NHS Change:
10-year Plan Insight Report

Author: Tina Starling
Senior Insight and Involvement Manager

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Executive Overview

Introduction

In October 2024, a joint **DHSC and NHS England** team was established to deliver a 10-Year Health Plan entitled the **'NHS Change 10-Year Plan.'** The plan aims to set out how we will deliver an NHS that is fit for the future, creating a truly modern health service designed to meet the changing needs of our population.

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The plan focuses on what the Government calls the **three shifts:**

SHIFT 1:
Moving more care from hospitals to communities

SHIFT 2:
Making better use of technology in health and care

SHIFT 3:
Focusing on preventing sickness, not just treating it

The plan had to be co-developed with the public, staff, and patients through a detailed and extensive engagement process.

An interim report from the entire feedback received nationally has now been published and all who participated in the workshops are being asked to give their feedback to the priorities identified so far. A final plan is due to be published later in the Spring of 2025.

This executive summary for mid and south Essex combines the findings from staff and stakeholder focus groups within the area and covers the three shifts required by the NHS 10 Year change plan. The analysis reveals strong interconnections between these areas, with stakeholders consistently emphasising the need for integrated, accessible, and patient-centred healthcare delivery while using technology and community-based services for prevention and treatment.

The local story Mid & South Essex

It was really important that the feedback we collected came from a diverse range of community groups. The engagement team were successful in bidding for some engagement funding which they allocated to underserved community groups to encourage them to take part. We offered small grants of £200 to those who wanted to lead a focus group within their community. The incentive could be used to give honorariums to participants or pay for rooms and refreshments, whatever was appropriate for their community.

A wide range of groups came forward, many from our Research Engagement Network community.

- Seventh Day Adventist Church – Black Community
- Southend Community Assembly – Healthwatch Southend
- Westcliff Gifted Kids – Jewish Community
- Save Maldon Medical Services – Maldon Campaign Group
- Multicultural Essex Women's Assn – South Asian ladies
- Mzansi UK Forum Group – South African group
- Brentwood and Thurrock MIND – Mental health group
- Gypsy Roma focus group – GRT community
- B3 Bumps, Birth Belonging – Black women's maternity group

Many more groups wanted to get involved but time restraints and local resource prohibited their participation. To facilitate the focus groups, especially those from our underserved communities, the engagement team provided training and support using the national 'Workshop In a box' slides and tools. This offered us the opportunity to maximise the amount of insight gained.

We also ran a successful session during a regular staff briefing, to capture the views of the staff as well as a session with our MSE Integrated Care Partnership members.

To capture the broadest range of views we also ran four online sessions, initially we organised two focus groups with 20 places each, as both sessions filled within 24 hours, we had to add another two session and upped the numbers to 40.

ICB's Medium Term Plan & MSEFT's 10-year strategy

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> **In total over 500 people got involved to provide their feedback on the NHS 10-year plan."**
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But from the very beginning we understood that insight from our community would not be shared back to us from NHSE, so it was very important to the ICB that we captured everything before it was sent off and use this important insight to inform our Medium-Term Plan and support MSEFT's 10-year strategy.

Insight from the focus groups

1. Analogue to Digital Improvement

Patients generally support the integration of digital tools within mid and south Essex to enhance both accessibility and convenience. The NHS App has seen increased usage, allowing patients to manage appointments, access medical records, and receive health information digitally and this is welcomed in general by the participants.

However, concerns persist regarding AI, data security and digital literacy. Many attendees taking part in the focus groups feared that their personal health information may not be adequately protected in digital formats, leading to potential breaches of privacy. Additionally, individuals with limited digital skills or access may feel excluded from these advancements in technology thus increasing overall health inequalities.

Priorities for MSE should include:

- Implementation of an MSE Electronic Patient Records (EPR) system with standardised access

- AI integration for diagnostic support and data analysis

- A multi-channel communication system that supports diverse access needs

- Robust security and privacy protection measures

2. Hospital to community services

Participants of the focus groups were generally supportive for community-based care. Many people appreciate the idea of receiving care closer to home, avoiding long travel times, expensive parking, and the stress of hospitals making it generally more convenient and accessible. They felt patients feel more comfortable in familiar environments and prefer local, more personalised care which would be offered in their own home.
This would lead to;

- Freeing up hospital beds so our acute hospitals can focus on the most critically ill and sickest patients while others recover in the community.

- Potentially quicker access to care in local settings.

- Being treated at home reduces exposure to hospital-acquired infections.

- Improved well-being, some groups, like dementia and Parkinson's patients, may benefit from staying in familiar surroundings.

- Virtual wards and home-based care, provide additional support whilst allowing medical teams to monitor patients remotely.

Concerns

There are concerns about whether local services can match hospital expertise, especially given community staff shortages. Many feel that community care is underfunded and poorly co-ordinated, leading to inconsistent services. A lack of social care support puts vulnerable individuals at risk, while rural transport issues make access difficult. Shifting care to home-based may burden unpaid carers who may have their own health issues to contend with. The reliance on digital platforms raises accessibility concerns, particularly for older adults or those with poor internet connections, especially in rural areas. Unequal service access, funding disparities, and gaps in support for specific populations worsen health inequalities. Past failures, like 'Care in the Community' for mental health, serve as cautionary examples.

Conclusion from the focus groups:

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The idea of moving more care into the community is widely supported if done correctly. However, there's a lack of trust that the necessary funding, staff, and co-ordination will be in place to make it successful."

People want **real investment in community care, not just hospital closures without proper replacements**.

A phased approach, including rehab care hospitals, could ease transitions from hospital to home. Success does depend on properly funding social care, improving co-ordination between hospitals, community, and primary care, and providing better training for community staff. Investing in local health hubs, community diagnostic centres, well-maintained community facilities, and transport solutions are essential for both accessibility and effective service delivery.

3. Prevention-focused healthcare

Insight from the focus groups showed that the public strongly supports prevention but highlights several concerns. They see it as a way to reduce reliance on medication, improve long-term health, and ease pressure on the NHS. However, they emphasise that prevention must be well-designed, properly funded, and accessible to all.

Key themes include:

- **Early detection and screening:** Calls for earlier and more accessible cancer screenings, blood tests, and genetic risk assessments. Many feel cut-off age limits should be reconsidered.

- **Mental health and social support:** Prevention must go beyond physical health, addressing mental health through early intervention, education, and social care. Loneliness and isolation are also seen as major risk to health.

- **Health inequalities and accessibility:** Poverty, poor transport, and digital barriers make prevention inaccessible for some, highlighting more local, in-person services are needed.

- **Education and behaviour change:** Prevention starts in schools, with better education on nutrition, exercise, and lifestyle choices. Nudges and practical support are preferred over top-down messaging.

- **Vaccinations and misinformation:** While many value vaccines, misinformation remains a barrier, which seems to be growing. Stronger public health campaigns and direct access to vaccines are needed.

- **Holistic and personalised care:** The insight shows that one-size-fits-all strategies don't work. People need tailored support, especially for weight loss, diabetes, and long-term conditions.

- **Better system integration:** Prevention efforts must be joined-up across the whole system NHS, system partners including various private providers, the social care system, and the community organisations and charities, with long-term funding plans and less bureaucracy.

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Ultimately, prevention is seen as essential by the participants but must be practical, inclusive, and genuinely improve lives."

Conclusion

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The successful transformation of healthcare services within MSE requires a carefully balanced approach that integrates digital technology, community-based services, and prevention initiatives."
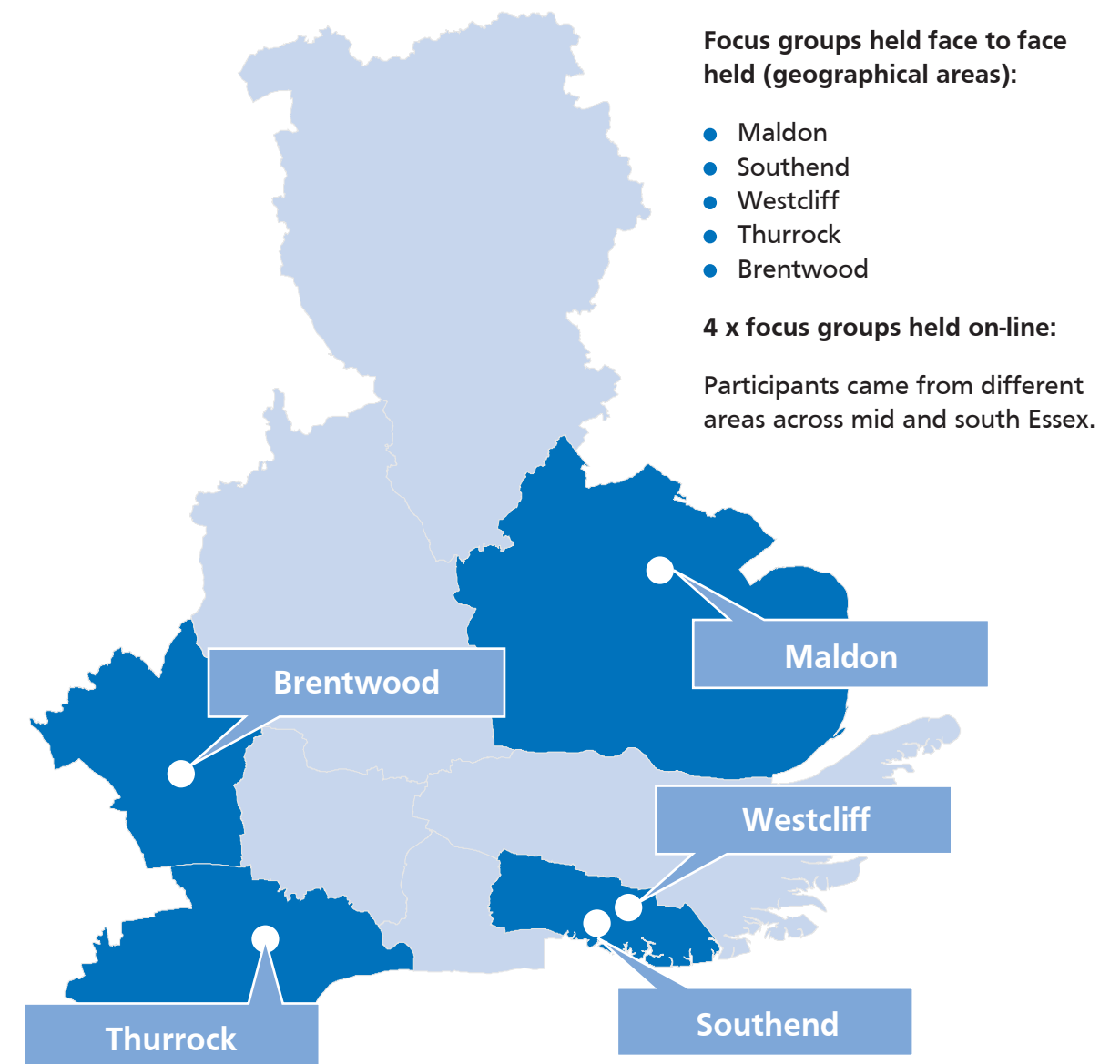
Key to success will be maintaining accessibility for all populations, ensuring robust support systems, and carefully managing the transition to prevent exclusion of vulnerable groups. The focus should remain on creating an integrated, accessible service that maintains high standards of care while improving patient experience and outcomes.

The ICB should prioritise:

1. Sustainable, long-term funding commitments

2. Breaking down silos between services and organisations

3. Maintaining the 'patient-centred' element in healthcare delivery

4. Addressing social determinants of health

5. Regular evaluation and adaptation of services

The insight we have gained as part of this process represents a significant opportunity to improve healthcare delivery and outcomes in mid and south Essex. As part of this process, we collected feedback from a wide range of people and many different communities, but success will require careful attention to concerns our people and communities have raised and a commitment to inclusive, services that are accessible to everyone.

Community Engagement map

Focus groups held face to face held (geographical areas):

- Maldon
- Southend
- Westcliff
- Thurrock
- Brentwood

4 x focus groups held on-line:

Participants came from different areas across mid and south Essex.

Participation statistics

For demographic/community groups taking part in face to face focus groups

Gypsy Roma Traveller
(Included Polish
community)

Jewish Community
(Westcliff Gifted Kids
cultural/faith group)

Afro Caribbean
(pregnancy, birth
and parenting)

South African group
(Mzansi UK Forum Group)

Asian
(Multicultural/Ethnic
Womens Association)

**Mental Health
communities**

Seventh Day Adventists
(Global majority faith
group)

Community Voice Panels

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AI has the potential to address and lift some racial bias in treatment as well as people being held accountable for their actions. AI simply uses numbers, ethnicity doesn't and shouldn't come into it as a result.
Quote from
Bumps, Births and Belonging CIC

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Virtual GP appointments we felt could be a disservice to the public as the GP's will possibly miss signs and symptoms by doing virtual appointments.
Quote from **Jewish community**

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New houses need more GP's – link housing and infrastructure.
Quote from **Healthwatch Southend**

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Community Diagnostic Centres to me are a no brainer! I think they are an excellent idea.
Quote from
focus group run on line 16 Jan 2025

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Hospital to community care - I live in Shalford and we no longer have a bus service, so local services would be brilliant!
Quote from
focus group run on line 16 Jan 2025

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Ambulance triage – No visit to A&E is always good!
Quote from
focus group run on line 22 Jan 2025