



**Nottingham and
Nottinghamshire**

Working with People and Communities

Annual Report

April 2024 – March 2025

**Nottingham and Nottinghamshire Integrated
Care Board**

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1 Foreword

As we look back on the past year, we are proud to present our third Working with People and Communities Annual Report as NHS Nottingham and Nottinghamshire Integrated Care Board (ICB). This report highlights the significant progress and achievements of the ICB in this crucial area. Building upon the strong foundations established in previous years, we have further strengthened our approach to hearing from our population, ensuring that health and care services are effectively tailored to meet their needs.

Lord Darzi's Independent Investigation into the NHS and the subsequent consultation on a new Ten-Year Plan for the NHS by the Government has prompted a good deal of reflection across the NHS and in health and care systems across England. This period of introspection has been instrumental in shaping our approach to working with people and communities, ensuring that their voices are at the heart of our strategic planning and service delivery.

I am also pleased that our system has been part of the Care Quality Commission's piloting of a new framework for health inequalities improvement, which was launched for wider use in February 2025. The framework, which we have tested alongside three other ICS areas between September and November 2024, is intended to help ICSs to understand how well their engagement with people and communities is helping to tackle health inequalities

As we move forward, the insights gained from citizens and the feedback from our communities will continue to guide our efforts. We remain steadfast in our mission to create a more inclusive, responsive, and effective health and care system that meets the diverse needs of our population.

The full report includes detailed accounts of our various projects and activities. It highlights several key initiatives that have significantly enhanced our understanding of how people and communities interact with our health and care services, enabling us to improve them for the future.

Your comments on how we can do even better in achieving and feeding back on our work are always welcome. We look forward to hearing your thoughts and hope you find this report impactful and inspiring.

Alex Ball

Director of Communications and Engagement

This report highlights our duty as an Integrated Care Board to engage honestly and openly with the citizens of Nottingham and Nottinghamshire to help us shape and commission services together.

In our rapidly changing Health and Social Care System, coproduction must be the foundation of our work. This approach should be integral to service redesign, transformational change, and patient safety.

By listening to, respecting, and acting upon the voices of people with lived experience, service users, our population, and professionals, we can create effective, efficient, and accessible services that improve experiences for all.

We welcome your feedback and invite you to engage in continuous discussions, for ways for us to improve.

Rosa Waddingham

Chief Nurse

2 Introduction

2.1 About us

NHS Nottingham and Nottinghamshire Integrated Care Board is responsible for commissioning (planning and buying) healthcare services that meet the needs of local people. To do this well we have to ensure the voice of our citizens is at the heart of what we do, so we can understand the health problems affecting people living in Nottingham and Nottinghamshire, and commission services that will deliver the most benefit to these populations.

The ICB also has a ‘convening’ role for the Nottingham and Nottinghamshire Integrated Care System (ICS), to support the collaborative and joint working of all partners within the ICS. This means working jointly with partners including the Local Authorities, the Voluntary, Community and Social Enterprise sector, and other anchor institutions within our area, to deliver on the ICS’s strategic ambitions. Consequently, whilst much of the work described in this report relates to the work of the ICB, it also has a bearing on – and relevance to – the wider work of the ICS.

We serve a population of just over 1.2m people, covering urban and rural areas. We have some of the country’s most deprived communities, and there are significant health inequalities between our most affluent and most deprived areas.

Our goal is to ensure that everyone living in Nottingham and Nottinghamshire has the best possible health and wellbeing they can. To achieve this, we work alongside our partners and our communities to provide people with access to quality healthcare, as well as reducing the health inequalities that exist today.

2.2 Our statutory duties

The main duties on NHS bodies to make arrangements to involve the public are set out in Section 14Z45 of the National Health Services Act 2006, as amended by the Health and Care Act 2022:

“The integrated care board must make arrangements to secure that individuals to whom the services are being or may be provided, and their carers and representatives (if any), are involved (whether by being consulted or provided with information or in other ways):

- a) in the planning of the commissioning arrangements by the integrated care board,*
- b) in the development and consideration of proposals by the integrated care board for changes in the commissioning arrangements where the implementation of the proposals would have an impact on:*
 - the manner in which the services are delivered to the individuals (at the point when the service is received by them), or*
 - the range of health services available to them, and*
- c) in decisions of the integrated care board affecting the operation of the commissioning arrangements where the implementation of the decisions would (if made) have such an impact.”*

The ICB requires assurance that the legal duties for public involvement are being delivered effectively, and that the Working with People and Communities Strategy is being delivered in line with statutory guidance¹.

The report covers our activity for the period 1 April 2024 – 31 March 2025.

¹ [NHS England » Guidance on working with people and communities](#)

3 Our commitment to working with people and communities

The ICB is committed to putting people at the heart of all that we do by consistently listening to, involving, and collectively acting on, the experience and aspirations of local people and their communities. This is clearly set out in our Constitution and supported by our Public Involvement and Engagement Policy which describes the ICB's approach to ensure public involvement and engagement in the development, implementation, and review of health and care policies and services across the statutory organisation.

The two system-wide strategies for citizen intelligence and coproduction forms our collective system approach to working with people and communities. The Director of Communications and Engagement and Chief Nurse jointly lead on the two elements and the importance which is placed upon this work is underlined by the fact that both of these roles report directly to the Chief Executive.

One of the ICB's Board Committees (Strategic Planning and Integration (SPI) Committee) has responsibility for scrutinising arrangements for public involvement and consultation in line with the ICB's statutory responsibilities. This includes overseeing the development and delivery of the ICB's Working with People and Communities Strategy, ensuring the diversity of the population is effectively considered, including those who experience the greatest health inequalities as well as reviewing and scrutinising how people's voices and experiences across providers and partners are coordinated and heard. The SPI Committee regularly reports to the Board on progress on this work.

3.1 Overview

Our Strategy for Working with People and Communities is formed of two key elements, that are closely aligned and complementary but are different disciplines with different techniques and arrangements:

- Citizen Intelligence². A process of actively listening to citizens to understand their experiences of health and care services to enable a focus on areas that need improvement or changes. An ongoing cycle of activities that generate genuine citizen insights to guide the work of transformation and commissioning.
- Coproduction³. A way of working that includes people who use health and care services, carers, and communities in equal partnership; and which does this at the earliest (and all) stages of service design, development, and evaluation.

This is underpinned by our Public Involvement and Engagement Policy⁴.

3.2 Our principles

The principles that guide the work of Nottingham and Nottinghamshire are based on the ten principles set out by NHS England:

1. We will work with, and put the needs of, our citizens at the heart of the ICS.
2. We will prioritise reaching out to those communities affected by inequalities who are less likely to be heard.
3. We will use community development approaches that empower people and communities, making connections to social action.

² [Working with people and communities strategy \(healthandcarenotts.co.uk\)](https://www.healthandcarenotts.co.uk/working-with-people-and-communities-strategy)

³ [Nottingham and Nottinghamshire ICB Coproduction Strategy 2022 to 2024](#)

⁴ <https://notts.icb.nhs.uk/wp-content/uploads/sites/2/2022/04/ENG-001-Public-Involvement-and-Engagement-Policy-v1.2.pdf>

4. We will work with Healthwatch and the voluntary, community and social enterprise sector as key transformation partners.
5. We will redesign models of care and progress system priorities in partnership with staff, people who use health, care and support services and unpaid carers.
6. We will understand our community's experience and aspirations for health and care.
7. We will systematically capture and report community intelligence that includes findings drawn from a citizen's panel, VCS partners, statutory sector partners and networks at Place and neighbourhood level.
8. We will use insight gathered through a range of engagement approaches to inform decision-making.
9. We will develop a culture that enables good quality community engagement to be embedded.
10. We will systematically provide clear and accessible public information about vision, plans, progress and outcomes to build understanding and trust amongst our citizens.

The work outlined in this report is aligned to these principles.

3.3 Citizen Intelligence

Our framework for generating qualitative and quantitative citizen intelligence involves a number of mechanisms of equal value, ensuring we are fully inclusive and have a strong focus on health inequalities, enabling the involvement of people and communities. For example:

- We scope and review existing research, data, and evidence to ensure we are maximising what we know and identifying gaps in our knowledge.
- Our targeted engagement work helps us to bridge the gap in our understanding of people and communities' health and care needs and aspirations. Some examples include the work that we've done on the Integrated Care Strategy and with care home residents, their families and carers.
- We meet regularly with our Health Scrutiny Chairs, MPs and Councillors which helps us hear the concerns and aspirations of communities in a systematic way.
- We work closely with our Place Based Partnerships to understand trends based on geography and to understand who uses services, what views we have already heard, which voices may be missing and how to reach those groups.
- Our Voluntary, Community and Social Enterprise (VCSE) Alliance and other forums outlined in this report allow us to hear from those who are experiencing the greatest health inequalities.
- We use forums like the ICS Partners Assembly to hear directly from our citizens and their representatives and feed these insights into our Integrated Care Partnership.
- We use appropriate routes to reach our population, including our Citizen Panel, targeted surveys, public meetings, social media and the traditional media – following a principle of 'going to where people are' rather than expecting them to come to us.
- We also operate on an open and collaborative basis, sharing and disseminating our findings and those of other partners organisations.

3.4 Coproduction

The ICB has continued its commitment to embedding coproduction into all elements of system design and delivery, including commissioning activity, transformation, and improvement; and to empower and enable both professionals and people with lived experience to work alongside each other in a meaningful way.

Our coproduction approach is strengthened through building connections and relationships with our local health, local authority, voluntary sector partners and people with lived experience,

A key priority during 2024/25 was to continue to develop the infrastructure and resources necessary to embed coproduction more effectively across the ICB. This included creating with users the tools, networks, and learning opportunities that build staff engagement, confidence and capacity, alongside strengthening relationships with the wider system.

Our approach centred on enabling teams to integrate coproduction within their existing involvement methods and practices.

4 Governance and assurance

This section describes the structures and processes that support working with people and communities, including the responsible leads, and how working with people and communities happens at different layers across the Nottingham and Nottinghamshire system.

4.1 Nottingham and Nottinghamshire ICB arrangements

Progress on the delivery of the Working with People and Communities strategy is formally reported to the ICB Board through our SPI Committee. The Working with People and Communities Annual Report will be presented to the SPI Committee on 3 July 2025, then to the ICB Board on 9 July.

The roles and responsibilities of different governance structures that support working with people and communities, including responsible leads can be found below:

Role	Responsibility
ICB Board	The ICB Board has overall accountability for public involvement and engagement, including the Working with People and Communities Strategy. They also have responsibility for ensuring that the views of the public are appropriately considered in decision making.
Strategic Planning and Integration Committee	The Strategic Planning and Integration Committee is responsible for assuring the ICB Board in regard to its statutory duties for patient and public involvement.
Director of Communications and Engagement	The Director of Communications and Chief Nurse have joint responsibility for sponsoring the ongoing development and implementation of the Working with People and Communities Strategy. They also oversee the teams that supports the organisation in its duties and ambitions to work with and hear from people and communities.
Chief Nurse	

4.2 Coordinating how we listen to people and communities

4.2.1 ICS Engagement Practitioners Forum

The ICS Engagement Practitioners Forum is a platform for all system partners working with people and communities to work collaboratively, share resources, knowledge and expertise and maximise existing citizen insight.

Since its inception, the membership of the Forum has expanded, bringing together representatives from over 70 members from various organisations across our ICS. This includes health and care colleagues, Local Authority officers, VCSE organisations, Office of

the Police Crime and Commissioner, NHS Trusts, Community Champions Leads and Healthwatch Nottingham and Nottinghamshire. The Lead Governors from Nottinghamshire Healthcare Trust, Sherwood Forest Hospitals Trust, and Doncaster and Bassetlaw Hospitals Trust have also joined the forum, strengthening how we hear the needs of local people and communities.

Over the last twelve months, members have focused on sharing and triangulating citizen insight. This supported the development of a wider Citizen Insight report, which was shared with the Nottingham and Nottinghamshire Integrated Care Partnership in October 2024. Members have further supported the generation and coordination of citizen insight by facilitating discussions at the ICS Partners Assembly, contributing the NHS 10 Year Plan Engagement, the East Midlands Fertility Policy Review and the Nottingham and Nottinghamshire Insights Hub.

The Engagement Practitioners Forum has become a well-established mechanism for coordinating citizen intelligence and insights, as well as sharing best practices in working with people and communities. Our members also recognise its value, as evidenced by the following quotes from them:

“Attending the Engagement Practitioners Forum has enabled Digital Notts to share key updates on our digital inclusion programme, helping residents to feel supported and confident when using the NHS App to take control of their own health. Networking through the Engagement Practitioners Forum has ensured we can avoid duplication of effort and work together to improve the lives of citizens.”

NHS member

“I have found the Forum to be very useful and helpful. It is run in a professional manner and the fellow guests contribute well. The guest speakers are very knowledgeable and the topics very relevant. This is one of the meetings that I try my hardest not to miss. It supports my day to day work and the work of my greater team.”

VCSE member

“I have found the Engagement Practitioners Forum invaluable over the past two years. As a one person team, it is a real challenge to keep up with everything that is going on across the sector, especially as Public Health doesn't sit directly within Health. The meetings have provided a great opportunity to network with other engagement partners across statutory and third sector, share good practice, and challenges and avoid duplication around consultation. The administration and leadership of the forum by the ICB team is essential to its smooth running.”

Local Authority member

4.2.2 Voluntary, Community and Social Enterprise (VCSE) Alliance

Nottingham and Nottinghamshire's Voluntary, Community, and Social Enterprise (VCSE) sector plays a crucial role in the ICB's approach to working with people and communities. The VCSE Alliance is now integrated into strategic decision-making processes through the independent Chair Professor Daniel King, who is a formal member of the Nottingham and Nottinghamshire ICP and is an advisory member to the ICB Board.

To date, the VCSE Alliance has 107 members, representing 81 different organisations (a 17% increase on 2023/24). This includes representation from both the ‘umbrella’ CVS organisations, who support the small and medium sized members of the sector, and also larger regional and national organisations such as Stroke Association, NSPCC, Parkinson’s UK, Royal Air Forces Association, Citizen’s Advice and SHE UK (see Appendix 2).

The Alliance is establishing itself as an integral part of the way that the system works – acting as a sounding board, a voice for marginalised communities, and a source of new ideas and initiatives.

The Alliance's activities in 2024/25 have focused on exploring strategies that would support the sector to become better integrated into our system.

On 9 May 2024 the ICB Board received a report developed collaboratively with members on the VCSE Alliance⁵. The purpose of the report was to provide an update on the establishment of the Alliance and discuss how the VCSE sector could be further embedded within the health and care system.

The report highlighted the previous focus of ensuring members understand the local health and care landscape by developing resources such as a dedicated webpage, glossary of terms, and introductory videos. It also detailed how instrumental the VCSE Alliance has been in several initiatives, including supporting the development of the Integrated Care Strategy, the establishment of the REN project, and creating an intelligence and insights framework to understand community needs better. The challenges facing the Alliance were also noted such as short-term funding and the need for a better understanding of the commissioning process. Next steps included expansion of membership to include faith groups, continued engagement with the 3rd Sector Commissioning Group (exploring how the commissioning of services by VCSE organisations can be improved), and the establishment of the Nottingham and Nottinghamshire Insight Hub, all of which were developed in the following months.

The paper helped raise awareness of the Alliance and wider VCSE sector within the leadership of the ICB. There was an openness and willingness from the board to further embed and include the Alliance for the three ICP priorities – prevention, integration by default, and equity in everything. There were also discussions about the appropriate use of the sector, how the ICS can support the voluntary sector, with its capacity and challenges and the governance and organisation within the Nottingham and Nottinghamshire system. The board wanted to explore how to create a more collaborative environment and unlock resources both ways, also thinking about how the NHS can provide assistance using its broad wealth of insights and data.

On 13 November 2024, representatives from 12 VCSE organisations within the VCSE Alliance attended a workshop guided by CoNavigator principles⁶, participants identified critical themes, relationships, and ideas to address challenges.

The workshop fostered a collaborative environment, emphasising the Alliance’s potential to drive meaningful change within the ICS whilst recognising barriers. Participants also

⁵ [public-board-09.05.24.pdf](#)

⁶ [CoNavigator hands-on interdisciplinary collaboration & problem solving tool](#)

discussed strengthening the Alliance's role as a vital link between the voluntary sector and statutory bodies and defining its long-term impact.

A number of themes emerged during discussions:

- a) The VCSE sector faces significant challenges in collaborating with NHS and statutory bodies due to their complexity, size, and a lack of accessible structures, often resulting in VCSE-led outreach.
- b) Smaller charities struggle with limited access to the ICB and require greater investment from statutory organisations to facilitate meaningful participation.
- c) Commissioning processes and restrictive KPIs further hinder the sector, stifling innovation and funding opportunities, particularly in preventive initiatives.
- d) The VCSE Alliance holds great potential as a unifying network, capable of fostering information sharing, resilience, and long-term partnerships to advance the ICS's goals.

In terms of next steps, the themes from the workshop will be discussed with the wider VCSE Alliance members and the focus of the Alliance will be to cocreate an action plan to address key issues identified.

The VCSE Alliance has continued to evolve since its inception in July 2022. The work carried out by the VCSE Alliance and sector is fully aligned to the principles and aims within the Integrated Care Strategy. Positive impacts of the VCSE Alliance include enabling community voices to influence strategies, raising the profile of the sector, and providing a dedicated space for collaboration.

4.2.3 Coproduction Network

The ICB wide Coproduction Network which was launched in 2024 continues to serve as a hub for sharing resources, insights, and best practice with system partners and people with lived experience.

The virtual network is central to sharing experience and resources about coproduction, peer support and working to avoid duplication of both time, effort and resources for organisations.

Membership of this group has grown and diversified during 2024/25.

4.2.4 ICS Partners Assembly

The ICB coordinates on behalf of the system an annual public conference which we call the Partners Assembly. This attracts more than a hundred voluntary sector leaders, patient and citizen representatives, civic partners, and others. The Assembly has been used to explore topics and approach for the system's Integrated Care Strategy, the ICB's Joint Forward Plan and the national 10 Year Plan for health. Reports and fundings from the Assembly are shared widely, including to the Integrated Care Partnership and the ICS Reference Group. Further details about the work of the ICS Partners Assembly can be found in sections 5.2 and 6.1.

5 Putting our Working with People and Communities Strategy into practice

This section describes some of the key work programmes that have taken place in partnership with people and communities.

5.1 Understanding the healthcare needs of older adults and carers

We are committed to engaging with the population of Nottingham and Nottinghamshire to understand peoples' needs as they age, as well as those who support them and to build that into how we design services. Our mission is to empower older adults to lead healthier, independent and fulfilling lives.

As part of this work we wanted to engage with older adults and carers about how they receive healthcare and what matters to them. We are committed to engaging with the population of Nottingham and Nottinghamshire to understand peoples' needs as they age, as well as those who support them and to build this knowledge into how we design services.

This work was to look at how best to try to prevent or slow deterioration of health and "frailty". Much of this is not medical, but may be about other factors, like supporting independence or avoidance of social isolation. We are also working on better identification of health issues and reducing repeated appointments and admissions to hospital. Additionally, we wanted to understand how best to help people with multiple health conditions. The final aspect focused on end of life provisions and supporting choice and control in planning for end of life and support with compassion and dignity according to a persons' wishes.

The engagement was carried out via an online survey. Paper copies of the survey were also distributed upon request. There was also an offer extended to visit the community groups and meetings and talk to communities and citizens directly.

In total 105 surveys were completed, and group visits were undertaken to Mid-Nottinghamshire Community groups and foodbank centres, Dementia Groups and the Deaf Community Older People's Group, ran by the Nottinghamshire Sign Language Interpreting Service. Information was also shared in system partners newsletters.

We heard that patient education and information needs to be clear for carers, families and relatives around how people can manage their health and wellbeing in later life, especially for those who have communication difficulties, including the deaf community. We also found that many people noted that they were not aware of the information available around End of Life Care, which is vital to ensure that their wishes are fulfilled. We know that digital access is a great issue for the ageing well community with many citizens not having access to the necessary technology to fully engage in the current healthcare pathways.

A final copy of the Ageing Well⁷ report has been submitted to the Frailty Team for consideration in the redesign of the pathway moving forward to ensure that the conclusions and recommendations are taken on board together with a deep understanding on how this will look, feel and what this would mean for the ageing population in Nottingham and Nottinghamshire.

5.2 Change NHS – Help build a health service fit for the future: Local engagement

In response to Lord Darzi's independent investigation report⁸, released in September 2024, the Government is developing a Ten-Year Plan for Health. In October a national

⁷ [Ageing Well report](#)

⁸ [Independent investigation of the NHS in England - GOV.UK](#)

conversation was launched called “Change NHS – Help build a health service fit for the future”.

The proposed plan focused on three key “shifts”:

1. Moving care from hospitals to community.
2. Making better use of technology.
3. Focusing on preventing sickness not just treating it.

The ICB Engagement Team carried out work to involve Nottingham and Nottinghamshire stakeholders and citizens in the development of the NHS Ten-Year Plan for Health. There were two stages to the work, firstly a desktop review, followed by a period of engagement.

Stage 1: Desktop review

The desktop review examined the involvement of people and communities in developing local authority strategies, including Joint Health and Wellbeing Strategies and refreshed Joint Strategic Needs Assessments. Insights were collated from reports and additional readings sourced from the Nottingham & Nottinghamshire Public and Patient Insights Hub.

The research found consistent support for the proposed changes during the planning stages. For the Hospital to Community shift, local health and care service users appreciated the ease of access but expressed concerns about service consistency and awareness due to decentralization. Feedback on digital services was positive, with patients willing to engage digitally as long as it did not exclude those unable or unwilling to use such platforms. This was particularly valued for more convenient health monitoring and consultations.

Regarding the shift from sickness to prevention, both healthcare professionals and the public prioritised illness prevention to reduce the impact of chronic illnesses and save NHS resources.

Stage 2: Engagement

During the second phase of work, 657 individuals participated through one of the engagement events which were organised. There were specific meetings with ICS Governors and ICS Non-Executive Directors. Conversations were conducted on the 10 Year Plan the ICS Partner’s Assembly, together with ICB staff events, and a bespoke online engagement event. Views were also gathered during meetings at the VCSE Alliance and Engagement Practitioners Forum.

At the ICS Partners Assembly on the 3 February 2025 delegates were asked about the three shifts, including potential challenges facing them, and examples of how the key shifts could be addressed.

Following the engagement period, NHS Nottingham and Nottinghamshire ICB submitted their response⁹ to the Change NHS Forum for consideration in line with the publication of the NHS 10 Year Plan in 2025.

5.3 Understanding the experiences of unpaid carers

During February – March 2025, the ICB Engagement Team carried out an engagement exercise to understand the lived experience of unpaid carers. A discussion was prompted at

⁹ [10-Year-Plan-Engagement-Report-Final-Version-Feb-25-Accessbile.pdf](#)

the ICP meeting 28 October 2024¹⁰ as a response to the ICP insight report¹¹ which highlighted the impact on carers based on national data. It was suggested that carers could be an area of greater focus, aligned to the existing Carers Strategy. The Engagement Team received some funding from NHS England to conduct this engagement.

We were keen to engage with carers who we had not yet connected with, carers who have a disability, were from the LGBTQ+ community, from an ethnic community or have a support need themselves. The overarching aim was to uphold the voice of the carer recognising their often, hidden contribution to the health and care system. Local authorities and NHS commissioning teams were involved from the start and throughout the project to embed valuable insights into pathways and approaches, notably the ongoing work on the Joint Carers Strategy¹².

The aims of the exercise were to:

- Engage unpaid carers to understand which support is accessed by them and why.
- Understand what factors make the caring role challenging and suggestions for how these issues could be resolved.
- Understand what would support carers from different backgrounds.
- Gather insights around what carers feel positive about in terms of their caring role.

The engagement activities centred around visits to community groups and a bespoke listening session to hold conversations directly with carers. An online survey was also available to involve citizens panel members and for those preferring to share views online. Paper copies were available upon request.

In total, 35 individuals were engaged with. Visits to City Carers Support Group, Ladybrook Community Centre, Mapperley Carers Coffee Morning and a bespoke listening event held at Nottingham city library engaged 23 individuals. 9 online surveys were completed, and 3 carers provided feedback via telephone interviews.

We heard that carers have limited time to either research or attend carers groups which provide peer support and information. There is also a lack of clarity for some carers about what they may be eligible for and how to access it.

For cared for individuals whose first language is not English, there are barriers to accessing respite care if it's not possible to be matched with a carer who speaks the same language. Similarly, an issue can arise if respite carers are not trained to support people who are neurodivergent. Many carers expressed that they do not feel heard or listened to by professionals when addressing the needs of their cared for person.

A full report¹³ has been shared with contributors and be made available on the Nottingham and Nottinghamshire Public and Patient Insights Hub¹⁴ to enable wider sharing of system insights. Insights from the engagement activities will also support the ongoing work around

¹⁰ [ICP-24.03.25.pdf](#)

¹¹ [Microsoft Word - Oct24_IKP insight report final submitted](#)

¹² [Joint Carers Strategy - Nottingham / Nottinghamshire Carers Hub Service](#)

¹³ [Carers Engagement report](#)

¹⁴ [Introducing the Nottingham and Nottinghamshire Public and Patient Insights Hub - NHS Nottingham and Nottinghamshire ICB](#)

the Joint Carers Strategy. This report will also be shared with the Integrated Care Partnership (ICP).

5.4 Fertility Policy Alignment

In July 2022, the ICB inherited a number of clinical commissioning policies from the former NHS Bassetlaw Clinical Commissioning Group (CCG) and NHS Nottingham and Nottinghamshire CCG. The remaining policy requiring additional work is the Fertility Policy, which requires updates to modernise and standardise the offer across the East Midlands.

Prior to any changes being made, the ICB sought the views of Nottingham and Nottinghamshire citizens and stakeholders and to gather quantitative and qualitative evidence to inform the new policy. The listening exercise launched on 11 November 2024 and ended on 10 January 2025.

To ensure meaningful engagement with patients and the public, we:

- Tailored our methods and approaches to specific audiences as required.
- Identified and used the best ways of reaching the largest amount of people and provide opportunities for underserved groups to participate.
- Provided accessible documentation suitable for the needs of our audiences.
- Offered accessible formats, including translated versions relevant to the audiences we wanted to engage with.
- Undertook equality monitoring of participants to review the representativeness of participants and adapted activity as required.
- Used different virtual/digital methods or direct and 1-1 telephone activity to reach certain communities where we become aware of any under-representation.
- Arranged our engagement activities so that they covered the local geographical areas that make up Nottingham and Nottinghamshire.

Elected member briefings

Two one-on-one briefings with MPs were carried out by ICB representatives, providing information about the proposals, methods of engagement, and requesting any support in dissemination to constituents as well as gathering initial feedback from the MPs.

In November 2024, the Nottinghamshire Health Scrutiny Committee (HSC) received a briefing on the Fertility Policy Review. Background information as well as the proposed policy was outlined. The engagement approach and methods were introduced including the targeted outreach to affected groups such as residents of Bassetlaw, single women, and LGBTQ+ individuals. The HSC was invited to review the briefing, contribute to discussions, suggest community groups for outreach, help disseminate engagement details and determine how they wished to stay informed on the policy's development.

Public meetings

Three virtual public meetings were arranged for members of the public to give feedback about the proposals and to ask any questions they had to ICB representatives. These meetings were arranged at times suitable for the working age population given the age profile of those who typically access fertility treatments.

In each public meeting, ICB spokespeople described why there were different fertility policies in Nottingham and Nottinghamshire, the process underway to align these across the East Midlands and what criteria would be included in the proposed policy. Attendees were then given the opportunity to ask questions or provide any comments they had which were responded to live. For any questions that were not answered, a commitment was made to provide a response on our website. No such questions were raised.

Recordings of the online public meetings were made available on the ICB YouTube channel¹⁵, and within the landing page for the fertility listening exercise on the ICB website¹⁶ for people who were unable to join the live event.

In total, 9 individuals attended either of the public meetings.

Attendance at these public meetings was lower than anticipated despite the extensive promotional activities and outreach work. This was consistent with the experience of other ICBs in the East Midlands. It is surmised that given the personal and emotional response that discussions about fertility often generate that citizens did not want to participate in public discussions and instead preferred to complete the online survey.

Community group events and meetings

Local community group events and meetings were found through online research and utilising the knowledge and experience of external colleagues and resources. This included visits to local health community hubs, where a stand with information on the listening exercise was hosted. At that event the team spoke to 30 members of the public. Information was also shared at the local asylum seeker and refugee multi-agency forum, for information to be further distributed.

Community group meetings

Key groups and communities were identified through an extensive stakeholder mapping database undertaken by the ICB. An invitation was sent to 2000 stakeholders (including Healthwatch, local Voluntary Community Social Enterprise (VCSE) groups, LGBTQ+ groups, Women's groups and Bassetlaw place groups), offering members of the ICB Engagement Team to attend community/groups meetings, provide presentations and obtain feedback. This offer was also shared at the public and community events attended as above. The ICB did not receive any invitations to attend group meetings.

Leaflet Drops

Key community hubs were selected to improve the LGBTQ+ engagement. ICB colleagues attended these locations to drop off A5 leaflets describing the proposed policy change and how the public could share their voice, including a QR code linking to the survey. A total of 100 leaflets were dropped off across Nottingham and Nottinghamshire.

Survey

¹⁵ [A recording of the online fertility session is available on YouTube here](#)

¹⁶ [The recording of the online fertility session is also available for viewing on the ICB website](#)

Citizens and stakeholders were invited to complete an online survey about the proposals. The survey was circulated electronically to individuals and groups whose details were held on our stakeholder database.

Paper surveys were also available which contained the same questions as the online survey. There were no requests for other languages or formats.

The survey comprised a number of questions, where responses could be made via rating scales or through free text. In total, 427 individuals of the 2,046 who provided a response to the survey were from Nottinghamshire, with 33 of those being from Bassetlaw specifically. It was acknowledged that not all those who completed the survey disclosed their locality, and therefore this number may be even higher.

For more information on how Nottingham and Nottinghamshire ICB has been working with other ICBs across the region for the Fertility Policy Alignment see section 8.1. A full report will be available in May 2025 together with a local report for Nottingham and Nottinghamshire. The feedback from this listening exercise will be considered and fed into the final policy, which will be presented to the Strategic Planning and Integration Committee for approval.

6 How we've used insight and data

This section describes some examples of how we've used different sources of insight (aligned to our Citizen Intelligence framework) to understand people's needs and inform decision making.

6.1 Refreshing the NHS Joint Forward Plan and Integrated Care Strategy

The Nottingham and Nottinghamshire Integrated Care Partnership (ICP) has developed an Integrated Care Strategy¹⁷ to improve health and care outcomes and experiences for local people (2023 – 2027). The Strategy has been developed for the whole population using the best available evidence and data, covering health and social care, and addressing the wider determinants of health and wellbeing. In addition to developing the Strategy, the ICP is also responsible of overseeing the implementation of the Strategy and its refreshing. To support the annual refresh of the Strategy and to ensure ongoing consideration of the needs of people and communities, the ICP:

- a) Engages with a wider assembly of partners, at least once a year, comprising people who rely on care and support, unpaid carers, the full range of social care and NHS providers, the voluntary and community sector, and local professional committees.
- b) Will also receive reports on insights gained from service users and citizens.

Each NHS organisation in the country is required to produce an NHS Joint Forward Plan which outlines the organisations contribution to the delivery of the Integrated Care Strategy. The Joint Forward Plan was therefore refreshed in 2024/25.

6.1.1 Involving partners

One approach for the ICP to engage with the wider assembly partners is via the ICS Partners Assembly. The ICS Partners Assembly is a bi-annual gathering of organisations and individuals who have an influence and interest in the health and care of the region's

¹⁷ https://healthandcarenotts.co.uk/wp-content/uploads/2021/05/Integrated-Care-Strategy-2023_27.pdf

population. The third ICS Partners Assembly was held in April 2024 and attended by over 200 system stakeholders, including representatives from the VCSE sector, NHS organisations, Local Authority, citizens, patient leaders and people with lived experience.

This Assembly aimed at involving citizens in the development of the NHS Joint Forward Plan for Nottingham and Nottinghamshire and help with refreshing the Strategy.

The overarching themes from the insight at the ICS Partners Assembly can be broken down into nine key areas:

1. System-wide collaboration for Integrated Care Strategy.
2. Timely and consistent communication.
3. Strengthening service-patient relationships.
4. Advancing digital technology and system integration.
5. Building and maintaining partner confidence.
6. Community-based care.
7. Proactive community support.
8. Workforce development and training.
9. Engagement with grassroots and VCSE organisations to better understand local need.

This Partners Assembly has enabled our citizens to be involved in refreshing the Joint Forward Plan and Integrated Care Strategy, made their voice heard, and strengthened the trust between the system, staff working within the system, and people and communities:

“I like the ethos of the Integrated Care Strategy. Also investing in in-person engagement like this with senior people in the room is definitely the right thing to do.”

6.1.2 Development of the Citizen Insight Report

The ICB Engagement Team produced the second Citizen Insight Report¹⁸, which was presented to the ICP on 28 October 2024. The report included:

1. An overview of what matters to citizens, including perceptions of the NHS and social care and the civil unrest which took place during August 2024.
2. A summary of all recent activity involving working with people and communities across our system.
3. Deep dive on key topics including:
 - Timely access and early diagnosis of cancer.
 - The needs of children, young people and families
4. Several discussion points for the ICP to consider.

The ICP agreed that continuing to listen to the citizen voice was critical to ensuring the success of the Integrated Care Strategy, and there was an emphasis placed on the importance of not just using citizen insights when designing services, but to evidence their use.

This report to the ICP demonstrates the strength of working together as a system to ensure that we have the widest possible angle lens on the needs of our population and communities. The report drew from a very diverse range of sources including existing public polling data, qualitative discussions with the ICS Engagement Practitioners Forum and VCSE Alliance, service-change led engagement and much more. The report and discussion help to support the ambition for the ICP to be the “guiding mind” of the system. The

¹⁸ [Microsoft Word - Oct24_Icp insight report final submitted](#)

production of the report also demonstrates the value of ICB colleagues acting as system coordinator and leader, acting on behalf of our whole population rather than through a narrow organisational or geographic lens.

6.2 Supporting the mental health needs of citizens

The ICB Engagement Team produced a citizen insight presentations for discussion at the ICB Board Development Session which considered the current mental health needs of our population and future mental health services. Participants considered citizen insights alongside the current quality concerns and improvement requirements within mental health services. An action arising from this session was to better understand what the patient voice is saying across the system.

In response to this, the ICB Engagement Team produced a detailed Mental Health Insight Report, an overview of which was included in the ICB Board papers at their meeting on 9 January 2025 and was discussed at the Board's Development Session on this topic. The insights informed the Joint Forward Plan refresh process.

7 Equality and inclusion when working with our diverse communities

This section describes the principles that enable us to effectively hear from the diverse communities living in Nottingham and Nottinghamshire. It also provides some examples of how we have proactively reached out to groups who are most often excluded from (or less represented in) health services and involvement opportunities, such as people from inclusion health groups, people with a learning disability and people whose first language is not English.

7.1 Equality and inclusion principles

We tailor our engagement methods and messages according to the needs of our communities to maximise opportunities to hear from the diverse people living in Nottingham and Nottinghamshire. We make sure that our meetings and events are designed to meet the needs of individuals and communities and enhance access and participation. For example, we source British Sign Language (BSL) and language interpreters at events, provide easy read versions of documents as well as providing information in other languages.

7.2 Lung Cancer Screening Programme

The Lung Cancer Screening programme (formerly known as the Targeted Lung Health Check Programme) aims to find lung cancer at an early stage (stages one and two), often before symptoms develop. Early diagnosis increases lung cancer survival rates as there are more curative treatment options available.

As of March 2025, over 5,500 people across England have been diagnosed with lung cancer through the programme and 75% were found at an early stage. This compares to less than 30% outside of screening.

The programme is being rolled out across Nottingham and Nottinghamshire in a targeted approach with the highest risk areas prioritised. The first area was Mansfield and Ashfield in 2021 and since then invites have been expanded into Nottingham City and South Nottinghamshire. Eligible people from Mansfield and Ashfield are also being re-invited for follow up scans and check-ups.

As part of the screening, those aged 55-74, who are current or past smokers are invited for an initial telephone lung health assessment. Following the assessment, a patient may be

invited for a low dose CT scan at one of the mobile units that are equipped with a CT scanner. To make the screening accessible to as many people and communities as possible, the mobile units are sited in community locations, such as supermarket car parks and leisure centres. These locations have good transport links to ensure transport is not a barrier to attending appointments and a private transport service is also available to patients should they need it.

As of March 2025, across Nottingham and Nottinghamshire, over 81,000 people have been invited and over 29,000 scans performed. 65% of people invited have taken up the screening offer and 312 cancers have been diagnosed. 64% of these cancers have been diagnosed at an early stage and 70% have a curative treatment plan.

Due to the innovative approach of delivering screening in the community, the programme team won the ICS Health and Care Award for Health Inequalities at the System's inaugural awards ceremony in October 2023 and came runner up in 2024. The team was also selected to present on addressing Health Inequalities in lung cancer screening at the British Thoracic Oncology Conference in Dublin in March 2025.

Further work has taken place to improve access for some of the most vulnerable people in Nottingham City as the team adapted the service provision to make it easier for people experiencing severe and multiple disadvantage (SMD) to attend. This initiative saw the mobile unit set up in the city centre with the offer of drop in and longer appointments and specialist support provided. This is a great example of services working together to deliver patient-centred care. Many people attended with the support from key workers and partners. The feedback received on the day was extremely positive with high service ratings and several people attended who do not usually engage with healthcare settings. A kind donation of sandwiches was also provided by local food manufacturer; Samworth Brothers.

The local NHS worked with Nottingham City Council to access the city centre location and local charities and outreach workers supported in sharing the message to the eligible cohort in the city centre, many of whom have been sleeping rough. Feedback from patients described the service as "nice and welcoming" and "very straightforward". The team are continuing to work closely with SMD groups in Nottinghamshire with plans to deliver more drop in clinic days in Mansfield and Ashfield.

To increase awareness of the screening programme, the team also attend events in the local community such as, local befriending groups, over 65s groups, community groups and Notts Pride. These events provide opportunity to share information, answer questions, and gather feedback on programme materials.

The programme is also widely promoted on local radio stations, public transport (bus and trams) and social media channels. The team also links with GP practices, councils, charities, and faith centres to gain valuable local insight to shape the communication and engagement strategy and reduce barriers to participating.

Case studies are a valuable promotional asset which provide real life examples which people can relate too. The team are always keen to hear from patients who are willing to share their lung cancer screening experience. Jacqui, a Nottingham City resident has kindly shared her journey with the team which is being widely shared on the dedicated lung cancer screening website, Integrated Care Board website, social media and through an animation. Jacqui's story has also been presented to the East Midlands Cancer Alliance.

Stakeholder mapping continues to take place, together with establishing new relationships with community groups and networks. This has allowed communication to be delivered to our diverse and ethnic communities.

Working with the District Council, discussions have also started to recognise and understand the culture of the Gypsy Roma Traveller community. Face to face engagement is planned to best reach these families and learn what information and adaptations would be helpful to overcome any potential barriers to attend a lung cancer screening appointment.

7.3 Developing a Research Engagement Network for Nottingham and Nottinghamshire

The overall aim of the Integrated Care System (ICS) Research Engagement Network (REN) Programme is to ensure that all communities are actively involved in health and care research and that research is more representative of our diverse and underserved populations, so that everyone can benefit from research. The REN brings together communities, voluntary and community organisations, NHS partners, Local Authorities and researchers.

A key priority is to undertake research with communities and in geographical areas where health and social care needs are greatest. Nationally and locally there is less research happening in the areas where there are higher levels of poor health. Health conditions which are more common among disadvantaged communities are more likely to be studied in healthier, more affluent and less diverse populations. This is important because the research findings may not be relevant to those who face far greater challenges to their health and wellbeing.

This year we focused on developing research engagement through existing community health and wellbeing champion networks, community champions and Community and Voluntary Service (CVS) organisations, with an agreed approach to work with people who are 'trusted voices' in their communities and ensuring that what we do benefits communities not just researchers or the 'system'.

In parallel, we have continued to develop links with research communities to create accessible pathways into research for underserved groups. We've built connections with researchers aligned with the REN's engagement approach including the Co(l)laboratory, a joint initiative between Nottingham Trent University and the University of Nottingham.

We have also worked with the VCSE Data and Insights Observatory at Nottingham Trent University to develop a prototype interactive dashboard that works to connect researchers with communities. The dashboard allows VCSE organisations to express research priorities, set boundaries for engagement, and connect with aligned researchers. For researchers, it offers a way to discover and collaborate with relevant, trusted community partners. The objective is to remove barriers to engagement in research for underserved communities and enable more equitable, balanced and inclusive research relationships that are mutually beneficial.

7.4 Understanding the needs of young people

The Golden Thread project empowers young people to pursue further education and employment by connecting them with local volunteering opportunities. Participants receive tailored training and are matched with organisations aligned to their interests. This not only

helps reduce social isolation and build confidence, but also enhances their access to education and supports the development of new skills and self-esteem.

Importantly, the programme also provides valuable insights into the needs of younger people. For instance, it recently highlighted a significant gap in access to sexual health services in the Sherwood area - particularly around emergency contraception. In response, a survey has been distributed to local partner agencies to gather their perspectives and identify opportunities for outreach. Meanwhile, awareness of existing services is being raised among those involved in the initiative.

7.5 Amplifying the voice of people with learning disabilities

The Broxtowe Learning Disability Collaborative is a local initiative focused on improving the health and wellbeing of people with learning disabilities in the Broxtowe area. The collaborative's work is part of a broader effort within the Nottingham and Nottinghamshire ICS.

Broxtowe Learning Disability Collaborative designed and implemented a series of Learning Disability Health and Wellbeing Roadshows aimed at improving the outcomes and experiences of people with learning disabilities.

The roadshows provided a safe space for people with learning disabilities to have their voices heard and to share their experiences about what matters to them. They also encouraged uptake of the annual learning disability review, raised awareness of the wider determinants of health and promoted a holistic approach to health and wellbeing.

As a result, a number of actions have been implemented including training experience for every PCN trainee nursing associate, Oliver McGowan training with leisure staff, setting up sensory flu clinics for people with learning disabilities and creation of a learning disability advise and information repository.

7.6 Coproduction and the Learning Disabilities and Autism (LDA) Programme

The LDA Programme is set up to support making health and care services better so that more people with a learning disability, autism or both can live in the community, with the right support, and close to home.

During 2024/25 the programme has been a coproduction priority by employing a dedicated role to support the development of their Virtual Expert by Experience Group.

This group has two members actively contributing at a strategic level through their roles on key programme boards. Their involvement has ensured that lived experience insight is embedded in decision-making and service development, influencing both the direction and delivery of the LDA programme priorities.

An example of their work has been the "Minds of All Kinds" initiative, which is co-producing a neurodevelopmental support website. Feedback from a series of parent carer workshops conducted with the University of Nottingham's Neurodevelopmental Network are directly informing service improvements, to improve the accessibility of communication and pathway information, with easy read and visual infographics now in use based on family feedback.

7.7 Partners in Mind – Mental Health Coproduction

Launched in April 2024, Partners in Mind is a monthly health and social care sector coproduction group focused on the integrated mental health pathway programme.

Membership of the group includes people with lived experience of using mental health services and coproduction staff.

The group was established in response to the integrated mental health programme work which began in January 2025, which mandated a strategic plan for mental health be developed, and the desire to include lived experience insight within that plan.

The group members have during the year focused on priorities which include:

- access to support for those with learning disabilities and autism,
- support for people within secondary care including correct amount of bed spaces and therapeutic care offered,
- psychological education opportunities and talking therapies, suicide prevention, support for carers and in particular parents, children and young people services including with transition into adult services.

The group has also been involved in further development of a system wide coproduction resource delivered to support the transformation and commissioning of local mental health and well-being services. The resource is widely accessible and available to support future transformation work.

8 Demonstration of how the ICB has worked with partner organisations

This section describes some examples of how we have worked with partners within the Nottingham and Nottinghamshire ICS and beyond to design services collaboratively and times when the ICB have gone to groups to listen and find out what matters to them.

8.1 Fertility Policy Alignment

The Fertility Policy engagement exercise detailed in section 5.4 of this report is an example of how NHS Nottingham and Nottinghamshire ICB has been working with other ICBs in the East Midlands in 2024/25. Since July 2022, extensive work has been undertaken to align policies from the former NHS Bassetlaw Clinical Commissioning Group (CCG) and NHS Nottingham and Nottinghamshire CCG across the ICB's geographical footprint, and as appropriate, across the East Midlands ICBs. The remaining policy requiring additional work is the Fertility Policy, which requires updates to modernise and standardise the offer across the East Midlands.

Nottingham and Nottinghamshire ICB has been working with other ICBs across the region (Derby and Derbyshire; Leicester, Leicestershire and Rutland; Northamptonshire; and Lincolnshire) to develop a new fertility policy which is consistent across the whole geographic area and is also up to date with modern expectations in society.

Throughout the engagement period, we worked closed with our other ICBs meeting on a regular basis, sharing information and also frequently asked questions which could be adapted. Information was also shared online providing details of online engagement sessions together with the case for change.

In November 2024 – January 2025, the ICB Engagement Team undertook a listening exercise to seek the views of citizens and stakeholders and gather quantitative and qualitative evidence to inform the new policy.

Across the East Midlands a total of 2046 surveys were completed. In Nottingham and Nottinghamshire 427 citizens/stakeholders completed the survey with 33 responses specifically for Bassetlaw. A full report will be available in May 2025 together with a local report for Nottingham and Nottinghamshire.

8.2 Developing an engagement and health inequalities improvement framework

In August 2024, the draft Care Quality Commission (CQC) Engagement Framework to address Health Inequalities was launched¹⁹. Nottingham and Nottinghamshire were one of four initial pilot sites to test the framework. The pilot ran from 2 September - 1 November 2024.

Working with Coproduction colleagues, the four domains tested were:

- a) Check: Identify relevant existing assets and knowledge (and gaps).
- b) Challenge: Consider power dynamics, leadership culture and commitment to engagement.
- c) Prove: Define, measure and evidence impact.
- d) Improve: Implement necessary changes and spread learning.

The two programmes that were retrospectively reviewed were Speech, Communication and Language Services for Children and Young People and NottsAlone Website.

Feedback was provided by the ICB Engagement and Coproduction Teams on suggested adaptations and potential application of the framework when it was launched in February 2025.

As part of the launch members from the Engagement and Coproduction team participated in a series of videos to talk about the work, which were shared at the event.

Tracey Halladay, Delivery Unit Manager – Regulatory Leadership, Regulatory Pioneer Fund ICS Health Inequalities Improvement Project kindly thanked Nottingham and Nottinghamshire ICB for their support:

On behalf of all of the project team, CQC, National Voices and the Point of Care Foundation I wanted to thank you all for the huge contribution you made to the development of the self-assessment and improvement framework for integrated care systems. Your willingness and commitment throughout has been great to see, particularly we appreciate the time taken by you to participate in the testing phase which we know has made a big impact on the final version of the framework. We could not have got to the place we are without you.

The ICB Engagement and Coproductions Teams will now consider how, as an organisation, the framework is embedded into our current engagement toolkits and commissioned work.

8.3 Refreshing the Coproduction Strategy

To ensure that our refreshed strategy was built on the foundation of engaging honestly and openly with the citizens of Nottingham and Nottinghamshire we hosted a series of in-person and online listening events during the past year, where anyone with experience or an interest in coproduction could attend and share their views directly with us.

¹⁹ [Developing an engagement and health inequalities improvement framework for integrated care systems: progress update - Care Quality Commission](#)

These events allowed all system partners and service users to reflect on their experiences and perspectives, the progress made across our system, define priorities, and co-create future approaches.

Key themes emerged around the need for a shared definition of coproduction, avoiding duplication, working with existing groups, and ensuring coproduction is inclusive, planned, and supported by accessible training and peer support for both professionals and Lived Experience members.

The refreshed strategy will retain relevant elements of the previous version which were felt by Lived experienced members to be vital to continue with, while incorporating feedback from the Listening Events and is being coproduced with My Life Choices coproduction group and the Our Voice, Local Authority coproduction group.

It includes updated values, principles, and a visual of coproduction to align with national guidance and feedback from people with lived experience.

The refreshed Strategy is being finalised and will be published during Q2 2025.

8.4 Coproduction with Children and Young People – MH2K

Since 2017, the ICB has commissioned MH:2K – Leaders Unlocked²⁰ - a coproduction programme that empowers young people to shape mental health services through the Citizen Researcher model. MH2K has played a central role in informing local service transformation, with young people directly contributing to data collection, analysis and recommendations.

During 2024/25, MH2K's insights have driven the development of the coproduced *NottAlone* mental health website, improved awareness and confidentiality in Mental Health Support Teams in Schools, and shaped transition support for 18–25-year-olds. Their work with local authority education teams has also informed strategies to re-engage young people not in school.

MH2K has supported the development of service specifications and contributed to the Children and Young People's (CYP) Mental Health Local Transformation Plan. Several young people have progressed into CAMHS roles or further education as a result of their involvement. One secured a paid involvement role within the Children and Adolescent Mental Health Services (CAMHS) in Nottinghamshire, another is actively supporting the Youth Impact Board, and a third has gone on to study for a degree in psychology, building on their lived experience.

A recent commissioning review found MH2K provided more consistent and meaningful engagement than individual provider-led efforts, helping decision-makers access a stronger evidence base. However, the review also highlighted gaps in engagement with under-14s, parents, and vulnerable CYP, which are currently being incorporated into future commissioning options. These findings will guide future coproduction priorities as the current contract approaches renewal in March 2025.

Further details about the development of the *NottAlone* website can be found in section 10.2.

²⁰ [MH:2K – Leaders Unlocked](#)

9 Sharing learning and good practice examples

This section describes successful programmes and initiatives that have been delivered by Nottingham and Nottinghamshire ICB.

9.1 Supporting the ICS to work effectively with people and communities

This section outlines the training initiatives and resources we've developed and implemented to enhance the system's effectiveness in engaging with people and communities.

9.1.1 Nottingham and Nottinghamshire Public and Patient Insights Hub

The Nottingham and Nottinghamshire Public and Patient Insights Hub²¹ is a central database of citizen, patient and service user insights collected from across Nottingham and Nottinghamshire, as well as nationally. It exists to be the first port-of-call when health, local authority, and VCSE colleagues across the system are asking the question, “what do we know about the population and their use of this service or experience of this condition?”. It is one of the ways that we, as a system, coordinate and understand citizen intelligence, and aims to reduce duplication and avoid engagement fatigue from the population. Since its launch in April 2024, the Insights Hub has grown significantly in terms of users, information, and functionality.

Currently the Insights Hub database holds over 210 entries, 134 of which focus on the Nottinghamshire system locally, with others coming from national studies and charity reports. The documents have been gathered through a combination of local VCSE partners submitting their reports to be held in the Hub and research by the ICB Engagement Team. The reports are tagged with relevant themes and service types to ensure they are easy to navigate. More than 190 people are signed up to the Insights Hub and the platform is used by between 30 and 70 individuals per month.

As well as providing a database, we have also designed the hub to act as a catch all for other helpful information. Currently this includes a database for local newsletters, a “more resources” section, which holds census data and other interactive resources, and the System Partner Forums.

We worked with our system VCSE Alliance and Engagement Practitioners Forum to develop the more resources section of the hub. Members of these groups told us that they would value an area which would signpost users to helpful tools which could support them with citizen intelligence work. The area hosts over 35 links through to resources, including ONS insights, the NHS Patient Survey resource, health and care related podcast series, engagement toolkits for specific groups, as well as interactive resources like population maps.

The System Partner Forums is an area where bespoke workspaces can be created for individual groups to use. Once they are set up, those who requested the Forum's creation can control who has access to it. The area can host a private calendar, discussion forum, and hold documents, essentially forming a hub within the Hub. There are currently two System Partners Forums in operation, one used by the VCSE Alliance, which holds meeting dates and papers, and another being used by the Research Engagement Network (REN). The REN have found the forum incredibly helpful as it has provided a quick way for the

²¹ <https://future.nhs.uk/nottsinsighthub>

members from different organisations to store documents in a common area, which was not possible before.

To mark six months since its launch, an evaluation was carried out on the Nottingham and Nottinghamshire Public and Patients Insights Hub. It was sent out via email to all members at the time (164 members) and included on the internal Nottingham and Nottinghamshire ICB Staff News Bulletin, gaining a total of 24 responses.

Most respondents (86%) who had revisited the Insights Hub since signing up had accessed the report database, a quarter of the respondents had used the Hub to guide projects by searching for existing insights.

We learned how the platform was helping separate organisations better work together:

“System Partner Forum as a way of keeping all programme documents in one place that system partners can access. We tried using a [Microsoft] Teams channel, but the VCSE partners had technical issues accessing it.”

Respondents commented that they found the reports easy to access, that there was a wide number of reports available, and that it is a rich source of information. However, we heard that some people found it difficult to search or navigate.

As part of the evaluation, we asked if respondents would be interested in any follow up session to demonstrate how to use the hub. The majority of selected the option to have video recordings uploaded to the hub.

In response to the evaluation, the ICB Engagement Team carried out some tasks and created a You Said We Did document (See below). Actions included updating the Nottingham & Nottinghamshire ICB website and added a new ICS website page explaining how the hub can be used and FAQs, and organising a live drop-in session, which was recorded highlighting how to use the different areas of the Hub, and then uploaded to the relevant section.

During the ICB’s January all staff briefing, a short presentation was held on the Insights Hub. The presentation answered three questions which arose during the 6-month evaluation: “What is the Insights Hub?”, “How do you use it?”, and “How can it help my work?”. The staff briefing was attended by 240 people within the organisation

As part of the actions resulting from the evaluation, an online tutorial session was held to answer the above questions that people had during the evaluation and demonstrate the main features of the Hub. 14 people attended the session, including colleagues from within the ICB, local authority, and the VCSE sector. Feedback was gathered at the start and end of the session which showed an improvement in the attendees understanding of the platform, a member from the team was also invited to give a similar presentation to DigitalNotts at one of their team meetings.

9.1.2 Citizens’ Panel

The Citizens’ Panel aims to be a demographically representative, consultative body of local residents, utilising a ‘person-centred’ approach to shape and inform the delivery of health and care services. Panels enable a rolling programme of engagement, tapping into a pool of involved people which can elicit higher levels of engagement, compared to one-off surveys.

The Citizens' Panel adds to our existing methods of engaging local people and is another way that is enabling us to listen the views of our citizens.

The Panel adds value by identifying local priorities and consulting on specific issues that affect our communities. Benefits include the ability to track trends in opinion, targeted work with communities, and the ability to focus on specific ICS priorities at various points in the year.

Nottingham and Nottinghamshire's Citizens' Panel was initially launched in Nottingham City on 28 September 2022, expanded to Mid-Nottinghamshire on 2 September 2024 and Bassetlaw and South-Nottinghamshire on 28 February 2025 and has 223 members, an increase of 112% since 2023/24. The ICB Engagement Team continue to work in partnership with System partners, Voluntary, Community and Social Enterprise Alliance, Engagement Practitioners Forum and Place representatives to grow the Panel membership.

The Panel has been sent one survey per quarter since launch in 2022, forming part of the 2024/25 data gathered for engagement exercises detailed within this report such as the East Midlands Fertility Policy Review, Care Homes Review, NHS Joint Forward Plan, Ageing Well and insights on Carers' experiences.

Regular, meaningful engagement with Citizens' Panel members will ensure there is clarity and consistent feedback about how their views have shaped the provision of services and how it has contributed to improvements and change therefore demonstrating how we have turned this data into action.

9.1.3 Engagement Toolkit

The Engagement Toolkit²² is a practical guide to support Primary Care Networks, staff, and members of the public wanting to carry out meaningful engagement activity. In 2024 the Engagement Team finalised a refresh of the Toolkit.

My Life Choices, Primary Care Network staff and teams in the Integrated Neighbourhood Working Programme, shared feedback which shaped the refresh. In response to this, the following pages were added to the Toolkit:

- Introduction and contents page.
- A diagram demonstrating the steps to; informing, engagement, consultation, co-designing and co-producing.
- The importance of why we need to talk to people and how we will do it.
- A checklist for planning engagement (incorporating 6W's slides).
- Our commitment to engagement.
- A diagram of the Integrated Carer System and the local picture.
- Kings Fund Video explaining how the NHS is changing to work in a more joined up way.

The Toolkit is now embedded in the Integrated Neighbourhood Working programme. It has been uploaded to their NHS Futures page and shared at Local Design Team meetings.

"The Engagement Toolkit has been pivotal for all of the five early adopter sites in the programme for introducing an approach and considerations when engaging with our communities. Each of the early adopter sites have taken the 6 W's to create a bespoke approach for their specific neighbourhood."

²² [PCN-Toolkit-FINAL-VERSION-21-October-24-compressed.pdf](#)

The refreshed Engagement Toolkit has proven to be an invaluable resource, enabling a more structured and effective approach to how we listen to citizen. Its integration into the Integrated Neighbourhood Working programme and widespread dissemination through NHS Futures and Local Design Team meetings underscore its significance. The positive impact on the five early adopter sites highlights the Toolkit's role in shaping bespoke engagement strategies, ultimately enhancing the quality of interactions and outcomes within our people and communities.

9.1.4 Coproduction training, toolkits and learning resources

The ICB Coproduction Team continue to evolve the Coproduction Toolkit on the NHS Futures platform. This is a central resource for national and local guidance on coproduction approaches. The content on the toolkit has been designed to support everyone, from those who are new to the coproduction approach, to individuals who have been coproducing for a while.

The developed and delivered a range of learning materials and sessions, including case studies, skills workshops on facilitation and accessibility, and introductory coproduction training.

Innovative sessions on using digital graphic design tools further broadened the accessibility of coproduction. These materials were made available system-wide and nationally, with positive uptake and feedback from staff and people with lived experience.

Experiential evidence captured by the ICB Coproduction Team from the listening events and Resource Group (Which is System wide peer group made up of professionals from all parts of the Integrated Care System who are actively engaged in Coproduction as part of their role) captured that users felt the resources provided clear and effective support to empower and enable coproduction to take place. There was some feedback that the support was focused primarily on staff, and more work was needed to identify the specific support and resource to support Lived Experienced members.

The limited data available from NHS Futures also shows that the number of users accessing the NHS Futures site has also increased during the year Whilst the data shows an increase it doesn't currently provide a richer picture of user interactions.

Conducting a broader user survey has been rescheduled until Q2 2025 as there was a substantial amount of review and feedback captured through the listening events during 2024. As part of the survey we will consider how we gain insightful feedback of what is useful, its impact in supporting effective coproduction as well as areas where further tools, training or resources are needed.

9.1.5 Coproduction Week 2024

Coproduction week is a national celebration of coproduction created by the Social Care Institute for Excellence (SCIE).

The ICB delivered a programme of events and workshops as part of National Coproduction week which supported the theme of "What's Missing, focusing on increasing equity and diversity in coproduction. Events included "Lunch and Learn" sessions on engaging children, young people, refugees, and asylum seekers, and a webinar in partnership with Small Steps Big Changes - Getting Started with Meaningful Coproduction.

A data collection exercise was also undertaken called The Big Coproduction Conversation, to capture people's feelings about coproduction which is being used to shape the design and delivery of further resources for delivering Coproduction.

Key themes included:

- A strong commitment to collaborative, inclusive, and meaningful engagement in service design and transformation across the system.
- That coproduction could be strengthened by meaningful collaboration to strengthen co-production efforts.
- Coproduction faces several challenges across the system, including difficulties in recruiting diverse service users, the time it takes to coproduced being reflected in transformation planning, and a need for genuine commitment, adequate resourcing, and inclusive stakeholder engagement.
- Ensure working with diverse communities and representative communities.
- There needs to be an investment in time and resources to coproduce.
- A move to learning collaboratively from the insight gained from coproducing as a system.
- There are concerns about tokenism, unclear planning, and unrealistic expectations, which can hinder meaningful collaboration.

9.2 Sharing successful programmes

This section outlines programmes that have been undertaken, which have had significant positive outcomes and can serve as models for future initiatives.

9.2.1 Small Steps, Big Changes (SSBC)

Over the last ten years, SSBC has commissioned over 40 services supporting babies, children and families to have 'a better start' in life in some of the most deprived areas of Nottingham.

They have coproduced all the projects and services, as well as being an integral member and supporter of the ICBs approach to Coproduction. They have also supported the Systems strategic approach to Coproduction through part funding roles with the ICB.

SSBCs National Lottery came to an end during 2024/25, but the positive impact of their work is still being felt.

Key areas that SSBC implemented include:

Father inclusive practise

Several projects have been delivered across the partnership to facilitate the strategic aims, including;

- Funded projects focused on supporting local dads – Ideas Fund activities such as Shifting Your Mindset, Recliner Chairs, Fathers Reading Every Day (FRED).
- Developing resources for dads and the local workforce to facilitate positive change – Dad's pack, Think Dads Training, Think Dads Conference and webinars, and Father Friendly Checklists and Service Standards.
- Advocating for father inclusion across the partnership in developing new services or projects and nationally through written evidence to the Health and Social Care Committee on Men's Health in 2023.
- Embedding father inclusion in SSBC, such as in workforce planning, and delivery of flagship projects such as the Family Mentor Service.

Feed Your Way

SSBC's work supporting breastfeeding extended to two key projects: Feed Your Way and a breastfeeding incentive scheme.

Feed Your Way was a behaviour change public health breastfeeding campaign addressing community and societal attitudes to breastfeeding.

The campaign is aimed at new parents and parents-to-be in Nottingham who are making decisions around infant feeding. The campaign also recognises the importance of support networks, allies, influencers, professionals and the wider community, all who have a role to play in infant feeding decisions.

Breastfeeding Incentive Scheme

The aims of the breastfeeding incentive scheme were to:

- Increase the number of children receiving any breast milk.
- Increase the duration that children receive breast milk.
- Provide evidence for whether breastfeeding incentives are an effective way to increase breastfeeding rates.

Healthy Little Minds

Healthy Little Minds helps to nurture the relationship between parent/carer and child. They provide support and the tools needed to understand the baby's needs. They do this by helping parents/carers to deal with difficulties, focus on the emotional health needs of the baby, and build parenting strengths.

HLM offers various targeted interventions including one-to-one support and home visits, psychotherapy, video feedback, and parenting groups such as Mellow Babies and group massage sessions. The programme supports families with a range of needs, including those experiencing mental health issues and difficulties bonding with their infants.

The team have both supported parents and children with specific interventions, and workforce with training advice, consultation and supervision. They have also developed a range of innovative tools and resources for parents and professionals.

The team consisted of

- 1 project administrator
- 5 Maternity and Family Support Workers
- 4 Specialist Practitioners
- 1 Senior Specialist Practitioner
- 1 Team Manager
- 1 Service Lead

They supported families across the whole of Nottingham City.

All SSBCs projects were coproduced from their outset, with a key principle of their coproduction approach being that all local people who participate in coproduction activities can see the benefit from their contribution.

Six Parent Champions secured paid employment as part of the Parent Champion Family hub project and it resulted in the parents they worked with reporting increased confidence, skills and experience.

All SBBC resources including their final report can be found on the Learning Hub - SSBC²³.

9.2.2 Maternity and Neonatal Voices Partnership (MNVP)

The national Maternity and Neonatal Voices Partnership (MNVP) is designed to amplify the voices of women and families and ensure that their insights inform service improvement across maternity and neonatal care.

During 2024/25, the Nottingham and Nottinghamshire MNVP made significant strides in advancing coproduction by playing a key role in shaping responses to the 2024 CQC Maternity Reports, working closely with providers to coproduce improvements based on inspection findings.

In addition, the MNVP shared critical insight with the Ockenden review team, ensuring lived experience perspectives contributed to national learning and accountability.

A major focus this year has been expanding engagement with more diverse communities. Targeted work has taken place to improve father inclusivity, establish links with Refugee Roots, and collaborate with the PeriPrem initiative to reduce injury in premature birth.

MNVP leads have also built strong relationships with specialist midwives supporting bereavement and vulnerable migrants, ensuring these often-underrepresented voices are heard and influence service design. As a result of these strengthened relationships, the MNVP is now being involved earlier in the development of projects, enabling more meaningful and embedded coproduction that is responsive to the needs of all families.

Representation of the MNVP across key governance forums has expanded significantly, demonstrating increased system influence and trust. MNVP members now contribute regularly to the Sherwood Forest Hospitals Perinatal Assurance Committee, the LMNS Neonatal Steering Group, Nottingham University Hospitals' Maternity and Neonatal Redesign Group, Family Hubs, the East Midlands Neonatal Operational Delivery Network Parent Advisory Group, and the Women's Experience Workstream focused on digital maternity records through Badger Notes.

This routine inclusion of lived experience in strategic meetings is fostering a more inclusive, transparent, and people-centred approach to service planning and improvement.

Volunteer infrastructure has also been enhanced to support sustained involvement. A refreshed set of welcome and onboarding materials for coproduction volunteers has been aligned with the ICB's broader approach to Experts by Experience. Volunteers took part in two in-person coproduction events at Kings Mill Hospital, contributing to service improvements in triage and transitional care.

Further work has been done to ensure neonatal feedback is more systematically gathered and acted upon. Increased in-person engagement by MNVP leads at neonatal wards has enabled stronger relationships with families and more meaningful feedback collection. In addition, MNVP playgroups have been introduced to build trust, give back to the community, and encourage more parents and families to become involved in shaping services.

²³ [Learning Hub - SSBC](#)

Collectively, this work illustrates how coproduction in maternity and neonatal services has matured over the past year becoming more embedded, inclusive, and impactful across the system.

10 Communications, social media and marketing

This section describes some of our communications activity that has supported the ICB's work with people and communities.

10.1 Overview

We believe that a key enabler of our work is building and maintaining an ongoing relationship with people and communities, enabling a two way dialogue. This includes:

- Producing regular newsletters and podcasts for system partners, so that they are aware of the work that is being done in this area.
- Producing a monthly stakeholder update.
- Providing health and wellbeing information and advice to our population through our website, social media, WhatsApp channel and campaign work.
- Sharing final reports with those who were involved in generating citizen intelligence as part of bespoke programmes of work, including direct distribution and publication on our website
- Proactively briefing and updating (both verbally and in written form) Members of Parliament and councillors.
- Informally meeting with the Chairs of Nottingham Adult Health and Social Care Committee and Nottinghamshire Health Scrutiny Committee monthly.
- Engagement with the East Midlands Combined County Authority.
- Providing regular verbal and written updates to Healthwatch.
- Holding our Annual Public Meeting, which offers the opportunity for the public to ask questions.

10.2 Developing the NottAlone website

The launch of the new all-age NottAlone website²⁴ which offers mental health advice and signposting to anyone with mental health concerns was one real highlight of the past 12 months. Originally launched in 2021, as a website for children and young people, the site now offers mental health support to anyone of any age in Nottingham and Nottinghamshire.

NottAlone – which is a joint project between Nottingham and Nottinghamshire ICB, Nottinghamshire County Council and Nottingham City Council – also gives users the opportunity to seek support for themselves, for someone they care about, or to look for information in a professional capacity.

Children and young people were very much at the heart of the project and were given opportunity to give their feedback into colours, user pathways, graphics and more. They also provided feedback on our social media plans and launch event ideas. Extensive engagement was also carried out with our adult audience. We revived the County Council's Citizen's Panel and worked with the ICB's Engagement team to ensure we sought input and feedback from as many people from as many different backgrounds as possible.

Service signposting has also been a key focus of communications activity over the past year within mental health. A fold-out pocket-size signposting leaflet was designed in-house and

²⁴ [Mental Health Support Services For People In Nottinghamshire | NottAlone](#)

has been printed and shared with GP surgeries and other clinical staff. This fold-out, credit-card leaflet lists all the service that are there to help depending on a patient's individual circumstances. A downloadable version is also available²⁵.

A traffic light signposting graphic has also been created to provide an easy-to-understand overview of the different mental health services available. Those in red are here to help those are in crisis, yellow is for those services that support people in need of help and support with their mental health, and green for general mental health advice and wellbeing.

The traffic light along with NottAlone messaging, has been used extensively on social media. Digital advertising on Facebook saw the traffic light reach in excess of 100,000 people and has been shared more than 1,200 times.

Additionally, a video version of the traffic light was created to use on TikTok to test a different social media channel and reach different demographics based on feedback. We specifically and successfully reached a younger, male audience.

An in-depth digital guide to dementia booklet was created using Microsoft Sway. The document gives a very thorough insight into all aspects of living with and caring for someone with Dementia – from diagnosis to end of life care. It was created with significant input from Nottinghamshire GPs and those with first-hand experience of caring for someone with Dementia.

We have also reached out to people through several newspaper articles in the Worksop Guardian, Mansfield Chad and Hucknall and Bulwell Dispatch. These articles have been published at key times when people may be particularly struggling with their mental health for example around the Christmas period.

11 Future planning

This section presents an outline of key activity planned for the next financial year.

11.1 Citizen intelligence

During the 2024/25 period, we have made significant strides in embedding the voice of our citizens into every aspect of our service delivery. Our ambition has been to ensure that the starting point for all considerations on how we deliver services begins with insights from our population. This includes understanding what services they value, how they prefer to access them, and the most effective ways to deliver these services. However, there is more to do and during 2025/26, we will:

- Recruit a total of 1,000 individuals across the whole of Nottingham and Nottinghamshire to our Citizens Panel.
 - Over Q1 and Q2 2025/2026, recruitment to the Panel will be promoted further. The planning phase involves mapping Nottingham and Nottinghamshire's population demographics using recent census data and the engagement team's established stakeholder database to ensure representative recruitment. Insights from local membership data and SAIU information will help identify those we do not often hear from.

²⁵ [Mental Health Services](#)

- Discussions at key meetings such as the Engagement Practitioners Forum, VCSE Alliance and PBP meetings will ensure that feedback is incorporated and actioned and help promote the panel.
- Continue to develop the Insights Hub to serve as the primary resource for the System to understand citizen insights.
 - We will continue to expand the number of reports held in the database and increase regular user numbers.
 - We will increase the number of groups using the System Partner Forums as a base for their teams to work, as well as looking to create new functions in response to user feedback.
 - We are already working with the ICS System Analytics and Intelligence Unit to migrate the Insights Hub to allow it to be used in tandem with the SAIU Dashboard. This work will unlock the capability of doing a search of both the quantitative data and qualitative insights which are available and combining them to reach a better understanding of the system's understanding of citizen needs as a whole.
 - In the future, Artificial Intelligence may be used to generate a report combining all this information to provide engagement professionals a fast and complete view of what we already know about a subject they are starting projects on.
- Consider how best to incorporate elements of the CQC Engagement and Health Inequalities Improvement Framework into the existing ICB Engagement Toolkit to enhance awareness among commissioners and system partners regarding its practical use and how it can be effectively utilised in programmes of work.
- Continue to deliver insight reports on citizen and service user intelligence and insight to the Integrated Care Partnership.
- Deliver reports on citizen and service user intelligence and insight to the SPI Committee and ICB Board on specific issues, linked to the work programme.
- Deliver formal public consultations for major service change programmes as required.

11.2 Coproduction

In 2025/26, the Nottingham and Nottinghamshire ICB will advance its coproduction strategy by working to further embed a more dynamic, inclusive, and measurable approach across the system.

We will do this by building on the foundations of the 2022–2024 strategy and publishing our refreshed strategy during Q2 2025. The refreshed strategy and the key intelligence gained (co-produced with Experts by Experience) ensures lived experience directly shapes our priorities and delivery.

The strategy recognises feature a stronger emphasis on planning of activity, reducing duplication of work, shared power, and system-wide alignment, with a need for senior leaders to actively championing coproduction at all levels.

We will work with strategic commissioners and system partners to ensure that Coproduction is a planned activity incorporated into all their work. We will also work with partners to understand the barriers within existing reporting and how we can enhance how we report and update on our corporation work within existing reporting structure.

We will continue to evolve the Coproduction Toolkit, updating it using the insights from our listening events, will support staff and communities with practical resources, while new success measures will identify in activity track impact and accountability. Through regular reviews, feedback, surveys and engagement we will continually seek to understand what is useful, enhance the areas where our system needs greater support and look to the future areas of development.

A key area of focus will be coproducing the tools and support for Lived experience members. By the end of 2025/26 we will have a toolkit that is broader, more representative of the people who coproduce and has been developed by the experts who use them. We will do this by developing a task & finish approach using existing Lived Experience groups to conduct this work.

We will undertake a ICB review of the wrap around support needed to enable lived experiences members to engage actively, easily and effectively with all parts of our coproduction work. We will be do this during Q2.

This will then inform the ICB of the requirements that should consider having in place. This will include a focus on the training (both formal and peer group) and support to engage, onboard and confidentiality work with professionals and other members. The review will look at the barriers to engaging and highlight weaknesses or barriers.

This marks an evolution from awareness-raising to embedding co-production as a core operating principle, with a focus on holistic measurable outcomes, inclusive design, and sustained cultural change.

Planning for how Nottingham and Nottinghamshire ICB will celebrate and use the opportunity of the 2025 National Coproduction week (30 June – 4th July) has started based on the 2025 theme of #Innovation through Coproduction. Coproduction week will include both locally delivered sessions and National webinars to aid learning, discussion and practical sessions.

12 Working with People and Communities: How to get involved

It is important for us to hear people's comments, ideas and suggestions about health and care services in Nottingham and Nottinghamshire, so we know what we're doing well and where we could do better.

Please visit our website²⁶ to find out how people and communities can get involved in the work of Nottingham and Nottinghamshire ICB or call or text 07385 360071.

²⁶ [NHS Nottingham and Nottinghamshire ICB - Get involved](#)

13 Appendices

13.1 Appendix 1: Engagement Practitioners Forum: organisations represented

Organisation
Alzheimer's Society
Ashfield District Council
Ashfield Voluntary Action
Bassetlaw Community and Voluntary Service
Bassetlaw Place-Based Partnership
British Liver Trust
Citizens Advice – Central Nottinghamshire
Deep End Group (GP Practices in Nottingham City)
Digital Notts
Doncaster and Bassetlaw Teaching Hospitals NHS Foundation Trust
Health Innovation East Midlands
East Midlands Ambulance Service
Gedling Borough Council
Healthwatch Nottingham and Nottinghamshire
Mansfield Community and Voluntary Service
Mid Nottinghamshire Place-Based Partnership
Newark and Sherwood Community and Voluntary Service
NHS Nottingham and Nottinghamshire Integrated Care Board. Representatives from the following teams are in attendance: <ul style="list-style-type: none"> • Engagement • Coproduction • Research
Lead Governors of behalf of: <ul style="list-style-type: none"> • Doncaster and Bassetlaw Teaching Hospitals NHS Foundation Trust • Nottinghamshire Healthcare NHS Foundation Trust • Sherwood Forest Hospitals NHS Foundation Trust
Newark and Sherwood Community and Voluntary Sector
Nottinghamshire Carers Association
Nottingham City Council
Nottingham CityCare
Nottingham Community and Voluntary Service
Nottingham Trent University
Nottingham University Hospitals Trust (including Research Team)
Nottinghamshire County Council
Nottinghamshire Healthcare Trust
POhWER
Police and Crime Commissioners Office
Relate Nottingham and Nottinghamshire
Royal Air Forces
Rushcliffe Community and Voluntary Sector
Self Help UK
Sherwood Forest Hospitals NHS Foundation Trust

Talking Therapies Service

The Health Shop

Thriving Nottingham

University of Nottingham

13.2 Appendix 2: VCSE Alliance: organisations represented

Organisation	Organisation category
Active Health Coach	Sports/Fitness
Active Partners Trust	Sports/Fitness
Age UK Nottingham and Nottinghamshire	Older people
Al-Hurraya	BAMER communities
Alzheimer's Society	Health condition
Angolan Women Voice Association UK	Women's community group
Arthritis Action	Health condition
Ashfield Voluntary Action	Community infrastructure organisation
Autism East Midlands	Autism
Autistic Nottingham	Autism
Base51	Young people
Bassetlaw Action Centre	Community, Older people, disabilities
Bassetlaw Citizens Advice	Advice on debt, housing, jobs, legal
Bassetlaw CVS	Community infrastructure organisation
British Liver Trust	Health condition
Broxtowe Womens Project	Women
Canal & River Trust	Charity to improve waterways
Children's Bereavement Centre	CYP, bereavement, mental health
Citizens Advice Nottingham and District	Advice on debt, housing, jobs, legal
City Arts	Community art organisation
Dementia UK and Admiral Nursing	Health condition
Disability Nottinghamshire	Disabilities
Diversify Education and Communities	Primary Education
Double Impact Services and Cafe Sobar	Addiction rehabilitation centre
Enable	Education and skills
Endometriosis UK Nottingham Support Group	Health condition
Framework	Homelessness
Health Alliance Group (BHAG) CIC	BAME
Healthwatch Nottingham and Nottinghamshire	Health and social care
Himmah	Refugees and asylum seekers
Homestart Nottingham	Children and Young people
Improving Lives	Mental Health Care
Ladybrook Enterprise	Community
Mansfield Citizens Advice	Advice on debt, housing, jobs, legal
Mansfield CVS	Community infrastructure organisation
My Sight	Supporting Blind people
Newark and Sherwood CVS	Community infrastructure organisation
Nottingham and Nottinghamshire Refugee Forum	Refugees and asylum seekers

Nottingham City Council	Local authority
Nottingham Citycare Partnership	Healthcare provider
Nottingham CVS	Community infrastructure organisation
Nottingham Counselling Service	Counselling
Nottingham Focus on Wellbeing	Mental Health
Nottingham Mencap	Disabilities
Nottingham Muslim Womans Network	Women's community group
Nottingham Recovery Network	Addiction
Nottingham Trent University	University
Nottingham Womens Centre	Women
Nottinghamshire Community Dental Services CiC	Dental care for disadvantaged groups
Nottinghamshire Deaf Society	Health condition
Nottinghamshire Disabled People's Movement	Disabilities
Nottinghamshire Hospice	End of life
Nottinghamshire Mind	Mental Health
Notts SVSS	Sexual abuse, exploitation and violence
NSPCC	Children and Young people
Opus music	Music for people in health or social care
P3	Community Services
Parkinson's UK	Disabilities
Place2Be	Children and Young people
POhWER	Advocacy for vulnerable people
Railway Children	Children and Young people
Rainbow Parents Carer Forum	Parents and carers of CYP with SEND
Royal Air Forces Association	Military
Royal Voluntary Service	Volunteering
Rural Community Action Nottinghamshire	Community
Rushcliffe CVS	Community infrastructure organisation
Self Help UK	Self help
SHE UK	Sexual abuse, exploitation and violence
Sherwood and Newark Citizen Advice Bureau	Advice on debt, housing, jobs, legal
SSBC (Small Steps Big Changes)	Children and Young people
Stroke Association	Health condition
Sustrans (sustainable transport)	Sustainable transport
Tackling Loneliness Collaborative	Loneliness
The Centre Place - LGBT+ Service Nottinghamshire	LGBT+
The Helpful Bureau	Older people, disabilities
The Place (Change Grow Live)	Addiction, housing, domestic abuse and mental and physical wellbeing
The Pythian Club	Children and Young people
The Robin Cancer Trust	CYP Cancer
The Toy Library	Education centre

Transforming Notts Together	Religious connection
Trussell Trust	Food banks