

## ENDING THE BLAME GAME

### THE CASE FOR A NEW APPROACH TO PUBLIC HEALTH AND PREVENTION

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## SUMMARY

**Too many people in the UK are suffering from preventable ill-health with progress on prevention stalling in recent years.** Over half of the disease burden in England is deemed preventable, with one in five deaths attributed to causes that could have been avoided. The UK has made significant progress on this agenda in the past but we appear to have ‘hit a wall’ with limited progress since 2010. Notably, IPPR’s prevention index shows that out of 35 OECD countries:

- we have risen from 26th to 17th position between 1990 and 2010 in terms of the number of disability-adjusted life years (DALYs) caused by preventable illness, increasing by just one to 16th between 2010 and 2017
- we have risen from 29th in 1990 to 21st in 2010 in terms of preventable deaths, increasing by just one again to 20th between 2010 and 2017.

**Action on prevention will not only improve health but also lead to increases in economic growth, make the NHS more sustainable and help to deliver social justice.** Prevention leads to longer and health lives. There is lots of evidence showing that people intrinsically value this as one component of a good life. But it is also important because improved health drives greater wealth (in particular through higher workforce participation and productivity), makes the NHS and other public services more sustainable, and is a pre-requisite of delivering social justice, given the inequalities in health present across our society.

**The government’s prevention green paper must deliver a paradigm shift in policy from interventions that ‘blame and punish’ to those that ‘empathise and assist’.** To reignite the progress seen in prevention during the 1990s and 2000s the government must learn the lessons of previous prevention agendas. We argue that four key shifts are needed in the years to come, which together make up a paradigm shift in prevention and public health policy that helps move our approach from scattered to comprehensive. This paradigm shift will see policymakers eschew intervention that ‘blame and punish’ unhealthy behaviours to those that ‘empathise and assist’ them in making better decisions which result in better health.

### FROM CONSOLIDATION TO INVESTMENT

A decade of austerity has resulted in cuts to public health, prevention and mental health budgets in the NHS, and wider national and local government services which help drive better health. For too long policymakers have failed to health and health services as a risk to be managed rather than an asset to be invested in. But the evidence is clear: for every £1 spent on prevention the median return is £14 (Masters et al 2017). We need to move from consolidation to investment.

**Policy recommendation:** The government should return the public health grant to 2012/13 levels and then grow it at the same pace as NHS spending. This would see an additional £1 billion public health investment by 2023/24.

**Policy recommendation:** The NHS Long-Term Plan should ‘lock-in’ spending increases as a percentage of NHS spend on prevention for the duration of the Long-Term Plan. Additional investment in mental health and resilience in particular should be prioritised.

**Policy recommendation:** All major policies and spending decisions across government should undergo a ‘health audit’ (similar to initiatives on race and gender) and a new ‘health in all policies’ strategy to tackle the social determinants which should be overseen by a cabinet committee chaired by the prime minister.

### FROM WAITING TO CREATING

The NHS is world-renowned as an excellent system for treating ill health, but the health system has little overall influence on health outcomes (McGovern 2014). From creating a healthy environment during the first 1,000 days of life to early diagnosis and support to enable behavioural change, proactive prevention is essential for achieving better health outcomes throughout life.

**Policy recommendation:** The government should scale up its child health offer by mandating six health visits for new-born children to ensure proper maternal mental health, full take up of vaccination courses, high quality parental advice and ultimately school readiness.

**Policy recommendation:** The government should provide every school child who lives in a household in receipt of universal credit with a free school meal. This will cost an estimated £275 million but will have health and economic benefits for children living in a low-income households.

**Policy recommendation:** The government should return funding for physical education to the initial amount of £415 million which was promised following the implementation of the 'sugar levy'. This should be used to improve facilities and opportunities for sport within the curriculum.

### FROM PUNITIVE TO EMPATHETIC

Often the most vulnerable in society are at the greatest risk of developing preventable conditions through personal behaviour which is influenced by social pressures, such as poverty or job insecurity. A compassionate prevention strategy understands the complex causes behind harmful behaviour – especially mental ill-health - and instead of 'punishing' people for bad behaviour, seeks to empower and support them to make better choices

**Policy recommendation:** Unleash the power of big data and technology to predict and prevent ill-health. This will require government to reform information governance rules in the NHS and mandate dataset integration across the country.

**Policy recommendation:** Ensure everyone who displays 'risky' behaviour or is newly diagnosed has access to a personal care plan, social prescribing and a peer support network. This will require the creation of a payment mechanism (NHS tariff) for charity sector partners.

**Policy recommendation:** Introduce opt-out services and treatments for patients who come into contact with the health service. This will include providing vaccines to eligible groups, mental health screenings, vaping prescriptions and other National Institute for Health and Care Excellence (NICE) approved practices.

**Policy recommendation:** Mandate and regulate access to evidence-based services and treatments. This should include removing the recently introduced affordability threshold for new medicines but also giving NICE the power to enforce uptake of best practise services, treatments and technologies.

### FROM INDIVIDUAL TO COLLECTIVE

Despite increasing recognition of the role society plays in shaping health behaviours and outcomes, many prevention policies continue to rely on the agency of the individual to make changes (Savona et al 2017). This approach fails to recognise the vast range of social, environmental and commercial determinants of poor health. Only through collective action to build healthier environments can a prevention strategy achieve lasting success.

**Policy recommendation:** Create a smoke-free generation by raising the minimum age of smoking to 21 and extending the smoking ban to all public places.

**Policy recommendation:** End the UK's 'pro-obesity environment' by making the healthy choice, the easy choice. This will include providing free fruit and vegetables in schools, introducing plain packaging for confectionery, crisps and high-sugar drinks, supermarket sponsored community cooking classes and ensuring that no school is adjacent to a fast food restaurant.

**Policy recommendation:** Reform regulation on advertising on TV, radio and in public spaces to promote healthy lifestyles. Advertising for unhealthy food products should be subject to a 9pm watershed and additional campaign funding for promoting diet and exercise should be made available.

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