

HEALTH DEVOLUTION COMMISSION¹ SUBMISSION TO SPENDING REVIEW (1 OF 2)

PUBLIC HEALTH PROPOSALS

Make England a 'Marmot' Nation

The Spending Review 2025 provides a unique opportunity to take a major step forward in public health improvement by heralding the nation's first ever comprehensive, cross-government mission to make England a 'Marmot' nation. This mission would seek to improve the health of all ages and have a number of components:

- **A Cabinet-level Mission Delivery Board for Health Equity** to set a timetable with milestones in order to deliver the Mission, chaired by the Deputy Prime Minister, with the support of a Minister of State for Public Health.
- **A new Public Health Act** to consolidate existing legislation and ensure health and wellbeing is at the heart of Whitehall.
- **A multi-year funding settlement for Local Government** to support both its public health services and its wider role in tackling the very local social determinants of ill-health.
- **Increasing substantially the Public Health Grant** through a real-terms increase in every year of the Spending Review
- **More power for Directors of Public Health** to influence decision making across a range of services and policies that affect the public's health at local, strategic (Combined Authority) and national levels.
- **Create specific financial incentives for ICSs** to focus on reducing health inequalities and improving population health; and to shift resources towards community-based health, social care and public health services with a new national Public Health Prevention Standard - similar to the national Mental Health Investment Standard - as a means of ensuring increased and sustainable funding each year.
- **Support the strengthening of Integrated Care Partnerships within every ICS** so become public health improvement partnerships with the leadership (including expectation of a chair role for ICP for Mayors plus Director of Public Health to sit as Vice chair) plus the powers and resources to lead the delivery and impact of health equality and public health improvement
- **Specific measures to support healthy child development** including maternity services, early years support services, improving school readiness, school nurses, family hubs, and youth friendly health and care services

[The detailed analysis of the rationale, cost, benefits, feasibility and contribution of these proposals to the Government's missions are described below]

¹ The Co-chairs are Dr Nik Johnson, Mayor of Cambridgeshire and Peterborough and lead spokesperson on health for the M12, and Imelda Redmond CBE, former Director of HealthWatch.

Rationale: The government has begun two major strands of work to improve the public's health - a profound shift in the NHS from treatment of sickness to the prevention of illness and decline in health; and new duties on all Strategic Authorities and their mayoral leaders to adopt and apply a 'health in all policies approach' to address the social determinants of ill-health. The Commission now believes the Spending Review 2025 provides a unique opportunity to take a further major step forward in public health improvement by creating the nation's first ever comprehensive, cross-government mission to make England a 'Marmot' nation.

The challenge: The [Marmot Review 10 Years On](#) found that for the first time in more than 100 years life expectancy has failed to increase across the country, and for the poorest 10% of women it has actually declined. Over the last decade health inequalities have widened overall, and the amount of time people spend in poor health has increased since 2010.

The Commission's 2023 [annual report](#) summarised a number of worrying trends in the decline of the health of the public. A number of recent reports indicate that this decline is set to continue and that inequalities in health will persist over the next two decades. Key trends include:

- the gap in major illness-free life expectancy between the 10% most and least deprived areas is projected to remain around 10 years by 2040.
- there will be no improvement in health inequalities for working-age adults between 2019 and 2040
- the number of working-age people living with major illness is projected to increase from 3 million to 3.7 million between 2019 and 2040 and be concentrated in more deprived areas
- a small group of long-term conditions contribute to most of the health inequality: chronic pain, COPD, type 2 diabetes, cardiovascular diseases and anxiety and depression
- chronic pain, type 2 diabetes and anxiety and depression are projected to increase at a faster rate in the most deprived areas than in the least deprived areas
- in 2022/23 the UK vaccination rates by age five were below the 95% target for all vaccines set by the World health Organisation.
- 72% of patients with a learning disability had a Learning Disability Health Check in 2021-22, a statistically significant **decrease** from 75% in 2020-21

Consensus: There is a widespread consensus on the urgent need for much greater action to tackle the causes of ill-health of the population (including poor mental health and low well-being); and widespread recognition that doing so would bring many personal, social, financial and economic benefits to the country.

As well as action to address the well-known behavioural drivers of ill-health such as obesity, smoking, alcohol misuse and sexual ill-health there are increasing concerns about systemic public health risks such as growing [antimicrobial resistance](#) in the population, lack of climate resilience, and lack of health system resilience to respond to public health emergencies such as pandemics.

Power and resources to make change happen: The problem that the Government and integrated care systems have to address does not appear to be about knowing what good public health looks like, or even not knowing what needs to be done. The challenge is to put those known effective policies and programmes into action. And one of the core barriers to be overcome appears to be the lack of power and leverage in the system for implementing measures that improve the public's health. The Devolution White Paper set out two important proposals and the Spending Review should help embed as well as fund these: aligning Combined Authorities' geography with that of Integrated Care Systems, and advocating that the relevant Mayor chairs the Integrated Care Partnership.

Local government in England has several statutory duties for public health outlined in various pieces of legislation, including the Health and Social Care Act 2012 and the Public Health Act 2013, including:

- *Health improvement:* Local authorities are required to take actions to improve the health of their population, including promoting healthy lifestyles, tackling obesity, reducing smoking rates, and encouraging physical activity.
- *Health protection:* They are responsible for protecting the public from health hazards and outbreaks of infectious diseases. This includes monitoring and managing communicable diseases, ensuring food safety, and responding to public health emergencies.
- *Healthcare planning:* Local authorities must collaborate with other agencies to plan and commission healthcare services that meet the needs of their population, including mental health services, sexual health clinics, and substance misuse services.
- *Health inequalities:* They are obligated to address health inequalities within their communities, working to reduce disparities in health outcomes between different population groups.

However, the Local Government Association has expressed strong concerns that reductions in funding continues to leave local public health teams with limited resources to maintain essential services such as sexual health services and specialist community public health nursing for the next year. Between July 2015 and 2024, the [Public Health Grant](#) received by councils (£3.6bn in 2024/25) was reduced in real terms by £858 million (24% in 2022/23 prices). This has resulted in a reduction in councils' ability to spend on public health commissioned services leading to a reduction in spend on preventative services and a greater focus on reactive, demand-led provision - despite the growing body of evidence of the financial and social benefits of prevention.

Integrated care systems have been given as one of their four primary aims the task of population health improvement. However, analysis shows that very little has actually been done two years after they became statutory bodies. The immediate pressures on health services are numerous and compelling, and there is already evidence that these are crowding out longer-term strategies including prevention. Similarly, the impact of sanctions if top-down targets for NHS performance set by the government and NHSE are not achieved serve to relegate priority and resources on areas that are not subject to such targets. Yet ICSs are described as offering an opportunity for neighbourhood health initiatives to become not just "projects but the foundational mindset" of health services—the "beating heart" of population health.

A new approach: A new approach is required to address the lack of power, leverage and resources in the system to implement fundamental measures that will improve the public's health. To be successful in 'shifting the dial' on the public's health will require:

- **A clear mission** to improve the public's health, including a new Public Health Act, that seeks to tackle the wider determinants of health such as income, education, housing, transport and leisure; address unhealthy behaviours and lifestyles such as smoking, alcohol consumption, poor diet and lack of exercise; and improve the local environment in places and communities that have an impact on social relationships and community networks, including mental health.
- **Effective leadership** through a Cabinet-level Mission Delivery Board for Health Equity to set a timetable with milestones in order to deliver the Mission, chaired by the Deputy Prime Minister, with the support of a Minister of State for Public Health; more power for local Directors of Public Health to influence decision making across a range of services and policies that affect the public's health at local, strategic and national levels; and stronger Integrated Care Partnerships within every ICS to become public health improvement partnerships with the leadership, powers and resources to lead the delivery and impact of health equality and public health improvement.
- **Increased resources** for public health including a multi-year funding settlement for Local Government to support both its public health services and its wider role in tackling the very local social determinants of ill-health; increasing substantially the Public Health Grant through a real-terms increase in every year of the Spending Review 2025; and create specific financial incentives for ICSs to focus on reducing health inequalities and improving population health; and to shift resources towards community-based health, social care and public health services with a new national Public Health Prevention Standard - similar to the national Mental Health Investment Standard - as a means of ensuring increased and sustainable funding each year.
- **A specific focus measures to support healthy child development** for a future healthy adult population including investment to support improvements in maternity services, early years support services, school readiness programmes, school nursing services, family hubs and centres, and youth friendly health and care services.

Costs: Some components of the mission are low-cost as they are actions that will increase power at different levels in the system to have greater influence over existing spending or ways of working that contribute to improving the public's health. Increased and sustained real-terms financial support for local government over the three-year spending review is key to restoring a wide range of local publicly-funded services. *Increasing substantially the Public Health Grant from £3.6 billion by 10% each year would cost around £1.7 billion by the end of the spending review period (2028/29).*

Savings/Benefits: Some elements of the public health mission would make direct savings in costs, generate efficiency gains and improve productivity in a number public services including the NHS, schools and local government by reducing levels of demand generally and reducing demand for specific high-cost services.

[A systematic review](#) of the return on investment in public health interventions concluded that local and national public health interventions are highly cost-saving. Cuts to public health budgets in high income countries it said represent a false economy, and are likely to generate billions of pounds of additional costs to health services and the wider economy.

Contribution to Government Missions: Making England a 'Marmot' nation would be a major contribution towards the government's mission to grow the economy and improve the NHS.

Feasibility: All of the components of a new public health mission are straightforward changes to the way that the government works that build on existing mechanisms for change such as creating a mission delivery board, passing legislation, enhancing key public sector roles and awarding relatively manageable levels of increased funding.

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