

Change NHS VCSE workshop – 5th February 2025

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Background

VCSE Partnership Programme

Each [Integrated Care System \(ICS\)](#) has a voluntary sector alliance. The alliances bring together VCSE organisations within the ICS, enabling them to collectively inform and shape the ICS into a system which works for everyone. The [North East and North Cumbria VCSE Partnership Programme](#) is our VCSE alliance, and aims to ensure that the VCSE sector is embedded at all levels of our Integrated Care System (ICS).

Through the NENC VCSE Partnership Programme, [Voluntary Organisations' Network North East \(VONNE\)](#), working in partnership with [Cumbria Council for Voluntary Service \(Cumbria CVS\)](#), leads and delivers on the integration of the VCSE sector within the emerging structures in our ICS.

The VCSE sector, via the NENC VCSE Partnership Programme, is able to provide extensive expertise and reach into the communities that receive health and care services, particularly those that the NHS can find it difficult to connect with. Via the organisations that work within these communities, the programme enables communities to communicate their own priorities, as well as supporting the design and delivery of models that combine medical interventions with more holistic support.

Change NHS Consultation and the VCSE sector

Following [Lord Darzi's independent investigation into the state of the National Health Service \(NHS\)](#), the next step in [creating a new 10-year Health Plan is under way](#). The NHS launched [Change NHS](#), the 'biggest ever conversation about the future of the NHS', aiming to gather diverse input to shape the future of healthcare in the UK. This review and consultation are essential to ensuring the NHS's 10-year plan reflects the voices and needs of communities.

For VCSE organisations, the consultation offered an opportunity to contribute insights rooted in community connection and frontline engagement. The VCSE voice is vital to this consultation for a myriad of reasons:

- **Insights from lived experience:** Local VCSE organisations work directly with people who often face significant barriers to health and wellbeing. Their understanding of issues like housing, employment, isolation, and access to healthy food provides invaluable context for shaping effective, equitable healthcare strategies.
- **Driving prevention and inclusion:** The NHS aims to move care from hospitals to communities, shift the focus from treatment to prevention, and achieve inclusive digital transformation. The VCSE sector is critical to achieving these goals by utilising innovative approaches to tackle health inequalities and promote wellbeing.
- **Bridging the digital divide:** Inclusive digital transformation is a priority for the NHS, and the VCSE sector's role in designing solutions informed by lived experience - while ensuring that non-digital options are available - helps ensure no one is left behind.
- **Championing underrepresented voices:** The sector's work in advocating for marginalised groups ensures that diverse perspectives are included in healthcare planning, addressing inequalities and fostering fairness.

North East and North Cumbria Change NHS VCSE Engagement Workshop

To ensure the inclusion of the NENC VCSE sector voice, the VCSE Partnership Programme hosted an online 'Change NHS' engagement event on Monday, February 5th, from 10am to 12pm on behalf of the Integrated Care Board (ICB). This was a key opportunity for VCSE sector organisations across the North East and North Cumbria to come together and feed their insights and ideas into the 'biggest ever conversation about the future of the NHS'.

The two-hour session included:

- An overview of the Change NHS consultation
- Breakout discussions focused on the three shifts - moving care from hospitals to communities, shifting focus from treatment to prevention, and achieving inclusive digital transformation
- Opportunities to ask questions and provide direct feedback on these priorities

Participants

The session was attended by 24 individuals representing 21 organisations¹, covering all 4 local Integrated Care Partnerships in the North East and North Cumbria region.

The intent of the engagement workshop was also shared at meetings facilitated by the VCSE Partnership Programme in order to promote attendance. Following this, one email was received with detailed feedback from an individual unable to attend the workshop.

Individuals who shared their views were assured that whilst the insights they provided would be utilised and shared more widely, they and their organisations would remain anonymous.

Utilising knowledge shared by the VCSE

Information shared at this session was submitted to the national consultation, but this report has specifically been developed to share with the NENC ICB to showcase and highlight priorities of VCSE organisations in our region.

Making better use of technology

The increasing role of technology in the NHS presents both significant opportunities and considerable challenges. Through engagement with the VCSE sector, key themes have emerged regarding the potential benefits of digital healthcare, as well as concerns that must be addressed to ensure inclusivity, accessibility, and effectiveness.

When you think about how we could use technology in the NHS, what are your hopes?

Enhanced information sharing

Improving the NHS app could make communication across services more effective, ensuring that important information is easily shared between healthcare providers and therefore streamlining healthcare interactions. Better digital record-sharing between staff could also prevent individuals from having to repeat their medical history multiple times, which can be distressing for individuals who have experienced trauma, such as survivors of domestic violence. Electronic notes would further support this by ensuring that key details are consistently available to healthcare professionals.

Improved access to health services

Digital solutions could help reduce the need for unnecessary travel to appointments, benefiting those in rural areas who may struggle with transportation. By freeing up appointment slots and reducing travel barriers, technology could play a key role in making NHS services more efficient and patient-friendly.

Harnessing AI

AI presents a significant opportunity to address workforce challenges in the NHS, particularly by helping to reduce barriers to accessing appointments. By integrating AI into scheduling and diagnostic processes, more appointment slots could become available, easing pressure on healthcare services. Beyond improving efficiency, AI could be used proactively to address health inequalities. By analysing patient data, AI could help identify individuals at greater risk

¹ These figures do not include VONNE members of staff.

and connect them with link workers for additional support. This targeted approach could help ensure that those who need care the most receive timely interventions, improving overall health outcomes within communities.

Support for independent living

Technology also has the potential to support independent living, particularly for individuals who might otherwise face isolation. Digital tools in people's homes could remind them to take medication, stay hydrated, or monitor key health indicators such as blood pressure. With the right connectivity in place, these innovations could enable people to live more independently whilst maintaining their health and wellbeing.

Blended approaches to care

The use of digital and blended approaches to care has proven effective for many. The example of counselling services was given where, following the COVID-19 pandemic, many now offer a mixture of face-to-face, telephone, and remote sessions, which provides greater flexibility to those accessing support. This approach has been particularly beneficial for carers, rural communities, young people, and survivors of domestic abuse, as it allows them to access support privately and conveniently. Some individuals find remote counselling empowering, as it eliminates barriers such as travel time and concerns about being seen accessing services.

When you think about how we could use technology in the NHS, what are your fears?

Digital exclusion

Ensuring that digital healthcare is accessible to everyone is a significant challenge. Digital poverty may leave some individuals behind if they lack the necessary technology or internet connectivity, which can particularly be an issue in rural areas. There is also concern that not all mobile phones or personal devices will be compatible with new NHS systems, limiting access. Proposals such as establishing tech lending banks in each county, where people can borrow devices for virtual appointments, could help bridge this gap—but questions remain about funding and implementation. There were suggestions that broadband and phone networks could play a role in social responsibility by providing free calls to hospitals for those facing financial hardship.

Accessibility must also be considered in the design of digital healthcare services. People with learning disabilities, hearing impairments, or language barriers may struggle with digital systems if they are not properly designed to accommodate diverse needs. Individuals with severe mental health conditions already face barriers to accessing healthcare and may be wary of technology, further exacerbating their exclusion. Investment in both technology and human support—such as community workers to guide individuals through digital healthcare systems—could help address these issues.

Health inequalities and safety of individuals

When new digital tools are introduced, accessibility and inclusion need to be fully considered as there is a risk of making healthcare harder to access for marginalised groups. People experiencing homelessness, for example, may be provided with mobile phones to engage with digital healthcare, but without the skills to use them, they may disengage from services entirely. Similarly, individuals with severe mental health conditions may be so wary of technology that they avoid necessary appointments altogether. Creating dedicated hubs to support digital access could help address this issue, ensuring that vulnerable groups are not left behind.

Safety is another concern, particularly for those in coercive or abusive relationships. Digital appointments, such as GP phone or video calls, may prevent healthcare professionals from picking up on signs of abuse that would be more visible in face-to-face consultations. This is also a concern for procedures like smear tests, where in-person interactions could reveal signs of controlling behaviour that may go unnoticed in a digital setting. Thought must be given to how healthcare services can safeguard individuals in these situations while incorporating digital tools.

Funding and support for the VCSE sector

There is a concern that while the NHS moves towards digital systems, there will be an expectation for the VCSE sector to follow suit without the necessary funding or support. Many VCSE organisations lack dedicated IT departments, meaning they either pay external consultants or divert already stretched resources to manage digital transitions. Without proper investment in digital inclusion work, this may further strain the VCSE sector which is already under pressure. Ensuring that digital transformation is properly funded and that organisations have the necessary resources required is crucial to making the shift sustainable.

Impact on workforce

There are fears that increased automation could lead to job losses, disproportionately affecting certain groups. With around 75% of the NHS workforce being women, concerns have been raised about what happens to jobs that become automated, particularly for migrant workers. Additionally, the shift toward digital healthcare is increasing the administrative burden on NHS staff rather than alleviating it. While technology can provide immediate access to clinical and diagnostic information, patients may still struggle to get timely follow-ups with healthcare professionals, which can cause anxiety and make digital solutions feel ineffective.

Further questions

What technologies do you think the NHS should prioritise? Why?

The VCSE sector felt that the NHS should prioritise technologies that enhance usability, accessibility, and efficiency while ensuring that healthcare remains equitable for all. Given the constraints on capacity and time within the healthcare system, it is essential that digital tools are intuitive, easy to use, and designed to streamline processes rather than add complexity. Key areas identified for prioritisation include the enhancement of digital records and the use of AI to improve efficiency and address health inequalities.

What technologies are you worried about? Why?

The VCSE sector expressed concerns about technologies that may create inconsistencies in patient access or add pressure to an already strained healthcare system. The NHS app, for example, lacks uniform implementation, with some GP practices enabling full functionality—such as appointment booking and test results—while others do not, leading to an unequal patient experience. Additionally, while AI has the potential to improve efficiency, there are worries that it could inadvertently increase demand, with more diagnoses and referrals outpacing the capacity of healthcare professionals, ultimately adding to waiting lists rather than reducing them.

Additional Considerations and Insights

Beyond specific hopes and concerns, VCSE organisations raised broader considerations about the implementation of technology in the NHS. One key issue is the accuracy and consistency of digital records, particularly as more GPs transition to app-based appointment booking and telephone follow-ups. If important details, such as a veteran status, are not recorded correctly, individuals may miss out on crucial care. Similarly, the interoperability of different NHS systems remains a challenge, as seamless information sharing across services is essential for effective patient care.

Finally, concerns were raised about how young people will be engaged in this consultation process, given their unique relationship with digital platforms and social media. Ensuring that digital healthcare solutions are designed with their needs in mind—considering issues such as vaping, sexual harassment in schools, mental health, and education on positive relationships—will be essential to making these technologies fit for purpose.

Moving more care from hospitals to communities

What difference – good or bad – would this make to you?

The following feedback focuses on the positive impacts that this shift could bring. Organisations identified several key benefits, including increased VCSE involvement, improved efficiency in healthcare delivery, better data sharing, and alignment with patient preferences.

An increased role for the VCSE sector

A shift towards more community-based care presents significant opportunities for the VCSE sector to play a greater role in supporting people's health and wellbeing. Many organisations see this as a chance to provide more holistic care, particularly in areas such as drug and alcohol services, where earlier interventions could help prevent emergency admissions. By embedding VCSE support within community healthcare settings, organisations can work alongside the NHS to deliver more tailored, person-centred care.

While there is enthusiasm for this transition, there is also recognition that it will be a complex process. However, this presents an opportunity for the VCSE sector to demonstrate its value in delivering community-based care. By highlighting effective ways of working and showcasing the sector's strengths, VCSE organisations can help shape the future of local healthcare provision.

Improved efficiency

A key benefit of moving care into the community is the potential to improve efficiency within the healthcare system. By allowing the NHS to focus on acute and specialist care, hospitals could free up much-needed capacity for those who require in-patient treatment. This shift could help alleviate pressures on overstretched services and ensure that hospital resources are used where they are most needed.

Data and information sharing

For community-based care to be effective, improved data sharing between the NHS and VCSE sector will be essential. Many organisations recognise the need for better integration, particularly through shared patient records, to enable seamless collaboration. Preparing for

these changes will require investment in systems that allow for secure and efficient data sharing while maintaining patient confidentiality.

Patient-centred care

There is also an understanding that most people would prefer to receive care at home or in community settings rather than be admitted to hospital. Advancements in technology are already making this possible for many patients, particularly those with physical health conditions. Enabling people to be treated at home can improve their overall experience, with some individuals highlighting the benefits of being in a familiar environment, getting better rest, and maintaining their daily routines.

While there are many potential benefits to moving care from hospitals to communities, it is essential to also consider the challenges and concerns that this shift may bring. The following feedback outlines the negative impacts that organisations within the VCSE sector foresee, highlighting issues related to accessibility, workforce capacity, funding constraints, health inequalities, and the complexities of providing care in community settings. These concerns reflect the need for careful planning and adequate resources to ensure that the transition to community-based care is effective and equitable for all individuals.

Funding

One of the most frequently mentioned challenges was the need for proper funding and investment. Many VCSE organisations expressed concerns that this shift would place additional financial burdens on the voluntary sector without appropriate resourcing. There were worries that while the NHS might save money by moving care into the community, the cost would ultimately be absorbed by VCSE organisations, which are already underfunded. Without dedicated funding and long-term, sustainable contracts, many organisations fear that they will be unable to meet the growing demand for community-based care. Respondents also highlighted the need for significant investment in social care, particularly for out-of-hours support, as well as comprehensive training for both NHS and non-NHS staff.

Understanding the VCSE

A key theme emerging from the feedback is the need for enhanced understanding of the VCSE sector within the broader healthcare landscape. There is a call for greater trust and collaboration, as many organisations feel their contributions are undervalued, despite their ability to deliver impactful services. To facilitate effective community care, it is essential for the NHS to engage with VCSE organisations, recognising their expertise, resources, and the unique insights they offer in addressing health inequalities. By fostering a culture of co-production and ensuring that the voices of the VCSE are included in decision-making processes, the healthcare system can create a more integrated and effective approach to care that benefits everyone.

Accessibility

Many individuals, particularly those experiencing poverty, may struggle with home-based care due to digital exclusion and a lack of space for proper treatment. Limited internet access in rural areas further compounds this problem, making virtual appointments and remote monitoring difficult. Additionally, travel times across large regions can be a barrier to care, as hospitals provide a centralised space where many patients can be seen efficiently. Older generations, who are more likely to be digitally excluded, may also find virtual wards and remote healthcare more challenging to navigate.

Workforce and capacity

A major concern raised was the issue of staffing. Shifting care into communities requires a substantial workforce, yet there are already shortages within both hospitals and community healthcare services. Organisations questioned where the additional staff would come from and whether the system could function effectively without significant investment in recruitment and training. Bureaucratic processes also pose a challenge, making it difficult to work flexibly across sectors.

Complexity of home-based care

The ability to safely manage complex healthcare conditions at home was another key concern. Many people, particularly those with multiple conditions or limited support networks, may struggle with self-monitoring, leading to potential risks. Some respondents highlighted that without regular face-to-face contact, healthcare professionals may miss signs of deterioration in patients. This is particularly worrying for those without family members to assist them in monitoring their health.

Impact on carers

There were also concerns about the impact on carers, particularly unpaid carers who may face increased pressure as more people are treated at home. Women, who are disproportionately responsible for caregiving, may be particularly affected, making it harder for them to work and maintain their own wellbeing. Some respondents warned that shifting care to the community without the right support could lead to carer burnout, increased social isolation, and, in some cases, domestic abuse and safeguarding risks going unnoticed. While home-based care can be beneficial for some, it is not suitable for everyone.

Health inequalities

The move towards community-based care also risks exacerbating health inequalities. Disparities in the availability of community healthcare services across different regions mean that access to care may not be equal. Language barriers, digital exclusion, and a lack of culturally appropriate services could make it even harder for some groups to access the care they need. Vulnerable groups, including refugees, individuals with disabilities, and those with complex needs, may struggle to navigate the system, particularly if there is no clear structure in place to support them.

Discharge and follow-up support

Another key issue was the risk of premature hospital discharge without adequate follow-up support. Proper preparation, including social prescribing, housing support, and benefit advice, is essential to prevent a revolving-door situation where people repeatedly cycle between hospital and home. Effective transitional services, particularly for those with mental health conditions, are also needed to bridge the gap between hospital and community care.

Ensuring the sustainability of community care

Finally, there were concerns about whether voluntary sector support could be relied upon in the long term. Many VCSE organisations highlighted that volunteer-led services, while valuable, are not always sustainable. Without proper funding, some patients could be left with little to no support beyond a single volunteer visit. This raises questions about the long-term viability of the community care model and whether it will genuinely improve outcomes or simply shift the burden away from hospitals without addressing the root causes of pressure on the healthcare system.

The feedback from VCSE organisations highlights a nuanced perspective on the proposed shift from hospital-based care to community-based models. On one hand, there are significant opportunities for the VCSE sector to enhance patient support, alleviate pressure on the NHS, and deliver more personalised care tailored to individual needs. However, these potential benefits must be weighed against considerable challenges, including accessibility issues, workforce shortages, funding constraints, and the complexities of managing health conditions in community settings. For this transition to be successful, it will be crucial to address these challenges through strategic planning, adequate investment, and effective collaboration between the NHS and VCSE organisations. Ultimately, a balanced approach that considers both the positive and negative implications will be essential in creating a sustainable and effective healthcare model that serves the needs of all individuals within the community.

Virtual Wards

Virtual wards have the potential to provide effective care outside of hospital settings, but their success depends on the right support structures being in place. One attendee noted that in South Cumbria, virtual wards have been implemented successfully, particularly in pain-management programmes, where they have helped free up hospital and physiotherapy staff while demonstrating measurable local benefits.

However, concerns were raised about the risk of important warning signs being missed, as not all health risks may be adequately monitored through home-based equipment. The ability to assess and respond to patient deterioration in a timely manner is crucial, prompting questions about whether current virtual monitoring systems can provide the necessary level of care. Attendees also highlighted that for virtual wards to be truly effective, they must go beyond medical oversight, incorporating additional support such as visits from district nurses, meal providers, and emotional support services to ensure comprehensive, holistic care.

Community Diagnostic Centres

Experiences with Community Diagnostic Centres have been mixed, with some attendees noting that while they have the potential to improve access to diagnostic services, they can also create additional administrative burdens. Concerns were raised about whether these centres might inadvertently contribute to further backlog rather than alleviating pressure.

Additionally, attendees highlighted that community diagnostic centres are primarily focused on public health issues, raising concerns about whether staff have the necessary skills to understand disability and manage co-morbidities effectively. Without sufficient expertise, there is a risk that neuro-disabilities and complex conditions may not be properly addressed, potentially undermining the effectiveness of community-based diagnostics.

At the same time, Community Diagnostic Centres present a valuable opportunity to co-locate VCSE services within these hubs, providing more holistic and person-centred care. By integrating VCSE support into these spaces, patients could access wraparound services—mental health support and community-based interventions—alongside diagnostic testing. This approach would not only support the shift from hospital to community care but also enhance prevention efforts by addressing social determinants of health in a more accessible, community-based setting.

Ambulance Triage

Ambulance triage has the potential to improve patient care by ensuring individuals are directed to the most appropriate services rather than defaulting to emergency care. One attendee highlighted a pilot scheme in Cramlington, where a new triage system is being tested to assess whether patients can be referred to more suitable care settings instead of emergency services. If successful, such an approach could help reduce pressure on A&E departments while ensuring patients receive the right care in the right place.

Preventing sickness not just treating it

What difference – good or bad – would this make to you?

The following responses from VCSE sector organisations focus on the positive impact that a greater emphasis on preventing sickness, rather than solely treating it, could have. Attendees highlighted several key benefits, including reduced waiting times, improved access to non-clinical support, and the potential for a more holistic approach to health and wellbeing.

Reducing waiting times

A preventative approach could help alleviate strain on the healthcare system by reducing waiting times for certain services. By addressing health concerns earlier, individuals may be less likely to require intensive or urgent medical interventions, ultimately easing pressure on hospitals and primary care providers.

Non-clinical support

Social prescribing was identified as a valuable tool in preventative healthcare, enabling people to access a wider range of non-clinical services that support overall health and wellbeing. Community-led interventions, such as wellbeing hubs and local support groups, could play a key role in preventing health issues from escalating into more serious conditions.

Mental health

Attendees raised concerns about the limited availability of mental health support at an early stage. Currently, many people must meet clinical thresholds before they can access services such as Talking Therapies, meaning that preventative opportunities are being missed. There was strong support for the development of wellbeing hubs and self-help resources to provide assistance before individuals reach a crisis point. Schools were also identified as a crucial setting for prevention, with attendees advocating for education to help young people develop long-term resilience.

Recognising the role of the VCSE

The work of VCSE organisations in supporting preventative healthcare was highlighted as essential but often undervalued. Many VCSE organisations provide direct support to help people access health checks and attend medical appointments, yet the impact of this work—such as measurable improvements in mental wellbeing—is not always recognised within the system. Greater investment and recognition of these contributions could strengthen the effectiveness of preventative healthcare strategies, as well as potentially reducing pressure on clinical interventions and providing alternative forms of support.

A strong, well-supported VCSE sector is vital for prevention efforts, as it can adapt services to meet community needs more effectively than statutory services alone. Long-term funding and investment in the VCSE sector would enable it to strengthen its role in prevention, providing stability and capacity to deliver sustainable support rather than relying on short-term projects.

By implementing a well-planned, inclusive, and person-centred approach to prevention, healthcare systems could achieve significant benefits, reducing pressures on services while improving health outcomes for a wide range of individuals.

While preventing sickness rather than solely treating it has clear benefits, responses from VCSE sector organisations also highlighted significant challenges and potential negative consequences. Concerns were raised about inequalities in access, the impact on NHS staff, and the unintended consequences for both individuals and the VCSE sector. The following themes emerged from the discussion:

Accessibility

While preventative healthcare has clear benefits, there is a need to ensure that it is accessible to people with multiple unmet needs, including those with caring responsibilities, neurodiversity, and anxiety, who may struggle to maintain appointments. More personalised support, such as ‘handholding’ services to help individuals arrange and attend medical appointments, could improve accessibility and equity. Additionally, automation—such as automated health checks—could support healthier ageing, but attendees warned that if not carefully designed, preventative initiatives could create further disparities, leaving behind those who already face barriers, such as people with English as a second language or neurodivergent individuals.

Inequitable access

Attendees stressed that prevention efforts can only be effective if there is an equitable baseline for all. Currently, access to preventative care is a postcode lottery, with significant variation between areas. Pockets of deprivation in areas like Northumberland continue to be underserved, and certain groups, such as those experiencing modern slavery, face severe barriers to accessing services. Without addressing these disparities, prevention initiatives risk widening existing inequalities rather than reducing them.

Impact on the VCSE sector

There were concerns that responsibility for more preventative services may be shifted onto the VCSE sector without proper resourcing or recognition. While VCSE organisations play a vital role in community health, attendees warned that being directed by statutory services rather than being able to operate independently could undermine the sector’s autonomy and flexibility. A balance must be struck to ensure collaboration does not come at the cost of the VCSE sector’s ability to tailor its support to community needs.

Funding and resource

Funding and resources remain a major challenge for the VCSE sector. Waiting lists for services continue to grow, and while there is recognition of the need to shift resources towards prevention, funding is not following this shift. Along with this, short-term commissioning cycles prevent the VCSE sector from fully embedding prevention initiatives. Longer-term funding would allow for learning, adaptation, and greater long-term impact.

Workforce and capacity

There were concerns that an increased focus on prevention could place additional strain on the healthcare workforce if not properly managed. Attendees emphasised the need for system-wide recognition that the issue lies in structures and capacity, not with individual professionals. Any prevention initiatives must come with appropriate investment and workforce planning to ensure they do not exacerbate existing pressures.

Delays in accessing support

Timeliness is a key issue in preventative care. Many services, such as mental health counselling, already have long waiting lists, meaning that people with mild anxiety or other emerging issues may not receive timely support. This delay can have a significant impact on their social wellbeing and employment, potentially leading to worse outcomes in the long term. A truly effective prevention approach must ensure that services are responsive and accessible within the necessary timescales.

Pressure on the individual

A shift towards prevention must be framed carefully to avoid creating negative narratives around individuals' health. Attendees cautioned against the risk of positioning people as a burden on the system rather than recognising their unique circumstances and supporting them to achieve the best possible outcomes. Messaging around prevention should focus on empowerment and access rather than blame or responsibility placed on individuals.

While prevention has the potential to improve health outcomes, these responses highlight the importance of ensuring that it is implemented in a fair, well-resourced, and person-centred manner. Without addressing inequalities, workforce pressures, and service capacity, a shift towards prevention could risk exacerbating existing challenges rather than alleviating them.

What forms of prevention do you think the NHS should prioritise?

Mental health support

There was a strong consensus on the need for mental health support teams in schools as well as in community venues for those unable to access educational settings. The diagnosis of mental health issues in young people is crucial, as it can open doors to additional services. However, access to these services often involves lengthy waits and significant challenges. Peer support is seen as valuable in promoting resilience and fostering connections, particularly in drug, alcohol, and mental health settings. Additionally, improving access to primary care for mental health is essential, with suggestions for alternative methods of engagement, such as video calls for those experiencing low-level mental health issues.

Holistic, person-centred approaches

A holistic approach to prevention was advocated for by attendees, recognising that multiple health issues often occur simultaneously. It is important to incorporate the wider determinants of health and address these challenges collectively rather than in isolation. Attendees felt a person-centred approach is necessary to ensure that individuals receive appropriate care tailored to their needs. This includes the need for timely and accessible early diagnosis and detection to improve health outcomes.

Education

Early education was highlighted as a key preventive measure, particularly in increasing awareness about the importance of health screenings. Initiatives such as breast screening

buses exemplify how to reach new communities effectively. There was also a call for general awareness-raising campaigns to inform the public about various health issues and the importance of prevention. The VCSE sector emphasised that understanding what effective prevention looks like is vital, as current initiatives, such as food packages lacking fresh ingredients, are not always fit for purpose.

Social prescribing

Social prescribing is identified as a successful model that should be expanded beyond primary care settings. Evidence shows that it has effectively reduced costs and improved health outcomes. There is a suggestion to explore its application in secondary care, particularly for patients following operations. The role of social prescribers in schools and the potential for green social prescribers to be expanded are also recognised. However, for social prescribing to be effective, it is essential that both the activities and the link workers facilitating these connections receive adequate funding. This model demonstrates the NHS's acknowledgment of the community sector and its potential to enhance preventative care.

Broader considerations

Lastly, the need to address societal issues as a precursor to effective health interventions is emphasised. Preventing homelessness and ensuring additional provisions for vulnerable populations is critical, as these groups often face barriers to accessing health services. By prioritising a comprehensive approach that considers both health and social factors, the NHS can more effectively tackle the root causes of health disparities and improve overall community wellbeing.

Conclusion

The Change NHS VCSE Engagement Workshop provided a vital opportunity for the VCSE sector to contribute insights into the future of healthcare in the UK. Participants shared valuable perspectives on the NHS's key priorities, including digital transformation, shifting care from hospitals to communities, and prioritising prevention.

The discussions highlighted both opportunities and challenges. While technology has the potential to improve efficiency and accessibility, digital exclusion remains a significant concern. Similarly, the move towards community-based care could enhance patient experience and reduce pressure on hospitals, but would benefit being supported by appropriate funding, workforce planning, and collaboration with the VCSE sector to avoid exacerbating health inequalities. Prevention was widely recognised as a crucial focus area, with calls for investment in early intervention, social prescribing, and holistic, person-centred approaches.

For the NHS to successfully implement these changes, it must ensure that the VCSE sector is an equal partner in decision-making and service delivery. Sustainable funding, improved data sharing, and a commitment to addressing inequalities will be essential in creating a healthcare system that truly meets the needs of all communities. The insights shared in this report reflect the invaluable expertise and lived experience that the VCSE sector brings to the conversation, reinforcing its critical role in shaping a more inclusive, accessible, and effective NHS for the future.