Ten year plan: Fit for the Future

Bath and North East Somerset, Swindon and Wiltshire Together

Key headlines

- ‘Reform or die’
- New model of care and a new operating model
- Greater utilisation of science and technological advances
- Forefront of genomics and AI revolution
- New transparency and quality of care
- A new workforce
- Greater innovation
- Productivity and a firm financial foundation
- 3 shifts

Hospital to Community

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Ten year Plan Commitments:

- Focus on building a **neighbourhood health service**
- Establish a **neighbourhood health centre (to be open at least 12 hours a day/6days a week) in every community**, beginning with places where healthy life expectancy is lowest.
- **Increase in investment in out of hospital care over next 3-4 years**
- 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
- Roll out of **2 new GP contracts** .
- Offer 1 million people a **Personal Health Budget** by 2030
- **People with complex needs** to have an **agreed care plan by 2027**
- Increase the **role of community pharmacy** in **management of long term conditions**
- **Improve access to NHS dentistry**
- Invest up to **£120m** to develop dedicated **mental health emergency departments**

BSW Progress to date:

- Long term contract now in place with HCRG Care Group began as our lead partner to deliver an integrated community- based care contract across BSW on 1 April 2025.
- On our behalf, HCRG are building a collaborative with different providers across BSW including acute trusts, third sector partners, mental health providers and local authorities to deliver more joined up care.
- A prevention approach will be embedded at all levels of the new Stepped Care Model and will be integral to everything we do within the community transformation and delivery.
- Specifically, the care pathway approach will ensure primary prevention embedded as standard and early intervention.
- Prevention will require a collaborative and community/neighbourhood approach supported by integrated neighbourhood teams.
- Delivering prevention will require an understanding of the social determinants of health and the benefits to longer term health outcomes.
- Prevention will be population health driven and focus on areas of inequalities.
- There will need to be a wider strategic alignment between ICBC and other strategic plans including Local Authority plans eg LA Active Travel Plans.
- Prevention, inequalities and population health will be embedded within the training needs strategy for ICBC.

Analogue to Digital

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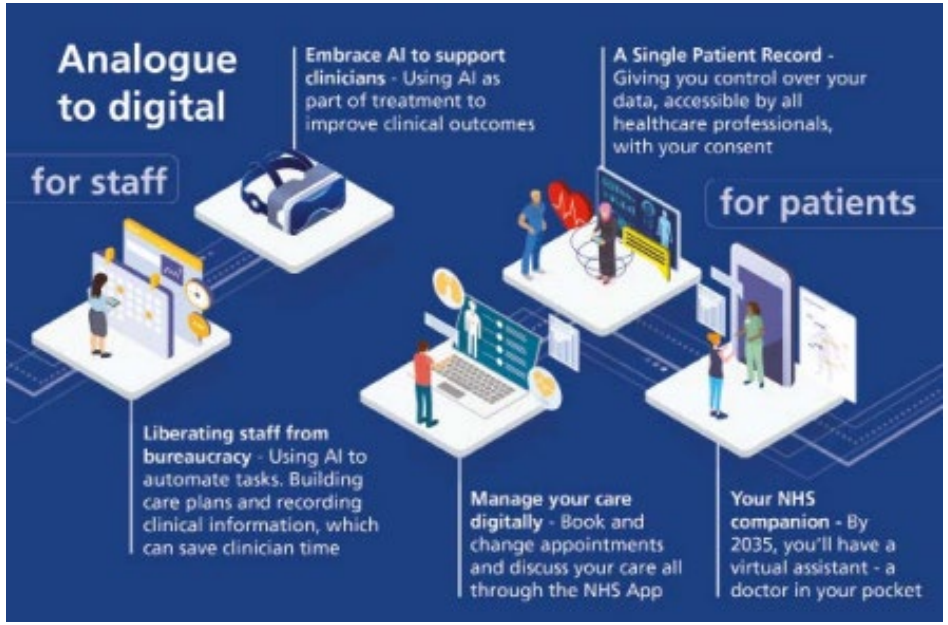

Key commitments

- The **NHS App** will be the front door to the NHS by 2028, building in functionality year on year
- Introduction of a **new Single Patient Record** by reforming legal framework (aim for 2028 subject to parliamentary time and intention to roll out in maternity care first)
- Build a **new Health Store** to enable patients to access approved health apps to manage or treat their condition
- **Staff Efficiency**: eg AI scribes to reduce admin burden and to free up time for patient care and improve decision-making.

BSW Progress to date:

NHS App

- All GP practice opted into the NHS App Individual Messaging Pilot
- Almost all practices live with register with a GP with 45 practices also live with registration data automatically going into the GP clinical system. Early data shows this reduces processing time from 3 to less than 1 day.
- New community provider engaged with national pilot

GP Practice Telephony

- Enabled national funding for practices to upgrade from analogue to digital telephony. 44 benefited from the funding enabling them to implement a solution that meets the national specification.

Digital Tools AI and Ambient Voice Technology

- Created a digital tool process to assist practices with assurance and implementation of new primary care digital tools, including Ambient Voice Technology (AVT).
- Use of the TPP AI DNA predictor to help practice reduce DNAs (using this combined with other methods reduced DNAs by 50% for one practice)

Single Patient Record

- Reduced the number of different EPRs (last EMIS practice moves to TPP in September), 3 Acute Trust agreed to move to Single EPR (Oracle Cerner) next year.
- Share care record in place across BSW
- Digital Social Care record in place across over 80% of organisations

Sickness to Prevention

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Ten year Plan Commitments:

- Ambition to halve the gap in healthy life expectancy
- Focus on **smoking, obesity, alcohol, employment and good work and CYP**(particularly CYP mental health with national coverage of mental health support teams in schools by 29/30)
- If **Health and Growth Accelerators** are successful, ICBs to establish specific and measurable outcome targets on their contribution to reducing economic inactivity and unemployment
- Testing new delivery models for secondary prevention through the neighbourhood health service – selected ICBs will be **'prevention accelerators'** focusing on tackle variation in uptake of interventions for cardiovascular disease (CVD) and diabetes
- Commitment to **Vaccination/screening and early diagnosis, Genomics population health service** with universal access by end of decade via SPR and NHS App, and **Incentivise** moving away from hospital activity and towards **population health outcomes**

BSW Progress to date:

- Delivered a maturing Health Inequalities Programme, with £1.7m invested in 2025/26 across B&NES, Swindon and Wiltshire.
- Locally developed the BSW Outcomes Framework and inequalities dashboard to shift from activity to impact.
- Our work on CVD prevention, including innovative approaches to hypertension and lipid management, has gained national interest and may support future involvement as a prevention accelerator site.
- Delivering high-performing vaccination programmes with excellent uptake.
- Sustained Treating Tobacco Dependence services across all providers, targeting smoking as the leading modifiable driver of life expectancy gaps.
- Strengthened CYP mental health support through improved system coordination, school-based mental health provision, and single points of access — aligned with the iThrive framework and tailored to local need.
- Secured funding to develop local health and work partnerships in line with the national "Get Britain Working" agenda — laying the groundwork for future integration of employment support within health pathways.

Headline Commitments

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Transparency of quality of care

- Providers and ICBs will be required to routinely publish information about quality of care and access to services using local authority boundaries
- **'Revitalise' the National Quality Board (NQB).**
- Publishing a first wave of '**Modern Service Frameworks'** in 2026
- **CQC** remains **principal regulator** of quality of care
- National i**ndependent investigation into maternity and neonatal services** and establish a **National Maternity and Neonatal Taskforce**
- **Patients** able to **choose providers** based on quality data on the NHS App.
- New **National Director of Patient Experience** incorporating the functions of Healthwatch England
- Build on **recommendations made in the Penny Dash review**: Review of patient safety across the health and care landscape - GOV.UK

Workforce

- Revamped **10 Year Workforce Plan** to be published later this year
- By April 2026, mandatory training will be reformed
- **Review of Medical Training in England,** led by Professor Sir Stephen Powis and Professor Sir Chris Whitty
- **Accelerate delivery of the Messenger review** and, by April 2026, establish new national and regional talent management systems
- Establish a new **College of Executive and Clinical Leadership**
- Expand the Graduate Management Trainee Scheme by 50%
- Allocate **£5 million** of funding to **10 integrated care systems** to act as **widening access demonstrators**
- Ambition to **reduce international recruitment** to **less than 10% by 2035**

Powering transformation

- Plan identifies **5 transformative technologies** that are integral to the new model of care:
  - Data to deliver impact
  - AI to drive productivity
  - Wearables to make care 'real time'
  - Robotics to support precision
  - Genomics and predictive analysis
- Establish **Regional Health Innovation Zones**. Initially, 2 to 3 regions with strong life sciences, health and data assets will be selected as trailblazers with the intention to roll out nationally over time
- Continue to fund the 15 Health Innovation Networks

A new financial foundation

- Reinvent NHS' financial model: **new financial framework** expected later this year
- **2% year on year productivity gain** over next 3 years.
- Focus on value-based healthcare
- Plan to **remove deficit support funding**(worth £2.2 billion in 2025 to2026) starting from financial year 2026 to 2027
- **Deconstruction of block contracts.**
- Payment for poor-quality care will be withheld and high-quality care will attract a bonus.
- DHSC to develop a business case for the use of **public private partnerships (PPPs) for neighbourhood health centres**, ahead of a final decision at the autumn budget

A new operating model

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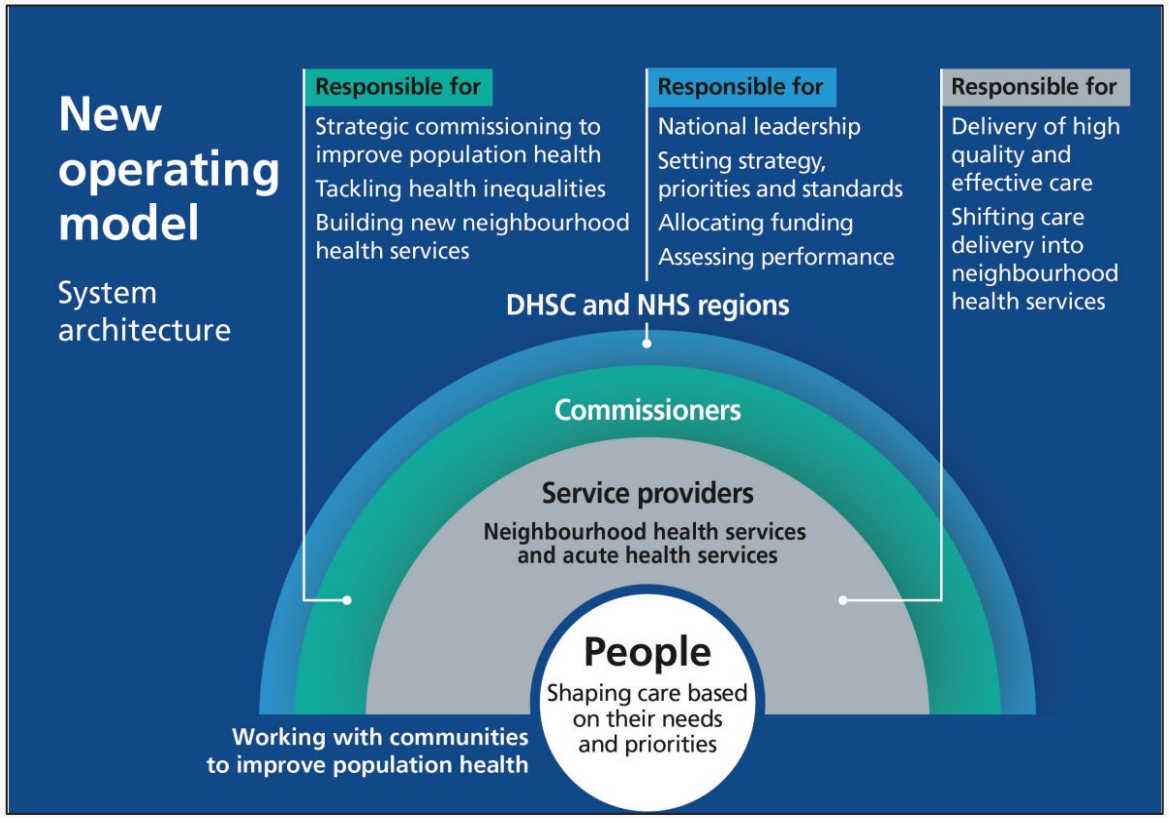

Aim for clearer roles for organisations in the new operating model

- Key to driving the changes described will be a new operating model which aims to devolve power from the centre to local providers, frontline staff and patients, bringing in clear rules as necessary to allow for wider freedoms for organisations around them. DHSC and NHSE will be combined to create a smaller centre.

Key messages:

- ICBs to become strategic commissioners and commissioning neighbourhood health services from providers within and beyond the NHS. Intention to support ICBs to develop a provider landscape from within the NHS, the voluntary sector, the independent sector or social enterprise that actively encourages innovation.
- Providers to have clear plan for ensuring financial sustainability and productivity alongside service delivery
- Update legislation so providers no longer sit on ICBs
- Strategic authority mayors (or their delegated representative) to replace local authority representatives as board members
- CSUs will be closed.
- Earned autonomy for providers, with ambition for every NHS provider to be an FT by 2035, removing the need for FTs to have governors
- The best NHS FTs will have the opportunity to hold the whole health budget for a local population as an Integrated Health Organisation (IHO).
- NHS regions will use a rules-based process to determine where intervention and support to address poor performance is needed. During 2025 to 2026, regions will draw up action plans for each failing provider in these areas and begin the process of turning them around
- The NHS will establish its own self-financing improvement capability
- Aim for ICBs to be coterminous with strategic authorities wherever possible
- Integrated Care Partnerships to be abolished
- For most advanced areas, strategic authorities to become prevention demonstrators
- From 2026, expectation that every single or upper tier local authority participates in an external public health peer review exercise, on a 5-year cycle, with the results directly informing local plans.
- Reform Better Care Fund from financial year 2026 to 2027