A Vision for the Public's Health

Pragmatic, evidence-informed recommendations to improve health and tackle inequalities in the United Kingdom

FACULTY OF
PUBLIC HEALTH

Contents

Our vision for a healthier, fairer and more productive UK

Good public health is the foundation for increasing economic productivity, ensuring our health and care services are sustainable, maximising the potential of our children and ensuring everyone has a fair chance to live a long, fulfilling and healthy life.

At present we are paying a high price for poor health. We have record levels of long-term sickness, health and care services are unable to cope, millions of families live in poverty and children's life chances are compromised even before they start school. The Covid-19 pandemic has exposed the deep inequalities in our society,[1] while the cost of living crisis is putting further pressure on people's health and wellbeing.[2] The growing challenges faced by the NHS and social care are driven by people living longer but in poorer physical and mental health,[3] eroding the resilience of our communities and our nation's economy. Now climate change is adding to the burden of ill health. It doesn't have to be this way.

The Faculty of Public Health (FPH) believes that bold action led by the UK government, the devolved administrations, the NHS and local government to invest in good public health would make a profound and rapid difference to our society.

Public health is the science and art of preventing disease, prolonging life and promoting health through the organised efforts of society. It plays a crucial role in the health and wellbeing of every community.

FPH members are vital for the cost-effective implementation of the recommendations in this document. Public health specialists form the bridge between national policy and local action, having the knowledge, relationships and insights to deliver change.

The ban on smoking in public places and the recent bold and ambitious government announcements on creating a smokefree generation and reducing vaping among children are testament to the unique leadership role government can play in improving the nation's health, economic productivity and life chances. Partnership between government and local public health teams is how the big advances in public health will be achieved. This policy paper - prepared for policy makers, public health and healthcare leaders at national, regional and local levels working to improve the public's health - explains what needs to be prioritised and why.

This is a national call to action. We set out an evidence-informed vision for a healthier UK and the steps we need to take to achieve it. At the heart of our vision is the belief that everyone deserves the chance to live a long and healthy life, and that it is unacceptable for people's life expectancy and health outcomes to be determined by their postcode, ethnicity or income.

Looking to the challenges of the coming decades, the FPH has identified four priorities to advance public health, reduce inequalities and boost economic productivity, with 50 evidence-based recommendations for action.

1. Promote policies and programmes that improve the health and wellbeing of people and communities and tackle health inequalities.

2. Tackle poverty to ensure everyone has the chance to live a long and healthy life.

3. Protect the nation from infectious diseases and prepare for health threats and emergencies.

4. Increase investment in public health and prevention as assets for society, and make health a priority for cross-government action.

Our priorities for the first 100 days

Each priority area requires urgent and sustained policy intervention by all the governments of the UK, their partners in local government and the wider community.

The 50 recommendations within these priorities provide a comprehensive overview of actions required to improve the public's health. Within the first 100 days of the new administration, the FPH calls for bold action on 7 key recommendations which would signal a clear commitment to population health and a desire to move with intention and pace:

1. Deliver a bold, ambitious goal to improve the nation's health to sit alongside the net zero target and increasing economic growth as the key drivers of government policy over the next decade and beyond.

2. Implement fully the government's commitment to a smokefree generation set out in *Stopping the start: our new plan to create a smokefree generation*, with action to prevent smoking before it starts, support smokers to quit and stop vapes being marketed to children.

3. Establish a non-partisan, independent commission to review UK drugs legislation based on national and international evidence of what works in reducing harm.

4. Support inclusive and meaningful engagement with communities, prioritising co-production and community participation as a cross government commitment.

5. Commit to a new Child Poverty Act which commits to ending child poverty in all parts of the UK by 2030.

6. Extend the National Living Wage to all employees of any age, replacing the National Minimum Wage that applies to workers aged 16-20.

7. Scrap the two-child limit and the benefit cap for universal credit, delivering significant income gains for many of the poorest families for a cost of £3bn.

Our Recommendations:
A Vision for the Public's Health

Promote policies and programmes that improve the health and wellbeing of people and communities and tackle health inequalities

Creating a smoke-free generation

1. Implement fully the government's commitment to a smokefree generation set out in *Stopping the start: our new plan to create a smokefree generation*, with action to prevent smoking before it starts, support smokers to quit and stop vapes being marketed to children.

Reducing alcohol-related harm

2. England and Northern Ireland should adopt Minimum Unit Pricing to restrict access to cheap high strength alcohol, following its successful introduction in Scotland and Wales.
3. Rapidly deliver a long-term and substantial expansion in treatment services for alcohol dependency.
4. The UK government should publish a comprehensive strategy on reducing alcohol harm, addressing issues such as advertising, the drink drive alcohol limit and public awareness of harm.

Reducing drug dependence

5. Establish a non-partisan, independent commission to review UK drugs legislation based on national and international evidence of what works in reducing harm.
6. Government should remove legislative barriers to innovative interventions to reducing drug dependence and drug-related harm.
7. People who use drugs should be offered support and treatment rather than punishment.

Supporting a healthy, sustainable diet and physical activity across the lifecourse

8. Create a strategic plan to shift the UK to a healthier, more sustainable dietary pattern that reduces inequalities of diet-related health and wellbeing.
9. Provide additional resources and a stronger role for local government and the NHS in the governance and delivery of food at a local level, giving it more control over issues such as takeaways targeting schoolchildren.
10. Promote policies and incentives geared towards creating healthy, sustainable environments that promote active travel and greater physical activity levels across the life course, healthy ageing, and building the capacity and capability of the health and care workforce to promote physical activity in all settings.

💙 Building a healthy workforce

11. Government and employers need to support people with long-term sickness and disability, including long Covid, to access healthcare and rehabilitation services, such as physical and psychological therapies, peer support and training.
12. Government needs to provide employers with financial and tax incentives to encourage more investment in staff health and wellbeing, such as occupational health services, particularly among SMEs, who find it more difficult to fund such services. Providing occupational health services should be compulsory for large employers.

📊 Tackling health inequalities and their drivers

13. Establish measurable, long-term targets to reduce health inequalities as part of a strategic partnership between national governments, local government, the NHS and public health teams to reduce and prevent the social causes of poor health with specific prioritisation of inequalities related to mental health, maternal and infant mortality, HIV sexual health, cardiovascular disease and musculoskeletal conditions.
14. That the next Government introduce new limits for PM2.5 and PM10 concentration levels that are in line with the WHO guidelines, and make a legally binding commitment to meet these levels by 2030.
15. Take urgent action to improve the social determinants of health and address the underlying causes of health inequalities, including poverty, employment opportunities, insecure housing, and structural racism.
16. Support inclusive and meaningful engagement with communities, prioritising co-production and community participation as a cross government commitment.

Tackle poverty to ensure everyone has the chance to live a long and healthy life

💷 Addressing poverty and the cost-of-living crisis

17. Increase local government funding and change the way that resources are allocated to ensure that more investment in the NHS and other public services is targeted at the most deprived areas with the worst economic and health outcomes.
18. Extend the National Living Wage to all employees of any age, replacing the National Minimum Wage that applies to workers aged 16-20.
19. Scrap the two-child limit and the benefit cap for universal credit, delivering significant income gains for many of the poorest families for a cost of £3bn.
20. Provide funding for housing associations and local authorities to deliver a net increase of 90,000 social rent homes a year in England, with comparable targets adopted across the UK.
21. Commit to a new Child Poverty Act which commits to ending child poverty in all parts of the UK by 2030.

👥 Giving children the best start in life

22. Local authorities and the NHS across the UK should establish clear plans with measurable targets for improving support for families during the first 1000 days of life.
23. Government in all UK nations must adopt a 'health in all policies' approach to tackling child poverty, with an emphasis on the first 1000 days of life, including funding to support local plans.

24. Expand access to free school meals for all children in households receiving universal credit, removing the income cap.

Addressing the root causes of economic inactivity

25. Reduce economic inactivity and improve health for people in work by taking coordinated action to address barriers to work due to ill health, increase support for those out of work as a result of illness and disability, and work with business to support employee health, keep people in work and promote healthier workplaces.
26. UK governments should give local authorities powers to bring together local and national resources and stakeholders to deliver focused action on economic inactivity and ill health.
27. Work across government to drive increased investment in prevention and support for those with long-term physical and mental health conditions, alongside a coordinated approach to skills development and employment support.

Protect the nation from infectious diseases and prepare for health threats and emergencies

Taking action against climate-related health harm

28. Implement immediate measures to help limit global warming to 1.5°C, such as accelerating the transition from fossil fuels to renewable energies.
29. Support and incentivise programmes and policies to accelerate the shift to low-carbon transport systems.
30. Support educational and other incentives to encourage transition to sustainable, affordable plant-based diets.
31. Consider the impact of climate change in all national and local government policy decisions.
32. Advise and encourage planning by all organisations to become net zero.

Building health protection and pandemic preparedness

33. Governments to improve awareness across departments of the structures, roles, responsibilities and capabilities of the public health system and workforce.
34. Regularly review, update and publish national pandemic preparedness plans and risk assessments for infectious diseases.
35. Put public health at the heart of preparations for combating pandemics and other infectious diseases, recognising their central role in effective community responses.
36. Ensure the local public health voice is actively sought and listened to during infectious disease outbreaks, so that their vital insights into how diseases are impacting communities are reflected in national plans.

Increase investment in public health and prevention as assets for society, and make health a priority for cross-government action

Investing in the specialist public health workforce

37. Expand the specialist public health workforce to ensure all UK nations maintain their capacity and capability to improve population health, tackle health inequalities and respond to pandemics and other population health threats.
38. Provide sufficient investment to secure the training and deployment of a specialist workforce of 30 public health specialists per million population, for all regions and devolved nations of the UK.
39. Launch a national strategy to develop and support the wider public health workforce, to supplement the impact of specialists in delivering health in all policies.
40. Build on the NHS Long Term Workforce Plan through a long-term commitment to funding the expansion of workforce training it sets out, legislating to update projections of future workforce needs and boosting staff retention by taking stronger action on pay, conditions and workplace cultures.

Enhancing public health through fair funding of local services

41. Restore the real term cuts in Public Health Grant in England by committing to a £1 billion increase in funding to support local public health teams as they deliver vital work to protect communities and improve health, with commensurate increases in funding for the other nations.
42. All UK governments to commit to a multi-year settlement for public health, providing certainty for transformative investments locally, regionally and nationally.
43. Given the critical role of the NHS in secondary prevention, provide stable, long-term investment to meet underlying demand and cost pressures, increase capacity and strengthen the resilience of the NHS.

Delivering population-level interventions and policies

44. Deliver a bold, ambitious goal to improve the nation's health to sit alongside the net zero target and increasing economic growth as the kay drivers of government policy over the next decade and beyond.
45. Encourage cross-government and cross-system partners, backed by strong leadership from the Prime Minister, to collaborate to improve the social, structural and commercial determinants of health.
46. Ensure national departments and agencies and regional and local bodies integrate policies to improve public health. Learn from and build on the Well-being of Future Generations Act in Wales, with a view to a similar act to be implemented in England.
47. Embed prevention in routine healthcare practice and clinical care pathways for the NHS in all UK nations.
48. Prioritise the development of a Health Index that is inclusive of health outcome measures, modifiable risk factors and the social determinants of health.
49. Invest in research and evaluation, and the public health academic workforce, to generate high quality evidence on effective actions to improve public health at local and national levels.
50. Ensure that new regional and local bodies, and efforts to promote economic and social development, incorporate a strong focus on reducing health inequalities.

1. Promote policies and programmes that support people and communities to attain optimal health and wellbeing

Living healthier for longer

The evidence is clear: people in the UK are living longer, but they are not always living healthier. The Health Foundation estimates 9.1 million people in England will be living with a major illness by 2040, an increase of 2.5 million – 37% – compared with 2019.[4] The working age population who will have to fund the care services to meet this demand will grow by just 4% over the same period.[5]

In the first decade of the 21st century, healthy life expectancy at birth rose by more than life expectancy – in other words, we could expect to live not just longer, but longer in better health.[6] But in the decade before the pandemic both our life expectancy and healthy life expectancy stagnated,[7] a worse performance than many comparable countries.[8]

Since then the picture has worsened. Life expectancy at birth in the UK in 2020 to 2022 was 78.6 years for males and 82.6 years for females, a fall compared with 2017 to 2019. The latest estimates of life expectancy at birth are back to the same level as 2010 to 2012 for females and slightly below for males.[9]

While much of the growing burden of ill health is due to an ageing population, it is aggravated by factors such as poverty, inequality, ethnicity and unhealthy lifestyles.[10] A healthier population is more productive and less reliant on health and social care services. Investing in public health is one of the best investments we can make in the future of our country.

Creating a smoke-free generation

Smoking remains the leading cause of preventable illness and death in the UK and a huge cause of health inequalities.[11,12] Despite substantial progress in recent years, around 13% of UK adults still smoke, including around 1 in 10 pregnant women.[13] People living in poverty and people with disabilities are more likely to smoke and more likely to die from smoking-related illnesses.[14,15]

Recommendation

1. Implement fully the government's commitment to a smokefree generation set out in *Stopping the start: our new plan to create a smokefree generation*,[16] with action to prevent smoking before it starts, support smokers to quit and stop vapes being marketed to children.[17]

Reducing alcohol-related harm

Alcohol is linked to over 100 illnesses and 42% of violent crime, such as domestic violence.[18] Its cost to the NHS and wider society in England alone is around £23 billion annually.[19] It is the biggest risk factor for death, ill health and disability among 15-49 year-olds in the UK,

and the fifth biggest risk factor across all ages.[20] Deaths from alcohol have risen by 89% in the last two decades, and have surged since the pandemic.[21] Around 15% of road deaths involve a driver who is over the legal alcohol limit, around 260 fatalities each year.[22]

Only 18% of the 600,000 people classed as dependent drinkers in England are receiving treatment, despite success rates of around 60% and evidence that, on average, every £1 spent on treatment quickly delivers £3 of benefit and significantly more in the longer term.[23] There has been no national alcohol strategy since 2012. In 2021-22 local authorities in England reported spending £637 million on alcohol and drug services, a real term cut of 27% in seven years.[24]

In Scotland, 41% of prisoners report being drunk at the time of their offence, including 60% of young offenders.[25] Yet the number of people accessing specialist alcohol treatment in Scotland fell by 40% in the 10 years to 2021-22, following a funding cut.[26]

To reduce alcohol-related harm it is essential to tackle the availability, affordability, advertising and promotion of alcohol, while providing support for dependent drinkers. Since May 2018, every alcoholic drink sold in Scotland has had minimum unit pricing (MUP) of £0.50 per unit. Wales followed suit two years later. A study of the impact in Scotland published in 2023 found that minimum unit pricing was associated with a 13.4% reduction in deaths wholly attributable to alcohol consumption, and a 4.1% reduction in hospitalisations wholly attributable to alcohol.[27] This is driven by significant improvements in chronic outcomes, particularly alcoholic liver disease. The benefits were seen most strongly in the more deprived areas of the country.

Recommendations

2. England and Northern Ireland should adopt Minimum Unit Pricing to restrict access to cheap high strength alcohol, following its successful introduction in Scotland and Wales.[28]
3. Rapidly deliver a long-term and substantial expansion in treatment services for alcohol dependency.
4. The UK government should publish a comprehensive strategy on reducing alcohol harm, addressing issues such as advertising, the drink drive alcohol limit and public awareness of harm.

Reducing drug dependence

The UK, once a world leader in health-orientated drug policies, now has a significant and growing problem with drug-related deaths. Drug use and related harms should be viewed as a public health issue.

In 2022 there were around 4,200 deaths from drug misuse in England and Wales. Mortality rates from drug misuse grew from 15.7 deaths per million people in 1993 to 53.9 per million.[29] The rate of drug deaths in Scotland is 2.7 times the UK average and by far the highest in Europe.[30,31]

In England, confused lines of accountability between criminal justice policy under the Home Office and treatment policies under the Department of Health and Social Care has made it harder to make clear choices about the way forward.

Criminalising people who use drugs is costly to taxpayers, does not reduce drug use, and

exacerbates difficulties faced by drug users such as deprivation and homelessness. Looking at the evidence, the FPH and Royal Society of Public Health have argued for an approach that supports people who use drugs to get treatment rather than punishing them, while the UN Common Position on Drugs and the Health and Social Care Committee on Drug Policy have advocated decriminalising the possession of drugs for personal use.[32]

Recommendations

5. Establish a non-partisan, independent commission to review UK drugs legislation based on national and international evidence of what works in reducing harm.
6. Government should remove legislative barriers to innovative interventions to reducing drug dependence and drug-related harm.
7. People who use drugs should be offered support and treatment rather than punishment.

Supporting a healthy, sustainable diet and physical activity across the lifecourse

Poor diet is one of the biggest preventable risk factors for ill-health and premature death. People most at risk of diet-related ill-health include people with disabilities, people on low incomes, those in deprived areas, some from ethnic minority backgrounds and vulnerable people such as the homeless.[33]

Obesity costs the NHS in England around £6.5 billion a year, and is the second biggest preventable cause of cancer, after smoking.[34] Around one in four adults in England are living with obesity.[35] Among children, 10.1% of 4-5 year-olds had obesity in 2021/22. For children aged 10-11 this climbed to 23.4% who had obesity and another 14.3% living with an unhealthy weight.[36] Obesity among children from the most deprived areas is more than double that for the least deprived.[37] Poor diet affects children's performance at school, including concentration, activity levels and self-esteem.[38]

In Wales, 66% of men, 56% of women and 27% of children live with either overweight or obesity. Official estimates indicate that if current trends continue, obesity will cost the NHS in Wales £465 million by 2050.[39] In Northern Ireland, 27% of adults and 6% of children are living with obesity, which is strongly correlated with deprivation.[40]

Around 4.3 million people in the UK have a diabetes diagnosis, while an estimated 850,000 people are living with undiagnosed diabetes, bringing the total to more than five million.[41] Obesity is a major cause of type 2 diabetes, which accounts for approximately 90% of cases. Each week diabetes leads to around 184 amputations, 770 strokes, 590 heart attacks and 2,300 cases of heart failure.[42]

The food system which drives poor diets, delivering high-fat takeaway and ultra-processed food, also has an environmental impact through energy use, packaging and food waste.

Recommendations

8. Create a strategic plan to shift the UK to a healthier, more sustainable dietary pattern that reduces inequalities of diet-related health and wellbeing.[43]
9. Governments to provide additional resources and a stronger role for local government and the NHS in the governance and delivery of food at a local level, giving it more control over issues such as takeaways targeting schoolchildren.

10. Promote policies and incentives geared towards creating healthy, sustainable environments that promote active travel and greater physical activity levels across the life course, healthy ageing, and building the capacity and capability of the health and care workforce to promote physical activity in all settings.

Building a healthy workforce

A healthy workforce is more productive and less reliant on healthcare services, but work-related health problems are a major public health issue. One in five workers in the UK experiences a work-related health problem each year. These include injuries, poor mental health and chronic diseases.[44]

From 2019 to 2022, economic inactivity in the UK due to long-term sickness or disability increased by 462,000 people.[45] Around a third of the people who are below retirement age but economically inactive are waiting for NHS treatment.[46] Among those economically inactive because of long-term sickness, 38% reported having five or more health conditions.[47] In 2023, the most prevalent health condition reported by the working age population was depression, bad nerves or anxiety, affecting five million people (12%). This was also the largest health condition reported by those who were economically inactive through long-term sickness.[48]

Long Covid – where people continue to experience symptoms many weeks after infection – is still affecting the workforce. In March 2023 the ONS reported that its symptoms adversely affected the day-to-day activities of 1.9 million people.[49] Yet the ability of employers to support people suffering from long Covid and other long-term conditions is limited, as only 45% of workers in Britain have access to some form of occupational health service.[50] Just 28% of employers provide some form of occupational health, and 11% of large employers do not offer support.[51]

Recommendations

11. Government and employers need to support people with long-term sickness and disability, including long Covid, to access healthcare and rehabilitation services, such as physical and psychological therapies, peer support and training.
12. Government needs to provide employers with financial and tax incentives to encourage more investment in staff health and wellbeing, such as occupational health services, particularly among SMEs who find it more difficult to fund such services. Providing occupational health services should be compulsory for large employers.

Tackling health inequalities and their drivers

Health inequalities are the unfair and avoidable differences in health between different groups of people. They are rooted in the social and economic determinants of health, such as income, education, housing and employment. Over the last decade health inequalities have widened, and the length of time people experience poor health throughout their life has increased. The pandemic highlighted and entrenched these inequalities.

In 2017/19, women living in the least-deprived 10% of areas in England could expect to live

86.4 years at birth, compared with 78.7 years for women in the most deprived areas – a gap in life expectancy of almost eight years. For men, the gap was 9.4 years.[52] The gap in healthy life expectancy in England is 19 years.[53]

But these figures pale in comparison with Scotland. In the most disadvantaged 10% of Scotland, men have a life expectancy of 68.6 years compared with 82.3 in the least deprived – a gap of 13.7 years of life. Women in the least deprived parts of Scotland have a healthy life expectancy of 72.3 years, but in the most disadvantage parts it is only 47.4 years – a difference of almost 25 years.[54]

In the Wales, the gap in life expectancy between the most and least deprived areas is 7.5 years for men and 6.3 years for women.[55] In Northern Ireland, life expectancy was highest in Lisburn and Castlereagh, at 80.4 years for men and 83.1 years for women, and lowest in Belfast, at 75.8 years for men and 80.4 years for women.

Public health leaders attribute the decline in health since 2010 to austerity and regressive spending cuts, alongside other factors including structural racism and unequal access to health services. Populations particularly vulnerable to experiencing poorer health outcomes include minority ethnic communities, people with disabilities, people living in deprived communities and many women.[56]

Recommendations

13. Establish measurable, long-term targets to reduce health inequalities as part of a strategic partnership between national governments, local government, theNHS and public health teams to reduce and prevent the social causes of poor health with specific prioritisation of inequalities related to mental health, maternal and infant mortality, HIV and sexual health, cardiovascular disease and musculoskeletal conditions.
14. That the next Government introduce new limits for PM2.5 and PM10 concentration levels that are in line with the WHO guidelines, and make a legally binding commitment to meet these levels by 2030.
15. Take urgent action to improve the social determinants of health and address the underlying causes of health inequalities, including poverty, employment opportunities, insecure housing, and structural racism.
16. Support inclusive and meaningful engagement with communities, prioritising co-production and community participation as a cross government commitment.

2. Tackle poverty to ensure everyone has the chance to live a long and healthy life

Addressing poverty and the cost-of-living crisis

Poverty is a major public health problem. It affects millions of people in the UK, with variation based on factors such as geography, ethnicity, disability and family structure. People living in poverty are more likely to experience a range of health problems including injuries, poor mental health and chronic diseases. They are also more likely to die early. This poorer health places huge demands on the NHS, social care and other public services. The cost of living crisis is making poverty worse for many people struggling to pay for food, utilities and other essentials.

In 2021/22, 11 million people in the UK (17% of the population) were living in relative poverty, defined as households with income below 60% of the median of that year, after housing costs. This included 4.2 million children. A total of 11.4 million people (13%) were in absolute poverty – defined as people living in households with income below 60% of median income in a base year, usually 2010/11 – including 3.3 million children. Absolute poverty is expected to rise to around 12 million in 2024/25.[57] Around 75% of children growing up in poverty live in a household where at least one person is working.[58]

> **Recommendations**
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> 17. Increase local government funding and change the way that resources are allocated to ensure that more investment in the NHS and other public services is targeted at the most deprived areas with the worst economic and health outcomes.
> 18. Extend the National Living Wage to all employees of any age, replacing the National Minimum Wage that applies to workers aged 16-20.
> 19. Scrap the two-child limit and the benefit cap for universal credit, delivering significant income gains for many of the poorest families for a cost of £3bn.
> 20. Provide funding for housing associations and local authorities to deliver a net increase of 90,000 social rent homes a year in England, with comparable targets adopted across the UK.
> 21. Commit to a new Child Poverty Act which commits to ending child poverty in all parts of the UK by 2030.

Giving children the best start in life

The early years are a critical time in a child's development. The experiences and opportunities that children have in the early years can have a lasting impact on their health, wellbeing and success. Children who endure harmful experiences such as abuse or neglect are more likely to suffer health problems in later life such as poor mental health. There is a strong causal effect between household income and children's outcomes, including cognitive development, physical health and social and behavioural development.[59]

The first 1000 days of life, from conception to age two, lay the foundations for the rest of our lives. Physical, cognitive, social, emotional and behavioural development are all significantly determined by the health and wellbeing of the mother during pregnancy, and

that of the child in its first months of life.[60,61]

Recommendations

22. Local authorities and the NHS across the UK should establish clear plans with measurable targets for improving support for families during the first 1000 days of life.
23. Government in all UK nations must adopt a 'health in all policies' approach to tackling child poverty, with an emphasis on the first 1000 days of life, including funding to support local plans.
24. Expand access to free school meals for all children in households receiving universal credit, removing the income cap.

Addressing the root causes of economic inactivity

There is a connection between poor mental health and economic inactivity among young people. In 2021/2022, 34% of people aged 18-24 reported symptoms that indicated they were experiencing a 'common mental disorder' (CMD) such as depression, anxiety or bipolar disorder, up from around 24% in 2000.[62] Today young people have the poorest mental health of any age group – two decades ago they had the best. Young people with mental health problems are more likely to be out of work than their healthy peers. Between 2018 and 2022, 21% of young people with mental health problems were workless, compared to 13% of those without. In 2013, 93,000 were out of work due to ill health, both physical and mental. This has now doubled to 190,000 – 1 in 20 of young people excluding full-time students.[63] This is far higher than expected from population changes.[64]

Between 2019 and 2022 economic inactivity because of long-term sickness or disability increased by 462,000 people across the UK, far outstripping the expected 41,000 increase from the changing age composition of the population. This reflects an increase in "mental illness and nervous disorders" among younger age groups and an increase in disability and illnesses among older age groups.[65]

Economic inactivity due to ill health is strongly linked with deprivation. A quarter of economically inactive people in England and Wales live in just 50 local authorities.[66] For example, people in Liverpool are 2.8 times more likely to be in poor health than those in Oxfordshire and are twice as likely to be economically inactive. Around 31% of the population in Neath Port Talbot and Swansea are inactive.[67] Inactivity caused by ill-health has been growing sharply in Scotland, accounting for around 44% of inactive males and 32% of females.[68] Areas of high sickness are associated with low productivity, high poverty and persistent unemployment.

The Institute for Public Policy Research has proposed giving local authorities powers to establish Health and Prosperity Improvement Zones (HAPI zones), bringing together local and national resources and stakeholders to drive up healthy like expectancy and reduce economic inactivity.[69]

Recommendations

25. Reduce economic inactivity and improve health for people in work by taking coordinated action to address barriers to work due to ill health, increase support for those out of work as a result of illness and disability, and work with business to support employee health, keep people in work and promote healthier workplaces.
26. UK governments should give local authorities powers to bring together local and national resources and stakeholders to deliver focused action on economic inactivity and ill health.
27. Work across government to drive increased investment in prevention preventative healthcare and support for those with long-term physical and mental health conditions, alongside a coordinated approach to skills development and employment support.

3. Protect the nation from infectious diseases and prepare for health threats and emergencies

Taking action against climate-related health harm

The climate and ecological emergency is the greatest threat to health that humanity has faced. More frequent and extreme heatwaves, floods and droughts are already having a big impact on our physical and mental health, particularly the most vulnerable. The UK Health Security Agency estimates there were 2,803 excess deaths across England during the high temperature periods in the summer of 2022 among people aged 65 and over.[70]

The climate emergency also worsens poverty, such as droughts pushing up the price of food, people struggling to keep their home cool in a heatwave and the prospect of price hikes in water bills to cope with sewage and drainage. More flooding can only exacerbate the housing crisis, while the fear of being inundated must be severely impacting the mental wellbeing of many thousands of people. All these pressures impose significant strain on essential services.

The climate and ecological emergency is a key public health issue because of the dire consequences for population health, the need for recovery and humanitarian relief and the potential health benefits of adaptation and mitigation strategies such as producing more environmentally sustainable food. Concerted action on climate change will support better population health.

Recommendations

28. Implement immediate measures to help limit global warming to 1.5°C, such as accelerating the transition from fossil fuels to renewable energies.
29. Support and incentivise programmes and policies to accelerate the shift to low-carbon transport systems.
30. Support educational and other incentives to encourage transition to sustainable, affordable plant-based diets.
31. Consider the impact of climate change in all national and local government policy decisions.
32. Advise and encourage planning by all organisations to become net zero.

Building health protection and pandemic preparedness

Health protection is the process of preventing and reducing the risk of ill health from environmental hazards and infectious diseases. Pandemic preparedness means planning for and responding to a pandemic, which is a global outbreak of a disease that spreads rapidly and causes many deaths. The Covid-19 pandemic has shown us the importance of health protection and pandemic preparedness.

The role and contribution of the public health profession, such as health protection experts, was not well recognised in the national discussion around the Covid-19 response. Yet this highly skilled, agile workforce was central to that response, providing professional, clinical and system leadership including managing local outbreaks, coordinating local testing and contact tracing, communicating public health messages, supporting vulnerable groups,

working with businesses and schools, enforcing public health regulations and supporting the vaccination rollout. Earlier recognition of the limited local and regional capacity for health protection would have enabled a rapid and sustainable scaling-up of capacity early in the pandemic, saving lives.[71]

Recommendations

33. Governments to improve awareness across departments of the structures, roles, responsibilities and capabilities of the public health system and workforce.
34. Regularly review, update and publish national pandemic preparedness plans and risk assessments for infectious diseases.
35. Put public health at the heart of preparations for combating pandemics and other infectious diseases, recognising their central role in effective community responses.
36. Ensure the local public health voice is actively sought and listened to during infectious disease outbreaks, so that their vital insights into how diseases are impacting communities are reflected in national plans.

4. Increase investment in public health and prevention as assets for society, and make health a priority for cross-government action

Investing in the specialist public health workforce

The specialist public health workforce is a diverse group of professionals who have the skills and expertise to identify and respond to public health threats. They work in local and central government, the NHS, academia, research and the non-profit sector. The three domains of public health are health protection, health improvement and healthcare.

The public health workforce has been under increasing pressure in recent years because of budget cuts and staff shortages. This has made it difficult to respond to the growing and complex challenges facing public health, such as climate change, obesity and antimicrobial resistance. Despite a clear consensus from experts that a larger, more resilient specialist public health workforce with less regional variation is needed now and in the future to protect and improve the health of the population, there has been a significant decline in the number of specialists across the UK, from 22.2 per million of the population in 2004 to 18.6 per million in 2020.[72]

The UK's uneven performance on vaccinations is just one example of why investing in public health teams is needed. While we have had successes, such as delivering 156 million Covid-19 vaccinations, and the prospect of preventing 110,000 cases of cancer by 2058 as result of introducing HPV vaccination for school children, we have not been hitting our population coverage targets for childhood immunisations.[73] MMR vaccination rates vary across local authority areas in England by 22%.[74] In Northern Ireland, vaccination rates have been steadily declining for 13 of the 14 diseases for which pre-school children are immunised.[75] In Wales, only 84.5% of children were up-to-date with the recommended immunisations by their fourth birthday.[76]

Recommendations

37. Expand the specialist public health workforce to ensure all UK nations maintain their capacity and capability to improve population health, tackle health inequalities and respond to pandemics and other population health threats.
38. Provide sufficient investment to secure the training and deployment of a specialist workforce of 30 public health specialists per million population, for all regions and devolved nations of the UK.
39. Launch a national strategy to develop and support the wider public health workforce, to supplement the impact of specialists in delivering health in all policies.
40. Build on the NHS Long Term Workforce Plan through a long-term commitment to funding the expansion of workforce training it sets out, legislating to update projections of future workforce needs and boosting staff retention by taking stronger action on pay, conditions and workplace cultures.

Enhancing public health through fair funding of local services

In England the Public Health Grant has been under increasing pressure in recent years due to budget cuts. This has made it more difficult for local authorities to deliver public health services and to address the growing challenges facing public health. The grant has been cut by 26% in real terms per person since 2015/16, with some of the largest spending reductions affecting tobacco control (45% cut in real terms) drug and alcohol services (17%) and sexual health services (29%).[77] The cuts have tended to hit the most deprived areas hardest.

Investing in public health provides excellent value for money for taxpayers. Each additional year of good health achieved by public health interventions costs £3,800, measured using Quality Adjusted Life Years (QALYs). The equivalent for NHS interventions – £13,500 – is almost four times the cost.[78]

To protect and improve the health of the population, it is important to ensure local authorities have adequate funding to deliver public health services. This means increasing the Public Health Grant and providing additional support to local authorities in areas of high need. Without investing in evidence-based measures that prevent and reduce physical and mental ill health there will be a continuing rise in demand on the NHS and social care, sickness in the workforce and economic harm.
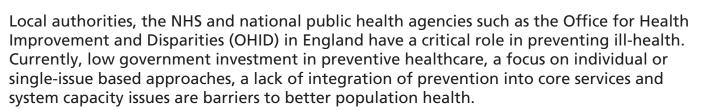
Recommendations

41. Restore the real term cuts in Public Health Grant in England by committing to a £1 billion increase in funding to support local public health teams as they deliver vital work to protect communities and improve health, with commensurate increases in funding for the other nations.
42. All UK governments to commit to a multi-year settlement for public health, providing certainty for transformative investments locally, regionally and nationally.
43. Given the critical role of the NHS in secondary prevention, provide stable, long-term investment to meet underlying demand and cost pressures, increase capacity and strengthen the resilience of the NHS.

Delivering population-level interventions and policies

Population-level interventions are those designed to benefit the entire population or large groups of people. They can be implemented by governments, businesses and other organisations. They are the most effective way to improve the nation's health because they can reach many people and make it easier for people to make healthy choices. They can also reduce health inequalities by addressing the root causes of poor health, such as poverty, inequality and lack of access to healthy food.

The UK governments have a strong history of leadership in legislating for and supporting effective population-level interventions, including: fiscal policies such as taxes and subsidies to promote healthy behaviours; regulations such as bans on smoking in public places and restrictions on the sale of unhealthy foods; educational campaigns to promote healthy lifestyles and raise awareness of the risks of unhealthy behaviours; and changes to the physical environment, such as building more bike lanes and wider pavements and making healthy foods more accessible.

To build a healthier and fairer society, policymakers must continue to strengthen the focus on tackling the commercial and structural determinants of health. These factors, like income

inequality, access to healthy food and decent housing, alongside the marketing of unhealthy products, all play a significant role in shaping health outcomes. By investing in initiatives that promote healthy living environments, tackle poverty, and regulate the marketing of harmful goods, the government can create the conditions for a healthier population, reduced strain on the NHS, and a more productive workforce.

Local authorities, the NHS and national public health agencies such as the Office for Health Improvement and Disparities (OHID) in England have a critical role in preventing ill-health. Currently, low government investment in preventive healthcare, a focus on individual or single-issue based approaches, a lack of integration of prevention into core services and system capacity issues are barriers to better population health.

The NHS must be supported to play its part in reducing health inequalities and in providing the most efficient and effective healthcare within the resources available to it. This requires the NHS to enhance its prevention work but also, through expert public health input supporting clinical leaders, to prioritise those healthcare interventions that improve people's health the most – both at individual and population level.

Effective action to improve public health over the short, medium and long term depends upon high quality evidence and data at local as well as national level. This requires sustained support and development of a high-quality research and evaluation function across universities, local and national government, as well as the embedding of data collection and expertise in analysis at all these levels.

Recommendations

44. Deliver a bold, ambitious goal to improve the nation's health to sit alongside the net zero target and increasing economic growth as the key drivers of government policy over the next decade and beyond.
45. Encourage cross-government and cross-system partners, backed by strong leadership from the Prime Minister, to collaborate to improve the social, structural and commercial determinants of health.
46. Ensure national departments and agencies and regional and local bodies integrate policies to improve public health. Learn from and build on the Well-being of Future Generations Act in Wales, with a view to a similar act to be implemented in England.
47. Embed prevention in routine healthcare practice and clinical care pathways for the NHS in all UK nations.
48. Prioritise the development of a Health Index that is inclusive of health outcome measures, modifiable risk factors and the social determinants of health.
49. Invest in research and evaluation, and the public health academic workforce, to generate high quality evidence on effective actions to improve public health at local and national levels.
50. Ensure that new regional and local bodies, and efforts to promote economic and social development, incorporate a strong focus on reducing health inequalities.

Conclusion

The Faculty of Public Health is committed to working with partners to create a future where everyone has the chance to live a long, healthy and fulfilling life, where no-one is held back by their health or background and where everyone has access to the healthcare and support they need. This is the future we can create if we invest in public health.

The UK faces multiple public health challenges, including obesity, diabetes, cancer and mental illness, which curtail the lives and wellbeing of our citizens and drive unsustainable pressures on our health and care services. These challenges are complex and multifaceted, but they all have a common denominator: they are preventable.

Poor public health is inflicting serious damage on the UK economy. Effects such as unfulfilled child potential, long-term economic inactivity, benefit dependency and high health and care costs show the UK is paying a heavy price for failing to invest in public health. A healthier population is more productive and less reliant on health and care services.

This vision for the public's health shows how we can address these challenges and create a healthier and more equitable society. Our recommendations are based on the evidence of what works and are aligned with the values of compassion, fairness, excellence and value for money.

We know that public health works. We have seen it in action with vaccines, the reduction of smoking rates and improvements in air quality. Investing in public health is one of the best investments we can make in the future of our country. Let's work together to create a healthier society for all.

Appendix 1

Our Recommendations: A Vision for the Public's Health

Promote policies and programmes that improve the health and wellbeing of people and communities and tackle health inequalities.

Creating a smoke-free generation

1. Implement fully the government's commitment to a smokefree generation set out in *Stopping the start: our new plan to create a smokefree generation*, with action to prevent smoking before it starts, support smokers to quit and stop vapes being marketed to children.

Reducing alcohol-related harm

2. England and Northern Ireland should adopt Minimum Unit Pricing to restrict access to cheap high strength alcohol, following its successful introduction in Scotland and Wales.
3. Rapidly deliver a long-term and substantial expansion in treatment services for alcohol dependency.
4. The UK government should publish a comprehensive strategy on reducing alcohol harm, addressing issues such as advertising, the drink drive alcohol limit and public awareness of harm.

Reducing drug dependence

5. Establish a non-partisan, independent commission to review UK drugs legislation based on national and international evidence of what works in reducing harm.
6. Government should remove legislative barriers to innovative interventions to reducing drug dependence and drug-related harm.
7. People who use drugs should be offered support and treatment rather than punishment.

Supporting a healthy, sustainable diet and physical activity across the lifecourse

8. Create a strategic plan to shift the UK to a healthier, more sustainable dietary pattern that reduces inequalities of diet-related health and wellbeing.
9. Provide additional resources and a stronger role for local government in the governance and delivery of food at a local level, giving it more control over issues such as takeaways targeting schoolchildren.
10. Promote policies and incentives geared towards creating healthy, sustainable environments that promote active travel and greater physical activity levels across the life course, healthy ageing, and building the capacity and capability of the health and care workforce to promote physical activity in all settings.

Building a healthy workforce

11. Government and employers need to support people with long Covid, long-term sickness and disability to access healthcare and rehabilitation services, such as physical and psychological therapies, peer support and training.
12. Government needs to provide employers with financial and tax incentives to encourage more investment in staff health and wellbeing, such as occupational health services, particularly among SMEs, who find it more difficult to fund such services. Providing occupational health services should be compulsory for large employers.

Tackling health inequalities and their drivers

13. Establish measurable, long-term targets to reduce health inequalities as part of a strategic partnership between national governments, local government and public health teams to reduce and prevent the social causes of poor health with specific prioritisation of inequalities related to mental health, maternal and infant mortality, HIV and sexual health, cardiovascular disease and musculoskeletal conditions.
14. That the next Government introduce new limits for PM2.5 and PM10 concentration levels that are in line with the WHO guidelines, and make a legally binding commitment to meet these levels by 2030.
15. Take urgent action to improve the social determinants of health and address the underlying causes of health inequalities, including poverty, employment opportunities, insecure housing, and structural racism.
16. Support inclusive and meaningful engagement with communities, prioritising co-production and community participation as a cross government commitment.

Tackle poverty to ensure everyone has the chance to live a long and healthy life

Addressing poverty and the cost-of-living crisis

17. Increase local government funding and change the way that resources are allocated to ensure that more investment in the NHS and other public services is targeted at the most deprived areas with the worst economic and health outcomes.
18. Extend the National Living Wage to all employees of any age, replacing the National Minimum Wage that applies to workers aged 16-20.
19. Scrap the two-child limit and the benefit cap for universal credit, delivering significant income gains for many of the poorest families for a cost of £3bProvide funding for housing associations and local authorities to deliver a net increase of 90,000 social rent homes a year in England, with comparable targets adopted across the UK.
20. Provide funding for housing associations and local authorities to deliver a net increase of 90,000 social rent homes a year in England, with comparable targets adopted across the UK.
21. Commit to a new Child Poverty Act which commits to ending child poverty in all parts of the UK by 2030.

Giving children the best start in life

22. Local authorities and the NHS across the UK should establish clear plans with measurable targets for improving support for families during the first 1000 days of life.
23. Government in all UK nations must adopt a 'health in all policies' approach to tackling child poverty, with an emphasis on the first 1000 days of life, including funding to support local plans.
24. Expand access to free school meals for all children in households receiving universal credit, removing the income cap.

Addressing the root causes of economic inactivity

25. Reduce economic inactivity and improve health for people in work by taking coordinated action to address barriers to work due to ill health, increase support for those out of work as a result of illness and disability, and work with business to support employee health, keep people in work and promote healthier workplaces.
26. UK governments should give local authorities powers to bring together local and national resources and stakeholders to deliver focused action on economic inactivity and ill health.
27. Work across government to drive increased investment in preventative healthcare and support for those with long-term physical and mental health conditions, alongside a coordinated approach to skills development and employment support.

Protect the nation from infectious diseases and prepare for health threats and emergencies

Taking action against climate-related health harm

28. Implement immediate measures to help limit global warming to 1.5°C, such as accelerating the transition from fossil fuels to renewable energies.
29. Support and incentivise programmes and policies to accelerate the shift to low-carbon transport systems.
30. Support educational and other incentives to encourage transition to sustainable, affordable plant-based diets.
31. Consider the impact of climate change in all national and local government policy decisions.
32. Advise and encourage planning by all organisations to become net zero.

Building health protection and pandemic preparedness

33. Governments to improve awareness across departments of the structures, roles, responsibilities and capabilities of the public health system and workforce.
34. Regularly review, update and publish national pandemic preparedness plans and risk assessments for infectious diseases.
35. Put local public health directors at the heart of preparations for combating pandemics and other infectious diseases, recognising their central role in effective community responses.
36. Ensure the local public health voice is actively sought and listened to during infectious disease outbreaks, so that their vital insights into how diseases are impacting communities are reflected in national plans.

Increase investment in public health and prevention as assets for society, and make health a priority for cross-government action

Investing in the specialist public health workforce

37. Expand the specialist public health workforce to ensure all UK nations maintain their capacity and capability to improve population health, tackle health inequalities and respond to pandemics and other population health threats.

38. Provide sufficient investment to secure the training and deployment of a specialist workforce of 30 public health specialists per million population, for all regions and devolved nations of the UK.

39. Launch a national strategy to develop and support the wider public health workforce, to supplement the impact of specialists in delivering health in all policies.

40. Build on the NHS Long Term Workforce Plan through a long-term commitment to funding the expansion of workforce training it sets out, legislating to update projections of future workforce needs and boosting staff retention by taking stronger action on pay, conditions and workplace cultures.

Enhancing public health through fair funding of local services

41. Restore the real term cuts in Public Health Grant in England by committing to a £1 billion increase in funding to support local public health teams as they deliver vital work to protect communities and improve health, with commensurate increases in funding for the other nations.

42. All UK governments to commit to a multi-year settlement for public health, providing certainty for transformative investments locally, regionally and nationally.

43. Given the critical role of the NHS in secondary prevention, provide stable, long-term investment to meet underlying demand and cost pressures, increase capacity and strengthen the resilience of the NHS.

Delivering population-level interventions and policies

44. Deliver a bold, ambitious goal to improve the nation's health to sit alongside the net zero target and increasing economic growth as the key drivers of government policy over the next decade and beyond.

45. Encourage cross-government and cross-system partners, backed by strong leadership from the Prime Minister, to collaborate to improve the social, structural and commercial determinants of health.

46. Ensure national departments and agencies and regional and local bodies integrate policies to improve public health. Learn from and build on the Well-being of Future Generations Act in Wales, with a view to a similar act to be implemented in England.

47. Embed prevention in routine healthcare practice and clinical care pathways for the NHS in all UK nations.

48. Prioritise the development of a Health Index that is inclusive of health outcome measures, modifiable risk factors and the social determinants of health.

49. Invest in research and evaluation, and the public health academic workforce, to generate high quality evidence on effective actions to improve public health at local and national levels.

50. Ensure that new regional and local bodies, and efforts to promote economic and social development, incorporate a strong focus on reducing health inequalities.

Appendix 2

Our Recommendations: A Vision for the Public's Health. Prioritisation Timeline

First 100 Days

- Implement fully the government's commitment to a smokefree generation set out in *Stopping the start: our new plan to create a smokefree generation*, with action to prevent smoking before it starts, support smokers to quit and stop vapes being marketed to children.
- Establish a non-partisan, independent commission to review UK drugs legislation based on national and international evidence of what works in reducing harm.
- Support inclusive and meaningful engagement with communities, prioritising co-production and community participation as a cross government commitment.

- Commit to a new Child Poverty Act which commits to ending child poverty in all parts of the UK by 2030
- Extend the National Living Wage to all employees of any age, replacing the National Minimum Wage that applies to workers aged 16-20.
- Scrap the two-child limit and the benefit cap for universal credit, delivering significant income gains for many of the poorest families for a cost of £3bn.

- Deliver a bold, ambitious goal to improve the nation's health to sit alongside the net zero target and increasing economic growth as the key drivers of government policy over the next decade and beyond.

First Year

- England and Northern Ireland should adopt Minimum Unit Pricing to restrict access to cheap high strength alcohol, following its successful introduction in Scotland and Wales.
- The UK government should publish a comprehensive strategy on reducing alcohol harm, addressing issues such as advertising, the drink drive alcohol limit and public awareness of harm.
- People who use drugs should be offered support and treatment rather than punishment.
- Create a strategic plan to shift the UK to a healthier, more sustainable dietary pattern that reduces inequalities of diet-related health and wellbeing.
- Establish measurable, long-term targets to reduce health inequalities as part of a strategic partnership between national governments, local government and public health teams to reduce and prevent the social causes of poor health with specific prioritisation of inequalities related to mental health, maternal and infant mortality, HIV and sexual health, cardiovascular disease and musculoskeletal conditions.
- That the next Government introduce new limits for PM2.5 and PM10 concentration levels that are in line with the WHO guidelines, and make a legally binding commitment to meet these levels by 2030.
- Take urgent action to improve the social determinants of health and address the underlying causes of health inequalities, including poverty, employment opportunities, insecure housing, and structural racism.

- Increase local government funding and change the way that resources are allocated to ensure that more investment in the NHS and other public services is targeted at the most deprived areas with the worst economic and health outcomes.
- Local authorities and the NHS across the UK should establish clear plans with measurable targets for improving support for families during the first 1000 days of life.
- Expand access to free school meals for all children in households receiving universal credit, removing the income cap.
- Reduce economic inactivity and improve health for people in work by taking coordinated action to address barriers to work due to ill health, increase support for those out of work as a result of illness and disability, and work with business to support employee health, keep people in work and promote healthier workplaces.

- Implement immediate measures to help limit global warming to 1.5°C, such as accelerating the transition from fossil fuels to renewable energies.
- Support educational and other incentives to encourage transition to sustainable, affordable plant-based diets.
- Advise and encourage planning by all organisations to become net zero.

- Launch a national strategy to develop and support the wider public health workforce, to supplement the impact of specialists in delivering health in all policies.
- Build on the NHS Long Term Workforce Plan through a long-term commitment to funding the expansion of workforce training it sets out, legislating to update projections of future workforce needs and boosting staff retention by taking stronger action on pay, conditions and workplace cultures.
- Encourage cross-government and cross-system partners, backed by strong leadership from the Prime Minister, to collaborate to improve the social, structural and commercial determinants of health.
- Prioritise the development of a Health Index that is inclusive of health outcome measures, modifiable risk factors and the social determinants of health.

First Term

- Rapidly deliver a long-term and substantial expansion in treatment services for alcohol dependency.
- Government should remove legislative barriers to innovative interventions to reducing drug dependence and drug-related harm.
- Provide additional resources and a stronger role for local government in the governance and delivery of food at a local level, giving it more control over issues such as takeaways targeting schoolchildren.
- Promote policies and incentives geared towards creating healthy, sustainable environments that promote active travel and greater physical activity levels across the life course, healthy ageing, and building the capacity and capability of the health and care workforce to promote physical activity in all settings.
- Government and employers need to support people with long Covid, long-term sickness and disability to access healthcare and rehabilitation services, such as physical and psychological therapies, peer support and training.
- Government needs to provide employers with financial and tax incentives to encourage more investment in staff health and wellbeing, such as occupational health services, particularly among SMEs, who find it more difficult to fund such services. Providing

occupational health services should be compulsory for large employers.

- Provide funding for housing associations and local authorities to deliver a net increase of 90,000 social rent homes a year in England, with comparable targets adopted across the UK.
- Government in all UK nations must adopt a 'health in all policies' approach to tackling child poverty, with an emphasis on the first 1000 days of life, including funding to support local plans.
- UK governments should give local authorities powers to bring together local and national resources and stakeholders to deliver focused action on economic inactivity and ill health.
- Work across government to drive increased investment in preventative healthcare and support for those with long-term physical and mental health conditions, alongside a coordinated approach to skills development and employment support.

- Support and incentivise programmes and policies to accelerate the shift to low-carbon transport systems.
- Consider the impact of climate change in all national and local government policy decisions.
- Regularly review, update and publish national pandemic preparedness plans and risk assessments for infectious diseases.
- Ensure the local public health voice is actively sought and listened to during infectious disease outbreaks, so that their vital insights into how diseases are impacting communities are reflected in national plans.

- Provide sufficient investment to secure the training and deployment of a specialist workforce of 30 public health specialists per million population, for all regions and devolved nations of the UK.
- Restore the real term cuts in Public Health Grant in England by committing to a £1 billion increase in funding to support local public health teams as they deliver vital work to protect communities and improve health, with commensurate increases in funding for the other nations.
- All UK governments to commit to a multi-year settlement for public health, providing certainty for transformative investments locally, regionally and nationally.
- Given the critical role of the NHS in secondary prevention, provide stable, long-term investment to meet underlying demand and cost pressures, increase capacity and strengthen the resilience of the NHS.

Creating the conditions for success

- Governments to improve awareness across departments of the structures, roles, responsibilities and capabilities of the public health system and workforce.

- Expand the specialist public health workforce to ensure all UK nations maintain their capacity and capability to improve population health, tackle health inequalities and respond to pandemics and other population health threats.
- Ensure national departments and agencies and regional and local bodies integrate policies to improve public health. Learn from and build on the Well-being of Future Generations Act in Wales, with a view to a similar act to be implemented in England.

- Embed prevention in routine healthcare practice and clinical care pathways for the NHS in all UK nations.
- Invest in research and evaluation, and the public health academic workforce, to generate high quality evidence on effective actions to improve public health at local and national levels.
- Ensure that new regional and local bodies, and efforts to promote economic and social development, incorporate a strong focus on reducing health inequalities.

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