



Ministry of Health, Welfare and Sport



National policy document on health

Health close to people

National policy document on health

Health close to people

Contents

Summary	6
Introduction	8
1. The Netherlands is healthy but improvements are possible	12
2. The principles applied by the government	18
3. Confidence in health protection	24
4. Care and sport in the neighbourhood	32
4.1 Prevention and basic care: close by and accessible	32
4.2 Safe sport and exercise in the neighbourhood	42
4.3 Seniors: a long, healthy and independent life	42
5. Personal lifestyle decisions	50
5.1 Basic skills	50
5.2 Starting point for young people	51
5.3 Making the healthy choice the easy choice	60
5.4 Reliable and accessible information	66
6. Coordination between central government and local authorities	72
6.1 Local authorities at the fore	72
6.2 Knowledge and research in support of policy	74
7. Finances	80



Foreword

Health is everyone's concern. The health of the Dutch population is good. But there is always room for improvement. This document, *Health close to the people*, sets out the ambitions of the government's health policy for the coming four years.

Our efforts to improve public health will centre on five key issues, or 'spearheads': overweight and obesity, diabetes, depression, smoking, and excessive consumption of alcohol. There is a special emphasis on physical activity. One of our main priorities is to offer everyone the opportunity to take part in sport (or other forms of healthy exercise) close to home. There are many areas in which the government encourages people to take responsibility for themselves and to rely on their own strengths. Health is no exception.

In this national policy document, the government's approach is described on the basis of three main themes: confidence in health protection, care and sport in the neighbourhood and personal lifestyle decisions.

If government intervention or contribution is required, it is often the local authorities which provide the most appropriate channel. They are close to the people. I am confident that this document will provide a source of inspiration for local authorities to continue investing in public health, in partnership with the private sector, schools, societal organizations and care providers. The government is more than willing to help. Let us work together to ensure a healthy population and a healthy country.

The Minister of Health, Welfare and Sport,



Edith Schippers

Summary

The *Volksgezondheid Toekomst Verkenning 2010* (Public Health Forecast 2010; VTV), published by the National Institute for Public Health and the Environment (RIVM), confirms that the health of the Dutch population is good, although improvements remain possible. The five spearheads presented in the *Preventienota 2006*, the forerunner to this National policy document on health, remain important. They are: overweight and obesity, diabetes, depression, smoking and (excessive) alcohol consumption. The government will maintain these spearheads, while also placing greater emphasis on exercise and physical activity. Exercise is good for both physical and mental health, and is closely linked to the other spearheads. The focus on exercise also establishes a link between health policy and the ambitions of the ‘Vital Netherlands’ programme, part of the Olympic Plan 2028.

The government emphasizes the personal responsibility and strengths of the individual. This applies equally to matters concerning health. Accordingly, primary responsibility for improving public health rests not with the government but with the people themselves. The private sector, societal organizations, the education sector and healthcare providers have an important part to play. Where government involvement is necessary, this will in the first instance be the task of the local authorities.

This policy document sets out the government’s vision with regard to public health, considering three main themes:

1. Confidence in health protection

There are some risk factors which individuals are unable to influence themselves, or can do so only to a limited degree. Here, the public must be able to rely on the support of the government. Clear legislation and effective enforcement of that legislation remain essential.

2. Care and sport in the neighbourhood

The health care sector can focus even more on promoting good health, alongside tackling poor health. Readily accessible health care facilities in the neighbourhood or online (‘eHealth’) can make a significant contribution in this regard, as can the timely identification of risks, effective interventions and innovative treatment methods. There should be closer links between care and prevention. The starting point must be the wishes and requirements of those who use healthcare services, rather than the interests of the systems and sectors which provide them. The parties concerned must therefore work to strengthen the physical, organizational and substantive connections between public health and the basic health and welfare services required by the *Zorgverzekeringswet* (Health Insurance Act; Zvw), the *Algemene Wet Bijzondere Ziektekosten* (Exceptional Medical Expenses Act; AWBZ) and the *Wet maatschappelijke ondersteuning* (Social Support Act; Wmo).

The government wishes to ensure that everyone has an opportunity to take part in sport, exercise and physical activity in his or her own neighbourhood, and to do so in safety. This calls for adequate and accessible facilities. In association with local authorities, the sports sector and various private sector parties, the government promotes the creation of such facilities. This point is covered in greater detail in the *Beleidsbrief Sport* (policy statement on Sport).

3. Personal lifestyle decisions

With regard to lifestyle choices, the government avoids a prescriptive or proscriptive approach as much as possible. People are responsible for making their own choices. These choices are made in an environment in which 'the healthy choice is the easy choice.' Several sectors have a part to play in this respect. Therefore, this policy document explicitly establishes a link between health policy and the relevant involved ministries, i.e. the Ministries of the Interior and Kingdom Relations (BZK), Economic Affairs, Agriculture and Innovation (EL&I), Infrastructure and Environment (I&M), Education, Culture and Science (OCW) and Social Affairs and Employment (SZW). The interrelationship between health and other policy areas applies equally to the local level.

The government sees Public Private Partnership (PPP) as a promising means of making healthy lifestyle choices both available and attractive. The availability of reliable, accessible and targeted information is essential. Generic mass media campaigns do not fit in. Young people are the future and will be given special attention. Alongside encouraging healthy lifestyle choices, the early identification of health risks and help in developing the resilience required to resist the temptations of everyday life, the government considers it appropriate to establish limits and to create a sound basis for a healthy lifestyle at an early age.

Introduction

This document is the National policy document on health 2011: ‘Health close to people’. The Minister of Health, Welfare and Sport (VWS) issues such a policy document every four years, further to the requirements of the *Wet publieke gezondheid* (Public Health Act; Wpg). In the policy document, the minister establishes the national priorities which form the basis for the health policy of local authorities.

This document also forms a more detailed response to the *Volksgesondheid Toekomst Verkenning 2010* (Public Health Forecast 2010; VTV), published by the National Institute for Public Health and the Environment (RIVM), and the ‘State of Health Care 2010’ report produced by the Health Care Inspectorate (IGZ)². The initial responses to these reports were submitted to parliament by the former Minister of VWS in the spring of 2010.³

The RIVM concludes that the health of the Dutch population is good, although certain improvements are possible. Chapter 1 of this policy document provides a brief account of the main challenges in terms of public health. Chapter 2 presents the basic principles which underpin the government’s policy.

This policy is then elaborated in Chapters 3, 4 and 5. Chapter 3 is primarily concerned with health protection. The public justifiably expects the government to play a significant role in this regard. Chapter 4 considers the important aspect of good sports and health care facilities close to the people who use them, and the important role that the health care sector plays in this. Health care providers can do more to promote good health in addition to tackling poor health. Accessible and recognizable care facilities in the local neighbourhood or online (‘eHealth’) are important. Chapter 5 considers the important role of the individual in making healthy lifestyle choices, and the help that he or she may require in doing so. The government does not tell people what to do or what not to do. People make their own choices in an environment in which ‘the healthy choice is the easy choice’. Many other societal partners (schools, private sector organizations, sports associations, etc.) and other levels of government, notably local authorities, have an important part to play in creating such a healthy human environment.

¹ Proceedings of the Lower House 2009-2010, 22894 no.264

² Op cit. 32123-XVI no.125

³ Op cit. 22894 no.271

Chapter 6 describes the relationship between central government and local authorities. The concluding chapter, Chapter 7, examines the financial implications of this policy document.

This document sets out the government's health policy ambitions for the coming four years. As stated in the Coalition Agreement, those ambitions must now be pursued with a reduced budget, at least in terms of the subsidies addressing aspects such as lifestyle choices. This has been taken into account in this policy document. Chapter 7 sets out how the reductions in the budget concerning lifestyle will be dealt with.

Health is everyone's concern. This policy document illustrates the multiplicity of factors involved in the very complex concept of 'health'. It should therefore not be regarded as a manual or instruction book. It is intended as a source of inspiration to help all stakeholders continue their investments in the maintenance and improvement of public health, based on their own specific responsibilities.

A photograph of elderly people sitting at a table in a restaurant or cafe. The background is blurred, showing other people and greenery. The text is overlaid on the image.

Chapter 1

**The Netherlands
is healthy but
improvements
are possible**



Chapter 1

The Netherlands is healthy but improvements are possible

In this chapter, the government discusses the challenges with regard to public health policy. The underlying statistical information can be found in the *Volksgesondheid Toekomst Verkenning 2010* (Public Health Forecast 2010; VTV), published by the Netherlands Institute for Public Health and the Environment (RIVM).

Good health pays dividends

Good health has many benefits. Healthy people generally enjoy a better quality of life, are better able to look after themselves and they make less use of health care services. They can participate longer and better in society, whether as part of the labour force or as a volunteer. Investment in health therefore brings returns in many areas.

The current state of health in the Netherlands

The RIVM produces its Public Health Forecast every four years. The most recent edition, published in 2010, is the fifth in the series and is entitled *Van Gezond naar Beter* ('From healthy to better'). The title is no coincidence: the report reveals that general health in the Netherlands continues to improve. Between 2003 and 2008, average life expectancy increased by more than two years, to 78.3 years for men and 82.3 for women. Most people enjoy these extra years in good health and without significant physical limitations.

There has been an increase in the number of people who suffer from a chronic condition. This is due to population ageing, certain lifestyle factors and advances in medical technology, such as early (or earlier) diagnosis and increased survival rates. Nevertheless, there has been no decline in people's perceived state of health, nor a decrease in the number of years that people are able to spend without significant physical limitations. In other words, it is possible to have a chronic condition and yet consider oneself to be in relatively good health and without physical limitations.

There are many factors which influence (public) health. Alongside genetic aspects, they include the safety of the human environment, the quality of health services, and individual behaviour.

A safe human environment

Environmental health risks have been reduced over the course of many years: we now have clean and safe drinking water, good sanitation, safe food, better housing and good access to green areas. Road safety has been improved, as has air quality and safety at work. Measures have been taken to resolve soil pollution, reduce exposure to noise and address other aspects of external safety. Despite this success, the government recognizes the challenge to remain alert to new environmental health risks (see Chapter 3).

Health and welfare services

The possibilities in the health and welfare sectors continue to grow. This is not only a matter of improving treatment opportunities for existing conditions, but also of activities designed to prevent health conditions. The sector identifies and tackles risks to health before health problems develop, e.g. through vaccination and public screening programmes. However, prevention also takes place in the context of treatment, nursing care and welfare support. Patients receive appropriate treatment at the earliest possible stage to avoid complications or prevent worsening of their condition.

We therefore see a challenge in terms of developing further opportunities for prevention, whereby ongoing innovation remains essential. Here, the emphasis lies on practicality and implementation (see Chapter 4).

Personal behaviour

Health is also influenced by personal behaviour and lifestyle. People who take adequate exercise, eat a healthy diet and refrain from smoking or drinking to excess will live longer, place less burden on the health care system, and will feel healthier. It seems that the lifestyle of the average Dutch citizen is improving. The number of people who are (seriously) overweight is stabilizing, as are the numbers of smokers, drug users and problem drinkers, although they are stabilizing at a high level. More people now take part in some form of sport or exercise. Nevertheless, improvement remains possible: healthy lifestyle could use an impulse.

The challenge is therefore to ensure that people have more and better opportunities to make healthy lifestyle choices (see Chapter 5).

A focus on physical activity

The RIVM's conclusions in the Public Health Forecast 2010 suggest that it remains appropriate to pursue the five spearheads of the *Preventienota 2006* (the forerunner to this national policy document on health): smoking, excess alcohol consumption, overweight, diabetes and depression. The current government will therefore maintain these spearheads, while at the same time introducing a new focus: exercise and physical activity.

Exercise promotes both physical health and mental wellbeing. It can have a positive effect in terms of the other policy spearheads, because unhealthy lifestyle factors are often seen in combination: people who do not exercise frequently tend to have a poor diet and are more likely to smoke and drink to excess. Exercise also has a beneficial effect in preventing depression and diabetes.

With the focus on exercise, we create a link between health policy and the ambitions of the 'Vital Netherlands' programme which forms part of the Olympic Plan 2028. The government endorses these ambitions and invites the input of the various societal partners. We also establish a link with the National Action Plan for Environment and Health, which devotes attention to a healthier human environment in which the obstacles to adequate exercise are reduced. For example, the plan seeks to improve road safety, particularly for children and the elderly.

There are four further specific health issues to which the government wishes to call attention:

- **Health risks in the (human) environment.** It is essential to remain alert to existing and new risks such as radiation, a poor interior climate (balanced ventilation), disasters and outbreaks of infectious diseases such as Q fever, Lyme disease and antibiotic-resistant bacteria such as MRSA.
- **Perinatal mortality.** The rate of perinatal mortality in the Netherlands is higher than in several other European countries. This is a matter of great concern.
- **Increase in chronic conditions.** The number of people diagnosed with diabetes continues to increase, as does the number of people with other chronic conditions such as coronary heart disease and CVA (stroke). Moreover, there has been an increase in comorbidity, i.e. the number of people with more than one chronic condition.
- **Psychological conditions.** Much of the overall health burden can be attributed to psychological conditions, a category which includes not only depression but also dementia, anxiety disorders, addiction and suicidal ideation.

A photograph of a bakery aisle. The shelves are filled with various types of bread, including loaves and rolls, some in plastic packaging. A person wearing a green hoodie is visible on the right side of the frame, looking at the bread. The lighting is warm and focused on the products.

Chapter 2

The principles applied by the government



Chapter 2

The principles applied by the government

Back to basics

Good health begins with the individual. People make choices based on their own capabilities, motives and interests. This applies not only to lifestyle choices but also to the decision whether to make use of professional care services.

In recent years, both the government and the professional field have become more actively involved in lifestyle policy. The emphasis has been on instructing people what they should or should not do. Insufficient attention is devoted to what those people are actually willing and able to do. Most prevention activities are generally far removed from the reality of daily life. In terms of promoting healthy behaviour, the approach has not had the desired effect. Neither the government nor the professionals are able to offer a solution to every problem. We lack the financial resources and manpower. More importantly, we do not regard this as a government responsibility.

It is time for a change. Health must once again become a personal responsibility. The government must be cautious in prohibiting certain activities, making others compulsory, offering unsolicited advice or restricting the individual's freedom of choice. Rather than announcing that 'thou shalt live healthily', we must create a setting in which the healthy choice is the easy choice.

It is therefore important for the public to have ready access to reliable information and to good and recognizable facilities. The obstacles to a healthy lifestyle must be removed as much as possible. It is not the government but the individual who must make the first move. The strengths lie within the individual and his immediate setting, at home, at work and in the neighbourhood.

The involvement of the private sector, societal organizations, schools and healthcare professionals, in a stimulating and facilitating way, is of great importance. Insofar as government involvement is necessary or appropriate, local authorities are best placed to provide the necessary input, at least in the first instance. They represent the level of government nearest to the people, and they are best equipped to take the requirements of the community and specific local circumstances into account. There are nevertheless some aspects which can better be organized at central government level. The following are seen as matters of national involvement:

- Protection against threats over which other parties have no influence, and which therefore require a system of legislative control and enforcement.
- The removal of legislative obstacles, enabling individuals and organizations to act upon their own responsibilities.
- Ensuring the availability of good, reliable and accessible knowledge and information for all those concerned. Promoting research and innovation, with a particular emphasis on practicality and implementation of the results.
- Establishing connections between the various parties with a view to strengthening their activities and joining (financial) resources. Public Private Partnerships seem a particularly promising option.
- Fast-tracking of processes where parties are unable to meet their respective responsibilities.

Health close to people

The title of this National policy document on health is ‘Health close to people’. This also forms a useful motto under which the various activities are to be conducted. Those activities are described in further detail in the following chapters under three main headings:

- **Confidence in health protection (Chapter 3)**
- **Care and sport in the neighbourhood (Chapter 4)**
- **Personal lifestyle decisions (Chapter 5)**

Each chapter describes the government’s policy in relation to the relevant theme and addresses the following three basic principles:

- What can the individual himself or herself do?
- What can be organized in the individual’s own immediate setting (work, home, school)?
- What is the government’s role?

In Chapter 6 we examine the relationship between central government and local authorities, and their respective responsibilities.

Improving public health is an ongoing and lengthy process. It is important to state that the current government will therefore, wherever possible, build upon policy established by its predecessors. If an approach has been shown to work well, there is no point in ‘reinventing the wheel’. In some areas, however, the government will tread a different path based on its own priorities.

Health close to people

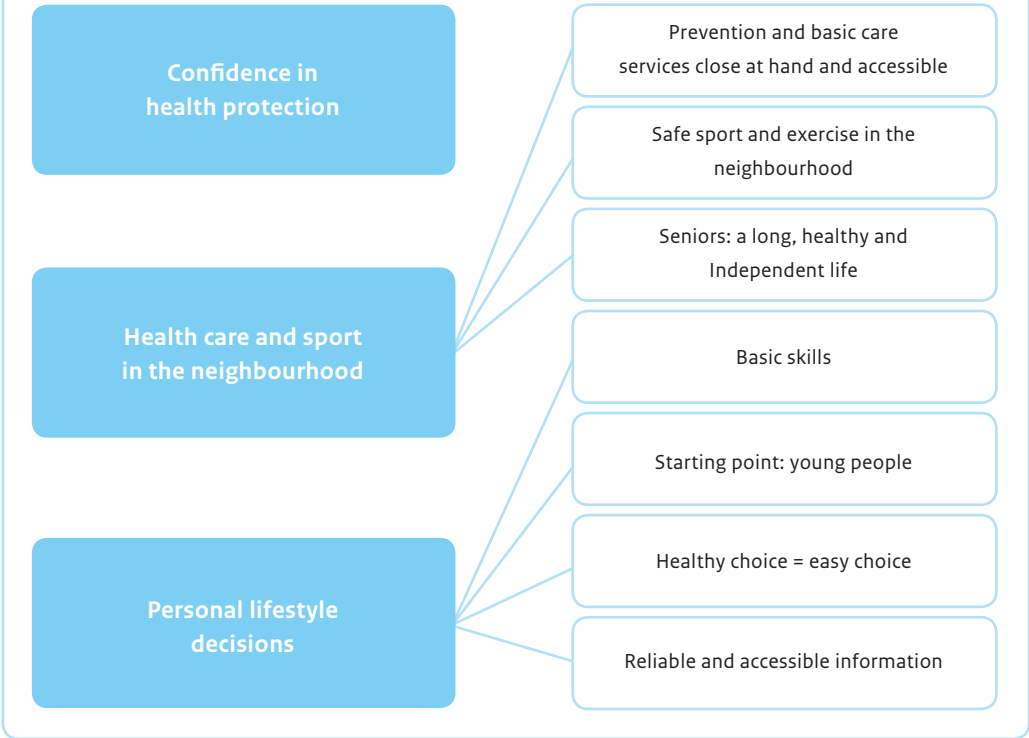


Figure 1: Main lines of national health policy



Chapter 3

Confidence

in health

protection



Chapter 3

Confidence in health protection

This chapter examines health protection, including the prevention of disease. The public justifiably expects the government to play a significant role in this area. There are some risk factors which cannot be influenced by the individual. The public must be able to rely on the government to fulfil its responsibilities in this area. Clear legislation and enforcement will remain essential.

Roles

There are various risk factors which individual members of the public cannot influence. They include genetic factors as well as external environmental factors, such as outbreaks of infectious diseases (including zoonoses), disasters/crisis, and the safety of food and other products. The effective control of such risk factors is a government responsibility and the public must be able to trust the government to fulfil that responsibility. Clear legislation and enforcement therefore remain essential. Areas for which the government must take responsibility include Health and Safety legislation which establishes the minimum level of protection in the workplace, environmental legislation, the Building Code, and the Commodities Act which sets safety standards for food and commercial products. Central registration, accreditation and licensing requirements for certain professionals can also help to manage and minimize risks. For example, a tattoo or piercing parlour should only be granted an operating licence permit if an inspection by the Community Health Services (GGD) confirms that its procedures are safe and hygienic.

Alongside the government's role as legislator, that of the Health Care Inspectorate (IGZ) is crucial in monitoring the quality and safety of care services and medical products such as blood, medicines and medical devices. In 2010, for example, the Inspectorate banned the use of a certain type of breast implant.

Community Health Services – the *Gemeentelijke Gezondheidsdiensten* or GGDs – play an important part in protecting public health by monitoring the quality of the human environment, for example air pollution and exposure to noise. A national structure has been created to assist the GGDs in such tasks, whereby they can call upon the support of regional consultants of the Centre for Health and Environment (cGM), part of the RIVM, who work from the offices of five large GGDs nationwide.

Of course, individual members of the public also have a personal responsibility to protect themselves against risks, e.g. by storing, preparing and using products in a safe manner. Various sectors can also make an important contribution to health protection and risk reduction, for example by implementing a joint approach. One example is the 'Covenant on Sound Policy at Music Venues', designed to prevent hearing loss among visitors of these venues.

Reduction of hearing loss

The Covenant on Sound Policy at Music Venues is about to be signed by five organizations: the Association of Dutch Pop Music Venues and Festivals (VNPF), the Association of Theatre and Concert Hall Managers (VSCD), the Association of Event Organizers (VVEM), the Association of Independent Theatrical Producers (VVTP) and the National Hearing Foundation. These organizations have agreed to limit the volume level at music venues to 103 decibels (dB).

The *Vignet Gezonde School* programme, which certifies schools as a 'healthy working environment' also devotes attention to noise as a potential cause of hearing loss (see <http://vignet.gezondeschool.info>). The European norms for audio and video equipment have now been extended to include portable music players and telephones. This move followed consultation with consumer organizations and manufacturers. All such equipment will have a fixed 'safe' maximum volume output. The Netherlands is to adopt the new norms and standards in full, allowing manufacturers and distributors the usual transition period of two years.

National government plays an active role in health protection in the following areas:

Crisis management

A disaster or crisis creates risks over which members of the public have no influence. During a crisis, such as a flu epidemic or an environmental incident, the government must exercise assertive leadership. In the first instance, it must resolve any hazardous situations, limit (further) risk and provide immediate assistance. A crisis or disaster can cause considerable anxiety for local residents and the staff of the emergency services. The establishment of the Health and Environment Centre (RIVM/cGM) supports in the knowledge and expertise of public administrators and operational services, such as the GGDs and the regional Medical Assistance Organizations (GHORs), to provide the necessary care and aftercare.

The structure of cooperation between central government and local authorities is established by the Public Health Act (Wpg). Some points require further improvement. There should for example be a strengthening of the position and authority of the GHORs. An amendment to the Act, passed by the Senate on 17 May 2011, places the GHOR and the GGDs within one and the same security region under the direct command of a single official, known as the Director of Public Health. He (or she) forms the link between public administrators and the emergency/care services.

Control of infectious diseases

Although various measures have succeeded in reducing the incidence of infectious diseases, a degree of threat remains. New diseases may emerge while old familiar diseases can recur. In 2009, for example, the Netherlands (and the rest of the world) experienced a flu epidemic. More recently, there has been an outbreak of epidemic parotitis (mumps) among students. Diseases brought into the country from elsewhere, including those caused by extremely resistant micro-organisms (such as resistant tuberculosis and MRSA), represent a constant threat to public health. This is why it is so important that all measures addressing infectious diseases – prevention (e.g. vaccination programmes), early identification, monitoring and control – are well-organized and effective.

Recent years have seen significant investments in this area. New legislation has been introduced and the Centre for Infectious Disease Control (RIVM/Cib) has been established. A robust structure has been created whereby emerging infectious diseases which pose a risk to public health can be identified, assessed and brought under control. The so-called 'OMT-BAO' structure has been introduced to support this process. Its purpose is to ensure that the Minister of VWS, who is in overall charge of the response and control efforts, is given the best possible advice. The Outbreak Management Team (OMT) is made up of experts who advise the *Bestuurlijk Afstemmings Overleg* (Administrative Coordination Platform; BAO) from a medical perspective. The BAO comprises officials from the local authorities affected. Their role is to ensure that the recommended action is practical in the local administrative setting. The evaluation of the response to the 2009 flu epidemic reveals that this structure is not always used in a consistent manner.

The evaluation of the response to the recent outbreak of Q fever shows that efforts to control zoonoses can sometimes demand input from sectors other than those traditionally involved in matters of public health, such as the veterinary sector, to be included in the advice to the BAO. The preparations for any future outbreak of an infectious disease will draw upon the lessons learnt.

Stimulating the development of new vaccines and antibiotics can do much to help mitigate the risks posed by infectious diseases. 'Life Sciences' is one of the nine designated key sectors within the government's innovation policy, which includes the development of new vaccines and antibiotics.

Vaccination policy

The National Vaccination Programme (RVP) is an extremely successful prevention measure. The vaccination rate in the Netherlands is among the highest in Europe. The diseases against which the standard vaccines protect have been virtually eradicated from the Netherlands and its neighbouring countries. To maintain this situation, it is essential that the willingness to vaccinate remains as high as possible. The willingness of the vast majority of people to be vaccinated, enables other people to decide against it.

The introduction of a vaccine against Human Papillomavirus (HPV), implicated in the development of cervical cancer, shows us that the willingness to be vaccinated is under pressure. The vaccination rate for this vaccine is only just over 50%, significantly lower than the 92% for the National Vaccination Programme. There are other reasons why the willingness to vaccinate could fall, including the differences between European countries in their approach to vaccinating against Influenza A (H1N1), and the possible side-effects: Finland and Sweden have reported cases of narcolepsy which may be associated with one particular type of flu vaccine. We must address such problems with all due diligence and draw whatever lessons are to be learnt. This will ensure that vaccination remains a reliable and trusted means of prevention.

Antimicrobial resistance

Antimicrobial resistance is a matter of growing concern. Although the use of antibiotics in the health care sector is low in the Netherlands by international standards, its use in the veterinary sector is relatively high. The government has formulated targets for a marked reduction in antibiotic use in livestock farming and will carefully monitor the situation, taking affirmative action if necessary. Attention is also being devoted to the development and transfer of antibiotic resistance in humans.

Food and product safety

Food and consumer products sold in the Netherlands have a very high level of safety. This must be at least maintained. Primary responsibility rests with the manufacturers and distributors of products; the government establishes the legislative framework. The Food and Consumer Product Safety Authority (nVWA) enforces the relevant legislation for food and product safety. For both areas, much of the legislation is established at the level of the European Union (EU). Ongoing attention will be devoted to the harmonization of this legislation, and to the investigation and monitoring of potential new risks, such as those raised by nanotechnology.

Tackling a problem at the source: Trade Route Asia

Many products sold in the Netherlands are imported from Asia, especially China. Effective control at the European borders is essential to prevent the import of unsafe products. The port of Rotterdam is one important European point of entry. From a prevention perspective, it is good to tackle any shortcomings in safety at the source. For this reason, there is ongoing cooperation and knowledge-sharing between regulatory authorities in the EU and their counterparts in Asia. In addition, an e-learning tool known as Trade Route Asia has been developed to help Dutch importers fulfil their responsibilities with regard to the products they introduce onto the Dutch and European markets. Further information can be found at www.traderouteasia.nl

Protecting against unsafe illegal drugs

Illegal drugs form another threat to public health. This threat is addressed by the Drugs Information and Monitoring System (DIMS), which monitors any new substances, assessing their possible health risks and the trends in their use. Where a substance represents an acute threat to public health, an urgent warning is issued. Network partners in virtually all parts of the country are then able to take rapid and effective action.

Protection through safe working practices in health care

Health care professionals produce evidence-based guidelines, protocols and quality indicators to ensure the highest standards of safety and efficacy in their work. The IGZ conducts its regulatory activities on the basis of both legislative requirements and these 'field norms'. The development of quality indicators is the responsibility of the health care institutions themselves, assisted by the *Zichtbare Zorg* ('Visible Care') project. Cooperation between the field parties and the regulatory authority makes a valuable contribution to public health. The safe handling of blood products, for example, prevents the spread of infectious diseases.

Safety of medicines and medical devices

The safety of prescription drugs is governed by the *Geneesmiddelenwet* (Medicines Act). Both the IGZ and the RIVM have a regulatory role. Medical devices are subject to stringent safety requirements. The initial marketing authorization and subsequent regulation of such products rely on a European framework. The EU member states work closely together and exchange much information. The Inspectorate and the RIVM ensure compliance with the European legislation governing medical devices. The Dutch government will press for improvements to the European procedures governing the admission and monitoring of medical devices to ensure full harmonization throughout the EU. The current system of risk categories will be maintained, whereby a product representing a lower level of risk will be subject to less stringent assessment than one with higher potential risk.

Safe blood

The *Wet inzake bloedvoorziening* (Blood Supply Act; Wibv) exists to safeguard the quality, safety and availability of blood and blood products in the Netherlands. Under the terms of the Act, the blood supply chain rests with a non-profit NGO, the Sanquin Blood Supply Foundation. An evaluation reveals that there is a uniform quality and safety policy that works well in practice. The supply of blood and blood products is adequate to meet the requirements of all Dutch hospitals.

Chapter 4

Care and sport in the neighbourhood





Chapter 4

Care and sport in the neighbourhood

Care and prevention services should in the first instance ‘belong’ to the people, and therefore have to be located as close as possible to the actual users again. Sport is an important component of our society and physical activity contributes to a healthy lifestyle. Facilities must therefore be close at hand. In this chapter, we examine how basic care and prevention services can be organized at the local level, how they can be made more accessible, and how sports and exercise can be introduced to the individual neighbourhood in a safe manner. The chapter also considers these aspects in relation to and facilities specifically for seniors, in keeping with the priorities stated in the Coalition Agreement.

4.1 Prevention and basic care: near by and accessible

Health care system provides an important setting for prevention activities

The health care system provides an important setting for prevention activities. Care providers such as GPs, nurses, practice assistants, dieticians, physiotherapists and other paramedics, already do much to promote prevention. They offer advice and information to patients to help them avoid further health complaints and to prevent the escalation of existing conditions. They tell patients what they can do to aid their own recovery. They also use prescription drugs and medical devices for the purposes of prevention: statins to reduce cholesterol and protect against cardiovascular disease, for example, or bisphosphonates to reduce the risk of osteoporosis and bone fractures. Medical devices which have a preventive effect include the anti-decubitus mattress to prevent bedsores, and arch supports (orthotic insoles) to prevent musculoskeletal problems further to ‘flat feet’ or high arches. The regular dental check-up is another good example of prevention in the health care system.

Yet, more can be done and there is significant room for improvement. Here too, the government takes the view that health is primarily an individual responsibility. But the care sector can help. In fact, it is very desirable for the care sector to look beyond the treatment of existing conditions and devote greater attention to the promotion of good health and prevention. The training programmes for all health care providers now devote increasing attention to prevention.

It is certainly not the intention that care providers should assume full responsibility for their patients’ health. The government does not endorse the inclusion of lifestyle interventions in the basic (mandatory) health insurance cover. Adopting a healthy lifestyle is the individual’s own responsibility. This means, for example, that people pay for the gym they visit themselves and that

these costs are not paid for by others by means of the collective insurance arrangements. In early 2011, the Health Care Insurance Board (CVZ) produced recommendations with regard to what should be covered by the basic health insurance policy. In its response to the recommendations, the government will examine the choices to be made. The basic principle is that health care providers should make a positive contribution to promoting good health rather than focusing on discouraging poor health. This can be achieved by:

- ensuring the availability of readily accessible and recognizable health care services at neighbourhood level or online;
- prompt identification and addressing of (potential) health risks by health care professionals;
- greater involvement of the health care sector in making patients aware of how they can improve or safeguard their own health.

4.1.1 Recognizable facilities in the neighbourhood; a focus on people rather than systems

It is essential that recognizable, readily accessible health care facilities are available at the local level, to which members of the public can take their problems and questions. In creating such facilities, the focus must be on the wishes and requirements of the users themselves, rather than on those of the care providers as is so often the case at present. This calls for better physical, organizational and substantive links between the public health system, the Centres for Youth and Family (CJG) and the other health and welfare organizations whose work is further to statutory provisions (the Zvw, AWBZ and Wmo). Schools, youth care services and the sports sector can also join in. To date, coordination between these sectors has not always been optimal. The *Gezonde Wijk* ('Healthy Neighbourhood') experiments, conducted as part of the government's regeneration of deprived neighbourhoods, establish the desired links.

The Healthy Neighbourhood

The 'Healthy Neighbourhood' experiments involve various partners working together to implement the concept of 'care and sport in the neighbourhood' in practice. The experiments are being conducted in neighbourhoods with a combination of complex social problems, including health issues. Central government, local authorities and housing associations have entered into long-term agreements (covering the period 2007 to 2017) under which they will work together to improve the 'liveability' of these deprived neighbourhoods. The agreements provide a good opportunity to include (public) health in the process. The Ministry of Health, Welfare and Sport (VWS), the Ministry of the Interior (BZK) and 13 local authorities (Amsterdam, Arnhem, The Hague, Deventer, Dordrecht, Eindhoven, Enschede, Heerlen, Leeuwarden, Utrecht, Rotterdam, Nijmegen and Zaanstad) have adopted an integrated approach to promote health and a healthy lifestyle, social participation and good care and welfare services.

The first results are now visible: neighbourhood analyses provide information about the specific health situation. Professionals and local residents (notably school students) have created new designs for the neighbourhoods which devote attention to health. Various alliances between public authorities (including the police) and the health, welfare and sports sectors have been formed to help residents get their lives 'back on track'. Public spaces have been created especially for seniors, providing an opportunity for social interaction and physical activity. Many play and sports facilities have been introduced (so-called 'Crujff courts' and 'Krajicek playgrounds'), and over half of the local professional football clubs have lent their support to social and sports activities. Virtually all primary schools in the target locations are taking part in the Healthy School Lunches programme. In 2009, the government announced a budget of ten million Euros for the recruitment of additional community nurses, since when over two hundred nurses have started work in the neighbourhoods. They form an important link between local residents and health and welfare services.

The initial findings of various ongoing studies (the 'Urban 40' project conducted by the Amsterdam Medical Center, the University of Maastricht and the RIVM and the Outcome Monitor produced by Statistics Netherlands) indicate an improvement in individual health. Local residents are more active because social cohesion has increased. During the year ahead, the lessons drawn from the experiments will be used to formulate 'best practice' examples for the benefit of other local authorities, housing corporations, administrators, health and welfare professionals, health insurers and other stakeholders.

Cooperation

The *BeweegKuur* ('Exercise Cure) is a combined lifestyle intervention targeting people who are overweight and/or at risk of developing diabetes. It establishes a link between the care sector, public health care and the sports sector. Local networks have been set up in 120 municipalities nationwide, in which Community Health Services (GGDs) work alongside first-line health care providers, sports associations and other fitness organizations such as commercial gyms. In 2011, the Ministry of VWS provided funding to ensure the continuity of these networks. A similar structure could be used to promote other initiatives in the area of healthy lifestyle choices. Suitable sports and exercise facilities can then be made more easily approachable to those for whom physical activity is still 'a bridge too far'.

The National Diabetes Action Programme (NAD) also includes various initiatives designed to promote cooperation between various sectors, as does the *Preventie Toets Overleg* (Prevention Assessment Platform) proposed by GGD Nederland and the National Association of Organized First-line Care (LVG).

Cooperation must be based on the interests of accessibility. Exactly how this is to be achieved will vary from one area to another: it is not possible to provide a national 'blueprint'. It will be organized differently in the rural areas compared to towns and cities, and may even vary between neighbourhoods in one and the same city. Responsibility for identifying and implementing the most appropriate measure rests with health insurers, health care providers, local authorities and, of course, the users themselves.

Cooperation can apply to the care services themselves, but can also extend to sharing physical facilities. Local authorities could seek ways of ensuring the efficient, multifunctional use of facilities, for example by involving care providers in the design of neighbourhood centres, libraries and schools. When planning housing developments, local authorities could already consider aspects such as the availability of health care services, as well as facilities for sport and exercise in the neighbourhood. Local businesses, schools and welfare organizations can also play a part. The following 'building blocks' are relevant for such cooperative ventures:

- The formulation of joint objectives, based on an understanding of local health issues. This can take into account external threats (e.g. infectious diseases and environmental aspects) and opportunities offered by other sectors (e.g. the part played by a green environment in promoting health).
- Effective coordination between health insurers and local authorities; both make a significant contribution to the cost of health and welfare services. In many cases, they are not fully aware of each other's interests or how they may be able to help each other.
- Good coordination between health providers.
- The formulation of joint proposals which clearly state the expected investment and return for the various partners.
- Integrated health and welfare services based on standards, guidelines and individual care plans.
- Effective cooperation between the occupational health sector and curative care.
- Experiments with alternative financing structures which are better suited to the aims of improving health (e.g. outcome-based funding) and which provide an incentive for further cooperation between the sectors.

In July 2011, the Minister of VWS will submit a written communication to parliament on the subject of basic care.

The role of central government

As stated above, primary responsibility rests with the local stakeholders. Nevertheless, the government will regularly review whether it is necessary to make some contribution. It may for example be necessary to amend existing legislation. It can sometimes be useful to develop the necessary instruments at the national level. For example, the RIVM is currently working on means to collect and collate data from the various sectors, and linking data derived from the GGD's monitoring surveys and Statistics Netherlands (CBS). By precluding unnecessary duplication, it will be possible to enhance both the quality of the information and the effectiveness of its use. This is in keeping with the desire to establish a reliable and accessible information base, as described in Section 5.4 of the next chapter.

Perinatal mortality

A very pertinent example of integrated cooperation, and one which the government wholeheartedly supports, is that addressing the problem of perinatal mortality. The relatively high rate of infant death in the Netherlands (compared to the European average) is a matter of great concern. An effective response demands concerted action. First and foremost, it demands action on the part of the people themselves, but it also calls for the involvement of professional groups, health insurers and the entire public health sector. In association with local authorities, the government has already implemented a number of measures, as described in the policy statement issued by the Minister of VWS in December 2010.

Gains can be made by providing good, clear information to high-risk groups. The government is facilitating this process through the RIVM and the *Erfocentrum* (the national information centre for hereditary conditions, childbirth and medical biotechnology). The public must have access to reliable information about safe and healthy pregnancy, and about possible risk factors such as unhealthy working conditions. The government is actively supporting local authorities in their efforts to reduce infant mortality. For example, it is co-funding a three-year project by the Erasmus Medical Center Rotterdam, in which experimental care programmes tailored to local circumstances are being run in six trial local authority areas. The subsequent analysis of the success factors will reveal best practices from which all local authorities will ultimately benefit.

The quality of local (acute) obstetric care must also be improved. Contact and coordination between the first and second-line care providers is one area of attention. The Minister of VWS has requested the Dutch Healthcare Authority (Nza) to produce a proposal for an integrated tariff for perinatal care. The Netherlands Organization for Health Research and Development (ZonMw) has developed a research programme entitled *Zwangerschap en Geboorte* ('Pregnancy and Childbirth') which will research effective measures and interventions that can be introduced, such as a pre-pregnancy consultation and risk selection by means of an additional echogram.

Mental health issues

Mental health represents a separate point for attention. It is important that people who suffer from a psychological complaint, or who are at risk of developing a psychological condition, are diagnosed at an early stage and receive appropriate preventive treatment. This will help to reduce the number of new cases and the number of patients suffering from chronic or recurring psychological conditions. The treatment chain in which these patients are treated must be effective and as close to the patient as possible. The NZa will be asked to advise on ways in which mental health care services –GGZ services – can be strengthened at the local level. Here, the basic principle is that the field itself must be given the autonomy required to organize services ‘around’ the patient: self-management, prevention, eHealth resources and short-term treatment can then be implemented as necessary. The funding structure must be adapted accordingly, enabling the field to bring the right people together, in the right place at the right time. This will foster cooperation and will enhance the continuity of care. It will also provide an opportunity for psychiatrist to have an advisory role in first-line care, enhancing the expertise of the GP. In early 2012, the Minister of VWS will inform parliament of the proposed follow-up action in this regard. At present, there is very little cooperation between local authorities and first-line care services with regard to the prevention of depression. The Depression Prevention Partnership is developing instruments to rectify this situation.

eHealth

The government regards ‘eHealth’ as an important component of the future care chain. eHealth includes targeted information, self-testing and treatment online. eHealth interventions will help to reduce the workload of health care staff, and research suggests that they are also cost effective. This form of health provision is also particularly suited to the needs of young people. The government wishes to promote the use of cost-effective eHealth applications.

eHealth products enable patients to self-manage both somatic and psychological conditions. There are a number of proven eHealth applications which help users to improve their mental resilience, and which aid in the prevention and treatment of depression and addiction. The Minister of VWS has provided funding for the development of the *Keurkring*, an instrument with which the quality of e-mental health interventions can be assessed.

eHealth applications can be used to great benefit in various stages of substance abuse and addiction. Because the user can remain anonymous, these applications are much more accessible to those groups who are traditionally reluctant to seek help: young people and women with a higher level of education, for example. IT applications can be particularly useful in supporting healthy behaviour such as weight loss, smoking cessation or increasing physical activity. Applications are currently being developed which will assist in the early identification of health risks or the diagnosis of health conditions.

The Ministry of VWS has co-funded the development of the www.mentaalvitaal.nl website, an initiative of the Trimbos Institute and the Mental Health Fund. The site offers information and resources with which users can improve their mental fitness. Plans have been developed to better direct potential users to the website. The Ministry also works together with the *eHealthNu* programme, in which various private sector organizations have joined forces to promote the use of eHealth services. In mid-2011, EHealthNu, the Netherlands Association for eHealth (NVEH), the Royal Dutch Medical Association (KNMG) and the Federation of Patients and Consumer Organisations in the Netherlands (NPCF) will present their joint National eHealth Implementation Agenda.

4.1.2 Early identification of health risks

It is often advantageous to identify a health risk or to diagnose and treat an actual condition at an early stage. This can often be organized at the local level. Care providers in the neighbourhood, such as community nurses, social workers and doctors (including those of the preventive youth health care services) can be deployed to reach people in the high-risk categories.

Population screening

It can also be necessary to identify people with an elevated risk of a certain health problem at the national level, as in the screening programmes for breast cancer and cervical cancer. The government will implement and fund a screening programme if it is likely to bring significant collective health gains at a proportionate cost. Other criteria include a scientific basis (with evidence-based outcomes) and the balance between benefits and risk. In the case of bowel cancer, for example, various pilot projects have shown that national screening will indeed provide significant health gains. The Minister of VWS endorsed this finding in the response (of 16 February 2010) to the Health Council of the Netherlands' recommendation to phase in a screening programme for bowel cancer. Since then, the RIVM has conducted further research to identify the main conditions and requirements, which include adequate staff capacity. Taking all findings into account, the Minister has decided that a large-scale national screening programme is to be implemented for everyone aged between 55 and 75. The preparations will take a further two years, whereupon the screening programme will commence in 2013.

Health checks

A prior assessment for some types of screening is necessary to determine whether the health gains for a few test subjects outweigh the drawbacks for the majority. The provisions of the *Wet op het bevolkingsonderzoek* (Population Screening Act; WBO) apply to screening programmes for cancer, conditions for which no known treatment exists, and testing which requires the use of ionizing radiation.

In terms of the individual risks, the principle of self-determination is paramount. People decide for themselves which information they want concerning their health risks and what action they take upon this information. Clearly, the ability to make such decisions depends on the accuracy and reliability of the information.

Good prevention test can help people monitor their own health, or can motivate them to make more healthy (lifestyle) choices. A large number and various forms of testing are now being offered, the value of which has often not been subject to adequate research. We expect the providers of these tests to offer good quality products. They must, for example, offer complete and honest information; the test itself must be of high quality, and patients must receive the necessary aftercare should the test results reveal an actual or potential health problem. The government welcomes the various initiatives now ongoing to develop quality standards for responsible screening. The Minister of VWS will issue a further statement on screening policy and the WBO later this year.

Identification of the risk of addiction, and care for those with a serious addiction problem

It is important to identify the problem use of drugs or alcohol at an early stage, whereupon the person concerned must be referred to professional care in order to prevent adverse health impacts and reduce the risk of long-term addiction. This is particularly true in the case of young people. Extra attention must be devoted to young people at high risk, such as those whose parents have an addiction or whose parents suffer from psychological or psychiatric disorders. Professionals who have regular contact with young people must be able to recognize problems at an early stage and must know what action to take. By means of care structures, action can be taken and appropriate care can be referred to. Because there will often be a combination of health and social problems, the ability to treat and advise young people effectively calls for full coordination between the various chains: addiction care, mental health services and the preventive youth health care services and youth care services. It may also be necessary to involve social services or debt advice services. Section 5.2 will examine the role of parents and that of the professional care structures in preventing substance abuse.

As a result of improved care, the average age of heroin addicts in the Netherlands has risen. The four largest cities (Amsterdam, Rotterdam, The Hague and Utrecht, known collectively as the 'G4'), now provide special supervised accommodation for people with serious drug and/or alcohol addiction problems. Over the coming decade, the demand for such accommodation will increase, due to the growth of the target group itself. Local authorities will address this development when producing and implementing their Social Care action plans. In the case of people with a serious hard drug addiction, efforts will focus on improving their general health and facilitating social reintegration. This will involve a combination of pharmacological treatment and social counselling. Further to the successful trials of treatment involving heroin dispensed on prescription, an outpatient clinic has now been opened in Nijmegen.

Identifying the risk of suicide

Prompt and adequate care is necessary to reduce the number of suicides and suicide attempts. The measures to be applied are set out in the Reduction of Suicidal Ideation Annual Report 2010 and the Policy Agenda on Suicide Prevention. One such measure is a programme plan produced by ProRail in association with the Ministry of VWS and Ministry of Infrastructure and Environment

(I&M), designed to prevent 'suicide by train'. Other measures are the inclusion of standard questions about suicidal ideation and suicide attempts in the regular public health surveys and the Senior Monitor, the production of a quality document for the care chain concerned with suicidal ideation, and a start-up subsidy to support the telephone helpline of *Stichting 113*, an organization which offers online information and a helpline for those considering suicide. In consultation with the field partners, a new target figure for suicide reduction will be established once the multidisciplinary guidelines for the assessment and treatment of suicidal behaviour have been finalized. In the meantime, our aim is to reduce the number of suicides by five per cent each year.

Identifying problems by exploring negative childhood experiences

When attempting to reduce the prevalence of addiction, depression and suicide, care providers must also devote attention to their causes. Some causal factors may be genetic, but could also be further to negative experiences in childhood: bullying, family breakups, neglect or abuse, for example. Serious negative experiences during the formative years affect the mental and physical health of the child and can lead to problems such as addiction, overweight and depression in later life.

Identifying collective health risks

Early identification of risks is not only important at the individual level. It is also important to have an 'early warning system' for collective threats such as the outbreak of an infectious disease, an environmental incident or a disaster. Often, it is an alert GP who first becomes aware of a potential collective risk, as in the case of the recent Q fever outbreak. A flu epidemic is monitored by a network of GP practices, known as Continuous Morbidity Registration (CMR) stations. A crucial component of the response to disasters, environmental incidents or outbreaks of infectious diseases is the chain of GGDs and care providers, nationally supported by the RIVM. This chain is also used to inform the public about any health risks.

The RIVM's Centre for Health and Environment assists the GGDs and the regional Medical Assistance Organizations (GHORs) in preparing for incidents and disasters. It provides the necessary guidelines and action plans, and contributes to training courses and large-scale simulation exercises. Stronger connections between the public health sector and first-line care at the district or neighbourhood level will offer added value.

4.1.3 More prevention in the consultation room

Various care providers offer information and lifestyle advice to patients. Nevertheless, more can be done. Health care professionals can provide individual, personalized information and support to people who are not yet suffering from an actual health condition but who do belong to a high-risk group. Where the patient does have a health problem, such as a chronic illness or disability, professionals can promote and support self-care and self-management. In many cases, it will also be possible to establish a stronger correlation between an individual's behaviour and the effectiveness of medical treatment.

Integrated care

Prevention is an essential component of the integrated care for chronic conditions. The care team and the patient devise an individual care plan, based on the current care standards. That care plan should devote attention to aspects such as diet, exercise, smoking cessation and the use of medication. During the implementation of the care plan, the patient retains primary responsibility for his or her own health. Care standards form the basis of all integrated care for chronic conditions; they set out the framework and key content of the care to be provided for a certain condition, the relevant organization and the quality indicators which the integrated care regime must meet. Care standards have already been produced for diabetes, obesity, COPD and cardiovascular risk management. The standards enable an integrated budget structure to be implemented. Standards for several other chronic conditions are now being explored or developed. The Care Standards Coordination Platform performs research and communicates on issues relating to the development and implementation of care standards. The ongoing National Diabetes Action Plan provides valuable experience in the implementation of both care standards and prevention measures.

Care standard for cardiovascular risk management: a focus on prevention

The care standard for cardiovascular risk management devotes considerable attention to prevention. It describes the care regime for people with an elevated risk of developing cardiovascular disease, as well as those who have already been diagnosed with a cardiovascular condition. A lifestyle intervention programme for the high-risk group can help prevent actual problems. The care programme is fully individualized. The health objectives stated in the personal care plan form the basis of all interventions. A designated care provider, often a practice assistant at the GP's practice, supports the patient in achieving the stated objectives. Further information can be found at www.platformvitallevaten.nl.

The role of the Health Care Inspectorate

Supervision by the Health Care Inspectorate (IGZ) encourages the various health care sectors to provide effective support to patients as they strive to pursue a healthier lifestyle. At the local level, the Inspectorate monitors GP's practices, community health services, domiciliary care services, obstetrics and midwifery, stroke rehabilitation, mental health services for patients with serious depression or schizophrenia, (residential) care for the elderly, and the care provided to young people with minor intellectual disabilities. In 2012, the Inspectorate will provide full information about the relevant activities and outcomes in its 'State of Health Care' report.

4.2 Safe sport and exercise in the neighbourhood

The government wishes to ensure that everyone can take part in sports and exercise in their own neighbourhood, and can do so in safety. There must be appropriate and inviting facilities. For some groups, opportunities to take part in sport are not a matter of course: those with a physical disability, seniors, young people with behavioural problems, people living in social isolation, people who are overweight, and those suffering from a chronic condition, for example. The government strives to create appropriate local facilities for sport and exercise which are accessible to all and safe in use. To address the requirements of local residents, whether in the cities or the rural areas, it is essential that the sports sector and local authorities establish ongoing cooperation with schools, childcare centres, health and welfare services, housing corporations and the private sector. The neighbourhood itself should also offer an inviting setting for play and exercise. This can be achieved by means of safe paths for pedestrians and cyclists, and safe playgrounds and open spaces. The government will promote the creation of such facilities as part of the National Environment and Health Action Plan (see also Section 5.3).

The government endorses the motto, 'A safer Netherlands'. Safety extends to sports and recreation, whether on the local playing field or at an organized sports club. Bullying, discrimination, intimidation, vandalism and violence have absolutely no place in sport. To ensure that everyone has the opportunity to enjoy playing sport in safety, the Ministry of VWS, the Ministry of Security and Justice (V&J) and local authorities have devised a set of measures, as described in the document *Naar een veiliger sportklimaat* ('Towards a safer sports climate'). 'Safe' sport also means 'responsible' sport and exercise. The risk of injury must be minimized, thus helping to reduce medical costs and lost productivity.

A separate policy statement on Sport sets out the government's intentions for the current term.

4.3 Seniors: a long, healthy and independent life

The Coalition Agreement devotes considerable attention to the position of seniors in society. The government's ambitions extend not only to making the necessary improvements to care services, but to ensuring that all seniors are able to live independently for as long as possible. Good health clearly plays an important part, although the main obstacle to independent living is often not a medical condition itself, but the restrictions imposed by that condition.

Under the Public Health Act (Wpg) and the Social Support Act (Wmo), primary responsibility for providing preventive care to seniors falls to the local authorities. Their role now becomes even more significant as they assume responsibility for 'health and welfare support', previously a central responsibility further to the Exceptional Medical Expenses Act (AWBZ), but now a part of the Social Support Act. Local authorities will be able to do even more in terms of prevention as

they become responsible for an even larger target group. The new arrangements will help local authorities to reduce the (unnecessary) use of the more intensive forms of curative and long-term care. They will be able to involve sectors such as housing, welfare, transport and (preventive) care in their approach, thus achieving fully individualized services in line with the client's actual needs. The first matter of importance is to make more effective use of seniors' own social networks, informal carers and the voluntary sector. With appropriate personalized support, seniors will be able to live longer independently and continue to take an active part in society. Health issues will be addressed by good health care facilities in the neighbourhood which devote attention to prevention activities. There will also be direct contact and support within a safe and accessible residential environment with adequate (adapted) transport facilities. An increasing number of local authorities have introduced so-called *woonservicewijken*, neighbourhoods developed specifically to provide a safe, trusted and sometimes sheltered environment for vulnerable individuals.

Early identification of health problems

The vulnerability of many seniors is due to a combination of physical, psychological and social restrictions. While many such problems would be considered minor in isolation, it is their combination which increases the risk of serious health problems. Vulnerable seniors are therefore more likely to require residential care. A more integrated approach to the various problems will enable earlier identification of their vulnerability and need for support and allow for action to be taken more quickly and more effectively

Early identification of health problems, a prompt response, and the provision of information, advice and support to seniors should all be part of the regular health care services. GPs, community nurses, pharmacists and other professionals such as social workers, have an important role to play. Applying the proactive 'Welfare New Style' approach, social workers now make a full inventory of the client's needs and any underlying problems, whether health-related or in terms of social isolation and loneliness. As part of its *Zorg voor ouderen* ('Care for Seniors') programme, the IGZ is currently examining whether this broad-based approach is working as intended.

Loneliness and social support

A social network around (vulnerable) seniors is extremely important in preventing social isolation and loneliness. Having a network of friends and family makes it easier for a senior to ask for the assistance he or she needs. The larger the network, the greater the support available. This serves to reassure the senior, who is also more likely to be satisfied with the support provided. The Ministry of VWS supports the *Coalitie Erbij* ('Coalition on Hand') initiative, set up by an alliance of public and private sector parties with the aim of reducing social isolation and loneliness among seniors. The *Wmo-in-de-buurt* ('Social Support in the Neighbourhood') project sets out various interventions involving local authorities and is intended to have the same effect.

Good social support also has a positive health effect in terms of prevention. It has been shown to reduce the incidence of cardiovascular disease, for example. Adequate social support, good physical health and a sense of self-worth are all factors which protect adults against depression. The Ministry of VWS has requested the Health Council of the Netherlands to conduct further research examining the degree to which social support bolsters health and independence, and the mechanisms involved. Its report is expected early 2012.

Informal carers

Approximately 2.6 million adults in the Netherlands care for a friend or relative. They are generally termed 'informal carers' (as opposed to professional carers). Approximately twenty per cent are aged 65 or above. Informal care is often long-term in nature and is particularly intensive, whereby older informal carers are at greater risk of becoming overburdened. They must therefore be given good support. This is another responsibility placed on local authorities by the Social Support Act. The Ministry of VWS helps local authorities to strengthen the position of informal carers. It is providing assistance in the development and implementation of the 'basic functions' – practical assistance, information, respite care and emotional support – of the assistance to be provided to informal carers. For example, offering assistance when the informal carer wishes to add temporary accommodation to his or her own property for the person they provide care to.

Physical activity

Exercise is important for everyone, including seniors. Physical activity promotes health and fitness, independence and social participation. Restricted mobility and poor balance are the main risk factors for falls, which is the most common form of domestic accident among seniors, sometimes leading to serious injury and social isolation.

Balance in view

The *Zicht op evenwicht* ('Balance in view') course teaches participants to acknowledge and overcome negative thoughts about falling, thus increasing their control over falling and reducing their fear of doing so. They also learn to set realistic goals in terms of their level of activity, whether physical, social or functional. The course offers information and useful tips about how to reduce the risk of falling in the home. It introduces simple exercises and encourages participants to take more exercise to improve strength and balance. The secondary objectives include reducing the (perceived) restrictions to daily activity and feelings of anxiety or depression, preventing recurrent falls and ensuring that seniors know that (social) support is available when required. For further information, see www.loketgezondleven.nl.

The government encourages the creation of local facilities which meet the wishes of seniors and enable seniors to be more physically active, as described in the policy document on Sport. General mobility is another point for attention. Seniors must be able to move about safely, which may require physical adaptations to the home and public spaces to accommodate rollators and mobility scooters. Again, this is the responsibility of local authorities under the Social Support Act.

Stay mobile, stay safe

In association with several stakeholder organizations*, the Ministry of Infrastructure and Environment (I&M) is working to improve road safety for seniors. The partners conduct various projects as part of the long-term *Blijf Veilig Mobiel* ('Stay mobile, stay safe') programme. These projects include mobility events, special days for bicycles and mobility scooters, and a pilot project examining how a health centre can best give personalized mobility advice. For further information, see www.blijfveiligmobiel.nl

*ANBO, *Veilig Verkeer Nederland*, *Fietsersbond*, *PCOB*, *Unie KBO*, *ANWB*, *The Netherlands Council for Chronic Patients*, *Viziris* and the *SenioOren* workgroup.

Malnourishment

Alongside exercise, a good diet is very important if seniors are to stay fit and healthy. Most seniors live independently and eat at home. Illness or loneliness can prevent them from eating well, or eating enough. This increases the risk of malnourishment. Timely identification and treatment of this problem is one area of attention for first-line care professionals. A set of guidelines, the *Landelijke Eerstelijns Samenwerkings Afspraak* (National First-line Cooperation Agreement; LESA) *Ondervoeding* (Malnourishment) was published in 2010 to provide the necessary assistance. Initiatives such as communal dinners for seniors can also help to counter the problem of malnourishment, while also enhancing social and physical wellbeing.

Eating in the neighbourhood: Resto VanHarte

'Resto VanHarte' is a chain of community restaurants which serve local residents. There are now 27 'Restos' throughout the country, each offering a healthy meal for a low price. They depend on the existing care and welfare network in that their guests are referred by organizations such as the GGDs, debt advice services and the food banks. The restaurants can also rely on the (financial) support of various private sponsors, which enable them to offer a low price. The Ministry of VWS and the Ministry of Economic Affairs, Agriculture and innovation (EL&I) have commissioned Wageningen University to study the effect of the 'Restos' in terms of the social and physical wellbeing of their guests. The results will be published late 2011. For further information, see www.restovanharte.nl.

Five per cent of elderly people live in residential care. There are still far too many who are malnourished when they arrive and the risk of malnourishment while in the care home remains a problem. This is being addressed by means of the performance indicators for the quality of the care provided and must improve this situation over the coming years. It is expected that quality of life will improve and costs will be reduced as residents are encouraged to eat more healthily. Research is being conducted to ascertain how (minor) adaptations to the menu and the setting in which residents eat can improve nutrition, thus reducing the demand for medical care and the use of dietary supplements or medication. One pilot project tested a concept in which residents are offered tasty, sustainable products in a more inviting setting (both physically and socially) thus encouraging better eating habits. Results show that residents did indeed eat more, counteracting undesirable weight loss. A follow-up will now be conducted by a partnership of organizations from both research and practice (RIVM, TNO, WUR, Zorgbedrijf Phliss, the LOC client federation, Koksgilde, the Institute for Responsible Use of Medication and the Multifunctional Agriculture Taskforce). If this study confirms the findings of the initial pilot, it can provide significant benefits in terms of residents' quality of life and the demand for medical care. The project will conclude at the end of 2013. The Ministries of VWS and Economic Affairs, Agriculture and Innovation (EL&I) hope that it will encourage the health care sector to provide healthy and sustainable food products.

A photograph of two young women riding bicycles outdoors. The woman in the foreground is wearing a dark jacket and a red and white checkered scarf, looking towards the camera. The woman behind her is wearing a brown jacket and a grey jacket, looking down. The background shows a brick building and trees.

Chapter 5

Personal lifestyle decisions



Chapter 5

Personal lifestyle decisions

In this chapter, we consider the change the government wishes to achieve so that health once again becomes the concern and responsibility of Dutch citizens themselves. The key principle of self-determination and the lessons learnt from past policy will inform the choices to be made when devising and implementing lifestyle policy, which must:

- counter fragmentation and compartmentalization;
- make good use of the existing (care) structures and intensify the role for preventive youth health care services with individualized advice and referrals to provisions at the local level;
- devote attention to the resilience of and provide a healthy basis for children and young people;
- focus on the healthy choice, which must also be the easy and attractive choice;
- ensure the availability of reliable, accessible information which meets the requirements of the target group and promote combined lifestyle interventions

These aspects are considered in greater detail below.

5.1 Basic skills

Anyone who is to function well in Dutch society must possess certain basic life skills, including those which relate to personal health management. In the *Interdepartementale Vaardigheden Overleg* (Interdepartmental Skills Platform) the relevant ministries have joined forces with the national intermediaries concerned with the issue of basic skills. Those skills fall into various categories: literacy and numeracy, computer skills, social skills, financial management skills and health management skills.

All basic skills are relevant in terms of living a healthy life, but not everyone in the Netherlands possesses them to an adequate degree. The key health-related skills include eating healthily and taking enough exercise, but other skills also play a part. A person who is unable to read and write will find it more challenging to lead a healthy life. Communication with the doctor or other health professionals will be more difficult, as will reading the labels or instructions on prescription drugs. Computer skills are also necessary when searching for information and, even more importantly, the *right* information. The medical profession is increasingly communicating with patients by e-mail, while new forms of interaction such as ‘telecare’ and ‘eHealth’ applications meet a demand on the part of both professional and patient.

Because there is a significant overlap between the target groups, the organizations concerned with

the development of basic skills have opted to work together. Joint products include a short video about basic health skills which can be viewed at www.oefenen.nl. A leaflet about basic skills in the workplace has also been distributed to companies and the colleges which offer adult education (the Regional Training Centres, or ROCs).

5.2 Starting point for young people

Children are the future. Investment in young people will pay dividends. When good habits are instilled at an early age, they last a lifetime and offer more perspective for the future. Early identification of risks will often mean that minor interventions are enough, the more intensive forms of care becoming unnecessary. For this reason, the government wants to devote particular attention to young people.

Promoting a healthy lifestyle, identifying health risks at an early stage and increasing young people's resilience so that they can resist the temptations of daily life will be important components of our approach. In the case of children and young people, the government considers it appropriate to set certain boundaries and to actively encourage the development of a sound basis.

Responsibility and communication

We wish to equip young people to take responsibility for their own health, certainly in later life. The government's message will be that a healthy life is an enjoyable life, and that making the right lifestyle choices will bring many benefits. The starting point is young people themselves. A different style of communication is required, and young people must be more directly involved in the prevention programmes. The use of new (social) media, peer education and private initiatives will be increasingly important. The requirements of reliability and accessibility (as laid down in Section 5.4) apply equally to information targeting a younger audience. Their social setting and the existing (care) structures, such as parents, the school, first-line health providers, the Centres for Youth and Family (CJG), sports clubs and (social) media will form the main channels for information provision and support.

Schools

The school has a key role in many activities. A healthy school environment facilitates healthy choices, as will be discussed in Section 5.3. Responsibility for implementing a healthy and sustainable school policy rests with the school authorities themselves. The school has another, more general task in terms of identifying risks or problem behaviour such as substance abuse. The internal care structure of the school must be linked to external agencies so that appropriate professional assistance can be provided where necessary.

The government considers it important to offer schools accessible information and effective interventions when demanded, whereby the operative word is 'offer' rather than 'impose'. Schools which are particularly active in promoting health will be eligible for the 'Healthy School' label, enabling them to distinguish themselves accordingly.

Schools have a responsibility to provide a healthy learning environment (see also Section 5.3). The Ministry of Education, Culture and Science (OCW) and the Ministry of Infrastructure and Environment (I&M) therefore encourage school boards and local authorities to involve all stakeholders in ensuring that this is the case. Schools can do much to encourage young people to adopt a healthy lifestyle. They can, for example, ensure that the school canteen offers a healthy and responsible menu and that there is a (green) outdoor area which can be used for sports, play and exercise both during and after school hours. School sports clubs also play a part in promoting the healthy choice, ensuring that it is the easy and attractive choice.

100% Healthy School Canteens by 2015

The Netherlands Nutrition Centre is working to ensure that all schools offer a healthy and responsible menu further to the 'Healthy Weight Covenant' and in response to a parliamentary motion tabled by Kees Vendrik (Proceedings of the Lower House, 31899 no. 8). The Nutrition Centre launched the programme in 2006, since when a total of 160 secondary schools have joined. Since the intensification of the campaign in 2010; 90 schools were recruited; the target was 75. This represents approximately 10% of all Dutch secondary schools. The target for 2011 is to involve a further 150 schools. The target is to have all schools offer a healthy school canteen by 2015.

In addition to influencing the demand (on the part of schools), the campaign also addresses the supply side. An agreement has been reached with caterers and vending machine operators, in the form of a 'Healthy School Canteen' charter. By becoming a signatory to the charter, suppliers can demonstrate their commitment to the objectives of the programme. The charter is expected to be finalized in mid- 2011. The ministries of Education, Culture and Science (OCW), Economic Affairs, Agriculture and Innovation (EL&I) and VWS have been actively involved in the implementation of this project. For further information, see www.loketgezondleven.nl.

The Ministry of VWS and the Ministry of Education, Culture and Science (OCW) are working together to create a more healthy school environment. A healthy school environment also entails a strict smoking ban which extends to the outdoor areas; the schoolyards. The Ministry of VWS therefore encourages schools to prohibit smoking anywhere on their premises by means of the 'Healthy School' label and the *Gezonde School en Genotmiddelen* ('Health School and Stimulants') programme. To date, one third of all schools have implemented a total smoking ban for the outdoor areas. The government wishes to increase this number and will continue its incentive policy. A national smoking ban which includes outdoor areas does not appear feasible at this time. The Minister of OCW will stress the importance of the smoke-free schoolyard and a policy which strongly discourages smoking in her meetings with the *VO Raad* (Secondary Education Council) and parent organizations. Schools are currently entitled to establish their own smoking policy for the outdoor areas following due consultation with the co-determination bodies on which staff, parents and students are represented.

Approach

Based on the foregoing considerations, the Ministry of VWS has opted to apply an approach which focuses on lifestyle choices, in order to:

- provide young people with a firm basis for a healthy lifestyle;
- increase young people's resilience so that they are able to withstand the temptations of daily life;
- provide young people with good, targeted and relevant information;
- take the lead in establishing appropriate boundaries;
- promptly identify risks or problem behaviour which can threaten health (with particular regard to substance abuse), whereupon appropriate help can be offered.

Taste lessons, School Fruit & Veg, and the Tasty Green Lifestyle Experience

The Ministry of VWS and the Ministry of Economic Affairs, Agriculture and Innovation (EL&I) have co-funded programmes which draw attention to a healthy diet and the origins of the food we eat.

The *Smaaklessen en Schoolgruitem* ('Taste Lessons and School Fruit & Veg') project has produced a range of educational materials for schools. Schools and the Community Health Services (GGDs) which guide them can also rely on the support of the *Loket Gezond Leven* ('Healthy Life Information Desk'), part of the *Centrum Gezond Leven* ('Centre for Healthy Life'), which offers various activities to help create a healthy school environment. In the months ahead, a stronger connection between the Taste Lessons project and the Healthy Weight Covenant will be sought. Greater attention will then be devoted to the combination of diet and exercise, and the project's outreach increased by means of public-private partnerships.

The 'Tasty Green Lifestyle Experience' (TGLE) project introduces the healthy lifestyle to students in vocational education, doing so in an enjoyable and engaging manner. In association with agricultural colleges, private sector organizations and public sector authorities, young people aged 12-21 are placed 'in the driver's seat', whereupon they can explore topics such as health and sustainability in relation to their own lifestyle.

In Flevoland, the agricultural sector has joined forces with the GGD and sports associations. Together, they form the 'Flevoland Youth, Food and Health Steering Group', the aim of which is to offer a range of demand-led activities and facilities for children aged 4-16, encouraging them to adopt a healthier lifestyle.

For further information, see www.loketgezondleven.nl.

5.2.1 A healthy lifestyle for young people

The government wants to encourage healthy behaviour and help young people to develop resilience. We do not want to hide all temptations from young people. We will strive to use broad-based lifestyle interventions, programmes and activities. Wherever possible, themes will be combined.

When encouraging a healthy lifestyle based on personal resilience, there are three themes which call for special attention: a healthy weight, problem use of drugs and alcohol, and sexual health.

Healthy weight

Efforts to encourage a healthy weight are important because young people who are overweight are at higher risk of developing chronic conditions such as diabetes and cardiovascular disease, with all the restrictions they entail. Moreover, overweight children tend to experience greater social exclusion. They are bullied and unable to participate as 'part of the group', which also influences emotional and psychological development. The government will therefore invest in promoting a good and healthy diet as well as a safe place for sports, games and exercise which will then become part of their life pattern. Over the past twenty years, there has been a marked decline in children's motor skill development. A safe and responsible exercise regime should devote particular attention to the prevention of injury.

Sport can do much to increase resilience. Activities designed for and with young people who aspire a healthy weight must be organized as close as possible to the target group. They must also be accessible and attractive. Examples are *Gezonde Schoolkantine* (Healthy School Canteens), *Eetplezier & Beweegkriebels* (Enjoying Food & Promoting Exercise), and *Natuursprong* ('Leap into nature'). The *Vallen is ook een Sport* ('Falling is also a sport') and the deployment of trained sports coaches who also play a part in everyday school life are other effective approaches. The experience gained to date can be applied in other lifestyle areas to help young people achieve and maintain a healthy weight. The government's focus on sport and physical activity, as set out in the policy statement on Sport, addresses both this theme and this target group.

Substance abuse

Substance abuse at an early age increases the risk of addiction in later life, can seriously impair healthy brain development and can sometimes cause acute adverse health effects. It can lead to a loss of intellectual ability and concentration, as well as undesirable social effects such as higher school drop-out and unemployment rates. The risks are inversely related to the age of the child; the younger the child, the higher the risks. Among vulnerable young people, substance abuse is often an indication of broader issues, such as psychosocial or behavioural disorders, frequent skipping of school, and antisocial or even criminal behaviour.

The government wishes to address the risks of addiction further to early use of alcohol, tobacco and drugs through a cohesive, integrated approach, for example the 'Healthy School and Stimulants' programme. A link between the prevention programmes and the care sector is

essential. Coordination between the various chains – addiction care, mental health services and youth care services – can then also be improved. This point is addressed in greater detail in the government’s policy statement on Drugs.

In 2011, an interactive online programme will be launched to increase the resilience of young people aged 14 to 18. In addition to offering factual information about alcohol, tobacco and cannabis, the programme will examine social mechanisms such as peer pressure. It will offer users the skills they need to make their own decisions and stick with them, and will present healthy alternatives. The website will be linked to certified eHealth interventions. By arrangement with the national federation for lower vocational education, the online interventions will also be linked to the lifestyle test which form part of the curriculum of MBO (Lower Vocational Education) colleges. If successful, the programme will be extended to include other lifestyle themes.

Sexual health

Increasing young people’s resilience is also extremely important in terms of sexual health, as is promoting healthy sexual behaviour. Young people must be able to conduct their relationships on an entirely voluntary basis, and in a safe and pleasant manner. Coercion, STIs and unwanted pregnancies must be avoided.

Four values are central to sexual health:

1. **Autonomy:** the right to make one’s own choices with regard to sexuality without interference from others.
2. **Resilience:** the ability to decide what one is and is not willing to do sexually, and having the skills needed to act in accordance with those decisions.
3. **Mutual responsibility and respect:** a key feature of sexual health is that all decisions and actions affect not only the individual but also his or her partner. The individual freedom of one partner extends only as far as the other suffers no harm.
4. **Access to information and good aid** when required.

The government endorses the values set out in the policy statement on Sexual Health (submitted to parliament in 2009), although there is some shift in emphasis with regard to information provision. The policy statement discusses the ‘tasks of the government in the field of sexual health’. We agree that the tasks stated – the facilitation of good aid services, the protection of victims of sexual abuse and the prosecution of offenders, and the provision of information about sexual health – are indeed the government’s responsibilities. However, past governments have approached the task of information provision in a somewhat broader perspective, seeking to influence the manner in which people enter into and maintain personal and sexual relationships. Based on the current government’s vision, we shall continue this approach only with regard to young people. In the case of adults, we consider this to be a matter of personal responsibility.

The focus on certain themes and the immediate challenges, as described in the policy statement, will largely be maintained. The government will seek to expand facilities for the treatment of STIs and for counselling. We shall devote special attention to increasing resilience of young people. However, there will be no additional investment in measures to improve the sexual health of people with an illness or (mental) disability, nor in further measures to counter the stigmatization of people with HIV/Aids.

Reliable information and personal advice about sexual health

At the initiative of the Ministry of VWS, free and anonymous consultations at which young people can obtain advice and information about sexual health are now being offered. These 'Sense sessions' are staffed by professionals who can answer questions about sex, sexuality, relationships, contraception, etc. and can advise on problems such as inappropriate sexual behaviour or unwanted pregnancy. The scheme has its own website at www.sense.info, offering accurate and reliable information about sexuality and sexual health to young people. Young people often prefer to obtain their information from the internet, particularly when it concerns sensitive issues such as sexuality. The website addresses this need. It also offers the opportunity to ask questions by email, through the chatbox or by phone. Users can make an appointment to attend one of the Sense consultations in person if they wish. The ministry intends to expand the possibilities for online assistance with the use of Sense.

In late 2010, ZonMw awarded the Sense programme 'Pearl' status, a distinction awarded to projects which provide inspiration for health research and innovation.

5.2.2 The role of parents and the professional care structure

Parents

An unhealthy lifestyle and high-risk practices are for the most part acquired behaviours and can therefore be influenced. Parents are not always fully aware of the health risks associated with an unhealthy lifestyle, such as the way in which alcohol can impair development. Parents do provide the basis of, and the crucial preconditions for, a healthy life. They bear primary responsibility for the healthy development of their children, for whom they are the first point of contact. Parents serve as role models. They must establish standards and boundaries which they must apply in a consistent manner. The government believes that parents should be held accountable for doing so. Research by the *Nationale Jeugdraad* (National Youth Council) reveals that young people themselves also believe that parents and close friends are entitled to criticize 'bad habits', including unhealthy behaviour.

Environment

It is important that people are encouraged to address any issues themselves. In the first instance, parents should be able to approach family, friends and neighbours for advice about parenting and child development. If such informal advice is not enough, they can contact one of the CJGs. This two-tier approach will help to avoid professionals being overwhelmed with everyday parenting problems. In consultation with parent representatives, societal organizations and local authorities, the State Secretary of VWS is to devise a formal agenda addressing the quality of 'everyday' parenting. The aim is to create a safer and more stimulating context for child development, both within and beyond the family home, whereupon the demand for special provisions can be significantly reduced. The State Secretary will inform parliament of the precise form of this 'parenting agenda' later in 2011.

Support and assistance in various phases of childhood

In each of the various stages of childhood, parents and their children can obtain support and information from a number of sources: the preventive youth health care services (JGZ), the CJGs, the GP, the midwife or obstetrician, the school doctor and school nurse, the local authority's social services department and school. Support is available even before the child is born: prospective mothers and their partners can obtain preconception advice. Later, prenatal care helps to ensure a safe and healthy pregnancy, with advice on various lifestyle aspects. The government wishes to use the existing channels to provide support to parents. It is important to strengthen and stimulate the coordination between the various chains, such as the care advice teams in schools, the CJGs and safehouses.

The JGZ plays a key role in supporting parents and promoting healthy childhood development. The staff of the JGZ monitor a child's development from birth and will identify any (potential) problems, whether physical or psychological, at an early stage. The JGZ pays attention to the child's home setting and healthy lifestyle and will be alert to any parenting shortcomings or cases of child abuse. The JGZ also administers the postnatal PKU test ('heel prick') and all vaccinations under the National Vaccination Programme.

JGZ staff work alongside other youth health and welfare professionals within the CJG. As announced in the Coalition Agreement, the CJG will become the 'front office' of the entire youth health and welfare system following the forthcoming reorganization of the sector. The JGZ plays a very important role in the CJGs and can make a significant contribution to the aims of the reorganization, which include establishing a more preventive approach and the ability to respond to risks or problems at the earliest possible stage. The JGZs are now making the necessary preparations for this new role.

Puberty is a very important phase in a child's life. All JGZs therefore invite children for an interview and health check on entering the second year of secondary education or on reaching the age of 13. This is one of the statutory tasks of the JGZ. The consultation covers various health aspects and

includes an extensive investigation of lifestyle aspects. Based on the findings, follow-up action may be taken or advised. The government calls on health professionals to provide individual lifestyle advice and guidance, which should take the local opportunities fully into account.

By adopting innovative practices, the JGZ can play an even greater role in guiding teenage development. The government promotes the development of such practices through the *ZonMw Vernieuwing uitvoeringspraktijk JGZ* ('Updating of JGZ Procedures') programme and the *Nederlands Centrum Jeugdgezondheid* (National Youth Health Centre). New strategies are developed to increase contact between teenagers and the JGZ and to improve the support available. Examples include a web-based consultation module, triage in secondary education and monitoring by the school doctor of students who are absent due to illness. At the regional level, the work of the JGZ has been successfully linked to lifestyle interventions within schools. In their capacity as the 'commissioning client', local authorities can include firm agreements with the JGZ on the implementation of such interventions.

E-MOVO strengthens the link between the care sector and health promotion among young people

The Electronic Public Health Survey (E-MOVO) enables GGDs to monitor the health, welfare and lifestyle of young people aged 13 to 15, whereupon they can be offered appropriate information. In the Kennemerland region, the E-MOVO has done much to strengthen cooperation between the JGZ sector and other professionals involved in promoting good health. Professionals, JGZ, schools and students themselves discuss the findings of the survey and propose follow-up action, such as adopting the Healthy School approach. Linking a JGZ team as well as a professional concerned with health promotion to a school has resulted in better coordination, faster exchange of information and less fragmentation and randomisation within the Kennemerland region. Moreover, the prevention activities of the school and JGZ teams have been more successful. For further information, see www.ggd Kennisnet.nl.

5.2.3 Protective legislation

Alongside parents and schools, there are several other channels through which children can be reached: the neighbourhood, social activities (sports and hobby clubs), youth clubs and the education institutions. Within these settings, knowledge and basic skills are acquired, including health skills. All such organizations can set their own 'house rules' governing alcohol consumption and the use of soft drugs, the social norm being that the use of alcohol under the age of 16 and the use of drugs are unacceptable.

The government acknowledges that clear legislation is required in a number of areas. Young people must sometimes be protected against themselves, which is why it is illegal to sell any alcoholic beverage or tobacco products to a person aged under 16, and illegal to sell spirits or cannabis to a person under the age of 18. Strict enforcement is justified. Under current proposals, responsibility for enforcing the *Drank- en Horecawet* (Licensed Premises Act) will pass to local authorities, a move which is expected to result in even better compliance with the age limits.

Rotterdam: Action Plan addressing drugs and alcohol in Regional Training Centres

Statistics show that the overall proportion of young people in Rotterdam who smoke or drink is lower than the national average. Nevertheless, there are certain groups in which substance abuse has reached worrying levels. Ten per cent of students at the city's Regional Training Centres (ROCs) have tried hard drugs on at least one occasion, while 33% admit to having been under the influence of alcohol -or drunk – within the past month. For these often vulnerable young people, substance abuse not only causes adverse health impacts but can exacerbate existing problems. ROC students are five times more likely to skip school, and are seven times more likely to be involved in criminal behaviour, ranging from petty theft through vandalism to crimes of violence. These findings prompted the local authority to produce an Action Plan with input from partners such as police, judicial authorities and the education sector. The target is a 10% reduction in alcohol consumption and drug use among ROC students by 2013. The plan brings together prevention activities, supervision and repression, and involves parents, the ROCs and the wider social setting. New regulations are introduced, such as prohibiting the use of cannabis on or near ROC premises, with set procedures in the event of any violation. Full use will be made of the 'Healthy School and Stimulants' information campaign, including course materials, parental involvement and referral of students with a problem to the regular care organizations. Information is disseminated through separate websites for students, their parents and teachers, social media and peer education. Staff will be trained to spot the signs of drug or alcohol abuse, and a professional from the local mental health service will be designated as contact person. For further information, see www.loketgezondleven.nl.

5.3 Making the healthy choice the easy choice

People who wish to adopt a healthy lifestyle should face as few obstacles as possible. Various sectors can help in this regard. Examples include safe cycle paths and clean parks in which to play safely, walk or run, buildings in which taking the stairs is easier than waiting for the lift, and supermarkets and canteens offering distinguishable healthy products. In short, the healthy human environment relies on good facilities and reliable information. In this section, we examine the aspects which contribute to a healthy environment, returning to consider information provision in Section 5.4.

5.3.1 Good diet and nutrition

Food is a basic life necessity and eating well is very important to feeling healthy and fit. Eating also has an important social role: a meal can be a very significant moment of the day, whether for the family or for seniors who share a meal together.

Availability

In the Netherlands, food is of good quality, safe and readily available. In fact, the plentiful supply of tasty products can be a temptation to overeat. Self control and making the right choices can often be difficult, but responsibility for doing so rests with the individual. The Netherlands Nutrition Centre has introduced various programmes which help people to gradually improve their diet and eating habits. There are many other sources of dietary advice: GPs, dieticians, insurer's health coaches, child health centres, neighbourhood meetings organized by the GGDs and the (online) CJG.

The growing interest in health and diet is reflected in the media. The cookery section of magazines and (free) newspapers, television programmes and websites provide valuable information about eating a varied, healthy diet.

The healthy choice can be made even easier and more attractive by ensuring that supermarkets, restaurants, train stations, and the canteens of schools and health care institutions offer a wide range of healthy products. There are various ongoing initiatives in this regard, especially among schools and health care institutions (see sections 5.2 and 4.1).

The supply side

The consumer can be encouraged to make the healthy choice by ensuring that fruit and vegetables are readily available, or by reducing the amount of unhealthy ingredients such as salt and saturated fat in products. The fruit and vegetable sector is actively trying to encourage people to eat more fresh produce. Various companies have taken action to make their (existing) products more healthy. Food items which meet certain criteria are entitled to carry the 'Healthy Choice' label, which draws consumers' attention to healthy products on the supermarket shelves. The marketing value of the label encourages product innovation. While producers play a crucial role, so do the retailers who present the products to the shopping public.

The Healthy Choice Label

Stichting Ik Kies Bewust ('Choices International Foundation') and the national supermarket chain Albert Heijn have introduced a single label for healthy food products to replace the two labels formerly in use. This 'Healthy Choice' label helps consumers to make a responsible choice in all product groups, while also encouraging product innovation on the part of producers.

There are two versions of the label: green and blue. The green label has the text 'Gezondere keuze' (Healthier choice) and is used on basic products such as bread, milk, fruit and vegetables. The blue label bears the words 'Bewuste keuze' (Responsible choice) and is used on 'non-basic' products such as soups, sauces and snacks.

The nutritional criteria that a product must meet in order to qualify for the label have been developed by an independent scientific committee. Products bearing the label have been analyzed to determine their content of saturated fat, trans-fatty acids, salt, sugar and fibre, as well as its energy (calorie) value. For further information, see www.ikkiesbewust.nl.

Product composition

Significant health gains can be achieved by reducing consumption of salt and saturated fats. A proposal for a regulation on consumer information has been submitted to the European Parliament whereby all food products must carry certain nutritional information, including the salt and fat content. However, consumers wishing to reduce their consumption of salt and saturated fats are also dependent on the composition of (processed) food products. The government therefore considers it important to take further action in this area in the years ahead. We are aware that product innovation demands considerable creativity and perseverance on the part of the private sector. However, the efforts of the *Taskforce Verantwoorde Vetzuursamenstelling* (Responsible Fat Composition Taskforce) have shown that results can be achieved through good cooperation. The FNLI (the national federation of food producers) has also tried to place the issue of salt content on the agenda, together with the Taskforce Salt, although the desired results have yet to be achieved. The government wishes to accelerate progress by means of public-private partnerships involving producers, distributors and the research field. Progress will be reassessed in late 2012, whereupon we shall review the possibility for legislative norms if necessary. The government plays a part by monitoring consumption, facilitating relevant (applied) research into the opportunities for improvement, and through its funding of the Netherlands Nutrition Centre.

The last little step

The target reduction in the national average consumption of trans-fatty acids has now been achieved. Nevertheless, there are still a number of products on the market in which levels are too high. It is difficult for consumers to identify these products because there is no legal requirement for the content of trans-fatty acids to be stated on the packaging. The government is not in favour

of mandatory labelling, since the information presented must be brief and easy for the consumer to understand. Rather, we would like to see the remaining producers removing these last trans-fatty acids from their products as well. At the European level, the discussion about mandatory labelling is still ongoing. To avoid a situation in which two contradictory or overlapping measures are in place, we shall refrain from further action until the European discussion has concluded. Depending on the outcome, we will then consider imposing a statutory limit on the trans-fatty acid content of all food products.

Cooperation

As part of the government's efforts to promote innovation, it has designated Agro & Food as a 'top sector'. The policy and plans for this sector will take express account of the health interest. The Minister of Economic Affairs, Agriculture and Innovation (EL&I) is working to achieve full sustainability throughout the food chain. The ministries of VWS and EL&I have requested the Health Council of the Netherlands to produce a set of sustainability guidelines, building upon the existing guidelines for healthy nutrition. The Council's report is expected later in 2011.

5.3.2 A healthy human environment

Nature contributes to good health; green spaces offer opportunities for active outdoor recreation and help to clean the air we breathe. People who live in a green residential environment enjoy better health and are less likely to visit the GP. Young people between the ages of 12 and 17 who live in a green environment are more likely to meet the National Norm for Healthy Exercise. In neighbourhoods with ample greenery, the percentage of children who are overweight is 15% lower than in those in comparable neighbourhoods with little or none. Moreover, the incidence of depression is 30% lower in the green neighbourhoods.

In recent years, central government and local authorities have devoted specific attention to greenery in the urban setting. The *Groen en de Stad* ('Green and the City') programme is temporary in nature and central government's involvement will end in late 2011. However, the intention is that the programme will be continued by local authorities with the help of local partners. Where the potential of greenery to enhance health is not yet being exploited to the full, the government is able to facilitate and provide support. It can, for example, bring different parties into contact with each other and make knowledge and expertise available.

The National Environment and Health Action Plan devotes specific attention to the design and structure of a healthy human environment. The Ministry of VWS is investing in the creation of a 'mobility-friendly' environment through a number of pilot projects at local level. The aim for example is to ensure the availability of safe and accessible routes (e.g. to work or school) for cyclists and pedestrians, adequate provisions for sport and games, and buildings which pose no restrictions to mobility. Schools also have an important part to play in creating a healthy human environment, as discussed in Section 5.2.

The 'Natuursprong' project

Many young children (aged 4 to 12) do not enjoy the opportunity to play outdoors on a regular basis. For those who live in the cities, a green play setting is often far away. (The evaluation of the pilot project revealed that 65% of the children taking part had never been in a wood).

Natuursprong ('Leap into nature') is a joint project involving the Netherlands Institute for Sport and Physical Activity (NISB), Jantje Beton, the Association of Local Authorities for Sustainable Development (GDO) and Staatsbosbeheer (the national forestry commission). The project includes activities for school groups and after school activities. Children explore the great outdoors in groups and take part in an activity programme in the neighbourhood, a large city park or one of the 'adventure forests' created by Staatsbosbeheer. Activities are supervised by specially trained staff from the sports, welfare and (nature) education sectors. The intention is that, having been introduced to nature in this way, children will wish to return and will bring their family and friends with them. This will not only be an important weapon in the battle against childhood obesity, but will encourage children to develop a lifelong engagement with nature. For further information, see www.natuursprong.nl.

A healthy workplace

The workplace provides a logical setting for prevention activities, since good health is not only in the interests of the individual but also benefits the employer and society at large. In the first instance, it falls to the employer and his workforce to initiate the necessary action.

Companies are required by law to ensure good, safe working conditions. Increasingly, they also devote attention to healthy behaviour: in-house fitness programmes and healthy canteen menus, for example. There are several companies and organizations which, based on the concept of good employership, have sought cooperation with health insurers, (local) health care professionals and universities. One in four employers have implemented measures to encourage their staff to be more active.

A healthy workplace also benefits the insurance companies which cover direct health costs and those which underwrite the costs of absenteeism and lost productivity. To different degrees, insurance companies devote due attention to promoting a healthy workplace in their contracts with employers. The collective health insurance policies which companies arrange with insurers may form a useful complement. At present, almost six million people in the Netherlands have health insurance under a collective policy arranged by their employer. (Not all are employees since the policies also cover partners and dependent children.) Insurers are permitted to offer collective insurance at lower premiums than those payable by individuals, which is clearly an interesting financial incentive. The maximum permitted discount is 10%; in practice, the average discount is 8%.

Prevention activities can benefit both the employer and the health insurer.

There would also appear to be opportunities for greater synergy between health cost insurers and those insurers who underwrite the costs of absenteeism, particularly with regard to the reintegration of employees on sick leave. This calls for the two categories of insurers and the employers to arrive at agreements which address the interests of all concerned.

Alongside physical health, attention should be devoted to the employee's mental health and wellbeing. Psychological problems remain the main cause of absenteeism through illness, while the resumption of a daily work routine can promote recovery from a psychological illness. It is therefore important for the employer's health policy to consider problems such as stress and depression.

As the number of people suffering from a chronic health complaint continues to rise, so does the number of employees suffering from a chronic health complaint. Attention must therefore be devoted to health in relation to work, so that people suffering from a chronic health complaint can continue to participate.

The Minister of VWS and the Minister of Social Affairs and Employment (SZW) are to work together in promoting 'sustainable employability'. They will take into account the differences between the various types of employment organizations (e.g. large companies, small companies, the self-employed) and between specific target groups (e.g. seniors, unskilled workers and persons with a disability). Better cooperation between curative (first-line) care and the occupational health sector will be sought. This will serve to reduce absenteeism, the burden on the health sector and lost productivity.

The aspects of the ministries' cooperation will include:

- An Action Plan (entitled *Gezonde bedrijven*: 'Healthy businesses') designed to encourage physical activity and concern for mental wellbeing. The input of the social partners will be sought.
- Optimization of the occupational health system, further to research which has identified the obstacles to the functioning of the company medical officer.
- Greater cooperation between the curative and occupational health sectors.

Public-Private Partnerships

The government regards Public-Private Partnerships (PPP) between stakeholders such as local authorities, private sector companies, health organizations and the education sector, as a useful instrument in ensuring that the 'healthy choice becomes the easy choice'. Here too, most initiatives must be developed by the partnerships themselves. The government only has direct influence over a small number of the aspects which will affect the success of such initiatives. It is for this reason that the participation of private sector organizations is so important. Based on a common objective, we see added value in pursuing progress alongside all the various stakeholders.

The government sees Public-Private Partnerships as a promising policy instrument regarding health policy. A number of good examples already exist and we shall continue to explore further opportunities for cooperation. The government is keen to take part in an alliance which will provide clear added value. Its role may be as an active partner, as process manager, or as a source of funding and support. The government will not assume a role which more properly falls to another partner.

Not 16? Not a drop!

The 'Geen 16? Geen druppel' (Not 16? Not a drop) project is a joint initiative involving the government, social organizations and the private sector. The partners have formed the Alcohol and Young People workgroup, the aim of which is to have the legal norm (i.e. the minimum drinking age of 16) widely accepted as the social norm as well. Activities target young people and their parents, educating them that underage drinking is neither legal nor socially acceptable. The project logo can be used by any organization which endorses this aim. For further information, see www.geen16geendrappel.nl.

No two Public-Private Partnerships are alike. However, the starting point is always a common objective, whereby cooperation will result in greater efficiency and added value. The division of tasks and risks should be as clear as possible. A PPP enables innovative strength, knowledge and capital to be put to use in achieving social objectives. By seeking new possibilities which diverge from the well-trodden path of the conventional approaches, we hope to give health policy a significant boost at both national and local level. We invite the field parties and private sector organizations to enter into dialogue with each other and with the government. We shall encourage and support worthwhile initiatives. We see opportunities for various new forms of PPP and societal alliances addressing the themes of sport and physical activity, healthy living by ways of (a combination of) lifestyle-related topics, the healthy workplace and healthy school, research and innovation, IT applications and domotics to promote self-management, eHealth and lifestyle guidance. The exploration and application of the Public-Private Partnership concept will involve all relevant ministries.

Healthy Weight Covenant

The *Convenant Gezond Gewicht* (Healthy Weight Covenant) 2010-2014 is a Public-Private Partnership involving 27 organizations which have the common objective of developing an integrated approach to help adults and children achieve a healthy weight. The rising trend of overweight and obesity must be reversed. The covenant addresses four key components of the social setting: the school, the workplace, the neighbourhood and leisure. Healthy eating, sport and physical activity go hand in hand.

Various activities were undertaken in 2010, based on an Action Plan and performance agreements. The activities and their outcomes are also in response to various parliamentary motions, such as those tabled by Vendrik and Van Wiegman (Proceedings of the Lower House 2009-2010, 31899 nos. 8 and 10).

The JOGG (*Jongeren op Gezond Gewicht*; Young people at a healthy weight) project emulates the EPODE⁴ approach pioneered in France and is one of the priorities of the Covenant (and part of the motion tabled by Wiegman). The partners hope that at least 75 local authority areas will be taking part by 2015. Six local authorities joined the project in the latter half of 2010. The target for 2011 is 13, with a further upscaling thereafter.

The approach adopted by the Covenant partners enables interventions to be combined more effectively, with greater coordination between activities at national and local level. Further information, including results to date, can be found at: www.convenantgezondgewicht.nl

5.4 Reliable and accessible information

A generic, 'one size fits all' approach involving mass media campaigns is not in keeping with the government's standpoint that every member of society bears personal responsibility for his or her own health. Moreover, the effectiveness of such an approach is questionable and it may fail to reach certain important target groups. Based on the 'health near to people' concept, information provision must take on a human dimension based on the target groups' own setting, be that the school, workplace, neighbourhood or health care facility.

Basic public information

If people are to make sound choices, they must have knowledge and practical information. It is more efficient to offer such information in a more integrated form, based on demand. The government is therefore concerned with a reliable and accessible information base which will include direct information targeting the public, but which will also be available to health care

⁴ EPODE: *Ensemble, Prévenons l'Obésité des Enfants* (Let's prevent childhood obesity together)

providers, professionals and local authorities as they address their own specific responsibilities for providing information and advice.

During the months and years ahead, the government will:

- Devote attention to integrated, reliable and accessible information for the use of the public, professionals, health partners and private sector organizations.
- Improve the risk communication procedures used in a disaster or crisis situation.
- Devote attention to the collection, dissemination and use of effective interventions.
- Review and revise the subsidy structure for, and the role of, knowledge institutes.

Accessible information

The government wants to combine and improve information which will then be readily accessible and easy to find for all stakeholders. The website www.kiesbeter.nl is a good example of how various forms of information can be combined and made easily accessible to the Dutch population through a single channel.

The RIVM's centres of expertise and other knowledge institutes play an important part in providing reliable and accessible information. In addition to information addressing the consumer, they collate and disseminate educational material for schools. Some improvement can still be made in this area. We shall return to this point when considering the funding of the knowledge institutes.

Useful instruments have been developed by various other policy departments. The Ministry of Infrastructure and Environment (I&M), for example, has produced the *GezondOntwerpWijzer* (Healthy Design Checklist), intended for the use of professionals such as project developers and housing corporations, as well as the general public. The first version was published in 2011 and is included in the *Atlas Leefomgeving* (Residential Environment Atlas), an online resource with information on environment and health at the local level. Members of the public can use the Atlas to learn how they can help to make their own residential environment safer and healthier.

Improved risk communication during disaster situations

Should a disaster situation occur, it is crucial that those concerned have access to reliable information. They must be told of any health risks and the action they must take as soon as possible. The RIVM's Centre for Health and Environment (RIVM/cGM) supports the public sector authorities and operational services such as the GGD and the regional Medical Assistance Organizations (GHORs). In the event of an environmental disaster, the centre conducts measurements. It then analyses the results to determine the health risks and the appropriate response. The centre also provides advice and support on issues such as psychosocial aftercare and the necessity for follow-up health checks and monitoring. This involves cooperation with a number of other knowledge institutes.

The government intends to establish effective disaster management structures, in which

communication and information are key components. Lessons will be drawn from every crisis so that an (even) better response is assured should there be a recurrence.

At the national level, the government has therefore recently announced additional investments in education, training and simulation exercises of the *Nationaal Voorlichtingscentrum* (National Information Centre), with a particular emphasis on risk communication.

With regard to the control of infectious disease, the RIVM's Centre for Infectious Diseases Control (RIVM/CIb) plays a key role. It provides information to both the professional field (GPs and community health services) and to the general public. Information material has been prepared for a number of known infectious diseases. It can be disseminated through a number of channels, including websites, radio and television, the print media and leaflets.

Effective interventions and better integration

Over the course of many years, a huge number of interventions has been developed as part of health policy. However, there has been little or no attempt to integrate or combine these interventions with a view to improving their quality and effectiveness. Similarly, very little attention has been devoted to the feasibility of applying some interventions in practice. The establishment of the RIVM's *Centrum Gezond Leven* (Healthy Living Centre; RIVM/CGL) improves this situation. The Centre collates information about effective interventions, which is then disseminated by means of a readily accessible database. In the case of interventions targeting young people, the RIVM/CGL works alongside the Netherlands Centre for Youth Health and the Netherlands Youth Institute (NJI). The collation of information about effective interventions enables more, and better, use to be made of those which already exist rather than constantly developing new ones. The programme commenced in 2009 and is to be continued. This helps both central government and local authorities to make efficient use of their resources. As a result, central government will henceforth make very limited investment in the development of new interventions by the knowledge institutes.

The further refinement and wider distribution of the *Handleiding Gezonde School* (Healthy School Handbook) is a case in point. At present, there is a useful summary for those primary schools which wish to do more to ensure a healthy school environment. The RIVM/CGL and the relevant knowledge institutes will also refine the existing instrument for use in the secondary (vocational) sector. Where measures address the general human environment climate, there will also be input from the Centre for Health and Environment (RIVM/cGM).

Subsidy structure for institutes involved in health promotion

The government's vision and policy objectives demand a more flexible funding structure. The current subsidy arrangements for institutes which are involved in promoting health will therefore be reviewed and revised. Certain themes will be integrated to a greater degree, such as smoking, alcohol and drugs. This will ensure that the available budget can be used more effectively and in a manner which supports government policy.



Chapter 6

Coordination between central government and local authorities



Chapter 6

Coordination between central government and local authorities

Preceding chapters have considered the role of central government in each of the areas of health policy. In this chapter, we discuss the relationship between central government and local authorities. We also consider the knowledge infrastructure for policy development and monitoring.

6.1 Local authorities at the fore

The local authority, or municipality, is the administrative level closest to the people. Local authorities are therefore better equipped to offer individualized services and to address the specific requirements of the local community, taking local circumstances into account. In matters relating to the general promotion of good health, local authorities therefore enjoy a high degree of autonomy. In areas such as infectious disease control, disaster management and preventive youth health care services, a stronger relationship between local authorities and central government is required. Their respective responsibilities are established by the Public Health Act (Wpg).

Local authorities are required to produce a policy document on health every four years. The document has to be formally approved by the city or town council, which is also responsible for examining subsequent health policies. The Health Care Inspectorate (IGZ) monitors the effective implementation of the Public Health Act and the interaction between national and local health policy. The amendment to the Public Health Act, passed by the Senate on 17 May 2011, strengthens the relationship between national and local health policy, in that it requires local authorities to incorporate the national priorities in their health policy.

Local authorities are also required to produce a policy document on welfare (further to the Social Support Act; Wmo) every four years. If policy in this area is to be fully effective, it is important that it is coordinated with the health policy. A number of local authorities have therefore opted to produce a single, integrated policy document covering both health and welfare services.

It is essential that local authorities have accurate information about the health status of the local community. This will underpin all action addressing the actual requirements of residents. We assume that local authorities will be keen to make people themselves more responsible for their own health again. The basic principles established at national level will assist them in doing so.

These principles call for:

- a focus on physical activity and sport;
- young people to be designated an important target group of local health policy;
- the pursuit of Public-Private Partnerships at the local level;
- better coordination between health policy and (the objectives of) various other policy areas such as youth welfare, spatial planning, social services and public safety;
- a contribution to the efforts to achieve 'health near to people' through:
 - gaining an understanding of local health issues;
 - ensuring that local facilities for health care and physical activities are given a place in plans for new residential developments;
 - making agreements with health insurers and health care providers with regard to the form and structure of the local facilities and networks, as well as the division of responsibility with regard to prevention tasks.

As announced in the Coalition Agreement, responsibility for various health and welfare provisions – such as the health and welfare of youth and the administration of incapacity arrangements for persons under 28 – is to be devolved to the local level. This will enable local authorities to address the relevant problems in a more integrated manner. Further to the *Bestuursakkoord Rijk-medeverheden 2011* (administrative agreement between central government and other government levels) the Association of Netherlands Municipalities (VNG) is to examine how incentives can be used to reduce the (unnecessary) use of more intensive forms of health and welfare services. Ways of improving coordination between the various systems (Wmo, AWBZ, Zvw and Wpg) will also be sought. It is possible, for example, to establish better cooperation between first-line care providers (notably GPs) and the local authorities' welfare and social support services. Local authorities are already working to develop and implement a new approach to the tasks which fall to them under the Social Support Act. The focus now shifts to the client's actual assistance requirement, whereby the various provisions can be tailored accordingly, whether in terms of (informal) care, housing or transport. Alongside such direct assistance, preventive measures can also be included in this programme.

Informal carers play a particularly important role in health and welfare, either alongside or in the place of professional assistance. Informal carers must be given the support and assistance they require. In the first instance, responsibility for doing so falls to the local authority.

Local authorities enjoy a high degree of autonomy in deciding how to implement their health and welfare policy. However, it is essential to avoid unnecessary duplication of activities or cases of 're-inventing the wheel'. Given the universal nature of health interests, the availability of centralized knowledge, and for reasons of efficiency, central government has set up a number of programmes to support local health policy. These programmes target both the local authorities themselves and the professionals working in the local community. They include the *Gezonde Slagkracht* programme, the 'healthy neighbourhood' experiment and *Gezond Lokaal-Centraal*.

Alongside the VNG, GGD Nederland and the *Vereniging Sport en Gemeenten* (Sports and Municipalities Association; VSG), the national centres of the RIVM are involved in dissemination knowledge and best practice examples, at both the policy level and in practice. To promote effectiveness at local level, central government will continue to facilitate the collation of knowledge and information for the use of local authorities and professionals (as described in the foregoing chapter). A number of programmes are of limited duration and will end during the current government term. In consultation with local authorities, GGD'en and other target groups, the government will examine whether the existing forms of assistance meet current requirements or should be replaced.

The Healthy Municipality Handbook

In late 2010, the Centre for Healthy Living published the latest edition of the *Handreiking Gezonde Gemeente* ('Healthy Municipality Handbook') with input from other relevant centres of expertise. The handbook is intended to assist local authorities in the various phases of their four-year policy cycle, from preparation to evaluation. There is no 'standard recipe' for local health policy. Accordingly, the handbook offers suggestions for action which can be implemented immediately as well as background information and best practice examples which may serve as a source of inspiration.

Previous versions of the handbook (the production of which was one of the action points of the 2006 policy document on prevention), were structured by theme: alcohol, overweight, smoking, and depression). The revised version adopts a more integrated approach, devoting greater attention to lifestyle aspects, combining information where relevant and describing recent developments such as the emergence of Public-Private Partnerships. For further information, see www.loketgezondleven.nl.

6.2 Knowledge and research in support of policy

Alongside information targeting the individual (see Chapter 5), there must also be knowledge and information to support policy development and monitoring. In many cases, the two types of information show overlap with each other. This means that the two aspects are combined as much as possible. At present there is still too much fragmentation. With a view to (cost) effectiveness, the government is now working to create a more compact knowledge and research structure.

Knowledge in support of policy development

Knowledge and information to assist in policy development is produced in collaboration with several relevant partners, notably the RIVM and ZonMw. Annual agreements are made with the RIVM with regard to the research and other activities which are to be conducted to meet the current knowledge requirements of the ministry of VWS. The RIVM then conducts the relevant activities by order of the ministry of VWS, within the constraints of budget and staff capacity.

Opportunities for improving coordination between the ZonMw programmes are to be sought. In addition, the government has opted to place the focus firmly on research with practical relevance. The implementation of the results of ZonMw programmes will continue to be a point for attention, as will closer cooperation between ZonMw and the RIVM Centre for Healthy Living. As part of the Coalition Agreement, the research budget will be reduced due to the re-evaluation of lifestyle policy.

Further to the government's vision (as set out in this policy document), the research agenda relating to prevention and lifestyle interventions for 2012 and beyond will be reviewed during the coming months. The revised agenda will form the basis of the (annual) research programmes commissioned from the knowledge institutes. The research budgets of both ZonMw and the RIVM will be reduced, partly with a view to achieving greater cost-efficiency and partly as a result of the reallocation of tasks further to lifestyle policy.

Monitoring

Although a significant body of data is collected in the Netherlands, it remains difficult to obtain reliable statistics on the health of the Dutch population in a form which allows ready comparison. Community Health Services (GGD) conduct their own local health surveys, but there is no uniform way of doing so. Statistics Netherlands (CBS) collects data at the national level. There are many knowledge institutes which apply their own research methods, surveys and monitors, some of which are funded by the government. The resulting statistics are not always directly comparable due to differences in methodology or the aspects examined. Efficiency can be greatly improved in this respect.

The RIVM has therefore been instructed to streamline the health information flows, within the constraints of budget and staff capacity. This will entail:

- developing a data collection system in association with GGD Nederland and Statistics Netherlands, whereupon comparable information about public health at national, regional and local level is made available. The Integrated Security Monitor may provide a useful model;
- establishing links between (local) health statistics and the relevant information from the various health and welfare chains (e.g. AWBZ, first-line care and Wmo);
- developing practical tools which give an immediate impression of the state of (public) health and where interventions are necessary.

A limited role in developing international knowledge

The government wishes to make efficient use of the existing knowledge. To do so calls for the selective and targeted use of best practice examples from other countries, survey information and the existing international networks. It also calls for considered choices to be made with regard to involvement in international meetings, conferences and working visits. It is not a matter of course for the Netherlands to play a prominent role in every European or WHO working party, research programme or meeting.

However, because investment in knowledge and research can transcend national boundaries, we shall place certain specific research questions on the international agenda. This will enable us to draw upon European funding, such as that available under the KP7 and KP8 Framework Programmes, to co-finance the national research agenda. Moreover, cooperation with other member states within the Joint Programming Initiative will ensure greater efficiency of research in the European context.

Healthy Ageing partnership in the northern Dutch provinces

A large-scale cooperative alliance involving knowledge institutes, the University Medical Center Groningen, regional authorities and various private sector organizations has been launched in the provinces of Groningen, Friesland and Drenthe. Activities are coordinated by the Healthy Ageing Network Noord-Nederland (HANNN). The partners wish to gain a better understanding of the factors which influence ageing processes, whereupon the insights gained can be used as the basis of advice, products and innovative solutions. The project is notable for its integrated approach at all levels: health, welfare and wellbeing are addressed in combination and by a partnership of research institutes, health care institutions, private sector companies and public sector authorities. This type of cooperation not only helps to enhance the quality of life for senior citizens but creates important economic and social activities in the region.

The Healthy Ageing Network is co-funded by the *Samenwerkingsverband Noord-Nederland* (SNN), the European Fund for Regional Development (EFRD) and the Ministry of Economic Affairs, Agriculture and Innovation (EL&I). For further information, see www.hannn.eu.

Chapter 7

Finances





Hoofdstuk 7

Finances

Many activities which are further to national health policy and which fall under the direct responsibility of central government are funded from the regular budgets of various ministries. The Ministry of Infrastructure and Environment (I&M) finances projects which reduce environmental pollution or improve road safety. The Ministry of the Interior (BZK) does much to promote a healthy residential environment and contributes €10 million per annum to recruit additional community nurses to improve coordination between the care, welfare and housing sectors. The Ministry of Economic Affairs, Agriculture and Innovation (EL&I) is responsible for food quality, while the Ministry of Social Affairs and Employment (SZW) promotes health and safety in the workplace. Activities in health protection, the prevention of disease and general health promotion are funded from the budget of the Ministry of VWS.

Health protection and prevention of disease

The Ministry of VWS has allocated €73 mil. of its budget for expenditure on food and product safety in 2011 and €78.5 mil. per annum from 2012. This amount includes the regulatory activities of the Food and Product Safety Authority. The financial implications of the government's staff and material cost reduction targets have not yet been taken into account.

Protection against infectious diseases is primarily achieved through the various vaccination programmes.

- Projected expenditure on the National Vaccination Programme (vaccination of all children aged 0 to 12 and resident in the Netherlands) is €107 mil. per annum from 2011.
- The VWS budget also covers the costs of the national influenza vaccination programme (selective vaccination of certain high-risk groups), for which €56.6 mil. has been allocated in 2011, rising to €59.3 mil. per annum from 2014.
- For the purpose of the vaccination programmes, a contribution of €54.7 mil. is currently allocated to fund the Netherlands Vaccine Institute (NVI). From 2011, the NVI will form part of the RIVM. In 2012, the projected budget for the NVI's tasks will be €44.7 mil., rising to €47.6 mil. per annum from 2013. Part of this amount will be drawn from the budget of the 'Top Sector' initiative of the Ministry of Economic Affairs, Agriculture and Innovation (EL&I) specifically for the development of new vaccines and antibiotics.
- The amount of €35 mil. per annum has been allocated to the RIVM/Centre for Infectious Disease Control to fund coordination and research regarding infectious disease control.
- Research programmes in infectious disease control and that of Q fever will be financed through ZonMw, the amounts concerned being €3 mil. in 2011 and €2.8 mil. in 2012.

The Ministry of VWS finances a number of prevention programmes intended to prevent chronic conditions or slow their progress.

- The third and fourth ZonMw prevention programmes seek to establish links between prevention and other sectors (housing, employment education). The amount of €14 mil. has been allocated to these programmes in 2011, decreasing to €11 mil. in 2012, €8.5 mil. in 2013 and €6 mil. in 2014.
- The ZonMw Chronic Disease Management programme is gathering knowledge and experience in the application of disease management methodologies in practice. It has been awarded funding of €1 mil. in 2011.
- In 2011, funding of €2.5 mil. has been allocated to the National Diabetes Action Programme (2009-2013).

Health gains can also be achieved through early identification of risk factors for serious conditions, or early diagnosis of the conditions themselves. Accordingly, the Ministry of VWS finances the national screening programmes, including those for breast and cervical cancer, and the blood tests for expectant mothers. The amount concerned is €116.5 mil. in 2011 and 2012, rising to €117.3 mil. in 2013 and €118.1 mil. per annum from 2014. Preparations for the launch (in 2013) of a screening programme for bowel cancer will begin later this year. The programme will be funded from the Ministry of VWS' existing resources.

Prevention activities in the context of treatment, nursing, care or welfare support, as well as the medicines and medical devices used for these purposes, are to be financed from health insurance premiums (Zvw and AWBZ).

Health promotion

The government has only a limited role to play in general health promotion. Primary responsibility falls to the local authorities, with financing provided via the regular channels (the *Gemeentefonds*). Further to the decentralization of certain responsibilities under the *Gezond in de stad* ('Health in the City') programme, a payment of €5 mil. per annum will be made available to the larger local authority areas (the G31) until 2014.

In keeping with the basic principles of the current government's policy, the Ministry of VWS will also finance activities intended to promote:

- sport and physical activity in the neighbourhood;
- reliable and accessible information;
- a basic knowledge infrastructure;
- resilience among young people;
- making 'the healthy choice the easy choice';
- actively joining efforts by other parties (Public-Private Partnerships).

The years ahead will see the discontinuation of activities such as (mass media) campaigns and research with limited practical relevance (i.e. fundamental research).

There will be greater flexibility in the subsidy arrangements for organizations which exist to promote health; programmes addressing sexual health will be integrated, as will those which exist to support local professionals.

The budget allocated for lifestyle policy and interventions is €64 mil. in 2011, decreasing to €59 mil. in 2012, €53 mil. in 2013 and €48 mil. per annum from 2014. This decrease achieves a cost reduction of €18 mil. per annum from 2014. Details of remaining funding allocations will be presented in the Ministry of VWS' annual budgets for 2012, 2013 and 2014.

Amount (in millions of Euros).	2011	2012	2013	2014
Current budget for lifestyle policy	66	66	66	66
Subsidy reduction targets further to the Coalition Agreement	2	7	13	18
Remaining budget	64	59	53	48

This approach represents a fundamental revision of lifestyle policy and interventions, whereby the cost reductions in this area as announced in the Coalition Agreement will be achieved.



Published by:

Ministry of Public Health, Welfare
and Sport (VWS)

Visiting address:

Parnassusplein 5 | 2511 vx The Hague

Correspondence address:

P.O. Box 20350 | 2500 EJ The Hague

Telephone +31 (0)70 340 79 11

Fax +31 (0)70 340 78 34

www.rijksoverheid.nl

April 2012