

Lincolnshire Health and Wellbeing Response to the Advancing our health: prevention in the 2020s Green Paper

The green paper on prevention, published in July 2019, is a missed opportunity. It lacks the required ambition to bring about significant changes to people's health and wellbeing, and to reduce the health inequalities.

On the plus side, we agree people have responsibility to act for themselves and we welcome the focus on seeing health as an asset. However this message needs to be reinforced with the public through a comprehensive marketing campaign which promotes and encourages people to adopt healthier lifestyles to reduce the risk and impact of ill health and disability in later life.

Digital technologies have the potential to improve the way services and support is provided, especially in rural or non-urbanised areas. However it is not appropriate in all situations and we feel the green paper over emphasises the use of digital solutions to the detriment of more tangible actions.

We welcome the continued focus on mental health and need to achieve parity of esteem but feel the aspiration to 'close the prevention gap' should apply across all the topics highlighted in the green paper. We would therefore like to see any future white paper have a more prominent focus on how to close the prevention gap.

The green paper fails to address many of the pressing issues and provides no clarity on how future interventions will be funded. In particular the paper:

- Provides little reference or discussion on the role of local government and where it could fit with a national wellness service. The paper has a health/NHS focus and any future white paper needs to recognise the key role local government has in supporting the prevention agenda, particularly around the wider determinants of health;
- Lacks decisive action and in some cases refers to the need for further evidence before changes can be made (e.g. food labelling). This is just adding further delay, there is a wealth of evidence to support the need for preventative actions, so now is the time to act;
- References the important role and impact legislation and regulation can have in enabling societal change, for example smoke free environments and banning advertising of tobacco products, but the paper lacks any clear commitments on supporting people to eat a healthy diet;
- Fails to clarify future funding arrangements. The paper makes reference to the need to move the focus from treating conditions to preventing ill health, but Public Health funding continues to be reduced. There needs to be a fundamental shift in how resources are allocated by, for example, adopting a 'wellbeing budget' approach (similar to New Zealand);
- Only provides scant reference to carers and young carers despite the wealth of evidence of their value, their challenges and the economic consequences if we lose their care contribution or their skills from the workforce;
- Offers support to the 'worried well' and people who will actively engage in their personalised prevention. However, there is an element of the population who are passive and don't engage; these are often the people who need the most help, so proposals need to consider how to engage the hard to reach.

Formal responses to the specific questions set out in the green paper are provided below.

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

If the ambition is to build a health and wellbeing index which is used as a fundamental part of decision making across government, then all policies, strategies and budgets should have prevention, health and wellbeing at the centre of decision making. This should not just apply to health and social care but should be applied across all government departments.

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

In Lincolnshire, the uptake for the NHS Health Check programme is one of the highest in the country. It is delivered by General Practices. Whilst we recognise that we have high uptake, we know there are certain groups of our population where the uptake is not as high. We welcome the evidence based review of the programme and the scope that is to be included in this, for example, options for making it more focussed and reviewing what is covered in the NHS Health Check. With an increasing digital focus to how people access services, it is good to see the review will look at how these approaches can be used in the NHS Health Check programme. It will be useful for the review to look at how the NHS Health Check programme links with other commissioned services, for example, the National Diabetes Prevention Programme (NDPP).

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

Smoking remains the leading cause of premature death and health inequalities. Whilst we support the ambition for a 'smoke free' England the focus must be on discouraging people from taking up smoking or supporting people to quit completely rather than shifting to e-cigarettes. The green paper references the steps that have been taken to reduce smoking but does not put forward any new proposal on how the smoke free ambition will be delivered.

The All Party Parliamentary Group (APPG) on Smoking and Health report on 'Delivering the vision of a smoke-free generation' concluded that additional sources of funding and central government regulations are essential if declines in smoking prevalence are to be maintained and increased. Specific recommendations the government should consider are:

- ***Making the polluter pay*** – impose a 'polluter pays' levy on tobacco manufacturers and importers, to raise a fixed amount of money to help pay for the recurring costs caused by tobacco such as high impact, evidence based measures to encourage smokers to quit, and discourage youth uptake.
 - Distinct recurrent funding for regional tobacco control activity, particularly in areas that do not have a regional tobacco programme in place.
- ***Retail tobacco licensing*** – to support enforcement activity against underage sales and illicit tobacco, by banning the sale of tobacco from unlicensed retailers or those who break the law.
 - HMRC should fund regional trading standards activity to help tackle the illicit trade in tobacco unless or until a levy is put in place to require the tobacco manufacturers to pay for these costs.

How can we do more to support mothers to breastfeed?

The reasons why women choose not to breastfeed or are unable to continue are complex, and there is no simple solution. There is a need for an effective and supportive midwifery team and health visiting service, with staff who are appropriately trained in relational and empathetic practice. This is the foundation for improving breastfeeding rates across the population. Increasing investment in these services would allow additional staff time for training and development and for supporting new mothers. There also needs to be national

leadership/promotional campaign to promote/encourage breastfeeding friendly environments, and to challenge/address the cultural and societal norms about infant feeding.

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

Voluntary codes of practice to reduce the levels of sugar and salt in food have been in place for a number of years, and whilst food manufactures have reduced levels more decisive action is needed to protect the future health of babies and young children. Urgent legislation is required to improve the nutritional content of commercially available baby food and drinks

Also, rather than focusing on individual choice, the structural and environmental factors which constrain choice need to be addressed. There is a clear social gradient to childhood obesity and healthy diet. This implies that the required support is fundamentally economic and financial. A redesign of the benefits system and universal credit aimed at increasing support for the most vulnerable families would be expected to have a positive impact on inequalities in childhood diet and obesity. Legislation on reformulation would also be expected to be effective.

The green paper recognises the importance of providing parents with accurate nutritional information on food packaging to help raise awareness and enable people to make informed choices. Proposals to consult on improving the marketing and labelling of infant food is adding unnecessary delay and immediate action should be taken to mandate a front of packaging traffic light system.

How else can we help people reach and stay at a healthier weight?

The emphasis and ambition in the Healthier Weight section of the green paper is limited. The Foresight Report documents the many factors and challenges we face when interacting with this agenda. Eating a healthy diet alludes to a focus on making healthier choices easier choices. Academics and the Chief Medical Officer (CMO) have endorsed the Whole System Approach (WSA) and some of the examples of actions cited resemble a 'tobacco control' approach to obesity where legislation, regulation, enforcement, re-design, support and information can be used to bring about change, but more structural changes are needed.

Reference to trailblazers is positive but suggests further delay. We already know what works – Healthy Towns, EPODE and now the WSA have demonstrated numerous ways to impact. The important role local government has in creating 'place' and supporting people at a local level is not recognised in the green paper. This role needs to be fully supported and endorsed by national policy.

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

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

Physical activity needs to be valued as both preventative and therapeutic, i.e. exercise as a medicine. We therefore support the review of the current guidelines by the CMO (due September 2019).

We agree that more needs to be done to support older people, those living with health conditions and people on low income in deprived areas, to be more active. The new digital design challenge for strength and balance exercises needs to be appropriately resourced and supported by a major social marketing campaign. We also welcome the focus on encouraging active travel.

We are however, disappointed that no reference is made to the role of local government or

sport partnerships play in developing the local offer/sense of place/community which promotes and supports a more active and healthier lifestyle.

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?

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

The emphasis needs to be on the positive impacts rather than the negatives, therefore the focus should be on promoting good/positive mental health:

- Community connectedness i.e. looking after neighbours, being engaged with the local community, feeling valued.
- Tackling loneliness and isolation (particularly in predominantly rural areas like Lincolnshire). Whilst digital technologies can help (e.g. utilising the NHS secure online consultations system) it is not a substitute for community solutions such as befriending, community groups and social support provided by local government or third sector organisations.
- Provide children and young people with lessons in money management/budgeting to help reduce debt, gambling and money worries which can have a significant impact on a person's mental health.
- Reduce the stigma of mental health by encouraging people to talk to each other about how they feel and any concerns they have. Businesses, large organisations, local government and schools etc. all have a role to play in this.
- Actively promote Every Mind Matters.

In terms of using technology:

- Develop the Every Mind Matters website into an app.
- Develop an NHS online/app talking therapies service, like 111 but for those suffering from mental ill health.

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?

The green paper correctly states this is an important issue which has been ignored for too long. We have asked Professor Law, University of Lincoln, Sleep Studies and Medical Statistics Sleep School, to contribute to this response. His opinion is:

There are a number of myths about sleep, the most prominent being the 8 hour myth. Each person needs a different amount of sleep, and feeling under pressure to achieve a certain amount can itself cause sleep problems – which the green paper perpetuates by saying we need 7-9 hours. The overall population does require something like that, but individuals are all different. This needs to be given more consideration.

The Royal Society of Public Health has developed the slumber number – which allows individual differences. This should be explored.

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

Community pharmacies provide a vital local service and any expansion in their role must be built into the NHS Long Term Plan and the development of integrated care models.

Much of the thinking in the green paper is very NHS focused, i.e. deficit based and service provision orientated rather than being asset based, self-care and empowering. There needs to

be greater emphasis on shifting the resource from treating ill health to prevention and maintain good health.

In Lincolnshire, the Carer Friendly Pharmacy project is providing training to pharmacies to identify, signpost and provide information to carers of all ages.

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

It is not just about the role of water companies, there is also a broader leadership role that both national and local government need to play in reviewing need and equity of provision.

Barriers to fluoridation are not simply financial; there are additional barriers relating to user acceptability and this is a perceived risk for local politicians. Government support to highlight the desirability of expanding fluoridation schemes would be helpful.

The role of water companies should be:

- Monitoring and evaluation of fluoride levels
- Exception reporting to local authorities on service provision
- Building user acceptability of fluoridation through promotion of this service and the benefits of it through their marketing and publicity material.

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

The Global Burden of Disease Study identifies MSK as one of the main causes of disability. We welcome the 'call for evidence' to raise the awareness of MSK conditions and support the focus of this. This increased awareness will be useful for a wide range of audiences, including the public, employers, employees and health/social care professionals. The Lincolnshire Health and Wellbeing Board's Joint Health and Wellbeing Strategy has a number of priorities that have an important role in the prevention and management of MSK conditions, for example, physical activity. MSK is one of the topics in the Lincolnshire Joint Strategic Needs Assessment (JSNA). The 'call for evidence' will help with the refresh of this JSNA topic which will inform local plans/service developments. We recognise that there is limited routine data available on MSK and therefore welcome enhanced data recording to enable a greater understanding of the scale of this issue to help focus preventative interventions.

This is not just an issue for working age people and we could start implementing the well understood evidence in NHS acute care to shift patients towards self-care and away from the 'magic joint injections and arthroscopy' culture that seems to be prevalent.

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

We are pleased to see the green paper recognises the need to look at existing homes and not just new builds. Resources to improve homes and neighbourhoods however need to follow to enable this. There has been no government funding for housing renewal since 2011.

Although disabled adaptations is mentioned there is no reference to what the government is going to do about the independent review of Disabled Facilities Grants (DFGs).

Reference is also made to green spaces, NHS Healthy New Towns and the Clean Air Strategy, but there is only limited acknowledgement of the role spatial planning system can play in addressing these issues, for example health impact assessment of new developments; restricting unhealthy businesses (betting shops, off licenses, food takeaways), opportunities to build physical activity into everyday life in and around homes. Links have also not been made to the Stronger Towns Fund.

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 the national partner organisations?

It is impossible to prioritise one of these over any other – all are of equal importance.

Support offered by the state to individuals when they can no longer work is missing from the list, it seems very focused on keeping people in work and less about a genuine welfare state, there to protect and support people when they can't work any longer.

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

There needs to be a fundamental shift in how resources/budgets are allocated which moves away from treating sickness to funding health and wellbeing. The New Zealand government has a wellbeing budget aimed at building wellbeing into all policies and services and consideration should be given to how a similar approach could be adopted in England.

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

The green paper sets out the case for investing in prevention – for every £1 spent on public health interventions, there is an average £14 of benefit to the wider society – which supports the argument to invest in prevention measures. To make better use of existing resources requires a shift in how funding is allocated which is a national government decision and not local choice.

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

Consolidation of the various different pots of "integration" monies into one devolved health and care budget to local areas overseen by Health and Wellbeing Boards.

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

- Develop a national free condom scheme using pharmacies, pick up points, condom vending machines, postal provision linked to digital services. Utilise the current PHE plans on preventing STI transmission. Remove VAT on condoms. Increase digital sexual health services and self-test provision to all age groups for a wider range of tests.
- Consideration to rurality as many areas of good practice and consequent policy making are city centric - especially related to London. Recognition of the issues around access to services, poor local transport infrastructure, costs and working patterns in a mainly agri-business economy with low paid workers, especially economic migrants.
- Introduce social value indicators alongside KPIs and ROI technology.

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