

## Health Session - Summary of Transcript

### The 10-year plan: How can we create an NHS fit for long lives?

Sponsored by the Institute and Faculty of Actuaries

#### Chair: Arun Himawan, ILC Senior Health Policy and Research Manager

Good morning, everyone. Thank you for your attention.

I am delighted to chair today's session, where we will discuss the 10-year plan: How can we create an NHS fit for long lives? We have just 40 minutes and a fantastic panel of speakers. Each will give a short presentation, followed by a Q&A session.

First, I would like to thank the Institute and Faculty of Actuaries for sponsoring this session. Without further ado, I invite our first speaker, Nicky Draper.

#### Nicky Draper, Honorary Fellow, Institute and Faculty of Actuaries

Thank you, Arun. I will forgo slides in the spirit of today's approach.

There are two key points I'd like to introduce:

1. Demographic Shift – We have gained approximately 10 years in life expectancy since the 1960s. The proportion of the population aged over 65 continues to grow and is expected to double by 2050. With this, we face challenges in healthcare delivery. Lord Darzi's review described the NHS as in critical condition but with strong vital signs, highlighting the need to shift from hospital-based acute care to community-based care. Preventative strategies—such as screening and promoting healthier lifestyles—must be central.
2. Preventative Healthcare – We must move from a sickness-based model to a prevention-focused system. Chronic diseases, including heart disease, diabetes, and neurodegenerative disorders, are rising. Recent analysis by Diabetes UK shows one in five people have either diabetes or prediabetes. We need greater investment in community-based care and digital resources to ensure long-term benefits.

On a positive note, advances in medical treatments such as GLP-1 agonists are improving cardiovascular health. There is also emerging research into anti-ageing therapeutics. The goal is not just extending life but improving healthy life expectancy.

To address these challenges, we need to focus on demographic shifts, preventative healthcare models, and NHS workforce and infrastructure constraints.

I now hand over to Dr Ines Hassan.

**Dr Ines Hassan, Director of Health and Economic Policy, Ellison Institute of Technology**

Thank you, Nicky. Many of the points you raised align with our research at the Ellison Institute.

Our institute, based in Oxford and led by Sir John Bell, focuses on innovative solutions to major human challenges. We support the government's ambitions to transition from hospital-based to community and digital healthcare models, emphasising prevention.

Key points:

- The Importance of Prevention – Age-related diseases are rising, and workforce inactivity due to ill health has increased by 400,000 since the pandemic. Screening programmes show high levels of undiagnosed conditions, such as hypertension and high cholesterol.
- Economic Benefits of Prevention – A study by Professor Andrew Scott found that reducing the incidence of major diseases (cardiovascular, diabetes, cancer, mental health, respiratory, and musculoskeletal conditions) by 20% could increase GDP by 0.74% in five years.
- Leveraging Data and AI – We need to use data effectively to predict disease risks and ensure personalised healthcare interventions.
- Public and Private Collaboration – The private sector can play a key role in supporting preventative healthcare without burdening the NHS.

Next, I invite Richard Maughan.

**Richard Maughan, Senior Director, Pfizer**

Thank you, Arun.

Pfizer has a long history in the UK, with over 70 years of investment in research and development. The healthcare landscape is at a crossroads, with increasing demand due to an ageing population, limited NHS capacity, and ongoing health inequalities. However, innovation presents a significant opportunity.

Key areas of focus:

- Vaccination and Prevention – Investing in vaccines is cost-effective. The IFA estimates a 19:1 return on investment for society. Yet, flu vaccine uptake varies by up to 18% between different regions.
- Innovation in Treatment – Advancements in mRNA, cancer therapies, and AI-driven drug development can transform healthcare.
- Collaboration – The NHS cannot tackle these challenges alone. Public-private partnerships are essential, as is employer engagement to support a multi-generational workforce.

I now hand over to William Roberts.

### **William Roberts, Chief Executive, Royal Society for Public Health**

A successful 10-year plan must meet three key tests:

1. Reframing the Problem – Longer lives are not the issue; unhealthy ageing due to inequality is. Poorer individuals experience worse health outcomes.
2. Investing in Prevention – Prevention does not always take decades to deliver returns. For example, seat belts, vaccinations, and minimum alcohol pricing show immediate benefits.
3. Shifting Care to the Community – Effective care requires local involvement. This includes expanding the role of voluntary organisations and businesses in public health. Investing in social infrastructure and local services will improve long-term health outcomes.

Over to Jonathan Rallings.

### **Jonathan Rallings, Senior Policy Advisor, County Councils Network**

Thank you.

While the 10-year NHS plan is promising, it lacks an equivalent social care plan. Local government plays a vital role in integrating health and social care services, particularly in rural and coastal areas where access to healthcare is limited.

Key concerns:

- Avoid Over-Medicalising Social Care – Social care should be about holistic support, not just medical treatment.
- Cultural Differences Between NHS and Local Authorities – Local authorities have different funding structures and priorities. Balanced budgets are legally required, unlike in the NHS.

- Devolution and Reorganisation – Ongoing local government reforms may reshape service delivery. Collaboration between health and local government is essential.