

## People's Health Trust response to the NHS Ten-Year Plan consultation: December 2024 - Summary

### About the consultation on the NHS Ten-Year Plan

In October 2024, the Prime Minister and the Secretary of State for Health and Social Care launched a consultation for the public, with stakeholder organisations, with the NHS and its workforce to shape the next Ten-Year Plan for NHS England (NHSE). The consultation is led by the Department of Health and Social Care and NHSE and seeks to understand:

1. How the NHS can move more care from hospitals to communities
2. How the NHS can make better use of technology in health and care
3. How the NHS can focus on preventing sickness and tackling the causes of ill health.

People's Health Trust focused upon prevention in discussions with our network of experts by experience in our response. This is a summary of our full response, which is also available on our website.

### About our network of experts by experience

To inform this submission, we sent a survey and convened two discussions with our network of experts by experience, hearing from 42 grassroots community organisations from across the country. Between them, these organisations are working with more than 20,000 residents in neighbourhoods experiencing some of the sharpest health inequalities in England. Our consultation response is rooted in their testimony and focuses upon what prevention should look like.

### **Summary recommendations**

1. Make improving outcomes and reducing health inequalities a key milestone for each of the Government's five missions.
2. Introduce a cross-departmental Health Inequalities strategy for England.
3. An equity approach to prevention through ensuring those areas with the worst health and the longest delays receive targeted support through NHS funding formulas.
4. Close collaboration through Integrated Care with local authorities, public services, and civil society, prioritising grassroots and hyperlocal organisations
5. Adopt a plan to meaningfully engage with minoritised population groups and representative organisations to better serve them. Adopt the recommendations of the Hewitt Review, to bring about a more localised integrated approach to health and care.
6. Engage with older people's groups, minoritised ethnic groups, refugees and asylum seekers, homelessness charities to understand needs of people who are most likely to be digitally excluded regarding the adoption of new technology.

All of these recommendations for change could be implemented within the next year or two years, with significant improvements mirroring the depth of engagement with each recommendation.

## **What we see as the biggest challenges and enablers to spotting illnesses earlier and tackling the causes of ill health**

### The vital role of prevention for better health

We strongly believe that primary prevention should be within the scope of this consultation and at the heart of a strategy surrounding the new NHS Ten-Year Plan. The building blocks of health need to be seen and addressed if the government truly intends to prevent ill health.

A 'Health in All Policies' approach would embed consideration of health in all significant policymaking. While the NHS cannot lead this work alone, it and the Department of Health and Social Care must collaborate across government departments and with civil society.

This focus on prevention needs to sit alongside NHS plans to improve services and the speed with which people can access GP and hospital appointments. These two pathways must work together: closer engagement with policy across the building blocks of health should be incorporated into efforts to cut waiting lists and improve care.

Joined-up, collaborative work between public services, the voluntary sector and Integrated Care, which is working well in some regions, needs to be taking place at the national level too. The new Joint Work & Health Directorate, supporting the plan to Get Britain Working, is one example of how this might work in practice between departments.

This is long-term work, but it is urgent it begins now. The nation's health, particularly in the most disadvantaged areas, has been worsening for some time and health inequalities are widening. Not taking action will accelerate these alarming trends.

We are also concerned that some of the major issues impacting the NHS, such as obesity, are perceived to be fixable through individual lifestyle changes and technological solutions, when the prevalence of obesity is highest in disadvantaged areas because of socio-economic factors, such as the restrictive cost and availability of healthy foods and exercise, as well as poor regulatory control over the availability of harmful foods.

The trend towards aiming for short-term quick fixes aimed at individual behaviour change, rather than long-term systemic solutions, can be seen across many health issues, including the impact of cold homes on coronary heart disease and strokes, which spike excess winter deaths, or respiratory conditions caused by poor housing conditions. Housing is a clear example where collaboration between the health system, local authorities, public services, and the voluntary and community sector can pay real dividends. Our work to [address housing needs](#) in ways which make sense locally are about working with existing systems and statutory services to improve homes and health.

### The need for an equitable approach to prevention

Work on prevention must adopt an equity approach. Focusing investment where health inequalities are sharpest, health outcomes are worst and health services most overwhelmed is critical to meeting the government's mission to close the healthy life expectancy gap. We call on the NHS to take a position that ensures those areas with the worst health and the longest delays receive more

targeted support through NHS funding formulas. This should be adopted in primary and secondary prevention, to prevent both health and healthcare inequalities widening any further.

### Closer integration with communities

The organisations we spoke to called for a similar collaborative approach to be taken at local and regional levels. Some of this integrated work is already in place regionally through Integrated Care Boards and Partnerships, and in some places at neighbourhood level through new Health Hubs and Integrated Neighbourhood Teams.

Voluntary and community organisations have been on the frontline delivering preventative services for some time. We advocate for their deeper involvement in local public health structures, including in commissioning models that can benefit from their expertise and insights, and ensure that these experts are compensated for their time and contribution.

These organisations are excellent at raising early warnings regarding concerns for population health which first emerge at the neighbourhood level. This includes financial and food insecurity early in the pandemic, rising mental health problems, the health impacts of the high cost of essentials for people on low incomes and most recently as a consequence of cuts to the [Winter Fuel Payment](#).

### The need for stronger engagement with communities

While Integrated Care Systems are mandated to engage with the voluntary and community sector, many community organisations told us their interactions were not satisfactory and were sometimes seen as a box-ticking exercise, unfairly extractive and disempowering.

Many groups also told us they find it very difficult to find entry points into health systems when they wish to engage and represent the residents they support. Community organisations who are regularly involved were also clear that health systems should compensate them for their time and input.

We asked how organisations feel health services are meeting the needs of residents in their community at the moment. 25 per cent said very badly, 45 per cent said badly, and no respondents said either well or very well. Closer and more genuine engagement with service users is one clear way to ensure the needs of people with the worst health are understood.

### Prevention, minoritisation and inclusivity

We know from these engagement events and prior research that community organisations supporting and working with minoritised ethnic groups are especially likely to be the first port of call when people need mental health support. Wider evidence as well as our own finds a significant disconnect between minoritised ethnic groups and their local health services which worsens the health inequalities they already face.

Key recommendations to combat this include work to destigmatise accessing healthcare, particularly mental health and finding ways to combat wider discrimination through communication,



particularly related to who is delivering messages to communities. Universal approaches, without consideration of language, cultural or social norms, often leave many people behind. Involving representative voluntary and community groups in the design of service engagement plans is key to helping combat stigma around health and to building trust.

### A neighbourhood-level approach

NHS England should steer Integrated Care Systems to work more locally. Localised approaches to health are being embedded in a few locations, including West Yorkshire and North Central London, but large numbers of voluntary and community organisations do not work at the regional scales. We therefore call for all ICBs to implement mechanisms for gathering local knowledge and intelligence and engaging meaningfully with the often hyperlocal community organisations that know their populations best.

We recommend NHS England support the spread of Health Hubs, as well as encourage them to ensure they are engaging with voluntary and community sector organisations, to facilitate a whole-person approach to care and ensure that people attending hubs for non-medical reasons are still able to swiftly receive the support they need.

### **What we see as the biggest challenges and enablers to making better use of technology in health and care**

Multiple languages should be built into digitised care in order to not further exclude those who are already marginalised and are disproportionately likely to live in poor health. There needs to be the option - potentially through local Health Hubs - for those facing digital exclusion to be able to book appointments and have parity of care. There is a great deal of expertise in community approaches to tackling digital exclusion, citing the National Digital Inclusion Network which the NHS could seek to engage with.