

## **Written evidence submitted by Professor Arpana Verma (PHS0415)**

### **What is the issue the Committee should explore?**

The link between poverty and health, and designing effective interventions on these issues.

Researchers from The University of Manchester have investigated how to improve the health of people in disadvantaged communities, by reducing poverty and improving the conditions that they live in. This work has focussed on the link between poverty and ill health, in all ages and in different communities. The evidence shows that long-term health conditions, such as diabetes, and heart and lung disease, are often related to lifestyle choices, and that people living in more deprived communities are more likely to have these conditions. Often, programmes attempt to improve health by promoting individual behaviour changes.

However, interventions to tackle these issues have historically made poor use of local assets, and have not taken a place-based approach. This has led to a perception that interventions are 'done to', rather than 'done with' the communities involved.

Our research has also found an inextricable link between health, digital, and financial knowledge. While communities and individuals with the highest need may be based in cities with the highest number of opportunities for accessing services, with know that some of our most vulnerable populations are unable to navigate the complexities of health, care, financial, and other services needed to keep them and their families healthy.

At the same time, access to opportunities in the local area can be difficult for people to make positive changes. The conditions that people live in strongly influence their ability to improve their health. These conditions include educational and employment opportunities, housing, community links, access to services and availability of green space and leisure facilities. In places with fewer opportunities, there are higher rates of chronic illness and this, in turn, can make it harder for people to improve their economic situation, leading to cycles of poverty and poor health that affect both individuals and communities. Therefore, instead of focusing on individuals, we utilised a whole system, place based and asset-based approach using true empowerment of communities to co-produce research.

### **Why does it deserve attention from the Committee now?**

The cost-of-living crisis threatens the most vulnerable in our society, including those already in or at-risk of poverty. Our research shows that poverty is directly associated with worse health outcomes. Therefore, clear strategies are needed from the Government to guide the approach of local authorities and health and care services in both reducing poverty, and knowing where to target interventions to the communities of greatest need. However, it is also crucial that Government thinking includes the need to co-develop interventions with the communities in question, and that central authorities delegate appropriate powers and resources to local authorities to allow them to take this place-based approach.

Additionally, we live in an age where successive policy administrations have driven – and are driving – a shift towards digitisation of health and care services. Worryingly, our research shows that areas with the greatest health needs also have the lowest digital literacy. If the digital healthcare transition is to take place fairly, justly, and equitably, steps must be taken to ensure the most vulnerable, with the greatest need, are not left behind.

### **How could Government policy in this area be developed or improved?**

The best interventions are those which utilise an asset and place-based approach. This should be reflected in all Government strategies, emphasising the need for localised solutions against a one-size-fits-all approach. The Government could include this in criteria for funding allocation, such as the 'levelling up' bids, or research councils. Further devolution of health powers to local authorities would also ensure that strategies are developed and delivered with local needs and locally available resources in mind.

On a national level, work is urgently needed to improve digital, financial, and health literacy among deprived communities. This means better digital infrastructure, alongside the necessary skills training and personnel to deliver it. The Government should work with local authorities – prioritising those covering the most deprived areas – to develop and deliver this transformation. This work will involve representatives from DHSC, DLUH, and DCMS, and cross-departmental communication will be key to its success.

Finally, legislation on areas including obesity, gambling, and smoking – which disproportionately affect the physical and mental health of deprived communities – should include legal safeguarding for vulnerable individuals and groups. This could include the power for regulators to impose financial penalties on companies which exploit, or otherwise fail to protect, vulnerable people.

*February 2023*