



Department
of Health &
Social Care



England

Introducing the 10 Year Health Plan



**Help build a
health service
fit for the future**

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Why are we here today?



We know you are working harder than ever to get services back on track, to get waiting lists down and consistently deliver the best care.



Yet too often we are struggling to provide the right care, in the right place and at the right time. This is no good for patients and it is demoralising for you.



We know change is needed. But we also know that many of the solutions we need are already here, working somewhere in the NHS today.



Your views, experiences and ideas will shape immediate steps and long-term changes: a new 10 Year Health Plan.

What is the 10 Year Health Plan?

September 2024: Lord Darzi's independent investigation into the state of the NHS.

Now we know what the issues are, the Government want to build a plan to tackle the challenges.

10 Year Health Plan will launch in Spring 2025

The plan will set out the vision and roadmap to deliver the Government's aim of an NHS fit for the future, which delivers the three shifts:



Hospital to Community

"Too many people end up in hospital, because too little is spent in the community."



Analogue to Digital

"Parts of the NHS are yet to enter the digital era."



Sickness to Prevention

"Many of the social determinants of health ... have moved in the wrong direction."

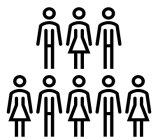


The plan will consider:

- what immediate actions are needed to get the NHS back on its feet and bring waiting lists down
- the long-term challenges to make the health service fit for the future.

This will be a team effort. We're going to listen to and co-design the plan with the public and staff. We want patients and staff to feel the difference in their daily lives.

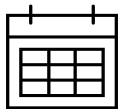
Why now?



The NHS is in a critical condition, with public satisfaction with the health service at an all-time low. We need to do everything we can to get the NHS back on its feet.



Building an NHS fit for the future is one of this Government's five missions. By delivering a 10 Year Health Plan, the Government will best support the health service and get the nation's health thriving again.



The complexity of these issues, such as the rising number of people with multiple long-term conditions and the need for substantial reforms in the NHS, requires a long-term approach.



We want to make sure people using the system, staff, and health and care leaders are fully involved in this process and feel ownership of the plan.

The 10 Year Health Plan is...

Not the only part of Government's health mission

The wider determinants of health and some areas on health creation which need cross-government action (e.g. housing and education) will be outside scope of the 10 Year Health Plan. This is part of the wider Health Mission.

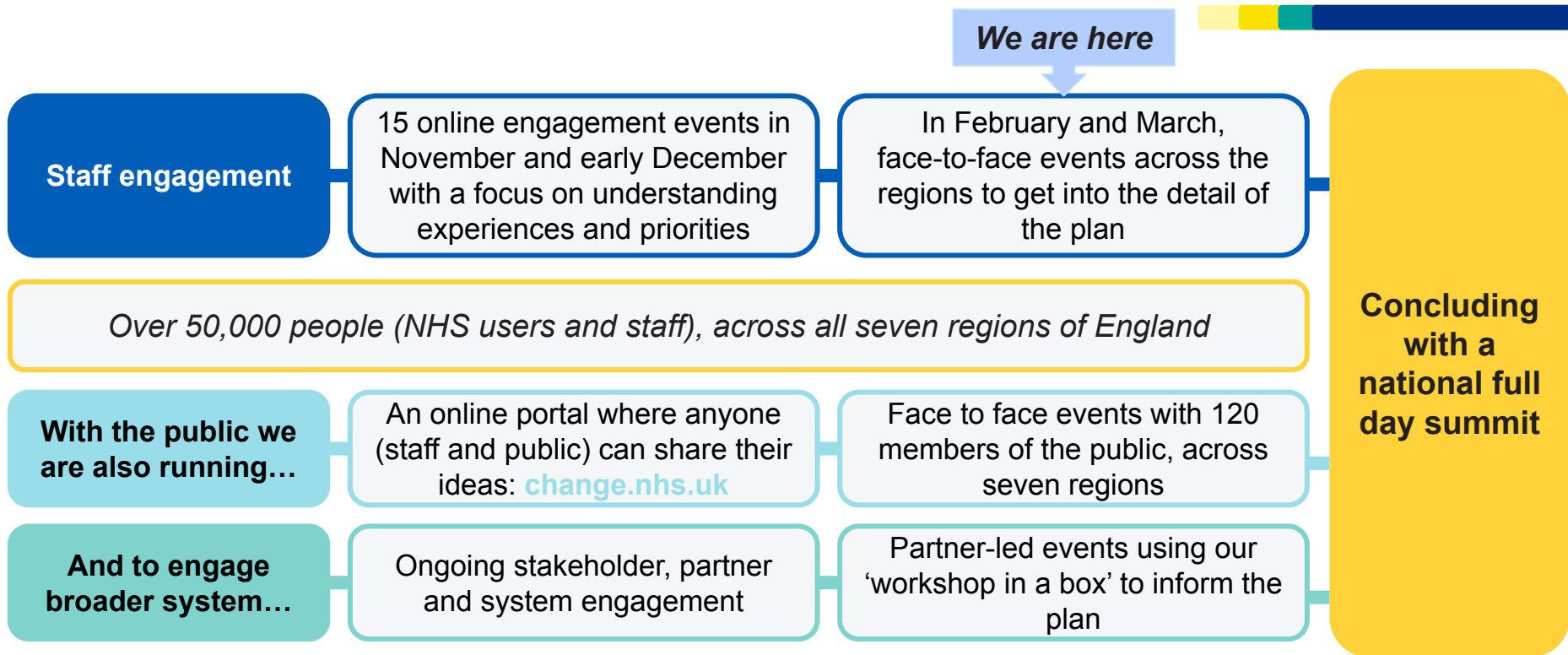
This plan will focus on secondary prevention - measures across the health and care system to help stop or delay the development or progression of disease in individuals and keep them in good health for longer.

Not a plan for social care

The Government is developing a new national care service through a separate programme of work, which will complement the 10 Year Health Plan.

The 10 Year Health Plan will set the vision for what good joined-up care looks like for people with complex health and care needs and how we can support health and social care services to work together better to provide that care.

What is the overall programme of engagement?





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Shifting from hospital to community

Key themes summary



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Shifting hospital to community: summary

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Why do we need to provide more care in communities and reduce reliance on hospitals?

- People are living longer but with more complex health conditions.
- They are not always getting the right care in the right place.
- This is leading to increased pressure on hospital services.

We have an emerging vision for how on how we can achieve this shift...

- A comprehensive neighbourhood health offer in every community.
- Greater control over how people access services, centred around their needs.
- Delivery of more services in communities or at home, including access to home tech.
- Professionals working together in partnership with patients to coordinate care.

What could be the impact of shifting more care into communities?

- Improved patient outcomes and lower mortality rates.
- Improved patient quality of life and higher levels of satisfaction with their care.
- Reduced hospital admissions and A&E attendances - freeing up capacity for those that need acute care.

Shifting hospital to community: summary

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We are not starting from scratch...

... there are some great examples out there:

- Integrated Neighbourhood Teams
- Community Diagnostic Centres
- Community Appointment Days

From a staff perspective - why has this shift been so difficult to deliver in the past and what are the current barriers?

- Lack of funding and resources to support the transition.
- Cultural and organisational resistance.
- Workforce challenges.
- Need for investment in infrastructure and staff development.

From a public perspective - what the key concerns about this shift?

- Concerns about staff expertise.
- Ability to access to hospital services when needed.
- Fragmentation of services and care coordination.
- Need for clear standards of care.



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Shifting from analogue to digital - making better use of technology

Key themes summary



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Why do we need to make better use of technology across health and care?

- Much of our current infrastructure and technology is not fit for purpose.
- Workforce is suffering without the right technology.
- There is disparity and variation in adoption of technology across the country.

We have an emerging vision for how on how we can achieve this shift...

- Improving access through technology and data.
- Digital and physical infrastructure to underpin change.
- Improving care with data and new technology, at the forefront of innovation and research.
- Releasing time for the workforce.
- Closing the digital divide.

What could be the impact of shifting more care into communities?

- Create efficiencies for financial sustainability.
- Improve day-to-day lives for the workforce.
- Transform healthcare services to best meet the needs of populations and improve patient outcomes.

We are not starting from scratch...

... there are some great examples out there:

- Virtual care: Managing heart failure @Home
- AI-Powered Chest X-Ray Analysis
- Unified Electronic Health Records

What have staff told us about why this has been hard to deliver in the past?

The key feedback from the staff included:

- Need reliable foundational IT systems.
- Unified electronic health records are fundamental for progress.
- Virtual care delivery shows promise.

What are the public concerned about in delivering this shift?

The key feedback from the public included:

- Support technology that enhances rather than replaces human care.
- Basic infrastructure before advanced solutions.
- See potential for more efficient, coordinated care.



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Shifting from sickness to prevention

Key summary themes



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Shifting from sickness to prevention: summary

The 10 Year Health Plan will focus on secondary prevention

To help stop or delay disease in individuals with their consent and keep them in good health for longer, focusing on interventions and support to:

- Address behavioural risk factors
- Detect disease early
- Manage or prevent disease progression

Our emerging vision to support everyone to stay healthy for longer - by 2035.....

- Neighbourhood Health Services prevention focus
- Every contact an opportunity for prevention
- Identification and outreach to high-risk groups
- People as equal partners
- Staff development and upskilling
- Partnership working

Why do we need a preventative approach to health and care?

- Health inequalities and adverse health trends are growing.
- More people are living longer with multiple conditions.
- Living with multiple health conditions impacts individuals, the economy and the health system.

What could the impact be?

Applying known, evidence-based preventative interventions can:

- support individuals to live healthier for longer; and
- benefit the economy and the health system

We are not starting from scratch...

There are some great examples out there:

- Social prescribing in Manchester
- Healthy eating initiative in Lambeth
- Integrated suicide prevention in the West Midlands

According to staff, why has this shift been so difficult to deliver in the past ?

Key staff barriers include:

- Lack of staffing and resources.
- System pressures trumping prevention.
- Embedded cultural attitudes and medical model dominance.

According to the public, what are the key concerns about this shift?

Key public concerns include:

- Social factors e.g. cost of healthy food.
- Service accessibility.
- Misinformation and lack of information sharing.