

Submitted to **Advancing our health: prevention in the 2020s**

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From life span to health span

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.

Medium text box for you to provide your answer to the question How can we design and implement health and social care policies that do this?:

There is a need to review the underpinning rationale for Joint Health and Wellbeing Strategies to ensure the current NHS drive and focus on 'Population Health Management' does not medicalise the NHS's approach to partner engagement and local governance. This will ensure local priorities are identified and an appropriate process used to deliver outcomes.

Maintain the ring fenced public health grant and ensure a robust auditing process is in place to ensure all local authorities are spending these funds on core public health work.

Ensure all health and social care system partners are mandated to work with local authorities to support a whole system approach to preventative health.

Intelligent health checks

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

Medium text box to enter your answer to the question Do you have any ideas for how the NHS Health Checks programme could be improved?:

Focus on all aspects in the Health Checks. For example, GPAC, Audit C, fruit and veg questions etc. so programme can be more holistic and personalised, and act as an early indicator. Train providers to focus on discussion, education and self-ownership of health issues to empower participants. Map out processes for referral to Health Improvement services (and others) and clinical referrals.

Offer for the entire eligible population, but also target greatest need areas. Integrate existing risk stratification tools used in the NHS (including primary care) to identify patients at high risk of re-hospitalization and those at high risk developing long-term conditions.

AI based tools by could be used to link and mine other administrative datasets from the public sector, e.g. assisted bin collection that could be possibly used as a proxy for social isolation.

Look at how the eligible population is invited; investigate the use of text message invites. Main factors for low uptake are lack of flexibility with appointments and accessibility; evening and weekend appointments may improve uptake.

Options for making checks more focused and tailored to risks for certain targeted groups is required, e.g. digital offer for those 'worried well' and face to face checks for targeted communities.

In terms of migrant communities, go to known community places, train people from the communities you target, use easy read/ translated material.

More attention to the 'what happens after' the Health Check.

Increase the availability of outreach health checks in order to target hard to engage groups.

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Supporting smokers to quit

What ideas should the government consider to raise funds for helping people stop smoking? -invest back into smoking prevention and create new datasets rather than smoking prevalence surveys.

Medium text box for the question What revenue raising options should the government consider to fund state smoking support services?:

Identify net savings attributable to reduced health care costs for smoking preventable diseases and re Expanded treatment to wider health services and include all GPs systematically offering Nicotine Replacement Therapy (NRT) to smokers to give them the best chance of quitting.

More smokers will make a quit attempt if supported by their GP so there needs to be a clear 'Ask, Advise, Act' process to ensure that it is routinely applied. This has been demonstrated to be a cost-effective model that would save on NHS costs in the long term.

Promote comprehensive tools and resources at a national level for the smokers who wish to quit without accessing stop smoking services. Minimal funds required.

Focus also needed on deterring people from starting smoking in the first place, and targeting services needed to support those at greatest risk. First identify high smoking prevalence areas/groups, and then target delivery/change marketing that is relevant to these groups.

Supporting people to quit smoking is a cost effective intervention for the government. Smoking is still the main cause of mortality and long term conditions such as heart disease which cost the health system a considerable amount more than the prevention intervention. So the government should see this as an invest to save initiative, as it will save money (and lives).

Eating a healthy diet

How can we do more to support mothers to breastfeed?

Medium text box for you to answer the question How can we design and implement health and social care policies that do this?:

Improve partnership working with the local midwifery services and third sector. Local Maternity Services should work with local stakeholders to support women (specifically those from harder to reach communities) to engage with specialists/lactation consultants.

Midwife training should include input on making every contact count to enable them to advise and support parents to access local support networks (including voluntary organisations and resources after the child is born.

PCNs to consider the provision of additional services where need is identified out of hours e.g. weekends etc. Currently GPs have minimal engagement with pregnant women, unless they require specialist support or treatment. All areas should provide a Frenulotomy service to improve responsiveness to client need. B

Adapted peer-support breastfeeding training for migrant communities

Further funding, incentives and investment is needed overall. Public education and support, including school awareness. Media campaigns and high quality information needs to be available online – e.g. a single website with reliable information. Joint approach to campaigns; families must be protected against aggressive marketing of formula milk. Greater engagement with dads/partners and language needs to be gender neutral.

More public facilities to support breastfeeding. Employers must be required to provide support in the workplace.

National Breastfeeding Strategy needs to be fully funded and embedded in all policies and related disciplines.

Mandate and fund BFI accreditation for all acute and community trusts. Ensure all trusts maintain the highest stage of BFI and use CQC and other levers to hold trusts to account.

Increase availability of lactation nurses and peer supporters.

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

Medium text box for you to answer the question How can we better support families with children aged 0 to 5 years to eat well?:

Eating well needs to be included in the school curriculum and teacher training. Better funding is needed for schools. Regular ongoing dental support to target schools

Introducing solids education sessions are included in health visits and are well attended by parents. These needs to be increased in frequency and availability including provisions for families where English is not the first language.

Increase the confidence and skills of frontline staff to undertake difficult conversations with families regarding eating well and healthy weight. This should include making every contact count training for public health roles.

More promotion of healthy cheap recipes is needed in partnership with major supermarkets. Continue working with the food industry to reformulate products to reduce sugar for example in sweets and confectionary. This can also be done in partnership with charities.

Put more emphasis on the role of school readiness for health services.

Increase funding for early years community settings such as community family centres who can support around the continuation of breastfeeding as well as family cooking, healthy eating programmes

Support for individuals to achieve and maintain a healthier weight

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

Medium text box for you to answer the question How else can we help people reach and stay at a healthier weight?:

Increased training to support clinicians and those working in the care sector, to have conversations about weight. GP training also needs to be improved to include these health issues and how to approach them with patients. Teachers and staff working with children and young people need to also be trained to have these conversations with parents.

There is need to build on the work being done to protect the climate and align this with strategies to improve health outcomes. Give local councils more powers to challenge developers who use permitted development rights to create Houses of Multiple Occupation. These properties do not enhance the wellbeing of individuals living in them. The link to poor mental wellbeing and excess weight is clear.

Learn lessons from the success of reducing smoking prevalence and take a long term systematic approach with multiple strands that includes supporting overweight children and adults to lose weight making these services mandated for LAs to provide and at a sufficient capacity to meet demand. Also use taxation, legislation, policy, commissioning and supply chain levers to create a healthy weight environment.

Staying active

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

Examples of strength and balance exercises?:

Increase access for parents and their children to attend gym and physical activity sessions as a family. Include strength and balance as part of weight management programmes. Train people who have relationships with excluded communities. Digital solutions in the form of video blogs to provide tools to do these types of exercises.

More funding is needed for social prescribing e.g. link to postural stability programmes for elderly people at risk of fall.

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

Medium text box for you to share your answer to the question Can you give any examples of local schemes that help people to do more strength and balance exercises?:

Social prescribing programmes in Medway, See A Better Medway links <https://www.medway.gov.uk/abettermedway>

Taking care of our mental health

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?

Medium text box for answering the question 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?:

Encourage parents to access children centre activities. Aim to reduce social isolation and improve community support networks. We need to improve and increase access and availability to groups that will support parents and improve social networks. When significant issues are identified a local offer of specialist support from services should be available. Improve social prescribing that would increase socialising.

Greater support is needed for children looked after, LGBTQ and specific groups (those fleeing trauma and violence around mental and emotional wellbeing).

A key issue is understanding the unmet need (identifying the hidden iceberg). Consideration is needed about how we use local data to help measure rather than rely on standalone surveys.

Better supporting people and professionals to understand mental health and wellbeing via training such as Connect 5 and personal resilience training.

Increased availability of workplace health programmes with Mental Health a priority within them.

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

Medium size text box for you to provide your answer to this question Have you got examples or ideas about using technology to prevent mental ill-health, and promote good mental health and wellbeing?:

There are several apps available such as Calm, Insight Timer and Headspace which are generally available universally. An app tailored to the needs of parents and their difficulties would be valuable.

Use of apps around raising awareness of mental health and wellbeing, also to provide signposts to relevant providers. However, it needs to be kept in mind that mental health and wellbeing interventions are often much better face to face.

Sleep

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?

Medium text box for you to share your answer to the question What would help people get 7 to 9 hours of sleep a night?:

Education around good sleep hygiene including supporting new parents around normal sleep behaviour and how to manage difficulties. Consider setting up sleep surgeries/clinic for parents using a multi-agency approach.

Understanding of how to manage day-to-day stresses and how to work through them.

Procure specialist sleep counsellors with a quick referral pathway This is a specialist subject that requires specialist intervention. Tips for staff could be published on intranets. Recognise the reasons for poor sleep in your workforce and attempt treat the cause. Menopause, workload, worktimes. Include as standard discussion at back to work meetings.

Information in schools around sleep hygiene.

Promotion of useful aids like sleep apps and a robust evaluation of these.

Improved mental health including reduced work related stress

Prevention in the NHS

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

Medium text box to provide answer to the question Have you got examples or ideas for services and or advice that could be delivered by community pharmacies to promote health?:

We work proactively with community pharmacies. We need to ensure all pharmacies are linked into the planning and development of Integrated Care Systems, Integrated Care Partnerships and Primary Care Networks. Continue development of One You pharmacies delivering SF/HC/Weight Loss.

Nationally we should have more evidence of the effectiveness of the existing Healthy Living Pharmacy model and use the learning to inform practice.

Children's oral health

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

Medium text box for answering the question What should the role of water companies be in water fluoridation schemes?:

Introduce in all areas and keep costs down. Fluoridation of water is a topic that can create anxiety in the population. There should be a national mandate to require all water companies to increase (where required) the fluoride content of water.

Musculoskeletal conditions

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

Medium text box for answering the question What would you like to see included in a call for evidence on musculoskeletal (MSK) health?:

Wider referral criteria for screening of osteoporosis to be implemented, improved education in the prevention of problems such as desk exercises, standing desks etc.

Recognition around how other services such as lifestyle could play a key role in this area, and better linking of services.

Shared understanding that the patient can help themselves, support migrant communities to understand that prevention is better than cure. Not to rely solely on medication offered.

Methods research of quantifying the 'hidden iceberg' using placed based local administrative data as well as understanding the micro-economic impacts at household, employers and government level.

Creating healthy spaces

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

In homes and neighbourhoods:

Support local government when they decline applications for fast food outlets in areas already well served.
Develop national policy to improve the availability of locally sourced fresh produce at local farmer markets etc.

Mandate green spaces, cycling, walking paths within all new developments
Reduce the number of developments in green belt areas
Improve public transport infrastructure so it becomes a viable alternative to taking the car

When going somewhere:

Increase the resources and control for local authorities (outside London) to manage public transport contractors

In workplaces:

Incentives for healthy foods to be provided in workplace food outlets, remove vending machines stocked with unhealthy snacks.

Continue to support and incentivise businesses who really develop their health and wellbeing.

Encourage and promote more Healthy Workplaces schemes which can help workplaces in supporting their staff and customers better by sharing good practice, policies, training and materials.

In communities:

Understand the constraints faced by local communities and work with local authorities to enable the strategic changes to developed and implemented at a local level.

Active ageing

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

If other, please specify:

Please list any actions we could take that are not listed above:

Improve neighbourhoods to meet the needs to older people. Enable the NHS and social care system to be properly resourced and able to meet local population needs.

Flexible working hours. Benefits to returning to work after retirement. Valuing experience and using retirees as volunteers/mentors. Better support for people caring for a loved one.

Prevention in wider policies

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

1:

Employment and benefits

2:

Education

3:

Planning

Value for money

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

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

Co-location and joint working of community services.

Stop the constant reorganisation of the health and care system. This will provide stability and enable partners to forge relationships and develop sustainable programmes for local people.

Make projects and programmes longer term, not reliant on short term funding. Review procurement, timely and expensive.

Actively acknowledge the social prescribing referral pathways from the NHS and measuring the attributable impact robustly on long term health care usage reduction.

Local action

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

Text box for the question What more can we do to help local authorities and NHS bodies work well together?:

Stabilise the NHS management tiers at local and regional levels. Ensure NHS colleagues engage with local democracy through existing structures i.e. health and wellbeing boards. Foster partnership commissioning arrangements that can work really well. Align information sharing protocols better so that data sharing and integration for direct patient care as well service planning become efficient, real time.

Sexual and reproductive health

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

Number 1:

A formal process of Root Cause Analysis should be used across the entire health system to identify missed opportunities to diagnose HIV. All parts of the system should be compelled to take part.

Number 2:

The sexual health system is fragmented across three commissioning organisations. Sort it out.

Number 3:

Increased access to online testing and treatment

Next steps

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

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

Sexual health has a larger role to play in peoples overall health. This paper gives sexual health a passing mention and does not fully appreciate that sexual health is not only about sexually acquired infections!

Allocate appropriate financial resource to prevention to back up the clear importance placed on it in all green papers.

Understand that one size does not fit all. Various and flexible routes and processes required to reach targeted audience. We must adapt to reach all communities.

Governance and oversight of prevention need to be clearly defined. In some areas (not Kent and Medway) Directors of Public Health do not have much influence over the NHS system. This means there is potential for a significant disconnect between local authorities and the NHS

About you

What is your name?

First name:

David

Surname:

Whiting

What is your email address?

Email:

david.whiting@medway.gov.uk

In what capacity are you responding?

On behalf of a public sector body

If other, please specify:

How did you hear about this consultation?

Received an email

If other, please specify:

Is it okay for the Department of Health and Social Care to contact you in relation to your consultation response?

Yes

Is it okay for the Department of Health and Social Care to use your email address to send you updates about other Department of Health and Social Care consultations?

Yes

How satisfied were you with using the digital online consultation form?

Satisfied

How could we improve this service?:

About you and your organisation

What is the name of your organisation

Name of organisation:

Kent and Medway STP

Type of business/organisation:

STP

What is your role

What is your role in your organiation:

Consultant in Public Health. Involved in the establishment of Integrated Care teams and Primary Care Networks.

Where is your organisation based

Please enter the first part of your work post code :

ME4 4TR

England