Department of Health & Social Care

From the Rt Hon Wes Streeting MP
Secretary of State for Health and Social Care

39 Victoria Street
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Layla Moran MP

Chair, Health and Social Care Committee

2nd December 2024

Dear Layla,

Thank you for your correspondence about the engagement exercise for the 10 Year Health Plan, including our plans for consulting groups who experience health inequalities.

I am grateful that the Health and Social Care Committee shares the Government's ambitions to reform the NHS. The focus of the 10 Year Health Plan is to ensure that the NHS is there for anyone who needs it whenever they need it. This is why listening to the voices and experiences of all patients is core to developing the Plan and it is vital, as you highlight, that we reach people and communities that are typically under-represented or seldom heard.

However, we recognise that we cannot build an NHS fit for the future without tackling inequalities. More broadly, we are committed to building a fairer Britain by tackling the structural inequalities that contribute to poor health, particularly for disadvantaged groups. Our health mission in England will focus on addressing the social determinants of health, with the goal of halving the gap in healthy life expectancy between the richest and poorest regions. We will also work across government to address the root causes of health inequalities, prioritise prevention, shift more care into the community, and intervene earlier in life to raise the healthiest generation of children in our history.

You raise several specific questions on how we have considered under-served populations in our engagement on the 10 Year Health Plan, and I have provided our answers in turn below.

How is the current survey on Change NHS online platform being shared and promoted, particularly to under-represented groups?

The www.change.NHS.uk platform is being promoted nationally by a comprehensive communications and engagement campaign which includes a range of channels to ensure maximum reach into communities and audiences across the country. This includes, for example, extensive media, social media, partner and community-based

communications, and close working with NHS England to maximise use of front line channels.

We are collecting demographics on www.change.NHS.uk to ensure that we hear from a full representation of the population and to enable us to take proactive steps to address underrepresentation. Current data shows that there is good representation of people with long-term health conditions, disabilities, and people with caring responsibilities. However, there is under-representation of men, younger people aged 16-34, and amongst people who identify their ethnic group as Asian or Asian British, and people who identify their ethnic group as Black, African, Caribbean or Black British. We will continue to deliver targeted engagement to reach groups that are underrepresented, including working with community partners, and considering further use of social media.

We have ensured that there are multiple formats and ways to respond to www.change.NHS.uk so that everyone can have their say in the development of the 10 Year Health Plan. This includes language translations for the four main non-English languages spoken in England, a British Sign Language (BSL) translation of the platform content, an easy-read format, and further alternative formats available on request. People can respond to the engagement by email, post, telephone, and BSL video.

While we have worked to ensure that everyone can share their experiences, views and ideas for fixing the NHS through the online portal, we recognise that a portal won't be the best way to engage all communities. This is why it is only one aspect of our engagement. Hearing under-represented voices is crucial for us, and I have set out some of our plans to reach those seldom heard voices in my answer to your next question.

Will there be other engagement to supplement the view gathered through the online platform? If yes, what form will this take?

In addition to launching www.change.NHS.uk, there will be a series of in-person and online events in every region across England, which will include people and staff from different backgrounds and experiences. Our in-depth deliberations with the public will consider their priorities and expectations on how we make the NHS fit for the future. We are also working with partners who have an interest in health and care to hear from local communities, especially those whose voices often go unheard.

To support the development of the Plan, we have established 11 policy working groups. These groups will consider the future vision for the NHS and areas of the NHS that will need to change to achieve this. Members of the working groups include individuals with a range of perspectives including those with lived experiences.

As I indicated above, addressing healthcare inequalities is a fundamental part of the Health Mission and the workstreams of the 10 Year Health Plan. That is why there is a dedicated workstream tasked with developing new principles for how care should be designed and delivered to improve healthcare equity in England by 2035. This will focus on addressing disparities in access, patient experience, and outcomes. This working group has representatives from a range of seldom heard or marginalised groups and related networks.

What is the timeline for this activity?

On timings, the public and staff can continue to provide feedback, through www.change.NHS.uk and the deliberative events, until the Spring 2025. Organisations are encouraged to log onto www.change.NHS.uk, and submit their response by 2 December. Organisations and local health systems running their own engagement with their communities should feedback insights on the portal by 14 February 2025. All responses will be analysed and used to inform the next stage of the Plan's development and there will also be further opportunities for organisations and partners to input.

How will the department ensure it hears from a diverse range of voices, particularly from groups less likely to have engaged with the survey?

The Department successfully ran a procurement exercise and appointed a specialist external partner, Thinks Insight and Strategy, to support this engagement. Thinks Insight and Strategy is an independent research agency adhering to the Market Research Society Code of Conduct. Working with Thinks Insight, Integrated Care Systems, and the Voluntary, Community and Social Enterprise sector (VCSE), we will seek to reach people and communities who may experience barriers to being involved. This includes identifying and targeting specific groups who we have not heard from as the engagement goes on. We have also been consulting with NHS Confederation and welcome their continued support in helping us to reach these communities.

We have asked local health systems to plan engagement with their local communities, front line staff and partner organisations, taking care to ensure they cover their 'Core20PLUS5' groups and reach those who are under-represented. The NHS England Core20PLUS5 approach aims to inform action that targets the most deprived 20 per cent of the population and other inclusion health groups, with the aim of reducing health inequalities. We have provided 'workshop in a box' materials to support local health systems and VCSE organisations to run workshops with their communities. These materials will also be available in alternative formats, including easy-read and BSL formats.

Which groups and organisations has the Government worked with and consulted with to develop its engagement strategy for the 10 Year Plan?

We want the 10 Year Health Plan engagement exercise to mark a step change in the relationship between the NHS, health staff, the public, and government. Despite broad consensus over the past two decades, the three shifts – analogue to digital, sickness to prevention, and hospital to community – have not been made. We need a different approach.

The engagement strategy is to have the biggest ever conversation about the future of the NHS. Our approach is to put the public and health staff at the centre of the policy-making process to help us set the vision for how to make the three shifts, test ideas and consider the trade-offs. We will provide unprecedented levels of transparency, so instead of policy being developed in Whitehall followed by the publication of a Plan, the government will have the debate on how to reimagine the NHS in the public eye prior to the drafting of a Plan. We will work with health and care providers, local government, charities, and others to reach seldom-heard groups, such as people with learning disabilities, those in insecure accommodation, ethnic minorities, and young people. And we will leave a local legacy by providing free training and engagement materials to support health and care systems and partner organisations to deliver locally-led workshops on how to make the three shifts and what is most important to their communities.

The exercise is informed by the Department's and NHS England's long standing engagement with stakeholders and the health and care sector, which includes charities, think tanks, local government, providers, experts in public engagement, and others. It has also been informed by Ministers' and Advisers' extensive engagement prior to the election, as well as the Darzi investigation that followed the election.

How will the views gathered during these activities be used to inform the 10 Year Plan?

Insights from engagement events with staff, partners and the public – including those from under-represented or marginalised groups – will be fed directly into the policy working groups to shape development of the vision and solution design. We will also use deliberative engagement with staff and the public to get buy-in to the plan and discuss the trade-offs and choices needed to reform the health service.

Is the department planning to fully publish the results of this exercise and in what form will this take?

We will publish a report summarising insights gathered across the engagement alongside the 10 Year Health Plan. This report will include insights from www.change.NHS.uk, and deliberative events with the staff and the public.

I hope that this correspondence assures you that we are committed to ensure that the voices and experiences of patients are at the heart of the NHS and our plans to reform it. We know that this is particularly important for under-represented and seldom heard communities.

I look forward to discussing our 10 Year Health Plan with the Committee on 18 December.

Yours sincerely,