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Healthy Places

The case for action on healthy life expectancy.

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The case for action on healthy life expectancy - informed by people in low healthy life expectancy areas.

Research funded by The Health Foundation.

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Executive Summary

Health inequalities are entrenched in this country and life expectancy has been getting worse in the poorest areas. This was brutally exposed during the covid pandemic when people under 65 in the poorest parts of the country were four times more likely to die. Now, as we face the cost of living crisis and the NHS faces increased pressures, we risk things becoming worse still.

This report focuses on healthy life expectancy (HLE) – the age which people can expect to reach in good health. This research was designed to support the stated ambition of the government:

“By 2030, the gap in healthy life expectancy (HLE) between local areas where it is highest and lowest will have narrowed, and by 2035 HLE will rise by 5 years.”

We do this by exploring what people who live in areas of very low HLE want to see change and understanding the case for action. To do this, we conducted 6 focus groups in very low HLE areas and a nationally representative poll.

We find that people in low HLE areas have a holistic view of what makes their place healthy, and want action on crime, green spaces and a greater sense of community – as well as improvements to health services. There is a wide and nuanced understanding of health inequalities but the public don't see anything happening and don't trust it will happen in the future. This political failure may be punished at the ballot box if action isn't taken, but there are also political opportunities for parties willing to step up. Policies to tackle health inequalities – like expanding screening, and improving access to green spaces – are popular and could help political parties attract new voters in the coming election.

Key Findings

Healthy places

Healthy places are about more than just health services. Focus group participants in low HLE areas imagined a healthy place as an area with low crime, ample green space, stable employment, affordable quality housing, a sense of community, and activities for children. They also focused on the affordability of activity to keep them healthy.

People in the lowest HLE areas are most negative about their area. Research participants expressed high dissatisfaction with housing, crime, and employment. Crime had the lowest net satisfaction score with 48% saying they are dissatisfied opposed to 24% satisfied.

Awareness of health inequalities

There is a good understanding of the problem. 69% of poll respondents told us they were aware of life expectancy and healthy life expectancy disparities across the country. When we told focus group participants the HLE in their area compared to the rest of the country, they were not surprised.

People understand that living and working conditions affect health. Overall, people think it is mostly up to individuals to manage their own health but just one in five think people are entirely responsible for their own health. When we showed survey respondents different structural factors that affect health, such as living and work conditions, the vast majority recognised their negative impact on health.

Political action

There is support for action. The government's levelling up target is well supported (69%), and people are more convinced by arguments in favour of change than arguments against.

Inaction loses votes. We found that any deterioration in HLE or health inequalities could leave the governing party paying a price at the ballot box. 37% of 2019 Conservative voters would be less likely to support the Conservatives at the next election if this happened, a bigger drop in support than child poverty worsening (32%).

Despite the support, there is low confidence that anything will change. Just 23% of survey respondents said they thought the levelling up target was likely to be achieved and our focus group respondents overwhelmingly thought it was "pie in the sky". Most survey respondents have not seen the Government take action on this issue.

The cost of living crisis is seen to make action harder. 72% of those who said it was unlikely the government would hit the levelling up target said the cost of living crisis is making the problem worse, not better. Focus group participants felt similarly, with one arguing "we've got kids eating turkey twizzlers and the parents eating nothing... we are never going to get there".

To turn this around, politicians should start by listening to people in low HLE areas. Their suggestions for change focus on tackling crime and improving safety, improving education and mental health services, and boosting the sense of community near their home.

People are looking to the council for action. Focus group participants tended to point to local councillors when we asked who was responsible for HLE in the area. In our poll we found people are more satisfied by actions taken by local councils than by central government.

Policies to tackle health inequality can attract new voters. We explored how different health policies might affect people's voting intention, and found that preventative health policies were amongst the most effective. This is particularly the case for an expansion of screening services and improvements to green spaces. Action on neighbourhood policing, allowing people to feel secure in their community and access local parks, is also an effective way for Labour to win over 2019 Conservative voters. Action on mental health is effective for the Conservatives to win over 2019 Labour voters.

Introduction & Methodology

Introduction

The covid pandemic laid bare the scale of health inequalities in this country. People under 65 in the poorest parts of England were nearly four times more likely to die.¹ Health inequalities have also been getting worse. Before the pandemic, life expectancy had started to fall in some parts of the country, and progress was stalling for the first time in a century.² Now, as we face the cost of living crisis and the NHS faces increased pressure, we risk things becoming worse still.

Tackling health inequalities has become an urgent political challenge, and is likely to be a key battleground in the next election. The Conservative party have made tackling health inequalities a core part of their levelling up agenda, and Labour are focusing on the importance of preventative healthcare.

This report focuses on healthy life expectancy (HLE) – the age which people can expect to reach in good health. We hope it will inform efforts to meet the government’s target to improve HLE by five years by 2035 and to narrow the gap between the poorest and richest areas of the country. We also hope it will give confidence to politicians who want to argue for action.

We had two research questions guiding our work. The first was to understand what people who live in areas of low healthy life expectancy want to see change. The second was to understand the case for political action, and the arguments and policies the public find most persuasive.

To answer these questions, we conducted six focus groups in very low HLE areas, and conducted a nationally representative poll.

¹ Unequal pandemic, fairer recovery – The Health Foundation

² COVID-19 impact inquiry – The Health Foundation

Methodology

Focus Groups

We conducted six online focus groups in three locations: Wakefield, West Bromwich and Blackpool. In each place, we split the participants into two groups, one 'secure' group with people who have secure jobs and own their own homes, and one 'insecure' group with people who rent their home or are a council tenant and who do insecure work (seasonal work, agency type work, zero hour contracts). We invited six participants to join each group, and overall had 30 research participants. Each group consisted of people who would consider voting for both Labour and the Conservatives at the next election, and everyone was from SEG C2/D. Everyone was between 35 and 70 and there was a maximum of one retired participant in each group. We had an even mix of men and women and a minimum of two respondents in each group had dependent children at home.

Poll

We conducted a poll of 1,007 adults in England between the 21st and 24th of June 2022, with the results weighted by age, gender, region and socio-economic group to nationally representative proportions. For the purpose of this research, we classified respondents into healthy life expectancy levels based on respondent's postcodes and gender, grouping them according to the [Health Foundation's analysis of HLE](#) by local area (very low, low, high, very high). We also classified respondents into 'secure' and 'insecure' groups to aid our analysis, with the secure group being made up of homeowners with either permanent contracts or in retirement, and the insecure group being made up of tenant and people in unstable employment (seasonal work, agency work and those on zero hour contracts).

Healthy Places

A conversation about improving healthy life expectancy should start with the people most affected. That's why we ran focus groups with people from areas of low HLE and asked them what a healthy place looks like. They see healthy places as so much more than well-funded health services. They see an environment in which people can thrive and look after themselves, without facing affordability barriers.

Participants spoke passionately about what they imagined a healthy place to be: a place where they can safely enjoy a walk in local parks, where they feel connected with other members of their community, and where they have ample access to green space. These views are shared by the wider public who want to see funding for GPs and hospitals, but also green spaces, affordable housing, low pollution and low crime.

Our research also revealed that people in the lowest HLE areas are consistently much more negative about their areas, and express high dissatisfaction with housing, crime, employment and growth.

Healthy places are more than just health services



Figure 1: Word Cloud from focus group responses when we asked people to tell us 'what makes a healthy place'. Responses were recorded on a virtual whiteboard.

One of the goals of this research was to understand what comes to mind when asking people to think of a 'healthy place'. We therefore asked in our focus groups what they associated with the term, and tested their answers in the survey.

In our focus groups, local health services were seen as an important immediate source of support in enabling someone to be healthy. However, they also imagined a healthy place as

an area with ample outdoor space and greenery accessible to all, stable employment, affordable quality housing, a sense of community, and activities for children.

“For me, it's open green spaces. So access to parks and green spaces where you can get fresh air and exercise.” Participant, Wakefield

“[Work] is good for your mental health as well. It provides routines and stability”
Participant, West Bromwich

“Free exercise for the younger generation as well. Some clubs and outdoor sort of clubs for those because in a few years time, they're going to become our age. So I think that has a knock on effect.” Participant, Wakefield

“If there's a lack of jobs, or apathy, then you know, they just end up in this unhealthy lifestyle of eating unhealthy drinking a lot smoking” Participant, Blackpool

“Quality housing, get rid of absent landlords.” Participant, Blackpool

One of the recurring topics in our conversations was affordability. Most issues raised were discussed in this context. Providing food, activities and housing was in and of itself not enough: it needed to be financially accessible to those living in the area. Many of them drew comparisons between where they lived and affluent parts of the country, where people working in high-paying jobs could afford a healthier lifestyle and therefore were at an advantage.

“Some people can't afford to eat healthy because healthy food, in my opinion, shouldn't be but it is a lot more expensive than eating junk food. So I think that plays a big part as well in looking after ourselves being able to look after ourselves.”
Participant, West Bromwich

“If you've got decent employment you can afford decent housing. I would hate to be a young person now trying to get on the property ladder because on the wage that I'm earning, and I've been working over 40 years, there's no way I could afford a house.”
Participant, Blackpool

“We used to have sports things that you could go to, but now you find parents can't afford to send the children who want to go. You would be talking a fiver for them to go, if you've got two or three kids, that's £10 or £15.” Participant, Wakefield

Another striking theme throughout our focus groups was the importance of crime to whether or not a place is healthy. This was seen as having an impact on a multitude of factors which in turn impact health. People expressed how they did not feel safe going to their local parks, let alone exercising there. People also spoke about the lack of infrastructure and activities for young people to go to and enjoy in their area. This leads to anti-social behaviour and makes their area feel less safe.

This was also intertwined with the issue of community spirit. Some participants told us that because they felt insecure, they felt they had lost touch with the area they lived in. Participants recognised the importance that this had on mental health and therefore felt that a strong community was key to a healthy place.

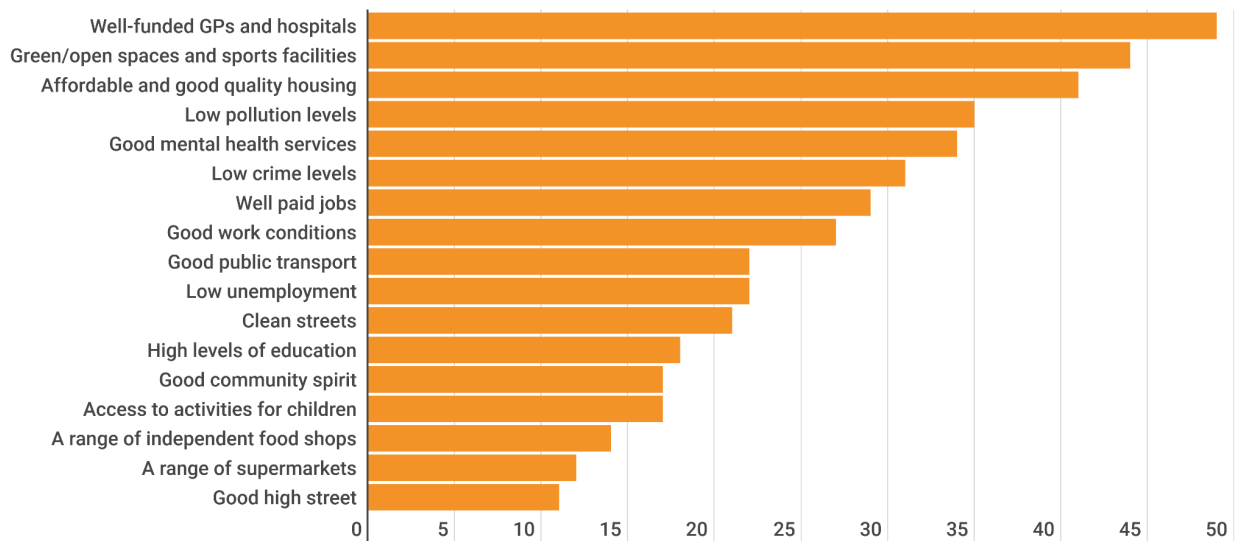
“[If there is a stronger sense of community through policing] People will feel more comfortable going out, walking, they know that they are not going to get people throwing abuse or eggs at their cars and things like that [...], it's encouraging, that sort of feeling of togetherness in a community.” Participant, Wakefield

“There's no sense of community, people are frightened to challenge bad behaviour. So if there's a group of teenagers or kids, people will not intervene, they'll just kind of turn a blind eye. So it all goes hand in hand [...]. So it's that vicious circle, again, mental health not going out, health deteriorates.” Female, 30s, West Bromwich

“You can have the wrong type of community. Now, we've just said about it being a generational thing, and drugs and crime just going through the generations, if you're in a community like that, that's still a community in the definition of the word. So you're still not going to be healthy. It's a type of community, it's not just having a community that would help.” Participant, Blackpool

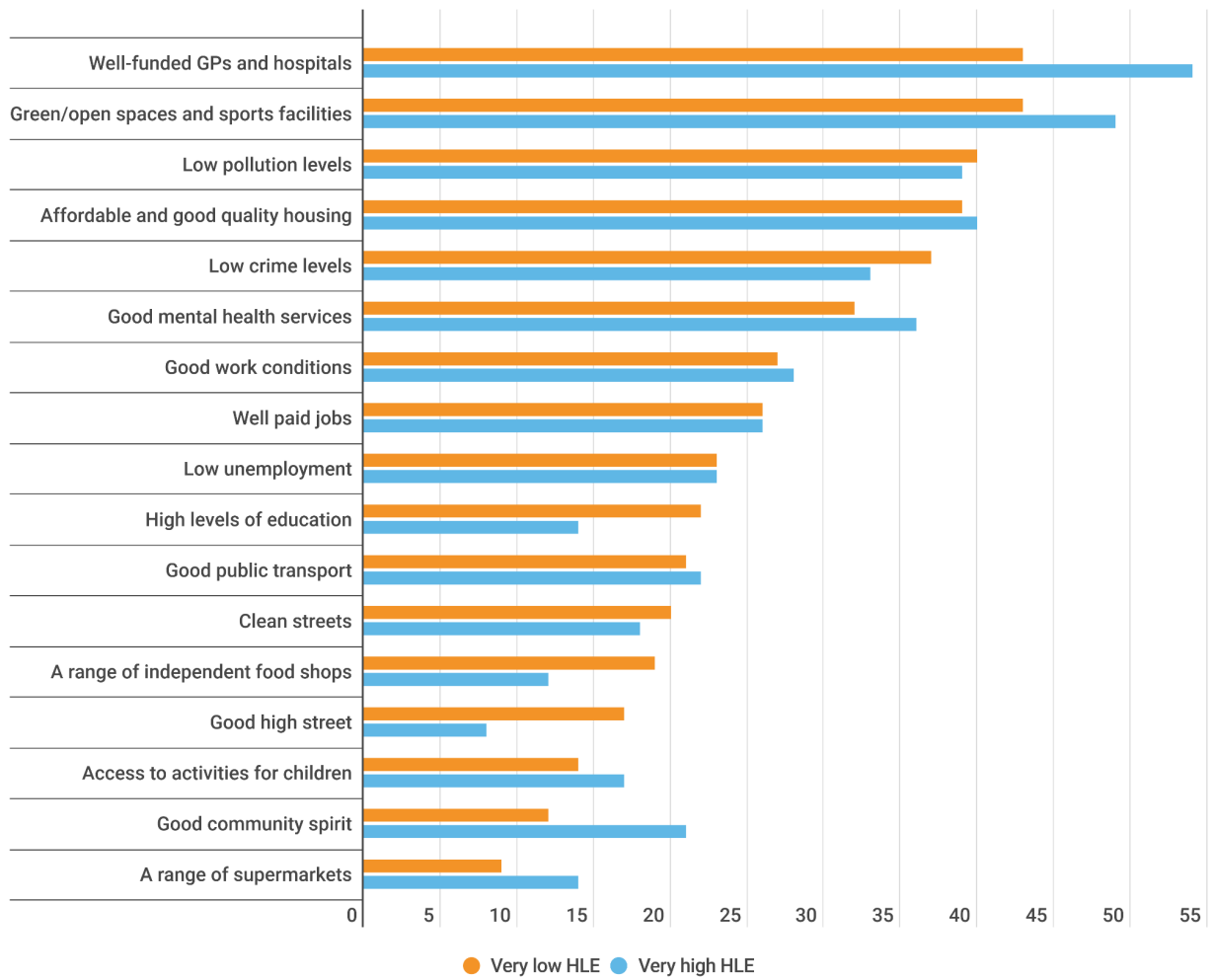
We tested the themes that came out from our focus groups when asking participants to imagine a 'healthy place' in our poll. Although well-funded GPs and hospitals came out first (49%), green/open spaces and sports facilities (44%) came a close second, and affordable and good quality housing (41%) was not far behind.

Figure 2: Which of the following things do you most associate with a healthy place?



There were few major differences in the lowest HLE group's associations with a healthy place compared to people in higher HLE areas. The exception to this was the higher emphasis areas with higher HLE placed on GPs and hospitals, and the broader range of factors, including good levels of education and thriving high streets, which people in low HLE areas were somewhat more likely to associate with a healthy place.

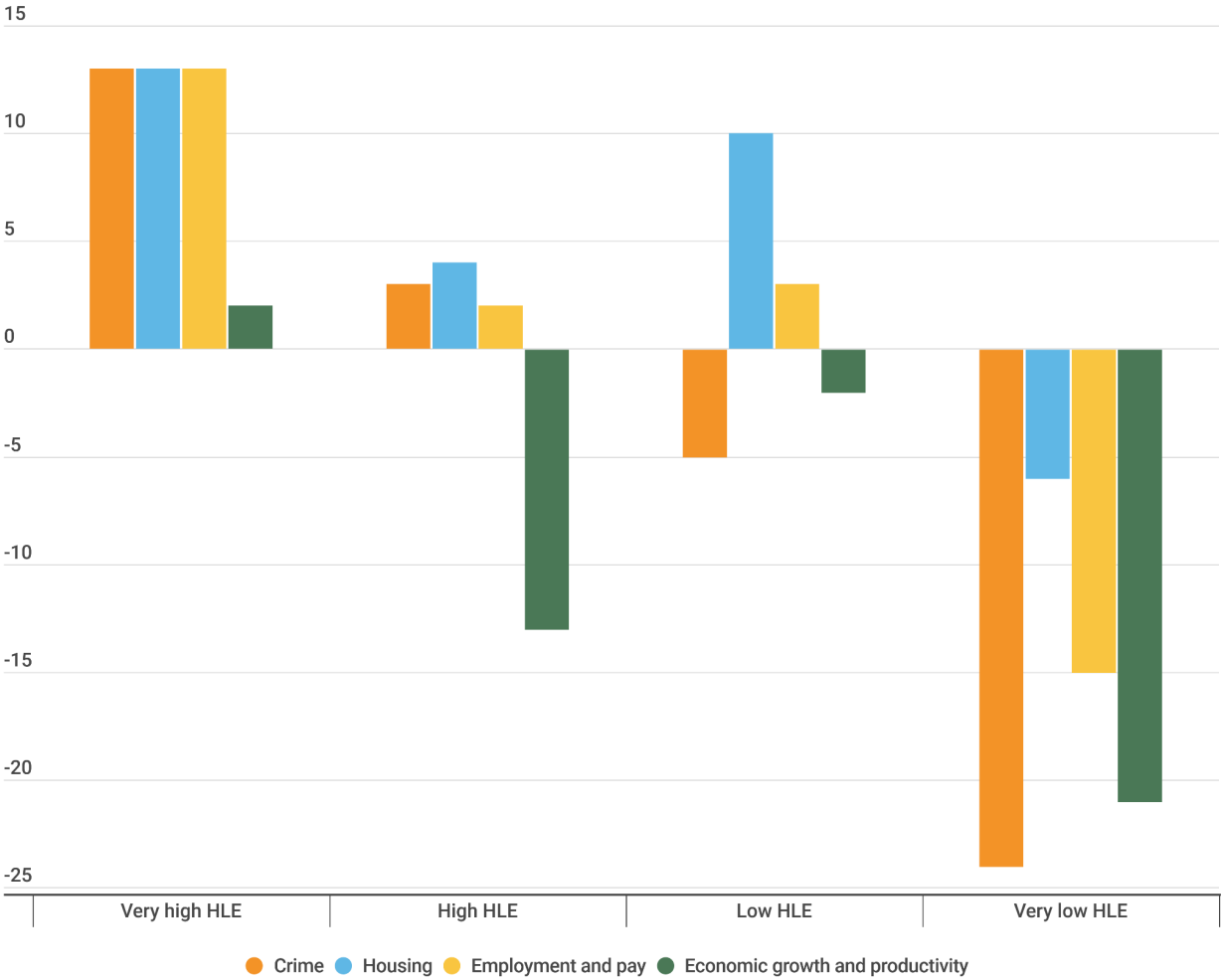
Figure 3: Which of the following things do you most associate with a healthy place?



People in the lowest HLE areas are consistently more negative about their areas

In both our poll and focus groups, people in areas with the lowest healthy life expectancy (HLE) expressed high levels of dissatisfaction with issues such as housing, crime, employment and growth. In our poll, dissatisfaction was significantly higher than in areas with higher HLE.

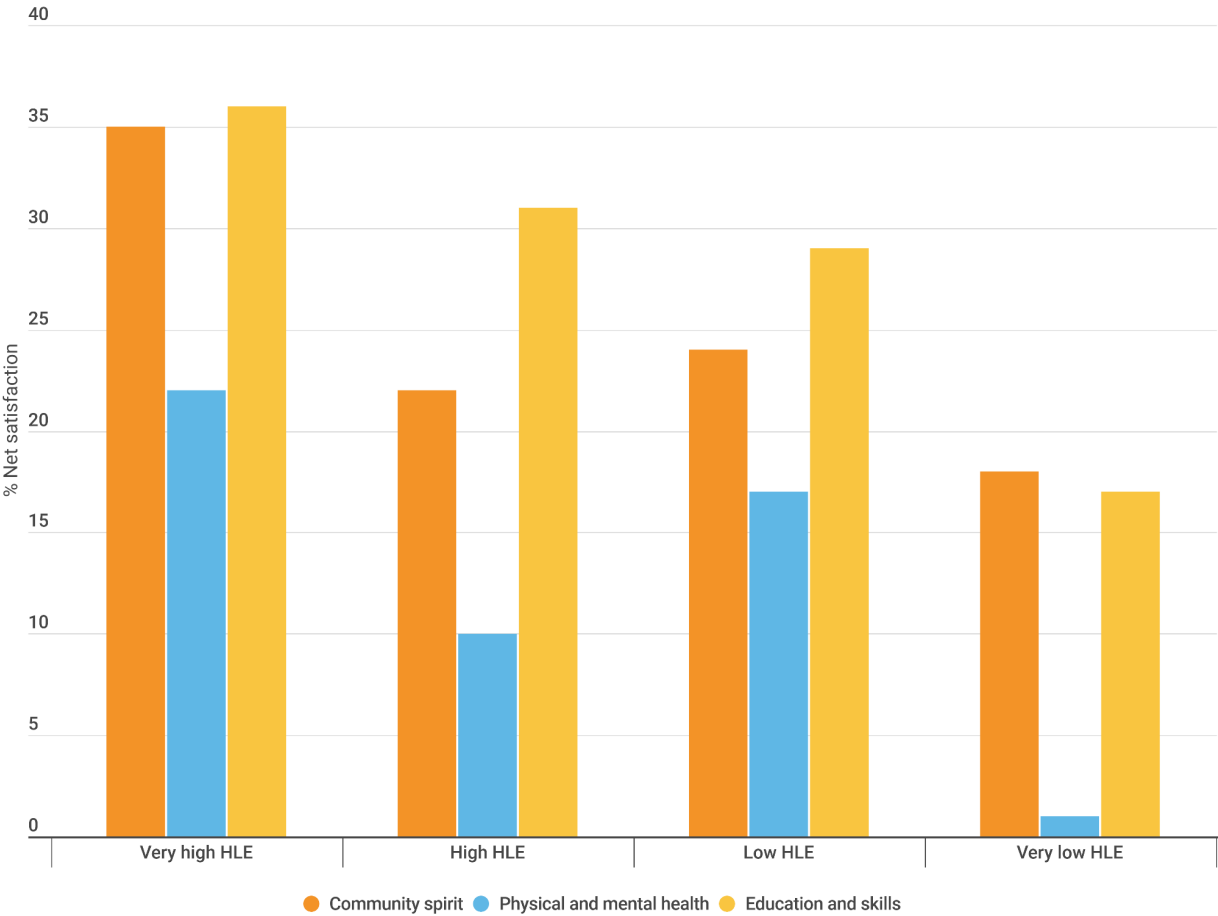
Figure 4: Overall, how satisfied or dissatisfied are you with the following in your local area?



Crime in particular had the lowest net satisfaction score for those living in areas of very low HLE, with 48% saying they are dissatisfied as opposed to 24% saying they are satisfied. By comparison, 30% of people living in areas with very high HLE were dissatisfied with crime levels in their area compared to 43% who said they were satisfied.

Even on issues where net satisfaction was positive for those living in areas of very low HLE, the net satisfaction scores were lower compared to those in areas of higher HLE. This applied to community spirit, physical and mental health, and education and skills.

Figure 5: Overall, how satisfied or dissatisfied are you with the following in your local area?



Awareness of Health Inequality

We found good awareness that deprived areas of the country experience poorer health. Although the public was not able to accurately guess what HLE is in their area, participants were aware of health inequalities.

We also found that people understand that living and working conditions affect health. Overall, people think it is mostly up to individuals to manage their own health but just one in five think people are entirely responsible for their own health. When we showed survey respondents different structural factors that affect health, the vast majority recognised their negative impact on health.

People are aware of differences in HLE across the country, but they do not have a good idea of what HLE is in their area

As part of our poll, we tested whether or not people were aware of life expectancy and healthy life expectancy disparities across the country. The vast majority of people indicated that they were aware (69%) whilst a fifth were not sure (20%) and 11% did not know. Although we did not observe any difference in awareness according to HLE level, we did note that respondents in the secure group (in stable employment and owning their home) were more likely to report being aware of this issue compared to the insecure group (in unstable employment or rental housing).

Figure 6: People who live in more deprived areas of the country tend to have a lower life expectancy, as well as a lower healthy life expectancy. Prior to taking this poll, were you aware of this?

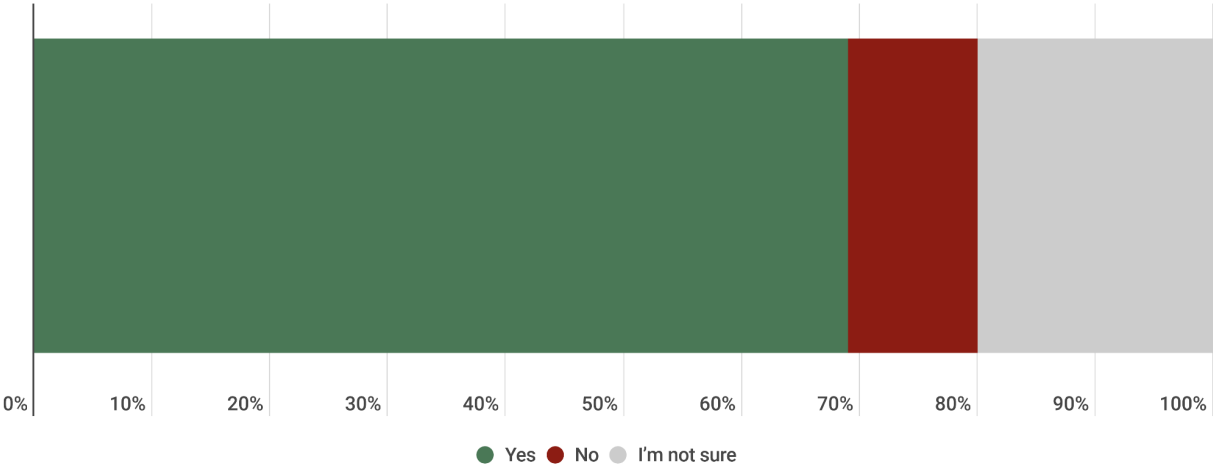


Figure 7: People who live in more deprived areas of the country tend to have a lower life expectancy, as well as a lower healthy life expectancy. Prior to taking this poll, were you aware of this? (by HLE level).

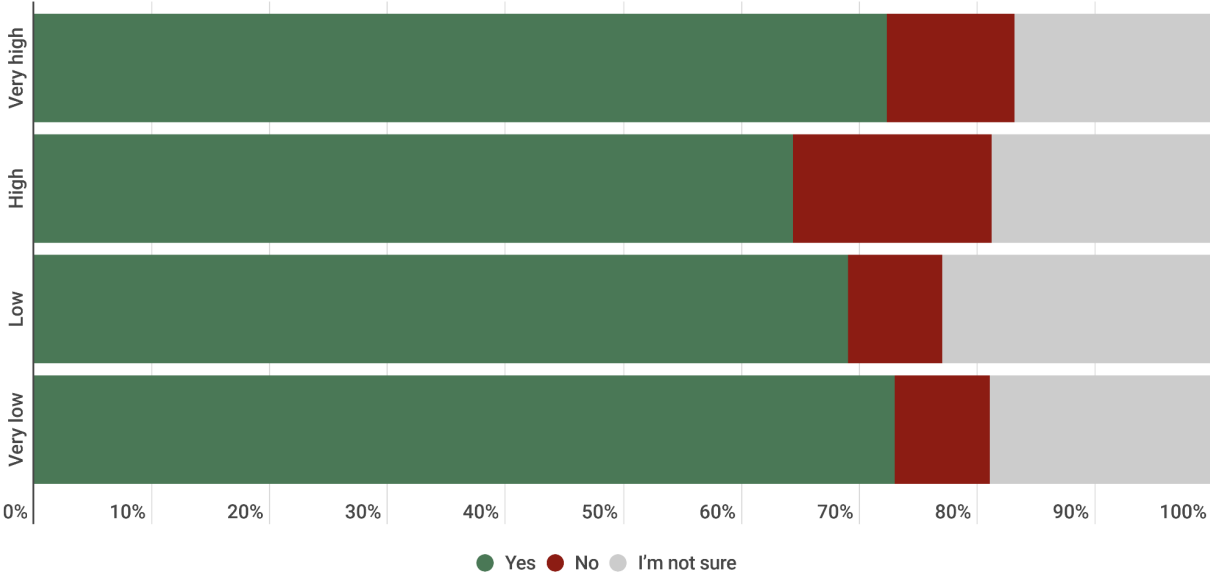
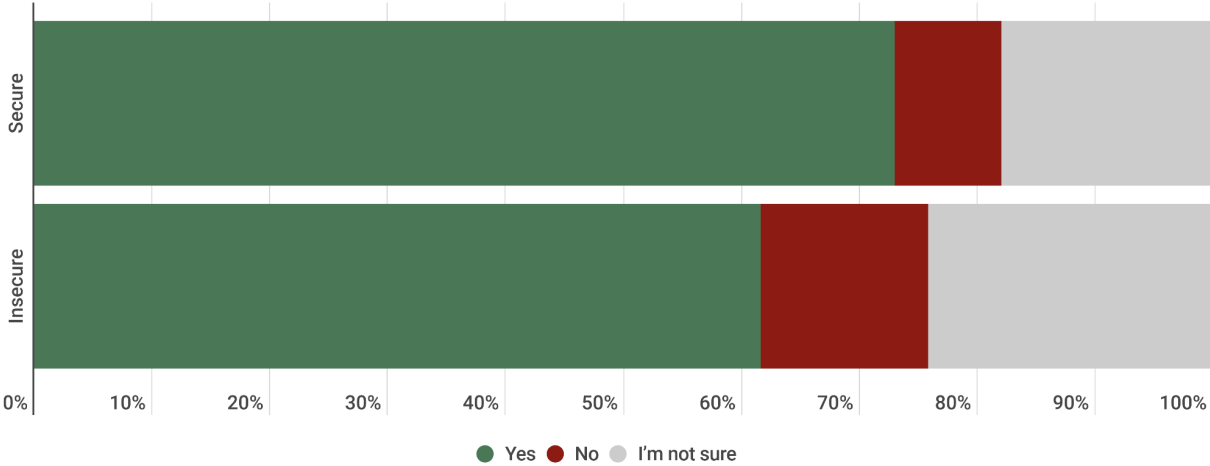


Figure 8: People who live in more deprived areas of the country tend to have a lower life expectancy, as well as a lower healthy life expectancy. Prior to taking this poll, were you aware of this? (by housing and employment security).



We asked respondents in both the focus groups and the poll to guess what HLE might be in their area for both men and women, after providing them with a definition. In the poll we found that people tended to overestimate the number, believing that people in the UK are healthier than they are in reality.

Figure 9: What do you think healthy life expectancy is for men and women in your local area? Even if you are not sure, please provide your best guess.

Average error on HLE guess for men in their area:

Very low HLE	Low HLE	High HLE	Very high HLE
14.3	12.5	12.3	10.6

Average error on HLE guess for women in their area:

Very low HLE	Low HLE	High HLE	Very high HLE
17.9	5.8	14.1	13.2

In contrast to the poll, in the focus groups people tended to give much more depressed estimates than the actual number. This difference was probably due to the fact that focus group respondents were provided with the national average before being asked about their area, therefore giving them a benchmark number to start from and compare to.

When we revealed the correct number in our focus groups, no participant was surprised. Instead, it was something they viewed as a fact of life that was part of a wider story of inequality across the country.

“Not surprising. Because Blackpool is one of the most deprived towns in the UK, it’s to be expected.” Participant, Blackpool

“I think they’ve got their quality of life, they’ve got a better wage. So they’re in better jobs. I think there’s still pollution over there. But they’ve just got a better quality of living than what we have here. Like their cost of living they can afford better homes, better health care, better food.” Participant, West Bromwich

“It doesn’t surprise me. I think there’s a definite disparity between deprived areas and areas that are affluent. It doesn’t surprise me to be honest. I think it needs to be addressed quite quickly, because I think we live in an age where technology and medical sciences progress so far, I guess it comes back down to money” Participant, Wakefield

The public wants individuals to be responsible for their health, but they are aware of how living and working conditions affect their ability to be healthy.

In the poll, we found that while people put the most responsibility on individuals to stay healthy, they do still recognise that external factors play a role. We tested two different phrasings on the issue of individual responsibility, the first one simply asking how responsible individuals are without context, and the other one asking about individual responsibility in the context of structural factors impacting an individual's health.

Although 62% of people found that the individual/people themselves have a great deal of responsibility for ensuring that people stay healthy (which rises to 66% for the secure group and drops to 56% for the insecure group of respondents), just 19% said people are entirely responsible for their health outcomes even if structural factors such as living and work conditions made it harder for them. The majority (53%), however, felt that individuals are mostly responsible, whilst about a quarter (24%) felt like individuals were only slightly or not at all responsible, which shows the importance of context for people when thinking about the role people play in their own health.

Figure 10: How much responsibility, if any, do you think that each of the following have for ensuring people generally stay healthy?

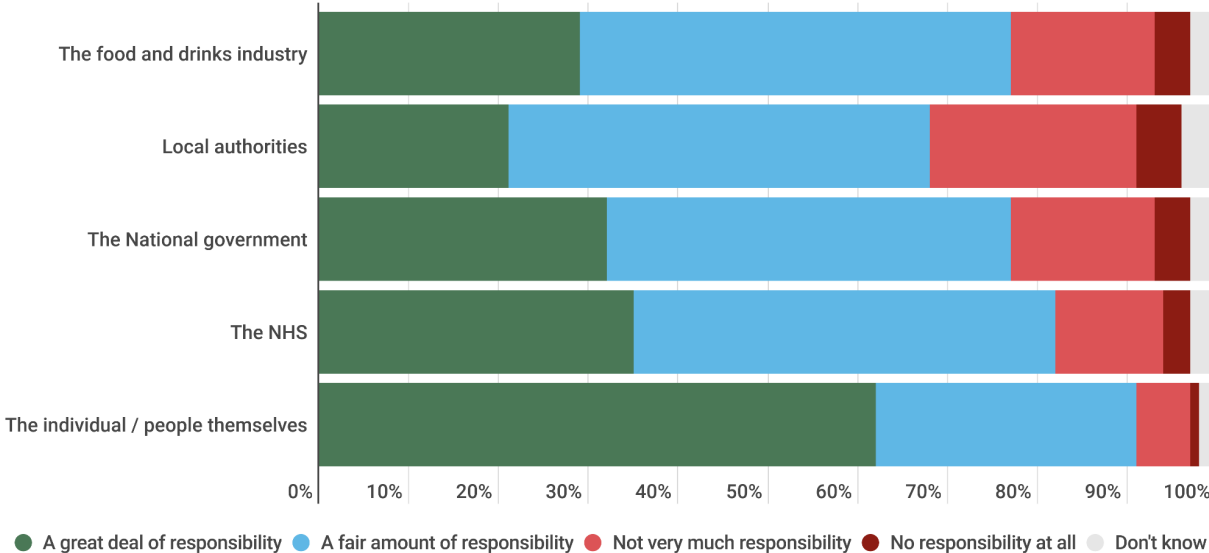
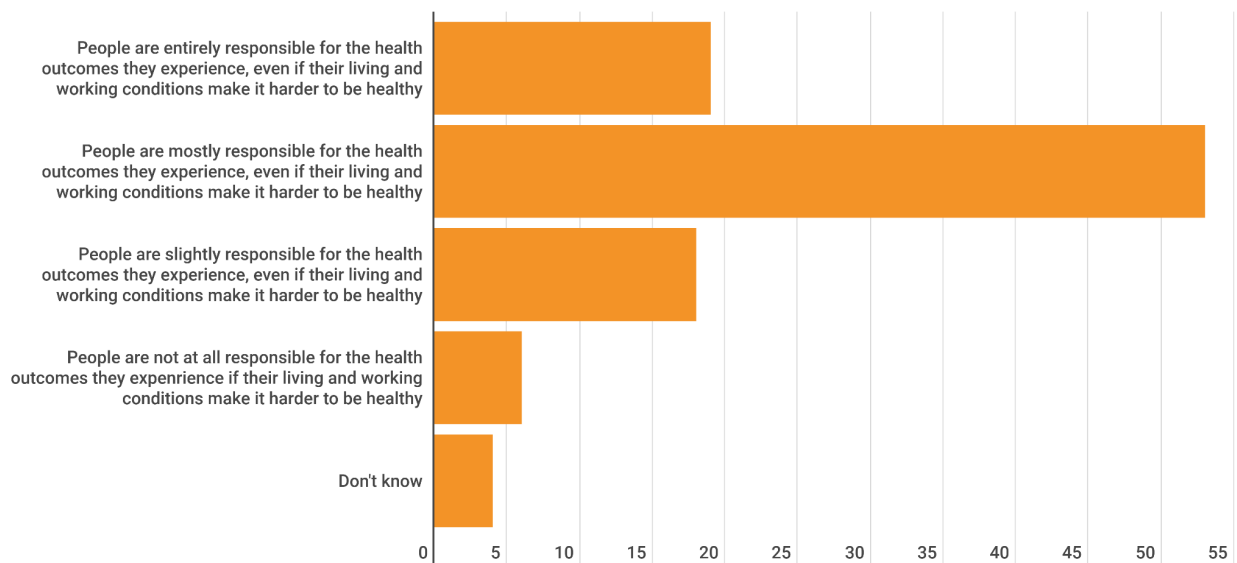
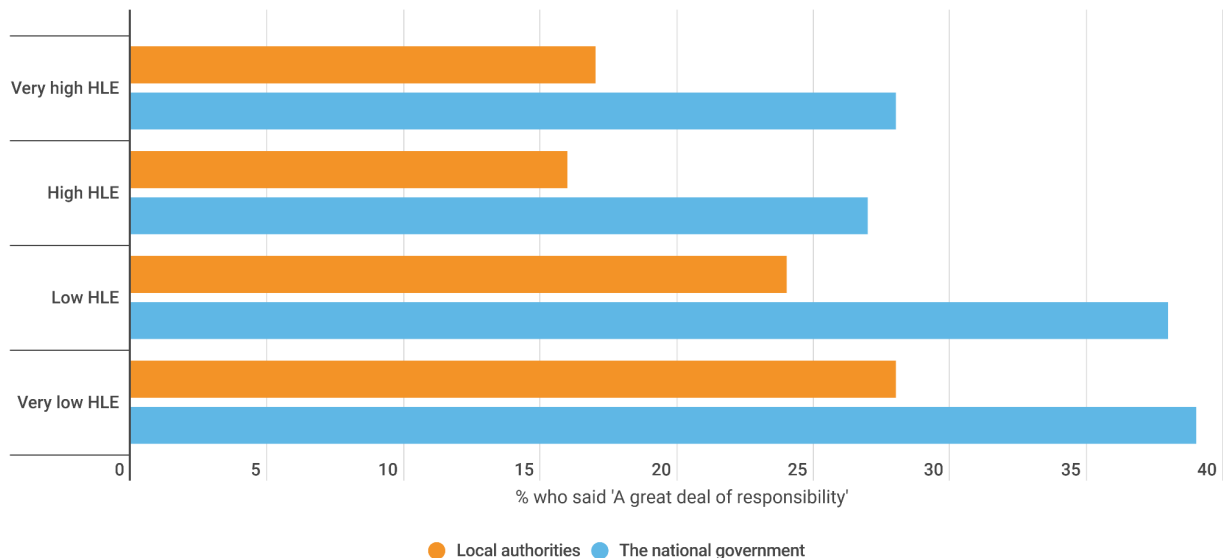


Figure 11: And which of the following comes closest to your view?



Interestingly, we noted that respondents in areas with low or very low HLE were more likely to see local authorities and national government as having a great deal of responsibility in ensuring people stay healthy.

Figure 12: How much responsibility, if any, do you think that each of the following have for ensuring people generally stay healthy?



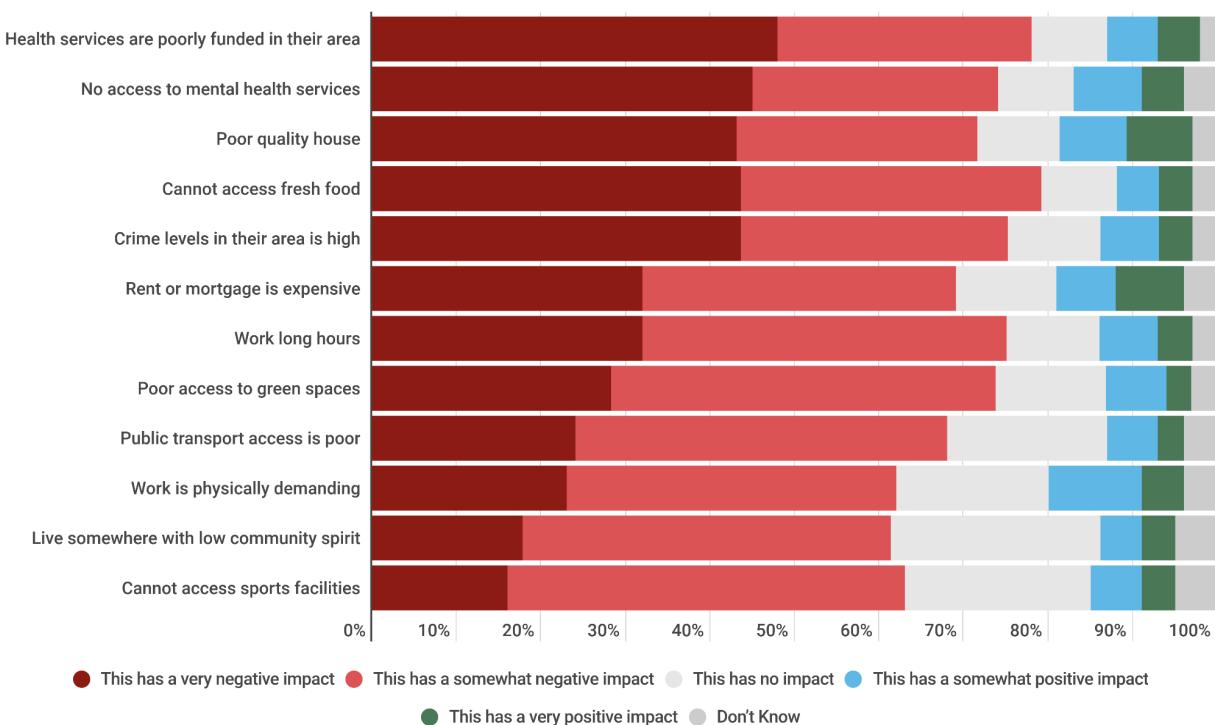
We also tested in our poll if – when prompted – people recognised that external factors influenced health. By and large people agreed that external factors matter. Among all issues we tested, the vast majority of the public recognised that they would negatively impact someone’s ability to be healthy. This includes lack of access to fresh food (79%), high crime levels (76%), long work hours (74%), poor access to green spaces (73%) and poor quality housing (72%).

In our focus groups, people easily made the link between poor health in their area and these factors when asked about the lower HLE level where they lived compared to the rest of the country:

“Housing causes more ailments, like dumped properties that are so old and old Council blocks that are making people develop asthma and other things. It’s shortening their lifespan.” Participant, West Bromwich

“In Blackpool, especially, there’s a lot of rental accommodation. And a lot of seasonal people [workers] don’t stay in Blackpool. And you get a lot of dodgy landlords who don’t keep up with the maintenance and things like that. If there’s mould, then you know, they won’t do it or take some time to do it.” Participant, Blackpool

Figure 13: To what extent do you think the following affects someone’s ability to be healthy both physically and mentally, if at all?



In our focus groups we observed a difference between the 'secure' groups and 'insecure' groups in their discussion of structural factors. In Blackpool for example, the stable group talked at length about the growing homeless community which had 'moved' to the area and had substance abuse issues, and parents who worked long hours and did not have the time to cook meals or educate their children on how to be healthy, yet they did not talk about themselves or their families.

On the other hand, participants in the insecure housing and employment groups voiced their concerns from their personal point of view, and talked about their experience of physically demanding work, the stress of not being able to afford rent, and how unattainable healthier lifestyles are on low income, especially in the context of a cost of living crisis.

"I think that [low HLE] might reflect a bit more the areas we live in. If you live in working class areas, it's probably lower. So we're basing it on what we see. Whereas if you go to middle class and upper-class areas, there does seem to be a lot of healthier people well into their 70s." Participant, Wakefield

"It's the work that we do, I mean, we are the Black Country. I mean, it's still very industrial. It's very hard labour. And people are working long hours. And it is a less affluent area. Obviously, it's not specific to everybody. But some people can't afford to eat healthy because healthy food, in my opinion, shouldn't be but it is a lot more expensive than eating junk food. I think that plays a big part as well in looking after ourselves, being able to look after ourselves." Participant, West Bromwich

"Yeah, I think if you are from a higher background, they are going to live back because they got better wages, better jobs. They can retire early, enjoy life more. Whereas deprived areas, we're just trying to do as much as we can as much work as we can, people take on two, three jobs at a time. Just so they can pay the bills and get food but yet still nothing for themselves and still struggling." Participant, West Bromwich

Political Action

Our research shows the public support action to tackle health inequalities. The government's levelling up target is well supported, and people are more convinced by arguments in favour of action than arguments against. Health inequalities are also important to how people vote, and any deterioration in HLE would leave the governing party paying a high price at the ballot box. Despite this, our research finds low confidence that the government's levelling up target on health will be met, fuelled by a lack of trust in politicians and concern about the growing cost of living crisis. Most have not seen the government taking action to improve health in their area.

To turn this around, politicians should start by listening to people living in areas of low healthy life expectancy. Their suggestions for change focused on improving education and mental health services, tackling crime and improving safety, and boosting the sense of community near their home. They also want to see action driven at a community level, a sentiment shared by the wider public who are more satisfied with action taken by local councils than the national government to tackle health inequality.

Politicians should also recognise that policies the public think will tackle health inequalities will be highly persuasive at the ballot box. We explored how different health policies might affect people's voting intention, and found that preventative health policies were amongst the most effective. This is particularly the case for an expansion of screening services and improvements to green spaces. Action on neighbourhood policing was suggested in the groups and popular in the poll and is a very effective way for Labour to win over 2019 Conservative voters. Action on mental health is a very effective policy for the Conservatives to win over 2019 Labour voters. While there is evidence for their effectiveness, prohibitive policies such as banning junk food adverts for children are less potent than other policies, although they are not disliked, and are similarly popular with Labour and Conservative voters.

There is a strong desire for change

"It worries me just because it is quality of life at the end of the day. For me and for my son, it is important to have a good quality of life." Participant, West Bromwich

We found a strong belief that tackling health inequalities is important. A majority support the government's levelling up target and just 8% feel that tackling health is not much of a concern. We also found that people in low HLE think improving physical and mental health is the most important part of the government's levelling up agenda.

The target in the levelling up white paper - to narrow the gap in HLE between the most and least deprived areas and to increase HLE by 5 years by 2035 - is supported by 69% of the general public. The majority of the public (57%) also think it is the right level of ambition.

Figure 14: As part of its levelling up agenda, the Government committed itself to meeting the following target: 'By 2030, the gap in Healthy Life Expectancy (HLE) between local areas where it is highest and lowest will have narrowed, and by 2035 HLE will rise by five years'. To what extent do you support or oppose this ambition?

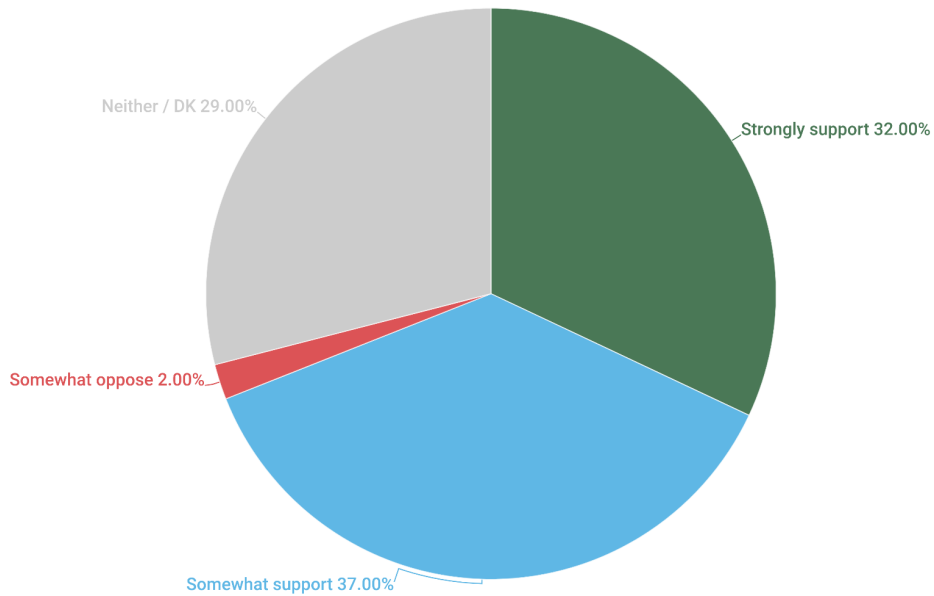
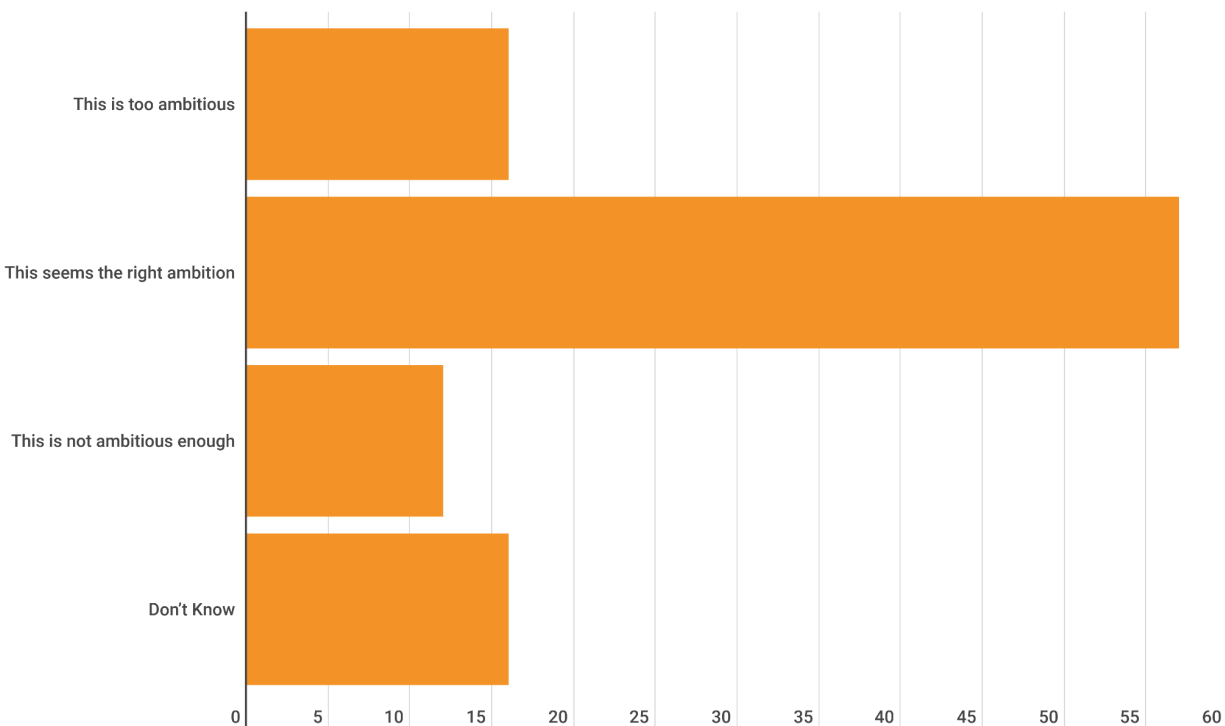
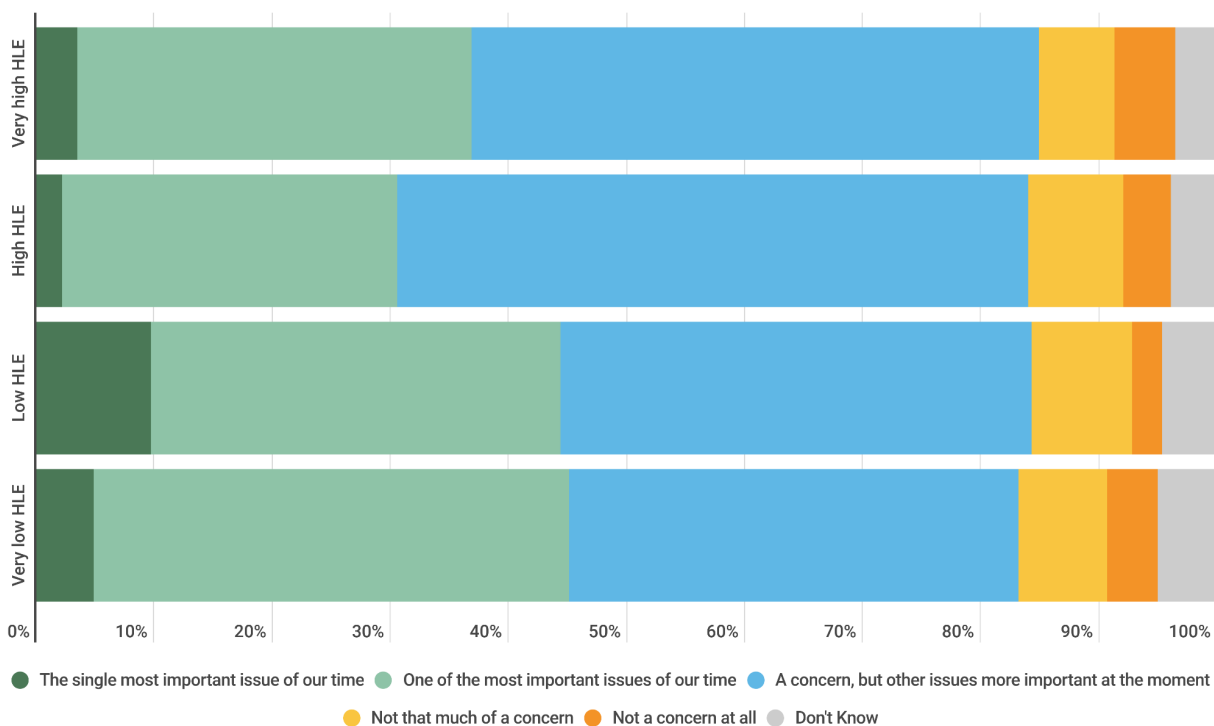


Figure 15: And do you think this ambition is too ambitious, not ambitious enough, or about right?



38% said that health inequalities is the single or one of the most important issues of our time, and just 8% said it is not that much of a concern. Importantly, people in areas with the lowest HLE are more likely to think this is the most or one of the most important issues of our time (45%) compared to people in areas with very high HLE (37%).

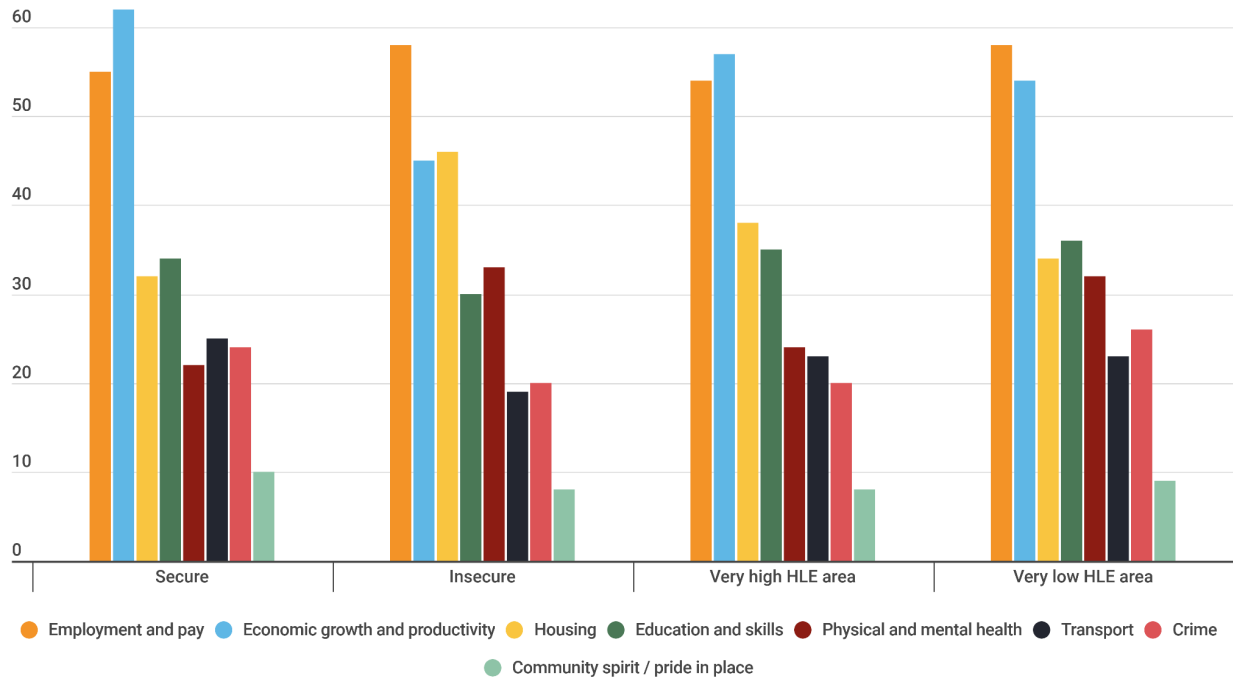
Figure 16: How concerned are you about inequality between different parts of the country in life expectancy and healthy life expectancy, if at all?



2019 Labour voters are more likely than Conservative voters to think that tackling health inequality is either the most or one of the most important issues of our time (52%), suggesting Keir Starmer’s focus on preventative health care will find strong support amongst its current support base. 28% of 2019 Conservative voters say this is the most or one of the most important issues of our time, a significant proportion of Conservative voters. Just 6% of 2019 Conservative voters said it was no concern at all.

Those in the lowest HLE areas were more likely to cite physical and mental health as one of the most important policy areas the Government needs to address as part of levelling up (32% of those in very low life expectancy areas as opposed to 24% for those in very high HLE). The difference was similar when looking at the secure and insecure groups, with the former being less likely to think physical and mental health are most important to address as part of levelling up than the insecure group (22% vs 33%). For the insecure group, health was just above education and skills (30%) and crime (20%).

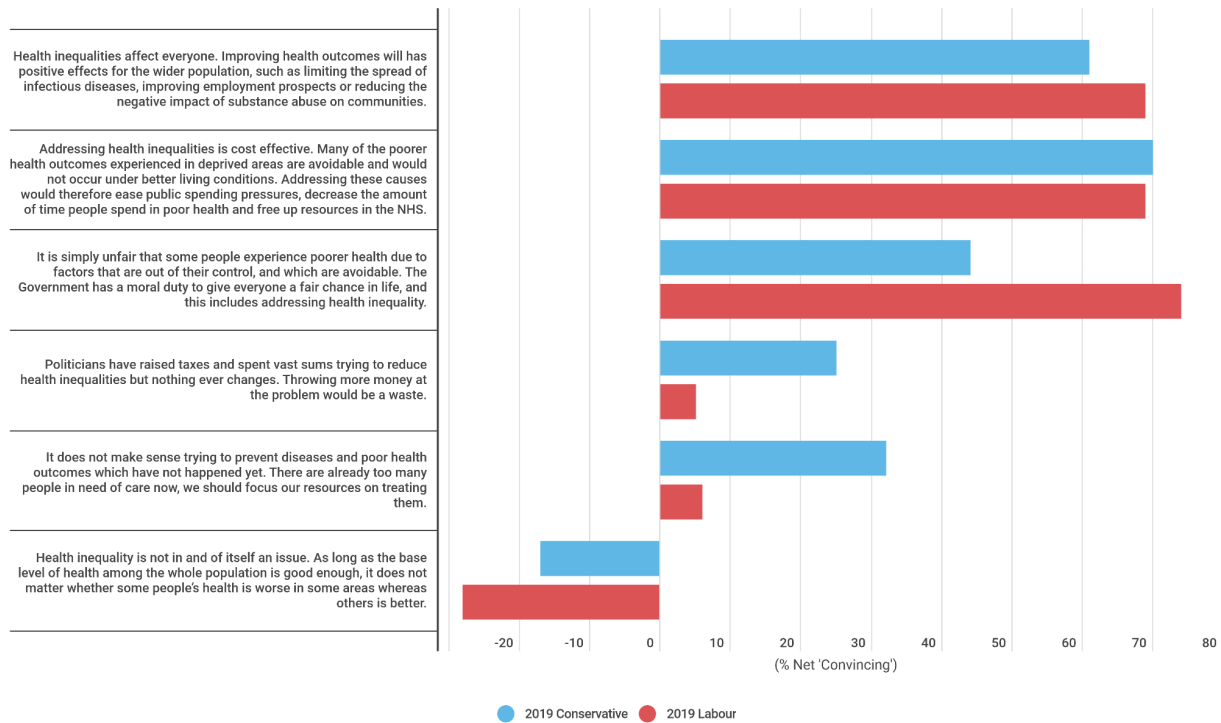
Figure 17: A focus of the current government is “levelling up” – which is aimed at spreading opportunities more equally around the country and improving people’s lives outside the richest areas. In your opinion, which policy areas are most important for the Government to focus on to achieve this ambition? Select up to three.



We also found that overall people were far more convinced by the arguments we tested which were in favour of addressing health inequalities compared to the arguments against addressing them. This was true across 2019 Conservative voters and 2019 Labour voters.

Although both groups seemed generally more convinced by all arguments in favour than those against, specific arguments resonated far more with Labour voters than Conservative voters, and vice versa. For example, the ‘simply unfair’ argument for addressing inequalities was seen as much more convincing by Labour voters, whereas the taxation and need to focus on already existing health issues arguments resonated more with Conservative voters.

Figure 18: One argument for or against addressing the factors which lead to poorer health in more deprived areas is: XXX. How convincing do you find this argument?



Inaction loses votes

We found health inequalities to be a highly salient electoral issue. In our poll we asked people how a growth in health inequalities would affect their support for the current government. We found that a worsening of health inequalities and decreases in HLE both significantly reduce the likelihood of 2019 voters to vote Conservative in the next general election (-37% net decrease for both).

We also found that health inequalities worsening sees the largest overall drop among all respondents in likelihood to support the Conservatives among the issues we tested. When we look specifically at drop in support from people who voted Conservative in 2019 a decrease in healthy life expectancy sees a slightly bigger drop than a rise in child poverty (-37% vs -32%).

Figure 19: How would your view of the Conservative party be affected if the following happened since they came to power? (Net change in support).

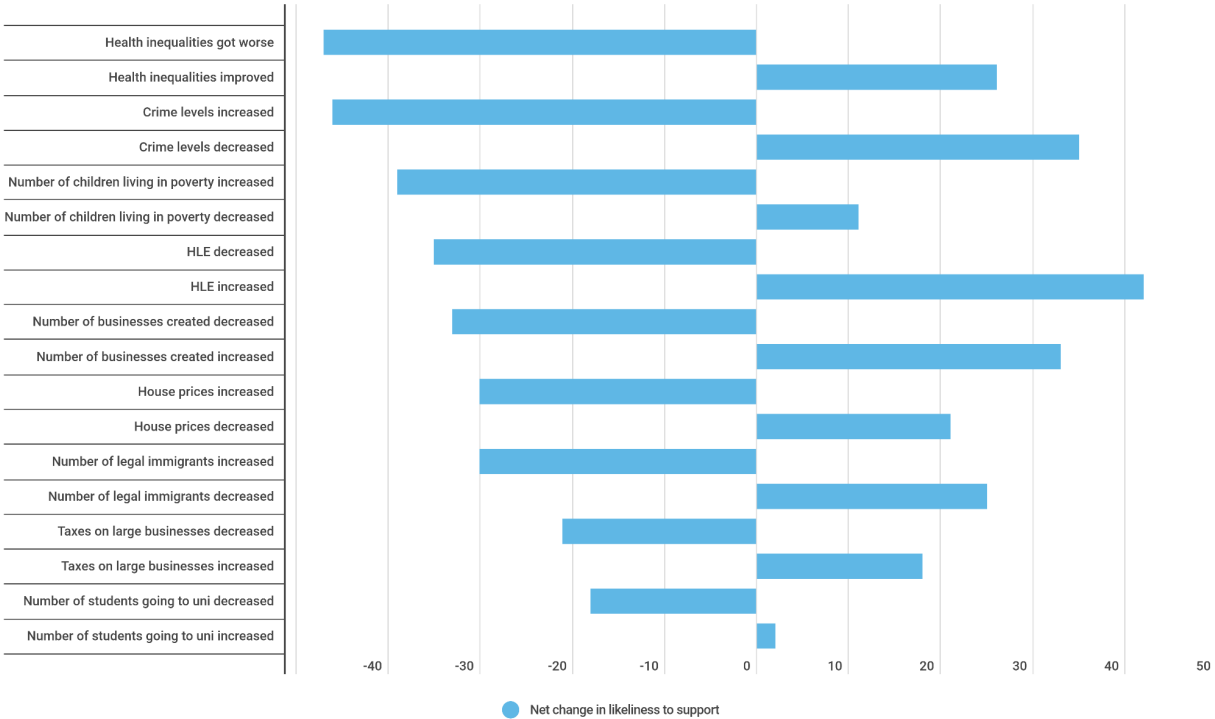
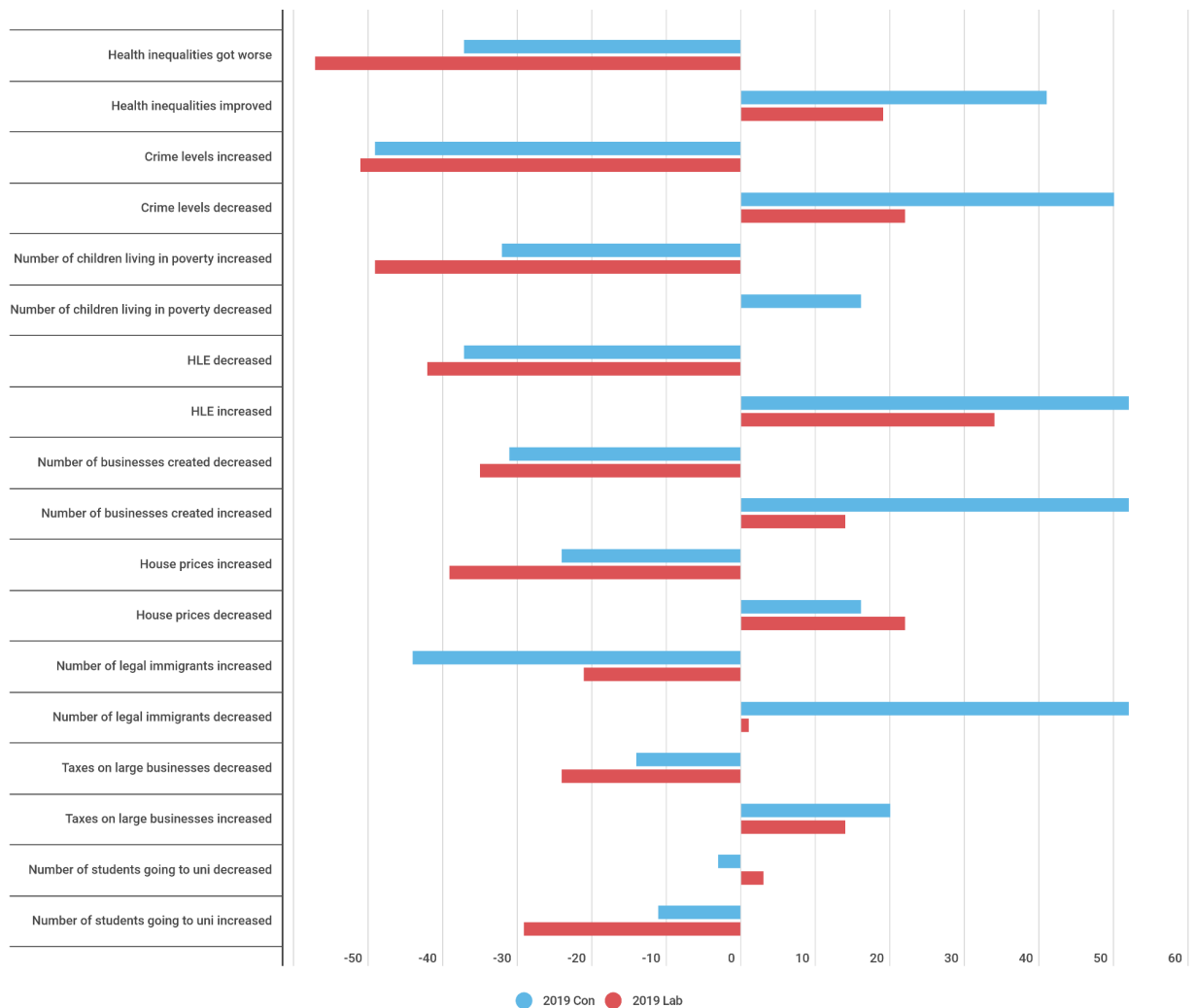


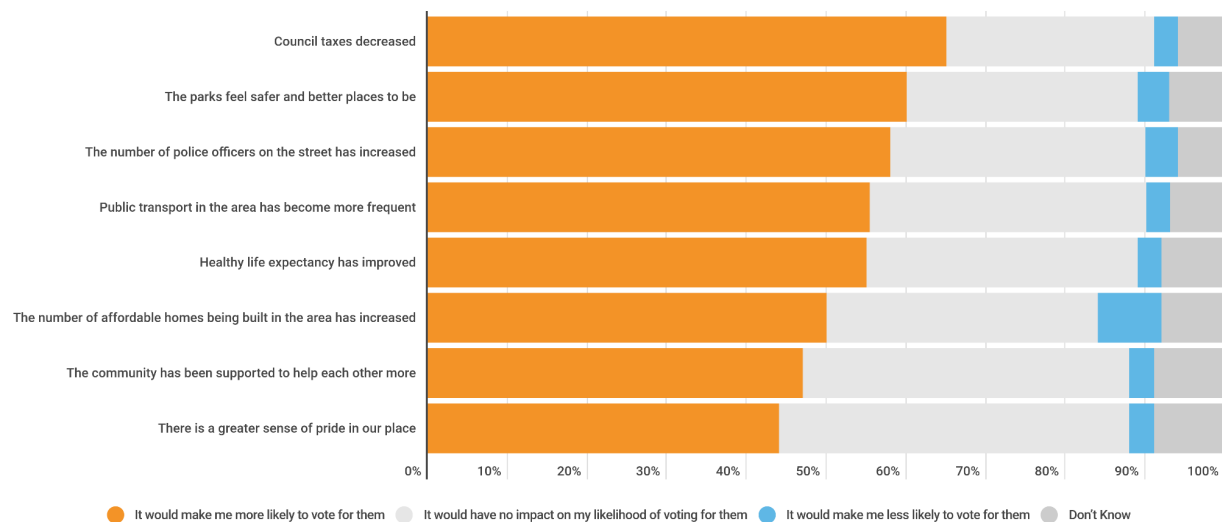
Figure 20: How would your view of the Conservative party be affected if the following happened since they came to power? (Net change in support).



Health inequalities also have high salience at a local level. We tested how different changes in a local area would affect resident's likelihood to re-elect their council, and found that improvements in healthy life expectancy and local parks would make residents more likely to support the council in the next local election. In particular, from the areas we tested, we found that improvements to the quality and safety of local parks are one of the most effective changes in an area that would increase support. It was second only to decreasing council tax.

Overall 55% of voters would be more likely to vote the party representing their local council in local elections if healthy life expectancy improved in the area under them, a higher proportion than said affordable homes being built (50%), a greater sense of pride in our place (44%), and the community being supported to help each other more (47%).

Figure 21: Now imagine that you had to vote in your local elections. How would the following information about the council’s performance impact your likelihood to vote for that party again?



Looking specifically at those living in very low HLE areas, we see a similar story about the potency of policies to improve the health of a place. For this group, an increase in police presence was the second most persuasive on voting intention after council tax (60% said a greater police presence would persuade, against 66% saying the same on a decrease in council tax). The safety and quality of parks also performed well amongst this group, securing 58%.

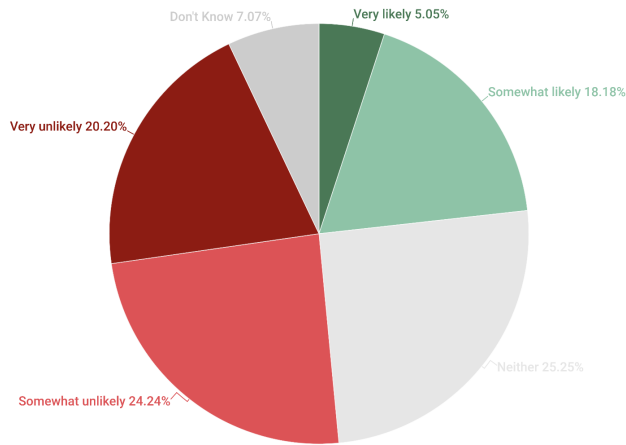
People don’t think the levelling up target will be met and aren’t noticing political action

“It’s a good ambition but like I said I don’t ever believe that they’ll ever be able to follow through on it. There’s lots of things promised around election time and stuff like that. Pledges that go out, and it’s never delivered upon... with everything getting worse, and they’re not doing anything about the rising cost of living... So I don’t believe what they’re actually saying is going to be doable.” Participant, West Bromwich

“The country as it is, at the moment, we’re talking about more people using food banks, more people on the poverty line, they were saying that the gap between the lowest paid and the highest paid is rising drastically. So I just think you’re gonna have a whole load of people who can’t afford to have a healthy lifestyle and like I said, that’s not going to be achievable because of that reason.” Participant, Wakefield

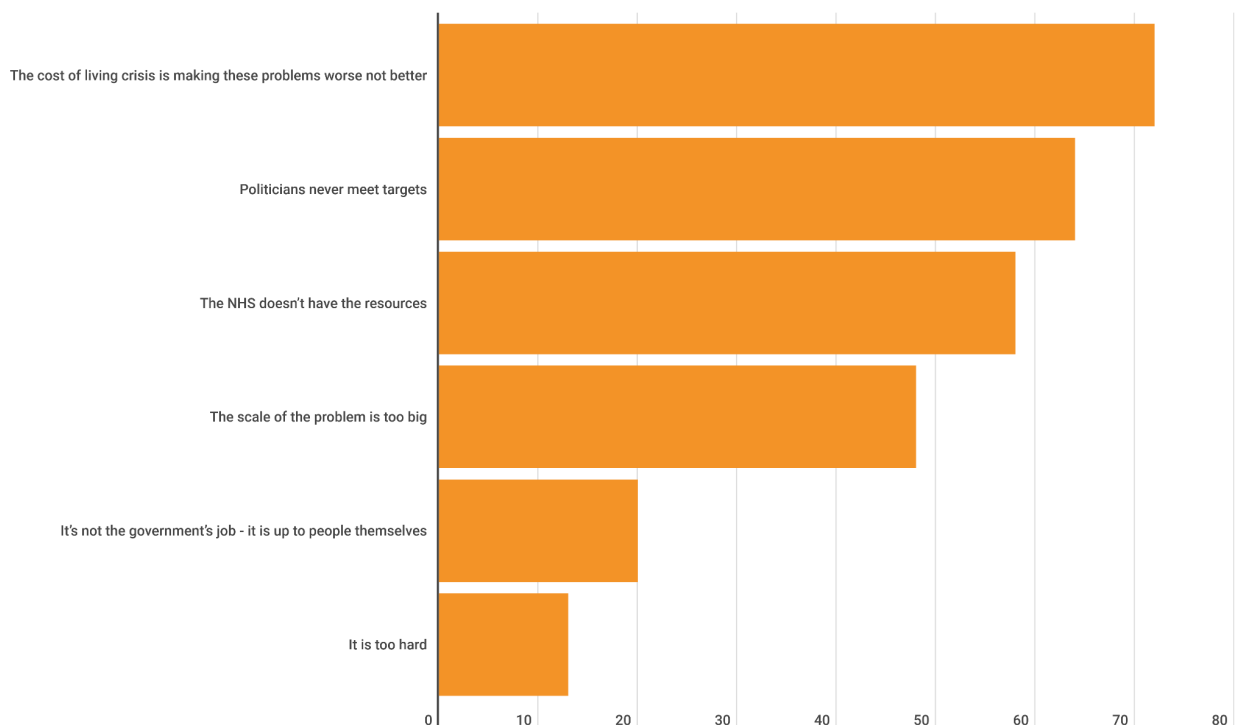
Despite supporting the levelling up target for HLE, focus group and survey participants were not convinced that this target would be achieved. 44% of respondents said it was either very unlikely or somewhat unlikely to be achieved, with just 23% saying it was somewhat or very likely to be achieved. Our focus group participants were strongly of the mind that the govt HLE target was “pie in the sky” and “unachievable”.

Figure 22: How likely or unlikely do you think it is that the Government will manage to achieve this target?



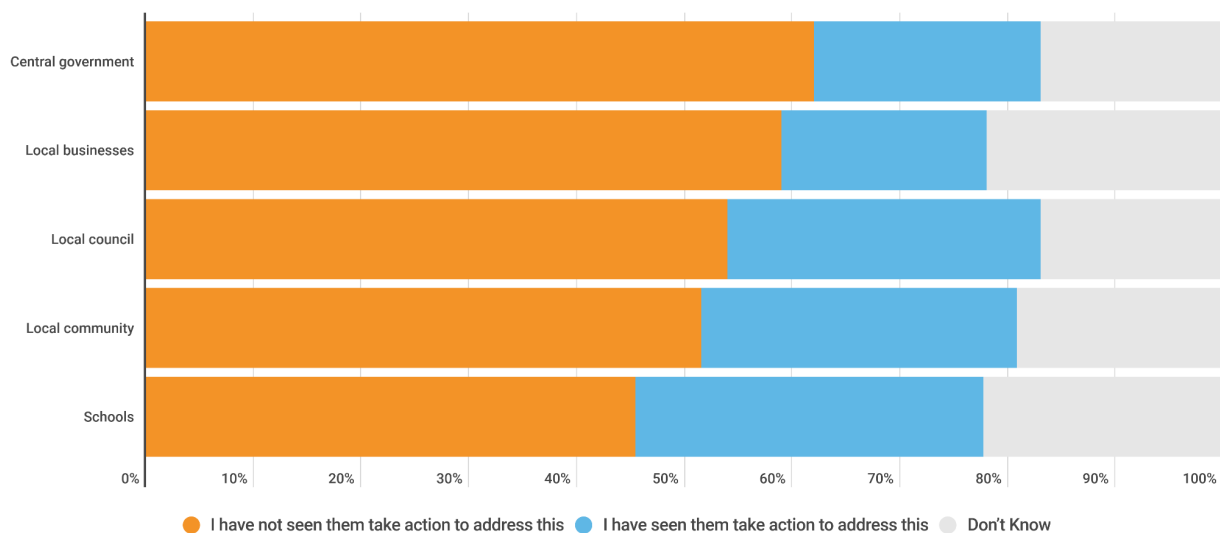
The cost of living crisis and low trust in politicians are key drivers for this lack of confidence in achieving the target. Focus group participants showed deep frustration towards the number of broken pledges, summarised by one rueful remark “People voted for Boris Johnson to look after the North. And what’s he done? Nothing.” Focus group participants also expressed concern that the current cost of living crisis will make the problem worse, with one participant arguing “we’ve got kids eating turkey twizzlers and the parents eating nothing... we are never going to get there”. These themes also emerged clearly in the poll.

Figure 23: You said you thought it was unlikely. Why is this? Tick all that apply.



In addition to the lack of confidence in politicians to deliver the target, we observed that research participants also do not see much political action currently underway. Most people have not seen the Government take action on this issue. Local actors such as councils, community and schools are seen as taking more action but a majority of respondents (except, just, for schools) had not seen any action.

Figure 24: Lots of people are responsible for improving the health of people in an area. Have you seen each of the following take action to make your area a healthy place to live, or not?



Start with priorities of those living in areas of low HLE

Our research has shown that people living in areas of very low HLE tend to be more negative about their area, and see a healthy place as one with good housing, low crime, green spaces and good jobs. These insights should guide policy makers because there are no greater experts in how to improve a place than the people who live there.

“There’s no sense of community – people are frightened to challenge bad behaviour... So it all goes hand in hand... It’s a vicious circle, mental health, not going out, health deteriorates. So it all goes hand in hand.” Participant, West Bromwich

To support policy makers to put these places at the heart of decision making, we asked focus group participants to tell us what they thought needed to change in order to make their area more healthy. Their suggestions unsurprisingly focused on the same things which they brought up when we asked them to imagine a healthy place: tackling crime and improving safety, improving education, socioeconomic factors such as employment and housing, and mental health, community and green spaces.

Improving crime and safety was one of the most popular policy suggestions across all of the focus groups. Participants talked about how they didn’t feel safe letting their children out to play in local parks, and that concerns around safety were stopping them walking or exercising in their community too. One participant proposed security guards should be employed to guard parks and keep them safe and accessible for all the community.

Across the groups there was also a sense of a decline in community spirit in their area, which was both symptomatic of and conducive to poor health. Solutions focused on community hubs, activities for kids and a high street where you want to be. One participant called for a “feeling of togetherness”.

“Mental health more than anything, you give people somewhere to go, somebody to see, somebody to speak to, and to join in and become part of the community. So it makes you healthier on the inside, it makes a healthy mind, healthy mind, healthy body is what they say.” Participant, Wakefield

“There’s not enough done by the council to push community. There’s not enough community driven projects which is funded by the council or partly funded by the council to help get some of the lesser fortunate people into and out of their houses. And that then breeds mental health issues.” Participant, Blackpool

Having a strong sense of community was seen to be a key driver of good mental health, especially after the pandemic forced people to become more isolated. One person compared the importance of community to a pride of lions – a sense of belonging makes you feel better in yourself. Another said “human contact makes you healthy”. There was also a strong sense that the current crisis was negatively impacting mental health, with people recognising the burden that struggling to make ends meet can have.

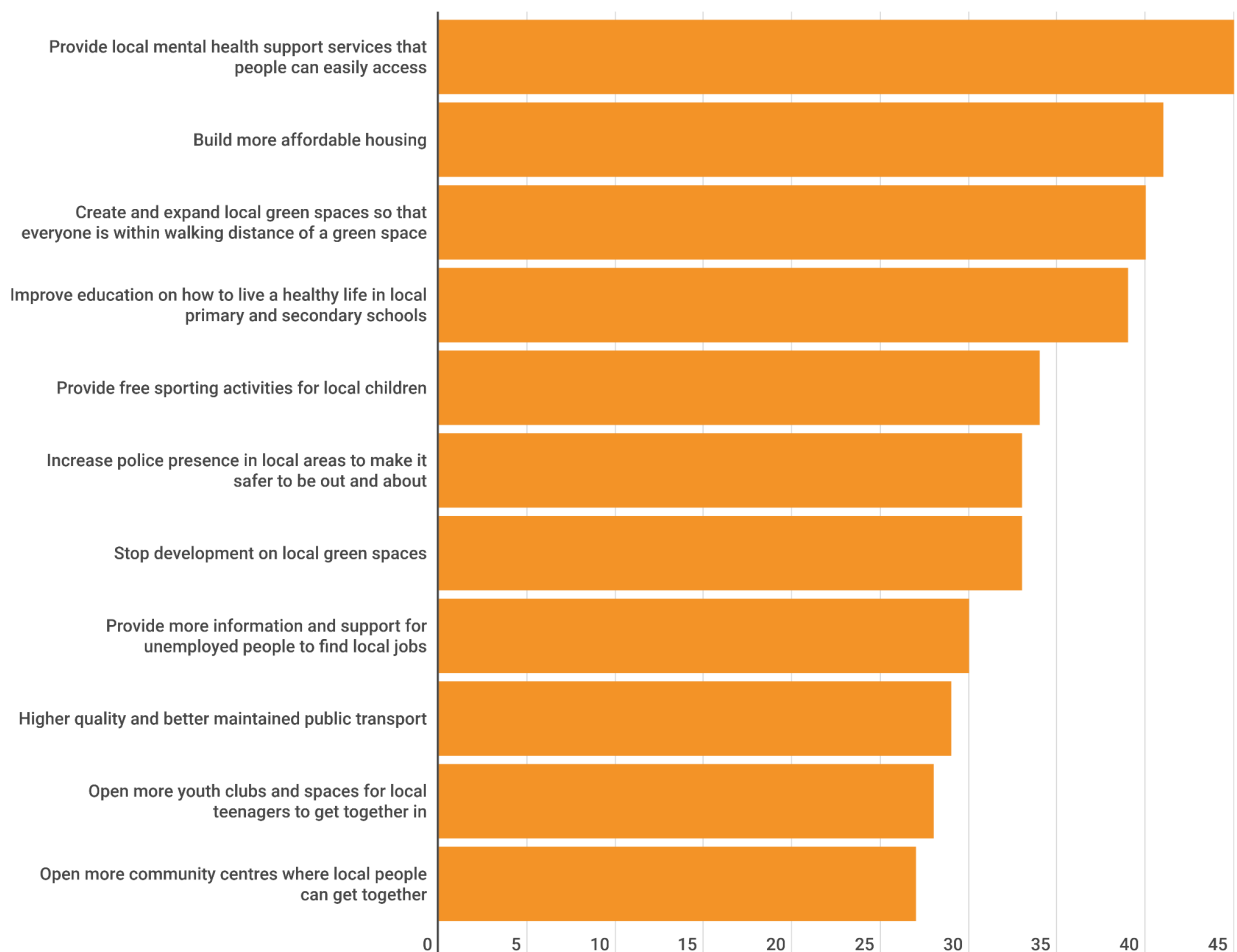
We noticed that participants in insecure work and housing were more likely to point to socioeconomic factors as the solution to low HLE. Their solutions focused on improving access to work, improving the quality of work and improving poor quality housing. We also noticed

that participants in most groups raised the importance of education – both as a way to improve the type of work you do and to understand the importance of healthy eating.

“The best thing to do is start educating from a young age, so maybe have some sort of better healthy lifestyle, lessons within school from you know, from reception onwards about what is healthy, what you know, how to make a healthy choice, understanding what calories are understanding about, you know, what your calorie burn is, and what foods you made are part of all that sort of thing, because you can go really deep into it.” Participant, Wakefield

We tested the policy solutions which focus group participants came up with in our poll, to see the level of support they’d receive from the wider public. Of those, improved mental health support services and affordable housing were both seen as the preferred and most effective ways of improving health in people’s areas.

Figure 25: The following is a list of policies which have been proposed as a way of improving healthy life expectancy in local areas. Looking carefully at the list, please select up to five which you would most like to see implemented in your local area.



Perhaps unsurprisingly as this list was written by people living in low HLE areas, we did not observe any notable differences across HLE levels. We did however observe some notable preferences according to voting history, with 2019 Conservative voters more likely to want to see increased police presence (43% vs 31%) and stopping development on local green spaces (42% vs 26%) compared to other voters, whereas 2019 Labour voters were more likely to want improved mental health support services (50% vs 40%), and affordable housing (49% vs 38%). The insecure group in our poll were 9 points more likely to select building more affordable housing than the secure group.

People are looking to the council for action

In our focus groups it was notable that people tended to point to local councillors when we asked who was responsible for HLE in the area. The few who mentioned the national government did so only to mention the importance of funding from the centre. One policy solution proposed by a participant was for the government to give more funding to the local area, and then let local people decide how it should be spent.

“Your local councillors, if they’re strong enough to push it further up the food chain, then they’re a good start. But central government have got to give people more money to open town halls and old buildings again to set up [community] groups.”
Participant, Wakefield

“Well, after ourselves, I’d say it’s parish councillors, because then it moves up then to your local MP and then to house of parliament. So I think first and foremost it’s parish councillors that need to be spending the parish money in better places.” Participant, Wakefield

In our poll we asked those who said they’d seen the central government and councils take action whether they were satisfied with it. People were much more satisfied by actions taken by local councils than by central government.

Figure 26: You said that you noticed your central government taking action to improve the health of people in your local area. What do you think of these actions?

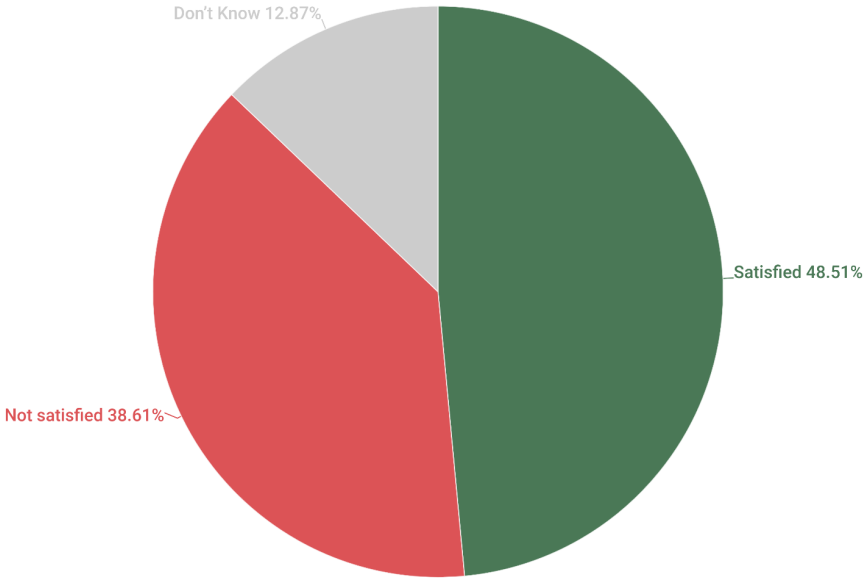
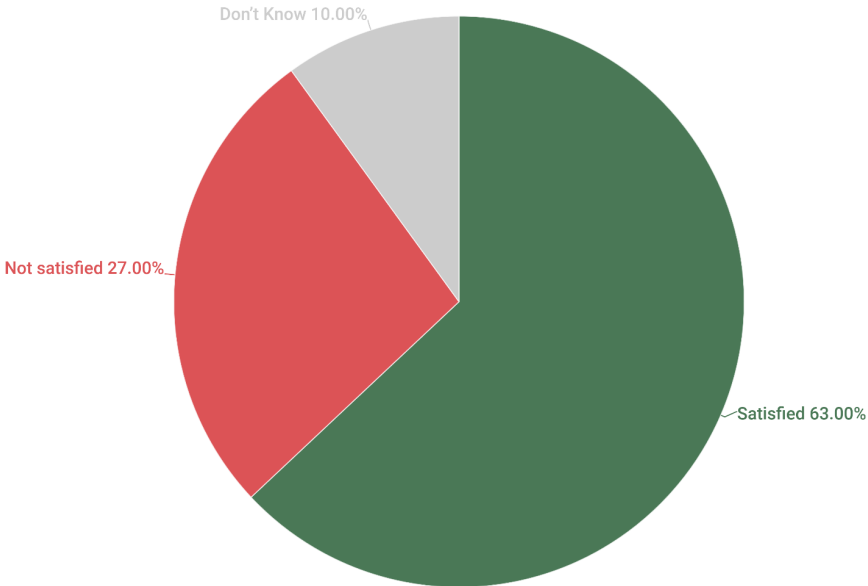


Figure 27: You said that you noticed your local council taking action to improve the health of people in your local area. What do you think of these actions?



Policies to tackle health inequalities persuade voters

In our poll we tested a list of health policies that we thought Labour and the Conservatives might adopt ahead of the next election which would improve health inequalities. We also included some more general policies aimed at cutting waiting lists and improving services in the NHS.

We wanted to see whether associating the policy with a party would make a difference and also how persuasive people would find the policy when deciding how to vote. In order to see this, we split the survey sample and showed half the policy as a Conservative policy and asked how it would affect their likelihood of voting Conservative and the other half the policy as a Labour policy and asked how it would affect their likelihood of voting Labour.

Overall, cutting waiting lists and expanding access to screening are the most persuasive policies for both parties to adopt. 53% of those shown the Labour arguments said that both cutting waiting lists by hiring more social care staff and expanding screening would make them much more or somewhat more likely to vote for Labour at the election – the highest overall score. Those shown the Conservative arguments chose the same issues but had slightly different preferences for the method of achieving them. The most persuasive policy was making use of private capacity to clear the backlog (50%), followed by expanding access to screening (49%).

We then analysed the data by 2019 vote intention in order to understand which policies are most able to switch someone's voting choice from 2019. We found that screening and cutting waiting lists are the most persuasive at persuading people to stick with their party from 2019 and amongst the most persuasive at making people switch their allegiance.

The most startling finding, however, is that we found improving green spaces to be a highly persuasive policy. Overall, it was the second most persuasive policy for the Labour sample (52% said it would make them more likely to vote Labour) and the fifth most persuasive for those shown the Conservative policies (45% said it would make them more likely to vote Conservative). Improving green spaces is also a highly effective policy to encourage people to switch their vote to a new party. 42% of those who voted Conservative in 2019 who were shown this as a Labour policy said it would make them more likely to vote Labour this time, the fourth most persuasive policy tested.

Whilst it would still change some voting behaviour, the least persuasive policy for both parties relate to restrictions or guidance on what people eat, despite evidence suggesting the effectiveness of these policies. Banning junk food ads was the least likely to change voting behaviour for both Labour and the Tories (31% of Labour respondents said it would make them much or somewhat more likely to vote Labour, 28% said the same for the Conservatives). Banning junk food ads for children was also the least likely policy to switch their party allegiance. Support or guidance for families and children on cooking and healthy lifestyles was amongst the least persuasive (35% said it would make them much or somewhat more likely to vote Labour, 34% said the same for the Conservatives.) 24% of Conservative voters from 2019 who were shown this argument said it would make them switch to Labour, one of the least persuasive policies.

It is also notable that action on crime is an effective policy for Labour to deploy in order to win over 2019 Conservative voters, and action on mental health an effective policy for the Conservatives to win over 2019 Labour voters. Both these themes emerged clearly as priorities of people living in lower HLE areas, and garner strong national support too.

Figure 28: Now imagine that you read the following electoral pledge from the Conservative / Labour party ahead of the next election. How would such a headline affect your likelihood of voting Conservative / Labour?

