Executive summary

Around £1 in every £5 of the UK national budget is spent on healthcare.

Yet, 80-90% of health is made outside of the system, in our communities and at home.

Prevention must become the organising principle of health reform. But if prevention is to become more than a promise, it must start where health is made. In people's everyday lives.

Sources: Office for National Statistics and the World Health Organisation

In 2022, our first *People. Place. Health.* report, set out a new model for health and care. It called for a decisive shift towards prevention, moving care closer to communities and embracing digital technology to support earlier and more personalised interventions.

Since then, the NHS's Fit For The Future: 10 Year Health Plan has reinforced the urgency of change. Its focus on prevention, community-based care and digital transformation is a welcome and necessary step. But it also exposes a deeper challenge. If prevention is framed primarily through the lens of what the NHS itself can deliver, it risks narrowing the agenda at the very moment it needs to broaden.

The conditions that shape health sit far beyond the formal health system. Housing, employment, education, transport, air quality, digital access, public space, social connection and economic resilience all influence whether people can live healthy lives. A prevention-led model cannot therefore be delivered by the NHS alone. It requires a new settlement between health, place and capital.

This report builds on the thinking set out in 2022 and asks an arguably more urgent question: how can the UK use its people, existing funding, shared assets and place-shaping powers differently to improve health outcomes before people become ill?

Our proposition is clear. Prevention cannot remain a policy aspiration or a health-service improvement programme. It must become a cross-sector delivery mission, backed by a mandate and the communities whose lives it is intended to change.

Health and prosperity are one mission, not two.

In the UK, public concern is focused on the fundamentals of everyday life: the cost of living, the health system and the economy. Recent ONS data identifies these as among the most reported issues facing the country. Ipsos polling tells a similar story, with NHS waiting times, energy bills, living standards and economic stability all ranking as leading public priorities.

But these pressures are not uniquely British. Across advanced economies, governments are grappling with the same underlying challenges and OECD analysis points to persistent signs of strain in health and wellbeing.

Health and prosperity cannot be treated as separate missions. Poor health holds back participation and productivity; while poor housing and insecure work undermine people's ability to live healthy lives. A preventative model of health therefore requires a single shared mission that brings together local governments, employers, education and skills providers, the voluntary sector and private capital around the same outcomes. Without this, the UK will continue trying to solve connected problems through disconnected systems and integration will remain a well-intentioned ambition rather than a mechanism for system change.

The place-based model

Our research in Hucknall, Nottinghamshire, tested a simple but fundamental proposition. If health is shaped by the places people live, work and connect, then prevention must be designed around the place, not just around services.

Through local engagement, spatial analysis and conversations with health, public sector and community stakeholders, we explored what it would take to move from 'health as a service' to 'place-based health' in practice. The conclusion is that this shift – already widely recognised as needed among the health profession – cannot be delivered by the decision-making authorities alone, nor can it be left solely to communities to solve. It requires change from both directions. 'Bottom up', by putting people and lived experience at the centre of strategy and delivery. 'Top down', by requiring public bodies and the private sector to align funding and decisions around shared health outcomes.

Hucknall provides a practical lens through which to explore this model, showing how prevention can move from a national ambition to a place-based delivery proposition.

Policy, organisations and investment

Changing culture and skills

Barriers and opportunities in the system need to be identified to enable change. One key opportunity is to shape leaders who have the right characteristics to set the culture necessary to instigate the change needed.

This means people who are comfortable with the innovation needed to support such a shared mission for our future healthcare system. A healthier future, must look beyond traditional definitions of the public health workforce. Success will depend on people who can drive change alongside public sector professionals who understand how regeneration is financed, delivered and translated into lasting health outcomes.

Driving integration

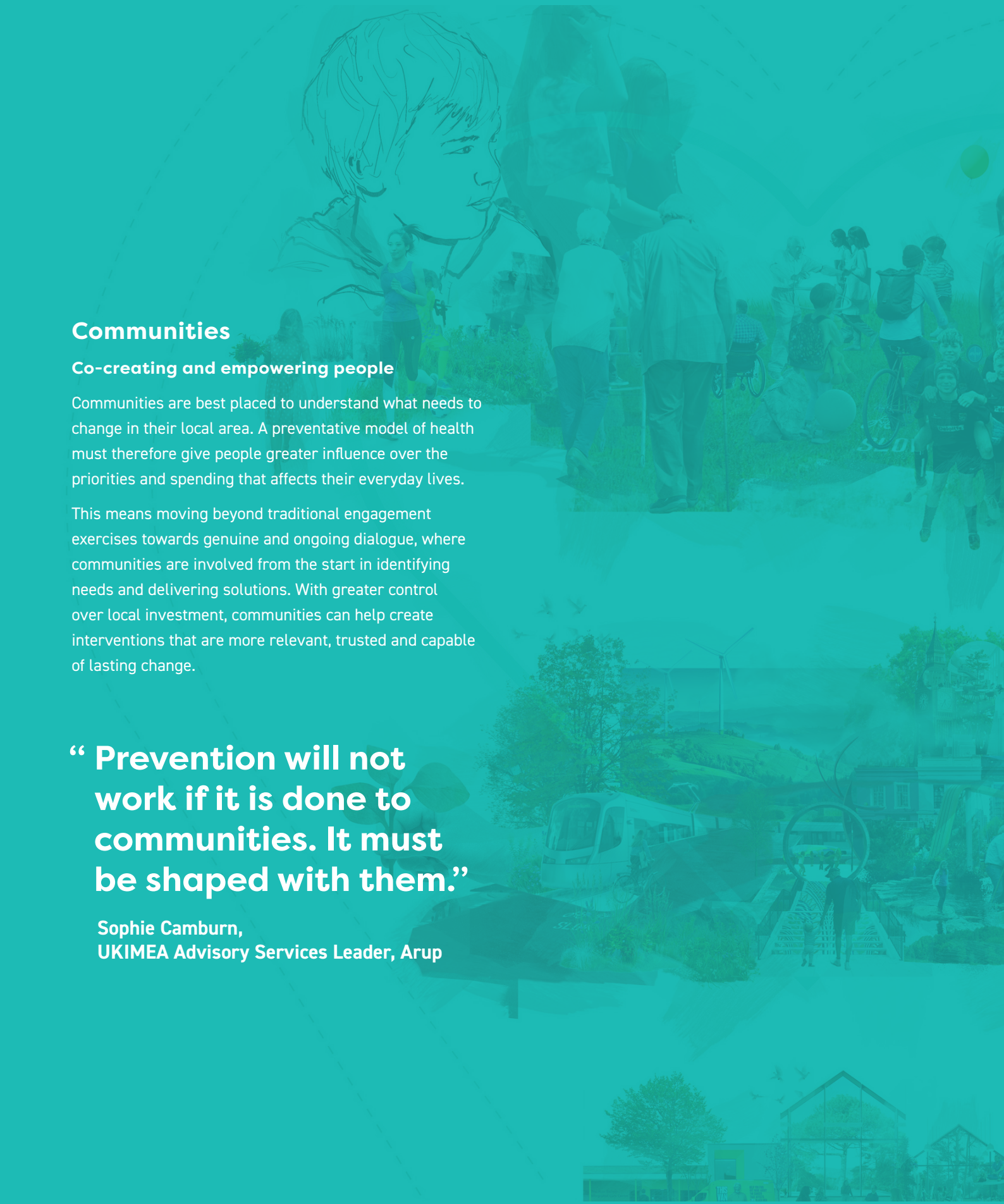
A statutory *People. Place. Health.* Board would be essential to making this approach work. Bringing together the public, private and third sectors, it would provide the authority and shared decision-making needed to move this model beyond aspiration.

Public funding should be channelled through this board into a shared *People. Place. Health.* fund supporting community-led change, where it can have the greatest impact. Without this statutory footing and dedicated funding mechanism, we argue integration risks remaining a well-intentioned but unfulfilled ambition.

Spending better not more

Investing in prevention should be seen as investment in national prosperity. Rather than relying solely on new funding, change could begin through the incremental top-slicing of cross-sector budgets to support practical, preventative action on the ground.

This also means changing how public contracts are procured and measured. Health impact should become a core test of value, alongside social value and sustainability. For example, transport investment should not only ask 'How can this reduce car usage?', it should also ask 'How can this help prevent ill health in this community?'.



Communities

Co-creating and empowering people

Communities are best placed to understand what needs to change in their local area. A preventative model of health must therefore give people greater influence over the priorities and spending that affects their everyday lives.

This means moving beyond traditional engagement exercises towards genuine and ongoing dialogue, where communities are involved from the start in identifying needs and delivering solutions. With greater control over local investment, communities can help create interventions that are more relevant, trusted and capable of lasting change.

> **“ Prevention will not work if it is done to communities. It must be shaped with them.”**
>
> **Sophie Camburn,**
> **UKIMEA Advisory Services Leader, Arup**