

# Secretary of State Sajid Javid speech at the Onward Social Fabric Summit

Many years have passed since Edmund Burke wrote about “the little platoon that we belong to in society”.

His timeless insight was about the importance of the intermediary institutions that sit between the individual and the State to our wellbeing as people and to our prosperity as a nation.

Burke was mostly referring to the value of historic institutions but today our platoons are of course much more varied.

They encompass family and faith groups, community networks, charities, and so much more.

I believe in a small but empowering State.

One that can make room for, and enable, thriving markets, strong families, flourishing communities, and individual freedom.

These are the drivers of all kinds of capital, physical, financial, human, institutional, social, and it's this capital that creates happy, healthy and wealthy societies.

But whilst financial capital and physical capital are both easier to measure and manage, when it comes to other kinds of capital the task is much harder.

This is why I think Onward's work to quantify them is so essential and it's brilliant to be able to join you today at this conference.

Your report that you did on the State of Social Fabric was an important publication that is already shaping our thinking in government and I hope you saw how it was referenced, for example, in the Levelling Up White Paper.

This is a subject that I deeply care about.

I was born in Rochdale, a town that many of you will know was the birthplace of the co-operative movement in the 1840s, but now it sits at the bottom fifth of Onward's Social Fabric Index.

The Rochdale I remember was a vibrant community where people looked out for and looked after each other.

I have wonderful memories of my time from living there, and we cannot turn our backs on the communities like these, to allow their potential to go unfulfilled.

I've also been fortunate enough to live in different cultures and communities across the world.

Including in New York during the resurgence in the 1990s and, later on, in Singapore, which sits near the top of the table for almost all global metrics of progress and happiness.

The common thread that runs through all these experiences, here and abroad, is the importance of social, human and institutional capital to an area's happiness and prosperity.

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As Secretary of State for Health and Social Care, I've had the responsibility of steering this country through the Covid pandemic.

In some areas, the damage the pandemic has caused to our communities, to our health, to our public services, it will take years to recover.

In other ways, though, we have seen a glimpse of the future and the exciting possibilities that if we back innovators, and what can happen when we do that, when our communities come together.

I was so moved by the volunteers who were the backbone of this country's vaccination programme, the mutual aid groups that sprang up in local communities to support those that were shielding, those that were at greatest risk, and all the other little platoons that bolstered our national response at a time when it was needed most.

Now, we must summon the same spirit to address the stark disparities that the pandemic has unveiled.

The experience of this pandemic has been like a receding tide exposing the underlying health of our nation.

It revealed some fractures, and in many cases, of course, it deepened them.

We know that some communities experienced disproportionate levels of devastation from Covid and that we asked huge amounts of some groups, like the young people that were hit with huge mental health challenges, deeply impacted, and among those that were smoking and had high obesity rates we saw a worrying surge in complicated Covid cases.

The burden of ill health is not evenly spread in our country.

People living in the most deprived areas of England live in good health for around 19 years fewer than those in the most affluent areas, 19 years fewer, and in some communities, life expectancy is actually in decline.

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In years gone by, major improvements in health have led to a profound social and economic progress.

Think of Edward Jenner, John Snow, think of the Public Health Act in 1875.

And now we need some seismic shifts in how we do health policy, not just for the health of the nation but for the strength of our communities, and to create the conditions for much faster economic growth.

It was no coincidence that my first major keynote speech as Secretary of State was delivered in Blackpool.

It's a town where over 40 per cent of the people who are unemployed are unemployed due to ill health, almost double the average of Great Britain, it's a stark example of how an area's health and wealth are closely connected.

I used the opportunity to set out my mission to end the disease of disparity and one of my first decisions as Secretary of State was to give this a new focus and a new name to what was then known as the Office for Health Promotion.

So it became OHID: the Office for Health Improvement and Disparities.

This is not just a rebadging exercise.

It's a sense of the renewed mission that exists in my department and Government.

To make sure everyone has the chance to live a healthy life, regardless of their background.

OHID launched at the end of last year and it's already provided a vital asset, bringing together the best public health expertise to drive this important work.

This includes our Health Disparities White Paper, which we will be publishing shortly.

This White Paper will contain our plans across a wide range of areas including on reducing obesity, tackling addictions, and to help people to stop smoking.

This will of course help everyone, no matter where they live or where they come from.

But these threats to our health also contain profound disparities, that can cast a shadow over local communities.

For instance, the smoking rate in Blackpool is almost 20%, compared with just 6% in Richmond, London.

Through thwarting the downward spiral of poor health, we can give a shot in the arm to the communities who feel they have been left behind and bring opportunities where they are needed most.

The White Paper will also tackle a host of other issues that I believe have been neglected for far too long.

From sickle cell disease to a lack of doctors in deprived communities.

It will make clear that addressing disparities is everyone's business, and set out tangible actions for all of us to take, including Government, with private enterprise and front line innovators working closely with us in partnership.

Local communities will be at the centre of this approach.

Because so many of the factors that sit behind our health come from the areas that we live in.

So I will give local areas more powers and support to address disparities in their area.

This is a multi-billion pound economic opportunity to unlock greater productivity by tackling disparities and it's an opportunity that we must seize.

This prevention agenda is one of the most powerful solutions that we can possess.

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Through giving people the tools that they need to manage their own health, we can reduce the demand on the state.

Preventing them from joining the waiting lists that we're working so hard to bring down and ultimately, giving them more freedom and opportunity, not less.

The burden of just one preventable disease, cardiovascular disease, it costs society we estimate around £18 billion a year.

Although we've invested record sums in the NHS, we can't keep pumping in more and more money, while we continue to go down the same path of poorer health.

Two months ago I made a speech setting out how we will prioritise prevention and put the full weight of the NHS behind this goal.

I pledged, for example, that we will build more and more Community Diagnostics Centres, those are the one-stop shops which sit right in the heart of the community helping people to get diagnosed earlier and closer to home.

I visited one of these CDCs in Poole recently, and I was greeted by smiling volunteers at the door, and I heard from local people about how they no longer have to travel miles just for a test but can just pop into the local department store on their local High Street instead.

I also set out how we will task Integrated Care Systems with creating plans to reduce the major preventable diseases, and how we will take the NHS app, which is now in the pockets of over half of adults in England, turn it into a

portal to get personalised advice on your health.

And all of this is just the start.

In the matter of just a few years, patients will be able to benefit from personalised dietary advice and exercise routines, robots will be doing much more surgery, under the supervision of humans, so we can treat more and more people and save more lives.

We'll have mass genomic sequencing which will mean we can pre-empt disease, and a finger prick test that will help us to catch cancers much sooner.

My plans for healthcare reform will bring the future forward.

Improving the health of the nation and reducing the disparities that we've all seen.

I've talked a lot today about how we can use health to transform our communities.

But we must use our communities to transform healthcare too.

The pandemic and the strain of the restrictions that were put in place showed how so much of our physical and mental health depends on the relationships that we have with each other.

Now that we are living with Covid, we've been able to restore some of these experiences, so that people everywhere have a new appreciation of these connections which will give us a great platform to build on when it comes to social prescribing.

Social prescribing has been one of the most promising developments in healthcare for many, many years.

Where patients are put in touch with link workers who connect them with the arts and social activities that can have a great impact on their sense of wellbeing.

Just a few weeks ago, I went to a roundtable that was hosted by the National Academy for Social Prescribing.

I heard, for example, about a new initiative called Art by Post, where people at risk of social isolation are sent art activities that they can do at home, and I also heard about the Green Social Prescribing Project, where outdoor activities like walking schemes are offered to patients, to improve their mental health.

I know that Onward has welcomed this work and I see it as crucial to the future of personalised care, while at the same time reducing pressure on the NHS.

There have now been almost a million referrals to social prescribing services in this country and we now have some 2,000 social prescribing workers in

place.

But I want to see this expand even further.

So I have set the NHS a new target of four million people getting personalised care by March 2024.

Another example of personalised care is the Shared Lives programme, where people in the need of care go to live with carers and become like any other member of the family.

Think of it like fostering, but for adults.

I've heard wonderful stories of people living together for decades.

At this point in time some 9,000 people in England are supported in this way and I want to see this ambitious model being expanded, making it available to people right across the country.

We can also use the health and care system itself to connect people with the communities they live in.

Onward has written compellingly about the decline in community participation over the past few decades.

However, the pandemic has bucked this trend as scores of people stepped up to support this country's vaccination programme.

They protected their neighbours in vaccination centres hosted in churches, clubs and cricket grounds, right in the heart of their local communities.

This experience showed that there are huge benefits on offer when you can create the right conditions for people to come forward.

Just as we're learning from the successes in developing and procuring new vaccines and treatments, we must take forward this community-centred approach and apply it to other routine vaccinations wherever possible.

We must also make sure that we don't lose the momentum and the energy that we have seen around community participation.

During the pandemic hundreds of thousands of extra volunteers stepped forward to help the NHS, including over 400,000 people that came forward to join the NHS Volunteer Responders programme.

I've decided to keep this programme and I want to use it to support the current challenges we face in health and care.

This country's health and care system touches all of our lives.

It's there from our first moments to our final breath.

I want to use this reach to connect people with their local community, to benefit them and the places where they live.

Our collective experience of Covid has taught us a huge amount, about ourselves and about our country.

It's shown us the value of the social fabric that binds us, and that there are some areas where it is severely under strain.

We cannot just patch things up and hope for the best.

We must use what I think is a unique moment in history as an opportunity.

To determine what kind of society we want to be, and reject the slide towards social isolationism.

The ties that bind us are too important to allow them to decay.

So let's show our commitment to restoring what gives us such hope and happiness, and there's no better way to do this than by transforming the nation's health.

Thank you all very much.