

Together Active's Response to the NHS 10-Year Health Plan Consultation | Change NHS

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Part 1 | Our Vision

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

Embedding physical activity as core to prevention and recovery:

Physical activity becomes standard practice across all healthcare settings, embedded in clinical pathways for both physical and mental health. By making it a standard practice, we can reduce reliance on medication and accelerate recovery, while also preventing chronic illnesses linked to inactivity, such as cardiovascular disease, obesity, and depression. Beyond health, integrating physical activity into care helps build community cohesion, reducing loneliness and strengthening community bonds. Supported, locally tailored activity programmes can transform both individual wellbeing and community resilience, creating a healthier, more connected population.

Investing in community partnerships:

We want to see the NHS prioritise partnerships with local charities and community organisations who are deeply connected with to the unique needs of their communities. We know through our work that effective, sustainable change comes from within communities, not through top-down interventions. By integrating community-driven initiatives into the 10-Year Health Plan, the NHS can amplify preventative care, reduce demand on hospitals, and create accessible, relevant healthcare solutions. But community organisations need proper investment, with funding that reflects the true costs of delivery and supports sustainable, long-term programmes. There should also be a stronger focus on patient experience and outcomes, moving beyond solely clinical data markers, to ensure meaningful, impactful care.

Aligning cross-sector efforts:

To achieve lasting health improvements, we need every sector, local authorities, employers, housing, education, and the NHS itself, to work together to support public health. By building cross-sector collaboration into the 10-Year Health Plan, the accountability for health becomes a shared one, with a holistic approach to health extending beyond healthcare settings. For example, safe, walkable neighbourhoods designed with accessible active spaces contribute to a healthier, more active population and offer direct benefits to the NHS by reducing preventable illness. Our vision is that every sector actively support community health. We want to see a society-wide culture of health, where proactive support systems empower people to live healthier lives, ultimately reducing preventable illnesses and easing pressures on the NHS.

Part 2 | The Government Vision

The 3 'shifts' the Government is looking to achieve:

Shift 1: Moving more care from hospitals to communities

Shift 2: Making better use of technology in health and care

Shift 3: Mocusing on preventing sickness, not just treating it

Part 3 | Our Response to the 3 Shifts

Shift 1: Moving more care from hospitals to communities

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

Challenges:

One of the most significant challenges is the lack of long-term, stable funding for community organisations. Often, funding is allocated on a short-term basis, creating 'cliff edges' where essential services are suddenly at risk when funding cycles end. This also leads to a loss of skills, organisational knowledge, and trust built up within the community. If we want to reduce the strain on hospitals, community organisations must be funded with long-term investment that reflects the true costs of delivering consistent, impactful, high quality support services.

Another substantial barrier is data sharing. Currently, NHS data systems are rightly designed to safeguard large volumes of highly sensitive information, which can delay or limit data access for community organisations working as part of referral pathways. These organisations often don't need access to the full details of a patient's history; they need selective, relevant data that enables them to support without compromising patient privacy. Simplifying and streamlining data-sharing protocols between the NHS and community groups would allow for timely interventions, better coordination, and a more integrated care experience for patients.

Enablers:

Accessibility and local knowledge:

community organisations are well-positioned to deliver healthcare services in accessible, familiar locations that people already trust, such as local community centres,

gyms, and outdoor spaces. Physical activity programmes tailored to community settings provide a pathway to support both mental and physical health needs. They encourage preventative care by making healthcare more accessible and approachable, particularly for the most excluded communities, and those who may otherwise avoid hospitals or healthcare settings.

Trust and expertise:

Community groups bring deep local knowledge and established trust, essential for effective, personalised care. Incorporating physical activity supports the development of social networks and community cohesion, improving health outcomes and resilience in communities.

Diversity of settings:

Community organisations can operate in diverse environments, offering flexibility that allows care to meet people in their daily lives. This diversity is critical for addressing the specific health and social needs of different populations, delivering health interventions that feel relevant and accessible.

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?

Challenges:

A major challenge in leveraging technology effectively is the difficulty of adoption within the community workforce, where digital literacy varies widely. Many in the sector are hesitant to adopt new technology due to unfamiliarity, discomfort, or fear of making mistakes. Shifting mindsets and encouraging engagement with new systems often requires intensive, sustained effort, which can strain resources and delay progress.

The NHS systems themselves can also be complex and difficult to navigate for non-specialists, and often require substantial training and ongoing support. While patient-facing technology is becoming more intuitive, the back-end systems used by staff and community groups can still be challenging and unintuitive, creating obstacles to collaboration.

Data capture is another significant barrier, particularly within community organisations with limited capacity and expertise. Capturing and sharing data effectively requires time, digital infrastructure, and trained staff, which are often lacking in smaller organisations. This limitation prevents accurate, timely data from reaching the NHS, reducing the effectiveness of community-based health interventions. Without support to build digital skills and streamline data systems, this gap will continue to hamper collaborative and integrated care.

Enablers:

In terms of enablers, there is a growing focus on patient-centred digital tools and increasing technological literacy in the general population. The increasing use of online booking systems, in both health and other sectors, online appointments and meetings, and apps for health tracking, have all created a population who are accustomed to digital interactions, so the introduction and innovation of complementary healthcare systems will likely be more readily adopted.

The NHS's robust data security infrastructure means there is a foundational standard which already exists, so while it needs streamlining and refining, these security protocols are established and reliable. Adjusting these to be more selective and user friendly to allow more accessible data sharing with non-clinical partners will enable safer and more efficient community-based care.

Policies like the Long-Term Plan which incorporate a focus on digital health solutions have created an environment which is supportive of tech adoption, giving permission to healthcare providers to explore innovative digital solutions and allows for funding of digital tools and workforce training for a sustainable approach.

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?****Challenges:**

A key challenge to early illness detection and tackling root causes of poor health is the underfunding of community organisations, which are ideally placed to deliver preventative care and reach underserved communities. Current funding models are often short-term, leading to 'cliff edges' in service provision, where vital community services are at risk when funding ends. It also means a huge amount of time and resource within these organisations is taken up by applying for and managing funding, which takes away from being able to deliver for the communities they serve. For preventative health to be effective, community organisations need long-term, sustainable investments that reflects the true cost of service delivery, and an understanding that they are better placed to understand the community need. Rather than imposing top-down interventions, every effort should be made for interventions to be lead by community need and developed in partnership with the community.

There is also a challenge around the fragmented approach of care. Preventative efforts are often reactive and limited, an issue further compounded by short funding cycles, which prevent community organisations from delivering consistent, anticipatory support. If the NHS is to improve early illness detection, it must create long-term partnerships with these groups, enabling them to provide services that extend beyond immediate needs, such as regular health screenings and ongoing activity programmes that can help detect risk factors before they escalate.

Data accessibility also restricts preventative care. The creation of tiered data-sharing systems that allow community providers to access targeted, need-to-know data, such as activity levels, recent diagnoses, or basic health risks, would allow community organisations to play a proactive role in early intervention and be able to plan services in line with community need.

Physical activity is often underutilised as a preventative tool, or massively undervalued. Despite the evidence of its importance in the prevention of physical and mental ill health, it's still underrepresented in preventative care programmes or implemented in ways which are exclusionary to the most underserved populations. Designing in activity to other preventative services, rather than having it as an add on without being given much thought, could allow for early identification of mobility issues, cardiovascular risks, or mental health concerns, while promoting resilience and reducing future reliance on clinical interventions.

Enablers:

The main enabler in the early detection of illness and tackling the causes of ill health are community based organisations. As they are positioned within the communities they serve, these organisations have established trust, local knowledge, and reach, allowing them to engage people who might otherwise avoid healthcare settings. They are uniquely able to provide preventative services, promote healthier lifestyles in line with the needs and preferences of their communities, and identify emerging health concerns early on. When supported with stable funding, simplified data access, digital tools, and closer relationships with healthcare providers, they can act as a proactive, responsive layer of care, intervening before health issues escalate and addressing root causes of poor health more effectively than reactive, hospital-based interventions alone.

Part 4 | 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.

- **Embed physical activity as a core preventative and recovery tool.**
 - **Short term (next year):** integrate physical activity into primary care pathways, alongside sustained investment into community organisations to support the increase of referrals into these services. Encourage physical activity interventions as the first option, instead of leading with medication, for common conditions.
 - **Long term (5+years):** establish a Right to Physical Activity framework, ensuring that every community has access to safe, affordable spaces for movement, such as community centres and public parks. By making physical activity accessible and normative, we can create a culture of preventative health.

- **Strengthen community partnerships with sustainable funding**
 - **Medium term (2-5 years):** create long-term funding streams for community organisations that reflect the actual costs of delivery. This would allow community organisations to provide consistent services with experienced, skilled staff, which address health risks at a community level. An additional 'rolling fund' that adapts to emerging community needs could also be created, to ensure that services can adapt and evolve in line with changing local demographics or need.

- **Develop a streamlined data sharing platform for community use**
 - **Medium term (2-5 years):** establish a simplified, secure data-sharing platform that enables selective sharing of relevant health data with community organisations delivering interventions in partnership with the NHS. This would make the creation of new pathways into community care far simpler, and allow for community data capture to monitor and evaluate the effectiveness of interventions. The patient experience would be greatly improved, and the time spent by staff in establishing pathways and protocols would be greatly reduced.

- **Build cross sector partnerships to address root causes of poor health**
 - **Long term (5+ years):** build collaborations between the NHS, local authorities, housing associations, and employers to address the social determinants of health, factors such as housing, employment, and education that directly impact health. Every sector should take responsibility for community health: employers can create healthier workplaces through flexible working, health-promoting policies, and encouraging active transport; local authorities can create safer, healthier environments with active transport options, secure housing, and accessible support services; and education can equip people with skills for lifelong health by embedding physical activity into daily routines from a young age, making it a natural part of life, not just limited to sports. This culture shift needs to be coordinated, with physical activity built into all systems so that it becomes a cornerstone of health.