

Written evidence submitted by The Health Foundation (PHS0491)

Background

The Health Foundation is an [independent charitable organisation](#). Our aim is a healthier UK population, supported by high quality health care that can be equitably accessed because good health is an asset, essential to people's wellbeing and their ability to take an active role in family, community and the economy.

The Health Foundation welcomes this Inquiry and the opportunity to discuss the initial framing of it with former chair, Rt Hon Jeremy Hunt MP, in 2022. Following confirmation that the long-awaited health disparities white paper has been shelved – the latest in a succession of unfulfilled government commitments relating to prevention and public health - this inquiry will play an important role in keeping it on the government's agenda.

Inquiry proposal

Good health remains out of reach for too many people in the UK. We compare poorly with other leading nations on some important aspects of our health, such as cancer and heart disease. Deep inequalities in health between our poorest and wealthiest communities have widened. Action to address risk factors and the underlying causes of poor health is vital for reversing these trends, and in helping the Government to achieve its levelling up [mission](#) to add 5 years of healthy life.

Our evidence to this inquiry will focus on the full range of approaches to prevention including the role of the NHS. However, for these purposes, we have suggested three priority areas for the Committee to consider where government could radically improve policy and we have suggested questions the Committee may want to consider in the Annex.

1. Developing a whole-government approach to delivering the levelling up health mission with clear responsibilities, leadership and support for local action

Based on current trends, our [analysis](#) shows it would take 192 years to reach the healthy life expectancy target. To accelerate progress towards meeting the government's health mission, whole-government coordination is required. The NHS, the Office for Health Improvement and Disparities and the Department for Health and Social Care cannot do this by acting alone. A cross-departmental effort is needed with the right structures, incentives and resources to drive and coordinate policy and delivery across Whitehall. Our [briefing](#) sets out further information. We suggest the Committee examines the responsibilities and performance of current departments and focuses on how to develop the whole-government coordination required.

It is timely for the Committee to consider these issues as the Levelling Up Bill progresses through Parliament, and in the context of recent decisions to drop the Health Promotion Taskforce and [Health Disparities White Paper](#). The Committee should scrutinise these decisions and monitor progress against the commitments made in DHSC's [outcome delivery plan \(Priority Outcome 3\)](#).

2. Focusing on the building blocks of health including housing and work

As well as creating the necessary central machinery, government also needs to take action on the building blocks of good health. Our [evidence hub](#) sets out a wide range of data and evidence about the building blocks and explains how they shape people's health. For this Inquiry, we recommend that the Committee explores the theme of *Great places to live and work*, focusing in particular on how housing and employment can support longer healthier lives.

This is timely as the government conducts its review of economic inactivity and long-term illness. [Our analysis](#) found a significant recent rise in sickness-related economic inactivity that accelerates a trend over the past decade affecting working age people of all ages. Improving the health of workers and enabling people to stay economically active in later life should be key elements of the government's strategy for promoting economic health. The government is also legislating on private rented housing so this Inquiry would be an opportunity to scrutinise the health impacts of housing and identify opportunities to prevent ill health.

3. A consistent, population-wide approach to risk factors including smoking, alcohol and the food environment

Cross-government action and population-wide policies over the past 40 years have helped drive a significant reduction in smoking rates – policies such as banning smoking in public places, increasing the cost of tobacco products and changing cigarette packaging. The government also introduced a levy on sugary drinks which has been successful in incentivising manufacturers to reformulate their products, leading to a [fall in average sugar content in soft drinks of 29%](#), highlighting the role of taxation alongside regulation. Taking a similar approach to other risk factors – including alcohol misuse, poor diet and physical inactivity – can support everyone to remain healthy. Although evidence shows that population-wide policies are often more effective and equitable than policies focusing only on supporting individuals, recent national strategies to tackle risk factors for ill health have largely focused on individual-level approaches.

Despite repeated obesity strategies, [rates of overweight and obesity among children](#) have continued to rise – particularly among more deprived communities. [Alcohol-related deaths](#) have also increased and although smoking rates are declining the government, is unlikely to reach its smokefree 2030 ambition.

As government develops the [Major Conditions Strategy](#), the Committee should scrutinise the current approach to risk factors and examine the most effective ways to prevent ill health. [Our polling](#) conducted between November and December 2021 suggests the public would support increased government action alongside the role they believe people play in taking responsibility for their health.

Annex

Questions for the Committee to consider.

1. Developing a whole of government health mission with clear responsibilities with central leadership and support for local action

- What progress has been made against the levelling-up health mission, including through cross-government action?
- Whether the lessons as set out in [our analysis](#) on building consensus around the climate agenda, or from other administrations including Wales or Norway, or other periods of government in England, can be applied?
- What roles do current central government institutions play, including DHSC, OHID, DLUHC, and are these are fit for purpose?
- What are the most effective roles of central and local government, and integrated care networks and systems, to drive and deliver prevention across the building blocks of health?

2. Addressing the building blocks of health including housing and work

- What is the impact of housing and work on health, including recent trends?
- What policies are planned to improve the prevention of ill health in these areas, and how could they be improved or accelerated?
- How is the health mission taken into account in these areas, and how should it be driven and assessed across policymaking?
- What lessons are there about driving policy action to improve health through other departments, that should apply across government?

3. A consistent, population-wide approach to risk factors including smoking, alcohol and the food environment

- What are the current trends in risk factors particularly obesity, tobacco, and alcohol, and what are the government's objectives to address them?
- How effective are current policies and national strategies and what lessons from tobacco control can be applied to alcohol and obesity policy?
- What are the current roles of local government, integrated care systems, and national government in tackling major risk factors, and should these roles and responsibilities be updated to maximise opportunities to improve health and address inequalities?
- What are the barriers and opportunities for improvement, including statutory responsibilities and funding models (e.g. public health grant)?
- How should prevention policy explicitly focus on inequalities in both how different populations and communities are exposed to risk factors and how the same communities often experience worse outcomes?
- What can the UK learn from different international settings on how to tackle leading risk factors for ill health?

February 2023