Speech: Prevention is better than cure – Matt Hancock's speech to IANPHI

We're here to talk prevention. And if there's one thing that everybody knows it's: 'prevention is better than cure'.

When I was thinking about prevention I looked into where this comes from. I'm told it was Erasmus, the 16th century Dutch philosopher, who coined the insight.

The irony was that Erasmus died suddenly from an attack of dysentery, which we now know is a wholly preventable condition.

The other person who can lay claim was Benjamin Franklin, who said: 'an ounce of prevention is better than a pound of cure'.

And Franklin founded the first fire brigade in Philadelphia and made it one of the safest cities for fires in the world.

So prevention works. As the founding fathers knew.

Prevention saves lives and saves money.

Two of the biggest health successes of the 20th century had prevention at their core: vaccination and cutting smoking.

In the UK, both were achieved by careful and considered government intervention.

We didn't outlaw cigarettes because blanket bans curtail personal freedoms and often have the opposite effect.

We encouraged better behaviour through informing the public and by stopping smoking in public places where it could affect the health of others.

We didn't compel people to vaccinate against their will. We helped them see it was in their interests and everybody else's too.

Ultimately, at the heart of our public provision for healthcare there's a social contract. A social contract at the heart of our NHS.

We, the citizens, have a right to the healthcare we need, when we need it, free at the point of use.

But, we have a responsibility to pay our taxes to fund it, and to use the health service carefully, with consideration for others, and to comply with medical advice to look after ourselves.

Because the NHS is not just a service – it's a shared stake in society.

Too much of the health debate in England has been about our rights: what we

deserve, and what the NHS can deliver. And, of course, those rights are important.

But, I think we need to pay more attention to our responsibilities, as well as our rights.

Today, I want to talk about those responsibilities, and our task for the National Health Service to help empower people to take more care of their own health.

I want to talk about how we need to focus more on prevention to transform our health and social care system, save money, eliminate waste and make the extra £20.5 billion we're putting in go as far as it can.

Because only with better prevention can our NHS be sustainable in the long term.

Over just the last year, emergency admissions at A&E have increased by 6.6%. This rate of growth of demand is simply unsustainable.

But, of course, it's not just about the finances. I want to talk about how preventing ill health can transform lives, and transform society for the better too.

That might sound radical. It is intended to.

The government-wide plan we are publishing today sets out how we need a radical shift in how the NHS sees itself, from a hospital service for the ill, to a nationwide service to keep us healthy.

Where those who work on the front line of the NHS including the GPs, who are its bedrock, feel confident to remind people of their responsibilities too.

So first, let's talk about those responsibilities.

At the core of my political philosophy is a belief that the state has a duty to protect the most vulnerable in society, and an equally firm belief that we must empower people to fulfil their potential to be the best they possibly can be. From the education they receive in school, to the freedom they have to achieve in work.

And nowhere is this more true than with health.

Given this duty, our starting point is to ask: what contributes to living longer in good health?

The Prime Minister has set this question as part of the Ageing Grand Challenge – to seek 5 years' longer healthy life expectancy by 2035.

The best evidence points to a 4-factor breakdown.

Around a quarter of what leads to longer healthier life is acute care – or what goes on in hospitals. The second factor is genetics. The third factor is

environmental – things like air quality that an individual can't control.

And the final factor is what people do – the choices they make, the lifestyle they choose.

Different people put different proportions on these 4 factors: but suffice to say they're all important.

Yet currently, we spend the overwhelming majority of the £115 billion NHS budget on acute care.

Last year, we spent just £11 billion on primary care where the bulk of prevention happens.

Yet the combination of prevention and predictive medicine have more than twice the impact on length of healthy life.

That isn't just the difference between life and death, it's the difference between spending the last 20 years of your life fit and active, or in a chronic condition.

So our focus must shift from treating single acute illnesses to promoting the health of the whole individual. And from prevention across the population as a whole to targeted, predictive prevention.

So as the government is spending £20.5 billion more of taxpayers' hard-earned cash over the next 5 years – the single, largest cash injection to the NHS ever – we must see the proportion of funding on primary and community care in the NHS rise. And that is exactly what will happen in the long-term plan.

But it isn't just about the quantum of money. It's also about reform.

I want to see people taking greater personal responsibility for managing their own health. For looking after themselves better, so staying active and stopping smoking.

Now, I want to address head on how we can do this without undermining people's liberty.

Take alcohol. Like many people, I enjoy the odd glass of wine.

I support the budget in which we froze duty on scotch and beer. I don't believe in punishing the masses to target those who need help.

Yet alcohol abuse puts a huge burden on the NHS. High-risk drinkers make up less than 5% of the population, but consume over a third of all alcohol.

They're more likely to end up in A&E. And drunk people are more likely to be responsible for abuse and violent attacks on NHS staff. I've seen it for myself. So we need action on alcohol that targets those who most need our support, without punishing those who don't.

Likewise, we know that smoking contributes to 4% of all hospital admissions

in England each year. And smoking costs the NHS around £2.5 billion each year. And this is despite the massive reduction in smoking over the past 30 years.

For smoking, the next step towards a zero-smoking society is highly targeted anti-smoking interventions, especially in hospitals.

If someone is admitted as a heart patient, and we know that stopping smoking could save their life, then we will do everything we can to help them quit, as they do in Ottawa.

This is a Canadian model I like the look of. I want to see bedside interventions in our hospitals so smokers who are patients are offered medication, behavioural support and follow-up checks when they go home.

And we need to fulfil our commitments to the obesity strategy, and set ambitious targets also on salt.

Salt intake has fallen by 11% in under a decade, but if salt intake fell by a third it would prevent 8,000 premature deaths and save the NHS over £500 million annually. So we are working on new solutions to tackle salt and will set out more details by Easter.

Because focusing on the responsibilities of patients shouldn’t be about penalising people but about helping people to make better choices.

How do we do that? How can we empower people to take more care of their own health?

By giving people the knowledge, skills and confidence to take responsibility for their own health.

By using new digital technologies, to help people make informed decisions, with more access to primary and community care, and with more social prescribing, all aimed at stopping people from becoming patients in the first place.

So the second thing I want to talk about is how we must focus more on prevention to transform our health and social care system to save money, eliminate waste and get the best return on our extra £20.5 billion.

This isn’t just about empowering people to take more personal responsibility. It’s about reforming the system and harnessing new opportunities.

There are 2 new technologies in particular with the potential to change everything: the combination of artificial intelligence and genomics.

They promise the potential to unlock our genetic codes; and allow us to apply those codes to how we live our lives. To predict which of us are susceptible to which illnesses, to diagnose those already ill, faster, and to develop new tailor-made treatments to bring people back to health.

Together, they will transform medicine. We are finally now able to crack that

genetic factor of our health.

We can intervene earlier. Save money on unnecessary and invasive tests. Eliminate waste by prescribing the right medication or the right treatment the first time round. And save NHS resources for people who really need it.

And this isn't something that's far off in the future. It's already happening.

The new NHS Genomic Medicine Service is expanding.

In Cambridge, we're at the cusp of sequencing the 100,000th genome, and are now aiming to sequence 5 million so we can diagnose rare diseases, more quickly and with fewer painful tests for patients.

The world-leading Moorfields Eye Hospital is working with the world-leading AI company Deepmind. Their AI system has made the correct diagnosis on over 50 different eye diseases with 94% accuracy – at least matching the best human experts. And that figure is only going to improve.

These technologies, and other new digital services giving targeted health advice, are starting to transform global medicine.

As it has been with every wave of technology for the last 70 years, the NHS must be at the forefront, embracing these new technologies and shaping them as they evolve and improve.

The NHS must go from being the world's biggest buyer of fax machines to the tech pioneers of the future. And I know we can do it. Because we've done it before.

From 1796 when Edward Jenner developed the first smallpox vaccine, to 1928 when Alexander Fleming discovered penicillin, to 1950 when Richard Doll proved the link between smoking and cancer.

The next frontier of prevention is using the data at our disposal to predict who will be ill with what, and to get in there early.

The Prime Minister has spoken with great eloquence about the power of artificial intelligence to save lives by spotting cancer earlier – and we must do that.

But predictive prevention has a far broader application.

From diagnosing a susceptibility to dementia due to a vitamin deficiency, to motivating activity to tackle obesity, we can have better, more targeted interventions than ever before. Again, giving better results, and helping the NHS eliminate waste and save money.

Our aim is to prevent people becoming patients through personalised advice and intervention. Public Health England are leading the way on predictive prevention. They are bringing together a range of experts so we can scale up this pioneering work to a national level.

Now, I've talked about acute care, genetics, and choices. So let's turn to the final factor in determining a healthy lifespan: the environment.

And this is linked to my third and final point: how getting prevention right will transform society for the better. Right now, we tend to think of things in isolation.

Pollution is seen as an environmental problem. Employment is something for the Treasury to worry about. And housing is either a public good or a private investment.

But health can't work in isolation. Our health is affected by each and every one of those.

So a true focus on prevention means tackling the environmental factors that affect a person's health too. It means a new drive for clean air, building on the successes of recent years in cutting emissions. Secure employment, building on the record number of jobs available now. Higher quality housing.

And it also means our GP surgeries, our hospitals, our care homes, our entire health and care system working more closely with local authorities, schools, businesses, charities and all the other parts that make up our communities.

It means employers playing a bigger role in helping their staff stay healthy and to return to health after illness. And we can learn from the excellent work of our military here.

Soldiers have an 85% return-to-work rate after a serious injury, and they obviously have some very serious injuries. The equivalent rate for civilians is only 35%. The reason why the military is better at getting people back to work is because they are more engaged in their workers' recovery at every stage of the process.

Civilian employers must do the same. Employers have a responsibility to help improve the health of their staff and the nation. Each of us has a stake in our health and care system so each of us has a responsibility to work together to build a sustainable system. So, I want us to be open to new ideas and learn from other countries.

Like the Netherlands, for example. Where companies must demonstrate due diligence in their approach to the rehabilitation of sick staff and helping employees return to work.

To achieve this we need to strengthen the links between employers, their unwell staff, and the NHS.

That way, the challenge – for I never think of people as problems – doesn't present itself at 3am at A&E.

Good health starts with the right pre-natal care, immunisation, nutritional support, fitness advice, minimising social media and mental health harms, secure employment, financial independence, safe housing, help with bad habits, friends and family to fight loneliness, careful and considered

interventions at every stage of life into old age.

From cradle to grave, not just for the NHS, but for the whole of society.

Giving people responsibility for their own health. Empowering them to make the right decisions.

The best help when they need help. That is what getting prevention right means. That is the potential of prevention. That is the promise that it offers: a healthier, happier future for us all.

News story: Innovate with a business-academic partnership: apply for funding

Businesses can apply for a share of up to £40 million to take part in a Knowledge Transfer Partnership (KTP).

The programme aims to promote competitiveness and productivity in a business by bringing in new knowledge and skills.

The government has just announced in its 2018 Budget that it will invest up to £25 million to expand the KTP scheme. This will create places for more than 200 additional graduates and academics with relevant skills in highly innovative firms over the coming years.

Creating viable products and services

KTPs are designed to help businesses to turn academic insight into viable products and services, leading to growth and future development.

They can either build on an existing relationship with an academic partner, or be a completely new collaboration with a university, college or research and technology organisation. A Knowledge Transfer Adviser can help to set this up.

KTP applications must:

- focus on a specific project
- set out the nature and goals of the project
- give details of who will take part
- establish what the graduate will be expected to deliver

KTPs are building better lives for older people

The ExtraCare Charitable Trust manages retirement communities for older people. It has a wellbeing programme that supports residents to make informed decisions about their own health and lifestyle.

Through a KTP carried out with Aston University the trust is developing a new resilience tool to improve wellbeing and independence even further.

A KTP with Aston University is providing ExtraCare's Wellbeing Advisors with even more efficient ways to support residents.

When it is rolled out later this month, the web-based app will make it easier for ExtraCare's advisors to assess the health of each resident, monitor their progress and prevent any potential incidents like slips or falls.

The new app will also allow them to tailor recommendations to individuals for activities that would benefit their physical and mental health.

Programme information

- applications for Knowledge Transfer Partnerships are open throughout the year
- the deadline for applications for this round is 12 December 2018. If an application misses a deadline it will automatically be entered into the next round
- projects can last between 1 and 3 years
- businesses and not-for-profit organisation of any size can apply
- the size of the grant and own contribution will vary. Typically:
    - small and medium-sized enterprises contribute around £35,000 per year, or about one-third of the project costs
    - large businesses contribute about £55,000 per year, or half of the project costs

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News story: Armed Forces to step up Commonwealth recruitment

The Ministry of Defence has announced today that Britain's military will increase the number of Commonwealth recruits to 1350 per year, that will be introduced over several years.

The move builds on the long-held links Britain's military has with Commonwealth countries, where recruits from across the globe have bravely served in a variety of roles, in many conflicts.

The importance of the Commonwealth to the military is underlined by the fact

that Britain already employs some 4500 Commonwealth citizens in the Armed Forces.

Minister for the Armed Forces Mark Lancaster said

> As an outward-looking nation, Britain has always counted on the dedicated service of our friends from the Commonwealth to keep this country safe.
>
> From Australia to Jamaica, to Fiji and South Africa, Commonwealth recruits are already playing a key role in our Armed Forces.
>
> So we’re stepping up the numbers of recruits from the Commonwealth, knowing that they will bring key skills and dedicated service to our military.
>
> Their different perspectives will also help us to enhance our cultural understanding, giving us an operational advantage over our adversaries.

Of the 1350 new annual recruits, the Army is expecting to hire around 1000 personnel, with the Navy and the RAF expecting to recruit around 300 and 50 respectively.

The MOD previously had a five-year residency in the UK requirement, in order to allow Commonwealth personnel to qualify for recruitment into the Armed Forces. Today’s announcement removes this requirement.

As part of the phased approach, those who have already applied for Army roles but been on hold due to the limited numbers we were able to accept each year, will be given priority. The Royal Navy and RAF will begin recruitment procedures immediately, with Army applications opening in early 2019.

All roles and ranks will be open to Commonwealth citizens, from all Commonwealth countries who are aged 18 or over.

In 2016 the five year residency requirement was waived to allow for 200 Commonwealth citizens with specialist skills apply for a limited number of roles.

In recent years, the Armed Forces has had more than 7500 Commonwealth citizens in its ranks, with a wide variety of countries represented, including Fiji, Ghana, South Africa, Jamaica, Australia and St Vincent.

Press release: Commission appoints interim manager to education charity

The Charity Commission has appointed an interim manager to Grove Mountain (1162684) due to continued concerns over the management of the charity.

Interim managers are appointed to take over the running of a charity where the Commission has identified misconduct and/or mismanagement, or there is a need to protect the charity's property.

The Commission opened a statutory inquiry into Grove Mountain on 11 August 2017 to examine regulatory concerns including the financial management at the charity, specifically whether: the charity has been operating for exclusively charitable purposes, adequate financial controls have been applied and if the trustees have complied with their legal duties to ensure that the charity is administered, governed and managed appropriately.

The Commission is concerned that two of the trustees, who have been in office since the inquiry was opened, were responsible for the misconduct and/or mismanagement and exposed the charity's property to undue risk. They also failed to comply with directions issued during the course of the inquiry.

The Commission has therefore made an order under Section 76(3)(g) of the Charities Act 2011 to appoint Adam Stephens of Smith & Williamson LLP to the role of interim manager. The appointment was made on 19 October 2018.

The interim manager takes on full control of the administration and management of the charity to the exclusion of the trustees until the Commission makes a further order. His duties include taking any steps necessary to secure the property of the charity and considering the future viability of the charity.

The Commission's inquiry continues.

Ends

Notes to Editors

1. This appointment is a temporary and protective power that will be reviewed at regular intervals. It will continue until the Commission makes a further Order for its variation or discharge.
2. It is the Charity Commission's policy, after it has concluded an inquiry, to publish a report detailing what issues the inquiry looked at, what actions were undertaken as part of the inquiry and what the outcomes were. Reports of previous inquiries are available on GOV.UK.
3. The Charity Commission is the independent regulator of charities in England and Wales. For more information see the about us page on GOV.UK.

Press office

Email
pressenquiries@charitycommission.gsi.gov.uk

Press enquiries – office hours
0300 065 2123

Press enquiries – out of hours
07785 748787

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