Levelling up: A serious attempt to reduce regional inequalities in health?

For all the rhetoric about tackling socio-structural determinants of health, the white paper lacks innovation, policy levers and, crucially, long-term public investment

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The *Levelling Up* white paper,[1] released in February after significant delay, outlines the UK government's much anticipated strategy for tackling regional inequality. The centrepiece of the Conservative's reform agenda, 'levelling up' is presented as a solution to the UK's long-standing, stark geographical inequalities (e.g. see Box 1). Although 'levelling up' is already permeating political and media discourse,[2] the white paper is the first UK government attempt to translate this broad idea into specific policy commitments to address place-based inequalities ('white papers' are government documents that set out proposals for future legislation). It has already been criticised for failing to provide any additional resources, in the context of a cost of living crisis,[3] and for not acknowledging that the Conservative Party has been in power, at UK level, 'for 30 of the last 43 years and is [therefore] responsible for much of the damage' described.[4] Nonetheless, it has been cautiously welcomed by combined authorities in the north of England[5] and some think tanks.[6,7] Here, we present an analysis of: (i) potential opportunities for tackling geographical health inequalities; (ii) tensions and concerns that may inhibit effective policy action; and (iii) blind spots and omissions. We conclude by arguing for a far bolder policy response to the UK's health inequalities.

Opportunities to 'level up' health in the UK

There are at least four opportunities within *Levelling Up* for those seeking to reduce health inequalities. First, in contrast to earlier policies led by health policymakers, *Levelling Up* frames health as an important outcome of proposals to tackle wide-ranging inequalities, including employment, housing and transport. This reflects decades of health inequalities research highlighting the multiple, intersecting ways in which inequalities in social and economic factors, such as employment, housing, income, education and transport, lead to inequalities in health (Box 1).[8] It is an important shift since health policymakers lack influence over these broader policy areas and have inevitably tended to focus on the levers they can pull (e.g. preventative healthcare, health promotion and pharmaceutical interventions), despite evidence of limited efficacy for reducing health inequalities.[9] In this respect, *Levelling Up* may help reframe conversations about reducing *health* inequalities towards addressing wider inequalities.

Box 1: UK Health inequalities, social, economic & commercial determinants

Health inequalities (also termed health inequities) are systemic variations between social groups (e.g. socio-economic, ethnic or geographical groups) which are socially produced and modifiable and, therefore, deemed unfair.[10] These inequalities are caused by the unequal distribution of social and economic determinants of health, including housing, employment, education, wealth, as well as by inequalities in exposure to commercial determinants (e.g. availability of alcohol and tobacco).[11] Health inequalities are pervasive within many countries but the UK is internationally renowned for having particularly stark health differences between socio-economic groups and areas.[12] For example, ONS data shows men in the most deprived decile in England had healthy life expectancies (HLE) 18.4 years shorter than men in the least deprived deciles.[13] In Scotland, the equivalent HLE gap is over 23 years, and premature mortality in Scotland is four times higher in the most deprived areas.[14] A government-led programme of austerity, implemented from 2010 onwards, has worsened inequalities in health in recent years.[15]

The unequal impact of Covid-19

Arriving in the context of the extensive health inequalities outlines above, Covid-19 infected, killed and impoverished unequally, by socio-economic group, area and ethnic group.[16] The extent of differences in mortality rates by ethnic group shone an important spotlight on this, previously under-examined axis of UK health inequalities. For example, age-standardised mortality rates of deaths involving COVID-19 for British Bangladeshis aged 10-100 years were four times higher for men and three times higher for women, compared to the White British population (24 January 2020-16 February 2022).[17] The impacts on income and schooling have also been unequal,[16] which is likely to further widen socio-economic health inequalities.[18]

Second, *Levelling Up* contains some ambitious targets (labelled 'missions' – Box 2), including an explicit commitment to reducing the gap in healthy life expectancy (HLE) between areas by 2030. Other targets relate to social determinants of health, including housing, employment and income, and well-being (Box 2). Although targets are limited tools for effecting change, with the potential for unintended consequences,[10] they can serve to focus policy attention and investment.[11]

Third, some commentators will welcome commitments to devolving further decision-making powers to local areas in England. For those working to reduce health inequalities locally, more powers expand their policy tool box. Those committed to achieving public support for reducing health inequalities, and those who argue political disenfranchisement is a pathway to health inequalities,[12] are also likely to welcome commitments to 'improving democracy and engagement' in local decision-making.

Fourth, the white paper commits to addressing long-standing calls for better local-level access to subnational, granular health and economic data,[13] and plans to launch 'a new ONS

interactive subnational data explorer'.[1] This will be welcomed by those seeking to analyse distributional data at regional and local levels, many of whom have faced data access challenges, including in relation to COVID-19.[14]

Box 2: Levelling Up Targets ('Missions') of relevance to health inequalities

Explicit target for reducing health inequalities

Mission 7: 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.

Targets to reduce inequalities in key social determinants of health

Mission 1: By 2030, the UK Government wants to ensure that pay, employment and productivity has risen in every area of the UK, with the gap between the top performing and other areas closing.

Mission 10: by 2030, renters will have a secure path to ownership with the number of first-time buyers increasing in all areas; and our ambition is for the number of non-decent rented homes to have fallen by 50% with the biggest improvements in the lowest performing areas.

'Exploratory' target for reducing well-being inequalities

Mission 8: By 2030, well-being will have improved in every area of the UK, with the gap between top performing and other areas closing.

Troubling tensions and causes for concern

Yet, beneath the appealing veneer of *Levelling Up*, lie at least three causes for concern. First, although some sections reframe health inequalities in ways that prioritise action to address broader social and economic inequalities, an individualistic, medical model of health nonetheless persists, emerging as especially prominent in the section explaining how Mission 7 is to be achieved (see Box 3).

Box 3: Initiatives highlighted as means of achieving Mission 7

Health promotion and incentivising behavioural change

- NHS England will roll out social prescribing, 'so that at least 900,000 people will be referred […] by 2023-24'.
- A three-year pilot allowing GPs to prescribe fruit and vegetables, as well as food-related education and social support.
- A £75m investment in weight management services in England 2021-22 will be targeted at areas where healthy life expectancy is poor.
- Government strategies and plans for addressing obesity, smoking and illicit drug use are all highlighted (though there are no equivalents for alcohol consumption or gambling), with a commitment that a forthcoming white paper on health disparities will focus on 'communities with higher rates of behaviours like smoking or poor diet'.

- A Better Health app will be piloted to understand how it 'could play a wider role in helping to level up the nation's health' via 'personalised health recommendations' that incentivise and reward 'underserved groups' to improve their physical activity and diet.
- An investment of 'up to £5m to launch a school cooking revolution,' that will aim 'for every child leaving secondary school to know at least six basic recipes that will support healthy living into adulthood.'

Health information, diagnostics and screening

- A commitment to 'improve participation in screening programmes by under-served groups' and to 'target health information and improvement tools and campaigns where they can have the greatest impact'.
  A review of the NHS Health Check Programme.
- A £2.3bn investment for improving access 'to vital diagnostic services' and tackling 'the diagnostic backlog created by COVID-19', with a view to establishing 'at least 100 Community Diagnostic Centres in England by 2025', with a particular focus on 'areas that need it most'.

Relatedly, while the Prime Minister's foreword emphasises 'tackling the regional and local inequalities that unfairly hold back communities,' the main text predominately uses health *disparities* (mirroring the creation of a new *Office for Health Improvement and Disparities*). This terminology echoes the Thatcher-led government efforts to depoliticize health inequalities by reframing them as 'variations'.[8] 'Disparities' and 'variations' both lack the moral and political dimensions of 'inequalities', failing to acknowledge decades of evidence showing the UK's stark health gaps are a consequence of policy decisions shaping inequalities in social and economic determinants (Box 1). Instead, health gaps are positioned as stemming from the unhealthy lifestyle choices of people living in areas with poorer health. Unsurprisingly, despite a brief acknowledgement of the role of housing, most of the proposed means of achieving Mission 7 (Box 3) concentrate on accessing healthcare screening/diagnostics or promoting health information, support, and incentives for people in these areas to improve lifestyles (especially diet), despite evidence such approaches can exacerbate inequalities.[15] The metrics identified for assessing progress towards this mission are limited to HLE, prevalence of smoking and obesity (in adults and children), cancer diagnosis at stage 1 and 2, and the under 75 mortality rates from preventable cardiovascular diseases, reinforcing a medicalised, behavioural approach.

Second, there is some ambiguity about the importance attached to reducing health gaps across the full white paper, with targets unhelpfully combining commitments to addressing 'gaps' between areas with ambitions to increase standards in lower performing areas and overall. For example, the extent to which health gaps should narrow is left unspecified in Mission 7 (Box 2), while a statement immediately following its introduction in the white paper makes no reference to gaps, stating instead that, 'This mission is focused on improving healthy life expectancy'. Meanwhile, pp30-31 of the Technical Annex suggest that the way in which gaps

in HLE will be measured mean this dimension of Mission 7 is already being achieved, with a graph depicting the gap in HLE between top and bottom deciles of local areas slightly declining for both men and women between 2013-15 and 2017-19.[16] This, combined anticipated further declines for HLE for men and women (in the context of COVID-19), may concentrate policy attention on work to increase HLE more than efforts to reduce health gaps.[17]

Third, the rationale underlying *Levelling Up's* assumption that spatial inequalities have been exacerbated by insufficient devolution of decision-making powers remains unclear. Indeed, the transfer of health improvement functions to local government in England in 2013[18] led to substantial cuts to public health, occurring alongside a government austerity agenda and welfare cuts which also impacted unequally.[19] The significant reductions in the public health grant have not been reversed by the current administration, so local authorities have very limited resources to address wider determinants of health. While *Levelling Up* commits the government to tackling 'the stark disparities in health outcomes across the UK,' greater local decision-making powers are unlikely to make much difference unless the cuts to local resources are, at the very least, reversed.[20] There is also a notable tension between claims that *Levelling Up* represents the 'biggest shift of power from Whitehall to local leaders in modern times',[21] nearly all of which focus on England, and muted commitments to 'recognise' devolution settlements in Northern Ireland, Scotland and Wales. This is important because, since 1999, an evolving devolution agenda means institutions in these three nations control key policy areas, including education, health, housing, local government, much of transport and aspects of social security and tax.[22] To what extent the devolved administrations support the UK government's approach to levelling up remains far from clear.[23]

Blind spots and omissions

Here, we highlight three notable gaps in *Levelling Up* (in addition to the widely noted absence of resource commitments). First, despite a persistent concern with lifestyle-behaviours, there are some striking omissions, with not a single commitment to addressing alcohol related harm (alcohol is mentioned only three times, two of which focus on prison leavers – a tiny percentage of the population). This is despite evidence suggesting alcohol plays an important role in changing mortality rates in the UK, especially in Scotland.[24] Gambling, meanwhile, is not mentioned at all, despite growing concerns about associated public health risks.[25] Finally, while obesity receives significant attention, recent legislative commitments, such as proposals for more effective regulation of unhealthy food advertising, are curiously absent in the white paper, amid speculation these commitments may soon be dropped.[26]

Second, although *Levelling Up* acknowledges 'disparities' in health by ethnic group, there is no explicit attempt to engage with this axis of health inequality, despite the spotlight brought by the unequal impacts of COVID-19 on the UK's minority ethnic communities.[27] The technical annex claims that, 'achieving this mission on spatial disparities should also help to reduce ethnic and socioeconomic disparities, given the intersections between them,'[16] but this is assumed, not guaranteed. Meanwhile, no mention is made of the structural, systemic

and institutional factors (including racism) that underlie the contrasting health outcomes of different ethnic groups in the UK.[27]

Third, while some devolved and regional administrations in the UK are embracing ideas around wellbeing economies,[28,29] *Levelling Up* frames 'wellbeing' narrowly and reaffirms the value that the current UK government attaches to traditional measures of economic growth such as GDP and GVA. Although the white paper acknowledges that GDP per capita is limited when it comes to tracking economic progress at the sub-national level, a national concern with GDP is upheld. Given the climate emergency, and the white paper's stated concern with inequalities, it seems a missed opportunity not to have engaged more overtly with scholarship questioning the merits of traditional economic growth measures and proposing innovative alternatives that focus attention on the distribution of wealth and environmental progress.

The promises and pitfalls of '*Levelling Up*'

The long-delayed white paper may help realise much needed policy change via new targets that focus on reducing gaps in HLE and in key social determinants (housing, pay and employment) and by creating opportunities for local policymakers in England, including better access to granular data. However, for all the rhetoric of 'levelling up', an equivalent investment of public resources is crucially lacking and, despite efforts to present this as a UK policy agenda, the white paper says little about the constitutional settlement or how key policy levers devolved to administrations in Scotland, Wales and Northern Ireland fit with this agenda. By comparison, the successful reduction in (what were relatively smaller) health inequalities between East and West Germany, achieved during the twenty years following 1990 reunification, resulted from greater policy alignment and major economic investments.[30] Finally, although an explicit acknowledgement of the links between social and economic inequalities and health inequalities is welcome (and there is value in bringing these into a single policy strategy), the white paper is frustratingly preoccupied with lifestyle behaviours, health gaps, and traditional measures of economic growth. This, coupled with the omission of commercial, social and political drivers of poor health, make it unlikely that the programme will generate the action needed to reduce the UK's appalling health inequalities (Box 1).

Levelling Up across the UK – what needs to happen?

Evidence of the kinds of high-level policy changes needed to address health inequalities in the UK have long been available, from the Black Report in 1980[31] to the multiple reports from Marmot et al.[32,33] These reviews make clear that we need policies to address inequalities in the social and economic determinants of health (Box 1), i.e. inequalities in the conditions in which we live and work. This is no easy task but, as the example of reunification in Germany shows,[30] reducing inequalities is possible with political will. If we are to overcome the UK's stark health inequalities, we need: significant investment in public services (notably welfare, education, health and social care); fairer systems of wages and taxation; better infrastructure (housing, transport & digital connectivity); meaningful work to address systemic racism; stronger labour protection measures; and action to reduce the influence of the commercial

entities that profit from unhealthy commodities and services (e.g. alcohol, ultra-processed food, tobacco and gambling).

Recent research on public understandings suggests that members of the British public support fairer taxation and investment in public services as ways of reducing health inequalities,[34] Yet, despite the current cost of living crisis,[35] policymakers remain reluctant to enact such policies, preferring to hope - despite overwhelming evidence to the contrary[36] - that it is possible to achieve substantial population level reductions in health inequalities via health promotion, early diagnostics and enhanced (English) devolution. In short, *Levelling Up* across the UK can only be realised if the rhetoric of ambition is matched by far bolder policy investments and actions. In the meantime, there are multiple ways in which researchers can work to support such a policy shift. As we continue to examine the extent and causes of health inequalities, we can also better synthesise and systematise available evidence to address policy questions (e.g. using systems modelling to project the likely most effective combination of interventions on HLE [37]). We also need more work to understand the political landscape (including understanding the interests lobbying against these kinds of policy changes),[38] to build advocacy coalitions,[39] and to engender the necessary public conversations and support.

Key messages

- The *Levelling Up* white paper sets out the UK government's much anticipated strategy for tackling regional inequality
- Opportunities include greater devolution in England, better local access to data & a new target ('mission') to improve healthy life expectancy & reduce health inequalities
- Yet, after acknowledging social determinants of health, measures for achieving this target focus on health promotion and diagnostics, which available evidence suggests are unlikely to be effective
- Overcoming the UK's persistent health inequalities requires far bolder policy investments and actions to address inequalities in social determinants such as housing, employment and income
- There are also missed opportunities to tackle commercial determinants and to move beyond traditional (much criticised) measures of economic performance.

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