The Association of Directors of Public Health

Response to the Consultation on 'Developing the Long Term Plan for the NHS'

The Association of Directors of Public Health (ADPH) is the representative body for Directors of Public Health (DsPH) in the UK. It seeks to improve and protect the health of the population through collating and presenting the views of DsPH; advising on public health policy and legislation at a local, regional, national and international level; facilitating a support network for DsPH; and providing opportunities for DsPH to develop professional practice.

The Association has a rich heritage, its origins dating back 160 years. It is a collaborative organisation working in partnership with others to maximise the voice for public health.

1. What are the core values that should underpin a long term plan for the NHS?

- **Need a shift in focus to prevention.** This is not only because of the expense/distress caused by preventable disease but because of the importance to individual lives, communities, the economy and sustainability of the health and care system. We must invest in enabling people/communities to prioritise their long-term health and wellbeing.
- **The NHS has an important part to play in achieving this shift.** The FYFV identified some actions but this has not been delivered. Efforts need to be stepped up and prevention placed at the centre of the plan.
- **Local partnerships are essential to deliver sustainable changes.** Local authorities have a clear and distinct role in improving the health of their population and in convening the local system to work together through Health and Wellbeing Boards. The plan will not be successful if it is just a plan about the NHS.
- **NHS investment should complement local action on public health and social care.** The test should be of effectiveness in delivering our common objective of improving healthy life expectancy faster than, but at the same time as increasing life expectancy. Where financial savings accrue primarily to the NHS, there is an obligation upon the NHS to invest across the system.

2. What examples of good services or ways of working that are taking place locally should be spread across the country?

- We have shared examples directly with the specific workstreams.

3. What do you think are the barriers to improving care and health outcomes for NHS patients?

- A sustainable NHS cannot be achieved without a sustainable social care system and investment in public health (public health funding will be cut by 9.7% by 2020/21).
- The financial challenges facing the NHS can sometimes overshadow the need to invest in preventive initiatives. The NHS will not succeed in reducing waiting times and improving outcomes unless it tackles the demand and prioritises support for prevention.
- Public health training for healthcare professionals is limited. The training healthcare professionals receive before they qualify and throughout their careers should embed and reinforce the importance of public health and prevention.

- An enduring inability to think system wide. There is a silo view that the NHS can or should do it all. It does not have the capabilities and needs to work with, and fund, partners.
- The NHS way of working with local authorities and community organisations needs to change. Local accountability matters and actions which have the support of communities and which are actively promoted by councils have the greatest chance of being sustained.
- The NHS is too reliant on national one size fits all approaches. The role of national action must be to empower local communities/individuals to achieve their best possible wellbeing.

Life stage – early life

1.1 What must the NHS do to meet its ambition to reduce still-births and infant mortality?

- The most common cause of stillbirth is placental abruption secondary to preeclampsia.
- Need to maximise maternal health during pre-conception and pregnancy, including smoking cessation programmes, alcohol identification and advice, support for women at risk of violence (domestic abuse), promotion of breastfeeding and promoting heathy weight in women of childbearing age, with targeted support for younger mothers. Regular attendance at antenatal checks is key to mitigate risk.
- Commissioners and providers must ensure widespread implementation of the NICE Guideline, Smoking: Stopping in pregnancy and after childbirth, with an emphasis on routine carbon monoxide testing, training of healthcare staff and opt-out referral processes. Midwives are very well placed to deliver Very Brief Advice to pregnant women on smoking and pregnancy weight gain.
- Health and social care professionals including GPs, midwives, health visitors, family support workers and social workers should be trained to identity prenatal and perinatal maternal problems early, to enable a targeted offer of more individualised support and signposting for those families with the greatest needs. Local areas should develop strong perinatal mental health partnerships.
- Infant mortality is closely associated with socioeconomic conditions and poverty – with early intervention needed to support struggling families. This includes safe sleeping, smoking, alcohol and drug services.

1.2 How can we improve how we tackle conditions that affect children and young people?

- A whole system approach is needed to improve child health, which requires effective integration and joint working between the NHS and local authorities. A strategic shift towards prevention and early intervention is needed and this should begin with supporting good maternal health, promoting positive outcomes for both mother and child and a focus on the early years.
- There needs to be better join up of children's services. Closer working is needed between health visitors and early years practitioners, voluntary organisations, schools, GPs and primary and secondary care providers, to ensure that all children have access to a universal offer of assessment, early identification and early intervention.
- A balance is needed between providing universal services to all children (such as through health visiting teams) while also focusing additional resources on vulnerable children and marginalised groups.
- It is also important to ensure that local services have arrangements in place to manage the transition to adult services.
- NHS staff should be aware of and take responsibility for recognising and helping with adult health issues (e.g. mental health, alcohol) which impact on children.

1.3 How should the NHS and other bodies build on existing measures to tackle the rising issues of childhood obesity and young people's mental health?

- A whole system approach is needed to improve child health. This requires joint working between the NHS, housing, education, social services, planning, voluntary, police and youth justice sectors.
- All providers and commissioners/service planners should work together locally to promote a whole systems and life course approach to promote mental health and prevent childhood obesity, using a common agreement such as the Prevention Concordat for Better Mental Health.
- Health visitors play a key role in supporting families and are the most common source of guidance for parents. The mandated health visitor checks should be used to identify early excess weight gain and provide appropriate advice around infant feeding. All professionals working with children should be able to promote positive mental health in the early years and be able to identify children experiencing or at risk of experiencing mental health problems.
- Maternity services, primary care, health visiting and paediatric services should support mothers in making informed choices around breastfeeding and offer practical support to help them initiate and maintain breastfeeding. When mothers choose to bottle-feed appropriate advice should be given. Consistent advice about healthy growth patterns, weaning, diet, physical activity and sleep should be given.

1.4 How can we ensure children living with complex needs aren't disadvantaged or excluded?

Life stage - Staying healthy

1.5 What is the top prevention activity that should be prioritised for further support over the next five and ten years?

- Investment in interventions to tackle smoking, alcohol harm and obesity.
- Culture change so that all NHS staff 'make every contact count' and the NHS is a health promoting environment for staff and patients.

1.6 What are the main actions that the NHS and other bodies could take to:

a) Reduce the burden of preventable disease in England? b) Reduce preventable deaths? c) Improve healthy life expectancy? d) Put prevention at the heart of the National Health Service?

- Prevention should be placed at the centre of practice within the NHS. This requires more than just financial investment; it requires culture change across the system and behaviour change amongst healthcare professionals. Training/CPD for staff must be a priority.
- The NHS needs to step up and recognise its role in prevention. A more collaborative, holistic approach to primary, secondary and tertiary prevention is needed across local systems.
- Integration needs to extend beyond the NHS and social care and take a place-based approach, with a collective responsibility to ensure people can lead healthy, fulfilling lives.
- ICSs have a key role to play in prevention and tackling health inequality. Clarity is needed over the powers of ICSs to achieve tangible improvements to health outcomes. The Director of Public Health has a key role in ICSs as the local system leader for prevention.

The NHS has a key role:

At an individual/patient level:

- Supporting behaviour change in people who are well but at risk of ill health, as well as in people who are at risk of deterioration or developing other conditions.
- 'Social prescribing' - signposting and referring people to statutory and voluntary sector services e.g. leisure services, befriending, domestic abuse support, debt advice, employment support. Some of these will need NHS funding.
- Early identification, proactive and systematic management of long term conditions. Through population health management approaches – recognising the expertise that the Director of Public Health and their teams bring to this.
- Supporting patients and carers to self-manage, empowering them to take actions for themselves and their families. Recognising the importance of integration at a local level with social care, public health and the voluntary & community sector (e.g. Local Area Co-ordinators).

As a "setting":

- Creating health-promoting healthcare environments that support people to make the healthier choice the easier choice, e.g. smokefree, active travel or reducing access to unhealthy foods.

At a wider societal/population level:

- As a major local employer, offering "good employment", e.g. Living Wage, apprenticeships and job opportunities for people who face barriers to work.
- As a healthy employer, supporting the physical and mental health of its workforce and their families.
- As a commissioner and procurer of services, ensuring fair conditions and social value through its supply chain.
- Leading the way in reducing air pollution by switching to lower polluting vehicles for the NHS fleet, developing smarter travel plans for staff, and improving walking, cycling and public transport access.

1.7 What should be the top priority for addressing inequalities in health over the next five and ten years?

- The NHS, both as a commissioner and a provider, needs to play a stronger role in tackling health inequality. There should be greater accountability on both CCGs and STPs/ICSs to work with local authorities to reduce inequalities. The Director of Public Health provides a key link between the NHS and local authority.
- NHS staff should be trained to understand the impact of health inequality, have a greater awareness of the social determinants of health (including how these affect people's ability to engage in their care) and should take a Making Every Contact Count approach to link up people who may have wider issues such as housing or debt problems with appropriate services.

1.8 Are there examples of innovative/excellent practice that you think could be scaled up nationally to improve outcomes, experience or mortality?

1.9 How can personalised approaches such as paying attention to patient activation, health literacy and offering a personal health budget reduce health inequalities?

1.10 What is the best way to measure, monitor and track progress of prevention and personalisation activities?

Life stage - Aging well

1.11 What more could be done to encourage and enable patients with long-term health issues to play a fuller role in managing their health?

- Co-production approaches to developing interventions are vital, both in terms of securing uptake but also for empowerment.
- There is a need to shift away from the view of individuals with long-term health issues and particularly ageing as a burden on resources towards seeing older people as assets in society.
- Staff need to have a greater awareness of the social determinants of health (including how these affect people's ability to engage in their care) and should take a Making Every Contact Count approach to link up people who may have wider issues such as housing or debt problems with appropriate services.

1.12 How can we build proactive, multi-disciplinary teams to support people with complex needs to keep well and to prevent progression from moderate to severe frailty for older people?

- ADPH advocates a whole system approach to supporting older adults through joint working between local authorities, health and community partners.
- The social care system is currently under a tremendous amount of financial pressure. The LGA estimates that adult social care services will face a funding gap of £1 billion by 2019/20. Sustainable funding of the social care funding system is extremely important for older people's wellbeing and dignity and must be addressed as a matter of urgency.
- Reduction in social care funding has resulted in reduced ability to deliver preventative services.
- Primary, secondary and tertiary prevention need to be embedded throughout the life course to maximise the opportunity for independent healthy ageing and to reduce inequalities in later life. At the primary prevention level this means supporting health promoting behaviours starting with pre-birth and the early years and continuing throughout the life-course. At the secondary and tertiary levels, it means delivering initiatives to ensure older people are living as healthily as possible, are connected to their communities and can access services including screening, immunisation and health checks.
- Preventative action is needed to reduce falls, for example through group exercise programmes.

1.13 What would good crisis care that helps prevent unnecessary hospital admissions for older people living with various degrees of frailty look like?

1.14 What would be the right measures to put in place to know that we are improving patient outcomes for older people with various degrees of frailty?

1.15 How can we ensure that people, along with their carers are offered the opportunity to have conversations about their priorities and wishes about their care as they approach the end of their lives?

1.16 What are the main challenges to improving post-diagnostic support for people living with dementia and their carers, and what do you think the NHS can do to overcome them?

1.17 What is your top priority to enhance post-diagnostic support for people living with dementia and their carers?

Clinical priorities – Cancer

2.1 What should the top priority for improving cancer outcomes and care over the next five and ten

years be?

- A radical shift towards prevention – specifically tobacco control, tackling obesity and reducing alcohol harm.

2.2 What more can be done to ensure that: a) More cancers are prevented? b) More cancers are diagnosed early and quickly? c) People can maintain a good quality of life during and after treatment? d) People with cancer have a good experience of care?

- Nearly 4 in 10 cancers are preventable through lifestyle changes. Strong action is vital to help people make healthier choices. Action by the NHS (working with system partners including local authorities) should include focussing on:
    - Tobacco control e.g. ensure healthcare professionals are delivering very brief advice for smoking cessation, smokefree environments, encourage smokers working in the NHS to quit, GPs should continue to prescribe nicotine replacement therapy or stop-smoking medicines to patients who need them to stop smoking.
    - Reducing alcohol harm e.g. embedding prevention of alcohol harm into STP/ICS plans, ensure healthcare professionals are delivering alcohol identification and brief advice, inclusion of Alcohol Care Teams in appropriate hospitals.
    - Addressing obesity e.g. healthy food on NHS premises, GPs should consider delivering brief interventions at appropriate opportunities to motivate weight loss in patients as this has been shown to be effective, healthy weight pathways should be in every health and social care programme as an essential part of keeping people healthy.
    - Air pollution e.g. leading the way in reducing air pollution by greening the NHS fleet to reduce emissions, developing smarter travel plans for staff and improving public transport and active travel access to facilities.
- Physical activity should be included as part of the recovery package as it's effective in reducing recurrence and cancer-specific deaths.

2.3 How can we address variation and inequality to ensure everyone has access to cancer diagnostic services, treatment and care?

- Targeted action to improve the take-up of cancer screening programmes.
- Earlier diagnosis will require providing sufficient staff capacity, particularly in primary care, to ensure access and a shift in approach and culture towards more diagnostic testing and shorter wait times.

Clinical priorities - CVD and Respiratory

2.4 What actions could be taken to further reduce the incidence of cardiovascular and respiratory disease?

- People with CVD and respiratory disease share many common risk factors (e.g. smoking, obesity, sedentary lifestyles, exposure to pollution exposure) which can be addressed through evidence-based lifestyle interventions such as smoking cessation and management of weight, alcohol consumption, and physical inactivity.
- The NHS is too reliant on national one size fits all approaches. Action should be taken as a local system, linking up with existing programmes within local authorities and working with the Director of Public Health in the local system.
- Community pharmacies are a key partner in improving diagnosis.

2.5 What actions should the NHS take as a priority over the next five to ten years to improve outcomes for those with cardiovascular or respiratory disease?

- Optimising treatment of atrial fibrillation
- Optimising treatment of blood pressure
- Managing risk factors such as cholesterol
- Leading the way in reducing air pollution by greening the NHS fleet to reduce emissions, developing smarter travel plans for staff and improving public transport and active travel access to facilities. As well as providing advice to patients with respiratory problems.

Clinical priorities - Mental Health

2.6 What should the top priority for meeting peoples mental health needs over the next five, and ten years be?

- A whole systems approach should be implemented, where care and support can be delivered through multiple pathways. The key two components are below:
    - Adopt a population approach to good mental health which understands mental health across the spectrum from positive wellbeing to living with and recovering from complex ill health, and which understands this across the life course. This would enable not just the NHS but many others to identify clear actions from promoting positive mental health and wellbeing, to resilience and coping, and to recovery at every life stage. Within this, building a greater focus on prevention is key.
    - Improving access to and outcomes from mental health services will be crucial, including i) improving recovery approaches and ii) ensuring debt, money, employment and housing issues which exacerbate mental ill-health episodes are addressed as a routine part of mental health provision.

2.7 What gaps in service provision currently exist and how do you think we can fill them?

- The NHS should be doing more to prevent mental illness; the NHS will not succeed in reducing waiting times and improving outcomes unless it tackles the demand and prioritises support for prevention and early intervention.
- Providers and commissioners should work together locally to promote a whole systems and life course approach to mental health, using a common agreement such as the Prevention Concordat for Better Mental Health.
- Internally the NHS should adopt Workplace Wellbeing Charters and promote good mental wellbeing amongst staff.
- All healthcare professionals should be trained in mental health and be able to promote positive mental health and identify those at risk of/experiencing mental health problems.
- Prioritising early intervention for self-harm, psychosis and depression will be crucial, especially in people with long term conditions and those with repeat non-elective admissions to hospital. The Health Foundation report on emergency admissions suggests this could have beneficial effects not just for peoples' coping and mental health but for NHS system efficiency and resilience.
- Moving to a recovery approach which builds on peoples' capabilities to self-manage and recover must be a priority.
- Need to address health inequalities and cultural/behavioural influences on health choices such as the stigma associated with mental health.

2.8 People with physical health problems do not always have their mental health needs addressed; and people with mental health problems do not always have their physical health needs met. How do you think we can improve this?

2.9 What are the major challenges to improving support for people with mental health problems and what do you think the NHS and other public bodies can do to overcome them?

- An enduring inability to think system wide and think beyond NHS clinical system boundaries.
- The silo view that the NHS can or should do it all. It does not have the capabilities and needs to work with, and fund, partners.
- An over-reliance on clinical and medical models.
- The NHS way of working with local authorities and local community organisations needs to change.
- A too reliant approach on national one size fits all approaches.
- Learning from quality improvement science in mental health provision is still lagging behind some other fields.

2.10 How can we better personalise mental health services, involving people in decisions about their care and providing more choice and control over their support?

Clinical priorities: Learning Disability and Autism

2.11 What more can the NHS do, working with its local partners, to ensure that people with a learning disability, autism or both are supported to live happy, healthy and independent lives in their communities?

2.12 How can we best improve the experiences that people with a learning disability, autism or both have with the NHS, ensuring that they are able to access the full range of services they need

Enablers of improvement: Workforce

3.1 What is the size and shape of the workforce that we need over the next ten years to help deliver the improvements in services that we would like to see?

3.2 How should we support staff to deliver the changes and ensure the NHS can attract and retain the staff we need?

3.3 What more could the NHS do to boost staff health and well-being and demonstrate how employers can help create a healthier country?

Enablers of improvement: Primary Care

3.4 How can the NHS help and support patients to stay healthy and manage their own minor, short term illnesses and long-term health conditions?

3.5 How could services like general practice and pharmacy, work with other services like hospital services to better identify and meet the urgent and long-term needs of patients?

3.6 What other kinds of professionals could play a role in primary care, what services might they be able to deliver which are currently delivered elsewhere and how might they be supported to do so?

3.7 How could prevention and pro-active strategies of population health management be built more strongly into primary care

Enablers of improvement: Digital Innovation and Technology

3.8 How can digital technology help the NHS to: a) Improve patient care and experience? b) Enable people and patients to manage their own health and care? c) Improve the efficiency of delivering care?

3.9 What can the health and care system usefully learn from other industries who use digital technology well?

3.10 How do we encourage people to use digital tools and services? (What are the issues and considerations that people may have?)

3.11 How do we ensure we don't widen inequalities through digital services and technology

Enablers of improvement: Research and Innovation

3.11 How can we increase opportunities for patients and carers to collaborate with the NHS to inform research and also encourage and support the use of proven innovations (for example new approaches to providing care, new medical technologies, use of genomics in healthcare and new medicines)?

3.12 What transformative actions could we take to enable innovations to be developed and to support their use by staff in the NHS?

3.13 How can we encourage more people to participate in research in the NHS and do so in a way that reflects the diversity of our population and differing health and care needs?

- A research without walls approach should be adopted by establishing Community Clinical Research Facilities with local authorities.
- Research grants should be allocated with a focus on the need and diversity of local populations.

3.14 How can we increase research in topics that have traditionally been under-examined?

3.15 What should our priorities be to ensure that we continue to lead the world in genomic medicine?

Enablers of improvement: Engagement

3.16 How can the NHS encourage more people to share their experiences in order to provide an evidence base for checks on whether changes introduced under the long term plan are driving the changes people want and need?

3.17 How can the NHS improve the way it feeds back to people about how their input is shaping decisions and demonstrate that the NHS is the world's largest learning organisation?

Association of Directors of Public Health

September 2018