

Advancing our health: prevention in the 2020s

Faculty of Public Health response to consultation – October 2019

1. From life span to health span

Which health and social care policies should be reviewed to improve the health of: people living in poorer communities, or excluded groups?

The Faculty of Public Health (FPH) welcomes the focus on Prevention and the recognition of the importance of Health Inequalities and we commend the Department of Health and Social Care for this approach.

In the re-drafted Prevention Paper, there should be a greater emphasis on the social and economic determinants that have such a profound impact on peoples' health and inequalities in health. There is some recognition of the importance of inequalities in income, education, housing, transport and opportunities but these factors should be brought centre stage to reflect the true impact they have on the health of the nation.

Poverty remains a significant problem in the UK with 50% of children living in poverty not reaching "school readiness" by school entry. Given that the Healthy Child Programme is nationally mandated it is essential that effective interventions are available and delivered locally to address the concerns identified through the Healthy Child Programme.

High quality affordable childcare and early years' provision is particularly important for the most vulnerable families with low incomes/receiving financial benefits.

Additionally, nutrition strategies that include the quality of school food (especially high schools), takeaways and their location, nutrition and allergen labelling on all food eaten outside the home and access to free tap water refills.

2. Intelligent health checks

Do you have any ideas for how the NHS Health Checks programme could be improved?

There has been good progress made in this area and this should be recognised and applauded. The focus of the green paper is enhancing the number of years that people live in good health. There is clear evidence that people in areas of economic deprivation are likely to experience ill health earlier than people in more affluent areas. We propose the greatest impact for individuals and the population can be achieved through targeted interventions. The NHS Health Checks programme should be marketed to the sections of the population who are least likely to attend using evidence-based health communication approaches and local health intelligence.

We consider that the NHS Health Checks can play an enhanced role in preventing and acting on treating lifestyle alcohol-related conditions; it is important to take advantage of this opportunity. Health Checks can also identify problems like dementia and frailty and have potential to link to Social Care priorities.

3. Supporting smokers to quit

What ideas should the government consider to raise funds for helping people stop smoking?

The FPH welcomes the ambitious goal of going smoke-free in England by 2030. In terms of methods of raising funding to support smoking cessation, the FPH would support substantial levies on the tobacco industry (the 'polluter pays' principle followed in France and the US), and continuing and rising duty levels on tobacco products, with this income being specifically targeted at smoking cessation programmes, such as the

provision of better nicotine replacement products and NHS support. However, the focus should be on preventing individuals starting to smoke as much as enabling individuals to stop. Incrementally increasing the age that individuals can buy cigarettes by one year, every year has the potential to reduce cigarette consumption to zero in a generation at little cost.

The unborn child is probably the most negatively affected by tobacco consumption in society today. 25% of low birthweight is attributable to smoking in pregnancy, with long-term impacts. Any promotion or access of e-cigarettes to children must be eradicated since their impact on the unborn child is currently unknown, but nicotine and developing neurones should not mix.

More generally, government should investigate ways of including smoking cessation into existing service contracts, so it becomes part of business as usual within current financial envelope rather than something bespoke. For example, medicines management teams in the hospitals could offer nicotine replacement therapy as part of their ward rounds. We also recommend the work we are collaborating on with Royal College of Anaesthetists and Royal College of Surgeons on pre and post-operative prevention programmes for patients. This could have a major impact on reducing smoking and saving costs to the NHS.

4. Eating a healthy diet

How can we do more to support mothers to breastfeed?

The Government should consider a dedicated infant feeding lead for England.

On a macro level, the social and physical environment should be changed to support rather than discourage breastfeeding. The UK should adopt legislation to protect rights of breastfeeding parents at work.

Including nutrition and infant feeding as a mandated element in the national curriculum, with the necessary support for teachers to offer accurate advice, would be beneficial (e.g. Rise Above for Schools from Public Health England). Nutrition is also poorly covered in many medical school curricula.

Additionally, all 'baby bags' given to new mothers should not contain any goods or materials that could discourage breastfeeding or encourage artificial feedings.

How can we better support families with children aged 0 to 5 years to eat well?

Create an ambition to make the UK the best place in the world in which to be born. Providing e-learning materials. This would include information about regular meals, with family members modelling good nutrition, no snacks, no sweetened drinks, no food rewards for good behaviour. Ideally this individual approach is complemented with community approaches to increasing access to healthy foods – both restricting access to high fat, sugar and salt foods (HFSS) and encouraging access to more fruit and vegetables and healthy meals. The 'sugar tax' should extend to baby food and milky drinks and such food should be required to display nutritional content, with clear, accessible labelling.

The FPH would support a ban on all advertising of HFSS before the 9pm watershed on television, cinema and radio. This will reduce children's exposure to HFSS advertising and in turn reduce their calorie intake; will drive further reformulation of products; reduces risk of displacing advertising spend; is easy for advertisers and regulators to understand; and is easy for parents and guardians to understand.

Children at risk of obesity for example those with limited movement, those on obesogenic medications, some children with sensory processing disorders will require specific personalised programs to prevent obesity. There are opportunities to learn from cities which have had success, such as [Amsterdam](#).

The FPH agrees that a National Food Strategy is an important approach to food sustainability and security.

5. Support for individuals to achieve and maintain a healthier weight

How [other than a brief intervention and providing advice in primary care] can we help people reach and stay a healthier weight?

Embedding MECC principles within the workforce and encouraging professional group uptake of 'raise the issue of weight' training, along with supporting the co-commissioning of services across the weight management pathway.

The Green Paper noted: 'There is a role for government to create the environment that makes healthy choices as easy as possible, and to address the conditions that lead to poor health. This could be through laws, regulations and incentives.' Further funding of cycling and walking, above and beyond that of the Cycling and Walking Investment Strategy, is crucial.

Government can alter the fiscal and regulatory environment in which people can exercise options and make decisions, and a sharper focus on this responsibility would have been welcome in the consultation document. Additional actions to prevent obesity and reduce weight in people who are already overweight or obese include:

- 20mph speed limits as a national measure, which would eventually shift societal norms
- Transport planning that puts people before vehicles and pedestrians at the top of the planning and funding hierarchy, with single occupancy private motor vehicles at the bottom
- Transport infrastructure design and implementation that puts people before vehicles and pedestrians at the top of the planning and funding hierarchy, with single occupancy private motor vehicles at the bottom
- Increased funding for safe routes to schools, school walking (and cycling) buses, cycle parking
- Motor vehicle-free zones around schools
- More physical activity embedded in the school day
- More signposting information available on the alcohol, calorie and nutrient content of alcoholic drinks.

6. Staying active

Have you got examples or ideas that would help people do more strength and balance exercises?

This is more orientated towards adults, but the school curriculum should have a minimum of 60 minutes of aerobic exercise per day with three days including strength development. This should be implemented in ways that create enjoyment for children. After school sporting activities should all be easily accessible. The use of school premises during school holidays and weekends for sport and exercise should be further explored as it is an underused community resource. Primary Care Networks Social Prescribing Schemes should include programmes that provide individual and group **strength and balance exercises**

Can you give any examples of local schemes that help people to do more strength and balance exercises?

[Let's Talk About the F-Word: Preventing Falls](#) – Healthy Shropshire.

7. Taking care of our mental health

How can we support the things that are good for mental health and prevent the things that are bad for mental health, in addition to the MH actions in the green paper?

Good mental health is underpinned by a range of factors including adequate incomes, good education, housing, public transport and facilities for walking and cycling, increasing physical activity and reductions in high fat, sugar and salt foods (HFSS) intake. There is a role for the whole of Government in mental health; this may be at the local level, which the Prevention Concordat is doing, but also at a national level through a 'health in all policy' approach. The Faculty welcomes the inclusion of health in all policy and recommends a specific focus on mental health through a cross-government approach to consider mental health impacts

within all government policy. Mental health impact assessments are useful tools to support this at both national and local levels.

Focussing on mental health issues early in life is crucial. Initiatives such as the Wellbeing of Future Generations Act in Wales and the Wellbeing Budget in New Zealand are worth consideration. The [Birmingham Mental Health Policy Commission](#) recommended Treasury responsibility for holding all spending departments to account for investment in early prevention. There is evidence that investing in mental health promotion and prevention interventions can [save public money and improve mental health outcomes](#). These interventions should be scaled across the country immediately. The local public health system in LG is best placed to co-ordinate delivery and would require specific ring-fenced programme monies for each of these interventions.

More specifically, funding should be made available to support programmes such as Connect 5 MH promotion training programme, MH first aid and dementia friends' programmes.

Have you got examples or ideas about using technology to prevent mental ill-health, and promote good mental health and wellbeing?

Throughout the document, the language and tone focusses on individuals, specifically that of 'personalised prevention'. The FPH would maintain that in preventing long term conditions, addressing social and commercial determinants of health requires greater prominence. While we welcome the potential for using new technologies to help improve health, we remain concerned that additional methods and measures will be even more important to assist people who, for whatever reason (including mental ill health), aren't starting from a position of digital literacy. Apps are useful tools to be used alongside, not instead of services. We are particularly concerned about how older people's needs will be met, those with chronic disease who might have their ability to engage digitally compromised, homeless people, people without access to mobile phones or internet. 'Smart public health' tools have the potential to cultivate a two-tier disease prevention service. We would also seek assurance that that potential digital solutions are evidence-based and are measuring what is important, rather than what is easily collectable.

This notwithstanding, there are resources available to support people, alongside the provision of well-resourced mental health services:

- The NHS-accredited [Best Beginnings](#) app includes films and advice on perinatal mental health.
- [Self-harm support and suicide prevention app](#) developed by Bristol University.

8. Sleep

What would help people get 7 to 9 hours of sleep a night?

Adequate amounts of sleep are essential during childhood. Sleep deprivation has adverse effects on school achievement, mental health and growth. Sleep patterns are established throughout childhood and parents often require advice and support to enable their children to adopt good sleep patterns. The emergence of the digital age and 24-hour seven days a week active internet has caused difficulties for many teenagers who find it difficult to 'switch off'. This is compounded by Internet engagement using gambling strategies of regular rewards to engage children with games that have little or no health value. The Faculty proposes a national campaign promoting and encouraging good sleep hygiene and reducing the use of electronic devices before sleeping.

9. Prevention in the NHS

Have you got examples or ideas for services or advice that could be delivered by community pharmacies to promote health?

Community pharmacists could have far bigger role in ensuring appropriate prescribing after the NHS Health Check to ensure the 'effector' arm is strengthened (e.g. statin prescription for high CVD risk). Community

pharmacists could play a substantial role, including being involved in the MECC agenda, care home services, healthy lifestyle advice, weight management services, BP services, Cholesterol services, sexual health services, smoking cessation services as well as their wider role in medicine provision. A new pharmacy contract should assist with this.

Prevention in the NHS is much broader than pharmacies. The Faculty of Public Health have extensive evidence on the [role of prevention in the NHS](#).

10. Children's oral health

What should the role of water companies be in water fluoridation schemes?

The Faculty supports the evidence-base that recommends ensuring adequate fluoride supplementation in water supplies to prevent tooth decay in areas that have high levels of tooth decay. Tooth decay and poor oral health is one of the highest causation factors in hospital admissions amongst young children. The reviews of clinical effectiveness by [NICE and PHE in 2016](#) showed that fluoridation produced the best return on investment for oral health improvement programmes for 0-5 year olds.

If fluoridation is not being implemented or in addition to fluoridation we would like to see effective oral health programmes that ensure all children brush teeth regularly with fluoride toothpaste

11. Musculoskeletal conditions

What would you like to see included in a call for evidence on musculoskeletal health?

A better understanding of the aetiology leading to more focus on research aimed at preventing effects of musculoskeletal problems and disease. Particularly in early adult hood and those likely to experience a lifetime of pain and disability without early intervention.

12. Creating healthy spaces

What could the government do to help people live more healthily: in homes and neighbourhoods; when going somewhere; in workplaces; in communities

In general: Government should focus on health and well-being as a major element of policy. Government should ensure that there is health and wellbeing considerations in all policy and develop realistic measures that can be used to track health and well-being over time, with a minister responsible for coordinating cross departmental policies relevant to health including future health for example climate change, antibiotic resistance and future epidemics.

In homes and neighbourhoods: there is a role for national campaigns, for example around 20mph speed limits. Street design needs to be better focussed on people rather than motor vehicles and there should be stronger enforcement of excessive emissions from vehicles. Promote the 'Daily Mile' especially for children and include Schools in what the Government can do.

When going somewhere: focus on improving facilities for walking and cycling, and better enforcement of excessive emissions from vehicles; focus on local, regional and national transport.

In workplaces: funding the national coordination of schemes such as the health at work charter.

13. Active ageing

What is your priority for making England the best country in the world to grow old in, alongside the work of Public Health England and national partner organisations?

The priority should be assisting people to live longer, healthier, happier, independent lives, with more disease-free years. This aim will be supported by building better neighbourhoods; neighbourhoods that meet the needs of older people and people with impairments, and the wider community. This also links to safer environments and encourages community engagement that prevents loneliness and isolation.

Explore the possibilities of encouraging greater contact between young people and older people in local communities, for example school kitchens making meals for older people, delivered by pupils, supported by adults. Effectively increasing cross generational social capital for young people and reducing loneliness for old people.

14. Prevention in wider policies

What government policies (outside of health and social care) do you think have the biggest impact on people's mental and physical health? Please describe a top three

1. Tackling **poverty**, which has myriad effects on health. There are over 14 million people in poverty in the UK with impacts including poor diet (food poverty), warmth (fuel poverty) and poor mental health. One in three children in the UK live in poverty and this figure is projected to rise by 2021/22. Poverty rates are highest in: lone parent families (47%); those with more than 2 children (43%); households where no one is in work (70%); ethnic minorities (45%); and in those where there is a disabled member (48%). The key drivers of poverty highlighted by the [Joseph Rowntree Foundation](#) include debt repayments (usually to public authorities) benefit delays / sanctions and high living costs of which housing costs are a key element. Measures to address poverty are largely absent from the Green Paper.
2. Addressing the **shortage of affordable homes**, which is contributing to a crisis of homelessness. Families on typical incomes are over-dependent on insecure and expensive private rented sector, which has more than doubled as a sector since 2001. There are 268,000 homeless people in England (2018), including 123,000 children; with 80,000 families in temporary accommodation. Rough sleeping has increased, and concealed homelessness is growing, with 1.2 million households on the council house waiting lists in 2017.
3. **Planning and funding transport** and creating neighbourhoods for people that enhance prevention and improve health. This approach will also link to improved air quality and tackle climate change.

15. Value for money

How can we make better use of existing assets – across both the public and private sectors – to promote the prevention agenda?

Extending the healthy child programme to 24 allows young people to engage with health services to examine and improve their health. This generation has high digital expectations, including those for health information. Information and apps need to be supported by best evidence and 'kite-marked' to allow the making of rational, evidence-based choices.

Government has a unique power and locus to influence the public health agenda, and the sugar levy has shown what can be done. Language should also focus on 'investments in health' rather than 'subsidies'. There should be a requirement across departments and agencies to prioritise spending on prevention, particularly spending that reduces socio-economic inequalities. Departmental pooled budgets would be one way to start addressing this. The consultation document does acknowledge the need for a cross-government approach and ideally this should be the responsibility of the Cabinet Office, with the input of HMT, Home Office, DfT, DfE, DHCLG, DWP, DHSC and others. All have highly legitimate roles in prevention, whether in a health gain context or other contexts. Additionally, the NHS and wider public sector should, at the heart of everything they do, consider cost effectiveness and returns on investment when making decisions about priorities.

The NHS and public sector generally should be beacons of best practice-promote sustainable development and healthy lifestyle everything from on-site solar panels, well insulated buildings, zero emissions transport,

promoting a living wage and reducing inequalities, healthy menus using locally grown foods, where appropriate on-site childcare, easy access to recreational exercise, promote walking/cycling to work.

16. Local action

What more [in addition to the shift towards Integrated Care Systems] can we do to help local authorities and NHS bodies work together?

The integration and analysis of data on wider determinants of health with health and social care data should be the starting point. Beyond this, Local Authorities and NHS bodies should be provided with adequate funding to provide an environment in which people are able to live healthier lives, as well as better funding to run smoking cessation support, health visiting, sexual health, and all the other functions they need both to support individuals. Public health specialists operate at the interface of health and local government services and can and should be a key part of making this happen.

17. Sexual and reproductive health

What are the top 3 things you'd like to see covered in a future strategy on sexual and reproductive health?

Sexual health: reduction of sexually transmitted infections across the sexually active life course (especially, reducing Chlamydia and late diagnosis of HIV). This would start with better evidence-based education in schools regarding relationships, sexuality and reproductive health.

Reproductive health: increasing more effective access to LARC as a first choice. A more joined up approach to commissioning sexual and reproductive health services, both on a geographical level and between public health and CCGs.

A **personalised programme** that enables young people to become 'experts in sexual and reproductive health' along the lines of 'expert patients' - knowledgeable, safe, competent and practical.

The significant role of factors linked to health inequalities i.e. poverty, obesity and associated lifestyle choices i.e. sexual behaviour, drug and alcohol intake are important to consider in the development of any future strategy.

18. Next steps

What other areas (in addition to those set out in this green paper) would you like future government policy on prevention to cover?

It is critical that the Government commits to sustainable long-term public health funding. The Faculty of Public Health has advocated for an additional £1bn of funding to invest in public health services and for the Government to work with the public health community to ensure new Green Paper commitments are fully costed, funded and implemented.

Prevention of ill health requires action by national and local government to alter the environment in which people make their day-to-day decisions. It is the external factors, including education, income, and the legislative and built environment, that shape people's options. Personalised prevention is part of the answer but, as stated in the Prevention Green Paper 'There is a role for government to create the environment that makes healthy choices as easy as possible, and to address the conditions that lead to poor health. This could be through laws, regulations and incentives.' In that context, areas of focus for future government policy on prevention should be:

- Eradication of poverty.
- Alcohol: the recent research findings on [minimum unit pricing on alcohol pricing in Scotland](#) indicated the success of minimum unit pricing. We need a systematic approach to alcohol risk screening and

intervention, including training of healthcare staff, and clear referral pathways. Alcohol causes significant harm to excluded groups (people sleeping rough, people leaving care, ex-offenders, and Gypsy, Traveller and Roma communities).

- Drug misuse, including opioids.
- Air pollution.
- Fostering a 'culture of health' throughout education.
- Clarify role of social prescribing to include helping individuals deal with impact of poverty and alleviate it where possible.
- NHS leading as a healthy workplace.
- Smoking cessation.