LASSDs and the independent sector to develop effective data collection systems, including the financial implications

[April 1993]

* consider Royal College of Psychiatrists "Mental Health Information Group" report, completed end 1992

[Spring 1993]

* NHSME to monitor development and implementation of systems in the NHS; SSI/CS/SD to monitor development in LAs.

[continuing]

e. Strategic Management, Purchasing and Planning

i. All relevant authorities and voluntary bodies will need to establish "joint mechanisms" for purchasing and commissioning of local services, including supported housing:

* NHS focus group has provided initial advice for next year's contracts

[November 1992]

* further guidance on joint planning mechanisms to be prepared in conjunction with NHSME, CS, SSI and "King" Task Force

[Summer 1993]

ii. RHAs should take the lead where necessary in promoting the development of a strategic framework by 1994/95 for the development of comprehensive locally based services:

* NHSME and SSI (when local authorities are involved or when there are joint contracts) to monitor corporate contracts and cover as appropriate in planning guidance

[initial view on Statutory authorities' performance by 1993]

iii. A national task force has been established .... to further the development of locally based services:

* "King" Task Force initial work programme approved end 1992

[end 1992]

* "King" Task Force to advise on the dissemination of good practice, the requirements for purchaser guidance etc subsequent action to be taken forward by DH/professional bodies as appropriate. [1993]

* Promote locally based services through the Mental Illness Specific Grant [continuing]

iv. NHS and local authority services should work together in conjunction with the voluntary and independent sectors to provide services which ensure continuity of health and social care.

* NHS Focus Group has provided initial advice [November 1992]

* Also monitoring by PMD/SSI. See (i)-(iii) above. [continuing]

* DH to work centrally with voluntary and independent sectors on what they can contribute to implementation. [continuing]

v. Complementary services by voluntary agencies which support and educate mentally ill people and their carers should be promoted locally .... local support for voluntary agencies such as those that support people at high risk for depression, should be improved in order to strengthen the role that they play:

* NHS Focus Group has provided initial advice [November 1992]

* covered partly by (i)-(iv) above. Promote through purchasing contracts, and community care plans taking account of "King" Task Force views.

* consider how to promote the development of self-help and advocacy groups for people suffering from mental health problems. [1993]

vi. Authorities' strategic and purchasing plans should include the necessary range of health and social services ... to enable them to respond to [mentally disordered offenders'] special needs.

* NHS Focus Group has provided initial advice. In addition the final report of the DH/Home Office review of services for mentally disordered offenders was published in November and its recommendations are being considered. Ministers have announced that a national advisory committee on MDOs will be established. Appointments will be made shortly.

* The inclusion of MDOs in strategic and purchasing plans is being followed up by PMD as part of priority service monitoring.

* The Prison Service will be involved in the follow up to the service review. Part of this is the contracting in to prisons of mental health care services (following also the Efficiency Scrutiny of the Health Care Service for Prisoners). Pilot schemes are planned. DH is represented on the working group following up the Efficiency Scrutiny.

vii. Prevention strategies to be implemented in the work place:

* distribute CBI/DH publication on prevention of Mental Illness [early 1993]

* continue contribution to HSC working party [continuing]

* contribute to/set up further conferences/seminars as appropriate (eg, Mental Health at Work conference 11 January 1993) [continuing]

* consider guidance to NHS/LA management with NHSME/SSI/CS [1993]

* develop a role for the HEA is this area [April 1993]

* encourage industry/employers to develop mental health policies as the norm (in the same way as smoking and alcohol policies have been developed) [1993]

viii. Proposals under discussion with HCD-SD on changes to the health promotion arrangements in the GP contract which will enable GPs to be recommended for tackling mental health as part of a practice-based health promotion programme [continuing]

ix. Consider issuing guidance to the relevant authorities on the provision of Child and Adolescent Psychiatric Services

[April 1993]

x. Consider establishing central user/carer (including black and ethnic minorities) forum so that user/carer views can be taken fully into account in implementation.

[1993]

f. Training and Professional Development

i. Multi-disciplinary secondary care teams should provide comprehensive services ....

* assess training needs/availability. "King" Task Force to advise, and officials to consider how to pursue action, including consideration of how to involve Regions, and postgraduate medical/nursing/ other health professional structures.

[1993]

ii. Training for primary care teams, social workers, day and home care staff, casualty staff and hospital and community doctors and nurses is necessary to help them improve their recognition and assessment of depression, anxiety and suicidal risk, and to manage them appropriately:

* convene meeting with relevant professional bodies and training agencies to discuss way forward including the preparation of a guide for staff on preventing suicide

[1993]

* Senior GP fellow already funded. Consider whether and what more support for this post is needed

[early 1993]

* consider what more can be done to encourage GPs to take up mental health courses

[1993]

* consider whether a senior occupational health fellow (analogous to the GP fellow) should be funded to take a lead in mental health education for occupational health professionals.

[1993]

iii. Improving education of primary care teams about non-prescribing interventions in the management of anxiety disorders and in graded withdrawal of benzodiazepines in chronic users:

* as (ii) - but separate meeting required

[1993]

iv. The Review of Mental Health Nursing will take account of Health of the Nation targets and of the work of the "King" Task Force.

[September 1993]

g. Other Action

i. To consider ways of reducing access to major methods of suicide

* lobby DTI on car exhausts (the introduction of catalyzers makes suicide using exhaust fumes difficult)

[in progress 1992/93]

* consider possible action on reducing access to paracetamol

[1993]

* Consider what must be done specifically to address the needs of black and ethnic minorities during implementation.

[1993]

* Discussions with MAFF and farming bodies on high ratio of suicide in farmers

[in progress 1992/93]

* Conference on Prevention of Suicide, 16-17 March 1993, jointly with DH, RCP, RCGP and FPHM.

MECHANISMS

a. Within DH there will be an internal committee to oversee implementation of this key area. Its remit will be to -

- oversee the preparation of an action plan
- commission/oversee the necessary work within DH
- assign leads (within DH) and chase action
- in the long term, assess progress and revise the action plan as necessary

Core Membership will be:

HC(M) G3)
HC(A) G3)Joint Chair

HC(M)G4
and/or G5

HC(A)3 G5
NUR
SSI
RDD
PMD
HCD-SD
HC(A)3A (Secretariat)

In addition the following Divisions have nominated contact points who can attend as necessary:

SD
IMG
HAP
HP(A)
FCIA
FD

b. The "King" Task Force will have a key role in ensuring "the substantial completion of transfer of services away from large hospitals to a balanced range of locally based services".

The Task Force, the creation of which was announced by Mr Stephen Dorrell on 21 February 1992, was described by him in the following terms:

"....(it) will be action oriented and will inquire into why the process of change has been disappointingly slow. It will query how impediments to change can be reduced and query which structures

work and which ones do not. It will be concerned with questions of how, not questions of whether. It will set a brisk pace, providing professionals with regular reports ...."

David King has now taken on the role of leading the task force, and the details of membership, working methods etc will be worked out during the summer in discussion with him.

c. Wider Committee. The need for a wider Strategic Committee, containing representatives from the NHS, SSDs and OGDs will be kept in view.

d. NHS Focus Groups Focus Groups are a short-term, managerially led initiative to make early progress in implementing "The Health of the Nation" within the NHS. Like the other 4 focus groups, the mental illness focus group developed, by November 1992, proposals for what should appear in:

" * Corporate contracts between RHAs and the NHSME and between RHAs and DHAs/FHSAs
* Business Plans for NHS Trusts and GPFHs, and GP practice plans
* Purchasing contracts for 1993/94 (and possibly 1994/95) "

The Mental Health Group has the following membership:-

Mr G Henderson, Community Care Development Manager (SWTRHA) (Group Coordinator)
Dr S Griffiths, Director of Public Health (SWTRHA)
Mr M Gorham, Deputy RGM (SWTRHA)
Mr J Silcock, Director of Purchasing, Surrey FHSA
Mr C Bielby, Principal Officer (Mental Health) Bolton SSD
Dr J A Robertson, Consultant Psychiatrist
Mr L Tennant, UG (Community Health Unit North East Warwickshire HA)
Dr M Harrison, RDPH (West Midlands RHA)
Dr J P Walsworth-Bell, Regional Consultant in Public Health Medicine (N Western RHA)
Mrs J Ward-Panter, North Western Regional Director,MIND
Mr A McCulloch, Assistant Secretary (DH)
Mr C Butler, Nursing Officer (DH-NHSME)
Dr D Colin-Thouen, GP Fundholder

e. Handbook Group

This had oversight of the preparation of the Mental Illness key area handbook. The handbook will primarily assist managers and directors in health authorities, providers and local authority social service department (as well as other relevant agencies) to develop local strategies for implementing the key area.

The Group had the following membership:

Dr R Jenkins, HC(M) (Chair)
Dr D Kingdon, HC(M)
Mr P Brotherhood, Regional Planner, Northern RHA
Mr C Brooker, Nursing Inspectorate, Trent RHA
Mr N Crisp, CE, NHS Trust
Dr S Griffiths, SWTRHA
Dr G Strathdee, Institute of Psychiatry
Dr G Thorncroft, Institute of Psychiatry
Ms K Elliot, Health Eduction Authority
Professor P Huxley, Manchester
Mr K Coleman, Local Authority Manager
Mr D King, "King" Task Force
Mr G Henderson, SWTRHA
Ms L Sayce, Policy Director, MIND
Dr R Williams, HAS DH Mental Illness Client Group Team
Ms M Hancock SSI
Mr C Butler, NHSME
Dr V Billingham, NHSME
Mr D Hodge, HP(A)4

ANNEX D - HIV/AIDS AND SEXUAL HEALTH
GENERAL

D HIV/AIDS AND SEXUAL HEALTH

I OBJECTIVES

To reduce the incidence of HIV infection

To reduce the incidence of other sexually transmitted diseases.

To develop further and strengthen monitoring and surveillance.

To provide effective services for diagnosis and treatment of HIV and other STDs.

To reduce the number of unwanted pregnancies.

To ensure the provision of effective family planning services for those people who want them.

II TARGETS

A To reduce the incidence of gonorrhoea among men and women aged 15-64 by at least 20% by 1995 (from 61 new cases per 100,000 population in 1990 to no more than 49 new cases per 100,000).

B To reduce the rate of conceptions amongst the under 16s by at least 50% by the year 2000 (from 9.5 per 1,000 girls aged 13-15 in 1989 to no more than 4.8).

C To reduce the percentage of injecting drug misusers who report sharing injecting equipment in the previous four weeks by at least 50% by 1997, and by at least a further 50% by the year 2000 (from 20% in 1990 to no more than 10% by 1997 and no more than 5% by the year 2000).

III SPECIFIC COMMITMENTS

HIV/AIDS - [no new specific commitments]

Other STDs - Development of services and the establishment of easily accessible GUM provision for the residents of every district, should continue to be a priority within the NHS.

Family Planning - Restatement of present aim "by 1994/95 the full range of NHS services - however provided - should be appropriate, accessible and comprehensive."

ANNEX D - HIV/AIDS AND SEXUAL HEALTH
GENERAL

IV LEAD

HIV/AIDS - AIDS Unit - Mr Tyrrell/Dr Lewis HP(M)2.

Other STDs - HP(A)3 - Mr Sharpe/Dr Hilton HP(M)1

Drugs/AIDS - AIDS Unit - Mr Tyrrell
HP(A)2 - Mr Muir, Dr Farrell

Family Planning - HP(A)3 - Mr Sharpe/Dr Modle HP(M)6

V ACTION

1 The Government's HIV/AIDS strategy continues to be developed to achieve Health of the Nation objectives. Policies are evolving to meet the rapidly changing needs of the epidemic. The results of the NHS-led focus groups were issued in October 1992 to NHS managers, containing a detailed range of options for 1993/94 corporate contracts and business plans relating to HIV/AIDS and sexual health. The Key Area Handbook to be published in January 1993 will give further advice on purchasing and implementing interventions to meet the objectives and targets. Examples of other action taken and/or planned since the last progress report include

Objective 1. Reducing the incidence of HIV infection

* continued development of multi-sector prevention and educational work at local and national level, with increased emphasis on targeting sections of the population at particular risk to encourage sustained changes to personal behaviour where indicated (ongoing)

* the work of the Ministerial AIDS Action Group (AAG) has informed the Key Area Handbook. Papers from the AAG will be disseminated to field authorities (winter 1993)

* HEA have undertaken to review HIV strategy and send Ministers detailed proposals for further national education and prevention work (early 1993), and reaffirmed commitment to continue to develop links between local and national campaign work.

* Department for Education considering HIV education needs in wider context of sex education. Mr Patten has now written to Secretary of State seeking comments on a new circular for schools stressing the importance of sex education. DH has asked that this be put in the context of Health of the Nation objectives and targets.

* HEA sponsored conference for District HIV Prevention Co-ordinators (DHPC) on theme of 'Building Healthy Alliances' at which PS(L) and CMO spoke. Report to be published March 1993.

* Following AAG work and HEA survey of DHPCs, joint DH/Wessex RHA research underway to identify variety and effectiveness of organisational arrangements for planning and co-ordinating HIV prevention work locally. Further guidance to NHS planned for autumn 1993 to include role and functions of DHPCs

* proposal being considered for encouraging Inter-Faith Network and Inner Cities Religious Council to convene seminars on Health of the Nation topics with special reference to HIV/AIDS and sexual health issues

* Research into aspects of public attitudes and behaviour continues in order to inform and improve targeting of prevention work, including

  - publication December 1992 of preliminary findings of Wellcome Trust funded National Survey of Sexual Attitudes and Lifestyles (full results due to be published Summer 1993)

  - DH funded Project Sigma summary report of research into sexual behaviour of gay men (1987-1991) to be distributed early 1993

  - considering project to look at alternative methods to condoms, such as virucides, in interrupting HIV transmission.

Objective 2. Develop further and strengthen monitoring and surveillance

2 A range of measures are underway which will assist in improving knowledge of the progress of the epidemic, and will also help develop prevention and education programmes and planning the provision of services for treatment and care

* CDSC announced further results from latest phase of anonymised HIV surveys in a range of clinical settings January 1993 - in line with previous results

* Results from Professor Day's further Working Group on predictions of numbers of AIDS cases and HIV infection in the next five years is due to be published early March 1993

* guidance issued December 1992 to NHS to encourage the offer of named testing for HIV to all women receiving ante-natal care in areas of known or suspected higher HIV prevalence. Proposals are awaited for evaluating the effects of introducing this.

Objective 3. To provide effective services for treatment and care

3 Allocations for NHS HIV/AIDS and drugs services, including treatment and care, continue to be 'earmarked'. Guidance is issued annually to the NHS (next due winter 1993) on the purposes to which allocations are to be put. Continued encouragement is given to

* joint planning and purchasing;

* developing the roles of local authorities and the voluntary sector;

* involvement of GPs and primary health care staff in service provision; and

* developing services appropriate to a range of client groups, including women and children, people from ethnic minorities

4 Guidance this year to health and local authorities will include specific reference to and funding towards encouraging interventions which promote 'healthy alliances' and collaborative working to meet objectives and targets. Other initiatives include

* guidance on additional testing sites and the provision of 'faster' results and on procedures for partner notification both issued December 1992. Proposals for evaluation of these are awaited.

* guidance to local authorities and others on developing services for children with HIV issued December 1992 to be followed up with a series of multi-sectoral one-day Regional seminars

* two workshops have been held to identify barriers in addressing training and other needs when dealing with issues of sexual health with clients and patients: a further conference is planned for March 1993

Other issues and progress points

These include

* major pan-European symposium on HIV/AIDS held December 16 to consider latest developments and future implications for policy and practice. Report to be published Spring 1993. A paper looking ahead has been commissioned by Ministers

* SE Thames to host Regional Health of the Nation Conference on Key Area - 24 February 1993

* AIDS (Control) Act remains in place requiring annual reports from Regions of NHS activity related to HIV/AIDS and drugs services. System of quarterly financial monitoring of 'earmarked' allocations introduced from April 1992.

* Continuing contacts with OGDs through established inter-departmental fora and with NHS, local authorities and voluntary organisations on the development of services. The voluntary sector contribution is enhanced by S. 64 funding which is carefully monitored. The National AIDS Trust will continue to support the infra-structural needs of this developing sector and is reviewing its role with the Department to meet the needs of the voluntary sector and represent their concerns to central Government.

ACTION

1. The gonorrhoea target is recognised as a marker for likely trends in HIV/AIDS. Action on STDs includes:

(a) Completion of STD contribution to NHS key area handbook (to be issued early 1993).

(b) Completion of STD contribution to "First Steps for the NHS" (published November 1992)

(c) Departmental response to survey by Policy Studies Institute of workloads in GUM clinics (early 1993).

(d) With NHSME, development of training needs for health advisers in GUM clinics (recommended in the Monks Report [on workload and organisation in GUM clinics, 1988])

(e) Monitoring Regions' responses to AIDS Control Act reports. As part of this, Regions are to review the implementation of the recommendations in the Monks Report and evaluate the outcome - summer 1994 for full review, interim review likely in 1993.

2. Other initiatives include the development of a proposal for sentinel surveillance system in GUM clinics, leading to early monitoring of trends in STDs (pilot study spring 1993, full study 1994); and a possible study of STD treatment outside GUM clinics.

ANNEX D - HIV/AIDS AND SEXUAL HEALTH
UNWANTED PREGNANCIES

I ACTION

1. RHAs asked (in July 1991) to review family planning services with DHAs and FHSAs. Comprehensive guidelines were issued in January 1992 to inform and help the reviews. Regional reports received, studied, and being followed up through NHSME's regional reviews. (November 92 - January 93). PS(H) has asked NHSME's CE for progress report when review programme is completed.

2. NHS focus groups produced guidance on how to incorporate Health of the Nation targets in corporate contracts, business plans and purchasing contracts (in November 1992).

3. NHS handbooks prepared, to be published in January 1993. Family planning section of the HIV/AIDS and sexual health handbook majors on the best way of providing effective services, particularly for the young.

4. Further discussions to take place with the GMSC on the quality and range of family planning services in general practice.

5. Discussions to take place with GMSC to explore adequacy of training, better information for patients, needs of the young and implications of confidentiality requirements as they apply to under 16s.

6. Discussions with nursing professional bodies aimed at improving practice nurse training arrangements (new package of training facilities to be in place by 31 March 1994).

7. Contact with HEA, FPA, Brook, Sex Education Forum and other voluntary bodies about publicity information, media activity and other initiatives in 1993 and 1994. Support being given through S64 and primary care funding. Current projects include FPA's GP information and training needs review, and workplace project; and Brook's under 16s project. £40,000 Health of the Nation S64 money allocated to Brook and FPA for specific activities to help achieve HOTN target and objectives.

8. Contact with BBC and ITV via RCOG with a view to considering what television and other media opportunities are available for delivering information. BBC's "What shall we tell the Children" (series of six 20 minute TV programmes), with supporting leaflet and telephone helpline produced with financial help from the Department, launched January 1993.

9. Discussions with Department for Education about upgrading sex education in schools. Issue of new DFE circular on sex education currently under consideration.

10. PS(H) to give opening address at Brook conference on service provision for under 16s (March 1993).

E ACCIDENTS

I OBJECTIVE

To reduce ill-health, disability and death caused by accidents.

II TARGETS

A To reduce the death rate for accidents among children aged under 15 by at least 33% by 2005 (from 6.7 per 100,000 population in 1990 to no more than 4.5 per 100,000).

B To reduce the death rate for accidents among young people aged 15-24 by at least 25% by 2005 (from 23.2 per 100,000 population in 1990 to no more than 17.4 per 100,000).

C To reduce the death rate for accidents among people aged 65 and over by at least 33% by 2005 (from 56.7 per 100,000 population in 1990 to no more than 38 per 100,000).

III SPECIFIC COMMITMENTS

a. The Government proposes to set up a task force to give a national lead on the accident prevention aspect of the health strategy. [para E.9]

b. The Government wishes to see Directors of Public Health provide a new focus for accident prevention through the collection of information about the impact of accidents on health and action which can be taken to reduce this toll. In doing this they will need to work closely with bodies with related responsibilities, particularly local authorities. The Government will initiate discussions with Directors of Public Health to explore how their role in accident prevention can be developed. [para E.11]

c. The Government intends that improved information about numbers and types of accidents should be available locally. [para E.13]

IV LEAD

DH - HP(A)1 - Mr Knight

V ACTION

(a) **Task force** The Accident Prevention Task Force has been established and its first meeting arranged for February 1993. It will meet for 18 months, reporting at six-monthly intervals, and will be reviewed at the end of this period. Pre-meetings between officials from the different Government Departments involved have been fruitful and it is already clear that the task force will have a worthwhile contribution to make in co-ordinating and cross-referencing safety campaigns, sharing research and co-ordinating relations (including grant-aid) to voluntary organisations. Ministers have approved the task force's composition and terms of reference.

(b) **NHS accident prevention handbook** The handbook is scheduled to be launched at end-January 1993.

(c) **Focus group** This group produced its report "First Steps for the NHS" in November 1992.

(d) **Information** Discussions in hand with DH's Information Management Group about improving A&E information systems. An information seminar is planned for early 1993, to be hosted jointly by the Child Accident Prevention Trust and the Faculty of Public Health medicine.

(e) **OGDs** DH contributed in the Department of Transport Christmas drink/driving campaign and attended accident prevention conferences and seminars jointly with the Departments of Transport and Trade and Industry. The accident prevention handbook will be sent jointly by DH and DTp to Road Safety Officers.

(f) **Other points**

i. A protocol for a research project on falls amongst elderly people is being explored.

ii. The Royal Society for the Prevention of Accidents has been awarded a grant of £40,000 a year, for three years (subject to annual review of progress) from the Health of the Nation S.64 allocation. the RoSPA project is to identify and disseminate good practice on accident prevention by health authorities. RoSPA has already completed a survey of the coverage of accidents in District Directors of Public Health reports.

iii. A Senior Registrar in Public Health Medicine has been seconded to the Department of Transport for one day a week to examine the scope for collaboration in road accident prevention between the NHS and transport authorities at national and local level. A report is due early in 1993.

iv. DH funding has been made available to develop local schemes for the disposal of patients' unwanted medicines collected in pharmacies.

v. A Senior Registrar has been seconded to DH from a health authority to carry out a national survey of systems for recording information on accidental injuries in use in A&E departments.

vi. A proposal on ethnic minority safety from the Royal Society for the Prevention of Accidents is being considered for funding by DH.

vii. Discussions with Department of the Environment should shortly result in new guidance to waste authorities on disposal of medicines. This paves the way to waste disposal schemes and the allocation of existing funds.

viii. The Royal Pharmaceutical Society of Great Britain Council have made a statement recommending child resistant closures for liquid medicines containing methadone.