

# **FIT FOR THE FUTURE 10 Year Health Plan for England**

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**Health and Wellbeing Board  
25 September 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

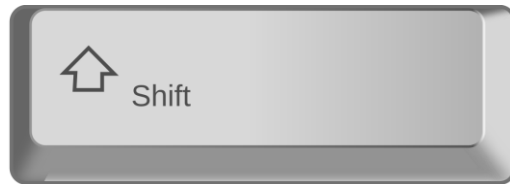
- NHS Satisfaction
- Primary Care Access
- Ageing population with LTC
- Planned and unplanned care
- Financial sustainability
- Outcomes

*“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”*

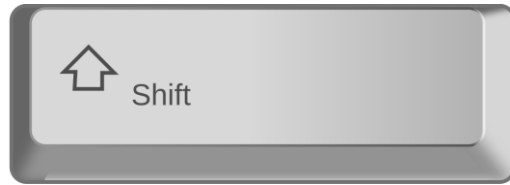
**Jess**

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

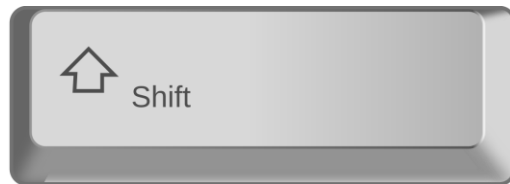
# The Three Fundamental Shifts



**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



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



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



## for patients

**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

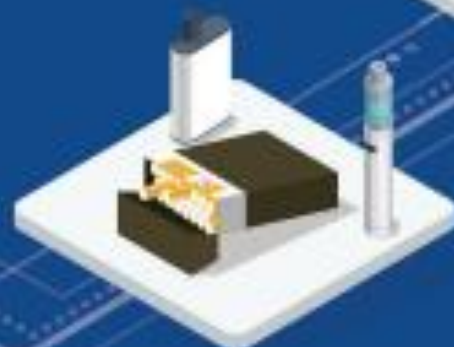
Tackle childhood obesity through new junk food advertising restrictions and improving food in schools



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



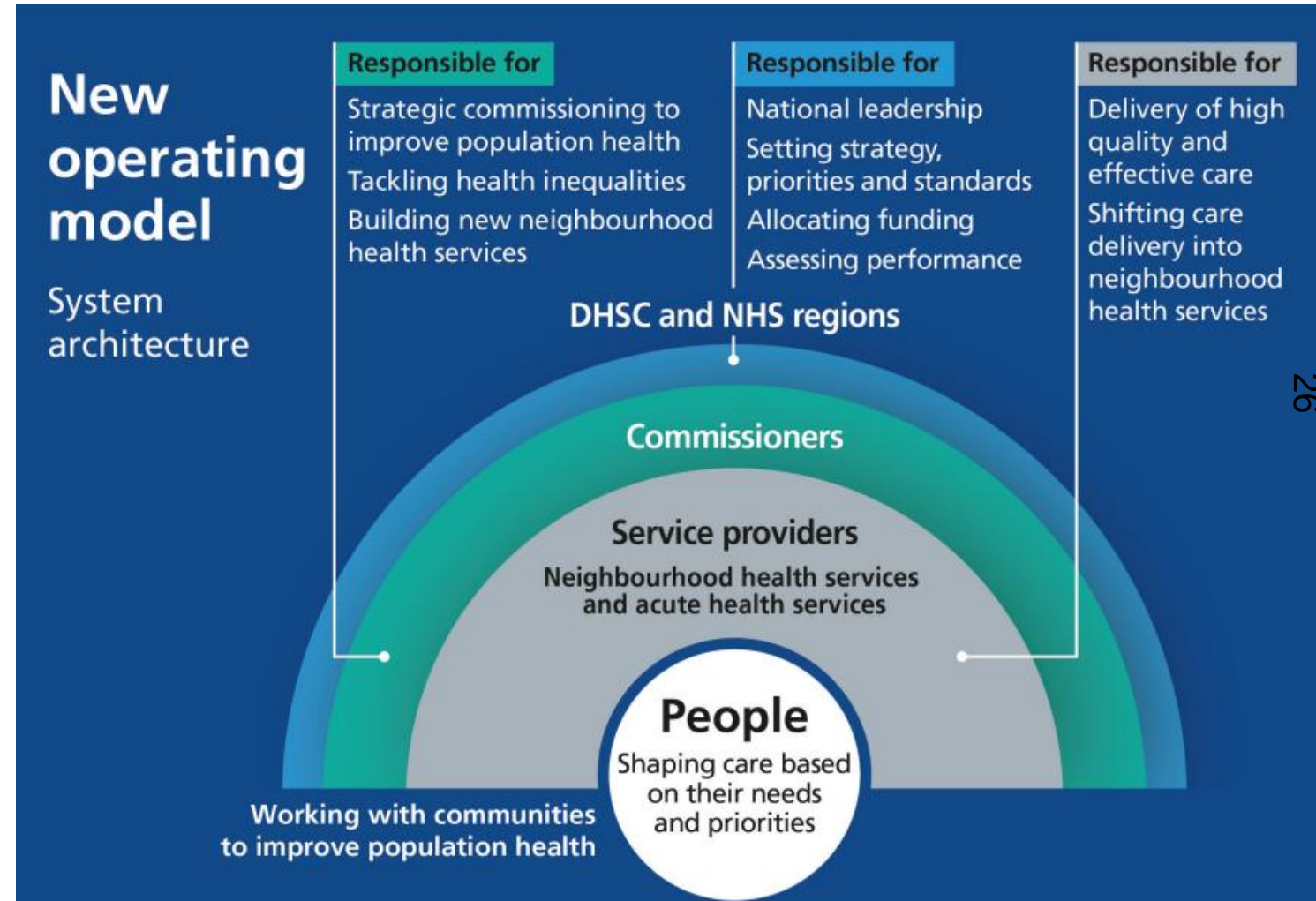
Millions more people will be encouraged to move and exercise regularly through a new national campaign



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

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