

Planned Care

HEALTH & WELLBEING BOARD

Subject Heading:		NHS 10 Year Plan Briefing	
Board Lead: Report Author and contact details:		Luke Burton, Joint Director of Partnerships, Impact and Delivery, Havering Luke Burton, Joint Director of Partnerships, Impact and Delivery, Havering	
	 The wider determinants of health Increase employment of people with health problems or disabilities Develop the Council and NHS Trusts as anchor institutions that consciously seek to maximise the health and wellbeing benefit to residents of everything they do. Prevent homelessness and minimise the harm caused to those affected, particularly rough sleepers and consequent impacts on the health and social care system. 		
	 Lifestyles and behaviours The prevention of obesity Further reduce the prevalence of smoking across the borough and particularly in disadvantaged communities and by vulnerable groups Strengthen early years providers, schools and colleges as health improving settings 		
	 The communities and places we live in Realising the benefits of regeneration for the health of local residents and the health and social care services available to them Targeted multidisciplinary working with people who, because of their life experiences, currently make frequent contact with a range of statutory services that are unable to fully resolve their underlying problem. 		
	Local health and social care services • Development of integrated health, housing and social care services at locality level.		
	 BHR Integrated Care Partnership Boa Older people and frailty and end of life Long term conditions Children and young people Mental health 	rd Transformation Board Cancer Primary Care Accident and Emergency Delivery Board Transforming Care Programme Board	



SUMMARY

The NHS stands at a critical juncture with mounting pressures from population growth, an ageing population and significant financial constraints; the need for fundamental reform has never been more urgent.

In response, the government's NHS 10-year Plan, published this month, aims to reinvent the health service while maintaining its core principle: free at the point of use. Born from over 220,000 public and staff contributions, the plan leverages the digital health revolution, genomics and AI to deliver three transformational shifts: from hospital to community, from analogue to digital and from treatment to prevention.

RECOMMENDATIONS

Health and Wellbeing Board members are asked to note and discuss the detail of this update, setting out the key elements of the NHS 10 Year Plan, and the implications for the London Borough of Havering, and Havering Team at Place.

REPORT DETAIL

This report summarises the key elements of the NHS 10 year plan including the following key shifts and reforms:

Three major shifts:

- From hospital to community: More care closer to home, with Neighbourhood Health Services and co-located centres open 12 hours a day, 6 days a week. Two-thirds of outpatient appointments (currently costing £14bn) will shift to digital alternatives, while 95% of complex patients will have universal care plans by 2027.
- From analogue to digital: A Single Patient Record accessible through the NHS App by 2028 will become the "front door" to the NHS, supporting Alpowered diagnostics, medicine management, and care planning. New Al tools being tested on the Federated Data Platform, which connects information across healthcare settings and links siloed sources, which can reduce the time spent on paperwork by 51.7% and allow each doctor to treat 13.4% more patients during a shift.
- From treatment to prevention: The plan aims to create a smoke-free generation, tackle obesity, reduce alcohol harm, and eliminate cervical cancer by 2040 while increasing access and uptake of screening services via the Neighbourhood Health Service and scaling genomic and predictive analytics to support prevention.

Five enabling reforms:

- A new operating model, merging NHS England with DHSC, empowering ICBs as strategic commissioners, and reintroducing earned autonomy for high-performing NHS organisations.
- Enhanced transparency of quality of care, publishing league tables of providers and patient experience measures, revitalising the National Quality



Board as the single authority on quality, and implementing AI-led warning systems to identify at-risk services based on clinical data.

- Workforce transformation, focusing on AI-enabled productivity, advanced practice roles, ultra-flexible contracts, and technology to release £13bn worth of staff time.
- Innovation and technology with five "big bets" (AI, data, genomics, robotics, wearables) drawn from the Future State Programme, new Global Institutes, and faster clinical trial and medicine approval pathways.
- Financial sustainability via a value-based approach focused on getting better outcomes for the money we spend and clearing deficits through 2% annual productivity gains, multi-year budgets, and innovative capital investment models, alongside "Patient Power Payments" linking funding to patient experience.

There will be a strong focus on prevention, and development of Integrated Neighbourhood Teams – adopting a population health approach to supporting local people at a neighbourhood level.

The 'Neighbourhood' footprints within Havering will likely be coterminous with the Primary Care Network Footprints, and covering three areas;

- 'North Havering' covering Havering Nort Primary Care Network
- 'Central Havering' Covering Marshall's and Crest Primary Care Networks
- 'South Havering' Covering South Havering and Liberty Primary Care Networks.

Many services within the Borough are already configured around these footprints, and the London Borough of Havering are currently reviewing their Social Care provision to ensure that this is in line with these boundaries. This will enable local teams of council, NELFT, BHRUT, and Primary Care staff, as well as the wider community and voluntary sector, to work closely to address the needs of the populations within those areas.

IMPLICATIONS AND RISKS

The London Borough of Havering is already working to mitigate the immediate implications of the NHS 10 Year Plan, that require NHS North East London to undertake a restructure within 2025/26, delivering a 50% running cost reduction. This has implications for the Havering Integrated Team at place (NHS Commissioners and LBH Commissioners from what was previously the Joint Commissioning Unit). The Team has been successfully working as a joint entity for over a year. The implications of the significant running cost reduction requirement for NHS North East London is that the resource at Havering Place will reduce significantly on the NHS side. The London Borough of Havering are responding by planning a restructure for the staff employed by the Council, to be run concurrently with the NHS consultation, to ensure that the commissioning team structure is not destabilised by the reductions within the NHS Team.

There will also be implications for the future in terms of working with partners to deliver Integrated Neighbourhood Teams. The London Borough of Havering has



strong working relationships with our partner organisations in the NHS and wider, and are already in discussion about what the 'Integrator' organisation could look like.

BACKGROUND PAPERS

Attachment 1 - NHS 10 Year Plan Briefing slides

Attachment 2 – Proposed Havering Integrated Neighbourhood Boundaries

Further reading:

Fit for the Future: 10 Year Health Plan for England - 10 Year Health Plan for

England: fit for the future - GOV.UK