The King's Fund

Ideas that change health care

Consultation response

Advancing our health: prevention in the 2020s consultation – The King's Fund response

Introduction

The King's Fund welcomes the government's commitment to prevention and the priority this is being given by the Secretary of State for Health and Social Care.

We set out below our response to the government's consultation paper on prevention, focusing on the last question in the consultation, 'What other areas (in addition to those set out in this green paper) would you like future government policy on prevention to cover?'

We welcome many of the specific proposals, including the commitment to ban energy drink sales to those under the age of 16, better use of data to support prevention, moves towards a tobacco-free society and the commitment to ensuring health is our most precious asset, including the development of a 'composite health index' to rank alongside GDP in government decision-making.

But taken as a whole, it is not clear from the consultation paper how these announcements will meet the government's goal outlined in the Ageing Society Grand Challenge of: 'at least five extra healthy, independent years of life by 2035 while narrowing the gap between the experience of the richest and poorest'. It lacks the scale and ambition to tackle the significant public health challenges facing the nation including stalling life expectancy, high levels of obesity and deep and widening health inequalities.

The current proposals can and should go further. The government needs to do more – some of this is action it can take itself, but much is about both supporting and holding to account local systems, where the gains will be greatest. Many of these ideas have been set out in our *Vision for population health,* which argued that a population health-based approach holds the key to tackling the public health challenges we face (Buck *et al* 2018). This is being used and adapted in many areas around the country to help develop local approaches to population health and shift to a more preventive system. We are happy to share the insights from this work with local systems on request.

A whole-government approach to prevention

We are pleased that the consultation paper recognises that many of the levers to support prevention lie in the actions of departments other than the Department of Health and Social Care. Five areas where the government could make a significant and clear difference, and which The King's Fund would warmly welcome, are set out below.

- The government needs **a new national health inequalities strategy**. The good news is that we know inequalities in health are avoidable, and efforts to reduce inequalities have worked in the past. (Buck 2017) We welcome and support Public Health England's recent guidance, *Health inequalities: place-based approaches to reduce inequalities* (Public Health England 2019a). But more resource is needed to support local areas putting this approach into practice, including the creation of dedicated regional teams, and any work needs to be set in the wider context of a cross-government health inequalities strategy. We have set out the reasoning for this in our *Vision for population health*, and as shown below all policies need to be designed with reduction of inequalities in mind, otherwise they tend to widen them.

- A cross-government mechanism is needed to ensure, where relevant, major government policies undergo a public prospective **health impact assessment** and a retrospective assessment after an appropriate length of time.

  Long-term thinking and learning about the impact of policy decisions on population health need to be more strongly institutionalised within and across government. For example, the recent work by the Institute for Fiscal Studies on the long-term impacts of SureStart has shown that the initiative significantly reduced hospitalisations among children by the time they finished primary school, and these effects were bigger in disadvantaged areas (Cattan *et al* 2019). Such long-term evaluations of policy are notable by exception; this needs to change if the government is serious about health being one of our country's most precious assets.

  This learning then needs to be acted on. Given it will require cross-government action, it therefore requires a cross-government commitment and mechanism to do so. England needs to learn from others who are attempting to do this, including Wales through the Well-being of Future Generations (Wales) Act 2015, Future Generations Commissioner for Wales, and associated mechanisms (Future Generations Commissioner for Wales 2019).

- Clearer **evidence-based approaches to regulation, taxes and other ways to change prices of products and behaviours** that can often be harmful to health are needed.

  The government has led the way with its approach to the soft drinks industry levy (and on differential taxation of different strength beers). Public Health England's report on progress between 2015 and 2018 shows how effective well-

designed tax rises have been in incentivising industry reformulation of soft drinks, but also how voluntary regulation of sugar reduction in other foodstuffs is still not working as fast as it should be (Public Health England 2019b).

Although there are reductions in sugary soft drink consumption in all income groups, the reductions are around three times less in lower income groups than in others, so the soft drinks industry levy has also widened relative inequalities. This reinforces the point above: unless designed explicitly with inequality reduction in mind, even good policies can unintendedly widen inequalities.

Emerging findings from Scotland's introduction of minimum unit pricing of alcohol are also striking (Mooney and Carlin 2019). The findings show that it has had a larger impact than expected on consumption, and that this effect is highly targeted towards heavier drinkers. Further, it has not had the effect of increasing expenditure for lower income drinkers, reducing worries about minimum unit pricing being regressive.

The government also continues to regulate in other areas and has been successful in doing so. At national level, for example, the Children and Young Persons (Sale of Tobacco etc) Order 2007 raised the minimum age for purchasing tobacco to 18 and was successful in reducing smoking in those aged 11–15 across the socio-economic spectrum (Millett 2011). The current government also supports banning the sale of energy drinks to those under 16 (as set out above) and is consulting on fortifying flour with folic acid (Department of Health and Social Care 2019a).

Clearly any further action on prices, taxation or regulation will rely on public support and consent. Contrary to some beliefs, the public does support stronger policies when asked specific questions about them. Evidence of this comes from Public Health Wales (Sharp *et al* 2018) and our joint work around the 70th anniversary of the NHS with the Health Foundation, the Institute for Fiscal Studies and the Nuffield Trust about public attitudes to stronger regulation and taxation (McKenna 2018). For example, 54 per cent of the public tend to or strongly support minimum unit pricing for alcohol versus 22 per cent who tend to or strongly oppose. The former Chief Medical Officer's report on childhood obesity also shows strong support among the public for making healthy foods cheaper than unhealthy ones (81 per cent) and for reducing numbers of fast food outlets around schools (72 per cent) (Department of Health and Social Care 2019b).

Overall, the government can now have confidence to go further on using price and tax measures to support positive behaviour change. The King's Fund will soon be publishing its take on the use of regulation, taxation and other forms of price changes to improve health.

- **Better monitoring and reporting of preventive spend** is required. The government spends too little on prevention. The reasons for this are well

rehearsed and include: the perception (and in a few cases, the reality) that prevention takes longer to pay off in terms of health outcomes; that those who pay for prevention (often non-NHS organisations) do not receive the rewards, especially in terms of reduced demand, which leads to sub-optimal investment; and that it is much harder politically to argue for something that doesn't happen (such as one more person not smoking), than something that does (such as one more heart attack treated successfully).

The evidence from the National Institute for Health and Care Excellence, the World Health Organisation, Public Health England and many others shows that prevention is good value. For example, the National Institute for Health and Care Excellence recently estimated that two-thirds of the public health interventions it has assessed since 2006 were cost effective and around one in four were cost saving in the more recent period between 2011 and 2016 (Owen *et al* 2018).

However, we recognise that preventive spend is difficult to measure accurately and therefore welcome the recent joint paper by Public Health England and the Chartered Institute of Finance and Accountancy that proposes action in this area (Chartered Institute of Public Finance and Accountancy and Public Health England 2019). The Department of Health and Social Care and Public Health England should put into practice the recommendations from this report and commit to better monitoring and publishing of trends in preventive spend to help shift the system to a more preventive approach. If this does not work, ministers should be prepared to consider the pros and cons of setting a specific target for preventive spend and the associated performance regime to support it.

- **Commit to a £1 billion per annum uplift in the public health grant.** We welcome the expected real-terms increase in the local government public health grant in 2020/21 after years of real-terms reductions. But it is clearly not enough; the Health Foundation and The King's Fund have jointly estimated that – given population growth and inflation – the public health grant requires an extra £1 billion per annum to return it to the real levels per head at the beginning of 2015/16 (before the in-year cut) (The King's Fund and Health Foundation 2019).

  Any additional spending on the service commissioned through the grant will be exceptional value for money. Recent work by the Centre for Health Economics shows that it is three to four times more cost effective in improving health outcomes than if the same money was spent in the NHS baseline (Martin *et al* 2019). While local government has been extremely efficient in managing its resources, the level of cuts (against a parallel increase in need) must now be reversed.

Greater support and challenge to local systems

The consultation paper does not say enough about or offer enough support to local systems. The response will be the opportunity for central government to show how it will better support local government, the NHS and others to be more preventive. While

resolving the funding crisis in local government will be critical to that, the four areas outlined below are also important.

- Local systems need stronger direction and guidance from the centre on the implications of the rarely used **existing provisions in legislation** to support prevention, including the Social Value Act, the inequalities duties in the Health and Social Care Act, and the Care Act. In addition, local authorities have very permissive powers around improving citizens' wellbeing. There is a need for more clarity on how these provisions can be creatively and appropriately used to shift towards more preventive systems. Some areas are already doing this, but it is not widespread and we know that more clarity and guidance would be widely welcomed locally.

- Stronger **leadership and accountability for prevention in local systems** is needed, as our *Vision for population health* argued. Health and wellbeing boards could step up and provide a stronger leadership role – their time may finally have come. Accountability and governance around population health, of which prevention is a key part, is currently too complex and weak. The government needs either to address this directly or send a strong message that this needs to be solved locally. We have seen some of this in practice in local systems, but stronger expectations and support are required to make the exception the norm.

- A focus on **communities and their contribution to health**, which we and many others, including Public Health England and the New Local Government Network have been drawing more attention to, is needed (Lent and Studdert 2019). We have recently published an in-depth report on the transformative experience of Wigan Council's work with its residents over the past decade, becoming a stronger partner for health with its community (Naylor and Wellings 2019). While the consultation paper included a reference to Wigan's achievements, the consultation response needs to show stronger commitment to supporting such changes across the country.

- The government should **accelerate the development of integrated health and wellbeing services** that support people in tackling unhealthy behaviours but, critically, should recognise that many people will require support with wider problems and issues in their lives (Evans and Buck 2018). These services take into account that most people do not experience unhealthy behaviours in isolation (around seven in ten adults have at least two) and that there is a close relationship between unhealthy behaviours and inequalities (with those from lower socio-economic and educated groups many times more likely than the highest groups to have four behaviours, which in turn is predictive of a shorter life) and people's lives and circumstances. Their approaches therefore increasingly tackle wider problems (such as debt or housing) and provide psychological support alongside supporting behaviour change so that people are more able to make the changes they need to.

In conclusion, the government's commitment to prevention is welcome. But the government needs to do more itself and in support of local systems to make that commitment a reality. We look forward to the government's response to the consultation.

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