

Response ID ANON-CSJB-7YZD-GSubmitted to **Advancing our health: prevention in the 2020s**Submitted on **2019-10-11 16:10:16****From life span to health span****Which health and social care policies should be reviewed to improve the health of: people living in poorer communities, or excluded groups? Please restrict your answers to 250 words.****Medium text box for you to provide your answer to the question How can we design and implement health and social care policies that do this?:**

Evidence shows that social, economic and environmental factors account for approximately 50% of health outcomes. Therefore we would strongly recommend that it is not just the health and social care policies but the wider policies that impact on education, employment, housing and transport that are reviewed. This should be informed by the extensive work of Michael Marmot looking at the life course as well as the importance "proportionate universalism".

There are many opportunities during the course of life, from conception onwards, to reduce inequalities or provide protective factors on an individual, community or place basis. There are, therefore, many policies that impact positively on those disproportionately impacted by the inequalities that being poor or excluded brings and we recommend that all policies that affect the wider determinants (education, employment, housing, transport, community cohesion etc) should be reviewed systematically so that they maximise health and minimise health inequalities. We would also recommend a focus on ensuring the best and most equitable start in life by reviewing policies related to this, as well as policies to enable an increase in the public health workforce to support action in this area.

Intelligent health checks**Do you have any ideas for how the NHS Health Checks programme could be improved?****Medium text box to enter your answer to the question Do you have any ideas for how the NHS Health Checks programme could be improved?:**

There is currently a debate about the efficacy of the current model. We would recommend an evidence based model that is targeted and triaged with an expanded offer and tightened follow up pathway including sign-posting to healthy lifestyle services .

There should be the opportunity of providing health checks for those communities disproportionately impacted by hypertension, type 2 diabetes and increase risk of CVD before the age of 40 and a standardised national on-line health checks for the "worried well" .

This is one area that has been impacted by the year on year reduction of the ring-fence grant and while we welcome the current inflation plus 1% increase the several years of budget reduction has been a challenge to the delivery of this service. This must be funded appropriately, going forward. We would also recommend a review of the way in which success is measured to reflect a more targeted response.

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Supporting smokers to quit**What ideas should the government consider to raise funds for helping people stop smoking?****Medium Text box for the question What revenue raising options should the government consider to fund stop smoking support services?:**

We endorse the view of the Smokefree Action Coalition (SFAC), an alliance of over 300 leading health organisations committed to reducing the harm caused by tobacco, and are delighted to see the ambition to go 'smoke-free' in England by 2030 set out in the Prevention Green Paper.

This goal is, however, to quote the Green Paper, "extremely challenging", particularly if it is to be delivered while at the same time eliminating inequalities. The current tobacco control strategy will not be sufficient, so we also welcome the commitment to set out further proposals for achieving a smoke-free 2030 at a later date. Adequate funding will be essential, so we were pleased to note that the Government will be considering options for revenue raising including the 'polluter pays' approach and the possibility of raising funds under the Health Act 2006 and would recommend that this is further explored and implemented. Since public health moved to local authorities, period budget cuts have led to reduced services. We would recommend the funding should be pooled from both local authorities and the NHS budget to facilitate a joint response to supporting people to quit.

Eating a healthy diet**How can we do more to support mothers to breastfeed?****Medium text box for you to answer the question How can we design and implement health and social care policies that do this?:**

Making breastfeeding the cultural norm for infant feeding requires a focused, co-ordinated, sustained approach across policies, services and systems. We support UNICEF's call to establish a National Infant Feeding Strategy Board to drive this.

Public awareness campaigns, and education programmes in schools, workplaces and communities are essential. These must be co-produced with new mothers to avoid alienation.

Breast feeding is linked to socio-economic factors and ethnicity, therefore, additional support for groups least likely to breastfeed is needed which requires multi-faceted support. We must provide coaching and psychological support for mothers who struggle to breastfeed. Families require consistent, evidence-based

breastfeeding advice from healthcare professionals with the time and skills to support them, from pre-conception to early postnatal and beyond. Health services must implement Level 3 Baby Friendly standards. Pregnant women should receive continuity of care, preferably case-loading, from antenatal to discharge from maternity care. Continued, immediate and accessible community support is fundamental, including from health visitors, local drop-in groups, specialist services (e.g. lactation consultants, tongue-tie clinics) and 24-hour helplines. All these services need adequate funding to function effectively and have been compromised by cuts to NHS/LAs.

Protecting and supporting breastfeeding must be embedded into wider policy areas e.g. town planning and environmental sustainability. The WHO Code must be fully enshrined in law to cease aggressive marketing of breastmilk substitutes. Government should revisit parental leave and flexible working legislation to encourage partners supporting mothers, and mothers can combine employment and breastfeeding later. Government must lead by example by introducing maternity/paternity leave for MPs, and permitting breastfeeding in all government buildings including the House of Commons chamber and committees.

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

Medium text box for you to answer the question How can we better support families with children aged 0 to 5 years to eat well?:

We welcome the wider systems approach in the Obesity Trailblazer programme. The evidence points to a whole systems approach that include both behavioural and environmental components and a whole family approach, this should also be complemented by physical activity:

Food Poverty

The Government must recognise the impact of poverty on the ability to eat well and address food poverty in families

Pre-Conception and Pregnancy Good health

To ensure the best start. Families require support before they are trying to conceive.

Community Support

Invest in health visiting and children's centres so new parents receive free, early years feeding advice from professionals.

Education

Education is paramount at the earliest opportunity in schools, as these children will be parents of the future. Academies should not be exempt from school food standards.

Early Year Settings

Implement a mandatory Early Year Food Plan (similar to school food plan), ensuring all children are provided with healthy food in EY settings. Make schemes such as HEYL compulsory for all EY providers.

Reduce dependence on bought products

Encourage cooking food at home as the preferred option.

Healthy Start

Increased funding for the Healthy Start Programme would enable Croydon to include support and guidance around nutrition and exercise. A national redesign of the scheme is required to eliminate barriers to signing up.

Oral Health

Increase support for dental visits at age 1

Weight Measurement

Make national reporting of child weight at the 1 and 2 year checks compulsory.

Wider Environment

Promote healthy food messaging and access, e.g. food establishments offering children's meals to include at least one healthy option; small retailers to stock healthy snacks; ban advertising HFSS foods before 9pm watershed; support healthy catering commitment nationally and have business rate reduction incentives. We would recommend increased taxation on unhealthy foods and limiting takeaway outlet licences.

Support for individuals to achieve and maintain a healthier weight

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

Medium text box for you to answer the question How else can we help people reach and stay at a healthier weight?:

It is vital that the recommendations from the Foresight report, responsibility deal and the PHE whole systems approach are implemented to support people to reach/stay a healthy weight.

Poverty

Poverty is a risk factor for being overweight. Models should follow the one stop shop approach adopted in Croydon.

Measurement

More time points where weight is reported nationally. Make this part of QOF. Or add to the NCMP programme with another measurement point at 16.

Management Programmes

Expand resources for weight management programmes for teenagers and women who are pregnant or wish to conceive, providing support during pregnancy and after for weight loss and healthy eating.

Everyday Physical Activity Environment

There should be a greater emphasis on increasing routine activity each day. We should also redesign the environment to encourage physical activity and food growing i.e. green walls, roof gardens and fruit trees in urban areas. We would also recommend more locality based offers.

Behavioural

Nudge theory - work with retailers promoting healthy food at eye-level – offer business rate reductions.

Workplace

Offer healthier food – free fruit (increases consumption). Implement healthy food policies for events. Use social value aspects of contracts. Make the healthy workplace charter compulsory.

Social Prescribing

All professionals should refer

Food Flagship Schools

Introduce Food Flagship Schools

Wider Environment

Healthy food should be accessible in all areas of life, e.g. healthy options included when dining out; healthy, affordable snacks and fast food available when out; restrictions on advertising of HFSS food; nudges such as removing sugary snacks from till points.

Staying active

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

Examples of strength and balance exercises?:

Public relations campaigns

There should be greater efforts to promote public health awareness campaigns on the benefits of physical activity. We have noted that, due to funding constraints, there has been a significant reduction in PH campaigns in recent years.

Transport

Enabling older people to get out of the house provides opportunities for physical activity; this is also good for loneliness of individuals and carers. A review of cuts in day care provision and transport is required.

Promotion

Greater promotion about the range of day to day activities an individual can do in their own home. For example, providing an exercise band so stretches can take place in a chair, using tinned products as weights and continuing to move around the house as much as possible. Strength and balance exercises can be encouraged through use of digital technology to create virtual exercise sessions and online groups.

Behavioural Nudges

Utilising the research around behaviour nudges to help promote physical activity into the daily routine.

Buddying Up

Developing a scheme that enables individuals to 'buddy up' with someone similar – activities can include going for a walk, chair based exercise class, gardening.

Social Prescribing

Professionals referring individuals to community activities such as the walking for health scheme.

Meals on Wheels

Provide an add on offer (where appropriate) i.e. provide information on gentle exercises that can be done in the home or a specific activity provided i.e. 10 minute meal move – 10 minutes of moving around before their meal.

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

Medium text box for you to share your answer to the question Can you give any examples of local schemes that help people to do more strength and balance exercises?:

Croydon is ensuring there is join up between clinical and lifestyle services particularly in relation to falls. It recognises that while clinical interventions are part of the solution to reducing falls, active and healthy lifestyles supported by the community are vital. Croydon is rolling out social prescribing with the aim of connecting the public with a wide range of support groups and activity/exercise clubs, promoting healthy living and self-care. Connecting the falls service with these initiatives is a key part of the preventing falls from occurring. In Thornton Heath this has included Zumba, Mums that Run, Parkrun, Good Gym and Falls Prevention through Age UK.

Croydon is also using its Local Voluntary Partnership which gives access to small grants for community groups to increase the range of opportunities for people to be active. Recent examples of programmes that have received funding include:

- Sitting type exercises for over 50s and food growing in community gardens and allotments.
- Pilot programme looking at the impact of personalising people's walking frames and whether it makes a difference to activity levels for people with dementia.

Taking care of our 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?

Medium text box for answering the question 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?:

We support the recognition that tackling risk factors and investing in protective factors is crucial to ensuring good mental health and would like to see greater awareness raising of the factors that can support good mental health and greater support for mental wellbeing e.g. 5 ways to wellbeing, good thinking app.

We welcome the focus on the first 1000 days and the impact of traumatic experience throughout the lifecourse and would recommend that the government reviews the protective factors that help people mitigate these impacts. Earlier intervention in a non-medical setting may see better results, especially in education, where greater teaching on how to make wise decisions early on in school and raising awareness of the signs of mental health will assist early intervention. There are key life transitions, e.g. retirement, where further support is required. The LA and voluntary sector are key to providing this support and need to be adequately funded.

We advocate for a mental health in all policies approach and the need for a review policies impacting on the wider determinants of mental ill-health - austerity, poverty and the promotion of parity with physical health, with SMI considered as a long term condition.

To address stigma we champion a review language used around mental health to eliminate discriminatory terms and stereotypes and promote positive role modelling behaviours. Some groups are disproportionately impacted including LGBT+ and people with learning disability, an inclusive approach is needed as well as additional support for these groups.

The government should consider a focus on the role of social media in mental health including body shaming.

The Government has a role in encouraging businesses to engage with employee mental health needs. The influence of work life balance on mental health must also be promoted.

Data collection and reporting on mental health is poor, we need greater intelligence on those that are at risk of poor mental health. Utilising non-health data such as financial and social media data can be utilised to predict poor mental health.

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

Medium size text box for you to provide your answer to this questionHave you got examples or ideas about using technology to prevent mental ill-health, and promote good mental health and wellbeing?:

The use of technology is important for preventing mental ill health. The King's Fund has presented evidence of the use of video calling/ online services to increase access to therapy – particularly talking therapies, peer support, and psychoeducation (see, for example, Elefriends, Big White Wall, ChatHealth (young people text services), iaptus, Deaf4Deaf – a Deaf led counselling service provided by video calling). These services are however not used as widely as they could be, and local areas will need to be encouraged to increase uptake. Further, whilst there is evidence of the benefits of telehealth for improving poor mental health, further investment into telehealth services should be considered.

In London, the Good Thinking app is a free online resource for people who would not ordinarily access services i.e. those with mild –moderate mental health problems in London. This should be promoted as widely as possible to ensure people are aware of this and other apps. The government should also seek to stimulate industry to create access to more free apps for meditation, online therapy, CBT e.g. headspace. Other apps that should be promote include Headspace, Calm Harm, Sleepio and Moodgym online CBT.

Use of technology to predict risk factors for suicide would be welcomed, better digital infrastructure for sharing intelligence on suicides from a range in sources would support local action plans.

Research on how to use social media positively to promote mental wellbeing and to prevent negative impacts should be commissioned as a priority to support the development of campaigns, policies and initiatives.

The government should ensure that any use of technology to prevent mental ill health doesn't entrench discriminatory structural stereotypes with regards to gender, race.

Sleep

We recognise that sleep deprivation (not getting enough sleep) is bad for your health in several ways. What would help people get 7 to 9 hours of sleep a night?

Medium text box for you to share your answer to the question What would help people get 7 to 9 hours of sleep a night?:

The wider determinants of poor sleep include poverty, poor housing and inflexible employment, and therefore, any Government strategy to improve sleep needs to be mindful of the social and economic factors that are at play. There is little evidence to suggest that the public are adequately informed regarding the links between poor sleep and ill-health, with continuing poor access to free sleep and meditation support.

We would recommend:

- Guidance for employers and shift workers on flexible working
- Access to a range of free and quality meditation apps
- Promotion of habits that enable good health, in particular with more funding for local health and wellbeing services to promote a reduction in screen time.

- Guidance for health and care providers to include sleep in care planning
- A public health awareness campaign to improve the public understanding of links between poor sleeping habits and poor health. This should include advice on improving sleep quality e.g. avoidance of screens in the bedroom
- Improved access to sleep support for those with chronic sleep disorders
- A focus on sleep in the new healthy child programme

Prevention in the NHS

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

Medium text box to provide answer to the question Have you got examples or ideas for services and or advice that could be delivered by community pharmacies to promote health?:

We welcome the renewed commitment to the Healthy Living Pharmacy approach and the recognition of the role community pharmacy can play. We note that the new pharmacy contract states that all contractors must now promote health and wellbeing self-care. This can include providing advice on areas including antibiotic resistance, alcohol awareness, diabetes, seasonal flu, healthy eating and obesity support, men's health, oral health, physical activity, self-care, sexual health, smoking and substance misuse. PHE has recently distributed information cards to pharmacy teams to inform them on how to support older people to improve the quality of their lives. These focus on dementia, falls prevention, improving public mental health, malnutrition, physical activity and social isolation. This work should be supported.

Areas where One Croydon would like to see a community pharmacy role include:

- Health checks and lifestyle advice for 20 to 40 year olds
- Championing Hep C screening for users of needle exchange programmes
- NHS Health checks
- National promotion campaign to inform patients of the available minor ailments services available in pharmacies
- Diabetes Prevention
- Support for new mums e.g. advice and support on breastfeeding
- Active promotion of all screening and immunisation programmes
- Healthy lifestyle support e.g. smoking cessation, weight management
- Pre-pregnancy planning advice and signposting for women with diabetes or a history of gestational diabetes (to prevent avoidable complications).

The Pharmacy contract would need to fund these additional roles to ensure sufficient funding to employ staff.

Children's oral health

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

Medium text box for answering the question What should the role of water companies be in water fluoridation schemes?:

Evidence reviews confirm that water fluoridation is an effective, safe public health measure to significantly reduce tooth decay levels. The Government's Arm's Length body Public Health England recommends sugar reduction and water fluoridation as the two most effective interventions against tooth decay. There is also evidence that tooth decay is connected to an increased risk of cardiac health issues in longer life so there is a wider protective factor

As water fluoridation has been introduced by some but not all water providers the result is variation in tooth decay across the country.

We would therefore, recommend that government should use its levers to encourage and facilitate water fluoridation across the country, retaining decision making powers at local level.

In Croydon, we are proactive tackling oral health through a multi-agency approach including tooth brushing. Oral Health activity at local level needs to be appropriately funded to enable local areas to roll-out evidence based oral health interventions for both children and older people.

Musculoskeletal conditions

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

Medium text box for answering the question What would you like to see included in a call for evidence on musculoskeletal (MSK) health?:

We support a focus on research in this area. We would like to see international evidence on the impact of access to physiotherapy, acupuncture and chronic pain management strategies. We would also like to see evidence of awareness of MSK and the role of physical activity among the public; evidence on universal approaches to MSK; and evidence based workplace activities.

The evidence is important, however it is the impact on health (physical and mental wellbeing) that needs to be considered as well as the role that workplaces and employers play around duty of care and the Health and Safety at Work etc Act 1974. Psychological aspects must be considered at an early stage, and integrated with weight management strategies.

We would wish to ensure that all data/evidence gathered is disaggregated by gender and other key variables such as ethnicity and consider health inequalities to ensure that different life experiences and perspectives are fully captured and available to inform service design. We would also like data to be presented nationally on MSK by occupation and age at small area level to facilitate targeted interventions.

Creating healthy spaces

What could the government do to help people live more healthily:

In homes and neighbourhoods:

We welcome the increase in the public health ring-fenced budget after several years of reductions. The evidence is clear that public health prevention saves far more for the tax payer than the cost of the programmes themselves and local health and care systems are best placed to use their levers to improve the factors impacting on ill health. In Croydon, for example the system is working together on the national schools superzone project to test out local levers for health.

We recommend:

- Greater local planning and housing levers to facilitate local action
- National controls to require private landlords to ensure housing is fit for habitation and meets quality housing regulations
- Lift the freeze on housing allowance to enable people to cover their rent
- Increase the provision of good social housing
- Increase financial and logistical support for the public health approach to reduce violent crime, and improve the first 1000 days of life primary schools
- Increased use of Citizens' Assemblies. Residents know more, engage more and can do more than distant officials. It fosters a sense of control and ownership

When going somewhere:

- Increased financial and logistical support invested into creating safer neighbourhoods focussing on transport, violence and lighting.
- Subsidise public transport and disincentivise car travel
- Minimum air quality standards must be met
- Reduced provision of new fast food store licences to improve the food environment
- A public health approach toward violence against women and girls
- Social measures to combat sexism (including street harassment) and racism

In workplaces:

- The mandatory enforcement of the healthy workplace charter, alongside financial support to aid implementation.

In communities:

We recommend:

- Funding to support a public health approach to violence, to include both gang violence and violence against women and girls
- A greater focus on personal development and relationship-building to facilitate collective action at street and neighbourhood levels that builds peer-support, community connections and sustains people in life-changing social and health activities.
- Restricted licencing for proprietors selling fast food, alcohol and cigarettes, alongside limitations on gambling and advertising of unhealthy food.
- Minimum unit pricing for alcohol
- Incentivising local shops to stock affordable healthy foods
- Support for youth clubs

Active 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?

Other

If other, please specify:

The answer varies for different individuals

Please list any actions we could take that are not listed above:

Supporting the aging process ultimately relies on individuals having the autonomy to make choices for themselves. The basic structure of what we mean by a 'good old age' varies enormously between and within cultures, regions and generations. It is important to understand what 'growing old well' means to different groups.

We must place a stronger emphasis on addressing the wider determinants of poor health. Growing old well will fundamentally rely on lifting the elderly out of poverty.

When the elderly feel safe in their environments it supports their social connectivity and reduces isolation. This profoundly effects both their happiness and health outcomes, and can be facilitated by relatively basic changes, such as ensuring all elderly members of society have their own front door. Age-friendly environments that ensure communities are accessible for older people is key. Croydon is working towards making the borough "dementia friendly" through training more than 1,000 staff to become Dementia Friends, and making sure buildings are dementia friendly.

We should in particular focus on supporting intergenerational interactions for the benefit of all ages of society and reduce isolation.

We would call on the Government to ensure the increased demand for adult social care services is adequately resourced through fair and sustainable system wide funding solutions to enable coordinated action across the NHS and Local Government.

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

1:

Evidence from the WHO office for Europe and the Health Education Network indicates that policies across early child development, social protection and the living environment are likely to have the greatest impact on the social determinants of health and health inequalities in the UK. Policy options should focus on early childhood poverty and education, affordable housing and regulatory mechanisms to improve air quality and mitigate the local effects of climate change. Early Child Development: Redistribute resources towards early childhood education and care (ECE transport and housing) to increase coverage and quality, especially amongst deprived groups. Encourage strong parental and community involvement in ECEC provision with improved training/standards/monitoring and home visits for disadvantaged families. Ensure social safety nets protect families at risk of poverty and promote community resilience.

2:

Improving social protection: • Increase investment in social transfer schemes as outlined by the international labour organisation. Focus on ensuring the system is simple and widely accessible

3:

Improving the living environment: Reinforce tenants' rights against eviction, Establish and support minimum housing standards, especially in poorer areas, Improve the availability of affordable housing, Urban planning focusing on promoting cleaner, more energy efficient transport between high population density areas to reduce local pollution, Integration of relevant public services to enable seamless support. Taken together, we would recommend implementation of the 2030 agenda for sustainable development, including the policy options outlined above.

Value for money

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

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

There are a number of ways we could better employ existing assets to promote prevention. We should first focus on better utilisation of space including empty buildings, secondary buildings and office space on weekends. This could include enabling local community use of local facilities, such as school sports halls outside of school time.

Open space in the community could also be used for growing food and encouraging exercise. Secondly we should engage in better deployment of our human assets. This should involve community champions, community development and timebanking, whereby community participants 'deposit' their time by giving practical help and support and are able to 'withdraw' their time when they need something done themselves. We can also make use of collective brain and hive mind programmes, as well as more tailored place based commissioning.

In Croydon, the social prescribing programme has been making use of existing assets, importantly voluntary sector resources to support health.

Local action

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

Text box for the question What more can we do to help local authorities and NHS bodies work well together?:

Closer alignment of the local authority, NHS and voluntary sector is required for the sustainability of the system as a whole. In Croydon, the One Croydon Alliance has demonstrated the benefits of a collective approach to the improving the health of older people. Local collaborative action would be supported by greater alignment and uniformity of government policy affecting each part of the system. There needs to be a review of commissioning and procurement processes and tariff based system to ensure they are fit for purpose in a more closely aligned health and care system. We would also suggest that local government funding in each area should be entirely transparent, with clear indications of the total amount spent, the exact distribution of the funds, and the proportion allocated for organisations focussed on primary prevention.

Recommendations:

- Align government policy across NHS bodies
- Assimilate the budget into a communal pool
- Devolve power to the most local practicable level, include passing control of budgets over to localities
- Streamline the levels of control over budgets, engaging in capacity building for local leaders
- Focus on primary prevention
- Transparency regarding how funding is distributed

Sexual and reproductive health

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

Number 1:

• Embedding a prevention life course approach to dealing with poor sexual and reproductive health into health and wellbeing initiatives and to optimise timely targeted interventions (such as C Card Scheme, STI screening) including a national long term campaign particularly about safer sexual practices for all and consent and healthy relationships.

Number 2:

• Menopause for both men and women

Number 3:

• Reproductive and Preconception health for both men and women, this should include providing free condoms within all relevant NHS institutions such as GP Practices, Health Centres and pharmacies as well as promoting compulsory education within schools.

Next steps

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

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

One Croydon welcome the commitment to prevention but believe the ambitions need to be much bolder to achieve the changes in healthy life-expectancy and narrowing of health inequalities required. The Government states it will improve health impact assessments and this will be crucial in understanding how and which government policies are undermining health and widening health inequalities.

Specifically, we advocate for:

- A more comprehensive strategic approach to address social and economic factors. We would like detail on an embedded cross-government assessment of the effect government policies have on the wider determinants, including the effect of reduced LA funding on poverty, education, communities and housing and ultimately health inequalities.
- A greater recognition of the importance of environmental factors and climate change on population health now and in the future and a commitment to bold action addressing the climate emergency
- A strong strategy for improving the health of older people and preventing frailty
- A commitment to adequate funding for prevention including but not specific to public health services such as sexual health, substance misuse
- Stronger policy action on alcohol including minimum unit pricing, improved alcohol labelling and alcohol marketing regulation
- Coproduction of preventative programmes/campaigns with local residents. This is of vital importance as involvement of local residents in the design and delivery will improve the likelihood of programmes being well received.

About you

What is your name?

First name:

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Surname:

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What is your email address?

Email:

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In what capacity are you responding?

Other

If other, please specify:

Responding on behalf of Croydon Local Authority and One Croydon

How did you hear about this consultation?

GOV.UK or other government website

If other, please specify:

Is it okay for the Department of Health and Social Care to contact you in relation to your consultation response?

Yes

Is it okay for the Department of Health and Social Care to use your email address to send you updates about other Department of Health and Social Care consultations?

Yes

How satisfied were you with using the digital online consultation form?

Very satisfied

How could we improve this service?:

About you as an individual

What is your gender?

Male

If other, please specify:

How old are you?

25 – 34

Where do you live?

England

If other, please specify:

Are you a parent or guardian for a child under the age of 16?

No

Number of children:

What is your ethnicity?

White

If other, please provide details of your ethnic background:

Do you consider yourself to be disabled?

No

Do you have a long term condition?

No

About you and your organisation

What is the name of your organisation

Name of organisation:

Croydon Local Authority (One Croydon)

Type of business/organisation:

Local Authority

What is your role

What is your role in your organisation:

Public Health Registrar

Where is your organisation based

Please enter the first part of your work post code :

CR0 1EA

England