

# **NHS 10-Year Health Plan: 'Change NHS' Norfolk and Waveney Insight Report**

## **1. Introduction**

This report has been created to share feedback gathered in Norfolk and Waveney as part of the Government's Change NHS engagement activity, which aims to shape a new 10-Year Health Plan for England.

For over 76 years, the NHS has been a cornerstone of public health in the UK. However, to ensure it remains sustainable for future generations, the Government has launched Change NHS to gather views, experiences, and ideas from people across the country. The insights collected will help develop a modern health service that meets the evolving needs of the population.

The 10-Year Health Plan focuses on three key shifts that the Government, health services, and experts agree need to happen:

1. Moving care from hospitals to communities – ensuring more care is provided closer to home.
2. Making better use of technology – integrating digital advancements to improve patient experiences and outcomes.
3. Focusing on preventing sickness, not just treating it – prioritising prevention to reduce the demand on healthcare services.

This report summarises the collective feedback from patients, NHS staff, and partner organisations across Norfolk and Waveney. It provides a local perspective on the future of healthcare and will be used to support decision-making in our region while also being shared with stakeholders who contributed to the discussions.

## **1.2. Engagement Approach**

Hearing from people about their experiences and priorities for health and care services is essential. As an NHS Integrated Care Board (ICB), we were asked by the Government to facilitate conversations with a broad range of stakeholders to ensure local voices contribute to shaping the future of health and care in England.

To gather feedback, we used a combination of workshops and existing engagement insights from recent consultations and community discussions. Participants were invited to share their views on key aspects of the 10-Year Health Plan, with structured discussions based on the following questions:

The NHS in 10 Years (Workshop Warm-up Activity)

- If the 10-Year Health Plan is a success, what three words will describe how using the NHS will feel in the future?
- What will be the same and what will be different?

Shift 1 – Making Better Use of Technology

- What are your hopes and fears for how technology could be used in the NHS?
- What technologies should the NHS prioritise and why?
- What technologies are you worried about and why?

### Shift 2 – Moving More Care from Hospitals to Communities

- What difference – good or bad – would this make to you?
- Thinking about virtual wards, what sounds good? What concerns do you have?
- Thinking about community diagnostic centres, what sounds good? What concerns do you have?
- Thinking about ambulance triage, what sounds good? What concerns do you have?

### Shift 3 – Preventing Sickness, Not Just Treating It

- What difference – good or bad – would this make to you?
- What forms of prevention should the NHS prioritise and why?

### Any Other Feedback

- Is there anything else you want to share that was raised in your workshop but hasn't been covered above?

## 1.3. Engagement Sources and Audiences

Feedback was drawn from two key sources:

Existing Feedback from Engagement Activities	Workshops
Community Voices Insight Bank	Norfolk Homelessness Solutions Forum
Deaf Connexions Engagement	Community Voices Network Meeting
Dental Plan Engagement	Health and Wellbeing Partnership meeting
JFP Engagement	Norfolk Youth Parliament
SOS Bus Engagement	South Norfolk and Broadland Health and Wellbeing Partnership meeting
Talking Therapies Engagement	NNUH Patient Panel
Walk-in Centre, Norwich Engagement	QEH Public Event
Flourish - CYP Engagement	

This engagement approach ensured that feedback reflected a broad range of perspectives, including patients, young people, vulnerable groups, community organisations, and NHS staff.

## 2. Summary of Key Themes

Key themes for the future of the NHS include improving accessibility, efficiency, and inclusivity while maintaining its core values of free, high-quality, and patient-centred care. Digital innovation, such as enhanced appointment systems and AI-driven support, is seen to streamline services, though concerns about digital exclusion and maintaining human interaction remain. Shifting care from hospitals to communities could improve access and reduce pressure on hospitals, but funding and coordination challenges must be addressed. A prevention-first approach, focusing on education, early intervention, and community-based support, is essential to improving long-term health outcomes and reducing costs. Effective implementation of these changes requires sustainable investment, workforce development, and seamless integration across services.

## 3. Feedback by Question

### 3.1 Warm-up Activity: Vision for the NHS in 10 Years

#### **What 3 words will describe how using the NHS will feel in the future?**

Stakeholders expressed a shared vision for the future of the NHS, emphasising accessibility, inclusivity, and efficiency. Responses such as *"joined-up care," "inclusive and accessible,"* and *"universal access for all"* highlight the expectation of a more connected and equitable healthcare system. Words like *"proactive," "progressive thinking,"* and *"effective"* suggest a desire for innovative, patient-centred care that focuses on preventative approaches and seamless service delivery. Maintaining the NHS as a free, non-private service was also seen as essential to its future identity.

#### **What Will Stay the Same?**

Many people felt that core NHS values—particularly staff dedication, professionalism, and commitment to patient care—will remain unchanged. Passionate and hardworking healthcare professionals, high-quality care, and specialist expertise were all highlighted as enduring strengths. There was also a recognition of the NHS's free-at-the-point-of-use model, with responses reaffirming that accessibility should continue to be a fundamental principle. Additionally, practical aspects such as hospital food provision, children's play areas, and union representation were acknowledged as aspects that contribute positively to the patient and staff experience.

#### **What Will Be Different?**

People anticipate significant improvements in access to timely care, with fewer barriers preventing patients from getting the treatment they need. A more seamless and efficient system could enhance the overall patient experience, making healthcare feel more connected to local communities. Education and research are expected to play a greater role, ensuring that both patients and healthcare professionals have a better understanding of how the NHS operates and the true costs of delivering care.

Digital innovation is seen as a key driver of change, with more self-service options such as online appointment booking and enhanced NHS app functionality. These advancements would empower patients to take greater control of their healthcare while reducing administrative burdens on staff. Greater use of technology could also improve accessibility, for example, by ensuring better locations and parking for both staff and patients.

A more equitable system is envisioned, with the elimination of the so-called "postcode lottery" that currently results in inconsistent service availability depending on location. Long waiting times for diagnostics and specialist care could become a thing of the past, with faster referrals and improved coordination across the NHS. Enhanced integration and communication within the NHS and between partner organisations would contribute to more joined-up care, reducing inefficiencies and delays.

Hospital discharge processes are expected to be smoother, with better handovers ensuring a seamless transition from hospital to community-based care. Similarly, social care bottlenecks, which currently cause delays in hospital discharges, could be significantly reduced through better coordination.

A shift in workforce skills is also anticipated, with NHS staff—particularly in secondary care—becoming more generalist. This would allow them to take a more holistic approach, treating patients as whole individuals rather than focusing solely on specific conditions. By improving

collaboration across different healthcare services and increasing flexibility in roles, the NHS could provide more comprehensive and personalised care.

### **3.2 Shift 1 – Making Better Use of Technology**

#### **Hopes for Technology in the NHS**

There is a strong sense of optimism that technology can transform the NHS, making healthcare more accessible, efficient, and patient-centred. Many people hope that digital solutions will improve access and convenience, particularly through better appointment booking systems, self-service options, and expanded telephone or video consultations outside the traditional 9-5 model. A more user-friendly NHS app, with features such as prescription refills, hospital navigation tools, appointment reminders, and self-care resources, was seen as essential in reducing stress and making healthcare more efficient. Virtual wards were also highlighted to allow patients to receive care at home while staying connected to NHS services.

A key priority is the creation of a single, centralised system for patient records that would ensure seamless coordination between NHS services, social care, and voluntary organisations. Many feel that reducing the need for patients to repeatedly share their medical history would streamline treatment and improve outcomes. There is also enthusiasm for AI-driven insights that could summarise clinical reports, identify potential risks such as frailty in older adults, and assist in clinical decision-making while still maintaining human oversight.

Inclusivity and accessibility were recurring themes, with people keen to see technology remove barriers to healthcare. Digital translation tools, easy-read formats, and plain English communication could make services more accessible for non-English speakers and those with cognitive challenges. Some suggested alternative ways to access care, such as allowing repeat prescriptions to be ordered over the phone rather than requiring in-person visits. Ensuring that both staff and patients have the necessary digital skills and tools was also seen as vital.

Trust and transparency were identified as key factors in the successful adoption of new technologies. Participants stressed the importance of explaining how algorithms make decisions to avoid bias and ensure fairness. Allowing patients to track who has accessed their medical records would help build confidence in digital systems. While AI and automation could improve efficiency, there was broad agreement that human oversight should remain central to care delivery.

Many people also saw technology to relieve pressure on NHS services. Automating administrative tasks and using AI to assist decision-making could reduce human error and free up resources for frontline care. Digital triage tools and walk-in hubs could help manage emergency care more effectively, while online health resources could support self-care and preventative measures. Cost savings from reducing inefficiencies could then be redirected to clinical services.

Looking ahead, there is hope that technology will support the expansion of mobile and virtual healthcare services, making it easier for patients in remote or underserved areas to access care. Improved communication about waiting times and service availability via text or email was seen as a simple but impactful improvement. Greater opportunities for self-referral could

empower patients to take a more active role in managing their own health. However, ensuring that both NHS staff and the public receive proper training and support to navigate these digital changes will be critical to their success.

### **Fears About Technology in the NHS**

Many fear that increased reliance on technology could lead to digital exclusion, particularly for vulnerable groups such as the elderly, homeless individuals, and those without internet access or digital literacy. Concerns were raised about accessibility barriers, including language differences, reliance on telephone or online services, and the lack of alternative options for those struggling with technology.

Privacy and security risks were another major concern, with worries about data breaches, hacking, and the misuse of sensitive patient information. Participants also feared the potential for errors, such as incorrect data input, accidental deletions, and system crashes, which could impact patient safety.

There was also unease about the loss of human interaction in healthcare. While digital tools can improve efficiency, there is concern that they could replace face-to-face care, leading to impersonal and fragmented services. AI was viewed with some scepticism, particularly around its role in decision-making and its potential to replace professional judgment.

Finally, the ability of the NHS workforce to effectively implement and manage new technologies was questioned. Concerns included staff training, system integration issues, and whether technology could truly enhance, rather than complicate, healthcare delivery. While digital innovation is welcomed, there is a strong call for a balanced approach that maintains human oversight and ensures inclusivity for all patients.

### **Technologies the NHS should prioritise and why**

A top priority is improving online booking systems, allowing patients to book and reschedule appointments easily instead of relying on early-morning phone calls to GP surgeries. There was also strong support for shared patient records, ensuring seamless access across different healthcare providers to prevent duplication and delays in care.

AI-driven diagnostics were seen to speed up treatment decisions and enhance early detection of health conditions. Similarly, remote monitoring technologies, such as wearable devices and virtual wards, were suggested to help manage complex needs at home, improving recovery while reducing hospital admissions.

Participants also emphasised improving communication tools, particularly for families and patients with additional needs. This includes multilingual support, digital self-referral options, and accessible appointment systems for non-digital users.

Other key recommendations included ensuring existing systems work effectively before introducing new ones, prioritising digital inclusion, and investing in tools that maintain the human element in healthcare, particularly for vulnerable groups.

### **Technologies people are worried about and why**

People expressed worries about data security and privacy, fearing breaches, hacking, and unauthorised access to online health records. There was concern that AI-driven decision-making could lack human oversight, leading to misinterpretation or errors without professional judgment.

Another key issue was the over-reliance on digital systems, particularly for booking appointments, consultations, and receiving test results. This shift risks excluding non-digital users, especially those without smartphones or internet access. Additionally, there were concerns that face-to-face care is being deprioritised, making healthcare feel impersonal and inaccessible for some patients.

Overall, people emphasised the need for human backup systems, ensuring technology enhances, rather than replaces, personal and professional healthcare interactions.

### **3.3 Shift 2 – Moving More Care from Hospitals to Communities**

#### **General Impact (Positive and Negative)**

The idea of moving more care from hospitals to community settings has sparked a range of responses, highlighting both potential benefits and significant challenges.

On the positive side, community-based care could significantly improve accessibility, particularly for those in rural areas who face long travel times to hospitals. By bringing services closer to people's homes, it would reduce transport-related problems and help eliminate the exposure to hospital-related infections. For many, staying out of the hospital could mean better health, avoiding unnecessary stays that sometimes cause more harm than good. It could also address health inequalities by making services more accessible, and integrating health and social care could create a holistic system of support. Community health hubs could link patients to various services, such as district nurses and social care, in one convenient location. Additionally, this shift could free up hospital beds, save time and money, and create more local jobs. By having core workers handle multiple tasks within the same space, care could become more streamlined and efficient.

Community-based care could also foster a sense of community and empowerment. It would offer better support for vulnerable groups, including those suffering from social isolation. Moreover, it could give healthcare professionals an opportunity to see patients in their home environment, which would allow them to better understand the context in which people live and offer more tailored care. Co-locating services like health centres with local councils and charities could create a more integrated care model.

However, there are significant challenges associated with this shift. One of the most prominent concerns is the difficulty in securing funding and resources for community-based services. Hospitals are often reluctant to release the funds necessary to move services into communities, and there are logistical issues related to staffing and ensuring quality care in these settings. Professional isolation could be a problem for healthcare workers who are used to working in team environments at hospitals. There are also worries about the variance in the quality of care between different areas and community services, with some regions potentially struggling to meet the demand for healthcare. Another concern is the risk of social isolation, neglect, and abuse, particularly for the most vulnerable individuals, if the shift isn't carefully managed.

Additionally, factors like weather, power outages, and poor signal coverage could hinder the accessibility of community-based care. There are also concerns about the workforce and whether there will be enough trained professionals to meet the increased demand for services. The reliance on charities and voluntary organisations to deliver these services without sustainable funding could further undermine the effectiveness of the model. Some people voiced frustration over the lack of continuity in care, noting issues such as not seeing the same GP or experiencing delays in follow-up care. In some cases, patients felt abandoned by their healthcare providers, particularly after the closure of more traditional GP services.

Despite these concerns, there are examples of community-based care that have been well-received, such as mobile healthcare services and local health hubs. These services have been appreciated for their convenience and quick access to care. Community-based care has also been seen as a potential solution to long A&E waiting times and could alleviate pressure on hospitals. Many people believe that the key to making this shift work lies in the integration of health and social care services, which would ensure a seamless system of support for patients.

For this model to succeed, several things need to happen. First, funding must be sustainable, with adequate resources allocated to community services and those provided by the voluntary sector. There also needs to be better training for community health workers to ensure they understand the broader needs of the individuals they are caring for. More community-based rehabilitation and reablement services are needed to support patients who are not quite ready to go home but do not require hospital-level care. Prevention and early intervention should also be a focus to help avoid hospital admissions and ensure care is provided in the community when possible.

### **Virtual Wards**

Virtual wards were generally viewed positively, with many recognising the potential benefits for patient recovery and overall healthcare efficiency. One of the key advantages mentioned was the ability for patients to recover at home, where they could avoid the risks of hospital-acquired infections and be surrounded by family, friends, and pets. Many people highlighted that patients could sleep better without the disturbances typical of hospital wards and maintain control over their medications. Virtual wards were also seen to improve accessibility, particularly for vulnerable groups such as the homeless, who face barriers to accessing traditional healthcare. Some saw virtual wards to reduce health inequalities by providing services closer to central locations and allowing for flexible health interventions, such as pop-up screening units.

Additionally, virtual wards were seen as a resource-efficient option, freeing up hospital beds for critical cases and enabling better allocation of healthcare resources. Specific programmes, like virtual detox services, were viewed to expedite treatment for individuals who might otherwise avoid inpatient care. For some, the option to remain at home was seen as especially valuable for older people and those receiving palliative care, as it could provide a more dignified environment compared to being admitted to a hospital. Technology also emerged as an enabler, with digital tools viewed to manage the growing demands of healthcare delivery, particularly as the population continues to increase.

However, there were concerns about the virtual ward model. One key issue was the potential for patients to feel neglected or “out of sight, out of mind,” especially if home-based care

lacks sufficient monitoring. Pain management was also raised as a concern, with some feeling that it might be less effective at home, particularly when access to controlled substances is limited. Staffing and training were highlighted as significant challenges, with some expressing concern over whether there would be enough trained professionals available to deliver care effectively, especially in rural areas like Norfolk.

Other concerns centred around the digital infrastructure required for virtual wards to function smoothly. Poor broadband coverage and digital literacy issues could exclude certain patients, particularly those living in rural areas or with conditions like early dementia. The effectiveness of monitoring systems was also questioned, with some wondering if the care would be continuous or intermittent, potentially compromising patient safety.

Additionally, there were worries about the pressure virtual wards might place on local support services. As providers like housing services and voluntary organisations are increasingly expected to fill gaps in care, there is a risk that these groups might become overstretched, leaving the NHS to shoulder less responsibility. Some people also feared that patients might be discharged too early, potentially delaying necessary treatments or creating challenges for those not yet ready to leave the hospital. Respite care for families and carers was another issue, as hospitals often provide this support, but virtual wards might not, requiring additional funding for alternative care services.

### **Community Diagnostic Centres**

Community diagnostic centres were generally viewed positively for their potential to increase access to healthcare services and enhance the overall patient experience. People appreciated the use of advanced technology, which could streamline processes and improve efficiency. The centres were also seen as an attractive option for staff, as they could potentially offer a more appealing work environment compared to traditional hospital settings. The added capacity that these centres could provide, combined with the possibility of integrating other services such as social care and financial advice, was viewed as a major benefit.

Convenience was another key factor, as the centres could save patients time and transportation costs, while also offering quicker access to diagnostics. The idea of self-serve monitoring in waiting areas was suggested to enhance the patient experience and link directly to patient records. Some people felt that having a local hub for a variety of services would make healthcare more accessible and could increase appointment attendance.

However, there were concerns about the implementation and effectiveness of community diagnostic centres. One major point of contention was the location of these centres, as many were seen to be too closely linked to hospitals, thus not achieving the goal of making healthcare more community-based and accessible. There were also worries about the impact on hospital staff, particularly the strain of training new staff to operate these centres and the potential loss of skilled workers from the hospital system.

Some people questioned whether creating separate diagnostic centres speed up care or if it simply reduced wait times for scans without making a significant difference in the overall treatment process. Concerns were also raised about the time-sensitive nature of tests, particularly how quickly lab results would be processed after a scan. The potential for consolidating services in one location was seen as a positive, but some questioned whether this would be effectively implemented in practice.

Finally, the cost of setting up these centres was highlighted as a significant concern, as well as the possible social stigma associated with attending certain tests in a community setting. Some worried that patients might feel embarrassed if others in their community saw them going for a test, particularly if it was something sensitive or private.

### **Ambulance Triage**

Feedback on ambulance triage reveals both positive aspects and concerns regarding its effectiveness and future potential.

One of the main positive points highlighted was the expansion and integration of the ambulance triage system with GP services. Many people felt this improvement would lead to more efficient patient care by allowing non-urgent cases to be directed away from emergency departments, enabling quicker responses for those in critical need. Norfolk's efforts in this area were specifically praised, with people noting that the system is already functioning well and that there are plans to make further improvements. Another key advantage highlighted was the ability to prevent older patients, particularly those over 75, from being admitted to A&E unnecessarily. This approach would allow them to be directed to more appropriate care settings.

There was also support for providing basic interventions, such as offering walking frames or installing handrails in patients' homes, as these could be addressed quickly and help avoid unnecessary trips to the hospital, reducing both wait times and pressure on A&E departments. People also want quicker ambulance response times and timely treatment, not only during the ambulance journey but also once at the hospital. Furthermore, the collaborative approach between ambulance services, primary care, and emergency departments was viewed as essential to managing patient flow more efficiently and ensuring that each patient received the appropriate care for their needs.

However, concerns about the system were also raised. A significant issue highlighted was that ambulance services are often the first point of contact, but in some cases, patients' needs are more social than medical. For example, some people may need social care rather than urgent medical attention. This issue raises questions about how unscheduled care hubs can be improved and how the broader system can be better coordinated to support patients' non-medical needs. There was also a concern about how to manage the growing pressure on ambulance services without overburdening staff or stretching resources too thin.

Another concern was the expectations of patients and their families. Many people believe that calling an ambulance automatically means that the patient will be admitted to the hospital, which may not always be necessary. This mismatch of expectations can lead to confusion and frustration, particularly if patients are not discharged or redirected as expected. People also questioned who would manage the risks involved in making triage decisions and how the governance of the system would be structured.

The idea of ambulance staff referring patients directly to virtual wards was suggested as a time-saving measure, although this would require more research and planning to implement effectively. The need for proper funding for staff training and ensuring that paramedics can administer medication correctly was also raised as a priority.

Additionally, concerns about system coordination were common. Many people felt that different healthcare services, such as ambulance services, primary care, and emergency departments, are not communicating effectively with each other. This lack of integration can

result in delays, inadequate treatment, and gaps in follow-up care after patients are discharged. Some patients reported feeling lost in the system, unsure about their treatment or what steps to take next.

The overburdened nature of ambulance services and A&E departments was also a recurring theme. Long waiting times, especially during peak periods, were a major issue. People expressed concern that ambulance services are often overwhelmed with patients who do not need urgent hospital care, leading to delays in treatment and increased pressure on resources. Addressing these concerns by improving primary care and social services to prevent unnecessary ambulance calls could help alleviate some of this pressure.

### **3.4 Shift 3 – Preventing Sickness, Not Just Treating It**

#### **General Impact (Positive and Negative)**

The shift from treating illness to preventing sickness has generated a mixture of positive feedback and concerns, reflecting the complexity of this approach and its potential impact on individuals and the healthcare system.

#### **Positive Aspects**

Many people emphasised the importance of education as a key factor in prevention. Educating individuals early about healthy habits, such as good nutrition, mental health, and smoking cessation, can lead to healthier lives and help reduce long-term healthcare costs. There is support for integrating preventive services into schools and communities, where children and families can learn lifelong health habits. For instance, oral health education and encouraging dental hygiene in schools could reduce dental problems later in life, while mental health support and addressing issues like addiction early on could prevent more severe conditions.

The idea of community-based services was also highlighted, with a focus on providing support in the context of people's daily lives. This approach allows for tailored services that take cultural, social, and economic factors into account. Additionally, the whole-family and whole-community support approach, where services are provided not just to individuals but to entire families, was recognised as essential in breaking cycles of ill health and social disadvantage.

People also noted that early intervention through initiatives like vaccinations, smoking cessation programmes, and mental health support (such as Talking Therapies) would help avoid more severe health issues, reducing the need for hospital visits and improving individuals' overall well-being.

#### **Concerns**

Despite the promising potential of prevention, there are several concerns that need to be addressed. One major challenge is ensuring accessibility. Some populations, particularly vulnerable groups such as low-income families or those with disabilities, may struggle to access or engage with prevention services. Furthermore, cultural and language barriers, poverty, and lack of stability (like safe housing) can significantly impact individuals' ability to engage in prevention programmes. These barriers may prevent the full benefits of preventive healthcare from being realised, particularly in underserved communities.

There are also concerns that certain preventive measures could have unintended negative consequences, such as shaming individuals who don't meet health targets or focusing too much on specific risk factors (e.g., obesity) without addressing other factors like malnutrition. Additionally, behavioural change is often slow and requires intrinsic motivation, making it difficult to achieve lasting results for many individuals.

Funding for preventive initiatives is another significant hurdle. Many people pointed out that it's difficult to prove the business case for preventive measures, especially since their benefits may only become clear over the long term. This means that a shift to prevention-first healthcare requires long-term planning and sustained investment, which may not always be prioritised in current systems.

The balance between prevention and immediate treatment remains a concern, with some people worried that an emphasis on prevention could divert resources away from those who urgently need treatment. Additionally, some people reported that mental health support and addiction services often fail to address the underlying issues (e.g., trauma or psychological triggers) and may not be accessible to those who need them most.

### **Potential for Prevention**

The potential benefits of a prevention-first approach are significant. Early intervention, particularly in schools, can teach children lifelong health habits. A focus on addressing health and social issues in the community (such as domestic violence and addiction) can help prevent long-term health problems. By working together across sectors, including the NHS, schools, housing, and social care, the effectiveness of prevention efforts can be maximised. Moreover, community-based solutions like the SOS Health Bus can play a positive role by addressing health issues early and fostering safer environments, particularly in high-risk settings such as nightlife venues. These kinds of initiatives help prevent minor incidents from escalating into major health crises.

### **Challenges**

For this prevention-focused system to be effective, coordination between health services, social care, and other sectors is vital. There is a need for joined up thinking to ensure that prevention efforts are holistic and reach everyone, including those who are hard to reach due to cultural, social, or economic reasons.

Finally, there is a need to ensure that support is available when people are ready for it, not just when the system dictates. A "no wrong door" approach would help ensure that individuals don't get lost in the system and can access the support they need without delays.

The shift to prevention-first healthcare offers promising potential to reduce illness, improve health outcomes, and save costs in the long run. However, its success will depend on making preventive services accessible, inclusive, and tailored to the needs of different communities. By integrating prevention into schools, communities, and families, and ensuring collaboration across sectors, a more effective and equitable healthcare system can be achieved.

### **Prevention Priorities and Why**

The NHS should focus on a multi-pronged approach to prevention that addresses both physical and mental health, alongside lifestyle factors, to reduce long-term health disparities and costs. Here are some suggested key areas for the NHS to prioritise:

- **Vaccination Uptake:** Combatting misinformation and improving access to vaccines, especially for flu, COVID-19, and other preventable diseases, through targeted awareness campaigns. Vaccination is a proven preventive measure that can significantly reduce long-term health burdens.
- **Healthy Eating and Physical Activity:** Promoting lifestyle changes such as healthy eating and regular physical activity is crucial to preventing chronic conditions like obesity, diabetes, and cardiovascular disease. This could be integrated into school curriculums, workplaces, and community outreach, with a focus on dispelling myths and offering practical support.
- **Weight Loss, Nutrition, and Medication:** Prioritising weight management and nutrition as key components of overall health could prevent numerous conditions. Offering support like free weight management programmes and exploring options for medication where necessary could have a positive impact.
- **Mental Wellbeing and Early Intervention in Schools:** Mental health should be woven into the fabric of school education, focusing on building resilience and teaching coping mechanisms for emotional challenges. Early intervention can prevent the escalation of mental health problems later in life.
- **Smoking and Vaping Cessation:** Supporting individuals in quitting smoking and vaping is critical for reducing the risk of long-term health issues. Tailored programmes addressing addiction and mental health, alongside outreach to families, could be more effective in changing behaviour and preventing young people from starting.
- **Substance Use Prevention and Support:** Focusing on early intervention for alcohol and drug misuse, especially for younger individuals, is essential. Comprehensive support systems that target underlying mental health issues can prevent escalation and reduce healthcare costs over time.
- **Community-Based Services and Mobile Units:** Expanding services like the SOS Health Bus and mobile units, especially in high-traffic or vulnerable areas, could provide accessible care and reduce the strain on NHS services by addressing problems early.
- **Access to Regular Health Check-ups and Screenings:** Preventative screening for conditions like cancer, cardiovascular disease, and diabetes is vital for early intervention. Making these screenings more accessible to underserved communities and encouraging regular health checks can save lives and reduce treatment costs.
- **Affordable Dental Care:** Improving access to affordable dental care, especially for low-income and vulnerable populations, can prevent costly and complex dental issues in the future.
- **Social Care Integration:** Fostering collaboration between health and social care services to support individuals with stable housing, social support, and community-based resources can help people manage their health proactively.
- **Mental Health Support Services:** Expanding access to mental health services, including outreach and integration into community care, is vital. This should include culturally appropriate campaigns to reduce stigma and increase awareness of mental health issues.

### 3.5 Other Feedback

This question offered an opportunity for people to highlight issues that the NHS should address in Norfolk and Waveney to improve healthcare accessibility, effectiveness, and inclusivity across the region. These points were:

- **Funding for Preventative Care:**
  - The concern regarding the gap between the ambition for preventative care and the available funding is valid. While preventative measures are widely supported, without adequate funding, they cannot be implemented effectively. It's important to push for sustainable investment in this area, especially given the long-term savings that could be achieved by reducing the burden of preventable conditions.
  - Consider advocating for long-term funding commitments in preventative services, demonstrating the potential for improved outcomes and cost savings through early intervention.
- **Accessibility and Equity:**
  - There is a strong emphasis on ensuring that health services are accessible to everyone, especially marginalised and vulnerable groups. Tailoring strategies to address rural isolation, digital exclusion, language barriers, and the needs of people with disabilities is vital.
  - It's also important to address the "postcode lottery" in service access, particularly for primary care. This could involve advocating for more equitable distribution of healthcare services and resources to ensure that underserved areas are supported adequately.
- **Digital Health:**
  - The concerns about digital health services, particularly in rural areas with poor internet access, need to be addressed. Ensuring that digital health solutions are designed with accessibility in mind—such as providing support for people unfamiliar with digital tools and ensuring that services can be accessed through multiple platforms—will help alleviate these concerns.
  - Consider focusing on a blended model of care, combining both digital and in-person services to ensure wider access.
- **Mental Health and Dual Diagnosis:**
  - The need for better integration of mental health services and dual diagnosis pathways is clear. Simplifying the navigation of mental health services, especially for those with co-occurring conditions like substance misuse, can make a huge difference in both outcomes and patient satisfaction.
  - Streamlining care pathways for these individuals and ensuring they receive timely and compassionate support can build trust in the system.
- **Youth Engagement:**
  - There is a clear call for more engagement with young people, particularly regarding mental health, substance use (vaping and alcohol), and access to activities outside school. Developing age-appropriate outreach programmes and increasing youth representation in healthcare decision-making would give young people a voice in the process and encourage healthier choices.
  - Schools and community organisations should play a greater role in health promotion, as they are well-placed to reach young people early.
- **Social Care Integration:**
  - The integration of social care and healthcare cannot be overstated. Social care is vital for addressing the long-term needs of many patients and preventing unnecessary hospital admissions. The NHS cannot function

effectively without a well-supported social care system that ensures people can transition smoothly from hospital to home.

- Advocacy for a more comprehensive, well-funded social care system should be a priority, with a focus on recruitment, retention, fair pay, and better training for social care workers.
- **Improving Services for Vulnerable Populations:**
  - The feedback highlights significant concerns about the underfunding of services for women with ADHD, as well as the lack of support for the neurodiverse community. Developing more targeted support services and peer support networks, especially in rural and coastal areas, could address these gaps.
  - Improving dementia and Alzheimer's care pathways and addressing the healthcare needs of the elderly are essential for improving outcomes, particularly given the aging population in the area.
- **Healthcare for People with Disabilities:**
  - The challenges faced by people with disabilities, including communication barriers, are unacceptable. Ensuring that individuals with disabilities are given equal access to healthcare and that their needs are considered in service planning is crucial.
  - Focusing on training healthcare professionals to provide accessible services, offering more flexible appointment systems, and ensuring that communication barriers (e.g., BSL interpreters) are addressed will help improve the experience for these patients.

## **4. Conclusion and Next Steps**

### **Conclusion**

In conclusion, the feedback provided is a strong call for a more integrated, accessible, and inclusive healthcare system. Key priorities highlighted include securing adequate funding for both preventative care and social care, improving digital and physical access for underserved populations, simplifying mental health and dual diagnosis pathways, and ensuring healthcare is inclusive for all, including those with disabilities and marginalised communities.

### **How the Feedback Will Be Used in Local Healthcare Planning**

This valuable feedback will directly influence the planning and development of both national and local healthcare services. On a national level, the feedback will contribute to shaping the government's 10-year plan. In alignment with national findings, public input from the Change NHS engagement has emphasised the need for quicker access to appointments, better coordination between healthcare services, and greater investment in staffing. These insights will be incorporated into the government's strategy to address existing challenges within the NHS.

Locally, the feedback will inform the development of Norfolk and Waveney's health and care services, particularly when determining how funding will be allocated. This will help guide the Joint Forward Plan refresh, ensuring that local services are responsive to the needs and concerns raised by communities.

**Next Steps**

In Spring 2025, the Department of Health and Social Care will hold a National Summit, bringing together a selection of the public and workforce who participated in regional deliberative events. The goal of this summit is to finalise the national plan, which will be published later in 2025 and will shape the future of the NHS.

Locally, the feedback gathered will be shared back with participants through various channels. We will ensure that all those who took part in the engagement process are informed about how their input is being used to shape both local and national healthcare planning.

**Acknowledgment and Thanks**

We would like to extend our heartfelt thanks to everyone who shared their time, insights, and experiences during the engagement events. Your contributions are invaluable, and your feedback will play a crucial role in shaping the future of healthcare in Norfolk and Waveney.