

Department of Health and Social Care. Advancing our health: prevention in the 2020s—consultation document

<https://www.gov.uk/government/consultations/advancing-our-health-prevention-in-the-2020s/advancing-our-health-prevention-in-the-2020s-consultation-document>

Questions relating to content:

Introduction Chapter

Which health and social care policies should be reviewed to improve the health of: people living in poorer communities, or excluded groups? Please restrict your answers to 250 words.

Chapter 1

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

Should be based on firm evidence – see recent Cochrane Review.

A major concern is the staffing crisis. Vacancies need to be filled and then hard-pressed staff may have more time to promote health.

Extend beyond the age of 74

Chapter 2

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

Raise more from the tobacco industry

Health lottery to fund services

How can we do more to support mothers to breastfeed?

The Institute of Health Promotion and Education strongly supports breastfeeding.

Do more to normalise breastfeeding starting with many more Positive images of mothers actually doing it – soap operas, TV in general, magazines.

Put greater efforts to support women at home in the early stages of breastfeeding through combinations of health worker (midwife) and volunteer/buddy support

Require workplaces to provide appropriate accommodation for mothers who need to express milk at work

Advice and support should be provided to families in the antenatal and postnatal periods to encourage breastfeeding.

Environments including workplaces should be made conducive to breastfeeding. Barriers to breastfeeding in public places should be minimised.

Breastfeeding should be an important element of a national long term public health strategy. The strategy should encourage policies and legislation that support breastfeeding and include appropriate training for health professionals.

Breastfeeding should be included as one important element of health education programme in all schools.

Funding is needed for local peer support groups

Marketing campaigns for promotion of breastfeeding – as the ‘normal’ not the exceptional.

Work must not just focus on the mother but also include male partners. In some sections of the population there is still much resistance on the part of men to partners breastfeeding with breasts being seen as primarily sexual objects and women are put under pressure to bottle feed. This is a largely unspoken and ignored area but persists.

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

The Institute of Health Promotion and Education strongly agrees with nutrition experts - “the ongoing battle to reduce childhood obesity must be fought on several fronts”. For this epidemic there are no “silver bullets” or quick fixes. A multifaceted campaign is needed supporting children and their families and at the same time, tackling obesogenic environments.

We urge the Government to take the following 10 important steps to tackle the childhood obesity epidemic:

- I. Create a long term child healthy eating strategy that is matched to the scale of the problem.
- II. Continue with reformulation of food including adjusting portion sizes.
- III. Apply subsidies for healthier options and taxes on less healthy products.
- IV. Improve food labelling. The traffic-light system should be compulsory.
- V. Regulate marketing and promotion.
- VI. Promote healthy food in key settings including hospitals and schools.
- VII. Increase the promotion of breastfeeding.
- VIII. Ensure all staff undertaking health education in schools are trained and supported.
- IX. Ensure that doctors and nurses are trained and have sufficient time to act on this issue.

X. Give adequate resources to Directors of Public Health so that they can coordinate, train and galvanise key professional groups.

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

A multifaceted positive healthy eating strategy is needed that targets different settings. Locally this should be led by Public Health Specialists. Make efforts to change snacking culture. Childcare facilities should provide appropriate low/no sugar/low fat snacks if required.

Address low incomes which make it difficult to eat well

Put greater efforts into changing obesogenic environments

Increase safe cycle lanes

Begin to change ideas that celebrations must be accompanied by high calorie cakes and biscuits. There are initiatives in schools in the Netherlands which can be learned from.

All local authority and NHS settings to ensure they offer and promote healthy choices – in sports centres for example

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

Clarity and communicate more effectively the current best evidence on exercise for health

Increase social prescribing to enable people to try out new activities

Encourage development of 'Walkers are Welcome' status in communities where walks of varying distances and difficulties are on offer

Ensure that there is sufficient time available for exercise in schools and increase opportunities for enjoyable exercise which is attractive to more young people: eg dance.

Local authorities to fund outside gyms.

Community facilities and activities for example: Village in Yorkshire with a mix of activities: Walking for Health; Walkers are Welcome; cricket and football for children and adults; volunteer working groups to maintain green spaces; development of a greenway for walking and cycling; activities within

the primary school; exercise equipment next to children's playground; Zumba and Zumba gold classes; etc. There are many examples all around the country – they have been mapped many times!

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?

A wide range of local organisations, including public, employers, patient and community groups need to be brought together so that they have a shared vision for mental health. Public health specialists could do this - but in many areas, more resources are needed.

Schools are an important setting. Teachers and school nurses are crucial, but will need training and support so that they are confident and competent.

Services for young people with mental health issues need to be improved so that they do not have to travel long distances to access them or wait for long periods.

Tackling the cause of young people's mental health issues: lessen the pressure on young people to always have to succeed to a high degree and follow a certain prescribed life path of good exam results, university, good job etc. Unfortunately this is not possible for all young people, different life paths need to be not just considered but promoted by schools and society to change this culture instead of making young people feel like failures. Life needs to be made more enjoyable and less pressurised.

It is essential that junior doctors undertake training in mental health prevention and treatment.

Allotments – there are waiting lists in almost all areas. Make it mandatory for local authorities to match capacity to demand. There is evidence that working outside, growing things etc is good for mental as well as physical health

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

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?

Quieter streets in many urban areas

More controls on night flights in the region of airports
Overnight respite for people with significant caring roles
Acceptance of recommendations to keep 'screens' out of bedrooms
More time in the day in natural environments and sufficient exercise
Less stress arising from work, lack of work, financial and family worries
Sleep clinics to share their learning with general practice and with general population.
More awareness of sleep problems associated with menopause and benefits of HRT to help with this.
Employers to be educated on sleep problems and be flexible around starting times and hours worked, to make reasonable adjustments for employees with problems.

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

Cholesterol, BP, BMI, alcohol intake, activity level screening – (general health check and advice re guidelines) social prescribing

Chapter 3

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

Need to implement the national policies

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

The important topic of accident prevention, for example we can now draw upon a considerable base of evidence of effectiveness and should be firmly included in the new health strategy. A comprehensive plan has been developed by the Royal Society for the Prevention of Accidents in conjunction with many eminent organisations including the Royal College of Paediatrics and Child Health and the Faculty of Public Health. However, what is needed now is firm government support to ensure that this plan is fully implemented.

Strengthening evidence base for pilates/yoga strength and flexibility exercises and promote and publicise these, add these to GP prescription schemes.

Make Physio Works exercises, the exercise regimes used by physiotherapists open access.

What could the government do to help people live more healthily:

In homes and neighbourhoods

Comprehensive health promoting settings should be developed, for example:

- Health Promoting Schools
- Health Promoting Hospitals
- Health Promoting Workplaces

These should be funded and supported by Public Health Specialists.

Thompson S R, Watson M C, and Tilford S. The Ottawa Charter 30 years on: still an important standard for health promotion. *International Journal of Health Promotion and Education*. 2018,56(2), 73-84. <https://www.tandfonline.com/doi/abs/10.1080/14635240.2017.1415765>

Watson, M. Going for gold: the health promoting general practice. *Quality in Primary Care*. 2008; 16:177-185. <https://pdfs.semanticscholar.org/c1b6/3555f6b033effdc0062235adb7bab3de43>

Address air pollution, support the creation of more pedestrianised streets so that children can play outside more than is currently taking place

Schools to show that they are actively encouraging walking to school as the norm

When going somewhere

Maintain rural transport so that families are not forced to make most journeys by car; reward car sharing to work

In workplaces

A national Health Promoting Workplaces scheme needs to be developed
It should be funded and supported by Public Health Specialists.

There needs to be more work with employers to be made to provide permanent work for the learning disabled and those on the autistic spectrum. It is a disgrace that such a small percentage of people in these groups are in employment. Whereas the rhetoric is that they should work there seems to be no checks on whether individual employers provide work for these groups or indeed actively discriminate against them. The introduction of PIP has seen many removed from benefits at the same time that permanent work is still denied to them. A recent study showed that 48% of disabled people lived in poverty, the lack of access to work in the central factor in this. (Social Metrics Commission Measuring Poverty Report 2019)

In communities

It is positive that the green paper has a commitment for the NHS “to move from a national treatment service (focused on illness) to a national 'wellness' service (focused on creating good health).” We were surprised however that health promoting hospitals were not mentioned as this approach would ensure that health promoting environments are created that are not only positive for the patients but also for all the staff that work in them. We have long advocated for health promoting hospitals and health promoting general practices.

Do more to encourage workplaces as health promoting settings in line with the Ottawa Charter

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?

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
If other, please specify

All the above are priorities. In improving neighbourhoods becoming dementia friendly is being addressed quite widely but not everywhere. Making environments and meetings accessible to those with hearing and sight issues is also urgent. The former group are widely ignored.

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

Enhance health education and promotion training for all health and social care workers

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

The Institute of Health Promotion and Education were pleased that the crucial roles that Directors of Public Health play in public health including having an impact on the wider determinants of health was highlighted. Directors and their teams could stimulate and coordinate action in different sectors. But they will only be able to realise their potential if substantial improvements to their budgets are made and protected so they have adequate resources for the scale of the current and future public health challenges.

The Department for Health, NHS E and NHSI should work together – if they act as one voice it will support effective collaboration locally
Potentially there are many opportunities for doctors, nurses and other dedicated staff to be involved in health promotion but in many cases this will not be turned into reality if investments are not made. A major concern is the staffing crisis. Vacancies need to be filled and then hard-pressed staff may have more time to promote health.

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

1) Public health specialists in LAs need to be adequately funded so that they can coordinate all local services.

2) A coordinated strategy is needed for each LA. It should be promoted and evaluated.

3) The IHPE welcome the fact that health education is now compulsory for schools as of this September and PHE are creating resources for schools via 'rise above' with the PSHE Association. However it is essential that trainee teachers to have a module on health education/PSHE as an integral part of the teacher training syllabus, which isn't the case at the moment.

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

A positive health strategy is required that creates a culture that supports health and for this to be achieved we need a fundamental change of approaches. To clarify, the strategy needs to include:

- a focus more on health rather than healthcare;
- a focus more on population health rather than individual lifestyle;
- evidence-based approaches;
- funding that is adequate for the significant tasks;
- firm political commitment at a national level.

Engaging primary care (GPs and others) in health promotion

The health strategy should also focus more on evidence-based approaches rather than simplistic "silver bullets". The important topic of accident prevention, for example can now draw upon a considerable base of evidence of effectiveness and should be firmly included in the new health strategy. A comprehensive plan has been developed by the Royal Society for the Prevention of Accidents in conjunction with many eminent organisations including the Royal College of Paediatrics and Child Health and the Faculty of Public Health. However, what is needed now is firm government support to ensure that this plan is fully implemented.

We would like the new health strategy to be far more ambitious. One that creates a vision for health, recognises the complexity of public health issues, as well as developing structures and a culture for health. Such a health strategy should be targeting three goals:

1. to lengthen lives,
2. improve the quality of lives, and
3. ensure that no one is left behind.