Northumberland
County Council

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HEALTH AND WELLBEING BOARD

10TH OCTOBER 2019

Northumberland Health and Wellbeing Board Response to the Government Prevention Green Paper

Report of : Executive Director of Children's Services and Adult Social Care

Cabinet Member: Cllr Veronica Jones - Adult Wellbeing and Health

Purpose of report

To seek the views of the Health & Wellbeing Board on the Government's Green Paper "Advancing our health: prevention in the 2020s" and agree the Board's response.

Recommendations

The Health and Wellbeing Board is asked to:

1. Consider the draft response set out in Appendix 1;
2. Subject to any amendments, agree the submission of the response to the consultation by the Director of Public Health on behalf of the Board.

Link to Corporate Plan

Since this consultation document relates to health and health related activities it is relevant to all priorities in the Corporate Plan.

Key issues

Effective interventions to prevent ill health and promote good health are key to improving population health and reducing inequalities. This Green Paper outlines the Government's commitment to put prevention at the heart of decision-making across departments, contributing to achieving the aspiration for 5 extra years of healthy, independent life by 2035. Responding to this consultation provides an opportunity to shape and influence policy and legislative proposals while they are still at the formative stage.

The Paper sets out its intentions across a wide range of health areas such as healthy weight, smoking, the use of genomics, artificial intelligence and predictive prevention to inform more personalised advice, supporting communities, mental health and musculo-skeletal health. It also asks some specific questions, some of which relate to the impact of

current health, social care and wider policies and legislation on health; and what can be done to support the NHS and LAs to work better together.

A draft response to those questions from the Health and Wellbeing Board is attached at Appendix 1. All partners are also encouraged to respond as individual organisations.

Background

The Government published its Green Paper, "Advancing our Health: Prevention in the 2020s"[1] in July. The consultation seeks views on proposals to tackle the causes of preventable ill health in England and covers a range of initiatives on challenges such as smoking, obesity, mental health and clean air, linking with prevention measures in the NHS Long Term Plan. The consultation is open until **14 October 2019** and provides an opportunity to influence the shift in focus from cure to prevention.

This Green Paper pays as much attention to how long people live in good health as how long people live. Across England, people living in more affluent communities are enjoying many more years in good health than those who live in the least affluent areas. There is a national agreement that continued effort is required to narrow this gap and whilst this Green Paper cannot deliver the entire 5 extra years of healthy, independent life the Government wants to achieve by 2035, the measures within it could make a positive difference. The Green Paper describes the 2020s as the decade of proactive, predictive, and personalised prevention meaning targeted support, tailored lifestyle advice, personalised care and greater protection against future threats.

Proposals to achieving this include:

- 'Intelligent' Screening programmes. Work will be undertaken to improve and reduce variations in uptake. Existing screening programmes will become more personalised and stratified by risk, and a wider range of conditions will be offered to high risk individuals. A review of current NHS cancer screening programmes is already underway.
- 'Intelligent' health checks. The delivery, content and uptake of NHS Health Checks will be reviewed to improve outcomes and reduce variations.
- Genetic Testing Genomics and artificial intelligence will help to create a new prevention model. This will enable conditions to be diagnosed and treated pre-birth. Genetic information can be used to calculate polygenic risk scores (PRS) to identify high risk individuals for many chronic diseases so that tailored lifestyle advice and interventions can be provided. There will be a focus on effective use of data and the use of smart devices to improve access to health information and deliver personalised interventions.

[1] https://www.gov.uk/government/consultations/advancing-our-health-prevention-inthe-2020s/advancing-our-health-prevention-in-the-2020s-consultation-document

- Links to the NHS Long Term Plan. This includes offering smoking cessation support to all hospital inpatients, doubling the Diabetes Prevention Programme, expanding social prescribing and establishing locality-based alcohol care teams.
- Infections. A 5 year action plan will be published to address antimicrobial resistance. There will be a vaccination strategy launched in spring 2020 with the aim of increasing uptake and, amongst other things, eliminating measles and rubella.
- Smoking. There is an ambition to go smoke free in England by 2030 which will involve current smokers either quitting or moving towards reduced-risk products such as e-cigarettes. The government is considering how to raise funds for smoking cessation services and using inserts in tobacco products giving quitting advice.
- Obesity. There is a commitment to end the sale of energy drinks to children under 16. There are plans to improve breastfeeding, improve food labelling and work with food and drink companies to reformulate products to become healthier. The childhood obesity plan supports this work. There has been a consultation on tightening the regulation of advertising unhealthy foods. There is also a pledge to encourage active transport and encourage local authority planning decisions to promote active lifestyles.
- Best start in Life. There are plans to modernise the Healthy Child Programme using new pathways and digital technology to ensure it is universal in reach but personalised in response. Plans include a digital red book.
- Asset Based Approaches. This will be embedded across the lifecourse. There is a specific mention to green spaces and clean air and active ageing.
- Mental Health. Local authorities are being encouraged to put in place mental health promotion plans and to sign up to the Prevention Concordat for Better Mental Health for all, building on the momentum of local authority suicide prevention plans. A new 'Every Mind Matters' campaign will launch in October 2019.
- Oral Health. There will be a consultation on a new school tooth brushing scheme and water fluoridation schemes will be supported.

The Paper has been broadly welcomed by a wide range of organisations such as the Association of Directors of Public Health, the King's Fund and the Health Foundation. There is broad support for 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 these and other commentators also identify a number of suggested areas for development. These include the need to change the focus from individual lifestyles to creating the conditions that allow people to lead healthy lives; embedding a Health in All POlicies Approach across Government departments; a recognition that sustained commitment to investment in local public health (and other) services is critical to deliver the ambitions in the Paper; and proposals to address current levels of alcohol harm.

The consultation itself is based around a series of specific questions on topics covered in the Green Paper. A draft response is at Appendix 1.

Implications

Policy	As a Green Paper, these are proposals for consultation with no direct implications for policy but the proposals refer to a stronger focus on prevention and a more joined up approach across all areas of government policy.
Finance and value for money	The paper discusses the value for money that prevention offers.
Legal	If implemented, some of the proposals may result in changes to national legislation.
Procurement	The proposed response has made some suggestions around increasing the flexibility in the existing procurement rules
Human Resources	None
Property	None
Equalities (Impact Assessment attached) Yes ☐ No ☐ N/A x	
Risk Assessment	N/A
Crime & Disorder	N/A
Customer Consideration	The consultation considers interventions at a population level to improve health
Carbon reduction	None
Health and Wellbeing	The consultation outlines a wide range of proposals to prevent ill health and improve health and wellbeing, many of which are encompassed by Councils' areas of responsibility and, if enacted, will affect the way some services are provided

Wards	If effected, these proposals aim to improve the health and wellbeing of communities in all wards.

Background papers:

None

Report sign off.

Authors must ensure that officers and members have agreed the content of the report:

	Full name of officer
Monitoring Officer/Legal	Liam Henry
Service Director Finance & Interim S151 Officer	Alison Elsdon
Relevant Executive Director	Cath McEvoy-Carr
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Appendix 1

Draft Northumberland Health and Wellbeing Board response to Prevention Green Paper

Consultation Questions:

1. From life span to health span (Page 7 - 10)

Q: Which health and social care policies should be reviewed to improve the health of people living in poorer communities, or excluded groups e.g. people sleeping rough, people leaving care, ex-offenders and Gypsy, Traveller and Roma communities?

Response/Comment

Individual behaviour change. The consultation has a focus on personal responsibility and individual behaviour change. Whilst action on behaviours is a necessary part of the solution to reduce health inequalities, these need to be addressed within the context of their root causes in the wider determinants of health. Interventions that solely rely on individual behaviour change are likely to widen inequalities given the complex causal pathway impacting on capability, opportunity and motivation to change. Health and social care policies, both existing and those arising from this Green Paper, would benefit from an increased focus on the social determinants of health through a whole system approach to reducing inequalities.

Funding for Primary Care. Commentators have highlighted that the Carr–Hill formula – used for many years to weight funding for GP practices – does not sufficiently take the impacts of deprivation into account. As a result, the weighted component under-funds practices in areas with the most need. Applying a proportionate universalism approach to the prevention of ill health requires funding for GP practices to better reflect the impact of deprivation.

2. Intelligent health checks (page 17/18)
Q: Do you have any ideas for how the NHS Health Checks programme could be improved?

Response/Comment

The NHS Health Check programme remains controversial, and its effectiveness has been challenged by both researchers and clinicians. This has resulted in huge variability in approach to implementation and delivery across the country. As a universal offer, it is not equitable and may not be cost effective. Evidence suggests that targeting cardiovascular

risk factors and offering targeted outreach could substantially improve equity so the review of the programme by Public Health England will be welcome.

Suggestions on how to improve the programme:

- Consider no longer mandating NHS Health Checks;
- The programme should be focused and targeted to improve uptake in those living in more deprived communities and on those at high risk of e.g. CVD; this approach is more likely to reduce inequalities.
- Ensure the systematic implementation of pathways between NHS Health Checks, public health prevention programmes and secondary care services in line with NICE guidance.

3. Supporting smokers to quit (pages 25 - 27)

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

Response/Comment

We welcome the published ambition to go 'smoke-free' in England by 2030. Given the continuing contribution that smoking makes to ill health and premature mortality, we agree with the suggestion in the Green Paper that a mandatory 'polluter pays' levy should be imposed on each tobacco manufacturer and importer, to fund high impact, evidence-based measures for tobacco control. The funds should not be used exclusively towards stop smoking services but more broadly for measures which will reduce prevalence including the delivery of national and regional public education campaigns and work at regional level including on illicit tobacco and regulation of tobacco purveyors (should that legislation be introduced) to encourage smokers to quit, and discourage uptake. In line with the WHO Framework Convention on Tobacco Control Article 5.3, this must preclude partnership with the tobacco industry.

4. Eating a healthy diet (pages 28 - 33)

Q: How can we do more to support mothers to breastfeed?

Response/Comment

- Social media campaigns targeted at areas with the greatest need such as the North East. These could be designed by young mothers who could promote and normalise breastfeeding.
- Culture change continues to be required to shift the social norm; this reflects the UNICEF 'call to action'; on infant feeding and requires a generational change in attitudes. Education settings have a role to play in changing the understanding of future parents about the benefits of breastfeeding. In schools this could be integrated into the PSHE and RSHE media currently being promoted by PHE through 'RiseAbove' to start conversations with students before pregnancy.
- More Apps that encourage socialisation and visibility (i.e: Feedfinder)
- Ensure that maternity providers build quit smoking support into prenatal care, making every contact count to inform of the benefits to both mother and baby given

that we know mothers who smoke tend to initiate breastfeeding less, and feed for shorter periods of time than non-smokers.

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

The sugar tax on soft drinks introduced in 2017 has been successful, leading to a 28.8% fall in the amount of sugar contained in such beverages. The consultation suggests that if industry has not made enough progress on reducing sugar in milky drinks, it may extend the Soft Drinks Industry Levy to these products; we suggest that this should be a firm commitment now rather than delaying. The British Medical Association, Action on Sugar and other health groups support the extension of the sugar levy to a much wider range of sweet products which we would also support.

The proposal to explore including baby food within the popular Change4Life Food Scanner app to help parents and carers make healthier choices for their infants should be amended to a firm commitment.

Guidance for retailers on food promotions that support healthy choices could, if followed, encourage consumers to move away from foods high in fat, sugar and salt. Supported by a 9pm advertising watershed and mandatory calorie labelling on food eaten out of the home, this would commit the Government to the policies outlined in its childhood obesity plan.

The costs of healthy eating fall disproportionately on the poorest half of the population and there is evidence that families with low household incomes struggle to meet the recommendations in the Eatwell Guide (national recommendations for energy and nutrients). Cross policy action is required to ensure healthy foods are made more widely available and affordable to low-income households, for instance through maternity food vouchers .

5. Support for individuals to achieve and maintain a healthier weight (pages 34/35)

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

Response/Comment

Healthy weight management can have a symbiotic relationship with a number of other health factors for example good mental health including management of stress and anxiety; prevention or management of substance misuse, including alcohol and tobacco; management of poor sleep, impact of poor oral health or ill fitting dentures; eradicating inadequate housing and fuel poverty, socio and economic deprivation. A Health in all Policies approach is required to address the nation's current challenges in this area and more power at local level to effectively tackle obesogenic environments would be helpful for instance, including health as a material planning consideration. More specifically:

- Alcohol is a calorific product, with poor nutritional value. This message should be built into appropriate documents and policies to enable staff to relay a consistent narrative to support people to make healthier choices and maintain a healthier weight.
- Better education and training for all staff in contact with the public. NICE recommend that all frontline health professionals should be trained to deliver Very Brief Advice (VBA) according to the NCSCT training module. However this should also include teachers and those offering care in secondary and tertiary care settings.
- Whilst consulting on TV advertising is welcome, children and adults are exposed to a large amount of advertising on social media, billboards, bus shelters and public transport in the course of the day. Additional support to focus restrictions here would be welcome.
- Tackling obesity related stigma is important in enabling us to reach those people with the highest risk of weight related illness. Support for a wider range of organisations to reframe the message that weight management is complex and not simply down to individual responsibility.

6. Staying Active (pages 35 - 38)

Q: 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 exercisesResponse/Comment

Walking for Health Programme:

- We have a countywide self referral inclusive programme provides a range of walks from short/easy to progressively longers walks, which are predominantly attended by people aged 55+ to meet their individual health & wellbeing needs. CMO guidance highlights walking as a low intensive activity that strengthens muscles and bones, which has been evidenced by local research. A local lifestyle survey also highlighted walking as the most accessible physical activity for older adults, providing a low cost, accessible choice for local people.
- **GP Referral Scheme in Northumberland**: This provides a clear pathway for patients through a needs led co-designed fitness programme, through experienced qualified staff. This includes strength and muscle building activities in a group and 121 basis.
- **Escape Pain Programme:** ESCAPE-pain is a rehabilitation programme being piloted in Northumberland for people with chronic joint pain of the knees and/or hips, that integrates educational self-management and coping strategies with an exercise regimen individualised for each participant. Evidence shows that one of the key benefits of this programme is improved physical function for patients.

7. Taking care of our mental health (pages 38 - 42)

Q: 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?

Response/Comment

Many of the factors affecting mental health are driven by social circumstances such as financial insecurity, unemployment and substance misuse. The impact of the social determinants start before birth and childhood experiences set the foundation for mental health and wellbeing across the rest of an individual's life. Supporting the things that are good for mental health and preventing the things that are bad for mental health therefore requires cross-government collaboration to tackle the wider determinants of health and prevent counterproductive policies/strategies which confuse and do not support successful implementation at a local level.

More specifically:

- The Every Mind Matters Campaign is welcome and will be well resourced to run over a longer period of time.
- More focused support for the children of parents with mental health problems and addiction such as illegal drugs, over the counter medicines, alcohol, tobacco and gambling). Barriers still remain for people with substance misuse disorders accessing mental health services. Quality Standards and national guidance are making limited progress in resolving the issue and there is an absence of community based models as examples of good practice. Integrated services, joint commissioning, joint accountability or shared outcome measures could assist.
- Cross cutting government collaboration with DWP to support those not in employment to improve and maintain mental health and wellbeing.
- To work with employers to ensure workplace policy and practice through recruitment and management supports mental health and wellbeing by addressing issues such as stress, bullying and harassment, substance misuse and financial issues.

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

We have a number of locally developed Apps to support young people to manage mental health issues such as anxiety and self-harm. These have been developed with young people and reflect their priorities.

8. Sleep (page 46)
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?

Response/Comment

It is welcome to see the recognition that good sleep has in supporting good health and wellbeing and some clear messages on the potential harm of poor sleeep and the steps that can be taken to promote good sleep would be helpful. However, poor sleep often

occurs in the context of poor mental or physical health, or in the context of social stress, which disproportionately affect those people living within more deprived communities. Therefore, any approach to improve sleep on a population level needs to address the underlying health and social causes which precipitate the anxiety and depression that contribute to poor sleep in many.

Some clarity and considerable caution is required on the narrative regarding attaching a number on hours of recommended sleep as this varies and could cause its own issues with those not achieving the recommended hours. This could in turn lead to increased demand on services, particularly primary care, for those seeking help addressing perceived need.

Some specific suggestions with respect to the duty of care on employers:

- Night shifts and rota's should be designed to give consideration to managing fatigue; facilities should be available to staff as outlined in the BMA Fatigue and Facilities charter for example; hospital settings requiring 24 hour staffing.
- Consideration for those employees switching from day to night shift allowing an appropriate number of days/nights in between.
- Carers: If sleep is deprived, carers without respite or support are in danger of becoming fatigued and unable to care for those at home. Appropriate support should be made accessible.
- Parents and carers of young children: Many have sleep disruption. Those returning from maternity or parental leave, may be disproportionately affected by disrupted sleep. Flexible working patterns may support health outcomes in relation to sleep and fatigue[2]. UK Maternity and parental leave and flexible working policy should be evaluated to understand its impact on a range of health outcomes including sleep and fatigue in order to inform future policy.
- Recognition that smoking increases the likelihood of both snoring and sleep apnea, and that secondhand smoke increases these risks, especially for children. A recent study carried out in America showed that nicotine and alcohol use within 4 hours of bedtime were associated with increased sleep fragmentation, even after controlling for multiple potential confounders.
- Sleep should be included as a component of good mental health in taking a whole school approach to mental health and wellbeing; and specifically as a component of PHSE education in schools.

9. Prevention in the NHS (pages 45 - 48)
Q: Have you got examples or ideas for services or advice that could be delivered by community pharmacies to promote health?

Response/Comment

[2] https://www.cochranelibrary.com/cdsr/doi/10.1002/14651858.CD008009.pub2/full

We strongly support the broad approach to extend the role of pharmacies as settings for health improvement. Community pharmacies play a pivotal role, particularly in rural communities, as a health and social care asset. The extension of Healthy Living Pharmacies provides a significant opportunity to build on these assets to enable all community pharmacies to act as neighbourhood health and wellbeing centre. This could include, for instance:

- Cardiovascular Disease prevention (Blood Pressure checks for hypertension identification and advice);
- Further development of alcohol identification and brief advice (IBA) in pharmacies. Pharmacy services have embraced Public Health England's "Have a Word" initiative, which essentially involves identifying individuals with alcohol-related issues and signposting to guidance around reducing consumption. Community pharmacies could therefore be encouraged to deliver IBA to certain sectors of the population (e.g. people presenting for hypertension medication), with a view to promoting better health.
- Stop smoking and supply of medication should complement, not replace specialist provision. With a high potential reach of smokers they are ideally positioned to deliver IBA with support and medication.
- Falls prevention, assessment and referral.

10. Children's oral health (51-52)
Q: What should the role of water companies be in water fluoridation schemes?

Response/Comment

The recognition that oral health is important and the reference to the positive health benefits and safety of community water fluoridation is timely and helpful. Tooth extraction continues to be the most common reason for hospital admissions in 5 - 9 year olds and has a cost to the child, parents, the NHS and the wider economy.

The role of water companies is clearly laid down in the legislation. However, delays to engineering and technical reports and communications which are critical to the process can hamper progress. There are no levers to drive this currently so Government intervention to formally request water companies to act in a more timely manner would be helpful.

Barriers to extending water fluoridation lie in the revenue costs which fall to Local Authorities, when a significant proportion of the Return on Investment (RoI) benefits the NHS. In the current financial climate, some Local Authorities will be unable to prioritise extending their schemes so the reference to seeking partnerships between the NHS and Local authorities to share savings is welcomed. There is also a significant burden in terms of administrative effort, consultation and risk (financial and reputational) and an untried legislative process, all of which may deter Local Authorities from considering this as an option.

Finally, recognising that misinformation about vaccination and about fluoridation may come from similar sources we welcome the proposal that “government will ensure that people will have the facts they need and that vaccine misinformation is addressed as effectively as possible."

11. Musculoskeletal Conditions (pages 52/53)

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

Response/Comment

There already seems to be a substantial body of evidence on MSK health. Any new call for evidence should take into account the wider determinants and the management of risk associated health conditions. Knowledge of the importance of strength and balance exercise is not as widely acknowledged despite being highlighted in guidelines. There appears to be more information available for “at risk” groups such as the frail elderly as opposed to taking a life course approach. Better information, therefore, about the importance of a life course approach to strength and balance exercise as well as identifying those activities people can carry out more easily (such as in the home) may improve the uptake of relevant activities.

In addition, we would suggest:

- Low back pain is one of the biggest contributors to morbidity in adults. In view of the amount of time children and young people spend on computers, tablets and phones, a clear narrative for the care of children's ‘back’ health in schools may mitigate against back and neck pain in later life.
- To review workplaces who have excellent attrition and low recorded sickness level. Listening to organisations that have worked to promote musculoskeletal health such as adapting the physical environment and work practices.
- To be cognisant of the work local/national underway to maintain a healthy weight, tackling obesogenic environments and the raft of linked, published policies and strategies.
- To be proactive in examining the links between MSK and mental health and the consequential impacts of the social and economic factors and how to mitigate these.
- To consider the impact of chronic pain and chronic pain management in particular with the growing use and addiction of ‘over the counter’ medicines .

12. Creating healthy places (pages 53 - 58)

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

Response/Comment

We would suggest that increasing the value we place on health and wellbeing as a measurement of success of the country will drive actions across departments to help people to live more healthily and reduce health inequalities. More specifically:

- Using a 'Health Equity' in All Policies approach across national and local government which takes into account the health implications of decisions, seeks synergies, and avoids harmful health impacts in order to improve population health and health equity.
- Further expanding "the polluter pays" principle whereby businesses that produce products which a health harming should financially contribute to efforts to reduce health harms e.g. sugar tax. This could be applied to high sugar/high fat foods, alcohol, gambling and tobacco. See previous responses
- A review of current drug policy to focus on a public health rather than a criminal justice approach and strengthen the focus on harm reduction.
- Improving social conditions is not a sufficient strategy on its own to reduce ill health, prioritising population level interventions are imperative to achieve success in for example; crime reduction, healthy weight management, air quality and mental health.

13. Active Ageing (pages 58 - 60)

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 specify)**

Response/Comment

Whilst all of these are priority areas, as a sparsely populated county, improving homes to meet the needs of older people would be a priority. There is a widespread issue about older people remaining in unsuitable housing, in locations where it may become increasingly difficult for them to maintain social contact and manage day to day living if they become less mobile. We think there is a need for a concerted programme to offer people attractive new housing options as they age, in neighbourhoods designed for lifelong living, near services and transport, and in places where care services can easily be made available if they need them. In rural areas, this may for instance mean using all available levers to encourage the development of housing which older people want to live in near the centre of market towns.

It may not be possible to arrange services so that older people with complex health needs who live in remote rural parts of the County can have rapid and frequent access to 24-hour emergency support. But it may well be possible to move beyond extra-care housing schemes to extra-care neighbourhoods and extra-care towns.

14. Prevention in wider policies (pages 60 - 61)

Q: 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.

Response/Comment

Minimum Income: Welfare reform has continued to be controversial. An independent and systematic review of the evidence of impact should be undertaken to inform actions to mitigate any impact on health and wellbeing. There is a need for a minimum income for all at a level which supports healthy living and a process which minimises the risk of tipping vulnerable individuals and families into crisis.

Tackling Obesity: Pricing and marketing of unhealthy foods and subsidising healthy foods, could contribute to reducing obesity with clear legislation to restrict advertising of unhealthy food and drink to protect children

Education: Mental health is worsening in children and young people. Consider step change to reduce the focus on exams in favour of building resilience, emotional wellbeing and skills for life. Young people in Northumberland have identified these as priorities.

15. Value for money (pages 61-62)

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

Response/Comment

The recent commitment to reinvest in prevention through the Public Health grant is welcome and, with the focus on prevention in the NHS Long Term Plan, will contribute to protecting and supporting assets which promote the prevention agenda. Continued investment is required.

More flexibility in commissioning and procurement rules could strengthen the ability of public bodies to work with the VCSE sector as a principal asset in supporting community-centred approaches to improving health and wellbeing.

Continue to encourage evidence-based, collaborative working in relation to all health and wellbeing issues at the population level across all sectors.

16. Local action (pages 62 - 66)

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

Response/Comment

Regular reorganisations of the NHS can hinder the development of the constructive long-term relationships that are essential for effective joint working. This is especially so when they result in changes to coterminosity. Whilst locally, we have a long history of good relationships that have been preserved, that is entirely down to the strength of our local leadership and the level of integration between the NHS and LA in the county. Funding mechanisms specifically designed to increase integration have, on the ground in many other local areas, had the effect of making relationships more difficult, since local authorities and health organisations have been left to come to an agreement themselves about what proportion of the funding is to be delivered to support health and/or care and what degree of control each organisation has over it.

Commentators such as the Kings Fund have highlighted that inequitable funding settlements across health and social care can result in additional pressure within the system. The NHS Long Term Plan states a commitment to ensuring that that does not occur in the context of adult social care funding over the coming five years but that recognition and commitment needs to be extended across other areas in which LA and NHS delivery is linked.

National policy direction on how services should operate may inadvertently pull health and social care in opposite directions. For example, NHS mental health policy emphasised episodic mental health care, with the expectation that this would come to be funded through PbR. In contrast, policy on local authority social care emphasised personalisation through cash personal budgets -- the tensions between these two very different models are likely to have undermined efforts to develop integrated community mental health services in a number of local areas.

People experiencing the poorest health outcomes have complex and multiple needs. Services commissioned around single issues may not meet needs and can appear as being uncaring. These issues can be addressed through greater collaboration at a local level, driven by joining up of national level policy, funding and measurements of success.

17. Sexual and reproductive health (page 66)

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

Response/comment

- The commitment to a new Sexual Health Strategy is welcome and must accommodate the challenges of delivering services to remote communities across large geographical areas, appreciate workforce constraints; inconsistent digital coverage, how sexual health services should be co-commissioned within emerging NHS models of care.

- The top 3 things we would like to see covered in a future strategy are:
    1. Commitment on routine commissioning of pre-exposure prophylaxis (PrEP) is urgently required. The current situation of inequitable access across the country exposes an unnecessary risk of individuals acquiring HIV when an evidence based cost-effective intervention is available.
    2. Greater clarity on how sexual and reproductive health services should be co-commissioned within emerging NHS models of care, taking into consideration the disparity in investment between NHS and LA public health services; the difference in funding allocations between LAs that may result in inequality across boundaries within the same ICP/ICS; the financial challenges facing many NHS and LA organisations.
    3. A lifecourse approach to the strategy design from preconception to older age (ensuring inclusion of relationships and RSE as part of the OFSTED inspection framework and that specific guidance is provided on what good looks like) and encompassing health promotion (positive sexual wellbeing, sexuality, relationships, contraception, protection from STIs & condom use, menstruation etc) as well as prevention and health protection (STI screening and treatment, LARC, rapid access to terminations, management of long term conditions associated with sexual health, management of menstrual disorders and menopause)

18. Next steps (page 67)

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

Response/Comment (Word Count 322)

Given that alcohol is one of the leading drivers of mortality, early morbidity and health inequalities, this should be a priority area from a prevention perspective. As a Health and Wellbeing Board, we would urge the Government to put alcohol at the heart of its future prevention policies and to implement the key recommendations from the Public Health England Alcohol Evidence Review as soon as possible, as part of a wider national Alcohol Strategy, which implements restrictions around price, promotion and availability and provides funding for cost effective alcohol treatment services. Research from the University of Sheffield has shown the positive impact of a Minimum Unit Price for alcohol in terms of lives saved, reductions in alcohol-related hospital admissions and crime. We know what works in relation to alcohol harm reduction and given the impact of alcohol upon all sectors of society, through ill health, the impact on family and community well-being, its role as a driver of crime etc. we believe this is a priority area.