

# Parliamentary Briefing: The 10 Year Health Plan

July 2025

## Summary

Age UK is pleased to see that The 10 Year Health Plan indicates a move towards more integrated, preventative and tech-supported care. It also envisions less direction from national government and a greater focus on local areas driving improvement and transformation. If The Plan is implemented effectively, Age UK believe it would result in a large step forward in meeting the complex needs of an ageing population.

### It could:

- move care closer to home, reducing both hospital admissions and lengths of stay;
- provide faster access to personalised support, especially for those who are frail or have multiple long-term conditions;
- provide greater patient control through personal care plans and budgets'; and
- allow for greater care coordination using technology.

**The challenge now** for the Government is to deliver these proposed reforms within tight budgets and workforce numbers, whilst also ensuring that the use of technology is inclusionary rather than exclusionary, and that offline routes to care remain accessible and effective.

Age UK will be holding the Government to these plans and providing support wherever possible to see these opportunities realised.

## Hospital to community

Age UK welcomes the headline proposal of the development of 'Neighbourhood Health Services', a concept strongly aligned with the approach to care that Age UK has long advocated for. Delivering integrated, multi-disciplinary services, close to people's homes that are focused on proactive care and prevention would make a huge difference to the lives of older people.

Though not explicit in the plan, we understand that older people living with frailty are a core focus for the roll out of Neighbourhood Health, which we welcome. We are also pleased that Neighbourhood Health Services will include social care, though we wait for the Casey Commission on Social Care to address the role of neighbourhood health in achieving integrated care in better detail.

Age UK is, however, concerned about how effectively the shift to community care can be done in practice. We contend that it cannot be achieved without moving greater amounts of funding into community services, likely from acute care.

There is also a need for more clarity around timelines and roadmaps, and we look forward to a more detailed Framework on Neighbourhood Health, which we expect to be published around 10/11 of June.

## Analogue to digital

Another key proposal of The Plan is for an increasing emphasis on the use of technology, and an expanding functionality of the NHS app. This is seen as a key mechanism for providing rapid access to advice, booking appointments, planning care, and capturing feedback on services.

However, Age UK is keen to see some real thought go into the digital tools and the ways in which the plan envisages people accessing services. It is right that the NHS modernises and takes advantage of the digital tools that now exist, but it is not entirely clear how this approach will account for those that are digitally excluded, particularly older people. The important role of the voluntary sector, including Age UK, in supporting people who are not digital natives must also be recognised and supported.

## Sickness to prevention

Age UK is pleased that prevention is a core principle: care that ‘anticipates need, not reacts’. This includes early interventions, managing risk factors in the community, and supporting older people living with frailty before hospitalisation. Measures including the use of genomics (DNA study) and personalised health risk scores could really transform the way that care is administered.

We also welcome The Plan’s commitment to a new suite of indicators to measure the health of the nation that go beyond life expectancy and health life expectancy. There will be new delivery models for prevention through neighbourhood teams and early “prevention accelerators” will be identified with the data, focusing on common issues such as cardiovascular disease and diabetes.

However, while the document references the huge issue that is corridor care, it declines to commit to a proper action plan with timescales and milestones for its eradication. It is older people, especially the oldest old, who are most likely to have to wait a long time in Urgent and Emergency Care, often being treated in the corridors due to there being a higher demand for hospital beds than there is supply. This is a topic on which we will continue to press the Government

## Parliamentarians: What can you do now?

The 10-Year Plan is a long document: nearly 200 pages. Our policy team are currently identifying the key points (both advantages and shortfalls). Please **get in touch** if you’d like a short but comprehensive briefing, or to talk through the measures to see how they will impact your constituents.

In Parliament, we would ask that you **raise the questions as to ‘how’** the Government is going to achieve these measures, and ‘what’ practical assessments are being made to ensure that the move to community becomes a reality. We have outlined some areas where more clarity is needed above.

Do let us know if you would like to be **linked with your Local Age UK**, who work closely with your local health care providers and will have insights as to what needs to be done to ensure a smooth transition in healthcare.

## Let’s chat!

If you have any questions or would like a meeting to discuss the issues outlined in this briefing, please contact [publicaffairs@ageuk.org.uk](mailto:publicaffairs@ageuk.org.uk).