Advancing our health: prevention in the 2020s

No.	Question	Proposed Response*
		From life span to health span
1	Which health and social care policies should be reviewed to improve the health of: people living in poorer communities, or excluded groups?	Government itself should adopt a health and wellbeing in all policies approach, so that health improvement is owned by every department along with a stronger focus on addressing inequalities. Health and social care policies need to take into account the interconnected nature of prevention, treatment and recovery, with only 10% of health outcomes being due to healthcare. There is need for further emphasis on the role of safe, affordable and accessible housing, with strengthened joint commissioning of hospital to home discharge schemes, and the role of community health and social care workforces in supporting vulnerable individuals living in housing conditions which pose health risks. Clear pathways are needed to ensure policies are joined up around housing and housing support.
		Intelligent health checks
2	Do you have any ideas for how the NHS Health Checks programme could be improved?	Currently performance monitoring focuses on activity (% of population invited, % of population receiving health check) rather than outcomes (patients experience as a result of having a health check). We would welcome new national requirements for performance monitoring including outcomes e.g. diagnoses as a result of health checks, referrals to behavioural change services. Such evidence could help address issues of GP engagement. Review the evidence about health checks frequency to ascertain if it would be more cost-effective, whilst clinically appropriate, to increase the time interval, given GP practice capacity is a factor in the number of health checks undertaken. Explore the possibility of intelligent Health Checks, including integrating within existing systems e.g. text messages with a link to a digital health check for people who do not attend. If the digital check highlights a high-risk score, automatic invitation email asking the person to make an appointment for a full health check.

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		There are overlaps between different health checks (NHS Health Checks, learning disability checks, serious mental illness (SMI) checks, prison health checks) and different funding streams (Local Authorities, Clinical Commissioning Groups, NHSE/I). This means eligible populations may be getting the same checks more than once. Eligibility could be reviewed to align these checks better e.g. people who have SMI checks may not need to be invited to NHS health checks. (The prison cohort was recently removed from the NHS health check eligible population cohort for this reason.) More national promotion of NHS Health Checks to increase awareness and uptake.
	Supporting smokers to quit	
3	What ideas should the government consider to raise funds for helping people stop smoking?	To raise funds for helping people to stop smoking there are a number of approaches. 1. Polluter pays in a similar way to companies that have an impact on the environment and the tobacco industry to pay for their impact on health. With the economic work carried out by Action on Smoking and Health there is now a standard benchmark of the cost of tobacco in local areas. As this work is based partly on smoking prevalence then it equates to the needs of local populations. Therefore, revenue collected via this approach could be reinvested based on need. 2. Tax increases on tobacco and tobacco products are known to be effective at reducing smoking prevalence. This revenue could be reinvested in local prevention work, in particular to support enforcement activity to control the supply of illicit tobacco which is increasingly becoming a problem.
	Eating a healthy diet	
4	How can we do more to support mothers to breastfeed?	Strengthen guidance about the commissioning of breastfeeding support pathways which are properly joined up across all parts of each local authority and local Clinical Commissioning Groups. The development of a multi-agency pathway that involved all key stakeholders could reduce duplication and ensure equity of access to support across Integrated Care System footprints. As per the World Breastfeeding Trends Initiative (WBTI), implement recommendations regarding: • *Indicator 1 National policy, programme and coordination* ○ UK government to support establishing a high-level, sustainable UK-wide Infant feeding (IF) group for policy leads and special advisors in IF, to share good practice.

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		o Government to set up a national, sustainable, strategic IF committee, with multi-sectoral representation, coordinated by a high-level funded specialist lead. • *Indicator 9 Infant and young child feeding during emergencies* o Government to develop a national strategy on infant and young child feeding (IYCF) in emergencies that is integrated into existing emergency-preparedness plans.
5	How can we better support families with children aged 0 to 5 years to eat well?	• The national Healthy Start vitamins and food vouchers schemes are underutilised and overly complex to use. A review is needed to improve practical access for these schemes by families in need through use of existing community assets. • Nutritional guidance for this age group is difficult to translate into practical steps for early years providers and families alike. There is need for a practical real-life approach, with a strong focus on the family. • Whole systems research shows that "one size fits all" is not effective. Therefore local initiatives need to work closely with families to understand their barriers to healthy eating, and work on community led solutions to overcome these. This strengthens the case for further investment in local government public health childhood obesity prevention. • Our most deprived families tell us they are under pressure, they are time poor and on a tight budget – The government needs to continue and strengthen its interventions within the food industry, to extend choice by making healthy options more available to the most disadvantaged families. Our families most affected by childhood obesity tell us they know what a healthy diet looks like, but don't feel empowered to make healthy choices. There needs to be a strong focus through the trailblazer programme on the behavioural, social, environmental and economic factors which would enable a healthy diet.

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		Support for individuals to achieve and maintain a healthier weight
6	How else can we help people reach and stay at a healthier weight?	Greatest investment in research and implementation is needed at the level of the family, particularly building in positive accessible opportunities for good diet and moving more as a norm for every family. Investment across all tiers of weight management support is needed, along with a joined up commissioning pathway between Local Authorities and NHS. This requires greater NHS investment in effective tier 3 services and bariatric surgery. Associating weight management with positive messages around aspirations for health and wellbeing is necessary to overcome ongoing stigma around body image and weight, and a narrative of blame. Greater attention, through research and effective interventions is needed to address underlying mental health as a driver for detrimental health behaviours leading to obesity. Consideration should be given to how emerging Primary Care Networks can use link workers and social prescribing to help develop health coaching skills, which provide consistent practical messaging on healthy weight, and link people to local opportunities for healthy activity and social inclusion. Strong and consistent support from government is needed to collate, synthesize and share the emerging research evidence on effective approaches to healthy weight, to allow local investment to build on strong foundations of effectiveness. Additional structured support is needed to strengthen investment in both evaluation and sharing of learning from local initiatives, such as the childhood obesity trailblazer programme.
		Staying active
7	Have you got examples or ideas that would help people to do more strength and balance exercises?	In Nottinghamshire the County Council commission a programme of evidenced based strength and balance exercise called ENGAGE. One way in which this has increased participation is through investing in the skills and qualifications of independent exercise instructors who then run their own classes under the ENGAGE programme which is coordinated and quality asked by the councils commissioned provider.

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		The challenge recruiting Older Adults on to strength & balance classes is often heightened (not exclusively) within areas of Socio-economic disadvantage. There is opportunity increasing referrals through proactively identified those at risk using primary care and social care data and then supporting access for those at risk of social isolation and frailty through health coaching skills and social prescribing. One suggestion would be for a network of 'Health Champions' to be developed whose role would be to identify, promote and recruit suitable attendees for a range of Healthy Living initiatives including strength & balance. Focus would also be on inter-twining key strength & balance activities (e.g. 6 key exercises) into daily life - at work once aged 55 in conjunction with free 'drop in' classes. Equally, strength & balance tasters could be inter-woven into existing activities that Older Adults attend such as Bowls, Bingo, Walking, Golf etc as part of a formal warm up or warm down.
8	Can you give any examples of any local schemes that help people to do more strength and balance exercises?	The ENGAGE falls prevention exercise programme is funded by Nottinghamshire Public Health and delivered by the commissioned obesity prevention and weight management provider across all districts in Nottinghamshire. This group based, progressive falls prevention exercise programme incorporates evidence-based OTAGO principles and Postural Stability exercises (PSI). The sessions are led by specially trained exercise leaders/instructors in a range of community settings such as leisure centres, retirement complexes and village halls. There are also some sessions held in residential nursing homes. Participants can self-refer or be referred by a Health or Social Care Professional. All participants have an initial 1:1 with an instructor to ascertain their current strength and balance, allowing the instructor to measure progress at regular intervals. Homework booklets are given out to encourage regular exercise in between sessions and instructors regularly promote other holistic falls prevention messages such as awareness of home hazards and importance of regular medication reviews. The sessions are open to new participants and always end with a social element to promote cohesion and group dynamic. There are currently 22 sessions running across Nottinghamshire.

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		To date this programme has reached an estimated 350 older adults, with **over 75% of participants have stayed the same or improved their strength and balance** (across the 3 functional assessments at 26 weeks that are used to measure strength and balance). The challenges to overcome include recruitment from most deprived areas, and scale up to reach a greater proportion of the at risk population.
	Taking care of our mental health	
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?	A preventative approach across the life course is key to improving mental health. At a community level there needs to be a supportive asset based approach recognising, enhancing and where necessary the positive development of communities. Within communities, green spaces have a positive impact on mental health, wellbeing and encourage physical activity. Ensuring that planning based approaches incorporate safe green spaces is crucial. During infancy and early years ensuring both maternal and parental good mental, in particular addressing Adverse Childhood Events via the extension of the Routine Enquiry about Childhood Adversity programme. Preventative approach in schools needs to ensure that good mental health and resilience is supported via curricula development and ensuring that physical activity is part of this. With the inclusion of the most vulnerable groups including children with learning disability and their carers. This could build on the mental health support teams pilot in schools, ensuring a proactive and preventative approach is taken. A focus on children being safe online and supporting both children and parents to understand and implement protective barriers to prevent the impact of trolls and bullying. For the adult workforce a joined up approach to support businesses to ensure staff wellbeing would enable a wider reach of support programmes. Along with positive support for carers who are in work.

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		Those who have experienced a suicide have an increased risk of taking their own lives and need timely, tailored and structured support. There is a need to mainstream suicide prevention work funding, particularly bereavement support.
10	Have you got examples or ideas about using technology to prevent mental ill-health, and promote good mental health and wellbeing?	The application of research into practice is crucial in this area. Numerous apps have been developed however, roll out and application is inconsistent. The use of technological solutions needs to be underpinned by training of staff in the support of these and promotion of the approaches. All apps should be identified as NHS/Public Health England approved and have a quality assurance mechanism for reassurance for the public and the population that they are based on evidence. In Nottinghamshire an online counselling service Kooth has been commissioned. Kooth enables children and young adults to access online mental health services. The online counselling and emotional well-being platform for children and young people is accessible through mobile, tablet and desktop and free at the point of use. As part of the universal offer to young people, Nottinghamshire County Council have commissioned the 'health4teens' website which signposts young people aged 13+ to local services available to support their emotional health and wellbeing needs. In addition, as part of the delivery of the Nottinghamshire County Council commissioned 'healthy families programme' Nottinghamshire Healthcare NHS Foundation Trust provide 'parentline': a parent to clinician texting service so that parents requiring mental health support can gain rapid access to a health visitor. Both technologies offer first line preventative support aimed at ensuring early intervention when an issue arises.
	Sleep	
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?	The importance of sleep for good health and wellbeing needs to be more widely understood across professional groups and standardised training across health education and social care. Sleep habits develop at a young age and new parents need to be supported in developing good sleep routines. There are various apps that could be used for example, Sleep Cycle and Headspace – that are promoted by some universities.

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		Prevention in the NHS
12	Have you got examples or ideas for services or advice that could be delivered by community pharmacies to promote health?	As part of the promotion of the 'healthy start' scheme, Public Health within Nottinghamshire County Council will be engaging community pharmacies in the distribution of healthy start vitamins and the provision of healthy start advice for pregnant women and parents of children up to the age of 4. Nottinghamshire County Council commissioned NHS Health Checks outreach service is delivered by a pharmacy that visits workplaces of local employers and undertakes on-site NHS Health Checks for eligible staff. The new flu service for frontline County Council staff is delivered by a pharmacy at our main office buildings and residential homes/day care centres. There is also an Emergency Hormonal Contraception service that our pharmacies provide, as well as the C-Card Scheme
		Children's oral health
13	What should the role of water companies be in water fluoridation schemes?	Local Authorities are currently tied by statute to water fluoridation schemes and the water companies that operate them, which although contract managed by Public Health England, operate within a monopoly. There are no effective contractual levers that Public Health England / Local Authorities can utilise to performance manage the water companies. Public Health England / Local Authorities should be allowed to impose a financial penalty if water companies' fluoridation performance falls below a certain level for a certain length of time (e.g. the monitoring equipment has been broken or incorrectly operating for a long time leading to sub-optimal output, with no real incentive to encourage the water company to fix it).
		Musculoskeletal conditions
14	What would you like to see included in a call for evidence on musculoskeletal (MSK) health?	• Industry specific evidence and guidelines for workplace prevention of musculoskeletal (MSK) conditions. • Incorporation of MSK health and prevention within social prescribing approaches led by Primary Care Networks.

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		- Detailed data on cohorts with MSK related worklessness, to allow stratification of health need and support options. - Exploration of existing effective place and train models for their utility in supporting those with MSK to return to work. - Effective multi-disciplinary return to work programmes which bring together health professionals, occupational health, employer and employment support specialists to support individuals with MSK in return to work. - Understanding the evidence for MSK workplace accreditation schemes, particularly in industries where employment activities offer the highest risk for future MSK conditions. - Evaluation of the variation in challenges and opportunities experienced by Small and Medium sized Enterprises/Micro businesses.
	Creating healthy spaces	
15	What could the government do to help people live more healthily: In homes and neighbourhoods	- Through the use of a new health index as a key measure alongside Gross Domestic Product, strengthen the hand of local planning policy teams through government support for Local Plans which prioritise community aspiration, health and wellbeing e.g. active design principles, cycling and walking infrastructure, healthy high streets, restrictions on fast food outlet density. - Lead on a major developer's forum, to share learning from Healthy New Towns and other opportunities and gain industry commitment to development which is fit for future, protecting both environment and health. - Reinstate industry building standards on healthy sustainable development. - Align affordable warmth and warm homes fund initiatives with green energy strategy to invest in health promoting low carbon heating solutions. - Commission an in-depth assessment of accessibility and affordability of healthy food, to identify "food deserts" and use the developing national Food Strategy as an opportunity to develop food systems which prioritise access to local, affordable and healthy food options. - Increase infrastructure investment in walking and cycling, including a commitment to make active travel the norm for all UK urban centres.

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16	What could the government do to help people live more healthily: When going somewhere	- Protect child health through implementation of air quality improvement measures such as anti-idling campaigns for schools, safe walking and cycling to school as standard. - Strengthen incentives and investment in ultra-low emissions vehicles and infrastructure, to prevent ill health due to poor air quality. - Implement as proposed mandatory calorie labelling in out of home food sector. - Influence/incentivise fast food chains and eateries to create/offer smaller portions and healthy "swaps" as standard. - Develop free accessible tools to encourage journey planning which incorporates car shares, walking, cycling and seamless transfers between public transport, to enable a modal shift in transport to be mainstreamed. - Embed prompts to healthy lifestyle choices visibly within public infrastructure, such as walking times between bus stops, easily visible and accessible stairs. - Invest in innovative digital tools underpinned by behavioural insights, e.g. gamification of travel, use of high streets.
17	What could the government do to help people live more healthily: In workplaces	Workplaces in particular small and medium sized businesses would benefit from a one stop shop for information and advice. In order to support this, we would recommend the development of a national online accredited award system for workplace wellbeing. Resources from local authorities could then be included to the national resource and local businesses could access. This national approach could be similar to that adopted by the Food Standards Agency with the scores on doors rating for hygiene but applied as a rating for wellbeing business. This wellbeing approach could be used as a first approach to the development of a resource that would cover the range of business needs e.g. tax, employment requirements etc. The development of this could be funded via a levy approach such as used for apprenticeships.
18	What could the government do to help people live more healthily: In communities	- Prioritise the strengthening of community led solutions, co-production and local ownership of health and wellbeing, in particular investing in community development alongside NHS social prescribing. - Prioritising access to community spaces which are safe and suitable for all ages, particularly as part of a revitalised healthy high streets approach which requires a different approach to retail in the modern consumer environment.

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		• Join up between services and community assets through social prescribing and social organising, to increase the range of local support to help people stay independent and socially connected. • Address issues of anti-social behaviour and perception of crime which acts as a barrier in more deprived areas to communities accessing parks and open spaces. For example, consider reintroducing park wardens to ensure these are safe places too.
		Active aging
19	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 Please expand on the reasons for your choice	In reality, all of these priorities need to be supported and invested in to ensure that England provides a healthy, secure and fulfilling environment for older age. Flexible adaptive working arrangements will be essential to allowing people to continue to achieve financial security for themselves and their families, and meaningful working life contributions. Adaptations in existing homes, age friendly community initiatives and particular investments in dementia friendly initiatives present not only a challenge, but also an opportunity for the public and private sector economies to invest differently. Inter-generational approaches need to be trialled and supported which allow communities to benefit from the social interaction, learning and skills of different cohorts across the life course. E.g. house share, care home play dates etc.

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		Prevention in wider policies
20	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 3	There is a need for cross governmental action to ensure that those most vulnerable in society are not adversely affected by policy changes in the benefits system, housing and education. For example, a lack of social housing impacts on the structure of communities and the health and wellbeing of families/individuals in unstable or private accommodation and homelessness. Further, welfare policies, such as universal credit, can have a detrimental impact on the health of the most vulnerable in society if accessible effective support is not in place.
		Value for money
21	How can we make better use of existing assets - across both the public and private sectors - to promote the prevention agenda?	We need a better shared understanding of need, robust evaluations, joint working and shared agenda's/vision.

Via corporate social responsibility it is important that private business support and invest in local communities. Applying a prevention approach within contracts at both local and national level to ensure that prevention is given a priority. For example, all contracted services in the public sector to sign up to the Prevention Concordat for mental health and agree to abide by the Framework convention on tobacco control.

Schools are an important part of the assets and green space within a community and enabling access to playgrounds, fields and buildings outside of school hours would provide an asset across a wide range of communities. |
| | | Local action |
| 22 | What more can we do to help local authorities and NHS bodies work well together? | The link between the Integrated Care System (ICS) and Health and Wellbeing Board (HWBB) is not well articulated and NHS engagement with HWBB is not strong since the ICS came into being. This is made more complex with the differing boundaries between HWBB, ICS's, and NHS providers. Setting out a clear remit for the HWBB, the future of the Better Care Fund and linking the role of prevention in HWBB and ICS, would help.

The HWBB can play a key role in linking a broad population health approach to prevention whilst driving a place and neighbourhood approach to influence targeted prevention. The barriers are the complexity |

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		of relationships and governance, which in turn affect organisational capacity to engage. It is a particular difficulty for NHS providers who span large areas. The opportunity is to set out how primary and community care at a local level can focus on need and the evidence of what interventions work. A further barrier is the way organisations and commissioners organise budgets which are not consistent with a life course approach to health. HWBB and Public Health are well-placed to provide leadership in this area, but the short-term nature of spending rounds, funding for social care in both adults and children's and NHS targets is a force in opposition to this approach. The services that diagnose and those that support are separate, the former an NHS role the latter an Educational role (in the main) as an example.
	Sexual and reproductive health	
23	What are the top 3 things you'd like to see covered in a future strategy on sexual and reproductive health?	• Reduced fragmentation of the commissioning of sexual and reproductive health i.e. expectation that measures to integrate commissioning responsibilities across NHSE, Clinical Commissioning Groups and Local Authorities are expected to feature in the Integrate Care System 5 year plan • Digital sexual health service specifications standardised and made available nationally. Costs and safeguarding arrangements made explicit nationally. • Access to long acting reversable contraceptive choices needs to be made available in a wider range of health professional settings, as an important contributor to reproductive health and choice
	Next steps	
24	What other areas (in addition to those set out in this green paper) would you like future government policy on prevention to cover?	The Council notes the evidence set out in Green Paper - health and wellbeing is strongly dependent on where you live and improving health span depends on changes to the environment in which people grow, work and live. It also highlights the leading risk factors for loss of good health which including those related to overweight, poor diet, use of tobacco, drugs and alcohol, and poor air quality.

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		The paper includes proposals for addressing these and many of these provide a foundation from which to build healthier places. In the absence of system-wide action to build strong environments, few of the other measures identified in the paper will deliver their potential A greater concern is the prominence given in the Green Paper to measures which rely on unproven innovations. Some of these are presented as opportunities. But, aside from the media opportunities, the impact on health and wellbeing for people in Nottinghamshire from use of high technology medicine for in utero detection and treatment of a rare congenital condition will be miniscule and costly compared to the more widely experienced health gains available through provision of adequate housing, secure employment and healthy environments. Furthermore, history suggests that costly technology solutions like this will continue to deflect investment and attention away from more effective, more affordable, more sustainable solutions. The Council recommends that the government's focus of investment and attention should be on system-wide priorities which ensure best start in life and healthy environments in which to grow, live and work.

*Answers restricted to 250 words