



ASSOCIATION
OF COLLEGES

From treatment to prevention: how colleges can build a healthier society



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Foreword



David Hughes CBE
Chief Executive,
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At the Association of Colleges, we have taken the government’s mission-led approach seriously by shining a light on the role colleges play in tackling some of the knottiest and longstanding challenges for our country. Our approach is to describe what colleges do already, to better understand how that might be scaled up and how more impact can be achieved with the right engagement with Whitehall and other partners. We explored this initially through our Mission Accepted report last year – where we shared examples of the work colleges play across all five missions - and now publish this report to dive more deeply into the preventative health ambition.

The health mission shift to prevention should ease the stark pressures our health and care system so clearly faces, but at least as importantly it should help improve life and outcomes for people across the country. The shift requires thinking differently – about the organisations who can play a role in improving health outcomes, about how they might work together, and about the changes that could unlock this more fully.

Colleges are one of the few places where all parts of a community come together and have a quite unique reach – across their students and staff, their wider communities and the employers they work with – in every part of the country. This means they are well-placed to deliver preventative health which reaches all population groups, including those groups that the NHS are trying, and often struggling, to reach.

Colleges already support people to adapt healthier behaviours, support young people’s mental health and wellbeing and enable people to find good work, including those with health conditions and young people who are more likely to become economically inactive.

However, in interviewing leaders across the health and colleges systems through this research, it was clear that far too much of college activity on preventative health happens despite, not because of the system. Much of what colleges do is not recognised and usually under-utilised – in the health sector, in the local government sector, and by colleges

themselves. They face significant challenges, particularly due to a lack of join-up across preventative health at a local, regional and national level; and a great deal of the work is entirely unfunded, putting significant resourcing constraints on how much colleges can do.

The opportunity therefore is to unlock the untapped potential of colleges through better engagement and partnership and better use of resources locally. We want to see colleges consulted in the development of neighbourhood health plans, factored into the new commissioning role of integrated care boards (ICBs) and mayoral strategic authorities (MSAs), piloting some of the initiatives from this report on a regional or national scale. We also want to see colleges being more strategic and purposeful about their work in this area.

Our recommendations are aimed having more colleges playing a bigger role in tackling significant health inequalities and building a healthier society. With the NHS at a crisis point, facing unprecedented increases in healthcare costs against a backdrop of poor population health, it is more important than ever that partners are working together to deliver preventative health which reaches all parts of a community. Colleges stand ready to deliver on this.

Executive summary

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We stand at the cusp of a historic transformation in our means to deliver on the promise of prevention.

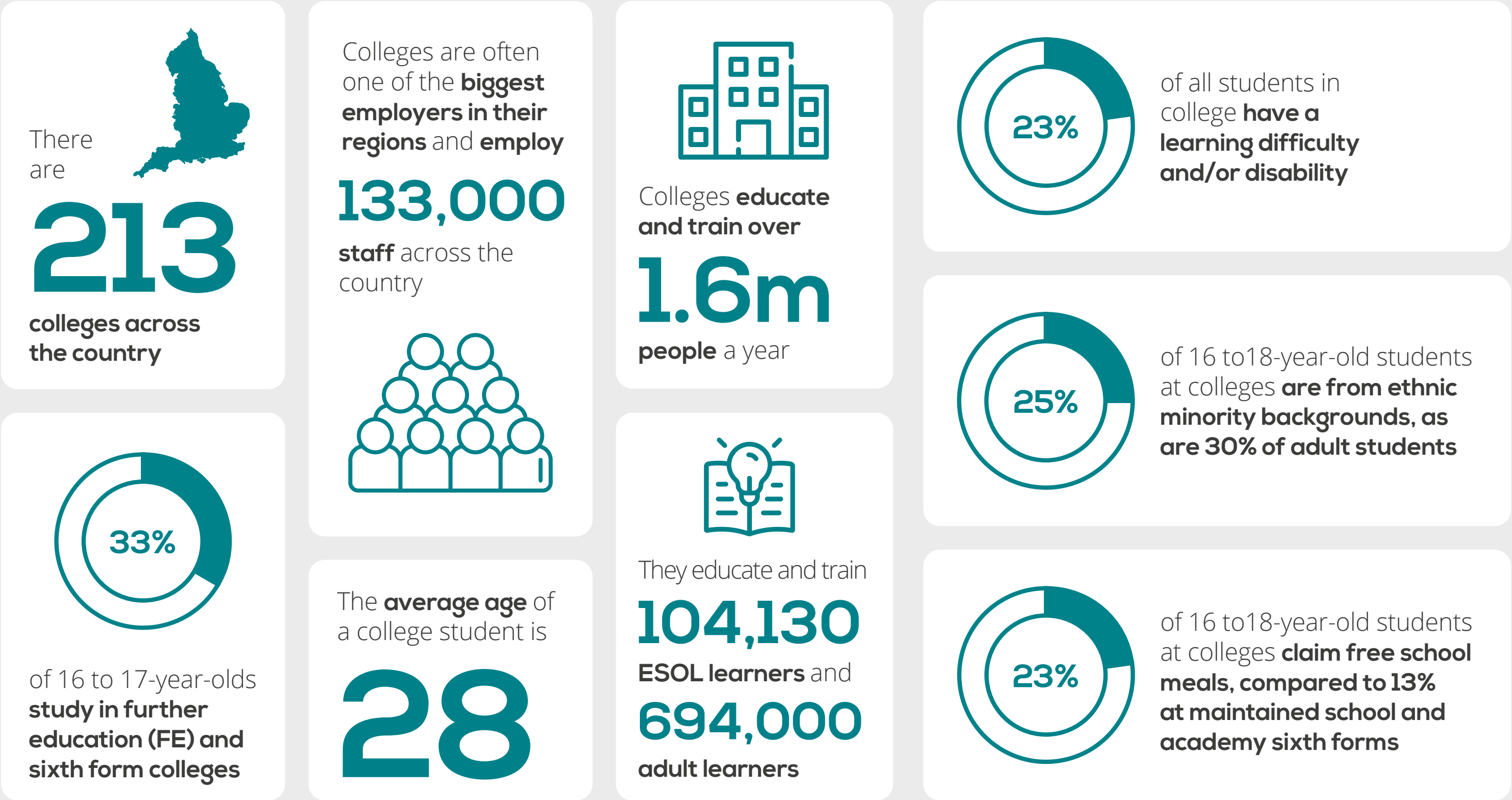
NHS 10 Year Plan¹

As anchor institutions at the heart of their communities, colleges have a key role to play in delivering preventative health which reaches all parts of a community and tackles the causes of ill-health before it becomes a strain on the NHS. They are one of the few places where all parts of a community come together and they have significant reach into their communities, including groups who often have the poorest health outcomes.



¹ 10 Year Health Plan for England: fit for the future - GOV.UK

The deep reach that colleges have into their communities is demonstrated by the below snapshot:



The government has set out its mission to build an NHS fit for the future, supported by three key shifts outlined in the NHS 10 Year Plan.

The third shift set out to support the mission is the aim to move population health from treatment to prevention. Preventative health is at the heart of the NHS 10 Year Plan, including through a commitment to half the life expectancy between those in the most deprived areas and those in the least deprived areas. This is explored in more detail in the following chapter.

As anchors institutions at the heart of their communities with a deep reach into their local population, colleges have a key role to play in the preventative health agenda. This report explores four key areas where colleges are well placed to deliver effective preventative health which ensures that everybody is able to live well for longer.

These four areas of college activity are:

- 1 Supporting improved mental health and wellbeing
- 2 Supporting people into good work, including those in health-related economic inactivity
- 3 Supporting healthier habits, behaviour and communities
- 4 Utilising college space and facilities for community health

This report explores innovative initiatives colleges are carrying out across these four areas to deliver preventative health at the heart of their communities and tackle growing health inequalities. There are numerous other examples like these right across the country, which could equally have made it into this report. At the same time, this is an area of work which could be significantly developed – given greater prominence, better embedded into national, regional and local strategies, and embedded more consistently right across the sector. Colleges are keen to play a greater role in supporting healthy communities but a lack of join-up at a local, regional and national level between health organisations, colleges, local and national government, alongside a lack of formal mechanisms for coordination, remains a significant challenge. This is in addition to long-standing funding pressures within the college sector and related capacity issues, which make it difficult for colleges to play a role in delivering coordinated preventative health in partnership with stakeholders at a neighbourhood level.

With relatively modest changes, the role of colleges in preventative health could be greatly enhanced. This report makes consequent recommendations for all stakeholders involved, including colleges, health organisations, local councils, mayoral strategic authorities (MSAs) and national government, to enable colleges to play a greater role in the shift from treatment to prevention. With the transformation of integrated care boards (ICBs) to adapt new responsibilities to improve population health and tackle health inequalities, whilst simultaneously cutting costs by approximately 50%, it is a crucial time to harness the potential of anchor institutions which stand ready to deliver preventative health rooted in their communities. Likewise, with colleges operating under significant funding pressures and at the forefront of tackling prominent health issues within their communities, it is pertinent for them to understand how they can utilise the new commissioning

responsibilities of ICBs and ensure that they are playing a key role in the development of new neighbourhood health plans being developed by health and wellbeing boards.

If we are to tackle entrenched health inequalities, and key issues such as an exacerbated mental health crisis, growing obesity rates and the prevalence of long-term health conditions, as well as supporting high numbers of people out of work due to health-related reasons, colleges will be critical. We stand at a crossroads; there is an opportunity to work together to deliver transformative health outcomes for the population and ensure that every person is enabled to live healthy, happy lives, regardless of where they live or their background. This will require a new impetus to achieve effective collaboration and maximising resources and expertise; as anchor institutions colleges stand ready to play a leading role in this.



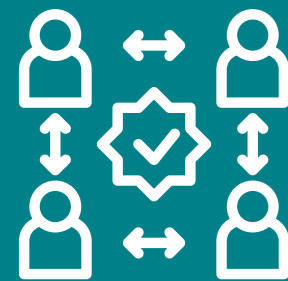
For the context of this report, when we refer to health organisations, this reflects a range of NHS organisations, including NHS trusts, ICBs and others.

This report makes recommendations across four key areas, which can be found in more detail at the end of the report.



Recognition

Colleges must be recognised as key partners in the delivery of the preventative health agenda. They should be played into the government’s health mission, as well as in the development of neighbourhood health approaches and represented on health and wellbeing boards.



Coordination

More than anything, stronger coordination is needed between all stakeholders and colleges must play a key role within this – at a local, regional and national level.



Funding

Health organisations, MSAs and local councils should consider funding or co-funding of college health activities, and ICBs should consider colleges when commissioning preventative health.



Governance and oversight

Colleges should ensure they are reflecting on their public health responsibilities and engaging with relevant local stakeholders, including directors of public health and ICBs, to share data and understand where they can be the reach point for certain groups.

Colleges play a key role in the preventive health agenda. They are carrying out innovative work across four key areas to support the move from treatment to prevention but they are not always being played into the public health agenda.



Improving mental health and wellbeing

City College Plymouth works with Livewell Southwest to deliver mental health support at the college.

Luminate Education works with their ICB to deliver integrated mental health services for students and staff.

South Gloucestershire and Stroud College delivers wellbeing classes at the heart of their community.



Supporting healthier behaviours

West Nottinghamshire College delivers a healthy eating and physical exercise initiative for local children.

Working Men's College provides adult education and ESOL classes that tackle loneliness and improve access to health services.

Barnet & Southgate College supports learners with SEND with independent living skills, reducing pressures on care services.



Supporting people into work

City College Norwich runs an employment agency that supports young people with LDD and mental health conditions.

Kirklees College runs an initiative to support people with health-related barriers to employment through behavioural change.

The Education Training Collective is working to improve access to health services and boost employment.



Utilising college space and facilities

The Manchester College offer their sports facilities to deliver physical training for people with loss of limbs.

UPS College works with a local voluntary organisation to deliver ECG checks on campus.

Lancaster & Morecambe College offer the campus to host diabetes eye clinics.

NHS 10 Year Plan summary

The government published its 10 Year Health Plan in July 2025 which sets out key changes to deliver the government's three shifts. The plan recognises how the NHS is at a "historic crossroads" facing core issues such as rising demand, an aging population, an increase in chronic conditions and long waiting lists. It sets out plans to tackle these challenges by:

- establishing a neighbourhood health service, emphasising the need to shift care out of hospitals into neighbourhood and community services. It pledges to shift investment to these services over the next three to four years.
- moving from analogue to digital, pledging a major digital transformation in healthcare, including delivering a single patient record and transforming the NHS app into a front door for patients.
- outlining new responsibilities for ICBs, who will become the main commissioners of local healthcare, as well as creating integrated health organisations that hold whole budgets for defined populations, piloted from 2026/27. It also commits to strengthening partnerships with local governments and other public services.
- committing to developing an NHS fit for the future and tackling some of the core challenges impacting recruitment and retention challenges

The 10 Year Health Plan places a strong focus on preventative health. The plan includes a number of key elements, including:

- a pledge to halve the gap in healthy life expectancy between the richest and poorest regions, whilst increasing it for everyone, and raising the healthiest generation of children ever.
- a commitment to end the obesity epidemic, create a truly smoke-free future and tackle the growing mental health crisis among young people.
- an emphasis on working with employment and skills systems to join up health, work and skills to enable people to find and keep work.
- plans to roll out mental health support teams (MHSTs) in schools and colleges by 2029/30.
- a commitment to developing youth futures hubs so that children and young people can more easily access mental health support and ensure there is no wrong door when seeking help.

Taken together, the 10 Year Health Plan invites questions as to the role of key local anchor institutions within a neighbourhood health agenda in general, and in preventative health in particular. Colleges here represent a notable asset, given their reach and profile. The focus on ICBs and neighbourhood health plans equally requires that colleges review their engagement within their localities and opportunities to forge new partnerships.



Post-16 Education and Skills White Paper summary

The Post-16 Education and Skills White Paper, published in October 2025, sets out a vision for a world-leading skills system which meets employers' needs. It sets out three key shifts to deliver this.



Working with employers to drive growth and opportunity through education and training to:

- join-up the skills and employment systems, including through a new pathways to work guarantee, closer integration of the adult skills fund and job centres, and an expansion of sector-based work academy programmes.
- enable lifelong learning through access to short courses funded by employers through the growth and skills levy.
- build a stronger role for strategic authorities, including through joining up skills, work, health and transport to tackle local skills gaps.
- equip local skills improvement plans (LSIPs), local growth plans and local get Britain working plans to drive college and university delivery.
- introduce a new youth guarantee, which would guarantee every 18 to 21-year-old gets access to education, training, or help to find a job or an apprenticeship. This includes an automatic guaranteed college place for all 16-year-olds.

Delivering a specialist and prestigious FE sector with high-quality study pathways into work by:

- establishing 29 technical excellence colleges across priority sectors to lead change in harnessing artificial intelligence, employer partnerships and greater specialisation.
- introducing new qualifications, including V Levels as the only pathway of vocational qualifications at Level 3 for young people, new pathways at Level 2 and new English and maths qualifications at Level 1.

Strengthening our world-leading higher education sector by:

- introducing measures to ensure improved value for money for all.
- encouraging greater collaboration between colleges and universities.
- bringing about reform, change and differentiation for university sector.

The Post-16 Education and Skills White Paper affirms the role of colleges as anchor institutions within their communities, which in turn invites questions about how this might be strengthened and further embedded – including in the preventative health agenda. The emphasis in the white paper on a more coherent and coordinated post-16 system equally could enable a more coherent and coordinated approach to engagement between the education and skills system and the health and care system.

Context: from prevention to cure

The government has committed to being mission-led, with five key missions at the heart of this approach, acting as guiding stars to inform policy and funding decisions. This mission-led approach will involve empowering local institutions and local leaders across the public sector, third sector and private sector, to work together in different ways.

As anchor institutions rooted in their communities, colleges will have a crucial role to play across all five of these missions – and are keen to reflect on what more they can do, and how they might work differently with others, in order to play their fullest role.

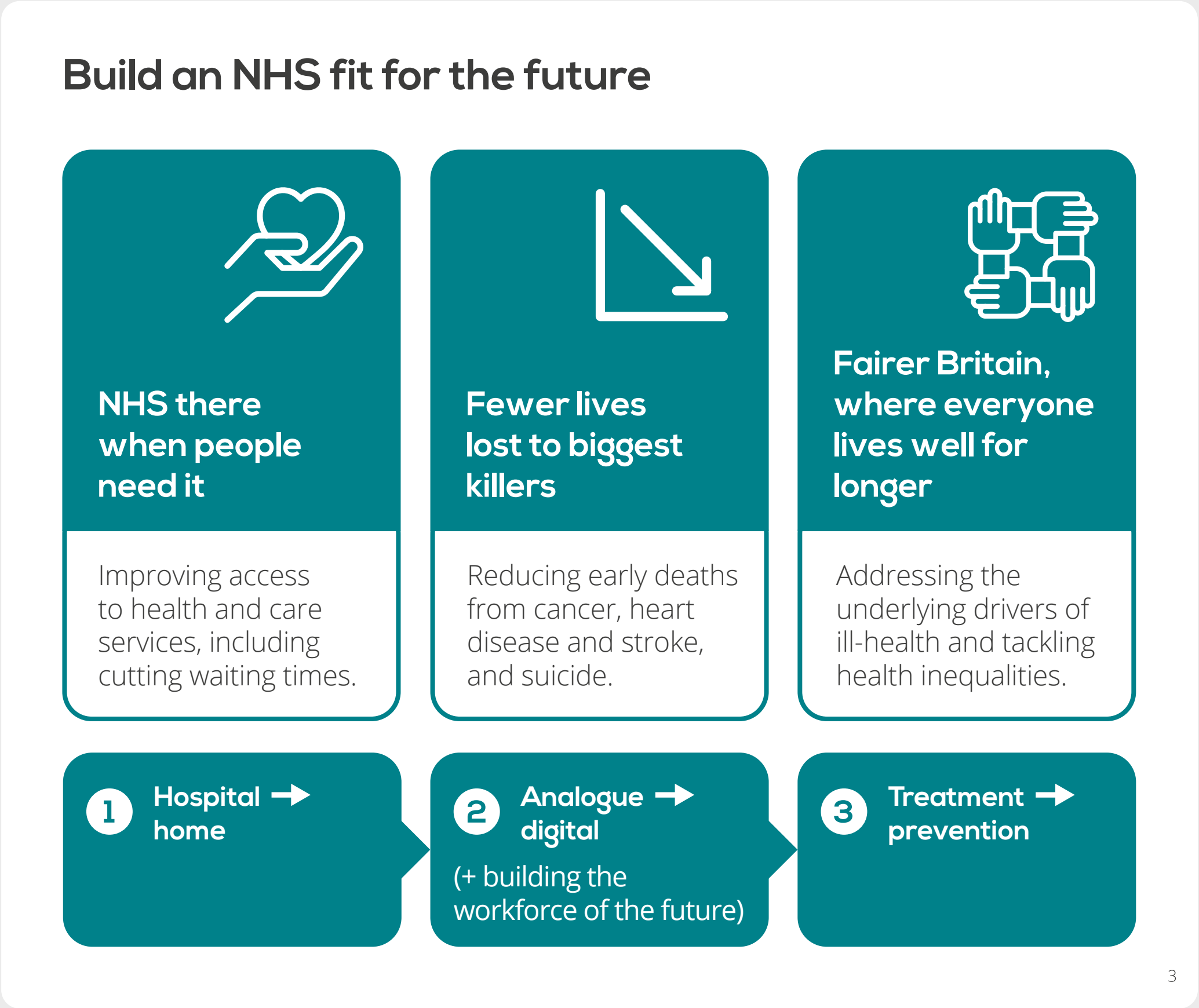
As the NHS faces mounting pressures, the government has set out the mission to ‘build an NHS fit for the future’. There are three key strands to this mission:

- 1 NHS there when people need it**, improving access to health and care services, including cutting waiting times.
- 2 Fewer lives lost to biggest killers**, reducing early deaths from cancer, heart disease and stroke, and suicide.
- 3 Fairer Britain, where everyone lives well for longer**, addressing the underlying drivers of ill-health and tackling health inequalities.

The NHS Ten Year Health Plan re-iterated the three big shifts needed to deliver this.

- 1** ‘From hospital to community’, bringing care closer to where people live, through a new neighbourhood health service to deliver more proactive and personalised care.
- 2** ‘From analogue to digital’, rolling out new technologies and digital approaches to modernise the NHS.
- 3** ‘From treatment to prevention’, shortening the amount of time people spend in ill-health by preventing illnesses before they happen, as well as earlier identification and management of chronic conditions.²

² Build an NHS Fit For the Future - GOV.UK
³ <https://www.gov.uk/government/publications/plan-for-change>



Alongside these shifts, the plan sets a new direction of travel towards a neighbourhood health service. This approach emphasises the importance of local, community-based care and the role of neighbourhoods in promoting health and wellbeing. Neighbourhood health will require new ways of working with communities and across the range of local services they receive.

Colleges have a crucial role to play within the health mission, with many already demonstrating their reach into local communities providing flexible pathways for a more diverse workforce. They will be critical to supplying the workforce needed to deliver on a reformed NHS. They are also hotbeds of innovation and play a key role in training students in how to effectively utilise new technologies and digital solutions, which can support the aim to digitalise the NHS. Colleges also have a crucial role, as anchor institutions within their communities, to deliver preventative health which reaches all parts of a community and tackles the causes of ill-health before it becomes a strain on the NHS. This agenda is also crucial to delivering on the missions to kickstart the economy and to break down the barriers to opportunity.

This report will focus in particular on this third strand of the mission to move from treatment to prevention. The role that colleges play in preventative health is poorly understood and under-utilised, resulting in significant untapped potential for colleges to be doing more to support the move from sickness to prevention.

The government has recognised that an increased focus on prevention is imperative to improving the sustainability of the NHS by tackling “ever increasing demands for healthcare [which] threaten to overwhelm and bankrupt the NHS”. The NHS is at a crisis point; without action, it faces unprecedented increases in healthcare costs by 2050, including a 40% increase for cancer, a 54% increase for coronary heart disease, 100% for dementia and 85% for strokes.⁴ These four health issues alone count for 59% of all deaths in England and 5.1 million disability-adjusted life years.

As the government acknowledges, people deserve to live in a fairer Britain, where everyone lives well for longer, yet there are persistent inequalities in health. A report by the Joseph Rowntree Foundation in 2014 estimated that £29 billion of spending a year was associated with poorer areas, where people are sicker and more likely to use A&E. One of the report’s authors has estimated that the cost of poverty on the NHS today would be closer to £50 billion a year, but could be much higher.⁵ The health gap between people living in the most deprived and the least deprived areas is significant; healthy life expectancy is more than 18 years lower in the most deprived areas compared to the least.⁶ People living in the most deprived areas are 14% more likely to be overweight or obese, 13% more likely to be a smoker and 15% more likely to be inactive. There is an urgent need to deliver preventative health strategies closer to home and across all communities, to ensure that every person is both equipped with the knowledge and support to live a healthier lifestyle and able to access support close to where they live.

Developing a community health model which promotes preventative health can also help the government to meet other key objectives, such as the mission to kickstart the economy or the government’s Back to Work Plan, which aims to support the thousands out of work due to ill-health back into employment. The estimated cost of long-term sickness to the economy is more than £300 billion a year.⁷ The equivalent of £8.3 billion is lost in productivity due to cancer-related missed working years and 75 million hours of informal care is provided annually to stroke survivors. With each of these illnesses tied to risk factors like unhealthy eating, a lack of exercise, high levels of stress and social isolation, supporting people to live healthier lifestyles could have a significant impact.



Our sick society is also holding back our economy... A drop in productivity due to ill-health has cost our economy £25 billion since 2018... To build a healthy economy, we need a healthier society.⁹

Wes Streeting
Secretary of State for Health and Social Care

⁴ [Delivering the Prevention Legacy for the NHS | Sheffield Hallam University](#)
⁵ [Britain in 2025: sick man of Europe battling untreated illness crisis | Poverty | The Guardian](#)
⁶ [Health inequalities in a nutshell | The King's Fund](#)

⁷ [The cost of working age ill-health and disability that prevents work - GOV.UK](#)
⁸ [Delivering the Prevention Legacy for the NHS | Sheffield Hallam University](#)

⁹ [Secretary of State for Health and Social Care's address to IPPR - GOV.UK](#)

Challenges: barriers to delivering on this agenda

Colleges and health and care organisations are doing significant work to deliver preventative health within their communities and to support the move from treating sickness to preventing ill-health. However, they face numerous barriers which prevent them from playing their full role in preventative health, resulting in an inconsistent approach across the sector and their under-utilisation to support a healthier nation.

No formal mechanisms for co-ordination

Whilst there are some innovative examples of colleges and health and care organisations working closely together to deliver effective preventative health initiatives, many colleges struggle to build an efficient partnership with their local NHS organisations. Colleges report challenges at different stages of relationship-building, from inception through to implementation.

Both colleges and health organisations struggled with building relationships from the outset, due to competing priorities and overstretched resources. Others found that they were able to successfully initiate the beginnings of a partnership, but that the process often became over-complicated, lengthy, and arduous, yielding promising discussions but rarely resulting in tangible action. Others have struggled to build successful college-health partnerships due to differences in how the two sectors operate and established systems which were difficult to navigate for stakeholders from other sectors. Differences in language used when talking about preventative health could also be a challenge, with a recognition that language and systems vary notably across education and health. This is often particular to the local context however, and in other areas, there are more established links between a college and NHS organisations which support a more effective partnership. These partnerships have taken many years of nurturing, but unfortunately constant restructuring, staffing and responsibility changes in NHS regional teams has undermined their important role in communication and collaboration.

Another challenge that both colleges and NHS organisations find in building effective partnership-working is that often, when such relationships are formed, they can tend to be personal rather than institutional. Relationships can be reliant on the will of specific individuals on both sides, who are willing to commit time and resources into making joint initiatives work, in addition to their central responsibilities. This can mean that when individuals move on to different roles, relationships between the two organisations can break down, in turn impacting current and future initiatives

Some of the best examples of successful collaboration are based on strong personal relationships between individuals within the NHS and their partners. The challenge is to build these personal relationships into institutional ones. MSAs have the opportunity to provide local leadership and help build institutional relationships. The long-term sustainability of any partnership-working requires moving towards building institutional, as well as personal, relationships.

Leadership both within the NHS and in colleges will also be crucial to driving this agenda forward. Collaboration with new partners, both facing external pressures, will be tricky. But by leveraging our collective expertise, experience, and resources, we have a real opportunity to improve the outcomes for the communities we both serve.

// **The long-term sustainability of any partnership-working requires moving towards building institutional, as well as personal, relationships.**



Complexity of approaches

Even when there is strong coordination between colleges and health organisations, there are additional complexities due to the variation in approaches across different geographies, funding lines and structures.

The ability of colleges to deliver effective preventative health initiatives within their communities can be dependent on the specific local and regional context. Whilst some colleges have strong local links and are able to work collaboratively with local organisations to deliver a joined-up approach to preventative health across the locality, others may operate in a more disjointed local context. Some colleges report that there is duplication in local initiatives, often due to how local funding is allocated, which results in competition among local organisations, including private organisations, in delivering health and sports programmes.

Many colleges also sit across different local authority areas, which means that local authority services may only be available to some of the college’s students, depending on postcodes, which in turn leads to inequitable support. Similarly, NHS trusts or ICBs might have a number of local colleges within their areas, which can feel complicated and harder to engage with. A better coordinated local approach could enable local health initiatives to be delivered more efficiently and utilise resources like college estates and sports facilities effectively to ensure that programmes are high quality.

A more strategic, universal approach to facilitate engagement between the further education and health and care sectors at a regional or national level could improve efficiency of health initiatives. For example, developing a national framework for engagement could

reduce the time and resources that individual colleges spend on developing college-specific resources.

Simultaneously, the NHS is going through significant structural change. The abolition of NHS England, the consolidation of ICBs and their new focus on strategic commissioning, and the development of integrated health organisations (IHOs) represent some of the most significant changes in how the NHS operates. These structural changes are aimed at creating a more streamlined, responsive, and efficient health service.

Some of the changes outlined in the NHS Ten Year Health Plan will help put the NHS on the right path. Initiatives to explore pooled budgets and integrating other public services within neighbourhood health centres will support this shift towards a more preventative model of care delivered at the neighbourhood level. Financial flows will increasingly reflect this shift and a move towards multi-year budgets will enable investment in better outcomes, not just into inputs and activity.

However, the structural changes within the NHS and local government poses an immediate challenge. A lack of clarity creates issues around identifying partners and roles. ICBs’ focus will move to strategic commissioning, some trusts will gain greater autonomy, and the growing number of directly elected mayors will take on a defined power to convene local partners. Amid this change, it can be difficult to identify which health organisations should take on a leading role in engaging with colleges. With time, the mechanisms for collaboration and oversight should become clearer.

There is evident enthusiasm to engage and collaborate on preventative health from both colleges and the health sector, alongside existing exciting developments happening across both sectors, but often a clear lack of join-up. There is a need to consider how these two systems can be better joined-up to facilitate effective partnership-working which is efficient and clearly structured to deliver the best results, as well as ensuring a consistency in partnership working across ICBs and NHS trusts to ensure equal access across the country.

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A more strategic, universal approach to facilitate engagement between the further education and health and care sectors at a regional or national level could improve efficiency of health initiatives.



Capacity

Whilst the role of colleges at the centre of their communities means they are ideally placed to support a healthier community, it often means they are under significant pressure as the main point of contact for health and care needs for many of their students. For example, colleges reported that many English for Speakers of Other Languages (ESOL) students are not registered at their local GPs or dentists or are unable to register at services close to them. Similarly, in more rural areas, students are required to travel long distances to access health services, which in turn has financial and time constraints. Consequently, colleges will often be the place that students come to for support with their health needs, alongside a range of other needs, such as housing. Colleges are often the first point of contact – for example, they often are the first to pick up mental health issues among students – but they must be able to confidently signpost to further services, and a lack of structured coordination driven by the challenges already discussed can prohibit this. Some colleges report that GPs signpost students to access counselling and mental health support at their local college, rather than to NHS services, due to the extensive waiting lists involved.

Capacity is also a significant challenge facing NHS services. The growing demands on NHS services mean that many providers have to focus on tackling immediate needs, leaving less time and resources for additional initiatives. For example, NHS MHSTs pick up on low levels of poor mental health and provide additional capacity to support mental health and wellbeing in educational settings, but they often focus on schools-based issues and can only support small numbers of college students as presentation of poor mental health in colleges is often above the MHST threshold. However, there is clear evidence that NHS organisations are enthusiastic to support the prevention agenda, and that preventative measures can in turn help to address capacity issues by reducing the demand on acute services. However, any preventative health measures put in place must be relevant for the further education sector.

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Colleges will often be the place that students come to for support with their health needs.

Funding

Whilst many colleges are delivering innovative preventative health initiatives, these entail a cost when colleges are already experiencing significant funding pressures. Funding remains a significant barrier to colleges fully delivering on their potential to support the nation to move from sickness to prevention, whether that be through preventing them from rolling out initiatives initially or limiting health initiatives they currently operate. For example, colleges that run innovative healthy eating and exercise initiatives for children from local schools are unable to provide the one-to-one specialist support needed for young people with SEND on their programmes, due to the cost entailed. Whilst colleges have significant untapped potential in delivering on the preventative health agenda, initiatives entail an additional cost which is often unfunded, and financial priority must be given to mandatory responsibilities and requirements. As a result, the role of colleges in preventative health is limited and unfulfilled.

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Funding remains a significant barrier to colleges fully delivering on their potential to support the nation to move from sickness to prevention.



Improving mental health and wellbeing

Context

Mental health poses one of the biggest challenges to the NHS, with 54% of British people surveyed by Ipsos in its annual 2024 Health Service Report reporting that mental health is the biggest health issue facing the country.¹⁰ Children and young people are hit the hardest by the mental health crisis, with around one in five young people aged eight to 25 having a probable mental health condition in 2023.¹⁰ As Young Minds points out, this number has been rising since 2017, most notably in the 17-19 age group. The number of children and young people referred to emergency mental health care rose by 10% between 2023 and 2024, with many of these young people being stuck on waiting lists for NHS support for months and years.¹² According to the AoC Mental Health Report 2025, nearly three-quarters (72%) of colleges have seen an increase in the number of 16 to 18-year-olds experiencing suicidal thoughts.¹³ The Children and Young People Mental Health Coalition (CYPMHC) highlights that 75% of mental health problems present before the age of 24, increasing the likelihood of needing formal mental health support as an adult.

¹⁰ [Mental health seen as the biggest health issue, while Brits continue to worry about overstretched NHS | Ipsos](#)

¹¹ [Mental Health Statistics UK | Young People | YoungMinds](#)

¹² <https://www.gov.uk/government/publications/plan-for-change>

¹³ <https://www.gov.uk/government/publications/plan-for-change>

Rising numbers of poor mental health cases are placing a significant strain on the already stretched NHS. As evidenced by Mind in their The Big Mental Health Report, poor mental health costs £300 billion a year in England alone – double the NHS annual budget.¹⁴ Tackling poor mental health and supporting better wellbeing within the community can play a critical role in helping to tackle rising waiting lists and ensure that people can get the support they urgently need more rapidly and closer to home. Findings by the CYPHMC's Future Minds Report show that it is 100 times cheaper to treat a young person in the community than as an inpatient; for every £1 invested in child and adolescent mental health services, the return on investment is an estimated £2.85 in benefits to individuals, and an additional £1.40 in savings to the government.¹⁵

As acknowledged in the Get Britain Working White Paper¹⁶, mental health is also one of the biggest factors in economic inactivity. According to Mental Health UK, around

¹⁴ [The Big Mental Health Report](#)

¹⁵ [Future Minds Report](#)

¹⁶ [Get Britain Working White Paper - GOV.UK](#)

630,000 people report being economically inactive due to long-term sickness, with “mental health condition” being cited as the main cause in 2022-23 and in 2023-24. The report highlights how mental health challenges cost the economy a significant £118 billion annually, with 72% of this cost caused by lost productivity among people experiencing mental ill-health and who are therefore unable to work.¹⁷ Tackling the growing mental health crisis will therefore be crucial to meeting the government’s aim to get people back into work.

Colleges can and do have a crucial role to play in tackling the growing mental health crisis among young people and adults. They often have innovative initiatives in place to provide holistic wraparound mental health support to their student – adopting a whole-college approach which is reflected across a wide range of measures, including tutorial provision, differentiated targeted support, wider support services, healthy living and social prescribing – often working

¹⁷ [Breaking Barriers: Supporting mental health to boost economic growth - Mental Health UK](#)

in partnership with their local NHS trust, ICB or community organisations to deliver effective timely support and bypass extensive waiting lists. They also have a role to play in supporting improved wellbeing more widely in the community, and their key positioning as anchor institutions can enable them to reach all parts of a community to tackle isolation, offer self-care and wellbeing guidance and provide a safe space for people to access wellbeing support.

Yet, colleges face a number of challenges against a growing backdrop of an increase in presentation of poor mental health and an increase in demand to support students with diagnosed mental health illness, and more needs to be done to enable them to unlock their untapped potential in this area. The AoC Mental Health Report 2025 examines what colleges are doing to deliver integrated mental health services in more detail, as well as setting out recommendations to enable them to tackle the growing crisis more effectively.¹⁸

¹⁸ [AoC Mental Health Report 2025 reveals... | Association of Colleges](#)

Case Study:
City College
Plymouth

City College Plymouth has adopted a holistic and proactive approach to enhancing mental health and wellbeing – both within the college and across the wider community. Recognising the need for more cohesive and accessible wellbeing support, the college formed a strategic partnership with Livewell Southwest, a leading local mental health services provider, to launch the Pastoral Suite: a dedicated, on-campus hub designed to support student wellbeing.

This innovative space offers a safe, supportive environment where students can access immediate pastoral care and be seamlessly connected to external community services when needed. By bridging internal and external support systems, the college ensures that students have access to a comprehensive range of mental health resources.

The impact of this initiative has been significant. Between the 2022/23 and 2023/24 academic years:

- the number of students accessing support services increased by **124%**
- counselling sessions delivered rose by **197%**
- wellbeing appointments booked grew by **170%**.

There was a **94% reduction in the number of English and maths students with zero attendance**, which is significant considering the link between poor mental health and absence: data from the Association of Colleges indicates that nearly nine in 10 colleges report poor mental health as the main reason for absenteeism.¹⁹

Student feedback reflects the positive impact of the initiative, with testimonials such as:

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Staff have helped me through some very dark moments and made me believe I can have better days to come.

//
They helped me keep going with my course when things at home were difficult.

The partnership with Livewell Southwest has been instrumental to the programme’s success – facilitating timely referrals, extending the scope of support, and ensuring students receive the specialist care they need, both on and off campus.

¹⁹ Students without grade 4 and above in English and maths continue studying these subjects post 16. Motivation can be low and attendance is on average 10% lower than to the students’ main subject.

This case study illustrates the unique role that colleges can play in tackling the growing mental health crisis among young people. They are well placed to deliver effective early intervention, working in partnership with NHS organisations to bypass long waiting lists and deliver wraparound care which has immediate impact.



Case Study: Leeds City College

Leeds City College works closely with Leeds NHS Trust to deliver integrated preventative mental health services for students in the college. The college has an innovative partnership with the MindMate Support Team, set up by the local ICB, to join up mental health support for young people locally. The college has a dedicated wellbeing team that offers different therapeutic disciplines, including counselling, structured mental health and wellbeing interventions. Referrals for the services come through staff or self-referrals from students. The wellbeing team leader works closely with the allocated MindMate team to appropriately triage referrals to the right place. MindMate staff work closely with college staff to develop wellbeing support plans for students and provide guidance on how to deliver them effectively. They also deliver tailored training to staff, specifically to build their confidence, awareness and skills in mental health. This approach recognises that at times students may prefer receiving support from trusted adults with established relationships, rather than formal counselling services.

This aligns with the colleges approach to wellbeing which is underpinned by their principles of relational practice which acknowledges the importance of building relationships, trust and a sense of belonging.

As the college works closely with MindMate to deliver these wellbeing services it creates extra capacity on both sides of the partnership, with MindMate offering evidence-

based interventions for mild to moderate mental health issues for under 18, and the college providing more support for more complex referrals. Simultaneously, supporting the college to embed preventative mental health support will in turn reduce subsequent pressure on the NHS trust by reducing referrals to lengthy waiting lists.

This forms part of a wider wellbeing offer at the college, including the development of a suicide prevention strategy for students, and projects delivered with local voluntary organisations such as the Black Boy Joy project, which aims to get boys discussing mental health more openly. As one of the largest employers in the region, the college also recognises its role in supporting wellbeing amongst staff and has an holistic staff wellbeing offer, which includes mental, physical, social, financial and organisational wellbeing interventions.

Preventative mental health will also form a core aspect of a new role designed by the college: the healthy choices advisor. The role aims to take a holistic and person-centered approach to addressing the health needs of the student population, including through supporting the college's move to a smoke and vape-free environment, working closely with external organisations to develop new health initiatives, championing sexual health and utilising a social prescribing model to connect students to internal and external services, activities and groups to improve their health.



This case study demonstrates the importance of partnerships and collaboration between NHS organisations, colleges and voluntary organisations to deliver preventative health services, including integrated mental health services, to tackle the drivers of ill mental-health promptly and efficiently and reduce pressure on long waiting lists.

Case Study:
South
Gloucestershire
and Stroud
College

South Gloucestershire and Stroud College wanted to take a wider approach to supporting wellbeing in the community, as well as within the college itself. Recognising the impact that poor wellbeing was having on individuals in the community, the college developed Creativity for Wellbeing (non-accredited) courses for adults facing barriers to accessing mainstream education. The classes are delivered both within the community and on the college premises and provide an opportunity to engage in creativity in an accessible way. The college works in partnership with local social prescribers, surgeries, charities and community providers to signpost and support progression to the classes. This has enabled the classes to reach all geographical areas of the community, including groups that are typically further from health outcomes, and to deliver classes in familiar and safe community spaces, which in turn offers a supporting stepping stone for participants to help them transition back into more formal education.

The classes have supported individuals who are feeling isolated or lonely and help to foster a sense of belonging and being part of a learning community, and are often a stepping stone to progression onto wider community engagement. Creativity has been linked in research to improved mental health, and decreased stress and anxiety, as well as tackling negative feelings often felt by those who have experienced trauma. They can also support participants to explore additional wellbeing strategies, such as self-care, healthy eating and exercise.

The impact that such classes can have on the wellbeing of participation is demonstrated through the story from a participant below.



I moved to Bristol in 2021 after completing a 28-day detox from alcohol and drugs in a rehabilitation clinic. I've struggled with my mental health and addictions all my life and am now four years abstinent from all substances. In 2022 I took part in multiple art for well-being courses run by SGSC around Bristol. Thanks to the generosity of the wellbeing programme, I was able to re-enrol on the creative printmaking course available at Bristol School of Art. Here, I really engaged with the course, I learned new techniques, and I was able to plan and execute a creative project which felt great. This course became a part of my recovery routine and had a very positive impact on my mental health. I eventually got to talk to Amanda Lowery at the college and told her some of my story. She suggested that I enroll onto a degree at the college which I did! I enrolled on a fine art and contemporary practice degree. This opportunity has been life changing. At the end of last year, I got signed by the Clifton Fine Art gallery in Bristol, who have since taken me to the affordable art fairs in London, which to me is a massive achievement considering where I've come from."

Côme

This case study highlights the unique role of colleges as anchor institutions within their communities and their ability to tackle loneliness and associated health risks through bringing all parts of a community together, improving wellbeing and supporting individuals with a range of health issues. Community initiatives provide a sense of belonging, support individuals to form relationships and provide skills which can support long-term mental and physical health.



Supporting healthier behaviours

Context

The NHS 10 Year Plan sets out the aim of the government to prevent illness by “making the healthy choice the easy choice”. It outlines the objective to halve the gap in healthy life expectancy between the richest and the poorest regions, while increasing it for everyone, and raising the healthiest generation of children ever.

This includes a commitment to end the obesity epidemic. Recent analysis by Royal Society for Public Health shows that the majority of children will be classified as overweight or obese in nine areas of England by 2035 and that child obesity rates are set to worsen across 90% of the country.²⁰ Adults are also facing an obesity crisis; in 2022, 64% of adults aged 18 or over in England were estimated to be overweight or living with obesity²¹, with an annual estimated cost of £6.5 billion to the NHS, which is due to rise to £9.7 billion annually by 2050.²² Obesity is the second biggest preventable cause of cancer.

As one of the only places where all parts of a community can come together, colleges can

have a crucial role in tackling the obesity crisis both among children and young people and more widely in the community. Many already have successful initiatives in place to raise awareness of healthier eating among children and young people and to promote the benefits of physical activity within their communities.

Students enrolled at college across the health and sports space, such as in sports programmes – training as physiotherapists, sports coaches or personal trainers for example – can provide an untapped resource to support their communities to better health at a time when the NHS is overstretched and under-resourced. Colleges also have a key role to play in helping communities to develop a positive relationship with physical activity; they have overrepresentation of the demographic groups most likely to be inactive and face the greatest barriers to activity, so therefore are ideally placed to target this group. Young people in colleges are also more inactive than their peers in schools and universities. In their annual Active Lives Children and Young People survey, Sport England found that only 47% of

children are meeting the chief medical officers’ guidelines of taking part in an average of 60 minutes or more of sport and physical activity a day.²³

Evidence consistently shows that physical activity can have a significant impact on preventing serious health issues: physical activity interventions generate nearly £100 billion in annual wellbeing value and 3.9 million early deaths are averted worldwide every year by people being physically active. Physical activity can also be highly effective in preventing high blood pressure, which is experienced by a quarter of people and costing the NHS over £2 billion annually. Physical activity has also been consistently linked to improved mental health, for example, it has been shown to have an impact on improving social connections and reducing isolation. Furthermore, young people with probable mental health conditions are less likely to participate in physical activity (8.7% compared to 26.6%). Being physically active has a measurable positive impact on relieving NHS pressures estimated at £10.5 billion in savings a year.²⁴

²⁰ [Majority of children will be overweight or obese in nine areas of England by 2035, study shows | Obesity | The Guardian](#)
²¹ [Obesity Profile: short statistical commentary May 2024 - GOV.UK](#)
²² [New obesity treatments and technology to save the NHS billions - GOV.UK](#)

²³ [Safe and effective practice](#)



Yet, inactivity levels remain high across the country, further entrenching health inequalities. As the government acknowledges in the NHS 10 Year Health Plan, “solving this challenge will require cross-system join-up”. Taking a localised approach, rooted in place, will be key to supporting improved activity rate. As evidence shows, when investment in physical activity is designed with local people, inactivity rates are 2.5 percentage points lower than in otherwise in the most deprived places.²⁴ The government has committed to moving to a place-based approach to physical activity across government departments and they have committed to developing a new strategy for physical activity to deliver this. As the case studies in this report illustrate, the significant reach of a college into their community, including groups that are less likely to engage in physical activity, means they are well placed to promote the adaption of healthier habits and physical activity – but they must be recognised as key partners in any forthcoming strategy.

Making the healthy choice the easy choice requires broader action, particularly around improving health literacy and supporting people to adopt healthier lifestyles. It includes supporting groups who are more likely to be furthest from health outcomes to adopt healthier habits and enabling them to manage their own health, such as by supporting people with special educational needs or disabilities through independent living skills, or supporting ESOL learners to be able to access health appointments. It includes meeting the aim to move to a smoke-free environment; an aim which colleges nationwide are already looking to incorporate through anti-smoking policies and tackling the growing number of young people using vapes. Enabling people to make healthy choices and adopt healthy lifestyles will require a community approach to encouraging behavioural changes and equipping them with the power to manage their own health and with the knowledge to make healthy choices.



²⁴ [Fit for the future: 10 Year Health Plan for England \(accessible version\) - GOV.UK](#)
²⁵ [Fit for the future: 10 Year Health Plan for England \(accessible version\) - GOV.UK](#)

Case Study:
West Nottinghamshire College

Colleges can have a key role to play in raising awareness about and supporting healthier living and healthier communities more widely. West Nottingham College runs an innovative Holiday, Activities and Food (HAF) programme during the school holidays, which engages young children on free school meals to provide them with the knowledge and skills to live healthier lifestyles. The college provides support to 57 families with children between the ages of five and 11.

Over a six-week period, children on the initiative are taught how to live healthier lifestyles, including through lessons on hands-on nutrition and practical experience cooking healthy meals, with children taking recipes and food home to their families to enjoy together afterwards. Children are also taught the benefits of exercise through a variety of different physical activity sessions, ranging from walking football to dance. They can access the college sports halls and facilities, and the college facilitates cross-departmental working to deliver a holistic programme, such as through working with the UPS department to utilise their facilities to teach students how to grow their own fruit and vegetables. Students currently enrolled at the college, such as in its sports programmes, volunteer on the initiative and often take the lead in delivering workshops and guidance to the children, which in turn provide opportunities for hands-on experience, as well as raising awareness among them of how to support individuals to live healthier lives.



40 children participated in the physical activity and nutrition club ‘Active Explorers’, which was delivered in partnership with Your Health Notts, a health programme commissioned by the local council to support individuals to better health through personalised health plans. Three clients from the programme attended the HAF initiative at the college. All three have experienced reductions in BMI and BMI percentile, with one child dropping from 94.1 BMI percentile to 89.7 BMI percentile.

This case study shows the role that colleges can play in promoting healthier lifestyles and tackling growing rates of obesity and health issues caused by inactivity. College students studying on health and sports programmes can be utilised to deliver important physical activity programmes within the community, raise awareness about healthy eating and support individuals onto a healthier lifestyle.

Case Study:
Working
Men’s
College

The Working Men’s College provides a range of adult community learning classes to residents within their community and more widely, delivering learning to 3,840 learners in 2023/24. They provide a range of learning, including across creative arts, digital skills, languages, English and maths classes. Their courses provide not only a pivotal opportunity for adults in the community to upskill or for those who are out of work for various reasons, including ill-health, to get back into education and employment but are also key to tackling social isolation. They are often one of the only means of social interaction that learners have and are also crucial to fostering a sense of belonging and community for individuals. For example, 88% of learners on the college’s community provision (Get Into Learning and CTY) reported that the courses helped them to get out of the house. This in turn has had a notable impact on their mental health and wellbeing, with 86% reporting feeling happier or more light-headed, 71% feeling less stressed and 65% reporting that they had more self-respect.

The college also delivers ESOL classes, which can be key in supporting learners for whom English is not their first language to manage their own health. For example, 80% of learners on ESOL programmes at the college reported feeling more confident when they went to the doctor, dentist or hospital and 85% felt more confident to make appointments. As NHS England has recognised, people who speak little or no English are more likely to experience poorer health outcomes – with only 65% of people who could not speak English reporting good health in the 2011 census, compared to 88% of those who spoke English well – and are more likely to face healthcare inequalities, including significant barriers and delays in receiving care.

The college also delivers health and wellbeing specific provision, including classes on activities which support improved physical health and wellbeing, such as yoga and tai-chi courses, which are delivered in partnership with community organisations. Many participants in these classes might not otherwise have access to or be able to engage in physical and wellbeing activities due to a range of reasons, such as high cost or inability to travel. For many older learners, the class may be their only social engagement that week.

This case study demonstrates the wide holistic impact that adult community learning can have on improving health outcomes within their communities, including through being a key means of tackling social isolation and consequently improving mental wellbeing among learners. This is embedded into what colleges do on a daily basis, yet colleges which provide adult community learning have faced significant funding cuts over the past two decades.



Case Study: Barnet and Southgate College

In addition to its mainstream provision, Barnet and Southgate College has a specialist campus of almost 200 students with SEND, many of whom have additional medical needs. The college also has a complex needs unit which supports 30 students with profound learning support needs and life-limiting conditions. The college has an on-site resident nurse, physiotherapy, occupational health, speech and language therapy, rebound therapy, music therapy and a specialist sex and relationships education nurse. Rather than students going out to access therapy, it's built into the curriculum and therapists come on-site to provide therapy sessions.

The college places a significant focus on supporting students to prepare for adulthood and independent skills. There is a focus on supporting students to learn how to self-care, including for non-verbal students to take their own medication rather than needing to be administered each time, teaching students to wash their own clothes, go shopping or prepare food. The college has two flats on campus, where students can learn independent living skills like making a bed and doing laundry. Students are also learning how to use technology to manage their own health, such as to monitor diabetes.

Healthy living is at the heart of the curriculum and students learn in the on-site cafe to cook healthy food and how to follow a healthy diet, in addition to learning how to grow fruit and vegetables in the college garden. Promoting good health is embedded across the college, for example, lunchtime beauty classes teach students how to keep skin safe and how to recognise and flag any concerns. The college also works closely with the sexual health charity Brookes, who facilitate for healthcare professionals to deliver sexual health screening in the college.

This case study demonstrates the crucial role that colleges have in supporting young people with SEND to develop independent living skills and equipping them to be able to make healthy choices. This in turn will relieve pressure on the health and social care system, both immediately by integrating care services to be delivered directly in the college, and in the longer-term by preparing young people to manage aspects of their own health.



Supporting people into work

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Good work is good for your health, and good health is good for your work ²⁸

Good employment and positive health outcomes are intrinsically correlated. People in good work are more likely to experience good health, with employment linked to more positive mental health and wellbeing and better physical health. Poor health in itself is a major challenge to people finding work, out of the 9.4 million people who are economically inactive, 2.8 million people are out of work due to long-term sickness²⁹ – an increase of 700,000 since 2020. Young people make up a significant proportion of people out of work, with 940,000 young people aged between 16 and 24 not in education, employment or training (NEET) – an increase of 195,000 in the past two years.³⁰ Over one in four NEET young people cite sickness or disability as a reason for being out of work, a figure that has doubled since 2005.

The government has set out its aim to get people back into work and ultimately drive economic growth through its Back to Work Plan. This includes a youth guarantee for young people aged between 18 and 21, which guarantees young people access to education, training, or help to find a job or an apprenticeship. With 89,000 people between the ages of 16 and 24 studying or training at colleges, colleges will be key to these aims being achieved through.

Colleges support people into work through:

- identifying and supporting young people who are more likely to become NEET to prevent them from becoming so, including young people who have health issues
- working with local councils, schools and local partners to identify young people currently not in education, employment or training and support their transition into education or work
- working with schools to support the transition into further education at the age of 16, which is a crucial point at which many young people become NEET
- delivering innovative adult education which provides retraining opportunities for adults which can support them from falling out of employment
- working with local employers to develop training opportunities tailored to local needs and to the local population.

As outlined in the NHS 10 Year Plan, the government has pledged to join up support from across the work, health and skills systems to address the multiple challenges that often stop people finding and staying in work. Health and growth accelerators will trial a new approach where NHS systems will be held accountable for the impact they have on people's work status. This includes a commitment to ask all ICBs to establish specific and measurable outcome targets on their contribution to reducing economic inactivity and unemployment, in the model of health and growth accelerators, if they are successful. It will therefore be crucial for ICBs to consider where there is opportunity to tackle growing numbers of people not in work, including a significant proportion of young people. As anchor institutions deeply rooted in their communities, colleges are well placed to support people back into education, employment or training, as well as preventing young people who are more likely to become NEET from becoming so.



²⁸ [2025 Healthcare Professionals' Consensus Statement for action on health and work - AOMRC](#)

²⁹ [Back to Work Plan will help drive economic growth in every region - GOV.UK](#)

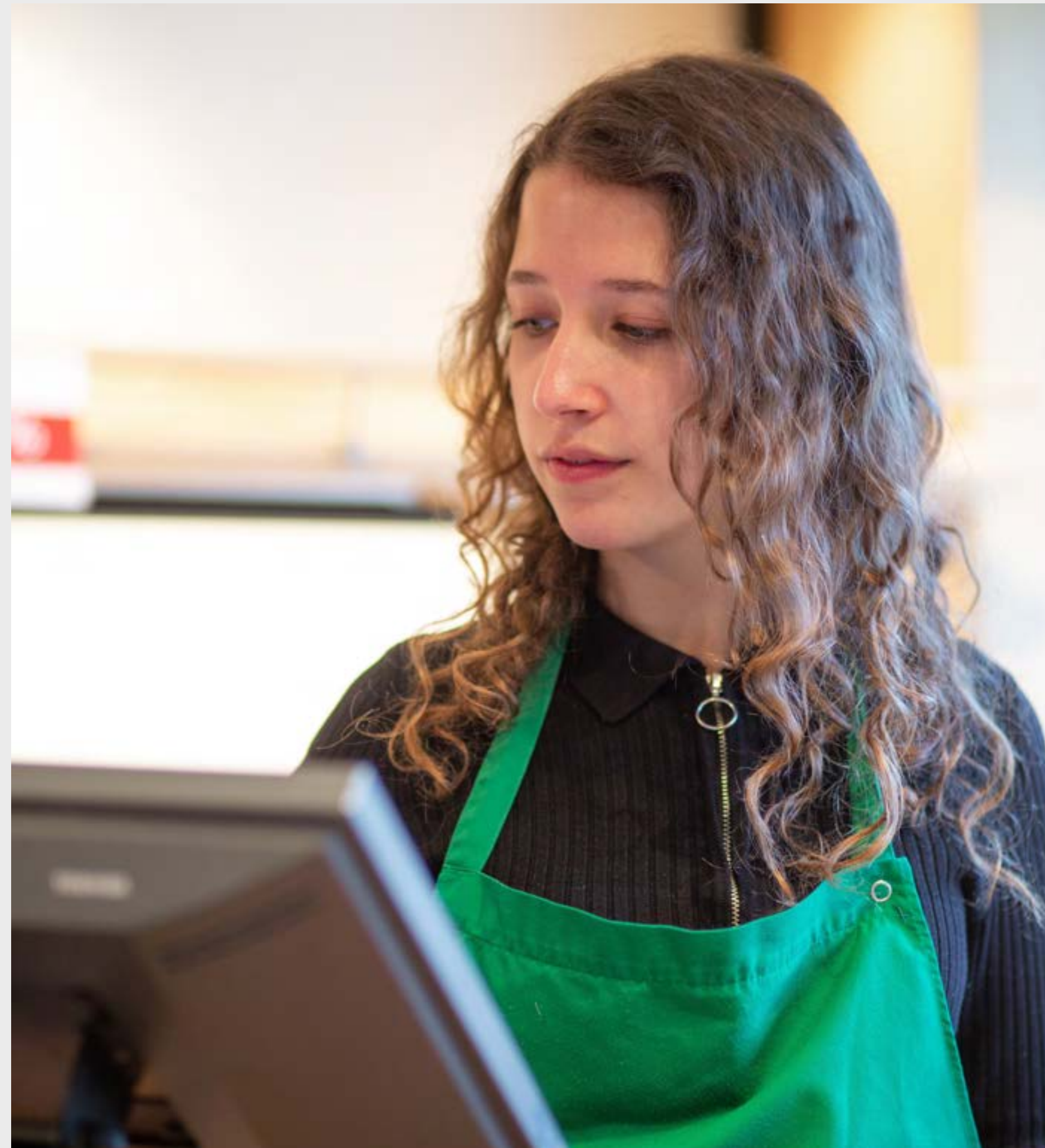
³⁰ [Disability and ill-health set to push the number of young people who are NEET above one million for first time in over a decade - Resolution Foundation](#)

Case Study: City College Norwich

Data indicates that nationally, young people with learning difficulties and disabilities (LDD) are very underrepresented in the workforce. According to NHS data from 2021, just 5.1% of adults with a learning disability known to their local authority in England are in paid work.

But at City College Norwich, an innovative supported employment agency, MINT, has been opening the doors to paid employment for young people with LDD and mental health conditions for more than a decade. Established in 2010, MINT sees young people assigned an employment job coach, who then provides tailored support and training according to their individual needs. This includes a combination of one-to-one and group training, with a focus on employability skills, English and maths, together with help with applying for jobs and interviews.

MINT has a range of employer partners across Norfolk, including Norse Group, Co-op East of England, and Boots, who benefit from having the financial costs of recruitment taken away and being introduced to employees who are keen to work hard and prove what they can do. Students go on a variable of fixed-term (12-week) work placement, often in customer service, administration, hospitality. Currently, students also have the option to go on a six-month supported internship. The support from MINT is available for a further year after they have secured paid employment. Since 2017, the agency has supported, on average, 70 young people into sustainable paid employment each year, including in roles like retail assistant, catering assistant, and cleaner.



This case study highlights the important role that colleges play in tackling growing youth unemployment rates and supporting young people into work, including young people with learning disabilities and disabilities. Given that large numbers of young people out have learning difficulties and disabilities, this is crucial to ensuring that young people are prevented from falling out of education or employment.

Case Study: Kirklees College

Following a successful bid for NHS funding, Kirklees College is setting up an innovative initiative to support individuals to be economically active through promoting healthier behaviours. They are utilising funding from the local health and care partnership to establish a central health and wellbeing hub at the campus which integrates health education, directs healthcare services and works in partnership with the NHS to enhance employability for affected individuals.

The college recognised that they are well-placed to support individuals who are more likely to fall out of employment to support them to remain in employment or education. 65% of students at the college come from the lowest percentile of deprivation and often have to travel long distances to access health services. Many individuals face barriers to employment due to unmanaged health conditions. The initiative seeks to bridge the gap between healthcare and employability by providing access to health education, medical support, and tailored career services within Kirklees college. This will educate and empower individuals to manage their health while preparing for and sustaining employment.

Funding will be utilised to employ two health and wellbeing coaches and two job coaches to support individuals with health conditions or challenges that are resulting in challenges to gaining employment. The initiative will aim to engage 250 people, with the aim of

successfully supporting at least 150 people to remain economically active. The coaches will work together to tackle health barriers to employment and support individuals to make sustainable health behavioural changes –for example, tackling significant sleep challenges or unhealthy eating habits which make individuals less likely to successfully maintain employment. This will include implementing targeted training campaigns to support individuals with long-term conditions, supporting inclusive work opportunities for individuals and working in partnership with local NHS services, the local authority and local businesses to identify and engage individuals needing support. The initiative will also take a wider community approach, including through hosting community events and health awareness campaigns.

This case study highlights how colleges can successfully utilise health funding to deliver targeted initiatives to support individuals with long-term health conditions or health barriers to employment through targeted behavioural change. It demonstrates how colleges are well-placed to target population groups that are more likely to fall out of employment and support them into work through tackling health barriers.



Case Study:
The
Education
and Training
Collective

The Education and Training Collective is working on a pioneering initiative with local partners to develop a care and health innovation zone in Stockton on Tees, one of the areas with the worst health inequalities in the country. The Education Training Collective has partnered with local NHS trusts, Teesside University, Tees Valley Combined Authority and Stockton-on-Tees Borough Council, with trailblazer and pathway funding, to transform an old business park and marshalling yards into a cluster of health and care services, including a new medical school, a digital innovation centre, new centre for diagnostic tests and a co-location of clinical services and training, which are at the heart of the town centre, close to where people live and easily accessible by all.

The Education Training Collective is leading on the education and skills element of the plan. The zone is estimated to bring about 9000 jobs as well as £470 million into the local economy.³¹ It will provide opportunities for people to train and get jobs in the health and care sector, particularly where there are significant shortages which only further restricts access to healthcare and entrenches existing health inequalities. The college plans to offer adult retraining opportunities located alongside NHS

practices, as well as T Level placements within the clinical services. They are exploring how services delivered in the town centre can improve access – for example, frailty, counselling, women’s health, diagnostics – and how students can support the provision of services. For example, considering how T Level students could do a pop-up service for diagnostic checks for local people on a walk-in basis, or working with local pubs to refer adult retrainers who could meet employers, discuss skills needs and employment opportunities, and the college could deliver training to facilitate that.

They are also working in partnership with local community employment and training hubs to deliver employer surgeries aimed at care small and medium-sized enterprises (SMEs) MEs to support the development of their talent pipeline and provide guidance on recruitment. To tackle growing numbers of NEET young people in the region, the college is working with organisations to develop paid work experiences for 18 to 24-year-olds who are out of work, supported by bursaries. The college is conducting focus groups with current health and care students to understand what motivated them into training and where the challenges were, and then working with local employers to develop a plan for supporting people into work.

This case study illustrates the role that colleges can play in partnership with other stakeholders to develop an innovative approach to supporting people into work and tackling health inequalities through neighbourhood health initiatives, which improve access to healthcare, encourage the local population to engage with the system and tackle growing skills shortages in the health and care sector.



³¹ [Tees Valley Health and Social Care Innovation Zone - Initial Vision Statement - FINAL.pdf](#)

Utilising space and facilities for community health

Context

As Wes Streeting, the Secretary of State for Health and Social Care, recently outlined,



the gap between the health of the poorest and wealthiest parts of our country has widened.³²

There are significant health inequalities across the country, with individuals in the most deprived areas and in rural communities being more likely to experience ill health, but also more likely to have long waiting lists to access health and care services and less likely to seek care from the NHS.³³ The government has set out its objective to tackle growing health inequalities and ensure that everyone has equal access to health and care when they need it and close to where they live. A core ambition of the 10 Year Plan will be to “restore the promise of the NHS, to provide first class healthcare for everyone in our country and end the postcode lottery”. As anchor institutions in their communities, colleges can provide a key route for tackling these inequalities through their ability to access all parts of a community across the country.

³² [Health and Social Care Secretary speech on health inequalities - GOV.UK](#)

³³ [Landmark plan to rebuild NHS in working-class communities - GOV.UK](#)



Unequal access to space and facilities can play a role in growing health inequalities, with people living in more rural or coastal communities often being required to travel long distances to access NHS services. Some individuals will be unable to travel due to existing health issues, associated costs or the impact on work or other responsibilities. Colleges can play a key role in ensuring that everyone is able to access care close to where they live, given their prominent positions as anchor institutions in their communities. They may also be able to reach parts of a community that have low engagement with NHS services or may not be aware of or understand how to access them. College estates can provide an ideal location for services and community activities to be carried out, particularly during the evenings or weekends when they are not in use, and colleges often have exemplary sports and other facilities which can be utilised at low or no cost. For example, 83% of artificial pitches and 74% of grass football pitches at colleges are used by local community sports clubs. They can provide a trusted space for individuals to come to access health and care,

where they might otherwise not have built that level of trust with their local NHS organisations.

Furthermore, with over 133,000 staff and 1.6 million students in colleges across the country, colleges provide some of the core demographics that health services are looking to reach. Partnership working between colleges and the health sector to deliver health services on campus can provide an opportunity to engage a significant number of individuals from a wide range of different backgrounds, many of whom will be groups that the NHS otherwise struggles to engage.

Case Study: The Manchester College

The Manchester College is located in one of the most deprived local authority areas in England, ranking sixth out of 326. As discussed earlier in this report, there are significant health inequalities across England, with people from the most deprived areas more likely to experience ill health and be physically inactive. Recognising that their exemplary state-of-the-art sports facilities were left unused outside of college hours, Manchester College realised that there was significant potential for the facilities to be utilised for local community health initiatives to support improved health locally and provide access to facilities for people within the community who might not otherwise have access to sports facilities.

As such, they launched an innovative partnership with a local community health organisation which works with individuals who have experienced loss of limbs to support them to improve their fitness. The Manchester Amputee Fitness Initiative (ManFit) was set up by Dr Margaret Tyson from the local NHS trust and funded by the local council, which coordinates engagement between the different stakeholders involved in the initiative. ManFit clients come into the college weekly to receive bespoke one-to-one personal training from students studying to become professional personal trainers. Students research the exercise adaptations required to support individuals

who have mobility and access limitations and use this knowledge to support ManFit clients to improve their aerobic and muscular fitness through tailored exercise. The students focus on creating a welcoming and inclusive environment that also provides appropriate challenges, helping clients achieve lasting improvements in strength, endurance, and weight management. The initiative aims to complement the work of physiotherapists, promote a healthy lifestyle and positive approach to exercise, and enhance the mental health and wellbeing of participants by bringing together individuals with shared experiences.

The college partners with a neighbouring specialist college to facilitate over 470 gym inductions for students with special educational needs and also with local primary schools who do not have access to sports halls and facilities. They hope to further utilise their sports facilities to support healthier lifestyles within the community by extending the initiative out more widely in the community, such as into care homes, to provide access to sports facilities to others who might not have access otherwise and raise awareness about how to live healthier lifestyles. However, a lack of understanding regarding the impact of sports and fitness initiatives on a wide range of physical and mental health remains a challenge.

This case study illustrates the potential to utilise college exemplary facilities which are often left empty outside of college hours to support the delivery of innovative community health initiatives and support people to live healthier lifestyles, particularly when individuals may not have access to the facilities or the knowledge to do this. It can be a cost-effective solution to local fitness initiatives where the price of renting out facilities can often be a barrier. This in turn can support students to gain real-life experience in delivering preventative health and supporting healthier communities.



Case Study:
USP College

USP College formed a partnership with the Carly Lansley Foundation, a local voluntary organisation which aims to raise awareness about Sudden Arrhythmia Death Syndrome (SADS), to encourage people to monitor their heart health. The college worked with the trust to come into the college and host a drop-in ECG screening service for local people aged between 14 and 35 to receive ECG checks to identify if there were any known heart conditions, which could cause sudden death or serious health risks. ECGs help to identify if there are any hidden heart conditions, which could cause sudden death or serious health risks, that otherwise would not be detected without a screening. 200 people from across the community, alongside college staff and students, used the service to access these checks.

The college works with a range of other partners to deliver community health initiatives at the campus. For example, they work closely with their local NHS trust to come into the college and deliver NHS roadshows, where they promote healthy living, including through delivering blood pressure checks, leading healthy living workshops such as food preparation and cooking demos, and invite local schools to join those. They work with voluntary and health organisations to provide vaccination clinics on campus to increase accessibility for hard-to-reach groups. They open their sport shall, gyms and classrooms to community groups to deliver health and wellbeing sessions, as well as offering their hospital facilities for training for NHS staff.



By offering space and facilities for preventative health activities, the college extends NHS reach into the community without additional infrastructure costs. Furthermore, their expertise is used in commercial partnerships to promote preventative health in the workplace. For example, their XR studios designed and delivered bespoke health and safety training for Thames Freeport staff, using immersive technology to simulate high-risk scenarios in a safe, controlled virtual environment. By improving workplace safety and preventing accidents, this work directly reduces the potential for serious injuries and the resulting pressure on NHS emergency services.

This case study illustrates the opportunity for colleges to work in partnership with local health and voluntary organisations to utilise college space and facilities to deliver health services at the heart of the community and easily accessible to the local community, including those found furthest from health outcomes, as well as to provide opportunities to deliver health training for the NHS and employers.

Case Study: Lancaster & Morecambe College

When their local NHS had to cancel the local diabetes eye clinic due to the high cost of maintaining the building at which it was located, local people were no longer able to access retinal eye screenings, which is a crucial service for diabetic people, without which the risk of loss of sight increased. Patients were having to travel far to access screenings, which was a particular barrier for patients who had mobility issues or did not have access to a car.

Lancaster & Morecambe College stepped forward to offer the college campus as a site to host the clinics. The college hosts five clinics a week, offering approximately 6,600 screening appointments for local diabetes patients a year. They utilise a space which was otherwise left empty. This means that local people are able to access appointments at the heart of their community, removing barriers for access, and ensuring that every local person who needs support is able to access it.

This case study illustrates the potential for college space and facilities to be utilised, where appropriate, to host NHS services and community health initiatives at the heart of the community to remove barriers of access and ensure that everyone is able to access health services.



Key findings

**Health
and college
partnerships
are crucial**

These case studies and the experiences of other colleges interviewed illustrate the importance of a collaborative local approach to successfully delivering effective health prevention initiatives within communities. In particular, where strong partnerships between colleges and their local NHS organisations have been developed, it enables expertise to be shared and a joined-up approach to be taken. Colleges are then able to utilise their key position within their communities to help co-deliver the preventative healthcare agenda, in alignment with the expertise of health professionals, such as the wraparound mental health support provided by City College Plymouth. This in turn relieves pressure of an over-stretched NHS whilst utilising the anchor role of colleges to deliver effective health initiatives within the community, such as the utilisation of Manchester College’s exemplary sports facilities to deliver fitness initiatives within the community, supported by the local council and health stakeholders.

However, whilst there is evidence of innovative partnerships between NHS organisations and colleges to deliver preventative health, this is not uniform and there are evident challenges to developing such partnerships. Whilst colleges can deliver preventative healthcare in a variety of ways, colleges interviewed acknowledge that the effectiveness of programmes would be enhanced by better collaboration with the NHS. Developing a coordinated approach with clear oversight of responsibilities from the college and health sector will be key to enabling more successful NHS-college partnerships delivering on the government’s objective to move from sickness to prevention.



**Collaborating
at a local level**

With the new requirements for ICBs and local authorities to jointly plan a neighbourhood health and care model for their local populations, it is key that the relevant stakeholders are working collaboratively at a local level to enable this. The NHS England neighbourhood health guidelines emphasises the need for a new model of integrated working across the NHS, local government, social care and their partners.³⁴ However, colleges are not acknowledged in the guidance as a key stakeholder that should be consulted in the development of these plans. The guidance does, however, highlight the importance of working with communities to co-develop neighbourhood health locally and mobilise change. As has been demonstrated throughout this report, colleges have a deep reach into their communities and are well-placed to utilise connections and bring groups together to collaborate on improved health outcomes, including those groups who are more likely to experience health inequalities.

Local councils can have a key role to play here, through convening stakeholders locally and enabling colleges to access local funding to deliver on health projects. In many cases, effective partnerships were developed through collaboration on local skills or health and wellbeing boards, which provided an opportunity for colleges, health and care stakeholders and voluntary organisations to co-design preventative health initiatives and enabled colleges to identify opportunities where they might be able to support more.

A joined-up local approach could also be key to preventing duplication of initiatives or unnecessary competition for funding, which was a challenge that several colleges interviewed faced. Greater regional collaboration between colleges, schools and universities, as advocated for in the recent Post16 Education and Skills White Paper could also be beneficial in both ensuring a consistent approach to health messaging but also would be more efficient in pooling resources and reducing time and cost implications by eliminating duplication of initiatives.

As these case studies illustrate, partnerships with voluntary organisations can also play a key role in supporting colleges to reach even further into their communities towards those furthest from good health outcomes, supporting colleges to be welcoming places that generate a sense of belonging and accessibility to all individuals and collaborating on health initiatives, including through the provision of services on college campuses or delivered jointly with colleges.

With the government’s plans to accelerate the rollout of devolution, MSAs will have an increasing role to play in supporting healthier communities and lifestyles within their regions and tackling growing health inequalities. If they are to tackle the root causes of ill-health, colleges must be consulted as key stakeholders in this process and the unique benefits that colleges can bring to supporting preventative health that reaches all parts of a community, must be acknowledged.



³⁴ NHS England » Neighbourhood health guidelines 2025/26

Need to develop frameworks

Many of the exemplary case studies illustrated in this report were driven by the passion and determination of staff who proactively sought out and created opportunities to deliver preventative health initiatives, often in addition to their existing workloads and responsibilities. Whilst these have had significant impact, it means that relationships built between colleges and health and care organisations tend to be personal rather than institutional, which in turn poses a risk that when personnel change, relationships and initiatives will not be maintained. Furthermore, it results in an unstandardised approach to preventative health that relies on the determination and initiative of individual staff members.

Preventative health can be better supported by developing frameworks which can be used to support colleges and health organisations looking to implement preventative health strategies, but recognition should be given to how these might be developed according to specific regional and local context. There is a need to explore where interventions and coordination is national, where regional and where for institutions to lead, such as:

- where preventative health strategies would be better guided at a national level and coordinated and funded from the centre, to prevent inefficiencies caused by each college or NHS organisation spending time and resources to develop individual ones – for example, on smoking and vaping.
- where frameworks or guidance would be most effective if developed at a regional level, for example where there is more scope to take forward strategies regionally, such as mental health interventions taken forward under Get Britain Working local plans.
- where attention must be paid to the specific contexts that colleges operate in and where it is more applicable for colleges to take an individual approach to preventive health strategies, informed by national guidance which they are able to tailor to their own contexts – for example, in utilising sports facilities for health initiatives.

Colleges are well-placed to deliver preventative health

As illustrated throughout this report, colleges have a unique role to play in supporting the move from sickness to prevention, both for students and staff within their colleges, and also more widely in the community. As these case studies demonstrate, they are able to reach all parts of a community to raise awareness about healthier lifestyles, tackle loneliness and provide facilities and initiatives for communities to engage in improving their health. They are also uniquely placed to tackle growing health concerns for young people, including through providing holistic mental health and wellbeing support to tackle the mental health crisis among young people or tackling growing rates of obesity among children and young people through innovative healthy eating and sports initiatives. Furthermore, they often have space and facilities which are often left under-utilised but which could be pivotal in facilitating health initiatives for those who otherwise might not have access to such facilities, at a low cost.

Colleges are also well placed to act as the convenor in bringing together key stakeholders to collaborate and work together to deliver effective preventative health. Given that colleges are at the centre of communities and are deeply rooted in their local place, they often have strong relationships reaching across sectors. As one of the largest employers in their areas, college staff will often sit on boards of organisations reaching across sectors, and similarly will have representatives from local businesses, voluntary organisations and health organisations represented on their own boards. They are well-placed to bring partners together to develop a joined-up plan on preventive health which is aligned to local plans and national priorities, and utilises expertise, experience and opportunities provided by all stakeholders.

Yet, their unique role and ability to deliver public health initiatives is often unrecognised and under-utilised. Colleges are often overlooked as natural partners in preventative health and care, yet as these case studies demonstrate, they can and do play a key role in supporting healthier communities, with innovative initiatives which deliver significant impact at a low cost. With the right recognition and support, colleges stand ready to utilise their capabilities to deliver holistic preventative health within their communities and ensure that everyone is equipped with the right knowledge, facilities and support to make healthier choices and tackle the root causes of ill-health at their core.

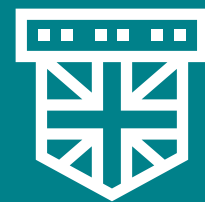
Recommendations

All stakeholders



- 1 All stakeholders should recognise the role of colleges and ensure that they are part of the overall plans and work through stronger coordination at a local, regional and national level.

Government



- 2 The government should work to amplify and deepen the role of colleges in this strand of the health mission. This should include ensuring college representation on relevant mission boards, working to embed the role of colleges in the strategic development of objectives and considering where best practice can be scaled up through a test and learn approach.
- 3 The government should work with colleges to identify where funding approaches constrict partnership working and where flexibilities would allow more innovative approaches.
- 4 The government should set out clearer guidelines on where decisions should be made and the responsibilities of the different bodies in regards to health issues such as anti-smoking.
- 5 The government should consider clear incentives for colleges to deliver preventative health. For example, the Department for Education could consider including preventative health as a non-mandatory topic within annual strategic conversations with colleges.

Local councils and MSAs



- 7 MSA and local councils should empower colleges to deliver preventative health locally, by including them in local public health strategies, on relevant boards and within funding opportunities.
- 8 MSAs and local councils should explore the role of the adult skills fund (ASF) and particular funded streams (such as ESOL funding) in delivering public health outcomes such as tackling growing rates of loneliness and self-isolation and enabling individuals to manage their own health.
- 9 MSAs and local councils should consider where regional guidance would be more effective (for example, in local Get Britain Working Plans) and where approaches are better guided at a college level (for example, utilising college facilities to deliver preventative health).
- 10 MSAs should consider commissioning colleges as part of their activities to tackle health inequalities under their new health duties.
- 11 MSAs and local councils should work with colleges to identify where funding approaches constrict partnership working and where flexibilities would allow more innovative approaches.
- 12 Health and wellbeing boards should develop clearer guidelines for coordination and colleges should be represented on boards.

Colleges



- 13 College boards should consider having a standing item on their agenda (perhaps annually) to regularly reflect on their public health responsibilities, including opportunities to work with others.
- 14 Colleges should recognise how key activities that they carry out can be built into a wider local plan for preventative health, including through working to develop a locally networked approach to coordinating interventions, with health and care partners, and other community organisations .
- 15 Colleges should prioritise engagement on relevant boards, such as health and wellbeing boards, in order to pursue opportunities.
- 16 Colleges should review their relationships with relevant individuals and key organisations, for example directors of public health, ICB leads, etc,- to understand where engagement needs to be developed and where there are opportunities to collaborate.
- 17 Colleges should work with directors of public health to understand the local authority-led joint strategic needs assessment and recognise where they can contribute.
- 18 Colleges should work with their local ICBs to share data around health inequalities.
- 19 Colleges should consider having stronger monitoring and evaluation processes in place to measure the outcomes of initiatives to evidence the impact they have on preventative health. They should place this within the context of health objectives when engaging health partners or when applying for commissioning.

Health and
care sector



- 20 Health organisations should consider co-funding or direct funding of college preventative health activities, such as through social prescribing.
- 21 ICBs should consider colleges in commissioning processes for preventative health.
- 22 Colleges should be consulted in the development of neighbourhood health plans
- 23 ICBs should ensure that colleges are included as partners to work with in achieving economic inactivity aims.

Association
of Colleges



- 24 AoC should produce a toolkit on stakeholder mapping to support colleges to identify the key individuals across the local health agenda and understand where engagement is needed.
- 25 AoC should develop an outcomes framework for colleges to utilise to demonstrate the role that they are playing in preventative health and the impact that initiatives are having, to support their conversations with health partners and in bidding for commissioning.
- 26 AoC should explore the possibility of further analytical work exploring the outcomes of preventative health initiatives carried out by colleges and the impact this has on population health and demand on NHS services.