Prifysgol Cymru
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University of Wales
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Beyond Absence of Disease: Governance, Equity and Integration in Holistic Health Delivery

Health, wellbeing and sustainable development in UK health and social care

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Key Concepts

Health

More than the absence of disease: physical, mental and social well-being, shaped by interacting biological, psychological and social systems (Bolton, 2023).

Wellbeing

A holistic state covering physical, mental, emotional and social health, measured in the UK by life satisfaction, worth, happiness and anxiety (ONS, 2024).

Sustainable development

Meeting present needs without compromising future generations.

All three are long-term, whole-person and whole-system ideas (Welsh Government, 2024).

Relevance: Global Goals, UK Policy

The UN Sustainable Development Goals on health (SDG 3), inequality (SDG 10) and climate (SDG 13) now shape UK strategy:

- **Three shifts:** from hospital to community, analogue to digital, and sickness to prevention (DHSC, 2025)
- **Net zero NHS:** by 2040 for direct emissions and 2045 for wider ones (NHS England, 2025)
- **UK:** a ‘Marmot nation’ with prevention in every pathway (Future Generations Commissioner for Wales, 2025)

Rhetoric vs reality: hospitals’ share of NHS spending rose from 47% to 58% between 2006 and 2022 (Darzi, 2024).

47% to 58%

hospital share of the NHS budget, 2006 to 2022

Why Integrate Health and Wellbeing?

The problem: fragmentation

Over 1 million people wait for community services and about 1 million for mental health care, so unmet needs become acute demand (Darzi, 2024).

Health in All Policies

From April 2027, 56 public bodies must assess the health impact of strategic decisions on housing, transport, education and environment (Miles, 2025).

Advantages of integration

- Person-centred care
- Acts on root causes
- Fewer avoidable admissions
- Less waste and travel

Integrated Care Systems (ICSs)

The Health and Care Act 2022 made 42 ICSs statutory in England from July 2022 (Charles, 2022).

Integrated Care Board
Plans and funds NHS services

Integrated Care Partnership
NHS, councils and voluntary sector agree one strategy

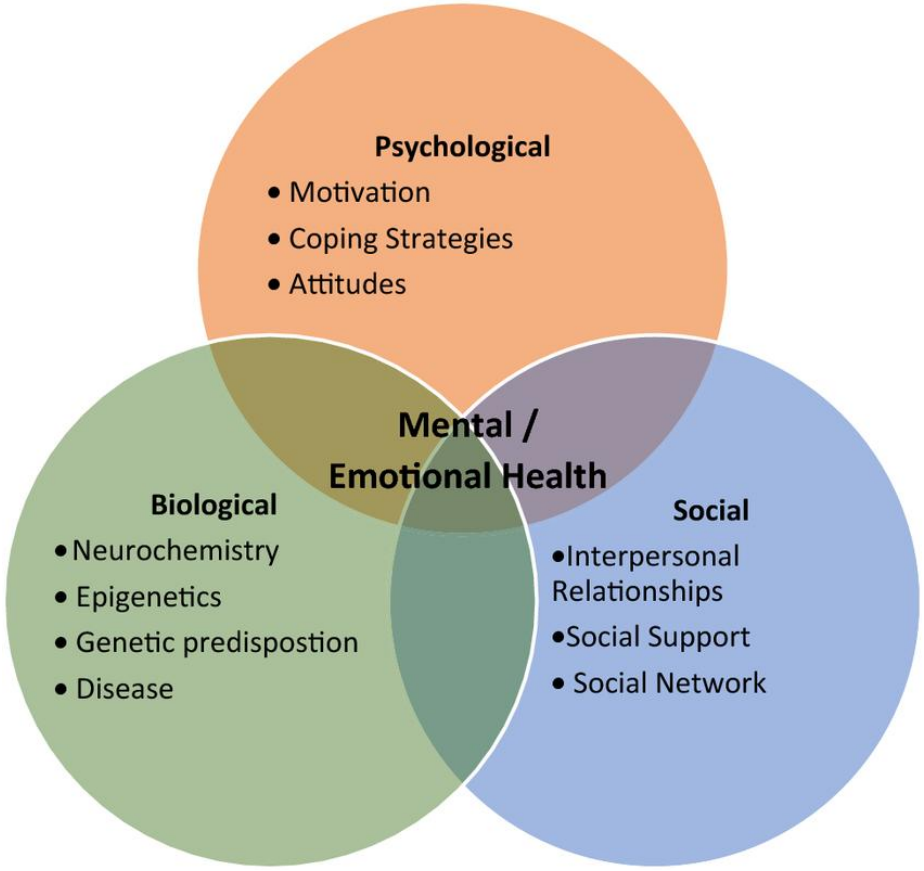
Four statutory aims

1. Improve population health
2. Tackle inequalities
3. Improve productivity and value
4. Support social and economic development

Critique: ICBs answer to NHS England on acute targets, so integration may stay structural.

Wales uses Regional Partnership Boards for the same purpose (Welsh Government, 2024).

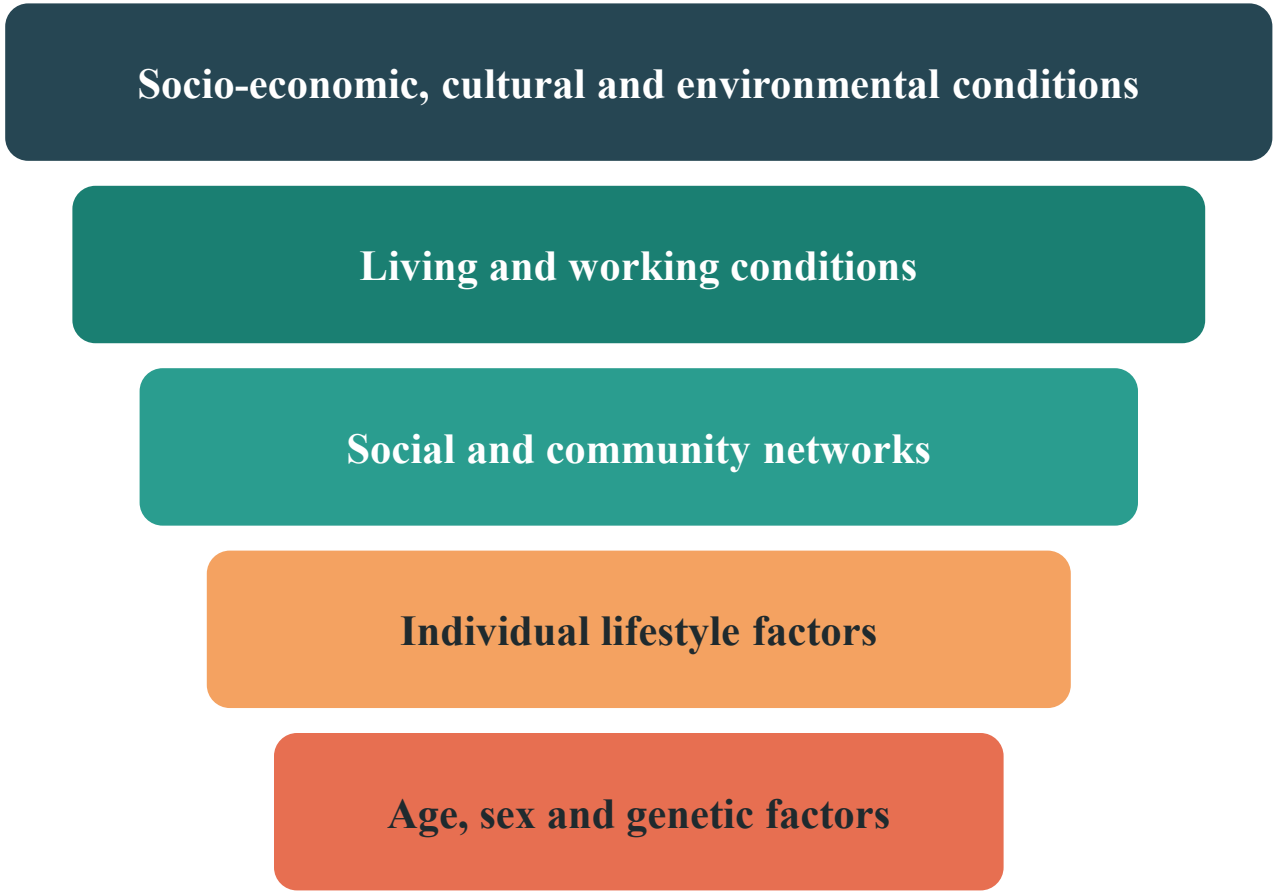
Theory: The Biopsychosocial Model



- **Theory:** illness as dysregulation across the three systems
- **Evidence:** therapy trials and the Whitehall studies show effects a biomedical model misses
- **Implication:** relationships and institutions are part of treatment
- **Critique:** seen as vague and hard to apply in busy services

- **Bolton (2023):** a revitalized model

Social Determinants of Health



Dahlgren and Whitehead 'rainbow' model, outer to inner layers (Dahlgren and Whitehead, 2021)

- Shows how social layers create health inequalities (Dahlgren and Whitehead, 2021)
- Wales is urged to adopt the social model of health (Future Generations Commissioner for Wales, 2025)
- Most levers for health sit outside the NHS

Policies Supporting Holistic Health

Prevention

Neighbourhood health service and a shift from sickness to prevention (DHSC, 2025)

Mental health

Mental Health Act 2025: choice, least restriction, therapeutic benefit and dignity

UK

Care that is preventative, person-centred, sustainable and equitable (Welsh Government, 2024)

Sustainability

Net zero NHS targets for 2040 and 2045 (NHS England, 2025)

Challenges: Funding and Regulation

26%

public health grant cut per person since 2015/16 (Finch, Gazzillo and Vriend, 2025)

£37bn

NHS capital underinvestment (Darzi, 2024)

~10 yrs

to fully roll out the Mental Health Act 2025

Governance barriers

- **Split funding:** free NHS care vs means-tested social care
- **Wrong incentives:** targets reward activity, not prevention
- **Short-termism:** prevention budgets are cut first (Future Generations Commissioner for Wales, 2025)
- **Slow delivery:** laws outpace workforce and money

Service Delivery in Practice

Social prescribing

- Link workers connect people to community support
- 42% fewer GP visits in one area (NASP, 2024)

Caution: few controlled studies

Telehealth and virtual wards

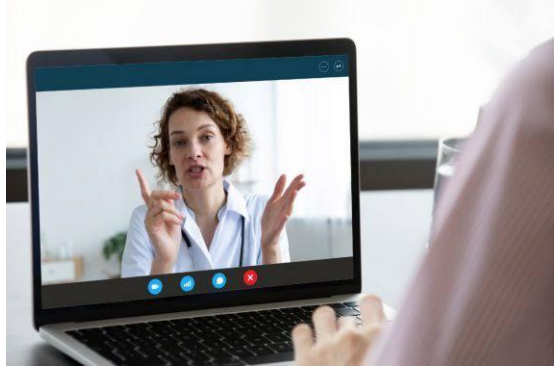
- Now running in every ICB
- Effect on hospital demand still unclear (Chappell et al., 2024)

Caution: unequal benefit

Community health

- Neighbourhood health teams (DHSC, 2025)
- Integrated community services . (Welsh Government, 2024)

Caution: needs staff and buildings



Services work best when clinical, digital and community support meet around the person.

Case Example: Holistic Care in Hospitals

Macmillan's integrated personalised cancer care in hospitals (Macmillan Cancer Support, 2023)

Holistic Needs Assessment → **Personalised Care and Support Plan** → **Coordinated support** → **Regular review**

83%

of people with cancer face a money impact (£891 a month)

94%

said their quality of life improved (North West pilots)

108k vs 41k

assessments vs care plans in 2022

Gap: fewer than 4 in 10 assessments become a care plan.

Public Health: Lifestyles and Environments

Sugar tax (2018)

8%

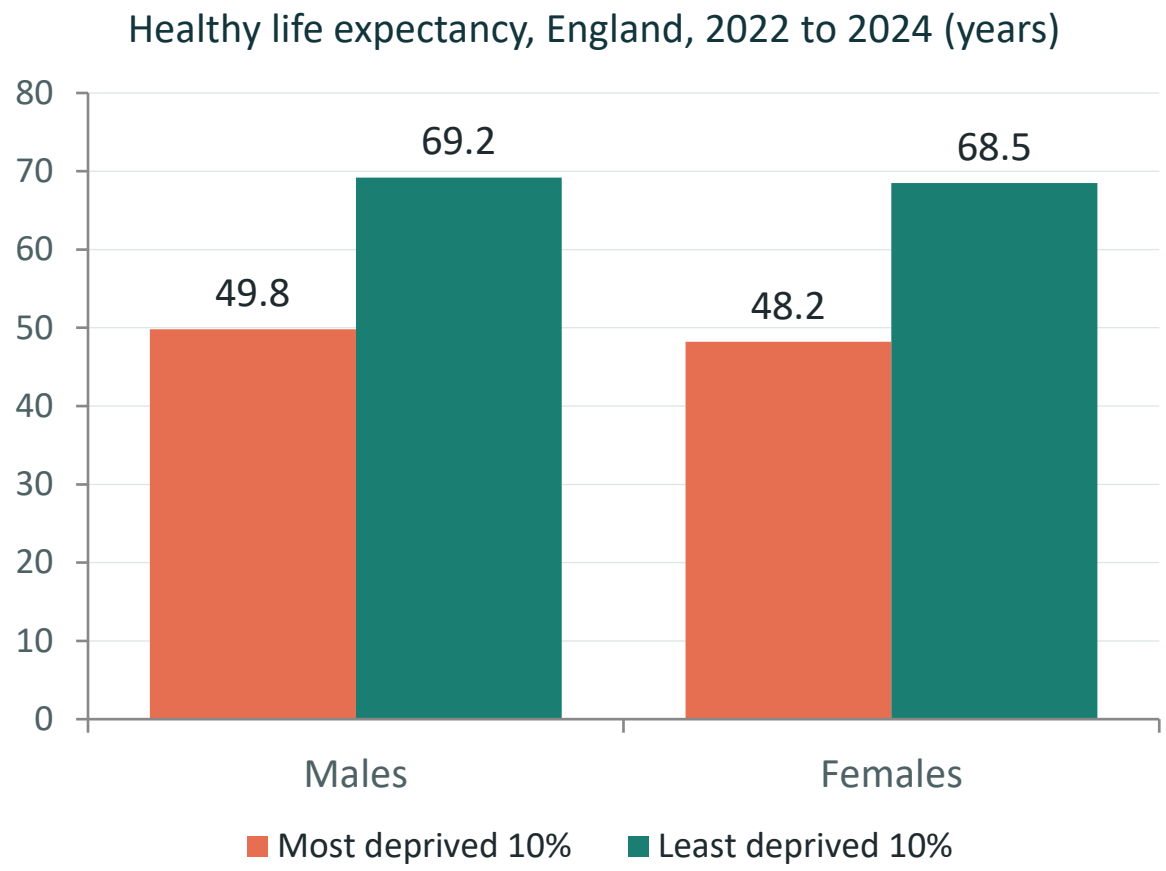
fall in obesity among Year 6 girls, about 5,234 cases a year

- 9% fall for girls in deprived areas
- No change for boys or younger children (Rogers et al., 2023)

Analysis

- **Structural works:** it reached deprived groups without relying on willpower
- **Environments:** aims to halt rising obesity in 5 years (Future Generations Commissioner for Wales, 2025)
- **Limits:** one measure alone is not enough

Equity: Disparities in Health and Care



Source: ONS (2026)

~20 years

gap in years lived in good health (ONS, 2026)

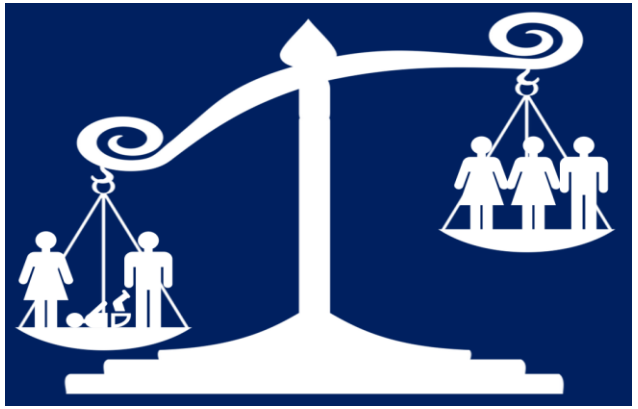
2×

heart disease deaths under 75 in deprived areas (Darzi, 2024)

31%

do not use health services online (Heard, 2025)

Risk: 'digital first' can widen inequality



Initiatives to Reduce Inequalities

Universal healthcare

NHS free at the point of use and based on need (Darzi, 2024)

Proportionate universalism

Universal services scaled to need (Future Generations Commissioner for Wales, 2025)

Core20PLUS5

Core20: most deprived 20%
PLUS: local priority groups
5 clinical areas (NHS England, 2021):

- Maternity
- Severe mental illness
- Respiratory disease
- Early cancer diagnosis
- Hypertension and lipids

Universal access is not enough: resources must follow need.

Recommendations: National Level

For UK and Welsh governments

Restore the public health grant to 2015/16 real-terms levels and protect prevention budgets (Finch, Gazzillo and Vriend, 2025).

Reward prevention and narrower inequalities in performance targets, not just activity (Future Generations Commissioner for Wales, 2025).

Make digital the default but never the only option, and fund digital inclusion (Heard, 2025).

Recommendations: Local Level

Apply Core20PLUS5 to every service redesign and publish data by deprivation (NHS England, 2021).

Commission social prescribing with built-in controlled evaluation (NASP, 2024)
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Track how many needs assessments become care plans as a hospital quality measure (Macmillan Cancer Support, 2023).

Conclusion

- **Concepts are aligned:** UK policy now speaks the language of holistic health.
- **Governance lags:** cuts, split budgets and activity targets hold integration back.
- **Delivery is promising:** but it needs stronger, equity-focused evaluation.
- **Equity is the test:** a 20-year gap means acting beyond the NHS.

Health that lasts depends on systems built to last.

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