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TITLE: Is England's 10 Year Health Plan fit for the future?

In July 2025, the UK government published *Fit for the Future* [1], its 10 year health plan for England. The document described in stark terms the existential issues threatening England's National Health Service (NHS). Rising demand for healthcare due to demographic change and an ageing population has led to lengthening waiting lists for hospital care and increasing difficulties accessing primary healthcare. The healthcare workforce is demoralised and there is growing unrest due to pay erosion over the last two decades that has sparked strike action by doctors and nurses. Also hinted at in the document was the rising costs of healthcare but suboptimal outcomes and productivity issues that beset the health service. Public trust and confidence in the health system is also declining [2].

The ambition in this plan is clear to see. The Government has set out the three shifts that they hope will not only save the NHS, but lead to real improvements in health outcomes. Firstly, a shift away from a hospital centric model towards integrated care delivered in the community, to create a Neighbourhood Health Service. Secondly, to leverage advances in technology such as artificial intelligence and development of an NHS App. Thirdly, an increasing emphasis on prevention.

There are signs that some of these ambitions are more than just high-minded rhetoric. The expansion of the NHS App to provide a single 'front door' for patients is long overdue, as is a genuine commitment for health services to reach people where they are, rather than expecting them to seek out medical advice. On public health, there are welcome measures around junk food advertising, alcohol labelling, and tobacco control – even if few of them were totally new in the Plan.

All of these proposals come against the background of a health service which is being put through another reorganisation, with the abolition of NHS England and reduction in central staff numbers sure to consume huge amounts of both political capital and management bandwidth over the coming years. Whether this reorganisation will prove to be an expensive distraction or an unfortunate necessity is yet to be seen, and it will only be in years and decades to come we will be able to tell which.

What is perhaps striking is how healthcare-centric the plan is – perhaps reflecting ministerial concern over the ballooning national healthcare bill and the public prioritisation of reducing waiting lists. There is a proposal to create integrated health organisations (IHOs) that allow hospital trusts to hold the whole health budget for a local population. This is undoubtedly a variation of the accountable care organisation (ACO) and integrated care system (ICS) models that have gone before. Such models of integrated care may improve patient satisfaction and access to services but are complex and their efficacy on public health outcomes is less certain [5]. Hospital led systems also have the potential to overlook the expertise of primary care and public health [6], so further details on how this will be avoided are essential. There will be opportunities to make a real success of these models, especially if they can support the shift to community and prevention, and Public Health will have to ensure it is part of those discussions and able to steer these organisations towards better population health, where the potential rewards could be huge.

The response to the 10 Year Plan has been consistent – it has laudable aims, and some strong policies. But far more detail is needed on how the aims will be achieved in practice. This means

that this Plan needs to be the start of a journey, rather than the final list of changes we can expect over the coming years.

This is particularly important in public health, where a number of impactful interventions have been left out. For example, there is no mention of minimum unit pricing for alcohol, a measure that has been proven to be highly effective in Scotland [7]. There is insufficient consideration of the public health sector and their programmes, or of the vital role this sector plays in addressing the wider determinants of health. Future strategies, such as the Mens' Health Strategy, must address this and set out clear steps to tackle the harms caused by commercial determinants.

The most notable consideration of primary care – another underfunded and overstretched sector that delivers much of the prevention work for the health service, is through the neighbourhood teams. This is perhaps an area where the greatest potential within the plan exists. A truly integrated neighbourhood team, well resourced, bringing the best of the NHS, local government and the voluntary sector together to work with communities to start to address the issues that matter to them whilst focusing on those with the greatest need. Maybe here is where Public Health has the best opportunity to both influence and drive the improvements needed.

Adult social care is also missing, a glaring omission for a social care system in permacrisis with chronic understaffing, patchy funding and rising waiting lists [8]. The Independent Commission on Adult Social Care [9] will need to work out how the social care system can best dock into the new landscape that emerges from the plan.

We should perhaps not be surprised that a plan for the NHS has largely focussed its efforts on downstream interventions to manage and alleviate ill health. That is what the NHS has done for 80 years. But with an ageing population and unsustainable demand, a shift in focus to upstream determinants of health is needed to ensure that the three shifts materialise.

Population health is not and cannot be delivered alone by the healthcare system. We have long known it is a multi-sectoral and whole of society endeavour. It needs active and meaningful engagement with communities. It needs a focus on primary prevention activities, focusing efforts where it is most effective earlier in life rather than futile attempts at the end of life. It needs strengthened primary care and community services who have the reach into communities that hospitals lack. It needs empowered public health leaders and teams enabled to drive forward prevention agendas delivered collaboratively with system partners. It needs long term vision and strategic planning to resource and sustain these efforts. Public health outcomes are delivered over years and decades, and not electoral cycles. The risk with the current 10-year plan is that it ends up repeating previous approaches that do not match the scale of the challenge. To be truly transformational, health system reform needs to be public health led.

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