Briefing: A whole-government approach to improving health

Katherine Merrifield and Gwen Nightingale

Key points

- This briefing calls for coordinated action across government to improve health and health equity and generate future prosperity. The economic costs associated with poor health are high, with government estimating these at around £100bn a year. Future economic prosperity requires investing in the conditions that improve people's health – such as education and employment opportunities, housing, social networks and healthy environments.
- Improving health requires action to be taken by the whole of government, not just the Department of Health and Social Care and the NHS. The 'levelling up' agenda, and the reorganisation of the public health system, provide an opportunity to drive cross-government action.
- To make the most of this opportunity, government needs to set out a national framework for action. This will require strong political buy-in and mechanisms to drive efforts across the whole of government – such as a binding target to reduce health inequalities and a commitment to make improving health an explicit objective of every major policy decision.
- Government also needs to create the conditions for others to play their part in improving health. Local authorities have a central role in improving health but have experienced cuts to baseline budgets in recent years. Government needs to provide sufficient and sustainable funding but also flexibility in how funding can be spent, multi-year settlements and further devolution to support joined-up, place-based working.
- Finally, ensuring adequate accountability of efforts to improve health will mean government establishing mechanisms to ensure there is public visibility of progress. Regular independent monitoring by the National Audit Office and increased parliamentary scrutiny would build momentum.

The Health Foundation

Introduction

The health of the population is one of any nation's biggest assets. Good health is vital for prosperity, allowing people to play an active role at work and in their communities. The inextricable link between health and wealth has been made more prominent by the COVID-19 pandemic, which has laid bare the consequences of underlying poor health in the UK.[1] Even before the pandemic, poor underlying health placed limitations on people's daily lives, and their ability to work and contribute to the economy. As part of the nation's recovery, a new cross-government focus is needed to address these longstanding issues.

All sectors of society have a role in improving health. The voluntary and community sector provide vital social fabric; businesses as employers and producers of goods and wealth, and local government as convenors and leaders in shaping local places. While there has been steady action from some across these different sectors, the country entered the pandemic with life expectancy improvements stalling and inequalities widening.[2]

Sustained success in improving health requires government to reorient itself to make progress over the long term. It is time to acknowledge that real progress will not be seen for years and will only be achieved if there is a consistent focus on improving health and health equity. Attention should be paid to investing in all four capitals: financial, human, social and natural. As seen with the net zero target,[3] a long-term focus can be effective to galvanise society around a clear, ambitious outcome. The COVID-19 pandemic provides the impetus to do the same for health improvement.

Much attention is paid to what government needs to be – the spending, regulation and policies that can improve health. Arguably the lack of traction on this longstanding agenda stems from insufficient focus being given to *how* government organises itself to create the conditions for others to improve health and health equity.

This briefing recognises that concerted, holistic action needs to be taken to create the conditions that improve health. It sets out the action that central government needs to take to act purposefully as a system, rather than as a series of individual actors.

We draw on desk research and consultations with members of the public and stakeholders across a range of sectors, carried out by the Health Foundation, and a roundtable with senior figures from government and the third sector, convened by the Institute for Government.

The opportunity to 'level up' the nation's heath

Investing in the conditions that improve people's health – education and employment opportunities, housing, social networks, and healthy surroundings – will be an essential part of the pandemic recovery. Poor health is strongly linked with lower labour market participation, which carries a high financial cost and lost opportunity both to individuals and the state. In 2019, employment rates in the UK were 17 percentage points lower for people with long-term limiting health conditions.[4] These conditions also reduce productivity, as people experience higher levels of sickness absence.[5]

People's health status also influences the age at which they can continue to make an economic contribution through work. Only half of men living in the most deprived tenth of areas in England report good health in their late 50s (well before retirement age), while in the least deprived tenth of areas it is not until their late 70s that a similar proportion report being in good health (well after retirement age) and a similar pattern exists for women.[6] The economic costs associated with poor health add up: the total economic cost of lost output and health costs are estimated at around £100bn a year.[7]

The government has set out an aim to level up the country, promising to increase prosperity, widen opportunity and ensure that no region is left behind.[8] It is an ambitious agenda and action to 'level up the nation's health' has been described as part of it, although specific plans are still in development.[8] There is clear motivation for action, with Health Foundation polling showing that the public expect government to act on improving health[9] and there is unparalleled public awareness of health inequalities following the pandemic.[10] There is political motivation to act too: at the 2019 election, female healthy life expectancy in seats gained by the Conservative party was 4 years lower than in the seats the Conservatives held, and 6 months lower than in Labour held seats.[11]

Our recently published COVID-19 impact inquiry[1] showed that the UK did not have the resilience to respond to shocks, like the pandemic, partly due to poor underlying health. The difference between those with the best and the worst health in the UK widened in the years prior to the pandemic. These inequalities were brought to the fore during the pandemic and risk widening further following the significant impact on society and the economy. International comparisons indicate that the UK's health is falling behind other comparable countries.[12] This partly reflects the stalling of improvements in life expectancy, particularly in more deprived areas of the country.[13] Unless steps are taken to permanently reverse this trend, we will be unable to truly level up or build resilience to respond to future shocks.

The Health Foundation and other organisations, including the Inequalities in Health Alliance, are making a strong case for further action to improve health and health equity. Independent and public accountability for action taken are important, but the government itself needs to seize the momentum and make the most of the opportunities posed by the recovery and levelling up agenda.

Improving health requires action to be taken by the whole of government

The NHS is often cited as the great leveller of health, founded on the principle of providing treatment based on need rather than the ability to pay. The *NHS Long Term Plan* sets out its role, including that of integrated care systems, in making funding decisions that meet the needs of the whole local population and prevent ill health.[14] But this is only part of the story. A greater influence on people's health are the factors that shape their opportunity to

stay well in the first place: the social, economic, commercial and environmental conditions in which people live.[6] Addressing these requires action to be taken by a broad range of organisations, of which the NHS is just one.

Despite this, action to improve health continues to be seen in public discourse, and in Whitehall, as the job of the Department of Health and Social Care and the NHS. Yet evidence shows that improving people's healthy life expectancy, and with it their ability to live a full and active life, will require continued action from across the whole of government and beyond.

Concerted cross-government action has the potential to make a bigger difference. Between 2000 and 2010 a wide-ranging and multi-faceted health inequalities reduction strategy was implemented in England.[15] The policies led to reductions in social inequalities in the key determinants of health, including unemployment, child poverty, housing quality, access to health care, and educational attainment and an overall reduction in health inequalities. When this strategy ended, inequalities started to increase again,[16] underlining the importance of activities continuing beyond political cycles as successive governments need to pick up where others left off. Changing these determinants and seeing the impact on healthy life and life expectancy takes many years and requires long-term planning and change. Building cross-party consensus would help to advance the work.

The current government has created an opportunity to drive the necessary cross-government action, through the levelling up agenda (including the new Department for Levelling Up, Housing and Communities) and the reorganisation of the public health system. However, maximising the potential of these initiatives will require an explicit and concerted focus on the opportunities to improve the conditions that create and maintain good health.[17] The new Office for Health Inequalities and Disparities will play a key role in driving progress but will need the right mechanisms and strong political backing to ensure a whole-government approach.

To date, the government's levelling up plans have a narrow focus on separate, short-term, infrastructure funds[18] that local areas can bid for. As well as being narrow in scope, our analysis of the fund showed that some areas with either high levels of deprivation or low levels of healthy life expectancy did not receive the most funding through the fund; 35 local authority areas with very low healthy life expectancy were found not to be a priority for investment via the Levelling Up Fund.[8] The forthcoming white paper and levelling up activity supported through the Spending Review, can redress this balance and secure the coordinated and long-term action needed.

A strong national framework for action

To reduce lost potential and opportunity for individuals and the country, focused and coordinated government action is needed to improve and maintain people's health. This action is needed both through how government organises itself to deliver impact and through pursuing the policies that will make a real difference. This briefing focuses on the first of these.

A government committed to levelling up health and creating opportunity for individuals and the country has the power to set an ambitious framework for action. The necessary actions fall into two broad areas, with progress measured through strong accountability measures.

Figure 1: A framework for coordinated government action on improving health

1. Placing improving health and health equity at the heart of government's agenda

Just as the pandemic has shown that health is everyone's business, improving health and health equity needs to be a shared goal of government. To make this a reality, the initial actions to be taken are:

- strong cross-government coordination to prioritise actions that improve health
- strong political buy-in that secures long-term investment
- a binding target to increase healthy years of life and reduce the gap between those living in the most and least deprived areas
- improving health and health equity as an explicit objective of every major policy decision
- government investment decisions to prioritise opportunities to improve health, and
- maximising the potential of government agencies and arm's-length bodies.

Strong cross-government coordination to prioritise actions that improve health

The new cross-government ministerial board on prevention, announced in March 2021, is the best-placed existing mechanism to provide this coordination. It can ensure government departments work towards a common goal, are held accountable for individual and collective progress, and are engaging effectively with key stakeholders.

The board on prevention will need a broad membership, with input from the Office for Health Improvement and Disparities, local and regional government, academia and practice. A theory of change will be needed that links policy proposals and their intended impacts with the overall shared ambition, as well as clarifying what is to be measured. This will enable progress to be tracked alongside realistic expectations, given the timeframes over which much of the action will have impact. Working through the Number 10 Delivery Unit, or a Secretariat in the Cabinet Office, the board can establish baseline datasets, encourage innovative thinking and bring in new perspectives. Regular reporting on progress will help with public accountability and building visibility of the work.

Strong political buy-in that secures long-term investment

Lessons from previous cross-government initiatives show that to be effective, such boards require strong political backing and momentum generated by personal commitment from the Prime Minister. Early engagement is also needed from the Treasury, with new activities to prioritise spend on health and health improvement, to build credibility for the work with other departments. A long-term plan to shift the balance from short-term treatment to longer term prevention would help to improve health. The Health Foundation long read on how to plan for the long term highlighted a need to anticipate future issues; plan how to mitigate a threat; integrate insights into policy development; invest in resources over time and monitor and adjust assumptions as new issues emerge.[19]

The work of the board on prevention will need to be visible and subject to a level of independent oversight. This will focus attention on action and make it less vulnerable to changes in political priorities. Options here include an annual report to parliament, parliamentary scrutiny through select committees and an independent body reporting health metrics, such as the ONS health index.[20] As the work of the board is evaluated, measurement will need to recognise both the complex and interrelated nature of the wider determinants of health and the long timescale required to see change. Historically such frameworks have failed to last, so it will also be important to build this more fundamentally into the day-to-day workings of government, as we set out.

A binding target to increase healthy years of life and reduce the gap between those living in the most and least deprived areas

A new ambition needs to replace the commitment made in the 2017 Industrial Strategy.[21] A target would signal ambition and vision and help build coalitions of support both inside and outside government, highlighting the priority and cementing a commitment to long-term progress. Targets can play an important role in building momentum, acting as a rallying point and creating momentum to keep on the trajectory. For example, the publicly stated commitment to the Millennium Development Goals[22] helped to create a cross-Whitehall 'consensus' behind the aims of the new approach to development.

For targets to be successful, they need clear ownership. The board on prevention will have an important role in setting out a strategy for achieving the target, based on a clear understanding of what will drive change. It will be important for the board to measure progress against the target and hold members accountable for delivery, through departmental Outcome Delivery Plans[23] and other mechanisms. Exactly how the final

target will be achieved may change over time; in fact, this flexibility can be important to ensure action is driven by learning from implementation. The approach taken by the Climate Change Committee shows the importance of having intermediate targets and a clear reporting and measurement framework that shows routes for achieving the overarching ambition.[24] Intermediate targets will be particularly important in this work given that outcome measures will be slow moving. There is potential to be guided by the new ONS health index here to track progress in different domains of health, but also the determinants of health.

Improving health and health equity as an explicit objective of every major policy decision

Making progress will require a different approach to how policies are developed, with recognition that health improvement is the responsibility of a range of departments, not just the Department of Health and Social Care. There needs to be a new impetus with all departments taking steps to understand the health implications of decisions they make, looking for opportunities to improve health and health equity through their work and avoiding making decisions that negatively impact it. This is particularly the case in relation to regulatory activity on primary risk factors or disinvestment in state services and support.

Such an approach would lead to departments being more proactive in looking ahead to potential issues that risk future health, for example the negative impact on levels of debt following reduced incomes and job losses as a result of COVID-19. Annex A lists a range of evidence-based policies that government could take forward to increase health in populations, which received widespread stakeholder support.

Outcome Delivery Plans begin to identify some of the activities needed and share responsibilities between relevant departments. For example, the priority outcome to support the most disadvantaged children through high-quality local services so that no one is left behind, will have a direct bearing on future health, which is at the heart of the Health Foundation's *Young people's future health inquiry*.[25] Government activity on this outcome is led by the Department for Education and supported by the Department for Digital, Culture Media and Sport; the Department of Health and Social Care; the Department for Work and Pensions; the Home Office; the Department for Levelling Up, Housing and Communities and the Ministry of Justice.[26] The range of actors across government in just this one example illustrates the importance of effective coordination. The delivery plans are, perhaps understandably, high level, and alone will not create the conditions for the required scale of change to be delivered. Strong leadership, through the mechanisms outlined, will be needed to drive the required progress.

Throughout the pandemic, the UK saw unprecedented activity across the whole of government, with the sole aim of protecting the NHS and saving lives. Avoidable ill health needs to be considered with the same urgency: pre-pandemic there were over 136,000 deaths considered 'avoidable' in the UK[27] and 40% of health care provision in the UK is being used to manage potentially preventable conditions.[28] There is an opportunity to build on the new approaches to sharing data, cross-departmental working and movement of civil servants across departments to maintain the focus on health outcomes.

Government investment decisions to prioritise opportunities to improve health

The Chancellor has been clear that he intends to aim for a balanced budget in normal time and reduce national debt over the medium term. This raises questions over the impact of future budgetary restrictions or cuts to public services, with Spring Budget 2021 implying that compared with 2009/10, spend in unprotected departments would remain lower.[29]

In making funding decisions, the Treasury should support joint bids that enable different parts of the delivery chain to join up. It is also able to change the way in which investment decisions are made so that there is recognition of the range of outcomes improved by a measure, rather than only looking at the outcomes set out in an individual department's Outcome Delivery Plan. This would help with the common situation in which departments are not incentivised to take action that benefit agendas other than their own. For example, investment in children's social services and young people's services by the Department for Education and Department for Digital, Culture, Media and Sport will lead to savings in the criminal justice system that the Home Office and Ministry of Justice will benefit from.

One way to shift the focus would be to look beyond short term and purely financial outcomes, to consider the implications for social, health and natural capital over the longer term, as has increasingly been done elsewhere. The OECD uses a Framework for Measuring Well-Being and Progress,[30] and the New Zealand Treasury uses a Living Standards Framework based on the four capitals.[31]

There is more the UK can do here. In 2020 the Treasury Green Book was reviewed to increase the importance of place-based analysis and boost the levelling up agenda, but no extra consideration was added for health criteria.[32] In 2021, supplementary green book guidance on wellbeing appraisal was published[33] and, while this is a step in the right direction, it is unlikely to fully address the lost opportunity that comes from poor health. Over the past 8 years wellbeing measures have improved while health outcomes have stagnated.[34] Wellbeing measures are a mixture of objective and subjective data and as such may reflect some with poor health reporting positive wellbeing, possibly through normalising their condition, while some in good health report negative wellbeing.[34]

Maximising the potential of government agencies and arm's-length bodies

Government departments have considerable influence over policy delivery through their associated agencies and arm's-length bodies. Activities that invest in health can be incentivised through the annual business planning cycle, mandate setting process or powers of direction. While organisations such as NHS England or the newly created Health Security Agency have an explicit reference to improving health in their remit, there is an opportunity to build a stronger focus into a broader set of governmental bodies that support the wider determinants of health. For example, Natural England will support the Department for Environment, Food and Rural Affairs to deliver the 25-year environment plan.[35] This sets out a blueprint for a healthier environment and recognises that connecting people to the environment can improve their health and wellbeing. There are similar opportunities to identify how other government bodies can work to improve health.

Likewise, these bodies can use the data from the ONS health index, alongside any local data they hold, to make the case to their sponsoring department of the need to invest to improve health outcomes.

As the government looks at the health landscape through the creation of the Office for Health Improvement and Disparities, there is an opportunity to review whether existing health organisations are undertaking the most effective role to progress improvements in health and narrow inequalities, including whether NICE could undertake a more significant role in promoting evidence-based public health interventions around the wider determinants of health.

2. Government creating a framework that supports wider activity to improve health

Government creates the conditions so that others can play their part in improving health, unlocking the potential of individuals to contribute to society. Levers the government can deploy to support and encourage those outside of central government to act include:

- sufficient and sustainable funding for all local government activities
- flexibility and certainty for local government to use funding to prioritise the needs of residents
- further devolution of powers to support joined-up, place-based working at a local level and
- government using the breadth of its convening and regulatory powers to involve stakeholders outside of health.

Sufficient and sustainable funding for all local government activities

Councils have repeatedly had to make difficult decisions about services as a result of significant cuts to the baseline budgets of local authorities in the past 10 years. This has eroded their capacity to invest in broader services and take actions that improve health and boost prosperity.

The Fair Funding Review of how to allocate funding between councils, now delayed but originally set to take effect from 2020, could have led to local authority funding allocations being skewed away from the most deprived areas. The formula was expected to reflect recent local authority spending patterns, but cuts to provision since 2009-10 had been greater in more deprived areas, with the potential effect of taking support away from the areas with the worst health outcomes.[36] The Office for Health Improvement and Disparities has an opportunity to work with the Department for Levelling Up, Housing and Communities and the Treasury to review the metrics that determine how local and regional funding is allocated to take deprivation and need into account. Future allocation of funding for levelling up should ensure that funding is given to local authorities most in need in relation to their population's health, given the impact that good health has on economic activity and quality of life.

Driven by cuts to funding from central government, council spending on local public services – which includes housing, early years and social care – dropped by 23% on a real terms per person basis between 2009/10 and 2019/20. This is equivalent to nearly £300 per person.[37] The public health grant has also been cut by 24% on a real terms per person basis, the equivalent of £1bn since 2015/16.[38] The disinvestment has happened at a time when demand for services has increased, reducing capacity to respond to issues that may prevent the need for further intervention down the line, for example family support, and despite good evidence that spend on public health is highly cost effective.

Flexibility and certainty for local government to use funding to prioritise the needs of residents

The current local government funding landscape is complex and fragmented. Alongside the reduction in funding, there has been a proliferation of small grants and local authorities have little discretion in the spending of these funds.[39] Local authorities often lack resources or time to frequently bid for new funding schemes, meaning grants risk going to those most able to bid, not those with the highest need. These grants are also limited in effectiveness in that, unlike core funding programmes, they are often very specific and short term. This limits what councils can deliver and creates duplication around factors such as set up and commercial arrangements. In addition, where reactive grants are allocated they are often designed to manage rising levels of demand, replacing flexible funding oriented towards prevention.

More discretion over how the money is spent and more certainty about budgets over longer timescales would give local areas the power to determine how best to meet local needs. Issuing funding through multi-year settlements would also support local government to make the longer term, joined-up investments needed to improve health. Further additional funding delivered through core local government funding, rather than ringfenced programmes, would give local areas maximum flexibility. It may also help for government to go further in giving local areas the flexibility to raise money themselves, taking into account the varying abilities of councils to do this. To accompany this, clear targets and accountability would need to be put in place for local government, but with the flexibility to determine how they would achieve those outcomes.

Further devolution of powers to support joined-up, place-based working at a local level

Local – not national – leaders have the relationship with stakeholders and partners needed to deliver change in their local area. The COVID-19 pandemic has demonstrated the value of place-based leadership and the agility that local government had to act.[40] Local leaders also led and promoted a single mission to partners in an area, driving all resources in the same direction and towards a common goal.[41]

Siloes across government departments can thwart the ability of local areas to deliver joined-up, place-based agendas. Giving local areas greater flexibility, as has been the case in combined authorities, can make it easier for local partners to work together on shared priorities. Local areas need the space to set their own agenda, alongside partnership of the voluntary sector and communities. Regional and local arms of government agencies should also be incentivised to work with local stakeholders on measures to improve health. In areas where there is limited civil society support, the government needs to target grants

that support and enable local voluntary and community sector bodies to nurture and champion the social sector. Local areas should be given a voice in the conversation about the national strategy and targets, but also flexibility to decide how to make progress in their area.

Recent research by The King's Fund and the Health Foundation on the experience of directors of public health during the pandemic found their public profile had grown significantly during the response.[42] There is an opportunity now to support directors of public health and their partners to lead recovery efforts. But doing so will require greater certainty about funding and the national and regional public health system reforms.

While more local powers are to be welcomed, there are clearly interventions where governments and regions working on population-wide activities would be beneficial. Especially where the evidence for action is strong, such as minimum unit pricing for alcohol,[43] or where there are opportunities to work together to develop capacity in the system – for example, building research capability to strengthen the evidence base on what works.

Government using the breadth of its convening and regulatory powers to involve stakeholders outside of health

Most risk factors underlying ill health – poor diet, lack of physical activity, smoking, alcohol and drug misuse – are strongly influenced by wider socioeconomic circumstances. Therefore any strategy to improve health equity must go beyond an emphasis on identifying personal risks to ill health or influencing individual behaviours. Evidence shows that population-level interventions will have more impact on increasing healthy life expectancy than relying on individual agency to bring about change.[44]

A range of policy levers are known to work, and more should be explored to create healthier environments – including taxation, regulation and actions designed to alter the availability and marketing of harmful products. Working on these 'commercial determinants of health' will require a variety of approaches – from regulatory changes, to working with key relevant businesses to modify their products or advertising.

Consideration of how government could work with large investors to persuade businesses to do more to improve population health, is another area ripe for development. There is already a precedent for this, with growing action by investors to persuade companies to reduce their carbon emissions in support of net zero targets, increase sales of healthier foods, and improve conditions for the lowest paid workers. Government can also intervene to drive the powerful institutional investor community.

ESG (environmental, social and corporate governance) investing is now mainstream but is very largely focused on the 'E', especially regarding climate change. Given the strong influence of environmental factors on health outcomes, ESG framing for investments can also extend to assets that are not primarily health focused, but nevertheless have sizeable positive health effects. Social, or 'S', factors such as 'good work', labour rights and human rights all contribute to employee and community health. There is room for government to work with civil society actors who advocate for responsible investment practices, such

as Share Action and their bill for responsible investment.[45] This could embed health as a priority topic for institutional investors to assess company investment risk and drive better company stewardship and engagement through responsible investing activities.

3. Strong accountability to drive and show progress

There is a strong case for regular independent monitoring of wider health trends and a range of mechanisms beyond the board on prevention, that would promote accountability and drive progress. These include:

- **National Audit Office** conducting a value-for-money study on activity to improve health and health equity across government and a subsequent **Public Accounts Committee**, following the start of Office for Health Improvement and Disparities work.
- **Parliamentary Select Committee** investigation into progress and plans to improve health and health equity. This would need to be a joint committee, with focus across a range of government departments and activity. With cross-party membership, a select committee could have an important role in building the consensus needed to maintain momentum beyond this parliament.
- **Annual reporting to parliament on progress to improve health equity**. A regular independent assessment of the nation's health, scrutinised by parliament at regular intervals, would help to sustain attention over time and build cross-party consensus and accountability on the need for action. It would also enable scrutiny of public spending on preventative action, relative to the management of avoidable problems.
- **A Commissioner for Equitable Futures**. The function could be similar to the Future Generations Commissioner for Wales,[46] who acts as a guardian of future generations, encouraging public bodies to take greater account of the long-term impact of policies.
- **Office for Budget Responsibility** taking greater account of future fiscal risks due to future changes in population health, such as greater inactivity from an unhealthier population, reduced productivity and the implications for welfare spending.

Annex A: Policy areas to improve health equity

Table A1 lists evidence-based policies that can be taken to increase health in populations. The list was developed from the research and consultation previously mentioned. Our future work will further explore high-impact health improving activities and also cost-effective interventions through the public health grant.

Table A1: Evidence-based policies that can improve health with estimated costings

	Rationale for action	Policy proposals	Cost
Enabling all children to have the best possible start in life	• Childcare can indirectly influence family health through improved employment outcomes for parents, such as increased hours and flexibility[47] • Early years are the foundation for social, intellectual and physical development and can determine future health and wellbeing[48] • Financial resource affect i) parents' ability to provide a child with quality housing and diet, as well as learning materials and social enrichment, and ii) the amount of economic stress a parent will face, which impacts on parenting abilities and contributes to parental psychosocial and physiological problems (the financial stress model)[48]	Lift 350,000 children out of poverty by reinstating the £20 uplift to Universal Credit and extend to those on legacy benefits (CPAG)[49]	£7.5bn per year[49]
		Offer universal 30-hours free entitlement to childcare, and provide comprehensive wrap-around childcare through extended schools, prioritising implementation in disadvantaged local areas (Sutton Trust)[50]	£0.26bn per year[50]
		Greater investment in preventative early years services by restoring funding to Sure Start levels	£0.9bn per year[51]

	Rationale for action	Policy proposals	Cost
Levelling up life chances	Education affects health in indirect and direct ways: • Indirectly, higher levels of educational attainment are associated with better employment outcomes, and consequently higher earnings and income. For example, the IFS estimate that the net financial value of an undergraduate degree over the life course is between £100,000 and £130,000 on average[52] • Directly, education is also associated with higher levels of health knowledge and literacy. It is also associated with a greater sense of control and self-efficacy, which can help mitigate against the effects of stressors[53]	Levelling up educational attainment by increasing the pupil premium to historic levels (around 10%)	£0.2bn (Health Foundation estimate)
		Enduring financial settlement for further education and sustained investment in further education through either meeting Augar Review or reversing spending cuts (Auger Review)[54]	• Augar: £0.3bn–0.6bn per year;[54] • Return to historic high: £3.8bn per year (Health Foundation estimate)

	Rationale for action	Policy proposals	Cost
Great places to live and work	• Work can affect health directly and indirectly. Indirectly, employment is a major determinant of income, which also influences health. Directly, the absence of employment can act as a stressor, encourage harmful coping behaviours, and deprive people of the health benefits offered by good employment. Poor-quality employment can pose a health threat equivalent to unemployment, if the job lacks the assets that allow demands/stresses to be met or lacks sufficient reward[55] • Housing quality and security can also affect health. Cold, damp or mouldy homes can directly affect respiratory and cardiovascular health, particularly for children and older adults. Housing affordability and security can act as a stressor, whereas lacking a stable home through homelessness is associated with much worse health outcomes[56]	Improving access to safe and quality housing and the introduction of a Healthy Homes Bill requiring: minimum space for good living, year-round thermal comfort, proximity to health assets such as green space, low carbon emissions, and be climate resilient (Town and Country Planning Association)[57]	Minimal direct cost to government
		Improving access to safe and quality housing through a one-off £20bn investment in social housing over 10 years (National Housing Federation)[58]	£20bn over 10 years[58]
		Reduce homelessness through sufficient funding of policies to implement the Homelessness Reduction Act	£0.05bn (Health Foundation estimate)

	Rationale for action	Policy proposals	Cost
Connecting the country, creating opportunities	Transport influences health through four main channels: active travel, air and noise pollution, road safety and social exclusion: • Active travel can increase physical activity and minimise time spent sitting down, helping maintain a healthy weight and reduce the risk of long-term health problems • Outdoor air pollution is associated with premature mortality and increased risk of hospital admissions from respiratory disease, lung cancer and cardiovascular illness • Road collisions are a major cause of preventable death, serious physical injury and psychological trauma • A transport system that is easily accessible, reliable and affordable enables access to work, friends and family, as well as health-supporting facilities[59]	Ensure every local transport authority is in a statutory enhanced partnership suggested in the Bus Back Better strategy (Department for Transport[60]	No direct cost to government
		Devolve 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 (Centre for Cities)[61]	Cost for Greater Manchester estimated at £134m for buses[61]
		Ringfence 10% of the central government transport budget to be spent on active travel, with the priority focused on more deprived areas (Walking and Cycling Alliance)[62]	Potential reallocation increases budget by up to £1.58bn per year (Health Foundation estimate)
		Local authority planning to focus on low carbon neighbourhoods, with an aim to ensure that people live within a 20-minute walk from everyday services and needs (Sustrans)[63]	No direct cost to government

	Rationale for action	Policy proposals	Cost
Health and the environment	• The presence of air pollution (eg high levels of particulate matter and ozone) has been associated with increases in all-cause mortality and hospital admissions, with a direct effect on physiological health through eg tissue damage or as irritants • Environmental assets (such as green space) or environmental risks to health (like off-licenses) are thought to influence health by conditioning behaviours: making it easier to exercise or to buy alcohol; reducing the cost of a given behaviour; or by providing visual or normative cues for the behaviour. Green space can also mitigate the effects of air pollution and mitigate flooding, noise, and high temperatures • Climate change can influence health through a range of mechanisms including increased summer mortality, patterns of infection, and food and water supply disruption	Improving local green space through factoring in early to local authority funding plans and increasing social prescribing of green space activities (Public Health England)[64]	England parks spend is 30% below the historic peak.[65] Future Parks Accelerator suggests a £5.4bn spending programme plus £0.28bn annual maintenance[66]
		Reducing air pollution through more clean air zones and allowing local authorities to close roads when air pollution levels reach a certain threshold (Taskforce for Lung Health)[67]	Net cost to administer, including set-up costs of around £20m and running costs annually of between £41m and £81m for London and five other areas[68]
		Achieving net zero by 2050 (based on early action scenario from OBR fiscal risk report)[69]	Public sector spend of average £12bn a year over 29 years

References

1. Suleman M, Sonthalia S, Webb C, Tinson A, Kane M, Bunbury S, Finch D, Bibby J. *Unequal pandemic, fairer recovery: The COVID-19 impact inquiry report*. Health Foundation; 2021 (https://doi.org/10.37829/HF-2021-HL12).
2. Marmot, M, Allen J, Boyce T, Goldblatt P, Morrison J. *Health Equity in England: The Marmot Review Ten Years On.* Institute of Health Equity; 2020 (www.health.org.uk/publications/reports/the-marmot-review-10-years-on).
3. Department for Business Energy & Industrial Strategy, Prime Minister's Office, 10 Downing Street. Kwarteng K, Sharma A, Johnson B. UK enshrines new target in law to slash emissions by 78% by 2035. *UK government*; 2021 (www.gov.uk/government/news/uk-enshrines-new-target-in-law-to-slash-emissions-by-78-by-2035).
4. The Health Foundation. Job security [webpage]. *The Health Foundation*; 2019 (www.health.org.uk/news-and-comment/charts-and-infographics/job-security).
5. Health and Safety Executive. Working Days Lost in Great Britain [webpage]. *Health and Safety Executive*; 2020 (www.hse.gov.uk/statistics/dayslost.htm).
6. Elwell-Sutton T, Tinson A, Greszczuk C, Finch D, Holt-White E, Everest G, Mihaylova N, Wood S, Bibby J. *Creating healthy lives*. Health Foundation; 2019 (www.health.org.uk/publications/reports/creating-healthy-lives).
7. Department for Work and Pensions and Department of Health and Social Care. Work, health and disability green paper: data pack. *UK government*; 2016 (www.gov.uk/government/statistics/work-health-and-disability-green-paper-data-pack).
8. Dixon J, Everest G. *The government's levelling up agenda: an opportunity to improve health in England*. The Health Foundation; 2021 (https://doi.org/10.37829/HF-2021-C07).
9. The Health Foundation. Five things we learnt from our polling on public perceptions during COVID-19 [webpage]. The Health Foundation; 2020 (www.health.org.uk/news-and-comment/charts-and-infographics/five-things-we-learnt- from-our-polling-on-public-perceptions).
10. Asaria M, Costa-Font J, Cowell F. Does Covid-19 make us more averse to inequality? *IZA World of Labor*; 02 March 2021 (https://wol.iza.org/opinions/does-covid-19-make-us-more-averse-to-inequality).
11. The Health Foundation. New Conservative seats and the healthy life expectancy gap [webpage]. *The Health Foundation*; 2019 (www.health.org.uk/news-and-comment/charts-and-infographics/new-conservative-seats-and-the-healthy-life-expectancy-gap).
12. Welsh C E, Matthews F E, Jagger C. 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*; 2021 (https://doi.org/10.1016/j.lanepe.2020.100023).
13. Marshall L, Finch D, Cairncross L, Bibby J. *Mortality and life expectancy trends in the UK: Stalling progress*. The Health Foundation; 2019 (www.health.org.uk/publications/reports/mortality-and-life-expectancy-trends-in-the-uk).
14. NHS. *The NHS Long Term Plan*. NHS; 2019 (www.longtermplan.nhs.uk/publication/nhs-long-term-plan).
15. Department of Health. *Reducing health inequalities: an action report*. Department of Health; 2013 (webarchive.nationalarchives.gov.uk/ukgwa/20130107105354/http:/www.dh.gov.uk/prod_consum_dh/groups/dh_digitalassets/@dh/@en/documents/digitalasset/dh_4042496.pdf).
16. Bambra C. Levelling up: Global examples of reducing health inequalities. *Scandinavian Journal of Public Health*, 1–6. 2021 (doi.org/10.1177/14034948211022428).
17. The Health Foundation. Economies for Healthier Lives [webpage]. *The Health Foundation*; 2020 (www.health.org.uk/ funding-and-partnerships/programmes/economies-for-healthier-lives).
18. Ministry of Housing, Communities & Local Government, HM Treasury. New levelling up and community investments [webpage]. UK government; 2021 (www.gov.uk/government/collections/new-levelling-up-and-community-investments).
19. Cameron G, Dixon J, Alderwick H. *How can policymakers plan better for the long term?* The Health Foundation; 2021 (www.health.org.uk/publications/long-reads/how-can-policymakers-plan-better-for-the-long-term).
20. Office for National Statistics. Health Index: England. ONS; 2020 (www.ons.gov.uk/peoplepopulationandcommunity/healthandsocialcare/healthandwellbeing/datasets/healthindexengland).
21. Department for Business, Energy and Industrial Strategy. *Industrial Strategy: Building a Britain Fit for the Future*; 2021 (https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/664563/industrial-strategy-white-paper-web-ready-version.pdf).
22. Cabinet Office, Department for International Development, Foreign and Commonwealth Office. *Implementing the Sustainable Development Goals*. UK government; 2021 (www.gov.uk/government/publications/implementing-the-sustainable-development-goals/implementing-the-sustainable-development-goals--2).
23. Cabinet Office, Modernisation and Reform. *Outcome Delivery Plans*. UK government; 2021 (www.gov.uk/government/collections/outcome-delivery-plans#outcome-delivery-plans).
24. Climate Change Committee. Climate Change Committee Corporate and Business Plan 2020–2023; 2020. (www.theccc.org.uk/publication/corporate-plan-for-2020-2023).
25. The Health Foundation. Young people's future health inquiry [webpage]. *The Health Foundation*; 2021 (www.health.org.uk/what-we-do/a-healthier-uk-population/young-peoples-future-health-inquiry).

26. Department for Education. *DfE Outcome Delivery Plan: 2021 to 2022.* UK government; 2021 (www.gov.uk/government/ publications/department-for-education-outcome-delivery-plan/dfe-outcome-delivery-plan-2021-to-2022).
27. Office for National Statistics. Avoidable mortality in the UK: 2019. ONS; 2021 (www.ons.gov.uk/peoplepopulationandcommunity/healthandsocialcare/causesofdeath/bulletins/avoidablemortalityinenglandandwales/2019).
28. Department of Health and Social Care, The Rt Hon Sajid Javid MP. New body to tackle health disparities will launch 1 October, co-headed by new Deputy Chief Medical Officer. *UK government*; 3 September 2021 (www.gov.uk/government/news/new-body-to-tackle-health-disparities-will-launch-1-october-co-headed-by-new-dcmo--2).
29. Resolution Foundation. *Spending Fast, Taxing Slow: Resolution Foundation Analysis of Budget 2021*. The Resolution Foundation; 2021 (www.resolutionfoundation.org/app/uploads/2021/03/Spending-fast-taxing-slow.pdf).
30. Organisation for Economic Co-operation and Development. Measuring Well-being and Progress: Well-being Research [webpage]. *OECD*; [no year] (www.oecd.org/statistics/measuring-well-being-and-progress.htm).
31. New Zealand Treasury. Our living standards framework [webpage]. *New Zealand Treasury*; 2019 (www.treasury.govt.nz/information-and-services/nz-economy/higher-living-standards/our-living-standards-framework).
32. HM Treasury. *Final Report of the 2020 Green Book Review*. UK government; 2020 (www.gov.uk/government/publications/final-report-of-the-2020-green-book-review).
33. HM Treasury, Social Impacts Task Force. *Wellbeing Guidance for Appraisal: Supplementary Green Book Guidance*. UK government; 2021 (https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/1005388/Wellbeing_guidance_for_appraisal_-_supplementary_Green_Book_guidance.pdf).
34. Office for National Statistics. *Personal well-being in the UK: April 2019 to March 2020.* ONS; July 2020 (www.ons.gov.uk/releases/personalwellbeingintheukapril2019tomarch2020).
35. HM Government. *A Green Future: Our 25 Year Plan to Improve the Environment.* UK government; 2018 (https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/693158/25-year- environment-plan.pdf).
36. Harris T, Phillips D. *The Fair Funding Review: is a fair assessment of councils' spending needs feasible?* Institute for Fiscal Studies; 2018 (www.ifs.org.uk/publications/13275).
37. Harris T, Hodge L, Phillips D. *English local government funding: trends and challenges in 2019 and beyond*. Institute for Fiscal Studies; 2019 (www.ifs.org.uk/publications/14563).
38. The Health Foundation. *Public health grant allocations represent a 24% (£1bn) real terms cut compared to 2015/16*. The Health Foundation; 2021 (www.health.org.uk/news-and-comment/news/public-health-grant-allocations-represent-a-24-percent-1bn-cut).
39. Local Government Association. *Research into the nature of central government funding for local government, 2015/16-2017/18.* Local Government Association; 2020 (www.local.gov.uk/publications/fragmented-funding-report).
40. The Devolution All-Party Parliamentary Group. *Levelling-up Devo: The role of national government in making a success of devolution in England.* The Devolution APPG; 2021 (www.connectpa.co.uk/wp-content/uploads/2021/03/Levelling-up-Devo-The-role-of-national-government-in-making-a-success-of-devolution-in-England.pdf).
41. Local Government Association. From the LGA's Chairman. *LGA*; 2020 (https://content.govdelivery.com/accounts/UKLGA/bulletins/2935a15).
42. Ross S, Fenney D, Thorstensen-Woll C, Buck D. *Directors of public health and the Covid-19 pandemic 'A year like no other'*. The King's Fund; 2021 (www.kingsfund.org.uk/publications/directors-public-health-covid-19-pandemic).
43. See research from Sheffield Alcohol Research Group (www.sheffield.ac.uk/scharr/research/themes/alpol/alcohol-group-publications).
44. Marteau et al. Changing behaviour: an essential component of tackling health inequalities. *BMJ* February 2021; (https://doi.org/10.1136/bmj.n332).
45. ShareAction. *Responsible Investment Bill: The Change We Need.* ShareAction; 2020 (https://shareaction.org/policies/responsible-investment-bill-the-change-we-need).
46. Future Generations Commissioner for Wales. *Future Generations Framework.* Future Generations Commissioner for Wales; [no year] (www.futuregenerations.wales/resources_posts/future-generations-framework).
47. Brewer M, Cattan S, Crawford C, Rabe B. *Does more free childcare help parents work more?* Institute for Fiscal Studies; 2020 (https://ifs.org.uk/publications/14781).
48. Dodds S. *Health and early years, children and young people.* Glasgow Centre for Population Health; 2016 (www.gcph.co.uk/assets/0000/5914/Health_and_Early_Years_web.pdf).
49. Child Poverty Action Group. *Universal Credit: What needs to change?* Child Poverty Action Group; 2020 (https://cpag.org.uk/sites/default/files/files/policypost/UC_what_needs_to_change_full.pdf).
50. Pascal C, Cole-Albäck A, Bertram T, Farquharson C, Montacute R, Holt-White E. *A fair Start? Equalising access to early education*. The Sutton Trust; 2021 (www.suttontrust.com/our-research/a-fair-start-equalising-access-to-early-education).

51. Cattan S, Conti G, Farquharson C, Ginja R. *The health effects of Sure Start*. Institute for Fiscal Studies; 2019 (https://ifs.org.uk/publications/14139).

52. Britton J, Dearden L, Van der Erve L, Waltmann B. *The impact of undergraduate degrees on lifetime earnings*. Institute for Fiscal Studies; 2020 (https://ifs.org.uk/publications/14729).

53. Berkman N, Sheridan S, Donahue K, Halpern D, Crotty K. Low Health Literacy and Health Outcomes: An Updated Systematic Review. *Annals of internal medicine*. 2011; doi: 10.1059/0003-4819-155-2-201107190-00005 (epub ahead of print).

54. Augar P. *Independent panel report to the Review of Post-18 Education and Funding.* Department for Education; 2019 (www.gov.uk/government/publications/post-18-review-of-education-and-funding-independent-panel-report).

55. Tinson A. *What the quality of work means for our health.* The Health Foundation; 2020. (www.health.org.uk/publications/long-reads/the-quality-of-work-and-what-it-means-for-health).

56. Tinson A, Clair A. *Better housing is crucial for our health and the COVID-19 recovery*. The Health Foundation; 2020. (www.health.org.uk/publications/long-reads/better-housing-is-crucial-for-our-health-and-the-covid-19-recovery).

57. Town and Country Planning Association. Campaign: The Healthy Homes Act [webpage]. *Town and Country Planning Association*; 2021 (www.tcpa.org.uk/pages/category/healthy-homes-act).

58. National Housing Federation. *Comprehensive Spending Review 2020: National Housing Federation submission* National Housing Federation; 2020. (www.housing.org.uk/globalassets/files/resource-files/comprehensive-spending-review-2020---national-housing-federation-submission.pdf).

59. Mihaylova N. *How transport offers a route to better health* The Health Foundation; 2021 (www.health.org.uk/publications/long-reads/how-transport-offers-a-route-to-better-health).

60. Department for Transport. *Bus Back Better: national bus strategy for England* Department for Transport; 2021 (www.gov.uk/government/publications/bus-back-better).

61. Lord Sainsbury of Turville H. *Levelling up the UK's regional economies Increasing the UK's rate of economic growth* Centre for Cities; 2021 (www.centreforcities.org/wp-content/uploads/2021/03/levelling-up-the-uks-regional-economies.pdf).

62. Sustrans. 'Double investment in active travel now not tomorrow,' say walking and cycling groups [webpage]. *Sustrans*; 2019 (www.sustrans.org.uk/our-blog/news/2019/october/double-investment-in-active-travel-now-not-tomorrow-say-walking-and-cycling-groups).

63. Sustrans. What is a 20-minute neighbourhood? [webpage]. *Sustrans*; 2020 (www.sustrans.org.uk/our-blog/get-active/2020/in-your-community/what-is-a-20-minute-neighbourhood).

64. Ridgley H, Hands A, Lovell R, Petrokofsky C, Stimpson A, Feeley A, Bedford A, Fenech B, Leeman D, Sykes E, Price G et al. *Improving access to greenspace A new review for 2020*. Public Health England; 2020. (https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/904439/Improving_access_to_greenspace_2020_review.pdf).

65. Holden J, Kenway P. *Spending on parks and neighbourhood services in Scotland*. New Policy Institute; 2020 (www.npi.org.uk/files/6315/9238/6108/Spending_on_parks_in_Scotland-apse-final.pdf).

66. Vivid Economics, Barton Willmore. *Levelling up and building back better through urban green infrastructure: an investment options appraisal*. Green Keeper UK; 2020 (https://www.vivideconomics.com/casestudy/levelling-up-and-building-back-better-through-urban-green-infrastructure-an-investment-options-appraisal).

67. Taskforce for Lung Health. *A National Five Year Plan for Lung Health.* British Lung Foundation; 2018 (https://cdn.shopify.com/s/files/1/0221/4446/files/PC1802_Taskforce_Report_MASTER_v8.pdf?30&_ga=2.241484546.1648468563.1615998935-754406862.1615998935).

68. Department for Environment, Food and Rural Affairs. *Committed Clean Air Zone Impact Assessment*. Department for Environment, Food and Rural Affairs; 2016 (https://consult.defra.gov.uk/airquality/implementation-of-cazs/supporting_documents/161012%20%20CAZ%20Impact%20Assessment%20%20FINAL%20consultation.pdf).

69. Office for Budget Responsibility. *Financial Risks Report – July 2021* Office for Budget Responsibility; 2021 (https://obr.uk/docs/dlm_uploads/Fiscal_risks_report_July_2021.pdf).

Acknowledgements

Thank you to Adam Tinson, Louise Marshall and all the participants in the discussion facilitated by the Institute for Government. Thanks also to Dave Finch, Theo Clay, Lucy Brinkley and Alice Major.

When referencing this publication please use the following URL:
https://doi.org/10.37829/HF-2021-HL13

The Health Foundation
8 Salisbury Square, London EC4Y 8AP
T +44 (0)20 7257 8000
E info@health.org.uk
@HealthFdn
www.health.org.uk

Sign up for our newsletter
www.health.org.uk/enewsletter

ISBN: 978-1-911615-65-1
Registered charity number: 286967
Registered company number: 1714937

The Health Foundation is an independent charity committed to bringing about better health and health care for people in the UK. Our aim is a healthier population, supported by high quality health care.