POLICY WHITE PAPER

THE NATIONAL HEALTH CREATION STRATEGY (2025–2055)

A 30-Year Integrated Plan to Shift the UK from Treatment-Based Care to Prevention-Based Health Creation

Executive Summary

The UK faces a rising burden of preventable chronic disease driven largely by diet, lifestyle, and environmental factors. Healthcare spending has disproportionately shifted toward treatment, pharmaceuticals, and late-stage interventions, while prevention represents less than 2% of total NHS expenditure. This imbalance is economically unsustainable and clinically ineffective.

This White Paper proposes a whole-system transformation built around five coordinated pillars:

Primary Care Reform: Nutritionists, naturopaths, dietitians, and lifestyle medicine practitioners embedded within GP practices.

Schools Reform: A national “We Are What We Eat” curriculum delivered from Reception to Year 11.

Supermarket Regulation: Mandatory participation of major supermarkets in a national Healthy Living Campaign.

NHS Restructuring: Rebalancing NHS spending to allocate 10–15% to prevention over 30 years.

National Public Health Programme: A long-term, unified Healthy Living communication campaign.

Implementation is phased over 30 years to ensure safety, sustainability, and economic viability. By shifting upstream, the UK can reduce long-term medication dependence, improve population health, and dramatically reduce the cost of preventable disease.

1. Introduction

The UK health system is increasingly dominated by escalating costs associated with chronic, lifestyle-related conditions: type 2 diabetes, heart disease, obesity, hypertension, and associated comorbidities. Despite these diseases being largely preventable, the NHS remains structurally configured to respond reactively rather than preventatively.

A new paradigm is required — one that recognises:

• Food and lifestyle as foundational determinants of health.

• Prevention as a core investment rather than a discretionary supplement.

• Schools, supermarkets, and primary care as critical health-creation environments.

• The need for a modernised clinical workforce trained in nutrition and lifestyle medicine.

This White Paper outlines a 20–30 year strategy for shifting the UK health system toward prevention-first, education-powered, environment-supported health creation.

2. Strategic Vision

By 2055, the UK will operate a health system where:

• Every child receives comprehensive nutrition and lifestyle education.

• Every citizen shops in an environment that defaults toward healthier choices.

• Every GP practice integrates nutritionists and lifestyle practitioners.

• NHS financial structures reward prevention, remission, and risk reduction.

• Population health improves across generations, not just individuals.

The goal is not to reduce access to treatment, pharmaceuticals, or lifesaving technologies. Rather, it is to reduce the need for them, by preventing disease earlier and more effectively.

3. Policy Framework

3.1 Pillar One: Primary Care Reform – Integrating Nutrition & Lifestyle Teams

Objective:

Make lifestyle medicine and nutrition a central part of primary care.

Policy Actions:

Phase 1 (Years 0–5)

Establish 300–500 pilot Nutrition & Lifestyle Hubs attached to GP practices.

Staff each hub with:

• Registered nutritionist

• Dietitian

• Naturopath (evidence-informed)

• Lifestyle medicine practitioner

• Health coach

Introduce mandatory GP referral prompts for diet/lifestyle-sensitive conditions.

Begin regulatory development of a new NHS role: Lifestyle & Nutrition Practitioner (Band 6–7).

Phase 2 (Years 5–15)

Expand hubs to cover 50% of GP surgeries.

Revise QOF and DES incentives to reward:

• Diabetes remission

• Reduction in new statin prescriptions in low-risk groups

• Weight loss through lifestyle support

• Recorded dietary interventions

Phase 3 (Years 15–30)

Comprehensive integration of nutrition/lifestyle teams into all GP practices.

Normalisation of lifestyle medicine as a core function of primary care.

Long-term reductions in polypharmacy and chronic disease burden.

3.2 Pillar Two: Schools Reform – “We Are What We Eat” Curriculum

Objective:

Ensure every child leaves school with strong nutritional competence.

Policy Actions:

Phase 1 (0–5 years)

Introduce mandatory curriculum covering:

• Food literacy

• Cooking

• Ultra-processed foods

• Sugar education

• Gut health fundamentals

• Sleep, stress, and emotional resilience

• Movement

• Marketing/media literacy

Provide training for all teaching staff.

Upgrade school meal standards and funding.

Phase 2 (5–15 years)

Integrate nutrition learning objectives into GCSE and KS assessments.

National School Food Transformation Fund to upgrade kitchens and dining spaces.

Phase 3 (15–30 years)

Entire adult population entering workforce has foundational nutrition competence.

Long-term reduction in childhood obesity and metabolic disease.

3.3 Pillar Three: Supermarket Regulation – National Healthy Living Campaign

Objective:

Shift the food environment so healthier choices become the default.

Mandatory Requirements (Years 0–5):

• Front-of-store health zones (fruit/veg/wholefoods only).

• Healthy checkout lanes (50% → 100% UPF-free).

• Permanent price supports for healthy staples.

• Restrictions on multi-buy UPF promotions.

• Unified national branding for all educational materials.

• Supermarket data-sharing agreements.

Years 5–15:

• Extend HFSS marketing restrictions.

• QR-linked NHS digital education platform.

Years 15–30:

• Full food retail transformation.

• Sustained improvement in dietary patterns.

3.4 Pillar Four: NHS Financial Reform – A Prevention Budget

Objective:

Shift the NHS toward prevention, education, and upstream health creation.

Phase 1 (0–5 years)

Increase prevention spend to 4%.

Fund lifestyle hubs, schools programmes, and supermarket oversight.

Phase 2 (5–15 years)

Increase prevention spend to 6–8%.

Introduce Prevention Dividend Legislation.

Phase 3 (15–30 years)

Stabilise prevention funding at 10–15% of NHS spend.

Reduce:

• CVD

• Type 2 diabetes

• Obesity

• Stroke

• Medication dependency

3.5 Pillar Five: National Public Programme – Healthy Living: Stronger Britain

Objective:

Create cultural normalisation of food and lifestyle as medicine.

Features:

• National advertising campaign

• NHS digital hub

• Community programmes

• Annual Healthy Living Week

• Cross-sector partnerships

4. Economic Case

Projected Benefits by Year 30:

• 20–30% reduction in new Type 2 diabetes diagnoses

• 5–10 year delay in CVD onset

• Lower medication expenditure

• Reduced emergency admissions

• Increased productivity

5. Implementation Risks & Mitigation

Political resistance → phased regulation

GP workload → additional workforce

Public scepticism → empowerment-focused messaging

Funding volatility → ring-fenced prevention budget

Industry lobbying → strong regulatory frameworks

6. Conclusion

The UK cannot continue operating a treatment-dominated system. This 30-year Health Creation Strategy provides a realistic, evidence-aligned roadmap for shifting the UK toward prevention-first healthcare.

7. High-Level Costings

Phase 1 (Years 0–5): £4–5 bn/year

Phase 2 (Years 5–15): £12–18 bn/year

Phase 3 (Years 15–30): £26–32 bn/year

Much of the later spending is offset by avoided treatment costs.