IPPR

PUBLICFIRST

THE HEALTH MANDATE

The voters' verdict on government intervention

April 2025

About this report

About Public First
Public First is a global strategic consultancy that helps organisations better understand public opinion, analyse economic trends, and craft new policy proposals. It has worked with some of the world's biggest companies, government departments, and major charities to produce bespoke, evidence-based reports and strategic insights. Public First is a member of the British Polling Council and a Company Partner of the Market Research Society, and adheres to their rules and guidelines.

About IPPR
IPPR is an independent charity working towards a fairer, greener, and more prosperous society. As researchers, communicators, and policy experts, we create tangible progressive change and turn bold ideas into common sense realities. Working across the UK—through IPPR, IPPR North, and IPPR Scotland—we are deeply connected to people and communities, and to the issues they face. For over 30 years, IPPR has shaped national conversations and driven progressive policy change, from making the early case for the minimum wage to proposing a windfall tax on energy companies.
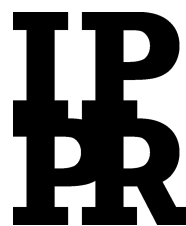
Acknowledgements

About Health Equals
Health Equals was born out of the need to rebuild the foundations that support better life expectancy and reverse health inequalities in the UK. We are a group of organisations and voices from across sectors—spanning employment, housing, education, and the environment—who are united in our mission to make a positive difference to the health and wellbeing of society.

CONTENTS

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EXECUTIVE SUMMARY

The nation's health is now a top-tier political issue. The NHS ranks just behind the cost of living as the second most pressing issue facing the country, but this concern goes beyond access to treatment. Voters see health as shaped by broader social and economic pressures, not just individual choices. They want more action from government: to make healthy choices easier and more affordable, improve housing and work conditions, and invest in the foundations of health in childhood.

This research – based on a nationally representative poll of 2,010 UK adults and focus groups in key battleground constituencies – shows that a clear public mandate exists for action on the structural drivers of health. Crucially, this mandate cuts across traditional political lines, offering a rare opportunity to improve lives and build electoral support.

Key findings

- **Health is one of the public's top concerns.** The NHS is the second most important issue for voters, behind the cost-of-living crisis but ahead of the economy. A majority (53%) believe that the UK's health has deteriorated over the past decade, while 77% believe they need to live more healthily.

- **The public have a holistic understanding of health,** recognising that multiple factors contribute to - and are impacted by – their own and the nation's wellbeing. Good health was viewed not just as the absence of illness, but as a foundation for full participation in work, family, and community life.

- **Health is seen as critical to economic prosperity.** Poor physical and mental health were the top public explanations for the UK's slow productivity growth, ahead of Brexit, poor infrastructure or lack of investment.

- **At the same time, current work and financial pressures were experienced as major barriers to staying healthy.** Focus group participants highlighted how long hours, work stresses, and the cost-of-living made it harder to prioritise their health.

- **The public believes individuals take the greatest – but by no means exclusive – responsibility for their health.** 78% said individuals take 'a great deal of responsibility' but most also see a strong role for government and business. Strikingly, people felt the food and drink industry (84%) had greater responsibility for health outcomes than the NHS (79%).

- **Concerns about 'nanny statism' are likely overstated:** the public were more concerned about initiatives being ineffective or increasing costs than impacts on personal freedoms. Meanwhile, a majority supported bold regulatory policies like advertising restrictions (65%) or further smoking bans (61%).

- **Public health policies are popular in general, and even more so amongst key voter groups for the next general election.** Labour '24 voters now open to Reform and Con '19 to Lab '24 switchers showed even higher support for major policies than the general public. Labour '24 voters now open to Reform were more likely to recognise the social determinants of health than any other voter group.

Insights

- **Policies that are likely to be popular are those where only government can act.** The policies that received the strongest response from the public related to improving housing standards, better workplace conditions, regulation of the food and drinks industry, and intervention in education and the early years. These point to areas where only government has the levers to intervene successfully, taking on irresponsible landlords, employers and corporate interests, or deploying state services to protect children in early life.

- **Frame action on health in terms people can relate to.** People tend to talk about their health in everyday terms: its role in enabling them to get to work, put food on the table, and spend time with loved ones. While macroeconomic framings improve support for some voters, these could also feel unduly abstract or provoke distrust that the benefits would flow to ordinary people.

  Politicians and policymakers would do well to centre messaging about public health intervention on visible, immediate benefits at the household level, and equality of opportunity-based arguments that it ought to be easy and affordable for hard-working citizens to make healthy choices for themselves and their families.

When policymakers act to improve the nation's health, it can unlock lasting benefits: healthier communities, stronger economic growth, and reduced pressure on public services. There is no contradiction between doing what is right and what is popular. If policymakers seize the moment, they can deliver transformative change with lasting social, economic and political rewards.

INTRODUCTION

Context

Britain is facing a stark and deepening crisis in the nation's health. Life expectancy improvements have stalled, and healthy life expectancy is falling for many. Between 2011 and 2018, life expectancy in England grew at its slowest rate since the early 20th century, and since then, the COVID-19 pandemic and cost-of-living crisis have further eroded progress[1]. In the most deprived areas, healthy life expectancy is now almost two decades lower than in the most affluent areas: women in the most deprived parts of England live an average of 19.3 fewer years in good health than those in the least deprived.[2] Rates of preventable illness from obesity and cardiovascular disease to anxiety and depression are rising, and poor health is now a major driver of economic inactivity[3].

In response, the government has made some notable commitments. The government's health mission set out a target to improve healthy life expectancy for all and halve the gap in healthy life expectancy between different regions of England[4]. It has also committed to a major funding boost for the NHS, investing £22.6 billion over the next two years, the largest increase in NHS spending since 2010 (excluding the COVID-19 years)[5]. As part of this mission, the government is developing a 10 Year Health Plan[6] to reform the health system, structured around three key shifts: from a service treating sickness to one focused on preventing illness; from delivering care in hospitals to delivering it closer to home, in communities and in primary care; and through the digital transformation of service delivery. While the public may not use the word "missions," our research shows they think in exactly those terms. Health is not viewed in isolation: voters consistently linked it to issues like housing, work, education, and economic opportunity.

This creates a window of opportunity. With a 10-Year Health Plan under development and a Spending Review expected in 2025, there is a real chance to align political priorities with public demand. Voters are clear: they want bold, joined-up action to tackle the causes of poor health, not just the symptoms. Strategic investment and targeted regulatory change now can improve lives, reduce pressure on public services, and deliver long-term economic benefits. This report sets out how people understand

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[1] The Health Foundation, 2023
[2] Pratt, 2021
[3] Office for National Statistics, 2023
[4] Labour Party, 2023
[5] HM Treasury, 2024
[6] Health, 2024

health, where they want to see change, and what political leaders can do to meet that demand.

Why this research matters now

A healthier nation is a stronger and more prosperous nation. This was the central argument of IPPR's *Health and Prosperity Commission*[7], demonstrating - through extensive evidence and expert consultation - that improving population health is fundamental to achieving economic resilience, growth and national renewal. Yet, despite this clear imperative, political leaders have failed to seize the opportunity. The nation's health is now a top-tier issue for voters, yet successive governments have shied away from bold action, fearing accusations of overreach or a lack of immediate results. This is a mistake.

Our research shows that the public is not resistant to intervention. In fact, they expect government to act. 50% of people say the state of the NHS is one of the most pressing national issues, second only to the cost of living (62%) and ahead of the economy (36%). Meanwhile 77% of people believe they need to try to live more healthily, reflecting growing concern amongst individuals about their wellbeing.

While people may most immediately express concern about the NHS, their underlying anxieties are often about broader health pressures: how the pressures of everyday life make it more difficult than ever to stay well, with services under strain due to preventable illness. In this way, public concern about the NHS often acts as a proxy for deeper concern about the wider social, economic, and environmental conditions that shape whether people get sick in the first place.

This presents an unmissable opportunity. A party willing to take decisive action on the nation's health can not only improve lives, but win popular support. The challenge, however, is that public health policy is a long-term investment; the benefits of action today may not be fully realised for years. In an electoral landscape where parties are under pressure to show quick results, this creates a fundamental tension:

- How can politicians demonstrate progress within a single electoral cycle?
- How can they build public confidence in policies whose impact will take years to materialise?

Short-term political deliverism and long-term health outcomes don't have to be in conflict. Our research explores how policymakers can frame health interventions in a way that resonates with voters now, ensuring they secure both electoral advantage and lasting benefits to the public. If political leaders fail to act, they risk not only missing a powerful electoral opportunity but allowing the UK's health crisis to deepen - damaging both lives and the economy for decades to come.

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[7] [Thomas et al., 2024](#)

Our research approach

To pave the way for successful delivery, leaders need to understand more about what the public think about health policy, where they support government intervention and what types of policies they want to see happen.

Our report focuses on three core questions:

1. **Which actors do they feel have the biggest impact on the nation's health, and what is the role of government in improving outcomes?** There is a persistent belief that voters resist intervention in their personal choices and are concerned with the "nanny state" - but is that really the case? We explored public attitudes towards a range of policies designed to improve the nation's health, from food regulation to workplace standards, to assess where people want the government to act and where they draw the line.

2. **What aspects of health are the public most keen to see improve, and what specific policies do they support?** The research tested public attitudes towards a wide range of the key 'building blocks' of health, including housing, food, income, work, education and early years. It explored which areas felt most pressing to people, and where there was strongest support for specific government action.

3. **What are the consequences of these findings for ministers, politicians and the next election?** The research examined which policies might be most critical for securing public backing in future elections. It also assessed which messages were likely to resonate most strongly with voters, and how to frame intervention in a way that builds both trust and support.

By answering these questions, this research provides a clear roadmap for policymakers: how to secure a public mandate for action on health, avoid common pitfalls, and frame interventions in a way that delivers long-term public benefit.

Methodology

To understand how voters feel about public health interventions and their political implications, we conducted a **nationally representative poll of 2,010 UK adults** between 23rd and 28th January 2025, alongside four in-depth focus groups in key electoral battlegrounds.

Our focus groups targeted two distinct swing voter groups in constituencies that will be pivotal to any party's success at the next general election:

1. **Conservative to Labour switchers in marginal seats:** Held in two Conservative-Labour marginals (Cities of London and Westminster and

Redditch), these groups were formed of people who voted Conservative in 2019 but backed Labour in 2024.

2. **Labour voters now open to Reform:** Conducted in two Labour-held seats where Reform came second (Bolton South and Walkden and Derby South), these groups were formed of people who voted Labour in 2024 but are now considering voting Reform.

Alongside these qualitative insights, our nationally representative 2,010 sample poll tested public attitudes at scale, quantifying the level of support for government intervention, the factors that drive or reduce backing for health policies and the electoral salience of the nation's health as an issue. The poll also included questions on voting intention, enabling us to identify and analyse views among key swing voter groups.

This methodology gave us both depth and breadth - capturing the nuanced views of key voter groups while ensuring findings are robust enough to inform national policymaking.

PUBLIC CONCERN ABOUT HEALTH IS HIGH AND GROWING

Public concern about health is high and growing. 77% of the public believes they personally need to live more healthily. At a national level, the NHS is now the second most pressing issue for voters at 50%, behind the cost-of-living crisis at 62% but outranking the economy at 36%. All of this points to a desire to see the nation's health improve, and to the potential rewards for demonstrating progress – or the penalties for inaction.

Perceptions of decline

There is a widespread perception that the health of the nation is getting worse, not better. More than half of the public (53%) believe that physical health in the UK has deteriorated over the past decade, with only 15% feeling that levels of physical health have improved. Interestingly, of our two swing voter groups, Labour '24 voters now open to Reform were more optimistic about the state of the nation's health, while Conservative '19 to Labour '24 switchers were more pessimistic than the national average.

And would you say that levels of physical health in the UK have gotten better or worse in the past 10 years?
Public First | UK Adults | Sample Size: 2,010 respondents | Fieldwork 23rd - 28th January
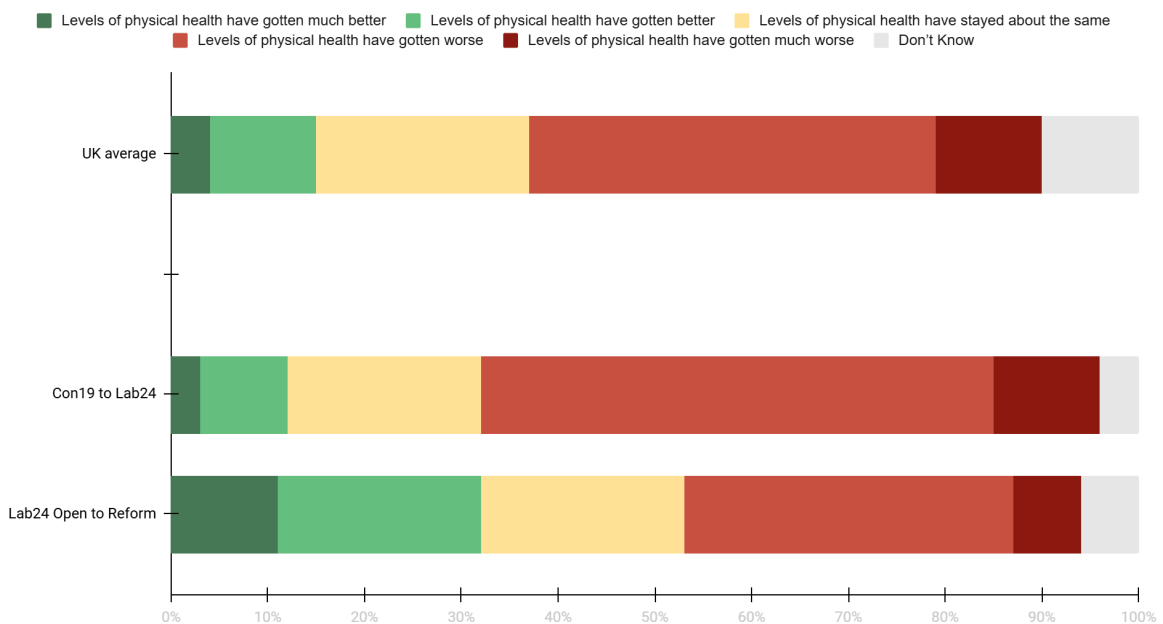
When asked about the impact of various factors on quality of life in the UK over the past 5 years, nearly half (46%) felt that people's health had had a 'negative' or 'major negative impact', with a smaller proportion reporting positive (19%) or major positive (10%) impacts. This figure rose to 55% amongst voters aged 45 or above, with 15% and 7% respectively citing positive effects. In this regard, health was not felt to have had as significant a negative impact on quality of life as the cost of living (69%), crime rates (57%), the quality or affordable housing (54%) or income levels (51%), but registered more concern than employment (40%), the environment (35%) or education (24%). As this research makes clear, the public sees health as inextricably bound up with factors like the economy or housing, making these concerns more interconnected than they first appear.

Polling also highlighted perceptions that a number of health-related issues were on the rise. 73% said that people unable to work due to health concerns was becoming more common, while 69% sensed more people were leaving the workforce due to long-term health conditions. Similar proportions pointed to impacts on the workforce due to strain or shortcomings in health services; 69% felt it had become more common for people to be unable to access the treatments they needed to return to work, while 66% identified higher rates of sick-leave due to preventable conditions.

Which of the following do you think have become more or less common in the last 5 years?
Public First | UK Adults | Sample Size: 2,010 respondents | Fieldwork 23rd - 28th January
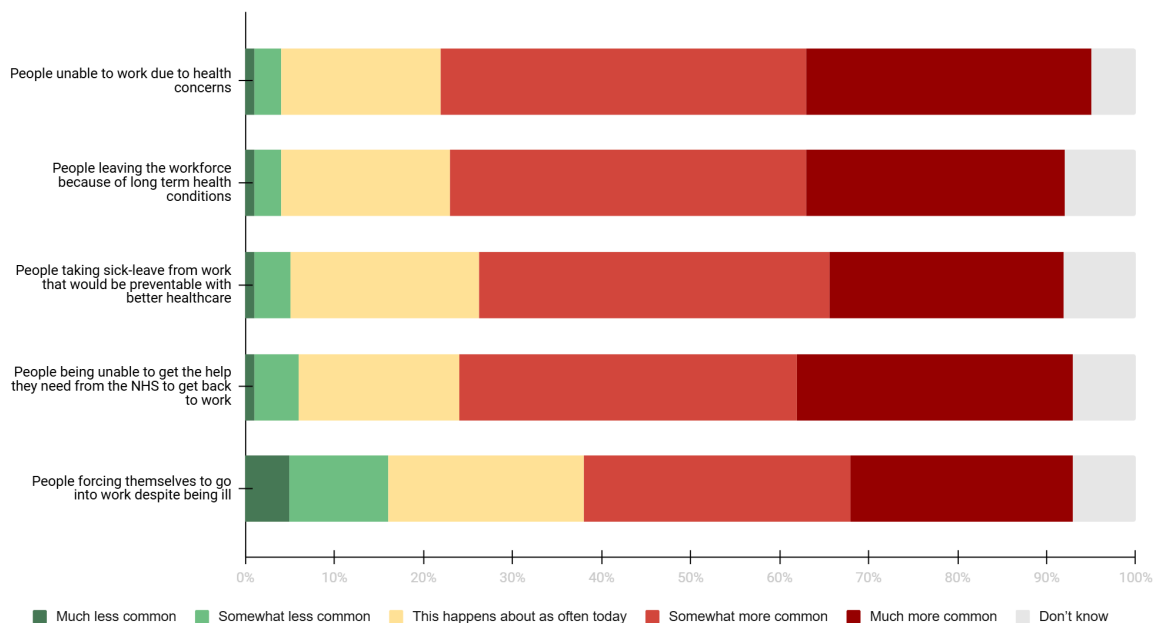
Unfavourable comparisons with other nations

More poll respondents felt the UK had worse levels of physical health compared to other developed nations globally (34%) than believed the UK was performing better (21%). The figures were more negative still for mental health: nearly two-fifths (38%) felt the UK had worse levels of mental health than its peers, compared to 14% who felt levels were better.

In focus groups, participants were clear about nations whose health was worse than the UK's – with the US particularly being mentioned – and which nations they felt were doing better. Mediterranean and Scandinavian countries were consistently cited as places where diets, work-life balance, active transport and a more outdoor culture were more conducive to their citizens' health.

> *"I've been to Scandinavia and I find people to be more social, more willing to move about, less reliant on vehicles. I find the air cleaner and just people more friendlier"* – Male, 34, Derby South.

Interestingly, international differences between health outcomes were frequently attributed to cultural and even geographic factors, like social norms around nutrition and exercise or the weather. The UK's climate was often attributed to more leisure time spent on unhealthy habits, such as 'scrolling' on phones, gaming or watching TV.

Awareness of inequalities

Poll respondents were asked about the levels of health in their local area relative to other parts of the UK. While on average 19% of respondents felt their area had worse levels of health, variation in response by region indicated some awareness of health inequalities. This figure rose to as much as 40% in the North East, 31% In Wales and 28% in Scotland.

And would you say that levels of physical health in the UK have gotten better or worse in the past 10 years?
Public First | UK Adults | Sample Size: 2,010 respondents | Fieldwork 23rd - 28th January
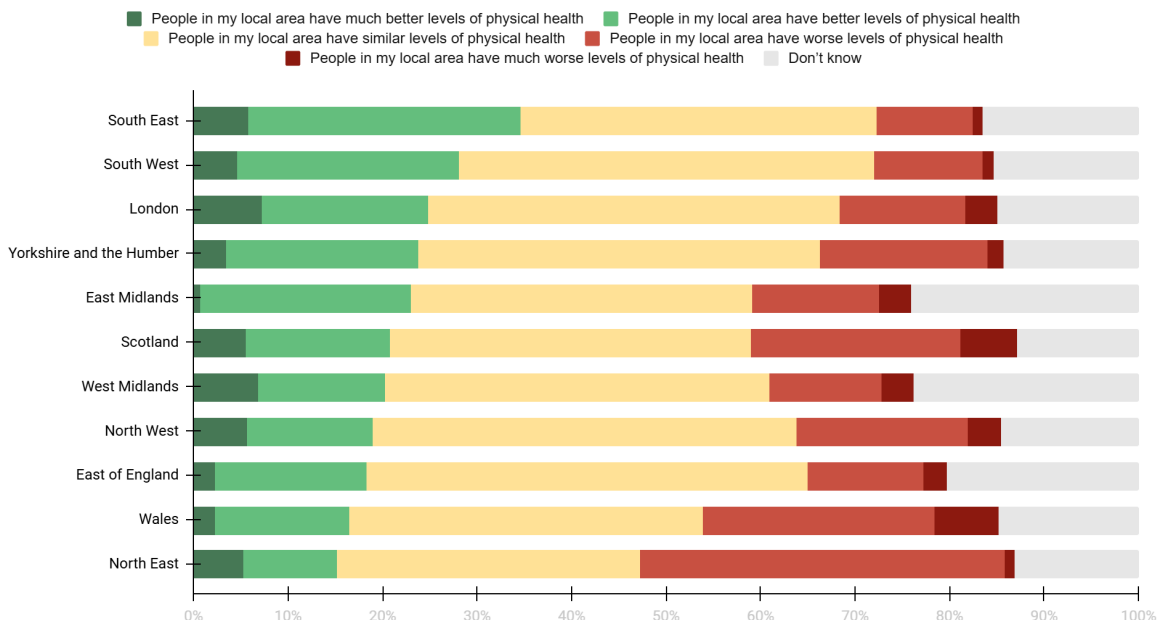
On the other hand, 23% of the population think people in their local area have better levels of health compared to other areas of the UK. This was highest among

respondents from the South East (35%) and South West (28%), which are also the regions with some of the best health outcomes nationally.

This variation suggests the public are aware of the country's stark health inequalities. Public perception appears to mirror the geographic reality of health outcomes, with those in less healthy regions more likely to recognise the disadvantages they face. This alignment strengthens the case for the government's mission to improve healthy life expectancy and halve the gap between regions, and for bold, targeted action to make it a success.

A HOLISTIC UNDERSTANDING OF HEALTH

The public sees health as about more than avoiding illness. Across our qualitative research, participants consistently described health in holistic terms. They linked physical and mental wellbeing together with economic stability, family life and the ability to live independently. Health was not just something to be treated, but something to be supported and enabled.

Health as an enabler of a life well-lived

When asked what it meant to be in good health, focus groups often presented health as an enabler of other aspects of life. Feeling well was felt to unlock the ability to live a life of one's choosing, while being in ill-health had the capacity to limit one's ability to enjoy life or take part in necessary, everyday activities.

> *"I think being able to do the things that you enjoy doing, being independent or not reliant upon anyone to do simple things, and also how you feel mentally. So as long as you feel fresh and you feel happy, those are the important things for me." – Male, 34, Bolton South and Walkden.*

> *"I think as long as you can get to what you're doing and get your day done, and you're not stuck in bed because you're ill, that means you're in good health." – Male, 19, Derby South.*

In this regard, health was often presented as foundational: like Maslow's hierarchy of needs, participants reflected that individuals could not thrive socially or economically without good health, and the priority afforded to health should reflect this.

> *"It just stops you, it makes your life unliveable, and it can stop you from doing the things that you dream of. So, instead of going to uni, you might have to just get a nine-to-five job where you're not earning as much money, you're not spending as much time with your family."* - Female, 20, Derby South.

> *"I think health is really the cornerstone... so it should be tackled first. It doesn't sound like the most important thing, but I think it probably is."* - Male, 49, Bolton South and Walkden.

Health in the context of work, family and community

Far from being confined in a narrow medical sphere, focus group participants felt health was intimately connected with work, socialising and family life. This relationship appeared to go both ways, with good health enabling fuller participation in daily life, while life circumstances in turn shaped people's ability to stay healthy. It followed that the factors influencing health, and flowing from it, were not always described as individual but as affecting communities and families.

> *"I think there's a few branches that lead to good health, and that impacts your work, your life, your work and your family life as well."* - Male, 54, Derby South.

> *"I don't just look at it as myself. I'd look at it as my children as well, and as a healthy family, and it would be having access to healthy food and exercise, your mental health and wellbeing at school and work. So I think it covers quite a few different things."* - Female, 28, Derby South.

Community and family life were described as both alleviating and adding to difficulties staying in good health, underscoring the connectedness of individuals to their social environment.

> *"It causes a lot of stress. If I'm ill, you know, I've got my daughter to look after. So if I can't look after myself, how do I look after her?"* - Female, 47, Derby South.

> *"I think when you have a better community element and a strong community element, it does relieve a lot of the pressure, a lot of the stress. And I think that kind of pours out into the community."* – Male, 30s, Cities of London and Westminster.

> *"I think it's your upbringing as well as the people that you are around. If you are around people who are healthy or exercise, then you can see that, but if you are from a family who's never done exercise, doesn't eat well, you learn from that, and that can be inherited."* – Female, 54, Derby South.

Polling supported these accounts from the qualitative results. Asked how much of an impact an improvement in the nation's health would have on other aspects of life, there were clear majorities for a 'very large' or 'moderate' impact for all the variables tested: employment rates (65%), workforce productivity (74%), educational achievement (65%) and quality of life (84%). When asked to identify the top three areas to focus on to keep people health, some factors such as health services (56%) and personal finances (42%) were more prominent, but even the lowest scoring (housing (26%), education (28%), employment (25%) and community infrastructure (17%) garnered a good share of votes. This underscores the range of factors the public sees as shaping their health and its connection to wider life outcomes.

Thinking about the overall health of people in your local area, which of the following areas do you believe is most important for the government to focus on to keep people healthy? Please select up to three.

Healthcare services (e.g. improving quality and accessibility of GPs)	56%
Money in people's pockets (e.g. being financially able to access nutritional food)	42%
Food systems (e.g. ensuring people have access to healthy foods)	31%
How people learn and grow up (e.g. ensuring children grow up in safety and leave school with good qualifications)	28%
Where people live (e.g. ensuring access to safe housing)	26%
The environment (e.g. access to nature, green spaces, and healthy waterways)	26%
How people work (e.g. having a stable job with good conditions)	25%
Social communities (e.g. public spaces, walking and cycling routes and public transport)	17%

Equal treatment of mental and physical health

It was striking how quickly and emphatically focus groups raised the importance of mental health in their definition of wellbeing, and its equal parity with physical health. This perhaps marks a significant societal shift since the start of the 21st century.

> *"Just feeling well within myself: physically, trying to exercise, and keeping on top of mental health."*- Male, 40s, Cities of London and Westminster.

> *"Being in good health is not only physical, it's mental as well."*-Male, 54, Derby South.

Concern about mental health in the public consciousness was also apparent in the poll responses, where – as outlined in the previous chapter – the UK was felt to lag further behind its peers in mental health than in physical health. Mental health (39%) was also more often considered a drag on the UK's productivity growth than physical health (34%).

Many participants volunteered stories about their own experiences with mental ill-health, highlighting its impact on their ability to conduct everyday activities – to work, look after themselves or maintain relationships – in ways that are just as if not more debilitating than physical illness.

> *"I didn't want to spend time with my daughter, my husband. I just wanted to be left alone. But now that I'm feeling better, I want to go out and about. I don't want to sit still"* – Female, 30, Bolton South and Walkden.

"If you're suffering from mental health, the first difficult thing is wanting to get out of bed and get up and do something. You just feel exhausted all the time." – Female, 41, Bolton South and Walkden.

Physical and mental health were also felt to be intimately connected, with one another and with other spheres of life. Some described a cycle where physical health issues, like chronic illness or long COVID, led to poor mental health and emotional exhaustion.

"I'm in a very similar situation because I've just recently recovered from two and a half years of long COVID, which was extremely fatiguing, chronic fatigue, very hard to do anything, and my mental health certainly was badly affected as it went on." – Male, 49, Bolton South and Walkden.

For younger participants in particular, the concept of health was already understood as inherently integrated and being "fit in body and mind" was a baseline expectation.

"Health, to me, is just sort of like being fit in body and mind. I suppose being able to do the things you want to do." - Male, 19, Derby South.

"I think it's just the key to having a good mental well-being and a high quality of life, and also having access to, even if you do have health issues, having access to things that can keep that in check." - Female, 20, Derby South.

Politicians wary of taking bold action on the social determinants of public health should take note: framed in the right way, these sorts of interventions align closely with how health is understood by the general public. Far from being experienced in the hospital or doctor's office, health is intimately connected with, and influenced by, wider aspects of their work and social lives.

HEALTH, WORK AND THE ECONOMY

IPPR's *Health and Prosperity Commission* set out the evidence that good health is fundamental to economic strength, this research allows us to test whether those links resonate with the public.

The results are clear: health and the economy are closely linked in the public mind. At the individual level, people saw work and financial pressures as major barriers to staying well. At the national level, poor health is intuitively understood as a drag on productivity and growth.

The prominence of economic life as a barrier to good health implies a particular public appetite for government intervention in this space - so long as it is framed in terms that feel immediate and personal, rather than abstract debates about GDP.

The impact of work and financial pressures on health

Polling responses were clear on the close relationship between work and health: 87% agreed that a person's health affected their ability to work. This relationship also went both ways, with 81% agreeing that people's work environment has a significant impact on their health.

The impact of work and economic conditions on wellbeing was also a particularly prominent feature of focus group discussions. Participants repeatedly pointed to work pressures and the cost-of-living as major constraints on their ability to make healthy choices. Participants talked about poor work-life balance, mental overload, and the feeling that work demands left little room for self-care.

> *"I do struggle quite a lot with my work, with my mental health, because of work-life balance, or with my job, even though you've finished work, you haven't finished work because it's constant messages. You're constantly dealing with customers. I don't really get time to shut off. My brain is always constantly going, and then I can get anxious"* - Female, 21, Bolton South and Walkden.

> *"The pressure from work has increased over the last 10 years. They want more out of you in less time, and sometimes for less money."* - Male, 58, Derby South.

> *"There is less time to be healthy for a lot of working parents."* - Female, 28, Derby South.

> *"I've got to go back to work after this. I'm a chef and I work long hours- which is my choice- but it does affect you mentally and physically"*- Male, 43, Redditch.

Some had even consciously chosen to reduce work pressures for health reasons, cutting down hours or opting for lower salaries in favour of better work-life balance.

Participants also highlighted how the cost-of-living was making healthy choices financially inaccessible or generating such stress that such choices felt impossible. Personal health becomes a secondary concern when people are already at their limits – or 'in survival mode' as one participant put it - financially and emotionally. Many participants expressed frustration that even people in full-time jobs are often unable to afford basic living standards.

> *"When you hear about the profits that the banks are making and the water companies as well, and our bills are just going up and up and up and it just sort of doesn't seem to be balanced out equally. I think for the working class people a lot of people now really struggle. You hear about people who are in full time employment going to food banks and just trying to get by."* - Female, 61, Bolton South and Walkden.

> *"I don't think a lot of people have as much disposable income as we once did, so I think that can have a huge strain on your mental well-being, and the stress and anxiety that that can cause. And quite often, a lot of people work more than one job just to make ends meet."* - Female, 28, Derby South.

Particular concerns were raised about the financial pressures on those outside full-time employment - young people, those out of work or in insecure employment, and the elderly - and the impact this might have upon groups who were already vulnerable to poor health.

These concerns are strongly reflected in our polling on policies to address health. After improving healthcare services (56%), the public wants the government to focus on putting more money in people's pockets (42%), improving food systems (31%) and enhancing education on health (28%). Focus group participants also believed easing financial pressures would enable healthier choices.

> *"I think once you take care of the money and people don't feel as compressed and suppressed, then healthier choices will come about, right?"* - Male, 35, Cities of London and Westminster.

The messaging from polling and focus groups alike is clear: people see steps to ease financial pressures as a critical precursor to improving the nation's health.

Health, the national economy and public finances

These responses speak to the individual and household level relationship between health and economic life. But one of the aims of the research was also to test the extent to which the public resonates with more macro-economic arguments about the relationship between health and the national economy. This relationship appeared
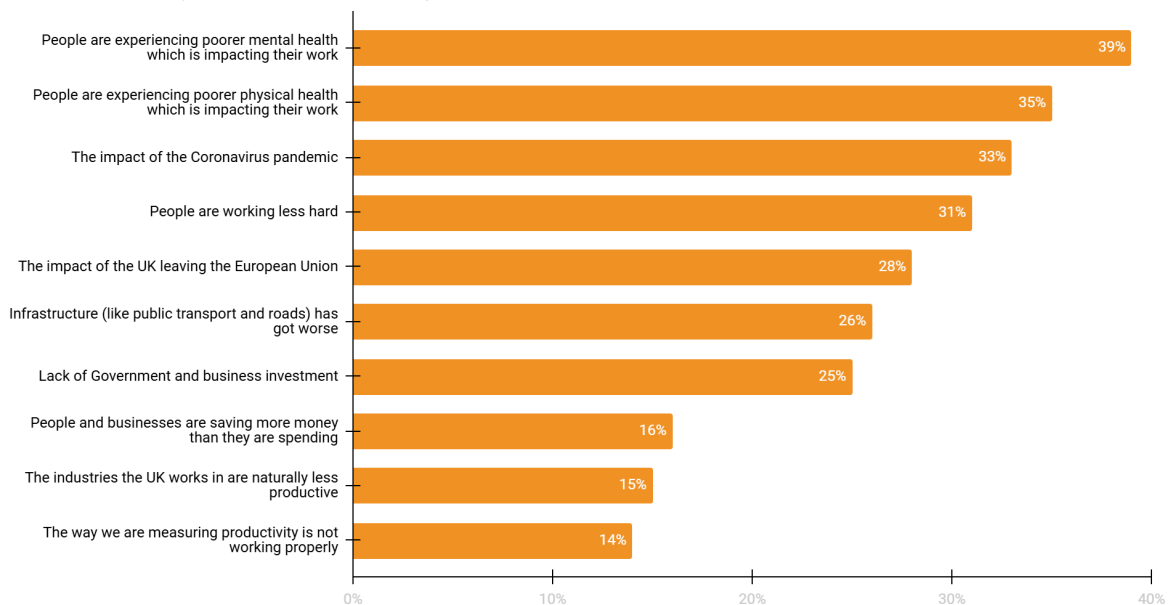
quite intuitive to the public, with the health-economy link appearing to be closer than any other social determinants.

In the polling, respondents were asked about the Government's five missions – on health, the economy, education, climate change and crime - and how dependent their achievement would be on the success of other missions. Health and the economy were seen as most interdependent, with each viewed as more reliant on the other than on any of the remaining missions. Indeed, a majority (57%) of adults believe it would be very difficult, or impossible, to grow the economy without improving the nation's health. Meanwhile, when asked to identify the top three indirect benefits of improving the nation's health, these were economic in nature - boosting people's financial security (46%), improving workforce productivity (46%) and allowing more people to work (43%) – above goals to tackle inequality or improve educational attainment.

Improved productivity appears to be one of the clearest ways in which people connect individual health with the national economy. 83% of the population believe healthy people are more productive at work. More strikingly, mental (39%) and physical (35%) health was seen by poll respondents to be the leading driver of the UK's slow productivity growth, above common explanations such as the impact of Brexit (28%), poor infrastructure (26%) and lack of investment (25%).

In recent times, workforce productivity in the UK has grown at a slower rate than other developed countries. Which of the following do you think are contributing to this? Select any which apply.

Public First | UK Adults | Sample Size: 2,010 | Fieldwork 23rd - 28th January

Category	Percentage
People are experiencing poorer mental health which is impacting their work	39%
People are experiencing poorer physical health which is impacting their work	35%
The impact of the Coronavirus pandemic	33%
People are working less hard	31%
The impact of the UK leaving the European Union	28%
Infrastructure (like public transport and roads) has got worse	26%
Lack of Government and business investment	25%
People and businesses are saving more money than they are spending	16%
The industries the UK works in are naturally less productive	15%
The way we are measuring productivity is not working properly	14%

These associations were also expressed in the focus groups, with direct links made between people's health, productivity and the economy as a whole:

> *"Ultimately, to grow the economy, people have to be fit and happy to work. So if people have got mental health problems and they're not going to work, and they're*

on sick pay. If those numbers increase, then how's the economy going to grow? In order to make the economy grow, people have to work." - Male, 34, Bolton South and Walkden.

"If people are healthy, then they can work. Those who are in work then you've then got an income which you can then spend and put it back into the economy. So it's like a cycle, really." - Female, 61, Bolton South and Walkden.

"A healthy nation is going to be a more productive nation. It's going to be a more economically wealthier nation." - Male, 58, Derby South.

Other participants were conscious of the impact of both poor health and economic inactivity on the public finances, as expressed through pressures on services like the NHS, increased benefit receipt and reduced tax revenues.

"I guess there's more strain on the NHS. That costs more money and you know, there's not enough resources to deal with that. There's then fewer people able to work potentially, which has knock-on effects on the economy as a whole." - Male, 54, Cities of London and Westminster.

"Whether it be mental health and the time off work, the company will be paying and obviously national contributions might get raised." - Male, 54, Derby South.

"I think - more people may be applying for more benefits, which, again, is draining the country." - Female, 43, Cities of London and Westminster.

There was also recognition that the cost of poor health spreads across generations and throughout society as a whole:

"The monetary value that the NHS and the Government and everything will be paying out to support the people with poor health, but then it has a knock-on effect on all the generations as well." - Female, 47, Derby South.

"There would need to be a lot more benefits to be paid out. It will impact the welfare state. So we've got to look at people and it would hit us all." - Female, 54, Derby South.

This was also apparent in the polling, which highlighted the perceived benefits of improved health for key public services. Asked to identify the top three direct benefits of improving the nations' health, reduced pressure on the NHS (62%) was ranked first, followed by improved wellbeing (42%) and making people happier in general (39%). Decreased reliance on welfare and social support systems (35%) was the next most prominent benefit. While broader economic benefits were recognised in focus groups, these findings underline the public's belief that better health would directly ease strain on essential services.

In your opinion, what would be the main benefits of improving the public's health? Select up to three

Benefit	%
It would reduce the burden on the NHS	62%
It would improve wellbeing	44%
It would make people happier in general	39%
It would decrease reliance on welfare and social support systems	35%
It would help the economy grow	25%
It would enable people to take part in family and community life	13%
It would make the UK a more desirable place to live	12%
It would improve fairness and equality in society	11%
It would strengthen communities and social connections	10%
It would help create more jobs	9%
It would reduce crime rates and anti-social behaviour	9%
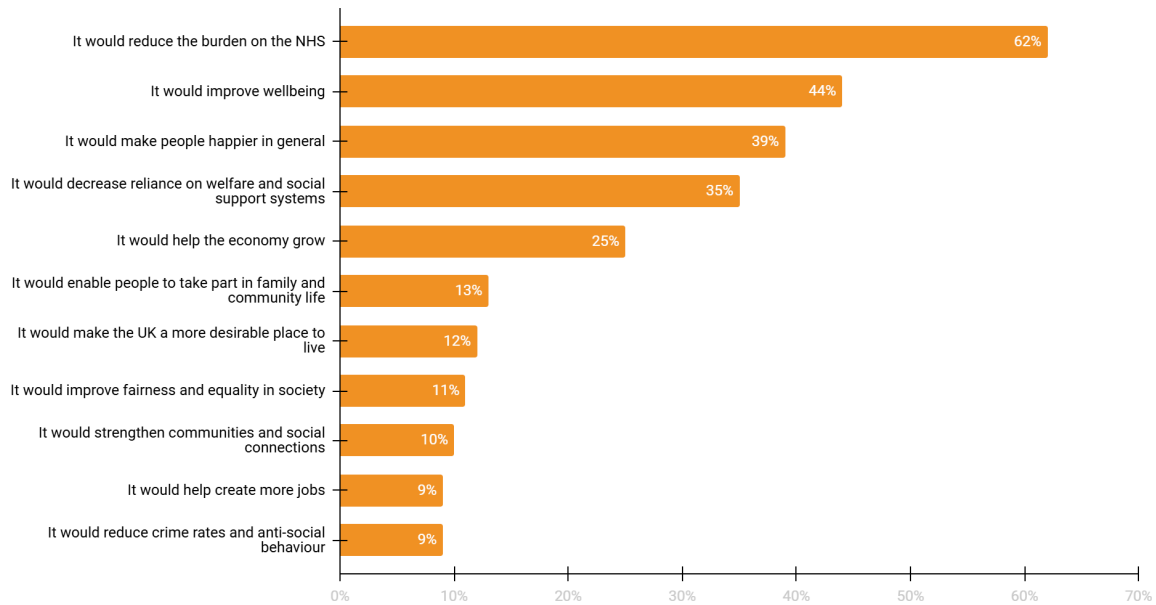
We found that the relationship between health and the economy is close and intuitive. As part of the poll, respondents were asked to what extent they supported either health-based framings to justify spending on health (i.e. to improve health outcomes and quality of life) or economic framings (i.e. to reduce healthcare costs and improve workforce productivity). Economic framings marginally improved support, with an increase of 5 percentage points.

To what extent would you support or oppose increasing government spending on initiatives to improve the health of the nation?

Legend: Strongly support · Support · Neither support nor oppose · Oppose · Strongly oppose · Don't know
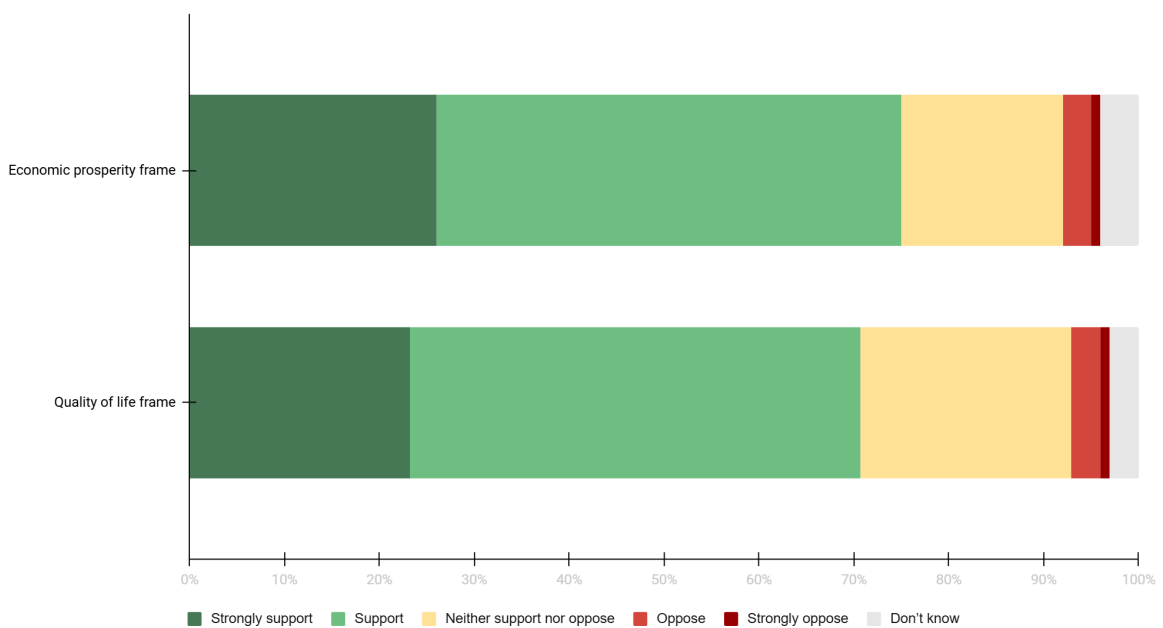
However, beyond the realm of spending, more people believed improving health was beneficial for improving quality of life (81%) than boosting prosperity and productivity (68%).

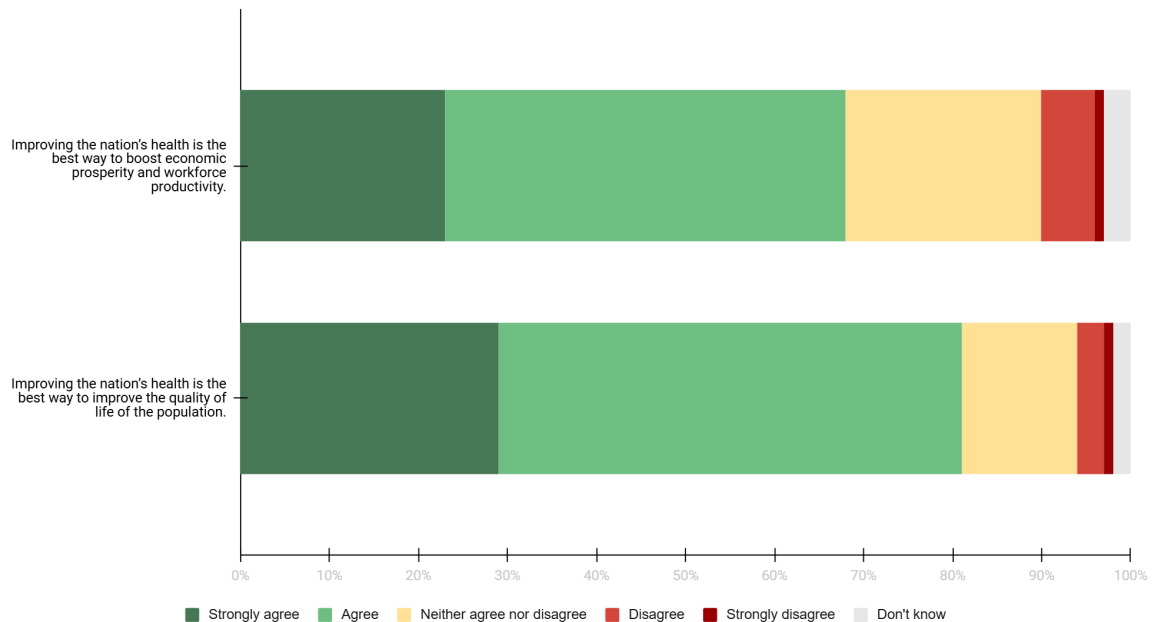**To what extent do you agree with the following statements?**

Public First | UK Adults | Sample Size: 2,010 respondents | Fieldwork 23rd - 28th January

Legend: Strongly agree | Agree | Neither agree nor disagree | Disagree | Strongly disagree | Don't know

This reflects the need to use caution when using macroeconomic arguments to communicate the need to take action on health, perhaps bringing them more into play when financial outlays are involved. A similar finding came from 'The Health Foundation's work with the Frameworks Institute, where economic framings were sometimes seen as commodifying human beings, or primed more individualistic approaches to thinking about health.[8] In focus groups, some - for example in our Cities of London and Westminster group - found economic framings more compelling, but others could find them impersonal or unduly abstract. In some cases, they even triggered feelings of distrust in the government and scepticism that the economic benefits would ever reach ordinary people.

> *"This is never how it works out. They squander our taxes. I think the government is the least effective spender of people's taxes. People should be allowed to keep more of the taxes."* - Male, 32, Bolton South and Walkenden.
>
> *"The government is always wasteful so even if we did grow the economy, we wouldn't see it in our pockets. They would waste it, just like they have with their £22bn black hole"*- Male, 52, Redditch.

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[8] L'Hôte, Castellina and Volmert, 2022

"The last part of the sentence where it says more money into people's pockets. The truth is it's more money for those who are right at the top. It's more money in their pockets." - Male, 34, Bolton South and Walkden.

Collectively, this suggests that the interdependence of health and the economy is well understood by the public, but that arguments to this effect are better built 'from the ground up': from the ability of individuals to get to work, be productive and have the time, energy and disposable income to keep themselves well. Macroeconomic arguments should be used judiciously, and backed by action that shows government understands the significant pressures people are facing and is genuinely on their side.

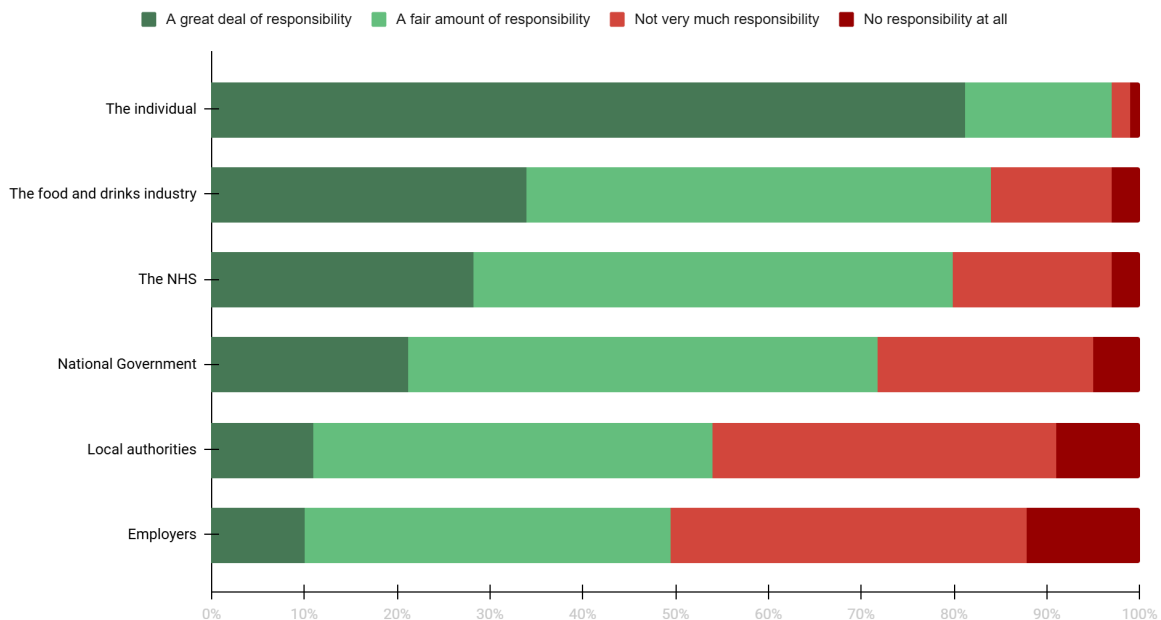# RESPONSIBILITY FOR HEALTH: A SHARED BUT UNEQUAL BURDEN

People tend to think about their health in holistic terms - not simply as the outcome of personal choices, but as shaped by wider factors like their work and social lives. This nuance extended to views on responsibility. Individuals were seen as having primary - but by no means exclusive - responsibility for their health, with a significant role for other, powerful actors in government and business.

Individual choices in context

According to our polling, 78% said individuals have 'a great deal' of responsibility for ensuring they stay healthy. However, they were not felt to be acting alone: a majority also attributed 'a 'great deal' or 'a fair amount' of responsibility to all the other actors tested, besides employers (just below at 49%). It was particularly striking to see the food and drinks industry (84%) given greater levels of responsibility than the NHS (79%).

How much responsibility, if any, do you think that each of the following have for ensuring that people generally stay healthy?
Public First | UK Adults | Sample Size: 2,010 respondents | Fieldwork 23rd - 28th January

Legend: A great deal of responsibility | A fair amount of responsibility | Not very much responsibility | No responsibility at all

Categories (top to bottom): The individual, The food and drinks industry, The NHS, National Government, Local authorities, Employers

Focus group discussions corroborated this, with responsibility starting with individuals but quickly turning to the help needed from other actors to create the right conditions, especially government:

"I think everyone is responsible for their own health, and I obviously am responsible for my own health because we're all adults. But I think the government should also take some responsibility in helping us to be healthy." - Female, 43, Cities of London and Westminster.

"I do think it starts with the government, because if they are able to help provide the right environment for people, the right conditions for people to be able to look after themselves better, then the community can take that forward, right?" - Male, 32, Cities of London and Westminster.

In particular, the role of government was felt to be most necessary to address influences beyond individuals' control. For example, only the government could take on large corporate actors - particularly in the food, drink and tech industries - or address wider economic pressures that shape people's health.

[When talking about the pressures of work] "That is where the government comes in then because they should be fighting for fair pay and better working conditions so that you've got more time." - Male, 54, Derby South.

"With the government, I think it's really their responsibility. But you know, generally it ends up being someone like Jamie Oliver with changing the school dinners and it should be the government but when it comes to the corporate side of things, it's very hard to control them, and they are all about making money. So sadly they might not necessarily use the best ingredients." - Male, 49, Bolton South and Walkden.

All of this implies that it would be a mistake to interpret people's primary emphasis on individual responsibility as a rejection of the structural drivers of ill-health. The two are not mutually exclusive, and individuals taking ownership of their health is in fact firmly accompanied by an expectation of action by government and other actors.

Frustration with corporate influence

There were striking commonalities across the different focus groups in their anger towards the influence of big business - and especially the food and tech industries - on their health. People felt that while healthier choices technically exist, marketing, pricing, and advertising make it much harder to make them. Set against the pressures of working life and the cost-of-living, this made it feel nearly impossible to maintain healthy habits.

"The big corporate businesses, like the fizzy drink companies. Everybody knows that this stuff is bad for you, but it's everywhere. And they've got so much money for marketing, they've got the government in their hands, so you just can't get away from it. The big, big businesses out there, especially the food and drinks ones, they hold so much power and you can't escape." - Male, 34, Bolton South and Walkden.

[Talking about using food delivery apps] *"It's just easier when you're working all day, you don't want to come home and do your cooking. You've got an app there... But obviously, if you're going to see a burger or some chips, you're going to want that, not the chicken salad, and it's going to cost more for the chicken salad than it would for a burger."* - Female, 41, Bolton South and Walkden.

"Healthy foods seem to be more expensive as well in the supermarkets." - Female, 61, Bolton South and Walkden.

There was also limited trust in politicians' ability or willingness to curb these influences, with many participants perceiving government as being in cahoots with big business, whether through funding, friendship or self-enrichment.

"A lot of the people that fund the politicians and the parties come from the pharmaceutical industry. It comes from these big corporations who really have a vested interest in not making the country healthy" - Male, 32, Bolton South and Walkden.

"I just don't have any faith in the Government whatsoever, to be honest... I think they're just a business that's trying to make as much money as they can." - Female, 47, Derby South.

It's unclear whether this is a new trend - reflecting broader theories about malevolent, powerful forces acting against ordinary citizens' interests - but the strength and consistency of these frustrations were marked. This suggests that tough action - on the food and drinks industry or irresponsible landlords and employers - is likely to have political salience for these voters.

The role of tech and media in shaping health

Technology companies and social media platforms were also seen as powerful influences, especially in shaping young people's attitudes to food, health, and body image. Parents, in particular, expressed concern about how these platforms encourage unhealthy habits.

"It's through social media as well. Celebrities are promoting it. Social media is a big thing now, so crazy, isn't it? Everyone's on there to see a celebrity having it. As an example, the Prime drink, which is not good for you. Obviously, all children are on it. All teenagers are on it. Think that's how they market it. And then I think while you're younger, if you're in bad habits and eating unhealthy, it just carries on with you. So I think the habits are instilled into your children when they're younger" - Female, 41, Bolton South and Walkden.

"I see my kids watching YouTubers eating sweets and unhealthy foods and then they want me to buy it for them because they look up to them." - Female, 49, Redditch.

"I think their image is more important to them. When we were younger, we didn't even have phones, so we just didn't see what everybody looked like. And I think there's a lot of pressure on youngsters now to have the body that they see on somebody on Instagram, or Tiktok." - Female, 54, Bolton South and Walkden.

This concern wasn't limited to food. Others described how time spent on phones and social media was replacing outdoor activity and damaging mental health. However, not all views were negative. Some participants felt that technology had also made it easier to access information and tools that support healthier choices, from fitness tracking apps to online mental health resources.

"Technology getting more popular has meant that a lot of people are just stuck on their phones, like scrolling on social media, instead of going out and doing outdoor activities." - Female, 20, Derby South.

"I think it gives more of a pressure to make sure you are active. And I think with online bullying, people will be looked down on if they aren't as fit as other people." - Male, 19, Derby South.

All of this contributes to a sense that people felt 'stitched up' by powerful economic, political and business interests and by sweeping societal changes (for example, the rise of technology and social media) that left them vulnerable to negative influences on their health. It was also clear that they were looking to the government to step up and protect them, creating the conditions in which they might genuinely be able to make their own healthy choices. This does not imply a blanket demand for government intervention, but something more nuanced: a desire for support especially in the areas where individuals lacked the power to effect change on their own.

THE POLITICAL MANDATE FOR ACTION ON THE NATION'S HEALTH

Public concern about the nation's health is matched by a clear understanding of the factors that shape it. Combined with growing frustration at government inaction, this creates space for strong policy action. While some politicians worry that bold action on public health risks being seen as government overreach or "nanny statism", this concern is not widely echoed by the public. When tough action on the drivers of ill-health attracts a majority of support - not only amongst the general population but amongst key voter groups for the next General Election - they represent a meaningful opportunity for political leaders to respond to public demand.
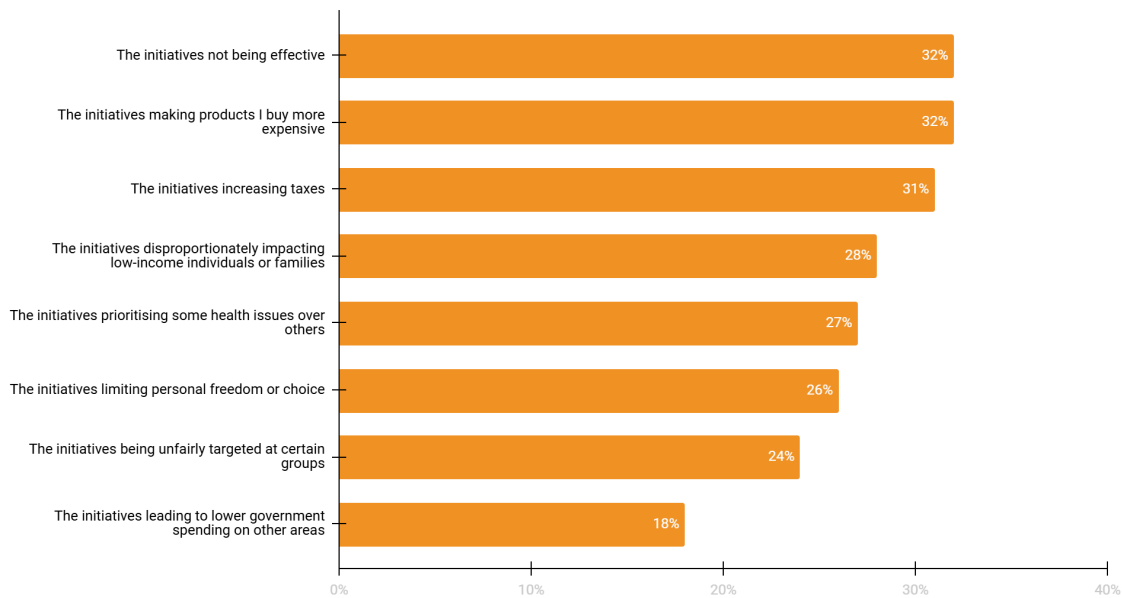
Beyond the 'nanny state'

Given the prominence of 'the nanny state' in media coverage and political commentary about the nation's health, it was striking that concerns about personal freedoms or government overreach did not come up in any of our focus group discussions. This was despite discussing a wide range of forms of intervention, including more contested areas of regulation like advertising restrictions and smoking bans.

Polling supports this. When asked what concerns they would have if the government were to introduce new initiatives on health inequalities - and to select all that applied - limits to personal freedoms or choice (26%) was ranked 6th (out of 8). More people were concerned about the policies not being effective (32%), making products more expensive (32%) or leading to tax rises (31%). While 26% of the population is not insignificant, the prominence of this critique may well be disproportionate.

If the government announced it was going to introduce new initiatives to address widening health inequalities, which of the following concerns, if any, would you have? Select any that apply

Public First | UK Adults | Sample Size: 2,010 | Fieldwork 23rd - 28th January

Concern	%
The initiatives not being effective	32%
The initiatives making products I buy more expensive	32%
The initiatives increasing taxes	31%
The initiatives disproportionately impacting low-income individuals or families	28%
The initiatives prioritising some health issues over others	27%
The initiatives limiting personal freedom or choice	26%
The initiatives being unfairly targeted at certain groups	24%
The initiatives leading to lower government spending on other areas	18%

This speaks to the general public's views, but politicians from across parties are sometimes hesitant to pursue interventionist health policies for fear of alienating certain voter groups in particular. Specifically, there are fears that the key voter groups for the next election - Labour '24 voters now open to Reform and Conservative '19 to Labour '24 switchers - may exhibit more concern about limits to personal freedoms than the national average.

Again, the polling yields valuable insights: Labour '24 voters now open to Reform were only marginally more concerned about limits to personal freedoms and choice than the average (27%) and Con '19 to Labour '24 switchers were less concerned (23%). This also underscores the significant differences between those who voted Labour in the last election but are now open to Reform, and the core Reform voter group, for whom this was much a bigger priority - although still only for a minority (32%) - and that it is unwise to conflate these groups when deciding on policies and messaging.

Ambitious health policies are popular

Polling further supports the idea that - far from seeing it as intrusive - the public is likely to welcome even traditionally more interventionist policies: from restrictions on unhealthy food marketing and extending smoking bans to policies that expand the state's role in housing and family life.

There is broad public backing for proactive interventions that tackle some of the structural drivers of health. In particular:

- 80% support higher housing standards for landlords, with only 4% opposed.

- 70% support early childhood development programmes, including Sure Start or family hubs, with 6% opposed.

- 65% support stricter advertising restrictions on unhealthy products, with 10% opposed.

- 67% support free school meals for all children in state-funded schools, with 15% opposed.

- 61% support extending smoking bans to more public spaces, with 19% opposed.

When discussion turned to policy during the focus groups, participants proactively raised examples of bolder policies and spoke of them in favourable terms. These were sometimes presented as rare cases where the government had managed to make a difference, and an incitement to be braver:

> *"They managed to do the smoking ban, and it's probably reduced the amount of alcohol people consume. Certainly in pubs, at least. I think the four day working week is a great one. There's been a lot of talk about that, and it would certainly have an impact on people's mental health... The sugar tax was a good one"* - Male, 49, Bolton South and Walkden.

> *"They've done it with, like, cigarettes, obviously it's in the shops, unmarked behind a plain cupboard, so why not have that for, like, unhealthy stuff?* - Female, 30s, Cities of London and Westminster.

This points to the trend that many policies - even where they initially feel contentious - often gain popularity after implementation, especially when they make a visible difference. For example, support among smokers for banning smoking in cars carrying children increased from 48% in 2008 to 74% after the legislation was introduced in 2015, reaching 82% in 2017[9]. The key takeaway was focus groups' respect for governments who were brave enough to take tough action, with these initiatives representing rare examples of policies whose impacts they could tangibly see.

Even greater support amongst key voter groups

Far from being a niche or partisan concern, initiatives to tackle ill-health appear to cut across traditional political divides. The voters likely to be most critical for any party to succeed at the next election - Labour '24 voters now open to Reform and Con '19 to Lab '24 switchers - showed even higher support for major policies than the general public. This may surprise political strategists across parties: these groups risk being typecast as sceptical of government intervention, when the picture in fact appears to be more complex than that.
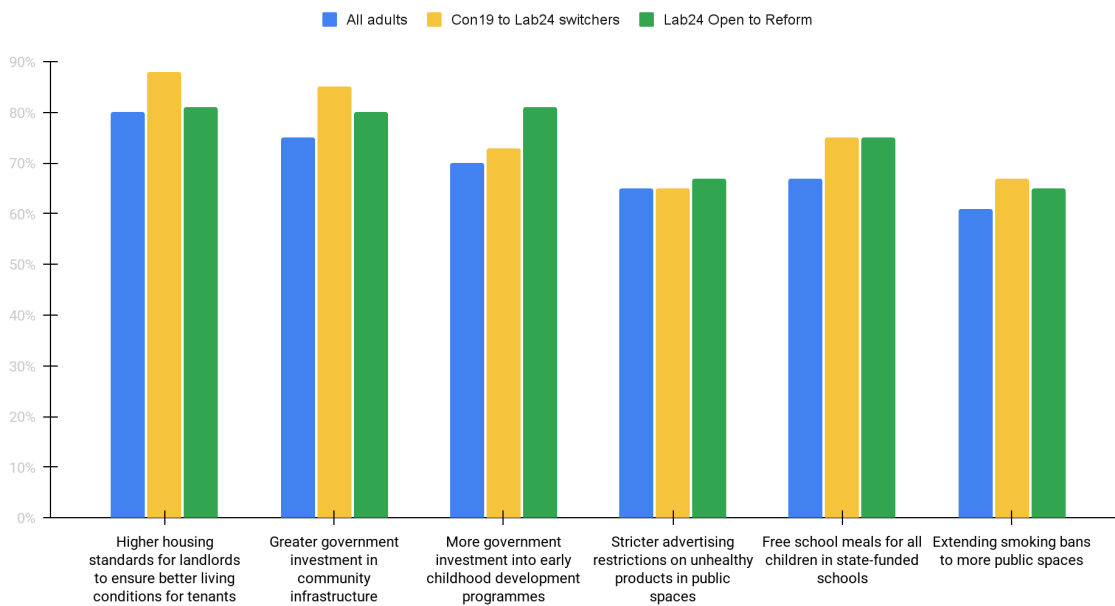
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[9] [ASH, 2017.](#)

To what extent would you support the following policies? [% who support]
Public First | UK Adults | Sample Size: XXXX | Fieldwork XX Month - XX Month 20XX

Legend: ■ All adults ■ Con19 to Lab24 switchers ■ Lab24 Open to Reform

Chart (approximate values):

Policy	All adults	Con19 to Lab24 switchers	Lab24 Open to Reform
Higher housing standards for landlords to ensure better living conditions for tenants	80%	88%	81%
Greater government investment in community infrastructure	75%	85%	80%
More government investment into early childhood development programmes	70%	73%	81%
Stricter advertising restrictions on unhealthy products in public spaces	65%	65%	67%
Free school meals for all children in state-funded schools	67%	75%	75%
Extending smoking bans to more public spaces	61%	67%	65%

When asked about different actors' responsibility for health, Labour '24 voters now open to Reform in fact saw the greatest role for government in health of any voter group – higher even than the core Labour-voting group. 82% felt national government had 'a great deal' or 'fair amount of' responsibility for the nation's health, compared to 81% of Labour voters, 71% of Conservative voters and 67% of Reform voters.

This group were also the most likely to see wider influences - such as local government (61%; national average – 45%), supermarkets and food retailers (85%; national average – 73%), employers (52%; national average – 39%) and companies (69%; national average – 51%) - as having an impact on the nation's health (percentages represent cumulative proportions attributing a 'moderate' or 'large' impact) . Similarly, when asked about what the government should focus on to keep people healthy, Labour '24 voters now open to Reform highlighted factors like food systems, education, housing and the environment at higher rates than all other voter groups, for whom healthy care services and income were most prevalent.

It would be wrong, therefore, to typecast Reform-leaning voters as instinctively anti-interventionist; this particular subset appeared especially attuned to the broader social and economic drivers of health. It should also be noted that - in this respect - Reform-leaning voters who previously voted Labour had markedly different to core Reform voters, who tended to see the smallest role for government and a larger role for individuals and businesses.

2019 Conservative voters who switched to Labour in 2024, on the other hand, broadly followed the national average when attributing responsibility or influence to government, individuals and other actors. However, this does not seem to dampen their enthusiasm for policies at the more interventionist end of the spectrum. Policies on housing (88% support; national average 80%), green space (92% support; national average 83%) and community infrastructure (85%; national average 75%) were particularly popular amongst this group, though they all had universal appeal.

Both Labour '24 now open to Reform and Conservative '19-Labour '24 switchers exhibit higher levels of support for key principles and policies than the national average:

- **Health and the economy**: 82% of Conservative '19-Labour '24 switchers and 79% of Labour '24-open to Reform voters agreed that investing in health programmes was a good way to increase economic growth, compared to 66% nationally.

- **Regulatory action:** 67% of Conservative '19-Labour '24 switchers and 65% of Labour '24-open to Reform backed extending the smoking ban, compared to 61% nationally.

- **Intervention in family life:** both voter groups were closer to core Labour voters on children's policy, with 75% of both groups supporting free school meals for all state school children, compared to 77% amongst Labour voters and 62% for core Reform and Conservative voters.

The evidence is clear: there is a strong political mandate for bold action on health, underpinned by public recognition of the structural drivers of ill-health and frustration with government inaction. Voters across key battleground groups - including those often presumed to oppose state intervention - express consistent support for proactive policies that level the playing field, improve daily life, and promote long-term wellbeing.
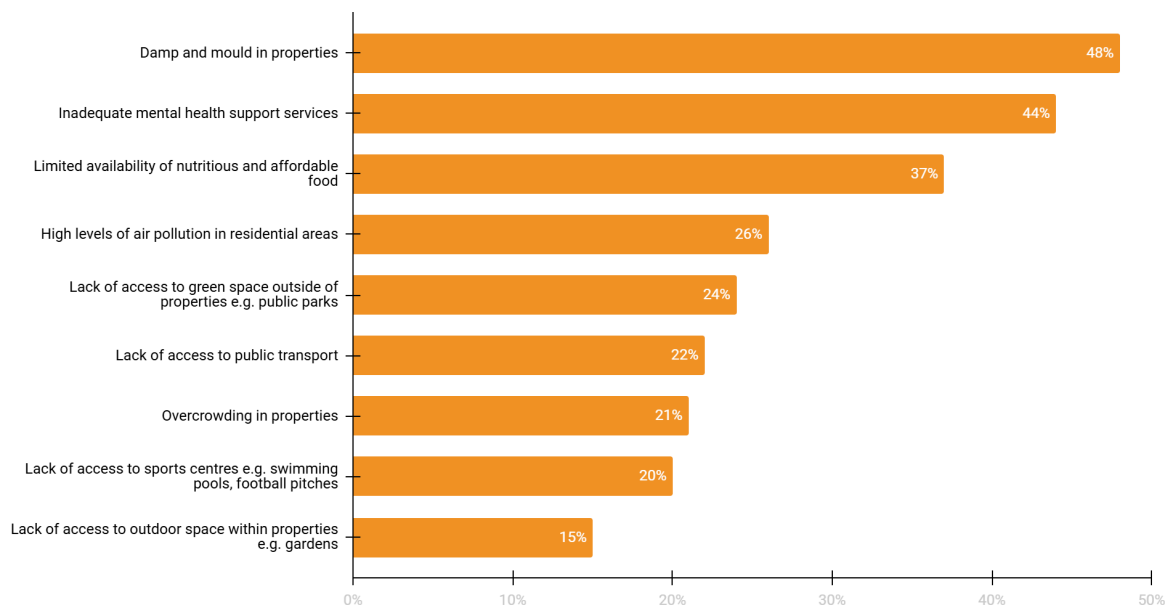
If political leaders are willing to reframe public health not as a constraint on freedom, but as a foundation for it - enabling people to live healthier, more secure, and more independent lives - they are likely to find the public not only receptive, but ready to reward ambition with their support.

WHERE GOVERNMENT ACTION WOULD BE MOST POPULAR

The question is not whether to act, but where. We tested a range of policies, derived from the recommendations of the Health and Prosperity Commission as well as from live debates in this area of healthy policy. Our research shows a clear public mandate in four key areas. Public support for government action on health is not only broad but specific. People want to see change in the areas where poor health is shaped by external pressures, from the food environment to housing conditions to workplace stress. In both polling and focus groups, these were the areas where people most clearly saw a role for government and expressed a desire for firmer intervention.

Which of the following, if any, do you think the national government should take action to address? Select up to three of the following

Public First | UK Adults | Sample Size: 2,010 | Fieldwork 23rd - 28th January

Category	Percentage
Damp and mould in properties	48%
Inadequate mental health support services	44%
Limited availability of nutritious and affordable food	37%
High levels of air pollution in residential areas	26%
Lack of access to green space outside of properties e.g. public parks	24%
Lack of access to public transport	22%
Overcrowding in properties	21%
Lack of access to sports centres e.g. swimming pools, football pitches	20%
Lack of access to outdoor space within properties e.g. gardens	15%

We tested a wide range of interventions. The policies with the strongest public support reflect a clear theme: people back action that addresses everyday pressures they can't solve alone.
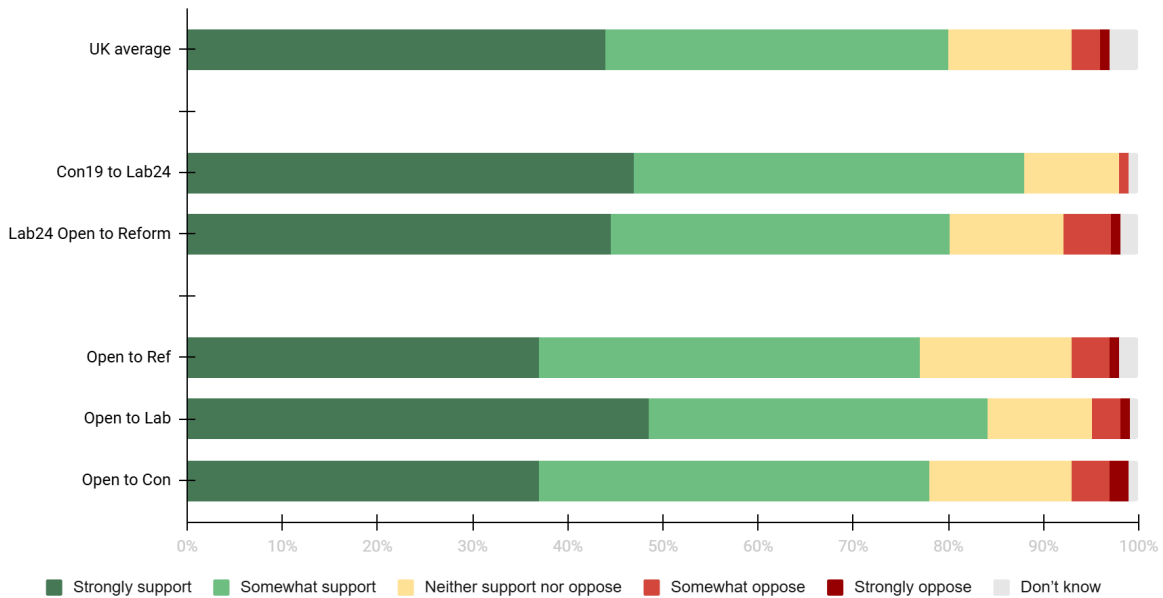
Action on housing and environment

Participants strongly linked poor housing conditions with poor health: damp, mould, cold, and cramped homes came up repeatedly. 80% of the public support higher housing standards for landlords, with just 4% opposed, making it the most popular policy tested in our research. When asked to pick their top three health issues for the

government to address, 'damp and mould in properties' came top, with 48% prioritising this. This rose to 60% amongst people aged 65+.

To what extent would you support the following policies?: Higher housing standards for landlords to ensure better living conditions for tenants

Legend: Strongly support | Somewhat support | Neither support nor oppose | Somewhat oppose | Strongly oppose | Don't know

"If you live in a house which is poorly insulated, or you're not getting the necessities, like warmth or hot water. That can be very affecting especially with the cost of living and the cost of labour being so high, you might not be able to afford a new boiler if it goes in the winter. It kind of comes in with the cost of living for making sure that your living standards are to a degree that's acceptable." - Male, 34, Bolton South and Walkden.

"It was on the news quite a lot last year, some of the standards of some of the properties and black mould growing…. some people are forced to live in. The landlords do absolutely nothing about it." - Male, 58, Derby South.

"We've had a couple of instances where children, particularly with the damp and the mould, and also with the cladding on some of the rented properties. Particularly with private landlords, I think they sort of can get away, or they used to be able to get away, with not doing quite a lot for the tenants as well." - Female, 61, Bolton South and Walkden.

Access to green space and time outdoors were also seen as important to health and well-being, but increasingly under threat.

"The environment is a big one, not seeing enough sunlight. A lot of work involves staying inside the office and I think our sort of hormones and our bodies rely on being able to see sunlight and be outside, and that is a big one." - Male, 34, Bolton South and Walkden.

"Quite a lot of the green space is being destroyed. Obviously, housing's a massive thing where they're having to build so many houses and that. But, you know, not everybody's got access, you know, to go for a walk in a park or something, and even the parks now, I think, you know, the equipment that they have and everything it, it could be so much better." - Female, 61, Bolton South and Walkden.

"If you live in the country, it's probably easier to find nicer places to walk, exercise and run. So I think where you live can have a massive impact." - Female, 47, Derby South.

To what extent do you agree with the following statements?: Access to green spaces is essential for a healthy population

Public First | UK Adults | Sample Size: 2,010 respondents | Fieldwork 23rd - 28th January
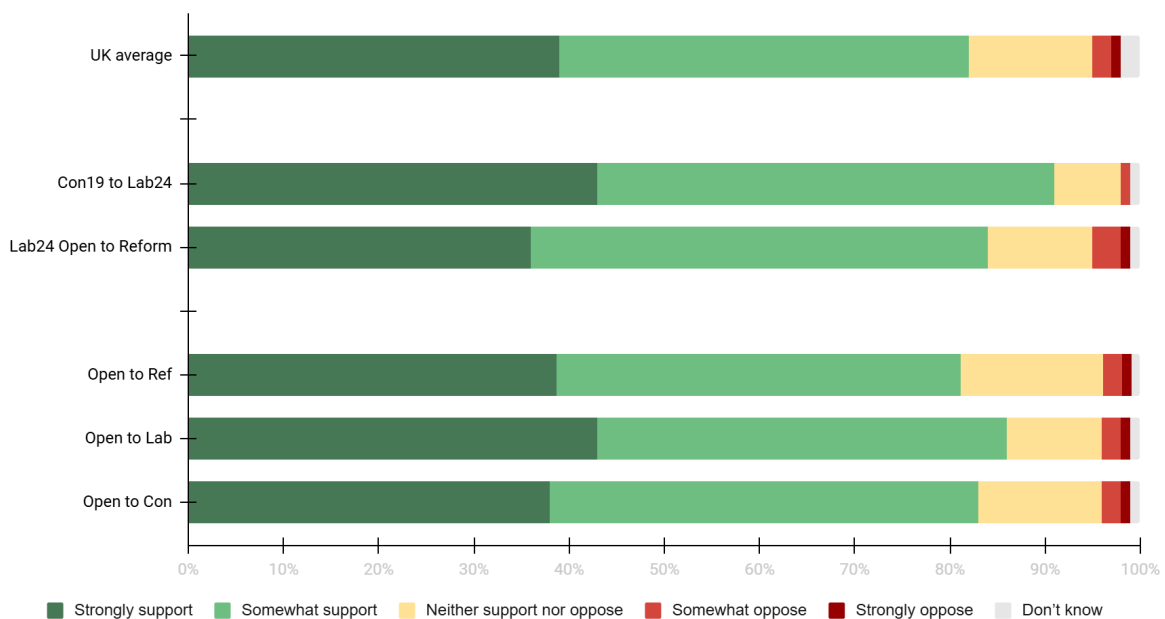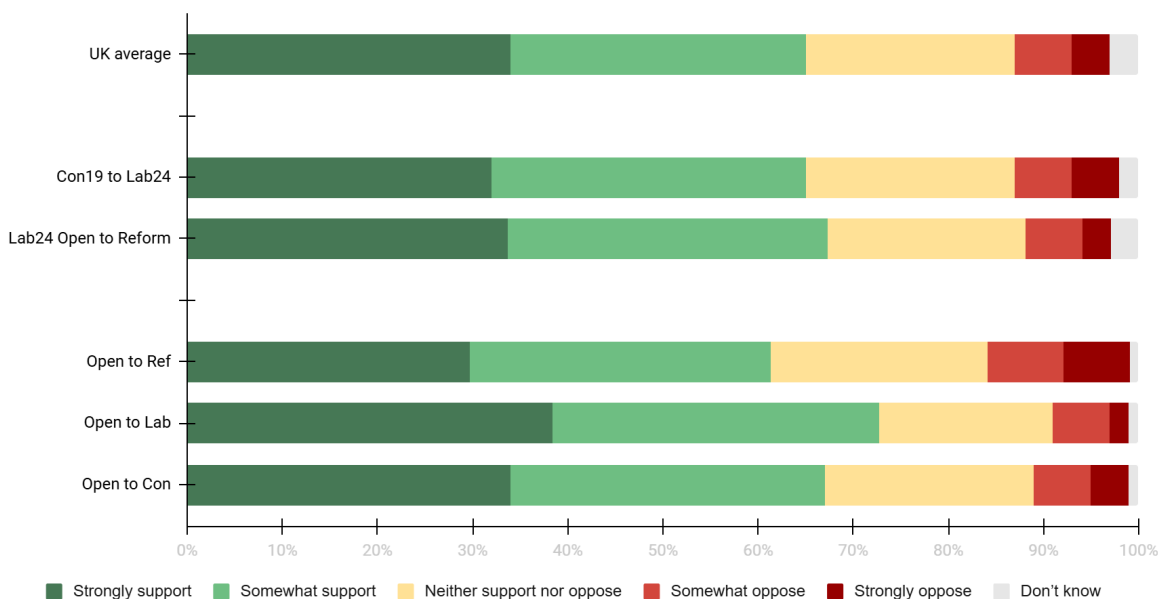

Regulating the food and drink industry

The availability and affordability of nutritious food stood out in polling and focus groups alike as one of the biggest barriers to good health. In our polling, 'limited availability of affordable and nutritious food' was in the top three issues the public most wanted the government to address. Meanwhile, people were conscious of the influence businesses in this space had on their health: 93% felt supermarkets and food and drink retailers had an impact on their health, of which 70% felt this was 'moderate' or 'large'. Similar proportions felt the same about restaurants and fast food outlets (91%) and manufacturers of alcoholic beverages (89%).

To what extent would you support the following policies?: Stricter advertising restrictions on unhealthy products (e.g. junk food) in public spaces

Legend: Strongly support · Somewhat support · Neither support nor oppose · Somewhat oppose · Strongly oppose · Don't know

When it came to action, 65% support stricter restrictions on junk food advertising in public spaces. In focus groups, participants consistently called for stronger regulation of the food and drink industry, particularly given the cost-of-living crisis. People felt the financial pressure to buy cheaper, less healthy food, even when they wanted to eat well.

> *"Diet is very important. I put immense emphasis on eating organically, if I can, and I used to do a pretty good job of being able to do that, but now, with the cost of everything going up, I do find that my diet has been affected, and certainly therefore my health. As a result, I find myself taking more vitamins and eating less freshly made food. And I think when you live in a certain environment, you see that people tend to shop in Iceland and eat a lot of frozen food, if they don't have the income to buy decent produce."* - Male, 49, Bolton South and Walkden.

> *"Healthy foods seem to be more expensive as well in the supermarkets."* - Female, 61, Bolton South and Walkden.

> *"I think the cost of living has gone up, the cost of food has gone up as has been said already, so I find that I'm not making as good choices as I could be. So I'm feeling these effects myself living here in central London."* - Male, 43, Cities of London and Westminster.

Participants seemed to want the government to take a similar approach to food regulation as it did with tobacco: not to ban, but to de-normalise unhealthy choices and to make it clear when products have the potential to damage one's health.

> *"That's the one that stuck out for me as well, massively. My daughter, she's got this app, and you can scan foods, and it's just really surprised us because the foods that you think are healthy quite often aren't, so maybe the Government then should be clear on what we're eating."*- Female, 47, Derby South.

> *"Even products that you deem as healthy because of all this advertising and how the product looks, might not necessarily be."* - Male, 19, Derby South.

While the role of social media and technology was not explicitly tested through polling, that participants actively raised this in focus groups suggests these are now important influences on consumer decision-making and should be a major part of a 21st century strategy to change health habits.

Workplace and employment-based health measures

There is also strong public support for action to improve health at work. 71% of people support requiring employers to meet workplace health standards, and the same proportion want more government support for people with complex health conditions to stay in or return to work.

While there is strong public support for improving workplace health, the polling suggests people do not currently see employers as having much influence. Just 39% of respondents said employers have a significant impact on national health- far lower than the food and drink industry (84%), supermarkets (73%), or even the NHS (74%). This suggests that while the public supports requiring employers to meet health-focused standards, (and 77% felt the government should prioritise workplace health as part of its healthcare strategy), perhaps they do not expect businesses to act on their own. Instead, it may be that people feel it is the government's role to facilitate an environment in which employers take greater responsibility, and have the tools to do so.

Indeed, the lived experience of ill health while working was common. Participants described having to work through illness or return to work too quickly due to poor sick pay or financial pressure.
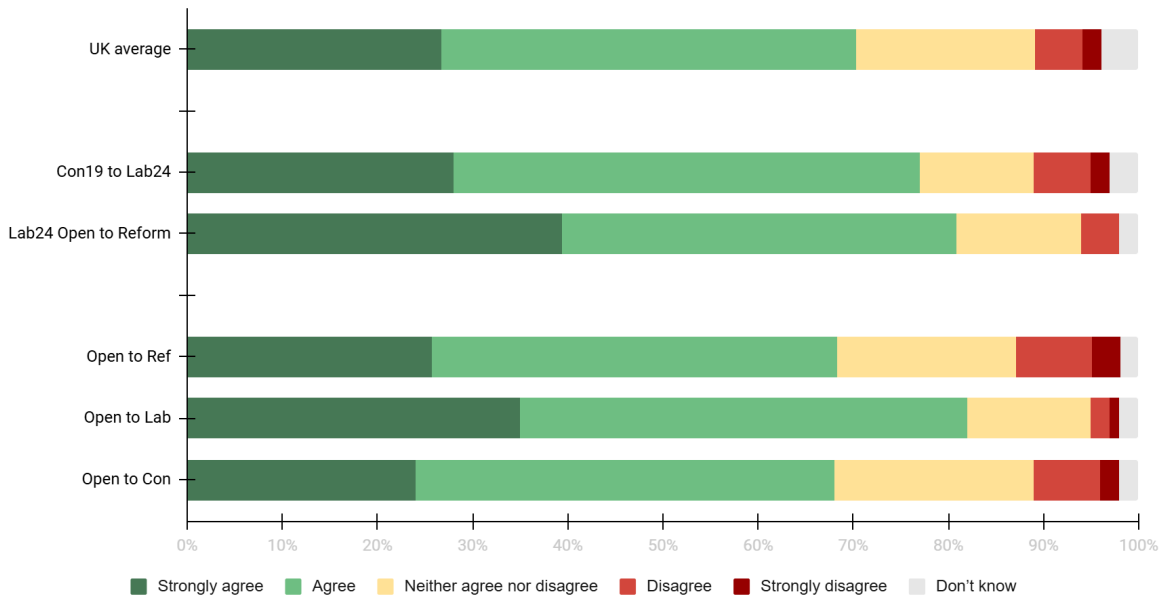
> *"When I was ill, I didn't really take any time off because I knew how bad the sick pay was, so I had the concern of having to work at the same time as being ill. Certainly needs to be upped, because it is a big concern when you're not well."* - Female, 21, Bolton South and Walkden.

> *"Back in the day, when I'd have been in my 30s and with kids, I'd have ended up going to work poorly because I wouldn't be able to afford not to."* - Female, 54, Derby South.

77% of the public believe workplace health should be a formal part of government healthcare strategy, not left entirely to employers or individuals.

To what extent do you agree with the following statements?: Employers should be required to implement healthy employment standards (e.g. increasing the duration of minimum uninterrupted rest breaks for workers) to promote well-being at work

Legend: Strongly agree · Agree · Neither agree nor disagree · Disagree · Strongly disagree · Don't know
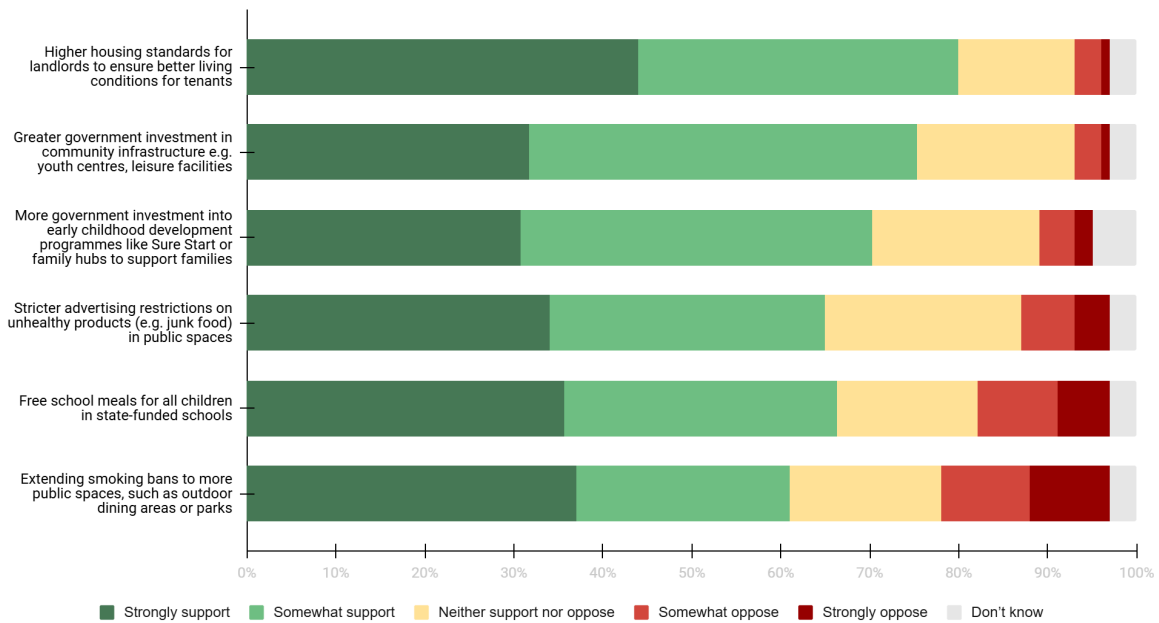
Early childhood interventions

When it came to children, participants were especially supportive of direct interventions. This included better school food, nutrition standards, and the return of services like Sure Start. People felt that investing in children's health was not only fair, but one of the most effective ways to break cycles of poor health later in life. This view is backed by polling: 77% of the public agreed that reducing childhood poverty should be a government priority to improve long-term health outcomes.

To what extent would you support the following policies?

Legend: Strongly support · Somewhat support · Neither support nor oppose · Somewhat oppose · Strongly oppose · Don't know

Importantly, this support extended to the role of government in children's lives. While some politicians worry that intervention in childhood risks accusations of overreach, our polling found that 72% of people believe responsibility for children's health should be shared between parents, schools and the government, compared to just 22% who believe it is solely the parents' responsibility. This suggests that the public is comfortable with a shared model of responsibility and does not see government support as undermining parental authority.

A significant proportion of the public were concerned about childhood obesity and nutrition, with 81% agreeing these were significant threats to the nation's health. However, parents and non-parents alike commented on the particular challenges in accessing healthy food for children, especially when household budgets are tight:

> "There's two core subjects for me that I've always believed that should be part of the curriculum. Finance and nutrition, I just find it kind of astonishing that they're completely absent. When you look at outcomes, they're very deterministic." - Male, 32, Bolton South and Walkden.

> "It comes back to money all the time, doesn't it? Because even in primary school now, children are taught about how to eat healthy as part of the science curriculum and they do things like the daily mile and walk to school and stuff. But the trouble is they can learn it in school, but then as soon as they get home, if they're not in a position to financially, to be able to buy the things to cook from scratch then it hits a brick wall." - Female, 61, Bolton South and Walkden.

"I don't have children so it's fine for me to have baked beans on toast if I need to but it's harder for parents who need their children to have healthy food."- Male, 42-Redditch.

There was a clear appetite for intervention through state services like schooling or early years services. 73% believed the government should play a greater role in promoting healthy eating through stricter school nutrition standards. These direct mechanisms to guarantee healthy eating may have greater appeal due to the financial challenges above, something perhaps also reflected in support for free school meals for all state school children, supported by 67% of the public. The early years were described by focus group participants as a particularly important and vulnerable time for families. As well as 71% backing more government investment into early childhood development programmes, Sure Start was mentioned on more than a few occasions as an example of a much appreciated - and much missed - form of support.

"I went to Sure Start when my son was born and it was great. Toys were out and ex-midwives were there to help with any problems you might have. But once my daughter was born nine years ago they were all closed."- Female, 42, Redditch.

Across all domains we tested policy in, we found a large section of the public is not only open to government action on health but actively wants it. Voters recognise that poor health is shaped by the environments in which they live and work, and they support interventions that make it easier to stay healthy. People want a level playing field, where choosing the healthy option isn't the harder or more expensive one. For policymakers, this presents a rare opportunity to act decisively on issues that matter to people's everyday lives and carry strong public backing.

KEY MESSAGING RECOMMENDATIONS FOR POLICYMAKERS

Action alone isn't enough; how the government talks about health is just as important as what it does.

As well as providing insights on the sorts of policies the public would support, this research also allows us to understand better how people – particularly in key voter groups - talk about their and the nation's health. Focus group discussions revealed the language most – and least – likely to resonate with these parts of the electorate, with no doubt broader implications for how to communicate public health priorities to the wider electorate.

Anchor health messaging in people's lived reality, not abstract policy language.

Across both polling and focus groups, messages that grounded the health of the nation in every day experience appeared to be the most compelling. When asked about their health, focus group participants spoke in terms of its impacts on daily rituals, like going to work, spending time with friends or looking after family. Good health was often framed as an enabler of – and ill-health as a blocker to – people's ability to 'get on with things' and live their life as normal.

This is how the public thinks about what shapes their health. The public does not talk in terms of 'social determinants' or 'health inequalities', but in terms of the everyday things that make it easier or harder to live well, like a warm home, steady income and having the time and energy to make a healthy meal or go for a walk.

Politicians and policymakers would do well to avoid technical language and keep their messaging rooted in the real-world experiences and concerns of the public.

Make the economic case in terms of day-to-day financial pressures, not GDP metrics

This research has shown that the relationship between health and the economy – especially people's working conditions and the affordability of everyday goods – is front of mind for the public. When asked about the broader impacts of ill-health on the nation, participants were quick to mention people's inability to go to work. When people connected ill-health to the macroeconomy, this reasoning was often built 'from the ground up', rooted in individual or family-level experiences. For example:

> *"Ultimately, to grow the economy, people have to be fit and happy to work. So if people have got mental health problems and they're not going to work, and they're on sick pay. If those numbers increase, then how's the economy going to grow? In order to make the economy grow, people have to work"* - Male, 34, Bolton South and Walkden

> *[Talking about being in good health] "You've got more energy. You've got more output potential. And you've got more drive. You have less fears and anxieties about your day, less stress, less worries. That allows people to really focus on the things that they want to do."* – Male, 32, Bolton South and Walkden.

In polling, the public generally supported action on health when framed in terms of positive impacts to the economy:
- 85% agreed that a healthy workforce is essential for a strong economy.
- 82% agreed that we should aim to improve the nation's health as it creates a stronger economy for everyone.
- 68% agreed that improving the nation's health is the best way to boost economic prosperity and workforce productivity.

Economic framings were also marginally more effective in predicting support for increased spending in health initiatives, outperforming quality-of-life messages by 5 percentage points.

However, these framings landed unevenly in our qualitative research. In our City of London and Westminster Group – a relatively economically prosperous, urban area - arguments about productivity and growth worked well. But elsewhere, they came across as too abstract or provoked scepticism about whether the benefits would ever be felt by ordinary people. Elsewhere in the polling, quality of life was still felt to be the most important benefit of improving the nation's health:
- 84% felt there would be a big or moderate impact on quality of life if the health of the nation improved.
- This was higher than the perceived impacts on productivity (74%), employment rates (65%) or educational achievement (65%).
- 81% agreed that improving the nation's health is the best way to improve quality of life (compared to 68% for boosting the economy, above).

This corroborates some focus groups' reactions to economic arguments as feeling 'impersonal' or commodifying their health and labour contributions. This points to the need for economic arguments to be used carefully. While they may be persuasive for some – and perhaps especially when justifying spending – economic arguments should not overshadow messages that value health for its own sake.

## Appeal to the collective benefits of a healthier nation

While people tended to talk about health in terms of their own lives – or those of their communities and families – there was also clear concern about the impacts of ill-health on shared institutions, like the NHS or the welfare state as a whole. As well as productivity, focus groups most readily cited pressure on the NHS or increased benefit spending as one of the main implications of a nation in poor ill-health.

This was also reflected in polling:
- Reducing the burden on the NHS was the public's top-voted direct benefit of improving the nation's health.
- Reducing reliance on welfare was fourth, ahead of seven other factors.

In your opinion, what would be the main benefits of improving the public's health? Select up to three

Public First | UK Adults | Sample Size: 2,010 | Fieldwork 23rd - 28th January 2025
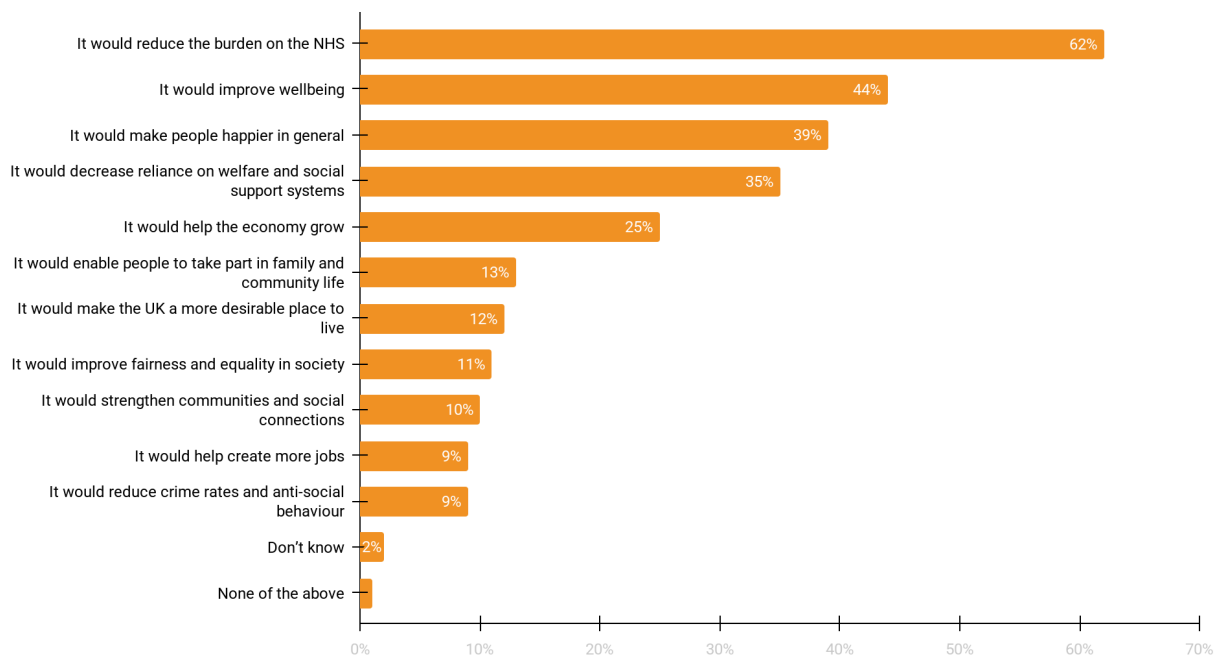
Focus group discussions highlighted a sense of the nation's interdependence: of how economic inactivity and increased public service usage is 'costing everybody':

"If people are in poor health, then they can't work, and if they can't work, then they can't bring money to the country. It costs everybody. Then it costs the NHS loads of money as well." - Female, 47, Derby South

"More people may be applying for more benefits, which, again, is draining the country" – Female, 40s, Cities of London and Westminster

These sentiments can sometimes be harnessed as the basis of negative narratives about welfare dependency – or policies to that effect. Conversely, we find that this could be the basis of a more positive framing, seeing health as a shared national mission where everyone contributes and benefits from a collective effort to 'get the NHS back on its feet' and 'get our economy moving again'. Policymakers could appeal to voters' sense of civic responsibility and pride in national institutions like the NHS, as well as to the personal benefits of improved access to services and impacts on taxation.

Importantly, these collective efforts would need to emphasise proportionate roles for government and business, alongside individuals and communities.

Focus on tangible, immediate benefits at the household-level

Polling and focus groups alike pointed to a sense that 'nothing ever changes', and that the government neither has the ability or desire to make policies that change lives in ways voters can see and feel.

In our poll – far from concerns about limits to personal freedoms – the public's top concern about the government introducing new health initiatives was that they wouldn't be effective. In focus groups, people frequently expressed distrust in the government, citing 'waste' of taxpayer resources and 'empty' promises. This seemed to reflect a broader idea that they couldn't see what government spending or policy commitments were tangibly contributing to. Policies that were proactively raised in complimentary terms – such as plain packaging for cigarettes or the sugar tax – were those which had had a significant and visible impact on everyday products.

Taken together, this suggests that policymakers should make the everyday impact of policies much more readily apparent. People want to understand the 'offer' from policies, whether that is lower prices on healthy products in the supermarket, guaranteeing paid sick leave and the right to switch off from work emails at night, or giving renters the power to demand quick action on damp and mould.

It may also imply that they should be bolder in their policy choices - prioritising policies that have the potential to be contentious but have a significant, practical impact - with the voting public likely to reward parties who can actually make change happen.

Frame in terms of creating 'a level playing field'

This work has shown the nuanced relationship between individuals' own responsibility for their health, and that of other actors – from government to business and health services. Individuals accept that they need to make healthy choices, but that those choices are conditioned to a significant degree by the environment around them.

In particular, our focus groups revealed a widespread sense of unfairness that big businesses (particularly in food, drink, and tech) profit from promoting unhealthy habits while individuals are left to pick up the cost. This contributed to a feeling that people were being 'stitched up' by corporate actors, and that the government was doing too little to intervene.

There were not blanket invitations for government intervention across the board, but rather in areas where only the government had the levers and authority to take on powerful forces – from the food industry to irresponsible landlords – or to harness the universal reach of state services like schools and Sure Start.

In short, what the public are looking for is a 'level playing field', where they are protected from the most harmful effects of outside influences and can have a fair shot at making good choices for themselves and their families.

CONCLUSION

This research makes a clear case: the public sees health not as a specialist issue but as a basic condition of a good life. It underpins people's ability to work, care for family, stay financially stable and participate fully in society. And far from resisting government action on health, the public actively expects it.

Across our quantitative and qualitative research, we found that concern about health is high and growing. The NHS is consistently ranked among the top two national priorities, alongside the cost of living. But people also recognise that good health depends on much more than the NHS. They see the impact of poor housing, unaffordable food, insecure work, and mental health pressure and they want these issues treated as part of a joined-up health strategy.

There is no major public anxiety about the so-called "nanny state". More people were concerned about whether policies will work (32%) or raise prices (32%) than impact their personal freedoms (26%), the 6th of 8 potential concerns tested. Even traditionally contentious policies like restricting junk food advertising (65%) or extending smoking bans (61%) attract a secure majority of support. People are looking for impact, not ideology.

Support is especially strong for action in four areas:

- Food and drink regulation: 65% back banning junk food ads in public spaces.
- Workplace health: 71% want employers held to account for staff wellbeing.
- Housing: 80% supported higher housing standards for landlords to ensure better living conditions for tenants.
- Children and schools: 70% want to see more investment in early childhood development and 67% support free school meals for all children in state-funded schools.

Across all these domains, the desire for equal opportunities for individuals to make choices to live a healthy life was a dominant theme. The public does not believe it's reasonable to expect individuals to shoulder total responsibility for their health while companies flood the market with unhealthy options, or when basic necessities like heating and healthy food are increasingly out of reach.

We also found that health policy is a political opportunity, especially for parties that need to build trust with swing voters. Amongst those who voted Labour in 2024 but are now open to Reform, and those who switched from Conservative to Labour since 2019, there are high levels of support for government action on health. However, the Labour-to-Reform group was more consistently aligned with the structural causes of

poor health, suggesting a particularly strong opportunity for parties to retain or win back these voters through visible, practical action.

Messaging matters. While economic arguments have their place, and 77% believe improving health supports economic growth, the strongest narratives are grounded in everyday life, not GDP. The idea that health is essential to a good quality of life resonates across demographics. People want policies that make their lives easier and healthier, not just the economy stronger.

The case for action is clear. The public is ready. What remains is for policymakers to match public appetite with bold, credible, and visible change that improves lives and strengthens the nation's health.

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Policy Support Grid

	All adults	Open to Ref	Open to Lab	Open to Con	Con19 to Lab24	Lab24 Open to Reform
Increasing the minimum pay employees are entitled to receive when they're off sick and making it easier to claim	61% Support 15% Oppose	56% Support 22% Oppose	76% Support 8% Oppose	57% Support 21% Oppose	65% Support 10% Oppose	73% Support 8% Oppose
Allowing individuals with a long-term health problem to keep their disability benefit if returning to employment doesn't work out	63% Support 11% Oppose	60% Support 15% Oppose	75% Support 6% Oppose	61% Support 14% Oppose	65% Support 9% Oppose	70% Support 10% Oppose
Requiring employers to offer flexible working practices to improve employee health	69% Support 9% Oppose	62% Support 13% Oppose	81% Support 5% Oppose	64% Support 13% Oppose	88% Support 5% Oppose	76% Support 4% Oppose
Increasing the use of Fair Work Charters, where employers publicly commit to taking steps to building fair working environments	64% Support 6% Oppose	60% Support 9% Oppose	76% Support 3% Oppose	63% Support 10% Oppose	71% Support 3% Oppose	79% Support 3% Oppose
Greater government investment in community infrastructure e.g. youth centres, leisure facilities	75% Support 4% Oppose	72% Support 6% Oppose	82% Support 3% Oppose	72% Support 5% Oppose	85% Support 2% Oppose	80% Support 2% Oppose

Stricter advertising restrictions on unhealthy products (e.g. junk food) in public spaces	65% Support 10% Oppose	62% Support 14% Oppose	72% Support 8% Oppose	67% Support 10% Oppose	65% Support 11% Oppose	67% Support 9% Oppose
Extending smoking bans to more public spaces, such as outdoor dining areas or parks	61% Support 19% Oppose	54% Support 27% Oppose	71% Support 14% Oppose	63% Support 18% Oppose	67% Support 16% Oppose	65% Support 15% Oppose
Higher housing standards for landlords to ensure better living conditions for tenants	80% Support 4% Oppose	77% Support 5% Oppose	84% Support 4% Oppose	78% Support 6% Oppose	88% Support 1% Oppose	81% Support 5% Oppose
More government investment into early childhood development programmes like Sure Start or family hubs to support families	70% Support 6% Oppose	64% Support 9% Oppose	82% Support 3% Oppose	67% Support 7% Oppose	73% Support 3% Oppose	81% Support 1% Oppose
Free school meals for all children in state-funded schools	67% Support 15% Oppose	62% Support 20% Oppose	77% Support 9% Oppose	62% Support 21% Oppose	75% Support 7% Oppose	75% Support 7% Oppose
Removing the two child benefit cap, which limits child tax credit and universal credit payments to the first two children in a family	44% Support 27% Oppose	39% Support 36% Oppose	56% Support 18% Oppose	43% Support 31% Oppose	50% Support 28% Oppose	54% Support 20% Oppose