

**REPORT:02**

**White paper on Healthy Life**

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1.Overview:

Many future health challenges such as pandemics, ageing and obesity can only fully be addressed through public health measures that improve the health and well-being of the population as a whole. Recent advances in medical science in areas such as our understanding of the social determinants of health, the cognitive-neuroscience basis of behavior and the use of population data, offer extraordinary opportunities to intervene to improve public health and to evaluate these interventions.

In the public health system the Government must ensure that it draws upon the world-class strengths in epidemiology and public health research to build on recent public health successes such as restriction of smoking in public places, reducing the salt content of processed foods and the introduction of a new meningitis vaccine.2,3 The many causes of disease and corresponding opportunities for intervention require the development and implementation of a cross-governmental strategy for public health. The forthcoming UN General Assembly on chronic non-communicable diseases demonstrates international interest in public health and provides the Government with the chance to show leadership in overcoming the political barriers that inhibit progress.

2.Opportunities for better health:

Public health has formidable achievements to its name: clean air and water,

enhanced nutrition and mass immunisation have consigned many killer diseases to

the history books. There are huge opportunities to go further and faster in tackling

today’s causes of premature death and illness. People living in the poorest areas

will, on average, die 7 years earlier than people living in richer areas and spend

up to 17 more years living with poor health. They have higher rates of mental

illness; of harm from alcohol, drugs and smoking; and of childhood emotional and

behavioural problems. Although infectious diseases now account for only 1 in 50

deaths, rates of tuberculosis and sexually transmitted infections (STIs) are rising

and pandemic flu is still a threat.

A fuller story on the health of England is set out in

Our Health and Wellbeing

Today

, published to accompany this White Paper. The opportunity – and the

challenge – is stark, for example:

1.

By improving maternal health, we could give our children a better start in life,

reduce infant mortality and the numbers of low birth-weight babies.

2.

Taking better care of our children’s health and development could improve

educational attainment and reduce the risks of mental illness, unhealthy

lifestyles, road deaths and hospital admissions due to tooth decay.

3.

Being in work leads to better physical and mental health, and we could save the

UK up to £100 billion a year by reducing working-age ill health.

4.

Changing adults’ behaviour could reduce premature death, illness and costs

to society, avoiding a substantial proportion of cancers, vascular dementias

and over 30% of circulatory diseases; saving the NHS the £2.7 billion cost of

alcohol abuse; and saving society the £13.9 billion a year spent on tackling

drug-fuelled crime.

5.

We could prevent many of the yearly excess winter deaths – 35,000 in 2008/09

through warmer housing, and prevent further deaths through full take-up of

seasonal flu vaccinations.

3.Approach:

This approach will: reach across and reach out – addressing the root causes of poor health and wellbeing, reaching out to the individuals and families who need the most support – and be:

• responsive – owned by communities and shaped by their needs;

• resourced – with ring-fenced funding and incentives to improve;

• rigorous – professionally-led, focused on evidence, efficient and effective; and

• resilient – strengthening protection against current and future threats to health.

4.Health throughout life:

Giving every child in every community the best start in life. We will do this through our continued commitment to reduce child poverty, by investing to increase health visitor numbers, doubling by 2015 the number of families reached through the Family Nurse Partnership program, and refocusing Sure Start Children’s Centers for those who need them most.

Designing communities for active ageing and sustainability. We will make active ageing the norm rather than the exception, for example by building more Lifetime Homes.

working collaboratively with business and the voluntary sector through the Public Health Responsibility Deal with five networks on food, alcohol, physical activity, health at work and behavior change.

5.Public health system:

To support this new approach and avoid the problems of the past, we need to reform the public health system. Localism will be at the heart of this system, with responsibilities, freedoms and funding devolved wherever possible; enhanced central powers will be taken where absolutely necessary, for example in areas such as emergency preparedness and health protection. Within this system.

A new, dedicated, professional public health service .Public Health will be set up as part of the Department of Health, which will strengthen the national response on emergency preparedness and health protection.

There will be ring-fenced budgets for upper-tier and unitary local authorities and a new health premium to reward them for progress made against elements of the proposed public health outcomes framework, taking into account health inequalities.

The best evidence and evaluation will be used, supporting innovative approaches to behaviour change – with a new National Institute for Health Research (NIHR) School for Public Health Research and a Policy Research Unit on Behaviour and Health.

Implementing Strategy:

We are implementing our strategy to make early and substantial progress, so that we make a real difference to health from the earliest opportunity. Subject to the passage of the Health and Social Care Bil.

The transition to Public Health England will be developed in alignment with changes to Primary Care Trusts (PCTs) and Strategic Health Authorities (SHAs), and the creation of the NHSCB. The detailed arrangements will be set out in a series of planning letters throughout the course of 2011.

The Department of Health has published a review of the regulation of public health professionals by Dr Gabriel Scally. A consultation question about this is in Chapter 4 of this White Paper. We would welcome views on this report. Forthcoming consultation documents will set out the proposed public health outcomes framework, and funding and commissioning arrangements for public health.

6.Health improvement and inequalities:

The DPH will be responsible for health improvement, addressing local inequalities in health outcomes, and addressing the wider determinants of health. He or she will work in partnership with other local government colleagues, and partners such as GP consortia, the wider NHS, early years services, schools, business, voluntary organizations and the police, to achieve better public health outcomes for the whole of their local population. This may also include working with other and Public Health England across a wider geographical area as appropriate. We would expect this to include personal public health services such as smoking cessation, alcohol brief interventions, weight management and work to address the wider determinants of health.

7.Conclusion:

The growing changing our diet can have an enormous impact on health for better or worse. On the one hand consumers are told that milk is essential for good bone health while on the other, that it causes allergies, illness and disease. We need calcium for bones and teeth as well as blood clotting, muscle function and regulating the heart’s rhythm. But no matter how loudly the dairy industry shouts, an increasing body of evidence begs the question: is cow’s milk really the best source of calcium? It certainly is not for most of the world’s people.