

January 2023

British Heart Foundation

Priority asks for Budget 2023

The British Heart Foundation (BHF) is the nation's heart charity, representing the 7.6 millionⁱ people living with heart and circulatory diseases in the UK. The BHF currently supports over £410 millionⁱⁱ of life saving research across the UK, as well as over 1200 research staffⁱⁱⁱ.

Cardiovascular disease (CVD) remains a major cause of mortality in the UK, leading to around a quarter of all deaths. That's more than 160,000 deaths each year, or one death every three minutes^{iv}.

Poor health is experienced differently across the UK, and we support Government's ambition to close the gap in life expectancy by 2030. Addressing CVD will be key to success; it is responsible for a fifth of the life expectancy gap between the most and least deprived groups in England^v.

Health and prosperity are inextricably linked, with CVD costing NHSE an estimated £7.4 billion^{vi} and the economy an estimated £15.8 billion^{vii} a year. Significant economic and productivity gains can be realised by reducing the burden of CVD – as well as the obvious health benefits.

Ahead of the 2023 Budget, the BHF is urging Government to:

Ensure the upcoming NHS Long-Term Workforce Plan is fully funded – We welcome the Government's commitment to publish a long-term workforce plan for the NHS. Without a long-term plan to recruit, train, and retain staff, the NHS will not be able to tackle the vast and growing backlog of cardiac care, meet NHS Long Term Plan aspirations, or transform heart services for the future.

It is vital that the workforce plan is now provided with dedicated funding for its entire delivery over and above budgets that were set out in the last Spending Review and Autumn Statement settlements. NHS staff and leadership are doing all they can to plan and deliver high quality cardiovascular services but need urgent support from Government in this Spring Budget to begin tackling the workforce crisis now. Government should also ensure that any necessary funding is provided for delivery of its recently announced Major Conditions Strategy, which will sit alongside the long-term workforce plan.

Pursue more ambitious and equitable research and development (R&D) investment targets – Government must ensure that its R&D programme invests in disease areas in proportion to their societal burden. There is currently a significant funding gap between the amount invested in CVD and stroke research and the impact of these conditions on society: they receive only 9%^{viii} of UK health R&D investment, considerably below the 19%^{ix} needed based on disease burden, as measured by disability adjusted life years. The IPPR has identified the funding gap for cardiovascular research as £650 million per year^x.

Where R&D money is invested in the country is also crucial. While we support the Government's commitment to increase public investment in R&D outside the Greater Southeast by at least 40% by 2030, as outlined in the Levelling Up White Paper^{xi}, this must be new investment and should not divert funding from current science and innovation hubs which traditionally have not seen as much R&D support from Government in recent years.^{xii}

We support this Government's recommitment to spend an additional £20 billion per year on R&D by 2024/25^{xiii}, and the ambition to keep pace with other research-intensive countries. – our R&D spend currently lags behind Israel (4.9%), Germany (3.2% of GDP) and the US (3.1% of GDP)^{xiv}. However, keeping up with international competitors and ensuring the UK becomes a science superpower requires additional investment and a more ambitious long-term target. We hope this is reflected in the new target soon to be announced by the Science Minister.

Reduce the risk of CVD by uplifting local authority funding via the Public Health Grant – Two of the greatest risk factors for heart and circulatory diseases are smoking (12,000 attributable heart disease and stroke deaths a year in England)^{xv} and obesity (25,000 deaths)^{xvi}. These contribute greatly to the life expectancy gap evident between areas of high and low deprivation, and addressing them with public health interventions is the most cost-effective solution. Each additional year of good health achieved in the population by public health interventions costs £3,800 per head, almost four times lower than the

£13,500 cost of NHS interventions. Lifetime costs of obesity to UK society are as high as 3% of GDP^{xvii}, putting a significant strain on the UK's economy.

The Public Health Grant (PHG) provides vital resource for local authorities to commission preventative services, including stop smoking support and weight management services. Health Foundation analysis^{xviii} has shown a 24% real terms cut in the grant since 2015/16, with cuts disproportionately affecting the most deprived areas. This is despite public health interventions having been found to be three to four times more cost-effective compared to NHS interventions.

To ensure that local authorities are able to appropriately discharge their public health duties, and safeguard the nation's heart health, the PHG urgently needs additional investment of at least £1 billion a year^{xix}. This must be accompanied by a long-term, sustainable and equitable funding solution to ensure that people are kept healthier longer, reducing future pressure on the NHS.

Maximise the potential of the Soft Drinks Industry Levy – The Soft Drinks Industry Levy (SDIL) has been shown to be highly effective, having removed 48,000 tonnes of sugar per year from soft drinks between 2015 and 2019, and reduced household consumption of sugar via soft drinks by an average of 10% per household per week^{xx}. A recent study has also found that introduction of the levy was associated with a reduction in obesity prevalence in year 6 girls in England^{xxi}. Its success has not impacted sales of soft drinks, which increased by 21.3% between 2015 and 2020^{xxii}. The levy raises an average £300 million per year, which has funded a national breakfast programme, holiday hunger programme and school PE premiums.

There are changes to the structure of the SDIL that could build on this success and better align the levy with wider food and nutrition policy. Most manufacturers have reformulated their drinks to the current thresholds, but even at the lower threshold of 5g sugar per 100g, these drinks still contain a significant amount of sugar. Lowering the threshold to 4.5g of sugar per 100g would bring SDIL in line with the current nutrient profiling model (NPM)^{xxiii} which is used in advertising regulations to categorise food and drink as 'less healthy' or 'healthier'. This would also drive further reduction in sugar content and the associated benefit of reduced sugar consumption.

Explore a mandatory fiscal measure to encourage food reformulation such as the National Food Strategy's proposed salt and sugar levy – Excess salt intake increases the risk of high blood pressure and is associated with a 23% increase in the risk of stroke and a 14% increase in the risk of cardiovascular disease^{xxiv}. Average salt intake in working adults in England is 2.4g above UK guideline levels^{xxv}. While voluntary Government salt reduction programmes have had significant benefit since the early 2000s, progress has stalled. Only half of all the average in-home salt reduction targets set in 2014 were met by 2017^{xxvi}. Recent modelling by the British Heart Foundation found that, if all adults met UK and World Health Organization guidelines for salt consumption by 2030, we could avoid up to 1.4 million cases of high blood pressure and save the UK economy up to £11.4bn by 2035^{xxvii}. While reformulation alone won't take us to these guidelines, it is a vital part of a wider strategy to improve dietary health across the population, which will lessen future pressures on frontline health services.

Similarly, the voluntary sugar reduction programme, which ran from 2015 to 2020, saw mixed results. No category met the 20% target over its five year lifespan, and there was only a 3.5% overall reduction in the average total sugar per 100g in products sold for in-home consumption. The out-of-home sector showed even more limited progress, achieving only 0.2% reduction in the average total sugar sold per 100g^{xxviii}. It is clear that a voluntary approach is insufficient to drive progress at the pace and scale needed.

The SDIL has demonstrated that mandatory measures can shift industry practice where voluntary counterparts have failed – the levy led to a 46% reduction in sugar sales from soft drinks between 2015 and 2020^{xxix}. The National Food Strategy proposed a wholesale tax on sugar and salt which could save up to 97,000 years of healthy life lost in the UK each year, and raise up to £3.9 billion per year for the Treasury^{xxx}. A mandatory measure along these lines, or expansion of the SDIL, would drive further reformulation of our everyday foods and accelerate progress towards a healthier, more productive nation.

Introduce a polluter-pays levy on tobacco to ensure a Smokefree UK – Introduction of a Smokefree Fund, constituted as a "polluter pays" levy on tobacco industry profits could provide a sustainable source of income, estimated at £700 million, towards achieving Government's goal of achieving a Smokefree 2030^{xxxi}. A levy was a central recommendation of the independent review of tobacco control conducted by Javed Khan^{xxxii}. Government should commit to introducing a Smokefree Fund as part of their next Tobacco Control Plan, which must be published as soon as possible.

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