

**BMA response to
'Advancing our health:
prevention in the 2020s'**



BMA response to 'Advancing our health: prevention in the 2020s'

Summary

- The Government's ambition to prioritise prevention and bring forward a new cross-government approach to preventing ill-health is welcome and long overdue.
- While this ambition lays the foundation for a wide-ranging and comprehensive approach, we are concerned that the Green Paper falls short in a number of key areas.
- We largely agree with the priority areas identified in the Green Paper but are concerned by the lack of political ambition and action that follows.
- Given the important role the workforce will play in delivering the ambitions of the Green Paper, it is vital that this is a constant thread that runs through the White Paper.
- We also recognise that technology has a role to play in preventing ill-health but do not believe this should come at the expense of ambitious and wide ranging population measures, which are focused on four key areas: ambitious regulation; increased and sustained funding for prevention; a cross government approach to tackling the social determinants of health; and prioritising prevention through the NHS.

Introduction

The BMA (British Medical Association) is a voluntary professional association and independent trade union, representing doctors and medical students from all branches of medicine across the UK and supporting them to deliver the highest standards of patient care. We welcome this opportunity to respond to the consultation on preventing ill-health.

Doctors have long advocated the need to prioritise ill-health prevention. Patients are suffering from an increasing number of complex conditions which could be prevented – one in three patients has five or more health conditions compared to one in 10 patients a decade ago.¹ This means currently, over 20% of years lived are expected to be spent in poor health.² In recent years, preventing ill-health has been made more difficult due to the impact of austerity and cuts to public health budgets³. This is unlikely to change given the negative impact the UK's exit from the EU will have on public health.⁴ Given this context, the Government's stated ambition to prioritise prevention and bring forward a new cross-government approach to preventing ill-health is welcome, and long overdue.

While this ambition lays the foundation for a wide-ranging and comprehensive approach, we are concerned that the Government's Green Paper, [Advancing our health: prevention in the 2020s](#), falls short in a number of key areas which must be addressed in a subsequent White Paper.

Much of this is about action. While we largely agree with the priority areas identified in the Green Paper we are concerned by the lack of action and ambition that follows. For example, while the Green Paper rightly recognises the impact that harmful alcohol consumption has on health, there is a worrying lack of new action beyond the alcohol-care teams announced in the NHS England Long-Term Plan. Looking more widely than alcohol, the lack of regulation announced in the Green Paper is also a significant concern. While the Green Paper emphasises the role that individual technology has to play, without appropriate and effective population-wide measures such as the introduction of a MUP (a minimum unit price) for alcohol and legally binding limits on air pollution, the Green Paper will fail to deliver the necessary step-change that is needed.

Similarly, while the Green Paper does acknowledge the impact of poverty and the social determinants of health, there is little action to address these issues or tackle child poverty. With increasing concern about widening inequalities, particularly with the prospect of the UK's exit from the EU, it is important that preventing ill-health must extend beyond health to all the areas that influence health.

While the mechanism for agreeing a funding settlement may be outside the remit of the Green Paper, there is an alarming lack of recognition of the role of the public health grant in delivering the ambitions of the Green Paper. Without reversing cuts to public health budgets and committing to a long-term multi-year investment in public health it will not be possible to truly prioritise prevention.

Finally, the lack of focus on the public health workforce in preventing ill-health is also a concern. Given the vital role the workforce will play in delivering the ambitions of the Green Paper both in the NHS and local authorities, it is important that this is a constant thread that runs through the White Paper. A national network of highly skilled and valued professionals must form the cornerstone of public health services. The retention and development of clinically trained public health professionals is of upmost importance in recognition of their training and experience in both disease management and prevention.

The BMA has recently set out its own framework for prioritising prevention, [Prevention before cure: prioritising population health](#), which includes four key areas in which we feel action is needed:

- increased and sustained funding for prevention;
- effective regulation to tackle the key drivers of ill-health;
- addressing the social determinants of health; and
- prioritising prevention through the health service.

Our framework for prevention sets out examples which we believe must be introduced in these four areas. Our response is structured around the four key areas identified above. In addition to this we have answered those questions where we have specific policy or a perspective to add.

Effective regulation to tackle key drivers of ill-health

1. Tobacco

We welcome the focus on tackling smoking in the Green Paper, in particular the ambition to go 'smoke-free' in England by 2030. It is also encouraging to see recognition of the link between smoking, deprivation and mental health which is identified by the Green Paper. We have consistently argued that tackling smoking related harm requires a wide range of measures embedded in a comprehensive tobacco control strategy including policy and legislative change, such as increases in taxation, education and information programmes, adequately resourced smoking cessation and harm reduction approaches and a commitment to tobacco industry accountability through a polluter pays levy.⁵ We therefore agree that further proposals need to be brought forward and believe the White Paper should commit to doing this without further delay.

For e-cigarettes, it is important that there is a regulatory environment that maximises their potential for harm-reduction while minimising any risk by focusing on ensuring products are safe and effective and children and young people are protected from them.

What ideas should the Government consider to raise funds for helping people to stop smoking?

There is a clear case that in light of the substantial burden on society of smoking, the tobacco industry should take some responsibility for funding smoking cessation activities. We would welcome an annual levy on tobacco companies, which has a wide-range of both political and public support.⁶

2. Alcohol

The lack of ambition in the Green Paper to tackle alcohol-related harm is a significant concern. The BMA previously welcomed the commitment by the Government to bring forward a new alcohol-strategy in England when the then Public Health Minister announced this in Summer 2018. That this commitment now seems to have been dropped is a significant concern in light of the harm caused by alcohol. There has been an alarming lack of political leadership on alcohol policy in recent years, with repeated reductions in alcohol duty and cuts to local authority public health budgets, at the same time as alcohol-related hospital admissions have increased.⁷ The White Paper must address this by announcing an updated and ambitious national alcohol strategy.⁸ This should include effective regulation, such as the introduction of a MUP, as well as increases in alcohol duty and restrictions on marketing of alcohol products. Limiting action to encouraging the uptake of alcohol-free and low-alcohol products will not prevent or sufficiently address the harms that we are currently seeing such as increasing hospital admissions and alcohol-related deaths.⁹

3. Illicit drug use

While we also welcome the recognition of harm from illicit drug use in the Green Paper, we are concerned that it falls short in suggesting solutions. The current criminal justice approach to tackling illicit drug use is not working – deaths related to drug poisoning in England and Wales have increased dramatically in the last decade.¹⁰ Instead we believe that the Government should adopt a health-based approach. This should be coordinated and led by the Department of Health and Social Care, which would help to align illicit drug policy with strategies for reducing tobacco and alcohol harm. This would provide a set of common principles in order to address cross-cutting issues of addiction and substance use.

4. Diet, obesity and physical activity

We are pleased to see the scale of the problem of overweight and obesity recognised as well as the link between overweight and obesity and a range of health conditions. Although the Green Paper touches on many of the key areas where action is needed to address overweight and obesity, further work is needed beyond what is discussed in the Green Paper, including regulation to support healthier diets and investment in local authority public health services.

While it is encouraging to see government responding to public concern and introducing restrictions on the sale of energy drinks to under-16s, there has been a lack of recent progress on other areas consulted on in chapter 2 of the childhood obesity strategy. It is imperative that the outcomes of recent consultations on calorie labelling in the out-of-home sector and restrictions on the marketing and promotion of unhealthy food and drink are published without delay and swift action is taken. There is clear public support for these measures. For example, 72% of the public support a 9pm watershed on junk food adverts during popular family TV shows, and 70% support a 9pm watershed on junk food adverts online.¹¹ We are pleased to see that, given the references to a third chapter in the childhood obesity strategy in the Green Paper, chapter 2 is not being viewed as the end of the effort on childhood obesity. However, it is vital that the promises of chapter 2 are now implemented alongside the development of a new policy agenda.

The roll-out of the local authority *Trailblazer* programme is positive. It is important that local authorities are supported to use the necessary powers to ensure that the environment everyone lives in is conducive to healthy eating, for example by limiting the clustering of fast food outlets as proposed by the Greater London Authority. Similarly, apps and technology, such as Our Family Health undoubtedly have an important role to play. In schools, this should be supported by the introduction of cooking classes across the UK. It is important that investment in such targeted programmes and technology is not at the expense of wider investment in local authority public health services. Local authorities have a key role to play in combatting obesity (eg through maintaining open spaces) and encouraging healthier eating; it is critical that they are adequately funded to fulfil this.

Finally, it is important that the health service leads by example in creating a healthy food environment. There is clear room for improvement. A recent BMA survey of doctors found that over 50% did not feel that the food available for patients, visitors and staff to buy in hospital concourses promotes a healthy balanced diet.¹²

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

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

Helping individuals to maintain a healthy diet and weight requires a broad approach which recognises and tackles the social determinants of health. Specific measures should include:

- a mandatory and standardised approach to food labelling, enabling consumers to make informed choices;
- the implementation of fiscal and regulatory measures to ensure salt, calorie and sugar reduction programmes maximise their effectiveness, such as the extension of the SDIL (Soft Drinks Industry Levy) to include sugary milk drinks, so that only milk-based drinks with less than 5% added sugar are exempted;
- regulation to ensure high nutritional content of commercially available baby food and drinks;
- adequate provision of multidisciplinary weight management programmes which address the multiple medical and social causes and effects of diet-related ill health, and a commitment to ensuring that access to effective interventions, including surgery, is available to those who would benefit from them;
- the inclusion of community dietitians in PCNs (primary care networks), and training for appropriate members of the primary care team in diet, nutrition and obesity to ensure they have the necessary knowledge and skills to assess nutritional status, provide advice on dietary behaviour and utilise practical behaviour change techniques in the clinical setting; and
- ensuring free school meals are universal rather than based on entitlement.

5. Other regulation

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

The BMA strongly supports water fluoridation on the grounds of effectiveness, safety and equity.

Under current regulations in England it is the role of water companies to advise on the feasibility of schemes, and when requested to do so, to implement and operate them – with decision making power resting with local authorities. We welcome commitments in the Green Paper for the government to explore ways of removing current funding barriers which requires water companies to seek reimbursement for fluoridation, and instead to more proactively support the implementation of fluoridation schemes.

Expanding fluoridation schemes to ensure universal coverage of water containing optimal levels of fluoride would improve oral health throughout England and help to reduce inequalities in oral health. As indicated by PHE's (Public Health England) most recent health monitoring report for England, water fluoridation is an effective and safe method for reducing tooth decay, with particular benefits in deprived communities.¹³

Increased and sustained funding for prevention

The BMA has consistently highlighted the impact that cuts to local authorities are having on public health budgets. We have repeatedly expressed concern about the impact this is having on individual public health services such as stop smoking, obesity, alcohol and drug treatment, all of which have seen a reduction in their funding over the last three years.¹⁴ Analysis has highlighted that since the public health function has moved into local authorities, public health budgets have now been cut by £850 million in real terms since 2015/16.¹⁵ This is despite related hospital admissions for key lifestyle factors such as alcohol, obesity and smoking increasing significantly in recent years.¹⁶ The Government must therefore go beyond the commitment in the 2019 Spending Review, and commit to the £1 billion per annum investment that the sector has stated is needed to help local authorities to deliver preventative services.¹⁷ For the Green Paper to succeed, it is necessary that the workforce and services needed to deliver the vision actually exist and that requires funding.

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

A 'health in all policies' approach to policymaking would help to ensure that existing assets such as buildings, community groups and businesses have maximised their health benefits. Supported by evidence that this has been effective internationally,¹⁸ we have consistently argued that a similar approach across the UK would help to adequately prioritise health and prevention. For example, it is vital that housing, employment and local environments support prevention, and investment in these areas considers the impact on improving health.

What are the top three things you would like to see covered in future strategy on sexual and reproductive health?

The single most important thing is funding. As highlighted in the [BMA's submission](#) to the Health and Social Care Committee's inquiry into sexual health, we have substantial concerns over [recent cuts to public health funding in England](#). This has risked leaving many public health services, but sexual and reproductive health services, unable to meet the health needs of the local populations which they serve. These concerns were echoed in the Health and Social Care Committee's [final report](#).¹⁹

Over recent years there have been particularly significant cuts to services providing sexual health promotion, prevention and advice, with local authority budgets for these services reducing by over a third since 2016/17.²⁰ These cuts are already starting to have an impact on the ground. In 2018 there was a 5% increase in diagnoses of sexually transmitted

infections in England, compared to the year before, and the largest number of cases of gonorrhoea since 1978.²¹

In the BMA's 2018 briefing on [the local impact of cuts to public health budgets in England](#), we set out the steps required to improve the provision of public health services in England. These are of relevance for the development of a future strategy on sexual and reproductive health:

- cuts to public health funding should be reversed, and sufficient funding made available to ensure that public health services can meet the health needs of current and future local populations. Any new mechanism for funding public health services in England must be adequate and sustainable; and should be monitored for its impact on health inequalities;
- there should be greater recognition of the evidence that prevention and early intervention is cost-effective, and a renewed focus on maintaining access to cost-effective public health services that reduce future demand for healthcare. Any new models of service provision should be routinely audited for their effectiveness and cost-benefit; and
- common, minimum standards for the provision of public health services in England should be established, to address local variation in the quality and quantity.

Prioritising prevention through the health service

From recognising the increase in multi-morbidity and designing services to meet this challenge, to maintaining and improving vaccine coverage rates, to removing prescription charges for those with long-term conditions²² or ensuring that the health service role models best practice, we agree that the NHS has an important role to play in prioritising prevention. For example, it is important that GP practices have adequate funding to carry out vaccinations and secondary care has capacity to deliver vaccinations when seeing patients, for example in specialist clinic, and screening, which will assist with case identification and disease elimination. We welcome the announcement of a 'vaccine strategy' in the Green Paper and believe this must be supported by efforts to tackle the spreading of misinformation online.

Do you have any ideas for how the health checks programme could be improved?

The BMA has consistently expressed concerns about the benefits of the Health Checks programme.²³ In the absence of a robust evidence base, we continue to believe the programme should be targeted at high-risk groups of the population, such as those more likely to be susceptible to cardiovascular disease, rather than a blanket approach which may not prove effective for most healthy people. We therefore welcome the review into the evidence base supporting the programme.

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

Pharmacists have an important role to play in preventing ill-health and there are a number of opportunities to provide services and advice that could be fulfilled by colleagues in this sector, including:

- early diagnosis of conditions such as hypertension and atrial fibrillation by offering easy access to monitors to check, blood pressure and pulse, both in the pharmacy and if possible by loaning equipment for home checking;
- linking to smoking cessation services on the direction of a smoking cessation advisor rather than expecting a GP practice to write a prescription;
- prompting parents of unimmunised children to see their GP to have their childhood immunisations;
- supervising deprescribing, especially in the elderly with support of GPs;
- carrying out blood pressure checks for those on routine medication;
- delivering educational sessions for the public with nurses and pharmacists;
- screening, for example for diabetes and hepatitis C; and
- liaising with social prescribers to signpost patients to community services.

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

The NHS must continue to work closely with local authorities to prioritise prevention. Indeed, we would argue that an artificial separation between the NHS and local authorities in delivering public health services, for example in terminology that distinguishes between the two, is not in the best interest of improving the public's health. The move towards integration, via the Long Term Plan and the development of ICSs (Integrated Care Systems), presents a clear opportunity for local authorities and the NHS to work together. In order to facilitate this, it is vital that the White Paper considers structures, the workforce and funding.

Structurally, it is important that attention is focused on supporting STPs (Sustainability and Transformation Partnerships) and ICSs to develop and ensure a consistent focus on prevention. While the Green Paper identifies positive examples of the progress made by one ICS, it remains the case that many new healthcare structures are considerably less mature. We have concerns that some systems are taking significantly longer than others to develop the relationships, collaboration, and shared systems necessary to pursue effective prevention schemes. As a result, it is important that standards are developed across these healthcare structures which avoid postcode lotteries, while allowing local systems to react to their own circumstances.

In order to deliver these high-quality public health services, it is vital that specialist public health advice is at the centre of the delivery of these new healthcare structures – STPs and ICSs. DPHs (directors of public health) and public health consultants are well placed to ensure collaboration between local authorities and these new NHS structures. It is vital that they are empowered and resourced to do so. It is also important that the terms and conditions of public health specialists in local authorities as well as PHE are analogous to NHS terms, in order to continue to attract doctors to the speciality.²⁴

Furthermore, as stated throughout our response, without the adequate funding to deliver public health services, local authorities are limited in their ability to support the NHS and vice versa. The recent cuts to public health budgets are acting as a barrier to collaboration. Without local authority public health services to refer to, pressure on the NHS will only increase. It is therefore vital that this is addressed with a reversal of recent cuts to public health budgets with the £1 billion extra per annum for public health it has been estimated is needed.

Addressing the wider determinants that influence health

1. Social determinants

While there is a strong focus on individual responsibility in the Green Paper, with technology offered as the solution, we welcome there is importantly a recognition of the social gradient to healthy life expectancy. However, there is an alarming lack of detail on how the Government plans to reduce health inequalities and improve the health of those living in poorer communities and including among those who are homeless. The UK's exit from the EU will also have the effect of widening inequalities.

Improving the health of people living in poorer communities requires action to tackle the underlying causes of poverty and health inequalities, particularly among children. The 2010 Marmot Review²⁵ set out a number of policy areas in which action needs to be taken to tackle these social determinants of health. To address these health inequalities, the BMA believes that a cross-government action plan should now – nearly ten years after Marmot – set out short, medium and long-term actions in each of these areas identified by Marmot, along with a framework to monitor and review progress.

In this respect, we welcome the pledge made in the Green Paper to improve the quality and coverage of health impact assessments of non-health policies. The BMA supports a mandatory 'health in all policies' approach to ensure that the impact and individual benefits of one approach over another and public health is accounted for in the nation's economic

strategy and decisions on social policy. In practice, this would require public bodies to undertake a form of pre-decision assessment before implementing new policies through the use of an HIA (health impact assessment). Such an approach is also likely to better support integrated cross-government working in relation to improving health.

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

While much of the responsibility for tackling the social determinants of health exists outside the NHS, the health and social care sector has a vital contribution to make. Examples of some of these policies include:

- ensuring adequate resourcing for general practice to allow GPs to have sufficient consultation time to support the health needs of any patients living in poorer communities. An overall increase in investment in public health services will also support a greater focus on prevention. This should be targeted at areas with higher levels of poverty, and include a focus on extending health literacy programmes, increasing the uptake of health screenings, tackling alcohol, tobacco and illicit drug harm, and programmes which support patients in managing their long-term conditions;
- increasing registration rates in general practices for those with low access to health care to help improve the health of those living in poorer communities or excluded groups. This includes people sleeping rough, leaving care, offenders in prison or in the community, as well as sex workers and vulnerable migrants;
- an increased awareness of the impact of benefits cuts on those with a disability, including ensuring local authorities are supporting those with a disability, and more evaluation of outcome measures as set out by the Marmot Review; and
- developing an NHS strategy to set out its role in tackling poverty, including consideration of how NHS services can help reduce poverty and homelessness for example supporting primary care to proactively influence the wider determinants of health through new PCN (primary care network) structures. In Scotland, the implementation of joint child poverty action plans and financial inclusion pathways have been promoted as one way of achieving this.²⁶

2. Homes, neighbourhoods and communities

Creating and developing healthy and sustainable places and communities is crucial to improving health outcomes, tackling loneliness and reducing health inequalities. Given the broad scope of this area, it is important that the Government's response in the White Paper is ambitious and wide-ranging and its approach to prioritising prevention extends beyond the Department of Health and Social Care across Government.

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

The home is vital to supporting people to live healthily. Providing **affordable housing** should be a priority for every government - an inadequate supply will leave many people living below the poverty line.²⁷ Equally, it is vital these homes are of a good standard. We therefore welcome the acknowledgement of the link between cold homes and ill-health, and ambitions to tackle **fuel poverty**. The Government should publish detailed plans on how to improve energy efficiency and reduce fuel poverty as part of the forthcoming review of the [Fuel Poverty Strategy](#).

Good quality employment opportunities are also vital to preventing ill-health.

We welcome the acknowledgement of the role that the NHS, employers and occupational health has in aligning support for people with physical and mental health conditions. The BMA has consistently argued that there must be improved access to good jobs, particularly in deprived areas, and greater efforts to reduce long-term unemployment. Employers should ensure that flexible working options are available, to ensure that those with responsibilities at home (such as single parents) can also work. To help young people find good employment, schools should run work experience programmes alongside employers to develop young people's skills and work experience, particularly in deprived communities where there are high rates of young people aged 16-24 NEET (not in education, employment or training).

The safety of the community you live in matters a great deal to people's physical and mental health. The BMA is particularly concerned about the growing presentation of **knife crime** in emergency department across the UK – the focus on making communities safer in the Green Paper is welcome. We strongly support taking a public health approach to tackling knife crime, in particular the need to identify and address the root causes of violence and the importance of funding leisure and social clubs while supporting the mental health needs of young people. We also believe a wider approach to **injury prevention** more generally including in communities, the workplace and the home is needed. Injury is a leading cause of mortality and morbidity but importantly can be prevented through concerted public health action. This can be achieved through the routine collection of data to help with monitoring trends and ensuring that the health service is working collaboratively with other sectors such as police, social services and housing departments to prevent injury.

Another important factor influencing people's health is the quality of air in the communities in which they live. We have consistently highlighted concerns about the impact of **air pollution and climate change** on public health, so are pleased to see the Green Paper recognise air pollution as the top environmental risk to human health in the UK. While we welcomed the [Clean Air Strategy](#), we expressed concern that it did not go far enough, for example in bringing forward the planned end of sale of petrol and diesel vehicles²⁸, and the Government must now ensure the strategy is being supported by additional investment to truly prioritise action.

To demonstrate true commitment to tackling climate change and air pollution the Government must introduce new legally binding limits on air pollution in the forthcoming Environment Bill and legislate for the phase out of coal power by 2025. Actions to reduce air pollution associated with vehicles are vital, for example, bringing forward the ban on the sale of new conventional petrol and diesel cars and vans from 2040 to 2030 would demonstrate a stronger commitment from the government to tackling air pollution. The NHS should lead in this area by ensuring all vehicles associated with the health service meet specific criteria for minimising air pollution. There also needs to be more investment in energy-efficient transport infrastructure, and greater efforts to expand ultra-low emission zones. Public transport including trains, trams and buses need to be both affordable and accessible to maximise their use, particularly in rural areas where services have been cut in recent years.

Improving air quality must be part of greater efforts to tackle climate change more widely. While the recent commitment from the Government to become carbon neutral by 2050 was a very welcome step, the BMA believes that supporting activities to deliver carbon neutrality by 2030 would much more effectively minimise the serious risks to health posed by climate change.

3. Mental health

There are many factors affecting people's mental health. How can we support the things that are good for mental health and prevent the things that are bad for mental health, in addition to the mental health actions in the Green Paper?

The BMA strongly agrees that we need to lay the foundations for good mental health across all parts of our society, including a commitment to parity of resource, access, and outcome for physical and mental health. We have consistently argued there must be greater recognition, at all levels of Government, of the impact of economic, social and environmental factors on the public's mental health.²⁹ As part of a 'health in all policies' approach to policymaking, the BMA believes that national and local government and NHS bodies should take a 'mental health in all policies' approach, by undertaking an assessment of the impact of all new policy changes on not just physical, but also on mental health. This would help increase understanding of the impact of funding decisions on the mental health of the public.

Although we welcome the various steps outlined in the Green Paper to improve public mental health, these need to be backed by significant investment which is currently missing. Research by the BMA in 2018 found that local authorities in England only spent 1.6% of their budget on promoting public mental health in 2018/19, with some local authorities spending

nothing at all.³⁰ We welcome the recent commitments to increased funding for mental health services, and to expanding the number of people who will be able to access services. Although a further ring-fenced £2.3 billion a year for mental health services by 2023/24 is a welcome step, we believe that CCGs need to in fact double their mental health spending over the period of the Long-Term Plan, in order to meet the ambitions of the plan. In order to put in place mental health promotion plans, as outlined in the Green Paper, it is also important that local authorities have clarity over their responsibilities for supporting public mental health, to ensure they are meeting the health needs of their local population.

Reflecting the importance of the economic, social and environmental determinants in shaping mental health, a range of interventions can be taken to better support mental health through a person's life. For example, in childhood, this might include targeted parenting programmes in infancy, early help programmes, children's centres and counselling support in schools. In adulthood, this includes adequate family support services, mental health awareness courses and greater workplace mental health support. We also welcome the various steps being taken to address children's mental health in schools. However, these steps must sit alongside a shift in culture that recognises the pressures within the school environment, including exam pressure, that can impact on pupils' mental health. These efforts must also be supported by adequately resourced CAMHS services, with sufficient funding to meet the growing demand for care and the planned expansion of services.

In old age, there should be initiatives to tackle loneliness and social isolation, as well as health promotion initiatives targeted at older people to improve health and social participation. There must also be greater recognition of the impact of income and socioeconomic circumstances on mental health.³¹ Commissioners should also ensure that mental health services are equally accessible to those from lower socio-economic backgrounds, as evidence shows uptake of these services is lower in more deprived areas.

Finally, we welcome the recognition of the close relationship between physical and mental health, as we believe that public mental health activity must do more to address the physical health needs of people living with mental health problems. Public health services aimed at improving physical health, such as smoking cessation or physical exercise programmes, should be fully funded and accessible to people with mental health problems.

4. Healthy ageing

What is your priority for making England the best country in the world to grow old in, alongside the work of Public Health England and national partner organisations?

- Support people with staying in work
 - 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:
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We agree with the priority areas set out above. Given the broad scope of the issue, we believe there is a need for action in a number of areas, including but not contained to tackling the social determinants of health and ageing; supporting individuals living with long-term conditions; designing healthcare services for older people; mental health and wellbeing; tackling the perception of ageing and age discrimination; and the role of carers.³² It is also important that we recognise that the NHS as an employer must reflect wider demographics and support an ageing workforce.³³

Firstly, a better understanding of, and response to, the interplay between the social determinants of health and ageing should be developed. The development of a number of the long-term conditions that commonly affect older people – including cardiovascular disease, diabetes and dementia – can be affected by modifiable risk factors, which are in turn shaped by the environmental conditions in which people are born, grow, work, live and age.³⁴

As people live longer, they are increasingly spending more years living with multiple long-term conditions. A continued focus on the key principles of geriatric medicine, to ensure all doctors are aware of the specific and evolving needs of older patients, is vital.

Given the increase in multi-morbidity, it is vital that services are coordinated and cuts to public health budgets are reversed with adequate funding provided to prevent long-term conditions and ill-health developing – the chances of which are greater with individuals living longer. A broad public health approach to tackling mental health issues including reducing loneliness and isolation is needed, for example through improving community participation and social interaction. Tackling age discrimination and prejudice requires health care professionals to be careful not to stereotype, use demeaning or patronising language or use age as a justification for health treatments. While finally, it is crucial that carers are always a part of the conversation on healthy ageing and are supported to look after both their own health and the health of the person they are caring for.

5. Prevention in wider policies

What government policies (outside of health and social care) do you think have the biggest impact on people's mental and physical health? Please describe a top 3.

As we have stressed throughout this response, preventing ill-health relies on a cross government approach with a focus on population measures. We therefore welcome that there is also some recognition that the role in preventing ill-health extends beyond the Department of Health and Social Care, to the whole of Government.

Throughout our response we have called for a cross-Government approach to tackling ill-health, but there are a number of specific policies which should underpin this approach:

- the BMA and others have been consistently clear about the impact cuts to public health funding have been having on local government's ability to deliver basic services in recent years.³⁵ Without reversing these cuts and committing to the £1 billion per annum investment that the sector has stated is needed, the ability to deliver the ambition set out at the beginning of the Green Paper will be seriously restricted;
- the BMA strongly supports a 'health in all policies' approach to ensure the impact on individual and public health is accounted for in the nation's economic strategy as well as decisions on social policy. The introduction of a mandatory requirement for government and public bodies to undertake a form of pre-decision assessment, through a health impact assessment, will help to support integrated cross-government working to improve health; and
- while a health in all policies approach is important in recognising the impact of public health decisions, in order to take action, it is important that the Government commits to a joined-up approach across all departments in local and national Government to tackling the social determinants of health. As set out in the Marmot Review, this requires leadership by the DHSC, but with teams working across Government to facilitate integrated policy and to agree strategic contributions of different departments to reduce inequalities.³⁶

Conclusion/next steps

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

There is much in the Green Paper to welcome. Notably the focus on obesity, including the announcement of Chapter 3 of the childhood obesity strategy, as well as the ambition to go smokefree in England by 2030. These are important ambitions and we welcome further detail on how progress will be made in these areas. However, the lack of action on tackling the harms caused by alcohol, the absence of recognition of the impact cuts to public health funding are having on local authorities' ability to deliver services, as well as a lack of detail on how the Green Paper will help address health inequalities is a significant concern. These areas must now be the focus of the Government in creating a White Paper.

While it is important to consider the role that technology can have in preventing ill-health, the Green Paper focuses on this at the expense of other areas such as legislation, regulation and adequate funding. If the White Paper fails to address this, then the potential for the Government to meet its ambition of five extra healthy years of life will be undermined. Instead the Government needs to go much further and should demonstrate ambition and leadership by prioritising prevention in the four key areas the BMA has set out:

- Prioritising prevention through the health service
- Increased and sustained funding for prevention
- Effective regulation to tackle key drivers of ill-health
- Addressing the social determinants that influence health.³⁷

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