



# North West News

*A newsletter produced on behalf of the North West Centre of the UKPHA Winter 2005/6*

## Message from acting Chair

A Happy New Year and season's greetings to all our members. The UKPHA is going from strength to strength and membership is steadily growing. In the North West we need to increase our influence. Our organisation is in a unique position with many members not coming from a professional public health background. We all have a common cause:

- ◆ *Reducing inequalities*
- ◆ *Combating anti health forces*
- ◆ *Promoting sustainable development*

Have you got any good ideas on how our organisation can influence these in the North West? Then come along to our next meeting on 11th January 2006, 10.30am Conference Centre, Lancaster University. See notice Board (p3).

*Jane Spratley  
Acting Chair*

*Unfortunately we had to cancel the fuel poverty conference due to insufficient registrations which was very disappointing. The following is some information about an organisation who were going to exhibit at the conference and may be of interest to members*

**The Eaga Partnership Charitable Trust** is a grant giving trust that was founded by Eaga Partnership Ltd in 1993. Eaga Partnership is the only organisation that funds the Charitable trust and so far has donated almost £3million to finance action and research projects into the causes of fuel poverty and its impact on health

*The aims of the Trust are 'the relief of fuel poverty and the preservation and protection of health by the promotion of the efficient use of energy'. Applications for funding by the Trust should:*

- 1. Assist to clarify the nature, extent and consequences of fuel poverty, and*
- 2. Offer insights into opportunities for the energy efficient and cost effective relief of fuel poverty in any part of the UK.*

*Applications should fall broadly within the terms of reference of the Trust. The Trust gives priority to proposals that have the potential to inform or influence national perceptions and policies.*

*For several years a 'targeted' programme of projects on the theme of fuel poverty and health have been funded. Further funding proposals on this theme are invited.*

*For further information please contact Dr Naomi Brown, Trust Manager, 23 Macadam Gardens, Penrith CA11 9HS Tel/fax: 01768 210220 [eagact@aol.com](mailto:eagact@aol.com)*

## From Kit Kat and Coca Cola to Healthy Eating and Exercise... ...A Social marketer joins Central Liverpool Primary Care Trust

Once again central Liverpool PCT are trailblazing. This time they are the first PCT in the country to employ a specialist social marketer. As more and more people begin to talk about social marketing and how it can help get health messages out into society Liverpool are actually beginning to do it.



While countries like New Zealand and Canada have been using social marketing techniques successfully for years it is still in its relative infancy here in the UK, where there are even discussions as to how to define it. Jane Thomas, the new social marketer at Liverpool PCT, prefers this definition, 'The use of commercial marketing techniques to promote the adoption of behaviour that will improve the health or well-being of the target audience or of society as a whole'.

Jane is well placed to do traditional marketing career Reebok and Kellogg's, and great to have a joined an novative I look forward to



just that having enjoyed a successful interna-working with clients such as Nestlé, Coca Cola , she is looking forward to the challenge, "It is organisation that is so forward thinking and in-making a real difference in Liverpool".

Through her work in Liv-Jane is also contributing erpool and with the CHAMPS big noise group to the development of the National Social Marketing Strategy. Watch this space for news of social marketing successes in 2006 and beyond!

For more information: email: [Jane.Thomas@centralliverpoolpct.nhs.uk](mailto:Jane.Thomas@centralliverpoolpct.nhs.uk)  
[www.champs-for-health.net](http://www.champs-for-health.net) [www.nsms.org.uk](http://www.nsms.org.uk)

---

NorthWest **Public Health** Observatory

For the latest Health Inequalities report for the North West go to:

[www.nwpho.org.uk/inequalities/index.htm](http://www.nwpho.org.uk/inequalities/index.htm)



[www.parliament.uk](http://www.parliament.uk)

Research paper 05/89 Unemployment by Constituency November 2005

At [www.parliament.uk/commons/lib/research/rp2005/rp05-089.pdf](http://www.parliament.uk/commons/lib/research/rp2005/rp05-089.pdf)

# NOTICE BOARD

3rd Annual Public Health Conference  
in the North West:

*'Local Actions for Public Health'*

24/25 April 2006

Bridgewater Hall, Manchester

Contact Roger Lincoln for more details:

Tel: 01524 593936 email: r.lincoln@lancaster.ac.uk

**www.nwph.net**

The new integrated public health website is due to be launched at the following venues/times:

Friday 20th January 2006  
Harris Park Conference Centre,  
Garston Rd, Preston  
9.30am to 12.30pm

(refreshments and buffet lunch provided)

*and*

Tuesday 7th February 2006,  
10th Floor, Conference Room City Tower,  
GONW Piccadilly Plaza, Manchester  
10.00am to 2.00pm

(refreshments and buffet lunch provided)

Contact: Beccy Manning

Tel: 0151 231 4508

R.Manning@ljmu.ac.uk

The next meeting of the  
UKPHA North West  
Centre Executive will be  
held on 11th January  
2006 at the Conference  
Centre, Lancaster Uni-  
versity 10.30am—  
12.30pm

The Executive invite you  
to attend and welcomes  
your views

Contact Pam or Roger  
for location details

Tel: 01524 593936

## Improving Health - Working for Sustainability

Sustainable development has been defined as 'Human development and achieving human potential require economic activity that is socially and environmentally sustainable in this and future generations' (Canadian Public Health Association.) This Paper suggests that health improvement will be poor or negative and that health inequalities will continue to grow unless health is linked to sustainable development and unless an appropriate planning and organisational framework supports both health improvement and development. Such a framework, which is here described as a 'Sustainable Communities Networking Resource' may be derived from the work of the World Health Organisation and would address the wider determinants of health.

Creating a Sustainable Communities Networking Resource

-A framework, structure and resource for use in working for local Sustainable Development and for health improvement.

The Resource would include linked categories to inform and support action, networking and resourcing for sustainable development and for health improvement. These are categories in which poverty, development, environment and health can best be considered together. (These categories have been selected from the United Nations Agreement on the Environment as confirmed by the Rio and Johannesburg Summits and from work on health including 'Health21' WHO Europe). The Resource would:

### **1. Support health promotion and the attainment of full health potential for all.**

It would include available initiatives of the Primary Care Trusts and the Department of Health but also voluntary sector and other activities, which are compatible with the WHO Policy Framework, 'Health21'

'Sound development is not possible without a healthy population; yet most developmental activities affect the environment to some degree, which in turn cause or exacerbate many health problems. The health sector cannot meet basic needs and objectives on its own; it is dependent on social, economic and spiritual development,'  
\*\*(1)

### **2. Support Anti-Poverty Programmes.**

This would include existing anti-poverty Programmes e.g. ensuring full take up of available benefits, also the support of minorities who may be particularly vulnerable to poverty.

It would support other rights based programmes e.g. the demand for an adequate minimum wage as well as other Sustainability based programmes e.g. LETTS Schemes, Time Banks.

### **3. Support for access to cheap and nutritious food as well as providing support for access to information on nutrition.**

It would support the work of Public Bodies such as the Food Standards Agency and the Department of Health but it would also support the work of Non Governmental Organisations such as Sustain and the Soil Association.

### **4 . Provide social support**

It would support networks and networking such as, in Liverpool: the Community Network. It would also provide access to social skills training and social skill resources.

### **5. Support Sustainable Transport**

It would support walking, cycling and public transport use.

### **6. Support people in employment**

It would support the work of trade unions and it would provide access to employment advice.

### **7. Support the Unemployed**

It would provide appropriate advice and also provide access to information on employment.

### **8. Support People at Key Transitions**

For instance it would support people when they leave school, marry, become unemployed, or retire.

### **9. Support Mothers and Children**

For instance it would support the work of the Government's Sure Start Programme.

## **10. Support for the addicted and for their families**

### **11. Support in reducing stress**

It would support building a social framework to reduce stress. It will offer a range of strategies for stress reduction.

### **12. Help to focus on unsustainable patterns of production and consumption it will therefore encourage changes in unsustainable consumption patterns.**

It would support local co-operatives and publicise material on ethical consumption and on fair trade initiatives.

### **13. Support activities aimed at the promotion of food security and, where appropriate, food self-sufficiency within the context of sustainable agriculture.**

It would support for instance food co-operatives, farmers markets, and allotment schemes.

### **14. Support for access to cheap and low risk credit**

It would support for instance Credit Unions.

### **15. Support sustainable energy use**

### **16. Support for access to sustainable housing**

It would promote sustainable housing use.

### **17. Support for sustainable agriculture and for rural development**

It would support the application of the Ecological Footprint concept. Ecological Footprint Analysis measures the amount of renewable and non-renewable ecologically productive land area required to support the resource demands and absorb the wastes of a given population or specific activities. <sup>\*\*</sup>(4)

### **18. Support for the conservation of biological diversity including maritime diversity and for opposition to deforestation**

It would support local nature reserves, forest projects, community forests, wildlife trusts etc and parks. It would support recycling and action to reduce pollution, and the application of the ecological footprint concept, as well as identifying access to green spaces as being of positive benefit to health.

### **19. Support the promotion of education, public awareness and training to achieve ecological and development understanding and sustainable living.**

It would publicise local and internet opportunities for such training and provide access to appropriate information and resources. It would provide access to the experience of cultural diversity and to differing world-views.

### **20. Support the widest possible access to and use of information for decision-making (including local demographic information and area profiles).**

In sustainable development, everyone is a user and provider of information considered in the broad sense

### **21. Support public and community engagement in the planning process**

It would support a level of community engagement in the planning process, which is compatible with and not less than that supported by WHO Health21 and UN Action21

---

#### **Comments:**

#### **The International Policy Framework for Health and Sustainability (Health21/Action21)**

The British Government has made a commitment to reduce inequalities and to work for health improvement and has endorsed the Declaration of the World Health Organisation (WHO), which underlies the WHO's Health-for-All Initiative for the twenty-first century. This Initiative was re-affirmed at the Fifty-first World Health Assembly in May 1998. The Declaration also forms the basis of the European Policy framework, 'Health21'. Health21 supports a very broad view of health and the determinants of health. The underlying principles of 'Health21' as of 'Health for All' are; equity, sustainability, health promotion, intersectoral action, community involvement, supportive environments and international action. (\*\*1) Health21 suggests the need for participation in all decision making affecting health, the need for

accountability for health and for everything which affects health and of the need to always think about the long term effects or outcomes of anything which affects health.

These principles are also substantially the same principles of The United Nations Agreement on the Environment (Rio and Johannesburg Summits)- 'Agenda21' or 'Action21'. Action21 outlines policies and a programme of action for sustainable development, The first principle of the Rio Declaration on Environment is that human health is the centre of concern for sustainable development. Improving health therefore goes hand in hand with sustainable development.

Health21 and Action21 are intended for anyone who is concerned with health improvement or with sustainable life-

(Continued on page 6)

styles, they are not just directed at senior policy makers.

### **Current UK Performance in Health Improvement and Sustainable Development**

The publication in 2004 of the revised Multiple Deprivation Indicators based on the 2001 Census suggest that there has been no improvement in health for some populations and that health inequalities have also increased. A recent report in the British Medical Journal shortly before the recent General Election also suggests that health inequalities are increasing. **\*\***(2)

At the same time British society is characterised by an increasingly harsh urban/rural split. British towns and cities without exception impose an unsustainable 'Ecological Footprint'**\*\***(4) on their own countryside and on the developing world.

Health inequalities and the lack of 'Sustainable development' certainly reflect a lack of resources, they also reflect the way resources are used

### **Planning for Health and for Sustainable Development:**

Health and development are likely to be influenced by the procedures, systems and methodologies used in public policy determination and application. They will also be affected by the perceptions, values and understanding of those who are involved in the public policy process. This includes a wide variety of public sector agencies as well as firms, professions, trade unions, churches and other non-governmental agencies. Government is dependent on a wide variety of interests and it has to accommodate their perceptions values and priorities in implementing the policy process.

The recognition of factors and agents, which impact upon health and sustainable development, is in part a function of organization, as is the success or otherwise of the policy framework suggested by the WHO and by the United Nations. The principles and strategies of Health21/ Action21 could be applied more extensively and more effectively with appropriate organisational support.

'Frameworks for action on health improvement and on socially and environmentally sustainable development are necessary because uncoordinated action, uncoordinated development is having increasing adverse effects on people as it is on the planet...' **\*\***(1)(Agis D Tsouros- City planning for health and sustainable development (WHO/EU) 'The key recommendations on health in Agenda 21 relate to developing municipal health plans, using local health profiles and strengthening city networks for health...' (Tsouros) The WHO document 'City planning for health and sustainable development' provides a model for urban planning, which is rooted in the recommendations of 'Agenda21', the European Sustainable Cities & Towns Campaign, the European Commission and the Healthy Cities Network as well as the WHO (Europe). **\*\***(1) This document provides a planning model which is rooted in the use of local health profiles, strengthened city networks for health – a model which is participa-

tive and sustainable'

Health improvement and action on inequalities is likely to be limited or marginal unless it is based on this model. It is not sufficient to argue for an increase in resources for health unless a proper planning process supports health improvement and development. If real improvement is to take place there is a need to check that a proper planning process is taking place and that it is compatible with the WHO Planning Model outlined in the above document..

### **The Case for Creating an Extended Framework to Support Information, Resourcing and Action for Health Improvement and for Sustainable Development**

Whilst Governments rightly move to support the interests of vulnerable groups such as the poor and the health deprived, Government action may be ineffective or inefficient. The public sector is chronically under resourced, the public budgetary process is inefficient. Public agencies have to operate within areas which are often inappropriate for service provision and which may be too big. As mentioned previously Government has to deal with outside interests with differing values and which may not understand the issues. Public sector interests also differ and are not well coordinated. There is a need to address these issues if health improvement is to be effective. This provides a justification for the proposed structure framework.

### **The Social Determinants of Health (WHO) **\*\***(3)**

Recent work on the social determinants of health also supports the case for a structure framework to support health improvement at every level. The document mentioned above identifies the relationship between health and the social determinants of health.. It draws attention to available evidence. Categories identified within the social determinants of health included;

- ◆ The Social Gradient- Peoples social and economic circumstances affect their health throughout life.
- ◆ Stress- Stress harms health.
- ◆ Early life- the effects of early life last a lifetime.
- ◆ Social Exclusion- Social exclusion creates misery and costs lives
- ◆ Work- Stress in the workplace increases the risk of disease.
- ◆ Unemployment- Job security increases health, well-being and job satisfaction.
- ◆ Social Support- Friendship, good social relations and strong supportive networks improve health at home, at work & in the community.
- ◆ Addiction- Individuals turn to alcohol, drugs and tobacco and suffer from their use, but the wider social setting influences use.
- ◆ Food- Healthy food is a political issue.

(Continued on page 7)

- ◆ *Transport- Healthy transport means reduced driving and encouraging more walking and cycling, Backed up by better public transport.*

*Although intended as a guide to policy this document identifies a number of areas where action at every level including the local could make a difference in working for health improvement*

*There is a case for creating an extended framework to support the spread of information, resourcing and action for health improvement and for sustainable development. Such a framework could be derived from Health21 and from Action21. The framework could inform at every level from the community network to the national NGO about health and about sustainable development. Policymaking and implementation would be more accountable. The framework would point to information, resources and organisations available in a number of policy categories.*

### **Conclusion**

*In Britain health improvement has been limited and health inequalities have widened. There is little evidence of sustainable development. However the WHO Initiative Health21 and the United Nations Agreement on the Environment. Action21 have been used to create a Planning model for health and sustainable development. The use of this model or something similar is required for health improvement, just increasing resources is not enough. Health21 and Action21 suggest the need to create an extended structure framework to support the spread of information and action for health improvement and sustainable development and for better resourcing of these aims*

### **References:**

*Health21 –health for all in the 21<sup>st</sup> century European Health for All Series No 6- The health for all policy framework for the WHO European Region. ISBN 92 890 1349 4 [www.euro.who.int/InformationSources/Publications/Catalogue/20010911\\_38?PrinterFriendly=1&](http://www.euro.who.int/InformationSources/Publications/Catalogue/20010911_38?PrinterFriendly=1&)*

*(1) City planning for health and sustainable development WHO Regional Office for Europe, European Commission, Healthy Cities Network, European Sustainable Cities & Towns Campaign ISBN 92 890 12846*

*(2)The Social Determinants of Health, the Solid Facts – (WHO Europe) ([www.sho.dk](http://www.sho.dk)) Edited by Richard Wilkinson & Michael Marmot.*

*(3)Health inequalities and New Labour; how the promises compare with real progress; Mary Shaw, George Davey Smith, Danny Dorling British Medical Journal 2005;330:1016-1021 (30 April)*

*(4)Description of the Ecological Footprint Analysis -<http://www.redefiningprogress.org/footprint/>*

### **Other Sources:**

*Ottawa Charter For Health Promotion – WHO 1986 [www.who.int/hpr/NPH/docs/ottawa\\_charter\\_hp.pdf](http://www.who.int/hpr/NPH/docs/ottawa_charter_hp.pdf)*

*Settings for Health Promotion – Linking Theory and Practice. Poland, Green & Rootman Sage Publications Promoting Health Knowledge and Practice –Edited by Jeanne Katz, Alyson Peberdy & Jenny Douglas Palgrave / Open University*

*Inequalities in Health – Report – Chairman Sir Donald Acheson. HMSO*

*The New Public Health – John Ashton.*

*Unhealthy Societies –The Afflictions of Inequality Richard G. Wilkinson Routledge*

*The Healthy Community Concept, Holistic Development and Human Capital – Trevor Hancock .*

*The Living Economy/Wealth Beyond Measure- Paul Ekins Short Circuit/ The Growth Illusion. Richard Douthwaite.*

*Small is Beautiful- E.F. Schumaker – Abacus*

*Avoiding Social & Ecological Disaster. -Rudolf Bahro. Gateway Books*

*Public Finance in Theory and Practice. R.&P. Musgrave*

*Isles of the West Ian Mitchell Birlinn*

**Alan Cunningham  
Executive Member**



## **Home working can seriously enhance your health**

Over 100 conference delegates were told that if the Contact Centre business sector moves towards more staff working from home then, using transport information from the Department of Transport's Statistical Report of November, this year, and the pollution calculation method devised by the National Society for Clean Air and East Sussex County Council, for every 10,000 new home workers, pollution levels from car usage could reduce by 10% of the reduction seen over the last 30 years.

The conference, held on the 30<sup>th</sup> November, was a partnership event organised by NWCCP, CallNorthWest and the Merseyside Contact Centre Partnership with speakers from BT Workstyle, the Automobile Association, Sensee and NWCCP. Papers and comments are available on the website [www.nwccp.org](http://www.nwccp.org) and a full report will be included in the next edition of the NWCCP Newsletter.

Contact: Neil Turner **Project Manager North West Contact Centres Project**  
**Telephone contact 07888700431**  
e-mail [nandev.turner@ntlworld.com](mailto:nandev.turner@ntlworld.com) Website [www.nwccp.org](http://www.nwccp.org)

