

# **FIT FOR THE FUTURE**

# **10 Year Health Plan for England**

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**Staff Briefing**

**Thurs 10<sup>th</sup> July 2025**



# Context

- Released Thurs 3<sup>rd</sup> July 2025
- Follows on from Lord Darzi's independent investigation into the NHS (Sep 2024)
- Foundations built on Change NHS



# 10 Year Plan Structure

**01** Change or Bust

**02** Hospital to Community

**03** Analogue to Digital

**04** Sickness to Prevention

**05** New Operating Model

**06** Quality

**07** Workforce

**08** Transformation

**09** Productivity and Finance

# 01 Why Change is Needed

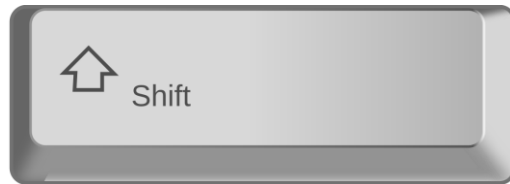
- NHS Satisfaction
- Primary Care Access
- Ageing population with LTC
- Planned and unplanned care
- Financial sustainability
- Outcomes

*“There is a need, a real dire need to make it better now. And it is very clear that if something radical doesn’t change, then the NHS as we know it will not be able to continue to exist”*

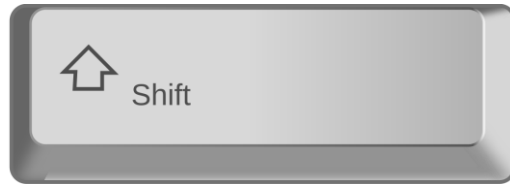
**Jess**

**Public deliberative event participant in Leicester  
November 2024**

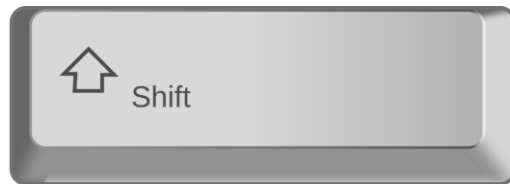
# The Three Fundamental Shifts



**Hospital to Community**



**Analogue to Digital**



**Sickness to Prevention**

# 02 From Hospital to Community

- Establish a Neighbourhood Health Service: **New Neighbourhood Health Centres** (NHCs) in every community. These will act as local one-stop hubs, co-locating GPs, community services, diagnostics, and mental health support, open 12 hours a day, 6 days a week to improve access and ease hospital pressure.
- 250 to 300 new neighbourhood health centres by the end of this plan and 40 to 50 over the course of this Parliament.
- Resource has been concentrated into hospitals; over the course of this Plan, the share of expenditure on hospital care will fall, with proportionally greater investment in out of-hospital care.
- Strong evidence base that demonstrates investment into integrated community care can reduce unplanned admission rates, A&E attendances, reductions in cost and improved patient outcomes.
- ICBs to commission neighbourhood health, delivery a provider function (GP-led / NHS Trusts)

# Hospital to community

Bring the NHS to you  
In your community,  
including homes  
and high streets

Modernise hospitals  
Long waits reduced  
and a renewed focus on  
world-class, life-saving care



**A neighbourhood health centre**  
In every community,  
with multi-disciplinary  
teams working together,  
under one roof



**Create teams that work around you**  
Different professions,  
social care and  
voluntary sector



**A new era for general practice**  
End the 8am  
scramble and  
bring back the  
family doctor

# 03 Analogue to Digital

- From Bricks to Clicks
- Harnessing **digital revolution** to ensure rapid access for those in generally good health and free up physical access for those with the most complex needs
- NHS App – "**front door**": shifting power to patient via AI-powered advice, appointment booking, self-referral, manage medicines and LTCs, care plans. Doctor in your pocket.
- **Health Store** - a marketplace for approved digital health apps for patients
- **Single Patient Record** will underpin Integrated Care
- **AI Scribes** to curb burden of bureaucracy and administration, freeing up time to care and to focus on the patient

# Analogue to digital

for staff



Embrace AI to support clinicians - Using AI as part of treatment to improve clinical outcomes

A Single Patient Record - Giving you control over your data, accessible by all healthcare professionals, with your consent

for patients



Liberating staff from bureaucracy - Using AI to automate tasks. Building care plans and recording clinical information, which can save clinician time



Manage your care digitally - Book and change appointments and discuss your care all through the NHS App



Your NHS companion - By 2035, you'll have a virtual assistant - a doctor in your pocket

# 04 Sickness to Prevention

- **Tobacco:** Children turning 16 this year will never legally be sold tobacco
- **Alcohol:** mandatory requirement for health warning labels for alcohol
- **Obesity:** Expand Healthy Start scheme, increase soft drinks levy. Collaborations with industry to test weight loss service delivery models, like GLP-1.
- **Mental health:** mental health support teams in schools and colleges by 2029/30
- **Genomics Population Health Service:** for predictive and personalised medicine.
- **Vaccinations and screenings :** increasing uptake via Neighbourhood Health Service.

# Sickness to prevention

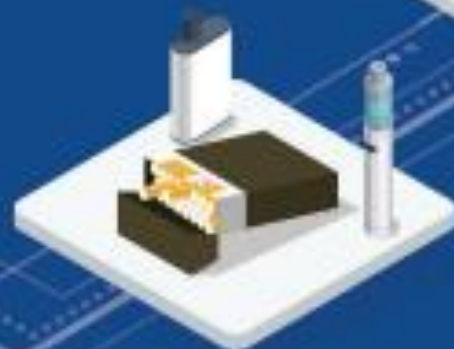
Tackle childhood obesity through new junk food advertising restrictions and improving food in schools



Ensure people have the information they need to make healthier choices on alcohol



Refresh the government ambition on air quality to protect everyone from the health impacts of air pollution



Create the first smoke-free generation and crackdown on vaping amongst children



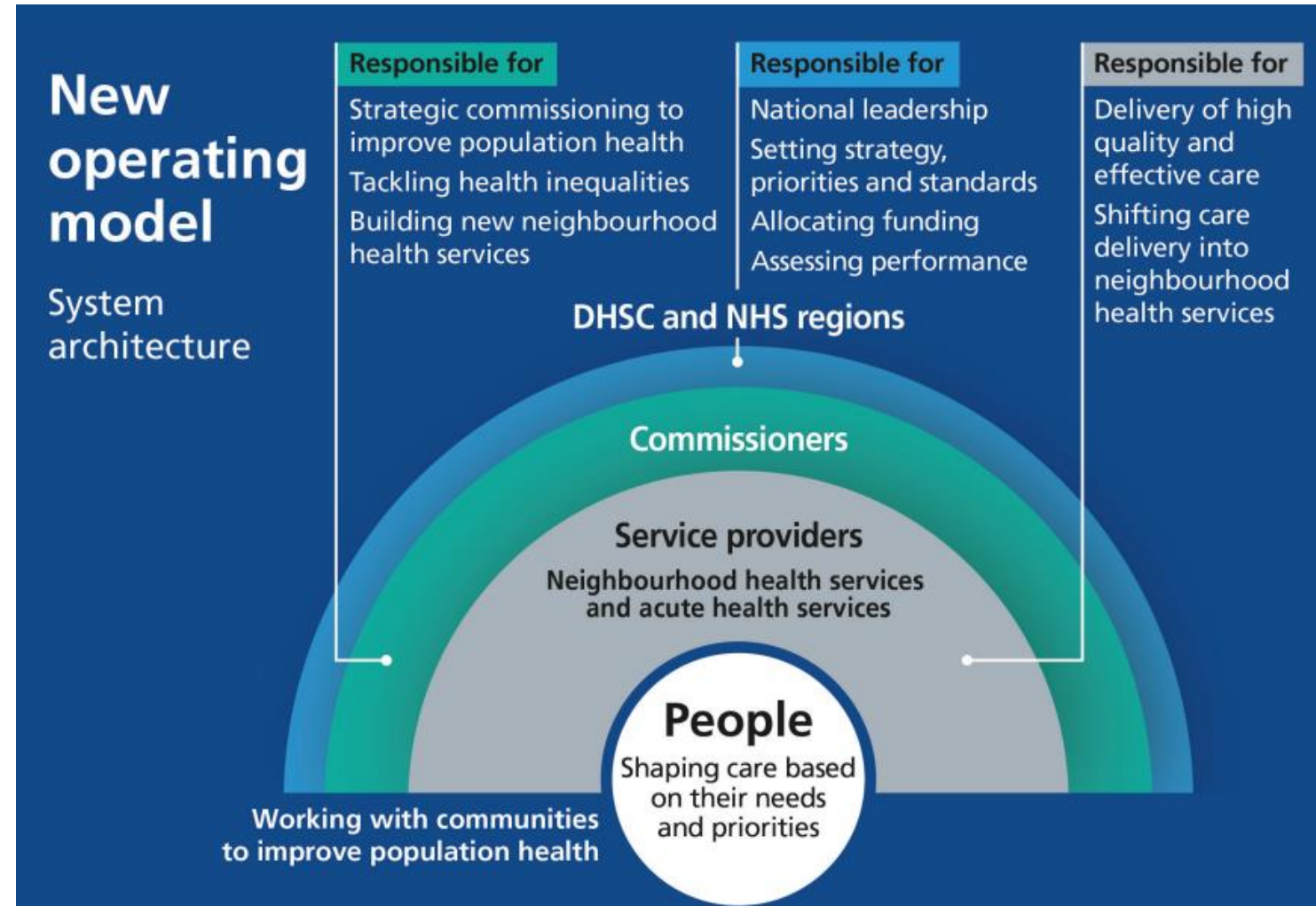
Millions more people will be encouraged to move and exercise regularly through a new national campaign



Work with businesses to help children and families make the healthy choice

# 05 New Operating Model

- Merge NHSE and DHSC by 2027
- ICBs: Strategic Commissioners
- ICPs: To Cease
- CSUs: To Cease
- Healthwatch : To Cease 2027
  
- Every NHS Trust – FT status by 2035
- Earned Autonomy – greater freedoms
- Integrated Health Organisations (IHOs) – the best NHS FTs to hold the whole health budget for a defined local population
- Continue to make use of IS capacity
- Patient power payments
  
- No providers on ICB boards
- Strategic authority mayors on ICB boards



# Every ICB will need:

- Excellent analytical capability, to be guided by **population health data**
- A strong strategy function including staff with good **problem solving and analytical skills**
- Capability in **partnership working** and an understanding of **value-based healthcare**
- Intelligent healthcare payer understanding, to support a focus on **value for money**, the development of novel payment mechanisms and **oversight of strategic resource allocation**
- User involvement functions, to ensure services **meet the needs of communities.**
- To commission **Neighbourhood Providers** (can be both within and beyond the NHS)

# 06 Quality

- **League tables** that rank providers against key quality indicators (from Summer 2025)
- **NHS App** will allow patients to search and choose providers based on length of wait, patient ratings and clinical outcomes.
- **National independent investigation** into maternity and neonatal services
- Reform the **National Quality Board** (NQB) who will produce a new quality strategy
- New flexibilities to make additional financial payments to clinical teams that have consistently **high clinical outcomes and excellent patient feedback**
- Reform CQC towards a more **data-led regulatory model**
- Ensure persistent poor-quality care results in the **decommissioning or contract termination** of services or provider

# 07 Workforce Technology

- By 2035, there will be **fewer staff** than projected in the 2023 Long Term Workforce Plan but **better treated, more motivated, have better training** and more scope to develop their careers.
- Every member of NHS staff has their own **personalised career coaching and development plan**
- **AI** will become every nurse's & doctor's trusted assistant, saving them time and supporting them in decision making.
- Reduce the NHS's **sickness rates** from its current rate of 5.1%
- Increase the number of nurse consultants, create 1,000 new specialty training posts with a focus on **specialties where there is greatest need** and create 2,000 more **nursing apprenticeships**
- Accelerate delivery of the recommendations in General Sir Gordon **Messenger's review** of health and care leadership
- Ambition to reduce international recruitment to less than 10% by 2035

# 08 Transformation

- The Five Big bets
- **Data** - New Health Data Research Service (HDRS) in partnership with the Wellcome Trust
- **AI** - Make the NHS the most AI-enabled health system in the world
- **Genomics** - Generation Study to sequence the genomes of 100,000 newborn babies and launch a study to sequence the genomes of 150,000 adults to assess how genomics can be used in routine preventative care
- **Wearables** - Standard practice in preventative, chronic and post-acute NHS treatment by 2035
- **Robotics** - expand surgical robot adoption in line with NICE guidelines

# 09 Productivity and Finance

- NHS accounts for 38% of day-to-day **government spending**
- For the next 3 years there is a target to deliver a **2% year-on-year productivity gain** and end **additional funding to cover deficits**
- Break the **short-term financial cycle** by requiring all organisations to develop robust 5-year plans that ensure medium-term sustainability
- **Deconstruct block contracts** - Payment for poor-quality care will be withheld, and high-quality care will attract a bonus and move away from **national tariffs** based on average costs to tariffs based on best clinical practice that maximises productivity and outcome
- Distribute NHS funding more equally locally, so it is **better aligned with health need**
- Develop business case for the use of **public private partnerships (PPPs)** for neighbourhood health centres and **Patient Power Payments**: patient satisfaction to influence provider payments

# Critical Reception

| Group      | Endorsement  | Challenges   |
|------------|--|--|
| NHS Confed | Broadly welcome many initiatives and all three shifts. | Move from national policy to local Delivery                  |
|            | Key role for ICB in shaping market                     | Funding to support NHCs                                      |
|            |  | Long timelines (Hospital to community by 2025)               |
|            |  | Complex multi-partner delivery requires sustained commitment |

| Group      | Endorsement   | Challenges  |
|------------|---|---|
| Kings Fund | Visionary Plan  | Lack of detail on implementation  |
|            | Welcome greater patient power (real-time feedback) and joined up care closer to home (NHCs) | Realism/credibility of reforms without additional funding, service cuts or impacts on quality.                      |
|            |   | Heavy reliance on tech to offset workforce cuts   |
|            |   | Lack of clarity/expectation regards A&E, ambulance wait times. Need for honesty with public regards trade-offs.     |
|            |   | NHS App we must involve staff and patients in design and delivery. Digital literacy and access may widen qualities. |
|            |   | No ring-fenced monies for prevention and insufficient focus on HI.  |
|            |   | Failure to address social care services will continue to put huge pressures on the health service.                  |

# Critical Reception

| Group                 | Endorsement   | Challenges  |
|-----------------------|---|---|
| The Health Foundation | Broad direction is right with many sensible initiatives | In the current economic landscape and lack of significant funding is the plan achievable?   |
|                       |   | N'hoods: Lack of learning from previous attempts to shift care from hospital the community (Vanguards/FYFV)   |
|                       |   | Lack of coherence: different part of systems pushing in different directions.<br>Decentralisation and local autonomy vs stronger performance regime and centrally defined rules |
|                       |   | Lack of an independent assessment programme to evaluate the impact of reforms   |
|                       |   | Winter, access, deficit management, reorganisation, important to ensure grounded delivery plan for next 2-3 years   |

| Group              | Endorsement   | Challenges   |
|--------------------|---|--|
| The Nuffield Trust | Agreement with overarching diagnosis & vision                       | Path to recovery remains unclear, many initiatives lack detail how health service will deliver changes   |
|                    | Support for renewed focus on NHS app                                | Challenge notion that technology and prevention will save money. Care closer to home doesn't always mean cheaper and technology has long history of costing the NHS more not less. |
|                    | Reworking GP practices funding key to impact systemic inequalities. | Need for honesty about what isn't going to be possible in current financial position   |

# Reception – Kings Fund

## Delivery

Visionary document that perhaps lacks detail on implementation  
Pilots for some proposals prior to national rollout – inequitable?

## Patient Power

Welcome greater patient power (real-time feedback) and joined up care closer to home (NHCs)

## Finances

Plan urges balancing of books and boost productivity ; questions remain on realism/credibility of reforms without additional funding, service cuts or impacts on quality.

## Workforce

Welcome implementation of recommendations of Messenger Review  
Plan predicts fewer NHS staff by 2025, with heavy reliance on automation and technology to offset need- if this fails to materialise the plan risks worsening staffing challenges.

## Delivery

Visionary document that perhaps lacks detail on implementation  
Pilots for some proposals prior to national rollout – inequitable?

## Access

Lack of clarity/expectation regards A&E, ambulance wait times. Need for honesty with public regards trade-offs.

## Neighbourhood Health Model

Hospital to community shift welcomed however further detail needed on concrete action to make reality. Lack of clarity/expectation regards A&E, ambulance wait times. Need for honesty with public regards trade-offs.

## Technology

Aspirations on AI are exciting, but concerns remain regards getting the basics right, outdated equipment and lack of money. NHS App is not new, benefits not fully realised unless we involve staff and patients in design and delivery. Digital literacy and access may widen inequalities.

## Prevention

We are an outlier internationally with stagnating life expectancy and more years lived in poor health, The NHS will only survive if we place prevention front and centre of reform plan but are actions outlined don't feel sufficiently radical. No ring-fenced monies for prevention and insufficient focus on HI.

## Structures

Ambition for highest performing trusts to have greater independence and control of centre is not new but potentially stifles different parts of the NHS collaborating and sharing resources to benefit their local populations.'

## Social Care

Failure to address social care services will continue to put huge pressures on the health service.

# Reception – The Health Foundation

- **Curiosity 1** - In the current economic landscape and lack of significant funding is the plan achievable?
- **Curiosity 2** - The Neighbourhood care is the centre piece but there seems lack of reference or learning at previous attempts to shift care from hospital into the community for example Vanguards or FYFV.
- **Curiosity 3** - Lack of a coherent threads and coherent architecture across the system to support the change:
  - Different parts of the NHS pulling in different directions
  - The plan blends a public sector focus on integrated, localised care with collaboration and one-stop shop neighbourhoods **vs** a performance-based pay, patient choice and private sector involvement.
  - Decentralisation and more local 'earned' autonomy and local freedom **vs** stronger performance regime and centrally defined rules
- Lack of an independent assessment programme to evaluate the impact of reforms.
- As reality kicks in and issues around winter, access, deficit management, managing the reorganisation and efforts to quell strikes evermore important to ensure grounded and hard-headed delivery plan for the next 2-3 years

# Reception – Nuffield Trust

- General agreement with overarching NHS diagnosis and vision but **path to recovery remains unclear.**
- Plan has many initiatives but **lack detail on how the ailing health service will deliver changes.**
- Support for renewed focus on NHS app but meaningful measures such as reworking GP practices funding are more likely to have real **impact on systemic inequalities.**
- **Challenge notion** that technology and prevention will save money. Care closer to home doesn't always mean cheaper and technology has long history of costing the NHS more not less.
- Need for honesty about what isn't going to be possible in current financial position.