

## The 10-Year Health Plan for England

The document is 168 pages long, 148 of which contain mainly densely written content. This is a nuts-and-bolts summary of the paper, with a focus on the key themes relevant to the local VCSE sector and the role of Local Infrastructure and ICS-VCSE Alliances.

There is a comprehensive 11-page executive summary that covers many of the ambitions and aims of the 10-year plan: [Fit for the future: 10 Year Health Plan for England - executive summary](#)

Link to the full report: [Fit for the future: 10 Year Health Plan for England](#)

This NAVCA summary covers:

- A broad overview of the paper
- A little more detail...
  - On the abolition of Healthwatch
  - On digital
  - On prevention
  - On streamlined integrated working
- Next steps

### Overview of the content

The Plan sets out a reform agenda to address the NHS's ongoing crisis, rebuild public trust, and secure sustainability. It proposes a '*radical reimagining*' of the NHS, retaining its founding principles but fundamentally transforming how care is delivered.

The Plan sets out strong, bold ambitions with accountable targets and clear timelines built in. This marks a notable shift towards delivery-focused reform.

However, the Plan appears to signal a shift away from the VCSE sector and an integrated care model with cross-sector collaboration at its heart. Engagement with ICS-VCSE Alliances and the local VCSE sector is placed more firmly in the hands of individual system, and places, while the reduction of ICSs adds a further layer of disruption, risking the progress made in many systems.

Additionally, the abolition of Healthwatch raises questions about the presence of an independent patient and community voice to hold the new NHS to account.

## Three core shifts

### 1. From hospital to community

- Establish a Neighbourhood Health Service: more care delivered locally and in homes.
- New Neighbourhood Health Centres (NHCs) in every community.
  - These will act as local one-stop hubs, co-locating GPs, community services, diagnostics, and mental health support, open 12 hours a day, 6 days a week to improve access and ease hospital pressure.
- Enhanced GP access, including same-day appointments and expanded multidisciplinary teams.
- Expanded personal health budgets and care planning.
- Integrated services with VCSE, social care, and local authorities.
- Goal: End corridor care, reduce outpatient reliance, and shift funding away from hospitals.

### 2. From analogue to digital

- A *digitally accessible* NHS powered by the NHS App as a “doctor in your pocket”.
- Patients manage appointments, feedback, care plans, and medications digitally.
- A Single Patient Record will underpin integrated, predictive, and personalised care.
- Use of AI scribes to reduce admin, and wearables for real-time monitoring.

### 3. From sickness to prevention

- Public health reforms: tobacco control, obesity strategy, food policy reform.
- Investment in young people’s health, school meals, and mental health support.
- New genomics-based population health service and early disease screening.
- Shift focus to prevention, health creation, and tackling inequalities.

## System reform

### • A devolved and diverse NHS

- Power shift from Whitehall to Integrated Care Boards (ICBs) and frontline providers.
- Reforms to leadership, autonomy, and NHS Foundation Trust freedoms.
- The introduction of Integrated Health Organisations (IHOs), with the potential to hold whole health budgets for defined populations, is a significant shift. This is an area that will need further analysis from us to fully understand the implications for local partnerships, commissioning, and accountability.
- Closer alignment of ICBs with local authorities and strategic authorities.

### • Transparency and quality

- Public-facing league tables, clinician ratings, and performance data.
- New maternity taskforce, patient experience feedback, and complaints reform.
- Zero tolerance for poor-quality care—regardless of setting or sector.

## Workforce transformation

- Emphasis on career development, local recruitment, and reduced bureaucracy.
- More nursing apprenticeships, consultant nurses, and digital skills training.
- NHS will become the most AI-enabled health system globally.

## Innovation and productivity

- Leverages UK leadership in data, AI, genomics, robotics, and life sciences.
- Introduction of Health Data Research Service and expansion of NICE's remit.
- Aim to increase productivity by 2% annually; NHS to become an engine for economic growth, not just a service.

## Finance and investment

- End reliance on “more money without reform”.
- Move to value-based care, aligning spending with health outcomes.
- Block contracts phased out; year-of-care payments tested. This is where instead of paying for each individual appointment, test, or episode of care, the NHS would pay a single, bundled amount to cover a patient's care over a year, particularly for people with long-term conditions.
- Public-private partnerships considered for Neighbourhood Health Centres.

## Underlying ethos

- NHS will remain universal, publicly funded, and free at the point of use.
- The Plan seeks to redistribute power to patients and communities, especially those who are disadvantaged.
- NHS reform is framed as both a moral imperative and an economic necessity.

## A little more detail...

### On the abolition of Healthwatch

The 10-Year Health Plan proposes abolishing Healthwatch England and local Healthwatch bodies, bringing their functions into a new National Director of Patient Experience within DHSC. Locally, healthcare engagement will be absorbed into ICBs and providers, with social care responsibilities passing to local authorities.

We are deeply concerned about the loss of independence and the risks this poses to meaningful patient voice. Healthwatch has played a vital role in amplifying community insight, challenging poor practice, and bridging gaps between people and services. This change risks weakening accountability and assumes that internal structures can replicate the trust and skill that VCSE-led models bring.

Many of our members host or work closely with Healthwatch, and we're working with them to understand the implications, likely timelines, and how best to influence next steps. We remain committed to ensuring that community voice is protected, independent, and central to shaping health and care.

### On digital

The 10-Year Health Plan places strong emphasis on digital transformation, not only through the specific shift from analogue to digital, but as a core theme woven throughout the document, summed up in the phrase “from bricks to clicks.” This presents both opportunities and risks. The ambition to create a digitally accessible NHS, through tools like the expanded NHS App and AI-powered care, could significantly improve access and coordination, particularly for people managing long-term conditions. However, without parallel investment in digital inclusion, community capacity, and trusted local support, there is a real danger that digitally excluded groups will be further marginalised. Local infrastructure organisations and ICS-VCSE Alliances have a vital role to play in bridging this gap, supporting communities to engage with new systems and ensuring that digital progress does not come at the expense of equity, trust, or personal connection.

We also note the reference that “over time, My Care will increasingly link to services outside the NHS – in the voluntary sector, from social enterprises, social care, community groups or local government. It will be a digital social prescriber” (p.50). With signposting already highlighted as a concern by the sector, we are concerned this risks further displacing responsibility onto underfunded VCSE services without ensuring the support, investment, and coordination needed to make such referrals meaningful.

### On prevention

While the Plan does reference primary prevention and the social determinants of health, including a headline ambition to halve the gap in healthy life expectancy, it explicitly states that secondary prevention will be the primary lever for short-term results. This includes identifying and managing risk factors or early-stage illness through targeted interventions, screenings, and technology. While the Plan calls for a cross-societal effort on prevention, it makes no direct mention of the local VCSE sector or its proven role in addressing upstream drivers of health such as poverty, housing, food insecurity, and social isolation. Local VCSE organisations are well placed to lead this work, but doing

so requires targeted investment, sustained partnership, and meaningful recognition of the sector's contribution to building healthier, more resilient communities.

## On streamlined integrated working

The 10-Year Health Plan sets out a new vision for streamlined integration between the NHS and local government, aiming to move beyond institutional alignment toward genuine improvements in population outcomes.

Key reforms include:

- A commitment to make Integrated Care Boards (ICBs) coterminous with strategic authorities wherever feasible, to support clearer accountability and more effective joint planning.
- ICB footprints will be reduced from the current 42, with clustering of systems beginning in autumn 2025, although the final number has not yet been confirmed.
- Seven NHS regions will remain, providing overarching structure.

In a significant governance shift:

- Provider organisations will no longer sit on ICB boards.
- Instead, strategic authority mayors (or their delegated representatives) will become ICB board members, replacing current local authority representatives. This is intended to better align NHS decision-making with local growth, prosperity, and place-based leadership.

To simplify structures:

- Integrated Care Partnerships (ICPs) will be abolished.
- Neighbourhood health plans will be developed at upper-tier local authority level, under the leadership of Health and Wellbeing Boards. These will incorporate public health, social care, and the Better Care Fund.
- ICBs will aggregate these local plans into a single population health improvement plan, which will guide commissioning.

Finally, the government will work with the Local Government Association to consider what democratic oversight and accountability should look like in this new model, particularly in light of the expanding role of mayors and reforms to local government.

## What we need to explore in more detail

From a local VCSE perspective, there is a need to explore the implications of multi-year contracts and payment-by-results models in greater depth. Multi-year funding could offer much-needed

stability, enabling longer-term planning, workforce retention, and more sustainable service delivery. However, any move toward a ‘pay-for-performance culture’ must be approached with caution. While outcomes-based funding can incentivise impact, it risks disadvantaging smaller VCSE organisations that work with the most marginalised communities, where progress is complex, non-linear, and harder to quantify. To be effective, these models must reflect the relational nature of VCSE work, avoid excessive bureaucracy, and include flexibility to respond to local needs.

There were two other comments that stood out to us and warrant further reflection:

- *“Care from a neighbourhood team will improve their life outcomes through more holistic, ongoing support.” (p.36)*

We intend to more thoroughly examine the makeup and role of neighbourhood teams, and advocate for the inclusion of the local VCSE sector where appropriate — as holistic, ongoing support is precisely where the sector brings deep expertise and added value.

- *“We will introduce neighbourhood nursing and midwifery leads who will act across multiple neighbourhoods to coordinate local strategy, convene partners and represent the community’s voice.” (p.101)*

We have some reservations about nursing and midwifery leads being positioned as representatives of community voice. This risks overlooking the power dynamics inherent in those relationships and may unintentionally exclude or dilute the perspectives of the communities they serve.

## Next steps

There is much more to unpack from the Plan, but we hope this provides a helpful overview and a starting point for navigating the document. It is intended as a guide to support rapid engagement, enabling you to skim, identify key areas, and extract what you need quickly. We’ll be looking to develop a more considered response over the coming weeks.

A big thank you to Emma Rowse for the excellent summary she pulled together for Cornwall, and to the many ICS-VCSE Alliance leaders who shared their insights while digesting the report into the late hours of Thursday night, your input has been invaluable.