East of England
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Sent by email on 28th February 2024

Dear Andrea

REQUEST TO MEET FOLLOWING APPG MEETING ON LEVELLING UP HEALTHY LIFE EXPECTANCY UP IN THE EAST OF ENGLAND
Held Tuesday 23rd January 2024

Following the publication of our report Levelling Up the East of England 2023 to 2030,which found "low confidence" that the Government's levelling up mission regarding healthy life expectancy will be met in the East of England, the APPG met to discuss the issues involved in greater detail. This letter includes the five key points that emerged at this meeting: each one ends with two questions for the Department and we would like to request that we meet with yourself to discuss these further.

By way of background the meeting was addressed by two former Ministers of Health – Will Quince MP and Dr Daniel Poulter MP - and a former Shadow Levelling Up Minister, Sarah Owen MP. The meeting began with presentations from Professor Aliko Ahmed, Regional Director of Public Health, OHID and NHSE East of England; Felicity Cox, Chief Executive, Bedfordshire, Luton and Milton Keynes Integrated Care Board and Co-chair East of England Regional Population Health Equity Board; and Cllr Jacqui Taylor, Chair of the East of England LGA People and Communities Panel and Lead for Housing at St Albans District Council.

Please see here for a video of the session, here for the slides presented by Aliko, here for the slides presented by Felicity and here for the detailed remarks by Jacqui. A comprehensive background paper to inform the meeting was prepared by the Faculty of Health, Medicine and Social Care at Anglia Ruskin University and is available here.

1. Healthy Life Expectancy (HLE) in the East of England is 65 for women and 64.6 for men – this is, just, above the national average. However, girls born in Peterborough will live for six more years in poor health. Boys born in Luton will live in poor health for 5 years more than the average. The social and economic determinants of ill health - and therefore healthy life expectancy - were emphasised at the meeting. It was recognised that poverty is a major driver of healthy life expectancy and that cost of living pressures have increased clinical vulnerability for those with lowest incomes. Supporting better employment opportunities, including reducing economic inactivity for example through WorkWell Programmes, are also important in order to deliver on this agenda. Mental health was also highlighted as a major issue that needs to be addressed if levelling up is to be achieved. *Does the Department agree that a "health in all policies" approach is required across Whitehall Departments and not just DHSC? For example, is there liaison between DHSC and Departments for Work & Pensions, Business & Trade and HM Treasury to ensure relentless and joined up focus on those deprived areas with lowest healthy life expectancy?*

2. We heard that progress on health inequalities - and therefore improvement to HLE - has stalled nationwide but that 48% of deaths are preventable. Progress is therefore possible but to do so will involve more emphasis on place, prevention and early intervention - and attention to those with severe and enduring mental health issues - which is challenging given the strains on the region's health services given the population has increased by half a million over the last ten years. Integrated Care Systems are welcome as a potential vehicle for greater focus on public health, as well as on the integration of NHS and social care services, but it was pointed out that their action on reducing health inequalities is hampered by underfunding of NHS services and the consequent 'firefighting' that ICSs must undertake regarding acute and other NHS and hospital services. *Is the Department confident that its funding allocations reflect the revised population of the East of England? What more can the Department do to help our six ICSs prioritise action on prevention (which is a priority for only one of our ICSs according to ARU's analysis) for example will it commit to the share of total NHS budgets at ICS level going towards prevention being increased by at least 1% over the next 5 years, as recommended in the Hewitt Review of ICSs.*

3. The meeting heard that there are some excellent examples of good practice on reducing health inequalities across the East of England including on cancer where, for example in Luton, there has been an emphasis on early screening, the redesign of services to make them more accessible and a partnership approach in order to tackle the determinants of the six main cancers affecting people. There was also strong endorsement of the strong and effective leadership and partnership that is now evident across the NHS and local government sectors but also a strong sense that local government is not receiving sufficient recognition or support for their contribution to be maximised. *Does the DHSC recognise the central role of all tiers of local government in delivering Integrated Care System ambitions to improve the living conditions and life chances in our communities? For example, will it consider moving towards a cross-sector funding framework that ensures essential services are maintained and enables increased investment in early interventions and prevention.*

4. The importance of housing was strongly referenced at the meeting with access to a decent, secure, and affordable home reported as a significant influence on physical and mental health. Initiatives led by district councils to improve the decency of homes, reduce overcrowding and address issues such as damp and mould are fundamental to reducing health inequalities and improving healthy life expectancy. Questions were raised regarding the engagement of housing providers on Integrated Boards and/or Partnership. *What action has the Department taken to ensure it is working jointly with DLUHC and Homes England to join up housing and health policy at both national and regional levels. Is the Department aware that the East of England is, through its Levelling Up Delivery Partnership with DLUHC, providing a strategic framework for reducing the region's above average number of non-decent homes and will it support its conclusions?*

5. There was widespread recognition that increasing HLE by 5 years, and reducing the gap in HLE between the best and worst areas in the East of England is a multifaceted challenge that will require sustained, committed and pro-active action by a range of partners at both national, sub-regional (ICS) and local levels over very many years. Many examples of positive and more local approaches were cited including more self-care, more care at home including blood pressure testing, multi-gyms, work in school and better use of community pharmacy as well as more public health information and action on diet, alcohol and drugs (plus it was suggested that the commissioning of addiction services should be looked at again). Dentistry was also highlighted as an area requiring urgent attention. There was however an awareness that the NHS has many other priorities. *Is increasing Healthy Life Expectancy a key priority for DHSC as well as a "mission" for DLUHC? If so what additional actions to those suggested in 1 to 4 above does the Department consider will be*

necessary – by themselves or by actors in the region - in order for the East of England to have at least medium confidence that the Government target will be delivered by 2030?

We very much hope that you will be able to meet with us to discuss these important issues. Please may we ask you your officials to liaise with Steve Barwick of the APPG Secretariat regarding the best date and time for this meeting.

Yours sincerely

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Co-Chair
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The East of England APPG is kindly supported by British Sugar, London Stansted Airport, the East of England LGA, AstraZeneca, Anglian Water, Transport East, the UK Innovation Corridor, Freeport East, England's Economic Heartland, CityFibre and BuildEast.

The academic partners of the East of England APPG are the Centre for Public and Policy Engagement at the University of Essex, The University of Cambridge, Anglia Ruskin University and the University of East Anglia.