

Queen's Speech Motion for an address House of Commons

Making Britain the best place to grow up and grow old

16 May 2022

NHS Providers is the membership organisation for the NHS hospital, mental health, community and ambulance services that treat patients and service users in the NHS. We help those NHS foundation trusts and trusts to deliver high-quality, patient-focused care by enabling them to learn from each other, acting as their public voice and helping shape the system in which they operate. NHS Providers has all trusts in England in voluntary membership, collectively accounting for £104bn of annual expenditure and employing 1.2 million staff.

Addressing health inequalities must be at the heart of the national ambition to improve the quality of life for everyone. NHS trusts are working hard to make this a reality and national leaders have set out an ambition to address the injustice of health inequalities through new strategic frameworks and objectives. We also look forward to seeing the health disparities white paper later this year, led by the recently formed Office for Health Improvement and Disparities (OHID), which will set out measures to tackle inequalities in health outcomes. The government's integration white paper also promises to build on the Health and Care Act 2022, bringing the NHS and local government closer together to join up health and social care services.

These are welcome initiatives, but for the NHS to play its part in making these ambitions a reality, there is more to do. The briefing below sets out NHS Providers' view on four Bills announced in the Queen's speech: the Levelling Up and Regeneration Bill, the draft Mental Health Reform Bill, and the Social Housing Regulation and Renters Reform Bills.

Levelling Up and Regeneration Bill

We welcomed the levelling up white paper as a first step in recognising the interrelated nature of the socioeconomic and health inequalities people across the UK face. The proposals were underpinned by an analysis of the drivers of regional inequality. Regional inequalities, for example in wealth, education, and housing demonstrate how social and economic inequalities are powerful drivers of people's health. Health inequalities are a priority focus for trusts and it would be helpful to see

provisions in the Bill that address these 'spatial disparities', underpinned with a commitment to improving cross-government measurement and understanding of these disparities.

We were disappointed to see that the announcements on health in the paper were limited to individual behaviour and healthy lifestyles. The NHS, far from simply being a treatment service, has a key role to play in contributing to better socioeconomic outcomes in all regions of the country and we would like to see this reflected in the Bill.

The paper reiterated previously announced schemes, such as the commitment to build 40 new hospitals by 2030. If they are delivered, they will be key anchor institutions for local communities, and the completion of these will bring huge benefit to local economies. It is important that trusts are given the opportunity to share their experiences, skills and knowledge to make this programme a success, and that the government does all it can to help trusts progress with their plans as quickly as possible. Investment in healthcare facilities is critical and, as one of the largest employers in the country, it is helpful to recognise that trusts also have a wider role to play in levelling up, for example in providing opportunities for employment and training, contributing to environmental sustainability, and in how they procure goods and services.

It is welcome to see the government clearly articulating an aspiration to drive up healthy life expectancy and reduce inequalities, and we would urge greater alignment of and targeted support for its ambitions. Further detail in the forthcoming health disparities white paper will be needed to turn the government's 2030 aspirations into goals which could be realistically delivered, recognising the importance of a comprehensive and integrated approach to tackling health inequalities.

Draft Mental Health Act Reform Bill

Trust leaders welcome this draft Bill which many see as long overdue and we are pleased that this is a priority for the government. We support proposals to simplify the Mental Health Act (MHA) and make changes that maintain appropriate safeguards, whilst enabling greater individual rights and liberties, as well as service users having a more active role in their care planning with a focus on recovery. We also support the proposals to change how people with a learning disability and autistic people are treated under the MHA. Making it clear that someone with a learning disability or an autistic person will not be detained unless they also have a mental illness is a long overdue step.

It will be important for the Bill to take into consideration the practical implementation of a number of proposals, as well as to recognise that a new Mental Health Act on its own won't be enough to

guarantee high-quality mental health services or transform the way we deliver them for years to come. Mental health services are under severe strain from huge demand and limited resources. It will be crucial to invest in addressing the underlying issues driving the pressures on services and compounding the rising severity and complexity of people's needs.

COVID-19 has left a significant legacy on the nation's mental health, particularly for children and young people, and the effects of poor mental health are expected to last longer than in some other areas of care. The pandemic has taken its toll on overstretched NHS staff too, with the soaring cost of living now adding more pressure. Trusts are working hard to safeguard the mental health and wellbeing of their workforce, but we need a long-term plan to attract and retain staff as well as more support.

We must address too mental health inequalities between people from different sections of society, especially Black, Asian and minority ethnic communities for whom the pandemic has exacerbated longstanding inequalities, and work to improve their access to services and outcomes. The government has **rightly emphasised** that a targeted, multi-pronged approach is crucial to improving these groups of individuals' care and treatment under the Act, as well as their earlier interactions with the mental health system more broadly. We need to see sustained support and focus on delivering, and taking further, plans NHS England and NHS Improvement **has already set out** to support local health systems to better address inequalities in access, experience and outcomes of mental healthcare. Trusts have also emphasised the need to consider public health and social care, and the wider inequalities experienced by the communities they serve, including in housing, employment and other areas which have a profound effect on life chances and mental health.

Social Housing Regulation Bill and the Renters Reform Bill

The COVID-19 pandemic has brought a renewed focus to health inequalities. Before the pandemic, there was a healthy life expectancy gap of 20 years between the richest and poorest parts of the population. COVID-19 widened and deepened those fault lines: data during the pandemic shows that, for example, black men were three times more likely to die from COVID-19, and Bangladeshi men were five times more likely to die from the virus. People on lower incomes and those in insecure work or living in crowded or unsuitable housing were less able to control their exposure to the virus, and bore the brunt of the economic impact of the pandemic. Many of these issues are intersectional: those at risk of health inequalities often face multiple risk factors to their health and wellbeing, and so addressing them must be a partnership effort.

The NHS is committed to reducing health inequalities in healthcare access, experience and outcomes, but healthcare is only one small part of the work that needs to be done to reduce health inequalities. Trusts, as anchor institutions, can consciously use their resources, influence and work in partnership to improve the wider determinants of health, such as social, economic and environmental factors, and help reduce inequalities.

The link between housing and health has been tacitly acknowledged by the government through the inclusion of two important bills in the Queen's Speech which we expect, once enacted, will lead to real improvements in housing for many. Improving housing and the living conditions of so many will improve the health of the nation, help address many of the health inequalities revealed by the COVID-19 pandemic, and will make Britain more resilient in the event of future pandemics.