

Proposed All Party Parliamentary Group on Health in All Policies

Minutes of the inaugural meeting of the All Party Parliamentary Group on Health in All Policies, held with the UK Faculty of Public Health on Wednesday 29 October 2014, at Portcullis House, Room P.

Present

Debbie Abrahams	MP for Oldham East and Saddleworth
David Ward	MP for Bradford East
Grahame M. Morris	MP for Easington
John Pugh	MP for Southport
Barbara Keeley	MP for Worsley and Eccles South
Jeremy Lefroy	MP for Stafford
Valerie Vaz	MP for Walsall South
John Middleton	Vice-President, UK Faculty of Public Health
Mark Weiss	Senior Policy Officer, UK Faculty of Public Health

1. Debbie Abrahams MP

Debbie Abrahams MP (DA) opened the meeting, informing members of her background as a former public health consultant and Fellow of the Faculty of Public Health, and drawing attention to the well developed evidence base on the socio-economic and wider determinants of health.

While acknowledging the health presence within local authorities, DA emphasised that the purpose of this APPG is to make clear that national policy development must take full account of the importance of the evidence base on health inequalities between different population groups.

DA welcomed and thanked members present for their time and participation in this inaugural meeting and noted that the APPG has received significant support and would easily meet the membership requirements. DA welcomed John Middleton and Mark Weiss from [the UK Faculty of Public Health](#) (FPH) and thanked FPH for providing the secretariat for the APPG.

2. John Middleton, Vice President, UK Faculty of Public Health

John Middleton (JM) presented a brief overview of FPH – a UK wide Faculty and part of the [Royal College of Physicians \(UK\)](#), with a membership of approximately 3,300 public health specialists working across a broad range of settings, including (but not exclusively), the local authority, [Public Health England](#) and academia.

With a breadth of expertise within fields where the health impacts of policy are not always rehearsed, JM mentioned that addressing health across all policies is of particular importance to FPH's membership. FPH is keen to support this APPG in whatever way it is able to, between now and the election (and beyond) led by members' discussion under item four. JM also underscored the often neglected impact of other policies on health e.g. the impact of the drugs agenda on crime.

Acknowledging the challenges both local and national policy makers face in consideration of health impact assessments, JM reflected positively that this APPG provides an opportunity to drive forward an impactful programme of work, and welcomed the support it has already generated.

JM drew attention to FPH’s recently published manifesto, “[Start Well, Live Better](#)”, which outlines twelve evidence based proposals advocated across the political spectrum – some directly within the public health domain and others not, e.g. climate change, the living wage and 20mph speed limits.

David Ward MP (DW) asked whether new legislation must undergo a statutory health impact assessment (HIA). **John Pugh MP** (JP) clarified that while this is not the case, legislation is required, under the Public Sector Equality Duty contained in section 149 of the Equality Act 2010, to undergo an [Equality Impact Assessment](#). DA noted it is a European Commission requirement to undertake HIAs in policy development, and stressed the importance of reclaiming that initiative for the UK.

Members briefly discussed the unintended and detrimental consequences of not thinking through legislation. **Grahame Morris MP** (GM) emphasised the importance of using the best available evidence base to inform decisions and best practice – and of the dangers of reaching decisions based on anecdotal information. GM suggested that it would be helpful to have a cross-party document outlining the evidence base for the optimum way to tackle issues, e.g. alcohol policy.

Continuing the discussion, JM drew attention to the 1978 youth intervention in the United States, “Scared Straight”, a police led programme in which young people were exposed to prison settings with the intention of instilling fear of prisons. However, controlled studies revealed the unintended consequences of this intervention. “Scared Straight” proved to be ineffective and potentially harmful – removing fear of crime and presenting unhealthy role models for young children – ultimately *increasing* criminality.

DW highlighted the “[Born in Bradford](#)” medical research study, which seeks to answer questions about our health by tracking the lives of 13,500 babies and their families. It will provide information for studies across the UK and around the world. The aim is to find out more about the causes of childhood illness by studying children from all cultures and backgrounds as their lives unfold.

JP, leaving for a prior engagement, offered his full support in work moving forwards. JP drew attention to the work of Liverpool John Moore’s University (LJMU) across the public health agenda, and suggested that the team there would be interested to be involved in the work of this APPG. He also referred to LJMU’s work with the Department of Health.

DA agreed, and mentioned her own time working within LJMU. DA recommended that [Mark Bellis, Visiting Professor of Public Health at LJMU](#) would be a potentially useful expert for the APPG in future sessions.

3. Election of Officers

Members voted to appoint the Chair, Vice-Chair, Secretary and Treasurer, as follows:

Debbie Abrahams MP	Chair
David Ward MP	Vice-Chair
Grahame Morris MP	Treasurer
Jeremy Lefroy MP	Secretary

4. Future business

[The Marmot Review – a prism for future work](#)

DA, recognising the time constraints at this juncture in the electoral calendar, focused the discussion on a pragmatic work programme in terms of what is achievable and the evidence that may be gathered. Reflecting on discussions with FPH, DA drew attention to the recommendations of “[Fair Society, Healthy Lives](#)”, by the [UCL Institute of Health Equity](#) under Professor Sir Michael Marmot.

JM welcomed an approach to the APPG’s work that builds on the Marmot Review, and highlighted its contention that addressing health inequalities requires action across six key policy objectives, to:

- Give every child the best start in life
- Enable all children, young people and adults to maximise their capabilities and have control over their lives
- Create fair employment and good work for all
- Ensure healthy standard of living for all
- Create and develop healthy and sustainable places and communities
- Strengthen the role and impact of ill-health prevention (health services)

Valerie Vaz MP (VV) asked about the relationship between the [Black Report \(1980\)](#) into health inequalities and the Marmot Review. JM outlined a history of reports tackling this issue, including the Whitehead Report (1987), the [Acheson Report \(1998\)](#), and Marmot Review (2010) – all of which reached the same broad conclusions. JM noted strong cross-party support for the Marmot Review.

JM confirmed that FPH would be able to offer expert speakers to present evidence on any one of these objectives (JM noted that adolescent mental health may be more challenging but that FPH would think around that one and come up with solutions if needed).

JM suggested that another approach would be for members to agree on a specific area of focus, i.e. town planning, housing, taxation or the welfare system, for which FPH would offer its full support.

DA recommended that members select one area of focus. DW welcomed this approach, and confident that the Marmot Review is a helpful pathway was happy to be guided by JM as to the order of priority. VV also supported this approach, and suggested breaking down the Marmot Review into three key topics, with prevention as the starting point, and with recommendations on what we would like to see happen at the end.

JM proposed as an initial project for the APPG, a summary inquiry into whether the recommendations of the Marmot Review are being implemented. Moving forwards, he noted the question of diary management and ensuring speakers are available to present evidence.

DA felt that it would be helpful to invite Professor Sir Michael Marmot to the second meeting of the APPG in the New Year, to hear an overview of progress made across the six policy objectives identified and the impact this has had on population health. Further to this overarching discussion of the Marmot Review, members discussed specific areas of interest, as follows:

Active lifestyles

Barbara Keeley MP (BK) underscored the importance of addressing active lifestyles, and the critical window of opportunity in the lives of, in particular, young people from socio-economically deprived areas. BK noted with disquiet the implications of the [43% cut in central Government funding of local councils](#) and impact on non-social care services including leisure facilities like pools, gyms and parks.

Against that context, BK highlighted the context in Salford, among the worst areas in the region for active participation in sports – a region that has among the poorest records nationally. BK stressed that addressing this issue is not isolated to addressing the impact of obesity, but extends beyond that to the full spectrum of a young person’s wellbeing, with impacts later in life.

BK also expressed concern at the potential for local planning and development strategies in her constituency to work against the best available evidence. In particular, she underscored the issue of local planning decisions to build across green belt sites, with highly detrimental impacts on health and wellbeing. JM noted that FPH is sponsoring research at present on the development of roadways and motorways, and impact of communities split by concrete.

DA underlined the wealth of evidence for the impact on both mental and physical health of poor planning decisions, and noted that there have previously been good indicators on this. DA noted the importance and challenges of disaggregating data to a local level to monitor for impact.

DA, drawing the discussion back to a national policy level, broader than health, suggested that one route to harness this may be through addressing transport policy and the implications of that on active transport. While not specifically one of the Marmot Review recommendations, this would be of relevance to consideration of health inequalities.

JM, unsure of what existing APPGs or other Parliamentary work is currently focused on this issue, indicated that the built environment, town planning and access to facilities and services are related areas on which there is a wealth of evidence and on which FPH would be able to field experts to present at future APPG sessions. JM recommended the work of Dr Jennifer Mindell at UCL.

Health and Housing

Jeremy Lefroy MP (JL) highlighted the issue of housing design often not being conducive to health – in particular differences in window size between the UK and the Netherlands or Belgium, where windows are larger and offer greater levels of natural light. JL also discussed poor ventilation, often in social housing, which may present damp problems leading to increased levels of asthma.

DA recalled the development of an ultra low energy ‘[passive housing](#)’ estate built in her constituency. This scheme ensures highly reduced energy costs and provides a consistently warm temperature throughout each room, effectively addressing the issue of winter deaths and poor quality circulation and cardiovascular health.

JM stressed the evidence base for the relationship between health, housing and fuel poverty is certainly something that could be explored within a future meeting.

The impact of television and new technology on health

JL was concerned by, and felt it would be helpful to have the evidence base for, the potential of TV and video appliances to have serious long term health impacts related to posture and physiology, eye health and mental health. BK shared these concerns, and noted the negative effect that using laptops, smart phones and other devices has on sleep quality if used within half an hour of sleep.

JM suggested that this might form part of later discussions, and could be considered within FPH’s Research Committee who could give a steer as to what, if any, research has been undertaken. JM underscored a wider issue related to sedentary lifestyles – the re-emergence of rickets related to vitamin D deficiency, identified by [the Chief Medical Officer within her Annual Report 2012](#).

Health and Wellbeing Boards

DW asked whether Health and Wellbeing Boards (HWB), in place since April 2013, (and in 'shadow' operation prior to that point), have been evaluated. JM observed that while there has been a degree of process reporting and case studies (drawing attention to the work of the [Local Government Association](#) in this regard) – it is too early to properly evaluate outcomes or joint working.

Concluding remarks and next steps

DA, drawing these themes together, suggested that further to the APPG's second meeting, at which it is hoped that Professor Marmot and his team will present the latest evidence on work towards implementing the recommendations within the Marmot Review report; members could determine a programme of work moving forwards, including possible future inquiries.

Action point

- FPH to invite Professor Sir Michael Marmot and his team to the second meeting (and organise a date in January for that meeting in coordination with DA).