Advancing our health: prevention in the 2020s
BDA Consultation Response

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

Promotion of good nutrition and food habits is essential to underpin any preventative approach. Evidence shows that poorer communities and marginalised and excluded groups have poorer quality diets, and suffer higher rates of diet-related diseases, such as obesity and diabetes. Nutrition plays a role in all health conditions, and can be an important means of preventing ill health now or in later life. This has important implications for savings on future health care budgets. Ensuring everyone has access to good food, and advice and support to enable them to eat a healthy diet to meet their needs should be embedded across government policy.

We are aware that the government is undertaking a review in order to create a comprehensive national food strategy. It is vital that this strategy has public health at its heart, and that just as there needs to be Health in All Policies, there also needs to be a Good Food in All Policies approach. This approach has been taken in Scotland with the publication of their "Good Food Nation" policy. All health and social care policies should therefore be reviewed using such a strategy, to ensure that everything from hospital catering to care provision, medical training to workforce strategies takes account of the need to promote good nutrition as key to achieving and maintaining good health and wellbeing. It may be that the National Food Strategy that is currently being developed could form the basis for such an approach.

Do you have any ideas for how the NHS Health Checks programme could be improved?

We agree that digital options discussed in the consultation are an important means of ensuring that a wider range of people have access to Health Checks. However, they will not be suitable for all, especially those with vulnerabilities that make digital engagement more difficult. Finding more ways to deliver these checks in a place and time convenient to people will be important. Indeed, those most likely to benefit from such a check and who are most vulnerable are probably amongst the least likely to take up the offer.

Ensuring that appropriate referral pathways for Health Checks are in place is vital. For example, many conditions that may be picked up as part of a Health Check are likely to have a dietary component. Ensuring that there are routes to refer patients to diet and nutrition services quickly and efficiently is important to ensure those people feel supported and can begin taking important steps to manage their condition or prevent further issues developing. GPs or others undertaking these checks need to understand the importance of a prompt referral how and to whom to refer.

One key issue not currently considered as a matter of course during Health Checks is malnutrition (undernutrition), despite the fact that over 1.3 million older people (over 65) are at risk, with the vast majority (93%) in the community. People who are malnourished are at greater risk of other conditions, including frailty, falls and infection. The costs are significant, with malnourished people more likely to be admitted to hospital and to stay for longer. Ensuring that those undertaking Health Checks can spot the early signs of malnutrition, use tools such as Malnutrition Universal Screening Tool (MUST) or the Nutrition Checklist and make appropriate referrals will allow support to be offered to prevent and reverse the condition.

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

More innovative low-cost approaches are needed with attention to the impact smoking cessation may have on dietary intake, especially in obese or overweight people trying to lose weight. In the longer-term effective measures should pay for themselves in terms of future health care savings

How can we do more to support mothers to breastfeed?

Low breastfeeding rates are a long term and multifactorial issue that will require a range of actions to improve. These should include:

- Reintroducing the infant feeding survey, as the Government has already committed to do, and use this to inform a new national breastfeeding strategy with specific targets included. The survey needs to include questions to review why mothers feel unable to breastfeed and what would help them to do so.
- Support the roll-out of the UNICEF Baby Friendly Initiative to all maternity services.
- Take further action to ensure that women are given the time and space to continue breastfeeding when returning to work. This should include requirements (rather than recommendations) that women are afforded breaks to breastfeed or express, and a safe and clean environment in which to do so.
- Actively promote a wider change in culture and public attitudes through public information campaigns to highlight the benefits of breastfeeding and the legal protections in place to allow women to breastfeed safely and in public.
- Ensure that all new mothers have access to evaluated, user-friendly and structured breastfeeding support. This needs to include further funding for and support of Midwifery and Health Visiting services. Public health funding cuts have resulted in a lack of investment in front-line public health provision such as health visiting and infant feeding support groups.
- Ensure that a wider range of healthcare professionals (HCP) who may have contact with pregnant women or new parents are enabled to better support breastfeeding. This should include being able to explain the benefits of breastfeeding, and advise on technique and responsive feeding. HCPs should be aware of where to refer for further information and support.
- Dietitians should have involvement both pre- and post-natally as part of a multi-disciplinary team. This includes provision of general dietary advice for during pregnancy and lactation to the team and for group sessions with clients, backed up by client referrals for more specific dietetic issues.

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

Successfully supporting children to eat well and maintain healthy weight needs to include support for the whole family to do the same. Many current efforts around preventing obesity and improving diets are specifically aimed at children, but we know that the weight and eating habits of parents have huge influence on their children, which indicates that a holistic approach should be used whenever possible. Ideally these efforts should start pre-birth.

We need to improve access to evidence-based multi-component interventions for all, especially those families with children aged under five, as evidence shows that most excess weight before puberty is gained before five years of age and this is a particularly important contributory factor in later childhood obesity. The National Institute for Health and Care Excellence (NICE) has clear guidelines on how interventions such as these should be commissioned, and on the core elements of any such programmes. The BDA supports the view that all dietary, lifestyle and weight management programmes are designed and developed with input from a multidisciplinary team, which should include a registered dietitian.

We are supportive of the Government's plans to challenge industry to improve the nutritional content of commercially available baby food and drinks. Structured reformulation programmes and policies have been effective at reducing salt from everyday food and sugar from soft drinks in recent years. The programme should learn from the existing voluntary sugar reduction programme, where progress to date has been mixed across the categories. We also support steps to restrict the promotion of high fat, sugar and salt foods (HFSS) even to young children, as evidence shows that children as young as three are

influenced by marketing. This should include further restrictions on broadcast advertising, including a 9pm watershed, and changes to the way retailers are able to promote products. This should be re-enforced by a National Whole School Approach to good nutrition, with adequate support from dietitians, the school staff and parents etc.

We believe the Government needs to reinvigorate and upgrade the Healthy Start Scheme. Current uptake levels are too low, and many people eligible remain unaware that they could be claiming free healthy foods and vitamin supplements. The value of the vouchers has also remained frozen for a long period, and should be raised in line with inflation as a bare minimum.

Controlling portion sizes is key in achieving energy balance, but many consumers have poor understanding of portion sizes appropriate for age and activity level. The government's Foresight report makes clear that reduced exposure to an obesogenic diet includes a focus on reducing portion sizes. The BDA supports PHE's suggestion that relevant foods and drink should have portion sizes capped, especially when marketed to children. We also support measures to further improve food labelling, and to highlight appropriate portion sizes for children as well as adults

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

Ensuring that everyone has access to fully funded and well implemented weight management services from tier one to tier four is very important. This should include specialist services for those with mental illnesses, learning disabilities and other conditions which make them more likely to be overweight. Where weight management services do exist, they are often short term – 12 weeks or less – and we know that for people with obesity and overweight this may not be long enough. Extending interventions or ensuring that there is ongoing support is essential. Also, targeting as early as possible will be both more effective and easier – if someone is only overweight, it will be easier to manage this than if we wait until that person has obesity.

Currently tier one and two services, which are where prevention is focused, have suffered significant cuts in some areas as they are funded from local authority budgets. We welcome the government's commitment to increasing funding in real terms in the 2019 spending round, but more needs to be done to make up the huge gap that has now appeared. Local authorities' public health grant was £850 million lower in real terms in 2019 than initial allocations in 2015/16. Ensuring that there are strong links between tier two services, run by local government, and tier three, commissioned in the NHS, is also critical.

Although exercise is an important part of maintaining health, evidence shows diet plays the greatest role in determining if someone is able to reach and stay at a healthy weight. Therefore, steps to change the food environment will be key. Action to reformulate food needs to continue, and government may need to consider moving beyond a voluntary scheme if a voluntary approach continues to miss targets. The success of the Soft Drinks Industry Levy (SDIL) in reducing sugar and calories in soft drinks is a clear indication of how successful government intervention can be.

Reformulation needs to be coupled with restrictions on advertising and promotion. There is clear evidence that multibuy promotions (including 'Buy One Get One Frees', 'Buy One Get One Half Off', 'three items for the price of two', and 'X for £Y') encourage the impulsive purchase of products, or increase the frequency of purchase and/or the volume of product bought. There is also evidence to show that when products are placed in convenient and eye-catching locations, such as shop entrances or aisle ends, sales of these products are positively impacted.

Advertising has been shown to impact on people's behaviours, particularly children, which is why we support the imposition of a 9pm watershed for HFSS foods. Restrictions need to apply much wider than just broadcast, including digital and physical advertising, building on the success of existing programmes to restrict advertising of these products to children.

It is important to recognise that interventions to reach and stay at a healthy weight need to differ depending upon the age profile and other demographic measures of the target audience. For example,

what constitutes “healthy eating” for children or working age adults is not the same as for older people over 75 years of age.

Encouraging healthy workplaces is also key. Full-time working people consume more than half their calories while at work, and many modern jobs are sedentary and not conducive to good health. Employers should be incentivised to help their employees eat a healthy diet and take appropriate exercise. Initiatives such as BDA Work Ready can help workplaces create a healthier work environment. Exercise is also very important in elderly people to reduce muscle loss and to maintain health.

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

This is outside of the BDA’s area of expertise, but we recognise the important role that these exercises play alongside nutritional interventions in order to preserve muscle mass and strength.

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

N/A

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?

Good nutrition and hydration are important to maintaining good mental health. Diets lacking in key nutrients and vitamins can lead to lower energy, mood and brain function. Government should undertake public health messaging to ensure people are aware of the need to maintain a healthy and balanced diet for both physical and mental health. Alcohol, caffeine and other stimulants and depressants have a clear impact on mental health, and government should continue to discourage people from consuming them in excess.

We know that weight stigma for people with overweight or obesity can have a serious impact on their mental health, confidence and make it harder for them to achieve a healthy weight. Government and Health Services should take steps to combat weight stigma in policy, the media and healthcare settings. The Lancet and the RCP amongst others are starting initiatives to combat this: https://www.thelancet.com/journals/lanpub/article/PIIS2468-2667(19)30045-3/fulltext

We know that people with longer term mental health problems are at much higher risk of developing physical health conditions such as eating disorders, obesity or heart disease, and have lower life expectancy as a result. They are also more likely to be on a low income and to experience social isolation with a potential lack of physical exercise (of which the benefits for both mental & physical health are well documented). The role of diet in this is clear, especially in cases where symptoms or medicines used in the treatment of conditions drive weight gain or increase a patient’s appetite. Government should commit to providing specific and tailored support around diet, nutrition, hydration and exercise to those with long term mental health conditions, including access to dietetic support. Examples would include NHS Tees, Esk and Wear Valley’s ‘*Weight Off Your Mind’* initiative and the Equally Well partnership, of which the BDA is proud to be a member.

It is also important to remember that Eating Disorders are responsible for more loss of life than any other type of psychological illness. It is vital that people have access to dietetic and psychological support if they do develop an eating disorder, but in some cases, this can be developed encouraging healthy attitudes to food. Social and conventional media have a clear role to play in encouraging appropriate and realistic images of body size and eating, and should be discouraged from promoting unhealthy attitudes.

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

N/A

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?

What we eat and drink has an important impact on how we sleep, and insufficient sleep increases appetite, so the role of diet and nutrition is an important one. There are also links to mental ill health (see above) as sleep disturbances are common in mental illness and can produce a 'vicious circle' effect.

Caffeine has been shown to delay sleep onset, increase light sleep, shorten deep sleep and increase the number of times we wake in the night. These effects depend not only on the amount of caffeine we consume around bedtime, but also on the amount of caffeine consumed over the whole day. This is a message that needs to be made clear to the public, and steps taken to remove unnecessary caffeine from drinks in particular. For children and young people, the impacts are particularly stark, both because of their smaller body size and their developing brains. It impacts on concentration and learning, as well as sleep. This is why the BDA supports a ban on the sale of energy drinks to children.

Alcohol also interferes with sleep, again not only if consumed immediately before sleep but also if consumed in the day. Encouraging people to reduce their alcohol intake and drink moderately and less frequently will have a positive impact on sleep. Both alcohol and caffeine are known to exacerbate some types of bladder problems such as frequency and urgency, which are relatively common in older people, as is type 2 diabetes, especially in people who are overweight or obese. Bladder problems and poorly controlled diabetes (and also some gastro-intestinal conditions) may create broken sleep patterns and can benefit from dietetic intervention.

Reducing screen time, especially immediately before sleep, has been identified regularly as a key means of improving sleep, so this is a message that needs to be repeated often.

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

As community health champions pharmacies could play an important role as first line advice and in the management of long-term conditions.

In Scotland, pharmacies play a crucial role in the management and support of people with Coeliac Disease. Pharmacies manage their prescriptions and regularly review patient's intake and adherence to ensure the prescriptions are effective and that no complications are arising. If pharmacists become concerned that more support is needed, they can make referrals to dietetics or other services. This approach, which operates across Scotland, is much better than the current fractured approach in English CCGs, with varying levels of support and restrictions on prescriptions. You can easily see how this model could be expanded for other long-term conditions, where a pharmacist could act as a first point of contact.

Malnutrition is an often overlooked but widespread issue impacting on more than three million people of all ages, but particularly the elderly. Most of those are in the community, and often their malnourished status only becomes apparent when other health conditions occur or someone is admitted to hospital. However, people most at risk of becoming malnourished are those with other health conditions, who are more likely to be regularly visiting pharmacies. Training pharmacists to recognise and screen for malnutrition (potentially using the Nutrition Checklist) would be a key way of identifying people early and more quickly getting them the support they need. It would be beneficial for Community pharmacists to develop stronger links with dietitians as part of the Primary Care Network (PCN), in accordance with the current NHS Long Term Plan.

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

N/A

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

We believe it is very important that any call for evidence considers the broader causes of musculoskeletal conditions and those things that can promote good MSK health. This should include consideration of the role of diet and related conditions on MSK.

We know that diet has an impact on MSK conditions, for example, iron and omega-3 intake in rheumatoid arthritis or calcium and vitamin D intake in osteoporosis. Sarcopenia is also a key issue, with proper protein intake essential to combat unintentional muscle mass loss. We also know that certain population groups in the UK, such as women and BAME communities, are particularly at risk of deficiency in some micronutrients. It is therefore important that the call for evidence seeks to understand what steps can be taken to improve the nutritional status of these groups and what impact that might have on MSK conditions.

Diet related conditions such as obesity or malnutrition can also play a significant role in people developing MSK conditions, and make it harder for people to recover from them. Being overweight or obese increases the stresses on joints, while being malnourished increases the risk of frailty, sarcopenia falls and fractures. Ensuring that people receive treatment and support that takes account of all their conditions holistically is vital. Therefore, any call for evidence needs to take account of what interventions can help people reduce their MSK conditions and manage other conditions at the same time.

As members of the Arthritis and Musculoskeletal Alliance (ARMA), we also support their submission to this consultation.

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

- ### In homes and neighbourhoods

  Evidence shows that broadcast advertising has a significant impact on people's food choices and eating behaviour, especially children. Children can begin to recognise brands from a very young age, and we know that most of the advertising children are exposed to is on television intended for "adults" during typical family viewing. Reducing our exposure to advertising of products that are not conducive to good physical and mental health, such as HFSS food, gambling and alcohol will have a positive impact.

  Ensuring that people can easily access good and affordable food, with reduced exposure to takeaways and other sources of HFSS foods would be significant. Evidence shows that more than a million people live in "food deserts" where they struggle to access healthy food (such as fresh fruit and vegetables) due to poverty, a lack of supermarkets and poor public transport. Where supermarkets are present, they should be prevented from promoting HFSS foods through in store advertising and price promotions, which have been shown to be effective in driving increased sales and are disproportionately used to promote unhealthy options.

  Councils need to be encouraged and empowered to reduce the number of hot food takeaways in any given area. Even for those that already exist, by working in partnership local authorities can increase the healthy food they offer and discourage pricing and advertising that targets children and young people with unhealthy options. Some local authorities have a food strategy committee or equivalent, with dietetic representation (e.g. in Leeds, West Yorkshire). This should become consistent policy nationally.

- ### When going somewhere

  Transport is another place where advertising and promotion of products could be restricted. Transport for London have already taken steps to reduce the promotion of HFSS foods and beverages on their network, and it would be positive to see this replicated elsewhere with support from central and local government.

  Encouraging active travel is a positive way to encourage people to exercise more in a safe way.

- **In workplaces**
  Full-time working people consume more than half their calories while at work, and many modern jobs are sedentary and not conducive to good health. Equally, evidence shows that shift workers and those that work long hours with frequent overtime are at increased risk of developing conditions such as obesity and diabetes.

  Employers should be incentivised to help their employees eat a healthy diet, maintain appropriate work/life balance and take regular exercise. This should include employee involvement in the planning and delivery of interventions, buy in from senior management and multi-level approaches. Initiatives such as BDA Work Ready can help workplaces create a healthier work environment.

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 caring for a loved one**
  Carers focus on helping the people they care for can lead them to ignore their own health and wellbeing, including eating and drinking appropriately. Providing food and drink for a cared for person (and perhaps feeding them) is core part of caring and can take up a significant proportion of a carer's time. Increasing the scope and availability of services to help with this, such as meals on wheels, not only helps cared for people, but their carers as well. Action to support carers with the affordability of food is also crucial. There is also a need to assist carers to understand what a healthy diet looks like for the person for whom they are caring (it's not always what the Eatwell Guide advises).

  Where possible (unless there are feeding difficulties and/or other complications) it is good practice for carers of loved ones to eat the same nutritious food at the same time as those they care for. Additionally, if possible and finances and facilities permit, a luncheon club once a week and taking the person cared for out for a family meal, or a day out/a day in a care home/health care appointment can all help both the carer and the cared for in terms of social eating/respite/change of environment and maintaining mobility, good health and wellbeing.

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

Education

Education is absolutely key to opportunity, which in turn has a significant impact on people's health and wellbeing.

When it comes to good diet and nutrition, education is key, both to help people understand what they need to do to consume a healthy diet, but perhaps more importantly how they can do so. Cooking skills, mindfulness, understanding of the role of micro and macro nutrients can all assist people with eating and drinking better and in doing so improve their health and prevent the development of conditions and illnesses related to poor diet.

Welfare

Welfare policy has a huge impact on people's health and wellbeing, as financial security is central to so many other aspects of people's lives. Unfortunately, there is growing evidence that current welfare policy is driving poverty, inequality and specifically food poverty (as exemplified by increasing food bank usage), with all the impacts that this has on people's health and wellbeing.

Evidence from Citizens Advice Bureau (CAB) has shown that Universal Credit risks leaving many people without the support they need, pushing them into debt and leaving them unable to make ends meet. CAB Scotland reports:

- A 15% rise in rent arrears issues compared to a national decrease of 2%
- A 87% increase in Crisis Grant issues compared to a national increase of 9%

- Two of five bureaus in impacted areas have seen a 40% and a 70% increase in advice about access to food banks, compared to a national increase of 3%

A 2017 survey of more than 250 paediatricians across the country revealed that;

- Poverty and low income contribute significantly to the ill health of the children that they treat
- Housing problems or homelessness were of grave concern and continue to rise
- More than 60% of respondents said that food insecurity contributed to the ill health of the children that they treat
- 40% had had difficulty discharging a child in the last six months because of concerns about housing or food insecurity

Housing

Secure, affordable and well-maintained housing is vital to support people's capacity to find work, care for their families and look after themselves. Rising living costs now mean that after housing costs the poorest in the UK have to spend as much as 42% of their income on food in order to eat a healthy diet.

This is equally true in relation to having a space in which to cook and eat. Evidence shows that housing insecurity is associated with poorer diet quality including lower fruit and vegetable consumption. This also creates higher risks of micronutrient deficiency, which if unchecked can have very serious and long-term implications for health.

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

It is essential that everyone who engages with people in a context relating to health considers themselves a part of the wider "public health workforce". Evidence shows that "healthy conversations", especially from trusted sources, can positively impact on someone's health. However, this is only possible if those people are supported with training and points of referral. We recognise, for example, that there are simply not enough dietitians to personally support everyone who may need support with diet and nutrition – however, they can support and train the wider workforce to do so. For example, dietitians have been involved with training the fire and rescue service to spot the signs of malnutrition and signpost people to appropriate support as part of their "safe and well" visits.

Of course, the public itself can form a part of that wider public health workforce by looking out for their friends, families and neighbours. It is these people that are most likely to notice a health issue early when it is most easily prevented or managed. For example, by raising awareness amongst the public of malnutrition and its early signs, we are much more likely to identify and support the 96% of those at risk who are in the community, rather than those in care homes or hospital.

What more can we do to help local authorities and NHS bodies work well together? (In addition to health and well-being boards, ICS and pooling of budgets.)

Ensuring that there is sufficient funding for all partners. Pooling budgets is a step in the right direction, but the significant cuts to public health funding in recent years means that local authorities are very much the "poor relation". We welcome the Government's commitment to increasing funding in real terms in the 2019 spending round, but more needs to be done to make up the huge gap that has now appeared. Local authorities' public health grant was £850 million lower in real terms in 2019 than initial allocations in 2015/16.

It is important that all parts have shared targets and are both assessed consistently for their performance on prevention and public health and work strategically and co-operatively in unison towards common goals. At the moment, the NHS is not particularly geared toward prioritizing prevention and public health while conversely local government appears to give greater recognition to this.

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

Support to help expectant mothers or those trying to get pregnant to reach a healthy weight. Maintaining healthy weight increases chances of conception and evidence also suggests that overweight mothers

are more likely to give birth to large for gestational age infants for a variety of reasons, including effects in utero. Larger infants are at increased risk of being overweight in childhood. Conversely underweight mothers and those who smoke or are teenagers are at greater risk of an undernourished baby, which could also be born prematurely again with other inherent risks for the child. This suggests that interventions should start early, even before a child is born. Interventions to improve diet and lifestyle in pregnancy have benefits for both the mother and child.

There are also specific nutrients that mothers should be taking in higher amounts both before conception and during pregnancy to support the healthy development of the child and prevent the development of conditions such as NTDs. This includes folic acid and iodine, both of which require supplementation given the difficulty with getting sufficient of either from a typical diet. Government needs to clearly promote the importance of taking these supplements to pregnant women, and support their uptake through schemes such as Healthy Start.

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

Environmental sustainability, including dietary, is another issue of both current and future great importance, which cannot be overlooked and should be embedded in any preventive approach to advancing our health. Climate change will have an undoubted impact on future health, and steps to mitigate our environmental impact should be central to all government policy. The BDA's One Blue Dot toolkit is designed to help dietitians understand the impact of diet on the climate, and how this can be communicated to the public. Efforts need to be made across the healthcare workforce to facilitate similar understanding.

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