Fit for the Future

The 10 Year Health Plan for England

Key messages

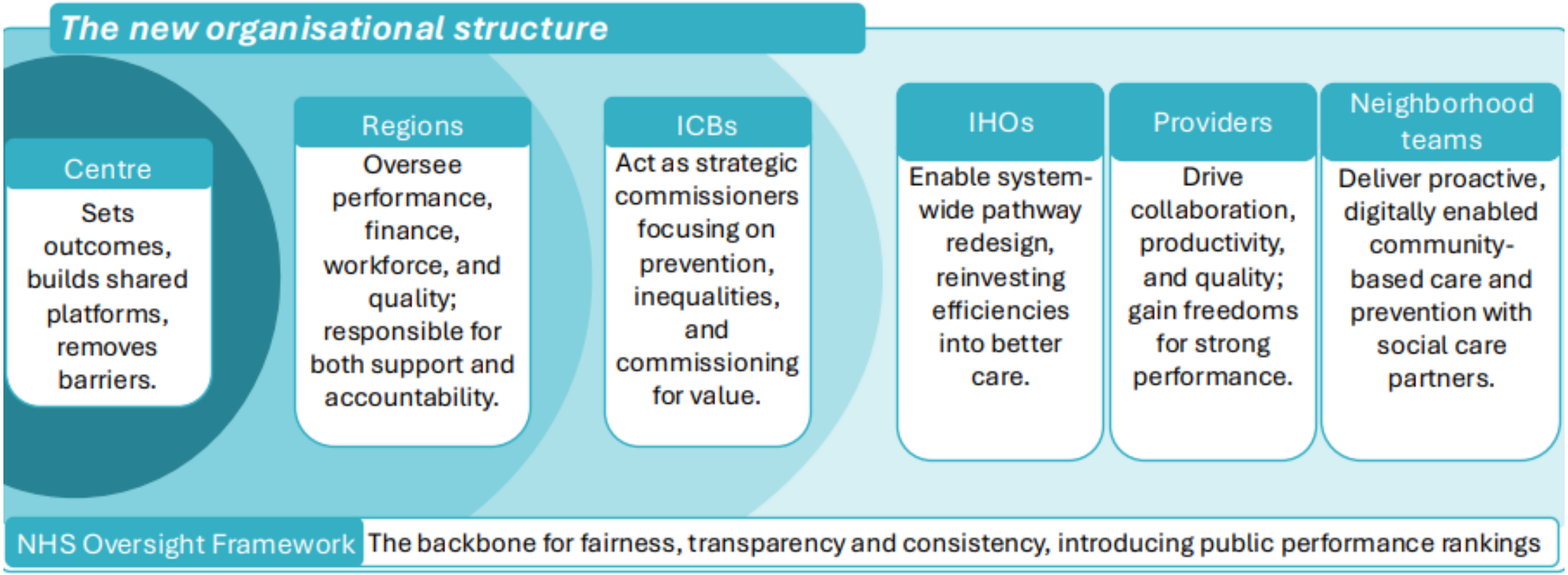
- The Ten Year Health Plan sets out a bold, ambitious and necessary new course for the NHS.
- It seizes the opportunities provided by new technology, medicines, and innovation to deliver better care for all patients - no matter where they live or how much they earn - and better value for taxpayers.
- It plans to fundamentally reinvent our approach to healthcare, and to guarantee the NHS will be there for all who need it for generations to come.
- Through the three shifts – from hospital to community, from analogue to digital, and from treatment to prevention – we will personalise care, give more power to patients, and ensure that the best of the NHS is available to all.

The three shifts

The 10 Year Health Plan aims to get the NHS back on its feet and to make it fit for the future, delivered through three big shifts.

- **From hospital to community**; transforming healthcare with easier GP appointments, extended neighbourhood health centres, better dental care, quicker specialist referrals, convenient prescriptions, and round-the-clock mental health support - all designed to bring quality care closer to home.
- **From analogue to digital;** creating a seamless healthcare experience through digital innovation, with a unified patient record eliminating repetition, AI-enhanced doctor services and specialist self-referrals via the NHS app, a digital red book for children's health information, and online booking that ensures equitable NHS access nationwide.
- **From sickness to prevention;** shifting to preventative healthcare by making healthy choices easier—banning energy drinks for under-16s, offering new weight loss services, introducing home screening kits, and providing financial support to low-income families.

There are some major changes outlined in the planning framework to deliver the three shifts set out in the 10 Year Health Plan: **sickness to prevention, hospital to community and analogue to digital.** These shifts will be underpinned by key enablers which will set the foundations for change to be delivered. Financial flows, data and digital, and leadership and workforce represent clear pillars of focus across the refreshed NHS organisational structure.



From Hospital to Community

What will this mean for the NHS?

- The Neighbourhood Health Service will bring care into the places people live and abolish the default of a 'one size fits all' care. It will also transform access to general practice and prevent unnecessary hospital admissions. Key ambitions in this area include:
    - ***Restoration of GP access*** with an end to the 8am rush through the training of thousands more GPs and embedding of AI technology /digital telephony to improve patient access.
    - ***A GP led Neighbourhood Health Service*** with new GP contracts to create single and multi-neighbourhood providers (from next year) and multiprofessional neighbourhood teams organised around groups with most need (in the next 3 years).
    - ***Care closer to the community*** and on the high street with Neighbourhood Health Centres in every community, pharmacy offering more clinical services and prevention, increased numbers of NHS dentists and improving access to dental care for children and a focus on prevention through genomics technologies, diagnostics and predictive analytics.
    - ***Redesigning outpatient and diagnostic services*** with patient initiated follow up as a standard approach (by 2026); embedding ‘advice and guidance’ in many more specialities (over the next 10 years) to reduce the need for patients to travel for appointments; as well as expanding the use of AI-enabled digital diagnostic tools across specialties.
    - ***Redesigning urgent and emergency care*** by enabling patients to self-book into A&E (via the NHS App or 111) before attending, enabling clinical triage in advance and redirection if appropriate (by 2028) and Mental Health Emergency Departments co-located or close to 50% existing Type 1 A&E units (over the next 5 years).

From Analogue to Digital

What will this mean for the NHS?

We will create the most digitally accessible health system in the world, where patients have a ‘doctor in their pocket’ to provide 24/7 advice and guidance and staff are liberated from the NHS’ archaic systems. Key ambitions in this area include:

- **NHS App -** We will transform the NHS App to become the front door to the NHS, and the tool to organise care around patient needs, choices and schedules. Through the app, patients will be able to get 24/7 AI-enabled advice, book appointments, leave feedback, choose their provider, manage their medicines and their children’s health (by 2028/29). We will build a ‘HealthStore’ to enable patients to access approved health apps to manage or treat their conditions, enabling innovative SMEs to work more collaboratively with the NHS and regulators.

- **Single Patient Record** – We will give patients real control over a single, secure account of their data and enable more coordinated, personalised and predictive care. It will improve clinical outcomes, make decision-making more informed and speed up the delivery of care.

- **Digital liberation for staff** - We have identified three areas of proven technology that are already in use in some areas of the NHS, can be scaled quickly, and have a specific promise in boosting clinical productivity. These areas focus on improving the quality of patient interactions through more accessible information, embracing ambient AI to release time to care, and building a new platform for proactive, planned care.

From Sickness to Prevention

What will this mean for the NHS?

People are living too long in ill health, the gap in healthy life expectancy between the rich and poor is growing, and we have an obesity epidemic with nearly one in five children leaving primary school obese. Key ambitions in this area include:

- **Smoking** – the Tobacco and Vapes Bill will mean that children turning 16 this year or younger can never legally be sold tobacco, we estimate that the benefit of this policy will reach £6.6 billion in NHS savings, and we will go further by introducing deterrents to prevent young people from taking up vaping.
- **Obesity and physical activity** –We will tackle the obesity epidemic, for children we will update school food standards and reduce junk food advertising aimed at children. We will move to a smarter regulatory landscape by setting new mandatory targets to increase the healthiness of sales in all communities and work with the Food Strategy Advisory Board on sequencing. We have established a pioneering industry collaboration to test innovative models of delivering weight loss services and treatments to patients and will launch a national campaign aimed at encouraging people to move more.
- **Alcohol –** We will support people to make healthier choices by giving consumers more information about the health risks of alcohol consumption.
- **Helping our children to flourish** – expansion of the Mental Health Support Teams in schools and new Young Future Hubs will provide additional support for children and young people's mental health.
- **Employment and work** – patient employment goals will be part of care plans and local NHS services targets will be set for reducing unemployment and economic inactivity.
- **From a sickness service to a prevention service –** We will do far better at taking the immediate opportunities available to deliver prevention: vaccination, screening and early diagnosis. Second, looking to the longer-term, we will create a new genomics population health service, to harness the potential for predictive analytics to support more personalised and precise prevention in the future and thirdly we will tilt NHS incentives towards population health outcomes.

A devolved and diverse NHS: a new operating model

- The new operating model will **devolve power from the centre to local providers, frontline staff and patients**.
- **Integrated Care Boards** will be strategic commissioners of local health services, including neighbourhood health services, with a focus on population health outcomes and financial sustainability.
- Where local providers perform well, they will have **greater autonomy and flexibility to develop services free from central control.** Our ambition over a 10-year period is for high autonomy to be the norm across every part of the country by authorising a **new wave of NHS Foundation Trusts (FTs) in 2026**. By 2035, we want every NHS provider to be an FT. The most mature, high performing organisations will be designated Integrated Health Organisations, taking responsibility for the health (and budget) of a whole population.
- **We will use multi-year budgets and financial incentives to enable investment in population health outcomes, not just into inputs and activity.** Resources will be tied to outcome-based targets, which all commissioners and provides will have a responsibility to help meet.
- **ICBs will be supported to shape the provider landscape to encourage innovation**, including the use of the VCSE and Independent sectors.
- **A new partnership with local government to develop neighbourhood health** along with other local partners and a stronger role for Strategic Authorities as ICB board members.
- **An end to bureaucratic planning process** with a much simpler set of requirements – a strategic commissioning plan for ICBs and a neighbourhood health plan for local partners at single or upper tier level. We will also see the abolition of Integrated Care Partnerships.
- **A rules-based approach to managing failure** with targeted support and an emphasis on supporting organisations to manage their own sustained improvement as quickly as possible. For our leaders, **good work will be rewarded and NHS providers should be able to reward clinical teams that provide high quality care.**
- **A new Choice Charter for patients will be introduced to put power in the hands of patients.** This will start in the areas of highest health need.

Social Care

Top lines:

- **The 10 Year Health Plan sets out how we will shift towards a Neighbourhood Health Service, bringing care into the places people live.** Social care professionals will be an important part of neighbourhood teams, working alongside the NHS to help people stay independent for longer and playing an enhanced role in rehabilitation and recovery.
- **Over the next three years, we will roll out the neighbourhood health approach to the groups most failed by the current system, improving people's quality of life and easing pressures on both hospitals and the adult social care system**. Those groups will include people with frailty, people living in care homes, people nearing the end of the life, people with severe and enduring mental illness, and disabled people. Neighbourhood health will mean more proactive, joined-up health and social care services - designed around people's lives, not around the system. It also means putting unpaid carers at the heart of our plan.
- **We will also work with social care organisations to enable care professionals to carry out more healthcare activities**, such as blood pressure checks, to help people receive more proactive and timely care.
- **Neighbourhood health providers will work closely with local government, the voluntary sector and social care providers to tailor services to local needs**, with neighbourhood health plans developed jointly by the NHS and local government.
- **The Plan also sets out how we will drive a shift to digitally enabled care,** through digital care records, remote monitoring, and innovative use of AI.
- Social care will, for some people, be a key part of neighbourhood health services. But the adult social care system is under significant pressure and in need of reform. The independent commission, led by Baroness Casey, will build national consensus on how to create a National Care Service.
- **Over time, the Neighbourhood Health Service and the National Care Service will work hand-in-hand with each other** to help people stay well and live independently.

What will we deliver by 2028/29?

While this is a plan for the next 10 years, much of what is in the plan will be delivered more quickly than this.

HOSPITAL TO COMMUNITY

- **Same-day digital and telephone GP appointments will be available and calls to GPs will be answered more quickly – ending the 8am scramble.**
- **A GP led Neighbourhood Health Service** with teams organised around groups with most need.
- **Neighbourhood Health Centres in every community; increased pharmacy services and more NHS dentists.**
- **Redesigning outpatient and diagnostic services**.
- **Redesigning urgent and emergency care,** allowing people to book into UEC services before attending via the NHS App or NHS 111.
- People with complex needs will have the offer of a **care plan by 2027** and the **number of people offered a personal health budget will have doubled.**
- **Patient-initiated follow-up will be a standard approach.**

ANALOGUE TO DIGITAL

- **The NHS App** will be the front door to the NHS, making it simpler to manage medicines and prescriptions, check vaccine status and manage the health of your children.
- **'HealthStore' to access approved health apps:** Enabling innovative SMEs to work more collaboratively with the NHS and regulators.
- **A Single Patient Record** will mean patient information will flow safely, securely and seamlessly between care providers.
- **Digital liberation for staff** with the scale of proven technology to boost clinical productivity.

SICKNESS TO PREVENTION

- **Health Coach will be launched** to help people take greater control of their health, including smoking and vaping habits later this year.
- **New weight loss treatments and incentive schemes to help reduce obesity.**
- **The Tobacco and Vapes Bill will be passed, creating the first smoke-free generation.**
- **Women will be able to carry out cervical screening at home using self-sample kits from 2026.**

Operational performance and transformation

Elective, cancer and diagnostics

- **Prioritise A&G** to speed up treatment and help deliver the 92% **18-week performance standard** by 2029
- **Efficiency boost** by cutting low value follow-ups, and expanding '**straight to test**' and **one stop clinics**
- Scale **community diagnostic centres** to optimise cancer diagnostics and meet wait standards

Urgent and emergency care

- Shift resources to **neighbourhood health services**, delivering more **urgent care in the community**
- Direct patients to **UTCs by default**, reduce crowding, and ensure min 85% **4-hour wait targets are met**
- Improve mental health crisis response by establishing **mental health emergency centres** in Type 1 ED's

Primary care

- **Improve access to GPs,** by tackling unwarranted variation and supporting use of **ambient voice tech**
- **90%** of clinically urgent patients will get **same day appointments**, with **extra out-of-hours capacity**
- This will be supported by increasing the role of **community pharmacy** and increasing **dental capacity**

Community health services

- **Increase service capacity** and **manage waits** so a minimum of **80% of activity occurs** 18 weeks
- **Pursue productivity opportunities**, including enabling remote care and expanding point-of-care testing
- Standardise core service provision and consider areas for **fast deployment of digital therapeutics**

Mental health and learning disabilities

- Expand **MH coverage in schools to 100% by 2029**, meet commitments to NHS Talking Therapies and Individual Placement and Support, eliminate out-of-area placements, improve productivity (incl CYP)
- **SEND reform plans** will be published, reduce reliance of people with LD on mental health inpatient care

Workforce

- **Improve productivity and satisfaction** by implementing both reforms to job planning and the '10 Point Plan' to improve resident doctor's working lives' which focuses on environment, wellbeing and training
- **Reduce use of agency staff** and eliminate it altogether by Aug 2029, enabled by reduced sickness rates

Next steps

- Organisations develop 3-year numerical returns to support the 5-year strategic plans for delivering the three shifts and improve productivity as stipulated by the 10 Year Health Plan
- Each NHS organisation develops their own integrated plan in collaboration with their NHS partners

Upcoming HNY ICB transformation

- As part of the change in responsibilities that ICBs will have going forward there will be a new operating model implemented. The new operating model and ways of working will be subject to a staff consultation with the aim of the new model being operational by 1st April 2026
- New ways of working to reduce non-pay expenditure, e.g. consolidation of estate
- Proposed staff structure to be published for consultation Wednesday 19th November
- Consultation to conclude 9th January 2026
- Final Operating model to be published 26th January 2026 & appointment to the posts will commence

National Neighbourhood Health Implementation Programme (NNHIP)

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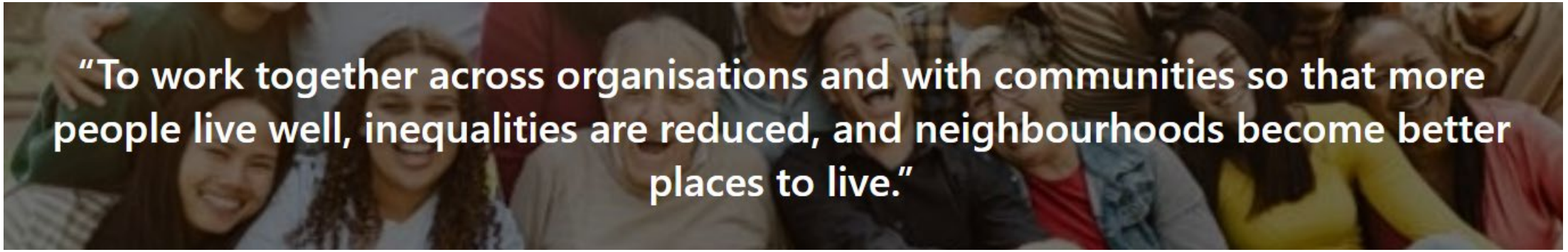
The national context for Neighbourhood Health

NNHIP is a **transformational initiative** jointly led by the **Department of Health and Social Care (DHSC)** and **NHS England**, designed to shift the focus of care from hospitals to communities. It aims to improve health outcomes by addressing complex needs at a local level, especially in **deprived areas** where healthy life expectancy is lowest

NNHIP is a **national movement for neighbourhood health**, combining local action with national learning.



Programme Goals

People are living better lives, more able to manage their health and wellbeing
Local teams say that neighbourhood working is a better way of supporting their population
People supported by neighbourhood health teams have a positive experience
There is increased value and reduced waste through improved use of local services and resources
Health inequalities are reduced

North East Lincolnshire Health and Care Partnership

What is Neighbourhood Health?

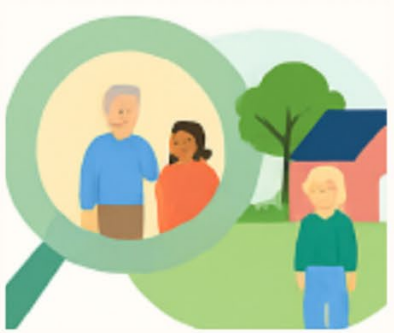
Six ways it makes a difference for people and communities

1. Making it easier to see your GP

Helping local practices have more time for the people who need them most.

2. Providing more care in the community, keeping people out of hospital

With hospital only for treatments that can't be given elsewhere



3. Focusing on those who need extra help

Reaching people most at risk early, before things get worse

4. Acting early, not late

Shifting from "fixing problems" to preventing them

5. Helping people manage their own health

Giving people the tools, skills and support to live well with long-term conditions

6.Working as one team around you

Bringing together doctors, nurses, social care, and community support so you don't have to repeat your story

Key messages from the programme so far

- NNHIP is not just a new care model but a radical shift in how health and care is delivered.
- The approach is biopsychosocial (a person's health is shaped by a mix of our body, mind, and social environment, not just by physical illness alone), strengths-based, and rooted in collaboration across health, social care, VCSE, and communities.
- Work with communities and VCSE, build trust and power within communities through co-production
- Empower local leadership and give permission to experiment and act
- Flatten hierarchies Integrated workforce with shared data and co-location - enable teams of teams working
- Agree shared outcomes and language across the system, and measure the right things - outcomes and impact not just 'counting beans'
- Embrace change and be brave, 2 rules……don't break the law & don't make things worse
- Keep people in their own homes where possible
- Predicted 60% increase in community activity by 2035 so we need to ensure a 'left-shift' of funding to support increased community capacity

Any Questions?

Launch video

Our 10 Year Health Plan. We're making the NHS fit for the future.

The hero video for the 10 Year Health Plan has been published on our YouTube page.

You can download versions here.

Feel free to embed this on websites and intranets.