



# Select Committee on Public Services

## Oral evidence: "Levelling up" and public services

Wednesday 17 March 2021

11 am

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Members present: Baroness Armstrong of Hill Top (The Chair); Lord Bichard; Lord Bourne of Aberystwyth; Lord Davies of Gower; Lord Filkin; Lord Hogan-Howe; Lord Hunt of Kings Heath; Baroness Pinnock; Baroness Pitkeathley; Baroness Tyler of Enfield; Baroness Wyld; Lord Young of Cookham.

Evidence Session No. 6

Virtual Proceeding

Questions 35 - 42

### Witnesses

[I](#): Gillian Keegan MP, Parliamentary Under-Secretary of State for Apprenticeships and Skills, Department for Education; Jo Churchill MP, Parliamentary Under-Secretary of State (Minister for Prevention, Public Health and Primary Care), Department of Health and Social Care.

## Examination of witnesses

Gillian Keegan and Jo Churchill.

**The Chair:** Good morning, and welcome to the second part of the Public Services Select Committee inquiry into levelling up. I am delighted that we have two Ministers sitting properly socially distanced in one of their offices. We are really pleased to welcome Gillian Keegan MP, who is Parliamentary Under-Secretary of State for Apprenticeship and Skills at the Department for Education. We also have Jo Churchill MP, who is Parliamentary Under-Secretary for Prevention, Public Health and Primary Care at the Department of Health and Social Care. They are two Ministers who have very important areas of responsibility in the two key public service departments of health and education. Welcome to you.

As you know, this committee is able to look across the board rather than just at individual departments. Coming from that perspective, we are looking at levelling up and beginning to ask the question: what is the role of public services in the middle of the levelling-up agenda?

I have lots of colleagues who want to ask you questions. First, I have my very good colleague Lord Hunt.

Q35 **Lord Hunt of Kings Heath:** Thank you very much, Chair. Good morning Gillian and Jo. Thank you very much indeed for joining us this morning.

The Chair has said that we are looking at cross-government issues, but could you both say from the point of view of your own departments what you mean and what you are seeking to do in levelling up? How will you know if you are going to achieve your aims?

**Gillian Keegan:** Thanks very much for inviting us both. It is nice to get out and see somebody, albeit socially distanced.

Levelling up is a hugely wide-ranging brief. It spans the whole of government, and many departments are involved. It is led by the Prime Minister with the support of the Chancellor, who effectively has an awful lot of metrics as well, supporting with cash but co-ordinated by the Cabinet Office. So every one of us has a role, and there are clear metrics that we are measured on, too.

I thought it would be helpful if I set out my particular role in the levelling-up agenda, because as the Minister for Apprenticeships and Skills I am responsible for skills, the skills strategy, technical education, technical qualifications, FE colleges, which were mentioned in the last session—hopefully we will get to talk about those—and apprenticeships, and effectively making sure that people have the skills that they need to be able to succeed in life and, if they miss that first opportunity, that they can have another opportunity or several opportunities later on.

We know with levelling up that many people may have left school 10 or 20 years ago potentially without the right qualifications to succeed in today's world. We have the Prime Minister's lifetime skills guarantee, all the work on the Skills for Jobs White Paper, and a real focus on what our

technical education and institutes of technology as well as FE colleges can do to level up all across the country. I look forward to exploring that more. That is pretty much my role and my remit.

**Jo Churchill:** Thank you. I will not reiterate where levelling up sits, but I would like to add weight to the fact that we see this as every Minister across government having a role in the levelling-up agenda, but also empowering local leaders who know their communities best, particularly in health, to make sure that we can deliver for those communities.

I would argue that levelling up for the Department of Health is nothing new. Like Gillian, I would like to outline my key areas because, as you say, this is an incredibly wide-ranging inquiry. It will be integral in prioritising what we do now at what is hopefully the tail end of the pandemic.

My key responsibilities as Minister for Prevention, Public Health and Primary Care cover public health, the responsibility for obesity, addiction, sexual health screening, immunisation programmes for both childhood and adults, the flu programme, and health inequalities. I would like to stress that that has always been a focus for the health department. It is not new; hence, there is our work on childhood health, work and health, the third sector, social prescribing and loneliness.

I cover the three main disease types of cancer, cardiovascular disease and stroke, and diabetes, all of which have a very strong relevance not only to outcomes through Covid but to living with those years of quality life. What is important is making sure that we level up people's years of healthy life as well as longevity.

This is delivered largely through the primary care workforce. That includes general practice, pharmacy, dentistry, optometry, the community health service, and all the allied health professionals that are key in reablement and rehabilitation. During Covid, I have had responsibility for shielding, which very much plays into those who very often need more protection and services wrapped around them, personal protective equipment, and the out-of-hospital response.

As you can see, I have a very broad remit, but the point that I would like to make is that we have been concentrating on it. There is large geographical variation, as has been displayed in much of the research and many of the reports that have come forward. We remain completely focused and committed to addressing those disparities in outcomes through the health and care system, while recognising that wider social determinants play a huge part in health outcomes, which is what we are exploring in part today, because education is a key role, as is housing and work.

**Lord Hunt of Kings Heath:** Both of you have incredibly broad remits. Gillian mentioned various metrics. Could you focus on giving us a flavour of exactly what you are going to concentrate on? For instance, Gillian talked about skills and Jo talked about health inequalities. If you were

asked where you want to be in relation to levelling up on skills or health inequalities in two years' time, could you put your finger on an understanding of what this is really all about and on some targets, some figures, so that you know at the end of that time how well you have been doing?

**Gillian Keegan:** In education, it goes through the whole of the journey. To give you a flavour—this is not a complete list—in the early years it focuses on the percentage of five year-olds achieving an expected level of literacy and communication, language and early learning goals, for which there are targets. Going up in the school system, 86% of children now go to good or outstanding schools. That has improved from 68%. Some of the metrics there are the level of the disadvantage gap index at key stage 2 as young people go into senior school and are of GCSE age. We know that the percentage of young people achieving English and maths GCSE is also a big determinant.

In my own area, it is the level of 19-plus and 25-plus further education skills learners in the 20% most disadvantaged areas going back and re-engaging in technology, the number of starts on apprenticeships, and the number of completions on apprenticeships. So we have these targets.

With the Skills for Jobs White Paper, there is a huge FE reform at the moment, which you will also see in the Lords. That is a huge focus. We are coming up with specific metrics to measure how we will know what we have done, as you say, and what we have changed as a result.

My personal objective is first to make sure that our FE colleges offer the best technical education in the world, and I see no reason why we should not have that ambition. It is also to make sure that high-quality apprenticeships are available to anyone at any age at any stage. Of course, as a Government, we have also been incentivising that as a recovery from the pandemic and as a tool to try to encourage more apprentices. We have a number of metrics, but there really is that focus.

Ultimately, what we are trying to do with the difference and the change we are making with the Skills for Jobs White Paper is to make sure that we close the disconnect between what people are studying and what employers need. These are the employer-led standards. We have been working with employers for a number of years now on apprenticeships or the new technical qualifications—T-levels—to make sure that all the time and effort that people put into studying will lead to a great job and a great career outcome. We have seen a bit of a disconnect with that as the whole world moves on. The technology is moving on quite fast, but sometimes education does not keep up. That is another huge focus of the Skills White Paper.

**Lord Hunt of Kings Heath:** Thank you. Jo?

**Jo Churchill:** For me, there is the challenge of the variation and the challenge of the different disease types. It is about ensuring that life expectancy, which at birth is the highest it has ever been in this country,

is maintained, but it is more about making sure that the quality of that life and the opportunities to access services and narrowing the gap are achieved and maintained.

It is about making sure that we start to address some of the systemic inequalities that we know exist across health. We have challenges in access to services and in the workforce; we need to make sure, for example, that 40% of the 30,000 student starts this year in nursing are from BAME communities and that 47% them are in areas of low participation in higher education. It is about making sure that we open up the opportunities for communities, and that the services are there and the metrics are measured, such as two-week and 31-day waits in cancer services and making sure that cancer screening services are available.

However, it is also about looking at the world in which we are now living. The House of Lords produced a very interesting report recently into technology in health and making sure that we are taking advantage of all the new technology so that we can enable communities to deliver successfully at a local level. The whole basis of the new Health and Social Care Bill is making sure that we deliver services at a local level and we can attenuate them. There is variation across the country; for example, there are 10 times the number of smokers in Surrey than in Blackpool.

Success for me will mean that we have narrowed that gap, that we have improved that opportunity for access to good healthcare, and, using the metrics of the health service, that we are beginning to make sure that we have narrowed the gap between where we want to be and the service we have delivered, all the time keeping in mind that both public health and the NHS with their long-term plan are key partners in making sure we deliver on these objectives.

**Q36 Lord Young of Cookham:** It is good to see both Ministers' personal commitment to levelling up. Jo, you said something about systemic inequalities and narrowing the gap. I do not know whether you were listening right at the end of our last session when John Harris said that preventive health had been lost. As you know, Public Health England announced that it was going to be wound up last autumn, and we have set up the NHIP. What is not quite clear is what happens to the non-health protection functions that PHE used to have—smoking, abuses and all the rest.

The Government's response to our first report said, "We are considering the best future arrangements for the wide range of Public Health England's non-health protection functions that are vital to support health improvement, prevention and delivery of health service, and we will be setting out further details of our approach in due course".

Can you say anything to help fill in the gap about that very important part of PHE, which will be crucial to achieving the objectives you have just outlined for reducing the wide gap in health outcomes in various parts of the country?

**Jo Churchill:** It is important to say from the start that much of the change has been driven by the learning experience that we have had through the Covid crisis and the need to build on, improve and respond to future health threats on a large scale and on a local scale. The successor of PHE will be formally established from April, and it will combine the health protection capabilities of Public Health England and Test and Trace in a macro and a micro way. It will place a strong focus on reducing inequalities in the way different communities experience them.

The key thing here is working with directors of public health and ICSs to understand local communities and where the services are best placed to attenuate to the needs of that community, because they vary by town and by region. It is hugely imp to make sure that we deal with the challenges of the area, whether that is obesity, smoking or drug addiction, lack of screening services or whatever.

Details will be laid out in the next few weeks, but I would like to stress how important it is that we get local authorities working with the health service and the directors of public health in order to deliver for their local communities. This is about encouraging systems to work together and not about dividing systems further.

Q37 **Baroness Pitkeathley:** Thank you very much. It is very good to see both Ministers and to acknowledge their involvement in this levelling-up issue.

As the Public Services Committee, it will not surprise you to know that we have been a bit concerned that many of the announcements about levelling up have focused on infrastructure and things like workplace skills. We of course are very concerned about what we sometimes refer to as the softer aspects of levelling up, and it has been very good to hear that you have that commitment to both health and education and the parts they play.

First, can you say a little more about the reforms of public services that you hope to see? You have already talked about where you hope investment will go. I have a specific question for each of you after that.

**Gillian Keegan:** Thank you very much. First, with regard to some of the big projects such as the infrastructure projects, the green agenda, and investments in the towns, every one of those comes with jobs as well as with skills requirements. For example, we set up a college, which will now be part of Birmingham University, to focus on building enough rail engineering skills to be able to discharge a lot of these projects, which will require many skills where we have skills gaps today. It is very important that we deliver against the skills gaps, or the projects will be difficult to deliver. That is the first thing to do.

As to every reform, as you will see from the preface in the White Paper, we have done a lot in the last decade to build up our schools' standards and to make sure—this is fundamental in levelling up—that every child in the country has access to a fantastic education. It has been all about

making sure that all schools are good or outstanding. We are on that journey. We still have a way to go, but that is the first part of it.

We have also spent the last 10 to 15 years building up our access to universities. More and more kids from very many different backgrounds now get access to universities, with about 50% of young people now going to university. The question we are now focused on is: what about the other 50%, who tend to have the worst outcomes in jobs and health?

There is a whole cycle of things that come from that. I know; I left a Knowsley comprehensive school in the 1980s, where 92% of the kids left without the four GCSEs. That blights your life. You cannot get on to the next stages of life. That is the 50% that we are really focusing on now. A lot of kids go to FE colleges who perhaps did not do so well in their GCSEs. You also find some who did brilliantly in their GCSEs and go to get the technical skills because they are focused on a particular career. Building up that sector is what we are focusing on now and making sure that everything we invest in it will make a difference to people's outcomes.

We have also seen as a result of the investment in universities that about 34% of people leaving university do not end up in graduate jobs today. We also want to try to make sure that we do not accentuate this issue where we have hundreds of thousands of skills gaps in this country across everything. In digital, policing, teaching, and everything to do with health and mental health, there are massive skills gaps and at the same time there is rising unemployment, unfortunately as a result of the pandemic. We hope that is minimised by the schemes that we have put in place such as furlough and business support. Clearly, there will be an impact on jobs as we have had the shift.

That is the part that we are really focused on now: making sure that we have fabulous options for people all over the country. We are investing in our FE infrastructure and our FE workforce. We are investing in T-Levels, which are the new technical qualifications equivalent to A-levels for those going down a technical route. Also, all over the country, so that there is one that we can access them in all areas, we are investing in 20 Institutes of Technology, which are focused on level 4 and level 5 technical skills that we need to develop to close the skills gaps and to give people the prospects to get a great job in life.

The most important thing is that you can come back at any time. The Lifetime Skills guarantee and the Lifelong Loan Entitlement mean that you could be somebody who left school when I did. You will now be in your 50s, and you can get another shot—probably the first shot you have ever had—at a fantastic career, and we are there to help you along that journey. That is the real focus today.

**Baroness Pitkeathley:** Thank you very much. Jo, could I ask you about the reform aspect?

**Jo Churchill:** Certainly. Gillian covered the necessity of driving businesses into areas, good-quality jobs, and reinforcing that with great education and a good skills basis. I would add building quality homes to that mix—we have built 1.8 million since 2010—which is another key component when we know that people have health inequalities.

On the skills commitment, delivering 6,000 more doctors and more general practitioners to improve access is a key component of making sure that people can access health services when they need them, as is the commitment to 50,000 more nurses and 26,000 more key health professionals in primary care networks, which is being driven forward over the next few years. There is a need to make sure that you get to see the skilled professional who can help you the most. That is true whatever public service you access, but it is particularly true in health.

Our commitment to the infrastructure is important, though. The £3.7 billion to build 40 new hospitals is key to making sure that we can deliver great services going forward. There is the commitment to the infrastructure, but your question was driving at the need for people and to make sure that this is two-pronged. It is not only about the buildings; it is about the people and how they then interface with the services. This slightly goes to Lord Young's point about where services are in PHE and so on. It is about making sure that services are more integrated, that there is less bureaucracy, and there is more accountability throughout the system to make sure that people can access the services they need and get what they need when they need it.

**Baroness Pitkeathley:** Can I take you up on what you said about integrated services there, Jo, and ask you specifically about adult social care, given that problems in adult social care are found most particularly in deprived communities where outcomes are very poor? If you are committed to levelling up, why has your department failed so many times? We have heard the expression "kicked into the long grass" several times already this morning. Why has your Government failed to publish the long-awaited White Paper on adult social care, and what are your plans for that now?

**Jo Churchill:** I think everybody will agree that the pandemic has posed an enormous, unprecedented challenge to this sector, but it has also shone a light on the challenges of the sector and the need for coherence and integration between local authorities and the NHS, private businesses and so on. It is an extremely complex situation. The Government are committed to a sustainable improvement and they will bring forward proposals this year. Those proposals need to be quality proposals, and it is essential that when we are accessing the system we all know how to access it and that there is a quality provision out there for those we love. That is an important driver for bringing forward those proposals at the end of this year.

**Baroness Pitkeathley:** Will those proposals focus on who pays?



**Jo Churchill:** The focus during the pandemic has, of course, been on making sure that councils have access to the funds they need to cope during the pandemic. The word I would use is stability. Making sure that we have stability in the system going forward has been the key objective, but, yes, of course, it will address how things are to be paid for and how costs are to be managed.

Also, it needs to look at how we support people to live better, independent lives in their own homes and communities. Social care is often spoken about as the care sector and residential and nursing homes. Actually, it is much broader than that. It is about a sustainable social care system with a committed workforce.

To that end, I know that my right honourable friend for Faversham, who has this portfolio, has ensured that, to get the teams right, she has appointed a director-general for social care. She has tripled the size of the team in the Department of Health and Social Care and has appointed a chief nurse. She is talking to stakeholders the whole time to ensure that the proposals that come forward are the right proposals for everyone, both on a cost basis and, as I stressed before, on quality of provision and care, which has to be key.

**Q38 Baroness Pitkeathley:** We shall look forward to those proposals very much indeed. Can I ask Gillian a very specific question about education? The Government's review of children in need found that schools were routinely unaware that a child was known to children's services or had a social worker.

It is almost two years since that review was published. Is anything being done to rectify that lack of awareness so that schools have the data that they need to support vulnerable children?

**Gillian Keegan:** Yes. Vulnerable children have been at the heart of our response throughout the pandemic as well, whether that is keeping education open or encouraging attendance, and getting that early help and social care, and troubled families and children's social care. As you mentioned, the 2019 review of Children in Need said that we needed to ensure that everybody had knowledge about children in schools with social workers, and we have done a lot of work in this area. Safeguarding leads in schools have now been strengthened. There is safety and tools to succeed in their education. Extra support has been put into schools.

It is also focusing on the educational outcomes and not just safeguarding. Safeguarding is one thing, but we wanted to make sure that there was also a focus on measuring the educational outcomes. So more data is being provided on that. Social workers are also now heavily involved in the role prior to a young person being excluded from school. There has been huge progress there recently, and that group of children is now less likely to be excluded from school than normal. That is another big focus that we have had.

There has also been a huge focus on social workers, and it has been Social Worker Week this week. There has been a huge focus on recruiting for the sector. Whether we talk about social care, social care workers or other aspects of supporting, as Jo said, behind all this, at the heart of all this, as we have seen through the pandemic, are the people who care for us, the people who help those who are more vulnerable and those in need. We now have over 70 apprenticeship standards, including social workers, in health and social care alone. You can become a mental health practitioner or a dementia specialist. All those paths through our apprenticeship system up to degree and master's levels are available to anybody.

Another massive levelling-up opportunity and a social mobility tool is apprenticeships. They can get you to pretty much any career that exists in the country. In all these roles, where we also have absolute mass shortages, we are recruiting more people. We are putting a huge focus on that, too.

**Baroness Pitkeathley:** Thank you very much.

**Jo Churchill:** Could I add another point that may be useful for the Baroness? We also work very much across the two departments in this area. I work very closely with Minister Ford in the particular area of early years. We also worked on the winter support package with the DWP. We also work on the schools fruit and vegetables scheme and workforce. Only this week, I was talking to Professor Bennett, the chief nurse for PHE, about joint funding from the Department for Education and the Department of Health and Social Care for speech development and other work that we are doing with health visitors in this space. I wanted to emphasise the point that cross-government working is going on and that child health does not sit in a silo in any one department.

**Baroness Pitkeathley:** Thank you very much. I will return you to Hilary.

**The Chair:** Thank you. My apologies to Baroness Pinnock, because I know she has been in and out trying to make sure she is available in the Chamber at the right time. Lord Bichard will take her question.

Q39 **Lord Bichard:** If that is fine with Baroness Pinnock. One of the regrettable problems that every Government face is that not every service and not every area can be a priority. Indeed, levelling up, by definition, is about making choices.

Can I ask you both to tell us what criteria will be/should be used in your department and across government to decide where the investment should be made? You will know there has been some criticism of different criteria being used for the towns fund and why the multiple deprivation index was not used. What criteria will we use to make decisions about investment in levelling up?

On the other side of that coin is how we will measure success. Maybe to sharpen that question, what are the four or five things that you think in any area would have to improve if levelling up is to be a success?

Measurement is quite important in achieving accountability and value for money. How will we make the investment in the first place? How will we measure success?

**Gillian Keegan:** You referred to the Towns Fund. It is important to know that the process and criteria were determined before the 2019 election. That had all been going on. One hundred and one places had been identified initially, and 52 have been offered a deal. The thing that may have got lost is that the other 49 are still under assessment and are still being considered.

While there are criteria, the goal is to be able to invest in as many of those places as possible, and it is the same with the Levelling-Up Fund. The index is really focused on productivity, skills and unemployment rates. That is the particular focus there. It is really trying to focus on economic recovery, improvement, regeneration need, et cetera. There are different criteria, but they are trying to deal with what we are facing at this time. There are a lot of other investments that will make a big difference to areas—green investment, freeports, et cetera.

In the area that I am responsible for, we have a bidding process for things like investments in the new technical qualification. There is a big capital investment in T-levels to make sure that young people are learning on the latest equipment and that they will be fit for 21st century jobs, which are highly technical jobs now. That bid has been put in.

So far, we have rolled those out to 44 providers, but the next wave will take us up to 68. The view is that it will be ubiquitous. They will be available in 24 routes across the whole of the country and all FE colleges by 2023. We have ambitious rollout plans. We almost feel like we are running to catch up. The pandemic has accelerated a trend that was already there and has also given us a bit less time to react to it, so we are really pushing on as much as possible.

There are a couple of things that are quite key. I always look at it in the terms of the journey and the journey of a person, but if you think about it from the perspective of what enables you to get a job, it is having a decent start in life, going to a decent school and being able to get those early qualifications. The big and most important thing that influences a lot of people is careers and the careers conversation. That conversation is about giving young people all the options they need to understand what routes they have available to them in life and how they can access them. A huge part of the White Paper is also about accessing and focusing on careers.

We will do that by making sure that it happens more organically. We will make sure that every schoolchild has at least 10 to 15 opportunities to interact with different businesses, to go to the local health service, to see the kinds of jobs that are available, to be able to have their eyes opened to the opportunities and then all the knowledge of the routes of how they get there.

That could be a big change in life. At the moment, people are just following what everybody else is doing. Their friends are going to university; now everybody is going to university. They are making a £50,000 or £60,000 investment decision without even considering what routes they are trying to get to and where it will take them in life. That is very important, particularly for working-class kids.

I know myself, growing up in Knowsley, that you do not always have a lot of those role models around you. You do not have a lot of those businesses around you. A lot of your friends' parents do not work in those areas. Opening the eyes of the potential to tap into what I believe is the aspiration of the working class fires me up to make sure that kids get access to a lot of high-quality routes in life. Open up the routes that everybody has at any age and at any stage. To me, that would be the No. 1 thing, and careers are an important part of that.

**Jo Churchill:** To follow on from that, for me, I will take the example of how we invest in obesity. We have allocated funding to local authorities. We have done that on the basis of population size, obesity prevalence and deprivation levels, looking at the key indicators that are important to make sure that you attenuate the money to where the challenge is most pressing.

I would also add, particularly in health, making sure that we are working closely with other departments. As I say, we have ongoing work with the Department for Education and with DCMS both on obesity and the rollout of sports in schools. We are making sure that the ongoing work with the Home Office on drugs and domestic violence is targeted at where we can do the most good, and working across that addiction strategy with the Cabinet Office, the Home Office, the Ministry of Justice, the Prison Service and the Treasury.

Yes, there are too many asks and not a big enough pot. I think that is what you were driving at, Lord Bichard, but you have to prioritise. For me, driving down on the obesity problem is about prevention. We know that it has essentially got to a challenging state where it affects people's lives not only in musculoskeletal and diabetes outcomes, but in strokes and a plethora of other health things.

During the Covid crisis, it is the only modifiable health condition that you have. In some areas, about 66% of the population are living with overweight or obesity. That has a direct effect on their ability to fight the disease, so it is incredibly pressing. The childhood obesity strategy aims to halve the number of children who are living with obesity by trying to make the nation healthier. Working on this, health has to cover advertising, promotions, front-of-pack nutritional labelling, and the out-of-home services that people use now for takeaways and other things.

We are consulting shortly on putting calories on alcohol and energy drinks labels and marketing, while also making sure that the weight management services are there. Making sure we are doing the right thing across the system is the way you target it. We will then be measured as

to whether we are smoke-free by 2030, whether we have driven down the number of early diagnoses in cancer by 2028, and whether we have halved the rate of childhood obesity by 2030. That is how we will determine whether we have been successful.

**Lord Bichard:** I have a very quick supplementary. I do not want to put words in your mouth, but we are trying to be helpful and we are trying to help government to define more clearly how you judge whether levelling up has been a success. One way of doing that is to say, "We've invested in this area, and we'll judge that with half a dozen indicators. If we've not moved on these, we've probably failed". Are you saying that in that half a dozen—let us say there are only half a dozen—you would have obesity and skills?

**Gillian Keegan:** I would definitely have skills. Absolutely. What do we know has the biggest impact apart from health? It is being able to be economically successful, to be able to get a job, to be in secure work in order to be able to provide for your family, and everything that goes with that. Having the skills that will allow you to succeed in the work environment that we are in today is absolutely key to that.

**Lord Bichard:** You would suggest that we fight to have skills in a small list of absolutely essential measures. Would you, Jo, encourage us to fight for obesity as one of the others, because you cannot measure everything?

**Jo Churchill:** No. That is the challenge here, is it not? You have to have key priorities, but in a portfolio such as mine you cannot de-prioritise drugs, HIV, hepatitis C, the work on early years, and the long-term commitment. As I say, we work hand in glove with the health service and how it is delivering those services. If you were to ask me what we could do collectively as a nation, I would say that we could become healthier, and, in a stroke, that prevention, that attention to obesity and certain other lifestyle and environmental factors, would be such a key driver on outcomes that you would then be able to take advantage.

Education is a life skill. Andrea Leadsom's review commissioned by the Prime Minister looks at conception through to age two, but arguably up to pre-school, making sure that every child has the best start. Within that is somebody's healthy diet. Statistically, at the moment, two out of five children enter primary school living with obesity or overweight, and three out of five come out of it at age 11. We are not good enough yet, because those things have a long-term impact on your health and your ability to access good education and various other things. We want people to have opportunities. Levelling up is about opportunity. That is where you can help us, because it should be equal across the country.

Q40 **Lord Filkin:** My question is to Jo Churchill. It has been excellent to hear the clarity of focus on improving healthy life expectancy. As you know, it is a manifesto commitment, and that in itself gives a metric, albeit to judge by 2035, but it is a good, clear metric in the shorter term. Clearly, it is a 10 or a 15-year mission. It is a much wider mission than the

DHSC's or the NHS's. It is air quality, food quality, a healthy start in life, and tax and price stimuli to shift behaviours. This is clearly a pan-government agenda. What would you like to see as the pan-government manifestation of the commitment to improve healthy life expectancy?

**Jo Churchill:** I will slightly cheat and answer personally. Before everybody thinks about their particular portfolio within levelling up, I would like them to think about health. What does this mean for health and making sure that we are a healthier nation? You can see those policies working their way through in the Department for Transport's cycling and walking strategy.

You can begin to see it coming through in many of the things on which we are working cross-departmentally. It is making sure that health sits as a key priority as we transform towns. By that, I do not necessarily mean services, but the way we build our houses and the green spaces that people can use. You alluded to many of these things in the clean air strategy. That sits across three departments—Transport, Defra and here in Health. Think how we can be a healthier nation and make that work through everything we do.

Q41 **Baroness Tyler of Enfield:** Thank you to both Ministers for coming today. I will start by declaring an interest. I am a non-executive board member on Social Work England.

I would like to probe a little further on some issues that you have both already touched on, indeed in some detail in some places. At an earlier session, we heard from Justine Greening, former Secretary of State for Education, that inequalities in numeracy and literacy open up long before children even start school. We all know that Covid has exposed stark health inequalities, with the vast majority of people dying having poor health already and living in deprived areas.

What role do you feel that investment in early intervention and prevention should play in achieving the aims of levelling up? Jo, because you have already very comprehensively dealt with obesity, for which thank you, could you focus on maternal health and smoking particularly among young people?

**Gillian Keegan:** In terms of the best start in life, we have done a couple of things since Justine appeared. The first was investment in two year-olds being able to access nursery places, which was very important and was focused on those who met the criteria but who were the more disadvantaged people in more disadvantaged areas. Then it was the three to four year-olds. That focused on everybody but, again, there were more hours if you were working. That £3.6 billion investment is in making sure that those children are in that environment where they can learn.

We have also invested £20 million in an early-years professional development programme, so that early years professionals have the skills to provide high-quality support on early language and maths.

One quite exciting thing is the Nuffield Early Language Intervention, which is in 40% of schools in disadvantaged areas and will be rolled out

across the country. There has been an evidence-based trial. It is working really very well. That will help, as you say, with the literacy element of very early years. They are the kinds of things that we are really focused on for young people.

We are championing integrated family hubs. These have been tried in several ways in several places, delivering a range of services from zero to 19 years, such as education, health, housing or relationship counselling. We have used some of the best practice and evidence data to make sure that these are available for families to get the help they need so that they do not have to retell their stories several times to several services, so that they do not feel as if they are being shoved from one place to another, so that we have a coherent strategy where they can access all those things.

As this whole inquiry has proved, you need all those things to get the best start in life, to be able to become the best person in life. That is really the focus that we have at the moment.

**Baroness Tyler of Enfield:** Will you be drawing on the Australian experience of family hubs?

**Gillian Keegan:** It is not my portfolio, so I do not know about the evidence and the data and whether it draws on the Australian experience. I know that there have been a number of models and that there will be pilots with three local authorities to make sure that we get it right. I am sure they do. I quite often hear about other countries' examples. I know that in the skills portfolio we look to see what is happening across the rest of the world and cherry-pick the best examples. So I am sure they will have looked beyond the UK, although we also have a number of examples of things that have been tried in the UK.

That integrated service will make a massive difference. For 0 to 19 there will be pretty much all the services that families need—help with housing, help with relationships, as well as all the support you need for your kids. That intuitively sounds like it will be a huge improvement and very much welcomed by families.

**Jo Churchill:** As far as health is concerned, it is addressing the health inequalities through the health and social care policy. I have spoken about how we have refreshed the obesity strategy, but we have the tobacco control plan in place. The new iteration of that will be with us by the summer.

To give you a flavour, it is making sure that you are targeting things at the right place. I visited, pre-pandemic, a brilliant service in Bolton, which had a smoking cessation midwife. We know the challenges of smoking mums. We also know that in deprived areas there is a much higher prevalence of mums who smoke. It is attenuating the service in the maternity service so that you can discuss why it is best for you and best for baby if you give up smoking. Invariably, you can get somebody who is helping mum go through her pregnancy to support her. You very

often get more than one person giving up, because the partner or a member of the family who is supporting mum gives up. That plays into the public health reforms and the Health and Social Care Bill making sure that targeted services are attenuated.

For me, access is key. How do you get services such as that, making sure, whether it is your general practice or your pharmacy, that we have a breadth of access so that people can access their services quickly?

You spoke about mental health. That is in the portfolio of my honourable friend, the Member for Mid Bedfordshire. I know that the DHSC and the DfE—once again, there is that joint working—are rolling out mental health support teams in schools to ensure that children and young people showing early signs of distress can be worked with. I have a trailblazer in my constituency doing that exact thing, and it is incredible how early intervention prevents arrests and helps children to build resilience. For those who go on to develop more severe episodes of mental health, they can be helped through the system because we are dealing with people as individuals and attending to their needs.

I would like to mention the healthy start voucher, which helps us to invest in the foundations of good health for all children. From April, we have raised the level of the healthy start voucher from £3.10 to £4.25 per week. Several supermarkets and retailers are providing top-up services. We are digitising the service to destigmatise it. None of us knows when we might need help in life. Making sure that we can get the right help to the right people to give good foundations in the early years and great support as people go through their life is how we think we should be doing it. That leads on to why we have called for evidence on the women's health strategy, which also plays into this piece.

**The Chair:** Thank you. We have come to 12 o'clock. Have you time for one more question?

**Gillian Keegan:** Yes.

**Jo Churchill:** It is a fascinating subject, is it not?

**The Chair:** It is.

**Jo Churchill:** Just for its breadth and its interconnectivity, and, as has been articulated, some of the challenges of prioritisation and then the metrics to measure.

**The Chair:** Our trouble is how we are going to confine it all. Lord Young will ask the last question.

Q42 **Lord Young of Cookham:** Thank you, Hilary. The penalties of having a name beginning with "Y" is that you are always at the end.

If you look in the manifesto, it was committed to levelling up in every part of the UK, but it was also linked to a commitment to devolving power downwards. I watched Jesse Norman yesterday on an Institute for



Government webinar. Basically, he said that levelling up may mean different things in different areas because they have different priorities.

To what extent are you prepared to devolve responsibility from your own departments to local authorities or other local organisations as part of the levelling-up strategy in order to reflect those local needs, which may not fit neatly into a matrix devised in Whitehall? We are pushed for time.

**Gillian Keegan:** There are two aspects to levelling up. There are some place-based aspects to it. Some of our towns have been completely underinvested in. Businesses left town a long time ago. We need to look at specific place-based regeneration. A lot of the funds and infrastructure investments are focused on that to make sure that people can access opportunities. Then there is the individual and the access to opportunity.

In my own area of skills, we have a national skills system; we have a national qualifications and education system. We will bring that to life locally, and it is set out in the Skills for Jobs White Paper, by having local skills improvement plans where you bring together local businesses, local authorities, whether that is chambers of commerce and other groups, the mayoral combined authorities where they are in place, and the local colleges and providers of education, to make sure that they have a coherent local picture. As you say, it is much better done locally than from Whitehall.

We will be investing heavily in some of the green technologies. We do not have the skills. We have to build the skills. If we do not get the skills, we will not be able to implement half the things that we have in the manifesto either, because a lack of skills can stop some of these things being delivered. We need to put a focus on the skills that we require. They will not be the same in all areas. They will have a nuance and local flavour. There are also national skills; health is one. We very much need to make sure that we have the local view, but the system needs to be adaptable to be able to take account of that. That is what we are trying to do in the skills for jobs White Paper with the Local Skills Improvement Plans.

**Lord Young of Cookham:** Thanks, Gillian. A quick one from Jo.

**Jo Churchill:** I hope you will see in the new proposals for the successor to Public Health England and in the Health and Social Care Bill that, as I said earlier, we are working towards a more integrated, less bureaucratic system, which, by definition, you have to devolve down to a more local level in order to deliver services. The key things that will make that possible are a better handle on data so that you know where your variation is and you can measure your success or not, because not everything succeeds.

Being able to have a system that you can understand in order to improve is vital here. We make it less bureaucratic and more accountable. Those two elements will fit into it. I am sure that when you have MHCLG in front of you, however, you will probe that issue of devolution considerably further than we have been able to answer on it today for you.

**Lord Young of Cookham:** Thank you both very much.

**The Chair:** Thank you, George, and thank you too to Jo Churchill and Gillian Keegan. We really appreciate you spending time with us this morning and answering our questions.

This was meant to be just a short, sharp inquiry to set the scene, and maybe we will come back to it at some future stage, but it is ending up, as one of you said, being quite a complex issue. Quite how you define it and how you make sure that you are then able to say what has worked and has not is really a challenge for all of us. We are really grateful to you for coming and spending time in answering our questions in the way that you have. Thank you very much.