

Advancing our health: prevention in the 2020s

Consultation response

This document sets out Southwark Council's response to the consultation on Advancing our health: prevention in the 2020s.

Summary

Southwark Council welcomes the government's strategy on prevention, *Advancing our health: prevention in the 2020s*. Prevention is crucial to improving the health of residents, preventing ill health and minimising cost to the healthcare system. The strategy marks a welcome shift towards preventing illness instead of merely treating it, and highlights a number of factors that can contribute towards ill health.

It is encouraging to see that there is an understanding that a new approach is needed for the wider health and care system, and that a range of public health areas are incorporated into the strategy. Commitments such as improving the NHS Health Checks programme will develop existing services and help identify areas for further action.

Southwark Council's consultation process has identified six key areas recommended for inclusion in the strategy in order to achieve the ambition of fully integrating prevention in the health and social care system.

- 1. Wider determinants:** The significant impact of wider determinants on people's lives is recognised within the strategy, but there are no actions or commitments to mitigate this. Technology will undoubtedly transform, improve and create new services that will help change the way healthcare is accessed and used by patients, but it does not alter the socioeconomic conditions that play a role in influencing a person's health. Deprivation is a key driver of ill health across the country, and this needs to be further addressed within the strategy.
- 2. Targeted interventions:** Whilst universal care is effective and important, the strategy doesn't fully acknowledge the importance of targeted interventions in ensuring the most vulnerable receive the care they need. This is particularly important to recognise in the current climate of economic uncertainty and cuts to health and social care budgets.
- 3. Childhood obesity:** It is encouraging to see progress on the government's childhood obesity strategy. However, there are actions from chapter two that have not progressed beyond the consultation stage and further clarity on those is urgently needed.
- 4. Healthy Start vouchers:** The voucher scheme can be a great way to ensure low-income families access fruit and vegetables. However, many eligible families still do not engage with the service and there are a number of improvements that need to be made in order to ensure higher uptake rates. One of these improvements would be for government to proceed with the consultation promised in Chapter 2 of the childhood obesity strategy.
- 5. Health in the planning and housing sector:** The strategy recognises that the scope of prevention is broad and incorporates a number of specialist fields; however the consultation failed to adequately highlight the importance of housing and planning in preventing ill-health. It should be recognised that the government has made a number of positive changes to the housing sector in recent years by ensuring fair treatment of tenants and the creation of affordable housing. However, we would encourage the government to consider how housing and planning can more fully participate in the prevention agenda through championing green-spaces, increasing accessibility to healthy food and ensuring individuals can access safe and affordable housing.
- 6. Funding is vital:** Without sufficient, long term funding, little progress can be made in any of these areas. The one-year Spending Review decision to allow a real-terms increase in public health grants is warmly received, but no details have been given on the precise nature of the increase, and the increase needs to extend beyond one year.

Consultation questions

Question 1: Which **health and social care policies** should be reviewed to improve the health of people living in poorer communities, or excluded groups?

There are a range of health and social care policies that can make a positive contribution to the lives of those living in poorer communities or excluded groups. Whilst other policies will be elaborated upon later in this response, Southwark Council would like to provide feedback on the following issues:

- **Social care green paper:** The long awaited green paper on social care needs to address the current staffing, budget and operational challenges within the social care sector. There should be a clear plan of how to ensure health and social care services work together to protect the most vulnerable members of society.
- **Recognising the role of deprivation:** All government health and social care policies need to be more explicit in recognising the impact of health inequalities on wellbeing and identify a set of actions to alleviate the impact of these.
- **Ensure policies are targeted:** Policies must be tailored to ensure the highest level of care is provided to all members of society, some of whom may require more targeted approaches to prevention.
- **Healthy Start vouchers consultation:** Healthy Start vouchers can be very positive for low income families in accessing healthy food, but uptake rates remain very low. Chapter two of the government's childhood obesity strategy recognises the need to examine ways to increase uptake, but there has been little progress on this.

It is equally crucial to recognise that these issues need to be examined in conjunction with other policy areas that impact poorer communities, such as housing and welfare. Without changes to an array of policies, the government is unlikely to significantly alter health outcomes for those that need it most. For further information on this, please consider our response on Questions 15 and 21.

Question 2: Do you have any ideas for how the **NHS Health Checks programme** could be improved?

At the moment, two in five people in Southwark who are invited to attend an NHS Health Check fail to book and complete a check. The findings in a national report from the Expert Scientific and Clinical Advisory Panel (ESCAP) on NHS Health Checks highlighted six major reasons why invitees do not attend an appointment. These included issues related to 'competing priorities' and 'convenience', alongside the restricted opportunity to attend a face-to-face check at certain providers and at certain times of the year. These reflect some of the challenges seen in Southwark.

To support greater uptake amongst those who do not respond to an invitation for a face-to-face check, Southwark developed a Digital Health Check tool which could be completed on a mobile device or tablet. During the pilot of this Digital Health Check (DHC) tool, over 3,000 SMS texts were sent to previously non-responding eligible patients. Of these, nearly one third of people invited by SMS visited the webpage, with around half going onto complete the online check. Over one in ten of those completing DHC were found to be at high risk of developing cardiovascular disease, and were therefore advised to book an appointment for a face-to-face check. However, local evidence suggests that residents in Southwark often find booking an appointment for a Health Check in GP surgeries to be a challenge. This is due to high call volumes directed to GP reception booking teams and the limited availability of appointments with healthcare professionals in busy surgeries.

It is not yet clear if the NHS Health Checks programme should target those with a high absolute risk of cardiovascular disease or those with an elevated relative or lifetime risk. The NHS Health Checks programme may be the best vehicle for delivering sustained behaviour change to adults in their 40s and 50s, and clear guidance is needed to define the role of the Health Checks programme in relation to both types of risk. Other risk factors for cardiovascular disease such as inactivity and alcohol should be included in any risk algorithm. Further investment is required by the government to have a fit for purpose risk algorithm that helps deliver a holistic NHS Health Check.

The public health mandate has skewed the delivery of the NHS Health Checks programme to focus on the assessment and communication of results. Care planning is often not considered to be part of the NHS Health Checks programme,

vastly reducing the impact of the service. The NHS Health Checks programme would function better if it delivered a high-quality, shared decision-making conversation which included referral to follow up clinics as well as lifestyle behaviour change services. Further work is required to ensure Health Checks are adequately funded to ensure comprehensive care.

To improve the NHS Health Checks programme, Southwark Council would recommend:

- **A national online option** to book an NHS Health Check without the need to call busy receptionists. Ideally this could be via the new NHS app that checks the eligibility of the patient for an NHS Health Check and allows them to book an appointment online.
- **Target those who are unlikely to respond:** As exemplified by the success of the Southwark Digital Health Check, it is important to directly target those at highest risk of not responding.
- The government should **explore the role of digital as a blended approach** across the whole NHS Health Checks care pathway - from identification, take up, assessment and care planning through to long-term behaviour change support. Delivery of these solutions nationally, working in partnership with local government is critical. Southwark would welcome working with the government to develop and test any solutions. We would encourage the open publication of all digital discovery and alpha work to date in line with the Government Digital Service (GDS) design principles and would further encourage all PHE and NHS digital developments to be open to all.
- Strengthening options to **commission services to alternative community providers** such as community pharmacists, leisure centres, opticians, dentists and local supermarkets. This would alleviate the burden of delivery of NHS Health Checks from the primary care sector. Community providers could be trained to refer to primary care where there is a clinical need, social prescribing services or healthy lifestyle behaviour change services, as appropriate. It would be important to support local government in testing these models of care, both from a process and impact perspective.
- The use of **intelligent risk prioritisation algorithms** which use existing medical record data to risk stratify eligible patients would improve the efficiency of the programme. It would allow resources to be moved from low to higher priority groups to improve outcomes and impact. This would depend on whether the NHS Health Checks will be used to identify those with a high 10-year absolute risk of developing cardiovascular disease, or whether the focus will move to primary prevention and modifying the behaviour of adults in their 40s and 50s to reduce their lifetime risk of developing non-communicable disease.
- Options to add **greater intrinsic value** to the programme should be explored, particularly for individuals that are either relatively 'healthy' or the 'worried well', who often report dissatisfaction with the relative simplicity of the check.
- Expanding the NHS health check to include **indicators for wider modifiable, non-communicable diseases and conditions** with a focus on lifestyle behaviour change support could improve the impact of the service.
- **A rewards or incentives programme** linked to attending and completing the NHS Health Check could support completers to improve or maintain a healthy lifestyle post-check. We would encourage the government to review the role of incentives as a behaviour change technique for healthy lifestyles. Southwark again would welcome being part of a pilot in this area.

Question 3: What ideas should the government consider to raise funds for helping people stop smoking?

Utilising revenue from proceeds of crime

The Proceeds of Crime Act 2002 gives officers the power to seize cash and recover assets such as cars and houses bought by criminals through the proceeds of their crime. Currently Southwark Trading Standards has a trained Financial Investigator (accredited by National Crime Agency) who assesses the proceeds of crime related to a criminal offence. Money is collected by the confiscation unit which is then transferred to the Home Office. This money is divided up accordingly: 50% to HM Treasury, 12.5% to the confiscation unit and 37.5% to the prosecuting organisation (Trading Standards). This is the arrangement within Southwark, but may not be the standard throughout England.

Good practice would be to:

- Increase the number of trained Financial Investigators so local authorities can receive proceeds of crime.
- Local authorities could share of the proceeds of crime would could then be directed toward initiatives such as stop smoking services.

Increase and hypothecate tobacco taxes

In light of increase in tobacco tax, the government could give a proportion of the tax on tobacco products to fund stop smoking services. The National Institute for Health and Care Excellence (NICE) estimates that for every pound invested in smoking cessation, £2.37 is generated in benefits.

Improve HMRC inspection capabilities

Over seven billion pounds is lost each year to tax evasion and avoidance. Collecting this money and investing it in prevention services, such as smoking, would make a huge difference to the health of people living in the UK.

Mandatory levy on gambling

Going beyond smoking, a mandatory levy on gambling would allow the government to tackle gambling addiction as well as a variety of other public health issues.

Question 4: How can we do more to support mothers to breastfeed?

Southwark Council is passionate about ensuring that mothers are supported to breastfeed, and aims to increase local levels of breastfeeding. At present, the local breastfeeding initiation rate is 89.5%. The Council and Guy's and St Thomas' NHS Foundation Trust have achieved level one accreditation as part of the UNICEF UK Baby Friendly Initiative and is working toward achieving level two. This internationally recognised standard enables public health services to better support families with feeding and bonding. As part of this work, the council is promoting breastfeeding by inviting local venues to participate in the 'Breastfeeding Welcome Scheme', which encourages mothers to breastfeed within their venue. The council also supports breastfeeding cafes, where mothers can feed in a supportive environment.

In our work to increase breastfeeding uptake rates locally, we have found that the following measures are crucial and need to be considered at a national level:

- Whilst it is unlawful to discriminate against a woman because she is breastfeeding a child, breastfeeding remains stigmatised in certain settings and communities. The government must ensure **all venues and workplaces across the country encourage and provide the right environments to support mothers to breastfeed**.
- The government should ensure that all mothers receive support to breastfeed through guaranteeing all health visitors and midwives receive appropriate **training**. In addition, **sufficient funding** is needed to ensure that midwives and health visitors have sufficient time to support mothers to breastfeed.
- There needs to be **consistent and positive messaging** regarding breastfeeding. For example, packs for new or expecting mothers should not contain goods or materials that could discourage breastfeeding.

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

It is good that this green paper recognises the **wider determinants** of health within early years such as acknowledging the impact of parental conflict and family income on a child's health and development. However, it is not clear how these wider determinants will be addressed and it is recommended that this is more explicitly explored in the final strategy. In regard to eating well, it is vital to ensure comprehensive care across the early years by releasing sufficient funding for core universal services, such as Health Visiting and Children's Centres. The services can provide a number of interventions to improve the health of families and their children, particularly in relation to healthy eating.

To support families with children aged 0 to 5 years to eat well, Southwark Council would recommend the following:

- Parents play a key part in ensuring children eat well, but there are a range of reasons why this may be challenging. There needs to be **clear information** available to parents on what constitutes a good diet. There are confusing marketing messages on what constitutes healthy food that appear to conflict with official guidance, particularly in relation to children's food. It is therefore important to ensure **clear and easy to understand food labelling**, particularly on children's food. This should be supported by educational campaigns and wider parental support. This could be enacted by health visitors as well as cooking and nutritional support groups. There is also potential to incorporate such messages in NHS and Public Health England campaigns.
- **Income** significantly impacts how well a family can eat. National data suggests that households earning below £15,860 per annum after housing costs need to spend 42% of their household income on food to meet the government's nutritional guidelines, as set out in the Eatwell Plate. For example, a four-person family would need to spend £103.17 per week to meet the Eatwell guidelines, making a healthy diet unaffordable for many.
- **Food insecurity** can negatively influence a family's ability to eat healthily. Nationally, 52% of households with children are unable to afford a 'socially acceptable diet' as defined by the Minimum Income Standard. This refers to a diet which is healthy and allows social participation (e.g. inviting guests for dinner or eating out occasionally for a celebration). This needs to be addressed in order to ensure greater food security for the most vulnerable families.
- The scarcity of **time** can also play a part in poor diet choices for families. The UK Time Use Survey found that low income families have less free time during the weekend than higher occupational groups. Therefore, these groups may be unable to plan meals in advance or take time to prepare more complex and nutritious meals. Thus, it should be remembered that interventions that do not require individual action are more likely to address health inequalities.
- There is no mention of the proposed **Healthy Start Vouchers Consultation** within the green paper. The voucher scheme is a good way of ensuring low-income families with young children can afford fruit and vegetables. To support the scheme, the government needs to make the application process simpler and ensure vouchers are widely promoted to families and professionals. In addition, there should be a review into the fiscal value of Healthy Start vouchers, as the current contribution level has not increased since the vouchers were first introduced despite rising living costs.

Question 6: How else can we help people reach and stay at a healthier weight?

Over the past years there has been considerable progress in attempting to address the national obesity crisis, and it is one of the council's key public health priorities. With some of the highest obesity levels in the country, we are working across the council and with local partners to deliver a range of initiatives that help encourage people to maintain a healthy weight.

We welcome the plans to extend the **Soft Drinks Industry Levy** to milk-based drinks. It is also important that low sugar and sugar-free drinks are cheaper and included in price promotions, rather than high sugar alternatives. This will not only support a number of national Sugar Smart campaigns, but will also financially incentivise customers to make healthier choices.

To build on the positive outcomes from the Soft Drinks Industry Levy, there are points that need to be addressed:

- Will schools continue to receive the **revenue** from the Sugar Drinks Industry Levy so that they can fund initiatives and interventions to promote a healthy weight? Long-term funding and increased clarity is needed for schools in order to help provide interventions that encourage long-term change.
- A stronger emphasis on the **socioeconomic factors** that impact the food and drink choices of individuals is required to more fully address the social inequalities associated with this issue.
- In order to establish healthy eating behaviours from a young age, it is important that **schools continue to support and provide healthy meals**. In Southwark, universal free meals are provided to all primary school children and the council is now extending this to nursery school classes. The council is supporting schools to improve the nutritional quality of meals where possible, but this would be made easier if meeting the School Food Standards was part of Ofsted inspections. The green paper makes very little reference to the role of schools in establishing healthy behaviours, not just in promoting healthy diets but also in encouraging physical

activity. For example, in Southwark we have a council-wide commitment to encourage all primary schools to do the 'Daily Mile' in order to increase physical activity.

- The council has welcomed the government's commitment to conduct a consultation on online and television **advertising** guidelines related to high fat, salt and sugar (HFSS) products; we are eagerly awaiting the outcome of this work. In the meantime, Southwark Council has introduced an advertising ban on HFSS for all council-owned advertising opportunities, in line with Transport for London's advertising policy. To further reduce the consumption of HFSS products the **use of cartoon and other characters** should not be included on food packets or offered as a gift within packaging.
- As part of the ban on HFSS product advertising, Southwark has also banned the promotion of alcoholic drinks to encourage a healthy lifestyle for residents. **Alcohol** has a considerable impact on people's health but is not adequately examined in the green paper.
- **The National Child Measurement Programme (NCMP)** also plays a vital part in helping us understand the health of children. To have the best impact possible, NCMP needs to be developed further. As a local authority, we recognise the need to share NCMP digitally, but we need further support to be able to do this. It is particularly important that NCMP data is shared with child weight management programmes, to increase the number of families receiving behavioural change support, and with GPs, so that families receive consistent messaging and support from healthcare professionals. There is a need for increased capacity within the programme to track children through their school journey, in order to gain more detailed knowledge of the factors that may impact their health. Under the current regime, there is no way to understand how a child's measurements might change between reception and year six.
- **Implementation of the consultations announced in the government's childhood obesity strategy:** In Chapter two, there were a range of measures that would significantly help people maintain a healthy weight such as consistent calorie labelling in the out-of-home sector, banning price promotions, 9pm watershed on TV advertising for HFSS products and similar protection for online advertising. Consultations for these initiatives have been completed, but no further action has resulted. **Clarification on how and when these policies would be adopted** would be welcomed.
- **Further healthy weight support for healthcare professionals:** Southwark Council is one of the first local authorities to develop a bespoke online healthy weight training programme for professionals across the borough. Interest and uptake by healthcare professionals in Southwark has far exceeded our expectations and participants have said that they found the training engaging and inspiring. We note recommendations from a recent report by the British Psychological Society on childhood obesity, which corroborates our local position. Specifically, that health professionals should be trained to talk about weight loss in a more supportive way and to avoid language and explanations that locate the 'problem' of obesity within individuals. The government should heed the recommendations of this report and expand healthy weight training across the country.
- The government should further highlight the **clear correlation between obesity and economic deprivation**. This paper does not identify how such wider determinants of health will be addressed to prevent more people becoming overweight. This is a fundamental weakness when trying to ensure that the next decade will offer individuals targeted support, tailored lifestyle advice and personalised care. The forthcoming roadmap, being developed by Dame Sally Davies, on how to achieve the government target of **halving childhood obesity by 2030** should be helpful in this regard, but as made clear in this response, it needs to acknowledge the key role of deprivation in this phenomenon.
- The government needs to prioritise **active travel**, focusing on encouraging uptake of walking and cycling. Currently, there are limited sources of national transport funding, with only £400m available each year. To reach a sustained behaviour shift amongst residents and to demonstrate to local authorities that this is a priority area, there needs to be more ambitious government action. This should include a refresh of the Cycling and Walking Investment Strategy. Measures such as school streets, 20mph roads, play streets and low emission neighbourhoods require further support from government to avoid a piecemeal provision across the country. All of this will help combat the rise of largely sedentary behaviour.

Question 7: Have you got examples or ideas that would help people do more strength and balance exercises?

One of the largest risks to older residents' health is the complications related to **falling and slipping**. 16,000 people in Southwark and Lambeth are at risk of falling, which equates to a third of the over 65 years population. In 2012/13 there were 13,039 falls related attendances and ambulance call outs by the registered population of Lambeth and Southwark, and 3,029 admissions into a hospital bed. This amounts to a whole system cost of £8.25 million per year. In 2017-18 in Southwark there were 1,283 Emergency hospital admissions for injuries due to falls in people age 65-79.

To help reduce these instances, SLIPS (Southwark & Lambeth Integrated Care Pathway for Older People with Falls) programme was initiated as an integrated falls service across health, social, voluntary and leisure sectors in Southwark and Lambeth. The service was evaluated between June 2013 and November 2015 and successfully showed improvement on all outcome measures including increasing people's confidence, improving their activities of daily living and independence levels. Of the 275 people triaged to be at risk of falls who participated over the 14 months of the project, 96.5% had no falls and of those who did fall, none required hospital care.

Implementing this programme in Southwark and Lambeth has had a number of positive outcomes for participants and the programme leads are currently working closely with Age UK's Safe and Independent Living (SAIL) programme to consider using it elsewhere. The programme will also be integrated into the council's Developing Social Prescribing model.

Beyond implementing similar services across the country, there are a number of other actions that would help people do more strength and balance exercises:

- There needs to be a greater emphasis and promotion of the **Chief Medical Officer's guidelines on physical activity**, especially for those aged 64 years and above.
- It is important to recognise that doing strength and balance exercises twice a week is not met by low intensity cardiovascular activities such as walking.
- All residents aged 60 years or above should be screened for risk of falls annually and referred and signposted to specialist services if needed.
- Strength and balance exercises should not be seen as only for the young or 'gym goers'. There are a number of ways to dispel this myth such as providing support services and educating people on simple ways to develop strength without going to the gym.

Question 8: Can you give any examples of any local schemes that help people to do more strength and balance exercises?

The council offers free swim and gym access to all residents in the borough on specific days (Fridays, Saturdays and Sundays), which helps build strength and balance for all residents. As of quarter one in 2019/20, our leisure centres have had over 39,000 visits. The council has further plans to make free swim and gym more flexible for residents and to offer free swimming lesson for all.

Founded in 2013, Silverfit is an exciting, rapidly expanding charity in Southwark, which is led by older people for older people. Silverfit's aim is to promote happier, healthier ageing through physical activity whilst at the same time combating social isolation. Their 'sandwich' formula of socialising/exercise/socialising for older people is unique, and is increasing activity levels and helping people make new friends, feel more confident and enjoy life as they age. They currently run sessions in parks around London for older people to meet, enjoy some exercise (everything from Nordic Walking and Pilates to Walking Football and Cheerleading) and have a chat in the café afterwards. Silverfit recently undertook a study on their members' views on exercise, and it found that most exercised to improve their physical health, feel good and improve mental health.

The council has also been working with five older adult community groups through an initiative called Oomph, which focuses on alleviating isolation and loneliness, empowering Southwark volunteers and staff to develop life-long employment skills and build confidence through exercise training. Participants admitted they would not normally participate in these kinds of activities, but have remarked how they feel more confident and keen to participate further. Instructors have seen large improvements in the mobility of participants after completion of the programme.

Southwark CCG commission an ESCAPE pain service delivered at Kings College and Dulwich Hospitals, which stands for *Enabling Self-management and Coping with arthritic Pain through Exercise*. It is run by physiotherapists for up to ten patients who meet twice a week for ten to twelve sessions. The programme includes a combination of education, self-management and coping advice with physical exercises. During the sessions, patients share experiences and take stock on changes in their conditions since the previous meeting, set and review goals and action plans, engage in themed discussions on topics such as managing pain, healthy eating, pacing activity and rest and agree exercises to do at home. 82% of patients completed this training. The Southwark Partnership has also recently been successful in achieving funding from The Healthy London Partnership and Innovation Unit that will allow us to develop some new innovations for residents that have been both diagnosed with MSK and depression or anxiety. Part of this will be to expand the current ESCAPE pain classes and sessions across Southwark. This will be done by developing a relationship with the MSK triage Hub (MCATS). The pilot project will start in October 2019 and run for 6 months until the end of March 2020.

Question 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?

This prevention green paper recognises that there are many factors affecting people's mental health, and although the paper highlighted the need to take urgent action to address some of these risk factors, **it is not clear what type of interventions will be implemented and how these would be funded**. This facet of the strategy needs more direction and clarity in order to sufficiently help support people's mental health and effectively prevent ill health.

Poverty, deprivation and debt have a detrimental effect on mental health, so any intervention aimed at reducing their impact would be helpful, but these need to be adequately funded. People, particularly the most vulnerable, need to be financially secure and have access to basic requirements, such as secure housing and healthy food. Examples of where the government could intervene include in the so-called 'gig economy' to ensure those employed on zero hour contracts can have basic income security, and to ensure that safe, quality homes are built at genuinely affordable rents.

In terms of what can be done to support things that are good for mental health, the evidence shows that a healthy prenatal and childhood environment, good social relationships, healthy lifestyle and good employment prospects are all protective factors for mental health. Frameworks akin to '**5 Ways to Wellbeing**' or the '**Wheel of Wellbeing**' could be used to steer community interventions.

Specific recommendations that will help support better mental health include:

- **Adequate funding for mental health and support services**, ensuring there is no postcode lottery in terms of mental health provision.
- Mandate **mental health first aid training for front line health and social care staff** so that individuals experiencing mental health crises are supported and effectively directed to appropriate mental health support services.
- Encourage community and voluntary sector (CVS) organisations working with individuals in debt to implement Mental Health First Aid training for all staff.
- Prevent public organisations from passing on individuals' details to private **debt collection** companies.
- **Targeted efforts** to reduce mental health inequalities, especially amongst BME populations, by launching culturally appropriate campaigns to de-stigmatise mental health issues and promote early intervention.
- Supporting people to 'give back' to their local communities through the promotion of **volunteering schemes** or to consider increasing their educational attainment through **adult learning programmes**, both of which can contribute to good mental health.
- Train workers within the **wellness and fitness industry** such as beauticians, hairdressers and fitness instructors, to talk about mental health. This could be similar to PHE and Treatwell's 'Life Saving Wax' initiative that aimed to encourage women to undergo cervical screening.

- The interaction between mental health and **digital technologies** is complex and does not have a singular outcome; it is recognised that digital technologies can both improve and worsen a person's mental wellbeing. However, it is important to recognise that they can provide part of the solution to the mental illness crisis by increasing access to mental wellbeing education and mental health support services. It is imperative that central government provide leadership and guidance in this arena, with particular focus on helping to develop and test digital interventions. Southwark would welcome being part of any pilot work.

Question 10: Have you got examples or ideas about using technology to prevent mental ill-health, and promote good mental health and wellbeing?

There are a range of opportunities for technology to be utilised. A few critical areas include:

- **Pre-natal and maternity:** Digitalise maternity and postnatal records to allow for more robust flagging and follow-up of women who are at risk of postnatal depression.
- **Young children:** Issue guidance on screen time limits for parents and teachers, including support on how to implement these and working with the digital marketplace to support this. This should accompany guidance for outdoor activity time.
- **Teenagers and adults:** Ensure that mental health services have clear navigable online access and self-referral routes, accompanied by clear information and advice written from a patient's point of view. Allow people to engage with services using online and text messaging as a first step.
- **Whole population:** Risk algorithms can be developed and implemented across health and social care records, identifying risk factors for poor mental health and wellbeing, and proactively flag individuals who may need preventative help. It is critical that shared intelligence protocols are in place between NHS, local government and key provider services. Electronic records should not just be limited to the NHS. The government have an important role in supporting this, and we recommend that a link is made with the Ministry of Housing, Communities & Local Government (MHCLG) local digital work.
- **Life stages:** It is important that digital technology targets and empowers the population to make positive lifestyle changes, for example by targeting people at transitions in life which make them more vulnerable to poor mental health. These include having a baby, moving into a new area and retirement. Targeting can be done by using high quality digital social marketing, with an online customer journey triaging to further support in the community as well as online.

Question 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?

Good sleep hygiene is important to ensure good health and we welcome its inclusion in the prevention green paper. In terms of helping people get seven to nine hours of sleep per night, it would be good to **embed good sleep hygiene practices in school curricula** (either within scientific subjects like biology, or as part of possible mental wellbeing programmes).

Employers should also take the lead in making their employees aware of the importance of sleep, in particular those who employ shift and night workers. Public Health England recently produced a 'Sleep toolkit' for employers that could be more widely advertised. The government could consider legislation that guarantees employees a 'right to disconnect' outside of work hours (as has recently been adopted in France).

In terms of the environmental factors that affect sleep, more emphasis could be put on the work of the local authorities environmental health teams. For example, Public Health and the Environmental Health team could work with licensing colleagues to ensure that **noise nuisance** generated by the night time economy is mitigated as much as possible by robust licensing policies.

Wider issues around the gig economy such as people working several jobs to keep their families afloat, not being paid a living wage, insecure tenancies, high rents, and poor housing standards all contribute to lack of sleep. A **truly liveable 'living wage'** should be considered when thinking about encouraging more sleep.

Question 12: Have you got examples or ideas for services or advice that could be delivered by community pharmacies to promote health?

Biometric measurements such as weight, height, blood pressure, blood cholesterol and blood glucose testing in community pharmacies would lessen the burden on GP surgeries and secondary care providers. These test results could be **digitally linked to a Digital NHS Health Check** in order to complete a remote NHS Health Check, for those where this would be the most appropriate delivery method.

Question 13: What should the role of water companies be in water fluoridation schemes?

Tooth decay remains the most common oral disease affecting children and young people in England and one of the most common reasons for their hospital admission; and yet, it is entirely preventable. Fluoride is a naturally occurring mineral that can help prevent tooth decay. While most commercial toothpastes contain fluoride, **inclusion of fluoride in the water supply** is an evidence-based population level intervention to reduce tooth decay not yet espoused universally in the UK. Water fluoridation schemes are already explicitly permitted by parliament and local authorities hold decision-making responsibilities; however, it is up to the Secretary of State for Health and Social Care to engage in agreements and partnerships with commercial water companies to make it happen.

Mainstreaming water fluoridation would require **a thorough communication plan** that focuses on tackling a number of false assertions about safety and efficacy, which can disproportionately affect public opinion. Any decision to move forward with water fluoridation would therefore need to be unilaterally agreed by water companies, so that a clear and consistent message comes from all professionals involved. Tooth decay has a significant socio-economic gradient and thus national fluoridation would reduce oral health inequalities.

Question 14: What would you like to see included in a call for evidence on musculoskeletal (MSK) health?

Trying to prevent an increase of MSK conditions is welcomed, and there are a number of areas that we believe should be included in a call for evidence on MSK:

- **A focus on the positive outcomes of doing strength work** when an individual is suffering from MSK-related ill health.
- **A review of GP coding of MSK problems.** Codes vary greatly making correct signposting and referring difficult, and results in an inability to accurately evaluate the incidence and prevalence of MSK-related illness.
- More evidence is required to assess the effectiveness of an adequately-funded **MSK service** in every local authority.
- **The relationship between MSK and mental health:** there is strong evidence to suggest that those suffering from MSK conditions will have a degree of poor mental health. This should be addressed by the strategy in order to encourage better prevention and treatment services for these individuals.
- Further guidance on how **evidence-based approaches** such as rapid-access physiotherapy, 'Escape Pain' initiatives and Joint Pain Advisor programmes can be delivered at scale, without the cost implications being prohibitive for employers.
- Consideration of **measures such as standing desks:** making them more affordable for smaller employers and encouraging workplace health schemes to recognise the importance of regular movement throughout the day.
- Further thought regarding initiatives for the **older population**, and whether these can be incorporated into a annual screening for 60+ year olds, as mentioned in Question 7.

Question 15: What could the government do to help people live more healthily: in homes and neighbourhoods, when going somewhere, in workplaces, in communities?

There are opportunities for significant government action in three areas - housing, planning, and work – all of which could help people live healthier lives.

In regard to housing, the introduction of the Homes Act 2018 (Fitness for Human Habitation) is welcomed. **Ensuring that all residential dwellings are suitable for living** could vastly improve health. There are ample opportunities for further action and we would encourage the government to examine this area further.

The Town and Country Planning Association has campaigned for the government to introduce a **Healthy Homes Bill**, which would ensure all new housing is built to an acceptable standard. The draft Bill contains ten principles, which set out what constitutes an acceptable home. These include:

1. Low risk of fire
2. Adequate living space
3. Access to natural light
4. Accessible housing as well as accessible and safe neighbourhoods.
5. Within walkable neighbourhoods with greenspace
6. Radical reductions in carbon dioxide emissions in line with the ambitions of the Climate Change Act 2008
7. Walkable access to green and play space
8. Increased resilience to a changing climate
9. Safe and secure, and will meet 'designing out crime standards'
10. Meet enhanced standards to prevent unacceptable noise pollution

Adequate housing insulation and other heat saving measures need to be included as well.

The physical environment is important in encouraging healthy behaviours and maintaining good health. Local authorities have some planning powers but **more explicit central government guidance on healthy environments would help create healthier communities**. For example, national guidance could make clear that there should not be an unhealthy concentration of A5 premises in an area. Implementing recommendations from the '**Putting Health into Place**' report should be helpful in achieving this.

The **Raynsford Review of Planning** identifies a number of recommendations that would serve the prevention agenda. The review identifies an amendment to Section 8 of the 2017 Neighbourhood Planning Act, which would place a legal duty on some strategic priorities. It suggests that the section should be changed to reflect the importance of people-centred policy and the interaction with health outcomes. In doing this, health can be incorporated more easily within the planning agenda.

Additionally, it is important that the government **supports and encourages longitudinal studies** to monitor and strengthen the evidence base for the prevention agenda and the creation of healthier places, such as a qualitative longitudinal study using Post-Occupancy Evaluation (POE) of neighbourhoods.

Another key area for examination is employment. Although the paper states that good work is good for health, '**good work**' is not clearly defined. In addition, it is not clear how employers can be encouraged to adopt healthier working practices. There are examples of good practice in this area such as The Mayor of London's Healthy Workplace Award and Good Work Standard, Scotland's Healthy Working Lives programme and the Better Health at Work Award in the North East of England. Although these are a promising start operating at a regional level, national leadership focused on this area would be welcomed.

In recognition of the significant sickness absence burden of mental ill-health and stress-related conditions, the **Health and Safety Executive's Management Standards on Work-Related Stress** is an example of good practice. Although there is an expectation that employers should ensure they are completing stress risk assessments, this is not universally implemented. Securing greater compliance with the management standards including making them statutory, whilst supporting smaller organisations to engage with them, should be considered.

An area not adequately addressed by the strategy is **low pay**. The Institute of Health Equity report, *Promoting good quality jobs to reduce health inequalities*, made a number of recommendations in recognition of the significant impact on health of low paid, low status and insecure jobs. These included ensuring an adequate level of pay for all workers, protection from physical hazards, improving job security, providing skills training, ensuring good work/life balance and greater involvement on the part of employees in decision-making.

The government could help people to live more healthy lives by considering the effect of low pay on health and wellbeing. Suggestions for change include:

- **A clearer focus on improving the quality of jobs.** This is an important consideration which should be explicit in employment support programmes – for example Work and Health Programme and JobCentre plus (JCP) job support.
- Ensure that there is **no weakening of health and safety and other employment protection regulations and legislation following Brexit.**
- Encourage and incentivise employers to **reduce the incidence of low pay** by adopting the Living Wage as set by the Living Wage Foundation’s campaign and raising the minimum and National Living Wage levels.
- Take action to **end the use of unstable employment patterns**, including zero hours contracts.
- **Increased investment in health and safety infrastructure** so that the current levels of protection are available to all and consistently enforced.

Question 16: What is your priority for making England the best country in the world to **grow old in**, alongside the work of PHE 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:

Our priority is to make Southwark a place which provides homes and neighbourhoods that support people to live long, healthy, happy lives in their own communities. In 2015 Southwark Council joined the WHO Global Network and became London’s first age-friendly borough. As well as **delivering extra care housing** and exploring other specialist housing options for older people, we are **adapting properties** to enable older residents and people with disabilities to live independently.

We are working in partnership with the Southwark CCG and the Community and Voluntary Sector to understand the opportunities to **improve social cohesion**. At the start of next year we will launch our local loneliness strategy which has been co-produced with local partners.

Across the borough, we are examining opportunities to secure suitable **housing** for our older residents. Home environments have an impact across the life course of health and wellbeing. We are therefore currently working on refreshing Southwark’s housing strategy to ‘encourage and support a mix of high quality homes, of different tenures, types sizes, which are accessible and respond to people’s changing needs over time’.

Furthermore, research indicates that fuel poverty increases with age particularly amongst the over 75s and physical and mental ill health are affected. Southwark will be working in partnership with the CCG and the voluntary sector to **coordinate an approach to fuel poverty**. This includes working with the GLA-funded Fuel Poverty Partnership, who offer advice and refer fuel-poor households to support services including income maximisation, health, and energy efficiency schemes.

We also want to ensure that work addresses **the needs of older workers**. In particular we want to ensure that employers offer:

- A range of flexible and agile working options
- Support for those with caring responsibilities
- Line management which is age inclusive by ensuring that age bias is addressed and removed
- Ensuring training and development opportunities are available for all workers in a range of accessible formats
- Recruitment processes which are truly age-inclusive

Question 17: 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.

The main government policies outside the health and social care sector that have the biggest impact on people's mental and physical health include:

1. Welfare reform to ensure adequate income
2. Housing and planning
3. Effective workplace regulation

A key driver of physical and mental ill health is the **inability to earn an adequate income**. People with a low income tend to have poor nutrition, are more likely to be overweight or obese, be time-poor and have worse mental health. One way to alleviate this excess burden of ill health is to introduce further welfare reform.

Southwark was a forerunner site for **Universal Credit (UC)** and whilst it is not yet fully in place across the country, it has had a significant impact on residents. Since its initiation, a significant number of claimants have fallen into rent arrears due to a delay in starting the programme and are still struggling to pay this back. This has had a significant effect on their health and mental wellbeing. According to Trussell Trust who surveyed users from 30 foodbanks across the UK in March 2018, 57% of respondents said that they had experienced mental or physical health issues as a result of the wait for their first payment. Additionally, we are opposed to the **current 'minimum' wage** which is often unable to meet basic living costs. The government should introduce a fair 'living' wage with a London weighting that provides a sustainable way to live well. Removing the two child cap on benefits and a review of sick and maternity pay would also serve to support this aim.

As referenced to in Question 15, **housing** has a significant impact on people's health. Homes need to be genuinely affordable, of high quality, adequately insulated and safe and suitable for human occupation. Introducing a Healthy Homes Bill and mandating increased housing standards in the private rented sector would be fruitful avenues to thoroughly ensuring we can prevent ill-health across the population.

Finally, as mentioned in Question 15, **workplace regulation and employment practices** are important. There should be a clear focus on improving the quality of jobs, appropriate employment practices (such as ending the use of zero hour contracts) and a salary which can sustain workers.

Generally, it is important to point out that there needs to be **a coordinated attempt to embed the prevention agenda across all government departments and all policy areas**. Government policy should focus on delivering health benefits for people in all public spheres. In this way, the healthy choice can become the easy choice.

Question 18: How can we make better use of existing assets – across both the public and private sectors – to promote the prevention agenda?

Fundamentally, no single actor can deliver the prevention agenda alone. **Partnership working** is essential and a range of stakeholders need to be mobilised. National and local government can help by setting out ambitions and directions of travel, but often they need to mobilise other areas of society, including the business and voluntary sectors. Engaging a wide array of stakeholders will ensure a well-rounded implementation and a more comprehensive support system.

The second step is to ensure that **everyone is aware of the role they can play in preventing illness**. Every stakeholder, department, civil servant and third sector body needs to understand that prevention can be incorporated into their work. For example, developers can bear in mind best practice when creating healthy environments and when submitting a planning applications. Welfare officers can consider the health impact of policy and the role of the wider determinants of health in promoting wellbeing.

Health should be everyone's business and in Southwark we have attempted to deliver this in various ways:

- Public Health in Southwark is now part of the directorate of Wellbeing and Place, meaning planning, environment and health teams can work together to promote a healthy society within our borough.
- Southwark is soon establishing a Community and Wellbeing Group with housing providers to share examples of good practice and resources on how to approach health and wellbeing in housing across the borough.

- We are developing a Healthy High Street Framework to recognise the role of the high street in influencing the health of local communities.
- Taking a human-focused approach when exploring policy areas like transport to help encourage healthy behaviours such as active travel.

Question 19: What more can we do to help local authorities and NHS bodies work well together?

- **Guidance:** A key way to ensure local authorities and NHS bodies work in tandem is to provide guidance on best practice. Highlighting models or local areas where this is done particularly well is a helpful starting point for creating collaborations across teams.
- **Funding:** Partnership working can be effective and valuable, but it is challenging to implement new ways of working without sufficient funding to create new pathways, work patterns and forums to share and learn from one another. The funding needs to have the necessary flexibility to be invested in the areas that are most in need of effective partnership working.
- **Convening:** The government should exercise its ability to convene a range of stakeholders within local government, NHS, PHE and other health bodies to work together to form a vision of how these players can better work together to support the prevention agenda.

Question 20: What are the top 3 things you'd like to see covered in a future strategy on sexual and reproductive health?

Southwark Council published its joint Sexual Health Strategy with the London Boroughs of Lambeth and Lewisham in March 2019. The strategy identified a number of actions that will help increase testing and treatment for Sexually Transmitted Infections (STIs), empower residents to enjoy healthy sexual relationships and good reproductive health and continue work towards eradicating HIV transmissions and late diagnoses. We believe these are vital aims of any future national strategy on sexual and reproductive health.

In terms of specific items for a future strategy, we would recommend the following three things:

- **Comprehensive funding:** Adequate funding to meet the demand of sexual health services, to prevent cost shifting and gaps in services between public health, CCGs and NHSE, as is currently the case. Schools also need funding to carry out Relationships and Sex Education (RSE), with targeted outreach and catch-up for those who are most disengaged in education (who are also most likely to become teenage parents).
- **Public awareness:** It is important to tackle the inequity of knowledge and access to the full range of contraception across England and between population groups. Incentivising GPs to see this as a priority would be recommended. National and targeted campaigns to tackle increases in unprotected sex, focussing on population groups with the poorest sexual health as well as the general public, would further aid in this endeavour and deliver positive health outcomes.
- **Specific efforts to tackle HIV stigma and fully funded rollout of Pre-Exposure Prophylaxis (PrEP):** Southwark still has the second highest number of people diagnosed with HIV in UK and the third highest HIV prevalence rate in London. The council is working hard to ensure it can effectively prevent, diagnose and treat HIV, and we believe that there are a few specific asks that will aid this. The PrEP programme has delivered positive outcomes as part of the borough's participation in the NHS England PrEP IMPACT trial, and a fully funded rollout of the programme across the country would go a long way to fully eradicate HIV/AIDS and help people live healthy lives and prevent illness. Further more public education is required to eliminate the stigma that is unfortunately often associated with HIV and STIs.

Question 21: What other areas (in addition to those set out in this green paper) would you like future government policy on prevention to cover?

In addition to those already included in the prevention green paper, we recommend inclusion of the following policy areas:

- The importance of good quality affordable housing, suitable for human habitation.

- The interaction between planning and the creation of healthy environments that encourage healthy behaviours.
- The role of the workplace and employers.
- Robust embedding of the prevention agenda in all government departments and policy areas.
- Support for local government in implementing the Government Digital Services (GDS) framework and NHS digital service design standards, NHS technology code of conduct, and the GDS technology code of practice. Further support is also needed to meet the NICE evidence standards for digital health technology across the country.

