Health Innovation East

Project Review Report

The Innovation for Healthcare Inequalities Programme Wave 2 Project

Women's Health Outreach and Insights Programme in Norfolk and Waveney.

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Part of the Health Innovation Network
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Executive summary

Norfolk and Waveney ICS built on the previous successful Wave 1 InHIP project to further improve access and experiences for women who often face additional barriers and inequality in accessing healthcare. The project focused on raising awareness and providing signposting around cancer screening (breast, bowel and cervical), sexual health and menopause in face-to-face settings with trusted communicators delivering tailored and culturally appropriate bespoke programmes of outreach and insight gathering for women aged 16 years and over across Norfolk and Waveney. Supported by many VCSFE partners, the programme supported over 800 women through two complimentary yet distinct projects.

Background to InHIP Wave 1 and Wave 2 programmes

The Innovation for Healthcare Inequalities programme (InHIP) was a national collaboration between the Accelerated Access Collaborative (AAC) , the National Healthcare Inequalities Improvement Programme and the Health Innovation Network delivered in partnership with Integrated Care Systems (ICS). The aim was to enable systems to generate evidence, and pilot new approaches to accelerate access to NICE approved innovations.

The focus for the programme was the five clinical areas of maternity, mental health, respiratory, early cancer diagnosis and cardiovascular disease contained within the Core20PLUS5 approach to reducing healthcare inequalities. Health inequalities are differences in health across the population that are systematic, unfair and avoidable. They are caused by the conditions in which we are born, live, work and grow. Reducing health inequalities is key to our strategy and underpins Health Innovation East's purpose – helping the best innovations in health and care reach the people, places and problems where they bring most benefit.

To deliver InHIP, Health Innovation East (HIE) worked with system partners and key stakeholders across the East of England in two distinct phases: October 2023 to March 2024, Wave 1, and April 2024 to March 2026, Wave 2. Wave 1 projects included three cardiovascular projects with one cancer project. The Wave 2 projects covered three clinical areas including *cancer screening* (breast, bowel and cervical), *cardio-vascular disease* (heart failure with preserved ejection fraction and blood pressure optimisation with atrial fibrillation detection) and *respiratory disease* (interstitial lung disease (ILD) and diagnosis and treatment of asthma).

The specific innovations, technologies and medicines supported across the second wave included:

- KardiaMobile for detecting atrial fibrillation in Hertfordshire and West Essex and Cambridge and Peterborough.
- FIT Testing for detecting bowel cancer in Norfolk and Waveney.
- FeNO for the diagnosis and management of asthma in Mid and South Essex and Suffolk and North Essex.
- Dapagliflozin to support heart failure with preserved ejection fraction in Milton Keynes.
- Nintedanib for treating progressive fibrosing ILD across the East of England.

By the 31 December 2025, the Wave 2 programme in the East of England had directly supported 2,707 people in underserved populations to enter health and care pathways with 981 directly starting treatments and / or accessing a NICE recommended innovation as a result. We have used the learnings from the Wave 1 to further adapt and scale our approach for Wave 2. We increased the number of projects from four to seven across a wider range of clinical and geographical areas while reducing the total investment but retaining the same level of impact. This is based on our approach of building on local assets and partnerships, and through scaling activities we understand to be effective. Six projects are now complete with one project to be finalised by summer 2026.

Our approach to evaluation has also developed over the programme. The four initial projects included formal impact evaluations, available from the ICS project teams with the Health Innovation Network publishing a national Impact Report in December 2024. Wave 2 has taken a proportionate approach to reviewing project learnings, outcomes and

impact, scaled to reflect the budget distributed and partner capacity. Each Project Review Report is drafted with delivery partners to focus on real world examples of how targeted interventions and innovations are improving healthcare access, experience and outcomes for communities facing the greatest health inequalities.

Background to scope of the project and partners

The community voices initiative, launched by the Norfolk and Waveney Integrated Care Board (ICB), had previously addressed health concerns within communities, such as vaccine inequalities. This innovative program involved the training of trusted communicators sourced from Voluntary, Community, and Social Enterprise (VCSE) organizations within the region. Trusted communicators are equipped to engage in community-level conversations about health, with the ultimate objective of facilitating increased access and improved experiences and outcomes of health care services within communities who face disparities within communities in the Norfolk and Waveney system.

To access and deliver the ICB InHIP wave 1 programme Norfolk and Waveney choose to scope and deliver a targeted phase 2 pilot of the community voices approach with a dedicated focus on increasing awareness and uptake of bowel cancer screening programme prompted by evidence linking deprivation, limited awareness of bowel cancer signs, symptoms and lower screening uptake. This, along with the home Faecal Immunochemical Test (FIT) was a topic trusted communicators discussed in their VCSE organization conversations with community members.

To build on this project and sustain initial progress the delivery team in the ICB continue the successful project for wave 2 using the same approach and partners with an extended remit to include other cancer screening areas such as breast and cervical cancer and menstrual health and menopause, sexual health services.

Community Voices: The Community Voices Women's Health Project (January–May 2025) was developed to understand the experiences of women in underserved communities across Norfolk and Suffolk. Funded through Norfolk Community Foundation and Suffolk Community Foundation, nine community organisations were supported to hold conversations using a Trusted Communicator model, enabling women to speak openly in safe, familiar settings.

The project focused on women who face barriers to accessing services or health information, including those from minority ethnic backgrounds, recent migrants, women in rural areas, and those experiencing financial hardship. This approach was chosen to ensure lived experience shaped insight into priority health issues and inequalities not routinely captured through traditional engagement.

WOWBUS: delivered in partnership with the Mary Magdalene Group, the WOWBus focused on reaching women who do not access health and care services through traditional routes. Operating across Norfolk and Waveney, the service engages directly with women in deprived neighbourhoods and communities experiencing significant health inequalities. By bringing support into familiar, trusted environments, the WOW Bus reduces barriers linked to stigma, transport, confidence, language and past negative experiences of services. The initiative aimed to improve access and experiences for women who face additional challenges in engaging with healthcare. It provides tailored information, early intervention and signposting on key women's health priorities, including cancer screening, sexual health, menstrual and reproductive health, and menopause. Including women most at risk of HIV: sex workers, IV drug users, migrants, Black African women, Women at risk of STIs: under 25s and women at risk of abortion/poor reproductive health and premenopausal women aged 25+.

Delivery and key findings

Community Voices: Conversations were carried out by trusted communicators working within nine community organisations. Their existing relationships and understanding of local communities enabled women to share experiences in a safe and comfortable way. All conversations were anonymised and recorded on the Community Voices Insight Bank to ensure consistent data collection. In total, 766 women took part. 362 conversations were recorded, including 293 individual one to one conversations and 69 group conversations. This blend of approaches allowed women to participate in formats that suited their confidence, cultural norms and personal circumstances.

The outcomes of these conversations were recorded and analysed by NODA - Norfolk Office for Data and Analytics through a ripple effect mapping execise during 2025 and are containined in a separate project impact report. The key findings are listed thematically below.

Key Findings

Across all conversations, five cross cutting themes emerged. These help explain the distinct challenges women face in relation to cancer, menstrual health, menopause and sexual health. Key themes identified:

- **Attitudinal barriers -** shame, embarrassment and fear were common, particularly among women with trauma or experiences of sexual violence. These feelings often prevented early help seeking or participation in screening services offered by NHS organisations.
- **Negative experiences with health professionals -** women reported feeling dismissed, rushed or not taken seriously in previous appointments. These experiences discouraged re-engagement and contributed to delays in accessing care.
- **Not feeling listened to -** many women felt they lacked a voice in their care. Concerns about chronic pain, menstrual issues or menopause symptoms were sometimes minimised, leading to frustration and reduced trust.
- **Cultural influences on women's health –** in some communities, topics such as sexual health, contraception and menopause were viewed as private or taboo. Language barriers and limited culturally appropriate information also restricted access.
- **Impact of protected characteristics -** ethnicity, disability, age, religion and sexual orientation shaped women's experiences of healthcare. Some women reported discrimination, inaccessible services or assumptions made about their background, which contributed to unequal experiences and outcomes.

WOWBus: The Women's Health Champion from the Mary Magdalene Group delivered extensive outreach through the WOW Bus and community-based drop-in sessions, targeting women who are often least reached by mainstream services. Engagement covered migrant, asylum seeker and refugee groups, the Gypsy, Roma and Traveller community, women experiencing homelessness, and women connected with the criminal justice system.

Activity took place across Norwich, King's Lynn, Great Yarmouth, Swaffham, Thetford and Downham Market. The Champion attended the WOW Bus more than 20 times, gathering 135 insights through short conversations during mobile outreach. Drop-in sessions with partners such as New Routes, Feathers Futures, Hinde House, The Arc and Swan Youth Project enabled longer discussions and follow-up support.

Key findings included cultural and linguistic barriers, low awareness of available women's health services, reluctance to discuss sexual and reproductive health, and the influence of wider social pressures such as housing insecurity, trauma, financial hardship and unstable living arrangements.

Impact and benefits

Community Voices: The project delivered strong impact by reaching 766 women who often face barriers to healthcare. Conversations improved understanding of symptoms, screening and available services, with many women reporting increased confidence to recognise when to seek medical help. Trusted Communicators frequently provided signposting to GPs, sexual health clinics and menopause or menstrual health support. The project also helped women navigate practical barriers such as booking appointments, registering with a GP and overcoming digital challenges. Beyond individual outcomes, the work strengthened trust in local services, reduced isolation and provided culturally sensitive health information to communities that are often underserved.

WOWBus: The wow bus directly supported 135 women and engagement improved women's understanding of topics including contraception, cancer screening, menopause and sexual health, helping them feel more confident in recognising symptoms and seeking advice when needed. 22 women were directly connected with relevant services, including iCaSH, Talking Therapies, GP practices and community-based support for mental health, trauma, housing and substance use. Through consistent presence in community settings, the project helped strengthen trust in health

services and encouraged earlier help seeking. The model also supported partners by improving referral pathways and highlighting unmet need within high-inequality communities. Participation in events and local networks increased visibility of women's health issues and promoted collaborative working across agencies. Overall, the project contributed to a more inclusive preventative approach and ensured that the experiences of seldom-heard women informed local system priorities.

Outcomes of the conversations include:

- the person or group's understanding of women's health issues was improved (through conversation, receiving leaflets or being signposted to further support)
- women were supported to access treatment or seek further medical advice about women's health issues
- preventative interventions (check-ups and screening) were promoted
- the menopause was discussed in a supportive environment which made it easy for people to share their experiences, support one another and encourage further engagement and action

Reflection and learnings

Women's experiences could be improved through:

- accessible information in preferred format or help with IT
- professional, appropriate and empathetic support from medical practitioners
- improved opportunities for the patient voice to be heard; feeling listened to by health professionals
- better availability of medical services such as tests and routine checks
- support including help with accessing, navigating or arranging health care by people such as trusted communicators, intermediaries, or peer support workers
- community based or outreach medical services and services in variety of places
- better availability of interpreters or leaflets in first or preferred language

Based on the insights and learning gathered from the project, the following recommendations are proposed to improve engagement, understanding and access for women including enhance visibility of inclusive support options for women. Strengthen cultural competency across the workforce and prioritise targeted, empowering health messaging alongside commission co-produced, culturally responsive resources and services.

Conclusion

This was a well delivered, structured and insightful project – liaising with over 40 different groups, partners and organisations over 24 months to deliver health messages directly to targeted communities. The insights bank which captured the data and insights provides a structured way to create, capture and analysis patient informed insight to influence and support the local commissioning approaches across Norfolk and Waveney. The project also helped create an infrastructure and mechanism to deliver training, information and health promotion activity to key VSCFE partners that could be scaled over time.

References and Background

Appendix 1 – Logic Model and KPIs

Appendix 2 – Assets to share such as inclusion/exclusion criteria, searches, publicity materials or information assets

Appendix 3 – Acknowledgement and References