



Faculty of Public Health

of the Royal Colleges of Physicians of the United Kingdom

Working to improve the public's health

Response from the Faculty of Public Health to the Conservative Party's Public Service Improvement Policy Group Consultation on *The Wellbeing of the Nation - Health*

The Faculty of Public Health welcomes the opportunity to comment on the interim report and consultation on health, *The Wellbeing of the Nation*. We have divided our response into two sections. The first section provides brief responses to the specific questions raised in the consultation document. The second part of our response deals with those areas of public health which are of critical concern and which require prioritising.

Section 1: Responses to specific consultation questions

Would the proposal to create a strengthened Chief Medical Officer's Department provide a more effective focus for public health leadership and accountability?

The Faculty believes that strong public health leadership at the centre is crucial for tackling the UK's public health challenges and health inequalities. The Chief Medical Officers, being advisers *across government and devolved administrations*, are well placed to provide this lead. We would advocate for a strengthening of the Chief Medical Officer's capacity to do this effectively. This strengthening should also be extended to directors of public health in regional government offices.

How can the evidence base of commissioning decisions be improved?

The Faculty supports the view put forward in recent White Papers that evidence provided through public health approaches should be an essential element in commissioning. Key public health inputs such as needs assessments, health equity audits, service evaluations, evidence-based interventions, and health improvement and protection strategies are fundamental requirements for effective commissioning. Local public health teams must have the capacity to provide these essential inputs.

What evidence exists about current and likely patterns of aggregate demand for healthcare services? How can these be influenced?

There are many sources of demographic and epidemiological data on current and future demand, such as that collected by the Office for National Statistics and public health observatories. Again, local public health teams are well-placed to collate and apply these data to their local populations and feed them into the decision-making of commissioning teams. There are also many strategies to influence demand, particularly on hospital services. Not least should be a strong emphasis on prevention, health promotion and self-management of long-term conditions. Public health specialists have an important part to play in this agenda.

What are the likely implications for health policy of the next generation of drugs and treatments currently under development? Do some of these introduce new policy dilemmas? e.g.

a) "Lifestyle medicines"

b) Improved genetic understanding

The Faculty believes that these, and other influences, will increase people's awareness of the importance of healthy lifestyles in promoting health and preventing illness. Genetic profiling will provide people with a clearer understanding of their own personal vulnerabilities and add impetus to their preventive endeavours. All this will increase demand for preventive services including health promotion.

How should the individual's responsibility for their own healthcare be facilitated? What are the implications of better informed patients?

See response above. We envisage that not only will there be an increasing awareness of, and demand for, preventive services, but also for early diagnosis and treatment. NHS (and other) resources will need to shift more towards maintaining people at the 'wellness' rather than 'illness' end of the health spectrum.

How should a commitment to growth be formulated?

The Faculty strongly supports the conclusions of the Wanless 2¹ report that growth in the health sector should increasingly be directed towards health promotion, prevention and self-management, and that social and fiscal policy should continue to work towards reducing inequalities in health through a closing of the poverty gap and improvement in the many wider factors that determine people's health and wellbeing.

Section 2: Prioritising public health – critical areas

General comments

Our first and perhaps most important comment is that this report contains very little on improving public health. This is a missed opportunity, as the Conservative Party's 'aims and values' and current 'policy challenges' are highly compatible with an effective strategy to protect and improve the public's health. Indeed, the Party's aims and values document, *Built to Last*, specifically promotes "action on public health that helps everyone to lead healthier lives, reduces health inequalities, and ensures that demands on the NHS are more sustainable". The Faculty believes that the major causes of ill health in the UK population should be identified and solutions proposed within the manifestos of all political parties.

Should further clarification of any of the points below be required, we would be pleased to provide it, including further details of potential solutions.

Inequalities and health

The Conservative Party has recently launched its *Social Justice* challenge and its *Quality of Life* challenge. Both of these issues are crucial to a modern, equitable health strategy. Inequalities in housing, education, employment status, disposable income, are recognised as wider determinants of ill health and can also act as barriers to accessing healthcare and health services. This has been reflected in the setting of national inequalities targets and the inclusion of prevention in policies such as National Service Frameworks for cancer, heart disease and children, young people and maternity services. However, commitment needs to be broader than the NHS. Tackling inequalities is an issue for everyone. The role of individual responsibility is difficult to separate from societal responsibility, and as outlined above, individuals make choices within the constraints of the resources they have available to them. People who experience disadvantage face significant constraints in the choices that they are able to make. They are more likely to make health-promoting choices if barriers to those choices are removed.

Action should include initiatives to: tackle social exclusion and promote healthy public policy through emphasising the responsibility of local government, particularly through local strategic partnerships. Policies that support and sustain health-promoting environments, ensure everyone has adequate financial resource to live a healthy life, and which promotes human capital (eg. education) are likely to promote and enable healthier choices for individuals.

Cardiovascular health (including overweight and obesity)

Coronary heart disease is the UK's leading cause of premature death. In England alone, more than 110,000 people die each year from coronary heart disease. It also places a substantial financial burden on the NHS. Some of the most important risk factors for heart disease are related to lifestyle – smoking, an unhealthy diet, lack of physical activity. Overweight and obesity are key risk factors for heart disease. The UK is experiencing an 'epidemic' of overweight/obesity, and over the past decade its prevalence has increased markedly in both children and adults. Over half of women and about two-thirds of men are either overweight or obese, with England having the highest percentage of obese adults in the UK. In Scotland, women are twice as likely to die prematurely from coronary heart disease than women in the south east of England. National policies are therefore urgently required to improve access to healthy, good quality, nutritional foods (including fruit and vegetables) at affordable prices, and to promote active lifestyles through affordable leisure facilities and safe routes for walking and cycling, for example.

Action should include measures to: ensure that the food and drink industries act responsibly (through legislation if necessary) by providing a wider range of affordable and accessible low-fat, low-sugar and alcohol-free alternatives, as well as ensuring products are labelled with accurate nutritional information (particularly with regard to fat, sugar and salt content); government should provide funding for the training and employment of more practice nurses and community dieticians to give advice on weight

loss/maintenance in primary care; ensure that local authority leisure facilities are accessible, available and affordable for everyone; and ensure that safe and secure routes are provided for walking and cycling to school and work.

Cardiovascular health is a priority issue for the Faculty. It has produced a wide-range of publications, in partnership with other organisations such as the National Heart Forum, aimed at primary care and public health practitioners, decision-makers and industry on issues relating to cardiovascular health; including *Let's Get Moving*³, *Easing the Pressure: Tackling Hypertension*⁴, *Lightening the Load: Tackling Obesity*⁵, *Salt – a Position Statement*⁶, and *Nutrition and Food Poverty*.⁷ It is currently producing two further position statements, aimed at industry, on *Fat* and *Sugar*.

Smoking and tobacco

Smoking is the UK's biggest single preventable cause of death, and in the top five leading causes of death in the UK, as well as causing severe ill-health and disability in thousands of people. Diseases caused by smoking include many cancers, heart disease, stroke, bronchitis and emphysema, glue ear, asthma attacks and cot death in children. It is the major biomedical cause of health inequalities. Most smokers start smoking this highly addictive drug as children (before they understand the consequences) and about three-quarters of smokers state that they want to stop smoking, including most teenagers (indeed the majority have already tried and failed). The Conservative Party needs to be robust in defending measures to reduce smoking, such as smokefree legislation, as being 'pro-choice' rather than 'nanny state'. It should also support the implementation of the smokefree legislation which will help protect the lives of thousands of workers in the UK.

Reducing smoking uptake, encouraging smokers to quit and protecting non-smokers from passive smoking requires a comprehensive programme of measures including: a complete ban on tobacco advertising and promotion (including indirect forms such as brand-stretching and direct mailing); systematic provision of smoking cessation advice and support, with particular targeting at those on lower incomes); well-resourced and sustained public education programmes and campaigns; and an increase in the legal age for buying tobacco to 18 (as is already the case with alcohol).

The Faculty has long advocated on and supported the campaign for smokefree workplaces and public places in the UK, and is active in highlighting the harmful effects of smoking and tobacco smoke pollution. It has produced a briefing statement on this issue, *Tobacco Smoke Pollution and Health*⁸ which outlines the harms associated with second-hand smoke. It is also a member of the *Clear the Air Coalition*.

Alcohol and drugs

Tackling alcohol and substance misuse offers the chance to reduce ill-health, crime and violence. While alcohol is associated with many enjoyable aspects of life, the burden of alcohol-related harm is considerable and well documented. Responding to alcohol-related problems accounts for a significant burden to the NHS, the police service and social services. Although the numbers of men drinking more than the benchmark for weekly consumption has fallen slightly, this has been the reverse case for women, with numbers drinking more than the benchmark for weekly consumption rising. Binge drinking is particularly harmful and is a common drinking pattern in the UK, particularly amongst young people. It also increase the risk of being both a victim of and perpetrator of violence.

Use of illicit drugs is also widespread in UK and, although causing fewer deaths than alcohol, is the source of a great deal of misery and spoilt lives. Recreational use may be a gateway to more seriously damaging patterns of use. Life in many communities is disrupted by acquisitive and other crime associated with drug use. The harms caused by alcohol and drugs do not fall equally on all sections of society but cause disproportionate damage in those already socially disadvantaged in other ways.

Action should include measures to: discourage alcohol marketing strategies that glamorise drink and encourage excessive consumption, such as 'happy hours'; promote awareness of the harm associated with alcohol and promote drinking patterns that do not harm health; ensure that services for those with drinking problems are readily accessible to those who need them; substantially increase the availability of services for drug users; and ensure the criminal justice system treats drug users in ways that increase the likelihood that they will stop drug use (and stay stopped) and decrease the likelihood that they will be criminalised. This would also require the support of health departments (particularly now that they have responsibility for prisoner health).

The Faculty's view on alcohol harm reduction – particularly in relation to violence – are documented in its briefing statement *Alcohol and Violence*.⁹ and in its responses to the *National Alcohol Harm Reduction Strategy* (in England). The Faculty also supports the call for increased taxation on alcohol.

Mental health

Positive mental health contributes to the social, human and economic capital of our country. Research has also shown that people with mental illness can suffer from a range of physical illnesses; particularly from infectious disease, respiratory illness, cardiovascular disease, malignancy, and are at increased risk of accident and suicide. Parenting has been shown to be an important determinant of positive mental health in the next generation. Schools are a key setting for mental health promotion to encourage self-esteem, self-assertion, anti-bullying strategies, parenting skills, and safe sex. The workplace is another important setting, not only for mental health promotion and prevention of mental illness, but also for occupational health policies to manage mental illness where it occurs, and to promote rehabilitation. The prevalence of mental ill health and suicidal risk in the prison population is extremely high, and it is essential to ensure that prisoners have access to high-quality primary care and specialist mental health services.

Action should include measures to: ensure all schools have adequate training to support children with dyslexia so that they are not failed by the educational system; promote mental health in schools and workplaces; support and train primary care teams to tackle common mental health problems; ensure adequate mental healthcare in prisons; and enable and support people with long-term mental health problems to return to work.

The Faculty has produced a briefing statement on parenting¹⁰ which looks at the importance of positive parenting on good mental health. It also works in partnership with the National Institute for Mental Health in England and jointly hosts with them, a working group on mental health.

Sexual Health

After a period of decline in sexually transmitted infections (STIs), the last few years have now seen a steady (and extremely worrying) increase in new diagnoses, particularly in younger people, of STIs such as chlamydia, gonorrhoea, syphilis and HIV/AIDS. Access to GUM services – which traditionally managed STIs – has become increasingly problematic in recent years. Walk-in services have transferred appointment systems in order to manage increased demand. Studies have shown that wholly walk-in services have almost completely disappeared and waiting times continue to rise. In many areas, open access, community family planning services have also declined in favour of primary care provision.

In order to control STIs at population level, improved access to sexual health services (such as GUM clinics), improved effectiveness of sexual health services (such as partner notification) and timeliness of services (such as reducing waiting times for appointments) in order to minimise duration of infection (and possibly, further transmission), as well as the strengthening of the role of sexual health services in prevention and health promotion are urgently required.

Children and young people

Although there has been a decrease child poverty in recent years, the rates remain unacceptably high. There are also widening social inequalities in some health indicators of child health, for example infant mortality. This is inconsistent with the Conservative Party's aim in *Built to Last*: "to fight social injustice and help the most disadvantaged", particularly as children do not have a choice as to where and to whom they are born. Children and young people are suffering an increase in mental health and behavioural problems (which is now the most common cause of disability in childhood). The impact of family depression, violence and conflict on later child and adolescent difficulties is well known and increases the likelihood of school failure. There are also increasing rates of obesity in childhood and high rates of teenage smoking, alcohol misuse, sexually transmitted infections and pregnancy.

The early years offer a unique opportunity for primary prevention of adverse health, educational, emotional and social outcomes, and for promoting health, wellbeing and human capital. This opportunity cannot be regained later, as by then trajectories of behaviour have become well-established. No child chooses to be poor and the abolition of child poverty should remain a priority for all political parties. The promotion of children's health and wellbeing is essential for a healthy society (particularly in the future) and is likely to be highly cost effective for public services, particularly if focused on early years.

Action should include measures to systematically eliminate poverty in children and decrease social inequalities; co-ordinate and fund an integrated approach to children across agencies; and increase the range and depth of services available to support families of vulnerable children.

The Faculty has produced a briefing statement on parenting¹⁰ which looks at the importance of positive parenting.

Older people

The proportion of the population now over retirement age continues to increase, with many older people being able to look forward to a comfortable, healthy and active old age. However, many others suffer inequalities such as poverty, lack of community services and long waits for certain forms of healthcare. Although there is mounting evidence that disability in older age can be prevented or delayed, older people are largely ignored in current prevention programmes.

Action should include measures to ensure that older people have an opportunity to live an active, integrated life, free of poverty; ensure that older people are not discriminated against in access to effective healthcare; provide more community-based care for older people; and improve the quality of care for older people, especially in nursing and residential homes.

The Faculty's toolkits (see *Cardiovascular Health* above) also include information relating to the healthcare needs of older people.

Communicable disease control and health protection

In the future, changes in environment, climate and lifestyles will alter infectious disease patterns significantly. Challenges for control will include: a likely pandemic of influenza that could cause tens of thousands of deaths in the UK; the threat of a deliberate release of biological or chemical pathogens causing mass casualties; infections acquired in health care settings; antibiotic resistance; potential emergence of food-borne organisms due to mass production methods; erroneous fears about vaccine safety causing decline in uptake; increased longevity; winter pressures on NHS beds from respiratory infections: improved survival from major illnesses and procedures, with earlier discharge from hospital contributing to a community pool of individuals more susceptible to infection; increasing numbers dependent on the hygiene standards of their carers; requirements for adherence to effective infection control policies in prisons and other institutions; emergence of infections with long latent periods such as Hepatitis C; sexually transmitted infections and HIV in young, previously fit people; and the potential for spread of infection with increased global travel. This is in addition to the routine activities of health protection teams in prevention and control of food poisoning (including *E coli* O157), TB, meningitis, *Legionella*, MRSA, hepatitis B, vaccine preventable diseases etc.

The effects of environmental pollutants in air, land, food and water is substantial. The Conservative Party has recently been exploring how best to address global warming, including the issue of 'green taxes': this issue could easily be combined with action to reduce pollutants that affect the health of local people. This is an issue that requires societal action: people do not choose to breathe polluted air.

Action should include measures to: ensure that there are sufficient resources allocated at local and national level to meet current and potential threats; tackle the problems posed by antibiotic resistance and health care acquired infections; prevent and control such emerging and re-emerging diseases as *Hepatitis C* infection, nvCJD and tuberculosis; ensure vaccine supplies and promote uptake; and address pollution, particularly of air.

A more effective National Health Service

The cost of the NHS and the affection the public has for the service make it an important issue for government policy. The last few years have seen tremendous changes in health policy and in structural terms. There is explicit recognition of the health inequalities in the country, the desire to put an end to the 'post code lottery' in health services, and the need to promote modern practices in order to maximise best practice and value for money. NHS staff acknowledge the need to use effective treatments which are provided with humanity, make the best use of resources, and are available to all. Healthcare professionals also recognise the importance of involving the public in choices about the use of health service resources. New technologies offer considerable hope for improving the public's health and there is support for harnessing the available opportunities.

Action should include measures to: build the confidence of healthcare professionals who are demoralised by the 'blame culture' as well as organisational restructuring; ensure that all health service reorganisations are monitored for effectiveness, efficiency, equitable access to all, accountability to the public and responsiveness to need; ensure that health service staff are appropriately trained and adequately resourced; ensure that the private sector does not just 'cherry pick' but also takes responsibility for training/education of staff and participates and contributes to research and clinical governance. Action should also ensure the protection of the public health workforce (as outlined above) and funds to ensure effective delivery of public health strategies.

A robust public health workforce

Whilst the Faculty would agree that individuals must play their part in maintaining, wherever possible, a healthy lifestyle, choosing the healthiest option is, for some, not always possible. As society has advanced so too have the challenges facing public health (as outlined in this response). The Faculty believes that, more than ever, public health, in its broadest sense, is essential to tackling these through health promotion, through prevention and by ensuring that services are in place to support people to make changes to improve their health. Public health professionals are also essential for galvanising local action – a critical element if we are to enable people to take more responsibility for their own health.

However, the problem lies in having a sufficiently robust public health workforce to meet and deliver on this challenging public health agenda. The Faculty conducts each year an annual survey of the public health workforce.² Our findings this year gave us much cause for concern and we believe there is a crisis facing public health capacity in the UK today. Key points highlighted by our report include:

- Reorganisation and restructuring have led to a loss of highly skilled and experienced Regional Directors of Public Health.
- Our 2005 survey of the specialist public health workforce identified a fall of 17% in the number of people working at consultant level in public health.
- Only 36% of primary care trusts in England believe they have sufficient capacity and capability to deliver public health effectively (compared with Northern Ireland and Scotland where 70% and 60% respectively feel they have sufficient capacity.)
- The restructuring of primary care trusts and strategic health authorities could result in 100-150 more senior positions being lost.
- There is a 40% reduction in planned recruitment for public health training posts for 2006. Sources within deaneries also reveal that four of the 13 regions plan to cancel public health training completely for this year.

This is an extremely worrying time for public health in the UK. Our research shows that a drop in senior level staff leads to a reduction in the number of junior people. This ultimately raises questions on how public health can deliver the challenging agenda facing it.

Primary and community care

To achieve a quality primary care system the team needs to be multi-disciplinary and the remit broad to encompass social, psychological and physical therapies. Supporting extended primary care and intermediate care will be complimentary and cost effective. The inverse care law still pertains, meaning that those with greatest needs to be exposed to relatively poor standards of care

Sustained investment is needed to support the public health and primary care infrastructures, the training of public health teams and primary care team members, and the promotion of a public health approach to the practice population. We also need to use information technology to support the development of primary health care and its communication with the rest of the healthcare system.

Transport

Transport can have a wide range of beneficial as well as deleterious effects on health. Positive effects include facilitating access to employment, education, shops, recreation facilities, social support networks, health services and the countryside. Negative effects include: pollution, traffic injuries, noise, stress and anxiety, danger, land loss and planning blight, and community severance. Pedestrian injuries are higher in the UK than in most Western countries. Perceived danger from traffic leads to restrictions on children's independent mobility. Both adults and children in the UK are less active and less fit than previously, increasing their risk of overweight and obesity, heart disease, stroke, diabetes, depression, cancer of the colon and osteoporosis.

Physical activity also improves mental well-being. Walking or cycling to school or work is as effective as an exercise training programme. Noise from traffic is a major nuisance and can cause difficulties with concentration, hearing and sleep. Excess use of motor vehicles, particularly if not fuel efficient, contributes to climate change and energy insecurity in the UK.

Action should include measures to: decrease traffic volumes and develop integrated public transport networks; reduce injuries; promote physically active modes of transport; direct transport investment towards integrated public transport, particularly to rail rather than roads, and the development of communities which are designed to facilitate safer active living (including walking and cycling, and improving accessibility for older people and people with disabilities).

International

Another of the Conservative Party's recent policy initiatives is its *Globalisation and Global Poverty* challenge and *Built to Last* states that "reducing global poverty is a moral obligation" and a "vital contributor to our long-term security". This is equally true for health of the UK public. The Faculty supports action to reduce inequalities as well as reduce debt in developing countries. These actions allow developing countries to provide appropriate healthcare for their populations. Many of these countries have high prevalence rates of HIV and AIDS. Adequate resources stimulate and allow control measures to be implemented. International agencies like WHO need support if global surveillance of disease is to be maintained. Recent outbreaks of rare diseases in parts of Africa illustrate the need to be able to support developing countries to contain and monitor outbreaks with appropriate epidemiological support. Government needs to ensure that adequate numbers of health workers are trained locally.

The Faculty has developed international links with Hong Kong and Australia, and is a key partner in the Europe-wide SPHERE initiative which aims to strengthen public health research in Europe.

About the Faculty of Public Health

The Faculty of Public Health is an authoritative public health body which aims to advance the health of the population through three key areas of work: health improvement, service improvement and health protection. In addition to maintaining professional and educational standards, the Faculty advocates on key public health issues and provides practical information and guidance for public health professionals.

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