Healthier UK: **A healthy nation is a stronger nation**

The ask

- Nationally: To create a more preventative productive state by developing a cross-government health creation strategy, focused on increasing economic participation and decreasing the costs of health failure.

- Regionally and locally: devolve power and resources so places can innovate. Mayors should act as catalysts for change in their localities, and communities should be at the heart of delivering successful neighbourhood health.

- In systems: embed relational capacity, with shared opportunity for delivery between professionals (with increasing numbers trained in Lifestyle Medicine), and communities, and digital tools enhancing, not replacing, human connection.

- Financially: progressively shift the balance of resources from acute care to health creation and prevention, reflecting optimal wellbeing outcomes across the population.

Where we are now

Our health system is in a critical state. Demand for healthcare continues to rise, driven not only by ageing but also by deepening social and economic pressures. Despite world-class clinical capability, the system is structurally misaligned with modern health needs. Whilst population health indicators falter, costs continue to rise, suggesting a growing disconnect between system inputs and outcomes[1].

In reality, health outcomes are shaped more by housing, education, transport and the environment than by healthcare itself. New research also suggests that rising chronic stress is a central driver of poor health, diverting energy from the body's defense and repair mechanisms and contributing to faster ageing and long-term conditions[2]. Yet policy and funding remain in silos and spread between multiple departments. The Department of Health and Social Care should be a partner and catalyst in a shared national mission for health, not the sole responsible owner of a failing system.

Public and political narratives continue to undervalue health creation and prevention, reinforcing a cycle in which action is delayed until crisis emerges. The results are visible in escalating NHS pressure, widening inequalities, reduced workforce productivity and growing long-term fiscal strain. We need to turn this around now.

What we need to do

For individuals: health is not primarily created in healthcare settings. It is created in everyday life: through strong relationships with friends and family; connected neighbourhoods and communities; safe and secure housing and employment; access to nature, arts and culture; opportunities for physical activity; and positive early childhood experiences. We need to move from treating these as peripheral factors to making them the primary drivers of long-term health and wellbeing. A health-creating approach creates the conditions for people to socialise, move more, eat well and have greater sense of purpose, hope and agency over their lives, environments, health and wellbeing.

Within communities: local people are often best placed to understand and address the determinants of their own health and to contribute to their achievement. We should work with them to design and deliver solutions from the bottom up not top down, build relationships and strengthen the social capital that is essential to building shared health. Recent moves towards a neighbourhood-based vision for health, offer an opportunity to reshape how health

services are delivered within communities, but these need to amount to more than simply rebranding of existing top-down services.

As a nation, the success of our economy rests on a healthy, active workforce; the management of growing fiscal pressures requires an urgent shift from meeting the costs of acute care towards cost saving through long-term health creation and prevention; in a decade of compounding crises, a healthy society is one that has greater agency to take positive action while being less vulnerable to future pandemics, extreme heat, floods and other disruptions.

A whole-of-government approach

Successful prevention depends on wellbeing: Feeling safe, valued, having purpose, fulfilment, social connection and stronger communities. Achieving these must become cross-cutting priorities across Treasury, Education, Transport, Housing, Environment and other departments, rather than sitting solely with Health and Social Care.

This means embedding those building blocks of health creation into all major policy and spending decisions. It is not only a moral or social imperative; it is a growth strategy for every postcode, a workforce strategy for re-industrialisation, a welfare strategy that is fair and lasting and a foundation for fiscal sustainability.

The public narrative must also change. The nation's health must be framed as a national mission. Ministers should speak in concrete terms: years of healthy life being lost, avoidable costs to taxpayers, children's futures, safe streets, pride in place, good work and national readiness, the importance of relationships and community to health.

The barriers

Departmental silos inhibit coordinated action and delivery of a clear vision. Short-term funding cycles undermine long-term investment. There is no widely shared language to describe or champion wellbeing and health creation. Evidence is often slow to translate into policy, while financial incentives frequently reinforce reactive rather than preventative approaches. Over-prioritising measurement before action can also stall progress.

The UK does not lack evidence, capability or urgency. What is required now is alignment - across sectors, across government and across narratives. With a shared vision and clear priorities, the system can shift from treating illness to creating wellbeing, delivering benefits for individuals, the economy and society as a whole.

This is not about Health in All Policies, where health can be added as an afterthought. It is about All Policies in Health: recognising that health is the foundation of prosperity, economic growth, a lower tax burden, and a happier, more resilient and secure country.

The evidence

The scale of the problem is well established - the Health Foundation's 2026 analysis sets it out in full. What matters here is the evidence that the alternative works. Where the UK has invested in creating health rather than only treating illness, the results are measurable - and they save money.

- Investing in the early years pays back, and narrows inequality. Sure Start - the last Labour government's flagship early-years programme - was shown by the Institute for Fiscal Studies to cut hospitalisations sharply through later childhood, by around a fifth at age 11 in the poorest areas, with the benefits concentrated in the most disadvantaged neighbourhoods. The savings from fewer hospital admissions alone offset roughly a third of the programme's cost, before any gains in education, social care or crime are counted.[3]

- Mayor-led, devolved leadership joins systems up. Greater Manchester's integrated, devolved settlement is the government's first national Prevention Demonstrator, and peer-reviewed evaluation found healthy life expectancy rose faster there than in comparable areas following devolution.[6] It is precisely the machinery a national strategy for health creation would seek to scale.

- Community-led activity changes behaviour at scale, and reaches those furthest from health. Beat the Street - a community-wide programme delivered with local partners across some 200 places, and played by close to two million people - typically engages one in ten residents wherever it runs, with take-up over-represented in the most deprived neighbourhoods and among people with disabilities and long-term conditions. In Braintree it reached over 11,000 people. Based on an estimated cost of £2,565 per QALY, Beat the Street appears to be around six times more cost-effective than the estimated marginal productivity of NHS spending in England (approximately £15,000 per QALY). [4]

- Relational, asset-based models cut demand and cost. Wigan's "Deal" - built on backing community strengths and relationships rather than only commissioning services - saw healthy life expectancy rise against the national trend through a decade of austerity, while controlling demand for adult social care and saving the council over £140 million. The King's Fund identified it as a model the wider NHS could learn from.[5]

Together these show the approach is deliverable and evidenced. Indeed it is already working - at population scale, saving public money, in the places where health and resilience are most under strain. We need to mainstream it as a shared focus for the nation.

References

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Contributors

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