

PRIAE *Policy Research Institute on Ageing & Ethnicity*

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Ageing Actively in Minority Communities (AIM) Project

Making Sense of Policy relating to active ageing

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Foreword

Twenty years ago policy makers didn't care if we were physically active or not, it was irrelevant. However with medical research confirming the role of physical and mental activity in combating the onset and aiding the treatment of many long-term illnesses policy makers have had to take note. To give an example Cardio Vascular Disease (CVD) cost the health care system in the UK around £14,750 million and Coronary Heart Disease costs the health care system in the UK in excess of £3500 million per annum¹, the total cost of mental health problems in England has been estimated by the Mental Health Foundation at £32 billion². For both the public and the public purse, there is a vested interest in the population becoming as active as possible. There is also strong evidence to suggest that physical activity programmes can contribute towards wider community benefits through building social networks and increasing community participation as well as combating isolation. Find out more about in Appendix 1: The Case for Physical Activity.

Why This Booklet?

Policy affects everyone and in particular the services we receive. Government policy can affect the types of services on offer, the amount of funding which is available for service provision and the relationship between the statutory and voluntary and community sector (VCS). It is important to be aware of policy which surrounds the VCS and the field of active ageing if you are wanting to provide services. Government policy is constantly changing and the government's priorities are also changing. This booklet aims to bring together some of the most recent and relevant pieces of policy which can affect active ageing, particularly in relation to BME elders. The objective of this document is to support the voluntary sector in being aware of policy that relates to the services they currently provide or would like to provide in the future. All boxes highlighted in blue are direct policy quotes and boxes highlighted in yellow are some tips from PRIAE as to what the voluntary sector can do to keep up to date or have a direct influence on policy.

UK National Perspective

The importance of active ageing and physical activity is recognised at national policy level. It contributes to a successful economy and healthy population. We outline below a brief summary of these policies.

In March 2001 a **National Service Framework (NSF)**³ was launched by the Department of Health which set new national standards of care for all older people. There are eight national standards but the standard relating to active ageing states:

¹ The figures for this section are from a cost of illness study by researchers at the Health Economics Research Centre, Department of Public Health, University of Oxford. Details of the methods and data used can be found at www.heartstats.org/eucosts.

² More than a third of this cost (almost £12 billion) is attributed to lost employment and productivity related to schizophrenia, depression, stress and anxiety

³ The NSF set new national standards and service models of care across health and social services for all older people. It is available at www.dh.gov.uk/PolicyAndGuidance/HealthAndSocialCareTopics/OlderPeoplesServices or call 0870 155 54 55 and quote reference: 2001 and product code: 23636

Standard Eight: Promoting an active healthy life in older age

The Health and well being of older people is promoted through a coordinated programme of action led by the NHS with support from the councils.

What it says on BME elders

'Good assessment also requires that the needs of older people from black and minority ethnic communities are assessed in ways that are not culturally biased and by staff who are able to make proper sense of how race, culture, religion and needs may impact on each other'

What it says on being healthy:

'improving the NHS is not just about treating bad health, it's also about keeping people healthy. Exercise and good diets can help older people enjoy many years of active life. There will be a new emphasis on promoting healthy lifestyles with easier access to advice and support'

However five years on from the NSF a new report produced jointly by the Healthcare Commission, the Audit Commission and the Commission for Social Care Inspection suggests that "deep-rooted cultural attitudes to ageing" in local public services are hampering wider Government plans to improve health, social care and local council services for older people. The report called '**Living well in Later Life**'⁴ stated that although improvements had been made older people were still not a priority for commissioners of services and made the following recommendations:

- Managers from all organisations must make sure that **older people are treated with dignity and respect** and that their basic human rights are upheld at all times;
- NHS trusts and local authorities must take action to ensure that the standards set out in the national service framework for older people are met;
- **Partner organisations involved in providing health and local government services need to work together to develop a joint strategy for the promotion of good health and well-being for older people;** and
- Partner organisations need to work together to ensure that there is a **systematic and coordinated approach to engagement that recognises the diversity of the population served.**

Tip: Get a copy of the National Service Framework⁵ for Older People (Executive Summaries are available free) if you provide services for elders as it sets out standards and models of care for the elderly. New policies and funding streams arising from the Department of Health in particular will generally relate to a specific standard and it will increase your chances of being successful in applying for funding if you can link your service with a direct standard or standards

⁴ Available at:

www.healthcarecommission.org.uk/InformationForServiceProviders/ReviewsAndInspections/NSF/NSFArticle/fs/en?CONTENT_ID=4001755&chk=NEg%2Bxm

Available at:

⁵www.dh.gov.uk/PolicyAndGuidance/HealthAndSocialCareTopics/OlderPeoplesServices/OlderPeopleArticle/fs/en?CONTENT_ID=4073597&chk=4wRxm%2B

Many policies arose in response to the National Service Framework. A white paper is a government policy outlining its future commitments. The **Choosing Health White Paper**⁶ tackled the issues of improving health and tackling health inequalities.

What it says about health inequalities:

'Real progress depends on effective partnerships across communities, including local government, the NHS, business, advertisers, retailers, communities, the media, faith organisations and many others'

What it says about the voluntary sector:

'Market Health - we will work across government and with other organisations in the voluntary and independent sector, through a strategy that brings together messages that raise awareness of health risks with information about action that people can take themselves to improve their health'

It specifically talks about addressing health inequalities by getting good quality information and securing improved access to health for the most disadvantaged in society. It aims to tackle inequalities by helping providers of local services to:

What it says about information:

*'tailor information needs, and support staff to communicate complex health information to different groups in the population; and
provide practical support for people who lack basic skills to help them use health information, including signposting them to extra support through programmes such as Skilled for Health'*

Tip: Sell your organisation - No-one has a better understanding of or commitment to your sector than you do - make sure that your local health and social care services are aware of this. Offer your skills to commissioners and ensure they understand that your organisation can provide the most appropriate care for your community

The government states in the white paper that they are committed to producing successful community based models for improving local health. It declares that in 2006 **Health trainers will be offered to those 'in the areas of highest need'**. The Department of Health confirmed that From 31 March 2006, 88 Spearhead PCTs are introducing health trainers. The group of 88 Primary Care Trusts covering 70 Local Authority areas⁷, were identified using information on deprivation, mortality from cancer and heart disease as well as life expectancy to determine the areas who

⁶ The Choosing Health White Paper was published in November 2004 and is available www.dh.gov.uk/choosinghealth or call 0870 155 54 55 and quote reference: 4135 and product code: 264741 for the executive summary.

⁷ The full list of local authorities is available at www.dh.gov.uk/PublicationsAndStatistics/PressReleases/PressReleasesNotices/fs/en?CONTENT_ID=4095409&chk=JJsWEO

face the greatest health challenges. Contact details of health trainers will be given out on a local basis. It is worth remembering that not all Spearhead PCTs have health trainers in place yet, it will be an ongoing process throughout the year until 31 March '07.

Tip: Write to your local PCT. Ask: how many health trainers they will be appointing, when they will be available, how your members can be allocated one. Ask a health Trainer to speak to a group of your members. Send in a question about health trainers to be raised at the next public board meeting of your PCT. Or Attend the PCT public board meeting and ask the question.)

The White Paper also announced that a **National Strategic Partnership Forum (NSPF)** would be set up. A strategic agreement between the Department of Health, the NHS and the Voluntary and Community Sector⁸ called '*Making partnership Work for Patients, Carers and Service Users*' was produced in response to the concerns of the VCS in a consultation in 2003.

What it says the new forum will achieve:

'This will not be another talking shop, but a body with influence. Reporting directly to Ministers, the Forum will consist of representatives from the VCS, NHS and Social Care and the Department of Health. The Forum will support local partnership working through a programme of targeted projects to address the practical barriers'

Tip: If this isn't just another talking shop then how is the forum representing your organisation? Get in touch with the Department of Health and ask about your local partnership and how you can get involved!

The strategic agreement states that PCTs can and should:

- **Involve VCS organisations** in the assessment of health and service needs, and the planning of local services, and
- **Recognise the VCS ability** to deliver some elements of the service differently, and often better, than NHS organisations traditionally have done, and have greater flexibility overall

The Forum was launched in February '05. The NSPF so far has announced its statement of purpose sets out how:

'The NSPF will help the voluntary, community and public sectors to work together to deliver responsive, high quality health and adult social care services for patients, service users and carers. It will influence policy as well as influence the development of the financial relationship between voluntary, community and public sectors'

The 'Choosing Health' White Paper states that it will give PCTs the means to tackle health inequalities through funding. This funding will be given again to areas of

⁸ The strategic agreement is available at www.dh.gov.uk/PublicationsAndStatistics/Publications/PublicationsPolicyAndGuidance/PublicationsPolicyAndGuidanceArticle/fs/en?CONTENT_ID=4089515&chk=KvDHnR or call 0870 155 54 55 and quote reference: 3703 and product code: 40637

high deprivation and the PCTs will work jointly with the local authorities and check on progress of reducing inequalities.

Tip: Contact your local Primary Care Trust and ask how they are tackling inequalities in your area. As if there is funding available for physical activity interventions which your organisation can apply for?

The Choosing Health White Paper was supported by: **Choosing Activity: a physical activity action plan** published in 2005⁹. The action plan brings together the commitments made in the white paper as well as further activity across government to increase physical activity levels. The plan makes the following statements:

'The Local Exercise Action Pilots (LEAP) are evaluating a range of community approaches that aim to increase levels of activity across the community as a whole but also with targeted work with specific groups such as older people.... The pilots are being led by the PCTs, who are working in innovative ways with ... a range of voluntary organisations'

'Older people are the biggest users ...of health and social care services... So older people are a key focus for our plans. Regular activity is particularly important for this group, not only for the beneficial effects on conditions such as diabetes and cardiovascular disease, but also for the maintenance of mobility and independent living as well'

Free swimming initiatives have generally been targeted at young people but there is growing recognition of the value of extending this activity to older people... This will also be informed by learning from the Local Exercise Action Pilot (LEAP) that is focusing on targeted free swimming.

The 'Choosing Activity: a physical activity action plan' offers positive initiatives for young people but often lacks detailed plans of physical activity interventions for older adults.

Tip: Get in touch with your local LEAP project via your local PCT and see how you can get involved or what LEAP can offer your users

Tip: The Department of Health e worked with the Amateur Swimming Association to develop a web-based resource providing best-practice guidance on Free Swimming. Find out more at: www.freeswimming.org

The LEAP programmes are currently being evaluated by Leeds Metropolitan University and the interim report ¹⁰suggests:

PCTs, local authorities and other agencies should plan to resource and deliver physical activity interventions as part of future community-wide and targeted preventative health initiatives.

⁹ The 'Choosing Activity' action plan is available to download at: www.dh.gov.uk/PublicationsAndStatistics/Publications/PublicationsPolicyAndGuidance/PublicationsPolicyAndGuidanceArticle/fs/en?CONTENT_ID=4105354&chk=ixYz2B or call 0870 155 54 55 and quote reference: 4624 and product code: 267166

¹⁰ Available at: www.dh.gov.uk/PolicyAndGuidance/HealthAndSocialCareTopics/HealthyLiving/LocalExerciseActionPilots/fs/en

As part of its drive to increase levels of physical activity in older people the government has also announced funding of £60m for councils to develop innovative ways to help older people avoid emergency hospital visits and to live independently longer. The £60m **Partnerships for Older People Projects (POPP)**¹¹ grant aims to encourage councils in England with their NHS, local government, **voluntary and community sector partners to devise innovative approaches to establishing sustainable arrangements for supporting older people in active and healthy living.** Nineteen councils across England have won a share of the two year £60m Partnership for Older People scheme, (POPP) with the first phase to begin by May 2006

Tip: Find out if your local authority is one of 19 councils to win a share of the 60 million and how their project will affect older people in your area. Find out if there is any opportunity for your organization to work in partnership with the local council to provide services? Details of the councils can be downloaded at: www.dh.gov.uk/PolicyAndGuidance/HealthAndSocialCareTopics/OlderPeoplesServices or telephone the Department of Health information line on: 020 7210 4850

The Choosing Health White Paper still has an impact on today's services but in 2006 a new '**Our Health, Our Care, Our Say: a new direction for community services White Paper**'¹² was launched. This White Paper claims to go much further than the 'Choosing Health' white paper towards '*fitting services round people not people round services*'. Patricia Hewitt; Secretary of State for Health launched the White Paper stating '*It's clear you want care built around people, care that helps them take control of their lives and their well being. You've also asked for support that reaches out into communities and homes when needed...Your answers gave us a great insight into the changes that need to be made...in the Governments White Paper 'Our Care, Our Say: a new direction for community services White Paper' we show you how we're going to make them*'.

What it says about health inequalities:

'Feeling Isolated or not supported affects people's health and well-being. And health inequalities are still much too stark - across socio-economic groups and in different communities requiring targeted, innovative and culturally sensitive responses'

This new White Paper sets out a new direction for health and social care services over the next five years and claims to put local people in the driving seat and listen more closely to local needs. It places particular emphasis on reducing health inequalities.

¹¹ Further info is available at:

www.dh.gov.uk/PolicyAndGuidance/HealthAndSocialCareTopics/OlderPeoplesServices/OlderPeopleArticle/fs/en?CONTENT_ID=4099198&chk=5OV7NB

¹² The White Paper is available to download at

www.dh.gov.uk/PublicationsAndStatistics/Publications/PublicationsPolicyAndGuidance/PublicationsPolicyAndGuidanceArticle/fs/en?CONTENT_ID=4127453&chk=NXIecj or for a free brief guide call or call 0870 155 54 55 and quote reference: 2006 and product code: 270875 (or large print edition: 270876)

What are its goals?:

- *Health and social care services will provide **better prevention services with earlier intervention**¹³*
- *We will introduce a new NHS ‘**Life Check**’ for people to assess their lifestyle risks and to take the right steps to make healthier choices¹⁴...specific health and social care advice and support for those who need it will be available.*
- *We will give people **more choice and a louder voice**...We will make it easier for people to get the information they need to choose a GP practice and understand what services are available in their area.*
- *We need to do more on **tackling inequalities and improving access to community services**. We will ensure that local health and social commissioners work together to understand and address local inequalities¹⁵. In social care, we will develop new ways to break down inequalities in access to services, for example through social care link*
- *If people have a clear understanding of their condition and what they can do, they are more likely to take control themselves. We will support people to do this by **trebling the investment in the Expert Patients Programme**¹⁶, developing an information prescription for people with long-term health and social care needs and for their carers, and developing assistive technologies to support people in their own homes.*

Tip: The NHS ‘Life Check’ is currently being developed and an on-line self-assessment tool will be available in 2007. Keep an eye out for this and how it can help your service users.

Tip: People living with long-term health conditions can now become expert patients and even train as tutors to help others who are dealing with the same condition. Perhaps some of your users may like to train and help other users within your organisation?

The ‘Our Health, Our Care, Our Say’ White Paper responded to a national consultation where many respondents wanted to see more services offered within the community and wanted more from their local GP surgeries. The White Paper States:

- *... proposals for introducing information prescriptions for those with long-term conditions, to enable them to access a wider provision of services. A range of different ‘prescription’ schemes, such as exercise-on-prescription projects, have been established or piloted in a number of areas and have often been very successful.*
- *We would like to see increasing uptake of well-being prescriptions by PCTs and their local partners, aimed at promoting good health and independence and ensuring people have easy access to a wide range of services, facilities and activities.*

¹³ PCTs will work closely with local government services to ensure early support for prevention

¹⁴ the assessment tool will be available online as part of Health Direct Online or downloaded locally in hard copy.

¹⁵ Ethnic minorities are listed as a priority group

¹⁶ **The Expert Patient - a new approach to chronic disease management for the 21st Century**, published in September 2001, sets out how the NHS will empower those living with chronic long-term medical conditions to become key decision-makers in their own care. Find out more at: <http://www.expertpatients.nhs.uk/>

Tip: Is your GP service aware of the services you provide and vice versa. Make sure your GP can signpost patients requiring culturally appropriate care to your services

What it says about commissioning:

- Practice Based Commissioning will give GP's more responsibility for local health budgets, while individual budget pilots will test how users can take control of their social care.
- We must set out a new direction for health and social care services to meet **the future demographic challenges we face.**
- At the moment too much primary care is commissioned without integrating with the social care being commissioned by the local authority. There will be much more joint commissioning between PCTs and local authorities.
- **Innovation** will be encouraged by greater patient and user choice.
- **Allowing different providers to compete for services:** In some deprived areas of the country there are fewer doctors per head of the population than in others. We will increase the quantity and quality of primary care in these areas through nationally supported procurement of new capacity with contracts awarded by local PCTs. To assist this process, **we will remove barriers to entry for the 'third sector' as service providers for primary care**

Tip: The UK has an ageing population and due to the mass migration in the 50s and 60s. Britain's BME elderly population is set to increase dramatically. Ensure that local commissioners are aware of this - promote your expertise at providing services to your community and innovative methods to ensure take up of physical and mental activity interventions by your users

Additional Policies which impact on Physical Activity

Policy relating to physical activity doesn't always have to come from the Department of Health. All sorts of policies have an impact on physical activity, in particular policies relating to transport and the environment. Below are some strategies which should lead to increased opportunities for people to undertake physical activity:

What they say about increasing opportunities for activity:

The Rural White Paper (2000)¹⁷ states that legislation will be passed to make it easier for all sectors of society, in particular disadvantaged communities to enjoy the countryside, finding out more about what minority ethnic groups would like to do in the countryside and ensuring provision is made for a full range of interests
The Rural Strategy (2004)¹⁸ sets out the new approach and concentrates on three priorities:
- Economic and Social Regeneration
- Social Justice for All
- Enhancing the Value of our Countryside
The Future of Transport White Paper - A Network for 2030 (2004)¹⁹ has a specific aim to increase walking and cycling over the next 20-30 years

¹⁷ Available at: www.defra.gov.uk/rural/ruralwp/whitepaper/default.htm

¹⁸ Available at: www.defra.gov.uk/rural/strategy/

¹⁹ Available at: www.dft.gov.uk/stellent/groups/dft_about/documents/divisionhomepage/031259.hcsp

The National Walking and Cycling Strategy Action Plan - DfT (2004)²⁰ sets out specific actions to increase walking and cycling by:

- Improving the walking and cycling environment
- Better facilities for walking and cycling through; a safer road environment; support for small projects; access to public transport and government setting the standard by providing the right facilities

The European Perspective

As the UK is part of the European Union, European Policy has a direct impact on UK policy. When it comes to policy on ageing and physical activity the European Union turns to the World Health Organisation (WHO) who defines active ageing as:

‘Active Ageing is the process of optimising opportunities for health, participation and security in order to embrace quality of life as people age’²¹

WHO/Europe is highlighting the issues associated with active ageing, i.e. fostering policy advocacy, promoting healthy lifestyles, reducing health risks and increasing quality of life:

‘because ageing will put increased economic and social demands on all countries of WHO European Region. At the same time, older people provide a precious, often ignored resource that makes an important contribution to the socio-economic fabric of our lives’

Questions the World Health Organisation puts to policy makers:

- Will a proportionately smaller number of working adults be able to provide the support that older people need?
- Will large numbers of older people bankrupt our health care and social security systems?
- How do we help older people remain independent and active?
- How do we best balance the role of the family and the state when it comes to caring for older people who need assistance?
- How can we best make use of older people’s wisdom, experience and talents?
- Now that people are living longer, how can we improve the quality of life in old age

They also make the following suggestions for a variety of sectors to adopt “age-friendly” policies that prevent disability and enable those who have disabilities to fully participate in community life.

Suggestions the World Health Organisation makes to Policy Makers:

- City governments can offer well-lit streets for safe walking and appropriate transport systems.
- Recreation services can offer exercise programmes that help older people maintain or recover their mobility.

²⁰ Available at:

www.dft.gov.uk/stellent/groups/dft_susttravel/documents/page/dft_susttravel_035060.xls

²¹ The concept of active ageing was launched at the Second World Assembly on Ageing in Madrid 8-12 April 2002

➤ The education sector can offer life-long learning and literacy programmes

These questions and suggestions are central to policy makers at all levels and should be asked of policy makers at national and local level. The WHO makes no specific reference to BME elders.

Tip: It is a good idea to mention national and international policy in funding applications to provide local services as it shows you have researched the policy arena and are aware of policy which affects your community

What Next?

Knowledge of policy is very important in securing funding for providing services that fit in with local and national objectives and priorities. However unless policy is backed up with timelines and goals for delivery it can often be meaningless. A sound knowledge of policy can add weight to your case for funding to provide services to your community. The Department of Health says:

'Policy will through sustained investment and fresh thinking, backed by the public, deliver sustained improvement to the health of the people of England'

Tip: There are many opportunities to influence policy at local, national and even European level. As much as possible make policy makers aware of your organisation and the services you provide, register your interest with them and ask to be kept updated with policy developments.

PRIAE has a new three-year project to create a **BME Elders National Secretariat**. This will be a national resource for agencies, organisations and practitioners working in the field of ageing and ethnicity. The project aims to bring together BME age organisations in the voluntary sector, regional and local people with policy and delivery responsibilities, and policy officers with government department responsibilities with a view to build a network that enables BME elders and their organisations to influence policy and practice at national, regional and local levels.

Tip: Register your organisation with the secretariat to receive policy information and become part of the network. Contact Sunjeeda Hanif / Ian Smith at sunjeeda.hanif@priae.org / ismith@priae.org or telephone: 0113 2855995 / 0113 2855992

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Appendix A: The Case for Physical Activity

Why do we need to be more physically active?

Health Benefits

- Evidence shows that regular physical activity can:
- Help prevent coronary heart disease (CHD)
- Increase levels of HDL or "good" cholesterol,
- Help prevent osteoporosis
- Help prevent or assist back pain
- Lower high blood pressure (hypertension)
- Help prevent obesity and it's associated health risks
- Promote healthy blood sugar levels,
- Promote bone density,
- Boost the immune system
- Help prevent some types of cancer

Social and Community Benefits

Regular physical activity can:

- Help develop social skills
- Reduce isolation
- Encourage community development
- Help prevent some types of cancer

Emotional and Psychological Benefits

Regular physical activity can:

- Improve mood and reduce the chance of depression (exercise produces something called endorphins which are released into the brain and naturally makes you feel happier
- Reduce feelings of anxiety
- Make you sleep better
- Improve your body image which will generally result in you feeling more confident and happier

Why is it particularly important for older people and BME communities?

Older people from Black and minority ethnic communities suffer from a number of **Health Inequalities** including:

- 2.1 million pensioners live in poverty
- BME groups, especially Pakistanis and Bangladeshis are among the most deprived communities
- Risk factors (including smoking, hypertension and poor quality housing) are more prevalent among deprived communities
- 45% of BME population lives in the quintile of local authorities with the lowest life expectancy (67% of Bangladeshis)
- 5 years survival from breast cancer is higher among women in affluent areas than deprived areas
- African Caribbean people have a low prevalence of CHD but a much higher prevalence of hypertension and stroke

- Rates of long term illness or disability that restricts daily activities are highest among Bangladeshis and Pakistanis
- CHD is higher in South Asian Group
- Those of African Caribbean and South Asian descent are estimated to be at as much as 6 times higher risk of being diagnosed with Diabetes
- Prevalence of Type 2 diabetes increases with increased material deprivation

Rates of Physical Activity for the over 50's

- Only 1 in 4 men and 1 in 6 women participate in sufficient physical activity to benefit their health
- Physical inactivity increases with material deprivation
- Physical activity declines with age
- Two thirds of physically active men are socially active compared with 59% of men who are sedentary
- Half of all South Asian women aged 16-74 are sedentary

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