

REPORT TO:	NHS SOMERSET INTEGRATED CARE BOARD ICB Board Part A	ENCLOSURE:
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DATE OF MEETING:	24 July 2025	
REPORT TITLE:	The 10 Year Health Plan	
REPORT AUTHOR:	Jonathan Higman, Chief Executive	
EXECUTIVE SPONSOR:	Jonathan Higman, Chief Executive	
PRESENTED BY:	Dr Bernie Marden, Chief Medical Officer	

PURPOSE	DESCRIPTION	SELECT (Place an 'X' in relevant box(es) below)
Approve	To formally receive a report and approve its recommendations, (authorising body/committee for the final decision)	
Endorse	To support the recommendation (not the authorising body/committee for the final decision)	
Discuss	To discuss, in depth, a report noting its implications	X
Note	To note, without the need for discussion	
Assurance	To assure the Board/Committee that systems and processes are in place, or to advise of a gap along with mitigations	

SELECT (Place an 'X' in relevant box(es) below)	LINKS TO STRATEGIC OBJECTIVES (Please select any which are impacted on / relevant to this paper)
X	Objective 1: Improve the health and wellbeing of the population
X	Objective 2: Reduce inequalities
X	Objective 3: Provide the best care and support to children and adults
X	Objective 4: Strengthen care and support in local communities
X	Objective 5: Respond well to complex needs
X	Objective 6: Enable broader social and economic development
X	Objective 7: Enhance productivity and value for money

PREVIOUS CONSIDERATION / ENGAGEMENT

The government committed to co-developing the plan with members of the public, health and care staff and partner organisations. To do this, Change NHS was launched on 21 October 2024 - the biggest ever conversation on the future of the NHS. Through Change NHS, the government received over a quarter of a million contributions from the public, health and care staff, health system leaders and organisations with an interest in health and care.

The voice of Somerset was well represented in the creation of the plan with an engagement running from November 2024 to March 2025 using a mix of in-person events, targeted outreach, and online engagement.. More than 4,500 people took part, 789 conversations were held, 130 online survey responses were received, and 49 engagement events were attended – and all in the space of a few months. The feedback gathered provided a clear understanding of what matters most to people in Somerset, including:

- Accessible local care
- Digital inclusion
- Early support for mental and physical health
- A joined-up, person-centred system that reflects the realities of our communities

We also received concerns about the current healthcare system, including, long waiting times, particularly for GP and dental appointments, difficulties navigating services that were complex and fragmented and a frustration at having to repeat medical history multiple times due to poor integration between services. People wanted a shift towards more joined-up, person-centred care that prioritises keeping people well alongside high-quality healthcare when people need it. Staffing shortages, burnout, and low morale across the NHS workforce were also highlighted as major barriers to delivering timely, high-quality care.

REPORT TO COMMITTEE / BOARD

The 10 Year Health Plan was published on 3 July 2025 and is part of the government's health mission to build a health service fit for the future. It represents a response to the review of the NHS undertaken by Lord Darzi and sets out how the government will reinvent the NHS through 3 radical shifts:

- hospital to community
- analogue to digital
- sickness to prevention

To support the scale of change required, the government will ensure the whole NHS is ready to deliver these 3 shifts at pace:

- through a new operating model
- by ushering in a new era of transparency
- by creating a new workforce model with staff genuinely aligned with the future direction of reform
- through a reshaped innovation strategy
- by taking a different approach to NHS finances

The document provides the context for the organisational change programme that has commenced across the NHS and reflects the recommendations of the Dash Review. It is important to remember that this is a 10-year plan and, as such, it provides a long-term vision for change. A delivery plan will be developed in the late summer/early autumn which will be supported by a new NHS financial framework, including three-year financial allocations.

A full copy of the plan can be accessed via the following link and a one-page summary has also been included as Appendix A of this report.. [10 Year Health Plan for England: fit for the future - GOV.UK](#)

The Board is asked to **DISCUSS** the content and implications of the 10-year health plan.

Fit for the Future

The 10 Year Health Plan for England

July 2025

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.
- We are fundamentally reinventing our approach to healthcare, so that we can guarantee the NHS will be there for all who need it for generations to come.
- Through our 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.

How engagement shaped the plan

This plan has been shaped by the experiences and expectations of members of the public, patients, our health and care workforce and our partners.

Through the 'Change NHS' engagement exercise – the biggest ever conversation about the future of the NHS - we heard about the changes people wanted to see. We received over a million insights from patients and staff during the engagement exercise – including thousands from seldom heard groups. And from many of you and stakeholders you work with.

These themes included: getting the care you need, when you need it; making healthcare seamless; fixing the basics; and making the NHS a great place to work.

All of these themes, and more, are reflected in the final plan.

A report that captures all of the engagement activity that supported the development of the plan will be published shortly.

What we heard

GETTING THE CARE YOU NEED

People told us:

- Access to GP and dental care is a struggle.
- Waits for ambulances, A&E and essential treatment are too long.

The 10 Year Health Plan delivers:

- An end to the 8am phone queue - with thousands more GPs and a transformed NHS app.
- Better dental access – with new dentists to serve NHS patients first.
- Faster emergency care - allowing pre-booking through the NHS App or 111.
- Care closer to home - through a new Neighbourhood Health Service.

SEAMLESS HEALTHCARE

People told us:

- They have to repeat their medical history too often and travel extensively between appointments.
- NHS departments operate in isolation rather than as a coordinated service.

The 10 Year Health Plan delivers:

- A single patient record - giving people control while ensuring every healthcare professional has their complete information.
- Care built around people via integrated healthcare teams working together in communities.

FIXING THE BASICS

People told us:

NHS systems are outdated, inefficient and time consuming.

The 10 Year Health Plan sets out how we will:

- Upgrade IT so staff spend more time with patients.
- Enable appointment booking and health management on the NHS App.
- Ensure systems talk to each other.

SICKNESS TO PREVENTION

People told us:

The NHS should focus more on preventing illness and addressing the causes of poor health. More support is needed for mental health and healthy lifestyles.

The 10 Year Health Plan sets out how we will:

- Invest in local health services with personalised care.
- Expand school mental health support.
- Increase access to free and healthier school meals.
- Create the first smoke-free generation.
- Improve the healthiness of food sales.
- Use scientific breakthroughs to develop gene-tailored preventative treatments.
- Invest in life-saving vaccine research.

GREAT PLACE TO WORK

People told us:

NHS staff are overworked, undervalued, and burdened by bureaucracy.

The 10 Year Health Plan sets out how we will:

- Set new standards for flexible, modern NHS employment.
- Expand training with 2,000 more nursing apprenticeships and 1,000 postgraduate posts.
- Cut unnecessary mandatory training.
- Empower local leadership and reduce top-down micromanagement.
- Digitise records and use AI to reduce admin burden.

The three shifts

This is the 10 Year Health Plan 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.

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.

What does it mean for staff by 2028/29?

It is a clear aim of this plan is to make the NHS the very best place to work – setting new standards for flexible, modern NHS employment, expanding training opportunities and reducing the burden of admin:

- **A new set of Staff Standards for modern employment in the NHS will be introduced.**
- **The time staff need to spend on statutory mandatory training will be substantially reduced by April 2026.**
- **Single sign-on for NHS software will be introduced to reduce the administrative burden on staff.**
- **We will further liberate staff from admin and free-up time for patient care and, starting in 2027, we will roll out validated AI diagnostic tools and deploy AI administrative tools NHS-wide.**
- **New advanced practice models will be developed for nurses, midwives and allied health professionals.**
- **We'll have streamlined the NHS operating model, by reducing the number of organisations involved and simplifying decision-making.**
- **We will also support staff to focus on quality, working with clinicians and patients to develop a new series of 'Modern Service Frameworks' to accelerate progress in conditions where there is potential for rapid and significant improvements in quality of care and productivity.**

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).

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.

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.

Chapter 4: 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.

Chapter 5: A new transparency of quality of care

What will this mean for the NHS?

The plan will usher in a new era of transparency, a focus on high-quality care for all and a renewed focus on patient and staff voice to prevent the worst cases of neglect, drive up quality and support our mission to make progress on the biggest killers.

- **Power to the patient through transparency, voice and choice:** publish easy-to-understand league tables, ranking providers against key quality indicators. Improve response times to patient safety incidents and complaints by expanding use of AI tools to support faster collection of complaints data. Pilot rapid response teams in 2026/27 to act quickly and decisively for those who have concerns about the care they are receiving. We will set up a national investigation into NHS maternity and neonatal services to provide accountability for impacted families and drive urgent improvements to care and safety.
- **Clearer accountability and stronger incentives for high quality of care:** revitalise the National Quality Board (NQB) in 25/26 and task it with developing a new quality strategy, overseeing quality measurement. All providers will be given flexibilities to make additional financial payments to clinical teams that have consistently high clinical outcomes and excellent patient feedback or are significantly improving care, under a new framework.
- **Streamlining regulation to focus on quality of care:** Moving CQC's operations to an intelligence-led model and giving it expansive new access to data. CQC will provide verbal feedback at the end of inspections, with written feedback within 2 days outlining any significant concerns. A reformed DHSC will also incorporate the functions of Healthwatch England to put patient voice at the heart. We will introduce new tools on NHS.uk and through the My Choices tool in the NHS App to make it easier for patients to access and interpret quality measures. The new Maternity Outcomes Signal System (MOSS) system for maternity will be in place across trusts from November and will use near-real time data to indicate higher than expected rates of stillbirth, neonatal death and brain injury. And we will establish a national AI-led warning system building on the capabilities in the Federated Data Platform (FDP) to analyse data to identify where quality issues are emerging in parts of the NHS.

Chapter 6: Workforce

What will this mean for the NHS?

The plan will create a more realistic size and shape of the workforce, that enjoy and feel valued at work and are well equipped to care for patients in 21st century.

- **The 10 Year Workforce Plan will set out training, education and retention of the workforce** and the general shape of the workforce that will deliver our new models of care.
- **Minimum standards for modern employment** in the NHS will be developed with the Social Partnership Forum, covering access to nutritious food and drink, reducing violence against staff, tackling racism and sexual harassment, standards of 'healthy work' and occupational health support, and support for flexible working.
- **Reduce the dependence of the NHS on international labour** to less than 10% of new recruits by 2035.
- **Prioritise UK medical graduates** for foundation training and UK medical graduates and other doctors who have worked in the NHS for a significant period for foundation and specialty training by 2035.
- **Working with trade unions and employers to maintain, update and reform employment contracts** and start a conversation on significant contractual changes that provide modern incentives and rewards for high quality and productive care (by 2035).
- **NHS employers will have new duties by 2035 to consider how they employ those in the local area**, including employing and training those in poverty or unemployment to take up appropriate roles.
- **By 2030 regulators will review curricula** to ensure that those joining the workforce have the skills to deliver the three shifts and drive our new model of care.

Chapter 7: Powering transformation: innovation to drive healthcare reform

What will this mean for the NHS?

- **Signal intent on five ‘big bets’** – transformative technologies that will drive our new model of care by aligning research, investment and innovation:
 1. ***Data to deliver impact:*** Allowing data to flow seamlessly and securely to deliver better care, and supporting UK companies to apply their skills to solving health problems.
 2. ***AI to drive patient power and productivity:*** New regulatory frameworks for AI and software as a medical device by 2026 and significant investments in AI infrastructure.
 3. ***Genomics and predictive analytics for pre-emptive, personalised care starting at birth:*** Build on expertise of the NHS Genomic Medicine Service to develop a unified genomic record, integrating patient genomic data with clinical data in near real-time.
 4. ***Wearables to make care ‘real-time,’*** By 2035 wearables will be standard in preventative, chronic and post-acute treatment, with data connected to the NHS App and integrated with SPR. We will make remote monitoring standard for cardiovascular disease (by 2028).
 5. ***Robotics to support precision:*** to transform care and service delivery and automate operational processes in and out of hospitals. We will introduce national registries for robotic surgery data and developing telesurgery networks (from 2029).
- **Establish new Global Institutes** to become world leading centres of excellence in research and translation and create **Regional Health Innovation Zones** to give systems new freedoms to experiment, test and generate evidence implementing innovation.
- **Improve the research environment**, speeding up clinical trial set-up times to <150 days (by March 2026), publishing monthly scorecards on site level trial performance.
- **Invest in innovative medicines:** we will spend more on medicines over the course of this plan, particularly those that help keep people out of hospital. we will also speed up the way NICE evaluates certain medicines used to treat multiple conditions and simplify the way the NHS negotiates prices for such medicines.
- **Future proof our regulators:** MHRA and NICE will launch parallel approvals for medicines, supported by joint scientific advice and information sharing to speed up patient access (by April 2026).
- **Move to a Single National Formulary** (by 2028), expanding to HealthTech (by 2030) to improve efficiency.
- **Expand NICE’s Technology Appraisal** process via a new Rules Based Pathway for MedTech (2026), create a digital marketplace to procure technologies and create an ‘innovator passport’ to reduce bureaucracy (by 2026).

What will this mean for the NHS?

We will move to a system of value-based healthcare where spending and incentives are aligned to what delivers the best outcomes.

- **Improving productivity and reducing waste:** For the next 3 years the NHS has a target to deliver a 2% year on year productivity gain. Two-thirds of outpatient appointments – which currently cost £14bn a year – will be replaced by automated information, digital advice, direct input from specialists and patient-initiated follow ups as we introduce a new digital front door to the NHS via the NHS App. We will also free up more staff time to care for patients via adoption of new technologies like ambient voice technology to free staff time.
- **Financial discipline:** we will end the practice of providing additional funding to cover deficits and introduce a transparent financial regime.
- **Sharper incentives** – we will dismantle block contracts, where providers receive the same money irrespective of how many patients they see. We will change this to only pay providers for effective care which has been commissioned by an ICB – and to withhold payment for poor quality care and/or pay a bonus for high quality care. To support the shift of care away from hospital settings towards neighbourhood care, we will ensure that there is a higher growth in investment in primary and community services than in hospitals. We will also test the development of year of care payments; this new payment mechanism will be calculated according to the health needs of the population being served and will allow providers to invest in high-quality, proactive, planned care for patients. We will test a new payment mechanism which give patients the power to hold back some of the payment if not satisfied with a service. These changes will be reflected in a new financial framework which will be published later this year.
- **New approach to capital** – we will introduce long-term strategic planning through multi-year allocations that will give people greater certainty, shifting the balance from national control to more local decision-making. We will speed up delivery through quicker and more streamlined approvals processes. And drawing on the 10 Year Infrastructure Strategy's commitment to consider the use of Public Private Partnerships (PPP), we propose a new programme to support establishing a Neighbourhood Health Centre in every community across the country.

Top lines:

The three shifts will enable rapid progress on the prevention, diagnosis and treatment of cancer:

- Hospital to community will make it easier to access cancer screening, diagnostic and treatment services in patients' local areas, with more choice for people on how and where they access these services.
- Analogue to digital will ensure the NHS is able to harness the power of technological innovation to improve the prevention, diagnosis and treatment of all cancers.
- Sickness to prevention will enable the NHS to identify those who are at greatest risk of developing cancer earlier and make it easier for everyone to access screening services.

Key policies:

- **We will eliminate cervical cancer by 2040:** women and girls will all be able to access the HPV vaccine and cervical screening will be more accessible through the use of self-sampling kits.
- **Cancer screening will be available to book and histories of cancer screenings will be logged on the NHS App**, meaning both patients and healthcare professionals can review a patient's full medical history.
- **Those most at risk will be provided with lung cancer screening** to detect more cases of cancer at an earlier stage
- **Genomic testing for inherited causes of cancers will be expanded from next year.**
- **The MHRA will prioritise the review of personalised cancer vaccines, with 10,000 cancer vaccines to be provided in the next 5 years.**
- DHSC has set up the **Children and Young People Cancer Taskforce** to look at how cancer in children and young people can be prevented and diagnosed more effectively.
- **Access to 24/7 advice on the NHS App** will provide patients with reassurance when facing the difficulties of living with cancer. The single patient record will also mean patients do not have to retell their story, whether they are receiving care in hospital, the community or at home.
- **The MyHealth tool through the NHS App will bring all health data in one place, enabling remote monitoring.**

Top lines:

The three shifts will improve the care women receive:

- Hospital to community will mean women can access health services closer to home through neighbourhood health centres.
- Analogue to digital will put more power and data in women's hands, this will make it easier to get more personalised support, book appointments and stay healthy.
- Sickness to prevention will mean better access to screening, and allow better use of health data to enable more predictive and pre-emptive care

The plan will drive improvements in patient safety, especially in maternity services, where we have launched an independent National Investigation into Maternity and Neonatal Care. With women making up over 75% of the NHS workforce, the Plan backs a healthier, fairer future for staff too. Flexible working and workplace wellbeing initiatives will help build a resilient workforce.

Key policies:

The Plan will improve access to women's health services:

- Neighbourhood health centres will be transformative for improving coordination of care.
- Delivering catch-up HPV vaccines in community pharmacies and introducing at-home testing.
- Increasing the role of pharmacies to improve access to healthcare for women, including free emergency hormonal contraception by the end of this year.

The Plan will improve maternity services by:

- Ushering in a new era of transparency, a rigorous focus on high-quality care for all and a renewed focus on patient and staff voice. CQC will operate an intelligence-led model and it will be given statutory powers to access all NHS and publicly held datasets relating directly or indirectly to care quality to support this.
- A national investigation to understand the systemic issues behind why so many women, babies and families experience unacceptable care, and to rapidly put in place solutions to improve maternity safety and quality. Immediate actions include a new digital system in all maternity services by November to flag potential safety concerns in trusts and support rapid, national action, and an anti-discrimination programme to tackle inequalities in care for Black, Asian and other underserved communities.
- Empowering women through better access to data - the Single Patient Record will help women to advocate for themselves when receiving maternity care and will provide full medical histories to support informed, respectful care.
- A new Maternity Outcomes Signal System introduced across Trusts from November 2025 will use near-real time data to indicate higher than 20 expected rates of stillbirth, neonatal death and brain injury, so action can be taken swiftly to improve outcomes.

Top lines:

The plan aims to reduce the prevalence of Type 2 diabetes and enhance the care of patients living with diabetes through the delivery of the three shifts:

- Hospital to community will enable those living with diabetes to manage their care in the best way for them through the Neighbourhood Health Service.
- Analogue to digital will make it easier for those living with diabetes to access tailored advice and manage their appointments at a time that suits them.
- Sickness to prevention will make it easier for people to access diabetes screening and support people to make healthier choices to prevent them from developing Type 2 diabetes.

Key policies:

- **By 2028 patients will be able to book appointments, manage their medication and prescriptions and view their single-patient record through the NHS App** so they can become better advocates for themselves. **Patients will also be able to access tailored advice through the NHS App on how to manage their diabetes.**
- **The single patient record will mean clinicians will be able to see a patient's full medical information and history**, helping them to make informed diagnoses against co-morbidities and advise patients of their individual risk factor.
- **We will identify at risk patients earlier by taking an evidence based approach to new and emerging genomic technologies.**
- **By 2035, all patients will have access to wearables**, which will enable patients and their carers to better manage their care by having access to their health data such as blood pressure and glucose levels.
- **The MyHealth tool will enable remote monitoring** for those who wish to share their data with their care team.
- **The Neighbourhood Health Service will give those living with diabetes more choice and control of their care.** By 2027 95% of people with complex needs, including long-term conditions, will have an agreed care plan.
- **More people will be able to access Personal Health Budgets.**
- **By 2028 the Diagnosis Connect service will support better self-care.** In partnership with the Richmond Group this service will bring together the NHS and the voluntary sector to help people with new diagnoses manage their care.
- **Neighbourhood Health Centres will open-up diabetes screening**, making it easier to access.
- **The plan will reverse the obesity epidemic to safeguard people from developing Type 2 diabetes in the future** by restricting junk food adverts targeted at children on TV and online, schools will provide healthier school meals, healthy food reporting for the food sector will be introduced and patients will be able to access new weight loss medicines and treatments to help reduce obesity.

Top lines:

The three shifts will enable rapid progress to deliver the right support, to the right person at the right time.

- Hospital to community will improve access to mental health services, bringing multidisciplinary teams closer to where patients live and work. It will also see the introduction of more mental health support teams in schools.
- Analogue to digital will create, and improve access, to digital technologies providing mental health support.
- Sickness to prevention will mean more people will be able to receive support for mental ill health much earlier by increasing the rollout of mental health services in school and introducing new Young Future Hubs

Key policies:

- **A Neighbourhood Mental Health Model, providing open access to specialist services and holistic support in community locations 24 hours a day, seven days a week, is already being piloted in six locations with plans to go further.**
- **85 new dedicated mental health emergency departments will be built with £120 million, to ensure people experiencing crisis get effective care.** We will also redesign urgent and emergency care to avoid the need for unnecessary hospital attendance or admission.
- **Patients will get better access to support directly through the NHS App, including self-referral for talking therapies, without needing a GP appointment. We will also use AI to support people with depression and anxiety.**
- **New digital front doors for mental health support and digitised therapies will mean patients no longer have to travel to hospitals or clinics outside of their local area.**
- **Third-party digital technology will become an asset in personalised care, delivered through the HealthStore.** This marketplace will host approved health apps to support people to manage their conditions, including mental health.
- **The single patient record will empower clinicians and patients,** meaning patients no longer have to relive trauma and to describe their symptoms, and clinicians have a full picture to help determine a diagnosis.
- **We will support people to remain in or return to work who are experiencing poor mental health,** and continue to expand provision of Individual Place and Support schemes to help people with severe mental illness find good work, provide employment support through primary care and offer employment advice to those accessing talking therapies.
- **We will collaborate with businesses, investors, social enterprises, employers and many more to address the mental health crisis engulfing children and young people, and will continue the roll out of Mental Health Support Teams in schools for full coverage by 2029/30.**
- **The My Children tool will store information about your child in one place, replacing the red book, and the New Young Futures Hubs will ensure there is no “wrong front door” for people seeking help.** We will also prioritise evaluating digital therapies which could support children and adolescents on mental health waiting lists.
- **We will increase the proportion of funding of research into prevention and detection of physical and mental long-term conditions, by reforming the NIHR and better promote a focus on prevention.**

Top lines:

The three shifts will support our ambition to tackle the biggest killers, reducing the number of people dying early from heart disease and stroke and make it easier for those living with CVD to manage their care.

- Hospital to community will create neighbourhood health teams who are better equipped to pre-emptively identify those at risk of CVD, and better support those already diagnosed in managing their care, closer to where patients live and work.
- Analogue to digital will make it easier for patients with CVD to manage their care, remote monitoring will enable pre-emptive care, and the NHS App will support patients to book appointments, view test results and access 24/7 support and guidance.
- Sickness to prevention shift will target overweight and obesity, a key risk factor of CVD.

Key policies:

- **The plan will reduce premature mortality associated with CVD through the introduction of a National Service Framework for CVD to identify the best evidenced interventions and the most effective treatments.**
- **We will test new delivery models for secondary prevention of cardiovascular disease and diabetes through the Neighbourhood Health Service.**
- **We will increase the role of community pharmacy in the management of long-term conditions and link them to the Single Patient Record.**
- **We will work with clinical experts to explore how genomic testing for pharmacogenomic profiles can be integrated into the NHS over-40s Health Check. Over time, we will make this a universal offer.**
- **We will begin integrating genomic insights into cardiovascular disease prevention and care through a trial with NHS and Our Future Health, and will expand genomic testing for inherited causes of major diseases to allow earlier detection and intervention.**
- **The plan will reverse the obesity epidemic and reduce the risk of people developing CVD in the future** by restricting junk food adverts targeted at children on TV and online, schools will provide healthier school meals, the Soft Drinks Industry Levy and review sugar content thresholds will be uplifted, healthy food reporting for the food sector will be introduced and patients will be able to access new weight loss medicines and treatments to help reduce obesity.
- **The single patient record will enable healthcare providers to access previous consultations and diagnoses** to join the dots on symptoms which may be associated with their treatment or co-morbidities.
- **Remote monitoring for cardiovascular disease, using wearables and similar devices integrated into the NHS App, will be a standard part of NHS care by 2028. The MyHealth tool will bring blood pressure, glucose levels and heart rate into one place, with real-time monitoring.**
- **The My Carer tool will give family, friends and carers access to the NHS App.**

Top lines:

- Our 10 Year Health Plan will deliver a revolution in healthcare. It is through the NHS's workforce that the transformed service will be delivered. To meet this challenge we must create a workforce that is more empowered, more flexible, and more fulfilled.
- We will work with the Social Partnership Forum to develop a set of Staff Standards so that all staff have access to healthy meals, support to work healthily and flexibly, and tackle violence, racism and sexual harassment.
- The Staff Standards will support a workforce model that is fit for the future, where staff wellbeing is more than a 'nice to have'.
- Our 10 Year Workforce Plan, which will be published this autumn, we will move from asking how many staff we need to maintain our current system, to looking at how to get the right people, in the right places, with the right skills to deliver the best care.
- By 2035, staff will be better treated, have better training, more fulfilling roles, and hope for the future, so they can achieve more.

Key policies:

- **We will work with the Social Partnership Forum (SPF) to introduce a new set of Staff Standards from April 2026 and will continue to work with trade unions and employers to maintain, update and reform employment contracts.**
- **Starting in 2027, we will pilot Staff Treatment Hubs a high-quality, wellbeing and occupational health service for all NHS staff.**
- **By 2028/29 we will simplify the arduous interaction staff have with IT systems, introducing automation as standard.**
- **We will have a digital-first NHS HR service by 2030, staff will be able to access HR services 24/7 to book annual leave or onboard to new organisations.**
- **The single patient record will provide visibility of patient records across care settings, providing staff with both contextual and clinical information.**
- **We will introduce personalised social risk assessments** to capture non-clinical risk factors for ill-health and inform more personalised and co-ordinated care for patients.
- **By April 2026 we will reduce time spent on mandatory training and provide training that is relevant to the work staff actually do, freeing up time for clinical care. By 2035 every member of NHS staff will have personalised career coaching and development plan.**
- **We will reform the tariff system to drive clinical placement activity to priority settings and professions.**
- **We will work with higher education institutions to review course length and content and the Review of Medical Training in England will modernise postgraduate medical education.**
- **We will help nursing students overcome financial obstacles to learning by working with the Business Services Authority to reform and modernise the process of paying travel expenses before the next nursing intake in January 2026.** We will also work with higher education institutes to set a standard for confirmation of course completion by September 2026 meaning newly qualified nurses can begin work as soon as they'd like.
- **Over the next 3 years we will create 2,000 more nursing apprenticeships and 1,000 new specialty training posts. We will also open more research opportunities for nurses, midwives and allied health professionals**
- **We will create incentives to reward leaders and staff who deliver high quality care and by April 2026 we will establish new national and regional talent management systems to identify and develop those with great potential. We will also expand the graduate management scheme by 50%.**

The Plan will raise our healthiest generation of children ever through delivery of the three shifts:

- Hospital to community will mean parents and children will have better access to care and treatment in their local areas, meaning less time taken out of school to make appointments and fewer hospital visits which can be daunting for children.
- Analogue to digital will see delivery of My Children function on the NHS App. This will enable parents to have access to their child/children's complete medical history, retiring the "red book". It will also enable parents to book appointments for their children and be signposted through AI to advice for urgent and non-urgent medical questions.
- Sickness to prevention will see a greater emphasis on ensuring children develop and maintain healthy habits throughout their childhood and into adulthood. Children turning 16 this year or younger, will never legally be sold tobacco, and we intend to strengthen the existing ban on smoking in public places to reduce the harms of passive smoking to children.
- All children will see less junk food advertising and will be given healthy nutritious food in schools.

Key policies:

- **My Children will replace the "red book", providing support and advice.**
- **We will improve access to dental care for children** by making better use of the workforce by upskilling professionals.
- **Increased GP access and opening hours** will enable parents to get rapid advice on urgent issues and prevention when they need it.
- **Children turning 16 this year or younger, will never legally be sold tobacco**, and the ban on smoking in public places will be strengthened.
- **Junk food marketing aimed at children will be restricted**, the sale of high-caffeine energy drinks to under-16s will be banned and school food standards legislation will be updated to ensure all schools provide healthy nutritious food. From September 2026, free school meals will be expanded to all households in receipt of Universal Credit.
- **The Health Start scheme will be restored from 2026/27, to tackle child poverty.** Pregnant women and children aged 1 to 4 years will receive £4.65 per week, and children under 1 £9.30 every week.
- **We will continue the roll out of Mental Health Support Teams in schools for full coverage by 2029/30.**
- **New Young Futures Hubs will ensure there is no "wrong front door" for people seeking help**, these will have embedded mental health support for young people.
- **We will launch an independent review to better understand prevalence, demand, referral rates and diagnosis of mental health and neurodevelopmental conditions in both children and adults.**
- **We will prioritise evaluating digital therapies which could support children and adolescents on mental health waiting lists.**

The Plan will lay the foundations to deliver the upcoming Men's Health Strategy due later this year through the three shifts:

- The shift from hospital to community will support men to access health care in ways that are convenient to them and in their local area.
- The shift from analogue to digital will put the power in men's hands to manage their care and treatment, including better access to mental health support including digitised therapies .
- The shift from sickness to prevention will support us to tackle the biggest killers, including too many lives lost to suicide.
- In April this year, we launched a call for evidence for the first Men's Health Strategy.

Key policies:

- **We will redistribute resources to areas of greatest need, to ensure that funding reflects the community it serves. We know men are at greater risk of CVD and our plan will tackle the biggest killers, reducing the number of people dying early from heart disease and stroke.**
- **A Neighbourhood Health Centre in every community will make access simpler and mean men can seek support from different health services in the same visit.**
- **The NHS App will provide 24/7 guidance and advice to patients and the HealthStore will enable men to download approved health apps.** We will increase access to digitised therapies and enable men to access support without having to seek support through their GP.
- **The Plan will introduce neighbourhood models of mental health care integrated with wider local services,** to ensure the right support is delivered to the right person at the right time.
- Men are less likely to engage with some preventative services and are more likely to engage in certain unhealthy behaviours. The Plan seeks to address this and support men to make healthier lifestyle decisions through the Tobacco and Vapes Bill, reducing the prevalence of overweight and obesity and reducing alcohol consumption.

Top lines:

The Plan will support people with MSK to better manage their condition and access services and support through the three shifts:

- The shift from hospital to community will enable people with MSK to access a range of additional services to support management of their condition and treatment closer to home.
- The shift from analogue to digital will mean people with MSK will have access to their medical history, can book and manage their appointments and medication and their unpaid carers will have access to the information they need to support their loved one.
- The shift from sickness to prevention including through tackling the risk factors for MSK conditions such as obesity, physical inactivity and smoking, will help to shorten the amount of time people spend in ill-health by preventing illnesses before they happen, as well as support earlier identification and management of MSK conditions.

Key policies:

- **By 2028/29, neighbourhood health teams will be organised around the needs of their patients.**
- **By 2030, 1 million patients with long-term conditions will be offered Personal Health Budgets**, these will enable people, including those with MSK, to use NHS resources and determine care that best suits their needs.
- **The NHS App will provide access to advice, guidance, self-care support and appointment management. Patients will be able to self-refer to MSK services where clinically appropriate through My Specialist on the NHS App.**
- **The Single Patient Record will mean patients no longer need to repeat their story and My Consult will allow patients to connect remotely to a clinician, making appointments more accessible.**
- **My Care will provide a one-stop shop for patients to manage their care, My Medicines will enable patients to manage their prescriptions and remind them when to take their tablets, My Health will enable patients to monitor their symptoms and bring all their data into one place and My Carer will support those providing care to people with MSK.**

Top lines:

The plan will aim to prevent people developing dementia and support the care of those currently living with the disease:

- The shift from hospital to community will make it easier for dementia patients and their carers to navigate care services by bringing different professionals together in the Neighbourhood Health Centres.
- The shift from analogue to digital will put the power and data in patient and carer hands. The NHS App will become a “doctor in their pocket” giving them 24/7 access to all elements of their care, from virtual and in-person appointments, advice and guidance on symptoms, and prescription management.
- The shift from sickness to prevention will reduce the number of people at risk of developing dementia by supporting people to live healthier lives for longer and targeting the biggest causes of ill health.


Key policies:


- **By 2028, we will create a smoke free generation through the Tobacco and Vapes Bill.** This will reduce the number of people developing dementia, as we know smoking is a major risk factor.
- **The My Carer tool will give family, friends and carers access to the NHS App.** This will ensure decisions are agreed and taken by those who best know the patient, who may not be able to make those decisions independently, whilst making it easier for unpaid carers to manage their care and access professionals whenever they need them.


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.**

The case for change

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NHS is at an existential brink: In critical condition, public satisfaction has fallen from 70% (2010) to 21%; productivity down 20-25% post-COVID
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Financial unsustainability: NHS consumes 38% of government spending, projected to reach 50%. Risks becoming a poor service for poor people
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Demographic challenges: Aging population; 25% of population have long-term conditions, accounting for 65% of NHS spending


However, there is transformational opportunity: unparalleled population health data, single-payer efficiency, and digital healthcare revolution driving genomics leadership and new era of patient choice

Three major shifts


From Hospital to Community

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- Neighbourhood health service** to bring care into the places people live. Will restore GP access and introduce 2 new neighbourhood provider contracts ('single' and 'multi' neighbourhood serving 50,000 and 250,000+ people)
 - Infrastructure:** Neighbourhood Health Centres open 12hrs/day, 6 days/week, 'one stop shop' for patient care, co-locating NHS, council and voluntary services. £120m for ~85 mental health emergency departments co-located with A&Es.
 - Patient empowerment:** 95% of complex patients to have care plans by 2027; 1 million personal health budgets by 2030
 - Financial reallocation:** 15% lower non-elective, 10% lower ambulance observed in systems spending more on community services and £100 spent on community care can unlock £131 of acute savings (citing CF/NHS Confed research)
 - Digital transformation:** 2/3 of outpatient appointments (costing £14bn a year) to be replaced by digital advice

From Analogue to Digital: Power in Patients' Hands

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- NHS App** as "front door": shifting power to patient via AI-powered advice, appointment booking, self-referral, medicines management, care plans. Supplemented by HealthStore: a marketplace for approved digital health apps for patients
 - Single Patient Record:** Patients to control their data, accessible via NHS App by 2028, starting with maternity. Supplemented by advances in genomic data for personalised and predictive care
 - Staff liberation:** Ambient voice technology reduces paperwork by 51% ; procurement framework 2026/27. New AI tools being tested on the Federated Data Platform, which connects information across healthcare settings and links siloed sources, increasing productivity

From Treatment to Prevention

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- Tobacco:** Create smoke-free generation (£6.6bn savings by 2100)
 - Alcohol:** mandatory requirement for health warning labels for alcohol; increasing 'alcohol free' threshold to 0.5% ABV
 - Obesity:** Expand Healthy Start scheme, free school meals (Sep 2026), increase soft drinks levy. Collaborations with industry to test weight loss service delivery models, like GLP-1. Digital NHS points scheme, rewarding people taking healthy actions
 - Mental health:** national coverage of mental health support teams in schools and colleges by 2029/30
 - Genomics Population Health Service:** for predictive and personalised medicine. Universal access (via SPR and NHS app) by decade end; 150,000 adult sequencing study; babies and all cancer patients to be offered genomic analysis
 - Vaccinations and screenings for disease elimination:** increasing uptake via Neighbourhood Health Service. Cervical cancer eliminated 2040; end HIV transmissions by 2030; 10,000 cancer vaccines to clinical trial patients in next 5 years

Underpinned by 5 key enabling reforms

New Operating Model



- Merge NHSE with DHSC, central headcount halved by 2027.
- Reintroduce earned autonomy; every NHS provider to be a Foundation Trust by 2035. Some to be Integrated Health Organisations (from 2027) holding population health budgets
- Integrated Care Boards to be strategic commissioners; close Commissioning Support Units. ICBs to aim to be coterminous with strategic authorities

New transparency of care



- League tables of providers and patient-reported experience measures to be published, to make data easier to understand and more accessible (NHS App) to providers and patients. Maternity care to be a priority
- National Quality Board to be revitalised, and be single authority on quality, supported by Dr. Penny Dash's report.
- AI led warning system building on Federated Data Platform, to identify services at high risk, based on clinical data

Workforce transformation



- Fewer staff than previous projections but better equipped (AI training for all), releasing £13bn through technology-enabled productivity
- Advanced practice roles for nurses/AHPs; reduce international recruitment to <10% by 2035
- Ultra-flexible employment contracts; eliminate agency staffing by parliament end; prioritise staff wellbeing to save £12b cost of poor wellbeing among NHS staff

Innovation & technology



- Five "big bets": Data, AI, Genomics and predictive analysis, Wearables, Robotics
- Global Institutes for each bet (NIHR funded) to drive global leadership; Regional Health Innovation Zones to bring together ICBs, providers, and industry.
- Clinical trial set-up: 250→150 days by March 2026; participant volunteering via NHS App
- Pro-innovation regulation: MHRA and NICE joint process (Apr 2026) to improve speed of medicines access
- £600m Health Data Research Service

Finance & productivity



- 2% annual productivity gains; return to pre-pandemic levels by parliament end
- Phase out deficit funding from 2026/27
- Introduce multiyear budgets and require 3%+ of budget for service transformation
- Patient Power Payments: patient satisfaction to influence provider payments
- New capital models including private finance and pension fund partnerships

Timeline of key commitments

