NHS
Nottingham and Nottinghamshire

10 Year Health Plan: Engagement Report

February 2025

Nottingham and Nottinghamshire Integrated Care Board

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1 Executive summary

1.1 Background

In response to Lord Darzi's independent investigation report[1], released in September 2024, the Government is developing a Ten-Year Plan for Health. This is a key part of the new government's Health Mission – "to build an NHS fit for the future" and responds directly to the Darzi report.

On 21 October 2024 a national conversation was launched called Change NHS – Help build a health service fit for the future. The conversation plays a key role in the development of the 10-Year Health Plan, which will be launched in Spring 2025. It is the biggest national conversation about the future of the NHS.

The 10 year-plan is based on three key shifts, highlighted as the way forward in the recent Lord Darzi report, they are:

1. **Moving care from hospitals to community**

What challenges does this shift address?

- People are living longer but with more complex health conditions.
- Treating people in hospital is expensive – and this is where most of the NHS budget is spent. Wait times for A&E, hospital treatments and mental health services are longer than ever.

What could this shift include?

- Moving from delivering lots of care in hospitals, to more care in communities, for example, providing more health services at places like GP clinics, pharmacies, local health centres, and in people's homes.
- Adapting or extending clinics, surgeries and other facilities in our neighbourhoods, so they can provide things that are mostly delivered in hospitals currently.
- Helping people lead healthier and more independent lives, reducing the likelihood of serious illness and long hospital stays.

2. **Making better use of technology**

What challenges does this shift address?

- Some parts of the NHS are still dependent on paper and pagers, slow computers and outdated software.
- Slow and uneven adoption of new technology means access to the latest treatments often depends on where you live.
- It's harder to retain talented NHS staff, if they aren't able to access the technology that they need to help them do their job.

[1] Independent investigation of the NHS in England - GOV.UK

What could this shift include?

Improving how we use technology across health and care could have a big impact on services in the future.

Examples might include:

- Investing in digital technology such as imaging machines and scanners.
- Using shared electronic records to improve the patient experience and make it easier for staff to access information.
- Investing in AI tools to predict health outcomes and identify disease more quickly and accurately.
- Improving virtual appointments with healthcare professionals.

3. Focusing on preventing sickness not just treating it

What challenges does this shift address?

Spotting illness earlier and tackling the causes of ill health could help people stay healthy and independent for longer and take pressure off health and care services. More could be done to help the nation stay healthier for longer. For example:

- Smoking is the cause of 25% of cancer deaths.
- More than half of our nation are overweight or obese.
- Levels of poor mental health are rising.

What could this shift include?

- Increased screening services to identify early stages of diseases.
- Providing more support for those wanting to quit smoking and prevent the development of lung cancer.
- Utilising weight management programmes to encourage people to live healthier lifestyles and prevent obesity.

Members of the public and NHS staff were invited to share their experiences views and ideas. Views were sought via an online website, change.nhs.uk, which is live until Spring 2025. Feedback could also be shared via the NHS App.

NHS Nottingham and Nottinghamshire have undertaken a two phased approach to this engagement. The first was a desktop research exercise conducted using previous engagement reports from programmes produced by the ICB. The second was via bespoke events and through existing engagement platforms.

The bespoke engagement activities took place with staff, members of the public, elected members and the Governors from across the system, together with Non-Executive Directors.

In addition to the sessions described above, between November 2024 and February 2025, we have also utilised our existing engagement platforms and events to gather feedback to feed into this report including staff events and briefings.

1.2 Key findings

Hospital to Community

- People want to be seen and treated in the community and not within an acute setting.
- Positive patient experience is more likely if care was delivered in the community rather than being seen and treated in an acute setting.
- Travel and transportation costs would be alleviated if care was delivered in the community.
- The 10 Year plan needs to include social care and be more integrated rather than just considering people's health needs.
- It is suggested that the leaders utilise and understand how the Voluntary and Community Sector can support the 10 Year plan.
- Leaders should build on what is currently working, i.e. community hubs delivering services in a community setting where people know they can access.

Analogue to Digital

- People are in favour of embracing digital services but understand some may need support to access.
- There needs to be a joined-up approach to digital integration of services to ensure that systems can work together to understand patient need and records.
- Access of digital services for those whose first language is not English can prove difficult.
- There should be support for people to access digital technology, considering those who may be digitally excluded and how we can enable people to access digital systems.

Sickness to prevention

- There needs to be support for our diverse communities to understand how and when to access local services to avoid sickness and allow our communities to live healthy and longer lives.
- Ensure all services are equitable and delivered across Nottingham and Nottinghamshire for all of our communities, not a postcode lottery.
- There needs to be a joined-up approach for health and care services ensuring we make every contact count – whether this be in health or social care
- Integrated working across health, social care, and voluntary sectors was highlighted as vital to ensure better access to preventative care.

1.3 Next steps

This report will form part of the formal submission in response to the NHS 10 Year plan engagement exercise for consideration. The 10 Year Plan is expected to be published in Spring 2025. The plan will set out how we create a health service designed to meet the changing needs of our changing population.

2 Conclusions and recommendations

Conclusion 1: Deliver effective communication to our citizens around education and healthy lifestyles and how and when to access services to avoid sickness and promote key health messages.

Recommendation 1: Continue to deliver robust and effective communication campaigns collaboratively with system partners supporting patients to access the right service at the right time and in the right place.

Conclusion 2: There was strong support for integration and collaborative working across the system at all levels.

Recommendation 2: Working collaboratively across the public sector with strong leadership to align decisions and thinking creatively to deliver integrated care with a focus on prevention and technology.

Recommendation 3: Consider how technology across our system partners could be used to improve access for patients and data sharing between organisations.

Conclusion 3: There is a clear focus on prevention with a particular focus on education, to prevent admissions and reduce waiting times

Recommendation 4: Prevention needs to be considered in the approach to all care pathways, not as a separate workstream, particularly in prioritising care for children to prevent ill health in adults.

Conclusion 4: Feedback on digital services was very consistent and focused. Patients are receptive and happy to engage in digitalised services, provided it does not lead to the exclusion of citizens.

Recommendation 5: It important for there to be a choice for those who either prefer to or can only engage with healthcare using traditional methods. It is also felt that for certain appointments and consultations, face-to-face is a necessity.

Conclusion 5: People want to be seen and treated in the community and not within an acute setting. Community Settings are preferred with a localised service being co-designed and formed around the communities they serve.

Recommendation 6: Develop and enhance local healthcare services that prioritise community clinics and mobile health units. These services should be co-designed with community members to ensure they meet local needs effectively.

3 Introduction

3.1 Context

The Government is developing a Ten-Year Plan for Health. This is a key part of the new government's Health Mission – "to build an NHS fit for the future" and responds directly to the Darzi report.

The Plan will set out an agenda to deliver on three significant shifts to health and care:

- Hospital to community.
- Analogue to digital.
- Sickness to prevention.

There is an expectation that there will be both national and regional plans for engagement with stakeholders, people and communities on the NHS 10-Year Plan. The engagement period commenced on 21 October 2024.

3.2 Aims

The overarching aim of this work was to involve Nottingham and Nottinghamshire stakeholders and citizens in the development of the NHS Ten-Year Plan for Health.

3.3 Approach to engagement

To support the development of the NHS 10-Year Plan, our approach to engagement comprised two phases:

Phase 1: Desktop review and synthesis of existing feedback to maximise the existing knowledge and insights the Nottingham and Nottinghamshire System can already access. A number of engagement activities have taken place over the past three years which have resulted in a rich data related to the three shifts. These include:

- Development and refresh of the Nottingham and Nottinghamshire Integrated Care Strategy.
- Development and refresh of the Nottingham and Nottinghamshire NHS Joint Forward Plan.
- Engagement on the "Tomorrow's NUH" New Hospitals Programme proposals.

Furthermore, reports held within the Nottingham and Nottinghamshire Insights Hub[2] were also reviewed to understand our knowledge and insights on the three shifts.

Phase 2: Utilising existing meetings and forums to engage with stakeholders, people and communities as well as conduct a number of bespoke events with key audiences.

4 Phase 1 – Desktop review of existing feedback

4.1 Methods

A review of the involvement of people and communities in the development of local authority strategies (including Joint Health and Wellbeing Strategies and refreshed Joint Strategic Needs Assessments) was undertaken. Other published documents were also subject to this review, a full list of reports and documents used in the desktop review can be found in Appendix 1.

[2] https://notts.icb.nhs.uk/2024/04/26/the-nottingham-and-nottinghamshire-public-and-patient-insights-hub/

To source the reports, we used the Nottingham & Nottinghamshire Public and Patient Insights Hub. The Hub acts as a central library of intelligence for system partners across Nottingham and Nottinghamshire. Through hosting engagement and insight reports from health, care, voluntary, statutory, and social enterprise organisations, system partners can quickly assess current understanding and reduce duplication of engagement work across the system.

5 Phase 2 – Involve

5.1 The emerging 10-Year Plan for Health

The principles of the emerging Plan, which we used as the basis for involvement, is framed around three significant shifts to health and care:

- Hospital to community.
- Analogue to digital.
- Sickness to prevention.

Workshop in a Box materials were provided for Systems to adapt to their needs. In Nottingham and Nottinghamshire these materials were tailored and used during the engagement period. Alternative online mechanisms were used to capture people's views and feedback including Mentimeter and Mural.

Details of the ways to engage with the Change-NHS activities were shared with all system communication leads within Nottingham and Nottinghamshire to share within their own organisations. Information was also shared at the ICS Engagement Practitioners Forum with an ask to distribute and encourage feedback from their staff, communities and networks.

5.2 Methods

A range of different methods were used to engage with system partners, patients and citizens to understand their views on the Plan. In total 657 individuals participated by attending an engagement event.

5.2.1 Targeted meetings

ICB representatives attended a number of targeted meetings to provide information about the Plan and facilitated discussions around the three shifts. These included:

- ICS Governors.
- ICS Non-Executive Directors .
- ICS System Leaders.
- VCSE Alliance.
- ICS Engagement Practitioners Forum.

ICS Governors Meeting

At the Bi-Annual Governors Meeting held by the ICB a presentation was shared with 39 of our system partners Governors.

Following a short presentation breakout room discussions took place with the following questions posed **for the three proposed "shifts":**

- What are you hearing from your communities on these topics?

- What supporting changes would need to be put in place to deliver on these shifts?
- What might immediate priorities be for these shifts?
- What is the one transformative change that would have the greatest impact on achieving this shift?

Following discussions Lead Governors from each breakout room provided feedback which has been collated and included in our responses below.

ICS Non Executive Directors

A bespoke session was held with the ICS Non Executive Directors to talk through the Lord Darzi Report and provide an opportunity for feedback and questions from the attendees.

The shape of the questions were formed differently to target the audience. The questions posed were: -

- What does your organisation want to see included in the 10-Year Health Plan and why?
- What does your organisation see as the biggest challenges and enablers to:
    - Moving more care from hospitals to communities?
    - Making better use of technology in health and care?
    - Spotting illnesses earlier and tackling the causes of ill health?

In total 29 Non Executive Directors from our Nottingham and Nottinghamshire participated in the conversations and feedback.

ICS Engagement Practitioners Forum

The ICS Engagement Practitioners Forum has around 65 members from across our system who meet on a bi-monthly basis. The aim of the forum is bring together engagement professionals from across our system to work together, avoid duplication and hear what our communities and networks are telling us together with engagement opportunities.

On the 14 January 2025, a short presentation as provided to the forum around the 10 year plan and the three key shifts. Members of the forum were able to provide feedback via an engagement platform called “Mural” during the meeting. For those who were unable to attend, the link was shared beforehand and after in order that feedback could be collated to include in this report.

VCSE Alliance

The Voluntary, Community and Social Enterprise (VCSE) Alliance plays a vital role in the ICB’s approach to working with people and communities. The Alliance has representation from across the sector, including the ‘umbrella’ CVS organisations, who support the small and medium sized members of the sector, and larger regional and national organisations.

The 10-year plan was discussed at the VCSE Alliance meeting on 7 January 2025, alongside the ICS Strategy Refresh, to gather insights from the members. Discussions

highlighted key priorities such as tackling health inequalities, encouraging stronger connections between organisations and East Midlands authorities including exploring opportunities emerging from the East Midlands Combined County Authority.

Key themes from the group included the critical role of faith groups in integrated neighbourhood working, the importance of school readiness in improving outcomes for children and young people, and the need to ensure that information—including the plan itself—is as accessible as possible. The discussion also reinforced the essential role VCSE organisations play in bridging gaps within the healthcare system, enabling citizens to achieve the best possible outcomes. However, concerns were raised about the fragility of the sector, particularly in relation to funding. There was also recognition of the sector's adaptability, flexibility and entrepreneurial spirit in responding to challenges. A strong and genuine partnership between the ICB and VCSE organisations remains vital to achieving lasting improvements in health and wellbeing.

5.2.2 ICS Partners Assembly

The ICS Partners Assembly brings together organisations and individuals who have an influence and interest in the health and care of our whole population in Nottingham and Nottinghamshire. At the meeting on 3 February 2025, we discussed the NHS 10 year plan and the Integrated Care Strategy and how we continue to embed this moving forward. During the event we heard great examples of what we have achieved across Nottingham and Nottinghamshire and what differences people have seen compared to last year.

Following a short presentation on the Lord Darzi Report and the NHS 10 Year Plan, round table discussions took place with delegates to look at the three key shifts. The questions posed during the event were:

Digital to analogue

- When you think about how we could use technology in the wider health and care system, what difference (good or bad) would this make to you?
- What technologies do you think the wider system should prioritise: Why?

Sickness to prevention

- Preventing sickness, not just treating it - what difference (good or bad) would this make to you?
- What three forms of prevention should be prioritised and why?

Hospital to community

- Moving more care from hospitals to communities – what difference (good or bad) would this make to you?
- What three areas should be prioritised and why?

We also explored our Vision and Purpose for the ICS, to check that this is right for the future, including exploring how we will measure our success and make a positive impact on the lives of citizens.

Over 150 partners from across our ICS attended, including representation from NHS, Local Authority, Voluntary, Community and Social Enterprise, citizens and patients.

5.2.3 Bespoke engagement event

On the 29 January 2025 an online engagement event was held and was hosted by our Chief Executive and Director of Communications and Engagement. Prior to the event there was an opportunity for participants to ask any questions to the hosts during the session. Background information and questions for the session were also shared with participants prior to the event.

Participants included elected members, staff, Local Authority, Voluntary, Community and Social Enterprise, citizens and patients.

A total of 25 people joined the conversation. The session was very interactive, and questions were shared on Mentimeter for people to complete. There were also opportunities throughout the event to discuss feedback and take questions.

5.2.4 Sharing with NHS and Local Authority staff and wider stakeholders

Standard materials including access to the online feedback platform were provided to communications colleagues responsible for engaging with staff who work for the constituent organisations of the ICS. These were disseminated through a variety of routes including staff newsletters, team briefings and through the system partner communication leads.

The engagement and feedback opportunities were promoted to a range of stakeholders through different online channels including via email, a weekly stakeholder briefing, social media promotion and via the Engagement Forums at the ICB. The information as also shared on the Integrated Care Board website.

All Workshop in a Box materials were shared with system partners in order that they may use these to capture thoughts and feedback through their own organisational submission to the NHS 10 year plan.

5.2.5 Internal staff events

As part of the process to form the NHS 10 year plan, at the ICB staff open day on 9 December 2024, the Engagement Team focused in on one aspect of the Workshop In A Box. To do this, they asked three questions and prompted people to respond concisely, using roughly three words. Each of the questions related to the central topic: “what will using the NHS feel like in the future?”

Staff Briefing Session

On the 14 January 2025 the engagement team joined the ICB’s monthly staff briefing session which was attended by 250 members of ICB staff. During the session a short presentation was provided and then staff were asked to feedback via an online platform Mentimeter. The three questions posed were: -

- What do you think will be the same?
- What will be different?
- How will we achieve this?

Staff were asked the questions around the three key themes whilst considering what can be done quickly, what will take more time and what could be a long term change.

5.3 Data analysis and reporting

All written notes taken during the public events and community group meetings were thematically analysed. Quantitative data was analysed to produce descriptive statistics.

6 Findings

6.1 Phase 1: Desktop review of existing feedback

6.1.1 Hospital to community

Throughout previous engagement work conducted by the ICB there has been a significant amount of support for shifting care away from hospitals and into the communities where citizens, carers, and patients live. Those attending health and care services in their local community appreciate the ease of access and not having to rely on long journeys via public or patient transport[3]. However, they also have shared concerns around the consistency of services, and the lack of awareness that can result from services not being centralised.

We have heard that patients, especially those who are infirm or rely on public transport, can struggle to attend in person appointments at a hospital if they are far away. Similarly, those who need to attend multiple appointments in a single visit to hospital find having to move between sites on the premises difficult and time consuming[4]. A theme that was prevalent around accessing services during the Tomorrow's NUH consultation was both families and patients preferring the co-location of services in convenient to reach hubs within their community, rather than at various locations, or having to travel far.

Community-based services have been identified as a crucial enabler in not only helping individuals access health and care services, but also in addressing the pandemic-related rise in social isolation and loneliness[5] which in turn reduces the impacts of poor mental health and increases wellbeing. Localised services can be co-designed and formed around the communities they serve and have a wider positive impact than just treating illness. We have seen examples of how these local services can not only benefit patients but also help streamline local clinical services. A local respiratory support group called Breathe Easy was started by a nurse in the town of Mansfield, after a short period in operation it enabled a respiratory consultant to attend group meetings and see multiple patients and citizens at once, in a place that was convenient to them, meaning the consultant could reduce the number of appointments they needed to carry out[6].

Professionals and citizens have reported concerns around bringing services into communities, and issues which could arise if not done correctly. Community Mental Health teams reported medication monitoring in the community can be difficult[7], compared to a clinical setting. Local consultations demonstrated that people struggle to know what services they or the person they care for receive, what they do and how to contact them. However, with proper service implementation and planning, these drawbacks can be overcome.

[3] Tomorrow's NUH Phase 2 Pre-consultation Engagement Findings
[4] Tomorrow's NUH Phase 2 Pre-consultation Engagement Findings
[5] Integrated Care Strategy Refresh 2022
[6] Joint Forward Plan Refresh Report 2024
[7] Integrated Care Partnership Insights Report 2024

6.1.2 Analogue to digital

Previous feedback on digital services is very consistent and focused. Patients are receptive and happy to engage in digitalised services, provided it does not lead to the exclusion of citizens who may not want to or are not able to use digital platforms.

There is a willingness to have follow up and post-operations consultations after discharge at home if they are safe to do so, as patients can use technology to complete these conversations from the comfort of where they live without the need to travel while recovering from treatment. In the same way, it is felt that it is not always necessary to have regular consultations in person, depending on the content of the conversation. It was noted by respondents to previous consultations that online video calls can be just as effective as face-to-face, with proper staff training[8]. As noted above, providing these services in a more convenient location saves both patients and professionals time and money in accessing and delivering out the service.

However, a clear concern which people have revolves around the issue of digital exclusion. It is reported that around 16% of adults in the UK are digitally excluded[9]. We have heard that if services move too far away from the traditional methods of meeting face to face or using letters, that this portion of society will be significantly negatively impacted. It is therefore important for there to be a choice for those who either prefer to or can only engage with healthcare using traditional methods to be able to do so. It is also felt that for certain appointments and consultations, face-to-face is a necessity[10].

6.1.3 Sickness to prevention

Prevention is widely seen by healthcare professionals and the public as a key priority to reduce the impact of illness on people, especially chronic illnesses, and to save money for the NHS. In 2024, 96% of residents said they either agreed or strongly agreed that reducing physical and mental illness and disease prevalence through prevention should be a priority area in the 2024 Joint Forward Plan refresh[11].

Despite it being difficult to prove the efficacy and savings attributable to prevention schemes, there are numerable examples of preventative work being well received, and impactful with citizens, even from early stages of projects. One such project is on suicide prevention in rural communities, Bassetlaw Focus on Farmers. This is a collaborative initiative aimed at providing joined up suicide prevention, mental health, and cancer support in the Bassetlaw community (which includes rural residents, families of rural residents, farmers, and equestrians). The project, led by the Bassetlaw Place-Based Partnership, Bassetlaw Action Centre, and Retford and Villages Primary Care Network, and co-produced with the agricultural and rural community, aims to tackle the issues that the residents face daily. Shortly after launching, the project hosted an in-person open evening aimed at raising awareness on the topic of mental health through guest speakers. Attendees found the event interesting and engaging, highlighting the relevance of the topics covered. Of those who attended and filled out an evaluation form, the event successfully reached the intended demographic as 50% were either farmers or rural residents, showcasing that. But crucially,

[8] Tomorrow's NUH Phase 2 Pre-consultation Engagement Findings
[9] What We Know About Digital Inclusion | Good Things Foundation
[10] Tomorrow's NUH Phase 2 Pre-consultation Engagement Findings
[11] Joint Forward Plan Refresh Report 2024

78% of survey respondents reported learning something new and felt more informed about where to seek support for their mental health and wellbeing needs[12].

Despite the overall support for the shift to prevention, it was emphasised that any implemented changes must be considered as a long-term shift which is well implemented at all levels, including early years education, and at funding level. As money is allocated into efforts to prevent illness, there still needs to be ample resource to deal with the issues being faced by acute departments, which are already stressed.

6.2 Phase 2: Involvement activities specifically in support of the Change NHS initiative

6.2.1 Findings from the ICS Partners Assembly

Hospital to Community

- There was clear endorsement for a shift in bringing more healthcare services into community settings to improve accessibility and reduce the burden on hospitals.
- Suggestions such as establishing community hubs with multidisciplinary teams, integrating primary care, pharmacy, and social care were brought forward.
- To enhance local healthcare services, discussions stressed that improvements in funding and support are needed for voluntary and community sector organisations.
- There was a call to empower individuals to make choices that are right for them and build on community spirit by helping connect people to their local area.

Analogue to Digital

- There was strong interest in AI for administrative functions, however some had concerns over data security and ethical use.
- For the digital technology to be as efficient as possible many highlighted the need for joined-up IT systems across different sectors that reduce duplication and improve care.
- Discussions highlighted the importance of being mindful of those who may not be able to access technology, people with learning disabilities, whose first language is not English and families who can't afford technology may find it difficult to receive information or access services.

Sickness to Prevention

- There was robust support for focussing on self-care, lifestyle changes, and early intervention to reduce pressure on acute services.

[12] Integrated Care Partnership Insights Report 2024

- Integrated working across health, social care, and voluntary sectors was highlighted as vital to ensure better access to preventative care.
- Digital tools and AI could support prevention by improving triage, data integration and early detection of illnesses.
- The system can work towards prevention by building on community assets and infrastructure, by upskilling community leaders to have conversations about health and better understand the community that live there.

6.2.2 What will using the NHS feel like in the future?

During the other events set out in section 5.2, we asked respondents what they thought would be the same, what would be different and how we could achieve changes whether this be short term, medium term or long term. Following a thematic process this qualitative data has been analysed and combined below:

What will be the same?

"The same drive and commitment from NHS staff to care for users."

A key response was that staff will remain empathetic, caring and friendly, with a dedication and passion for their role. However, there is also a view that staff will continue to be impacted by strain, contributing to low morale, feelings of overwhelm and feeling challenged, overworked, and underpaid. A continuing issue of inexperienced staff due to retention problems and burnout was also noted.

We also heard that citizens would continue to have more complex health conditions, as such prevention needs to be considered in the approach to care, particularly in prioritising care for children to prevent ill health in adults. Clinical triage is thought to still be needed to correctly direct people to the right care. High quality and timely treatment for patients, closer to home supported by technology so that citizens can be proactive in their care.

Comments reflected on staff wellbeing, the care citizens would receive, thoughts on impacts on services, funding challenges, and what would need to be in place for change to occur.

It is expected that services will still be overwhelmed with lack of resources, long waiting lists and access issues for GP appointments with demand for healthcare being the same or increased, potentially impacting on service delivery. Financial pressures will likely arise due to increasing demand and an ageing population. With financial challenges for organisations, there will likely be reduced offers to patients, impacting on any organisations ability to drive change and innovation. There will still be a need for hospitals for emergency, maternity and acute care. Respondents highlighted there is still potential for inappropriate A&E attendance specifically parents of children aged 0-5 years.

"People will need high quality and timely care and treatment."

In contrast, there is also hope that services will have improved with smaller waiting lists and delivering good quality care. Patients accessing their records will be simpler, with digital

notifications rather than letters by post. And more services will be accessible via the NHS App. There was an assumption that services would remain free at the point of access to all citizens.

Comments suggested that for change to occur there needs to be an emphasis on self-care, healthy lifestyles and hearing the voice of local people. Prevention was also highlighted as being important to elicit change but needs to be backed up by resources and capacity, for example into transformation programmes. It was also suggested that opening current estate assets would be beneficial so that all NHS spaces could be used by any NHS organisation.

Feedback primarily highlighted many of the problems which the system is currently experiencing, that may be expected to continue. One of the main themes raised was the demand for services, including Accident and Emergency and GPs. It was also felt that difficulties in accessing GPs will still be ongoing into the future. Political pressure and the tendency to turn healthcare issues into "political football" were also expected to continue. Despite these pressures, it was felt that the culture and strong workforce within the NHS will still exist.

What will be different?

When asked to think about how the NHS will be different, suggestions were made around the improvement of collaborative working, particularly within communities, and lean approaches to develop more efficiencies and simpler pathways. A greater utilisation of digital tools was also a key focus, and a focus on prevention when resourcing services to reduce demand. However, thoughts also emerged on bigger challenges that may be faced, including tighter budgets, fragmented services with increased demand, worse outcomes and limited innovation.

There were hopes that with innovation, services could be improved for patients with reduced waiting times with support from staff, timely test results including cancer tests, and patients being able to use hubs to receive advice on care, and for more self-help functions available and care being delivered at home. There were also hopes for improved integration with social care services and provide joined up care.

"More joint working across organisations and ICB borders."

There were concerns around whether older people would be supported and predict a greater use of private healthcare and an increase in climate related illnesses. When thinking about what will be different, no change was expected to the demand for services with even larger waiting lists, due to ageing populations. An ageing workforce may also bring challenges, although comments were hopeful that staff would be less overworked and will retain their caring natures.

A focus on prevention was also raised, with a particular focus on education, to prevent admissions and reduce waiting times. We heard that by targeting young people and new families to raise awareness and build health literacy, the impacts could improve the health of citizens long term. However, some concerns on the focus on prevention could lead to even less funding being allocated to secondary care.

It was stated that there will be more services implemented within the community, which will also positively impact the focus on prevention. Community and at home services would be the way forward with an emphasis on services being delivered in the community, such as community hubs**.** There were aspirations for genuine partnership working, where voluntary sector organisations felt equal partners to their health and social care counterparts. It was said this will lead to a more holistic and wrap-around care experience for local people.

It was thought very likely that there will be a greater use of digital functions across pathways and treatments including access to shared care records. It is expected that digital usage will increase with more use of apps, more digital wards and AI utilised. Technology would also be used for patients to access to services, including online options and monitoring patients at home through virtual wards. However, it was felt that these advances may lead to digital exclusion if not implemented with appropriate alternatives for those not digitally enabled.

"Technology will enable more monitoring at home and provide more direct access to services."

A focus on prevention would also be needed, including a suggestion to provide an accessible app-based self-help and prevention resource. It was also noted that accessibility and equality should be prioritised so that citizens are able to access all health resources and services. An increased emphasis on patient involvement and voice will help to guide this.

There were also operational suggestions made, including investing in staffing, training, and resources in the correct places, aligned with the priorities of the system. Funding mechanisms which funnel money where they can be used effectively, including community resources was brought up. Multiple people said that money and time investment would be key parts of making progress. Joint system working and investment will aim to save resources while empowering the patients and staff to achieve the vision of how using the NHS will use in the future.

"I hope "letters" from consultants to GPs happen more quickly - took 3 weeks for a change in medication to get to GP from local hospital."

Additionally, answers provided were positive and reflect how staff would like to see the state of the NHS in the future under the 10 Year Plan. Answers included how the healthcare system will focus on providing holistic and personalised care, one which allows patients receive support through more joined up services and pathways. There was also a theme around reducing red tape for community-based care, creating wrap-around patient-centred care and better societal support for older people. Improved communications between citizens and healthcare structures were also raised. Staff and services having a good knowledge of the technology available to them was raised as a specific example of one way that healthcare could be better

How will we achieve this?

There was a call to think and work differently to achieve the positive outcomes of the healthcare system of the future, for changes to be driven at scale, being bold and brave, suggestions made were to; remove regional teams, refresh all policies, collaborate across

systems, improve communication and education on healthcare, for more community provision focusing on prevention, pooling funds and resources across the sector, increase and upgrade the use of digital tools, and to enhance coproduction. To consider a single community provider and expand the integrated care teams. Working collaboratively across the public sector with strong leadership to align decisions and thinking creatively to deliver integrated care with a focus on prevention and technology.

It was shared that positive change will be made possible with financial and contracting methods born from evidenced and informed decision making. This included using the patient voice more strongly and ensuring complaints have a meaningful and practical application in improving services. Strong leadership will be needed to communicate what can realistically be delivered while managing expectations. Similarly, the ways of sharing best practice across Primary Care Networks, Place Based Partnerships, and ICBs needs to be improved to ensure all systems are working in the best ways possible.

"Establishment of a strong, vocal patient working group to feedback and advise on what is going on within across the city and county."

Comments were made around moving to implementing services in community settings away from hospitals, in turn supporting local communities.
Comments stated the need to look at the whole population and provide equitable priority to preventative approaches for children. Self-management to avoid needing to use services in future and improve relationships with communities by clearly communicating the capacity of the NHS may help with this. It was also suggested that citizens may need education or to be incentivised to use the right service.

Change can be achieved by implementing a holistic approach to patient care, the introduction of diagnostic hubs, planned health screening and a focus on mental health and personal connection - not just medical care. It was felt that more reflective time and more time to listen to patients, be led by patient feedback, and to involve patients in decision making would improve care services and experiences.

Digitalisation will have a part to play in a change in the NHS with improved communication to patients, access to information in one place, with pathways across the system being more efficient. Pathways may also be made simpler by allowing some specialist areas to be referred into without the need for a GP appointment, increasing the flow of people through the system and removing bottlenecks. Joined up systems to enable the flow of patient data from one provider to the next was also suggested, meaning that both staff and patient experience of healthcare is more streamlined and efficient.

"Automating referrals into services. At Stroke [UK], we have to chase to get referrals in order to support stroke survivors. For some we are unable to get a referral, and we never make contact."

Comments reflected that more funding is needed to properly resource services especially if prevention is being tackled. Some comments felt that capital needs to move from acutes to primary care with more GPs recruited.

It was also suggested to look backwards and create an understanding of how previous plans have not worked and led to the current state of the NHS. Understanding the themes behind these may lead to an understanding of the pitfalls that may mean future plans would not come to fruition

Staff will need to be re-energised, valued, and supported with more staff recruited to admin posts and those with different skills to support clinical staff. It was felt that taking staff and patient experience into account, and not only relying on data, would help guide this process.

Comments included how the system will need to focus on creating joined-up delivery of services and breaking down organisational boundaries. There will need to be a greater emphasis on health education within the population and communications from healthcare structures.

7 Conclusion

There is strong and long-standing support from citizens and stakeholders in Nottingham and Nottinghamshire for the ideas contained within the three shifts. In both a theoretical sense and also when we have proposed specific service changes (eg linked to the Tomorrow's NUH programme), our population and staff are keen to see more services delivered in the community rather than an acute hospital. Similarly, there is much excitement about the transformational possibility of digital and the clear role to be played from adopting a preventative mindset.

However, tempering all of this enthusiasm are a number of caveats. For example, if proposing moving services into the community, it will be important to ensure that there remains a level of consistency and high clinical standards when outside of a 'centre of excellence' within a hospital. Whilst respondents were keen to secure the efficiencies and patient benefits from a digital approach, care must be taken not to leave behind the digitally excluded. And a comprehensive preventative approach should not be at the expense of first-class treatment and care when illness does strike.

Throughout all of the conversations, it was clear that there was a high level of support for the foundational principles of the NHS but also a recognition that things needed to change. This is now becoming urgent but will also require careful explanation and support to ensure that no-one is left behind.

Finally, it is also clear that admiration and thanks for staff that work in health and care remains high, albeit tempered with a concern for their welfare and ongoing resilience. Any plan for the future of the NHS needs to be delivered in partnership with both staff and the population receiving care.

8 Appendices

Appendix 1

List of all sources used in desktop review.

Tomorrow's NUH Phase 2 Pre-consultation Engagement Findings
Integrated Care Strategy Refresh 2022
Joint Forward Plan Refresh Report 2024
Integrated Care Partnership Insights Report 2024
What We Know About Digital Inclusion | Good Things Foundation