In this issue:
- News and Updates
- NW Pioneers Physical Activity
- Violence as a Public Health Issue
- HSDU Staff Profile
- Health Promoting Hospitals Relaunch
- Progress in Prisons

Welcome to the third edition of the newsletter.

In 1986, the World Health Organization stated in the Ottawa Charter for Health Promotion that health is created and lived by people within the settings of their everyday life, in our community, the place where we work, the schools and colleges we attend and the places in which we enjoy our leisure time.

The fundamental conditions and resources for health are peace, shelter, education, food, income, a stable ecosystem, sustainable resources, social justice and equity. Improvement in health requires a secure foundation in the basic prerequisites.

As we approach a new era of public health in the UK, with the recent Wanless report and the Government’s ‘Choosing Health?’ public health consultation, it is interesting to see where the settings approach fits.

The initial consultation on the public health White Paper focused on several key public health issues: smoking, combating obesity through healthy eating and physical activity (with separate consultations subsequently being launched), combating the spread of sexually transmitted infections and encouraging the creation of healthy workplaces.

On one level the focus is on individuals and the choices they make which will have an impact on their health.

However ‘Waiting List’ 2 suggests that people need to be supported more actively to make better decisions about their own health and welfare. He also suggests employers should play a part in the ‘fully engaged scenario’ in which individuals and organisations take a high level of responsibility for their own health and care and that the NHS in particular, as an employer, should be thinking more about how it can improve the health of its employees.

So, on another level, there is a positive message for health promotion in settings, with reference to tackling health in workplaces, communities and schools.

But it’s important that as we enter this new and exciting phase of public health that we do not forget the value of the broader settings approach. It has to be a whole systems approach, one which aims to integrate a commitment to health into the fabric of settings - within their cultures, structures, processes and routine life.

This approach must be underpinned by a commitment to values such as participation, partnership, empowerment and equity. It is only when these conditions are met that the basic prerequisites for health and health improvements will be achieved - and only then will working towards greater public health be meaningful, effective and sustainable.

Contacts and links
Ottawa Charter
www.who.int/nph/docs/ottawa_charter_hp.pdf

Wanless Report: Securing Good Health for the Whole Population
www.hm-treasury.gov.uk/consultations_and_legislation/wanless04_final.cfm

Choosing Health?
www.dh.gov.uk

A new dawn for settings?
Leadership and change

Leadership and management of change in organisations are central to healthy settings development. There is much to be learned from theory and practice in these fields. Here, Healthy Settings looks at two very different organisations – the University of Central Lancashire (UCLAN) and Mancchester Heart Centre which are both aiming to change their organisational culture.

The university is offering leadership and team development training to all staff at senior lecturer/officer grade or above, while the cardiac unit is using the technique of Appreciative Inquiry to ‘accentuate the positive’. UCLAN is using money from the Government’s Rewarding & Developing Staff in Higher Education initiative to improve staff recruitment and management. Alongside a ‘continuous improvement’ programme, the initiative has already reduced the student drop-out rate from 33% to 20%.

A four-day residential leadership training programme is under way. It is very challenging,’ said Stuart Hunt, UCLAN’s human resources management development manager. ‘Until now, someone’s performance has been judged almost entirely on results rather than process, ends not means.’ The training, and a shorter residential course on team development, are delivered by outside consultants, the Centre for Creative Facilitation. ‘A culture is starting to emerge where development is a right and an expectation rather than remedial activity,’ said Hunt.

At the Manchester Heart Centre, part of Central Manchester and Manchester Children’s University Hospitals NHS Trust, Directorate Manager Anthony Nally turned his back on the traditional ‘problem-oriented’ approach to organisational change.

Instead, with the help of consultants from the Findhorn Foundation, the centre used the US technique of Appreciative Inquiry to deal with its 72% overall staff turnover. ‘Appreciative Inquiry begins by ‘appreciating’ the strengths of an organisation, in this case the commitment, skills and public service ethos of the staff,’ said Anthony Nally. ‘The setting approach was also important, said Nally. ‘This is a high-stress environment, with strong “Type A” personalities forceful, running on adrenalin, demanding, with a low tolerance of perceived incompetence in others, that can create a very unhealthy workplace. I wanted to bring in more emotional intelligence and a “spiritual” element, a more holistic way of seeing people.’

Management, 35 staff and most of the consultants have gone through a four-stage process in separate groups, using their own stories of success at work to develop shared statements – “provocative propositions” describing their vision for the Centre.

Working groups then looked at how this could be put into practice through improved communication, patient care and staff development. Early results are apparent in a more sensitive approach to patients’ emotional needs, improved cooperation between medical and non-medical staff, and a reduction in staff absence.

Contacts and links
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Websites
www.uclan.ac.uk/ohr/hr/content/ staff_dev/changeindex.htm
Findhorn Foundation www.findhorn.org/home_new.php

Clubs and nightlife
Best practice in promoting safer nightlife across the North West has been gathered together in a report by Karen Hughes and Prof Mark A Bellis of Liverpool John Moores University. The report, Safer Nightlife in the North West of England, was compiled for the North West Safer Nightlife Group, whose members include regional NHS co-ordinators for tobacco, drugs, young people and sexual health, representatives of PCs, the voluntary sector, pub and club licensees, and the Centre for Public Health at Liverpool John Moores University and the Healthy Settings Development Unit.

The group aims to strengthen partnership working and increase local capacity for improving nightlife health and safety, using the settings approach to health. To report highlights the risks attached to alcohol, tobacco and illegal drug use, risky sexual behaviour, violence and environmental issues.

The report was launched at a regional conference in Blackpool in June, where delegates were consulted on what the group should do next.

Karen Hughes said: “The publication of the Alcohol Harm Reduction Strategy for England and changes to the licensing regime mean this is an exciting time for those working on health and safety in the night-time economy.”

Contacts and links
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Safer Nightlife in the North West www.npl.org.uk/nlhp_pub/reports/CH/ nightlife.pdf

Healthy settings:
Health promoting universities literature review
Sharon Doherty 01772 893761 s.doherty@uclan.ac.uk
Health promoting universities mapping exercise
Daryl Evans 0208 4116459 d.evans@mdx.ac.uk
Kirklees Healthy College Standard
Kate Birch kabi@huddersfieldcoll.ac.uk
Alison Yates a.yates@huddersfieldcentral-pct.nhs.uk

prisons
The ‘whole prison’ approach has been adopted in the October 2003 Prison Service Order for Health Promotion (PSO3200), which aims on how to put into practice the guidance document Health Promoting Prisons: A Shared Approach. The PSO focuses on five key topic areas: • Mental health promotion and well-being • Smoking • Healthy eating and nutrition • Healthy lifestyles including sex and relationships and active living • Drug and other substance misuse.

Promoting health is now a key area in the Prison Health Delivery Plans which are being developed by prisons and their local PCTs in partnership. From last April, 18 PCTs with prisons began to commission services for prisons in their areas, and by 2006 all PCTs will commission services for their prisons.

The Regional Development Team at NW Prison Area Office monitors the implementation of Prison Health Delivery Plans on behalf of the three strategic health authorities across the region.

The North West is also taking the lead on evaluation of nicotine replacement therapy (NRT) for prisoners, funded by the Department of Health until 2006.

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universities and colleges
A national stakeholders meeting on health promoting universities was held in 2002 hosted by the Health Development Agency. It was agreed that there was a lack of knowledge about the level and type of work being done within this setting and that a literature review and mapping exercise would address this.

The literature review has been conducted by the Healthy Settings Development Unit. The review is now complete and the findings will be disseminated later this year.

The mapping exercise is currently being undertaken by M Idiex University. The aim is to establish how many universities have a health promoting university initiative/project as well as providing general information about any health-related work they are doing.

Questionnaire results are now being collated. Please contact Daryl Evans at M Idiex for a questionnaire if you know of work being done at your local university.

Healthy colleges have taken a step forward with the publication of the Kirklees Healthy College standard, produced by Huddersfield New College in partnership with Kirklees Healthy Schools Team.

It has been very well received by colleges within the Healthy College network set up by the Huddersfield based group. The Department of Health and Department of Education and Skills are also excited about the possibility of extending the work of the National Health Education Standard into the 16-19 age group.

The standard is currently being piloted by nine colleges which vary considerably in profile. Each college is looking at whole college awareness alongside at least one other criteri- on. Once they have carried out an audit they will be setting targets in line with the standard. The aim is to produce feedback as soon as possible so that the results can inform a national initiative.

Contacts and links
Health promoting universities literature review
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Health promoting universities mapping exercise
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Kirklees Healthy College Standard
Kate Birch kabi@huddersfieldcoll.ac.uk
Alison Yates a.yates@huddersfieldcentral-pct.nhs.uk

news and updates
Prisons Project.

Nationally, some significant steps have been taken in implementing the strategy Health Promoting Prisons: A Shared Approach (DH, 2002) which advocates a ‘whole prisons approach’. There is also a renewed sense of direction and energy within the WHO Health in Prisons Project.

Since responsibility for policy development on health in prisons moved to the Department of Health (DH), in April 2000, new service strategies for mental health, primary care and dentistry have been developed, besides work force development strategies for health staff, and a Hepatitis B Vaccination programme.

In late 2003 a new Prison Service Order (PSO 3200) on Health Promotion was issued. PSOs are long-term mandatory instructions, and set the standards against which a prison is audited.

Paul Hayton, section head for health promotion within Prison Health at the Department of Health, said: ‘Whereas PCTs increasingly apply standards from within the NHS to prison health care issues, we felt it important to stress that health promotion should involve and encourage the participation of many workers from across the prison.

‘The lead on various topics is not necessarily the health professional - it may be an educator or catering manager, for example.’

Key topics identified in the PSO are mental health promotion, smoking, healthy eating, healthy lifestyles (includes sex and relationships, active lifestyle etc) and drug and substance misuse. Early monitoring suggests that the PSO is raising the profile of health promotion issues.

Internationally, Prison Health at the Department of Health is a Collaborating Centre for the WHO Health in Prisons Project, hosting the project website and providing related support. The project recently published the Moscow Declaration on Prison Health as part of Public Health, available on the HIPP website.

Useful websites

www.dh.gov.uk/PolicyAndGuidance/HealthAndSocialCareTopics/PrisonHealth

www.dh.gov.uk/tobacco/pdfs/aquitixed.pdf

www.marketing.strath.ac.uk/crt/publications/Pinson-cessation-rept.pdf

www.hype-europe.org

www.hprunionservice.gov.uk and navigate towards PSQ 3200

www.hrmc.hamb.ac.uk/prisonhealth

Contacts and links

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Paul Hayton, Section Head, Health Promotion, Prison Health paul.hayton@h.ps@gov.uk

Case studies

Lancaster Castle

Smoking cessation is being offered jointly with Morecambe Bay PCT Smoking Cessation Service. A pilot stop smoking group for 17 prisoners was jointly facilitated by Melanie Abbott, a Specialist Smoking Cessation Advisor from the PCT, supported by a prison officer trained for the purpose. A four-week quit rate of 75% was achieved, settling down to 60% after the pilot group. Another 60 prisoners have received smoking cessation support.

Preston

A Healthy Settings Group has been set up, which aims to introduce a system of reviewing Prison Service Orders, for example on the reception process, and undertaking an Integrated Health Impact Assessment to highlight where the process promotes or demotes health.

Following the assessments SMART action plans will be developed with appropriate mainstreaming and monitoring processes.

Kirkham, near Blackpool

The priories for Hilary Abberethy from Fylde PCT have been to ensure that health promotion is everyone’s business, rather than purely a healthcare issue, and to develop multi-agency working for health promotion.

A multi-agency Health Promotion group has been meeting since August 2003 and a strategy and action plan has been developed and implemented. Initiatives have included a joint PC/education Healthy Living course, smoking cessation and a review of menus.

Buckley Hall, Rochdale

Work includes a weekly ecology clinic for the prisoners, for anyone with a blood-borne virus or who wants to be screened for HIV, Hepatitis B and C.

Carmel Vyas from Rochdale PCT is also trying to include the health of prison staff in a whole prison approach to health promotion.

Schools

The North West has a higher proportion of schools fully involved in the National Healthy Schools Standard (NHSS) programme than any other English region. Regional co-ordinator Norman Scott said: ‘The Government is increasingly using Healthy Schools as a vehicle for delivering policy, so it is a real opportunity for other agencies with a shared agenda to get involved.’

A priority in the North West is to link local Prison Health strategies with national initiatives such as Neighbourhood Renewal.

A briefing paper on the impact of Healthy Schools in the North West will be published in September. The aim is to encourage broader involvement in Healthy Schools work.

Research commissioned for the briefing paper found that pupils in ‘level 3’ (fully involved) Healthy Schools eat more fresh fruit and fewer chips, do more exercise and find their sex and relationships education (SRE), drug education and other health education lessons more useful than pupils in other schools.

A national analysis of Ofsted school inspection reports has found that ‘level 3’ schools tend to improve their standards faster than the national average, and the greatest impact of the initiative is in schools serving areas of socio-economic disadvantage.

Currently over 10,000 schools across England are actively engaged at the most intensive level of the NHSS, and are able to evidence how their involvement is making an impact across the whole school community.

A national evaluation of the NHSS, undertaken jointly by the Institute of Education and National Foundation for Education Research, reported in April 2004 and found positive outcomes for schools engaging at the most intensive level of the NHSS.

Key outcomes identified as significant for healthy schools relate to both SRE and drug education and a range of social inclusion indicators including self-esteem; truancy; bullying, participation and attitudes to school.

Contacts and links

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National Adviser, National Healthy Schools Standard Claire Robson 020 7061 3079, claire.robson@hda-online.org.uk

www.wiredforhealth.gov.uk

Cities

Manchester Healthy Cities project part of the Manchester Joint Health Unit applied for re-accreditation in Phase IV of the initiative to the World Health Organisation in April 2004.

The unit works closely with the Local Strategic Partnership (LSP), and has established health as part of the work of all seven thematic partnerships.

Assistant Director Colin Cox said: ‘The response has been very good, we have our fingers in lots of pies!’

Current initiatives include ensuring inclusive allocation of Neighbourhood Renewal funding to tackle health inequalities and supporting the city council’s Health and Wellbeing Overview and Scrutiny Committee to review the councils tobacco control policy. The unit is also busy with ‘Taking Older People an initiative to ensure that all parts of the LSP work and for older people to improve health and quality of life.

More widely, Professor John Ashton is keen to see the Healthy Cities approach take root across the North West. Meetings have taken place with key stakeholders from across the region - and contact is being made with the region’s seven cities to explore ways forward.

Contacts and links

Joint Health Unit Colin Cox 0161 234 4190 c.cox@notes.manchester.gov.uk

www.manchester.gov.uk/health/jhu

Workplaces

Employers have much to gain from considering the revenue implications of preventative health for their businesses’ says Derek Wanless in his recent report - going on to highlight the responsibility of workplaces such as the NHS in health improvement.

The potential role of the workplace in creating supportive environments and enabling healthy choices is also highlighted in the Government’s Choosing Health consultation document.

In the North West, workplace health developments are taking shape. A regional strategy is planned, alongside a practitioner network and the review and development of the Health Actioneer pledge scheme (see articles on p11).

Contacts and links

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Hospitals

Any hospital in England can now access support from the National Health Promoting Hospitals (NHH) network by applying to become a member of the hospital. The services on offer from the network include: access to the NHH database, information circulars and documents on standards implementation (for more information on developments, see article on p11).

A number of initiatives for health promotion in hospitals have been developed, with a self assessment tool being piloted in 177 hospitals in 10 counties.

A website to support the development of health promotion for children and adolescents in hospitals was launched in Manchester in May at the 12th International Conference on Health Promoting Hospitals.

The 13th International Conference on Health Promoting Hospitals will take place in Dublin 18-20th May 2005.

Contacts and links

National HPH Network Co-ordinator Denise Morris 01772 893763 or 01772 522627 damorris@uclan.ac.uk

WHO standards

Healthy Settings Development Unit healthysettings@uclan.ac.uk

Workplaces
Evaluating mental health promotion

Promoting mental health and wellbeing is central to all settings – but how to evaluate it?

The question gained added urgency after the Department of Health (DH) set a target of developing systems for monitoring the effectiveness of local mental health promotion strategies (Autumn Assessment 2003).

‘This is encouraging, but also worrying,’ said Jude Stanfield, regional North West mental health promotion specialist, ‘because there is little capacity to deliver this target.’

She added: ‘There is lots of excellent mental health promotion practice being delivered in localities as part of some robust, multi-agency strategies. What is definitely missing is the resources to evaluate this practice.’

The North West and West Midlands Development Centres of the National Institute for Mental Health in England (NIMHE) have joined forces to remedy this situation.

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The North West is the first region to appoint a Regional Health and Physical Activity Co-ordinator.

If the three-year pilot project is successful, the Department of Health hopes to have a similar post in every region. It will be evaluated externally to measure the impact of the role.

The North West co-ordinator is Jackie Brennan, who worked in Stockport for the last nine years in roles actively or strategically involved in the promotion of physical activity.

She said: ‘In order to reverse the trend towards increasingly sedentary lives, we need to embed physical activity into our culture, structures, processes and routine life. This “whole systems approach” is the ethos behind my work.’

Her general role is to:

n influence other agencies, policies etc. to address physical activity issues
n provide training/support to enable local partnerships to develop and deliver strategies linked to participation
n collate an evidence base of effectiveness and disseminate this regionally.

Jackie’s current focus of work is to develop a Regional Physical Activity Task Force, and to co-ordinate work around ‘active travel’, increasing access and opportunities for more people to walk and cycle.

Contacts and links

Jackie Brennan
0161 952 4289/ 07887 520518 jackie.brennan@dhi.gsi.gov.uk
North West on the Move – Plan for Sport and Physical Activity
www.sportengland.org.uk/hwp_full_report.pdf

Working for health – action for healthy workplaces

Alongside the development of a North West strategy for workplace health, a regional network of professionals involved in workplace health is to be launched by the Healthy Settings Development Unit. The network is for anyone who promotes health in the workplace setting, whether it be occupational health, health and safety or health promotion.

The Network aims to meet quarterly to hear about current developments within the workplace – from topic-based lifestyle issues such as smoking, physical activity, healthy eating, substance misuse and mental health, to broader policy issues such as equal opportunities, green transport and family-friendly policies.

There will also be opportunities to disseminate and share examples of good practice through regular electronic briefings.

In addition, free regional publicity for healthy workplaces is part of the reward for companies and organisations who qualify for the Healthy Settings Development Unit. The next step is to appoint a project manager, based within Salford City Council, to oversee the implementation of the action plan.

Salford PCT Deputy Director of Public Health David Woodhead said: ‘The work the Healthy Settings Development Unit has undertaken has been excellent. It will be a key element of our plans to reduce inequalities in the city.’

Contacts and links

Salford PCT plans to provide more jobs for local people, increase local and ethnic purchasing and green travel – with the support of the Healthy Settings Development Unit (HSDU).

The HSDU’s consultancy work on corporate citizenship explored the potential for the trust to develop its contribution to regeneration, sustainable development and the reduction of inequalities – by re-orienting its organisational policies and practices.

HSDU consultants met key stakeholders from the PCT and partner agencies, and helped them to write an action plan. The next step is to appoint a project manager, based within Salford City Council, to oversee the implementation of the action plan.

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Contacts and links

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Claiming the health dividend in Salford

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healthysettings@uclan.ac.uk

National Clean Air Award
www.cleanairaward.org.uk

Scotland’s Health at Work
www.shaw.uk.com

Health Development Agency
www.hda-online.org.uk/workplacehealth/workplacehealth.html

European Network for Workplace Health Promotion
www.enwhp.org/home/index.php

HSE Strategy for workplace health and safety
www.hse.gov.uk/aboutus/hses/strategy.htm

Canada’s Healthy Workplace Week
www.nq1.ca/chw

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David Woodhead
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Where you drink affects how you drink

The new Alcohol Harm Reduction Strategy for England calls for major changes to the nation’s drinking culture. However, what might be changed more rapidly is the night-time environment.

Research has shown that environmental and management factors in nightlife can influence levels of violence. Within pubs and clubs, elements such as overcrowding, noisy and smoky environments, poor venue design and a permissive atmosphere where anti-social behaviour is perceived to be tolerated, are all associated with increased levels of aggression.

In the vicinity of licensed venues, inadequate and poorly co-ordinated services such as transport and fast food outlets contribute to violence as large crowds of intoxicated individuals gather on the streets competing for access. Some of these issues are already being tackled in the North West. In Manchester, the City Centre Safe initiative includes night buses and taxi marshals as well as high-profile policing and tight enforcement of pub and club licences.

In Cardiff, the police joined forces with a voluntary sector drug and alcohol agency to send trained ‘mystery drinkers’ into venues as part of an ‘environmental scanning’ scheme funded by the licensees themselves.

The National Alcohol Strategy contains voluntary measures for improving management of licensed premises. Without the power of enforcement their implementation is far from ensured.

The new Licensing Act will give local authorities greater powers to tackle pubs and clubs that encourage or permit crime and disorder. Effective use of these powers is an essential element in better managing alcohol use, reducing violence and consequently improving Public Health.

* The authors of this article have written a major report on violence and substance use to be published by the Council of Europe.

Violence is a public health issue

Healthy settings can reduce violence, says Prof John Ashton, the UK representative in an international conference sponsored by WHO on violence as a public health issue. Violence is among the leading causes of death for people aged 15-44 years of age, accounting for 14% of deaths among males and 7% of deaths among females. In some countries, health care expenditure due to violence accounts for up to 4% of Gross Domestic Product.

Violence is closely linked to certain environments, said Prof Ashton, the North West regional director of public health. Examples include workplace bullying, violence against NHS staff in Accident & Emergency departments and alcohol-fuelled aggression in pubs and nightclubs, while the street is the most violent setting for men and the home is the most dangerous for women.

The settings approach provides an important perspective on how violence might be tackled, said Prof Ashton, the UK’s national lead on the issue, and a member of the WHO’s international working group. “Schools in particular provide an opportunity to develop emotional literacy and equip the next generation with a repertoire of behaviour which depends on language, rather than physical aggression.”

Liverpool will host a major international conference sponsored by WHO on violence as a public health issue next March, and a regional steering group is looking at how to take forward the agenda in the North West.

Contacts and links

www.who.int/health_topics/violence/en/
Mark Dooris
Director

Mark is Director of the Healthy Settings Development Unit, which he set up in 2001. He is responsible for the overall strategic management of the unit, for developing its vision and work programme, and for liaising with regional and national agencies. Mark has worked at the University since 1995, and has previously had teaching and research roles and been responsible for co-ordinating the Health Promoting University initiative. He has a background in health promotion, public health, community development and environmental and transport policy. He has worked in a range of roles within local government, health service and voluntary sector settings and has carried out consultancy work for WHO and other agencies.

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Sharon Doherty
Health Promoting University Co-ordinator/Healthy Settings Development Officer

This post combines the co-ordination of the University of Central Lancashire’s own Health Promoting University (HPU) initiative with a wider development role, supporting the unit's generic work across settings and contributing to research, evaluation, training and consultancy. Sharon is also the contact for work related to further education and higher education settings. Current areas of work at the university include green transport and mental health issues. The Settings Unit work includes a research project commissioned by the East and West Midlands regions to capture the Health Action Zone learning. Sharon rejoined the Unit in March after previously working as the HPU Co-ordinator for two years on a secondment from Preston Primary Care Trust. She has experience of working in public health/health promotion for more than 15 years, most recently on sexual health and healthy school programmes.

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Michelle Baybutt
Regional Healthy Prisons Co-ordinator/Healthy Settings Development Officer

The prisons work is a two-year post (3 days per week), jointly funded by the North West Prisons Area Office and the Department of Health (NW), and based in the University of Central Lancashire. Michelle provides a regional strategic and programme lead on healthy prisons development, and co-ordinates the North West Regional Healthy Prisons Partnership Network. She also contributes (part time) to the generic work of the North West Healthy Settings Development Unit, working across settings and contributing to research, training and consultancy.

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Denise Morris
National Health Promoting Hospitals Co-ordinator

Denise Morris qualified as a Registered General Nurse in 1986 at Leeds, moving to Preston in 1987. Now employed by Lancashire Teaching Hospitals NHS Trust, Denise is working with Public Health to mainstream public health into secondary care, leading on health promoting hospitals. Denise has been seconded part time to the Healthy Settings Development Unit as National Network Coordinator for one year. This post has been funded by the Health Development Agency and the Department of Health (NW) to rekindle the Health Promoting Hospitals Network.

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Marilyn Dobbs
Administrative Assistant

Marilyn Dobbs has worked in the Unit since January 2002, and set up all the administrative systems for the unit. She is the liaison point for internal and external contacts, and compiles and maintains records. She provides administrative support to staff and assists in the organisation of seminars, conferences and meetings.

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