Dear all,

Eighty years ago this Friday, the Act creating our National Health Service became law. The NHS has evolved through the years, meeting our country's changing health needs, embracing advances in medicine and technology, and seeing us through our most difficult times.

Coming back into the Department of Health and Social Care after twenty-five years, I am very conscious of the decades of commitment and dedication from staff not just across our NHS, but here in the Department and more recently in NHS England, who have continued to work so hard to support patients and communities through the years.

At heart, our central purposes remain the same as those set out in that 1946 Act: to improve the physical and mental health of our nation, and strengthen the prevention, diagnosis and treatment of illness. We also have a new purpose: to deliver a National Care Service so that all those who rely on care have the support they need to live full lives in comfort and with dignity.

Over the summer I have reviewed the reform plans, the legislation and the work underway in DHSC and NHSE to deliver the vision outlined in the 10 Year Health Plan. I have made clear that our focus must be on the health and care of patients and communities across the country, and on supporting staff to deliver.

I want to recognise the challenges that are affecting you and your colleagues across these organisations, to thank you for continuing your work with professionalism and dedication during this period, and to apologise for the stressful uncertainty while reforms are worked through. I also want to ensure we have a new and clear process for the next steps to implement reforms in the most effective way.

Later this month, staff will see a new target operating model for the new DHSC and NHS national leadership, new arrangements for NHS regional teams, and begin formal consultation with unions and staff.

But I wanted to ensure you have greater clarity on the next steps.

The centre

On 1 April 2027, subject to the passage of the Health Bill, we will bring NHS England back into the Department of Health and Social Care. As set out in the 10 Year Health Plan, we cannot continue with two parallel national organisations with so many overlapping, uncoordinated functions, especially at a time when we need the policy and operational delivery to support stronger partnerships and integration between our NHS and social care, and shift into the community and into prevention.

As we devolve power out to the frontline, the new DHSC must transform into a streamlined and agile organisation executing a core set of national functions effectively. The national centre should offer local areas a single vision, clarity on the future strategy, and a set of national priorities and minimum standards – and for the execution of a sophisticated and clear rules-based system that rewards success, coordinates an overall improvement offer and intervenes where there is failure.

The new structure needs to recognise and respect the different national functions, skills and leadership needed on health and care policy development, on NHS operations and delivery, on public health and on social care.

Until the 2012 reforms, most of these functions were combined in what was then the Department of Health, including most successfully between 2006 and 2012 when the NHS achieved its best ever performance and public satisfaction levels. Therefore, the model that we move to will draw on that past experience of what works at a national level, in the interests of patients and communities.

We will therefore maintain the crucial role of the NHS Chief Executive and establish an NHS Group within DHSC, focused on NHS operational delivery and working alongside other departmental business and priorities including policy development, social care and public health.

The NHS is not just another arm of government and I know that the blue lozenge with the three white letters is cherished not just by the public but by all those who work in it. We need to ensure that the new arrangements coordinate the very best strengths of the NHS with Civil Service skills and experience, cross-government partnerships and democratically accountable decision making.

The vast majority of the current NHSE national delivery functions will therefore transfer into an NHS Group within the Department. In other areas, combined policy teams will bring together current NHSE and DHSC expertise, making us more effective and focused, including on areas like neighbourhood health that rely heavily on the interface between the NHS and social care, as well as our partners across government and in the voluntary sector.

The new, and strengthened, DHSC North will reflect our continued commitment to operate many of our functions from Leeds, and the importance to us of our teams in Quarry House and Wellington Place.

The regions

In line with the forthcoming Rewiring the State delivery plan, I want to see greater devolution to local organisations and communities, and greater alignment between the NHS, social care, Mayoral Strategic Authorities and local councils. We will therefore need to accommodate further work and consultation over time around boundaries, partnerships and alignment of powers, across regions, MSAs and local areas.

NHS regional teams will support this transition given their knowledge of local circumstances, communities, and patients.

We will therefore support the continuing work of the seven existing regional teams by establishing a transitional Special Health Authority to host the NHS regions that is accountable to the Secretary of State through the NHS Group within the Department. The Special Health Authority will not have national functions - its purpose is to provide legal underpinning for the existing regional teams so that they remain close to colleagues at the frontline who they support day-to-day, rather than centralising them into the Department. We have agreed that this should be a temporary arrangement that will support the transition to a more devolved model.

Designing the new organisation

The updated target operating model will include the new DHSC's purpose, structures, governance, capabilities, workforce and culture. Those will be subject to consultation with staff and unions over the coming months.

I recognise the significant reductions in headcount that colleagues have already experienced and the understandable disruption this has caused. We must shift our focus now to ensuring we have the right people and resources in the right places to support the new organisation and its responsibilities.

The Department is working with central government and trade unions to agree the measures and arrangements for the transfer. This will allow us to begin a formal consultation process no later than January. Everybody who transfers from NHSE to DHSC will do so with their current contracts of employment and without a break in their statutory continuous service.

Working with the public and clinicians

I also believe that decisions about care should be informed by the experience of patients and the public. Too often, when patients and families raise concerns, they can feel they are battling the system simply to be heard. By the time something goes badly wrong, and we are extending our apologies to those individuals, it is all too late. That is why I have chosen to retain and strengthen Healthwatch, why the Department will soon have a new Patient Experience Director, and why I will also establish a new dedicated team within DHSC to support patients and families who

have experienced harm and injustice, listen to their concerns, and help them get answers.

Alongside patients and families, we must draw on more strongly on the expertise of those who provide care and I am keen to strengthen clinical leadership across the health and care system. So, I will establish the first Clinical Council, bringing together a small group of senior clinicians to strengthen leadership to the system and advice to Ministers on the NHS's major clinical priorities. Their experience of treating patients and improving services will directly inform our decision-making in those areas.

Next steps

Today marks an important step forward in giving staff clarity, so that everyone can focus on care rather than structures. To support delivery of these reforms, I am establishing a new oversight group reporting directly to me and involving external expertise.

These reforms must help us get back to what the NHS does best: caring for people when they need it most. That is the purpose behind every target and every plan - not changing structures for their own sake, but so that patients get timely care and families get the support they need.

If you have questions about how these changes affect you and your team, please speak to your line manager or team leader.

Yours sincerely,