

## Future Care Capital's response to the All-Party Parliamentary Group for Longevity consultation paper:

### A National Strategy for Five More Years of Healthy Life Expectancy by 2035 (HLE+5)

September 2019

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#### 1. About us

1.1 Future Care Capital is a charity which undertakes research to advance ideas that will help shape future health and social care policy and deliver better outcomes for individuals in the UK. Beginning life as the National Nursery Examination Board in 1945, the charity has evolved throughout its 70-year history and we continue to have Her Majesty the Queen as our Royal Patron. More information about us can be found via our website: [www.futurecarecapital.org.uk](http://www.futurecarecapital.org.uk)

#### 2. Summary

2.1 As our population continues to age it is more important than ever to look at how more people can live healthy independent lives in later life. There are environmental, social, economic and political factors that can impact public health.

2.2 Ensuring more people can enjoy five more years of healthy life expectancy in later life is a major challenge. Government policy will need to adapt to recognise the health and care demands of all generations in our society to make this ambition become a reality. As the Government consults on its prevention strategy, it should recognise the need for better cross-government action and more collaboration with local authorities to tackle regional health inequalities. More progress can also be achieved by embracing new technology and harnessing the value of data far more intelligently to deliver better health outcomes and make progress to achieving increased healthy life expectancy.

2.3 Outside the Westminster bubble, HLE+5 will need to think about the divide in health outcomes between deprived and affluent communities, and how society as a whole can close that gap. Poverty is a major public health challenge. If the strategy is going to be successful, it will need to set out a response that addresses the specific health challenges faced by low income communities to improve the nation's overall healthy life expectancy in later life. We discuss how legislation might be the route to achieve such increases.

2.4 Our response also looks at how we can encourage younger generations to think more positively about the opportunities presented in later life, devolving more power to the regions so that they can take more control of local public health matters and the role of Whitehall to deliver a more coordinated approach to improve life expectancy.

- 2.5 This consultation submission is informed by our own research findings, consideration of new and emerging ideas about our ageing population, and how lifestyle changes in middle age are critical if a healthy later life is going to be achieved.

### 3. **Context**

- 3.1 The population in England has been increasing for decades and getting older. Public Health England has found that the number of people 85 and over is 2.7 times greater than it was in 1971.<sup>1</sup> The causes of death are changing, too. Since 2001 death rates from Dementia and Alzheimer's are up by 60% in males and have doubled for females. Population health is also linked to social status. There is a stark 20-year age gap for years lived in good health between men and women from the most deprived areas of the country as compared with those from the least deprived. Life expectancy in the UK is also lagging behind EU countries with large populations, including France and Spain, who have seen life expectancy increase at a faster rate.<sup>2</sup>
- 3.2 The Secretary of State for Health and Social Care has six priorities: people, prevention, technology, Brexit, capital and social care. Matt Hancock has also launched a consultation on the Prevention Green Paper that aims to: "...shift the health system away from just treating illness, and towards preventing problems in the first place."<sup>3</sup>
- His ambition seems to be to build on traditional public health interventions and establish a new strategy that aims to be fit for purpose in the 2020s. The Government believes health is a shared responsibility and that individuals and communities will need to help drive increased healthy life spans across the country.
- 3.3 There are a number of challenges that stand in the way of increased healthy life spans. The Government will need to address the number of adults developing multiple chronic conditions, the rise in cognitive impairments, inequalities in health and care provision and the need for more resources in local government to support the Government's 2020 prevention ambition. If we are to see advances in healthy life expectancy in the decades ahead, the Government, working in partnership with the private sector, local government, charities and communities, will need to change its approach. It will also need to address major public health issues, including obesity and smoking, in order to deliver further increases in healthy life expectancy. According to the Local Government Association, councils have seen: "...reductions of £531 million in cash terms between 2015/16 and 2019/2020 to the public health budget."<sup>4</sup>

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<sup>1</sup> Public Health England (2018), *10 facts about the health of England: Health Profile for England 2018*, available from: <https://publichealthengland.exposure.co/10-facts-about-the-health-of-england>

<sup>2</sup> Public Health England (2017), *10 facts that sum up our nation's health in 2017*, available from: <https://publichealthmatters.blog.gov.uk/2017/07/13/10-facts-that-sum-up-our-nations-health-in-2017/>

<sup>3</sup> Department of Health and Social Care (2019), *Advancing our health: prevention in the 2020s – consultation document*, available from: <https://www.gov.uk/government/consultations/advancing-our-health-prevention-in-the-2020s/advancing-our-health-prevention-in-the-2020s-consultation-document>

<sup>4</sup> Local Government Association (2019), *Public health improving under councils, despite substantial cuts*, available from: <https://local.gov.uk/about/news/public-health-improving-under-councils-despite-substantial-cuts>

- 3.4 Despite reductions in funding, the Local Government Association says that councils can demonstrate that their delivery of public health is good value for money. There will, however, need to be more resources and a clear strategy to address public health if any real progress toward improved healthy life expectancy in later life is going to be realised in practice.

#### 4. **The Case for Change**

##### **Can we demonstrate that ageing can also be viewed positively?**

- 4.1 The current debate about our ageing population is too often viewed through a negative lens. There are many opportunities for people to lead a healthy, longer life. The Government and wider society share a responsibility to change the approach – as well as the need for targeted national and local interventions to promote wellbeing in later life.
- 4.2 If HLE+5 is going to have an impact on improving healthy life expectancy, the strategy will need to be relevant in all parts of the country and recognise that the needs of people living in, for example, Blackpool will be different to those in the Royal Borough of Kensington and Chelsea. Health and care inequalities are more pronounced in poorer areas of the country. In areas where there are lower incomes, the difficulty for the strategy will be how best to communicate with such communities as poverty stands in the way of people making healthier lifestyle choices. The Health Foundation has said:
- “1 in 5 of the UK population live in poverty. Over half of these people live in working households. Poverty damages health and poor health increases the risk of poverty.”<sup>5</sup>
- There will need to be a systematic approach towards delivering a more positive vision for later life that addresses poverty. HLE+5 will need to be positioned carefully on this issue and call on the Government to invest more resources into eliminating poverty which is a major barrier to public health improvements.
- 4.3 An ageing population can enhance community cohesion, help maintain informal social networks and offer a base of experience to add value to our wider economy. Presenting this narrative in an engaging way must be a priority.
- 4.4 The Government could also look at embarking on an exercise to identify new age-positive policies that are aided by a cross-government approach to meet the needs of our ageing population. The Cabinet Office did explore the future of our [ageing population](#) in 2016 and how the Government might potentially change policy at a national level in terms, for example, of housing, working lives support, learning opportunities and state support for families.
- 4.5 It will also be important to encourage a cultural shift in the private and public sector. There is a clear case to prove that later life can be viewed positively.

<sup>5</sup> The Health Foundation (2018), *Poverty and health: how do our money and resources influence our health?*, available from: <https://www.health.org.uk/infographic/poverty-and-health>

**Social advantage:** The knowledge and experience developed over many years can be used to benefit wider society, the ability of older people's community groups to support local initiatives and maintaining informal social networks.

**Disposable income:** Increased pensioner spending power means that older generations can purchase more goods and services, benefitting the local and national economy.

**Lifelong learning:** An ageing population is an opportunity to shift the focus of our education system to one that can augment mental capital and health throughout a person's life. It is important to help people to acquire new skills and resilience in later life.

- 4.6 The Government has advocated the idea of an index to track population health alongside economic indicators like Gross Domestic Product. It would seem sensible for the HLE+5 strategy to call on the Government to include a measurement of our ageing population and look at assessing the wider impact of people living longer.
- 4.7 However, including a measurement to better understand the contribution of our ageing population as part of a new health index will not be enough to demonstrate the positive opportunities of later life. HLE+5 should consider how a national campaign, that is specifically designed to reach deprived and affluent communities, can be used as a vehicle to encourage middle age groups to adjust their behaviour and pursue far more healthier lifestyles. This is no easy task, the Government will need to consider the existing evidence base and tailor public health messages so that they are relevant across the board.

**Recommendation 1: HLE+5 to call on the Government to launch a new national public health campaign that promotes a positive vision for later life.**

## 5. Framing the issue

**How can the issue be re-framed as an opportunity, for all people and all ages?**

- 5.1 There needs to be a simple and clear message about the opportunities. One way could be to look at agreeing targeted key themes that can be easily communicated about healthy later life spans.
- 5.2 Longevity could be viewed through four positive areas of focus:

**Experience:** People living longer can offer their talents and knowledge, developed over many years, to add value to wider society and the community where they live.

**Economic:** The 'silver pound' opens new business opportunities for the private sector to develop products that appeal to an older market. There should also be greater recognition for older workers too, their experience and skill set developed over several years can be channelled into providing valuable mentorship to younger colleagues.

**Family life:** Living longer can strengthen the traditional family unit. Younger generations in a family are able to benefit from greater stability and the experience of older family members. Managing ill-health in later life and the care responsibilities that family members are then faced with can put a strain on relationships, which we learnt in our [‘Coping as a Carer’](#) report. We found that close to half (45%) of carers we spoke to mentioned negative impacts of caring on their family life.<sup>6</sup>

**Intergenerational fairness:** There is an opportunity to deliver a fair and sustainable approach for all generations if the Government is willing to be more confident about articulating the benefits of longer lives. This includes housing provision, welfare and specific health and care provision to meet the needs of different age groups.

- 5.3 To reframe ageing as an opportunity we need to change the perceptions surrounding later life and build a different narrative. In America, research was conducted to consider reframing ageing by describing it as ‘building momentum’ so that the general public focused more on the experience and wisdom that enables older people to help improve their community. Researchers found that by casting ageing as a forward-moving process, looking at the momentum gained as people age, this choice of language “reduced implicit bias against older people by one-third...”<sup>7</sup>
- 5.4 In 2015, the Government worked with the University of Kent to publish a [review](#) about the barriers and enablers that contribute to positive attitudes towards ageing and older people. The review identified several positive stereotypes:
- “...define older people as wise, generous, friendly, moral, experienced, loyal and reliable...”<sup>8</sup>
- 5.5 The review also advocates an intergenerational approach, which means:
- “...ensuring the social inclusion and participation of older people as part of a generationally connected society.”<sup>9</sup>
- 5.6 To deliver such an approach, the researchers said that the Government should avoid developing a policy response to our ageing society in isolation and focus more on the interconnections and dependencies across age groups.<sup>10</sup> It is well overdue for the Government to look at perceptions about ageing and the policy response again. We believe a fresh study into such factors would aid current policy. The research should

<sup>6</sup> Future Care Capital, *A Forgotten Army: Coping as a Carer*, page 4, available from:

<https://futurecarecapital.org.uk/policy/a-forgotten-army-coping-as-a-carer/>

<sup>7</sup> Stanford Social Innovation Review (2018), *Reframing Aging: Growing “Old at Heart”*, available from:

[https://ssir.org/articles/entry/reframing\\_aging\\_growing\\_old\\_at\\_heart#](https://ssir.org/articles/entry/reframing_aging_growing_old_at_heart#)

<sup>8</sup> Government Office for Science (2015), *The barriers to and enablers of positive attitudes to ageing and older people, at the societal and individual level*, page 1, available from:

<https://www.gov.uk/government/publications/future-of-ageing-attitudes-to-ageing>

<sup>9</sup> Government Office for Science (2015), *The barriers to and enablers of positive attitudes to ageing and older people, at the societal and individual level*, page 24, available from:

<https://www.gov.uk/government/publications/future-of-ageing-attitudes-to-ageing>

<sup>10</sup> Government Office for Science (2015), *The barriers to and enablers of positive attitudes to ageing and older people, at the societal and individual level*, page 24, available from:

<https://www.gov.uk/government/publications/future-of-ageing-attitudes-to-ageing>

also be used to develop policy recommendations that flow from the new evidence base.

**Recommendation 2: HLE+5 to encourage the Government to conduct a new review into public perceptions about ageing to understand what different age groups believe are the benefits of later life.**

## 6. What menu of actions is needed to achieve these goals?

**What is the right mix of a) population level actions b) interventions with individuals and c) changes to the economic, social and physical environments?**

6.1 In our policy reports we have looked at a mix of actions to address what we have determined as the current care deficit. Our '[Securing the Future](#)' report called for 'health positive' regulations to personalise public health and invest to compress morbidity. One of the main objectives of this recommendation was to address health inequalities within and between geographical areas.<sup>11</sup> We also said in our '[Facilitating Care Insight](#)' report that the Government should acknowledge local differences. This is because local areas are underpinned by different 'care infrastructures' so there are clear limitations to the one-size-fits-all approach to care funding and provision. Future funding mechanisms/formulae and new delivery models need to reflect the relative strengths and weaknesses of different areas.<sup>12</sup>

6.2 The World Economic Forum has also done some interesting work about what action needs to be taken, too. They set out five recommendations for population health centred around three key objectives:

"...staying Healthy, Active and Autonomous – for positive ageing."<sup>13</sup>

6.3 The recommendations looked at embracing the reality of ageing through;

- Investment in older people so that they can continue to learn and contribute to society;
- Advocating the need to secure support at the highest levels of Government to develop an age-friendly society;
- Early and swift action to develop a long-term ageing plan;
- Call for social, political and economic change at all levels to develop an age-friendly society; and
- Better use of existing resources and the adoption of new technologies.

<sup>11</sup> Future Care Capital (2017), *Securing the Future*, available from:

<https://futurecarecapital.org.uk/policy/securing-the-future/>

<sup>12</sup> Future Care Capital (2018), *Facilitating Care Insight to Develop Caring Economies*, available from:

<https://futurecarecapital.org.uk/policy/facilitating-care-insight-to-develop-caring-economies/>

<sup>13</sup> Klaus Schwab, Founder and Executive Chairman, World Economic Forum (2012), *Five recommendations to manage population ageing*, available from: <https://www.weforum.org/agenda/2012/04/five-recommendations-to-manage-population-ageing/>

The World Economic Forum said:

“...help people to stay active, healthy and autonomous by building age-friendly cities and “smart homes” that deploy a range of monitoring and supportive devices to help older people manage life more effectively. We can re-engineer health systems to focus on disease prevention and early screening, rather than on expensive intervention.”<sup>14</sup>

6.4 To achieve five more years of healthy life expectancy, HLE+5 will need to think about delivering a strategy that looks closely at building a society that works to improve the lives of older people through inclusive and sustainable measures.

6.5 In terms of specific interventions, there has been a great deal of debate about the use of legislation, rather than encouraging people informally to take greater personal responsibility, to help the public adjust their lifestyle. There is evidence that shows that introducing price increases on unhealthy food (the ‘sugar tax’ is the most topical example) can help reduce obesity levels. Such interventions are particularly effective in changing behaviours amongst low income households. The British Medical Journal published a study that found price increases can reduce the prevalence of obesity:

“The impact of a 20% price increase in high sugar snacks on energy purchase was largest in low income households classified as obese...”<sup>15</sup>

Legislation may be viewed by some as a blunt instrument to change behaviours, but research clearly shows that the introduction of price increases for certain unhealthy foods can influence individuals to consider their eating habits. Establishing the ability for the state to mandate price controls seems to be a sensible option if progress is going to be made to encourage people, especially in deprived areas, to take more responsibility for their eating habits and choose healthier options.

6.6 Tackling issues associated with the postcode lottery of health and care provision which is referred to throughout this consultation response must be a top priority. Cross-government action and investment is needed to deal with inequalities across the country, the gap between poor and wealthy areas in terms of healthy life span will need to be addressed by adequate funding, housing that meets the needs of older people and those with disabilities, and better access in deprived communities to affordable healthy food.

**Recommendation 3: HLE+5 should recommend that the Government develops a new framework for interventions specifically designed to deal with regional health and care inequalities alongside its public health strategy.**

<sup>14</sup> Klaus Schwab, Founder and Executive Chairman, World Economic Forum (2012), *Five recommendations to manage population ageing*, available from: <https://www.weforum.org/agenda/2012/04/five-recommendations-to-manage-population-ageing/>

<sup>15</sup> British Medical Journal (2019), *Potential impact on prevalence of obesity in the UK of a 20% price increase in high sugar snacks: modelling study*, available from: <https://www.bmj.com/content/366/bmj.l4786>

## 7. National level actions

### How could the promotion of health become a key issue across government?

- 7.1 The Government has already launched the '[Advancing our health: prevention in the 2020s](#)' consultation to look at how it delivers more proactive and personalised prevention of ill health. The Government's intention is to develop a model that complements traditional public health interventions.
- 7.2 One of the main focus areas for the HLE+5 strategy could be to set out more specific aims leading up to 2035 to promote healthier, longer lives. This is something we looked at in our report '[Securing the Future](#)' as part of a 15 year timescale, too. The report looked at what we might expect in 5, 10 and 15 years' time and, in doing so, pointed toward how we might plan to impact different determinants of wellbeing in the short, medium and longer-term. Our Future Care Guarantees that flowed from such considerations aimed to form the basis of a national plan for health and care.<sup>16</sup>
- 7.3 It is fair to say that the Department of Health and Social Care has been progressing work in this area. Matt Hancock's focus on prevention has seen the publication of a Green Paper. The Government has continued to invest more money into the NHS, the recent £20 billion attached to the long-term plan and in the recent Spending Review the Chancellor announced he will increase NHS spending by £6.2 billion next year.

**Recommendation 4: HLE+5 should call on the Government to convene a cross-government group of Permanent Secretaries to coordinate health promotion in Whitehall.**

### What policies would best address the drivers of ill health for HLE+5?

- 7.4 The drivers of ill health from a public health perspective are commonly associated with regional inequalities, individual behaviours, diet, the built environment, social isolation, education and the gap between the most and least deprived areas.
- 7.5 Public Health England has looked at these drivers. For example, they have found that a lack of social connections is bad for our mental and physical health, not everyone has the same access to healthy food (there is a higher density of fast food outlets in deprived areas) and there is a growing gap between wealthy and deprived areas.

"Men in the wealthiest areas of England live 9.4 years longer than men in the poorest areas. This same gap is 7.4 years for females."<sup>17</sup>

- 7.6 The British Medical Association (BMA) has looked at population health and the policies to address the drivers of ill-health. To prevent physical and mental ill-health the BMA break down the need for a response into 4 key areas:

<sup>16</sup> Future Care Capital (2017), *Securing the Future*, available from: <https://futurecarecapital.org.uk/policy/securing-the-future/>

<sup>17</sup> Public Health England (2019), *A-Z of the root causes of ill health: aka the "wider determinants"*, available from: <https://publichealthengland.exposure.co/az-of-the-root-causes-of-ill-health>

- Addressing the social determinants that influence of health;
- Increased and sustained funding for public health;
- Prioritising prevention through the health service; and
- Effective regulation to tackle key drivers of ill-health.

7.7 For prevention, the BMA say the key areas of action are setting targets to narrow health inequalities, greater recognition of multi-morbidity, improving vaccine coverage rates and commitment to minimising air pollution and ensuring a smoke free NHS.<sup>18</sup>

7.8 We advocated in our '[Securing the Future](#)' report for the Government to plan and design the provision of health and care for every generation to tackle the growing 'care deficit'. There needs to be a national debate and plan of action that moves us beyond treating longevity as an increasingly unaffordable burden, to a situation in which living longer is approached as an opportunity for every generation to flourish.<sup>19</sup>

**Recommendation 5: HLE+5 will prioritise a policy response to reduce the health gap between wealthy and deprived areas by calling for greater investment to tackle loneliness and poor diet, and resources to ensure communities cater for age and mobility as people age.**

#### **What local leadership is needed to achieve HLE+5 by 2035?**

7.9 Since the introduction of the Health and Social Care Act 2012, local authorities have been responsible for:

"...improving the health of their local population and for public health services including most sexual health services and services aimed at reducing drug and alcohol misuse."<sup>20</sup>

Local government has taken a greater leadership role to address public health challenges, but it has been hampered by reductions in central Government funding. The Government must look more closely at how it can boost local leadership so that efforts to improve healthy life expectancy can be better directed on the ground. In our '[Taking Next Steps to Harness the Value of Health and Data](#)' discussion paper, we looked at how planning and licensing regimes could be operated to deliver a 'data dividend' from health and care provision, smart cities, telecoms and wireless operators. The data they hold could be used appropriately and securely in the public interest as well as for public benefit to form better public health responses.<sup>21</sup>

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<sup>18</sup> British Medical Association (2019), *Prevention before cure: prioritising population health*, available from: <file:///C:/Users/Joel%20Charles/Downloads/Prevention%20before%20cure%20prioritising%20population%20health%20report%20BMA%20March%202019.pdf>

<sup>19</sup> Future Care Capital (2017), *Securing the Future*, available from: <https://futurecarecapital.org.uk/policy/securing-the-future/>

<sup>20</sup> House of Commons Library (2014), *Local authorities' public health responsibilities (England)*, available from: <https://researchbriefings.parliament.uk/ResearchBriefing/Summary/SN06844#fullreport>

<sup>21</sup> Future Care Capital, *Taking Next Steps to Harness the Value of Health and Data*, page 36, available from: <https://futurecarecapital.org.uk/wp-content/uploads/2019/05/FCC-Discussion-Paper.pdf>

- 7.10 In our report, '[Facilitating Care Insight to Develop Caring Economies](https://futurecarecapital.org.uk/policy/facilitating-care-insight-to-develop-caring-economies/)', we concluded that national policy makers need to understand the demographic changes underway in local communities far better than they do now. Our report offers practical recommendations to help central and local government be better prepared to manage the challenges and opportunities our longevity presents.
- 7.11 Present national and local planning is not fit for purpose and lacks a deeper understanding of the variations in care infrastructures and how to respond to meet future demand for adult social care provision.
- 7.12 If we are to better respond to the challenges and opportunities presented by living longer then prevention and the promotion of healthy ageing must be a core part of the Government's and local authorities' strategies for independent living in later life.
- 7.13 The Government's forthcoming plans for adult social care, including the White Paper and expected new funding proposals, must not fall into the trap of developing a new approach based on the old-fashioned concept of social care.
- 7.14 There are critical gaps in the data available, its granularity and the resources in place to analyse it. If we are to plan for new models of care to meet the demands of our ageing population, central and local policy makers must fund better data collection and analysis.<sup>22</sup>

**Recommendation 6: Local authorities to use the scope of the general power of competence established under the Localism Act 2011 to innovate in challenging circumstance in order to create new/improved data-driven models for health and care provision.**

## 8. Health agencies

### What health systems, changes and incentives are needed to achieve HLE+5?

- 8.1 There are four key policy areas that could help increase healthy life expectancy:

**Education:** Improve the public's understanding across all age groups of what a healthy lifestyle could mean for them. The emphasis of local and national public health interventions should be about encouraging behaviour and wider lifestyle changes that improve life expectancy.

**Develop a better picture of public health:** The Government should consider directing investment towards mapping public health demands across every region in the country. The tool could work alongside the proposed new health index to target public health interventions more effectively.

**Early years:** Target public health interventions at a young age to improve the health of future generations of older people. Focus on the emotional resilience of parents to encourage their children to eat healthy food and avoid lifestyle choices that can contribute to poor health in later life.

<sup>22</sup> Future Care Capital (2018), *Facilitating Care Insight to Develop Caring Economies*, available from: <https://futurecarecapital.org.uk/policy/facilitating-care-insight-to-develop-caring-economies/>

**Devolution:** Using the Greater Manchester Health and Social Care Partnership as a model, give more regions the power to take charge of more health and care spending so that they can address wider problems that impact health – like poverty, loneliness and unhealthy lifestyles.

- 8.2 Incentivising changes to national policy is challenging when there is increasing demand on the ground for investment in primary and acute care. Prevention and wider public health spending cannot currently keep pace with the changing habits of the population and new emerging conditions, at times, brought on by lifestyle choices. The rise in obesity and diabetes are modern day challenges for the NHS to address that could have been mitigated if investment in prevention kept pace with changes in diet over the last few decades. If HLE+5 is going to be successful, there will need to be a realignment in spending at a local and national level to attempt to reverse the pressure poor public health is placing on frontline health and care provision.
- 8.3 Our '[Securing the Future](#)' report Future Care Guarantees advocated changes in a range of areas to that could underpin a National Plan for health and care as well as cement the support of the general public. Based upon the developments we might expect in 5, 10 and 15 years' time. For example, we said:

**Championing independent living**

Government will work with industry to introduce and uphold an Independent Living Guarantee enabled by a transformational programme of investment in 'pre-care' measures – the aim: to ensure our homes and communities are 'designed for age and mobility' so that more people are able to take care of themselves and their families at home for longer.

**Tackling loneliness and social isolation**

Government will introduce measures and invest to create the environment for local government and civil society to tackle loneliness and social isolation – the aim: to reduce the impact of what is widely regarded as a key characteristic of growing mental ill-health in our communities.

**Co-designing future care services**

Government will involve younger generations in the co-design of future care services on an iterative basis – the aim: to help Government design responsive care services and raise awareness of the need for individuals to plan ahead and make provision for their future health and care needs.<sup>23</sup>

**Recommendation 7: HLE+5 to advocate further devolution of health and care spending, in line with the Greater Manchester model, to all regions across the country that were not part of the original 2014/2015 Devolution Deals.**

**9. Proactive public health leadership**

**Which agency should have the leadership role for national level population health?**

<sup>23</sup> Future Care Capital (2017), Securing the Future, available from: <https://futurecarecapital.org.uk/policy/securing-the-future/>

- 9.1 Public Health England (PHE) remains the executive agency responsible for wider population health. Changing the lead agency at this time would not be a sensible step forward and could act as a hindrance in the short-term when trying to increase healthy life expectancy. The agency has already been working on launching the Government's own Prevention Green Paper and phase 1 of a Predictive Prevention work programme.
- 9.2 That does not mean the PHE's role must remain unchanged. PHE needs to be more locally focused and work in collaboration across Government to ensure public health is given greater priority in departmental forward plans. The Ministry of Housing, Communities and Local Government (MHCLG) seems to be the natural partner in Government for PHE to work with to improve its local reach and communication with local authorities. PHE should also be working more closely with the Cabinet Office because it is the best vehicle for cross-government implementation.

**Recommendation 8: HLE+5 to recommend that MHCLG collaborate with PHE to deliver locally targeted public health initiatives with local government. The Cabinet Office should also take greater oversight of public health implementation across Whitehall in collaboration with Public Health England and the Department of Health and Social Care.**

## 10. Third sector

**How can charities work collectively to shift public ideas, attitudes and opinions with more impact?**

- 10.1 There are a range of health and social care charities that advocate for different parts of the system. Charities could focus on greater collaboration to speak with one voice about the challenges faced by current provision and offer practical solutions. A large majority of charities belong to [National Voices](#) and the [Care & Support Alliance](#) who exist to campaign for a properly funded care system and help people to be in control of their health and care needs.
- 10.2 The charitable sector is getting more organised at a national level to make the case for improving public health. One way for the sector to improve its approach is to coordinate the tracking and recording of its impact. A sector-wide approach to recording impact could help influence government policy more effectively. It is important that the Government is more forthcoming in approaching the sector for ideas and solutions. The Government's current prevention consultation is an opportunity to make the case for charities to be involved on a cross-departmental basis in active decision making when it comes to prevention initiatives and wider public health considerations. HLE+5 should place the charitable sector at the heart of the strategy as a key stakeholder to help drive effort to improve healthy life spans.

**Recommendation 9: HLE+5 to call for a new blueprint where specific membership bodies for health and care charities are incentivised to work with their members by the Government through a new fund to generate ideas and coordinate action at a grassroots level to address barriers to improved life expectancy.**

## 11. Science, genomics, technology and data

### How can technology be harnessed in ethical ways to reduce social inequalities and address social determinants of health?

- 11.1 In our discussion paper, '[Taking Next Steps to Harness the Value of Health and Care Data](#)', we looked at the next steps that need to be taken to better harness the value of health and care data. We reflected upon policy developments to stimulate debate about where they might help or hinder progress in improving outcomes for individuals, critical infrastructure and services, as well as in delivering economic development goals and bolstering the sustainability of health and care provision.
- 11.2 Our research found that the ability of health and care organisations to make the most of data varies across the country, which could be at odds with the Government's intention to maximise the value of health and care data whilst ensuring a fair distribution of associated benefits results.
- 11.3 We acknowledge attendant sensitivities surrounding privacy, ethics and the need for appropriate regulation whilst underlining that the data harbours significant clinical, social, economic development as well as commercial value. A national strategy or policy framework must strike a balance between them and be underpinned by radical transparency so that applications to access and use data by third parties for research or commercial purposes is better understood. We also recommend that individuals be given a greater say and, potentially, a formal stake in whether and how the value of data about them is used in future.<sup>24</sup>

**Recommendation 10: HLE+5 should include a strategic plan for the use of data and explore the scope to recycle financial value from the broad-ranging data assets the NHS controls to ensure those people and organisations that often serve the most disadvantaged are not left behind by the data-driven revolution in health and care.**

## 12. Business, finance, innovation and investment

### What is (and should be) the role of employers to support a healthy workforce?

- 12.1 It will be important for the national strategy to respond to the needs of specific target groups whose health and wellbeing is impacted by their caring responsibilities. Unpaid carers are the backbone of informal care provision across the United Kingdom. The public would expect that such an important and growing group in our society would be first in line for support but, sadly, that isn't the case. Instead, large numbers of unpaid carers feel isolated and overwhelmed by the day-to-day demands placed on their shoulders but carry on, too often, in ways that are detrimental to themselves, out of a deep sense of compassion and duty to support the needs of the people for whom they care. By 2037, Carers UK anticipate that the number of carers

<sup>24</sup> Future Care Capital (2019), *Taking Next Steps to Harness the Value of Health and Care Data*, available from: <https://futurecarecapital.org.uk/policy/taking-next-steps-to-harness-the-value-of-health-and-care-data/>

will increase to 9 million.<sup>25</sup> Any strategy that is serious about addressing health inequalities will need to look at large groups whose health and care needs are not being adequately addressed to help improve healthy life expectancy.

- 12.2 In our report, '[A Forgotten Army: Coping as a Carer](#)', we found that being an unpaid carer has an impact on working life, working reduced or flexible hours, or led to decreased performance at work in terms of concentration. Carers also told us about the importance of employers being flexible and permitting them to work around their caring responsibilities.
- 12.3 We have recommended that the Government convenes a Carers Coalition to improve the identification, signposting and targeting of support to unpaid carers. As part of this, we want to see employer participating in this coalition so that the right support and information can be provided to unpaid carers to help them better manage their work-life-care balance.<sup>26</sup>

**Recommendation 11: HLE+5 to call for employers to join a Carers Coalition to improve the work-life-care balance of unpaid carers – a key group in society that could help support increases in healthy life expectancy amongst older people.**

### 13. A 30-year project

**How do we build a cross-party consensus on this agenda, to reduce political churn?**

- 13.1 On several occasions a Parliamentary Commission has been advocated as a route to develop consensus between the political parties in Westminster. The clear dividing lines between parties on health and social care policy has made it difficult to reach any form of consensus. A commission is not likely to resolve such tensions. The Future Care Guarantees we set out in our Securing the Future report arose because we do not believe a cross-party consensus can be achieved.
- 13.2 There needs to be a new route to break the deadlock. One potential avenue is to move elements of health and care policy scrutiny to an independent body to take the politics out of health and care, assessing demand for provision, making evidenced-based policy recommendations and providing a national assessment of Government performance.
- 13.3 We have also called for a Care Covenant. The debate about our future health and wellbeing frequently underpins political tension. We need a conversation that is more inclusive whilst pushing the boundaries to achieve a shared vision. In July, we launched a national conversation, and introduced the idea of a Care Covenant as a means to frame this wide-ranging debate. We believe that a Care Covenant could help to articulate peoples' priorities in relation to a 21st century health and care system, and should be developed through co-creation, inviting the evolution of a new social movement to inform future policy decisions. The Care Covenant could be a means to reimagining health and care priorities and in turn facilitate a conversation about wider public health issues that need to be addressed to improve life expectancy.

<sup>25</sup> Carers UK (2019), *Facts & Figures*, available from: <https://www.carersuk.org/news-and-campaigns/press-releases/facts-and-figures>

<sup>26</sup> Future Care Capital (2019), *A Forgotten Army: Coping as a Carer*, available from: <https://futurecarecapital.org.uk/policy/a-forgotten-army-coping-as-a-carer/>

- 13.4 Another short-term approach might be to get all the political parties to agree a shared vision for public health. This could be led by academic, international experts and public and private sector leaders. Given the current volatile nature of politics and the prospect of a Winter General Election, it is unlikely that the political parties would consider signing up to a shared vision.

**Recommendation 12: HLE+5 to advocate the establishment of a new independent body, similar to the Office for Budget Responsibility which assesses the sustainability of public finances, to set projections for healthy life expectancy and hold the Government to account for future funding and policy decisions specifically for public health interventions.**

#### 14. Conclusion

- 14.1 HLE+5 is an opportunity to build on the Government's prevention strategy and focus momentum towards developing clear short and long-term objectives to increase healthy life expectancy. How the strategy addresses the key drivers of ill-health, including social and environmental factors that impact all generations as they head towards later life will be critical. We have said consistently that poverty is a major barrier to improving life expectancy, too. Those in or about to enter middle age have time to make adjustments to their lifestyle that will count in later life. HLE+5 needs to focus on middle age groups and define a response that will encourage the changes needed to improve healthy life expectancy in later life.
- 14.2 Our recommendations aim to complement the HLE+5 straw man and discussions held at the Advisory Board Committees throughout the Summer to help build a clear direction of travel for the strategy. We believe it is important that HLE+5 mirrors what the Government is actively considering in order to improve overall public health and encourage a greater say for local government and communities as a whole to be more involved in the national policy decision making process.
- 14.3 The development HLE+5 is a timely opportunity to influence the Government's agenda which should be welcomed, but it will need to be far more specific about building public interest in the opportunities of later life, actions to achieve its strategic goals and the leadership needed to see the plan through.
- 14.4 For HLE+5 to be truly successful, it must not focus purely on a strategy that attempts to improve healthy life expectancy from a health and social care perspective. The strategy will not be a success if it calls for change from an isolated position. It will need to encourage a cross-government/cross-sector approach to make rapid progress if it is going to realise the 2035 target. This means reaching out to individuals, communities, businesses and the charitable sector to deliver on the ambitions set out in the straw man. The task ahead for HLE+5 is how it can build a sustainable ecosystem to encourage wider society to do something differently and change direction before improvements in life expectancy in later life become an increasingly harder task.

14.5 We believe that in order for HLE+5 to be a successful strategy, it will need to consider the following recommendations in order to influence Government policy at this critical juncture as public health is a growing national priority:

14.6 **Recommendations:**

**Recommendation 1: HLE+5 to call on the Government to launch a new national public health campaign that promotes a positive vision for later life.**

**Recommendation 2: HLE+5 to encourage the Government to conduct a new review into public perceptions about ageing to understand what different age groups believe are the benefits of later life.**

**Recommendation 3: HLE+5 should recommend that the Government develops a new framework for interventions specifically designed to deal with regional health and care inequalities alongside its public health strategy.**

**Recommendation 4: HLE+5 should call on the Government to convene a cross-government group of Permanent Secretaries to coordinate health promotion in Whitehall.**

**Recommendation 5: HLE+5 will prioritise a policy response to reduce the health gap between wealthy and deprived areas by calling for greater investment to tackle loneliness and poor diet, and resources to ensure communities cater for age and mobility as people age.**

**Recommendation 6: Local authorities to use the scope of the general power of competence established under the Localism Act 2011 to innovate in challenging circumstance in order to create new/improved data-driven models for health and care provision.**

**Recommendation 7: HLE+5 to advocate further devolution of health and care spending, in line with the Greater Manchester model, to all regions across the country that were not part of the original 2014/2015 Devolution Deals.**

**Recommendation 8: HLE+5 to recommend that MHCLG collaborate with PHE to deliver locally targeted public health initiatives with local government. The Cabinet Office should also take greater oversight of public health implementation across Whitehall in collaboration with Public Health England and the Department of Health and Social Care.**

**Recommendation 9: HLE+5 to call for a new blueprint where specific membership bodies for health and care charities are incentivised to work with their members by the Government through a new fund to generate ideas and coordinate action at a grassroots level to address barriers to improved life expectancy.**

**Recommendation 10: HLE+5 should include a strategic plan for the use of data and explore the scope to recycle financial value from the broad-ranging data assets the NHS controls to ensure those people and organisations that often serve the most disadvantaged are not left behind by the data-driven revolution in health and care.**

**Recommendation 11: HLE+5 to call for employers to join a Carers Coalition to improve the work-life-care balance of unpaid carers – a key group in society that could help support increases in healthy life expectancy amongst older people.**

**Recommendation 12: HLE+5 to advocate the establishment of a new independent body, similar to the Office for Budget Responsibility which assesses the sustainability of public finances, to set projections for healthy life expectancy and hold the Government to account for future funding and policy decisions specifically for public health interventions.**

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