

Association of Directors of Public Health – Written evidence (PRT0086)

1. What primary prevention initiatives are in place to reduce the rate of preterm birth across the country, in line with the Government's target?

Many primary prevention initiatives are in place to reduce the rate of preterm births across the country. It is worth noting that since many pregnancies are unplanned, population-level measures to improve the nation's health as a whole are most effective at reducing the rates of preterm births. Therefore, local approaches that focus on reducing alcohol consumption, obesity rates, and smoking rates all contribute to reducing preterm births.

Directors of Public Health (DsPH) are ambitious about protecting and improving public health, both locally and nationally, and delivering efficient and effective services. In England, The Public Health Outcomes Framework (PHOF) tracks 112 health indicators. In the last six years, 80% of those have been level or improving; this is notable particularly as DsPH have been achieved in a context of year-on-year cuts to the Public Health Grant.

a. How can the prevalence of smoking both before and during pregnancy be reduced?

Most people begin smoking when they are young, while adult smokers who started smoking at the youngest ages are more likely to smoke heavily and find it harder to give up. Increasing the age of sale will largely eradicate the uptake of young people smoking tobacco over the next ten years or so, which will radically decrease the prevalence of smoking before and during pregnancy. Additional measures to protect pregnant people from smoking can also happen at a population level, such as reducing the public acceptability and visibility of smoking through

smokefree places, mass media campaigns on harm during pregnancy, and ensuring effective implementation of regulations on the sale and marketing of tobacco products. Even with the increased tobacco control measures that are due, passed by the Government within the Tobacco and Vapes Bill, there will be a small number of people who continue to smoke before and during pregnancy. For this population, who are likely to be the most vulnerable members of society, there needs to be targeted work to ensure they are supported to quit smoking.

2. From a population health perspective, what are the challenges to achieving the ambition of the preterm birth rate reducing to 6% by 2025?

From a population health perspective, the challenges to reducing the preterm birth rate to 6% by 2025, are the upstream drivers of preterm births. These include economic conditions such as living in poverty, and social conditions such as insecure housing. All of these result in long-term activation of stress and thus increase rates of preterm births.

Poverty

Living in poverty has a major effect on health for both adults and children. Children are especially vulnerable to the impact of action or inaction by other people and their physical and social environment. The physical, emotional, and mental wellbeing of children and young people are significantly shaped by the social determinants of health into which they are born, live, learn, and grow, and these determinants continue to affect individuals across their life course. Therefore, the Government should introduce a new Child Poverty Act which commits to ending child poverty in all parts of the UK by 2030. A shift towards poverty prevention and early intervention is needed to support children and young people to lead healthy and fulfilling lives and prevent ill health in later life.

Health Inequalities

Improvements in health are being experienced disproportionately, with the gap between the most and least deprived areas widening. There is a difference of over ten years between men and women's healthy life expectancy in the least healthy local authorities (LAs), compared to the most healthy. Creating good health requires ambition on the social determinants of health – income levels, housing standards and security, education and employment opportunities, and the environment. Therefore, the Government should introduce a dedicated Health Inequalities Strategy.

A cross-government strategy and sustained structural national policy action are needed to tackle the various interconnected factors that cause health inequalities. Commercial determinants of health are a huge driver of health inequalities, through driving unhealthy product consumption, such as alcohol, tobacco, unhealthy foods, and gambling, and thereby exacerbating existing inequalities. As part of addressing health inequalities more generally, the Government must address inter-related issues such as the commercial determinants of health in order to improve the health of the nation.

3. What role can education programmes play in improving preconception health and pregnancy planning?

UK Government data suggests 45% of pregnancies and 33% of births are unplanned. A planned pregnancy is likely to be a healthier one, as unplanned pregnancies represent a missed opportunity to optimise pre-pregnancy health. Therefore, education is clearly an important factor so people can plan and choose when they want to become pregnant.

The United Nations Educational, Scientific and Cultural Organization (UNESCO) has reviewed 87 separate studies on the pros and cons of sex

education. The findings of the benefits of education programmes include that those who receive education wait longer before having sex, and when they do engage with sexual activity then sex is less frequent, safer sex with condoms is more likely, there are fewer pregnancies, and young people are less likely to engage in risky behaviour such as sex when using alcohol or drugs. It is clear that education plays an important role in pregnancy planning and therefore reducing preterm births.

It is important that the education that is delivered is of high quality so it is most effective. The Family Planning Association recommends teachers always use high quality relationships sex and health education (RSHE) materials, recommended or written by sexual and reproductive health experts. As teachers are rarely experts in this field.

a. Who should be responsible for providing information to help optimise health prior to pregnancy?

ADPH advocates for a whole system approach to optimise health prior to pregnancy. This requires joint working between the NHS, housing, education, social services, planning, voluntary, police and youth justice sectors. A strategic shift towards prevention and early intervention is needed and this should begin with supporting good maternal health, promoting positive outcomes for both mother and child, and a focus on the early years. A broad coalition of partners should be responsible for providing information to optimise health prior to pregnancy in order to ensure the best outcomes for babies and parents.

4. What are the drivers of the socio-economic and ethnic disparities seen in relation to preterm birth rates and outcomes? What plans are in place to reduce them?

Health inequalities have been steadily widening in recent years, with issues such as the cost-of-living crisis and the Covid-19 pandemic further

exacerbating this problem. The current cost of living crisis has pushed millions of low-income families into poverty – an underlying cause of ill health – exacerbating health inequalities further with food and energy bills spiralling. A polling by the Royal College of Physicians in May 2022 found that 55% of people felt their health had been negatively affected by the rising cost of living, with the increasing costs of heating (84%), food (78%), and transport (46%) reported as the top three factors. As outlined in question three, the upstream drivers of inequalities are economic such as poverty, and social conditions which include systemic discrimination which particularly affect people from specific socio-economic and ethnic groups.

Since almost every aspect of people's lives impacts their health - jobs and homes, access to education and public transport, and experiencing poverty or discrimination, ADPH advocates for a Health in All Policies approach (HiAP). HiAP has been defined as 'an approach to public policies across sectors that systematically considers the health implications of decisions, seeks synergies, and avoids harmful health impacts to improve population health and health equity'. It is an established approach to improving health and health equity through cross-sector action on the wider determinants of health: the social, environmental, economic, and commercial conditions in which people live. Whether through transport, housing, fiscal or employment policies, decisions taken across national and local Government have the potential to create the conditions for healthy lives.

To reduce socio economic and ethnic disparities across a wide range of health outcomes, the Department for Health and Social Care originally planned to publish a new Health Disparities White Paper. However, in 2023, the Government announced that it would not publish the white paper and would instead incorporate it into a Major Conditions Strategy. This new strategy aims to tackle the growing issue of supporting people

who are living with more than one condition and will include focus on addressing 'clusters of disadvantages'.

5. How can follow-up care for preterm babies and their families be improved, including through health visitors?

Follow up care for preterm babies and their families can be improved by adopting a whole family approach, with a focus on positive parenting, to provide the opportunity for children to thrive and improve health and wellbeing. A Make Every Contact Count (MECC) approach should also be used to safeguard children. A balance is needed between providing universal services to all children (such as through health visiting teams) while also focusing additional resources on vulnerable children. In order to provide this antenatal care, it is very important that there is a sufficient workforce to provide it. The Institute for Health Visitors recommends that the Government should develop a workforce plan for children's social care and the early years, alongside delivering the NHS Long Term workforce plan.

Improving follow up care cannot be done without an increase in public health funding to improve the outcomes for preterm babies and their families. In England, LAs' public health funding has suffered a 28% cut (in real terms on a per person basis) since 2015/16. Funding in children's services (aged zero to five) has also been reduced by 19% in real terms. Although DsPH have been acting to manage these cuts, they have reached the limit of available efficiencies. Cuts to public health investment will limit the ability of local public health authorities to fund and deliver early intervention, prevention, and universal services. Cuts to children's services are counterproductive, as the return from investment in early years' prevention is not merely financial but also observable in health improvements across the life course.

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