The Association of Directors of Public Health Consultation Response

Creating a new 10-Year Health Plan

Objectives and Scope

The government has made it its mission to fix the NHS, but it can't do it without your help and expertise; it wants to hear your views from the outset as it begins work to develop the 10 Year Health Plan for England.

You are therefore invited to respond to this survey by Monday 2nd December at 17:00. This is an early opportunity to share your insights as we begin an extensive programme of engagement to develop the 10 Year Health Plan.

There are five questions to answer. Please keep your total response to the questions to 5,000 words overall. Links to reports or supplementary evidence are not included in the word count should you wish to include these as part of your response

About ADPH

ADPH is the representative body for Directors of Public Health (DsPH), and is a collaborative organisation, working in partnership with others to strengthen the voice for public health, with a heritage which dates back over 160 years. ADPH works closely with a range of Government departments, including UKHSA and OHID as well as the four CMOs, NHS, devolved administrations, local authorities (LAs) and national organisations across all sectors to minimise the use of resources as well as maximise our voice.

ADPH aims to improve and protect the health of the population by:

- Representing the views of DsPH on public health policy.
- Advising on public health policy and legislation at a local, regional, national and international level.
- Providing a support network for DsPH to share ideas and good practice.
- Identifying and providing professional development opportunities for DsPH.

The 10 Year Health Plan for England

Q1: What does your organisation want to see included in the 10-year health plan and why?

A shift towards prioritising prevention

To build a sustainable, future-fit NHS, we want to see a fundamental shift toward prevention as a primary goal of healthcare delivery in the 10-year health plan. Prioritising prevention mitigates the costs and impacts of preventable diseases and supports healthier communities, economic resilience, and long-term NHS sustainability.

Move beyond an NHS-centric focus

The Five Year Forward View identified some initial actions to move toward prevention, yet significant gaps remain in delivery. Efforts need to be stepped up and prevention placed at the centre of the 10-year health plan to accelerate efforts to achieve this shift across the healthcare system. The success of this plan

depends on moving beyond a purely NHS-centric focus. Progress towards this shift requires local partnerships that promote sustainable, community-centred change. Local authorities are uniquely positioned to improve population health by convening Health and Wellbeing Boards and coordinating local systems. For this reason, NHS investments should complement and reinforce local efforts in public health and social care.

Implementing the Darzi report

ADPH supports the recommendations made in the Darzi report, particularly in Chapter 4 which addresses health protection, promotion and inequalities. We welcome the acknowledgement that 'The state of the NHS is not due entirely to what has happened within the health service. The health of the nation has deteriorated and that impacts its performance.' The new 10-year health plan should target reducing premature mortality and health disparities, which will ease pressure on the NHS and improve economic productivity.

Addressing health inequalities

The NHS, both as a commissioner and a provider, needs to ensure that prevention, with a focus on health inequalities, forms a key, mandatory and funded part of its plans. The Institute of Health Equity details a range of ways that health professionals can act on health inequalities, including working with individuals and communities. It also highlights the role of the NHS workforce as advocates. Integrated Care Systems also have an important role to play in tackling health inequalities by addressing inequities early in the disease pathway to prevent health outcome disparities through unequal access to preventative measures and by inequity of access to treatment.

Investing in system-wide improvements

NHS cost savings should be reinvested in public health, social care, and preventative measures to reduce waiting times and improve outcomes sustainably. The financial challenges facing the NHS can sometimes overshadow the need to invest in preventative measures.

NHS collaboration with local authorities

NHS collaborations with local authorities and community organisations need to evolve, with greater emphasis on local accountability. Community-supported initiatives, actively promoted by councils, are far more likely to be sustainable than downstream initiatives. The NHS must move away from overly centralised, one-size-fits-all strategies and instead empower local communities to achieve their best possible wellbeing.

Cultural shift towards prevention

Prevention must become integral to NHS culture. This requires more than financial investment. Behaviour shifts among healthcare professionals are essential to embed a proactive, health-promoting mindset across the system, with staff empowered and encouraged to approach health from an anticipatory perspective rather than solely a reactive one.

To achieve this, public health training for healthcare professionals both before qualification and throughout their careers should be expanded. Training for health providers should include preventative care skills and an understanding of the social determinants of health which will equip staff to promote wellness at every patient interaction. The NHS needs to embrace its role in preventative care, fostering a more collaborative, holistic approach to primary, secondary, and tertiary prevention throughout local systems. NHS staff should also be trained to understand health inequalities, appreciate the social determinants of health, and adopt

the Making Every Contact Count (MECC) approach. This approach connects patients facing broader challenges, like housing or debt issues, with appropriate support services.

Supporting behaviour change and identifying early risk factors

The NHS should provide resources for patients to self-manage health and address risk factors early through population health management and data-driven care strategies. Directors of Public Health and their teams bring essential expertise to this work, guiding the NHS in systematic, data-driven strategies to support proactive, comprehensive care. Effective local integration, including collaboration with social care, public health, and the voluntary and community sector, is crucial to achieving this vision.

A place-based approach to care

Integration efforts should extend beyond NHS and social care partnerships, adopting a place-based approach that encourages collective responsibility among stakeholders to help people lead healthy, fulfilling lives. ICSs hold a pivotal role in coordinating preventative efforts and reducing health inequalities. However, their authority must be clarified to enable them to achieve substantial health improvements.

A whole-system approach to child health

A whole system approach is needed to improve child health. This requires joint working between the NHS, housing, education, social services, planning, voluntary, police and youth justice sectors. A strategic shift towards prevention and early intervention is needed and this should begin with supporting good maternal health, promoting positive outcomes for both mother and child and a focus on the early years. A MECC approach should also be used to safeguard children. A balance is needed between providing universal services to all children (such as through health visiting teams) while also focusing additional resources on vulnerable children. It is also crucial to ensure that local services have arrangements to manage the transition to adult services.

Introducing the three shifts

The next questions relate to 3 ‘shifts’ – big changes to the way health and care services work – that doctors, nurses, patient charities, academics and politicians from all parties broadly agree are necessary to improve health and care services in England:

- **Shift 1: moving more care from hospitals to communities**
- **Shift 2: making better use of technology in health and care**
- **Shift 3: focusing on preventing sickness, not just treating it**

In answering the following questions on the 3 shifts, we’d welcome references to specific examples or case studies. Please also indicate how you would prioritise these and at what level you would recommend addressing this at, i.e. a central approach or local approach.

Shift 1: moving more care from hospitals to communities

This means delivering more tests, scans, treatments and therapies nearer to where people live. This could help people lead healthier and more independent lives, reducing the likelihood of serious illness and long hospital stays. This would allow hospitals to focus on the most serious illnesses and emergencies. More health services would be provided at places like GP clinics, pharmacies, local health centres, and in people’s homes. This may involve adapting or extending clinics, surgeries and other facilities in our neighbourhoods,

so that they can provide things that are mostly delivered in hospitals at the moment. Examples might include:

- urgent treatment for minor emergencies
- diagnostic scans and tests
- ongoing treatments and therapies

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

Use of local partnerships to deliver sustainable change

Effective care in the community requires NHS collaboration with local authorities, Health and Wellbeing Board and community organisations. Local authorities have a clear role in improving the health of their population and holding the local system accountable through Health and Wellbeing Boards. This accountability ensures that community-backed initiatives are more sustainable. A plan focused solely on the NHS will not succeed; the NHS's approach to working with local authorities and community organisations needs to change so that they are seen as equal partners.

Greater focus on subsidiarity

Greater focus needs to be placed on the principle of subsidiarity with less emphasis on national programmes. Accountability mechanisms for new health and care partnerships should build on existing structures, including Health and Wellbeing boards, local authorities and provider organisations. Local decision-making allows for a more responsive approach to the needs of individuals, involving communities in decisions about services which affect them.

Greater social care funding

As outlined in the Darzi report, greater funding into social care is necessary, as 13% of those occupying hospital beds are waiting for social care support or care in a more appropriate setting. Health spending increases with the proportion of older people in the population, as per capita spending tends to be higher for the old than the young.[i] Increasing disease incidence and co-morbidities amongst the population, for often avoidable or delayable conditions, are some of the fundamental drivers of change in healthcare provision and cost, making community-based, integrated care systems essential.

Greater primary care funding

Primary care remains underfunded, creating significant challenges for achieving sustainable, community-level care. Without increased support and investment, efforts to deliver comprehensive, integrated care in these settings will likely fall short. Strengthening primary care infrastructure is essential for improving health outcomes and meeting the broader health needs within communities across the UK.

Building trust-based partnerships

Strong, trust-based relationships are vital for effective collaboration between NHS and local governments. These relationships are key for keeping the focus on place and for overcoming differences in statutory frameworks and accountability between NHS and local government. The NHS should be a strong partner to other organisations and sectors and should contribute to address broader issues, such as poverty, through its role as an anchor institution.

An increase in investment and resources to public health

To move care from hospitals, the entire system – including public health – needs to be properly funded. Since 2015/16 the public health budget has been cut by 24% in real terms. These cuts have constrained preventative services, so a sustainable funding model is crucial.

Tailoring approaches to local needs

The NHS is too reliant on national one-size-fits-all approaches. The role of national action must be to empower local communities and individuals to achieve their best possible wellbeing. For successful care to be delivered in the community, universal services must be balanced with targeted support for vulnerable groups to improve outcomes.

A whole-system approach to community care

Sustainable community care requires a whole-system approach, with collaboration across sectors like social services, housing, and education to support and improve health and wellbeing. Integration needs to extend beyond the NHS and social care and take a place-based approach, with a collective responsibility to ensure people can lead healthy, fulfilling lives.

Shift 2: Analogue to digital

Improving how we use technology across health and care could have a big impact on our health and care services in the future. Examples might include better computer systems so patients only have to tell their story once; video appointments; AI scanners that can identify disease more quickly and accurately; and more advanced robotics enabling ever more effective surgery.

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

Access to high quality knowledge and intelligence

It is important that local authorities and DsPH have access to high quality public health knowledge and intelligence to carry out their statutory responsibilities effectively, including data for local health surveillance, needs assessments, benchmarking quality, comparing outcomes, developing plans and evaluating impact.

Effective data sharing

Improved data sharing and interoperability at the local level will ensure the organisations involved in an ICS can take a targeted, data-led approach to designing and delivering services. Ensuring that primary, secondary and tertiary care and local authority systems can effectively communicate with each other will allow for the identification and reduction of health inequalities, and improve population health. This collaborative approach is crucial for the effective delivery of healthcare in the community.

The limited capacity and capability for system-level information governance within ICSs creates significant challenges for local public health teams. Specifically, the ability to leverage integrated NHS and non-NHS data for advanced analytics—such as risk stratification, impact evaluation, and funding model development—is constrained. These analytics are essential for building the evidence base needed to allocate resources more effectively, shifting investments upstream toward community-based prevention outside the NHS. However, the datasets currently available are often too high level, aggregated, or lack real-time granularity, making it difficult to achieve these objectives.

The following three recommendations would enable better care for local communities.

- Extending and simplifying routine access and use of NHS data for data linkage for local government and VCSE organisations.
- Improving the legal gateway for ICSs to accelerate data sharing and linkage between NHS and non NHS organisations where needed to support population health management activities.
- Reducing public suspicion and risk-averse organisational cultures by undertaking more patient and public engagement around the importance of cross sectoral data sharing and linkage.

Case studies

Data sharing during the Covid-19 pandemic

DsPH and their teams have the epidemiological skills needed to tell the right story with data. The pandemic accelerated data access and improved data-sharing capabilities, and it is vital to maintain and strengthen these advancements, with a focus on outcomes over process.

At the start of the Covid-19 pandemic, DsPH in the UK struggled to protect their communities due to limited data access. Lacking essential postcode and individual-level data made it difficult to track Covid-19 infections effectively, delaying local responses. Incomplete information—particularly on ethnicity, occupation, and workplace location—further hindered efforts to identify outbreak sources.

Despite requests for better data, similar issues emerged with vaccination data, limiting DsPH's ability to identify and reach unvaccinated individuals. Data-sharing discussions focused more on restrictions than on enabling effective use, although improvements were noted when the government adopted a co-design approach, involving local councils in data planning. By the end of the pandemic, data access for DsPH had significantly improved, enabling them to better target vaccination outreach and infection control measures based on geography, ethnicity, and socio-economic factors.

NHS health checks

NHS health checks are an example of preventative health interventions which are limited by a lack of data sharing agreements and procedures in place. Local authorities do not have access to the primary care data which would allow them to carry out place-based evaluation of such interventions and better understand the health inequalities which exist in their communities. Due to the provision of these services via third party contracts in some local authorities, public health team members struggle to steer the focus of targeted interventions towards the most vulnerable groups. Those at highest risk are not being identified and targeted outcomes are not being reported, therefore making these preventative programmes ineffective.

Addressing the lack of data flow between local and national teams

To best serve the population's health, a new public health intelligence strategy is urgently needed to address data-sharing issues and support coordinated efforts at local, regional and national levels.

For more information, please read our Data and Intelligence in the Public Health Systems position statement.

Shift 3: Sickness to Prevention

Spotting illness earlier and tackling the causes of ill health could help people stay healthy and independent for longer and take pressure off health and care services.

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

Within the NHS, prevention should be placed at the centre of practice

This would require more than just financial investment; it involves culture change across the system and behaviour change amongst healthcare professionals. Training and CPD for staff must be a priority. The NHS must recognise its role in prevention, fostering a collaborative, holistic approach to primary, secondary and tertiary prevention across local systems. Integration needs to extend beyond the NHS and social care and take a place-based approach, with a collective responsibility to ensure people can lead healthy, fulfilling lives. ICSs have a key role to play in prevention and tackling health inequality. However, clarity is needed regarding the powers of ICSs to achieve tangible improvements to health outcomes. The Director of Public Health has a key role in ICSs as the local system leader for prevention.

The role of local authority colleagues within ICSs

Effective collaboration between public health teams and ICSs is essential. Addressing workforce resourcing and fostering shared priorities can enhance integration, preventing siloed efforts and ensuring public health is a core component across ICS initiatives. Further detail on the enablers and opportunities to effectively engage and embed public health across the ICSs is available via ADPH's Embedding Public Health across Integrated Care Systems policy document.

A strategic shift towards prevention and early intervention

A sustainable NHS cannot be achieved without a sustainable social care system and investment in primary care and public health. The public health grant has been cut by 28% on a real terms per person basis since 2015/16. Restoring cuts to the public health budget is crucial, as preventative measures are significantly more cost effective than NHS intervention. Research shows that each additional year of good health achieved in the population by public health interventions costs £3,800, measured using Quality Adjusted Life Years. This is three to four times lower than the cost resulting from NHS interventions of £13,500 (per additional year of good health).

Public health training for healthcare professionals is limited

The training healthcare professionals receive before they qualify and throughout their careers should embed and reinforce the importance of public health and prevention. There should be a real emphasis on Making Every Contact Count (MECC) approaches and opportunistic interventions to engage with people about their health and wellbeing including on employment support, mental health, weight management, alcohol and tobacco and smoking in pregnancy.

A system-wide perspective

An enduring inability to think system-wide presents a major challenge in tackling ill-health and fails to promote a whole systems and life course approach. There is a siloed view that the NHS can or should do it all. This approach limits the NHS's preventative reach. Health and Wellbeing Boards, local authorities and the voluntary sector must collaborate to provide sustainable, community-based health support.

The role of prevention within the NHS and ICSs

Pathways within ICSs should encompass not only secondary and tertiary prevention and treatment but also the broader determinants of health and primary prevention. Prevention efforts must extend beyond the health system to address these wider determinants, ensuring a more comprehensive approach to population health. Clearly defined roles for DsPH and the NHS across primary, secondary and tertiary prevention will help avoid redundancy and competition, while also ensuring effective use of resources. DsPH should have a leadership role alongside colleagues to decide on a health inequalities approach, in line with Integrated Care Partnership and Health and Wellbeing Board strategies.

Funding inequities across regions

Addressing health inequalities requires equitable resource allocation. Health Integration Strategies should consider both health inequalities and prevention and how these issues will be resourced and implemented. There should be better monitoring of spend on prevention and a clear commitment from ICSs to increase spend on prevention (eg by 1% a year up to an aspirational target of 10-20%).

There should be consideration of the inequity of funding and resource reallocation across the country. For example, with the Core20Plus5, some areas, particularly those in the north, will have a higher percentage of their local population falling within the Core20 category.

The NHS as an anchor institution

As an anchor institution, the NHS has huge potential to influence the health and wellbeing of the local population and tackle inequalities by investing in and working with others locally and responsibly in many areas including primary prevention. The NHS should lead by example and can make a difference by:

- Using buildings and spaces to support communities.
- Working more closely with local partners and other anchor institutions.
- Embedding social value into procurement and commissioning decisions.
- Widening access to quality work through offering training, employment and professional development opportunities.
- Reducing its environmental impact (eg by switching fleets to lower polluting vehicles) and supporting active travel initiatives.
- Providing healthy food choices.

The role of DsPH in Section 7a

The commissioning and delivery of some of the Section 7a functions, including Child Health Information Service; sexual assault services; health in secure and detained settings; and Screening and Immunisations and Vaccinations should be separated from being under a single umbrella of Section 7a to provide accountability, particularly around maintaining the high levels of take up necessary. Whichever way they are structured:

- There should be closer links between the NHS and local DsPH who should provide oversight, support and challenge for their local population, particularly around take-up.
- There should be real oversight (including data access) of screening and I and V for DPH teams and accountabilities should be clearly defined.
- There should be greater clarity around the assurance role of DsPH.

Secondary prevention within the NHS

Embedding secondary prevention into NHS pathways can improve health outcomes and reduce long-term costs on the overstretched system. The NHS should integrate secondary prevention into existing pathways, ensuring that these take account of inequalities and population needs. Consistency and training across the NHS are vital, with DsPH providing leadership on targeted, population-based approaches. The NHS needs to be aware of already established public health resources and how to access them in an integrated way to build population health capacity.

Population health as a key priority of the primary care agenda

The NHS must ensure that public health is a priority in primary care, with DsPH working closely with primary care providers to address workforce challenges and deliver preventative services effectively. DsPH want to increase their support for primary care colleagues to prevent an increase in workforce inequalities, with an uneven workload between the NHS and local authorities. They also want to accelerate this increase by considering ways of working with primary care and what quality improvement can be introduced.

Ideas for change

We're inviting everyone to share their ideas on what needs to change across the health and care system. These could be:

- Ideas about how the NHS could change to deliver high quality care more effectively.
- Ideas about how other parts of the health and care system and other organisations in society could change to promote better health and/or improve the way health and care services work together.
- Ideas about how individuals and communities could do things differently in the future to improve people's health.

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:

- **Quick to do, that is in the next year or so**
- **In the middle, that is in the next 2 to 5 years**
- **Long term change, that will take more than 5 years**

Investment in public health and prevention is vital to improve the nation's health

Cuts to public health funding over the past decade have had a severe effect on health and wellbeing. Across the UK, smoking is the leading cause of premature and preventable death, over a quarter of adults are living with obesity, and one in six adults are experiencing mental health issues.

It is absolutely right that we invest in healthcare, but investment in this area is only one piece of the puzzle. If we want to improve health and wellbeing for everyone in our society over the long term, then we must also invest in public health and upstream intervention.

In England local authorities' public health funding has suffered a 28% cut (in real terms on a per person basis) since 2015/16. Although DsPH have been acting to manage these cuts without detriment to outcomes, they have reached the limit of available efficiencies.

Failure to invest in vital preventative services will lead to poorer health and widening health inequalities which will result in greater economic inactivity, reduce the number of people in work and add to the burden of our health and social care systems.

The Government should restore the public health grant to its 2015/16 real-terms per person value. Equivalent investment should be made in public health in the devolved nations.

This policy change should be quick to do, that is in the next year or so. For a more detailed breakdown of timeframes, the Health Foundation has developed three options to restore the public health grant to the real-terms, per-person equivalent of 2015/16 levels.

Health and wellbeing must be considered through a whole systems approach

Only a small proportion of people's health – just 10 to 20% – is determined by access to traditional health services. The rest depends on social factors such as jobs, housing, and education. These make up the wider determinants of health and need sufficient funding to ensure good health for local populations.

Whilst specific funding streams such as the public health grant are vital, increases in overall public health funding should be broad-based and make use of opportunities and mechanisms to boost investment through all available routes including the Department for Transport; Department for Levelling Up, Housing and Communities; Home Office and other Government departments.

Whether through transport, housing, fiscal or employment policies, decisions taken across national Government have the potential to create the conditions for healthy lives. The new Government Health Mission is a good example of cross-departmental working and should be built upon to strengthen the health in all policies approach.

This policy change should be quick to do, that is in the next year or so.

Legislation to improve and protect health must be fit for the 21st century

A new Public Health Act should be developed to consolidate existing legislation and ensure health and wellbeing is at the heart of policy and funding allocation.

Currently there are many disparate pieces of legislation, in an already fragmented public health system, that cover a variety of topics, from prevention and treatment of disease to sanitation in England. The disparate nature of these existing laws makes coordination challenging and results in inefficient implementation and oversight. Due to the vast nature of public health, consolidating this would be a considerable undertaking, and would involve amalgamating the numerous Acts of Parliament concerning public health that have been developed over the past 175 years into a new Public Health Act. However, doing so would reduce fragmentation and create a streamlined approach to public health, ensuring that public health policy is fit for the 21st century. A new Act would also address pandemic preparedness, allowing the UK to respond swiftly and effectively to future health crises.

This policy change should happen in the medium term, that is in the next 2 to 5 years.

Improvements to health and wellbeing must be achieved equitably

Improvements in health are being experienced disproportionately, with the gap between the most and least deprived areas widening. There is a ten-year life expectancy gap between the most and least healthy local authorities.

The previous Government had ambitious targets to achieve an increase in healthy life expectancy by five years by 2035, and to narrow the gap between the areas with the best and worst health (as outlined in Levelling Up the United Kingdom in 2022).

Creating good health requires ambition on the social determinants of health – income levels, housing standards and security, education and employment opportunities, and the environment. Both a cross-government strategy and sustained structural national policy action are needed to tackle the variety of interconnected factors that cause health inequalities.

Governments across the four nations should introduce a dedicated health inequalities strategy and take a whole system, Health in All Policies approach overseen by a cross government ministerial-level committee in order to achieve health equity.

This policy change should happen in the medium term, that is in the next 2 to 5 years.

Address the commercial determinants of health

The commercial determinants of health are a huge driver of health inequalities, through driving unhealthy product consumption, such as alcohol, tobacco, unhealthy foods, and gambling, thereby exacerbating existing inequalities. As part of addressing health inequalities, the Government must address inter-related issues such as the commercial determinants of health to improve the health of the nation.

Governments across the four nations should implement policies to act on the harm caused by products and services from the tobacco, alcohol and fast-food industries that exacerbate health inequalities. This could include extending smoke-free legislation, introducing Minimum Unit Pricing, and acting to curb junk food marketing.

This policy change should be quick to do, that is in the next year or so.

Ending child poverty is critical to improving health and wellbeing for future generations

A new Child Poverty Act should be developed which commits to ending child poverty in all parts of the UK by 2030, with a focus on prevention, early intervention, and a whole family approach.

The physical, emotional, and mental wellbeing of children and young people are significantly shaped by the social determinants of health into which they are born, live, learn, and grow. A shift towards poverty prevention and early intervention is needed to support children and young people to lead healthy and fulfilling lives and prevent ill health in later life.

Governments across the four nations must prioritise prevention and early intervention and should reintroduce binding national targets to reduce child poverty and tackle the root causes of poverty, not just the symptoms. Clear policy direction and common objectives should be set across all Government departments to tackle adversity, trauma and resilience and improve health outcomes throughout the life-course.

This policy change should happen in the long term, that is beyond the next five years.

[i] https://obr.uk/docs/dlm_uploads/Health-FSAP.pdf