

TITLE OF REPORT: Government Green Paper “Advancing our health: prevention in the 2020s”

Purpose of the Report

1. To seek the views of the Health & Wellbeing Board on the Government’s Green Paper “Advancing our health: prevention in the 2020s”.

Background

2. The Government published its Green Paper <https://www.gov.uk/government/consultations/advancing-our-health-prevention-in-the-2020s/advancing-our-health-prevention-in-the-2020s-consultation-document> in July, and consultation runs until the middle of October.
3. The Green Paper describes the 2020s as “the decade of proactive, predictive, and personalised prevention”, which means “targeted support; tailored lifestyle advice; personalised care; and greater protection against future threats.”
4. There have been a number of commentaries on the Green Paper, including reactions from the President of the Association of Directors of Public Health¹, the King’s Fund² and the Health Foundation³. These generally give a mixed response, welcoming areas such as the recognition that health should be treated as an asset to be invested in over the lifetime, and ambitious targets on smoking and childhood obesity, but also offering a number of criticisms. These include the failure to address the need for a strategic, long-term, preventative approach, too much of a focus on individual lifestyles rather than creating the conditions that allow people to lead healthy lives, and the absence of recognition of the need to invest in prevention.
5. The consultation itself is based around a series of specific questions on topics covered in the Green Paper. There is no open comment section or email address for responses, just an online form to complete, with a limit of 250 words per question.

Proposal

6. Given the approach the Government is taking to the consultation, we have identified a number of themes that we propose to use to underpin our responses to the individual questions. These are:

¹ <https://www.themj.co.uk/What-price-timidity/214263>

² <https://www.kingsfund.org.uk/blog/2019/07/public-health-spending-blog>

³ <https://www.health.org.uk/news-and-comment/news/a-healthy-economy-needs-a-healthy-population-to-power-it>

- Recognition of the need for action on the wider determinants of health, with investment in public services to address these;
- A population approach to prevention across the life course, rather than a focus on individuals taking action on lifestyle;
- A clearer focus on reducing inequality based on the Marmot 'proportionate universalism' principle;
- For our responses to take account of our Thrive strategy;
- That producing appropriate evidence-based policy is vital but must be supported by effective implementation of that policy.

These will be captured explicitly in the response to the first consultation question

7. It is proposed that the Health and Wellbeing Board asks the Director of Public Health to finalise and submit a response to the Green Paper building on the attached outline, by the closing date of 14 October 2019.

Recommendations

8. The Health and Wellbeing Board is asked to consider and discuss the draft response set out in Appendix 1, and to request that the Director of Public Health finalises and submits the response on behalf of the Board in consultation with the Chair.

Contact: Gerald Tompkins, Consultant in Public Health, Gateshead Council (0191) 4332914

Advancing our health: prevention in the 2020s – OUTLINE DRAFT response

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

- The Government's approach to prevention needs to move away from a focus on individual responsibilities and the 'choice' narrative and towards population approaches.
- The priority policies to be reviewed to improve the health of people living in poorer communities and excluded groups extend beyond those related to health and social care to those which influence the wider determinants of health, as argued in Fair Society Healthy Lives for example. This is covered in more depth at Q17.
- A clearer focus on reducing inequality based on the Marmot 'proportionate universalism' principle – for example the universal call/recall system for screening could be adapted in areas of low uptake.
- Appropriate, evidence-based policy is key, but more important is the effective delivery of this policy – for example the NHS Plan's commitment to systematise and scale up the NHS's role in prevention has not yet been agreed (?) or implemented.
- An evidence-based Social Care Green Paper which is fully integrated with health care policy should be produced as a matter of urgency, and the resources to implement it secured.
- Local Authorities need adequate funding to tackle wider determinants and the NHS needs funding, for example to invest in primary care in areas with the poorest health.

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

- Our response will address issues including targeting, greater flexibility linked to local need, and the need for action to support change.

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

The Government should impose a mandatory "polluter pays" levy on tobacco manufacturers and importers, to raise funds to help pay for the recurring costs of implementing the evidence-based comprehensive approach to tobacco control. This would allow population level measures to create smokefree environments to drive down smoking prevalence by reducing uptake and supporting smokers to stop. In line with WHO Framework Convention on Tobacco Control Article 5.3, this should include no partnership with the tobacco industry.

4. How can we do more to support mothers to breastfeed?

- Our response will cover the need for investment in support for mothers through the NHS, as well as through early help services in the community, and training;
- There is still a need to normalise and support breast feeding and enable parents to make informed choices - in line with the UNICEF call to action on infant feeding.

5. How can we better support families with children aged 0-5 years to eat well?
 - Our response will focus mainly on the wider determinants that need to be addressed to enable all families with children to eat well and the proportionate universal approach to support families in need.
6. How else can we help people to reach and stay at a healthier weight?
 - Our response will focus mainly on the wider determinants in the environment that have led to the growth in levels of excess weight and obesity, and the need for whole system approaches to prevention.
7. Have you got examples or ideas that would help people to do more strength and balance exercises?
 - We will cover awareness of the importance of exercise, the need for a systematic approach to identifying risk, brief interventions, and investment in community services.
8. Can you give any examples of any local schemes that help people to do more strength and balance exercises?
 - We will give examples of local Otago and Staying Steady classes which target those who are identified as at risk of falls or frailty with the aim of increasing their physical and mental wellbeing and supporting their ability to stay independent for longer.
9. There are many factors affecting people's 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 mental health actions in the green paper?
 - We will focus on the wider determinants of health which underpin many of the protective factors for good public mental health. This will require investment in communities and local services;
 - There needs to be a joined-up approach to potentially vulnerable people and those with complex needs;
 - We will acknowledge the need for action on physical health for those with mental ill health, including smoking, alcohol and physical activity.
10. Have you got examples or ideas about using technology to prevent mental ill-health, and promote good mental health and wellbeing?
 - No local examples but will stress the importance of evidence of effectiveness for population level prevention before costly implementation.
11. We recognise that sleep deprivation (not getting enough sleep) is bad for your health in several ways. What would help people get 7 to 9 hours of sleep a night?
 - Stress is major factor in insomnia so need action at population level on major causes of stress, such as having a secure home, secure income;
 - Need to promote better public awareness and understanding of the health harms of lack of sleep, its causes (including caffeine and nicotine consumption, screen

use, lack of exercise, the menopause, etc) and what people can do to address these.

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

- All pharmacy staff should have the skills to provide brief interventions on smoking, alcohol, mental health, physical activity and falls prevention, healthy eating, weight management;
- Services that could be provided through pharmacies include smoking cessation, weight management, sexual and reproductive health (not just emergency hormonal contraception), blood pressure testing and hypertension management (example: British Heart Foundation project in Gateshead and Newcastle).

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

- Current role of water companies should continue, with Local Authorities and the Secretary of State responsible for decisions on fluoridation, and water companies responsible for implementation. Query the need for local determination on fluoridation which should be universal (excepting private supplies).

14. What would you like to see included in a call for evidence on musculoskeletal (MSK) health?

- Evaluation of the implementation of NICE guidance on MSK;
- Impact of reductions in access to professions allied to medicine.

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

- We will highlight population-level, policy and environmental interventions across the life course on tobacco control, alcohol and obesity, based on the principle of proportionate universalism;
- It should revitalise the social housing sector (and regulate the private sector more robustly, including rent controls), invest in and promote active travel and public transport, discouraging car use in urban areas. It needs to safeguard and extend access to green space for all, favour local business growth and protect high streets rather than support out-of-town developments. It needs to reduce poverty;
- It needs to invest in Local Government and schools;
- We would welcome a New Zealand style focus at national level on the long-term impact of policies on the quality of people's lives rather than on short-term output measures. Should all public bodies have a statutory duty to promote health and wellbeing through their decision-making?

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

This question gives us 6 options to choose one from:

- Support people with staying in work
- Support people with training to change careers in later life
- Support people with caring for a loved one
- Improve homes to meet the needs of older people

- Improve neighbourhoods to meet the needs of older people
- Other:

We suggest 'other', with a focus on tackling ageism.

17. What government policies (outside of health and social care) do you think have the biggest impact on people's mental health and physical health? Please describe a top 3:

- Austerity – gains in life expectancy have stalled and there has been a widening in inequality. The cuts to LA funding have reduced support for essential preventative services crucial to action on the wider determinants of health – employment, education, child care, housing, transport, etc.;
- The changes to the welfare system in recent years, for instance Universal Credit, have negatively affected the physical and mental wellbeing of many people. Universal Credit in particular has impacted on people's financial security, health and wellbeing, social and family relationships, employment prospects, and on support staff and the wider health and social care system. Because these impacts have predominantly fallen on those in most need they risk increasing poverty and inequalities. These policies should be reviewed to ensure they are less punitive and support those in most need to thrive;
- Need to invest in Early Help children's services and focus on the prevention of adverse childhood experiences.

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

- We need investment in protecting and promoting those assets, particularly in the community sector to them;
- Support workplace health promotion schemes;
- More flexibility in commissioning/procurement rules to permit investment in recognised assets;
- This requires investment in Local Authorities.

19. What more can we do to help local authorities and NHS bodies work well together?

- Commit to the 'primacy of place' as a key principle that should underpin joint working and integration initiatives across local government and the NHS, where 'place' refers to natural LA boundaries;
- Align NHS commissioner geography to that of upper tier and unitary local authorities;
- Then end the constant (especially top-down) change in NHS structures which hinders development of constructive long-term relationships that are essential to joint working (in the 'forming-storming-norming-performing' cycle it is hard ever to get past 'storming' before we get sent back to 'forming' through a restructure);
- Align NHS Planning requirements and cycles more closely to the annual budget round within local government where public consultation on LA proposals takes place in October/November and budgets are finalised in February for the forthcoming year;
- Ideally, there should be one planning submission for the NHS to NHS England at Place (LA) level rather than individual submissions from NHS commissioners and providers currently;

- Promote, support and facilitate a focus on the local 'Place' £, as distinct from different organisational £'s at place level;
- Support a greater focus on LAs and NHS working together to improve the wellbeing of communities most in need and enabling those communities to Thrive.

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

- A strategy should provide the mandate and necessary resource to ensure a fully integrated response to SRH and include:
- Pooled budget/clear joint commissioning arrangements set out between LA's, NHSE and CCGs including regional commissioning or combination approaches between LAs that are 'natural neighbours' to realise savings;
- highlight relationship & opportunities to work between broader PH strands and poorer SRH outcomes e.g. mental health, offender health, substance misuse, existing inequalities – pathways between services.

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

- Alcohol: including implementation of minimum unit price; public health should be added as a licensing objective; further focus on delivery of brief interventions in the NHS and other agencies; change the relationship between Government and the alcohol industry in line with the evidence; increases in alcohol duty to fund the costs from alcohol related harm;
- Drugs: action on drug-related deaths should be a national priority; recognition of links between organised and violent crime and drug misuse; harm from cocaine; need to review national policy on heroin-assisted treatment and supervised consumption;
- Gambling – the health harms arising from gambling need to be recognised; there is very limited availability of treatment for gambling addiction;
- Review of regulation for alcohol and gambling advertising and sponsorship;
- Adverse Childhood Experiences;
- Violence – a public health approach to violence is required. Apply learning from Glasgow, Chicago and other cities.