The 10 Year Health Plan for England – joint response from ADASS, ADEPT and ADPH

2nd December 2024

The government has promised to put in place a 10-Year Health Plan to fix the NHS in England and is consulting the public, NHS workforce and interested organisations. This is a joint submission by the Presidents of the Association of Directors of Adult Social Services (ADASS), the Association of Directors of Environment, Economy, Planning and Transport (ADEPT) and the Association of Directors of Public Health (ADPH) to the consultation that sets out our shared priorities for this plan and why we believe they are important. ADASS and ADPH are also submitting their own individual responses.

The Associations represent most of the strategic leaders and key delivery functions of upper tier local government and are critical for delivering the outcomes that will reduce inequalities, improve health and increase prosperity across local communities. We believe that a place-based approach is essential and cost effective in delivering the government's missions across growth, clean energy, healthier populations, safe streets and better life opportunities for our young people. We want to tackle social and geographical inequalities to promote prosperity, inclusion, and better health and wellbeing for all.

Local authorities play a key role in reducing pressure on health care systems. We plan, commission and provide essential services to prevent ill health, improve public health, and increase community wellbeing. We plan and help shape places for the future and play a key role in building healthy places that will keep people well. Local government is a vital partner in the redesign of the NHS.

Q1. What does your organisation want to see included in the 10-Year Health Plan and why?

We want to see:

- A greater focus on prevention with the targeted aim of reducing health inequalities.
- A long-term, place-based approach that requires and enables local authorities, health services and other stakeholders in local communities to take collective responsibility for planning and developing healthy and sustainable places for people to live.
- Children at the centre of the Plan, a strong emphasis throughout on reducing child poverty and improving children's health to enable prevention and early intervention to reduce ill health continuing into adulthood and causing greater demand on public services.
- Alongside the Health Plan, a long-term properly funded plan for social care, a programme of reform to create a National Care Service underpinned by national standards and a workforce strategy that gives social care staff parity with health workers and values the skills base and local knowledge of social care staff as more people are supported to stay well at home and access community services.
- A strategy for tackling the health impacts of climate change caused by heat, flooding, infectious diseases and food security (as identified by the UK Health Security Agency).
- Better alignment between the Health Plan and other cross-governmental policy objectives including economic growth, taxation and minimum wages, devolution, housing, environment, active travel and access to nature.
- Improved collaboration between health services, local authorities and community organisations in the delivery of health and care services.
- Co-production of services to ensure that the voices of individuals, families and carers are heard and help shape interventions and support, ensuring that the critical role of unpaid carers is recognised and supported.

The main focus of the Health Plan should be the social determinants of health, and a clear commitment to tackling health inequalities by improving the social, economic and environmental conditions of the least well-off people in our society. The better off people are, the better their health – this is a clear and

well-established causal relationship. Health care and people's behaviours are of course vitally important to good health and wellbeing but no more so than social conditions. The NHS, both as a commissioner and a provider, needs to ensure that prevention with a focus on reducing health inequalities forms a key, mandatory and funded part of its plans.

We agree with the six priority objectives set out in Fair Society, Healthy Lives: The Marmot Review (2010) and believe that these should underpin health policy:

- Give every child the best start in life.
- Enable all children, young people and adults to maximise their capabilities and have control over their lives.
- Create fair employment and good work for all.
- Ensure a healthy standard of living for all.
- Create and develop healthy and sustainable places and communities.
- Strengthen the role and impact of ill health prevention.

It is a shocking indictment of health policy in the years following the original Marmot Review that the follow-up report Health Equity in England: The Marmot Review 10 Years on (2020) found that health inequalities had increased during that time: people are spending more of their lives in poor health, improvements to life expectancy have stalled (and declined for women in the most deprived 10% of areas), the health gap has grown between wealthy and deprived areas, and place matters as well as deprivation.

The subsequent Covid pandemic highlighted and deepened health inequalities in terms of deprivation, place and race. Lord Darzi's Independent Investigation of the NHS in England confirmed that "many of the social determinants of health - such as poor quality housing, low income, insecure employment - have moved in the wrong direction over the past 15 years with the result that the NHS has faced rising demand for healthcare from a society in distress."

The three shifts

We are in broad agreement with the three proposed 'shifts' in the way that health and care services work – towards communities, making better use of technology, and prevention rather than treatment. These are not new, and they will be supported by most, if not all, stakeholders. The challenge is how to invest and intervene to make the shifts happen at a greater scale and pace to bring about real change without further damaging already overstretched services.

Shift 1: moving more care from hospitals to communities

Q2. What does your organisation see as the biggest challenges and enablers to move more care from hospitals to communities?

We agree that more services should be delivered at home and/or closer to where people live. This should make them more accessible, less intimidating, reduce the costs for overnight stays and closer to local support networks including family and friends. Good healthcare services in the community requires effective collaboration between the NHS, local authorities and community organisations, with appropriate governance and accountability mechanisms. The entire system including primary care services, public health and social care, needs to be properly and sustainably funded.

The trend over recent years has been for hospitals to become larger and more centralised, meaning that many people have to travel further to get to them. Service reductions and price increases for public transport compounded by price increases for car parking, have made this more difficult and expensive. Having health services available more locally should help counter this but only if public transport is available and affordable.

Moving services out of hospitals would have significant implications for the NHS estate. Community buildings need to be fit for purpose, both in terms of delivering health services and contributing to the decarbonisation and adaptation of the NHS estate to avoid the need for more costly retrofit in the future. The other great opportunity and challenge for the NHS estate is to make its assets more nature-friendly, both to contribute to protecting and restoring nature but also to enhance people's contact with the natural environment in order to improve their health via prevention and quicker recovery.

However, more care in communities is not just about simply relocating existing services out of hospitals and into other buildings. This on its own will not improve people's experience and outcomes. It must be underpinned by the shift to prevention (see Q4 below) and greater promotion of better health and wellbeing, and a focus on creating co-ordinated neighbourhood health and care services that enable people to live healthy and independent lives. This has significant implications for the whole workforce in terms of recruitment, retention and training. Training for healthcare professionals should have greater emphasis on preventative skills, social determinants and culture.

We would want to see the 10-year plan being an important vehicle for supporting those with mental health issues, learning disability and autism to be supported close to home as far too many people are in hospital.

Early intervention should begin with improving maternal, neonatal and infants' care, services that have deteriorated in recent years. This means both good universal services and additional targeted care for vulnerable children. Increasing ill health in early years – including obesity, dental and mental health – puts children on a pathway that requires long-term intervention and support.

Shift 2: Analogue to Digital

Q3. What does your organisation see as the biggest challenges and enablers to making better use of technology in health and care?

We support the better use of technology to improve our health and care services in the future. This should include standardising the formats in which data is held and shared effectively between different systems and organisations. For effective local collaboration, data must be held geographically down to a very local level, and by demographic and socio-economic factors – health and care services need to know who is most at risk, where they are, and how best engage with them.

Shift 3: Sickness to Prevention

Q4. What does your organisation see as the biggest challenges and enablers to spotting illnesses earlier and tackling the causes of ill health?

We support a fundamental shift towards prevention as a primary goal of the Health Plan. This will involve a culture change across the whole system with the NHS giving much greater emphasis to its roles in prevention, early intervention, and collaboration. This must be central to the training and CPD of all healthcare professionals. The NHS must challenge itself in each locality to identify how best to allocate its resources and target its activities to meet the six Marmot objectives. As an anchor institution the NHS has huge potential to improve the health and wellbeing of local communities by using its assets, people, procurement, and environmental impact more imaginatively.

Ideas for change

Q5. Please use this box to share specific policy ideas for change. Please include how you would prioritise these and what timeframe you would expect to see this delivered in, for example:

NB The Associations do not have shared policy positions here but the following suggestions reflect some of the social and environmental causes of health inequalities that we agree need to be addressed.

• Quick to do, that is in the next year or so

Green prescribing – unequal access to urban and rural green spaces affects health outcomes. There is strong and extensive research evidence that access to nature reduces stress and improves physical and mental health. The evidence also shows that green social prescribing works – it is an effective way of preventing and tackling mental ill health. The prescribing of activities in nature such as walks, gardening, tree planting and wild swimming has been shown to increase people's happiness and reduce their anxiety – in addition to the physical health benefits you would expect from these activities.

Tackling climate change also improves health and reduces health inequalities. Recent research shows that increasing urban greenspaces provides a huge range of benefits for public health, from creating cooler spaces during heatwaves and reducing the risk of flooding, in addition to the immediate individual health benefits noted above.

The increasing consumption of 'junk foods' that are high in fat, salt and sugar and have been highly processed has increased obesity and other diet-related illnesses and is putting greater pressure on the NHS. Improved regulation and information are needed to reduce consumption of unhealthy food by curbing marketing, putting health warnings on packaging, and investigating ways of introducing 'polluter pays/producer responsibility' so that the manufacturers of unhealthy foods have to contribute to the cost of treatment of these illnesses.

Business cases - local authority project and investment business cases and their evaluation across government need to properly account for the health benefits delivered and the healthcare costs avoided. These are often not identified, or where the benefits/costs avoided accrue to another organisation or budget they are not taken into account. A whole systems approach is needed so that health benefits are seen as essential and driving the case for investment. Closer integration of Integrated Care Boards and strategic/combined authorities should help with this.

Local authorities should be funded to deliver public health services at or above the same level as when they were transferred to local government in 2013. A 28% cut in real terms has had severe impacts on work to improve health by reducing smoking, improving sexual and mental health, and reducing obesity.

• In the middle, that is in the next 2 to 5 years

Active travel – both to promote healthy lifestyles (and help decarbonisation of transport) but also enable access to health and care services in community settings. Active travel and improved public transport are key to improving air quality and reducing ill health.

Warm homes and tackling fuel poverty – retrofitting the existing housing stock must be one of our national infrastructure investment priorities. Local authorities need increased and simplified funding to help low-income households improve energy efficiency and have affordable warm homes that are essential to health and wellbeing.

Air quality – air pollution causes a considerable burden of ill health and preventable deaths and costs the UK economy £22.6 billion every year. Local authorities should be resourced and supported to plan healthy places for the future, with investment in active travel and public transport to cut emissions. Clean air zones should be extended, and local authorities resourced to enforce restrictions and reduce pollution.

A fundamental review of local government funding to introduce multi-year settlements, remove siloed and short-term funding streams, and provide clarity about remaining funding streams. Health is about more than healthcare, and local councils are vital in addressing the wider determinants of health, through their role in housing, green spaces, youth services, and the local economy. They plan, commission, and

provide essential services like social care, public health, and children's services, all of which are key to improving population health and preventing ill health.

• Long term change, that will take more than 5 years

Housing policy – provide decent and appropriate homes for lifelong health and wellbeing. Poor housing, exacerbated by fuel poverty, has serious long-term effects on physical and mental health and comes at great cost to the NHS and social care services. Demographically, we have an ageing population. Individuals can end up living alone in family sized accommodation because of a lack of suitable alternatives. Disabled people are also poorly served by the current housing market. We need to invest in older people's housing and in specialist supported housing.

Tackle child poverty through new legislation and binding targets.

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