Health at the heart of recovery:

What action is required across government to narrow the health gap?

A consultation paper

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This consultation paper is produced as part of The Health Foundation's Healthy Lives programme. For more information about this work, see: https://www.health.org.uk/what-we-do/a-healthier-uk-population

Abstract

A healthy population is one of the nation's most important assets, supporting positive social and economic outcomes. The current government has stated its ambition to 'level up across Britain' in recovery from the COVID-19 pandemic, but this will not be achievable without action to build health capital and level up differences that exist in health both within and between areas.

The strongest drivers of health and differences in health are the 'wider determinants': the social, economic, environmental and commercial conditions that shape our lives and the places we live. While local government has an essential role in shaping places for healthier lives, this has to be a supported by a coherent strategy, leadership, and investment by national government – the focus of this consultation paper. A long-term strategy across national government to address these wider determinants is urgently needed reverse the deteriorating trends in health in the UK. In this consultation paper, we set out elements of such a strategy and realistic actions that national government can take to meet their challenge of levelling up health as the country recovers from the pandemic.

The proposed actions fall into seven areas: putting good health at the heart of government decision making; enabling all children to have the best possible start in life; levelling up life chances; great places to live and work; connecting the country, creating opportunities; health and the environment; and strengthening the public health agenda.

To be successful, a long-term cross-government initiative such as is proposed, will require a series of mechanisms to coordinate, implement and track progress. We set out some potential mechanisms based on previous examples of successful cross-government action, and consider metrics for monitoring and evaluation.

We are seeking a wide range of views through this consultation, and invite you to comment by 7th May 2021. In parallel, we are engaging members of the public and frontline voluntary sector workers through an online community. We will take views and evidence submitted in developing a report on priority actions needed across government to narrow the health gap, for publication later in 2021.

Sharing your views: how to use this document

We invite you to review this consultation paper and provide your feedback. Once you are ready to share your views, please complete your personal information, use the links below to navigate to the consultation questions. Once you have finished, save this PDF and email it to HealthFoundationConsultation@grayling.com.

You can also share your comments as you read through the document. Don't forget to save the document as you go to ensure you don't lose your responses.

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Introduction

A healthy population is one of the nation's most important assets.[1] Good health supports positive social and economic outcomes, both for the individual, and for society. Building health capital should be considered a key measure of national success. Over the past decade however, improvements in life expectancy have stalled and begun to fall among certain groups, and stark differences exist between different areas and groups of the population in the UK.

In his first speech as Prime Minister in 2019,[2] Boris Johnson highlighted the wide regional inequalities that exist in the UK and stated the Government's ambition to 'level up across Britain': to level up education, employment opportunities, and infrastructure. These ambitions have the potential to improve health – but good health is itself a pre-requisite to levelling up economies across Britain.[3] At present, only half of men living in the most deprived tenth of local areas in England report good health in their late 50s,[4] before retirement age. In the most advantaged tenth of local areas, it is not until late 70s – twenty years later and well past retirement age – that only half are reporting good health.

The COVID-19 pandemic has exposed and exacerbated the inequalities[5] within our society that limit people's opportunities to lead a healthy life. The recovery from the pandemic will best be judged by its success in levelling up health. This paper outlines the beginning of a coherent strategy for national government and sets out realistic actions that can be taken to meet this challenge.

Health and health inequalities in the UK

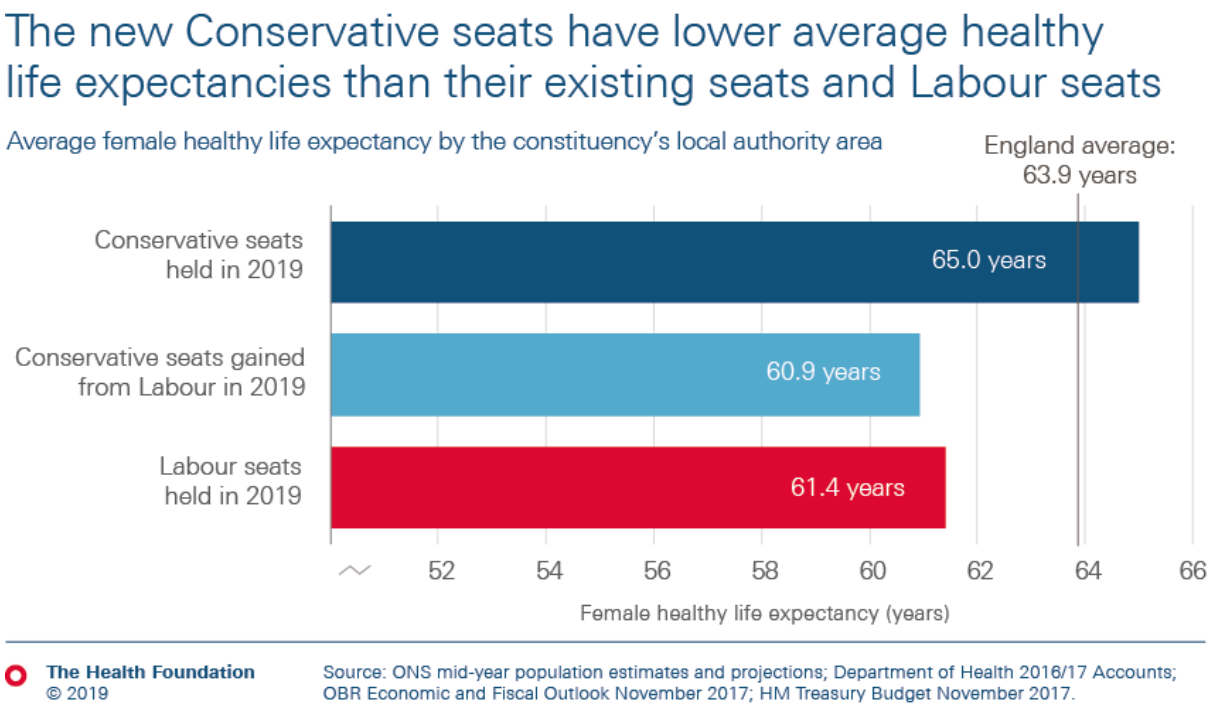
Since 2010, the increases in life expectancy seen over recent decades have slowed,[6] particularly in more deprived areas of the country. Inequalities in life expectancy have increased between regions – with a growing gap between the north and south of England – and within regions between the most deprived and most advantaged areas. For women living in the most deprived tenth of areas, life expectancy declined between 2010/12 and 2017/19. And not only do people living in more deprived areas live shorter lives, they live a greater proportion of their lives in poor health. The gap in healthy life expectancy – the number of years a person can expect to live in good health – is almost two decades[7] for women in the most deprived and most advantaged areas.

These inequalities in health in the UK, and the wider inequalities in social and economic circumstances that drive them, contributed to a high and unequal death toll from COVID-19 in the UK.[8] Differences in people's health, their circumstances, and their wider living and working conditions all affected their exposure to, and outcomes from, COVID-19 infection. The government and societal responses to the pandemic have also fallen unevenly. As the country emerges from the pandemic there is a once in a generation opportunity to create the conditions that enable everyone to thrive and contribute.

International comparisons indicate that health capital in the UK is falling behind other comparable countries. Between 2011 and 2016 (the most recent year of comparison) the UK's performance relative to other countries of the EU28 has been poor, with static life expectancy and a sharp decline in healthy life years.[9] Only three other countries in this group saw healthy life years fall: Austria, Greece and Luxembourg. This reduction in healthy life years at birth in the UK was mainly attributable to increases in unhealthy life in younger age groups. As the UK looks towards a global future, having a healthy population will be central to achieving this goal.

The current political context

The current government is the first in the last decade to hold constituencies with the poorest health in England – aligning both the opportunity and motivation to act. In the 2019 General Election, the Conservatives won a majority of 80 seats – winning 48 seats from Labour in England. People living in these newly won constituencies have, on average, worse health than those in seats held by the Conservatives prior to 2019, and worse than seats held by Labour in the 2019 election.



The previous Conservative government had committed through its Industrial Strategy to ensuring people are able to live an extra 5 years of healthy life by 2035, while narrowing the gap between the experience of the richest and the poorest. [10] While uncertainty remains around how the government will meet its aim for healthier lives, there is an opportunity to use the initiatives around 'Build Back Better: Our plan for growth'[11] (published by government in March 2021) to be more ambitious than their current parameters indicate. The

focus to date has been on separate, short-term 'levelling up' funds[12] that local areas can bid for, and infrastructure – including transport, technology, skill and business. Alone, however, these plans will not be enough to address the multiple and complex wider drivers of current inequalities in health.

In his Spring Budget, while setting no fiscal rules, the Chancellor announced plans for cutting the national deficit resulting from increased spending due to the pandemic, raising questions over the impact of future budgetary restrictions or cuts on public services. While the need for financial stability cannot be ignored, providing quality public services to improve health and help level up will require a conversation about the right balance of tax and spend.

Looking back: previous government action on health inequalities

Health inequality – between population groups, and between communities living in different areas of the country – is a challenge that has faced UK governments over the past five decades at least. Reports commissioned by governments over this period[13] [14] [15] found increasing inequalities in health, driven not by inadequate health care, but by differences in opportunities for good quality work and housing and in the circumstances that promoted wellbeing. All made recommendations for wide strategies of social policy measures. In addition, a review of future health care trends and spending highlighted a need for longer term thinking and more investment in prevention and public health to moderate modelled rises in health care demand and spending.[16]

A cross-government strategy to reduce health inequalities in England was implemented between 1997-2010. Several government departments made 82 commitments across the four themes of: supporting families; engaging communities in tackling deprivation; improving prevention, treatment and care; and tackling the underlying social determinants of health. Recent analysis[17] of this period show the strategy may have reduced geographical inequalities in life expectancy, reversing a previously increasing trend, but that inequalities started to increase after 2010.

Clearly some remedies may reduce inequalities in health in the short term, but some require action over many years. A long-term commitment to levelling up health therefore needs to be central to the development of any cross-government strategy. A recent Health Foundation publication[18] on long-term policymaking outlines some of the challenges, why this is important, and a mix of approaches that can be used to improve this.

Looking forward: the need for a national cross-government approach

Achieving significant improvements in health capital while reducing the differences that exist requires coordinated action across a wide set of determinants at national, regional and local levels. All sectors and government departments need to recognise their role and act in aligned ways to level up health. While health care and public health services have an important role to play in levelling up health, the policies proposed in this paper focus on action beyond provision of care and across other sectors.

In recognition of the need for the NHS to work locally in partnership to improve health, the 2019 NHS Long Term Plan[19] confirmed that all parts of England would be covered by an Integrated Care System (ICS) from April 2021. Local ICS are partnerships between the organisations that meet health and care needs across an area, including NHS, local government, and voluntary sector organisations. The aim is that these partnerships will provide the foundations for the NHS working closely with local government and voluntary sector on the broader agenda of prevention and health inequalities. Given the impact of the pandemic on acute care needs, national support, funding and strategic direction to prioritise prevention and health inequalities will be important as local systems move into recovery from the pandemic.

The NHS Long Term Plan also encouraged the NHS to develop its role as an 'anchor institution' in local areas, using its assets to improve health beyond health care, for example through supporting local business via local procurement, employing local people in particular from disadvantaged backgrounds, and using land and buildings for community use. The Health Anchor Learning Network[20] has subsequently been set up to make progress.

Local government has a central contribution to creating the opportunities for good health and local prosperity beyond its contribution to ICSs. However, local government budgets have been subject to huge cuts over the past decade, with central government grants cut by 38% in real terms between 2009/10 and 2018/19.[21] And these cuts have been greatest in the most deprived areas – the very places where the need to level up economies and build health capital is greatest. This has resulted in a greater proportion of spend by local government being on reactive services responding to acute need, at the expense of preventive services.[22]

While much of the action needed to level up health appropriately sits with local governments, it requires investment and support by national government. The government has a stated intention to devolve more powers and funding to local systems to set their own priorities.[23] Making this a central theme of the planned devolution and local recovery white paper will be essential to equipping local government to level up health. So too will be the investment and coordination of national policies by central government proposed in this paper.

The planned reforms to the public health system in England, published in March 2021, include some steps in the right direction, but will need to go further to level up health in the recovery from the pandemic. A cross-government ministerial board on prevention will be established to promote action on the wider determinants of health across government departments. This needs to have explicit focus on health inequalities. In addition, the vital role of local government and Directors of Public Health in shaping healthier places is recognised and will be strengthened. This needs to come with appropriate national support though, including funding, and there is no indication that the historic cuts to local budgets will be restored.

Public support for action

In the wake of the pandemic, the desire for action on the inequalities affecting people's health has risen among the public. Polling by Ipsos Mori for the Health Foundation in mid-2020 revealed high levels of public concern about the impact of the pandemic, including the restrictions, on the nation's health and wellbeing.[24] A growing proportion of people believe that national Government has a 'fair amount' or 'great deal' of responsibility for ensuring that people generally stay healthy (86% in 2020, up from 55% in 2018).

The same polling explored public attitudes to various aspects to 'levelling-up'. More than half of respondents (56%) said that they thought action on health inequalities was "very important" to levelling up the country.

Separate polling by Kantar for the Health Foundation in October 2020 revealed widespread public recognition of the factors driving health inequalities in the UK, with almost 9 in 10 agreeing to some degree with the statement that 'on average, people in wealthier areas are healthier than people in poorer areas'. This is reflected in widespread public support for action to address inequalities in the country's recovery from the pandemic, with the majority polled supporting policies for financial support to those whose income has been affected by the pandemic, for reducing the gap in quality of education, and for improving housing conditions for disadvantaged groups.

Purpose of this paper

The case for a cross-government strategy to narrow the health gap is widely accepted. While most of the action required can only be delivered through local government and other local organisations, it needs a coherent strategy and investment from national government. No single policy or government department can produce the breadth of action required, and a coordinated strategy is needed.

The purpose of the consultation is to gather views and evidence on policy options for a national cross-government strategy to level up health, and the mechanisms needed to support implementation, measurement and monitoring. In parallel with this consultation, we are establishing an online community to seek insight from members of the public and frontline voluntary and community sector workers.

The broad policy proposals here have been developed from review of evidence and reports from thought leaders across sectors. Criteria applied for inclusion were whether proposals would get to the root causes of health inequalities and whether there is likely to be greater political will to act now. They focus on the action needed across government departments beyond the Department of Health and Social Care. They do not foreground the contribution of the NHS. The 2019 NHS Long Term Plan sets out priorities for the NHS's contribution to preventing ill health and reducing health inequalities and it is essential that these are implemented.[25] These plans are necessary, but on their own not sufficient to level up health.

Assessments of the strength of the evidence base for likely impact, and the costs and timescales for implementation of the policy proposals are included as appendices.

An appropriate mechanism (or mechanisms) for implementation, measurement and monitoring of are essential. Usual business processes within departments are not enough to do the thinking and create the aligned cross-government change needed to level up health. The core features of a model for cross-government action are proposed. They result from research into previous models of cross-government action used in the UK to identify those have proved most successful and are able to facilitate long-term decision-making.

You are invited to respond to the consultation questions in this document by 7th May 2021. There are both general and more specific questions, and you can respond to any that you have a view on.

Areas for action

Section 1: Good health at the heart of decision making

Goal: Embed improving health and wellbeing as criteria guiding every major policy decision and all resource allocations.

Rationale: Health, and the gap in health (for example between people leaving in the least and most deprived areas of the country), is most strongly determined by the wider determinants of health: a broad range of social, economic, environmental and commercial factors. Responsibility for these factors – and so for addressing them in ways that will promote health and health equity – sits outside of the traditional public health and health infrastructure and are affected by decisions made across central government departments.

Narrowing the gap in health will require explicit consideration of the impact on health, and health inequalities, of all major policies across government. The impact of policies on health and wellbeing – and differential impacts on different groups – will need to be measured carefully.

Current position: The 2017 Industrial Strategy Grand Challenge for healthy ageing set out the previous Conservative government's commitment to ensuring people are able to live an extra 5 years of healthy life by 2035, while narrowing the gap between the experience of the richest and poorest. This 'grand challenge' was highlighted in the Department of Health and Social Care Green Paper 'Advancing Our Health: Prevention in the 2020s',[26] but it is acknowledged that the green paper proposals will not alone achieve this. And even before the coronavirus pandemic, the country was not on track to meet this goal.[*] The status of this ambition is currently unclear, given the absence of the goal from 'Build Back Better: our plan for growth' strategy in March 2021**.**

The huge impact of non-health sector policies on health and health inequalities is not currently examined in a regular or systematic way. National and local government bodies outside of the Department of Health and Social Care are not required to report on how their policies contribute to creating opportunities for good health, neither are they held to account for actions to 'level up' health. This is despite the existence of the public sector equality duty, a duty on public authorities – including national government departments and local authorities – to consider or think about how their policies or decisions affect people who are protected under the Equality Act (with protected characteristics including age, race, sex and disability). Under the Equality Act, they must have due regard or think about the need to advance equality of opportunity between people who share a protected characteristic and

[*] The Marmot Report showed that health expectancy for poorer women had regressed, while life expectancy for men in the UK had only increased by 0.4 years from 2009 -2015. At this rate it would take 75 years to reach the government's target.

those who don't. As good health is an enabler for social and economic participation, levelling up health is essential to equality of opportunity. In 2020 the Treasury Green Book was reviewed to increase the importance of place-based analysis to boost the levelling up agenda, but no extra consideration was added for health criteria.[27]

In March 2021 the government announced a new Office for Health Promotion within DHSC. This will take on Public Health England's role in improving health, preventing disease and narrowing health inequalities, as well as help inform a cross-government agenda on the wider determinants of health. The Office for Health Promotion will report jointly into the health secretary and the Chief Medical Officer. Alongside this, a new cross-government ministerial board on prevention will be established to 'drive forward and co-ordinate government action on the wider determinates of health'.[28] These are steps in the right direction, but it is not yet clear how the success of these reforms will be measured.

Currently, without a systematic way to link policies and actions across government to health, long-term action focused on promoting good health and preventing poor health is not consistently prioritised.

Priorities for action:

1. **Incorporate health and wellbeing in any measure of the success of government**: Establish new ways of measuring policy success, moving beyond traditional economic indicators such as GDP and encompassing wider metrics of population wellbeing and health equity. The new ONS Health Index provides such a measure and could be used to support evidence-based decision making across the country.
2. **Measure investment in prevention**: More robust measurements on the steps taken by Government to delay the onset of avoidable ill health are needed. The balance of public spending on preventative action relative to management of avoidable problems needs to be independently tracked and published drawing on the metrics in the ONS Health Index. Minimum spending targets on preventative action would reset the imbalance in public finances.
3. **Ensure fair allocation of regional and local funding**: Review the metrics that determine how local and regional funding is allocated to take deprivation and need into account across systems of wider determinants of health and inequalities, including but not limited to social housing, infrastructure projects, public health, and local services. As an example, the formula for the allocation of the new Levelling Up fund should be reviewed to ensure that the funding is allocated to local authorities most in need when considering metrics of health, the wider determinates of health.
4. **Devolve greater powers to enable civil society and local governments:** Allow local areas greater budgetary responsibility to regenerate and improve the health of

their population and encourage them to set their own targets alongside a partnership of the voluntary sector and communities. In areas where there is limited civil society support, the government should target grants to support and enable local voluntary and community sector bodies to nurture and champion the social sector.

5. **A national target**: Set a binding target to increase healthy years of life and reduce the gap between the richest and poorest, replacing the commitment made in the 2017 Industrial Strategy,[29] and establishing independent assessment of progress. This target should be aligned with the ONS Health Index to allow for local discretion and prioritisation to the needs of particular areas.

Good health at the heart of decision making consultation questions

We invite you to review this section and provide your feedback. Once you are ready to share your views, please complete the information below, enter your personal details, save this PDF and email it to HealthFoundationConsultation@grayling.com.

How effective are these proposals likely to be in putting good health at the heart of decision making? What else might be required and what might get in the way?

What is an appropriate scale of ambition for a national target for tackling health inequalities?

What would be the appropriate metrics and framing for this target?

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Section 2: Enabling all children to have the best possible start in life

Goal: Enable all children to have very best possible start in life by improving early years services and lift all children out of poverty.

Rationale: Improving the circumstances in which children grow up will be vital in narrowing the health gap as they affect health over our entire lifetime.[30] Healthier children have better educational outcomes, while children who live with the day-to-day stresses of poverty in childhood experience more long-term health challenges. Furthermore, health challenges such as poor mental health affect a person's ability to make and maintain good relationships throughout the rest of their life.[31]

A very strong relationship exists between income and health.[32] Persistent poverty is associated with worse health than temporary poverty. Those from low-income backgrounds are more likely to have lost work, and more likely to have been furloughed during the pandemic than those from higher income backgrounds.

By extending safety nets the government can ensure that families are not pushed deeper into poverty by the pandemic. Longer term, early years education and affordable childcare have been shown to be key to improving outcomes for disadvantaged children.[33]

Current position: The government is currently undertaking a review into improving health and development outcomes of children and babies in England.[34]

Levels of child poverty were very high prior to the pandemic, particularly in single-parent households, with 30% of children living in poverty in 2018-19. The pandemic is expected to exacerbate this further.[35] Childcare, alongside housing, is a major part of families' budgets. Low-cost early years education has also become less widely available all over the country. Since 2010, early years centres have lost around two-thirds of their funding, and many have closed permanently.[36] Reinvesting in local government will enable local areas to resource these services again.

The National Food Strategy emphasised the need to tackle malnutrition in the UK and made recommendations on how the government should look to address the nutritional deficit of children in poor households.[37] However, the government also currently has a two-child limit and benefit cap on Universal Credit. Removing these has the potential to lift 100,000s of children out of poverty.[*] In the 2021 budget the Chancellor announced that the temporary £20 uplift to Universal Credit payments would be extended until, but end in, September 2021.

[*] Child Poverty Action Group (2021) 'Child poverty facts and figures' available here.

Priorities for action:

6. **Provide an adequate safety net:** Ongoing pressure resulting from the coronavirus crisis is pushing families deeper into poverty, the £20 uplift to Universal Credit must remain in place permanently and be extended to those on legacy benefits as proposed by Joseph Rowntree Foundation and others[*]. Alongside this, the two-child limit and benefit cap should be removed and waiting times for payments must be reduced.
7. **Support families in work**: Remove barriers to parents working by making childcare more accessible and affordable, offering universal 30-hours free entitlement to childcare, and providing comprehensive wraparound childcare through extended schools – prioritising disadvantaged local areas and those with the lowest levels of formal provision for implementation.
8. **Support children in their early years:** To improve health outcomes, preventative early years services need greater investment, and local authorities need more support to increase the availability and quality of early years provision everywhere, prioritising the most deprived areas. £2.4bn would match funding levels at Sure Start's peak in 2010 (adjusted for inflation). Furthermore, as the Education Policy Institute have noted[†], more early years staff must also have relevant qualifications such as graduate degrees and receive higher pay in line with other qualified education professionals, to improve outcomes for children.

[*] Joseph Rowntree Foundation laying out the need behind keeping the lifeline available here.
[†] EPI research shows that the presence of a graduate in private, voluntary and independent early years setting demonstrates a positive association with young children's attainment.

Enabling all children to have the best possible start in life consultation questions

We invite you to review this section and provide your feedback. Once you are ready to share your views, please complete the information below, enter your personal details, save this PDF and email it to HealthFoundationConsultation@grayling.com.

Do these proposals present any specific implementation challenges?

Which should be prioritised and why?

How should they be targeted to ensure that those who need them benefit from them?

What can we learn from elsewhere in the UK or abroad in relation to these proposals?

What opportunities are there to align these with existing priorities within government?

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Section 3: Levelling up life chances

Goal: Reduce differences in life-chances by ensuring equal education and learning opportunities across the country.

Rationale: Good opportunities for all to learn is key to ensuring they have thriving and healthy lives. Barriers differ between groups and these barriers must be identified and addressed as appropriate to the group. Young people who are not in education, employment or training are more likely to suffer worse health outcomes in later life, and people with the lowest healthy life expectancy are three times more likely to have no qualifications compared with those with the highest life expectancy.[38]

The UK is currently one of the most geographically unequal countries in the developed world.[*] Digital exclusion is also highest in areas with high levels of poverty and social exclusion and can contribute further to health inequalities. Investing in educational attainment, and reducing the number of people not in employment, education and training in the most deprived areas is key to narrowing the health gap. The policies proposed in this section require local action, which needs to be supported by national government prioritising and funding these policies.

Current position: There are wide educational inequalities in the UK, and children from disadvantaged backgrounds are much less likely to obtain good qualifications and go on to further and higher education.[39] Youth services are an opportunity for young people to make connections and develop skills, but have closed all over the country as local governments have had to make budget cuts.[40]

The Prime Minister announced, in his first speech following election, that he intended to address inequality and 'level up' left behind parts of the UK through a programme of infrastructure spending and educational investment.[41] As part of this, the government promised extra £4.8bn extra investment in schools last year.[42] More detail for this was given in the 2021 budget when the government also announced a doubling of incentive payments given to businesses to £3000 for all new apprentices hired, however there was no extra funding announced for schools or school pupils beyond existing planned budget increases and catch-up schemes.

Priorities for action:

9. **Level up educational attainment**: Inequalities arising from variations in educational attainment require rapid action to be addressed. In response to the long-term impacts of reduced schooling during the pandemic, pupil premium funding

[*] Research by the Institute for Fiscal Studies showed the UK as the top of the league table among peers on most measures of regional economic inequality.

should be increased in real terms to historic levels (an increase of around 7%[*]), protected, and directly aimed at disadvantaged students.

10. **Apprenticeships and in-work training:** All young people should be engaged in education, good quality employment or training up to the age of 21 by increasing the number of post-school apprenticeships and supporting in-work training throughout the life-course.[†] To increase the take up of apprenticeships and in-work training by prospective apprentices, the minimum wage should be raised for apprentices.
11. **Supporting further education:** The case has been made by the Education Policy Institute[‡] that the further education sector requires a more enduring financial settlement to sustain quality provision in the long term and improve access to adult learning courses and facilities. There must be a sustained effort to invest in lifelong education and skills development through maintenance loans offered to those over the age of 19 pursuing intermediate vocational qualifications, and an increase in funding for further education providers, given the pandemic's unequal impact on jobs and workers. Finally, the government must ensure that colleges are resourced to provide the careers guidance warranted under the Careers Strategy.
12. **Regenerate youth services:** Local authorities need at least £500m – in line with the Conservative's manifesto promise – to ensure every young person in England has access to local youth services that create a strong sense of place, support a healthy transition into adulthood and generate value to local communities. Children's social care funding continues to be squeezed, and local authority spending on children's social care is expected to rise by 12.6% by 2023/4. Central government funding should increase in line with this projection.[§]

[*] The Education Policy Institute calculated that the pupil premium is still 7-8% behind its 2015 high.
[†] The Marmot Report, Build Back Fairer identified apprenticeships as a priority to improve health outcomes.
[‡] Education Policy Institute's work on 'Further education pathways' can be found here.
[§] Institute for Government projects which can be found here.

Levelling up life chances consultation questions

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Do these proposals present any specific implementation challenges?

Which should be prioritised and why?

How should they be targeted to ensure that those who need them benefit from them?

What can we learn from elsewhere in the UK or abroad in relation to these proposals?

What opportunities are there to align these with existing priorities within government?

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Section 4: Great places to live and work

Goal: Ensure that everyone has a good place to live, build stronger communities and level up local economies so that they work for everyone.

Rationale: There is strong evidence that the places we live and grow up have a significant impact on lifelong health outcomes. This is as true for individual houses – every £1 invested in housing support delivers nearly £2 of benefit through costs avoided to public services, as it is for communities and local areas.[43] Health Foundation analysis has found that 7 million households in England are living with at least one housing problem relating to either overcrowding, non-decent homes, and/or affordability.[44] One million households are living with more than one of these problems, which has been shown to relate to worse self-rated health.

Thriving local economies are key to ensuring all adults can find good work, essential for maintaining good health and wellbeing long term. Creating these conditions require well-resourced local government, partnering with the voluntary sector to build trust, allow local people to connect with each other, and speak out for the vulnerable in their community.

Current position: There is a widening gulf in life expectancy between the most deprived and advantaged areas. Men in the most advantaged areas can expect to live nearly ten years longer on average than men in the most deprived areas. And the gap in healthy life expectancy is even greater.

Seven million households in England have experienced at least one housing problem relating to overcrowding, non-decent homes and/or affordability.[45] To tackle this issue, the government has outlined a range of measures including investment announced in the March 2020 to build up to 180,000 affordable homes, as well as new regulations to ensure they promote wellbeing of residents.[46] Quality of work also varies across the country based on a subjective measure of work quality, 36% of employees in the UK experienced multiple negative dimensions, classing them as being in "low quality employment."[47] Around half of these people get stuck in low quality employment.

Research from March 2021 by Demos showed that community networks had been a key component of national resilience during the pandemic, however loneliness has still increased for millions and community capital needed investment from the state.[*] In 2019 Public Health England published guidance on place-based approaches for reducing health inequalities, and place-based approaches are being trialled in different places all over the country, for example through the Place Based Social Action Programme – a £4.5m partnership between the National Lottery Community Fund and DCMS to create community-based change. These

[*] Demos findings from their Build Back Stronger Report from the Renew Normal Commission available here.

initiatives are, however, in their early stages and would benefit from further support to evaluate the success of different approaches, share learning and scale where appropriate.

In the 2021 budget the Chancellor announced that the government will be setting up a 'Levelling up fund', which will include £1bn for 45 new towns deals to invest in towns across the country. However, the allocation formula for this fund appears to have overlooked some of the most deprived communities by not taking into account accepted measures of deprivation.[*] In addition, the Chancellor also announced 'freeports' – special economic zones – with extra infrastructure support, customs and favourable taxes.

Priorities for action:

13. **Increase funding to enable implementation of the Homelessness Reduction Act:** As stated by the Local Government Association (LGA),[†] councils require adequate levels of funding to effectively implement their new responsibilities under the Homelessness Reduction Act. This should include redressing the reduction in funding for homelessness preventive measures.
14. **Decent homes:** Increasing compliance to the Decent Homes Standard is essential for reducing disparities in housing quality and addressing the poor health outcomes resulting from poor housing. As part of this, the Town and Country Planning Association's proposal for a Healthy Homes Bill could go some way to improve health and wellbeing among residents of poor housing.[‡] This includes provisions that all new homes be built to provide access to green spaces and sustainable transport, are affordable to heat and built to zero carbon standards.
15. **Increase the direct provision of social housing:** The National Housing Federation has found that increasing social housing stock through direct government intervention is more affordable and more amendable to policy interventions to improve standards. Furthermore, to support people through the crisis immediate action must be taken to address affordability issues through housing benefit. The National Housing Federation found a once in a generation £20bn Affordable Homes Programme over 10 years could create a long-term reduction in social housing waiting lists by ensuring an increased supply of good quality, secure and affordable social homes.[§]
16. **Ensure good jobs for all:** The pandemic has meant it is harder than ever for many – particularly young people – to find and keep a stable job. The government should

[*] The Levelling Up Fund ignored most indicators of deprivation and included some wealthy conservative voting areas as more needy than many ex-mining and steel towns.
[†] The LGA laid out in their submission to the Housing, Communities and Local Government's committee's review of the HRA how one third of respondents to the LGA's survey on the Act did not think they had been sufficiently resourced to deliver their new duties.
[‡] Details on the TCPA's proposal for a Healthy Homes Bill can be found here.
[§] The National Housing Federation laid out this plan in their submission to the Spring Budget 2021 published here.

adopt the Institute for Employment Studies' proposals to create a 'COBRA for jobs'[48] to support young people get a good job with security and protection, not just any job, and ensuring focus is prioritised on disadvantaged areas. Progressing existing legislation such as the Employment Bill, to help strengthen regulations for all, will be essential to ensure as many people as possible have access to good quality work.

17. **Invest in social infrastructure:** Social relationships and community networks – or the absence of them – have an impact on health and wellbeing as well as resilience. Further funding should be allocated to social and cultural projects, including the Culture Recovery Fund, infrastructure, and activities to enable more people to get involved and strengthen community networks. This funding should be prioritised in line with needs across the country. Existing community initiatives including the 'Place Based Social Action Programme' and the Communities Fund should be expanded to include more regions and cities of the UK. The Social Value Act should also be expanded and the metrics it is based on reviewed so that it favours organisations who create long-term value for their local community by clarifying a definition of 'social value' that includes economic, social, environmental and health indicators.

Great places to live and work consultation questions

We invite you to review this section and provide your feedback. Once you are ready to share your views, please complete the information below, enter your personal details, save this PDF and email it to HealthFoundationConsultation@grayling.com.

Do these proposals present any specific implementation challenges?

Which should be prioritised and why?

How should they be targeted to ensure that those who need them benefit from them?

What can we learn from elsewhere in the UK or abroad in relation to these proposals?

What opportunities are there to align these with existing priorities within government?

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Section 5: Connecting the country, creating opportunities

Goal: Build a transport network which makes the nation fit for the future, using planning, investment, and service decisions to underpin positive health outcomes.

Rationale: More active travel and better public transport will improve individual's health, and also reduce pollution and improve air quality, thereby improving health for the whole community. There is also evidence that the quality of the transport network has significant impact on employment opportunities, with longer travel times on public transport reducing opportunities. Investment in a public transport system will allow for more people to use transport at a lower cost, which leads to better air quality and leads individuals who use public transport to do further exercise than if they were driving.

Investment in active travel can also make walking and cycling easier and safer for all – particularly those in deprived areas where there are nine times as many fatal and serious injuries among child pedestrians compared to the least deprived areas.[49] Health Foundation analysis suggests that increasing exercise levels by the equivalent of 30 minutes more walking a week would reduce annual deaths by around 6100.[50]

Current position: Active travel infrastructure is poor in too many areas, and too few people can make use of public transport, with those who can afford to then relying on travel in private cars. This leads to air quality in many cities that does not meet WHO standards, with the largest contributor to air pollution in London being road transport.[*] Improving public transport also requires reviewing local planning and city design, as transport plans must be aligned with spatial planning if they are to have the intended impact. Local government will be at the heart of designing and implementing any effective changes to transport systems nationwide.

Before the pandemic, the government announced £5bn to improve buses and active travel outside of London over 5 years, and of this funding £250m was allocated to an emergency travel fund to help councils reconfigure road space to cyclists and pedestrians during the pandemic, £350m was allocated towards further cycling infrastructure and further breakdown was given in the Bus Back Better strategy. However, the long-term trend is towards greater car use, so more effort is required to promote a better transport network that supports human and planetary health.[51]

Priorities for action:

18. **Transport access and affordability:** The high cost of public transport can act as a barrier to opportunity, the implications of which are far reaching for health inequalities. We welcome the suggestion in the Bus Back Better strategy to ensure every local transport authority is in a statutory enhanced partnership. However, local authorities need more control over wider planning powers if transport is to improve across the country. As proposed by the Centre for Cities, affordability and access should be put at the heart of future transport policy by devolving spatial planning powers, and control over transport, rail services and funding to local authorities and metro mayors to allow them to create more efficient and affordable transport plans.[*] These plans will help cities and local areas to plan the transport system which will support their local economy, and should be guided by whether they reduce inequality in transport access and utilise measures such as concessionary fares and 'bikeability' and 'walkability' schemes.
19. **Active travel:** Given the health benefits of integrating active travel for future generations, steps need to be taken to prioritise walking and cycling for everyday journeys. At least 10% of the transport budget should be ringfenced to be spent on active travel,[†] with the priority focused on more deprived areas. Alongside this, local authorities should focus local planning on low carbon neighbourhoods, with an aim to ensure that people live within a 20-minute walk from everyday services and needs.

[*] Centre for Cities proposed this plan in their March 2021 paper 'Levelling up the UK's regional economies, available online here.

[†] The charity Sustrans has been calling for a 10% ringfencing of active travel in the transport budget.

Connecting the country, creating opportunities consultation questions

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Do these proposals present any specific implementation challenges?

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Section 6: Health and the environment

Goal: Create healthy local environments for people to live in while reducing overall emissions to reach the UK's net zero target by 2050.

Rationale: Local environments, emission and pollution have serious and immediate impacts on people's health. The Royal College of Physicians estimates that air pollution causes an estimated 40,000 premature deaths in the UK annually, and costs us £20bn a year.* Climate change more broadly has serious implications for people's health, in the UK and worldwide. Floods have become more severe over the past 50 years in the UK which has knock-on effects on people's physical and mental health, and we can expect more extreme weather events and a rise in vector-borne diseases if carbon emissions continue to rise.[52] Tackling these issues is key to sustaining good health in the UK and worldwide.

Current position: The UK government has committed to a net-zero emissions target by the year 2050. Currently, however the Climate Change Commission reports that 'progress is generally off-track in most sectors' with seven of twenty-one indicators even regressing in 2020 compared to 2019, meaning that 'progress will need to accelerate' if the UK is to meet its target.[53]

Locally, air quality in many cities in the UK does not meet WHO standards. Much of this is because of car use, for example, the largest contributor to air pollution in London is road transport†. Finally, access to nature is important for our health and wellbeing, but too many towns and cities - particularly those with an industrial heritage – have too little green space for their population.‡ People in less wealthy areas often have poorer quality environments with less green space.[54] Public Health England estimates that if everyone in England had access to greenspace, £2.1bn per year could be saved in health costs due to increased physical activity.§

The priorities laid out below are relatively high level and will require both national and local action. We welcome further thoughts on specific policies and levels of investment required.

Priorities for action:

20. **Clean air targets:** More stringent pollution level targets are needed to mirror the scale of the UK's wider net zero ambitions and to incentivise cleaner travel and technology innovation. As called for by the British Lung Foundation and Asthma UK the government should also work in partnership with local authorities to improve air

* Royal College of Physicians study on the impact of air pollution can be found here.
† According to Health Foundation analysis found here.
‡ According to Public Health England's work on improving greenspace, available here.
§ Public Health England's report on improving greenspace is available here.

quality in their jurisdictions by helping to establish and expand more Clean Air Zones and give them the power to close roads when air pollution levels are high.[*] To support people's healthy lives and help meet the net zero target, there should also be increased investment in the UK's zero emissions transport network. Alternatives to car use such as better integrated public and active transport and electric cars should be central to any future transport funding decisions.

21. **Green space**: Local government has a key role in ensuring that greenspaces are seen as key assets for maintaining community health. As put forward by Public Health England[†], local strategies should be informed by evidence of need for sufficient access to greenspace now and in future, and that funding arrangements for greenspace are factored in as early as possible so that it can continue to provide benefits long-term. Finally, programmes such as green social prescribing initiatives can support people who do not use greenspace to begin to use it.

22. **Accelerate carbon reduction:** The rate of decarbonisation needs to be accelerated if the UK is to meet its net zero target. As well as avoiding investing in carbon intensive sectors, this should involve the government investing in low carbon and carbon reduction industries as part of its plan to kick-start growth following the coronavirus pandemic. This should be coupled with incentives for homes and businesses to invest in renewable power and energy efficiency.

[*] Asthma UK and the National Lung Foundation's joint calls as the Taskforce for Lung Health are available here.
[†] Public Health England's report on improving greenspace is available here.

Health and the environment consultation questions

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Section 7: Strengthening the public health agenda

Goal: To make sure that central government is making best use of resources to reduce and prevent health inequalities.

Rationale: By maximising the ability and opportunity for health and public health systems to reduce the health gap, government can lead the way in improving health outcomes without having to create entirely new infrastructure. New regulations and taxes have been shown to have a significant effect on behaviour and improve health outcomes as a result, the indoor Smoking Ban in 2006 being a good example. However, local public health funding needs to be properly supported and resourced if positive changes are to be embedded at a local level.

Current position: There are many aspects of our health and public health institutions that would benefit from updating and reinvestment. The government's March 2021 announcement to replace Public Health England with the new Office for Health Promotion is part of an attempt to do this. However, since 2010, many areas of public spending which create good health but sit outside of the NHS have seen major funding cuts. The public health grant plays an important role in improving and maintaining the population's health. However, in real terms, per capita funding of the grant is set to fall by 25% between 2015/16 and 2020/21. In 2019 the government pledged to improve the support offered to NHS staff with its 'Interim NHS people's plan' which included promises to make the NHS a better place to work and improve leadership culture.[55]

The government announced a new obesity strategy in 2021 including a clearer calorie labels and stricter regulation on advertising of certain foods.[56] Regulations on unhealthy products have been shown to be effective and have scope to be extended. In 2018 the government put in place a soft drinks levy to target the producers and importers of drinks with added sugar, which has led to a significant drop in sugar in drinks. Similarly, Scotland put in place a minimum unit price for alcohol in 2018.

Priorities for action:

23. **Leading by example:** Central government has a responsibility to set an agenda which prioritises the population's health and should utilise the NHS and social care and other public sector institutions to lead by example. This includes as an advocate for improved health and wellbeing of its staff and communities, acting as entryway into employment, leveraging its capital estate and property to maximise population welfare and poverty reduction,[*] as well as adopting practices to improve environmental sustainability.[†]

[*] The Kings Fund has written here on how the NHS can use all of its influences to tackle poverty.
[†] The Health Foundation's work on the NHS as an anchor institution explores how the NHS can affect outcomes for the community around it, and is available here.

24. **Increase funding to public health:** To promote good health and prevent ill health, alongside diagnosing and treating illness, England requires better funded, organised and delivered public health services. This should include a commitment to increasing public health funding in line with NHS spending, including a minimum of £1bn to restore lost public health funding, and a further £2.5bn to level up public health across the country.
25. **Regulation and taxation:** To improve the health of the public, England requires stricter regulation of health-harming products including year-on-year real price increases to reduce tobacco and alcohol use, and extend regulations and taxation of health-harming commercial products including expanding the range of unhealthy products included in the Soft Drinks Industry Levy, alongside schemes to make healthier food more affordable.

Strengthening the public health agenda consultation questions

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Mechanisms for securing and sustaining cross-government action

Experience has shown that to be successful, a complex, long-term cross-government initiative such as this requires a series of mechanisms in place to coordinate, implement and track progress against its aims and objectives. And recent Health Foundation work on long term planning in policymaking[57] finds that a mix of approaches could help improve long-term planning, but that no approach is a silver bullet – and political will is ultimately needed.

Much of the work of implementing the policy proposals will sit with local authorities, however this needs to be supported by national mechanisms and actions which enable and sustain local action over the long-term. Mechanisms will need to align local action to national ambitions, while still providing the latitude for local areas to set their own priorities as appropriate to their local population and context. As outlined above, local government requires significantly greater investment and budgetary responsibility if it is to have the capacity to implement this agenda as intended. The new cross-government ministerial board on prevention announced in March 2021[58] will clearly have a key role to play in driving this agenda forward but, without other supporting mechanisms, may not be sufficient alone to bring about and sustain change long-term.

A wide variety of structures, processes, and accountability mechanisms are used to drive policy change across government – from independent commissions and appointed taskforces to arms-length bodies and industry councils. Flagship policy targets, such as the UK's net zero emissions target or the UK's commitment to foreign aid, as well as reporting progress towards goals, are increasingly enshrined in law.

We have looked at previous cross-government initiatives to identify and analyse features and mechanisms which may have contributed to their success.

The examples of cross-government initiatives examined were the Climate Change Committee (2008-present), Future Generations Commissioner for Wales (2016-present), the UK's National Economic Council (2008-present), the English Health Inequalities Strategy (1997-2010), and the National Suicide Prevention Strategy in England (2012-present).

Features of these previous cross-government initiatives that supported cross-government action are set out below. Given the long-term action needed to level up health, consideration is also given to sustaining direction and action through changes of government. We invite your thoughts on the potential role of these mechanisms in the implementation of a cross-government strategy to level up health, as well as additional views.

An overarching coherent vision

The complex and coordinated action needed to achieve aligned cross-government action to level up health will require a clear and continuous articulation of the problem the strategy is addressing, who will benefit, why it is important, and why a cross-government approach is necessary. Work from the Institute for Government[59] shows that this is crucial to ensuring the longevity of a policy initiatives, and it also helps to gain support from the public, businesses and civil society for the strategy. An overall vision can help build political consensus behind the strategy, so that focus on it is not lost through transitions of different governments.

Cross-government coordination

Cross-government commitments across all major government departments, overseen by a cabinet committee or cross-government working group can provide a means of coordinating action and direction. The roles of national, regional and local levels will need to be taken into account and represented. This could be driven forward by the new cross-government ministerial board for prevention announced in March 2021.[60]

An alternative would be for one department and minister to lead on accountability for achieving targets (for example the Minister for Health, Minister for Equalities or a minister in the Cabinet Office), with each individual secretary of state having responsibility for the contribution to their area. They could receive advice, support and oversight from an independent body, as outlined below, or a central inequalities action team as has been used previously.

Legislation

Legislative changes to enshrine in law any targets made by the government could help sustain a strategy through changes of government, as well as the creation of an independent body to advise on implementation and track progress against these targets. This approach could help to ensure that this and future governments are held to account against it over the long-term.

Independent oversight

Legislation to setup a new, or assign an existing, body to advise on targets, as well as to monitor progress towards them may help achieve and sustain coordinated action. A model for this would be the Committee for Climate Change (CCC). In previous examples, the independence of the body from government has been key to ensuring that the body can rise above party politics and remain in place over successive different governments, while retaining its effectiveness. Appointing apolitical experts in health inequalities to this body, as well as a high-profile impartial figurehead, would ensure the quality of its advice, as well as fostering trust in its decision-making process. As an independent body, its recommendations

would not be binding to government, which means that widespread respect of the body is key to ensuring the implementation of its agenda.

Incorporation into economic policy

There is a role for HM Treasury in ensuring the necessary resources to deliver the proposed cross-government approach. If the government made 'levelling up health' a central theme in the Levelling Up agenda, as well as in the Comprehensive Spending Review (CSR) this would require departmental submissions to demonstrate the health benefits.

Health outcomes will need to be prioritised in post-Covid economic regeneration and levelling up policies. To do so will require the promotion of good health to be incorporated into decisions about and methods for the allocation of future funding.

Targets

The ambition for increasing health capital by levelling up health needs further definition so that resources flow to those places that need them most. In setting and quantifying this ambition, targets need to avoid distorting priorities towards short-term gains at the expense of the long-term action needed to promote strategies that maintain good health in the first place. For example, funding local councils to implement the Homelessness Reduction Act can be implemented immediately and have real impact on the ground, while building better quality new homes will take longer to implement and will yield benefits over individual's lifetimes. Incentives are needed to break the cycle that pushes national and local governments towards fixing problems that present as immediate priorities, rather than acting for the longer term and preventing problems.

Levelling up health will require a broad system of aligned policies and actions across government. For some sectors and some of these actions, the direct impact on health inequalities may not be clearly apparent, and a single long-term target to reduce health inequalities may not be meaningful if they are not able to measure their progress and contribution towards this.

Actions need to create measurable change in the short and medium-term – in appropriately selected metrics and measurement design – but also take a long-term view and not neglect to include critical actions that may take far longer to have impacts on health and inequality. This requires a system that can monitor and reward both long-term and shorter-term investments.

This points to a set of aligned intermediary measures that link the broad range of actions needed to the overarching goal. These should be measures that are familiar to and can be owned by the sectors that need to act, and that can be changed within realistic timeframes. Given the need for action at local as well as national level, the measures should also be relevant and meaningful at the appropriate geographical level. The new ONS Health Index is

an accessible and easy-to-use platform where decisionmakers can get a comprehensive picture of health through a series of indicators examining both health outcomes and the wider determinants of health, compare local authority areas across these, and look at what projected future health outcomes are likely to be in a specific area. These indicators could be tracked and reported on annually by all government departments and local authorities to progress towards overall health outcomes.*

The ONS Health Index

The ONS Health Index provides a potential, existing, evidence-based basket of measures against which to track progress across government. It covers a broad range of determinants of health and health outcomes, some of which could be aligned to policies within a cross-government strategy, with realistic targets set against each, both in the overall national value, but also – as measures are available at local level – targeting of where change is most needed to reduce the variability in a measure or in change across the country. Using a measure such as this would give visibility to the wider determinants, and help to ensure progress against these, as well as identification of measures not changing or going in the wrong direction. There is not currently a means of looking at measures by dimensions of inequality other than geography (as upper tier local authority level), but this is perhaps something that could be considered where possible in a measure, given the structural barriers that lead to particular groups with particular characteristics being disadvantaged, including disability, race and ethnicity.

Setting intermediate targets and routes for achieving the overarching ambition, could be a role for an independent body, as specified above. There is some evidence from previous examples that giving flexibility to local areas in how to prioritise and select intermediate goals can allow local government to alter policy to respond to events effectively in the short-term, and making the strategy more sustainable in the long-term.

Cycles of further target setting are likely to be helpful to re-engage politicians, drive cross-government working and rebuilding external support over the long-term.

Monitoring and evaluation

There is a need to build and use an evidence base to support the achievability of policy proposals and determine metrics for monitoring and evaluation. This evidence base needs to link the policy proposals with the overall shared ambition, and also determine what is measured and when to ensure that action and change are moving in the right direction. In

* 75% of the bottom 20 areas in the ONS health index are also in the bottom 20 areas for male or female healthy life expectancy so progress on the health index indicators is likely to lead to improvement in healthy years of life. The indicators are more granular, localised and sensitive measures than the headline target measure (healthy life expectancy) that changes slowly in response to complex drivers.

considering evidence for determining action it must be acknowledged that the strength of direct evidence varies for the policy proposals, but for all, evidence is suggestive of benefit in improving health, as part of a cross-government system of changes. Monitoring and robust evaluation is needed to determine effectiveness and ensure no unintended and undesirable consequences. Evaluation must take account of the complex and inter-related nature of the wider determinants of health.

Mechanisms for securing and sustaining cross-government action consultation questions

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What other mechanisms have shown to be effective in the success of previous cross-government initiatives?

Is the ONS Health Index an appropriate metric by which to measure success? What are alternatives?

Is there value in calling for more specific intermediate goals or should this be left to the independent body of experts?

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Taking this agenda forward

What will the Health Foundation do next?

We will take account of the responses to this consultation and parallel online panel in developing the policy proposals, and carry out further work on prioritisation and owners of policies. We plan to report on this work in summer 2021.

This work will also inform – and continue be informed by – our ongoing programme of work on health inequalities and the wider determinants of health, including our COVID impact inquiry* and local government funding programmes.

As discussed above, this paper focuses on the wider determinants of health, but the role of the health care system is also key in closing the health gap. This is the focus of other work across the Health Foundation, and we will ensure connection across our areas of work on inequalities.

What can others do next?

In the way that a cross-government approach to narrowing the gap in health is needed, advocating for this cross-government approach needs to be a shared, cross-sector endeavour. We would ask others to join us in supporting and calling for the approach that we will set out in the paper.

* https://www.health.org.uk/what-we-do/a-healthier-uk-population/mobilising-action-for-healthy-lives/covid-19-impact-inquiry

General consultation questions

We invite you to review this consultation paper and provide your feedback. Once you are ready to share your views, please complete the information below, enter your personal details, save this PDF and email it to HealthFoundationConsultation@grayling.com.

What are any contradictions between these asks, and trade-offs that would be required in their implementation?

How can these proposals be aligned with existing priorities within government?

What are some approaches the government should consider to pay for this strategy which will not further widen inequalities? What should the balance be between tax rises, spending cuts and increased borrowing?

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Appendices

1. Evidence base for the policy proposals

We have divided the evidence base for the included policy proposals into three groups.

- A: There is robust evidence that this specific approach will help close the gap on health inequalities.
- B: There is some evidence that an approach like this will help close the gap on health inequalities.
- C: There is good reason to think this approach is likely to help close the gap on health inequalities, even if evidence is still emerging.

Ask	Group	Detail	Source
1	C	New Zealand has recently introduced a wellbeing budget in 2019 based around five indicators including mental health and child poverty. The approach has been welcomed with interest, but it is too soon to definitively point to its success.	Detail on the budget can be found on the New Zealand Treasury Website[61]
2	B	Government spending recently has shifted towards reactive approaches to health. There is strong evidence that this costs more and leads to worse outcomes. There is less specific evidence available on the impact of a comparative mechanism.	Health Foundation publication 'Creating Healthy Lives'[62]
3	A	There is strong evidence from the WHO that policies to narrow health inequalities 'should be monitored through strengthened information systems and adapted to local context. With constrained resources, a graded approach to providing services and support proportionate to need is most likely to address inequity'	WHO publication: 'Key policies for addressing social determinates of health and health inequities''[63]
4	B	There is good evidence to think that a strong civil society contributes to good outcomes for people in that area, and that a smaller voluntary sector is associated with more deprived areas, and that partnerships between government, civil society and	NPC analysis on spread of England's voluntary sector[64]

		communities can help to foster the social sector.	Charity Commission work on the value of the sector[65]
5	B	This approach to an overall national target with independent assessment is similar to an approach that has been effective in securing other legislative changes, such as the climate change commitments by the Climate Change Committee (CCC).	The CCC's report on contribution towards net zero[66]
6	A	There is strong evidence of the impact the £20 uplift has had on avoiding destitution and the impact of waiting times from bodies such as Joseph Roundtree Foundation (JRF). More broadly, the WHO recommends investment in cash transfer programmes as a means to alleviate health inequities. The Social Market Foundation (SMF) also examined how implementing the national food strategy could have an impact on food poverty in the pandemic.	JRF work on universal credit during the pandemic[67] WHO publication 'Key policies for addressing social determinates of health and health inequities'[68] SMF on child hunger alleviation[69]
7	A	There is strong evidence that making childcare more affordable in general, and the 30-hour free entitlement in particular, has positive outcomes for families.	Department of Education evaluation of the first year of the national rollout of 30 hours free childcare[70]
8	A	There is robust evidence on the impact of early years education on children's health generally, and the impact of Sure Start Centres specifically. There is also evidence from the Education Policy Institute that better qualified early years staff lead to improved outcomes for children.	Marmot review 'Build Back Fairer'[71] Institute of Fiscal Studies have also written on the benefits of Sure Start[72] WHO publication 'Key policies for addressing social determinates of health and health inequities'[73] Education Policy Institute study on qualifications' impact on childcare[74]
9	A	The Sutton Trust and the Education Endowment Foundation have both looked at how pupil premium funding can narrow	Sutton Trust work on mobility and Covid-19[75]

		inequalities and go some way to reverse the impact of the pandemic.	
10	A	There is strong evidence that raising the minimum wage for apprenticeships improves outcomes for them and does not negatively affect employment. More generally, the Marmot Build Back Fairer report looks at the role apprenticeships have in reducing inequalities.	HMT report on minimum wages[76] Marmot review: 'Build Back Fairer'[77]
11	B	Education Policy Institute reports show that UK has some of the lowest literacy levels among non-university graduates, that this impacts on inequality, and that the funding gap between further and higher education funding is growing. There is less evidence on the exact impact of maintenance loans etc.	EPI report on further education[78]
12	B	Health Foundation's work has shown how vital investment in youth services is for achieving potential. The impact of loss of investment in local youth services has been well documented. However, less evidence of what exactly the necessary funding settlement should be going forward (it may well be higher).	Centre for Youth Impact's work on building assets for a healthy life[79] Health Foundation's A Place to Grow[80]
13	A	LGA have noted how the funding to implement the HRA is not sufficient, and the importance of going back to councils for details of how much is needed.	Local Government Association survey on the HRA[81]
14	B	Evidence suggests that generally, high-quality social housing provided by housing associations are more secure and more affordable homes that enhance wellbeing and could result in a reduction in costs to the NHS.	National Housing Federation spring budget document[82]. King's Fund work on housing and health[83]
15	A	Strong evidence that reductions in housing benefit lead to dire consequences for renters according to the Institute for Fiscal Studies.	Institute for Fiscal Studies on housing benefit[84]. National Housing Federation spring budget document[85]

		National Housing Federation have estimated the cost of new social homes required to meet the need at a one-off £32bn cost.	
16	B	There is strong evidence that poor work and insecure work affects young people's health. Targeted measures aimed at increasing stable employment particularly for those in areas where employment is lower have shown contribute to reducing the number of NEET young people.	PHE evidence review of local actions to reduce the number of young people NEET[86]
17	B	There is good evidence that investing in community capacity of local areas leads to better health outcomes, and some emerging evidence that initiatives like the Place Based Social Action Plan have had a positive impact, but they are still new and evidence is emerging.	See, for example, Renaisi evaluation of the first year of the Place-Based Social Action Plan[87]
18	A	There is good evidence that the high cost of public transport is a deterrent to people using it. Campaign for Better Transport found 1/5 members of the public said they would use public transport more if cheaper.	Campaign for Better Transport survey[88]
19	B	Strong evidence that school active travel prevents obesity and supports healthy weight. Strong evidence that bike lanes promote use of cycling. 10% target for cycling comes from a Sustrans paper who have based this example on Edinburgh doing the same in 2018. Limited evidence available yet on the impact of this particular initiative.	Department for Transport vision for cycling and walking[89]. Edinburgh devotes 10% of transport budget to cycling infrastructure[90]
20	A	There is strong evidence of the impact of carbon emissions on population health in the UK and abroad. The Committee for Climate Change have written extensively on this topic and on the need to accelerate progress against targets.	Climate Change Committee's work on 'Reaching Net Zero in the UK'[91]

21	A	Reducing pollutants in air through initiatives like Clean Air Zones has been shown to have a good impact on the health of people in that area.	Department for Transport Clean Air Zone Framework[92]
22	B	There is strong evidence of the impact of green spaces on local health, and examples of success when it is made central to local government strategies.	Public Health England's work on green spaces[93]
23	C	There are a number of areas where the government and health service can do more to model the behaviours which would close the health gap, this has been examined by the BMA among others. There is good reason to think that this will encourage the wider adoption of these behaviours.	See, for example, BMA on the health service's role in pushing towards net zero[94]
24	A	King's Fund research shows the value in investing further to reduce health inequalities, and Health Foundation £2.6bn estimate is based on distributing funding in line with the past recommendations of the Advisory Committee on Resource Allocation (the ACRA formula) while ensuring that no area has its funding reduced.	King's Fund on the case for further investment[95] Health Foundation briefing estimating amounts of funding required[96]
25	A	Evidence shows that the sugar levy had a significant impact on the total volume of sugar sold in this country, which is expected to reduce population health risks. It also had a smaller than expected impact on the soft drinks industry.	Several studies done on the impact of the levy[979899]

2. Cost and timescales for implementation of the policy proposals

Below are our estimates for the time and resource implications for a government implementing the above recommendations. For some, the cost incurred is much clearer than others, and we welcome thoughts on if these estimates are accurate, and on any costs of knock-on and unintended consequences. It is worth noting these are the cost implications for government, and it is likely that these policies may create costs for other actors such as businesses which is not included here.

We define implementation as the period until a policy is operational and fully delivering. We define impact as having a measurable effect on the social factors which contribute to the health gap. For the timescales to impact, we have defined our broad estimates as:

Short-term: 0 - 5 years

Medium-term: over 5 years - 10 years

Long-term: over 10 years

The total investment required for all these proposals, including the £20bn investment in affordable housing, would be between £46.1bn and £49.6bn. We do not expect all these costs to be incurred at once, for example the cost of the affordable housing in practice is likely to be spread over ten years. We would expect funding to be brought in gradually over a number of years, reaching between £26.1bn and £39.6bn per annum within five years. This is a significant investment, equivalent to around 3-4% of total managed government expenditure in 2020/21, comparable to the UK's total expenditure on personal social services*.

Any government implementing this strategy will have to decide what approach they want to take to pay for it. Any decision on tax rises, or on public spending which will have to be curtailed as a result, should only be made with careful consideration on how it will impact the wider determinants which have led to the health gap. We welcome further thoughts on approaches which could lay the foundations for this strategy while minimising potential side-effects.

* In 2020/21 the UK spent £36bn on personal social services.

Policy proposal	Detail	Time to implement	Time to see impact	Estimated extra cost
1	Incorporate health and wellbeing in any measure of the success of government	~6 months	Long-term	No significant extra funding
2	Measure action on prevention	~6 months	Medium term	No significant extra funding
3	Ensure fair allocation of regional and local funding	~6 months	Short-term	No significant extra funding
4	Devolve greater powers to enable civil society and local governments	1 year	Long term	No significant extra funding
5	A national target	~6 months	Long term	No significant extra funding
6	Provide an adequate safety net	12 months	Short-term	£6-8bn p.a.
7 & 8	Support families in work & support children in their early years (combined because both about childcare).	12 months	Short-term	£7-10bn p.a.
9	Level up educational attainment	1 year	Short-term	£1-3bn p.a. (depending on size of extension of pupil premium).
10	Apprenticeships & in work training	5 years	Long term	£2-3bn p.a.
11	Supporting further education	5 years	Long term	£2 – 4bn p.a.
12	Invest in youth services	1-2 years	Long term	£500m – £1bn
13	Increase funding to effectively implement the HRA	1-2 years	Long term	Unclear, potentially around £100m.

14	Decent homes	5-10 years	Long term	No significant extra funding.
15	Increase the direct provision of social housing	5-10 years	Long term	Once in a generation £20bn investment
16	Ensure good jobs for all	1 year	Long term	Unclear, potentially around £1bn
17	Invest in social infrastructure	1 year	Long term	£2 – 5m
18	Transport affordability	1 year	Short term	No significant extra funding (may result in lower income for local authorities though)
19	Active travel	1 year	Short term	No significant extra funding
20	Accelerate carbon reduction	10 years	Long term	Unclear
21	Clean air targets	5 years	Short term	Unclear, up to £1bn
22	Green spaces	5 years	Short term	No significant extra funding
23	Leading by example	1 year	Medium term	No significant extra funding
24	Increase funding to public health	5 years	Long term	£3.5bn
25	Regulation and taxation	~6 months	Medium term	No significant extra funding

References

[1] Health Foundation (2018) 'Briefing: The nation's health as an asset', available online here
[2] Johnson, B. (2019) 'Boris Johnson's first speech as Prime Minister: 24 July 2019', available online here
[3] Health Foundation (2020) 'Economies for Healthier Lives', available online here
[4] Health Foundation (2019) 'Creating healthy lives', available online here
[5] Health Foundation (2021) 'Blog series: Covid-19, health and health inequalities', available online here
[6] Health Foundation (2019) 'Mortality and life expectancy trends in the UK', available online here
[7] Health Foundation (2021) 'Latest data shows record levels of health inequality prior to the pandemic', available online here
[8] Health Foundation (2020) 'Build Back Fairer: The COVID-19 Marmot Review', available online here
[9] Welsh CE, Matthews FE and Jagger C (2021) Trends in life expectancy and healthy life years at birth and age 65 in the UK, 2008-2016, and other countries of the EU28: An observational cross-sectional study. The Lancet Regional Health Europe, Volume 2, 1000023, available online here
[10] Department for Business, Energy & Industrial Strategy (2021) 'The Grand Challenge missions', available online here
[11] HMT (2021) 'Build Back Better: our plan for growth', available online here
[12] MHCLG & HMT (2021) 'Collection: New levelling up and community investments', available online here
[13] Gray, A.M. (1982), Inequalities in health. The Black Report: a summary and comment', International Journal of Health Service, 12 (3), available online here
[14] Acheson, D. (1998) 'Independent inquiry into inequalities in health report', DHSC, available online here
[15] Marmot, M. et al (2010) 'Fair Society Healthy Lives (The Marmot Review)', UCL IHE, available online here
[16] Wanless, D. (2002) 'Securing our Future Health: Taking a Long-Term View', HM Treasury, available online here
[17] Barr, B. (2017) 'Investigating the impact of the English health inequalities strategy: time trend analysis', British Medical Journal 358:j3310, available online here
[18] Health Foundation (2021) 'How can policymakers plan better for the long term', available online here
[19] NHS (2019) 'NHS Long Term Plan', available online here
[20] Health Foundation (2020) 'Health Anchors Learning Network', available online here
[21] Institute for Government (2020) 'Local government funding in England', available online here
[22] Health Foundation (2019) 'Why we need to rebalance children's services spending to invest in a healthier future', available online here
[23] Clarke, Simon (2020) 'Local Government Association annual conference 2020: Minister for Regional Growth and Local Government's speech', available online here
[24] Health Foundation (2020) 'COVID-19 crisis leads to shift in public attitudes about the role of the state', available online here
[25] NHS (2019) 'NHS Long Term Plan', available online here
[26] DHSC (2019) 'Advancing our health: prevention in the 2020s – consultation document', available online here
[27] HM Treasury (2020) 'Green book review 2020', available online here
[28] DHSC (2021) 'Transforming the public health system: reforming the public health system for the challenges of our times', available online here
[29] Department for Business, Energy and Industrial Strategy (2017, updated 2021) Industrial Strategy: The Grand Challenges (Ageing Society), available online here

[30] Health Foundation (2019) 'Allostatic load', available online here
[31] Health Foundation (2018) 'What makes us healthy?', available online here
[32] Health Foundation (2020) 'Living in poverty was bad for your health long before COVID-19', available online here
[33] Early Intervention Foundation (2018) 'How early childhood education and care can help to tackle the impact of childhood disadvantage', available online here
[34] DHSC (2020) Early Years Development Review: call for evidence, available online here
[35] Child Poverty Action Group (2021) 'Child Poverty Facts and Figures' available online here
[36] Guardian (2019) 'Sure Start programme saved the NHS millions of pounds, study finds, available here
[37] National Food Strategy (2019) 'The National Food Strategy: Part One', available online here
[38] Health Foundation (2018) 'What makes us healthy?', available online here
[39] Health Foundation (2018) 'What makes us healthy?', available online here
[40] Centre for Youth Impact (2019) 'How youth provision supports young people in building assets for a healthy life', available online here
[41] Johnson, B. (2019) 'Boris Johnson's first speech as Prime Minister: 24 July 2019', available online here
[42] DfE (2020) "Every Pupil in England to See Another Funding Rise in 2020', available online here
[43] Health Foundation (2018) 'What makes us healthy?', available online here
[44] Health Foundation (2020) 'Better housing is crucial for our health and the COVID-19 recovery' available online here
[45] Health Foundation (2020) 'Better housing is crucial for our health and the COVID-19 recovery' available online here
[46] HMT (2020) 'Budget 2020', available online here
[47] Health Foundation (2020) 'What the quality of work means for our health', available online here
[48] Institute for Employment Studies (2020) ' Getting Back to Work' available online here
[49] Health Foundation (2018) 'What makes us healthy?', available online here
[50] Health Foundation (2021) How transport offers a route to better health, available here
[51] Health Foundation (2021) How transport offers a route to better health, available here
[52] Health Foundation (2020) 'Towards a greener NHS?', available online here
[53] Climate Change Committee (2020) 'Reaching Net Zero in the UK', available online here
[54] Environment Agency (2020) 'The state of the environment: health people and the environment', available online here
[55] NHS (2020) 'Interim NHS People Plan', available online here
[56] DHSC (2020) 'Tackling Obesity: empowering adults and children to live healthier lives', available online here
[57] Health Foundation (2021) 'How can policymakers plan better for the long term?', available online here
[58] DHSC (2021) 'Transforming the public health system: reforming the public health system for the challenges of our times', available online here
[59] Institute for Government (2016) 'Making Policy Stick', available online here
[60] DHSC (2021) 'Transforming the public health system: reforming the public health system for the challenges of our times', available online here
[61] Treasury of New Zealand (2019) ' Wellbeing budget, available online here
[62] Health Foundation (2019) 'Creating healthy lives', available online here
[63] WHO (2017) 'Key policies for addressing the social determinates of health and health inequities', available online here
[64] NPC (2020) 'Where are England's charities', available online here
[65] Charity Commission (2019) 'The Value of the Charity Sector', available online here
[66] Committee on Climate Change (2019) 'Net zero: The UK's contribution to stopping global warming' available online here
[67] Joseph Rowntree Foundation (2021) 'Keep the lifeline: why the Government should keep the £20 uplift to Universal Credit', available online here
[68] WHO (2017) 'Key policies for addressing the social determinates of health and health inequities', available online here
[69] Social Market Foundation (2020) 'Measuring and mitigating child hunger in the UK', available online here

[70] Department for Education (2018) 'Evaluation of the first year of the national rollout of 30 hours free childcare', available online here
[71] Health Foundation (2020) 'Build Back Fairer: The COVID-19 Marmot Review', available online here
[72] Institute for Fiscal Studies (2019) 'Report reveals benefits of Sure Start', available online here
[73] WHO (2017) 'Key policies for addressing the social determinates of health and health inequities', available online here
[74] EPI (2020) 'Early years workforce qualifications and children's outcomes', available online here
[75] Sutton Trust (2020) ' Social Mobility and Covid-19' available online here
[76] HMT (2019) 'Impacts of minimum wages: review of the international evidence', available online here
[77] Health Foundation (2020) 'Build Back Fairer: The COVID-19 Marmot Review', available online here
[78] EPI (2019) 'Further education pathways: Securing a successful and healthy life after education', available online here
[79] Centre for Youth Impact (2019) 'How Youth Provision Supports Young People in Building Assets for a Healthy Life, available online here
[80] Health Foundation (2018) 'A place to grow', available online here
[81] LGA (2019) 'Homelessness Reduction Act Survey 2018 – Survey Report', available online here
[82] National Housing Federation (2021) 'Spring Budget 2021: National Housing Federation submission, available online here
[83] The King's Fund (2016) 'Housing and health: ships that pass in the night?', available online here
[84] Institute for Fiscal Studies (2014) 'Econometric analysis of the impacts of Local Housing Allowance reforms on existing claimants', available online here
[85] National Housing Federation (2021) 'Spring Budget 2021: National Housing Federation submission, available online here
[86] PHE (2014) 'Reducing the number of young people NEET', available online here
[87] Renaisi (2019) 'Learning from Phase 1 of the Place Based Social Action programme', available online here
[88] Campaign for Better Transport (2017) 'Public transport needs to be made more available and affordable', available online here
[89] Department for Transport (2013) 'Gear Change: A bold vision for cycling and walking', available online here
[90] Edinburgh News (2018) 'Cycling allocated 10% of Edinburgh's transport budget', available online here
[91] Committee on Climate Change (2019) 'Net zero: The UK's contribution to stopping global warming' available online here
[92] Department for Transport (2020) 'Clean Air Zones Framework', available online here
[93] PHE (2020) 'Improving access to greenspace', available online here
[94] BMA (2020) 'Climate change and sustainability: The health service and net zero', available online here
[95] The King's Fund (2018) 'A vision for population health', available online here
[96] Health Foundation (2020) 'Improving the nation's health', available online here
[97] Scarborough, P. et al (2020) 'Impact of the announcement and implementation of the UK Soft Drinks Industry Levy on sugar content, price, product size and number of available soft drinks in the UK, 2015-19: A controlled interrupted time series analysis', PLOS medicine, available online here
[98] NIHR (2020) 'Sugar tax had no lasting negative impacts on the UK soft drinks industry', available online here
[99] Bandy, L.K et al (2020) 'Reductions in sugar sales from soft drinks in the UK from 2015 to 2018', available online here