



**Black Country**  
Integrated Care Board

# Fit For The Future 10 Year Health Plan for England



Black Country Integrated Care Board

# Case for Change

- NHS Long Term 10-year plan published in 2019
- Darzi review published September 2024
- Labour Missions - to build an NHS fit for the Future need to see three major changes:
  - More people get care at home in their community
  - Ensure we have the workforce of the future with the technology they need
  - Focus on prevention
- Labour Mission Goals – 3 long term measurable goals
  - An NHS that is there when people need it
  - Fewer lives lost to the biggest killers
  - A fairer Britain where everyone lives well for longer



## Darzi Investigation of the NHS in England



The investigation explores the challenges facing the NHS and sets the major themes for the forthcoming 10-year health plan

### Context for the Independent Investigation of the National Health Service in England

- **The National Health Service is in serious trouble:** The NHS is a much-treasured public institution embedded into the national psyche but is now in critical condition and experiencing falling public confidence
- **The health of the nation is worse:** increasing long-term conditions and worsening mental health, leading to a spike in 2.8m long-term sick from 2m, while the public health grant reduced by 25% and the public health body has been split into two
- **This is not a reason to question the principles of the NHS or to blame management:** managers have been “keeping the show on the road” and there is a virtuous circle where the NHS can help people back to work and act as an engine for national prosperity

### The challenges facing the NHS are interlinked...

### Four main drivers are identified...

Waiting time targets have been missed consistently for nearly a decade and satisfaction is at an all-time low

<p><b>People struggle to see a GP</b> despite more patients than ever being seen, the relative number of GPs is falling, particularly in deprived areas, leading to record low satisfaction</p>	<p><b>Community waiting lists have soared</b> to 1million including 50,00+ people who had been waiting &gt;1 year - 80% being children and young people. 345k people are waiting more than a year for <b>Mental Health</b> services</p>	<p><b>A&amp;E is in an awful state</b> and long waits contribute 14,000 additional deaths per year, while <b>elective waits have ballooned</b> with 15x more people waiting &gt;1 year</p>
---	---	--

People receive high quality care if they access the right service at the right time, without health deteriorating

- ♥ **Cardiovascular** mortality has rolled back as rapid access has deteriorated
- 📞 **Cancer** mortality is higher in part due to minimal improvement in detecting cancer at stage I and II
- 🧠 **Dementia** has a higher mortality rate in the UK than OECD and only 65% of patients are diagnosed

Funding has been misallocated to strategy, with increased expenditure in acute driven by poor productivity

<p><b>Too great a share of funding is on hospitals</b>, increasing from 47% to 58% of the NHS budget since 2006, with 13% of beds occupied by people who could be discharged</p>	<p><b>The number of hospital staff has increased sharply</b>, equal to a 17% since 2019, with 35% more working with adults and 75% more working with children</p>	<p><b>Patients no longer flow through hospitals properly</b> leading to 7% fewer OP appts. per consultant, and 18% less activity for each clinician working in emergency</p>
--	---	--

It has been the most austere period in NHS history with revenue prioritised over capital

- 2010-2018 funding grew at 1% compared to long term average of 3.4%
- £4.3bn has been raided from capital budgets between 2014 and 2019
- £37bn shortfall of capital investment has deprived the system of funds for new hospitals, primary care, diagnostics or digital

The pandemic's legacy has been long-lasting on the health of the NHS and population

- The NHS entered the pandemic with higher bed occupancy, fewer clinical staff and capital assets than comparable systems
- NHS volume dropped more sharply than any other comparable health system, e.g. 69% UK drop vs OECD 20% in knee replacements

The voice of staff and patients is not loud enough as a vehicle to drive change

- Patients feel less empowered or secure and compensation claims stand at £3bn per year
- Priorities of patients have not been addressed, notably in maternity reviews
- Staff sickness is equal to one-month a year for each nurse or midwife
- Discretionary effort has fallen up to 15% for nursing staff since 2019

Management structures and systems have been subject to turbulence and are confused

- The 2012 Health and Social Care Act was disastrous
- The 2022 Act brought some coherence but there is a lack of clarity in responsibilities and in performance management
- Regulatory organisations employ 35 staff per trust, doubling in size in the last 20 years
- Framework of standards and financial incentives is no longer effective

### Addressing these in the forthcoming 10-year health plan needs to include...

- **Re-engage staff and re-empower patients**, harnessing staff talent to deliver change and enabling patients to control their care
- **Change financial flows** to promote and sustain the expansion of GP, MH and Community services at a local level, embracing a multidisciplinary neighbourhood care team model that brings these services together
- **Improve productivity** in hospitals through improved operational management, capital investment and empowering staff
- Across the system, **tilt towards technology** through digital systems, especially for staff outside hospitals, and embracing the potential of AI for care and life sciences
- **Clarify roles and accountabilities** in NHS England and ICBs, **rebalancing management resource** with emphasis on the capacity to deliver plans, while **avoiding top-down reorganisation**
- **Direct effort** at aspects that will drive national prosperity by supporting people to get back to work, and working with British biopharmaceutical companies

Ctrl and click to open



# Hospital to Community



- The neighbourhood health service will bring care into local communities, convene professionals into patient-centered teams and end fragmentation. In doing so, it will revitalise access to general practice and enable hospitals to focus on providing world class specialist care to those who need it. Over time, it will combine with our new genomics population health service to provide predictive and preventative care that anticipates need, rather than just reacting to it.
- At its core, the neighbourhood health service will embody our new preventative principle that care should happen as locally as it can: digitally by default, in a patient’s home, if possible, in a neighbourhood health centre when needed, in a hospital if necessary.



# Hospital to Community

- we will shift the pattern of health spending so that the share of expenditure on hospital care will fall, with proportionally greater investment in out-of-hospital care
- deliver shift in investment over the next 3 to 4 years as local areas build and expand their neighbourhood health services
- end the 8am scramble by training thousands more GPs and building online advice into the NHS App. People who need one will be able to get a same-day GP appointment
- introduce 2 new contracts, with roll-out beginning next year, to encourage and allow GPs to work over larger geographies and lead new neighbourhood providers
- support people to be active participants in their own care by ensuring people with complex needs have an agreed care plan by 2027.
- at least double the number of people offered a Personal Health Budget by 2028 to 2029, offer 1 million people a Personal Health Budget by 2030, and ensure it is a universal offer for all who would benefit by 2035
- through the NHS App, allow patients to book appointments, communicate with professionals, receive advice, draft or view their care plan, and self-refer to local tests and services
- establish a neighbourhood health centre in every community, beginning with places where healthy life expectancy is lowest - a 'one stop shop' for patient care and the place from which multidisciplinary teams operate
- neighbourhood health centres will be open at least 12 hours a day and 6 days a week
- increase the role of community pharmacy in the management of long-term conditions and link them to the single patient record
- improve access to NHS dentistry, improve children's oral health and increase the number of NHS dentists working in the system by making the dental contract more attractive, and introducing tie-ins for those trained in the NHS
- deliver more urgent care in the community, in people's homes or through neighbourhood health centres to end hospital outpatients as we know it by 2035
- end corridor care and restore the NHS constitutional standard of 92% of patients beginning elective treatment within 18 weeks
- expand same day emergency care services and co-located urgent treatment centres. We will support patients to book into the most appropriate urgent care service for them, via 111 or the app, before attending, by 2028
- invest up to £120 million to develop more dedicated mental health emergency departments, to ensure patients get fast, same-day access to specialist support in an appropriate setting
- free up hospitals to prioritise safe deployment of AI and harness new technology to bring the very best of cutting-edge care to all patients. All hospitals will be fully AI-enabled within the lifetime of this Plan



# Analogue to Digital



We will use the unique advantages of the NHS' healthcare model - world-leading data, its power in procurement and its means to deliver equal access - to create the most digitally accessible health system in the world.

Patients will have a 'doctor in their pocket' in the form of the NHS App, while staff will be liberated from a burden of bureaucracy and administration



# Analogue to Digital

- we will ensure rapid access for those in generally good health
- free up physical access for those with the most complex needs
- help ensure the NHS' financial sustainability for future generations.
- for the first time ever in the NHS, we will give patients real control over a single, secure and authoritative account of their data and single patient record to enable more co-ordinated, personalised and predictive care
- transform the NHS App into a world leading tool for patient access, empowerment and care planning. By 2028, the app will be a full front door to the entire NHS. Through the app, patients will be able to:
  - get instant advice for non-urgent care and help finding the most appropriate service first time, through My NHS GP
  - choose their preferred provider, whether it delivers the best outcomes, has the best feedback or is simply closer to home, through My Choices
  - book directly into tests where clinically appropriate through My Specialist, and hold consultations through the app with My Consult
  - manage their medicines through My Medicines and book vaccines through My Vaccines
  - manage a long-term condition through My Care, access and upload health data through My Health or get extra care support through My Companion
- manage their children's healthcare through My Children, or co-ordinate the care of a loved one or relative through My Carer
- allow patients to leave feedback on the care they have received - compiled and communicated back to providers, clinical teams and professionals in easy-to-action formats
- use continuous monitoring to help make proactive management of patients the new normal, allowing clinicians to reach out at the first signs of deterioration to prevent an emergency admission to hospital
- build 'HealthStore' to enable patients to access approved digital tools to manage or treat their conditions, enabling innovative businesses to work more collaboratively with the NHS and regulators
- introduce single sign on for staff and scale the use of technology like AI scribes to liberate staff from their current burden of bureaucracy and administration – freeing up time to care and to focus on the patient.



# Sickness to Prevention



Our overall goal is to halve the gap in healthy life expectancy between the richest and poorest regions, while increasing it for everyone, and to raise the healthiest generation of children ever. This will boost our health but also ensure the future sustainability of the NHS and support economic growth.

We will achieve our goals by harnessing a huge cross-societal energy on prevention. We will work with businesses, employers, investors, local authorities and mayors to create a healthier country together.



# Sickness to Prevention

- we will deliver on our world-leading Tobacco and Vapes Bill, which will mean that children turning 16 this year (or younger) can never legally be sold tobacco. We will also halt the advertising and sponsorship of vapes and other nicotine products
- launch a moonshot to end the obesity epidemic. We will restrict junk food advertising targeted at children, ban the sale of high-caffeine energy drinks to under 16-year-olds, reform the soft drinks industry levy to drive reformulation; and introduce mandatory health food sales reporting for all large companies in the food sector. We will use that reporting to set new mandatory targets on the average healthiness of sales
- restore the value of Healthy Start from financial year 2026 to 2027, expand free school meals so that all children with a parent in receipt of Universal Credit are eligible, and update school food standards to ensure all schools provide healthy, nutritious food.
- harness recent breakthroughs in weight loss medication and expand access through the NHS. We will negotiate new partnerships with industry to provide access to new treatments on a 'pay for impact on health outcomes' basis
- encourage citizens to play their part, including through a new health reward scheme to incentivise healthier choices. We will also work with the Great Run Company to set up a campaign to motivate millions to move more on a regular basis
- tackle harmful alcohol consumption by introducing new standards for alcohol labelling. We will support further growth in the no- and low- alcohol market
- join up support from across work, health and skills systems to help people find and stay in work. We will work with all ICBs to establish Health and Growth Accelerators models
- expand mental health support teams in schools and colleges – and provide additional support for children and young people's mental health through Young Futures Hubs
- increase uptake of human papillomavirus (HPV) vaccinations among young people who have left school, to support our ultimate aim to eliminate cervical cancer by 2040. We will fully roll out lung cancer screening for those with a history of smoking
- create a new genomics population health service, accessible to all, by the end of the decade. We will implement universal newborn genomic testing and population based polygenic risk scoring alongside other emerging diagnostic tools, enabling early identification and intervention for individuals at high risk of developing common diseases.

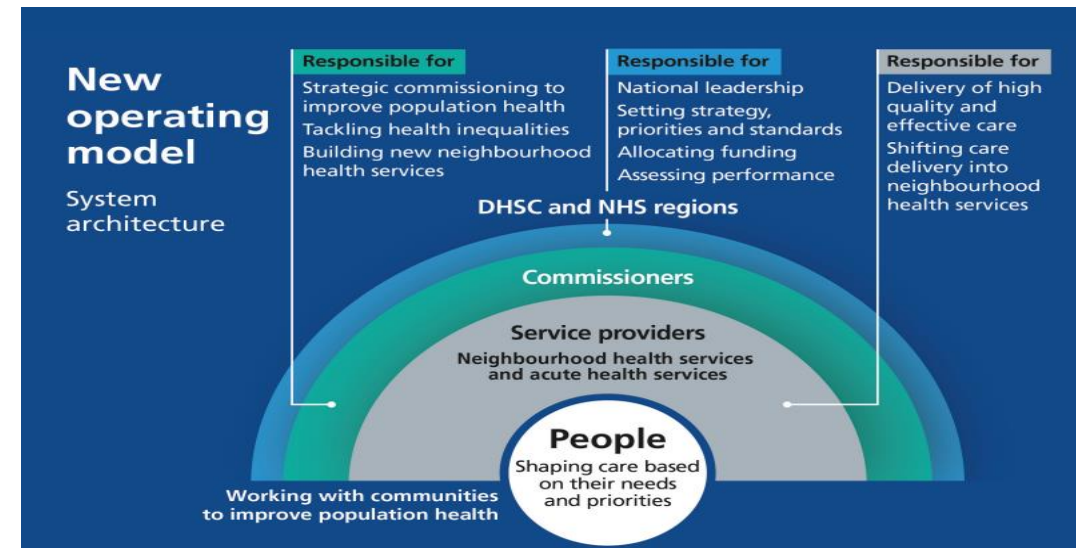




# New Operating Model

To realise the ambition of this Plan, we will create a new NHS operating model, to deliver a more diverse and devolved health service. Our reforms will push power out to places, providers and patients - underpinned by an explicit goal to make the NHS the best possible partner and the world's most collaborative public healthcare provider. To achieve this, we will:

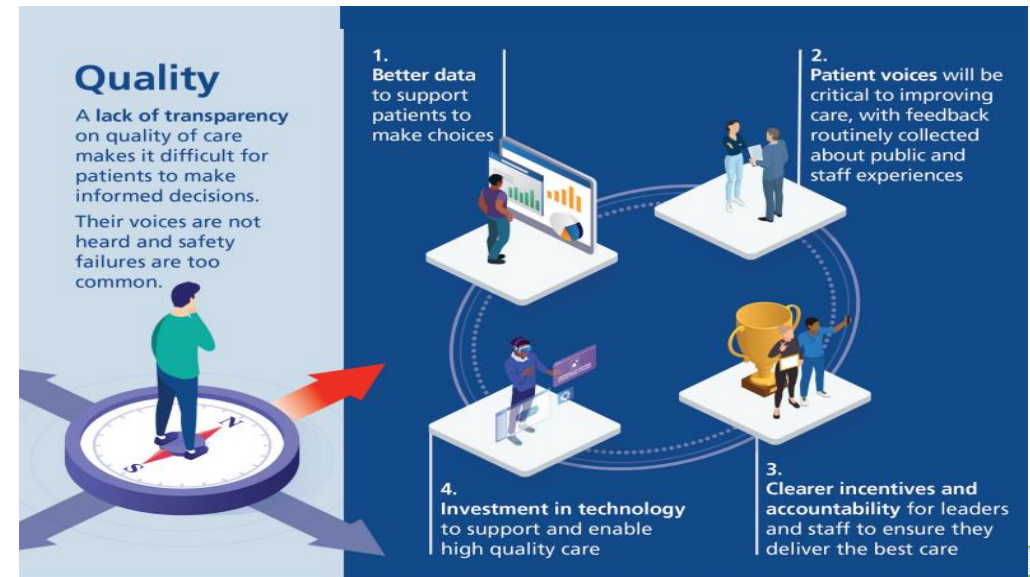
- combine the headquarters of the NHS and the Department of Health and Social Care, reducing central headcount by 50%
- make ICBs the strategic commissioners of local healthcare services. We will build ICB capability, and close commissioning support units
- introduce a system of earned autonomy and, where local services consistently underperform, step in with a new failure regime. Our priority will be to address underperformance in areas with the worst health outcomes. Our ambition over a 10- year period is for high autonomy to be the norm across every part of the country
- reinvent the NHS foundation trust (FT) model for a modern age. By 2035, our ambition is that every NHS provider should be an FT with freedoms including the ability to retain surpluses and reinvest them and borrowing for capital investment. FTs will use these freedoms and flexibilities to improve population health, not just increase activity
- create a new opportunity for the very best FTs to hold the whole health budget for a defined local population as an integrated health organisation (IHO). Our intention is to designate a small number of these IHOs in 2026, with a view to them becoming operational in 2027. Over time they will become the norm
- set higher standards for leaders, with pay tied to performance, and good work rewarded
- continue to make use of private sector capacity to treat NHS patients where it is available and we will enter discussions with private providers to expand NHS provision in the most disadvantaged areas
- work in closer partnership with local government and other local public services. We will streamline how local government and the NHS work together and make ICBs coterminous with strategic authorities by the end of the Plan wherever feasibly possible
- introduce a new patient choice charter, starting in the areas of highest health need. This will ensure the NHS is receptive and reactive to patient preference, voice and choice
- trial new 'patient power payments', which are an innovative new funding flow in which patients are contacted after care and given a say on whether the full payment for the costs of their care should be released to the provider.



# Transparency and Quality of Care

We will make the NHS the most transparent healthcare system in the world. From this foundation, we will reintroduce a new, rigorous focus on high-quality care for all. Specifically, we will:

- publish easy-to-understand league tables, starting this summer, that rank providers against key quality indicators
- allow patients to search and choose providers based on quality data on the NHS App, including length of wait, patient ratings and clinical outcomes. The App will also show data on clinical teams and clinicians
- use patient reported outcome measures and patient reported experience measures to help patients when choosing their provider on the NHS App
- set up a national independent investigation into maternity and neonatal services. We will also establish a national maternity and neonatal taskforce, chaired by the Secretary of State for Health and Social Care, to inform a new national maternity and neonatal action plan, coproduced with bereaved families
- reform the complaints process and improve response times to patient safety incidents and complaints
- change the time limit for the Care Quality Commission (CQC) to bring legal action against a provider and review how to improve patients' experience of clinical negligence claims
- reform the National Quality Board (NQB) with all other bodies, including Royal Colleges, feeding into it. We will task it with developing a new quality strategy as well as the development of modern service frameworks. Early priorities will include cardiovascular disease, mental health, frailty and dementia.
- give all providers new flexibilities to make additional financial payments to clinical teams that have consistently high clinical outcomes and excellent patient feedback or are significantly improving care
- reform CQC towards a more data-led regulatory model. When concerns are identified, CQC will rapidly assemble inspection teams of highly qualified staff to assess service quality in greater detail
- make sure persistent poor-quality care results in the decommissioning or contract termination of services or providers, no matter the setting, no matter whether the provider is in the NHS or independent sector, and no matter whether they are a GP practice or an individual NHS trust.



# NHS Workforce Fit for the Future

## Workforce

We will introduce a **new set of standards** to make the NHS a great place to work.



These standards will be co-produced with staff through the **Social Partnership Forum**.

### New staff standards

- 

**Nutritious food and drink at work**
- 

**Protection from violence, racism and sexual harassment at work**
- 

**New standards of healthy work**
- 

**Flexible working options**

Employers will publish data on these standards **every quarter**.



Poor performance on staff outcomes will act as an 'early warning' signal for CQC.



It will be through the workforce that our 3 shifts are delivered. Because healthcare work will look very different in 10 years' time, we will need a very different kind of workforce strategy.

While, by 2035, there will be fewer staff than projected in the 2023 Long Term Workforce Plan, those staff will be better treated, more motivated have better training and more scope to develop their careers.

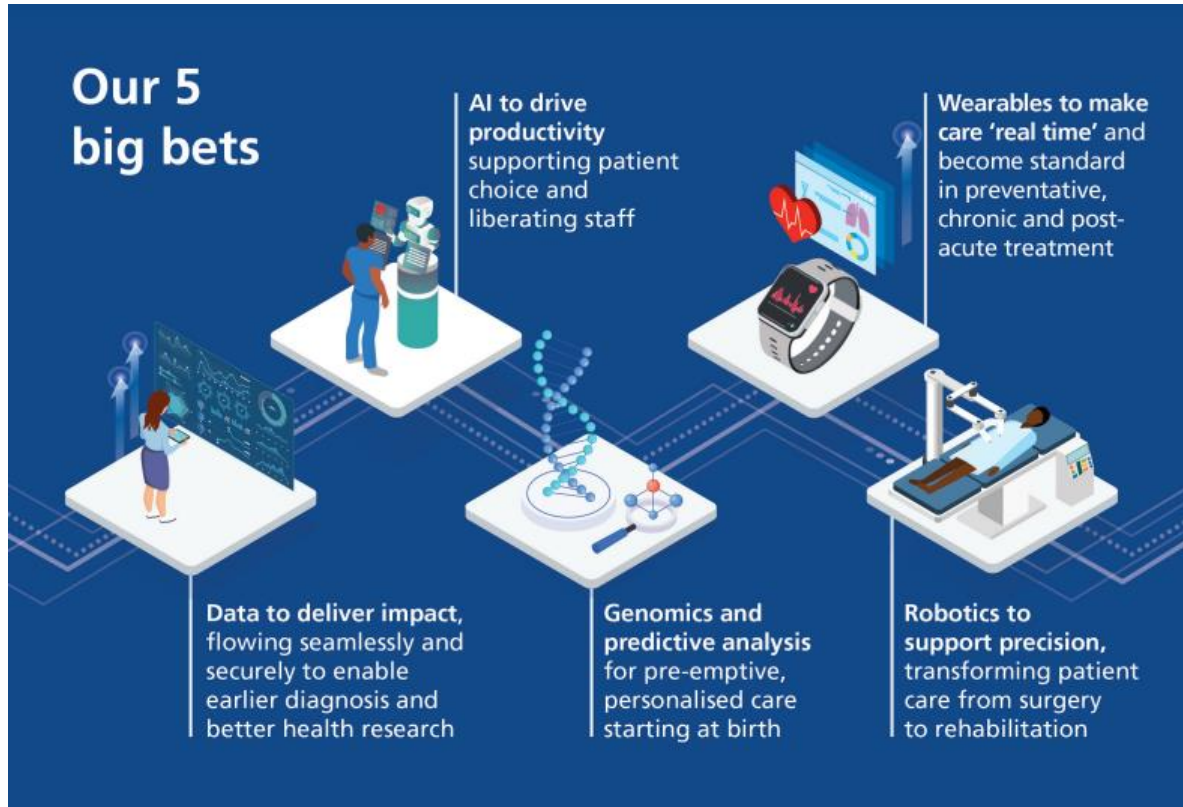


# NHS Workforce Fit for the Future

- we will ensure every single member of NHS staff has their own personalised career coaching and development plan, to help them acquire new skills and practice at the top of their professional capability
- make AI every nurse's and doctor's trusted assistant - saving them time and supporting them in decision making. Over the next 3 years we will overhaul education and training curricula with the aim of future-proofing the NHS workforce
- work with the Social Partnership Forum to develop a new set of staff standards, which will outline minimum standards for modern employment. We will introduce these standards in April 2026 and publish data on them at the employer level every quarter
- continue to work with trade unions and employers to maintain, update and reform employment contracts and start a big conversation on significant contractual changes that provide modern incentives and rewards for high quality and productive care
- reduce the NHS' sickness rates from its current rate of 5.1%<sup>10</sup> - far higher than the average in the private sector - to the lowest recorded level in the NHS
- give leaders and managers new freedoms, including the power to undertake meaningful performance appraisals, to reward high performing staff, and to act decisively where they identify underperformance
- develop advanced practice models for nurses and other professionals, and work across government to prioritise UK medical graduates for foundation and specialty training
- increase the number of nurse consultants, particularly in neighbourhood settings
- over the next 3 years, create 1,000 new specialty training posts with a focus on specialties where there is greatest need
- accelerate delivery of the recommendations in General Sir Gordon Messenger's review of health and care leadership<sup>12</sup> and establish a new College of Executive and Clinical Leadership to define and drive excellence
- introduce new arrangements for senior managers' pay to reward high performance and to withhold pay increases from executive leadership teams who do not meet public, taxpayer and 8 patient expectations on timeliness of care or effective financial management
- reorientate the focus of NHS recruitment away from its dependency on international recruitment, and towards its own communities - to ensure sustainability in an era of global healthcare workforce shortages. It is our ambition to reduce international recruitment to less than 10% by 2035
- create 2,000 more nursing apprenticeships over the next 3 years - prioritising areas with the greatest need. Expansion of medical school places will be focused on widening access to talented students from underprivileged backgrounds.



# Transformation and innovation to drive healthcare reform



Our aim is to be in the driving seat of the biggest industrial revolution since the 19th century as we harness technology to create a new model of care in the NHS. We will use the UK's competitive edge - NHS data, life sciences prowess, world leading universities - to lead the world on the innovation that will most accelerate reform.

We have identified 5 transformative technologies - data, AI, genomics, wearables and robotics - that will personalise care, improve outcomes, increase productivity and boost economic growth.



# Transformation and innovation to drive healthcare reform

- we will create a new Health Data Research Service in partnership with the Wellcome Trust and backed by up to £600 million of joint investment
- make the NHS the most AI-enabled health system in the world with AI seamlessly integrated into clinical pathways
- support the Generation Study as it sequences the genomes of 100,000 newborn babies. This study will inform our longer-term ambition to make genomic sequencing at birth universal
- launch a new large-scale study to sequence the genomes of 150,000 adults this year - and assess how genomics can be used in routine preventive care. A new globally unique set of studies will explore personalised prevention of obesity, applying genomic and other insights to identify people who are at the highest risk of developing obesity
- make wearables standard in preventative, chronic and post-acute NHS treatment by 2035. All NHS patients will have access to these technologies, which will be part of routine care. We will provide devices for free in areas where health need and deprivation are highest
- beginning next year, expand surgical robot adoption in line with National Institute for Health and Care Excellence (NICE) guidelines
- establish new global institutes with the ambition to help the UK lead the world on science and innovation
- speed up clinical trial recruitment. By March 2026, clinical trials setup time will fall to 150 days
- expand NICE's technology appraisal process to cover devices, diagnostics and digital products. NICE will also be given a new role to identify which outdated technologies and therapies can be removed from the NHS to free up resources for investment in more effective ones
- introduce multi-year budgets and require NHS organisations to reserve at least 3% of annual spend for one-time investments in service transformation, to help translate innovations into practice more rapidly
- expand the role life sciences and technology companies can play in service delivery. We will streamline procurement of technology, and we will move to a single national formulary for medicines within the next 2 years.



# Finance



The era of the NHS' answer always being 'more money, never reform' is over. It will be replaced with a new value-based approach focused on getting better outcomes for the money we spend.

Our new financial flows will incentivise innovation to support the flow of money from hospital into community and reward best practice across the NHS. Our three shifts each help secure financial sustainability.

More care in the community is cheaper and more effective than care in hospitals.

Digitalisation, as in other industries, will deliver far more productively for far lower cost. Prevention bends the demand curve.



# Productivity and a new financial foundation

- we will urgently resolve the NHS' productivity crisis. For the next 3 years we have set the NHS a target to deliver a 2% year on year productivity gain
- restore financial discipline by ending the practice of providing additional funding to cover deficits. Over time, our aim is for the NHS to move into surplus, with the majority of providers achieving that by 2030
- break the old, short-term cycle of financial planning, by asking all organisations to prepare robust and realistic five-year plans, demonstrating how financial sustainability will be secured over the medium term
- deconstruct block contracts - paid irrespective of how many patients are seen or how good care is - with the intention of realigning the activity delivered and funding being provided by an ICB. Payment for poor-quality care will be withheld and high-quality care will attract a bonus. In addition, we will introduce new incentives for the best NHS leaders, clinicians and teams
- move from national tariffs based on average costs to tariffs based on best clinical practice that maximises productivity and outcomes. We will also test the development of 'year of care' payments starting in financial year 2026 to 2027. This will drive the shift of activity and resource from hospital to community
- distribute NHS funding more equally locally, so it is better aligned with health need. In the meantime, we will target extra funding to areas with disproportionate economic and health challenges.
- ensure all trusts have the authority to retain 100% of receipts from the disposal of land assets they own, and are able to use the proceeds from disposals across multiple financial years
- develop a business case for the use of Public Private Partnership (PPP) for Neighbourhood Health Centres, ahead of a final decision at the autumn budget
- explore a new mechanism for the NHS to access low risk pension capital
- in the longer-term, move to a new NHS financial model, where money will increasingly follow patients through their lifetime. Providers will be rewarded based on how well they improve outcomes for each individual, as well as how well they involve people in the design of their care, not solely on whether they provide episodic instances of care on demand..

