

Section 6: Reducing the Burden of Coronary Heart Disease and Stroke

Why is this a priority?

- 6.1 Reducing the misery caused by coronary heart disease (CHD) and stroke is a key priority. CHD is among the biggest killers in this country. More than 1.4 million people suffer from angina, and hundreds of thousands have a heart attack each year. More than 110,000 people die from CHD in England each year, some 13,000 in Scotland, 7,000 in Wales and 3,700 in Northern Ireland. Stroke is the third biggest cause of death in the UK (after CHD and cancer) and the largest single cause of disability.
- 6.2 The effects of CHD and stroke are unequal in society: among unskilled men the death rate from CHD is almost three times higher than for professionals. And women born in West Africa or the Caribbean are over 50% more likely to die of a stroke than other women. The Royal College of Physicians found that standards of care for people who had a stroke varied across the country.

What would be the benefits?

- 6.3 The initiative would contribute to national targets of reducing the death rate from CHD, stroke and related illnesses. There would be a particular focus on redressing the balance in provision of measures and equipment: the money would be targeted at those sectors of the population at most disadvantage and therefore at a greater risk of developing CHD and stroke.

How would it work?

- 6.4 The projects funded by this initiative would be in addition to those currently planned. The initiative would build on local fund-raising activity to promote initiatives to tackle CHD and stroke including reducing people's risk of developing these conditions, improving access to screening and treatment (including the provision of new equipment where appropriate) and helping individuals and families cope with the impact of CHD and stroke on their lives. Three main strands are proposed:

Prevention

- 6.5 Simple, sensible precautions – giving up smoking, eating a healthier diet and being more physically active – can go a long way to preventing CHD and stroke. We want to see health promotion strengthened by the development of innovative techniques for giving information about CHD and stroke prevention and detection, and by developing local initiatives and partnerships to promote healthy living. Funding could effectively be targeted at anti-smoking programmes, and at initiatives to increase consumption of fruit and vegetables.
- 6.6 We also propose training programmes in life support skills such as resuscitation, as well as a boost in the number of lifesaving automated external defibrillators in public places and primary care facilities.

Improving diagnosis and treatment

- 6.7 Diagnostic equipment is often funded through appeals and charitable donations, leading to inequalities in provision. Our objective is to improve diagnosis and treatment of both CHD and stroke through the provision of new or updated high tech equipment – such as cardiac catheter laboratories and brain scanners – in areas where access to such equipment has previously been limited. Funding would be conditional on health authorities agreeing to replace Lottery-funded equipment when it is necessary and to cover the associated staffing and related costs.

Improving cardiac rehabilitation

- 6.8 We want to improve access to safe, modern and convenient facilities for cardiac rehabilitation programmes, in particular for people from ethnic minorities and the less well off.
- 6.9 It will be important to maintain a balance between the various strands of this initiative, as well as ensuring that measures are tailored to local needs.

How would it be delivered?

- 6.10 We expect the initiative would be delivered by the voluntary sector and the NHS in partnership. The NHS already works very closely with a range of voluntary organisations active in the field, such as the British Heart Foundation, the British Cardiac Patients' Association and the Stroke Association. There will need to be close collaboration between the NHS and other health providers, community and voluntary organisations, local authorities, other Lottery distributors (particularly the National Lottery Charities Board), businesses and charities. There will also be close links with NOF's existing Healthy Living Centres and Living with Cancer initiatives.
- 6.11 Broadly similar arrangements would operate across the UK.

Section 7: Cancer Prevention, Detection, Treatment and Care

Why is this a priority?

- 7.1 Cancer remains one of the biggest challenges facing us. At current rates, four out of every ten people will develop cancer at some stage in their life and one in every four will die from it. This burden is particularly great in the poorest areas of our society. For example, among working age men, unskilled workers are twice as likely to die from cancer as professionals.
- 7.2 NOF's first anti-cancer programme is already making a great contribution to the fight against one of the UK's major killer diseases. For example, over £90 million has already been allocated to buy cancer equipment benefiting over 400 hospitals. Over 300 items of breast screening equipment have been funded, most of it already in use. A further £23 million has been spent on cancer care and information, with grants targeting disadvantaged communities. We are determined to reduce the impact of cancer on people's lives and is now keen to devote further Lottery funds to this priority area. This funding would build on the Fund's existing programme and complement the significant resources that have already been invested in our cancer services and our plans for the modernisation of our cancer services.
- 7.3 The overall aim of the current NOF cancer initiative would be retained – to improve cancer prevention, detection, treatment and care.

What would be the benefits?

- 7.4 This initiative would contribute to meeting national targets to reduce the death rate from cancer.

How would it work?

- 7.5 The projects funded by the initiative would be in addition to those currently planned. The current programme takes a multi-level approach to help combat cancer and the effects of cancer. Two key strands are proposed:

Prevention

- 7.6 By taking effective action to promote healthier behaviour and reduce exposure to risk, we can make a huge impact on cancer. Two changes above all would have the greatest effect: a reduction in tobacco smoking and adoption of a diet rich in cereals and fruit and vegetables. Initiatives especially need to be targeted at the most deprived communities.

Improving diagnosis and treatment

- 7.7 Our objective would be to improve diagnosis and treatment of cancer through the provision of new or updated equipment. Funding would be conditional on the NHS covering the associated staffing and related costs.

How would it be delivered?

- 7.8 The initiative would continue to be delivered by the NHS and the voluntary sector in partnership. Close links would also need to be maintained with the Fund's Healthy Living Centre initiative.
- 7.9 For the Fund's first cancer initiative, Health Authorities and Boards have been closely involved in the initiative to ensure that all projects complement each other and fit with local strategies for cancer. We propose that this approach be continued.
- 7.10 Broadly similar arrangements would operate across the UK.

Section 8: Palliative Care

Why is this a priority?

- 8.1 Improving the quality of life and experience of care for those facing cancer and other life-threatening and chronic illnesses is a founding principle of palliative care. The knowledge and skill of palliative care developed over the years has, for historic reasons, focused on those affected by cancer. The principles of palliative care – holistic, patient-centred care – apply across all conditions and in all settings.
- 8.2 Many people receive excellent care in hospitals, hospices or at home, but some do not. Some patients still experience distressing symptoms, poor nursing care, poor psychological and social support and inadequate communication from healthcare professionals. This can have a lasting effect on carers and those close to the patient, who often carry the burden of care. We know that many people would prefer to die at home, but in practice only about one quarter of cancer patients do so.
- 8.3 The overall aim of this initiative would be to promote further development of palliative care for children and adults and to widen it to include other life-threatening conditions as well as cancer.

What would be the benefits?

- 8.4 This initiative would contribute to more people receiving relief provided by palliative care services irrespective of their condition. It would reduce the current inequity of provision and support more patients, families and carers wishing to stay at in their own home and communities. It would also provide support for carers during bereavement.

How would it work?

- 8.5 The projects funded by this initiative would be in addition to those currently planned. The projects would build on existing community initiatives and work in close partnership with the voluntary sector, as well as GPs, primary healthcare teams and social service departments. The following key strands are proposed:

Children with life limiting conditions

- 8.6 Life limiting illnesses in childhood are those for which there is no reasonable hope of cure and from which children will die. Many of these conditions cause progressive deterioration, rendering the child increasingly dependent on parents and carers. Care may last only a few days or months, or extend over many years. Many of the illnesses are familial and there may be more than one affected child in the family.
- 8.7 A characteristic of childhood is the continuing development, physical, emotional and cognitive, which is reflected in the child's communication skills and affects their understanding of disease and death. Provision of education is essential and a legal entitlement. This introduces an additional professional intervention, which adds to the complexity of care provision.

Children's Hospice Care and Community Care

- 8.8 Children's hospices support children and young people suffering from a range of serious conditions and with a variety of complex needs. Cancer is not the major cause for hospice care in childhood – less than 10% of children accessing hospice care suffer from cancer. Diseases which are life threatening in childhood rarely allow the child to reach adulthood. The aim of the children's hospice is to help families with the burden of care, enabling them to enjoy quality time with their child, siblings or on their own. This is an important element of the care package although the major need for care and support arises in the child's home and community.

Supporting care in the home

- 8.9 The objective would be to reduce the inequality of home care provision across communities. This would be achieved by providing access to specialist palliative care advice and support; increasing the knowledge and confidence of primary healthcare teams and providing a variety of services to meet the practical nursing and social needs of patients and carers.
- 8.10 For children, the aim would be equity of access for all children and young people with palliative care needs and to provide support for their families. Needs arise and vary through the progression of a child's illness and there will be times when hospice respite care is unavailable or inappropriate eg families may wish to remain with their child at home, within their own community and network of support from other family members and friends.

Bereavement support

- 8.11 Carers often carry the main burden of care. They can feel sidelined both in terms of involvement and support and ill informed. Involvement during the final illness and its immediate aftermath has been shown to help with coping with grief and the process of bereavement. With children, parents usually bear a very heavy responsibility for personal and nursing care and siblings are especially vulnerable, either as young carers or as witnesses to the impact the illness has on their parents and family. Bereavement support groups are an essential part of coping with death of a young family member.

How would this be delivered?

- 8.12 The initiative would continue to build on existing work and work in close partnership with the other agencies.
- 8.13 Delivery would be modelled on the cancer palliative care initiative and involve health authorities and boards in ensuring that all projects complement each other and fit with strategic plans and strategies.
- 8.14 For children, the strategy would be to invest in a range of palliative care options to include support in the community setting, as well as hospice respite breaks: to ensure the range of needs expressed by children, young people and their families are met appropriately, taking into account personal choice and situation and building on the type of care currently offered by the Diana Children's Community Nurse Teams.

Section 9: Childcare

Why is this a priority?

- 9.1 The widespread availability of affordable, accessible and good quality childcare is an important part of any modern society. Childcare plays a crucial part in this country's success – economic and social – and in building stronger communities. It supports people in work, training and education – particularly women who, for the lack of childcare, may often find these opportunities denied to them.
- 9.2 The New Opportunities Fund is currently making funding available to support a massive expansion in out of school childcare places. The aim is to fund the provision of good quality, affordable and accessible childcare in a range of settings, involving the public, private and voluntary sectors. The programme has been, and continues to be, immensely successful and very popular.
- 9.3 The current Fund programme meets wide demand. Childcare development targeted in deprived areas is particularly important, since it helps to provide opportunities for people in those communities. We now therefore propose to provide further funds to support the development of childcare provision in two ways:
- to provide funding to support capital projects that would benefit predominantly pre-school children in socially excluded communities. This would help to create more facilities for childcare, including new nursery buildings and the refurbishment of existing buildings to help expansion, and to provide play areas and/or to buy furniture and equipment; and
 - to provide further support for childcare projects in deprived areas – largely through offering long-term – up to three years – support for out of school hours provision in communities where fewer parents are initially able to pay the full cost of childcare.

What would be the benefits?

- 9.4 Provision of childcare in deprived areas would provide a firm basis for children to enter school, supporting their learning needs as well as expanding their social horizons and encouraging creative play. It would also further increase the childcare choices of all parents, including for example teenage parents and lone parents who face particular difficulties, and assist them into education, training or work. It would additionally serve to promote social inclusion.

How would it work and how would it be delivered?

- 9.5 We propose that New Opportunities Fund develop the programmes using a number of key principles:
- a. Making full use of the experience and expertise of existing local childcare partnerships – made up of representatives from local business, voluntary organisations, the local authority and others. These partnerships are well placed with their wider childcare and early years

responsibilities to offer development expertise.

- b. Building on the Fund's existing childcare programme.
- c. Working with other sources of funding for childcare, and aiming to maximise its contribution to childcare – for example, the resources available to childcare partnerships as well as other public, private and voluntary sector sources.
- d. Ensuring good geographical coverage, whilst also focusing on communities – particularly those in deprived areas and most in need, such as teenage parents.

Capital funding in deprived areas, largely for pre-school children

- 9.6 We are proposing that the programme in deprived areas would provide capital support – in support of or in addition to other sources of capital funding – to build, expand or refurbish provision. It could also be used to provide play areas and purchase furniture and fittings and any other capital equipment.
- 9.7 Significant expansion in this area could be greatly enhanced by the Fund resources proposed. Providers, with support from childcare partnerships, would draw on other sources of funding for capital – such as bank loans or other private, voluntary or public sector resources. Funding would also be available from childcare partnerships to support running costs for new/developed provision. Fund resources could be used to underpin other sources of funding, and ensure there is a broad package of potential support for those seeking to set up new, or expand existing, provision.

Ensuring provision is sustainable

- 9.8 Childcare provision in deprived areas may often need longer term support – up to three years – to ensure it is sustainable long-term. Money from the Fund currently supports out of school childcare provision predominantly for one year. Further Fund resources would ensure that significantly more projects were helped towards long-term sustainability, and should encourage a wider range of projects in those communities to get started and last. Fully engaging childcare partnerships in targeting funding, and helping to direct support into the most deprived areas, is most likely to ensure that funding reaches the projects where it is most needed.

Section 10: Transforming Communities

Why is this a priority?

- 10.1 Lives and environments can be transformed in many ways. Significant improvements to people's quality of life will only be possible if they are able to improve and renew local environments, and to make sustainable changes to their lifestyles. Engaging communities in improving their environment develops community confidence and individuals' skills.

What would the benefits be?

- 10.2 The physical fabric of many towns and villages is neglected. Derelict buildings lie empty which if refurbished could provide new facilities for social purposes, without the environmental damage that new building often requires. In his Urban Task Force report 'Towards an Urban Renaissance', Lord Rogers highlighted the importance of improving the quality of the local environment. The UK recycles less than a tenth of its household waste, less than many European countries, and with consequently more landfill. Climate change is one of the greatest threats to our natural environment. The carbon dioxide released when we burn fossil fuels such as oil and gas is a major contributor to man-made climate change, and emissions from power stations account for around a quarter of the UK total.
- 10.3 To meet these and other challenges we propose that the available funds should be split roughly equally between the following areas to foster environmental renewal. The new programmes would complement the Fund's existing initiative for green spaces and sustainable communities and would be complementary to existing local and regional strategies.
- Resources for local groups would help those closest to the problem to identify, plan and undertake projects to make a real difference to the quality of life in the community, either by improving the appearance and amenities of specific local environments or encouraging more sustainable ways of living, in the rural community as much as in towns and cities.
 - Community sector waste reuse, recycling and composting could expand, enabling people to participate in their communities and providing local employment opportunities in collection, sorting and refurbishment.
 - Renewable electricity generation from crops grown for the purpose and generation from offshore wind would bring forward clean, green technologies which have great potential to contribute to the development of our sustainable energy future through savings on carbon dioxide emissions. Development of energy from crops would also play an important role in developing and sustaining rural communities.
- 10.4 In Scotland there would be a focus on building stronger communities through community projects in particular to rehabilitate drugs users. Drugs misuse is not a sustainable lifestyle. It is strongly correlated with social exclusion and levels of offending that have major adverse effects on communities. In Scotland rehabilitation initiatives are a priority, in particular in deprived communities, to increase chances for former drug misusers to participate in education, training and employment.

How these initiatives would be delivered

- 10.5 **Local environment projects** might support improvements to specific physical features such as public open spaces, the quality and design of the street environment, local heritage features or notable eyesores and help to bring disused buildings into community use. They could also promote more sustainable ways of living by such means as providing a safer, more attractive and encouraging environment for cyclists and pedestrians. Funds would be available to already established local groups. These groups would usually lead the projects, but local authorities would need to be closely involved. Funds would complement rather than duplicate existing regeneration provision, and partnership support would be flexible with volunteer time likely to play an important part. There should be scope to allow funds to be held and managed at local level. The introduction of more strategic funding to support capacity building activity where associated with practical project work could help communities to develop the skills to manage regeneration projects.
- 10.6 **Recycling schemes** would include an expansion of popular kerbside recycling, both in the number of households accessed and the range of materials collected. They would also include home and centralised composting schemes and the reuse of materials and goods. Recycling initiatives would be led by the community sector, working in partnership with local authorities and others, through, for example, partnership funding. This involvement would ensure that schemes would form part of an integrated waste management system for the area.
- 10.7 Funding could also be made available towards the cost of building generating capacity for **electricity from energy crops** and the cost of building **offshore wind farms**. These plants are much smaller than traditional power stations. Grants for renewable energy generation, to a maximum of 40% of eligible costs, could be awarded on the basis of bids submitted by the project proposers. To be eligible projects would need to secure all necessary planning and other consents. Energy crops generators would also need to make arrangements to obtain their fuel supplies from local sources. Views are invited on the split of funding between biomass and offshore wind.
- 10.8 In **Scotland**, projects would explore new kinds of community rehabilitation of drugs users and other ways of building stronger communities. They would link people to education, training, employment and accommodation opportunities. They would complement drug treatment services run by statutory bodies or funded by them. They would develop multi-agency working and focus on the needs of the whole person, not simply on their drug misuse. Schemes and proposals would need to complement what is already being done as part of the national drug strategy and local strategies and plans put together by Drug Action Teams (DATs). DATs are partnerships including health, police, social work, education and employment interests. Social Inclusion Partnerships (SIPs) are represented wherever relevant. Funds would be channelled to local and national groups to manage projects approved by DATs and SIPs where appropriate. Partnership funding might come from statutory bodies through the treatment and care services they provide and through other funders.
- 10.9 The National Assembly for **Wales** is preparing a new concept in community regeneration – Communities First. This is a non-prescriptive approach and is designed to meet needs and priorities determined by communities themselves. It is designed to promote partnerships at local level and will help communities to build capacity for sustainability. In developing and delivering its programme, the Fund would need to work closely with Communities First.

- 10.10 In **Northern Ireland** the New Targeting Social Need policy places a strong focus on resources being targeted at tackling disadvantage and social exclusion. Inner city and town centre regeneration could be achieved by the reclamation of derelict buildings and sites, by improving shop fronts and preserving built heritage. Regeneration could also occur through heritage and improvement of the 'Greater Village' area. Community links could be formed by developing community art pieces to create cultural and historical trails. Projects in the rural community could promote comprehensive and integrated action towards the sustainable and equitable development of disadvantaged rural areas.

Section 11: Awards for All

Why is this a priority?

- 11.1 Awards for All is an existing Lottery funding programme to help support local groups. It aims to fund groups which involve people in the local community or which bring people together to enjoy arts, charities, sports and heritage activities. Grants of between £500 and £5000 are available to help groups to do their work better, to do different things, to involve more people or new people and to create a lasting benefit for communities.
- 11.2 Awards for All is currently supported by the Heritage Lottery Fund, the Arts Council of England/Scottish Arts Council, Sport England/Sportscotland and the National Lottery Charities Board. If the New Opportunities Fund were also able to support the programme, local groups could also apply for health, environment and education projects of between £500 and £5000.

What would be the benefits?

- 11.3 Benefits would include:
- support for community activity, by helping communities to meet their needs through voluntary action, self-help projects, local facilities or events;
 - extending access and participation, by encouraging more people to become actively involved in local groups and projects;
 - increasing skill and creativity, by supporting activities which help develop people and organisations, encouraging talent, raising standards and developing the ‘informed community’;
 - improving the quality of life by supporting local projects that improve people’s health, education or environment, especially those most disadvantaged in society; and
 - creating new opportunities for volunteering.

How would it work?

- 11.4 A wide range of health, education or environment projects could be considered under the scheme. The programme would be designed for local community groups with a particular emphasis on those with an annual income of under £15,000. Most groups would be expected to contribute something towards the project costs, whether in cash or ‘in kind’ eg time, materials, premises, transport, although this would not be a requirement.

How would it be delivered?

- 11.5 In **England**, the programme would be delivered through the nine regional Awards for All offices whose award officers would assess each application. Once assessed each application would be considered by one of the Joint Regional Committees on which the New Opportunities Fund would be represented along with other Lottery distributing bodies.

- 11.6 In **Scotland** the New Opportunities Fund would join Awards for All Scotland alongside NLCB (Scotland), HLF, the Scottish Arts Council and Sportscotland.
- 11.7 In **Wales and Northern Ireland** there is not currently any Awards for All scheme. The National Assembly for Wales considers such an approach to have a good deal of value in increasing access across the community to Lottery funding and will be discussing the introduction of such a scheme with the Lottery distributors. In Northern Ireland a small grants programme might be delivered under the existing Lottery distribution infrastructure based on the advice of a locally based committee – comprising a cross-sectoral membership similar to that operating for the Healthy Living Centre initiative.

Section 12: Consultation

- 12.1 We should welcome comments on anything in this paper. We should especially welcome views on:
- the scope and focus of each initiative;
 - how each relates to the Fund’s existing programmes;
 - how the Fund might deliver the new initiatives most effectively and with which partners;
 - how the initiatives might work alongside other relevant programmes tackling social exclusion;
 - the viability and sustainability of projects;
 - the likely level of local and voluntary sector participation;
 - the benchmarks by which achievements can be measured; and
 - the particular needs of different parts of the UK.
- 12.2 Please send comments by 17 January 2001 to:

New Opportunities Fund Consultation
National Lottery Division
Department for Culture, Media and Sport
2-4 Cockspur Street
London SW1Y 5DH
Email: lottery@culture.gov.uk

If you live in Scotland, Wales or Northern Ireland, DCMS will copy your response to the relevant administration. You may if you prefer respond directly to the relevant administration, in which case that administration will copy your response to DCMS, as well as considering your comments itself. The addresses for comments to devolved administrations are:

New Opportunities Fund Consultation
Arts Culture and Sport
Scottish Executive Education Department
Victoria Quay
Edinburgh EH6 6QQ
Email: nof.consult@scotland.gsi.gov.uk

New Opportunities Fund Consultation
Culture and Recreation Division
The National Assembly for Wales
Cathays Park
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Email: culture.recreation@wales.gsi.gov.uk

**New Opportunities Fund Consultation
National Lottery Branch
Department of Culture, Arts and Leisure
3rd Floor, Interpoint
20-24 York Street
Belfast BT15 1AQ
Email: dcalnof@nics.gov.uk**

- 12.3 Under the code of practice on open government, any responses will be made available on request, unless respondents indicate that they wish their responses to remain confidential.
- 12.4 This consultation paper fulfils the Secretary of State's duty under the National Lottery etc Act 1993, as amended by the National Lottery Act 1998, to consult on the Fund's new initiatives. It is available from The Stationery Office Ltd, PO Box 276, London SW8 5DT, tel orders: 0345 02 34 74, fax orders: 020 7873 8200, and on the DCMS website, <http://www.culture.gov.uk>.

