

Public perceptions of health and social care

What the new government should know

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Errors and omissions remain the responsibility of the authors alone.

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Key points

- Health and social care services are under extreme strain and improvements in life expectancy are stalling. As the new prime minister sets out her agenda for government, understanding what the public thinks should inform policy.
- This report examines public perceptions and expectations of health and social care in the UK in 2022 as the country learns to ‘live with COVID-19’. It highlights findings from the second survey in our programme of public perceptions research that tracks the public’s views on health and social care in the UK every 6 months.
- Our latest survey was conducted between 26 May and 1 June 2022. We surveyed 2,068 people aged 16 years and older in the UK using a random probability online panel – the gold standard in survey research.
- The public is pessimistic about the state of the NHS. The majority (55%) think the general standard of care has got worse in the past 12 months. Expectations for the next 12 months are slightly less pessimistic than 6 months ago: 39% think NHS standards will worsen, while 22% expect standards to improve. Less than half think the NHS is providing a good service nationally (43%) or locally (42%).
- Just 13% think their government has the right policies for the NHS. But the public points to priorities for future policy: reducing waiting times for routine hospital treatment and expanding and supporting the workforce are their top priorities for the NHS. The public supports a mix of measures to fix NHS staffing issues, even if they mean extra public spending.
- The public is also pessimistic about adult social care. The majority (56%) think standards have got worse over the past 12 months. Looking ahead, 43% think standards will deteriorate further. Only 15% of the public thinks social care services in their local area are good, while 31% disagree.
- After the Health and Social Care Levy came into effect – a 1.25 percentage point increase in national insurance contributions to help fund the NHS and social care – 52% of the public still supports the levy, while 23% oppose it. The strongest support (68%) for the levy is found among Conservative voters.
- The public wants a better health service, not a different health system. 77% believe, ‘The NHS is crucial to British society and we must do everything to maintain it.’ And they back additional spending to support it: 71% think greater government investment in the NHS is necessary over and above new funds raised through the levy.

- The public is deeply concerned about the impacts of rising costs of living on the nation's health. 57% think rising living costs are a high or very high threat to the health of UK citizens. 72% believe overall health and wellbeing has declined in the past 12 months.
- A minority believe the government is effectively addressing the leading risk factors for ill health. Fewer than 1 in 5 people believe the government is working effectively to improve physical activity (19%), improve diets (17%), reduce alcohol-related harm (16%) and reduce obesity (14%).
- Overall, our analysis shows high levels of concern among the public about the standards of NHS and social care services. It also reflects the public's anxieties around the cost-of-living crisis and the threat this poses to health. It is hard to see how the new prime minister can reconcile her commitments to cut taxes and shrink the state with addressing the concerns of the public. Failing to do so risks leaving the government out of step with the public as we head towards the next general election.

Introduction

The challenges facing the new prime minister

The UK has a new prime minister, but the problems facing health and social care are all too familiar. Waiting lists for routine hospital treatment in England are long and growing – reaching 6.7 million by June 2022.¹ Pressures on emergency departments are severe² and people are finding it harder to access their GP practice.³ The NHS is trying to meet these pressures with an exhausted and overstretched workforce while managing the ongoing impact of COVID-19.⁴ Vacancies in NHS trusts are now around 132,000 and staffing gaps are projected to grow.⁵

Public satisfaction with the health service has fallen to a 20-year low.⁶ By the end of 2021, the ‘grace period’ of widespread support for the NHS and its staff during the pandemic^{7,8} had been replaced by a more pessimistic outlook.⁹ Public satisfaction fell across all NHS services – from emergency care in hospitals to general practice and dentistry.⁶

Satisfaction with social care is even lower.⁶ Early in the pandemic, high numbers of deaths in care homes and the impossible pressures on care workers put the sector in the spotlight. This spotlight has dimmed, yet social care remains under extreme strain from chronic underfunding¹⁰ and widespread staff shortages, leaving many people without the care they need.^{11,12} These pressures are less visible than in the NHS, but are no less severe – and challenges in both systems interact to cause escalating problems for people using and providing services. COVID-19 has made these problems worse, but their causes are longstanding – including a decade of austerity in public spending, political neglect of adult social care, and limited health system capacity, such as staff, beds and equipment.

The 2019 general election gave Boris Johnson’s government a substantial majority to deliver on pledges¹³ to ‘level up’ the UK, ‘fix’ social care and strengthen the NHS. These manifesto ambitions initially took a backseat to the pandemic response. But since then ministers have produced policy at frenetic pace – with white papers on the health service,¹⁴ social care,¹⁵ integration of care¹⁶ and levelling up,¹⁷ alongside the biggest shake-up¹⁸ of the NHS in England in a decade. Yet Liz Truss inherits a health and care system in crisis and widening health inequalities.^{19,20} The task facing the new prime minister and her government is significant. As the Truss government sets out its agenda on health and social care, understanding what the public thinks should inform policy.

About this report

This report presents findings from the second survey in our programme of research into public perceptions of health and social care, delivered in partnership with Ipsos. Every 6 months, we poll a representative sample of the UK public using the UK KnowledgePanel – Ipsos’ random probability online panel.

The report covers public perceptions of health policy and performance in five areas: the NHS, social care, NHS and social care funding, public health, and the government’s handling of the COVID-19 pandemic. The final section discusses the implications of our findings for national policy.

Unless stated otherwise, all findings reported are for the UK overall. Given the recent change in UK prime minister, our discussion of implications at the end of the report focuses mainly on what our analysis means for policymakers in England, as health policy in the UK is devolved to politicians in Scotland, Wales and Northern Ireland.

Methods

The UK KnowledgePanel has over 18,000 panellists who are recruited using random probability address-based sampling, the gold standard in survey research. This means that every household in the UK has a known chance of being selected to join the panel. Invited members of the public who are digitally excluded can register to the KnowledgePanel either by post or by telephone, and are given a tablet, an email address and basic internet access allowing them to complete the online survey.

A total of 3,600 respondents were invited to take part in the survey. The sample was reviewed on key demographics to ensure a balanced sample was selected. Weighting was applied to the data to ensure the survey results are as representative of the UK population as possible. A total of 2,068 respondents completed the survey, representing a response rate of 57%. Further details about the methodology and the UK KnowledgePanel are provided in the accompanying Ipsos report.²¹

The survey was conducted between 26 May and 1 June 2022. Fieldwork started on the day the Sue Grey report into ‘partygate’ was published and was completed before the platinum jubilee and Boris Johnson’s resignation as prime minister. The NHS waiting list in England had recently reached yet another record high, with reports of severe pressures on ambulance services and A&E departments.²²

Throughout the report, we highlight differences between different subgroups of respondents where these are relevant to the question and statistically significant at the 95% confidence interval. We also analyse changes in results from our previous survey, conducted in November 2021,²³ and other surveys using comparable methods. Comparisons of results to surveys conducted before July 2021 are only indicative – all used a different geographical sample (Great Britain instead of the UK) and age range (18 years and older instead of 16 years and older), with different methods for surveys undertaken prior to March 2021 (telephone omnibus rather than online KnowledgePanel).

The NHS

The early months of the pandemic shifted public perceptions of the NHS. There was an enormous outpouring of public support for the health service – essentially, a ‘grace period’ with high levels of satisfaction,²⁴ despite the widespread postponement of routine treatment. Compared with other countries globally, the British public is relatively positive about the quality of our health care,²⁵ but also the most likely to think the health system is overstretched.

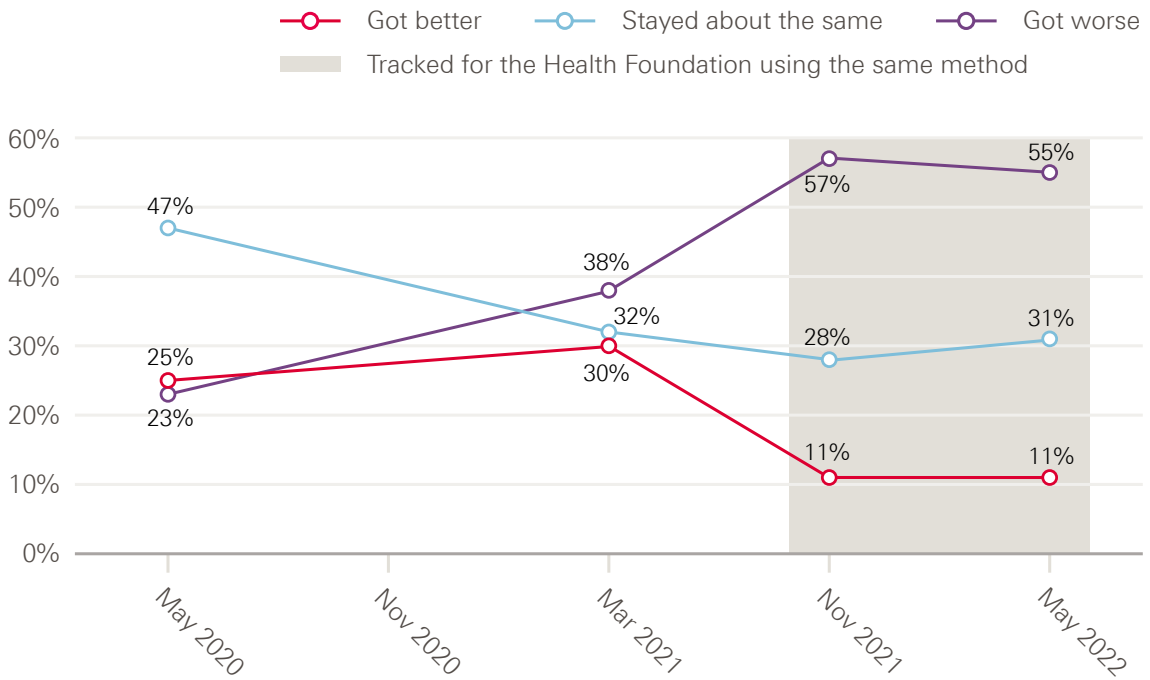
Public views on the standard of NHS care over the past 12 months reflect the lingering impacts of COVID-19

More than half (55%) of the public thinks the general standard of care provided by the NHS has got worse over the past 12 months, while 31% think it stayed about the same (Figure 1a). This is broadly unchanged since November 2021. People with experience of using the health service during this time are similarly negative. Compared with the rest of the UK, those living in Northern Ireland are more likely to think standards of care have deteriorated (74%).

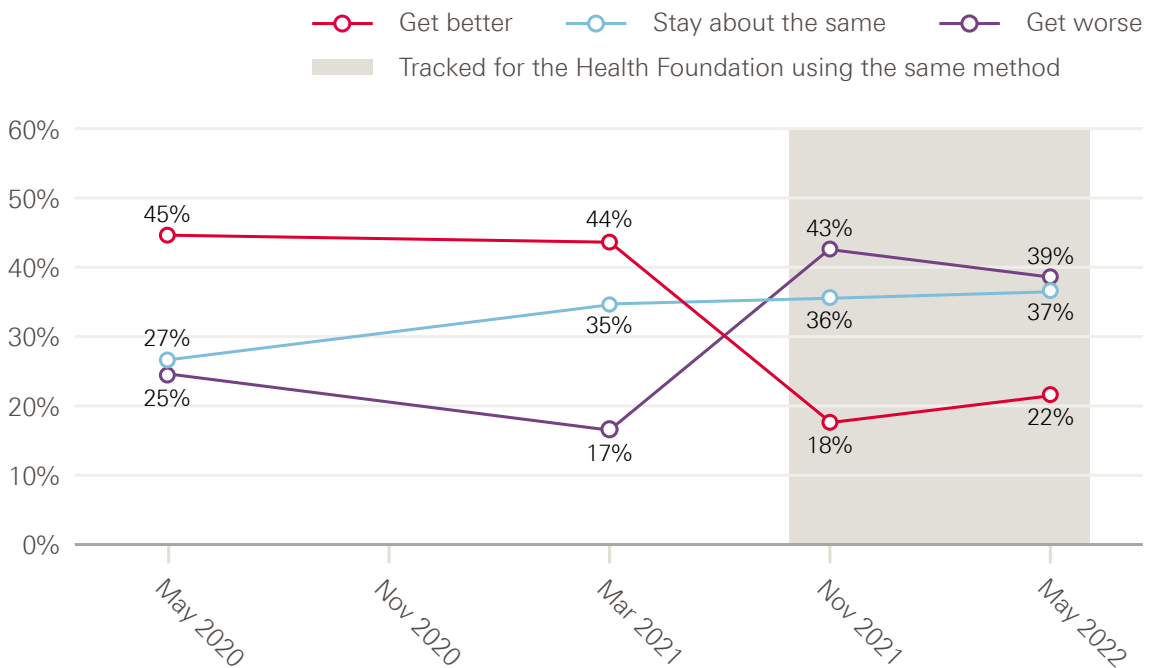
The public is most likely to think the pressure on or workload of NHS staff (78%), waiting times for routine services (77%) and the wellbeing of NHS staff (70%) have worsened over the past 12 months. People are less likely to believe the standards of care at their local hospital (36%) or GP practice (50%) have deteriorated – although those in the most deprived areas are more likely to think standards at their GP practice have got much worse (27% compared to 21% overall). Compared with the rest of the UK, people living in Northern Ireland are again more likely to have a negative perception: 49% and 69% respectively think care at their local hospital and GP practice has declined.

Figure 1a and 1b: Perceptions about NHS standards over the last 12 months remain negative, but people are slightly more positive about the future

Do you think the general standard of care provided by the NHS over the last 12 months has...?



And looking towards the future, do you think the general standard of care provided by the NHS over the next 12 months will...?



Source: Ipsos survey commissioned by the Health Foundation, 2022. Conducted online via KnowledgePanel UK between 26 May and 1 June 2022. Bases: The Health Foundation COVID-19 survey, May 2020: 1,983* | KP survey, March 2021: 3,488 | Nov 2021: 2,102 | May 2022: 2,068

* Please note that findings from May 2020 were collected using a different methodology and so comparisons should be treated with caution. Findings for March 2021, November 2021 and May 2022 were collected using the same methodology and can be directly compared.

Staffing and waiting times remain the biggest concerns for the next 12 months

Looking ahead, the public is slightly more optimistic about how the general standard of NHS care may change over the next 12 months. Similarly, people are likely to think standards will worsen (39%) or stay about the same (37%), but only around 1 in 5 (22%) expect standards to get better (Figure 1b). Compared with the rest of the UK, those in Northern Ireland are again more pessimistic: 67% expect standards to get worse and only 8% expect an improvement.

Staffing and waiting times remain the public's biggest concerns for the year ahead. People expect the pressures on NHS staff (61%), waiting times for routine services (56%), and waiting times for A&E (53%) to worsen over the next 12 months. The public is less likely to think the standard of care at their hospital (35%), the standard of care at their GP practice (36%) and access to GP services (46%) will deteriorate. People in Northern Ireland are the most pessimistic about all aspects of NHS care compared with other UK countries – with more expecting further deteriorations in waiting times for routine services (75%), pressure or workload on NHS staff (74%), and waiting times for A&E (69%).

Public expectations for the year ahead are broadly at a similar level as before the pandemic.^{26,*} Compared with 6 months ago, people are slightly more likely to be optimistic about the year ahead. This may be a tentative sign that expectations are starting to rise – if people perceive that the worst of the pandemic has passed, then standards should improve (the public is largely unconcerned about the end of COVID-19 restrictions – see section on the government's handling of the pandemic). However, the pressures on the NHS are extremely high, and people are still more likely to think standards will deteriorate than rise.

National and local NHS services are seen as equally poor

With major backlogs of treatment, many people are still experiencing delays to their care and difficulties in accessing health services. Perceptions of how well NHS services are performing are divided and similar to November 2021. A little over 2 in 5 think the NHS is providing a good service nationally (43%) and locally (42%), while around one-third think the NHS is not providing a good service nationally (35%) or locally (33%).

In the past, the public consistently had more favourable views of how local services were performing than the NHS overall.²³ This 'perceptions gap' suggests views of local services may be more heavily influenced by experience (directly or via family and friends), while views on national performance may be more influenced by media coverage. This gap has now disappeared, which may suggest people are having poorer experiences of local services that more closely reflect what they hear about the NHS nationally through the media.

* Note that findings from 2017 and 2019 were conducted via a different methodology to November 2021 and May 2022, so comparisons are indicative only.

Few think their government has the right policies for the NHS, but the public still firmly believes in the NHS as an institution

Only around 1 in 10 (13%) think their government has the right policies for the NHS and nearly two-thirds (63%) disagree. People living in Scotland and Wales are more likely to agree the Scottish and Welsh governments have the right policies for the NHS (27% and 22% respectively). Those in England have less confidence in the UK government, as almost two-thirds (66%) disagree government has the right policies for the NHS (compared with 49% in Scotland and 40% in Wales). These findings remain broadly unchanged since November 2021.

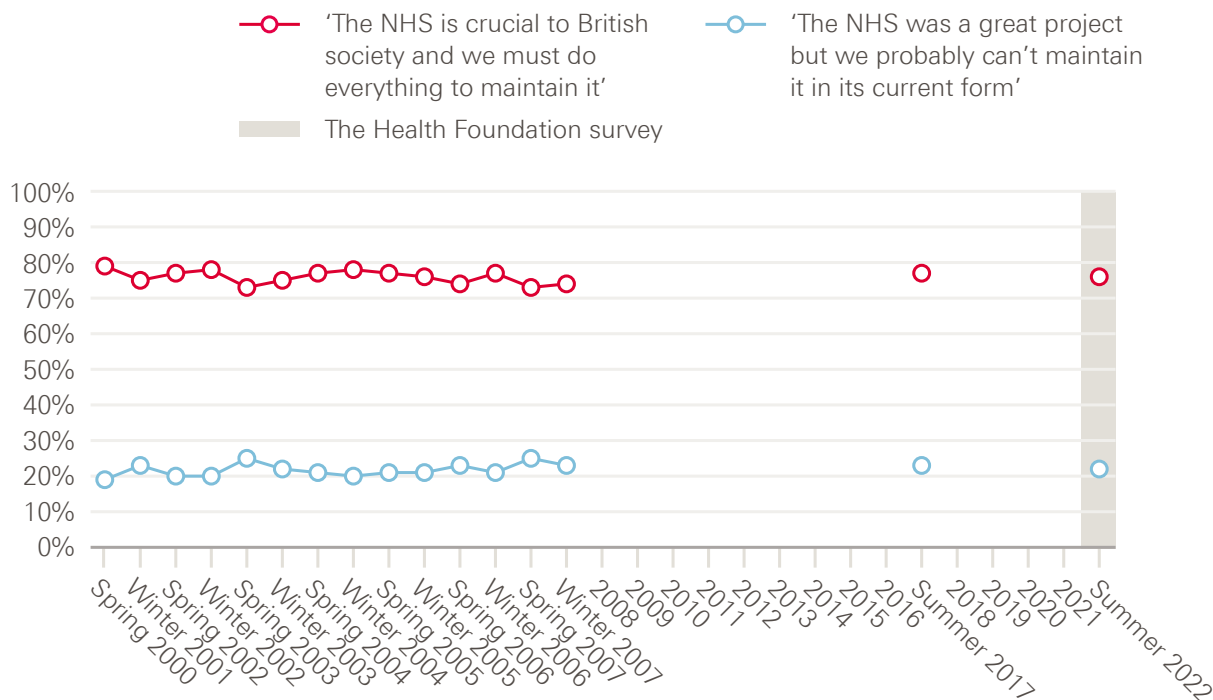
13%

think their government has the right policies for the NHS

But a lack of confidence in government policy has not translated into demand for radical change to the NHS model. Over three-quarters of the public (77%) believe: 'The NHS is crucial to British society and we must do everything to maintain it' (Figure 2). Support for the NHS as an institution has been strikingly consistent over the past 20 years. The public in England is as likely to agree the NHS is crucial to British society as it was between 2000 and 2007, although comparisons with historical data are only indicative due to methodological changes. Our November 2021 survey also found that the vast majority continue to support a health service that is free at the point of delivery (89%), providing a comprehensive service available to everyone (88%), and funded primarily through taxation (85%).

Figure 2: The vast majority think ‘the NHS is crucial to British society and we must do everything to maintain it’

Which of the following statements best reflects your thinking about the NHS?



Source: Spring 2000 – Winter 2007: Ipsos MORI/Department of Health Perceptions of the NHS Tracker, Adults aged 16+ in England, face-to-face, c 1,000 per wave | Summer 2017: Conducted via face-to-face omnibus for The King’s Fund n=c 1,000. Summer 2022: Conducted online via KnowledgePanel UK between 25 May and 1 June, 2022. England participants n=1,622

Note: 2022 data are not directly comparable as previous polls were done via a different methodology; comparisons should be taken as indicative only.

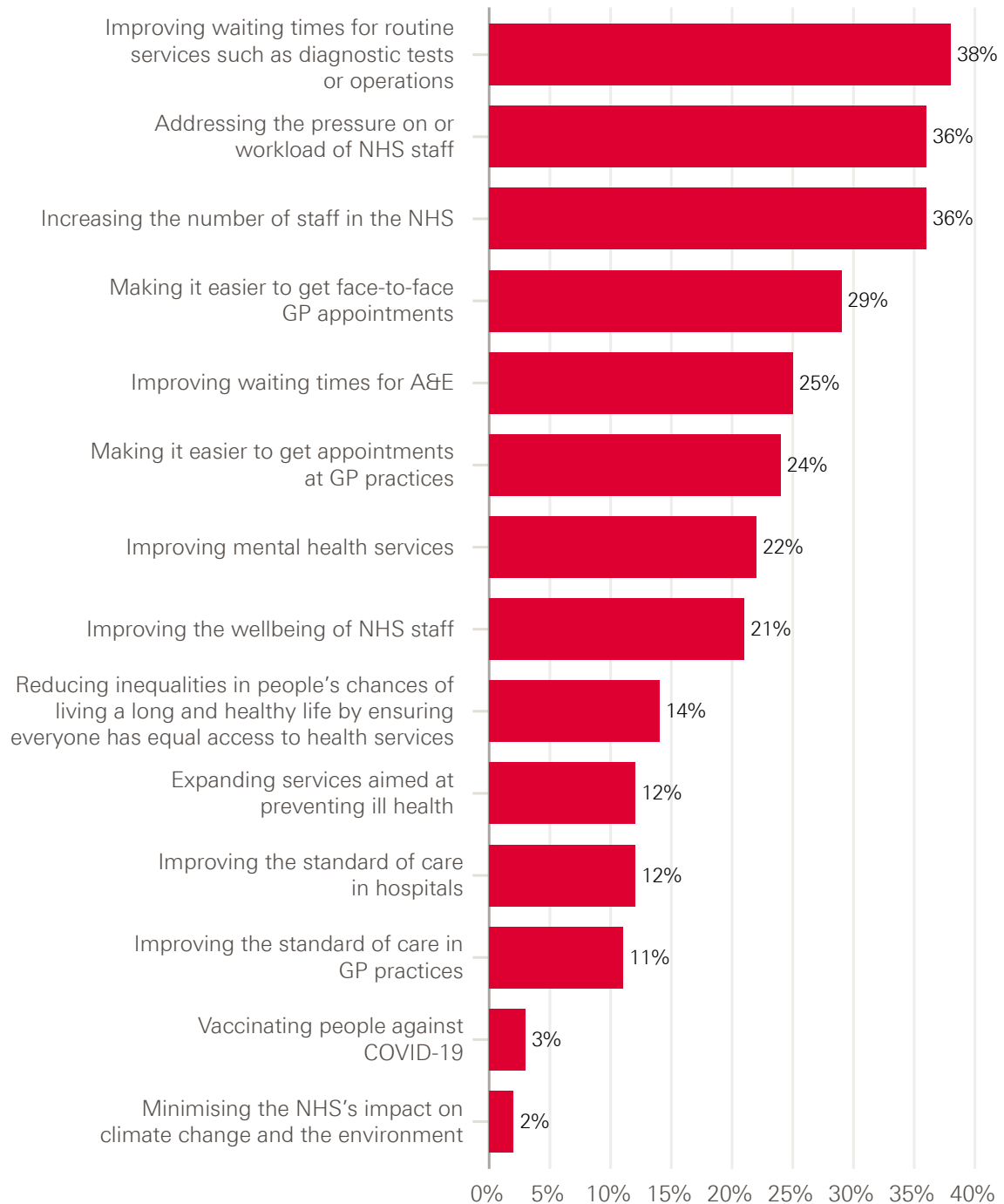
Despite frustrations with access to and quality of NHS care, most of the public is unlikely to use private health care. A quarter (25%) of the public indicate that they are likely to pay for private health care if needed, and a further 13% already do. Household income is a significant indicator of likelihood to pay for private health care, with those earning up to £25,999 and between £26,000 and £50,000 being more unlikely to pay (62% and 56% respectively, compared with 51% overall). These results are similar to November 2021.

Waiting times and workforce challenges are the public’s top priorities for the NHS

The public’s top priorities for the NHS are improving waiting times for routine services (38%), addressing the pressure on or workload of NHS staff (36%) and increasing the number of staff in the NHS (36%) (Figure 3). Priorities are broadly in line with results from November 2021, though more cite waiting times in A&E as a priority (up from 20% to 25%) and fewer cite vaccinating people against COVID-19 (down from 18% to 3%).

Figure 3: Waiting times and workforce remain the public's top priorities for the NHS

When it comes to the NHS, which two or three of the following do you think should be prioritised?



Source: Ipsos survey commissioned by the Health Foundation, 2022. Conducted online via KnowledgePanel UK between 26 May and 1 June 2022. Base: 2,068

These results are also broadly consistent with public views of the biggest problems facing health care systems in other countries, although people in the UK were more likely to highlight staff shortages, lack of investment and long waiting times.²⁵

External events may affect changes in public priorities. Media coverage of the sustained pressures on urgent and emergency care may help to explain why more people prioritise improving waiting times for A&E. By contrast, the high-profile booster campaign in response to the Omicron variant and subsequent fall in concerns about the pandemic may account for why fewer prioritise vaccinating people against COVID-19 than 6 months ago. This could pose difficulties for future vaccination campaigns – such as the autumn booster and flu vaccine drive²⁷ announced in July 2022.

The public wants to see the most urgent elective care patients prioritised over those who have waited longest

With 6.7 million¹ people on the waiting list for routine hospital treatment in England alone, it is unsurprising that waiting times are now the public's top priority for the NHS.

NHS staff are making major efforts to restore services to pre-pandemic levels of activity. The UK government announced additional funding²⁸ last year and the NHS in England,²⁹ Scotland,³⁰ Wales³¹ and Northern Ireland³² have all published plans to recover elective services. However, waits are expected to get worse before they get better, while those waiting for treatment are likely to experience inconvenience, anxiety, pain and discomfort while they wait – as well as potential consequences for their health.

While health services have been asked to stratify patient waiting lists by clinical urgency, the policies and specific commitments made by the UK government focus on eliminating the longest waits for elective care. For example, the NHS in England has recently met its target to essentially eliminate waits over 2 years by July 2022,³³ and is now working towards ending waits of over 18 months by April 2023 and over 52 weeks by March 2025. NHS Wales aims to eliminate waits of longer than 2 years in most specialties by March 2023.³¹

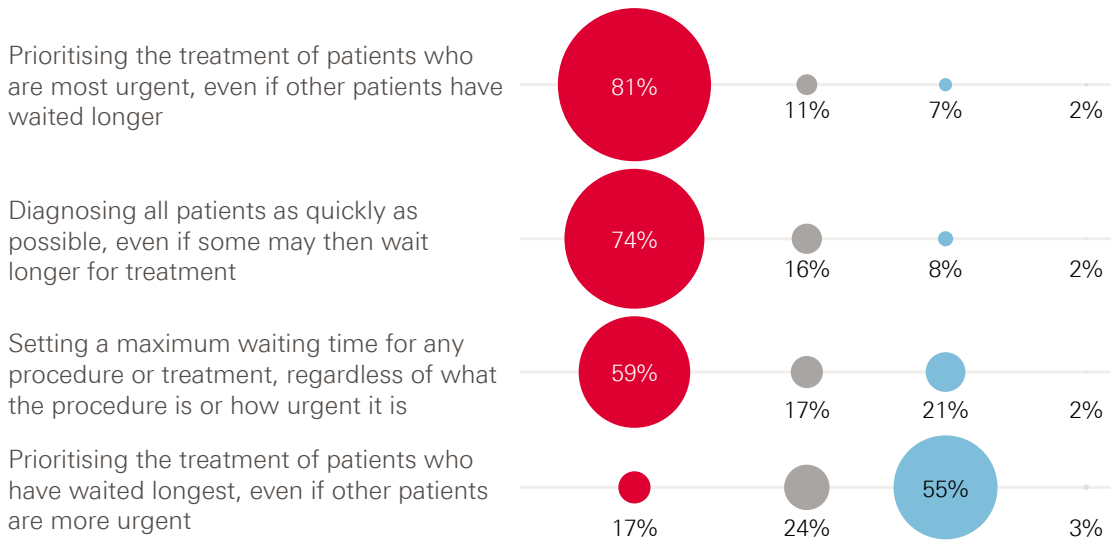
However, when considering who should be prioritised for treatment, the public overwhelmingly supports prioritising the most urgent patients even if others have waited longer. Just 17% of people support prioritising the treatment of those who have waited longest, even if other patients are more urgent (Figure 4).

Figure 4: The public supports prioritising the most urgent patients on the waiting list, over those who have waited longer

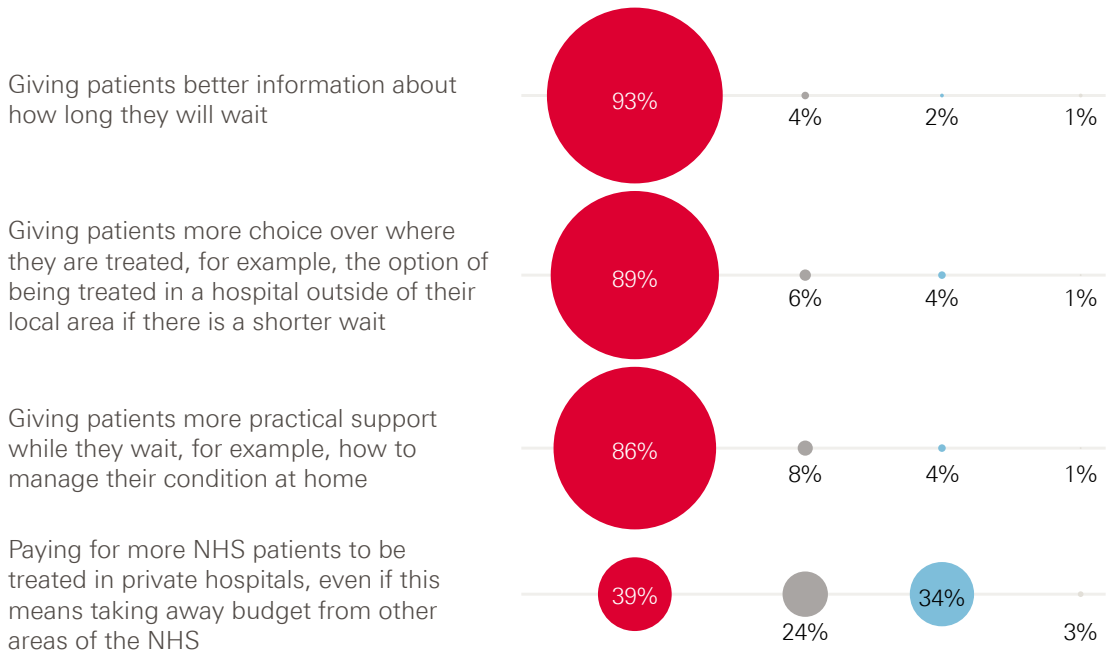
To what extent do you support or oppose each of the following approaches to managing the current backlog?

● Support ● Neither support nor oppose ● Oppose ● Don't know

Priorities for diagnosis and treatment



Measures for addressing the backlog and supporting patients



Source: Ipsos survey commissioned by the Health Foundation, 2022. Conducted online via KnowledgePanel UK between 26 May and 1 June 2022. Base: 2,068

There is strong support for giving patients better information about how long they will wait (93%), more choice over their place of treatment (89%) and more practical support while they wait (86%).

The independent sector provided additional capacity to support the NHS throughout the pandemic. The elective recovery plan for England expects a stronger relationship with the independent sector as part of its efforts to tackle the backlog. However, concerns about value for money³⁴ were raised before the latest agreement with the independent sector, and the public is split on whether the NHS should be paying for more patients to be treated in private hospitals. While 39% supported this measure (even if this means taking away budget from other areas of the NHS), 34% opposed it.

Proposals to address workforce shortages are widely supported

Addressing the pressure on staff and increasing the number of staff are two of the public's top three priorities for the NHS.

NHS staff shortages stood at around 100,000 before COVID-19. The pandemic has taken a significant physical and mental health toll on NHS staff and absences have been widespread. A workforce strategy for the NHS is desperately needed, but its publication has been repeatedly delayed. Meanwhile, the staffing crisis across the NHS is deepening – with staff gaps at around 132,000 in NHS trusts and projections⁵ suggesting crippling shortages by the end of the decade without significant policy action.

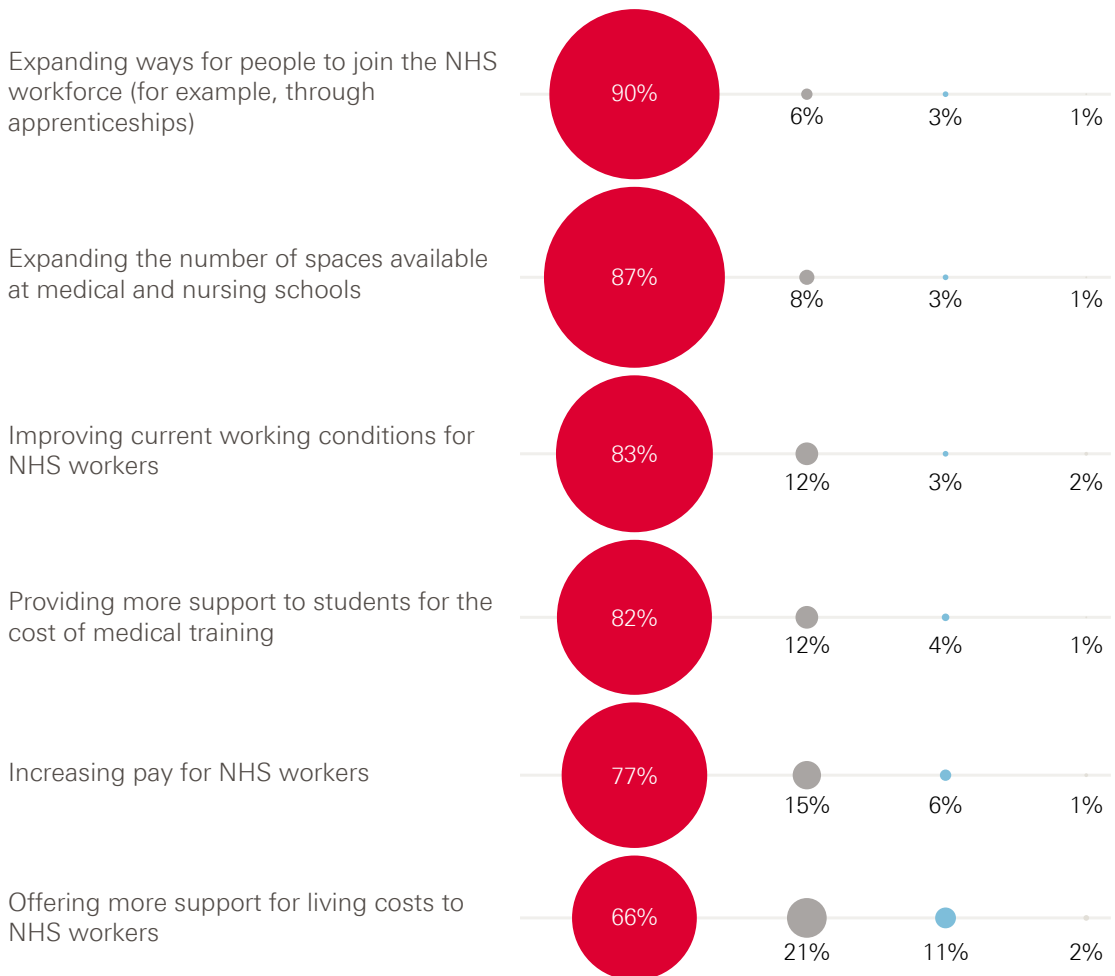
There is strong public support for a range of measures to address staffing problems, even if they require an increase in funding for the NHS that may lead to tax rises for individuals.

Figure 5: People support many ways to expand the NHS workforce

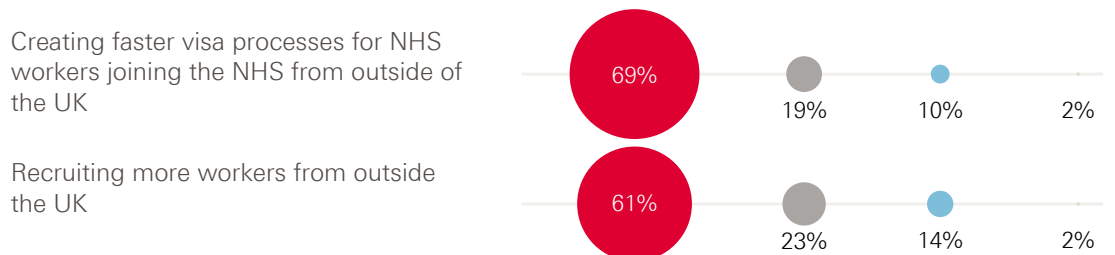
The NHS is currently facing major staff shortages. Below are some actions that could be taken to increase the number of staff in the NHS. To what extent do you support or oppose each of the following measures as a way of addressing current workforce shortages...?

● Support ● Neither support nor oppose ● Oppose ● Don't know

Measures that would require an increase in funding for the NHS, which may lead to more taxes for individuals



Measures that would require changes to current UK immigration policies



Source: Ipsos survey commissioned by the Health Foundation, 2022. Conducted online via KnowledgePanel UK between 26 May and 1 June 2022. Base: 2,068

The public overwhelmingly supports measures that create opportunities for new people to join the NHS workforce – expanding ways for people to join the workforce (90% support) and expanding the number of spaces available at medical and nursing schools (87%) (Figure 5). There was also majority support for measures targeted at improving retention among the current NHS workforce, such as improving working conditions (83% support), increasing pay (77%) and offering support for living costs (66%).

The public is slightly less supportive of measures focused on expanding international recruitment – though the majority (61%) still support recruiting more workers from outside the UK and 69% support faster visa processes for NHS workers, even if these require changes to current immigration policies. The public clearly wants to see the NHS workforce prioritised and would support a broad strategy for boosting staffing numbers and improving retention.

Problems accessing appointments are seen as the biggest challenges facing general practice

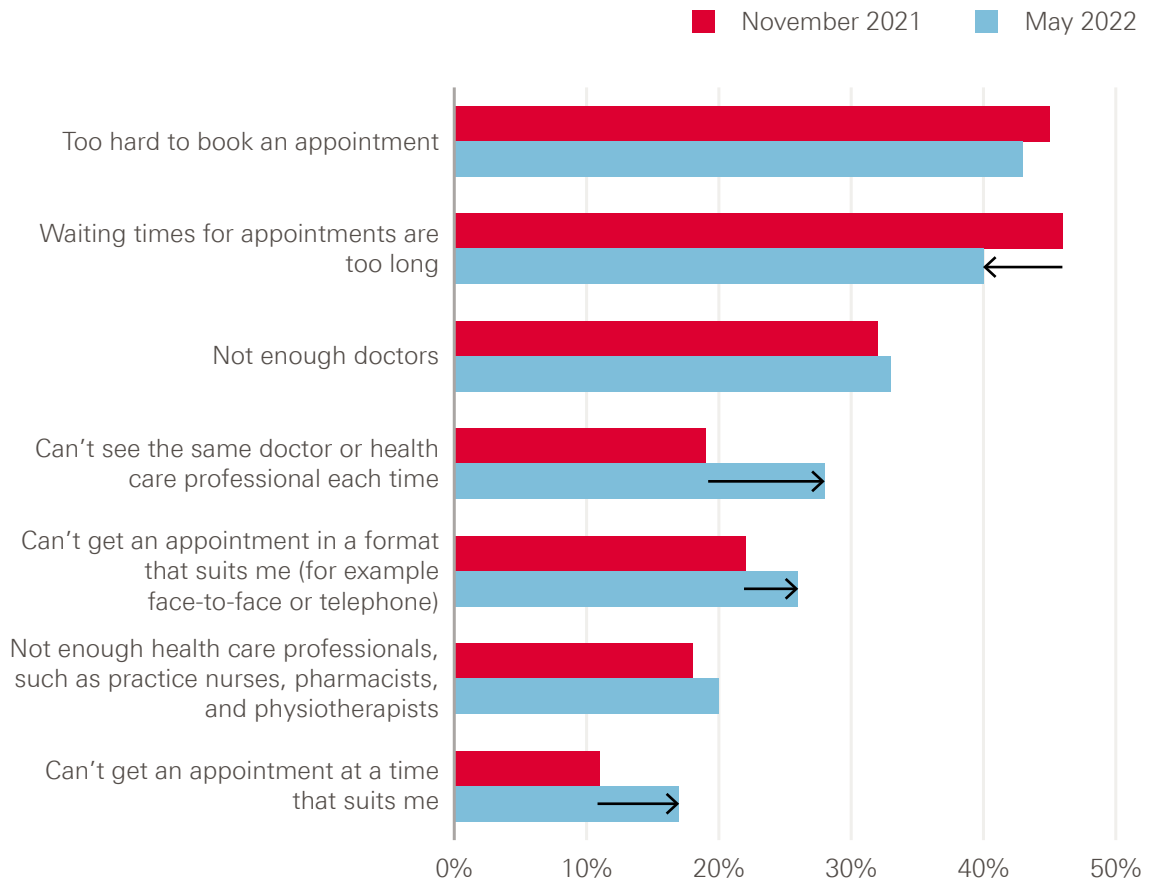
General practice is affected by substantial staffing shortages⁵ and public satisfaction⁶ is at an all-time low. Government made a manifesto commitment to create an extra 50 million GP appointments a year and general practice is delivering record appointment numbers.³⁵ But people's experience of accessing general practice is worsening.³

Although fewer people see long waits for an appointment as a challenge for general practice compared to 6 months ago (40% compared with 46%), it is still seen as the second biggest challenge after 'difficulties booking appointments' (43%) (Figure 6). Other issues in general practice have since become more pressing. There have been significant increases in people who think the biggest challenges are not being able to see the same doctor or health care professional each time (28%, up from 19%), not getting an appointment in a suitable format (26%, up from 22%) and not being able to get an appointment at a suitable time (17%, up from 11%).

In response to concerns about the sharp reduction in face-to-face appointments during the pandemic,³⁶ government published a plan to improve GP access in England in October 2021.³⁷ Debates about access often focus on face-to-face appointments and how quickly people can see a GP. But data suggest that access challenges are more complex: Health Foundation analysis found that only 10% of patient care requests made to GP practices indicated a preference for a face-to-face consultation.³⁸ And NHS Digital data for March 2022 show that nearly half of GP appointments took place on the same day they were booked.³⁹ Our survey suggests a rounded approach to understanding access problems – that considers factors such as continuity of care and convenience alongside the speed and format of appointments – may be needed.

Figure 6: People perceive getting an appointment as the biggest challenge facing GP practices

In your opinion, what are the biggest challenges currently facing your local GP practice?



Source: Ipsos surveys commissioned by the Health Foundation, 2022. Conducted online via KnowledgePanel UK between 26 May and 1 June 2022 and 25 November and 1 December 2021. Bases: 2,101 November 2021 | 2,068 May 2022. Arrows indicate a statistically significant change from November 2021, all other results are within the margin of error.

Awareness of the NHS's 'net zero' ambition has increased, but stays low

The NHS in England is committed to achieving net zero by 2040 for the emissions it directly controls. The NHS in Scotland and Wales have set similarly ambitious goals. We first surveyed the public on their views around the NHS net zero policy in July 2021.⁴⁰ Since then, government published a national net zero strategy,⁴¹ the UK hosted the COP26 climate talks, and the NHS net zero aim in England was given a statutory basis in the Health and Care Act 2022.⁴²

Public awareness of the NHS net zero aim is currently low at 23%, but this is a substantial increase from July 2021 (13%) with a particularly notable increase in Scotland (from 13% to 30%). Awareness has also grown significantly among those who work in the NHS – almost half (48%) are now aware, up from 27%.

When explained, the public broadly supports the NHS net zero aim. Nearly two-thirds (64%) support the policy and just 10% oppose it. Support has dropped slightly since July 2021 (70%), suggesting greater awareness has not translated into stronger support.

Policymakers will be encouraged that the NHS's net zero aim is gaining profile and maintains majority backing. But with less than half of the public (46%) believing the NHS has a responsibility to reduce its impact on climate change, and only around a fifth (19%) thinking that the NHS should make reducing its impact on climate change a top priority, there is still work to be done in making the case to the public for why this policy matters.

Social care

Social care was in crisis before the pandemic, following years of underfunding, understaffing and market fragility. COVID-19 magnified these problems,⁴³ with devastating consequences for people who use and provide services.

One of Boris Johnson's first pledges as prime minister in 2019 was to 'fix the crisis in social care once and for all'⁴⁴ and government's flagship social care reform – the social care cap in England – was announced in September 2021. Under the policy, the amount anyone will need to spend on personal care during their lifetime will be capped at £86,000 from October 2023. But last-minute changes made the policy less fair and generous for people with lower levels of wealth, and reduced protection against high care costs.⁴⁵ The reforms also leave major problems in the system unaddressed, including high unmet need, poor terms and conditions for staff, and widespread staff shortages, currently estimated at over 165,000.⁴⁶

The public is still unclear how social care works and is funded

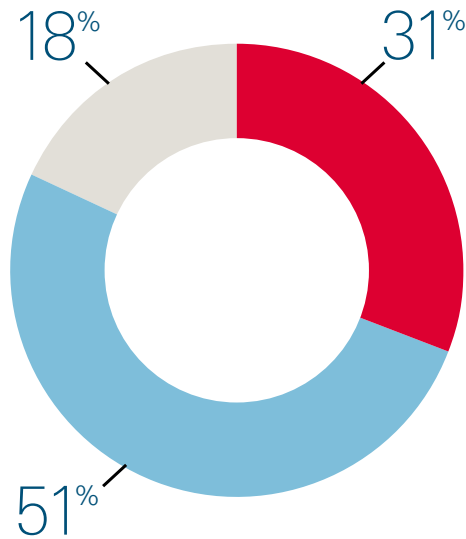
The social care system is not well understood by the public. For this reason, our survey reminded people that social care means services that help people in need of practical support due to illness, disability, old age or other reasons. Research⁴⁷ undertaken in 2018 found people tended to think the social care funding system is more generous than it actually is, with many assuming the service is free at point of use, like the NHS. There are important differences in the way publicly funded social care is accessed across the UK, but in all countries people face both needs and means tests.⁴⁸

A sizeable minority of the public are still unclear about who provides social care and how care is funded. Nearly a third (31%) incorrectly think that the NHS provides the majority of social care services for older people (Figure 7). A further 38% incorrectly think that social care services are generally free at the point of need. There were no significant differences in these perceptions between the UK nations.

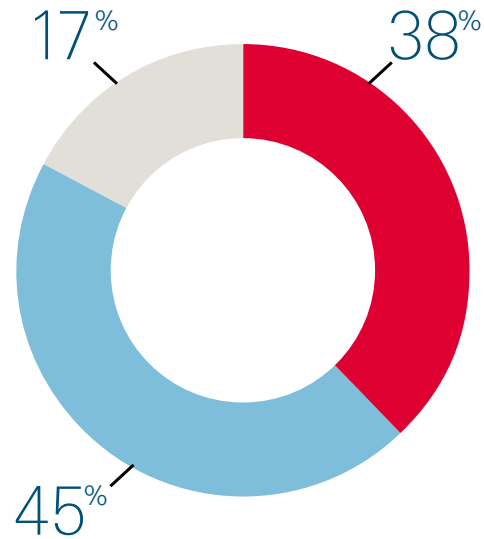
Figure 7a and 7b: Public understanding of how social care is funded and provided remains low

Can you please select whether the following is true or false...?

■ True ■ False ■ Don't know



The NHS provides the majority of social care services for older people



Social care services are generally free at the point of need

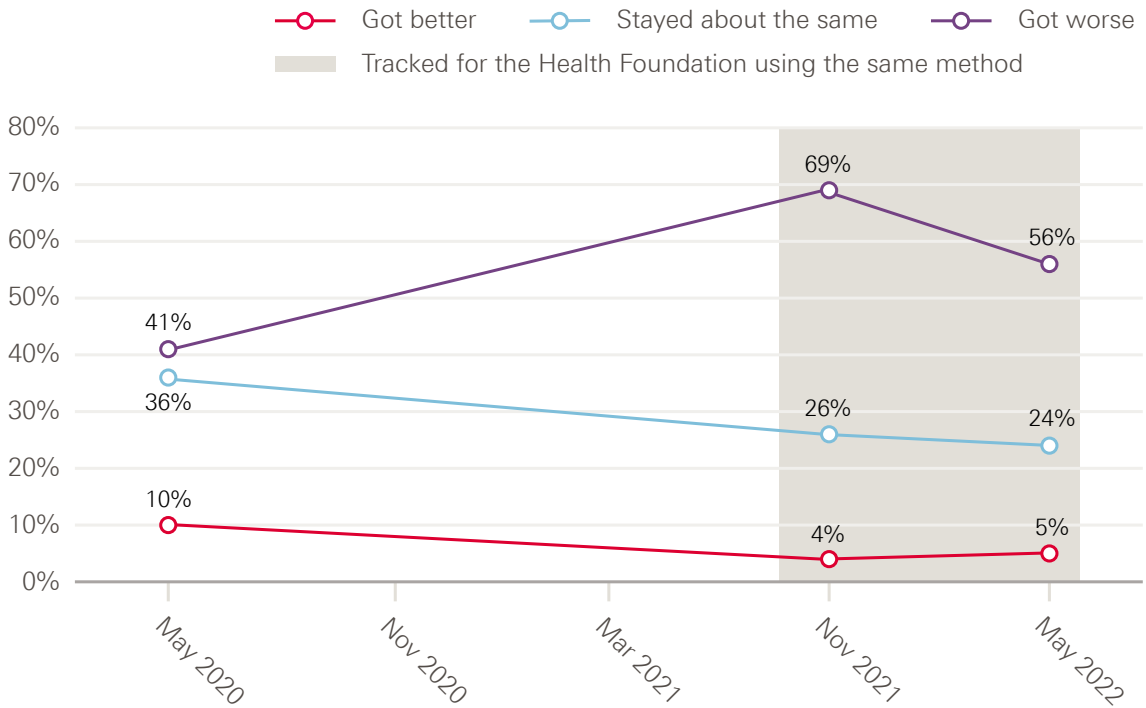
Source: Ipsos survey commissioned by the Health Foundation, 2022. Conducted online via KnowledgePanel UK between 26 May and 1 June 2022. Base: 2,068

Views on the standard of social care over the past 12 months remain negative

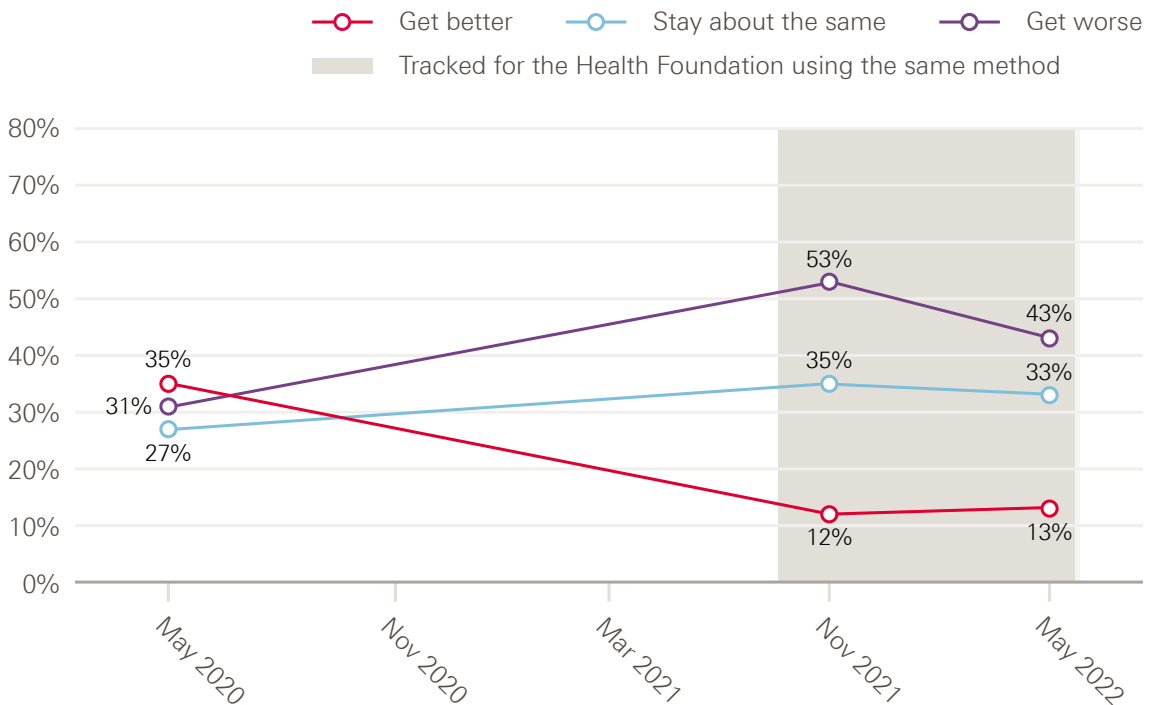
Perceptions of what has happened to the general standard of social care over the past 12 months are negative, but slightly less so than in November 2021. Just over half of the public (56%) think standards got worse over the past 12 months and only 5% think standards improved (Figure 8a). People with experience of using services during this time are less negative (45%), but those from older age groups are more likely to think standards have deteriorated, including 69% of those aged 65–74 years and 64% of those aged 55–64 years.

Figure 8a and 8b: Perceptions of social care remain negative

Do you think the general standard of social care over the last 12 months has...?



And looking towards the future, do you think the general standard of social care over the next 12 months will...?



Source: The Health Foundation COVID-19 survey, May 2020: 1,983* | Ipsos survey commissioned by the Health Foundation. Conducted online via KnowledgePanel UK, Nov 2021: 2,102. | May 2022: 2,068
 * Please note that findings from May 2020 were collected using a different methodology and so comparisons should be treated with caution.

The public is pessimistic about the future of social care and few think government has the right policies

Looking ahead, the public is pessimistic about whether the general standard of social care will improve – but slightly less negative than November 2021. Less than half (43%) think standards will get worse over the next 12 months, while 13% expect standards to get better (Figure 8b). Older age groups are again more pessimistic – around half of people aged 55–64 years (51%) and 65–74 years (48%) think standards will get worse, compared with 23% of those aged 16–24 years.

Despite the government’s plan to cap individual care costs in England, the public remains overwhelmingly unsatisfied with the government’s handling of social care. Fewer than 1 in 10 (8%) think that government has the right policies in place for social care and more than half (59%) disagree. These findings remain largely unchanged from November 2021.

Few think their local social care services are providing good-quality care

Just 15% of the public thinks social care services in their local area are good, while 31% disagree. Views remain broadly unchanged from November 2021. However more of the public (23%, up from 1% in 2021) ‘don’t know’ either way, further confirmation that awareness and understanding of social care is limited.

People who use social care services are more positive about the quality of social care, with 27% agreeing that local services are good and 38% disagreeing. However, people in older age groups are more pessimistic. Only 9% of those aged 65–74 years think local social care services are good, compared with 25% of those aged 16–24 years.

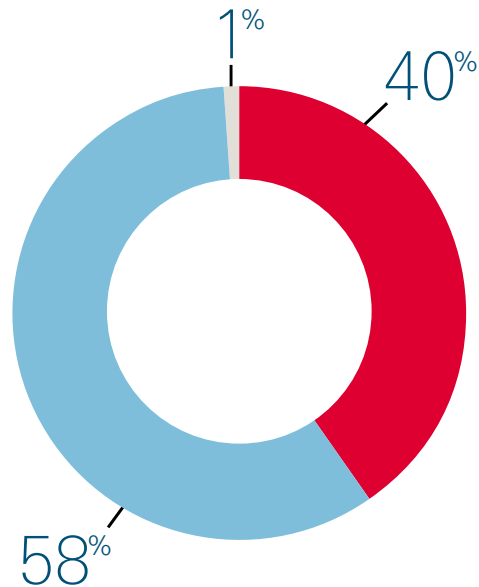
The social care spending cap is broadly supported, but awareness is low

9 months after the government announced plans to cap social care costs in England, more than half of people living in England (58%) are still unaware of the policy, with 40% aware (Figure 9a). When the policy is explained to people, just under half (49%) support the policy, 21% oppose it and 25% neither support nor oppose it (Figure 9b).

Figure 9a and 9b: Most people in England support the social care cap, but awareness of the policy is low

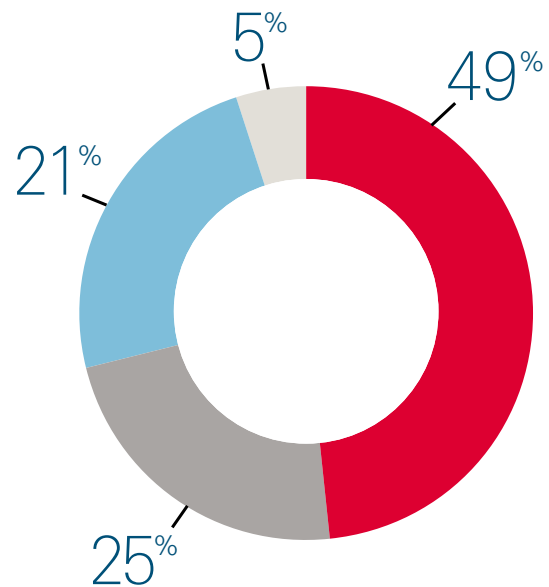
Before today, were you aware of the social care spending cap the government is introducing?

■ Yes ■ No ■ Don't know



Do you support or oppose the introduction of the social care spending cap?

■ Strongly support/ tend to support ■ Neither support nor oppose
 ■ Strongly oppose/ tend to oppose ■ Don't know



Source: Ipsos survey commissioned by the Health Foundation, 2022. Conducted online via KnowledgePanel UK between 26 May and 1 June 2022. Base: 1,622 (England participants only)

We asked those who do not support the spending cap to explain their reason in an open-ended response. Reasons given include that the policy does not go far enough in protecting people from catastrophic costs, that the policy is not fair for people who earn less, and that it is a disincentive for people to save.

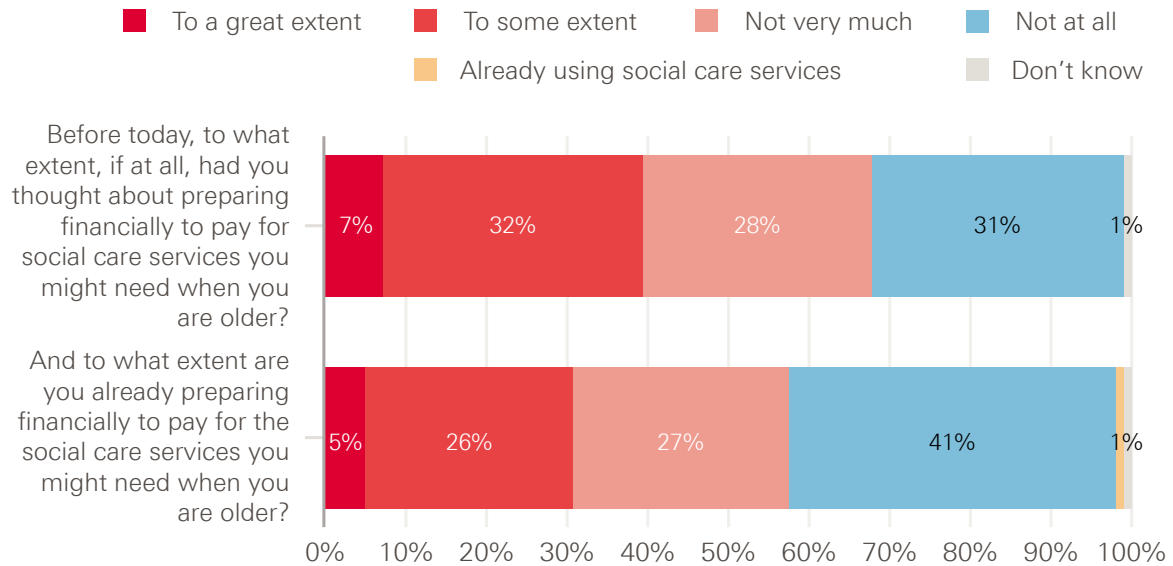
Most people are not making financial preparations for social care

The public is more likely than not to agree it is their responsibility to financially prepare for their future social care needs. Less than half of the public (44%) think it is their responsibility and around a third (35%) disagree. Those aged 16–24 years are more likely to think it is their responsibility (63%) than the population overall (44%). In 2017, a larger proportion agreed it was their responsibility (55%), though comparisons are indicative only.*

* Source: August 2017 Ipsos/Deloitte State of the State. Conducted face-to-face between 18 and 28 August 2017, GB participants n=1,071

But only 4 in 10 (40%) have thought about preparing financially for their social care. And even fewer (30%) are already preparing financially, with just 5% having done so to any great extent (Figure 10).

Figure 10: A minority have thought about planning for future care costs and fewer still have made preparations



Source: Ipsos survey commissioned by the Health Foundation, 2022. Conducted online via KnowledgePanel UK between 26 May and 1 June 2022. Base: 2,068

Public spending on the NHS and social care

In September 2021, Boris Johnson announced new spending for the NHS and social care funded by a 1.25 percentage point increase in national insurance contributions – known as the Health and Social Care Levy.⁴⁹ The levy was effectively introduced from April 2022.

Since then, politicians have become increasingly divided over the national insurance rise. Labour indicated the party would scrap the increase given the rising cost of living. Conservative backbenchers have grown increasingly uneasy over the increase to national insurance, which breaks a key manifesto promise.¹³ While Chancellor, Rishi Sunak resisted pressure to scrap the levy, but raised the national insurance threshold from July 2022 (essentially reducing the amount of money the levy will raise) and announced that an income tax cut would follow in 2024.⁵⁰

Tax and spending were a key theme of the Conservative leadership campaign. During the campaign, Liz Truss pledged to scrap the national insurance increase as part of a wider £30bn package of tax cuts intended to boost economic growth and ease the cost of living.⁵¹ However, the new prime minister has been less forthcoming about the implications of her plans for the funding available to public services, including the NHS and social care.⁵²

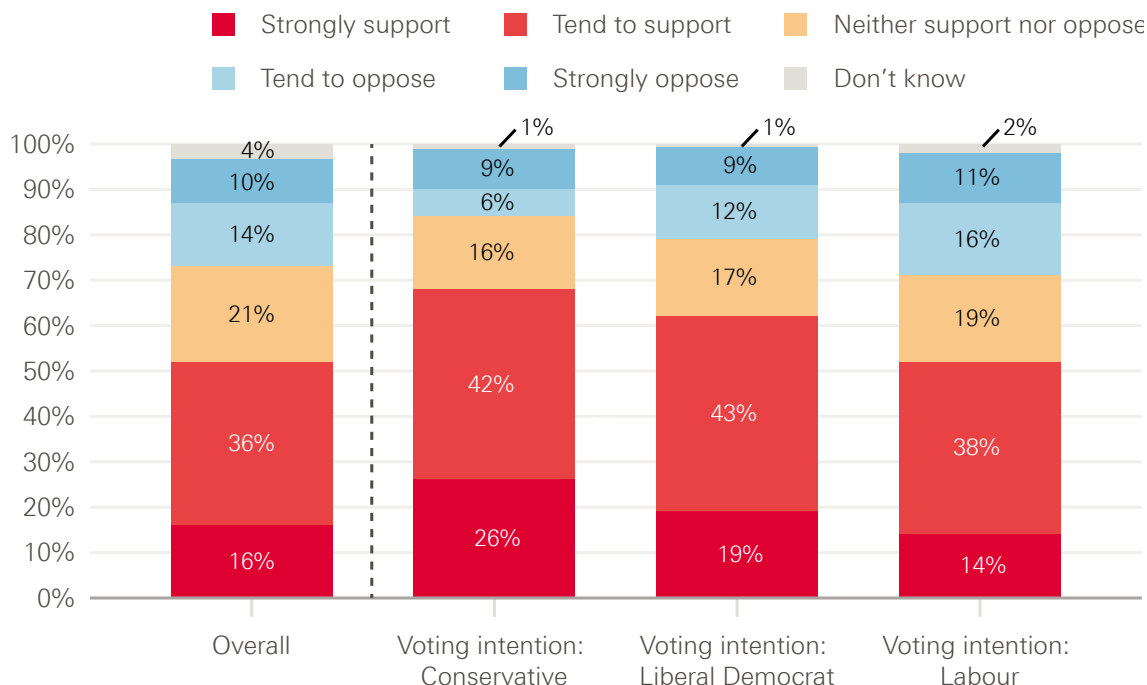
Support for the Health and Social Care Levy remains, but has dropped slightly

Our November 2021 survey took place after the levy was announced but before any tax rise was implemented. At that time, we found that most people (58%) supported the levy and only a fifth opposed it.

People first felt the impact of the policy in April 2022, when the increased national insurance rates came into effect. Our survey in May 2022 found support for the levy remains, but has dropped slightly since November 2021 (Figure 12). Just over half (52%) of the public still support the levy, while 23% oppose it.

Figure 11: People generally back the Health and Social Care Levy, with strong support among Conservative voters

As you may know, the UK government has introduced an increase in taxes to be spent on the NHS and social care. To what extent, if at all, do you support or oppose this policy?



Source: Ipsos survey commissioned by the Health Foundation, 2022. Conducted online via KnowledgePanel UK between 26 May and 1 June 2022. Base: 2,068

Support for the levy is highest among older people past retirement age (71% of those aged 65–74 years and 63% of those aged 75 years and older) and lowest among younger age groups (40% aged 16–34 years). Conservative (68%) and Liberal Democrat (62%) voters are also more likely to support the levy than Labour voters (52%).

In the context of rising concerns about the increasing cost of living, the continued support for the levy suggests the public wants the government to invest in improving NHS and social care services. Health Foundation analysis suggests that even with the new funds raised by the levy, NHS funding will not be enough to make improvements to care.¹⁰ Assuming the prime minister follows through on her commitment to scrap the levy, the government will need to replace the revenue the levy would have raised through other means or be open with the public about the implications of cutting NHS and social care funding by £13bn per year.⁵³

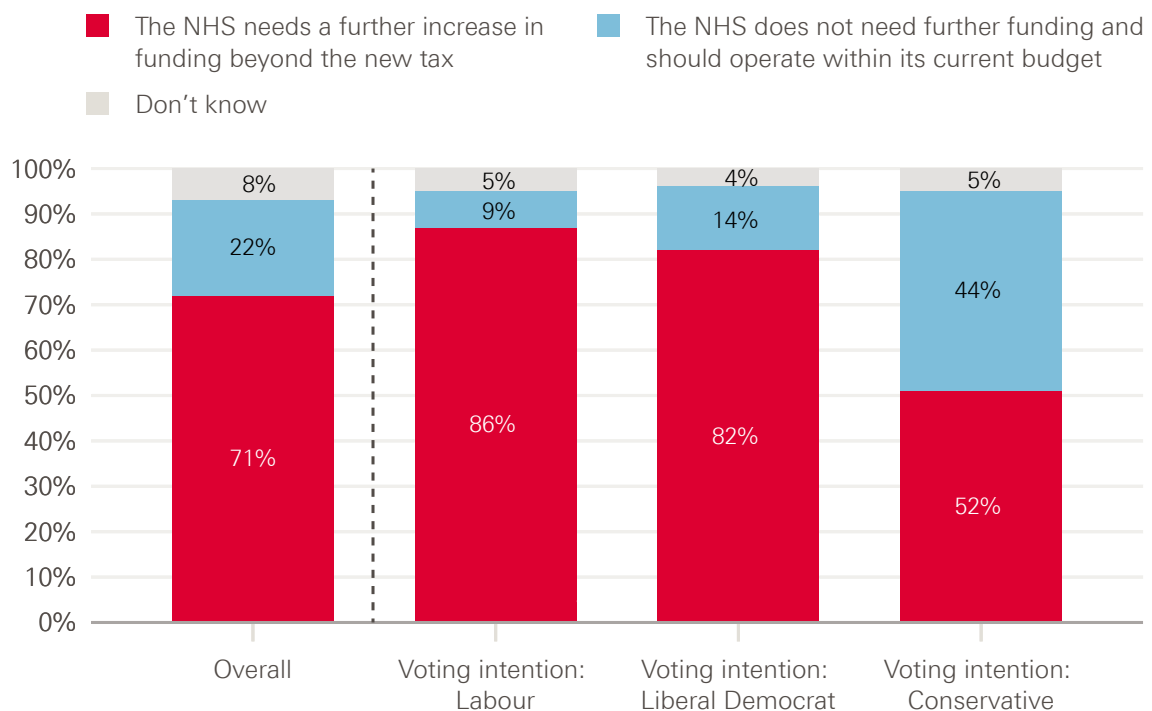
Most think the NHS needs a further increase in funding

Overall, the public is fairly divided on the right level of public spending:⁵³ 28% think spending should be higher than before the pandemic, 30% the same and 24% lower. But the NHS remains the public’s main priority for public spending, followed by social care for older people.

The public tends to think that further public spending on the NHS is needed. The majority (71%) think that the NHS needs a further increase in funding beyond the new levy, compared with 22% who think that the NHS does not need further funding and should operate within its current budget (Figure 12). Views are divided along party lines. The vast majority of those intending to vote Labour (86%), Liberal Democrat (82%) or Green Party (87%) believe the NHS needs more funding, compared with just over half (52%) of those intending to vote Conservative.

Figure 12: Most voters from all major parties think the NHS needs a further increase in funding beyond the levy

Which of the following statements best reflects your thinking about funding for the NHS?

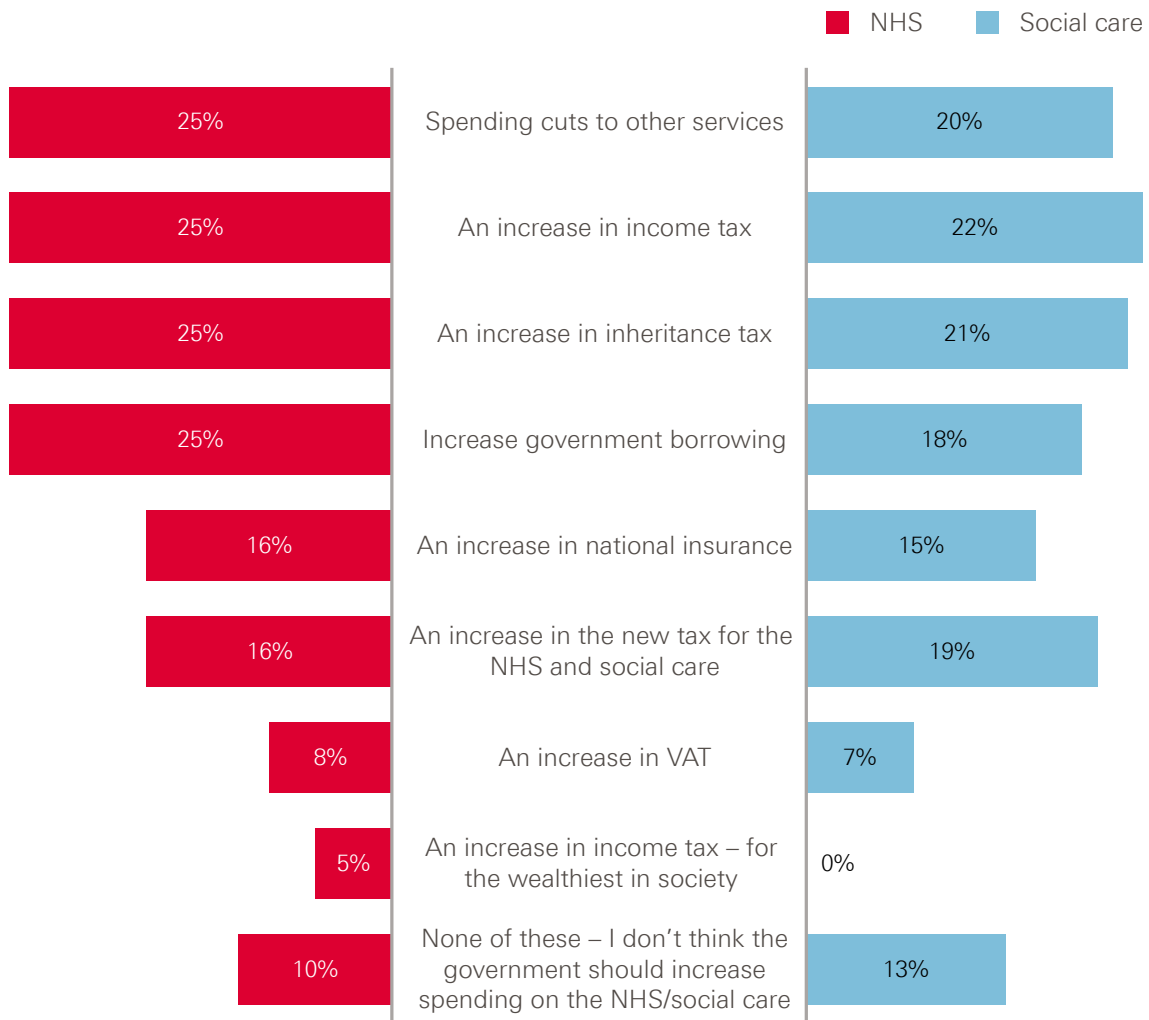


Source: Ipsos survey commissioned by the Health Foundation, 2022. Conducted online via KnowledgePanel UK between 26 May and 1 June 2022. Base: 2,068

While the majority of the public think the NHS needs more funding, there is less agreement over how any increases for the NHS or social care should be funded. When people were asked how they think such funding increases should be raised, the most popular proposals across both services included increasing income tax, increasing inheritance tax, and making spending cuts to other services (Figure 13). With the NHS accounting for an ever-increasing share of day-to-day government spending, the prospect of cutting other areas of spending would present policymakers with difficult decisions, especially in the context of the new prime minister's pledge to cut taxes.

Figure 13: Increasing income tax, increasing inheritance tax, and making spending cuts to other services are the most popular proposals for raising funding for the NHS and social care

If the government decided to further increase spending on the NHS, how do you think this should be funded?



Source: Ipsos survey commissioned by the Health Foundation, 2022. Conducted online via KnowledgePanel UK between 26 May and 1 June 2022. Base: 2,068

The nation's health and public health policies

Improvements in life expectancy in England had stalled before COVID-19, but the pandemic brought longstanding health inequalities into focus. People from ethnic minority communities and disabled people were among those at greater risk⁵⁴ of dying from COVID-19. In plans to 'level up' the UK, government committed to improve life expectancy by 5 years by 2035 and reduce geographical inequalities in healthy life expectancy by 2030.¹⁷ But as living standards fall⁵⁵ and the cost of living rises,⁵⁶ concerns remain around the future of the nation's health – particularly the most vulnerable.

The public believe overall health and wellbeing has declined, but are more positive about the next 12 months

The public is pessimistic about how the overall health and wellbeing of the nation has changed over the past 12 months. Nearly three-quarters (72%) believe overall health and wellbeing has declined, while only 9% think it has improved. People living in Scotland (84%) are more likely to believe that overall health has declined in the past 12 months.

72%

of people believe the overall health and wellbeing of people in the UK has declined in the past year

Expectations of how overall health and wellbeing will change over the next 12 months are more divided: 43% think overall health will get worse, 20% believe it will improve and 34% expect no change.

The cost-of-living crisis is seen as a threat to the nation's health

UK households are facing the biggest fall in living standards since the 1950s.⁵⁷ In June 2022, 91% of adults reported their cost of living had increased in the past month.⁵⁸ The Johnson government provided a support package to assist with easing the burden of rising costs – and soaring energy bills in particular – for families and vulnerable groups.⁵⁹ But this is unlikely to mitigate the risk of poverty and hardship that millions face heading into winter, and it remains to be seen what the Truss government will offer in the way of further targeted support.

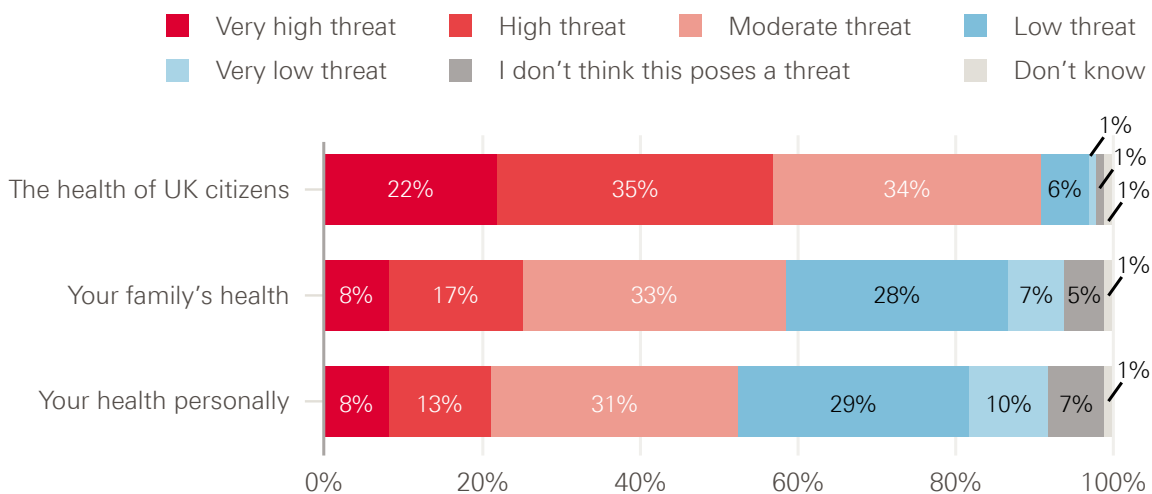
The public is overwhelmingly worried about the rising cost of living: 92% of people are concerned, with 59% very concerned and just 7% not concerned. But some groups – such as people in Scotland (98%) and those in the middle deprivation quintile (96%) – are more likely to be worried.

More than half (57%) of the public think the rising living costs represent a high or very high threat to the nation’s health (Figure 14). However, the public is most likely to perceive the cost-of-living crisis as a threat to the health of the population, rather than to their own health or to their family. Only around 1 in 5 (22%) believe it poses a high threat to their health personally, compared with 39% who believe the threat to their own health is low. People are more likely to believe the threat to their family’s health is low (35%) than high (25%).

Those most vulnerable to rising living costs are more likely to perceive it as a threat to their health personally. Those with incomes up to £25,999 (29%) and those living in deprived areas (34%) are more likely to perceive it as a high threat to their own health compared with the population overall (22%).

Figure 14: The public is more likely to believe the ‘cost of living crisis’ is a threat to the health of the population, rather than to their own health or that of their family

What level of threat, if any, do you think increases to the cost of living pose to each of the following?



Source: Ipsos survey commissioned by the Health Foundation, 2022. Conducted online via KnowledgePanel UK between 26 May and 1 June 2022. Base: 2,068

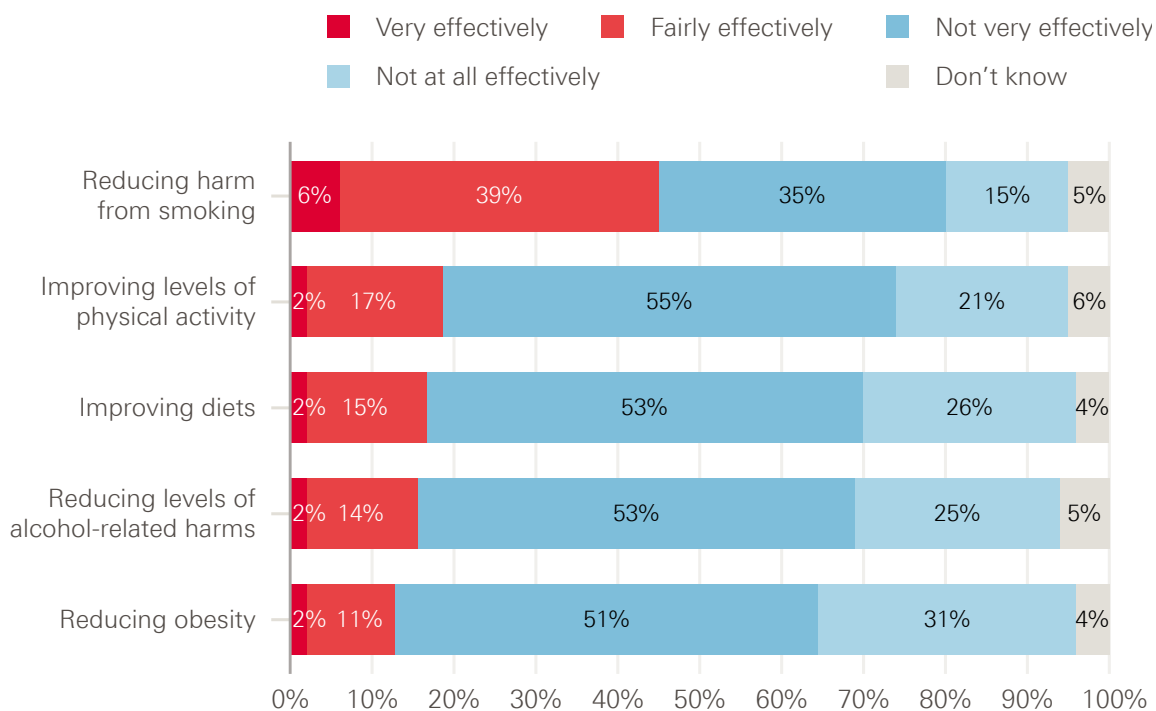
Government is not seen to be taking effective action on the major health risk factors

The leading health risk factors – physical inactivity, smoking, poor diet and harmful alcohol use – drive the significant burden of preventable ill health and premature death.⁶⁰ Government aims to make progress in these areas, and has introduced policies such as an increased tax duty on tobacco,⁶¹ and the soft drinks industry levy.⁶² But the approach to addressing risk factors has so far been uneven⁶³ and largely focused on changing individual behaviour instead of implementing population-level interventions, such as regulation and product reformulation, that apply to everyone and are more likely to be equitable and effective.

Fewer than 1 in 5 people believe the government is working effectively to improve physical activity (19%), improve diets (17%), reduce alcohol-related harm (16%) and reduce obesity (14%) (Figure 15).

Figure 15: Government action on the leading health risk factors is not viewed favourably

How effectively, if at all, do you think the government is addressing each of the following?



Source: Ipsos survey commissioned by the Health Foundation, 2022. Conducted online via KnowledgePanel UK between 26 May and 1 June 2022. Base: 2,068

Note: numbers shown may not add to 100% due to rounding

The effectiveness of government’s action on harmful smoking is judged more favourably – though the public is still slightly more likely to think action has been ineffective (49%) than effective (46%). Overall smoking rates have decreased in England from 19.8% in 2011 to 13.9% in 2019, although England is unlikely to meet its target to become smokefree by 2030 without more ambitious action.⁶⁴

The public is least likely to think that government intervention has been effective around reducing obesity. Only 14% believe that government is effectively reducing obesity while the vast majority (82%) disagree. The new prime minister’s pledge to scrap restrictions on multibuy deals, recently delayed by the Johnson government alongside limits on advertising less healthy food and drink on TV and online,⁶⁵ may run counter to public opinion.

The public tends to agree that government should focus more resources on preventing ill health over treatment

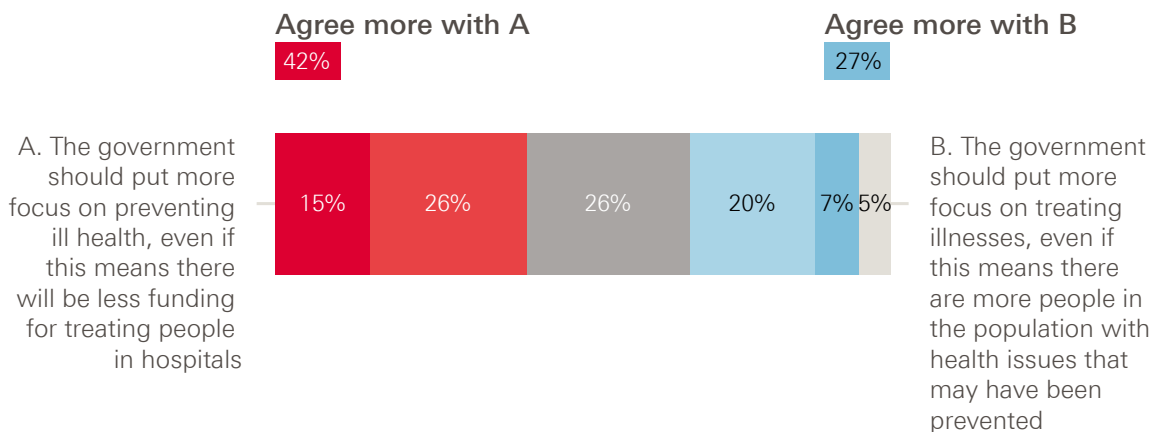
While spending on the NHS has increased in real terms over the past decade,¹⁰ the public health grant – paid to local authorities to fund vital services – has been cut by 24% between 2015/16 and 2021/22 on a real-terms per person basis.⁶⁶ Real-term cuts to the grant have tended to be greater in more deprived areas.

But our survey illustrates that the public is more likely than not to support an approach to health that prioritises prevention over treating illness. Around two-fifths (42%) are more inclined to agree that government should focus resources on preventing ill health, even if this means there will be less funding for treating people in hospital (Figure 16). 27% agree more that government should focus on treating illness, even if this means there are more people in the population with health conditions that could be prevented. Around a quarter (26%) agree equally with both statements.

Figure 16: More people agree that government should focus on preventing ill health than treating illness

Which of the following statements comes closest to your view of where the government should focus resources when it comes to health?

- Agree much more with A
- Agree a little more with A
- Agree equally with both/
don't agree with either
- Agree much more with B
- Agree a little more with B
- Don't know



Source: Ipsos survey commissioned by the Health Foundation, 2022. Conducted online via KnowledgePanel UK between 26 May and 1 June 2022. Base: 2,068

Government's handling of the pandemic

In winter 2021, the UK government implemented 'Plan B' measures in efforts to reduce the spread of the Omicron variant⁶⁷ and expanded the vaccination programme to offer booster doses to all adults in England.⁶⁸ Governments in England,⁶⁹ Scotland,⁷⁰ Wales⁷¹ and Northern Ireland⁷² have all since published strategies for 'living with COVID-19' and virtually all restrictions were lifted in spring 2022. Meanwhile a UK-wide public inquiry into the government's response to COVID-19 has been established with hearings expected to start in 2023.⁷³ A separate inquiry in Scotland will be undertaken in parallel.⁷⁴

The public is largely relaxed about the move to 'living with COVID-19'

The majority of the public (66%) are not concerned about the move to 'living with COVID-19', while around a third (33%) are. Disabled people or people with a long-term health condition are more likely to be concerned (43%). Those from ethnic minority backgrounds are also more likely to be worried (47%) than those from white ethnic backgrounds (30%).

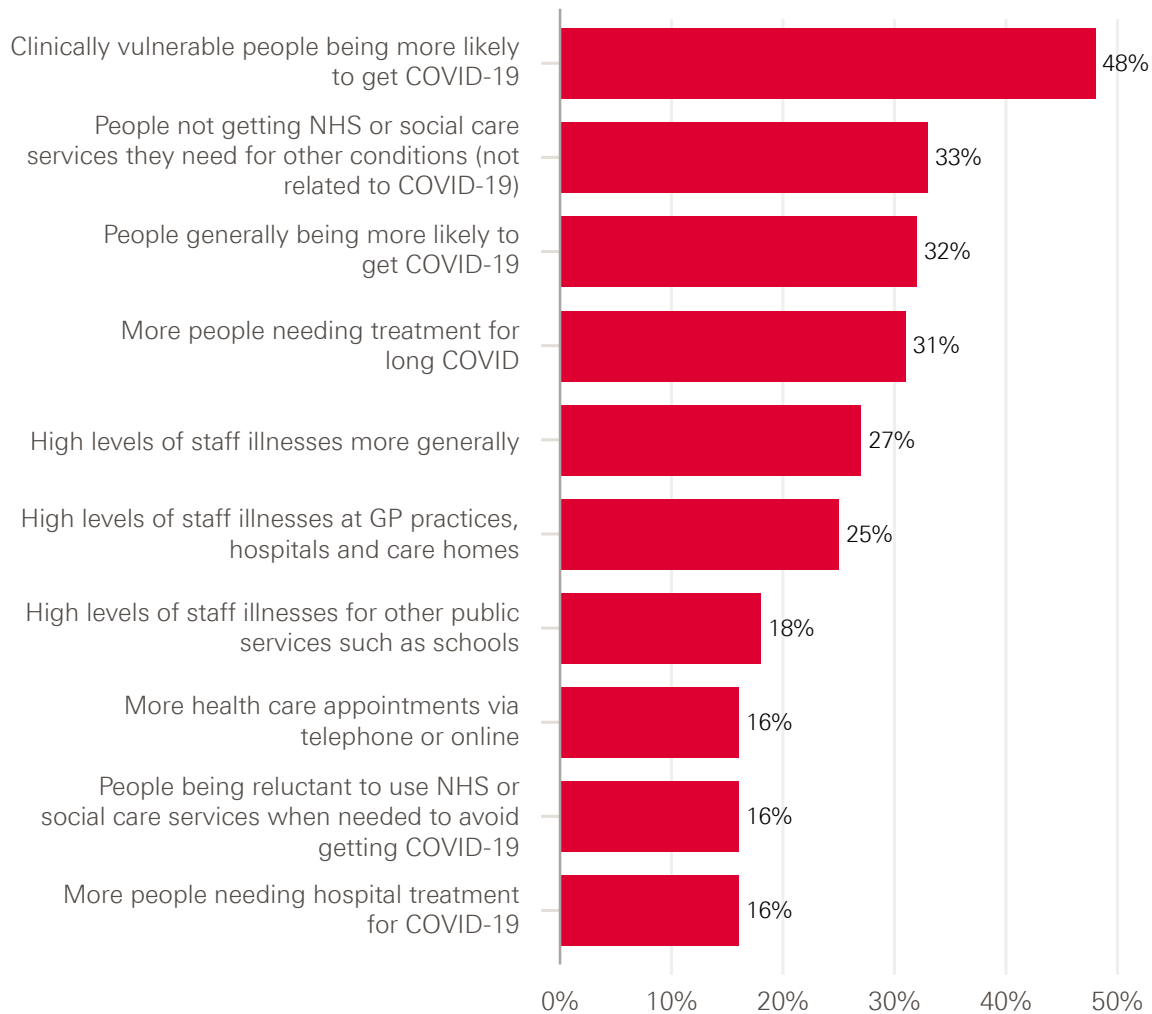
Those with concerns about living with COVID-19 were asked to indicate their biggest concerns from a predefined list. The biggest concern, selected by just under half (48%), is that clinically vulnerable people will be more likely to get COVID-19 (Figure 17). The other most common concerns are that people will not be able to access the NHS or social care services for conditions not related to COVID-19 (33%), people generally being more likely to get COVID-19 (32%) and more people needing treatment for long COVID (31%).

In general, those with concerns are most worried about the impact on individuals and least concerned about the potential consequences for the health and care system. High levels of staff illnesses in general, and in public services, are not the most pressing concerns. Only a quarter selected high levels of staff illnesses at GP practices, hospitals and care homes as one of their biggest concerns.

Disabled people, people with a long-term health condition and people from ethnic minority backgrounds are more likely to be concerned about the move to 'living with COVID-19'

Figure 17: People’s biggest concern about the move to ‘living with COVID-19’ is the potential impact for clinically vulnerable people

And what are your biggest concerns about the move to ‘living with COVID-19’?



Source: Ipsos survey commissioned by the Health Foundation, 2022. Conducted online via KnowledgePanel UK between 26 May and 1 June 2022. Base: 2,068

The move to ‘living with COVID-19’ has not changed views about government’s handling of the pandemic

Over half (55%) of the public believe that government has not handled the pandemic well so far, while 44% believe it has been handled well.

There are some stark generational differences in views – people aged 75 years and older (71%) are far more likely to believe that the pandemic has been handled well compared with those aged 16–24 years (22%). Young people’s wellbeing has been hard hit by the pandemic. They have faced disproportionate job losses, the closure of colleges and universities and cancellation of exams, creating significant uncertainty around their

future.⁷⁵ Public perceptions of the government's handling of the pandemic have not changed since November 2021, although the context of the pandemic has evolved significantly since then.

Around half think that government is not more prepared for a future pandemic as a result of COVID-19

Investigations have uncovered weaknesses in government's pandemic preparations⁷⁶ and risk management⁷⁷ prior to the initial outbreak. In adult social care, underlying structural issues in the sector contributed to a fragmented and slow pandemic response.⁴³ The pandemic is an opportunity for government to strengthen its preparedness for future health emergencies.

However, the public is split on whether COVID-19 has left the government better prepared for a future pandemic – 46% are confident, but 52% are not. Opinion is divided along party lines. Conservative voters are far more likely to be confident (84%) than the public overall, while those voting Labour are more likely to say they are not confident (66%) compared with the public overall. The government clearly has some way to go to demonstrate to the public that lessons have been learned.

Discussion and implications

Now in Number 10, Liz Truss needs to move beyond the echo chamber of the Conservative party faithful and speak to the concerns of the public at large. The Conservative party leadership campaign provided little detail on how the Truss government will seek to address the major challenges facing health and social care in England. Our analysis has several implications for the new prime minister as she develops her agenda for government.

Public perceptions of health policies and performance remain negative

Overall, the public's views on the state of health and care in the UK paint a bleak picture. Most people think the standard of NHS care has got worse over the past year – and people think that pressure on NHS staff and waiting lists for routine care have deteriorated in particular. Just 13% think think government has the right policies for the NHS.

The public appears slightly more optimistic about the year ahead than they were 6 months ago. This may be because people think the worst of the pandemic is over: concern about the virus is at its lowest level since February 2020,⁷⁸ vaccinating people against COVID-19 has tumbled down the list of priorities for the NHS, and most people appear to be relaxed about ending restrictions. But people are still more likely to think standards of care will get worse rather than better. And pressures from COVID-19 on health services have not gone away.⁷⁹

Public concern reflects the reality for health and care services. The record-high waiting list for routine hospital treatment in England could grow to somewhere between 7 and 11 million in 2023.⁸⁰ Pressures on emergency care are extreme and are likely to worsen as the NHS heads towards winter. In July 2022, 29,000 people waited more than 12 hours on trolleys in emergency departments for a hospital bed – up from around 2,200 in July last year and 452 in 2019.² The Truss government must acknowledge the size of the challenge facing the NHS and social care in England – the scale of government policy response must grow to match it.

The public wants a better health service, not a different health system

The public points to clear priorities for improving health services. Increasing staff numbers and reducing pressures on staff workload are in the public's top three priorities for the NHS. The same message can be heard loud and clear from health care staff. Only around

27% of staff in the 2021 NHS staff survey said there were enough staff in their organisation for them to do their job properly – down 11 percentage points since 2020.⁴ A third reported burnout.

Despite this, the Johnson government failed to produce a detailed plan for ensuring the NHS and social care in England have enough staff to deliver services in the future. And the Treasury has repeatedly failed to provide sufficient long-term funding to train and develop the workforce.¹⁰ A combination of policy changes will be needed – including to boost domestic training and ethical international recruitment, develop more team-based care, improve working conditions, and ensure staff are fairly rewarded.⁸¹ The public is supportive of a mix of measures to do this. The question is whether Truss's government will take addressing staff shortages more seriously than the last.

Improving access to care is another clear priority for the public. But our survey suggests a potential mismatch between policymakers and the public about how this should be done. While the NHS in England has explicit targets for eliminating the longest waits for routine hospital treatment, the public favours prioritising the most urgent patients even if others have waited longer. In general practice, booking appointments and long waiting times are perceived by the public as the biggest challenges. But we also found increased concern about not being able to see the same GP or other health professional, and not being able to get an appointment in the right format or time. National policymakers need to balance a focus on speed of access with convenience, continuity, and other factors affecting quality of care.^{82,83,84}

While the public perceives that the general standard of NHS care has declined in the past 12 months, support for the basic principles of the NHS remains strong. Pressures on the NHS are often used to fuel a narrative – particularly on the right of the political debate – that the health system needs fundamental 'reform', such as switching the NHS funding model.^{85,86,87,88} Yet international evidence suggests that no model performs systematically better than others⁸⁹ and top-down reorganisations deliver little clear benefit.⁹⁰ Our surveys and other evidence⁶ suggest that the public wants to see the NHS improved and invested in, not radically restructured.

People support greater government spending to strengthen the health service

Our survey suggests that the public wants to see government spending on the NHS increase. Just over half still support the Health and Care Levy – despite political opposition and the rising cost of living – with strongest support (68%) among Conservative voters. The majority (71%) think the NHS needs a further increase in funding beyond the levy. This sentiment is strongest among those intending to vote Labour (86%), but over half (52%) of people intending to vote Conservative also think more funding is necessary. The public is in favour of a wide range of measures to address NHS staffing problems even if they mean extra public spending, which may lead to tax rises for individuals.

This puts the new prime minister out of step with public opinion. A dominant feature of the Conservative leadership campaign was competing pledges to cut taxes and control public spending. But the Johnson government's spending plans for the NHS in England are insufficient to recover services after the pandemic.⁹¹ Spending on social care is barely enough to keep up with demand – let alone improve care.¹⁰ And public health budgets are 24% smaller per person than they were in 2015.⁶⁶ Spending on health per person in the UK is slightly above the OECD average but significantly less than G7 and western European countries – and well below countries such as France and Germany.⁹² Despite the UK tax burden being set to rise to levels not seen since the 1950s, the UK is not a high-tax country by international standards.^{93,94} Ultimately, the level of public spending on health and social care is a political choice. Government must be honest with the public about the consequences of the prime minister's pledge to make over £30bn in tax cuts and what this means for public services.

Pessimism about social care is high and understanding of the system remains low

Boris Johnson promised to 'fix' the crisis in social care in his first speech as prime minister. But, as Johnson leaves office, the UK public does not appear to think the social care system has been fixed. Most people think standards of care have deteriorated over the past year, just 13% expect standards to get better over the next year, and fewer than 1 in 10 people think government has the right policies in place for the system. People in England are more likely than not to support the government's new cap on social care costs, but awareness of the policy is low. Fundamental reform of adult social care is still desperately needed to address high levels of unmet need, increase quality, and improve terms and conditions for staff.⁹⁵

More generally, misperceptions about who provides social care and how services are funded mean too many individuals and families are set for an unpleasant surprise when they need care. Low awareness also presents challenges for policymakers making the case for reform, as people may be underwhelmed by proposals for improvement – for example, if they assumed care was already free at the point of use.⁴⁷ Low awareness is also likely one factor in explaining why so few have given serious consideration to planning for future care costs, even though slightly more of the public agree than disagree this is their responsibility.

The public is concerned about the health of the population

The public is deeply pessimistic about the overall health of the population. The vast majority are concerned about increases in the cost of living – and over half believe that these rising costs pose a high threat to the health of UK citizens. People's income and financial resources have a major impact on their health:⁹⁶ without adequate resources, more families will be unable to fulfil basic needs, such as food and heating, and risk falling into debt. Even before the cost-of-living crisis, poverty was deepening in the UK⁹⁷ and there had

been more than a decade of sustained low growth in household incomes.⁹⁸ Concerns about COVID-19 also remain for a sizeable minority – particularly among disabled people or those with a long-term health condition, and people from ethnic minority backgrounds.

Johnson’s government produced grand political rhetoric on ‘levelling up’ the country. But policy changes and investment needed to improve the social and economic conditions shaping health were limited.^{99,100} Developing a cross-government strategy to improve health and reduce health inequalities should be a priority for the new prime minister – including action to strengthen social security, improve living conditions, and tackle obesity and other major health risk factors.¹⁰¹ Policies to improve the underlying health of the nation would also help equip the UK for future pandemics – something around half the public thinks government is not well prepared for. The long-awaited ‘health disparities’ white paper provides the Truss government with an opportunity to set out an ambitious agenda for doing so.

Conclusion

The new prime minister inherits a health and care system under extreme strain. The public perceives the standard of NHS and social care services as having declined in the past 12 months – and is more likely to expect that standards will get worse over the next year rather than improve. But the public has strong support for the NHS as an institution and points to clear priorities for improving services. These include expanding the health workforce and improving access to care. A clear majority of the public think greater government investment in the NHS is necessary to help achieve these aims – even if it means higher taxes. At the same time, there is widespread concern about rising living costs and the potential impact on health. Broader government action beyond the health and care system will be needed to protect the nation’s health and tackle wide health inequalities.

Liz Truss promised Conservative party members that she will cut taxes and shrink the state. It is hard to see how the new prime minister can reconcile these commitments with addressing the public’s concerns about health and social care. Failing to do so risks leaving the government out of step with the public as we head towards the next general election.

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The Health Foundation is an independent charity committed to bringing about better health and health care for people in the UK.

Our aim is a healthier population, supported by high quality health care that can be equitably accessed. We learn what works to make people's lives healthier and improve the health care system. From giving grants to those working at the front line to carrying out research and policy analysis, we shine a light on how to make successful change happen.

We make links between the knowledge we gain from working with those delivering health and health care and our research and analysis. Our aspiration is to create a virtuous circle, using what we know works on the ground to inform effective policymaking and vice versa.

We believe good health and health care are key to a flourishing society. Through sharing what we learn, collaborating with others and building people's skills and knowledge, we aim to make a difference and contribute to a healthier population.

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