



North Central London
Health and Care
Integrated Care System



JHOSC

NHS 10 Year Health Plan and
Neighbourhood Health

21 November 2025





Background and context to national NHS 10 Year Health Plan

- The Government have said the health and care system needs to modernise and evolve to better meet people's needs.
- We have an ageing population, and a population that is living more years in poor health.
- We also have significant demand for unmet social need, and we don't always have the right services to support people.



The NHS 10 Year Health Plan - The 'three shifts'

- **From hospital to community;** better care, closer to home, including neighbourhood health, better dental care, quicker specialist referrals, convenient prescriptions, improved community mental health support.
- **From analogue to digital;** creating a better experience through digital innovation, with a unified patient record eliminating repetition, self-referrals via the NHS App, and improved online booking for equitable NHS access.
- **From sickness to prevention;** shifting to preventative healthcare by making healthy choices easier and supporting people before they get sick.





What people said – London



GETTING THE CARE YOU NEED

People told us:

- Access to GP and dental care is a struggle.
- Waits for ambulances, A&E and essential treatment are too long.

The 10 Year Health Plan sets out how we will deliver:

- An end to the 8am phone queue - with thousands more GPs and a transformed NHS app.
- Better dental access – with new dentists to serve NHS patients first.
- Faster emergency care - allowing pre-booking through the NHS App or 111.
- Care closer to home - through a new Neighbourhood Health Service.

SEAMLESS HEALTHCARE

People told us:

- They have to repeat their medical history too often and travel extensively between appointments.
- NHS departments operate in isolation rather than as a coordinated service.

The 10 Year Health Plan sets out how we will deliver:

- A single patient record - giving people control while ensuring every healthcare professional has their complete information.
- Care built around people via integrated healthcare teams working together in communities.

FIXING THE BASICS

People told us:

NHS systems are outdated, inefficient and time consuming.

The 10 Year Health Plan sets out how we will:

- Upgrade IT so staff spend more time with patients.
- Enable appointment booking and health management on the NHS App.
- Ensure systems talk to each other.

SICKNESS TO PREVENTION

People told us:

The NHS should focus more on preventing illness and addressing the causes of poor health. More support is needed for mental health and healthy lifestyles.

The 10 Year Health Plan sets out how we will:

- Invest in local health services with personalised care.
- Expand school mental health support.
- Increase access to free and healthier school meals.
- Create the first smoke-free generation.
- Improve the healthiness of food sales.
- Use scientific breakthroughs to develop gene-tailored preventative treatments.
- Invest in life-saving vaccine research.

GREAT PLACE TO WORK

People told us:

NHS staff are overworked, undervalued, and burdened by bureaucracy.

The 10 Year Health Plan sets out how we will:

- Set new standards for flexible, modern NHS employment.
- Expand training with 2,000 more nursing apprenticeships and 1,000 postgraduate posts.
- Cut unnecessary mandatory training.
- Empower local leadership and reduce top-down micromanagement.
- Digitise records and use AI to reduce admin burden.



What people said – NCL



Change NHS was a national consultation launched by the government in October 2024 to help inform the development of the NHS 10-Year Plan. Between **January and February 2025**, we held five engagement (two online sessions and three in-person), bringing together over **150** residents from across North Central London.



Headline findings

Care from hospitals to communities

- Moving care closer to home can be beneficial but must meet diverse needs.
- Residents need clear points of contact for any issues.
- Services must be well-supported, staffed, visible, inclusive, and responsive.
- Carers and families should be informed and involved.
- Recruiting and retaining community-based staff remains a key concern.

Making better use of technology

- Technology can enhance care but shouldn't replace human interaction.
- Offline options must always be available.
- AI can support some tasks but should be used wisely.
- A shared patient record with easy patient access is essential.
- E-consult systems need to be more user-friendly.

Focusing on preventing ill health

- Prevention should be a priority over cure.
- Health education is vital across all age groups.
- The NHS must provide timely support when needed.
- Collaboration with families and communities is essential.



ICB changes

- 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 means 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**.
- To meet this demand, we have agreed to **merge with North West London ICB** – covered later in the slides.
- **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**.



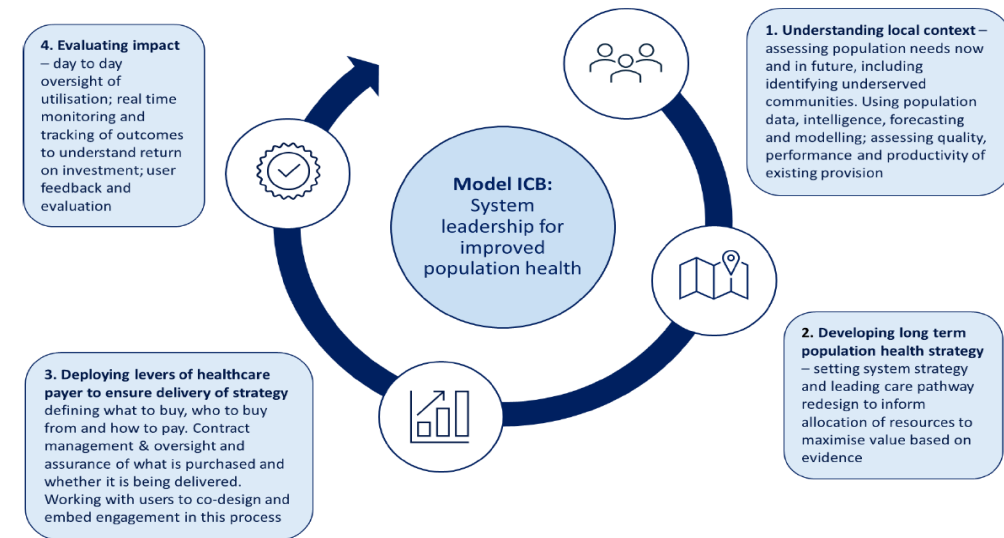
The 'Model ICB'

Purpose

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

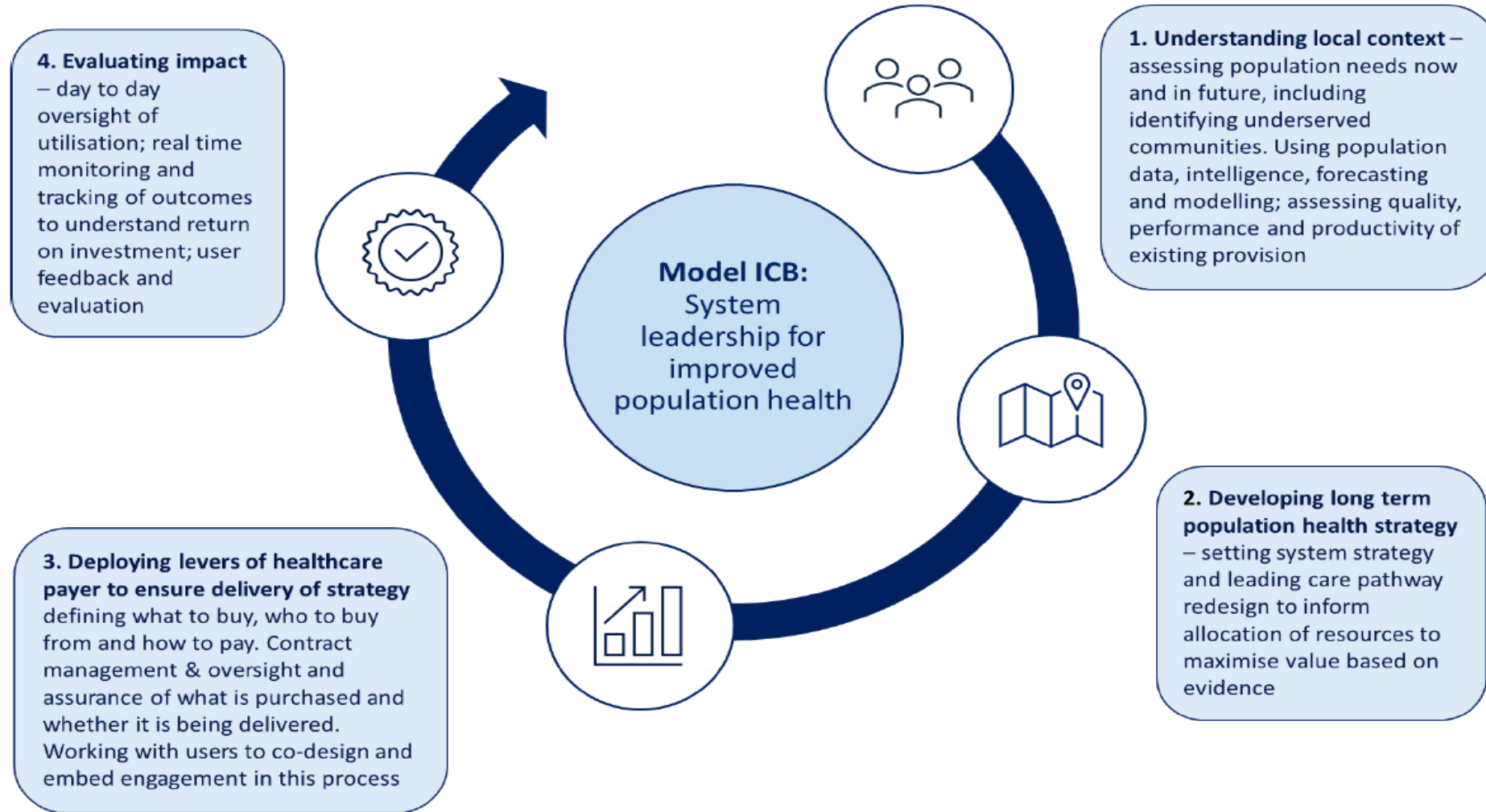
Core functions and activities

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





The 'Model ICB'





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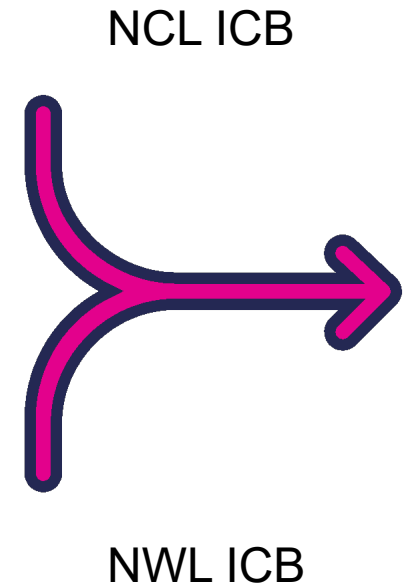


Merger

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



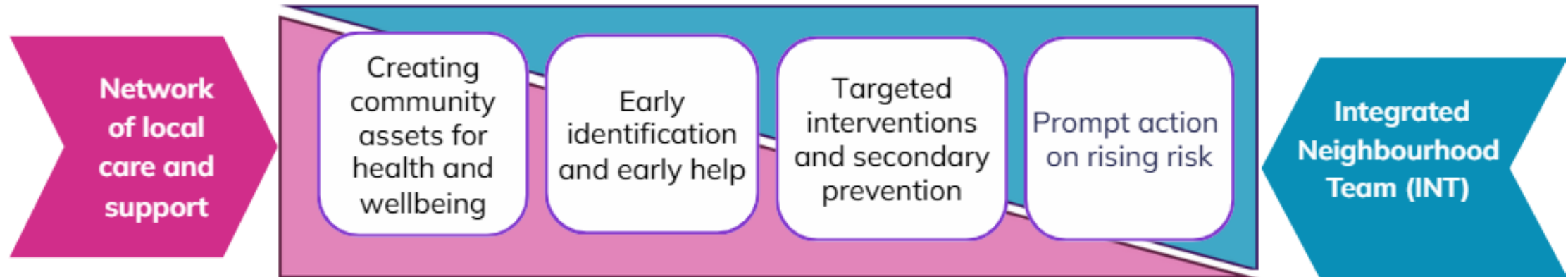


How NCL is implementing Neighbourhood Health

- Neighbourhood Health is how we are delivering key elements of the NHS 10-Year Health Plan. It is an approach that will help us **shift to proactive, preventative care, that is driven by data and communities**, that focuses our resources at those most at **risk of ill health. Tackling inequalities will be at the heart of this approach.**
- We will continue to work on opportunities for shared estates, especially with councils, but neighbourhood health is not limited to this work, and much of this will be relationship based.
- **There will be Integrated Neighbourhood Teams (INT) who do some of this work, and some of this work will be done by the existing local health and care networks.**
- Across our five boroughs, we have consensus on the 'core model' of care – there are four pillars to this.



Our vision for how this will work in practice





The impact of neighbourhoods for residents

"Health is your right as well as your responsibility. People need to be empowered and supported more to take control of their own health and have the confidence to access the right services for them"

"Establishing and building relationships is key to meaningfully engaging with communities. Needs to be organic and takes time."

"My husband was picked up by their GP practice as being pre-Diabetic. They then went to a community venue where there was peer support, people could learn from each other and clinical people about diet and exercise and how to reduce the risk of Diabetes. We know it worked because his blood test results improved and risk went down."

"My wife had a gym referral and then discounted membership. We knew it worked because she got fitter. She could walk into the high street without getting out of breath, which was important to her"

"The way local health centres work is really improving. The opening hours are more flexible and they can refer you to other larger, local centres so you don't need to go to hospital and into voluntary sector organisations so you get a wider range of support."



Wider determinants are key to a Neighbourhood Health approach

- Identifying unmet social need
- Creating community assets for health and wellbeing
- Early identification and early help – partnership working will be key to this
- Will have an impact on demand for social care
- Will also have an impact on acute and hospital capacity – as part of the shift to the community



Example outcomes



Proactive identification and prevention

- ↑ Early community diagnoses
- ↑ Community diagnostic capacity
- ↑ Vaccination and screening
- ↓ Late-stage acute diagnoses
- ↓ Preventable disease progression



Coordinated care

- ↑ People with named care coordinator
- ↑ Single holistic assessments completed
- ↑ Shared care plans
- ↓ Fragmentation / duplication
- ↓ DNAs / cancelled appointments



Long Term Conditions management

- ↑ Patient / resident involvement
- ↑ Confidence in self-management
- ↑ Clinical target achievement
- ↓ Condition-specific complications
- ↓ Unnecessary outpatient appt.



Sustainable and effective workforce

- ↑ Staff satisfaction and wellbeing
- ↑ Time on direct patient care
- ↑ Workforce retention
- ↓ Staff burnout and sickness absence
- ↓ Vacancies



Preventing crises

- ↑ Community-based crisis response
- ↓ Non-elective admissions (NEL)
- ↓ A&E attendances
- ↓ Care home admission



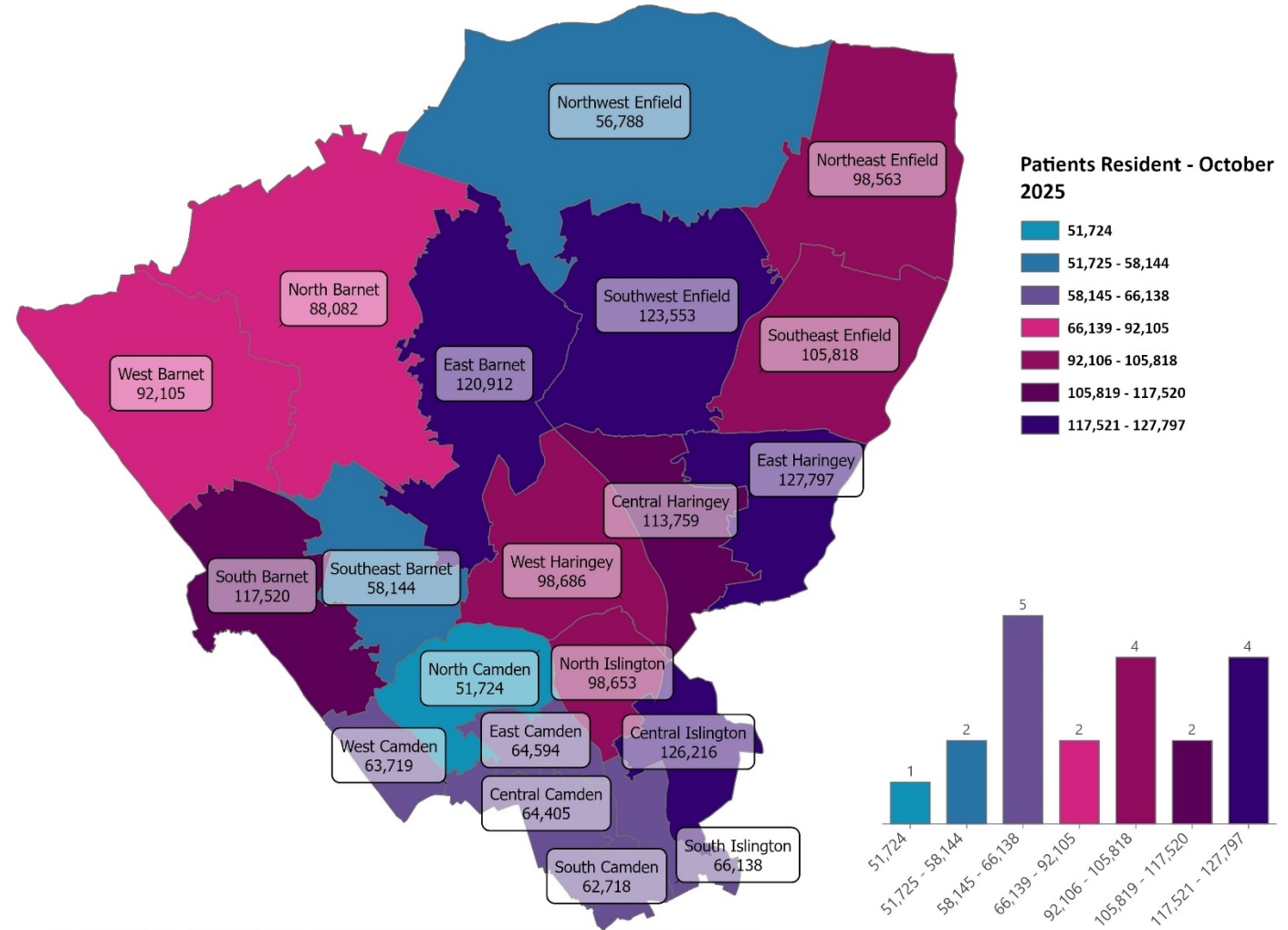
Equity, access and community connection

- ↑ Inclusion health group engagement
- ↑ VCSE referrals and community asset use
- ↑ Economic outcomes for working age
- ↓ Health inequalities/unwarranted variation
- ↓ Social isolation and loneliness





Neighbourhood Health map – registered population



Source :- <https://digital.nhs.uk/data-and-information/publications/statistical/patients-registered-at-a-gp-practice>



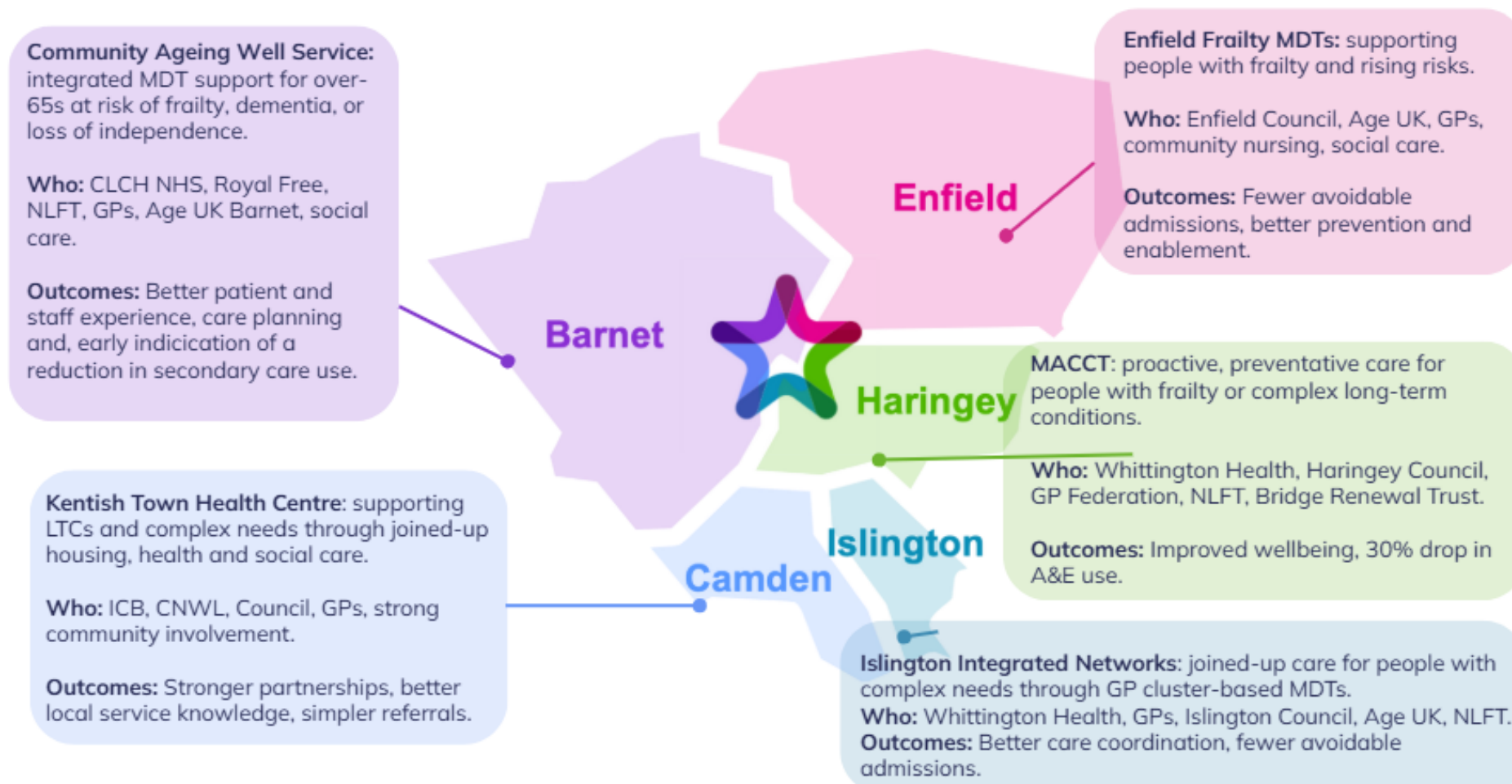
Integrator arrangements

- Integrators are a key part driving Neighbourhood Health forward as recommended by the [London Operating Model on Neighbourhoods](#). **They are not replacements for existing Borough Partnerships.**
- Instead, they will work with Borough Partnerships and provide the leadership, infrastructure and coordination needed to support integrated neighbourhood teams as they develop, use a data-driven population health approach and they will develop how we work seamlessly across organisational boundaries.
- In particular, the integrators will play an important role in working closely with the voluntary sector and with local communities.

Borough	Integrator partners
Camden	Camden GP Fed and UCLH
Islington	Islington Council, Whittington Health, UCLH and Islington GP Federation
Barnet	CLCH and Barnet GP Federation
Haringey	Haringey Council, Haringey GP Federation and Whittington Health
Enfield	Royal Free Trust and North Mid and Enfield GP Federation



Early examples across NCL





How we're working in partnership

- Community Conversations with residents in your boroughs across Barnet, Enfield, Haringey, Islington and Camden on the 'three shifts'
- VCSE Alliance offering feedback and challenge
- Council voice strong in Borough Partnerships
- Community Advisory Group made up of 25+ residents and VCSE who are involved in helping shape outcomes for neighbourhoods
- Health and Wellbeing Board updates



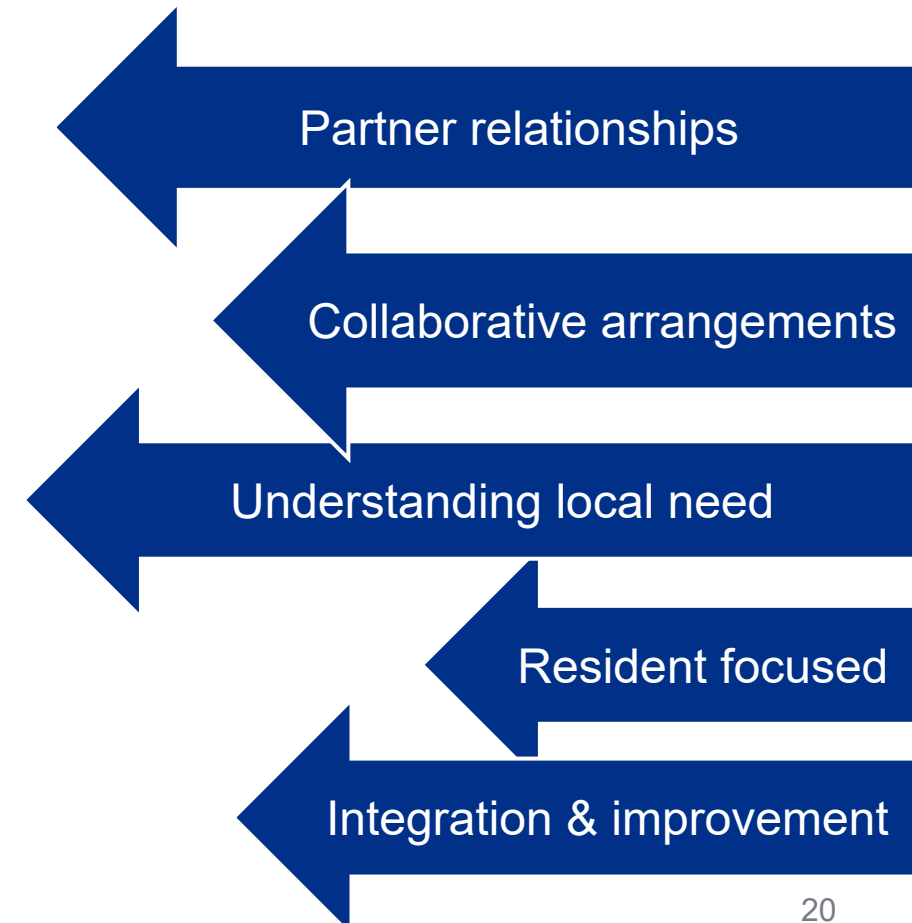
Neighbourhoods and Borough Partnerships

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Neighbourhoods and Borough Partnerships

- Established in 2021, the NCL borough partnerships are **non-statutory, collaborative arrangements**, that strengthen relationships and integration across **health, care and social care partner organisations**. They are a key component of the NCL ICS architecture.
- As neighbourhood development continues to progress across NCL, the **role of borough partnerships** is becoming increasingly important as the apex of co-designing, delivering and holding accountability for place-based neighbourhood models.
- A truly integrated neighbourhood model will have **positive impacts for all partners**, reducing system pressures, supporting retention of staff in fulfilling integrated roles and ultimately providing better care and outcomes for residents and communities.
- All boroughs have elements of **integrated teams and ways of working**. Alongside the established local provider relationships, these provide a solid **foundation** for both the design and delivery of the wider neighbourhood model and ambition.
- However, successfully delivering the significant left shift challenge of truly **community-focused care** will require substantial changes to borough partnerships in terms of governance, leadership, accountability and delegation.





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Thank you