The Association of Directors of Public Health Consultation Response

Times Health Commission

Objectives and Scope

The Times Health Commission has been set up to consider the future of health and social care in England in the light of the pandemic, the growing pressure on budgets, the A&E crisis, rising waiting lists, health inequalities, obesity, and the ageing population. The year-long commission aims to address the most urgent challenges facing health and social care. Commissioners will draw up recommendations in ten areas to identify problems and find solutions.

About ADPH

ADPH is the representative body for Directors of Public Health (DsPH), and is a collaborative organisation, working in partnership with others to strengthen the voice for public health, with a heritage which dates back over 160 years. ADPH works closely with a range of Government departments, including UKHSA and OHID as well as the four CMOs, NHS, devolved administrations, local authorities (LAs) and national organisations across all sectors to minimise the use of resources as well as maximise our voice.

ADPH aims to improve and protect the health of the population by:

- Representing the views of DsPH on public health policy.
- Advising on public health policy and legislation at a local, regional, national and international level.
- Providing a support network for DsPH to share ideas and good practice.
- Identifying and providing professional development opportunities for DsPH.

Our position

The NHS is struggling to fulfil its duties and it's not just patients that are bearing the brunt of the strain the health service is under, the healthcare workforce is experiencing increasingly unsustainable conditions.[1] As the Covid-19 pandemic made clear, radical changes must be made to the health and social care system for it to adequately serve the British public. The undeniable truth is that our society has been failing to prevent diseases from happening in the first place.

The reason why the NHS is failing lies far upstream and is caused by persistent cuts to funding and a failure to prioritise public health and prevention. The result is that many people are contracting diseases that are largely preventable and those in deprived communities are living shorter lives, in poorer health. This situation is then compounded with record levels of people unable to work due to poor health.

It is unacceptable that over seven million people in need of medical care are on waiting lists for treatment.[2] The importance of prevention cannot be overstated, the demand for care needs to be cut at the source by investing in public health and prevention. If our efforts focus on tackling the long waiting list reactively without changing the way we perceive health and wellbeing or reducing health inequalities, then we are effectively throwing our limited resources away.

It is important to note that this commission focuses narrowly on the NHS and healthcare as opposed to health. The distinction between the two is crucial as the former assumes a medicalised approach to consequences resulting from individual choice, [3] whilst the latter focuses on addressing poor health by looking at socioeconomic factors. Solely placing emphasis on healthcare deflects attention away from the root causes of diseases that strongly affect the health outcomes of our population.[4] Inequalities for instance should not just be discussed in the context of the NHS. The Government has a responsibility to address these inequalities that exist on many different levels such as within and between regions, between communities, and between people of different ethnic backgrounds just to name a few.

DsPH across the four nations have expertise in taking local preventative action and would welcome the opportunity to share their perspectives and discuss the most urgent challenges facing health and social care as laid out by the Times Health commission. If you are interested in meeting with us, we would be delighted if you contacted policy@adph.org.uk.

The funding model for health and social care

Greater investment in prevention and public health is mutually beneficial for the Government and for the UK population. Placing more focus on prevention will allow the NHS to make savings and alleviate the pressure on its services. In the long run prevention is the key to yield more favourable health outcomes for the population. LAs have faced significant funding cuts throughout recent years, with the Covid-19 pandemic causing greater constraints. In England, the Public Health Grant needs £0.9 billion more a year to reverse these cuts.[5] Research has demonstrated that cuts to public health funding may generate billions of pounds of additional costs to health services and the wider economy.[6] In terms of funding and resources, cutting-edge precision medicine comes with enormous opportunity cost at the expense of public health investment, primary care and social care, and the chances that it will produce high marginal value or return to health is slim.[7] More investment should be dedicated instead to primary prevention which are three to four times as effective in reducing mortality than the NHS.[8] Public health needs to be funded sustainably and adequately in line with local population health need.

The funding model for health and social care places inadequate emphasis on the role of both prevention and public health. Prevention is more than preventing people from needing healthcare, it is prevention of ill health or disease. Whilst health services, delivered by the NHS and public health teams in local government, play an important role in keeping us healthy, it is the economic, social and environmental conditions we live in – what are often referred to as the social determinants of health such as poverty, education, housing and more broadly the kind of 'places' we call home – that truly define our health and wellbeing. There is a clear need for the Government to give greater priority to 'wellbeing' through a 'health in all policies' approach. This approach is defined as 'an approach to public policies across sectors that systematically considers the health implications of decisions, seeks synergies and avoids harmful health impacts to improve population health and health equity'.[9] It is an established approach to improving health and health equity through cross-sector action on the wider determinants of health. For instance through transport, housing, fiscal or employment policies, decisions taken across national and local government have the potential to create the conditions for healthy lives.[10] More information can be found in our health inequalities answer below and our Health Inequalities Policy Statement.

Social care

Within social care there are various public health issues, one of which is ageing. The Office for National Statistics estimated that the population aged 65 and over in the UK is projected to increase by almost a third in the next 20 years.[11] It is also predicted that by 2050, one in four people will be aged 65 years or over.[12] A renewed focus is therefore needed on prevention across the life course to support healthy ageing and to prevent or delay the onset of long-term conditions.

The social care system Is currently under a tremendous amount of financial pressure. In November 2022 the Autumn Statement announced new funding for adult social care, with up to £2.8 billion in 2023/24 and up to £4.7 billion in 2024/25.[13] However, The Local Government Association (LGA) feels it is unlikely that the full £2.8 billion will be received in 2023/24. Despite the increased funding we are now also facing a lack of staff across social care services. The Association of Directors of Adult Social Services (ADASS) released a report in July 2022 which highlighted that vacancies in adult social care roles were up 52%.[14] Sustainable funding of the social care is extremely important for people's wellbeing and must be addressed as a matter of urgency. Insufficient funding in social care has resulted in reduced ability to deliver preventative services.

Prevention should be embedded throughout the life course to maximise the opportunity for independent healthy ageing and reduce inequalities in later life. At the primary level this means supporting health promoting behaviours throughout the life course. At the secondary and tertiary levels, it means delivering initiatives to ensure older people are living as healthily as possible and can access services including screening, immunisation, and health checks. Moreover, community support to assist older people with mental illness is vital, as are interventions to tackle loneliness and enhance resilience. Older adults should be supported to maintain their independence by working closely with stakeholders such as the voluntary community sector (VCS) and social services.

Social care provision needs to be improved for older adults as well as for other vulnerable populations such as children and young people as well as people living with disabilities and mental health conditions. Research has demonstrated that people living with disabilities have trouble accessing and utilising social care services. There are also gaps between the level of support that services provide in comparison to what this population needs.[15] The accessibility of these services should be improved and funded

adequately to better support all members of the population.

Workforce — including recruitment, retention and training

Prior to the Covid-19 pandemic, the public health system was constrained by the lack of trained specialists. In response to the pandemic, there was an increase in posts to support the response to Covid-19. These were largely filled temporarily by returning retirees and self-employed. However, vacancy rates have continued to increase due to the limited number of specialists.

A whole system public health workforce plan is needed in recognition of the importance of public health in the current health system. The public health specialist workforce is critical, not only providing key leaders such as DsPH but also the technical skills and knowledge in all domains of public health. Without sustainable investment in the public health workforce, there will continue to be vulnerabilities to future pandemics and other health threats, an inability to reduce inequalities effectively, and to prevent the burden of chronic ill health overwhelming the workforce, wider economy and the NHS.

We recommend that the number of public health specialists in training should be expanded. Additionally, investment is urgently needed to enable DsPH to employ a team with a diverse skillset and address the cuts which have stripped the capacity of local public health agencies. The public health system needs to foster the development of a strong and sustainable workforce, in terms of both capacity and skills, as well as ensuring workforce retention.

Cancer

Cancer is associated with multiple public health topics including addiction, obesity, and poor air quality. This year 184,000 people in the UK will be diagnosed with preventable forms of cancer that will cost the UK more than £78 billion.[16] Furthermore, the cost of cancer cases that were caused by factors such as alcohol consumption, smoking and obesity resulted in £40 billion in productivity losses and makes up £3.7 billion of the NHS's budget. With preventable cancers also amounting to £1.3 billion in social care costs. The significant costs that we are facing make it clear that action must be taken to tackle both the prevalence and the public's risk of developing cancer.

Air quality

Air pollution, which causes 40,000 equivalent deaths a year in the UK, increases the risk of cancer as well as other diseases such as heart disease, stroke, and respiratory diseases. To tackle the contribution of poor air quality to cancer rates, the Government should ensure LAs are supported with resources, adequate staffing, and additional inspection capacity to enforce restrictions and reduce pollution. Enforceable restrictions should also be imposed within the existing regulatory framework. They should also make all social housing in communal buildings smoke-free, make stop smoking a norm and work harder to protect non-smoker populations from the harms of second-hand smoke. Furthermore, smoking tobacco products is a major challenge to indoor air quality and is a significant driver of health inequalities. It has been estimated that smoking causes half of the difference in life expectancy between the least deprived and the most deprived areas.[17]

Alcohol

Alcohol consumption has been identified as one of the three most important preventable risk factors leading to cancer.[18] Namely it can lead to a range of different cancers including mouth, throat, stomach, liver, and breast cancer. It is also a factor in more than 200 different health concerns such as high blood pressure, cirrhosis of the liver; and depression.[19] [20] In 2020, alcohol caused 16,800 cases of cancer in the UK, equivalent to 46 cases per day.[21] To limit the prevalence of cancer cases associated with alcohol, the Government should implement a minimum price of 65p per unit of alcohol and follow the evidence base built in Scotland and Wales. A 2019 report commissioned by the Institute of Alcohol Studies showed that the decision to abolish the alcohol duty escalator in 2012/13 and the subsequent duty cuts and freezes have led to increased alcohol consumption and substantial increases in alcohol related harms and associated costs.[22] Modelling work by Sheffield University and Cancer Research UK found that over a 20-year period, a 50p minimum unit pricing (MUP) of alcohol in England could reduce deaths linked to alcohol by around 7,200. It would also reduce healthcare costs by £1.3 billion.[23] In the first year the 50p MUP was implemented in Scotland, alcohol sales fell to their lowest level since records began in 1994. Moreover, an evaluation of MUP in Scotland failed to identify clear evidence pointing to significant negative impacts of MUP on the alcohol industry.[24]

Obesity

The UK has the fourth highest prevalence of obesity in Europe with obesity being directly responsible for at least 200,000 new cancer cases. It is important that the current health and social care system shifts its focus to prevention and early intervention to tackle the prevalence and risk of cancer. A whole system approach is one that takes a collective and collaborative approach across several different sectors with the aim of improving health. Taking this approach on the social determinants of health is vital, which applies systems thinking in understanding public health challenges and identifying joint national, regional, and local actions from the public, private and voluntary sectors. It is vital that primary, secondary, and tertiary prevention are all focused on and invested in.

To combat cancer induced by obesity and overweight the Government should consider giving LAs and communities the flexibility to respond to obesity challenges through increased powers over licensing and planning. Local policy should have additional powers that include sponsorship and advertising regulations on unhealthy foods. The Government should also ban marketing for HFSS (high in fat, salt and sugar) food and drink products on all media devices before the 21:00 watershed. This includes (but is not limited to) linear TV, TV on demand, radio, online, social media, apps, in-game, cinema, and digital outdoor advertising.

Obesity

A third of children in their final year of primary school who are overweight or living with obesity. It is critical that more power is given to LAs to protect people from obesogenic environments. However, a whole system approach is required to create a health promoting environment which enables healthy eating and encourages positive attitudes to food. Additionally, the role of poverty and the role that the rising cost of food plays in prevalence of obesity should be taken seriously. 46% of Britain's adults reported that they were buying less food when shopping in 2023, with the increased cost of food being cited as the most common reason.[25] Furthermore, nutritious food costs almost three times more than unhealthy foods.[26]

To combat obesity, we recommend that marketing for HFSS food and drink products be banned on all media devices before the 21:00 watershed across the UK. This includes (but is not limited to) linear TV, TV

on demand, radio, online, social media, apps, in-game, cinema, and digital outdoor advertising. Moreover, Health Impact Assessments should be utilised to create healthier environments and local communities should be engaged in local planning and decision making. The Government should also give LAs and communities the flexibility to respond to obesity challenges through increased powers over licensing and planning. Local policy should have additional powers that include sponsorship and advertising regulations on unhealthy foods.

Mental health

Poor mental health and wellbeing directly affects the UK economy because of its effects on the workforce, with reducing productivity and increasing sick days. Challenging economic circumstances and poverty also contribute significantly to poor mental health outcomes. The prevalence of mental health conditions is widespread, with one in six adults reporting a common mental health disorder, such as anxiety.[27] It is vital that the Government take action to better support those with mental health conditions and prevent people from developing them in the first instance.

Mental health is closely related to social determinants of health such as housing, employment, financial stability, and education and these are often intertwined. Given this, the Government should concern itself with people who are most at risk of developing mental health conditions such as those living in poverty and people from more deprived socioeconomic groups. Reducing poverty through the welfare system and providing adequate support to people who may need reasonable adjustments to participate in the workforce are approaches the Government could take to uplift people who are most susceptible to poor mental health outcomes. As well as to prevent more people from developing mental health conditions in the long run.

A whole system approach that identifies opportunities for minimising risk factors is needed. Protective factors should be enhanced through evidence-based interventions at key life stages from preconception, during pregnancy, through infancy, childhood, working and family building years, and into older age. Such an approach requires partnership working across schools, the NHS, the police, housing associations, VCS organisations and other key stakeholders.

We would welcome the publication of a health inequalities strategy covering mental health and wellbeing as more deprived communities are at greater risk for poor mental health outcomes. Additionally, the Government should build wellbeing into policy decision making at both national and local levels. We would also advocate for healthcare professionals and the wider workforce to be trained in mental health, especially in suicide and self-harm prevention, and be able to promote positive mental health and wellbeing and identify those experiencing or at risk of poor mental health. We also recommend that public health is placed at the centre of planning policy. For example, it is important to ensure that there is safe adequate access to green spaces and community facilities to promote mental health and wellbeing. Overall, we would like to see a more prevention-focused, public health approach to mental health and wellbeing in the population. Current strategies and approaches are too focused on managing existing mental health conditions, rather than promoting mental wellbeing and building personal resilience.

Health inequalities

The overall health of the population may be advancing but these improvements are being experienced disproportionately. The stark differences that exist cannot be overstated or continue to be ignored. The fact that 46% of children living in poverty are from ethnic minority backgrounds compared to 26% from white British families is just one of countless findings that paint a bleak picture that the Government has the power to reverse.[28] Health inequalities are also a key determinant of the length of a person's life. A woman born in Wokingham can expect to live 15 more healthy years, than a woman born in Blackpool. Moreover, a man born in Richmond upon Thames can expect to live 17 more years than a man born in Belfast.[29]

Building on our prior answer on the funding model for health and social care we would urge the commission to echo that it is vital that primary, secondary, and tertiary prevention are all focused on and invested in. As health inequalities are often cyclical and intergenerational in nature, a life course approach is key. As a member of the Inequalities in Health Alliance, ADPH call for the development of a cross-government strategy to reduce health inequalities, commencement of the socio-economic duty (section 1 of the Equality Act 2010) and the adoption of a 'child health in all policies' approach.[30]

According to studies, population interventions that are less reliant on individual agency and behavioural change are most effective and most equitable in tackling major risk factors for ill health. These interventions alter the environments in which people live and impact everyone in the community. They should be implemented alongside individual-level policies supporting those most in need through cross-government planning.[31] Further recommendations can be found in our Health Inequalities Policy Statement.

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