

Response to Consultation on NHS 10 Year Plan

Timetable	
Meeting	Date
Planning and Healthier Stronger Communities Policy Advisory Committee	6 November 2024
Cabinet	20 November 2024

Will this be a Key Decision?	No
Urgency	Not Applicable
Final Decision-Maker	Cabinet
Lead Head of Service	Anna Collier, Head of Insight, Communities and Governance
Lead Officer and Report Author	Christine Browne, Health Policy Officer
Classification	Public
Wards affected	All

Executive Summary

The Government has launched a consultation into a 10 Year plan for the NHS and has invited organisations and members of the public to respond to it. This marks the largest consultation into the NHS since its inception. The consultation closes on 2 December 2024.

The consultation focusses on three shifts that are proposed: moving care from hospitals to communities, moving services from analogue to digital, and moving focus from treating sickness to prevention.

The Council recognises the importance of healthcare and its role in ensuring residents good health and wellbeing, this is reflected in both the Council's current strategic priorities and draft priorities, it is proactive in working with partners to address meeting the health needs of its residents. It is therefore important submit a response to this national level consultation to contribute our evidence based experience of community needs and the challenges faced by our local communities and to advocate on their behalf. There are also examples of good practice occurring at different levels in Maidstone that should be celebrated.

Maidstone Borough Council's proposed response at Appendix 1 argues for the need for truly integrated health and social care with adequate funding to address the

wider determinants of health and make navigation of services simpler for service users.

The response also highlights the vulnerable and deprived populations in Maidstone that may be at risk of service changes such as hospital to community care and digitisation – without adequate systems and data-sharing protocols in place to support them.

The consultation asks what we consider the biggest challenges and enablers for the shift in the NHS. A theme throughout the report is funding, adequate workforce, training, and collaboration between agencies. It highlights the pragmatic need for data sharing legislation, and a holistic view of health and wellbeing and the importance of local expertise in working with the diverse needs of Maidstone residents.

Purpose of Report

Decision

This report asks the Cabinet to consider the following recommendation:

1. To approve the response attached at Appendix 1 to be submitted by 2 December 2024 to the consultation for the NHS 10 Year plan.

Response to Consultation on NHS 10 Year Plan

1. CROSS-CUTTING ISSUES AND IMPLICATIONS

Issue	Implications	Sign-off
Impact on Corporate Priorities	<p>The four Strategic Plan objectives are:</p> <ul style="list-style-type: none"> • Embracing Growth and Enabling Infrastructure • Safe, Clean and Green • Homes and Communities • A Thriving Place <p>We do not expect the recommendations will by themselves materially affect achievement of corporate priorities. However, they will support the Council's overall achievement of its aims.</p>	Anna Collier, Head of Insight, Communities and Governance
Cross Cutting Objectives	<p>The four cross-cutting objectives are:</p> <ul style="list-style-type: none"> • Heritage is Respected • Health Inequalities are Addressed and Reduced • Deprivation and Social Mobility is Improved • Biodiversity and Environmental Sustainability is respected <p>The report recommendation supports the achievement of the cross-cutting objectives health inequalities are addressed and reduced, deprivation and social mobility are improved and biodiversity and environmental sustainability is respected. By supporting a health in all policies agenda that will improve health, wellbeing, housing, and education of residents. The response also highlights the need for better air quality and planning policies to support healthier living such as walking and green spaces.</p>	Anna Collier, Head of Insight, Communities and Governance
Risk Management	Not responding to the consultation would risk not advocating on behalf the council and input would be missed in the 10-year health plan which will shape health services in the borough.	Anna Collier, Head of Insight, Communities and Governance
Financial	The proposals set out in the recommendation are all within already approved budgetary headings and so need no new funding for implementation.	Anna Collier, Head of Insight,

		Communities and Governance
Staffing	We will deliver the recommendations with our current staffing.	Anna Collier, Head of Insight, Communities and Governance
Legal	There are no legal implications to responding to this consultation.	Robin Harris Deputy Head of Legal
Information Governance	The recommendations do not impact personal information the Council processes.	Anna Collier, Head of Insight, Communities and Governance
Equalities	The recommendations do not propose a change in service therefore will not require an equalities impact assessment. Our response, however, identifies health inequalities in Maidstone and makes recommendations to Government based on these inequalities	Anna Collier, Head of Insight, Communities and Governance
Public Health	We recognise that the recommendations will have a positive impact on population health or that of individuals and in accepting the recommendations the Council would be fulfilling the requirements of the Health Inequalities Plan.	Christine Browne, Health Policy Officer
Crime and Disorder	There are no implications to Crime and Disorder	Anna Collier, Head of Insight, Communities and Governance
Procurement	The recommendation does not propose any procurement activity	Anna Collier,

		Head of Insight, Communities and Governance
Biodiversity and Climate Change	The implications of this report on biodiversity and climate change have been considered and there are no implications on biodiversity and climate change. However, the response does identify the links between health and climate impact.	Anna Collier, Head of Insight, Communities and Governance

2. INTRODUCTION AND BACKGROUND

- 2.1 The Government has announced the largest public consultation into the NHS since its inception. Local authorities, NHS providers and members of the public have been invited to respond to the consultation to ensure that they are represented in its findings.
- 2.2 The Government has decided to consult to underpin fundamental reform in the NHS based on three principles:
- moving care from hospital to community,
 - moving services from analogue to digital, and
 - moving focus from treating sickness to prevention.
- 2.3 The message is that the 'NHS is broken' and needs reform to fix the issues that are currently being experienced. This includes addressing waiting times, access to services, quality of care received, and incidents of preventable ill-health. It also aims to address the rising concern of an aging population and treating people with multiple morbidities.
- 2.4 In adjunct to this, there is more evidence than ever before about the social determinants of health, and the contribution that housing, education, economic status, and environment has on short- and long-term health concerns and the impact that this has on the NHS.
- 2.5 The consultation is open from 21 October 2024 and closes on 2 December 2024.
- 2.6 A response from Maidstone Borough Council to the consultation would ensure that the specific needs of our district are represented at a national level and the concerns for our residents have been heard.
- 2.7 The consultation asks five questions.
- What does your organisation want to see in the 10-year plan and why?
 - What does your organisation see as the biggest challenges and enablers to move more care from hospitals to communities?

- What does your organisation see as the biggest challenges and enablers to making better use of technology in health and care?
- What does your organisation see as the biggest challenges and enablers to spotting illnesses earlier and tackling the causes of ill health?
- Please share specific policy ideas for change

- 2.8 In most areas of health indicators, Maidstone performs in line with, or slightly above, the national average, however trends are decreasing. There are areas where Maidstone performs worse than the national average including one of the largest equality gaps between the rich and the poor. Lower scores for personal and physical wellbeing and higher rates than nationally for hospital admissions due to intentional self-harm and violence.
- 2.9 Maidstone is a generally affluent borough compared to other areas of the Southeast and England, however taking a view based on averages masks the fact that within our communities MBC has one of the largest inequalities gaps in the country. With certain wards amongst the top 10% of the most deprived. These inequalities may be overshadowed in the national health indicators by the more affluent areas.
- 2.10 There has been an increase in poverty in the borough. Maidstone ranks 5th out of 12 districts in Kent on the indices of deprivation and has more residents moving more towards poverty. Fourteen percent of families are now living in relatively low income. The number of children living in absolute and relative poverty has increased in the last year and is now above the average of the Southeast.
- 2.11 There has been an increase in homelessness and households needing temporary accommodation as well as an increase in people in social or private rented accommodation, as less people are owning homes. Over 100 residents were issued a section 21 notice last year (a no-fault eviction), most of these were single parent households. This brings with it concerns of appropriate housing, environmental safety and security of residents.
- 2.12 These statistics suggest that for Maidstone, the main issue that needs to be resolved does not come from treatment in hospitals, but addressing the inequalities and causes that impact physical and mental health and lead to chronic diseases, multi-morbidities and cause strain on the NHS and other services. This is in keeping with the government's aim of prevention.
- 2.13 The full proposed consultation response can be found at Appendix 1 of this report. In the response, we highlight the need for integration of the health and social care system so that as care is moved to the community residents do not go missing from the system. Local authorities are in an ideal place to support an integrated system and would ensure that services are not fragmented for users. This would mean that service users can get signposting and support from both health and social care services without having to actively engage different services individually, something that many residents do not have the ability or capacity to do.
- 2.14 Moving to community care can also only be possible if there is funding, infrastructure, and capacity in the services to allow for it. Simply moving

sick populations from hospitals to communities without the workforce, training, partnerships and data sharing legislation and administrative systems in place would be dangerous to the health of service users and the wider community. Notwithstanding this a move of services to settings closer to communities has the potential to make them more accessible and contribute to regeneration, for example, in Maidstone town centre.

- 2.15 The response also stresses the importance that the move to digital services do not exclude older, vulnerable, deprived and/or rural residents. There needs to be equity of access to services and support available for all users to benefit from digital services. As well as this, the move to digital services comes with the risk of eroded patient-provider relationships which is paramount to good care, trust and reducing isolation.
- 2.16 The focus on prevention and spotting illnesses earlier would be advantageous for Maidstone and aligns with the health inequalities action plan at district level. Its success lies in incentivisation of partnerships and alliances to support residents effectively. This includes reduction in waiting times for assessments, reversing the trend of closures of support services and centre and data sharing between the NHS and the local authority. This would enable trend analysis to take action before trends and risk factors become crises. To succeed, we need to truly embed a 'Health in all Policies' approach to planning, service design, delivery, and evaluation.
- 2.17 The proposed shifts in the NHS come with many positive possibilities, but our response highlights the needs for funding, effective partnerships, communication and incentivisation to support the delivery of an integrated health and social care system to support and a holistic view of health and wellbeing of individuals and the community.
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3. AVAILABLE OPTIONS

- 3.1 The Cabinet could decide that the response at Appendix 1 be submitted with no amendments or could be recommended with amendments. The advantages of this would be that Maidstone's needs and practices would be represented in the national conversation and extra consideration would have been sought to amplify the district's needs. However, it should be noted that there is a short submission window and therefore there is limited capacity for review and amendments.
- 3.2 The Cabinet could choose to not to submit the response at Appendix 1. This is not recommended as this would mean that Maidstone's needs and practices would not be represented in the consultation.
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4. PREFERRED OPTION AND REASONS FOR RECOMMENDATIONS

- 4.1 The preferred option would be option one, to submit the response at Appendix 1 with no amendments. The outcomes of this would be that the response would be submitted within the submission window.

- 4.2 A further outcome would be that Maidstone would be represented in the consultation outcome, and if the recommendations that we have included in the response are implemented by the government then it would improve the health and wellbeing of Maidstone residents, as well as support our cross-cutting issues of health inequalities, deprivation and social mobility, and biodiversity and environmental sustainability.
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5. RISK

- 5.1 The risks associated with this proposal, including the risks if the Council does not act as recommended, have been considered in line with the Council's Risk Management Framework. That consideration is shown in this report at 3.3. We are satisfied that the risks associated are within the Council's risk appetite and will be managed as per the Policy.
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6. CONSULTATION RESULTS AND PREVIOUS COMMITTEE FEEDBACK

- 6.1 This is a government consultation, so we are seeking views of members as part of the committee process in order to submit a response.
- 6.2 The response was brought to the Healthier Stronger Communities Policy Advisory Committee on 6 November 2024. The committee voted in favour or recommending the response was submitted with amendments.
- 6.3 The amendments that the committee requested were as follows:
- Include more attention to the funding and NHS workforce needs of Maidstone. In particular the lack of NHS GPs and dentists.
 - Include the importance of respite care for community health and social care
 - Further highlight that health and social care were increasingly fragmented
 - Include the challenge of lack of SEN and Mental Health support and the impacts these have.
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7. NEXT STEPS: COMMUNICATION AND IMPLEMENTATION OF THE DECISION

- 7.1 Once the response has been agreed then it will be submitted to the government via the online portal by 2 December 2024.
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8. REPORT APPENDICES

The following documents are to be published with this report and form part of the report:

- Appendix 1: Response to Consultation on Government's NHS 10 Year Plan
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9. BACKGROUND PAPERS

None.