

## Written evidence submitted by NHS Providers (PHS0593)

NHS Providers is the membership organisation for the NHS hospital, mental health, community and ambulance services that treat patients and service users in the NHS. We help those NHS foundation trusts and trusts to deliver high-quality, patient-focused care by enabling them to learn from each other, acting as their public voice and helping shape the system in which they operate.

NHS Providers has all trusts in England in voluntary membership, collectively accounting for £104bn of annual expenditure and employing 1.2 million staff.

As the membership organisation for trusts and foundation trusts, we welcome the health and social care committee's proposed inquiry into prevention. Trusts are committed to improving approaches to prevention to benefit their communities, as partners within their local systems. Below, we set out a number of considerations which we feel would benefit the Committee's inquiry. We would be pleased to contribute oral and written evidence, as appropriate, to support this work.

### Addressing the wider determinants of health

We agree with the committee that prevention is not an NHS-only issue. Coordinated, co-ordinated, coherent action by government to prevent ill health must begin with the societal factors that cause some people to be less healthy than others: the "wider determinants of health".

For example, it is **well documented** that people living in poverty are more likely to have poorer physical and mental health, and poorer outcomes from healthcare. This is also true for some ethnic minorities due to structural racism, and for people with **learning disabilities**. **Research** has demonstrated the links between **health inequalities and ethnic and geographic socioeconomic inequalities**.

Other **social determinants of ill health** include unemployment, low levels of education, lack of access to good affordable food, poor working conditions and poor quality housing.

We would encourage the Committee to take full account of the wider determinants of health in its inquiry.

### Investing in high equality public health and preventative services

The committee should look at the impact of cuts in funding for public health and prevention services, and whether they are being accessed by those who would most benefit from them.

It is useful to distinguish between primary prevention (such as screening programmes, which identify health conditions and vaccination) and secondary prevention (helping people manage existing conditions to avoid exacerbation or deterioration, often in primary care or secondary care settings).

For primary prevention, it is worth considering the distinct roles of local authorities, integrated care boards, primary care, and trusts – and how partnership approaches can increase the impact of prevention programmes, for example providing NHS health checks at particular ages, or for marginalised groups, for example, people using

homelessness services. The committee should seek to understand which outreach programmes are most successful at engaging people most at risk, and why.

In secondary prevention, the committee should consider what the benefits might be of offering better support to people to manage key disease groups including heart disease, respiratory illnesses, diabetes and why some people are not accessing the support services available to them, which would improve their quality of life and likely outcomes. This may be due to capacity challenges in primary or specialist secondary care services, or that those services are unable to reach people who may need help keeping up with prescriptions, for example, or attending regular GP appointments. It will be important to understand why more deprived areas tend to have **fewer GPs per head** and **lower rates of admission to elective care**, despite having a higher disease prevalence, and how this might be reversed.

The committee could helpfully investigate the barriers to making progress on prevention. These may include the need to improve the data available in local systems, availability of dedicated funding for prevention, whether funding is targeted to those most in need, and how intense operational pressure has diverted focus from longer term transformation. It will also be important to understand which prevention interventions, and in which disease areas, represent a good investment of public money, for example by reducing avoidable admissions to hospital.

An impactful government strategy for prevention would seek to address these issues. **The Public Accounts Committee said on 8 February** said there is insufficient focus on preventing ill health, and there is not enough joint working between government departments to tackle the causes of ill-health. The PAC also noted that the Department for Health and Social Care is yet to respond to its own consultation on prevention, which closed in October 2019.

### **The contribution of trusts**

Trusts are supporting prevention by taking action to reduce health inequalities, and by maximising their impact on their local populations as anchor institutions. They are also important providers and partners in both primary and secondary prevention services.

The committee should seek to understand and highlight the action trusts are taking, as partners within their local systems, to reduce inequalities in access, outcomes, and experience of care: this includes ensuring waiting list reduction takes into account deprivation and ethnicity, **supporting people to access care**, and reducing the differences in mortality between ethnic groups. It is known that inequalities create avoidable demand: therefore reducing them will lead to a better use of NHS resources.

As anchor institutions, trusts are contributing to improving local health by widening access to good employment, **for example by recruiting from deprived local communities**. They are using their purchasing power to benefit their local economies through contracting on fair terms with local firms. They are using their estates to provide green space and, in partnership with local authorities, support good local housing.

NHS Providers looks forward to engaging with this inquiry over the months ahead. Please come back to us if you would like more information on any of the points raised here.

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