POLICY BRIEF

Rethinking health for all: a new vision for sustainable and achievable progress

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OVERVIEW

Good health for all the population requires economic growth and social change which are clean, green and sustainable. Good health is not a cost to business and the taxpayer, it is the outcome of a vibrant economy and dynamic, publicly funded health and social care provision.

There are previous recent examples where health was improved for the whole population. Lessons can be learned from these successes.

In order for the possibilities to be achieved, the following are required:

1 Social change, involving all sectors
Focus must be on cross-sector partnership to promote social change and create the contexts for greater individual freedom.

2 Government collaboration with the private sector
Small, medium and large businesses have an important role to play in achieving health for all. Financial incentives are needed to support businesses to engage with local communities through meaningful and genuine corporate social responsibility (CSR) programmes.

3 Engagement with place and local communities
The diversity of lived experiences of health differences in the neighbourhoods, towns and cities people live in should be incorporated into policies and interventions. Capitalising on the knowledge and experience held in local communities is paramount.

ACTION POINTS

- Cross-government health and equality impact assessments
- Health disparity modelling unit
- Prioritise social change to make healthy the default

- Inter-sector collaboration (national and local)
- Governmental CSR board and national awards
- Business rate reductions to support outcome-driven CSR

- Meaningful representation on integrated care system boards
- Place-based customisation of interventions
- Community engagement across all sectors

What is this brief about?

- The trajectory of levelling up health is not fixed. It is **possible to influence both the gradient and gaps in UK health differences**. Previous initiatives such as reducing teenage pregnancy rates[1], the 1999-2010 National Health Inequalities Strategy[2] and UK tobacco control are evidence that progress is achievable through sustained cross-government commitment as well as working with communities who were most affected. Need now exists to identify future directions which can generate health for all.

- **Covid-19 acts as a pivotal opportunity** for renewed focus on health disparity, with this pandemic having demonstrated the severity and consequences of UK health differences[3]. These data also demonstrate the compounding impact of Covid-19 on existing conditions and the links between human health and social conditions[4].

- Previous government intervention centred on individual level behaviour change has had positive impacts on levelling up health for some, but not all, people. It is crucial that future policy has a **simultaneous focus on long-term and systemic change to achieve health for all**. The individual level cannot be separated from the social and economic, with policy needing to target all three in order to make meaningful progress.

- The effective translation of research into implementable, evidence-based policy action is essential. **Reframing** how health disparity is approached is necessary for continued progress, to counter haphazard, unsystematic intervention. A destigmatising narrative shift is required across all policy arenas, to promote a vision of collaboration and a sustainable future. This **positive approach** is central to the generation of meaningful health improvement for all.

- This briefing will outline the necessity for attention on the roles of social change, the private sector and place in future policy formation to level up health.

ROUNDTABLE EVENT

A policy roundtable was hosted as the basis for this briefing. The event took place on 11th July 2022 at St Johns College, Cambridge. It enabled dynamic exchange between 16 academic, public and private sector experts to identify a new path forward for levelling up health in the UK. Recent Cambridge research on UK health disparity policy was shared, before discussion was opened to identify approaches for future policy. The session highlighted key examples of how UK policy has been successful in the past, with a need now for renewed effort to achieve health for all.

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1 Hadley, A. et al. (2016) 'Implementing the United Kingdom's ten-year teenage pregnancy strategy for England (1999-2010): How was this done and what did it achieve?' Reproductive Health 13

2 Holdroyd, I. et al. (2022) 'Systematic review of the effectiveness of the health inequalities strategy in England between 1999 and 2010' BMJ Open 12(9)

3 Ford, J. et al. (2021) 'Transforming health systems to reduce health inequalities' Future Healthcare Journal 8(2): 204-9

4 Kelly, M.P. (2021) 'The relation between the social and the biological and COVID-19' Public Health, 196: 18-23

POLICY ACTIONS

1 Social change, involving all sectors

Population patterns of health are strongly tied to **wider determinants** such as low income, housing and employment. Whilst this is acknowledged in current health disparity policy, interventions commonly default to individual lifestyle behaviour change[5]. The idea that proximal, downstream interventions are the obvious and logical approach still dominates[6]. In reality, such approaches can increase disparity through relying on people's individual resources which not everybody has and at the same time discourage the involvement of broader civil society and economic actors who can affect impactful change. In turn, this can limit an individual's capacity to make positive choices.

A more consistent approach focused on **multi-sector, long-term, social change** will generate sustained health disparity reduction. This must be uncoupled from current political and economic norms which see expenditure on health and social welfare as costs on society, rather than part of the infrastructure generating economic growth[7]. Health for all is a whole population and society issue and must be tackled as such. Upstream change is essential to construct an **enabling context for greater individual freedom** and levelling up health. Following the example of the Beveridge Report[8], policymakers must **look forward**, beyond the current period of significant economic and political change, on how to sustainably rebuild future health for all.

ACTIONS

- **Conduct cross-government health and equality impact assessments**
  Generating health for all must be brought into the delivery mechanisms of all governmental departments through cross-Whitehall accountability. Health Disparities Impact Assessments should be mandatory for all new policies – these must demonstrate partnership approaches to managing health and equality impacts and must not become stale paper-based exercises.

- **Construct a health disparity modelling unit**
  Simulation modelling must be incorporated in policy formation to enable evidence-based decision making. This will clearly identify the path forward for levelling up health and enable the generation of effective social and economic change solutions.

- **Prioritise social change to make healthy the default**
  Individuals commonly adopt the path of least resistance and so making healthy behaviours the easy choice can provide equitable benefits. Opt-out as the default for UK breast cancer screening invitation acts as an example. Industry now has a critical role to play, with the Government needing to encourage collaborative partnerships such as looking at product reformulation and the management of promotional deals.

5 Popay, J. (2012). The Knowledge Needed to Deliver Social Justice and Health Equity.' International Journal of Qualitative Methods, 11; 59-60

6 Scott-Samuel, A. & Smith, K.E., (2015) 'Fantasy paradigms of health inequalities: Utopian thinking?' Social Theory & Health, 13: 418-436

7 Szreter S. & Woolcock, M. (2004) 'Health by association? Social capital, social theory, and the political economy of public health' International Journal of Epidemiology 3(3): 650-667

8 Beveridge, W. (1942) 'Social Insurance and Allied Services' His Majesty's Stationary Office

2 Government collaboration with the private sector

The roundtable in Cambridge proposed a need to construct **a new image of the UK** as a **'sustainable, green, clean' society**, where health is a central component of a productive economy. This will infiltrate wider political and corporate agendas, fostering appreciation of the economic and societal benefits of improved population health. Consumers are wanting more socially responsible businesses and the private sector can respond to this **opportunity**. The boundary between the public and private sector must be redefined in terms of responsibility for addressing health for all.

Historical evidence demonstrates that health and economic gain are not conflicting: **Healthy societies are economically productive** societies and vice versa – the two elements are inextricably bound together. The Government must ensure such benefits are made clear to the private sector in terms of a **healthier workforce and enhanced productivity**. To achieve action, the Government needs to construct an enabling environment for genuine and meaningful **corporate social responsibility (CSR)**, particularly where market drivers are weak. As CSR acts as a core pillar to achieving a greener, sustainable society, the renewed image of the UK can support shared ownership by the private sector in levelling up health. NICE guidelines[9] linked to CSR for physical and mental health at work already exist and should be promoted for use by both industry and policymakers.

ACTIONS

- **Increase inter-sector collaboration (national and local)**
  Government collaboration with industry at a local and national level is essential for meaningful improvement in health disparities. Closer working between the Department for Health and Social Care and the Department for Business, Energy & Industrial Strategy can facilitate this, which can be led by HMT and the Cabinet Office. Enhancing collaboration with the APPG for Longevity and Business for Health would also facilitate this.

- **Construct a governmental CSR board and national awards**
  Vague government objectives for CSR are enabling companies to remain unaccountable. Policy must be clearer in terms of the aims for CSR related to health, with the creation of a governmental CSR oversight board or rating agency as a way of monitoring to ensure industry involvement in levelling up health is meaningful and not simply tokenistic. National awards can be used for incentivisation, in recognition of effective CSR programmes.

- **Implement business rate reductions to support outcome-driven CSR**
  The Government should incentivise businesses that are lacking CSR through business rate reduction for socially responsible SMEs. This will construct CSR as a benefit not a cost and increase private sector contribution to levelling up health.

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9 NICE (2022) 'Mental wellbeing guidelines', Accessed via: https://www.nice.org.uk/guidance/ng212 , NICE (2022) 'Physical Activity in the workplace' Accessed via: https://www.nice.org.uk/guidance/ph13

3 Engagement with place and local communities

Need exists for **levelling up resource allocation** to address the social gradient in health. Importantly, consideration is required over the contemporary role of geography in levelling up health, given how life expectancy has stalled along the social gradient, with increasingly **marked regional differences**. Traditionally, the UK has taken an area-based approach classifying local authorities and spearhead areas. Such efforts lack a focus on the **interconnection of space, health and social characteristics. A systems-based approach is required.**

Individuals may use the same physical space for different purposes such as residency, work, or commuting, yet all users contribute to the nature of a place and may be impacted by it in different ways. Corporate understanding of such interconnection of place and people is advanced, with dominant actors providing **'sticky capital'** to create longevity of interventions. The involvement of American Express with the LGBTQ+ community in Brighton is a key example of this. Policy for levelling up health needs this understanding of complex interconnections and whilst some acknowledgement exists[10], a lack of direction in how to address this persists. **Co-production of knowledge** should become a central pillar of intervention design, with local communities able to shed light on the lived experiences of health disparity. This facilitates novel action pathways to be discovered, such as is exemplified by preventative interventions in respect of HIV/AIDS in the 1980s. A **more localised approach** than the current 'area' is therefore necessary to properly understand health disparities and hence respond to them. Attention is needed on **places and the people in them**, not just spatial areas, to shift the gradient of levelling up health by benefiting all sections of the population.

ACTIONS

- **Ensure meaningful representation on integrated care system (ICS) boards**
  As affected populations may not be geographically localised, and interventions may not have homogenous benefits, the question of who is occupying seats of power is essential. The new ICS boards provide an opportunity to act on this, to ensure proper representation for affected communities.

- **Construct a governmental CSR board and national awards**
  Policymakers and researchers must work together to develop appropriate frameworks for the interconnectedness implicated in health differences. Achievement of this can be supported by realist approaches, which aim to understand what works, for whom, and in which contexts, to produce place-customised intervention.

- **Implement business rate reductions to support outcome-driven CSR**
  Ordinary people have a deep knowledge of the places they live in, as do community groups and businesses who hold rich insight into the populations among which they operate. Engaging all sectors in matters that impact health, through civic engagement and participatory approaches particularly with marginalised and affected groups, acts as an invaluable resource and opportunity to shape and target policy action for levelling up health.

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10 Capper, B. (2021) The framing of inequalities and the fantasy paradigm in policy solutions: discourse analysis of national policy documents addressing health inequalities.' MPhil thesis, University of Cambridge

CONCLUSION

UK policy to address health disparities must **move towards a more positive vision**, appreciating the role of structural social and economic change, the private sector and place in achieving health for all. Covid-19 has been a catalyst for focus on health differences, but this must now be sustained through changing the political landscape.

It is important to remember certain **interventions can work and have worked** over the past decades. Evidence from these successes must be drawn upon, whilst policymakers remain open to new approaches such as working with sticky capital or frameworks for the interconnectedness of health difference to improve progress.

Above all else, it is essential to remember the **human impact** of health disparity. Acknowledgement is no longer sufficient - need now exists for tangible, sustained policy action to achieve health for everyone.

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