North Central London
Health and Care
Integrated Care System

NHS

System Transformation: NHS 10 Year Plan

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10 Year Health Plan
The three shifts

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Published 3rd July 2025, the 10 Year Health Plan for England: fit for the future aims to get the NHS back on its feet and make it fit for the future, delivered through three big shifts.

The plan aims for an NHS that delivers personalised care, gives more power to patients, and ensures the best of the NHS is available to all, whilst delivering better value and improved outcomes.

10 Year Health Plan
What will the NHS deliver?

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From hospital to community

- Same-day digital and telephone GP appointments and calls to GPs will be answered more quickly – ending the 8am scramble
- A GP led Neighbourhood Health Service with teams organised around groups with most need
- Neighbourhood health centres in every community; increased pharmacy services and more NHS dentists
- Redesigning outpatient and diagnostic services
- Redesigning urgent and emergency care, allowing people to book into urgent and emergency care services before attending via the NHS App or NHS 111
- People with complex needs will have the offer of a care plan by 2027 and the number of people offered a personal health budget will have doubled
- Patient-initiated follow-up will be a standard approach

10 Year Health Plan
What will the NHS deliver?

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From analogue to digital

- The NHS App will be the front door to the NHS, making it simpler to manage medicines and prescriptions, check vaccine status and manage the health of your children
- ‘HealthStore’ to access approved health apps: Enabling innovative small and medium sized business to work more collaboratively with the NHS and regulators
- A single patient record will mean patient information will flow safely, securely and seamlessly between care providers
- Digital liberation for staff with the scale of proven technology to boost clinical productivity

10 Year Health Plan
What will the NHS deliver?

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From sickness to prevention

- Health Coach will be launched to help people take greater control of their health, including smoking and vaping habits later this year
- New weight loss treatments and incentive schemes to help reduce obesity
- The Tobacco and Vapes Bill will be passed, creating the first smoke-free generation
- Women will be able to carry out cervical screening at home using self-sample kits from 2026

10 Year Health Plan
What the NHS will deliver?

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Neighbourhood Health Service

- **Ambitious plan** to move from a hospital-first, fragmented system to an accessible, community-based neighbourhood model. By redesigning how care is delivered—supported by digital tools, integrated teams and local centres—the Plan aims to tackle inequalities, put patients in control, improve outcomes, and ensure the NHS remains financially sustainable for generations to come.
- **Key principles:** Local-first care, Multidisciplinary neighbourhood teams, Personalised care and Digital by default
- **Introduction of two new contracts:**
    - 'single neighbourhood providers' that deliver enhanced services for groups with similar needs over a single neighbourhood (c.50,000 people). In many areas, the existing primary care network (PCN) footprint is well set up as a springboard for this type of working.
    - 'multi-neighbourhood providers' (250,000+ people). These larger providers will deliver care that requires working across several different neighbourhoods (e.g. end of life care)."

"In the future, a **neighbourhood health plan** will be drawn up by local government, the NHS and its partners at single or upper tier authority level under the leadership of the Health and Wellbeing Board, incorporating public health, social care, and the Better Care Fund. The ICB will bring together these local neighbourhood health plans into a population health improvement plan for their footprint and use it to inform commissioning decisions." (p.83)

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ICB Change Programme

‘Model ICB blueprint’

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Context

- In March 2025, ICBs were asked to reduce running costs by around 50% (an operating budget now set at £19.00 per head of population) and shift to a **new role as strategic commissioner**.

- For NCL this meant a budget change from £68m to £33m – **a 52% reduction.**

- NHS England worked with ICBs leaders to **co-produce a draft ‘Model ICB Blueprint**’ that clarifies role and purpose of ICBs, recognises need to build strong strategic commissioning skills to improve population health and reduce inequalities, and focus on the delivery of the **three strategic shifts** – sickness to prevention, hospital to community, analogue to digital.

- Reducing costs of our ICB by around 50% will be a **challenge**, but it’s important we move quickly, as ICBs have a critical role in the delivery of the forthcoming **10 Year Health Plan**.

- **National health landscape** to change too – merger NHS England and DHSC, regional oversight and performance management of providers and ICBs and some regional at scale functions - detail of future merged national centre and **regional model still to be designed.**

‘Model ICB blueprint’

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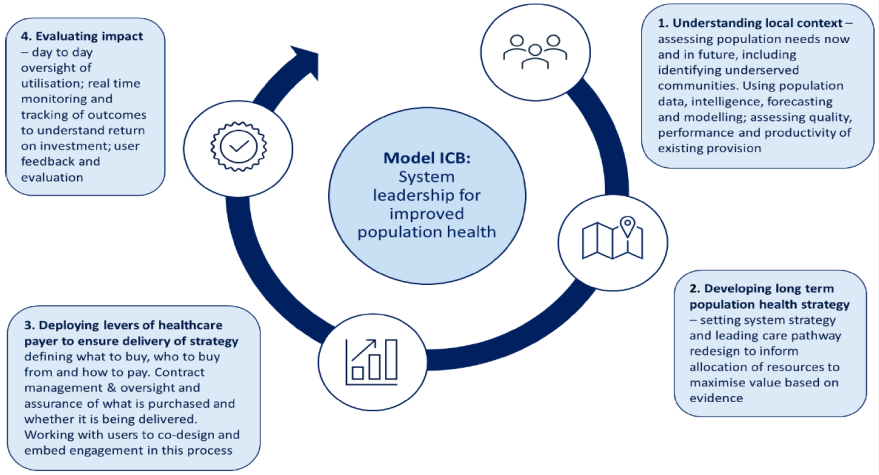
Purpose

- Reinforcing the role of ICBs as strategic commissioners
- Moving away from clinical delivery and provider management



Core functions and activities

1. Understanding local context

2. Developing population health strategy

3. Delivering the strategy through payer and commissioning functions and resource allocation

4. Evaluating impact

5. Governance and core statutory functions

6. The model also presumes each ICB will also continue to need a set of enabling functions

Moving into the Model ICB: functional changes

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To support the development of the future state, functions ICBs currently provide and have grouped into the following headlines:

- **Grow**: Functions for the ICBs to grow/invest in overtime to deliver against the purpose and objectives e.g. population health intelligence, strategic planning
- **Selectively retain and adapt:** Functions for ICBs to retain and adapt including by delivering at scale e.g. core organisational functions such as HR, communications, corporate governance, etc.
- **Transfer**: Functions for ICBs to transfer over time e.g. system control centres, research and development, estates and infrastructure, oversight of provider performance, etc.

It is recognised the detail and implementation will depend on multiple factors, including the parallel development of provider and regional models, readiness to transfer and receive across different parts of the system and in some cases legislative change.

Merger

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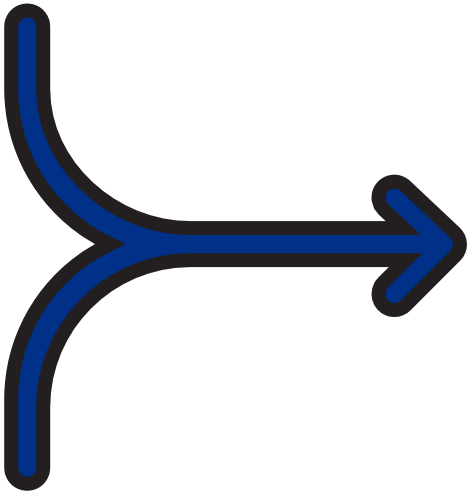
Both NCL and NWL Boards have made independent decisions to **merge together into a new single integrated care board.**



Why

- Achieving 50% reduction as two independent organisations would make continuing to deliver across neighbourhoods, large acute Trusts and all our population requirements within the cost envelope very challenging
- By bringing together the best of both organisations, the increased scale gives us the best chance for excellence as strategic commissioners
- It will create a resilient and ambitious ICB that can continue to focus on improving access to health, reducing inequalities, moving services closer to the community through neighbourhood delivery, and ensuring the health system works better than it does today

Merger

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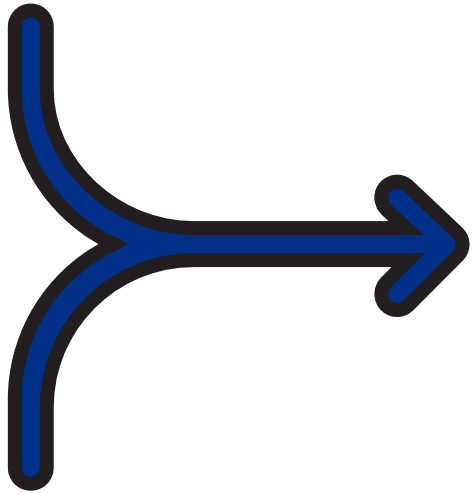
Why continued

- Merging will make us one of the largest ICBs in the country, bringing the scale, pace and financial resilience we need to drive positive change in population health across not just our five, but also NW's eight London boroughs
- Scale will allow us to invest in the expert and technical teams to take a data informed approach to strategic commissioning - model, segment and analyse health needs and service impacts
- Scale means we can deliver savings in some functions (doing it once) - thus helping protect funding to maintain our focus on neighbourhood health



Merger

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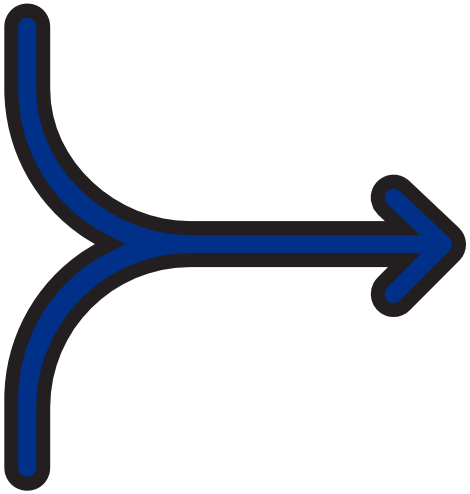
Why continued

- NCL and NWL ICBs have many examples of collaborative working, including our shared Chief Finance Officer
- Scale will ensure we retain and continue to attract the best people
- We have close strategic alignment, including some of our providers and clinical pathways, have strong track records in organisational performance, and a shared future vision
- We both operate in a large and complex provider landscape on behalf of local residents, as well as national and international patients with a high proportion of speciality services and world-leading universities



Merger

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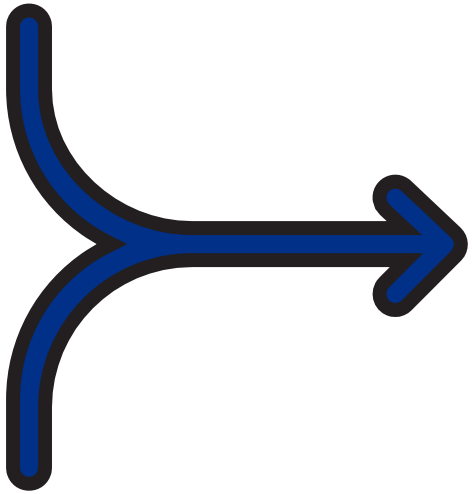
Local views considered

- Before reaching a decision to merge the Board meetings featured a broad range of opinions and perspectives, including from our partners, with balanced consideration of both the opportunities and the risks of merger which will need to be managed
- We know population health, neighbourhoods and place development must continue to be at the forefront of transforming services for patients and residents. Everyone was keen to retain a strong focus on working hyper locally with a range of partners
- The borough-based neighbourhood health delivery partnership model is maturing, and we intend to remain leaders in this space. Within a larger ICB, partnerships need to develop and function with devolved autonomy and accountability, but within a clear shared framework to avoid duplication and inefficiency.



Retaining our local focus

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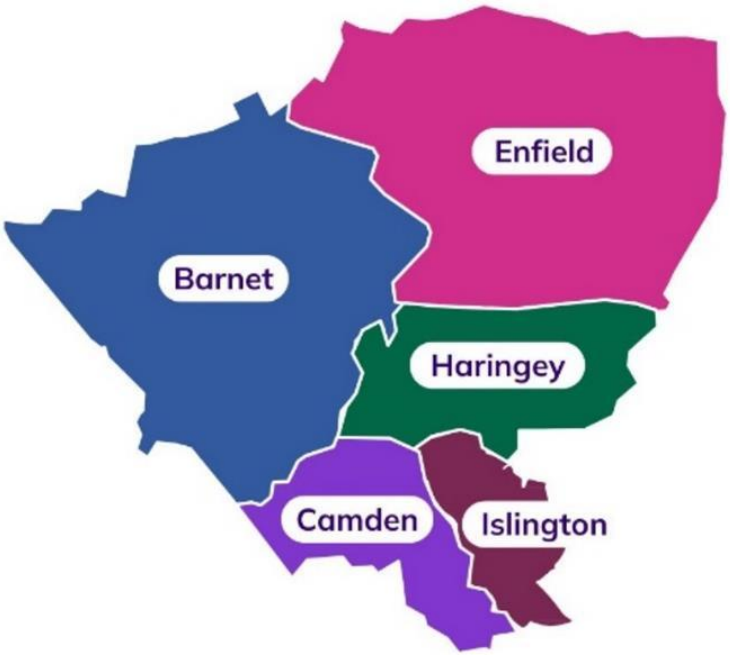
- Our joint top priority is to improve the health and wellbeing of our local populations and to deliver the best possible services for our local communities
- Merging organisations will make us one of the largest ICBs in the country, bringing the scale, pace and financial resilience we need to drive positive change in population health across not just our five, but also NW's eight London boroughs
- This scale means we can deliver savings in some functions (doing it once), thus helping protect funding to maintain our focus on neighbourhood health



Retaining our local focus

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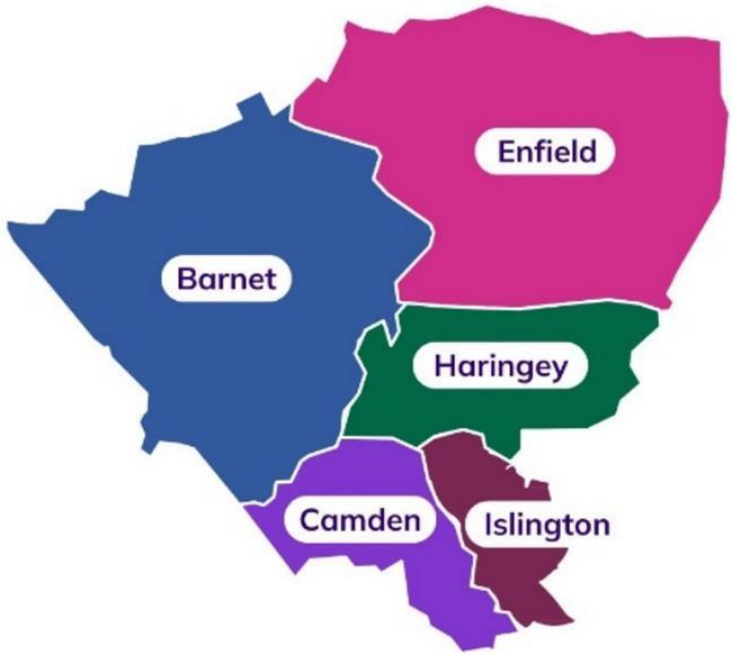
- The role of the strategic commissioner will be about how we strengthen localism to deliver the best outcome for local populations, using hyperlocal knowledge and connections
- We welcome all the work that is going on amongst providers, both GPs and Trusts, Councils and other local partners to grow new connections in response to the changes
- We will continue to work effectively locally with providers and partners for the benefits of circa 4.5m local residents in North London, whilst being able to maximise the opportunities and benefits for innovation and efficiencies of scale



Indicative timeline plan

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The timelines are subject to further testing and a full programme plan would need to be developed in tandem with NWL

	July - Dec 2025
Approvals	• Communicate with NHSE shared intentions between NCL and NWL. Obtain regional approval • Secretary of state/parliamentary sign off process
Due diligence	• Clinical, financial and workforce due diligence • Seek legal advice on closure of statutory organisation • EQIA, EIA to assess impact of proposed change
Organisation design	• Build new organisation vision • Leadership appointments • Design future organisation structures • Design safe transfer of functions that will transfer out • Engage and consult with staff on future design • Implement change in accordance with organisation change policy
Governance and finance	• Establish joint transition arrangements and establish merger programme • Resource transition planning (programme team)

* = We would anticipate these being completed by the end of March 2026 if hit 30 Sept requirements.

Indicative timeline plan

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The timelines are subject to further testing and a full programme plan would need to be developed in tandem with NWL

	Jan - Jun 2026	July - Dec 2026
Approvals	• Completion of approval to dissolve current ICB*	
Due diligence		
Organisation design	• New structures in place • New policies • Recruitment/appointment to new structures • Negotiate transfer of functions (where applicable) • Supporting staff to exit the organisation • Launch new teams and organisation	• Organisation development and cultural integration • Embed and develop new teams
Governance and finance	• Dissolve existing ICB and register new organisation on 1 April* • Prepare new constitution* • Draft governance structures and policies for new organisation* • Build technical infrastructure of new organisation and transfer of assets,* etc	

* = We would anticipate these being completed by the end of March 2026 if hit 30 Sept requirements.