

Comments on the 10-year Health Plan for England December 2024

World Cancer Research Fund examines how diet, nutrition, weight and physical activity affect people's risks of developing and surviving cancer. As part of an international network of charities, we fund life-saving research, influence policy and raise public awareness. Our work helps prevent cancer and enables people to live longer, healthier lives.

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

As an organisation that examines how diet, nutrition, weight and physical activity affect people's risks of developing and surviving cancer, World Cancer Research Fund believes that the 10-year Health Plan presents a critical opportunity to address preventable cancer rates and modifiable risk factors. This is a vital chance to create healthier and more resilient populations – reducing the number of people who develop cancer - and reduce the burden on the NHS.

We welcome the government's commitment and focus to transition away from sickness to prevention. As the Darzi report clearly shows, cancer care in the UK is still lagging other countries and has an appreciably higher mortality rate than other countries, with no progress made in diagnosing stage 1 and 2 cancers cancer 2013 and 2021ⁱ. The 62-day target referral for first treatment has not been met since 2015. Our health system cannot cope with the demand and the current trajectories are not sustainable.

The new 10-year Health Plan for England will provide an important foundation for the ensuing National Cancer Plan for Englandⁱⁱ and will be vital for delivering wide scale system change. As we expect the National Cancer Strategy to focus more on the delivery side of research, cancer screening, diagnostics, treatment and palliative care, we believe the 10-year Health Plan will be an important bedrock for primary cancer prevention through addressing key risk factors, and supporting research into prevention and cancer survivorship.

Around 40% of cancers are preventable if key risk factors are addressed alongside socio-economic disparities and funding shortages. For example, obesity increases the risk of 13 types of cancerⁱⁱⁱ, while alcohol consumption increases the risk of seven types of cancer^{iv}. In 2023 184,000 potentially preventable cancer cases were diagnosed in the UK (out of an estimated 375,000 new annual cases). Preventable cancer cases diagnosed in 2023 alone cost the healthcare system £3.7bn, with secondary care accounting for 95% of these costs. We therefore request the government to **include primary prevention within its definition of prevention and to factor in the causes of ill-health within the 10-year Health Plan. This will support the ambition to transition care into the community and to move from sickness to prevention.**

We urge the government to reaffirm the commitment to halving childhood obesity by 2030 and to focus on measures to support infant and child health given long term health outcomes which track into adulthood. Making healthy behaviours accessible in early years, including a nutritious diet, play a crucial role in shaping children's food preferences, supporting their physical and mental development, and enabling them to thrive in school. Despite this, there is a significant gap in initiatives to promote healthy diets during these formative years, presenting a critical opportunity for reversal in the 10-year Health Plan.

Enabling women who want to breastfeed would result in significant health benefits and cost savings for the NHS and local authorities: breastfeeding reduces the risk of common childhood illnesses and diet-related disease later in life and protects mothers from breast cancer^v.

The new plan must strengthen existing statutory services including health visiting, Family Hubs, and breastfeeding support which provide guidance and support for pregnant women and families on healthier diets and feeding practices. Workforce shortages in England and real terms reductions in public health funding have left many families missing out on these vital services. The 10-year Health Plan must also protect services and families which are undermined by widespread misleading marketing of commercial infant and toddler formula, foods and drinks.

More broadly, the 10-year Health Plan **must improve weight management services through longer term sustainable funding and guidance, workforce training and data-informed policies to close health inequalities**^{vi}. There should also be clear and stigma-free communication around overweight and obesity, with acknowledgement of the need to **both treat and prevent obesity**. The 10-year Health Plan should support requirements for every Integrated Care Board and Local Authority to provide an entire range of effective overweight and obesity management services, with guarantees of at least 3 years minimum funding terms. Workforce development should include training to ensure healthcare professionals are empowered to provide treatment and advice to patients in a way that is well-informed, non-stigmatising and effective. **We also support the submission by the Obesity Health Alliance.**

Furthermore, we strongly believe that healthy and sustainable foods must be embedded in all public procurement across the NHS and should be available to all staff and patients. Fresh, healthy and culturally appropriate food is critical for good health – unhealthy and innutritious food available in health and care settings must no longer be contributors to ill-health.

The 10-year Health Plan needs to consider the impacts of an ageing population and staying healthy as long as possible for a resilient and productive population. The recently published OECD report 'Tackling the Impact of Cancer on Health, the Economy and Society' shows that the economic and social costs of cancer will grow as populations are ageing and cancer treatments costs increase^{vii}. OECD modeling suggests that cancer **could increase the UK's health spending by £14.4 billion annually until 2050**. The calculation accounts for the fact that individuals who avoid cancer may live longer, potentially developing other health conditions. However, it also highlights that enhancing cancer prevention and treatment could save the UK billions over time, even if it necessitates higher NHS investment in various forms of care and treatment^{viii}.

Additionally, the OECD report shows that addressing key modifiable cancer risk factors, such as tobacco, alcohol, unhealthy diet, air quality, overweight, and physical inactivity, **can also lower health expenditure as all these factors also impact outcomes and long-term health after a cancer diagnosis. We therefore strongly argue that the plan considers action on these modifiable risk factors.**

The 10-year Health Plan also needs to provide more support for patients undergoing cancer treatment and training to healthcare professionals working in the cancer treatment pathway. The plan should include provisions for expert nutrition and physical activity advice in the NHS for anyone along the cancer treatment pathway to support the likelihood of positive health outcomes and improvement of quality of life. Furthermore, questions about dietary advice and physical activity should be included into the National Cancer Patient Experience Survey to better understand how patients are being supported and offered information. **We also urge that prehabilitation – a programme of support for people who are preparing for cancer treatment including on diet and physical activity, general and mental health - is offered to all cancer patients as standard by all NHS Trusts, with funds available for prehabilitation programmes to be development and evaluated.**

Moreover, the issues affecting health outcomes are wide reaching and start with social determinants of health, as identified in the Darzi report. Over the last 15 years, many determinants such as poor-quality housing, low income and insecure employment have moved in the wrong direction which has compounded demand on the NHS. **The government's commitment to prevention needs to be reinforced by action and investment in these broader areas, otherwise it risks becoming an empty unfulfilled promise.** The 10-year Health Plan should acknowledge the connections with these other areas and, at its heart, must recognise the huge impact of health inequalities and inequities on the nation's health and wellbeing. **The new plan should include a commitment to address health inequalities through a dedicated strategy and targets.**

A health inequalities plan should be supported through adequate resourcing – especially as the public health grant has been cut by 28% on a real terms per person basis since 2015/16 and have tended to be greater in more deprived areas^{ix}. **The Government should invest an additional £0.9bn in local public health budgets in England to support local authorities to adequately meet local population needs.** Local action on public health will support a stronger emphasis on prevention and the ambition to transition healthcare out of hospitals into the community. However, investment in local public health budgets must be supplemented by further investment across a wide range of policy areas such as housing, transport and welfare to tackle the causes of ill health.

Moving forward, while the Department for Health and Social Care provides overall leadership and oversight for the 10-year Health Plan, it should reinforce a cross-government 'health-in-all-policies' approach more broadly. This will support the government's efforts to address the wider social determinants of health and the impact of broader policies on health and mitigate risks to health and the NHS in trade negotiations and agreements. It should also support **the use and deployment of health impact assessments (HIAs) by all government departments as a key tool to support the ambitions of the 10-year Health Plan and the wider Health mission.** This would also support greater consideration and impact on health risk factors in policy development and would support more emphasis on prevention such as the development

of a National Alcohol Strategy and measures to reduce alcohol consumption. It would also create a stronger mandate for other government departments to advance policies which are vulnerable to conflict of interest and industry interference such as front of pack labelling on food and drink products.

There should be parameters outlined in the 10-year Health Plan for engaging with commercial actors – particularly food and drink manufacturers of high fat, salt and sugar products, which can undermine prevention efforts across all of government, not just the Department of Health and Social Care. Lobbying disclosure is only required at the highest levels, and lots of conversations between lobbyists and parliamentarians, civil servants or public agencies can take place without records. This can significantly undermine policy development processes and prevention efforts.

As a funder of research and a member, we also support the submission by the Association of Medical Research Charities (AMRC) and their call for research to be central to the 10-year Health Plan^x. Embedding research into the NHS offers better health outcomes, drives NHS efficiency and offers hope to patients. It also offers the potential for the NHS to be a global leader in clinical research where progress to date has been very slow. For example, the plan to transform care from hospitals into communities can bring research closer to where people live and tackle inequities.

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

1. There is a significant shortfall in public health funding, with the public health grant being cut in real terms since 2015/16. This needs to be reversed with an investment of at least £0.9bn and indexed to inflation to drive a stronger focus on prevention.
2. Community services and health programmes have also been badly hit by funding cuts, which need to be reversed. Efforts are needed to help local authorities and trusted community professionals and services to level inequalities and ensure consistent, accessible and evidence-based programmes are available for all families, such as practical advice on eating well in pregnancy and for new mums, breastfeeding support and support for complementary feeding. It is important to also expand eligibility and increase investment into the Healthy Start scheme to ensure greater coverage and provision of a functional nutrition safety net.
3. There is the opportunity to unlock opportunities for research, studies and trials within the community with the planned transformation of care from hospitals into the community.

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

There is a huge opportunity, with the right protections, to unlock the potential of patient data to transform research and understand more about preventative measures. The development of a

strategy to support the development of a national health data service, which prioritises public confidence will be important, as recognised in the recent ‘Uniting the UK’s Health Data: A Huge Opportunity for Society’^{xi}. It will also be vital to invest in infrastructure to support joined up Secure Data Environments to allow the access of data in a controlled manner.

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

Provisions should be made to support research into improving disease prevention, including on behavioural change and modifiable risk factors which often depend on non-commercial funders such as charities and would benefit from support in the 10-year Health Plan alongside the Industrial Strategy and Life Sciences Plan.

An important area regarding tackling ill health and its causes is combatting online misinformation, which erodes public trust in public health initiatives and vaccine uptake – which can affect cervical cancer rates. The 10-year Health Plan must consider how to combat the deluge of misinformation.

Q5. Please use this box to share specific policy ideas for change. Please include how you would prioritize 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

1. Invest an additional £0.9bn in local public health budgets in England to support local authorities to adequately meet local population need.
2. Initiate the development of a health inequalities dedicated strategy and targets.
3. Reconfirm the commitment to half childhood obesity by 2030.

• In the middle, that is in the next 2 to 5 years

1. Strengthen existing statutory services including health visiting, Family Hubs, and breastfeeding support which provide guidance and support for pregnant women and families on healthier diets and feeding practices.
2. Develop a fully resourced system that offers and delivers equitable access to appropriate, tailored and sustained management and support services to people living with overweight and obesity.
3. Ensure public procurement delivers healthy and nutritious food in all health settings.
4. Support the use and deployment of health impact assessments (HIAs) by all government departments would be a key tool to support the ambitions of the 10-year Health Plan and the wider Health mission.

5. Improve public trust in health messaging through innovative and collaborative communication campaigns.
6. Include expert nutrition and physical activity advice in the NHS for anyone along the cancer treatment pathway.
7. Incorporate nutrition and physical activity questions in the National Cancer Patient Experience Survey.
8. Make prehabilitation a mandatory requirement for NHS Trusts to offer cancer patients, with funds available for prehabilitation programmes to be developed and evaluated.
9. Improve access to training for healthcare professionals on nutrition in public health settings.

• **Long-term change, that will take more than 5 years**

For more information, contact policy@wcrf.org

i Lord Darzi of Denham (2024) Independent investigation of the National Health Service in England

ii Westminster Hall Debate – 31st October 2024. Cancer Strategy for England

iii <https://www.wcrf.org/research-policy/evidence-for-our-recommendations/be-a-healthy-weight/>

iv <https://www.wcrf.org/research-policy/evidence-for-our-recommendations/limit-alcohol-consumption/>

v <https://www.wcrf.org/research-policy/evidence-for-our-recommendations/breastfeeding/>

vi Obesity Health Alliance (2024) Treatment of Overweight and Obesity Position Statement & Evidence Review

vii https://www.oecd.org/en/publications/tackling-the-impact-of-cancer-on-health-the-economy-and-society_85e7c3ba-en.html

viii https://www.oecd.org/en/publications/tackling-the-impact-of-cancer-on-health-the-economy-and-society_40335421-en/united-kingdom_c1256fa0-en.html

ix <https://www.health.org.uk/news-and-comment/charts-and-infographics/public-health-grant-what-it-is-and-why-greater-investment-is-needed>

x AMRC submission to the 10 Year Plan consultation (2024)

<https://www.amrc.org.uk/Handlers/Download.ashx?IDMF=a1a25bcb-5361-492a-9d4c-c6fc27300952>

xi Cathie Sudlow (2024) Uniting the UK's Health Data: A Huge Opportunity for Society <https://www.hdruc.ac.uk/wp-content/uploads/2024/11/Executive-Summary-Uniting-the-UKs-Health-Data-1.pdf>