

Health Overview and Scrutiny Committee

Subject Heading:

NHS 10 Year Plan Briefing

Board Lead:

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The subject matter of this report deals with the following themes of the Health and Wellbeing Strategy

<input checked="" type="checkbox"/>	<p>The wider determinants of health</p> <ul style="list-style-type: none"> • 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. 										
<input checked="" type="checkbox"/>	<p>Lifestyles and behaviours</p> <ul style="list-style-type: none"> • 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 										
<input checked="" type="checkbox"/>	<p>The communities and places we live in</p> <ul style="list-style-type: none"> • 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. 										
<input checked="" type="checkbox"/>	<p>Local health and social care services</p> <ul style="list-style-type: none"> • Development of integrated health, housing and social care services at locality level. 										
<input checked="" type="checkbox"/>	<p>BHR Integrated Care Partnership Board Transformation Board</p> <table border="0"> <tr> <td>• Older people and frailty and end of life</td><td>Cancer</td></tr> <tr> <td>• Long term conditions</td><td>Primary Care</td></tr> <tr> <td>• Children and young people</td><td>Accident and Emergency Delivery Board</td></tr> <tr> <td>• Mental health</td><td>Transforming Care Programme Board</td></tr> <tr> <td>• Planned Care</td><td></td></tr> </table>	• Older people and frailty and end of life	Cancer	• Long term conditions	Primary Care	• Children and young people	Accident and Emergency Delivery Board	• Mental health	Transforming Care Programme Board	• Planned Care	
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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 Health Plan, titled "Fit for the Future," published July 2025, aims to fundamentally transform the healthcare system in England by shifting from hospital-centric care to community-based services, embracing digital technologies, and prioritizing preventative care. The plan outlines key changes like moving outpatient care to the community, expanding neighbourhood care, and utilising technology to improve efficiency and patient experience.

The plan also includes provision for Foundation Trusts (FTs) as part of a broader shift towards a more integrated and community-focused healthcare system; it envisions that all NHS trusts will eventually become Foundation Trusts, while also introducing the concept of Integrated Health Organisations (IHOs).

There is also provision for the most well developed NHS Foundation Trusts to become integrated health organisations (IHO), with the opportunity to hold the whole health budget for a local population. These will be foundation trusts that have shown an ability to meet core standards, improve population health, form partnerships with others and remain financially sustainable over time.

Alongside this, Integrated Care Boards across England have to deliver 50% savings against their running costs by March 2026. NHS North East London are therefore about to embark on a staff consultation that could see numbers of posts reduced by half. This will have an impact on the Havering Integrated Team at place, and has wider implications for Havering Local Authority relating to the joint work that we have been driving together.

This paper highlights the key implications of the above 10 Year Plan, and ICB running cost reduction, for Havering Local Authority.

RECOMMENDATIONS

Health Overview and Scrutiny 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 AI-powered diagnostics, medicine management, and care planning. New AI 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 North 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

There are a number of key considerations, risks and implications for the London Borough of Havering – these are summarised below.

- With the development of Integrated Neighbourhood Teams, there is the opportunity for the London Borough of Havering to come forward as a partner in the proposed 'Integrator' function. This would enable the Local Authority to continue to drive towards closer integration and continue to directly influence the development of services going forwards. The London Borough of Havering has already initiated discussion with partners around this opportunity.
- The Havering Integrated Team at place has delivered some amazing work together that will serve as a solid foundation going forwards. It's crucial that key aspects of this such as the Live Well Havering programme (which to date has been largely funded by NHS Monies, but which LBH colleagues are seeking to progress and fund) are able to continue, alongside positions and work like the jointly funded Supported Housing role. The Live Well Havering programme has revitalised the council's relationship with the community and voluntary sector, and will be the key delivery programme for prevention into the future. There are risks that, given the council's financial constraints, programmes like this could suffer with the potential reduction in resource at the Havering team at Place.
- Relationship between the Council and NHS – as described above, the Havering Team at place has fostered ever closer relationships and working practices between NHS commissioners, providers, the Community and Voluntary Sector, and Havering Council. The Jointly appointed Havering Director of Partnerships, Impact and Delivery has spearheaded this. Given that there will be a likely reduction in the number of staff, and therefore resource at place, there is the potential that the impact / influence between the NHS and Council could be impacted.
- 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.



- The Havering Integrated Team at Place has led a significant amount of work, with associated investment, in addressing Health Inequalities in Havering. This has included, but not limited to, a significant amount of work around hidden Carers, including development of the Carers strategy, establishment of the Carers Board, and co-production with local carers, reducing barriers in access to care for those who are deaf or who communicate differently, a significant amount of engagement and co-production with local people, Funding for the Live Well Havering programme. The Health Inequalities Programme budget comes to an end in March 2026, and there is no indication yet of whether the Integrated Care Board, in it's new form from April 2026, will continue to fund this programme. The Havering Integrated Team at place has driven the work around this, and, with a potential reduction in the number of staff within the team relating to the restructure on the NHS side, could also significantly reduce capacity to continue to drive forward this work around addressing health inequalities.
- The Havering Integrated Team at Place is comprised of a number of experienced staff who have built a wealth of knowledge and connections over a number of years. There is a risk that we will lose some of this local knowledge and connections as a result of the ICB staff consultation. It is crucial that we build in a transition period to the new model (post consultation), to ensure that this learning and knowledge can be shared with Local Authority staff and NHS Staff who remain working at Place.
- Co-production with local people – The Havering Integrated Team at place has driven a significant amount of co-production and engagement with local people; delivering Live Well Havering outreach events, developing case studies to drive improvements in service delivery and integration, coproduction around the Havering Carers strategy, work with local deaf people and those who communicate differently, development with local people of the Autism strategy. This engagement has been used as evidence on behalf of the London Borough of Havering as co-production during recent CQC and OFSTED visits. There is a risk that, with reduced capacity at place, and loss of connections and knowledge from staff moving on, that the ability of partners to continue this coproduction will be reduced.
- There are financial implications for the Local Authority as the ICB becomes a 'strategic commissioner' and the new NHS landscape places more impetus on NHS Providers to deliver transformation. There have been no guarantees in the 10 year plan around continued joint funding for Prevention.
- The Better Care Fund will be restructured from 2026/27 to align with new commissioning and neighbourhood plans. Local Authorities, in particular Havering, are already face over-spending pressures on adult social care budgets, rising costs (inflation, Living Wage, NICs), and public health grant cuts. The Local Government Association has indicated that there is a need for a parallel 10-year adult social care plan, financial and systemic misalignment will undermine NHS aims.



- Potential decommissioning of Healthwatch – the government have suggested that they are in the process of streamlining oversight on Quality of health services and have indicated that this could signal the end of Healthwatch England. We're not currently sure what the implications of this are for Healthwatch Havering. Healthwatch Havering are key local partners and have worked closely with the Havering Partnership to drive improvements for local people, including a significant amount of work to improve outcomes for those who are Deaf / communicate differently, and other key initiatives. They are champions locally in terms of shining a light on the needs of local people, and working with partners to address health inequalities and barriers to care. The 10 year plan suggests that the functions of Healthwatch will be absorbed into Integrated Care Boards and other bodies, so it's essential that locally we continue to ensure that the needs of local people are championed.
- The Havering Place based Partnership Board and Partnership governance has been a key set of forums that have brought partners together locally to share resources, unblock issues, identify joint priorities, and deliver integration and improved outcomes for local people. With a reduction in resource at Havering Place and within the Integrated Care Board, and potential changes to our local landscape with Healthwatch and changes to the way our Providers operate, this governance structure will need to be reviewed and adapt, to ensure that forums remain in Havering where partners are able to come together to effect real change and champion Havering's cause within the content of North East London and wider.
- There is indication that Mayors (or their delegates) will replace local authority representatives on Integrated Care Boards (ICBs). Health scrutiny committees and Integrated Care Partnerships (ICPs) may be abolished, tightening accountability outside local authority structures. Health and Wellbeing Boards will retain advisory roles, but may have less real authority under the new model.

BACKGROUND PAPERS

Attachment 1 - NHS 10 Year Plan Briefing slides

Attachment 2 – Proposed Havering Integrated Neighbourhood Boundaries

Attachment 3 – summary of key implications for the London Borough of Havering

Further reading:

Fit for the Future: 10 Year Health Plan for England - [10 Year Health Plan for England: fit for the future - GOV.UK](#)