



10-Year Health Plan

Thursday 3 July 2025

Can the government and NHS deliver on the ambitions set out in the plan?

By GK Strategic Adviser and former Chair of the Health Select Committee, Steve Brine

Last month, at NHS ConfedExpo, Sally Warren (Director General for the 10-Year Health Plan) dropped a hint about the way it should be viewed. One of the key figures behind the health secretary Wes Streeting's blueprint told us we should think of it as a 'government white paper, not NHS planning guidance.' I have been saying for a while that the 10-Year Health Plan is likely to underwhelm, but if ever we saw an exercise in expectation management, then this was it.

I cannot fault the health secretary's three shifts - analogue to digital, hospital to community and sickness to prevention - and they sensibly run like a watermark through the document. A lot of the content - supervised tooth brushing, digital telephony for GP's and community outreach door-to-door - has of course long since been announced but generally speaking, I welcome the concept of a 'Neighbourhood Health Service' to 'bring the NHS closer to home ... under one roof.' Many will, however, not unreasonably echo Sarah Woolnough from The King's Fund in asking when exactly it will be mean you can see a GP more easily or get mental health support for your child or not wait hours in A&E.

I commend all the content around the 'next gen' NHS App, the use of AI to track disease and aid patient safety, so long as it is user friendly, actually prevents ill health and makes even modest inroads into the billions of pounds each year clinical failings cost the NHS. But there is a sense, not least on commissioning and structures which are crucial to reassure investors, we still have as many questions as answers. The challenge now for ministers is as much political as it is health.

The welfare bill climbdown, and the bad feeling it has created between Downing Street and Labour backbenchers, could impact right across domestic policy. Furthermore, public sector reform, especially for a Labour government, should always be seen in the wider political context. Will the Prime Minister, and his ambitious health secretary, have the stomach to embark on the kind of service transformation they say is required to 'save' the 'broken' NHS?



When it comes to tough choices on moving resources from secondary to primary care, finally admitting to dozens of Labour MPs the new hospital they campaigned on is not going to happen, will they choose reform? When it comes to embracing the independent sector – and really burning through those elective waiting lists – will they be able to resist an 'NHS first' amendment to the forthcoming health bill from their newly emboldened MPs? When it comes to resisting the resident doctors' latest pay demands, will they say no this time or blow the extra money allocated in the spending review on appeasing the BMA? And when it comes to taking on the 'nanny state' argument, so often deployed to thwart genuine cross-government prevention efforts, are they up for the fight given the nervousness of backbenchers facing a threat from Nigel Farage and Reform UK in the old red wall?

Until now, government health policy has been the Whitehall equivalent of a US 'write in' ballot where, under the cover of an emerging 10-Year Plan, it can be whatever you want it to be. Now, with the clock ticking towards the next general election, the rubber hits the road as never before. If you were to sum up the 10-Year Health Plan in two bites, you would choose the 'NHS App' and 'neighbourhood health'. They are important but ministers will need to be brave and even consider a rebirth of NHS Digital as NHS England bites the dust and ask for more money from the Chancellor.

There are a great many threads in the plan which are worthy of consideration and invite discussion. That is an opportunity for the wider health sector to engage with the system and ministers. What is missing is a 10 year funding plan (last month's spending review only covers the next three to four years) that includes new capital spend, a revised workforce plan and an answer to social care. Above all, it needs an implementation plan. Or put another way, for the white paper to morph into NHS planning guidance.



What does the 10-Year Health Plan mean for ICBs and social care?

By GK Strategic Adviser and former Care Minister, Phil Hope

The government's NHS 10-Year Health Plan, 'Fit for the Future', is being widely recognised as heralding a once in a generation change in the way health services are delivered in England. It has very bold ambitions to massively shift health care away from hospitals and into the community – something that has been a policy goal for successive governments but never achieved in practice.

The development and rollout of neighbourhood health services, centres and teams in every community is how this shift is to be achieved. Delivering these neighbourhood health services is intended to reduce the pressure of people attending or being admitted to hospital unnecessarily. This creates a 'double win' of people receiving better health care services in or closer to their home; and reducing waiting times and lists for people who need a hospital operation or treatment. However, there are many questions about the details of how this will work in practice and whether the plan will avoid the barriers to change in the past.

Some structural changes are included in the plan. The health and wellbeing boards of councils (all of whom are to become unitary authorities through the abolition of district and county councils) will work in partnership with the NHS and others to lead the development of neighbourhood health plans for their area – including NHS community and primary care, public health, social care and the Better Care Fund – overseen by their integrated care board (ICB).

Councils will no longer be members of the re-shaped smaller network of 27 ICBs who will instead have elected mayors or leaders of strategic authorities as members. The government would like to see ICBs become coterminous with strategic authorities which are seen as the main vehicles for tackling the social determinants of ill-health and promoting the prevention agenda.

The plan also includes support for high performing foundation trusts to become integrated health organisations (IHO) which will hold the whole health budget for a local population. If they provide high quality care efficiently, they will be allowed to keep the savings to reinvest in better patient care, new capital projects, digital transformations, new partnerships or even commercial support for start-ups and SMEs with significant promise. The plan says they will always and only ever be NHS organisations but free to contract with other service providers, within and outside the NHS.

However, very little is said about social care other than its contribution to neighbourhood health plans which is disappointing to a sector that believes the NHS cannot be transformed with transforming social care. Instead, the plan refers to the ongoing Casey Commission which it has asked to produce two phases of recommendations for reform in 2026 and then 2028 on the steps to be taken to build a 'National Care Service'.



Contact Information

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