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All Party Parliamentary  
Group for Longevity

# Levelling Up Health

April 2021



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## Why and how

Covid-19 has had a devastating impact on our country, exposing our nation's poor health and our health inequalities:

- 90% of those who died with Covid had significant prior poor health.
- The most deprived places had much higher Covid mortality rates; Blackburn and Darwen had 345 per 100,000 die, five times more than South Cambridgeshire with 68 per 100,000.

There would have been 40,000 fewer deaths in the UK if the national Covid mortality rate had been as low as the least deprived places<sup>1</sup>.

In Building Back Better, the Government rightly wants to promote economic growth, improve our health resilience, and reduce health inequalities. A Ten-Year Health Improvement Plan with targeted funding for areas with poor health would deliver all three. A healthier nation would be a great asset and a great investment. There would be public support for launching such an ambition.

## The need to improve our health

The UK has the worst population health in Europe and our unhealthy population is a significant drag on economic growth and increases our exposure to future pandemics. It harms the places government wants to level up, where premature long-term health conditions lead to economic inactivity; health is the principal reason for people aged 50-64 being out of work.

People living in the most deprived places in England get a significant long-term poor health condition 19 years earlier than those in the least deprived ones, they stop work earlier and die earlier.

- 1.2m people aged 50-64 are not working for health reasons
- Health inequality between North and South costs £13 billion a year in lost productivity
- 30% of the productivity gap between the North and the rest of England is due to ill-health.

This damages us individually, socially, and economically and must be changed for the UK to succeed.

Premature poor health increases demand on the NHS, for social care and welfare support. So, becoming a healthier nation is fundamental to growth, resilience, and NHS sustainability.

It is highly welcome to hear the NHS chief executive set out the importance of prevention and the learnings that can be taken from the successful vaccination programme. But the efforts of the NHS alone are not enough to create a healthier nation; for the most part it treats illnesses, not prevents them.

## Reimagining our health

A new healthcare system is essential to confront how unhealthy we are, and our recovery offers a window of opportunity to change this. This paper proposes a Ten-Year Health Improvement Plan and sets out how significant progress is possible.

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<sup>1</sup>If COVID-19 mortality rates in all local areas of England had been as low as in the least deprived 10% of local areas there would have been 35% fewer deaths due to COVID-19. Health Foundation analysis. Applying this ratio to the total UK deaths with Covid of 130,000 gives over 40,000 fewer deaths.

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This should be a major societal goal and, as we have with the NHS, we need a new consensus about population health across society. We need to confront the old ideologues of left and right which have impeded progress. It is unhelpful to argue that because many things affect our health, then everything must be improved, politicians see this as utopian. Government must also resist those who oppose many health improvements measures as infringements of liberty, or we will abandon many children and places to live their lives in poor health.

Better population health is a goal most people support, and so it should be possible to develop the centre ground and to act boldly; over 90% of people supported restricting energy drinks to under 16s. So, we call for a political consensus with all parties that levelling up health is essential, to focus on what matters most, and to do whatever the evidence shows will make it happen.

The Government has announced the formation of the Office for Health Promotion and now needs to develop a Ten-Year Health Improvement Plan; its March policy paper offers hope for the future<sup>1</sup>. We suggest five key steps to Level Up Health:

1. Ambition – commit to become a much healthier and resilient nation, to increase healthy life expectancy by 5 years by 2035 and reduce health inequalities, as in the Manifesto.
2. Focus – on the places with the worst health and on five major and tractable health issues - smoking, obesity, clean food, clean air, and healthy children.
3. Leadership – make the case for change, call for action across government and society and challenge those who damage our health.
4. Funding – offer a Health Improvement Fund to improve the health of communities with the worst health and who suffered most from the pandemic. Sixty local authorities should be offered a five-year partnership to improve their health, worth £10 million a year on average, totalling £600 million a year.
5. Structures – No 10 needs to promote the goal and ensure all Government departments and agencies engage strongly. Local authorities should continue as lead public health commissioners, developing structures to work collaboratively with changing NHS systems. Regional public health leaders should be maintained within NHS regional offices. NHS Integrated Care Systems should set ambitious targets on health improvement.

In addition, Government and society will need to maximise the great contributions that science, technology, and data can make to improve our health and radically to reduce the harms from some products and marketing behaviours.

For too long public health has been the forgotten part of our healthcare system. Covid has been devastating. We need to build back better. We need a new consensus.

Geoffrey Filkin, Damian Green, Richard Sloggett, Tina Woods

All Party Parliamentary Group for Longevity

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## Introduction

Our country has had many deaths and much ill health from Covid-19, so making our nation healthier is rightly a key part of Government's plan to build back better.<sup>2</sup> *"The lessons from COVID-19 present government and society with a major opportunity to transform the nation's health."*

We largely know how to do this; it is not expensive: *"There is a bunch of things that we know work that are simply not happening, but if they happened to most people at risk, things would improve really quite fast."* Chris Whitty, Chief Medical Officer, 2019.

## Longevity has changed the policy context

Most of us will live ten years longer than a generation ago, but we live longer in ill health.<sup>3</sup> Yet living longer in good health is fundamental for our own well-being, for communities, for growth, and to sustain the NHS and social care.<sup>4</sup> We have known this for twenty years but have not acted on it.<sup>5</sup>

To seize the economic and social advantages of longevity requires us to level up our health. Health is our most valuable personal asset, if we don't age well, it hampers our well-being and ability to work and contribute. As Covid has shown, you cannot have a healthy economy without a healthy population.<sup>6</sup>

## Covid-19 demands we improve our health

Many more people died in the UK than other countries for two reasons, the high levels of the infection and because our nation was so unhealthy before Covid-19 struck. UK has the worst population health in Europe,<sup>7</sup> Britain is the most obese nation in Western Europe,<sup>8</sup> our levels of excess drinking are the worst of 25 countries studied<sup>9, 10</sup> and women experience their first major ill health condition when they are only 55 years old; in the poorest places when only 47.<sup>11</sup> Covid has made clear why we must change this, as prior ill health was a major factor in many deaths:

- 90% of people who died with Covid had a significant prior health condition
- Only 10% of people who died with Covid were in good health<sup>12,13</sup>
- Many of these who died had health conditions that could have been prevented

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## Health inequalities harm us all

ONS data shows that the 10% most deprived places in England had on average double the Covid mortality rate of the least deprived. Some had five times as many deaths; Blackburn and Darwen had 345 deaths per 100,000; South Cambridgeshire only 68. Some BAME communities suffered especially badly. The gradient in Covid-19 infection rates was even stronger, a nine-fold difference.

If Covid-19 mortality rates in all local areas of England had been as low as in the least deprived localities there would have been 35% fewer deaths.<sup>14,15</sup>

Health inequalities have been widening over the past decades.<sup>16</sup> People who live in the most deprived places now spend more years with disability and get ill 19 years earlier than in the least deprived ones. This degrades lives and reduces the contribution people can make economically and socially. BAME communities have even worse health. Little has been done to address this. The seats that the Conservatives won in 2019 have worse healthy life expectancy than their other seats or Labour seats. Former "red wall" seats have higher child obesity rates, and the levels are rising.<sup>17</sup>

Premature ill health significantly increases costs to the NHS, for social care and for welfare support. Health inequalities matter greatly for economic and social regeneration, levelling up these places will not succeed without levelling up health.

People across the political spectrum care about disparities between deprived and better-off and want fairness of opportunity irrespective of where you live.<sup>18</sup> So, there should be strong public support to reduce the wide geographic differences in health. The future of our society depends on raising children with good physical and mental health. Perhaps the greatest respect our society can pay to the 130,000 people who died after Covid infection would be a nation-wide commitment to level up health across our society.

To be health resilient we will need vaccines, better tracing, infection control and treatment, but while vaccines and hospitals are important, they have little impact on innate health status or health inequalities. Becoming a healthier nation is fundamental to improving our resilience to future threats, preventing, or delaying millions of people developing poor health conditions.

But preventing ill health has not been a political priority; policy, practice, and expenditure have overwhelmingly focussed on trying to treat illnesses rather than prevent them. This is not sensible, so we welcome the government intent to change this. *"Our experience of the pandemic underlines the importance of a population health approach, informed by insights from data: preventing disease, protecting people from threats to health, and supporting individuals and communities to improve their health and resilience"*

Government now has a great opportunity to build on this and to mobilise society. As the NHS White Paper says, *"The ambition to reduce inequalities and support people to live longer, healthier and more independent lives will demand bold, joint and cohesive efforts"*.

# The Health Improvement Plan

The Ten-Year Health Improvement Plan for the Nation that we suggest should address ambition, focus, leadership, funding and the contributions of science, technology, data, and business.

## Ambition

Government needs to declare the ambition for us to become a much healthier and resilient nation, to make the case for doing so, building on the mood of the country. Preventing ill health needs to be as important as treating it. Government should launch a Health Improvement Plan to realise its Manifesto goal to increase healthy life expectancy by 5 years by 2035 and reduce inequalities in health, with clear milestones of progress.

To make this happen Government will have to do what is necessary, to do what works and to confront the arguments, the behaviours, and the institutions that damage our health.

The first key action by Government would be to launch a Ten-Year Health Improvement Plan to level up health and increase our health resilience.

But in addition, and crucially, Government needs to build a new consensus about population health and why we must improve it and confront ideologies of both left and right which have impeded progress, such as views that some public health measures infringe our liberties. Government will have to will the means as well as the end.

Many necessary actions to level up health can only be done at national level. Government alone holds powerful levers to shift the behaviours of individuals and firms to improve health, but it has been highly reluctant to use them.

An uninhibited evidence review of what works is important for an effective Health Improvement Plan and then to act on evidence of this.

*“The evidence is largely clear: “Interventions with most promise for improving population health and reducing the gap between the poorest and the richest are those aimed at whole populations using interventions that largely target non-conscious processes. They include fiscal and economic interventions, marketing approaches, and interventions altering the availability of products that harm health.”<sup>19</sup>*

For our children to grow up healthy, government will have to shift the behaviours of sectors and firms whose products and marketing damage their health and take strong actions to do so.

Government will also have to reject arguments that impede progress, for example that we should give people the information and leave it there; giving people information alone has limited impact on changing behaviour. Not acting on the evidence of how to shift behaviours means we will continue as the sickest nation in Europe.

So, we call for a new political consensus across all parties that levelling up health is essential, that it must focus on what matters most, and must do whatever the evidence shows will work.

There should be broad public support for such a programme if the government makes the case. Many people will now see that creating a healthier nation is essential after our Covid-19 tragedy; this empowers Government to go faster and to build a new consensus. Over 90% of people who replied to the Government consultation on restricting energy drinks to under 16s were supportive. Government now needs to bring forward a new public health strategy and system that will be strong and effective to lead the improvement of the health of the nation.

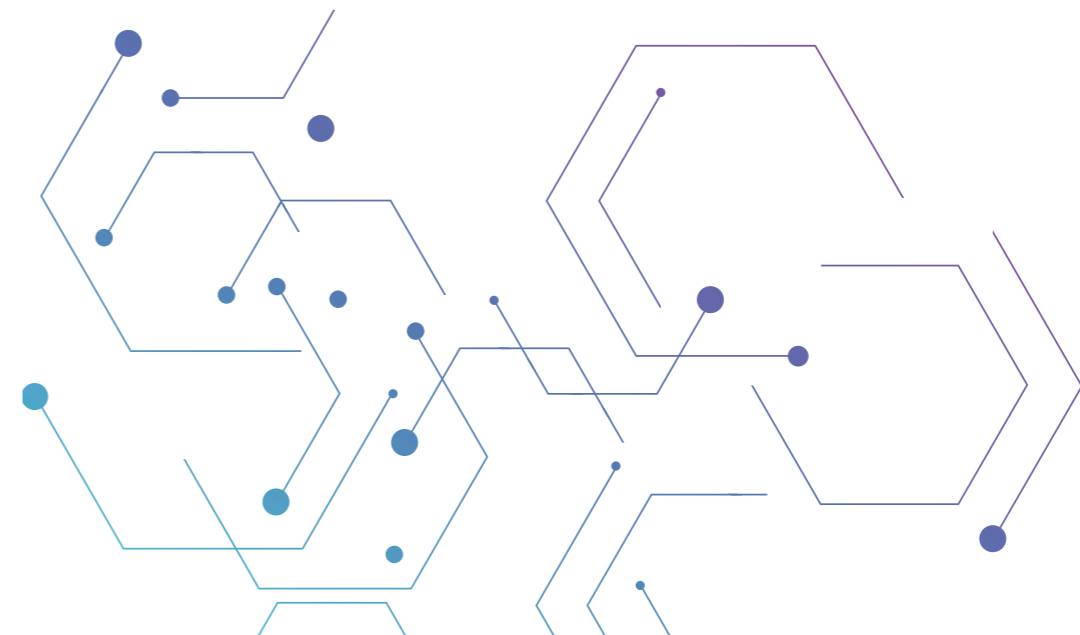
## Leadership

The development of this plan should be led by Number 10 and the Department of Health and Social Care (DHSC) with input from across Government and society. Many of the levers to improve health sit across Government, and in the Treasury and other departments.

So, Number 10 should convene its development, announce the process in the Spring and engage rapidly with stakeholders about the changes to be prioritised. It should be published in the Autumn and underpinned by a commitment to a Health Improvement Fund.

The combination of a Health Improvement Plan and a Health Improvement Fund would respond robustly to the population health impact of Covid-19, demonstrating to badly affected places that improving their health is a priority. It would be affordable, could deliver rapid improvements and would reaffirm its great Manifesto goal.

*“for everyone to have five extra years of healthy, independent life by 2035 and to narrow the gap between the richest and poorest”.*



## Focus

Good population health does not mean treating illnesses, it means avoiding them. The physical, social, and economic environments we live in determine our health, therefore “health in all policies” are needed to address the widespread drivers of poor health. But changing some of these factors can take decades. We recommend that the Health Improvement Plan should focus on levelling up health now and on where it is most needed. To make change, there must be clear priorities.

The evidence is clear that some risk factors have a very large impact on premature poor health. “we could prevent up to 75% of new cases of heart disease, stroke and type 2 diabetes, 40% of cancer incidence and reduce dementia risks if we cut smoking, unhealthy diet, harmful consumption of alcohol and insufficient physical activity”.<sup>20</sup> These factors plus air pollution are all preventable and account for more than 50% of our poor health. So, we must radically reduce them to reduce inequalities in health and level up.

Such a list may not be new but what would be new would be government acting seriously to shift them. For, apart from smoking, Government has not done enough yet to address them. As Dame Theresa Marteau, Cambridge University has written: “despite announcing some policies on these behaviours in England over the past decade, there has been little effective action”. The Chief Medical Officer said in her report in 2018 that we are “nowhere near achieving” government’s ambition to halve childhood obesity by 2030.<sup>21</sup>

Last, because our children’s physical and mental health is so critical to their later lives, improving their health especially in the most deprived areas, must be a focus. Children in these places risk significant health handicaps, and so we pass on inequalities to the next generation.

We suggest that the Health Improvement Plan should consult on the priorities to level up health, based on three criteria: what matters most; where it is possible to make significant improvement in 10 years and options that are most cost-effective. Applying these criteria, we suggest five national level priorities for the Health Improvement Plan:

### **smoking - obesity - clean food - clean air - healthy children**

The Government should define improvement goals for each of these:

- **Smoking** – still a very major risk factor, ensure we realise the goal of a Smoke Free 2030, especially in deprived areas and in pregnancy.
- **Obesity** – adopt much more radical actions to cut stimuli leading to excess consumption.
- **Food** – in 10 years cut harmful additives and make healthy food affordable and enjoyable.
- **Air Quality** – reduce nitrous dioxide in major urban areas, as in central London.
- **Healthy Children** – level up children’s health in the most deprived areas by 2030.

Other government policies must contribute to the Health Improvement Plan:

Net-zero - improve health as we decarbonise: less air pollution, less red meat, warmer homes, active travel, focus on people with poorest health.

DEFRA – adopt the National Food Strategy’s goal to make healthy food easy and affordable.

National Data Strategy - create the infrastructure for large-scale health data sets.

Major fiscal events and evaluation metrics - include population health impact assessments.

HMT Taxation - review policies and taxes to ensure they incentivise health.

Focussing on these five factors for the next ten years and doing what works to shift them would make a great start to building a healthier nation and level up health.

Levelling up health should be an essential focus of the Health Improvement Plan. The best way to level up health is to improve the health of the poorest parts.<sup>22,23</sup> This will require funding, incentives, and support and to engage communities.

## NHS and prevention

The NHS will have a crucial role, in the Health Improvement Plan, as Government recognises. The NHS has been brilliant at vaccinating the country; we now need a similar commitment to detect and treat risk factors and symptoms of excess weight, smoking, diabetes, high blood pressure, and high cholesterol that cause so enough poor health. It spends less than 5% of its budget on prevention. Recent news that NHS integrated care systems will work with partners across their areas to improve preventative care are a welcome step.

Ministers should now insist that the NHS does much more to detect, intervene and treat key risks and symptoms, such as excess weight, smoking, high blood pressure and high cholesterol. Untreated or poorly treated hypertension remains a major threat with avoidable heart attacks and strokes the result. Rectifying this would make a huge impact and some countries do this much better than we do. Large increases in demand and costs are coming and the NHS must do more to detect and treat the risks.

The Government’s review of the NHS Health Checks also needs to deliver effective personalised prevention and interventions, especially for the people and places with the worst health. It needs to develop a targeted predictive prevention model, to build a technologically enabled health check system, and explore how to motivate individuals with loyalty reward schemes.

## Local level action

Local leadership and commitment are fundamental for the Health Improvement Plan. Local government, the local NHS, local businesses, and community organisations all need to understand their health problems and commit to improve them. The Health Improvement Plan needs to be developed with their involvement. All localities need to define and own an ambition to improve their health and address the different needs of some BAME and other groups, whilst also reflecting the national priorities. In the most deprived places obesity, smoking and inactivity can be the norm and need to be addressed in a local context. Some interventions must be carried out face to face, often seizing teachable moments in people’s lives.

Local health improvement must be driven by three agents, local government, the local NHS, and local communities. Government will need to support them to work in partnership and empower them with investment funding to level up health in places where it is worst.

Elected regional mayors should be given a clear mandate for health improvement, only Greater Manchester has this, and it would boost regional political leadership of population health. It is an economic imperative.

All localities need to level up health, but some places have much worse health than others. Government will need to offer these places greater support to level up health through a targeted Health Improvement Fund, as described later.

## Enabling personal action

The public's commitment to improve health is vital, people themselves are key agents for change so the Health Improvement Plan will have to address how to win hearts and minds to support the ambition. There is a need for a social movement for better health and there is an opportunity for charities to explore how to develop communication strategies and social media campaigns for better health, akin to the social movement to tackle global warming.

Individuals need strong stimuli to support their own health improvement. Local health system leaders need to engage robustly with their public about why local health is poor and what can be done to improve it, as Wigan and others have done. They will need to harness behavioural science and social messaging to support such changes. The programme 'Making Every Contact Count' in the NHS needs to be refreshed and maximised.

The review of the NHS Health Checks must deliver more effective personalised prevention and interventions to improve health and develop a more targeted predictive prevention model of public health and so prove the concept of personalised prevention and establish the evidence base, taking advantage of fast moving scientific and technological developments accelerated by Covid. The priority must be on those with the worst health, not those already motivated.

## Business for health - not harm

Businesses can help our health, but some sectors and companies seriously harm our health and a major shift of policy and practice is needed to change this.

Systemic business incentives are needed so that sectors and firms feel customer and shareholder pressure to improve health, not to harm it. Business needs to buy into health as they have into carbon. The Business for Health consortium is starting this by scoping a system to report on the contribution sectors and firms make to health. Such a system might then be built and run by the ONS or others. This will take time to have impact, so stronger action is needed now:

- Government needs to challenge businesses that damage health including food, retail, drink, tobacco, and gambling to set out how they will reduce harmful products, additives, and marketing.
- Government also needs to recognise that exhortation and voluntary reformulation alone has not worked and will not work.

Firms will not voluntarily disadvantage themselves and their shareholders in a competitive market. Privately some retail CEOs admit that much more could be done to protect children from unhealthy foods and additives such as salt, sugar, fats, and harmful marketing. These promote excess consumption and increase the risks of obesity, diabetes, CHD, and stroke in later lives. But these CEOs also explain why they cannot act alone for fear of losing market share; however, they could adjust to a new level playing field, if government promoted this.

The Soft Drinks Levy was successful, reducing sugar levels by 28% in its first year with little eventual cost to businesses.<sup>24</sup> There was little public opposition, 55% of the public support taxes on unhealthy food and drinks. We now largely know what works to reduce harmful substances and marketing, so Government will need to:

- Use price levies to promote reformulation and reduce harmful marketing.
- Pre-announce price sanctions that will kick in if specific improvements are not made.
- Start with the greatest harms and define clear goals for progress in 5/10 years.

*The National Food Strategy's first recommendation is: "Making sure a generation of our most disadvantaged children do not get left behind. Eating well in childhood is the very foundation stone of equality of opportunity". We strongly agree, it is essential to level up the health of our children.*

## Harness strengths in technology, science, and data

The Health Improvement Plan will need to harness our strengths in technology, science, and data to level up health. The Government's Health and Care Data Strategy and the Goldacre Review will report soon. The aim needs to be how to reduce inequalities in health.

We suggest four things: more focus on the outcomes that matter; more attention to "non-health" data, 80% of the determinants of poor health; more investment in data infrastructure to improve prevention; and more incentives to share datasets and collaborate at scale.

We must harness the NHS's great data assets much more. The NHS National Segmentation Dataset is a world first, with great potential for policy, practice, and research. It captures in an anonymised form the current and historic 'health state' of 60 million people and has near real time data nationwide and locally of who has a serious condition or not. It then allows analyses by place, age, time, deprivation, ethnicity, gender, condition, and cost. Its potential power is immense for policy, research, and monitoring. No other major country has such a comprehensive dataset and analytical tool, yet it is largely unknown. We urge the Chief Medical Officer and the Chief Scientific Officer to review its potential and promote it within government and research.

The APPG for Longevity's Open Life Data Framework<sup>25</sup>, to be published in September 2021, will show how non-health and health data together can unlock innovation to improve health at scale.



## A Health Improvement Fund

The Health Improvement Plan can make great progress without large increases in public expenditure, but additional finance is necessary to level up health in the areas where it is worst, through a Health Improvement Fund. This Fund should be in addition to the existing Public Health Grant, which needs to continue, so that all areas are supported to improve their local health. The Public Health Grant should rise in step with increases in NHS funding, reflecting the evidence that it yields much more than additional spend on treating ill health.

The Health Improvement Plan should announce this funding offer to improve the health of places with the worst health and who have suffered most from the pandemic. It would offer financial support to achieve defined improvements, a learning network, and partnership dialogues between them, the government, and the NHS. Grants should be contingent on robust evaluation, so that areas can 'test, learn and adapt' from each other what works, when, where, and for whom<sup>26</sup>.

Government should select the places, using data from the NHS National Segmentation Dataset and the ONS Health Index with transparent criteria. Upper tier local authorities with poor population health, in the bottom two quintiles, should be offered a five-year investment partnership to improve their health and resilience, approximately 60 local authorities.

Each locality would be invited to develop a joint local plan to access the funds setting out how they would improve those with worst health and address the poor health of BAME groups and some deprived white communities, reflecting both national and local priorities.

The fund should initially be for five years and be worth £10 million a year on average for each authority, costing a maximum of £3 billion over five years. Access to continuing funds would be based on progress towards agreed outcome targets and deliverables.

This would address three government goals: economic growth, levelling up, and the manifesto goal to increase healthy life expectancy by five years and while reducing health inequalities. Proposals should be agreed and ready to start in two years to deliver on levelling up.

## Structures

Local authorities should continue as lead public health commissioners, developing the right structures to work collaboratively with changing NHS systems. Regional public health leaders should be maintained within NHS regional offices. The Integrated Care Systems should ensure a focus on prevention and the voice of their communities is heard in their plans and set ambitious targets on health improvement and prevention.



## High value, low cost

The actions we suggest in this paper will deliver great societal, fiscal, and economic benefits, yet unlike treating illnesses, most are low cost and will ultimately save money and lives.

The Ten-Year Health Improvement Plan would lead to better population health, delay the onset of illnesses and help reduce the demand increases to health and social care from a growing older population. There has been insufficient action by government and the NHS to address demand management. Long term conditions are a prime driver of NHS and social care costs. The average cost for a person with three long term conditions to the acute sector is £1718 a year. A person with 5 conditions costs twice as much.<sup>27</sup> This leads to much higher per capita acute service costs in places with poor health. Increasing how long we live in good health is key to the sustainability of the NHS and social care.

*Well-judged actions on population health generate very good value. Economists who reviewed the efficacy of the Public Health Grant found that “for every £1 spent on public health services, the financial return on investment is at least £3 and the societal return on investment is at least £7 over a 10-year period.”<sup>28,29</sup> Research from the Centre for Health Economic at York University also found that “Public health expenditure appears to be about three to four times more productive than healthcare expenditure, that is, the prevention cost per QALY is about £3,800 whereas the treatment cost per QALY is £13,500.”<sup>30</sup>*

Better population health is also important for levelling up economically and socially. A population where people get ill later or not at all is better able to keep people in work, to care for itself, and to provide the unpaid care that underpins our social care system.

Most of the actions proposed in this paper are low cost, they require tweaking some budgets and practices and most behavioural mechanisms are very low cost. The largest new item is the proposed Health Improvement Fund.

The Health Improvement Fund would cost a maximum of £600 million a year for 5 years to level up health in the 60 places where it is worst; it would be much more cost-effective than building new hospitals. Improving the health of the nation for less than £1 billion a year will generate remarkable social and economic value.

## Monitoring and metrics

The new ONS Health Index will be a key monitoring and motivating mechanism. We suggest adding in the data and analytic power of the NHS National Segmentation Dataset, as it has such rich data. The recommendations from the Health and Care Data Strategy, the Ben Goldacre Review, and the Open Life Data Framework will all be relevant. The ONS Health Index and the NHS National Segmentation Dataset together will provide clear metrics and granular detail to report on population health at local and national level, as regularly and objectively as we report on GDP. These metrics will act as a mobilising force to system leaders and enable them to monitor problems and progress.

## A Cabinet level board on prevention

Improving the health of the nation needs sustained action across all parts of society and government for 15 years and more. It is analogous to Climate Change, a major multi-year, goal requiring action across society and government and to be sustained.

The Government plans for a prevention board should be formalised as a Cabinet Committee to enable joined-up and senior cross government working on this issue.

## Global leadership

All developed countries now face two health epidemics - coping with Covid-19 and other pandemics and coping with insidious increases in poor population health. Britain can be a global leader in building healthier and more resilient countries, using our world class skills in life sciences, genomics, AI innovation, vaccination, behavioural sciences, early prediction and detection and health data analytics.

As the Chair of the G7, a commitment to a new Health Improvement Plan would showcase to the world that the UK is determined to create a healthier and more resilient country and lead the world in the post Covid recovery for a healthier and more resilient planet. It presents an opportunity the Government should champion and support.

## Levelling up health now

Rapidly improvements to the health of our nation are possible both nationwide and in places where health is worst. We hope Government will seize the public mood as we emerge from this national disaster and declare a radical ambition for all society to level up health across the nation. We call on Government to develop a Health Improvement Plan supported by a Health Improvement Fund and to lead the process from Number 10, with input from business, localities, and civil society.

We are optimistic that the government will make this happen and we offer our full support.

Geoffrey Filkin, Damian Green, Richard Sloggett, Tina Woods

All Party Parliamentary Group for Longevity

April 2021

## The Authors

This report, *Levelling Up Health*, describes why society and Government need to act to improve health and reduce health inequalities in the light of the Covid-19 crisis. It sets out a manifesto to level up health in England.

It has been written by Geoffrey Filkin with Damian Green MP, Richard Sloggett and Tina Woods. They thank the people and organisations who have helped develop the proposals. The authors will be discussing these recommendations with Government and other political parties.

## Biographies

**Geoffrey Filkin** has been a Chief Executive, a Government Minister and led innovations in all sectors. He chaired the Select Committee that produced *Ready for Ageing*, and founded the Centre for Ageing Better. He and Tina Woods wrote the APPG's report *The Health of the Nation – a Strategy* in 2020.

**Damian Green** is the MP for Ashford and served as First Secretary of State and Secretary of State for Work and Pensions between 2016 and 2017. He is the Chair of the All-Party Parliamentary Group on Longevity and co-chair of the APPG on Adult Social Care.

**Richard Sloggett** is the Founder and Programme Director of Future Health, a global health policy research centre based in the UK. From 2018-19 he was Special Advisor to the Secretary of State for Health and Social Care. He has been named as one of the top 100 people in UK healthcare policy by the Health Service Journal.

**Tina Woods** is a social entrepreneur who brings diverse stakeholders together to address the system changes needed to improve health for all. She is Founder and CEO of Collider Health, Secretariat Director of the All-Party Parliamentary Group for Longevity and CEO of Business for Health.





# The APPG for Longevity

The APPG was set up in 2019 and is chaired by Rt Hon Damian Green MP with Lord Filkin CBE, Strategic Advisory Board Chair, Lord O'Shaughnessy, Rt Hon Lord David Willetts, Baroness Camilla Cavendish, Baroness Sally Greengross, Lord Kerslake as core officers (see [here](#)). Tina Woods is the APPG's Secretariat Director.

Academics, policy makers, charities, pioneering scientists, and cross-sector leaders are represented on the APPG Advisory Boards (see [here](#)). The APPG is supported by organisations spanning business, academia and third sector (see [here](#)).

The APPG published The Health of the Nation (see [here](#)) in February 2020 with nine recommendations on how to deliver the Government's Manifesto goal of 5 extra years of healthy life expectancy while reducing health inequalities ('HLE+5'). The APPG for Longevity has progressed these recommendations since its launch, launching *Business for Health* (see [here](#)) and the *Open Life Data Framework*, and this progress is summarised in the Lancet article, Our Unhealthy Nation (see [here](#)).

Business for Health was set up to develop a greater business contribution to the health of the nation and is vital as we have seen the economic damage from health risks. Its first project is scoping how to develop a Business Index to report on business contributions to health, both positive and negative, and so build incentives from shareholders and customers for better health contributions, adopting lessons from the climate change experience.

The Open Life Data Framework will explore how to harness data to help us live healthier for longer, and more equitably, and due to publish in September 2021. It will explore strategies to achieve pandemic resilience, develop use cases for innovators and entrepreneurs, and inform the value of UK health data assets to feed into the UK's economic strategy and its global ambition in science and AI.

## Support our work

The APPG for Longevity is a highly productive virtual organisation. In its two-year life it has published two major reports, launched a new origination, Business for Health, and has two new projects underway. It does all this without core funding or paid staff, relying on sponsors and partners, the energy and innovation of Tina Woods and the unpaid commitment of Damian Green and Geoffrey Filkin.

We very much want to sustain this record of innovation and partnership but need further financial support in 2021 to match the gifts of time and skill we get from our Board and our partner organisations. If you would like to discuss how you might help, contact Damian Green and Tina Woods.

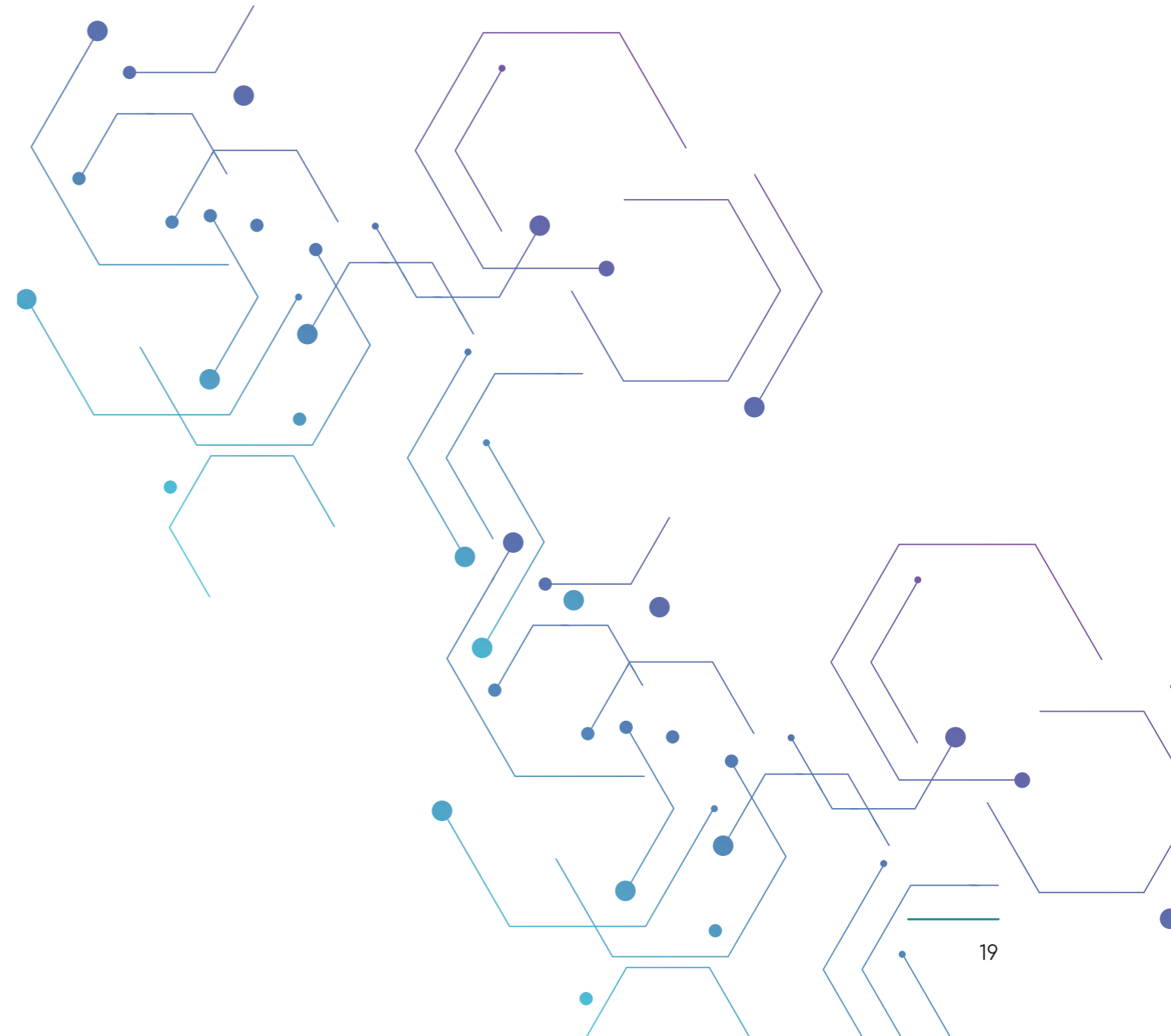
## Acknowledgements

We are grateful to the following for their contributions to this report and though they are not responsible for its recommendations, we hope they will largely support them.

- Professor Richard Barker, Chair, Health Innovation Network, CEO, New Medicine Partners, Metadice
- Dr Jo Bibby, Director of Health, Health Foundation
- David Buck, Senior Fellow, Public Health and Inequalities, The Kings Fund
- Professor Carol Brayne CBE, Professor of Public Health Medicine, Co-Chair of Cambridge Public Health Interdisciplinary Centre at the University of Cambridge Cambridge
- Greg Ceely, Head, Health Index and Projections, Office for National Statistics
- Professor Dame Sally Davies, formerly Chief Medical Officer, HMG, Master of Trinity College, University of Cambridge
- Henry Dimbleby, Chair, National Food Strategy
- Dr Jennifer Dixon, Chief Executive, Health Foundation
- Dr Rupert Dunbar-Rees, Founder & CEO, Outcomes Based Healthcare
- Greg Fell, Director of Public Health, Sheffield
- Professor Brian Ferguson, Chief Economist, Public Health England
- David Finch, Senior Fellow, Health Foundation
- John Godfrey, Corporate Affairs Director, Legal and General, formerly Head of Policy, No 10
- Professor David Halpern, Chief Executive, Behavioural Insights Team
- Hugo Harper, Director of Health, Behavioural Insights Team
- Anna Hartley, Director of Public Health, Wakefield
- Professor Carol Jagger, Epidemiology of Ageing, Newcastle University
- James Kent, formerly Special Adviser to the Prime Minister; Deputy Director, No 10 Policy Unit
- Lord Bob Kerslake
- Professor Dame Theresa Marteau, Director of Behaviour and Health Research Unit, University of Cambridge
- Adrian Masters, Director of Strategy, Public Health England
- Lord James O'Shaughnessy, Visiting Professor, Institute for Global Health Innovation, Imperial College London
- George MacGinnis, Healthy Ageing Challenge Director, UKRI
- Ben Page, CEO, Ipsos-Mori
- Dr Sukhmeet Panesar, Deputy Director, NHS Data, Analysis and Intelligence Service
- Dr Jonathan Pearson-Stuttard, Clinical Research Fellow, Faculty of Medicine, School of Public Health, Imperial College London
- Professor Andrew Scott, London Business School
- Duncan Selbie, President, International Association of Public Health Institutes, former CEO Public Health England
- Richard Stubbs, Chief Executive Officer at Yorkshire and Humber Academic Health Science Network
- Ming Tang, Chief Data and Analytics Officer, NHS England and NHS Improvement
- Patrick Thomson, Lead, Age-friendly employers programme, Centre for Ageing Better
- Alice Wiseman, Director of Public Health, Gateshead

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