

The Health Foundation's submission: Response to the Cabinet Office and Department of Health and Social Care *Advancing our health: prevention in the 2020s* consultation

October 2019

The Health Foundation is an independent charity committed to bringing about better health and health care for people in the UK.

This response has been developed by the Health Foundation as part of our long-term strategy to improve people's health in the UK. The Health Foundation sees health as one of any nation's most important assets and therefore welcomes the government's decision to focus on prevention of ill health, through the publication of the green paper *Advancing our health: prevention in the 2020s*.

Our responses to specific questions posed in the green paper need to be considered in the context of four general principles and key points that the government will need to consider as it takes forward its vision for prevention:

- a stronger focus on the wider determinants of health
- a genuinely whole-government approach to creating healthy living conditions
- a stronger focus on the role of local government and communities
- a proportionate approach to data and technology solutions for improving health.

A stronger focus on the wider determinants of health and health inequalities

The **biggest drivers** of the population's health and health inequalities are the economic, social, environmental and commercial environments in which people live. The green paper acknowledges the importance of wider living conditions, but it lacks detail on how these issues might be addressed. Given the importance of these issues, and the lack of attention they tend to receive, action on the wider determinants of health need to underpin future efforts to improve health. Without this, there is a strong risk that recent trends, such as stalling life expectancy and widening health inequalities, will continue or worsen.

There is abundant **evidence** that when the right conditions are in place, people can lead long, healthy and productive lives.

Individual actions that increase exposure to risk factors are part of the causal chain that links the wider determinants of health to avoidable illness. But there is strong evidence that people's actions are highly constrained by their social, economic, commercial and environmental circumstances.

For example, good diet is a key driver of good health. But approaches to dietary change that prioritise influencing individual choices have been extremely limited in their impact. This is unsurprising given that healthier diets are more expensive, making meeting basic nutritional guidelines unaffordable for many families in the UK. Many also face other barriers such as lack of access to healthy foods.

Addressing wider determinants is particularly important for reducing health inequalities, which are driven primarily by entrenched inequalities in society. Over several decades, the UK government has undertaken independent reviews that have drawn attention to widening health inequalities and called for urgent action. This includes the Black Report on inequalities in health, published in 1980, Sir Donald Acheson's 1998 *Independent Inquiry into Inequalities in health*, and Sir Michael Marmot's strategic review of health inequalities in England, which concluded with the *Fair Society, Healthy Lives* report, published in 2010.

Nevertheless, sustained government action to tackle health inequalities has not been forthcoming. As a result, health inequalities have continued to widen in recent years. *Healthy life expectancy for people in the 10% most deprived areas is just 52 years, compared with 70 years in the most affluent areas.* This gap represents diminished lives at an individual level and, collectively, a huge waste of human capital. More action is required to close this gap as *estimates* show that at the current rate it will take 75 years.

Such action needs to be built around the following three considerations.

A whole-government approach to creating healthy living conditions

Given the wide range of factors that drive health outcomes, every part of the public sector (including central government, local government, and the NHS) has a part to play in creating the conditions for healthy lives. The green paper rightly acknowledges the role of other departments in prevention, but it lacks specifics on this and fails to provide a compelling vision for a whole-government approach to health creation.

Our recent report *Creating healthy lives: a whole-government approach to long-term investment in the nation's health* sets out some specific measures that would help embed prevention and health creation at the heart of government. A genuinely whole-government approach would require government to do the following:

- *Change the way success is measured* – Good health should be considered a primary measure of successful government. There are already examples of such approaches within the UK and internationally: most notably, New Zealand's efforts to put non-GDP measures of wellbeing at the heart of government decision-making. The green paper's commitment to take forward the idea of a national health index for England goes some way to address the need to measure policy success differently but needs careful *design and implementation*. Any new measure would need to be taken seriously by government and garner strong cross-party and public support. Government must also find ways to quickly embed any new measures within its processes. This might mean:
 - mandating the use of the measures in key decision-making processes, such as departmental spending allocations
 - developing a legislative framework that requires decision makers to take into account the long-term health consequences of their actions
 - setting up an independent office to hold government to account.
- *Embed long-term health considerations in legislation and policy across the whole of government* – Mechanisms could include developing legislation such as the Well-being of Future Generations Act for Wales and using independent bodies to scrutinise and advise on health, in the way the Children's Commissioner does for England.

- *Prioritise investment in people's health as one of the nation's greatest assets* – Our **analysis** shows that in recent years, government spending has increasingly shifted away from investing in the conditions that keep people healthy, and towards reactive services that address largely avoidable problems. This is true not only in health sector spending (for example, with more being spent on health care and less on public health) but across other areas of government that are important for health, including local government and social security spending.

Making real improvements in health and reducing health inequalities will involve rebalancing investment towards health-creating areas of spending, such as children's services, housing and social security. Investment should start by reversing cuts to the public health grant and committing to maintain its value as a proportion of total health spending. In the longer term, government will need to find ways to measure and monitor the balance between preventative versus reactive spending across government, to aid rational, long-term decision-making.

- *Enable the NHS to play a stronger role in prevention* – both as a provider of care – particularly as the integration of health and social care is set to progress rapidly in the coming years – and as an '**anchor institution**'.
- *Ensure that national policy enables coordinated, place-based approaches to improving health that involve communities and local government* – Local government can provide leadership with other public-sector bodies. However, creating healthy social, economic, environmental and commercial conditions is possible only with the full involvement and participation of local communities in decision-making and action.

A stronger focus on the role of local government and communities

Many of the most important levers for addressing the wider determinants of health and reducing health inequalities sit with local authorities working closely with their communities. Local authorities have a key role in leading coordinated action to make towns, cities and rural areas healthy places to live.

Developing this may require significant changes in the relationship between local government and residents. The **Wigan Deal** is an example of an approach that has successfully engaged local people in working with the local authority.

The consultation asks how local government can work more closely with the NHS. This is an important question, but there is a key role for central government, too, in creating the conditions for locally led, place-based approaches to improving health. This is because it is central government that needs to give local governments the responsibility, powers and funding needed to create healthy living conditions.

It is also important that local and central government empowers communities to take part in decision-making processes. Recognising the value of community infrastructure and giving it appropriate investment is an important part of a whole-government approach to creating health.

As outlined in our **Creating healthy lives report**, in a context of fiscal austerity and rising demand, the capacity of local authorities to focus on the strategies that support better health and wellbeing has been eroded. There have been substantial reductions in central funding to local authorities since 2009/10. The statutory nature of many services that are required to meet immediate needs and the discretionary nature of preventative spending have meant that, to stay within budgets, cuts have disproportionately targeted activities that maintain and protect health. This is storing up significant problems for the future and carries high costs for

wider public services. A government prevention strategy will be limited in its impact without addressing this.

There needs to be a strong commitment by central government to work closely with local government as partners on the prevention agenda. This would have to address the major funding issues that many local authorities are facing, which have a strong impact on health creation.

A proportionate approach to data and technology solutions for improving health

The green paper presents the use of new technologies and data as the major area of opportunity for improving health in future. There are undoubtedly opportunities in this area but there are also risks, including the potential for new technologies to widen health inequalities. There are also significant costs involved in investing in novel technological solutions, so it is important to consider carefully whether those costs are justified.

We have published [a detailed response](#) to the green paper's proposal on data and technology. This sets out five key challenges that must be addressed to get the most out of new technology for health creation:

- *Tackling the underlying causes of causes at population level versus addressing individual risk* – The green paper's approach to data and technology focuses almost exclusively on addressing individual risk. To have a real impact, new data and technology must be harnessed to address the wider determinants of health.
- *Universal versus targeted services* – The government needs to find the right balance between universal versus targeted interventions. There may be some benefits to greater targeting of existing services, such as screening, but the costs and benefits need to be weighed carefully and evaluated robustly.
- *Ensuring access for all* – It is important to apply data and tech solutions in ways that reduce health inequalities and benefit those most in need. This includes addressing explicitly the impact of new solutions on health inequalities, taking into account the barriers that some groups face in accessing preventative services.
- *The prediction–prevention evidence gap* – The green paper assumes that better risk prediction will improve health, through changing behaviour and allowing more personalised intervention. More granular calculation of risk does not automatically translate into more effective prevention or improved health. There is, at present, a gap in the evidence of how to translate prediction into prevention. Robust research and evaluation is needed to develop the evidence base bridging this gap.
- *Novel solutions versus tried-and-tested ones* – It is important to balance investment in novel technological solutions with the need for ongoing investment (or reinvestment) in tried-and-tested prevention methods. Effective use of modelling methods and robust, rapid evaluation can help ensure that scarce resources are not poured into solutions that have little or no impact on population health.

In summary, the Health Foundation recognises the green paper as a good start but there needs to be a significant shift towards a whole-government approach to improve the nation's health and a government strategy that is long term in focus, underpinned by investment that prioritises keeping people healthy, and that places the value of the UK's health on an equal footing with measures of GDP.

The remainder of this document sets out our response to some of the consultation questions. Earlier this year, the Health Foundation held a stakeholder event to discuss priorities for the green paper, which included a range of experts working across the wider determinants of health. Recommendations made are included in our responses where relevant.

Consultation question:

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

The Health Foundation welcomes the decision to review the NHS Health Checks programme, given the **limited** evidence for its effectiveness and cost-effectiveness. Finding a more effective way of using health checks will need investment and careful consideration of the costs and benefits.

A key challenge for greater targeting of prevention interventions will be their impact on health inequalities. For example, the current NHS Health Check programme is effectively universal for 40–74 year olds. However, as people who take up health checks tend to be **healthier than the general population**, it brings more benefit to people who had better health in the first place. People living in more socially and economically deprived circumstances can find it more challenging to make use of these initiatives.

Data and technology may present new opportunities, as our recent **long read paper** highlights, such as using linked data to target and monitor the impact of the health checks in marginalised groups. But these alone are unlikely to help engage those most in need. Improvements need to be based on robust evaluation of costs and benefits and with a clear focus on health equity.

Effective use of modelling methods and robust, rapid evaluation can help ensure that scarce resources are poured into solutions that have the most impact on population health.

Consultation question:

There are many factors affecting people's mental health. How can we support the things that are good for mental health and prevent the things that are bad for mental health, in addition to the mental health actions in the green paper?

Mental health literacy and self-care can play an important role in the approach to supporting good mental health, but the green paper needs to go further. The focus needs to be on the upstream factors that place most strain on people's mental health and wellbeing in the first place, taking action across the life course to increase people's opportunities for good physical and mental health.

Deprivation is associated with poor physical and mental health. So, it is important to ensure that people seeking help can access the support they need. For example, our **analysis** shows that there were twice the number of referrals in 2018/19 from people in the most deprived areas than from the least deprived areas in England. Furthermore, in the most deprived areas, a smaller proportion of referrals receive treatment, and reach recovery. The planned expansion of IAPT must address inequalities.

Our *Young people's future health inquiry* found that the opportunities offered to young people from voluntary or statutory organisations play a critical role in providing alternative sources of emotional support and provided opportunities to develop self-esteem and self-confidence. In 2011/12, top tier local authorities in England **spent** £788m on services for young people, of which 55.5% was on universal services. By 2018/19, the total spend had dropped to £332m, of which 43.4% was on universal services. Over the same period, the spend per head for 11-19 year olds dropped from £136 to £65. The Department of Health and Social Care need to be advocating for these cuts to be reversed in order to support a preventative approach.

Consultation question:

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

Strong communities and families are key contributors to people's **wellbeing**. Local communities are often best placed to know what is needed to shape their local environment.

An effective whole-government approach to health creation requires a commitment to invest in policies that build and strengthen communities and enable local communities to fully participate in shaping their local areas and the services they receive. Three broad **principles that underpin a shift towards community-led public service delivery** are: empowering communities; resourcing communities; and creating a culture of community collaboration.

The **role of government in building strong and healthy communities** is two-fold: first, investing in community infrastructure and second, supporting communities to shape the places where they live.

Community infrastructure comprises the places designed for people to meet, including parks, play areas, village halls and community centres, as well as libraries, schools and places of faith or spirituality. Investing in community infrastructure improves social relations and wellbeing within community.

Local government has an important part to play in facilitating co-production of its services and its place-making by working in partnership with communities, while central government needs to put in place an enabling policy environment to support co-production and community participation in decision-making.

Consultation question:

What government policies (outside of health and social care) do you think have the biggest impact on people's mental and physical health? Please describe a top 3.

Many government policies outside of health and care have a big impact on people's health. but the three priority areas where action is most needed are outlined below. Tackling these three areas could help to improve health now and reduce the stress that may lead to poor health in the future. Policy initiatives in this area could also provide a buffer against other stressors, which will contribute to better health over the lives of those most likely to be affected.

Poverty – **One in five of the UK population live in poverty. Over half of these people live in working households.** Ensuring adequate support through a financial safety net is critical to enable people to have the money and resources they need to live healthier lives. With

poverty and low income negatively affecting health in multiple direct and indirect ways, the green paper needs to place more emphasis on ensuring people have an adequate income and resources to support good health.

Specific actions that could help alleviate poverty include:

- restoring the value of working age benefits to their April 2015 real term value to undo the impact of the benefit freeze
- boosting Universal Credit work allowances, for single parents and second earners in particular, to target support on low earners
- abolishing the two-child limit on family support
- removing the benefit cap which limits support to out-of-work families.

Housing – Decent housing is important for good physical and mental health. Yet **one in five homes in England do not meet the Decent Home Standard** and a third of these are in the private rental sector. There is also unequal distribution of good quality housing, with some groups – such as people who are elderly or young, isolated, without a support network, and adults with disabilities – more likely to be affected.

There are specific measures that could be adopted by the government to support the development of healthier homes that are affordable, warm, stable and safe. These include:

- embedding legal duties within planning systems so that developers are required to provide homes for a healthy life course that support good wellbeing
- refinement of regulation relating to housing standards and safety for health, and enhanced resources and duties on local authorities for regulation
- embedding public health expertise into government departments responsible for urban planning and housing.

Investment in housing support for vulnerable people is also essential to prevent ill health, with a specific focus on key issues of private rental regulations and security of tenure.

Early years – Good development in the early years is essential to later good health – with a child's physical, social and cognitive development during the early years strongly influencing their school-readiness, education attainment, economic participation and adult health.

Recommendations to support development in the early years include:

- **adequate investment in local early years services**, which have seen major funding cuts in recent years
- more holistic interventions to support early years development to be better integrated with other government departments outside of the Department for Work and Pensions, Department for Education and Troubled Families scheme.

Consultation question:

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

Investment across government needs to be rebalanced towards health-creating areas of spending. A priority area is the public health grant.

The public health grant enables local authorities to deliver vital preventive services to protect and improve health, such as sexual health clinics, as well as enabling public health teams to influence the wider determinants of health at a local level. Between 2015/16 and 2019/20,

spending on NHS England is expected to have grown by 8% on a real term per head basis, relative to a 23% cut in the public health grant since allocations were first set out for 2015/16. This is despite recent **analysis** that found 75% of public health interventions reviewed by NICE were either cost-effective or cost-saving over time.

New ways of measuring policy success that move beyond traditional economic indicators such as GDP would enable policies to be evaluated in terms of their contribution to health and wellbeing as well as their economic impacts. It would also incentivise all areas of government to put health and wellbeing at the heart of policy. A leading example of this approach is New Zealand which, in 2019, began setting budgets on the basis of wellbeing rather than economic growth. In assessing this, a suite of measures would be more effective than a single composite measure.

The private sector has an important role to play in creating the conditions that allow people to live healthy lives. Businesses can influence health through their role in producing and marketing potentially health-harming products (including tobacco, alcohol, food and drink) and their role as employers, as well as through the impact they have on their local – and the wider – environment. There is also a wider potential role for government to reward or recognise health-supporting practice in the private sector and to encourage or require further measurement of the health impacts that businesses have. This would ideally take into account all of the impacts, from those on consumers to those on employees and supply chains. The role of government regulation and taxation of commercial products is explored in our **Creating healthy lives** report.

Consultation question:

What more can we do to help local authorities and NHS bodies work well together?

The Health Foundation agrees that collaboration should be a core part of a national prevention strategy. Yet local partnerships are shaped by national policy decisions and need evaluation.

Health and Wellbeing Boards are a key part of the local infrastructure on prevention but need greater flexibility and more powers to help ensure improvements in population health and greater health equity.

The NHS Long Term Plan emphasises the NHS's role in prevention and reducing inequalities. Social prescribing is an example of a well-intended national policy aimed at achieving this. Yet **evidence** on the impact of **social prescribing** is weak, and is vulnerable to local service cuts beyond the NHS. Evaluation is needed to understand the impact of social prescribing and related preventive interventions so as to maximise their benefits and minimise any unintended consequences.

NHS organisations can also prioritise prevention through their role as **anchor institutions** – organisations with large assets that can be used to support community wealth building and development through their procurement and spending power, workforce and training, and buildings and land. The current development of STP and ICS plans offers NHS organisations an opportunity to advance these approaches and combine their collective assets for community benefit.

STPs and ICSs offer a welcome route for the NHS and local government to collaborate to improve health. Yet these partnerships on their own are not enough to boost prevention. Previous STP plans were often limited in their focus on prevention, with little emphasis put

on wider determinants of health. And cuts to public health and wider local government budgets mean funding for prevention at a local level is constrained.

National NHS bodies could support STPs and ICSs to increase their focus on prevention by aligning local performance measures with population health objectives. Central government must support these partnerships by providing sufficient funding for public health and other services challenging their priorities.

Consultation question:

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

Central government has a responsibility to set a tone that prioritises the population's health as a core measure of success and uses its levers of taxation, regulation, spending and information provision to this end. An effective cross-government strategy to maintain and improve people's health will need to maximise the use of all four levers in a concerted fashion.

Alongside this, local authorities have a pivotal role to play in creating health in their communities. For this reason, place-based approaches led by local government need to be at the heart of the government's approach to improving the nation's health.

'Place' may not be an absolute determinant of outcomes, but it profoundly shapes experience, expectation and opportunity, and has implications for long-term health and wellbeing. People's access to the spaces, services and social networks that they need to lead healthy lives varies considerably across the UK. A comprehensive and integrated place-based approach, underpinned by national investment, needs to be adopted as a core component of any strategy to improve people's wellbeing and health, particularly for those areas experiencing the greatest deprivation.

In addition to the services it directly delivers or funds, local government also has an important role as a convener and leader in local areas. They can promote health through working differently with local businesses and voluntary, community and social enterprise organisations, alongside local communities, to plan and design effective local responses to improve their health and wellbeing and tackle inequalities.

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