



**Red Fish
Black Dog**

Your Place in the 10 YEAR Plan

What can Organisational Development and Design bring to organisations, systems and the future of health and care

John Herring, Director/Founder - 7th May 2026





MEET **Red Fish** Black Dog

John Herring / Director

Strategically. Culturally. Structurally.
Psychologically.

We create the conditions for people,
organisations and systems to thrive.



Is the UK great?

The UK performs well across many global measures — but rarely leads.

Strong in education, democracy, and innovation.

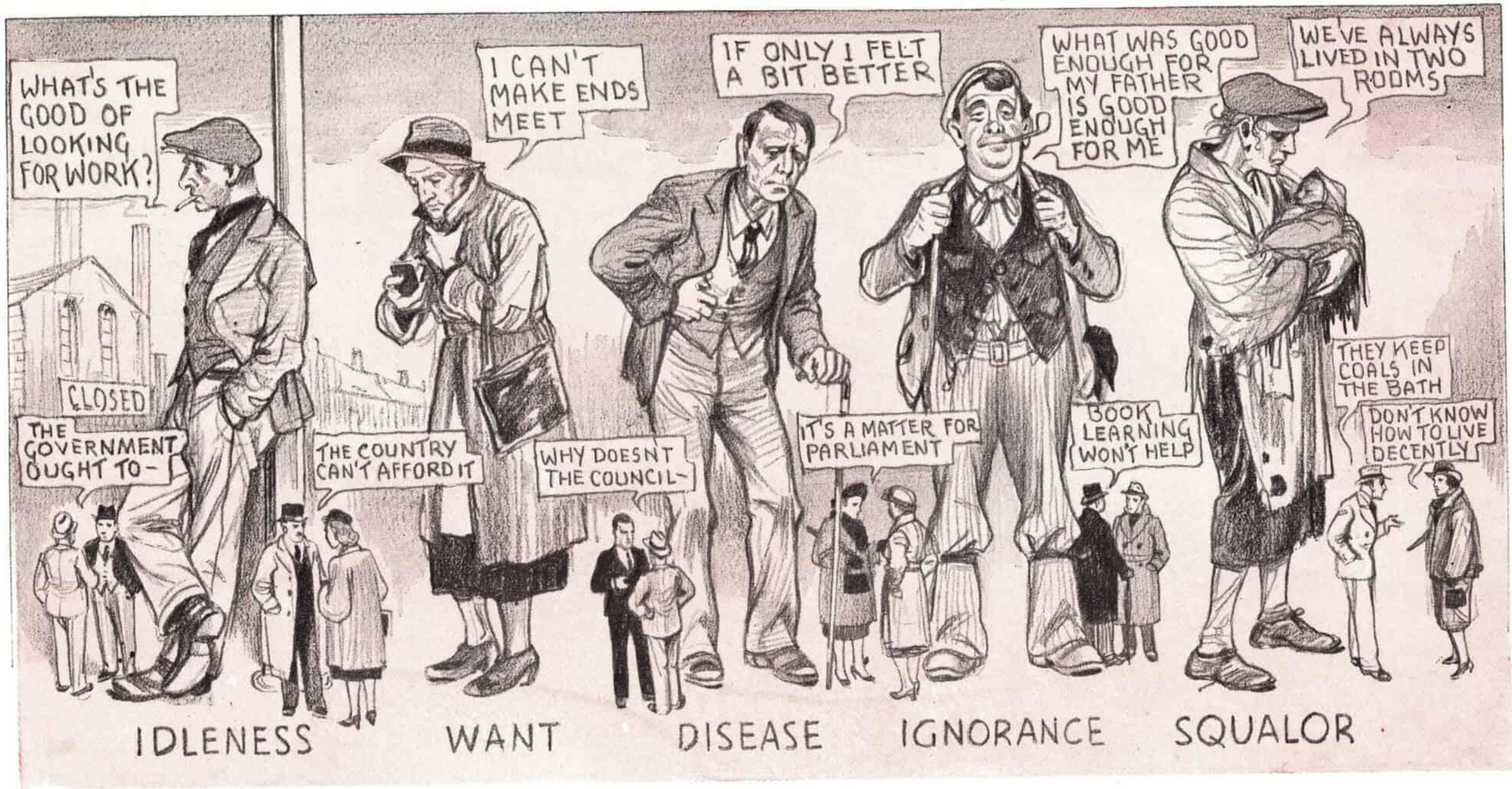
Mid-pack on health, income, and press freedom.

Behind European peers on life expectancy and infant mortality.

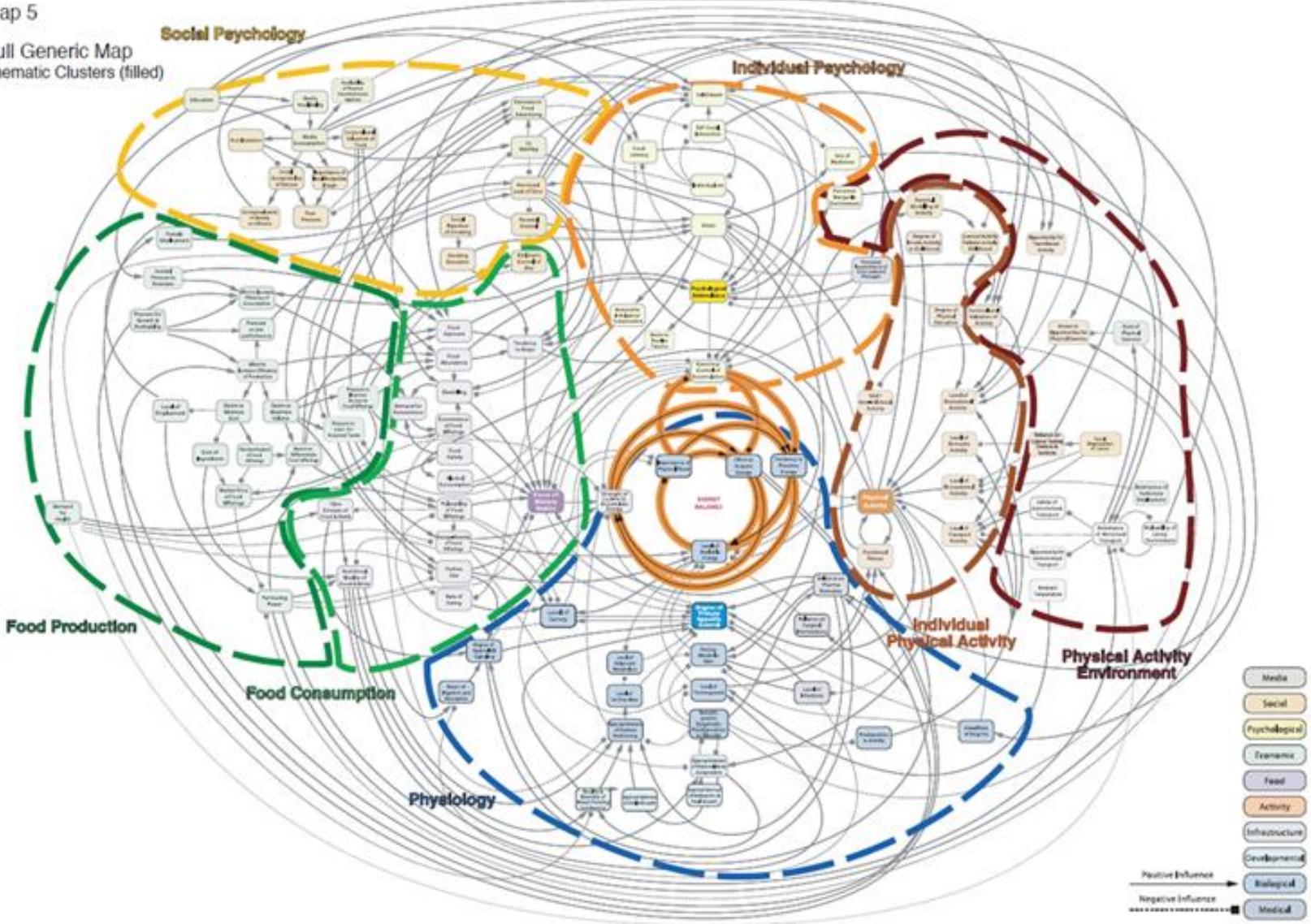
A country that's good, sometimes very good, but not the best — and not as good as it often imagines.

And it depends on what we want to measure.

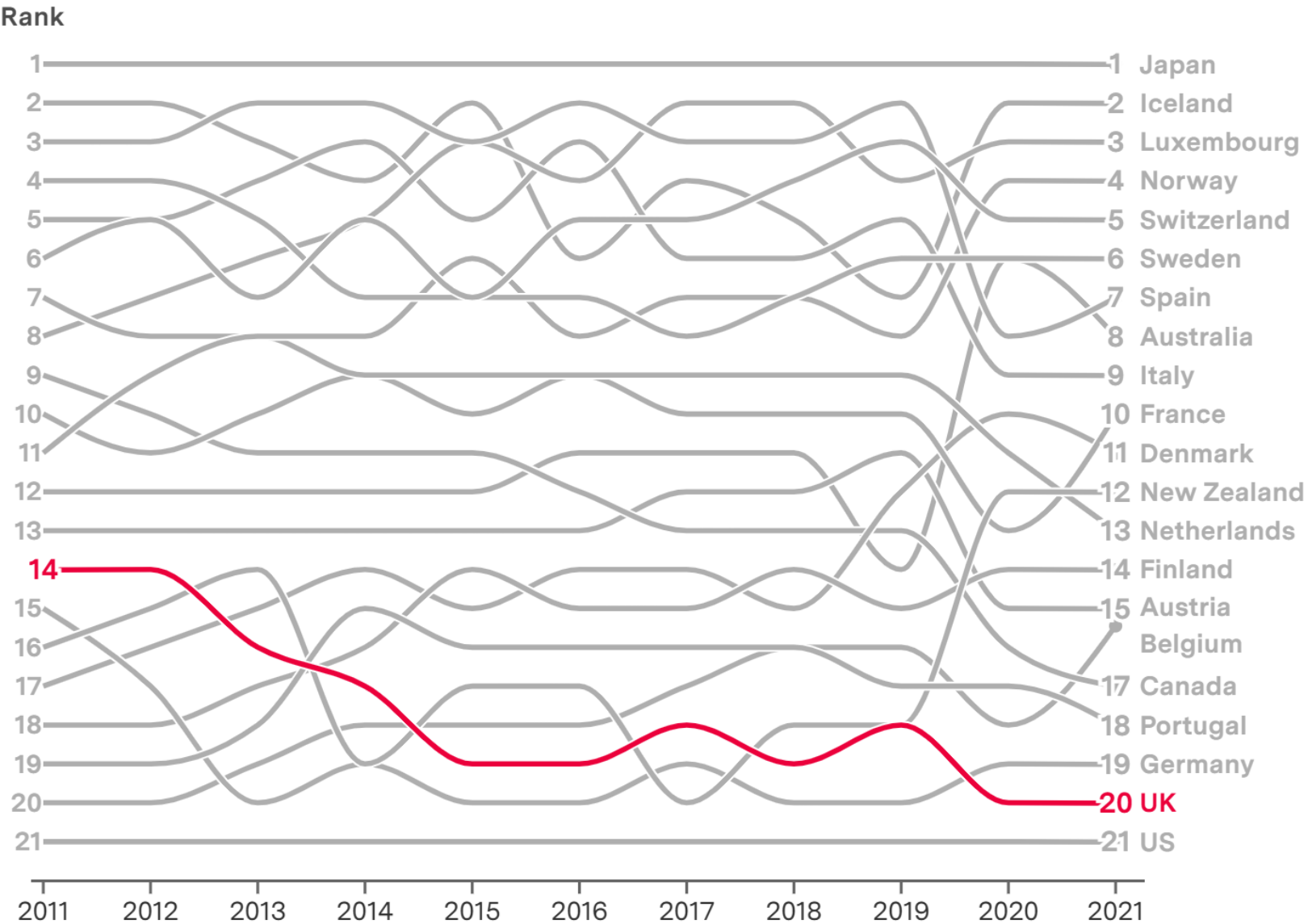




THE FIVE GIANTS



The Obesity Map



The UK's healthy life expectancy ranked 20th out of 21 peer countries in 2021 down from 14th a decade before

The 10 Year Plan

Fit for the Future (July 2025)

Three shifts at the heart of NHS reform, each requiring systemic, cultural and complex change

**THE CHOICE FOR THE NHS IS STARK,
REFORM OR DIE**



HOSPITAL TO COMMUNITY

A neighbourhood NHS, designed around people and place

ANALOGUE TO DIGITAL

Power in patients' hands through technology and data

SICKNESS TO PREVENTION

From treating illness to keeping people well



Dr Jennifer Dixon DBE
Chief Executive
The Health Foundation

SHIFT 1

HOSPITAL TO COMMUNITY

Key Highlights

- **Neighbourhood Health Centres** in every community – open 12hrs/day, 6 days/week, integrating GPs, mental health, social care, pharmacy and voluntary sector
- **Multidisciplinary neighbourhood teams** with new single and multi-neighbourhood provider contracts (50k and 250k populations)
- **Mental health transformation:** 24/7 community models, ~85 mental health emergency departments, 8,500 new staff, and full school coverage by 2030
- **Integrated Health Organisations** holding whole-population health budgets, led by Foundation Trusts – intended to become the norm over time

SHIFT 1

HOSPITAL TO COMMUNITY

Systemic Challenges

- Requires **explicit resource reallocation** from acute to community settings – historically something the NHS has struggled with.
- **Deep cultural shift** needed across professional identities, working patterns, and power dynamics – moving from hospital-centric prestige to community-first practice
- New **contractual models, integration and workforce planning** needed at unprecedented scale – GP federations, trusts, VCSE and local authorities must genuinely collaborate and integrate, not just co-exist
- Social care reform still **deferred to the Casey Commission** (reporting 2028) – yet without a stable social care system, the community shift cannot fully land



SHIFT 2

ANALOG TO DIGITAL

Key Highlights

- **NHS App** as the “front door” to the entire NHS by 2028 – booking, records access, treatment options and patient choice
- **Single Patient Record** – new legislation requiring every provider to make patient data available, with patient access by default
- **AI as “trusted assistant”** to clinicians – reducing admin burden, supporting diagnostics, with new regulatory framework for AI medical devices in 2026
- **Health Data Research Service** – up to £600m joint investment with Wellcome Trust; 3% of annual spend reserved for transformation

SHIFT 2

ANALOG TO DIGITAL

Systemic Challenges

- **Digital literacy gap** – ambition to upskill the entire workforce sits alongside cuts to NHS Digital Academy places; leaders need support to drive change at pace
- **Poor IT infrastructure** in many trusts means the promise of AI and interoperability feels distant from frontline reality
- Tension between **patient empowerment and data sharing** – building public trust while opening data for research, innovation and commercial partnership
- Digital transformation expected to be **embedded across all roles**, not siloed in IT – requiring a fundamental shift in how every professional sees their role



SHIFT 3 SICKNESS TO PREVENTION

Key Highlights

- **Priority areas:** tobacco, obesity, alcohol, air pollution – alongside employment, good work and the wider determinants of health
- **Children and young people:** full national coverage of mental health support teams in schools by 2029–30; Young Futures Hubs and integrated Start for Life / Family Hubs
- **Predictive and preventive medicine** enabled by genomics, wearables and data – spotting illness earlier and personalising interventions
- **Health inequalities explicitly acknowledged:** 9.1m people projected to have major illness by 2040, with the most deprived areas diagnosed a decade earlier

SHIFT 3 SICKNESS TO PREVENTION

Systemic Challenges

- Prevention has been **promised for 25+ years** and never delivered at scale – the system is fundamentally wired for acute response, not upstream intervention
- **Political and fiscal timelines misaligned** – prevention benefits take years to materialise but budgets and political cycles demand short-term results
- Requires **cross-government action** beyond health – housing, education, employment and environment shape outcomes, yet the plan largely sits within DHSC
- Productivity gains assumed **to fund the prevention shift are “unrealistic”** (BMJ, 2026) – funding growth below historical averages while demand keeps rising



The Three Shifts Pressure Test

What OD can do to make the 10-Year Plan real

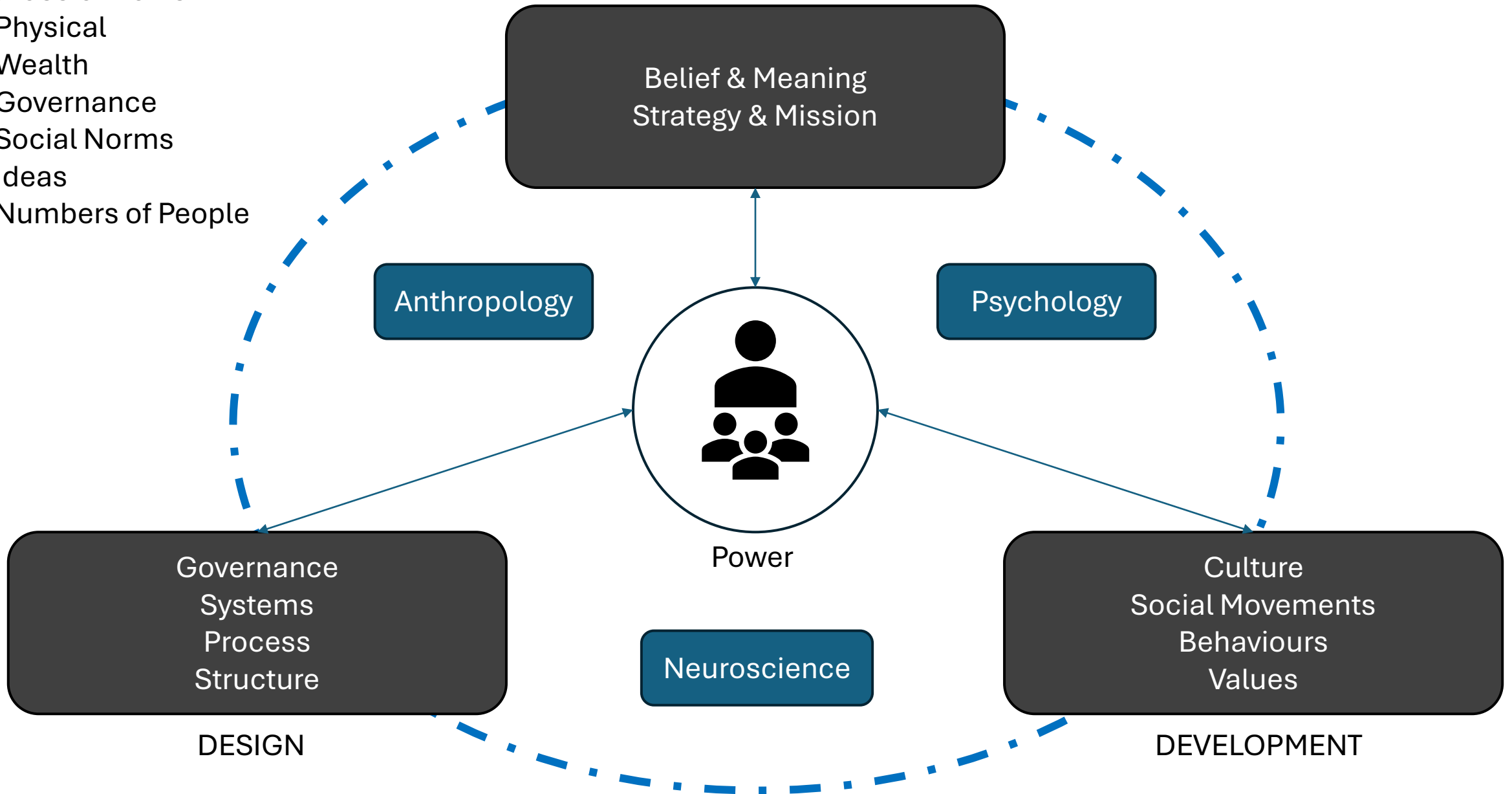


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Sources of Power

- Physical
- Wealth
- Governance
- Social Norms
- Ideas
- Numbers of People



Exercise



- Pressure-test the 10-year plan against the reality of the nation's health
- Expose the power, culture and structural forces blocking change
- Define what OD can do to make the three shifts real
- Leave with one practical intervention of your own making

The Three Shifts

Tables will work on one of the three shifts:

- Hospital → Community
- Analogue → Digital
- Sickness → Prevention

Please go to the table you want to work on.

The slides detailing that shift are provided on the table.





Mini Diagnostic – 5 Minutes

QUESTION: “Considering the shift you are looking at - why has the system failed to deliver it for 20+ years?”

Discuss using three lenses:

Power — who benefits from the status quo? What power needs to shift in order to create change?

Culture — what beliefs, identities or norms block the shift?

Structure — what contracts, incentives or processes keep things stuck?

Be honest. Be specific. Be provocative.

Key Questions for OD –
20 Minutes

In the 3 Areas...

What could OD do in each of these areas?

What meaningful intervention are you taking away?



STRATEGY

The choices and priorities that set direction.

OD exposes assumptions, aligns intent and makes strategy executable.

CULTURE

The beliefs, behaviours and identities that shape daily reality.

OD shifts mindsets, norms and relationships to enable change.

STRUCTURE

The roles, governance, processes and systems that shape how work flows.

OD rewires the system so it supports — not resists — the shift.

Debrief



What did you notice?

- Which shifts felt most blocked?
- Which OD domains felt strongest or weakest?
- Which power sources came up most often?
- What surprised you?
- What one thing have you written down that you are going to do as a result of this session?



Closing Reflection

OD is not a support function.

OD is an organisation-developing, system-shaping, power-shifting discipline.

The 10-year plan will have a better chance of landing if we have OD practitioners who can work across:

- **Strategy**
- **Culture**
- **Structure**
- **Power**

And it is done systemically as well as within organisations.



Thank **You**

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