



**Nottingham and  
Nottinghamshire**

**Working with People and Communities**

**Annual Report**

**April 2023 – March 2024**

**Nottingham and Nottinghamshire Integrated  
Care Board**

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## 1 Foreword

As we reflect on the past year, we are proud to present our second *Working with People and Communities Annual Report*, highlighting the progress and achievements of NHS Nottingham and Nottinghamshire Integrated Care Board (ICB) in this important area. We have built on the foundations established last year, enhancing our ability to listen to our population and ensuring that health and care services are delivered in a way that meets their needs.

July 2023 marked the 75th anniversary of the NHS, a milestone that reminds us of the enduring commitment to health and care that underpins our work. The needs and aspirations of the population today are transformed from those at the NHS's establishment in 1948 and so it is more vital than ever that we listen and hear from our population to ensure that the services we deliver meet their expectations.

We have made significant strides towards listening to and working with our population in an integrated way, aiming to achieve the best possible health and care outcomes for all 1.1 million citizens of Nottingham and Nottinghamshire.

As set out in our Strategy for Working with People and Communities, we have continued our focus on both Citizen Intelligence and Coproduction – joining up our work where appropriate but respecting the differences between those two disciplines. By expanding our Voluntary, Community and Social Enterprise (VCSE) Alliance and the Engagement Practitioners Forum we have enhanced our methods for gathering citizen intelligence and insights. These efforts further strengthen our relationships with local partners, organisations, and citizens.

The full report includes detailed accounts of our various projects and activities. The report highlights several key initiatives 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.

Please get in touch using the contact details included in this report.

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.

It also recognises the value we place on actively listening to everyone's shared experiences and perspectives, that then allows us to create something tangible together. We know through the initiatives outlined within this report that what results is much more creative and far richer than taking any single approach or opinion. Then we develop the best conditions for designing services that are effective, efficient, accessible and improve experiences.

Coproduction must be how we approach every element of our work - service redesign, transformational change and patient safety. Coproduction must become the way we work together as partners across our system, listening to respecting and acting upon the voices of people with lived experience, service users, our population, and professionals.

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 that we can understand the health problems that affect 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 1.1m 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 guidance<sup>1</sup>.

The report covers our activity for the period 1 April 2023 – 31 March 2024.

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<sup>1</sup> [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 of our overall 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 Intelligence<sup>2</sup>. 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.
- Coproduction<sup>3</sup>. 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 Policy<sup>4</sup>.

#### 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.

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

<sup>3</sup> [Nottingham and Nottinghamshire ICB Coproduction Strategy 2022 to 2024](#)

<sup>4</sup> <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 Tomorrow's NUH.
- 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 is committed 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.



Coproduction and co-design have been incorporated within the ICB System Quality Framework which is guiding Nottingham and Nottinghamshire system partners across health and social care to align and develop a single approach to quality through a single quality framework. This will enable priorities and strategies within individual partners to be aligned in a way that is meaningful for the Nottingham and Nottinghamshire populations.

Our coproduction approach is strengthened through the connections and relationships built with our local health, local authority, voluntary sector partners and people with lived experience enables best practice and system experience to be the foundation of the way we work in partnership.

During 2023/24, the ICB coproduction activity was focused on building the initial infrastructure and resources needed to enable and empower teams to reflect on how they can bring a coproduction approach into their existing involvement approaches, working to develop an effective and impactful routine approach to coproduction in the ICB in alignment with the wider system.

#### 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 ICB Board in July 2024.

The roles and responsibilities of different governance structures that support working with people and communities, including responsible leads are as follows:

- 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.
- The Strategic Planning and Integration Committee is responsible for assuring the ICB Board in regard to its statutory duties for patient and public involvement.
- 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.

##### 4.2 Coordinating how we listen to people and communities

###### 4.2.1 Citizen Intelligence Advisory Group (CIAG)

The CIAG ensures that all proposals to change and improve healthcare services in Nottingham and Nottinghamshire are developed with appropriate and sufficient citizen and service user involvement and citizen intelligence and insights from patients, staff, carers, and public that tell us what matters to them influence decision making.

The membership of the group consists of experts in the fields of research, insight, and engagement working across the system. All four Places have a representative to bring local perspective and challenge to the discussion.

#### 4.2.2 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 35 organisations across our ICS (see Appendix 1). This includes health and care colleagues, Local Authority officers, VCSE organisations, Office of the Police Crime and Commissioner, NHS Trusts, and Healthwatch Nottingham and Nottinghamshire. More recently the Lead Governors from Nottinghamshire Healthcare Foundation Trust, Sherwood Forest Hospitals Trust, and Doncaster and Bassetlaw Hospitals Trust have also joined the forum, further strengthening how we hear the needs of local people and communities.

Over the last twelve months, members have focussed 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 2023. Members have further supported the generation of citizen insight by facilitating discussions at the ICS Partners Assembly.

An NHS Futures Platform Space has been developed by the ICB Engagement Team to support members of the Engagement Practitioners Forum to share ideas and information outside of the scheduled two-monthly meetings.

#### 4.2.3 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, now fully integrated into strategic decision-making processes, has 102 members, representing a 57% increase since 2022/23. To date, we have representation from 69 different organisations. 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 Canal and River Trust, Dementia UK, NSPCC, Parkinson's UK, SHE UK and Sustrans (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.

In April 2023, Professor Daniel King was appointed as Chair of the VCSE. The Chair of the Alliance is a formal member of the Nottingham and Nottinghamshire ICP and is an advisory member to the ICB Board, further underlining the importance that is being placed on working with this sector through these connections into the formal governance meetings of the system.

Over the last 12 months, there has been a focus on ensuring that all VCSE Alliance members have a clear understanding of the local health and care landscape. In response to

this, a range of resources have been developed, including a dedicated webpage<sup>5</sup>, glossary of terms, and introductory videos to support current and future members. In February 2024, the VCSE Alliance received the first presentation in a rolling series to learn from other local systems and how their VCSE Alliances are operating. Tailored resources will continue to be produced based on the specific needs of members.

The Alliance's activities in 2023/24 have included supporting the Integrated Care Strategy's development, securing funding from NHS England to map and develop a Research Engagement Network across Nottingham and Nottinghamshire and developing an insights and intelligence framework (see section 6.1.2).

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.

#### 4.2.4 ICB Strategic Coproduction Group

The Strategic Coproduction Group was launched in 2023, representing a fresh initiative for the ICB. It was recognised that there would be challenges in establishing the group but doing so it would be of great benefit for the organisation.

Membership of the group included people with lived experience who had an interest or past experience in taking part in coproduction across the system, and Officers leading on coproduction working in system partner organisations.

Members of the Strategic Coproduction Group brought valuable insights from their experiences with project coproduction in various organisations as well as huge learnings in the challenges in developing an authentic and honest relationship between lived experience members with professionals and partners across our system.

The constructive challenge of how the group formed, its purpose and function allowed us the opportunity to reflect and develop our course. This constructive criticism has been instrumental in helping us refine and expand our coproduction efforts.

We absolutely recognise the value that Strategic Coproduction brings to our System and are committed to ensuring its role in supporting the embedding of coproduction.

During 2024, we will engage and listen to what our population, lived experienced representatives and system partners tell us about their views, ideas and challenges for Strategic Coproduction. These themes will then be used to shape a reset of the Strategic Coproduction Group.

#### 4.2.5 ICB Coproduction Network

The development of a new coproduction network has been ongoing during 2023/24. The Network is a further pillar that creates a partnership to provide knowledge, tools and peer support for all system professionals who are engaged in coproduction. This is to continue to build the momentum to embed coproduction across our system.

The aims for the network are to:

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<sup>5</sup> [Voluntary, Community and Social Enterprise \(VCSE\) Alliance - NHS Nottingham and Nottinghamshire ICS - NHS Nottingham and Nottinghamshire ICS \(healthandcarenotts.co.uk\)](https://healthandcarenotts.co.uk)

- Encompass a wide-ranging membership, open to anyone across the system.
- Create a network virtual space to share insight and approaches about coproduction, maximising the spread of best practice and avoiding duplication.

Refining the focus on system requirements pertaining to coproduction, along with broader discussions on coproduction methodologies involving system partners, colleagues, and individuals with lived experiences, has pinpointed a distinct purpose for the network. This purpose revolves around fostering relationships and facilitating the exchange of information regarding coproduction, thereby linking individuals interested in collaborative production with ongoing coproduction initiatives.

Whilst this is being developed the Coproduction Newsletter acts as a method of showcasing and sharing coproduction activity and the Coproduction Directory of Teams enables people to be able to reach out to other people who are coproducing to seek direct insight and advice.

#### 4.2.6 ICS Partners Assembly

The ICB coordinates on behalf of the system a twice-a-year 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 and also the ICB's Joint Forward Plan. 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 section 6.1.

### 5 Putting our Working with People and Communities Strategy into practice

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

#### 5.1 Citizen intelligence (Neighbourhood): Patient Participation Groups

The ICB Engagement Team remains committed to supporting Patient Participation Groups (PPGs), emphasising the valuable contributions they offer to GP Practices. To do this, we have:

- Developed and produced a toolkit<sup>6</sup>, in partnership with Mid-Nottinghamshire VCSE infrastructure organisations, to share with GP Practices to grow and enhance their PPGs.
- Delivered a presentation to Practice Managers via the Local Medical Committee, showcasing the benefits of PPGs and to offer further support as needed.
- Had conversations with Practice Managers and GP Practices, supporting them to continue to evolve their PPGs.
- Attended a PPG Awayday with Belvoir PPGs in May 2023 to share information about the wider engagement structures of the ICS and ICB and how the work of PPGs feeds into our wider approach for working with people and communities.

#### 5.2 Citizen intelligence (Place): Newark Urgent Treatment Centre listening exercise

Newark Hospital's Urgent Treatment Centre (UTC) is currently open between 9.00am-10.00pm. These opening hours had been in place on a temporary basis since March 2020, when the impact of the Covid-19 pandemic exacerbated existing issues with safely and sustainably staffing the Centre.

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<sup>6</sup> [PPG Resource Pack - Updated July 2023 \(icb.nhs.uk\)](https://www.icb.nhs.uk)

Between 4 September and 17 October 2023, a listening exercise commenced to gather people's views on Newark Hospital's UTC opening hours, and the wider Out of Hours Urgent Care services in the area. A range of different engagement methods were used to engage with patients, staff, and the public to understand their views. In total, 1,932 individuals participated by either completing an online survey, paper survey, attending public meetings, attending an engagement event/focus group, and/or providing a response to the promotion of the engagement on social media. After closing the engagement activity, the gathered data were analysed and an engagement report<sup>7</sup> was produced demonstrating the full findings of the listening exercise and presenting a number of evidence-based recommendations.

In November 2023, an options appraisal exercise took place across two half-days which was attended by a number of system partners. The full list of proposed options presented for consideration were drawn from the evidence supporting the Case for Change and feedback from the listening exercise.

In March 2024, the ICB Board met and approved the future opening hours of the Newark UTC. The UTC will open between 8am – 10.30pm (last patient admitted at 9.30pm) seven days a week, offering an extended window for patients to access essential healthcare services.

It was clear that throughout the process of developing a long-list, short-list and preferred option for the future opening hours of the UTC, the ICB carefully considered the feedback from the listening exercise and responded to the local population's preferences for their health services.

The listening exercise activities which have supported the development of the insights and report into the options appraisal decision making process have been supported by the pre-existing Citizen Intelligence arrangements and in turn have further developed and enhanced those arrangements. This includes:

- a. Through previous activity to work more closely with Governors of the Foundation Trusts, the ICB was able to secure the detailed input from one of Sherwood Forest Hospitals NHS Foundation Trust's (SFH) Governors into the Option Appraisal Process.
- b. Prior to commencing the listening exercise, monthly informal meetings took place with the Chair of Nottinghamshire Health Scrutiny Committee to discuss the approach and methods. They shared their local insights, advising on accessible community locations with good public transport links and parking to hold face-to-face public meetings. They also shared various contacts to allow further engagement to take place with key community groups who may access the UTC.
- c. Alongside the informal conversations with the Chair of Nottinghamshire Health Scrutiny Committee, we have also continued to lead the formal process of involvement with Nottinghamshire Health Scrutiny Committee. These two-way discussions have allowed us to hear the concerns of Newark citizens in a systematic way,
- d. The ICB Engagement Team has been able to strengthen existing relationship with system partners and community groups. During the listening exercise we

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<sup>7</sup> [Newark Urgent Treatment Centre report V6 - English \(icb.nhs.uk\)](https://www.icb.nhs.uk)

worked closely with Maternity Voices Partnerships, local dementia groups, children centres and Newark and Sherwood District Council. We worked in partnership with the Volunteering Team at SFH who supported in handing out surveys and returning these to us.

- e. New relationships have been developed with groups in and around the Newark and Sherwood Area, including Newark and Southwell Rotary Club, churches, children's play groups and mental health support groups.
- f. The ICB Engagement Team, working with the Engagement Practitioners Forum, is considering how we continue to engage and involve the local communities in Newark and the surrounding area, with a specific focus on working with children and young people on how they access health services. This may include expansion of the Citizens Panel to Mid-Nottinghamshire.

### 5.3 Citizen Intelligence (System): Policy alignment - Female sterilisation

On 1 July 2022, the two clinical commissioning groups (CCGs), Bassetlaw CCG and Nottingham and Nottinghamshire CCG merged to form NHS Nottingham and Nottinghamshire Integrated Care Board (ICB). Efforts have been made to harmonise policies for equal healthcare access.

While most policies were integrated without changes, a disparity existed within the Access to Female Sterilisation policy. The former Bassetlaw CCG had no specific rules for approving this procedure, whereas the former Nottingham and Nottinghamshire CCG required patients to try an Intrauterine Device (IUD) (e.g., a Mirena coil) for one year before considering sterilisation. National Institute for Clinical Excellence guidance<sup>8</sup> encourages patients to consider all possibilities for long-acting reversible contraception (LARC) prior to being referred for permanent sterilisation.

The removal of the mandatory IUD trial could potentially benefit patients in specific diverse communities who do not believe in, or hold reservations about, the use of IUDs. Moreover, survivors of sexual abuse and trauma (such as Female Genital Mutilation) might consider the utilisation of an IUD to be invasive and unsuitable. In addition, increasing the choice and accessibility of LARC and sterilisation services could play a role in reducing unwanted pregnancies or the need for terminations arising from unwanted pregnancies.

To address the disparity between the policies and align with national guidance, a recommendation was made to remove the mandatory trial period and instead propose that patients "explore all suitable contraceptive options before considering sterilisation."

On 5 July 2023 the ICB launched an online survey to obtain feedback and comments around the proposed change to the female sterilisation policy. We specifically wanted to hear from patients who would have an interest in this policy change. Therefore, it was disseminated to relevant groups such as the Maternity and Neonatal Voices Partnership, SHE UK, Heya and Nottingham Women's Centre amongst others.

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<sup>8</sup> [Scenario: Female sterilization \(tubal occlusion\) | Management | Contraception - sterilization | CKS | NICE](#)

The majority of survey respondents supported the change to the sterilisation policy, mostly citing support due to bodily autonomy and patient choice therefore the main recommendation was to remove the requirement for patients to trial the IUD for 12 months.

Many noted that it is vital there is sufficient high-quality and timely information regarding contraception and sterilisation so that patients and clinicians can be confident they are making an informed choice. Therefore, it is vital to ensure that there is appropriate information and advice for patients exploring this treatment. Both recommendations were implemented in the new policy from 1 November 2023.

#### 5.4 Citizen Intelligence (System): Wheelchair Services across Nottingham and Nottinghamshire

The Community Care Transformation Team approached the ICB Engagement Team, requesting support, guidance, and advice for reviewing services offered to wheelchair users across Nottingham and Nottinghamshire. The ICB Engagement Team assisted in gathering feedback from patients, citizens, and professionals to identify areas for improvement and highlight what is already working well.

Two online surveys were produced: one for patients, citizens and carers and a separate one for professionals. Two online focus groups took place, together with site visits to the current providers to understand more about the current service offer through conversations with staff.

Findings and recommendations aligned with the following themes:

- Efficiency of wheelchair services
- Personalised care
- Positive attitude and capability of staff
- Consistency of servicing, maintenance, and assessments
- Accessibility of wheelchair services
- Inequity of wheelchair services
- Information sharing and education about wheelchair services
- Integration of wheelchair services within the wider Nottingham and Nottinghamshire system.

The insights gathered are currently being collated and will form the basis of a number of recommendations to inform how the service is designed and delivered in the future.

#### 5.5 Coproduction (System): Home Births Listening Event

The Coproduction Team facilitated a Home Births Listening Event for Nottingham University Hospitals NHS Trust (NUH) in July 2023, organised in response to a request from a parent who had attended a previous event. They wanted a chance to speak with the NUH Maternity Leadership Team in a safe space and share how the inability of NUH to accommodate their preferred birth setting had affected them.

Attendees of the Listening Event included the Nottingham Home Births Group, any parents and families who had chosen to have a home birth, and people who had chosen to have a home birth but were unable to. The event offered different ways for people to share their experiences, including one to one meetings with senior leaders and creative ways of sharing their feelings including written reflections, drawing and poetry.

The insight and experience captured during this event is being used to inform the development of a new home birth service and the recruitment of a dedicated team.

#### 5.6 Citizen Intelligence (System): Winter survey

In October 2023, Nottingham and Nottinghamshire ICB launched its winter survey to understand how the public are using health services in the area. The responses from 415 individuals showed that:

- There is a good understanding of local healthcare services and people broadly know which services to use for the need that they have.
- People are mainly using NHS 111 and Urgent Treatment Centres (UTCs) for urgent but non-emergency conditions and using GP services to check and discuss symptoms they have.
- 61% who used the UTC rated their experience 3.7 out 5 (5 = excellent, 1 = poor).
- People are now aware of the wide range of illness and conditions that can be treated in pharmacies, and they are happy with the services provided to them there.
- About 90% were aware that NHS 111 can offer advice and guidance on where to go for treatment and even booking them an appointment if needed.
- While 79% said they know which NHS service to use if they needed help, 35% felt that the NHS services available in Nottingham and Nottinghamshire will be able to treat them/their family at the right time if help is needed. It is recognised that public perception and trust may have been influenced by ongoing industrial action throughout 2023/24 and also whilst the survey was live.

The survey findings informed the delivery of the 2023/24 Winter Communications Campaign and established a baseline for future surveys. Conducting this survey annually will help identify trends and changes over time.

#### 5.7 Coproduction (System): Personalised Care

Personalised care represents a new relationship between people, professionals and the health and care system. It provides a positive shift in power and decision making that enables people to have a voice, to be heard and be connected to each other and their communities. The Universal Personalised Care Model<sup>9</sup> tells us how and what we need to do to deliver this shift by bringing together six, evidence-based components.

Coproduction is a key enabler to scaling up personalised care. My Life Choices<sup>10</sup> have the knowledge skills and confidence to work in partnership with the system to embed it, ensuring we focus on 'what matters to people'.

Some members get involved in national work, contributing to various groups and committees, and bringing the skills, knowledge and experiences developed My Life Choices and our local work:

- NHS Assembly, contributing to the NHS in England at 75 Priorities for the Future report.
- NHSE group embedding coproduction as default for quality improvement.
- NHSE working in partnership with people and communities coproduction group.

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<sup>9</sup> [NHS England » Universal Personalised Care: Implementing the Comprehensive Model](#)

<sup>10</sup> [My Life Choices - NHS Nottingham and Nottinghamshire ICB](#)



- NHSE Primary Care and Community Health Services strategic co-production group.
- Lived Experience Partners and Coach / Mentors within the Voices for Improvement Programme of National Voices.

Some members have also worked with system partners on key workstreams:

- Working with Nottinghamshire County Council, Nottingham City Council, NHS Nottingham and Nottinghamshire ICB to co-produce the Joint Carers Strategy 2023 – 28.
- Involvement in the review of jointly funded integrated personal budgets working in partnership to develop a strategy, framework, and process.
- Working in partnership with the Medicines team to develop over 42 self-care meds leaflets, along with being part of a personalised care weight management and health inequalities project.

## 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 Developing the NHS Joint Forward Plan and refreshing our Integrated Care Strategy

The Nottingham and Nottinghamshire Integrated Care Partnership (ICP) has developed an Integrated Care Strategy<sup>11</sup> 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 was required to produce an NHS Joint Forward Plan following the creation of their system's Integrated Care Strategy. The Joint Forward Plan sets out the organisation's contribution to the delivery of the Integrated Care Strategy.

#### 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 population.

The second ICS Partners Assembly was held in May 2023 and attended by 113 system stakeholders, carers, service users, patients, and citizens. This Assembly aimed on involving

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<sup>11</sup> [https://healthandcarenotts.co.uk/wp-content/uploads/2021/05/Integrated-Care-Strategy-2023\\_27.pdf](https://healthandcarenotts.co.uk/wp-content/uploads/2021/05/Integrated-Care-Strategy-2023_27.pdf)

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 eight key areas:

1. Integration and collaboration
2. Community engagement and empowerment
3. Effective communication and information exchange
4. Prevention and focus on wider determinants of health
5. Resource allocation and funding coordination
6. Person-centred care
7. Workforce development as a system
8. Utilising existing knowledge and learning

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

“I found the Partners Assembly really useful in terms of the opportunity to network with people from across the system, particularly patient reps and frontline colleagues who I wouldn't necessarily come into contact with in my day to day working life. It's great to be able to get together face to face and have those conversations and get perspectives from across the system, and see where the work we do in the ICB has an impact in the health and care system.”

In addition to the Partners Assembly, between May and June 2023, targeted meetings with the VCSE Alliance and Citizen Intelligence Advisory Group took place complemented by a survey which gathered 168 responses. In total, just over 300 people were involved in the development of the NHS Joint Forward Plan and refresh of the Integrated Care Strategy.

#### 6.1.2 Development of the Citizen Insight Report

The ICB Engagement Team produced the first Citizen Insight Report<sup>12</sup>, which was presented to the ICP on 6 October 2023. The report included:

1. Census data, to describe what our population looks like, including a summary of population changes.
2. A summary of all recent activity involving working with people and communities across our system.
3. Deep dive on key topics to include:
  - ICS Partners Assembly (15<sup>th</sup> May 2023)
  - Frailty (VCSE Alliance led write up)
  - Race health inequalities (maternity and mental health access)
  - The impact of the cost of living crisis on people and communities

The report contained several conclusions and recommendations for discussion and, as it was the first report of its kind, feedback on how to strengthen future reports was welcomed. The Chair and members welcomed the rich collection of information contained within the report, noting the need to connect back to the feedback in the actions the system needed to take.

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<sup>12</sup> [Integrated Care Partnership insight report - English \(healthandcarenotts.co.uk\)](https://healthandcarenotts.co.uk)

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 draws from a very diverse range of sources including existing census and public polling data, qualitative discussions and research led by the VCSE sector, 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 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.

By embedding a regular report of insights and intelligence into the “guiding mind” of the system at the appropriate points of refresh of the Integrated Care Strategy it is anticipated that this will help to deliver a citizen intelligence-led approach to the system’s strategic thinking.

## 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 Targeted Lung Health Check Programme

In April 2021, a Targeted Lung Health Check programme started in Mansfield and Ashfield and expanded to Nottingham City in January 2023. Under the programme, those aged 55-74, who are current smokers or have ever smoked, receive an invitation for an initial telephone lung health assessment. Following the assessment, a patient may be invited to attend one of the mobile lung health check units that are equipped with a mobile CT scanner. The aim of this programme is to identify lung cancers at an earlier stage when there is more chance of curative treatment.

To make the programme accessible to as many people and communities as possible, the mobile units are sited in different community locations within Nottingham and Nottinghamshire, and all communication materials are translated into the nine most spoken languages across Nottingham and produced in easy read format. The team works proactively to build up local knowledge of an area to identify the most convenient community locations and target specific community groups.

To gather an understanding of each Primary Care Network area the team liaise with professionals who have a deep understanding of local communities, including: Social Prescribing Link Workers, Resident Development Officers, and Community and Voluntary Service Development Workers. These conversations have supported the ICB to consolidate

understanding about the local population, areas of deprivation, languages spoken, and “tried and tested” engagement methods that will support people and communities to engage with the programme.

To directly engage with individuals, events in the local community have been attended, to share information, answer questions, and gather feedback on programme materials. This included outdoor theatre events for families, local markets, health events at culturally specific community venues, libraries, and local support groups for people living with long-term conditions. The programme is also widely promoted on local radio stations, public transport and social media channels. The team also link 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. Feedback from the ICB’s Citizens Panel supported the development of the invitation letters.

More recently, the team have been working with the Severe Multiple Disadvantage Group in Nottingham to understand any barriers people with mental health difficulties, substance misuse, homelessness, and offending may have to accessing lung health checks. This includes exploring opportunities to hold a one-day drop-in clinic which would follow a more accessible process, being a drop in clinic rather than a booked telephone and scan appointment. Following a conversation with Emmanuel House to understand how best to engage people experiencing homelessness, one of the barriers identified was citizens not being registered with a GP practice. In response to this, a leaflet explaining how to register with a GP was produced.

So far, over 30,000 people have been invited and over 10,000 scans performed. The programme has achieved a 74% uptake rate to the service, the highest in the country. 120 cancers have been diagnosed through the programme. 60% of these cancers have been diagnosed at an earlier stage and 70% have a curative treatment plan.

As a result of the teams’ hard work in delivering this programme, they won the ICS Health and Care Award for Health Inequalities at the System’s inaugural awards ceremony in October 2023. The award judges were impressed by the work carried out to make the lung health checks accessible to those communities who need them.

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 to promote this key programme of work, and the Engagement Practitioners Forum and VCSE Alliance have supported this. These two forums along with data around uptake rates continue to support the targeted engagement work on this programme.

Translated materials have been produced so that ethnic communities are able to understand what the programme is about and whether they are eligible. A translation plug in tool has also been installed to the dedicated Nottingham Lung Health Check website which allows users to translate the whole website into their preferred language.

### 7.3 Accessibility Working Group

This year saw the inception of a new Accessibility Working Group, born out of a shared vision among ICB colleagues. Their aim is to champion ongoing enhancements in accessibility practices, ensuring that coproduction and broader engagement materials align with local and national guidance, as well as adhere to standards such as the Accessible Information Standard, the Public Sector Equality Duty, and the Equality Act 2010. This group

serves as a resource hub, offering expertise and guidance on crafting accessible information. Membership of this group included engagement, coproduction and personalised care colleagues with experience and insight in equality, diversity and inclusion.

The group shared have shared valuable information and expertise on enhancing the accessibility of various resources, online meetings, and in-person events, consolidating this wealth of knowledge within the Coproduction Toolkit.

## 8 Demonstration of how the ICB has worked with partner organisations

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

### 8.1 Nottingham and Nottinghamshire Maternity and Neonatal Voices Partnership (MNVP)

Nottingham and Nottinghamshire MNVP is an independent team made up of women, birthing persons and their families, providers (who deliver services such as midwives and doctors), the ICB, Local Authority, representatives from public health and social care, and VCSE organisations. This section describes how the MNVP uses citizen insights to drive service improvement and how a coproduction approach is at the forefront of developing a new MNVP model.

#### 8.1.1 Using citizen insights to improve services

Our MNVP includes a team of passionate MNVP volunteers who represent and reach out to local women, birthing persons and their families to gather feedback on their experiences.

Our local MNVP are asked to do a '15 steps' visit to our hospital providers each year and report back to the system. The idea is to enable a small team of people to explore different healthcare settings through the eyes of those who use them and their relatives/carers.

In May 2023, the 15 steps visit to our local providers (Sherwood Forest Hospitals NHS Foundation Trust (SFHT) and Nottingham University Hospitals Trust (NUH)) led to a number of recommendations, which have been actioned or are in progress.

- Enhance the ambiance by purchasing artwork for the walls (NUH). Diverse art work is being chosen with MNVP input.
- Make better use of the currently underutilised noticeboards (NUH). Notice boards have been refreshed and will continue to be monitored and updated.
- Find alternative spaces for partners to make and drink and store food as the current room is being repurposed, rather than remove the option (SFH). There is now a suitable alternative for partners to store their personal refreshments.
- Ensure noticeboards display relevant and up to date information, and set up an MNVP area on the notice board (SFH). There is a notice board for MNVP updates.
- The neonatal unit needs a secure lock to be fitted to the first set of doors to the unit for safety (SFH). A request for a lock has been made.

The MNVP also gather feedback on a regular basis from maternity and neonatal service users through an online survey. This information is then analysed, themed and shared with NUH and SFH through a feedback report to take action on. Recent insights and action taken include:

- Parents are still affected by their experiences during Covid pandemic. The Trusts advised that parents are able to self-refer for a birth reflections sessions to discuss their experiences.
- Clear/accessible information for parents with additional needs, such as learning disabilities (LD) and autism spectrum disorder (ASD), was requested. A service user review of information was agreed. It was also decided to explore the integration of maternity-related case studies into staff online training modules for LD and ASD.

### 8.1.2 Coproducing a new MNVP model

Hearing the voices of women and families is a requirement of NHS England's Three-Year Delivery Plan for Maternity and Neonatal Services<sup>13</sup>. The plan clearly sets out key responsibilities for Maternity and Neonatal Providers and ICBs are as follows:

- Involve service users in quality, governance, and coproduction when designing and planning delivery of maternity and neonatal services.
- Commission and fund MNVPs, to cover each trust within their footprint, reflecting the diversity of the local population in line with the ambition above.
- Remunerate and support MNVP leads, and ensure that an annual, fully funded workplan is agreed and signed off by the MNVP and the ICB.
- Ensure service user representatives are members of the LMNS Board.

To meet these requirements, additional capacity and resource into the local MNVP provision was agreed. We have applied a coproduction approach to developing our new model. With a 50/50 split of professionals and service users working in collaboration, we have scoped the requirements locally for a new model, finalised role descriptors, planned governance structures and ways of working and developed our new Mission Statement 'Championing the voices of service users to improve maternity and neonatal experiences'.

We have continued our ethos of coproduction and engagement with a smaller working group being established which includes MNVP volunteers, ICB colleagues and professionals who meet on a regular basis to support the implementation of the new model.

8.2 Speech, Language and Communication Needs services for children and young people  
Significant system-wide scoping and recent SEND inspections in Nottinghamshire County revealed that current service models may not be meeting local needs. During November – December 2023, the ICB Engagement Team, together with the Children and Young People's Commissioning and Transformation Team undertook targeted engagement with parents, carers and professionals, including school staff and Speech and Language Therapists (SLT).

A total of 236 parents/carers and professionals shared their views via a survey, telephone interviews, attending online focus groups or sharing feedback at community groups.

Key findings highlighted a desire for increased face to face support and closer collaboration between SLT services and schools. Challenges identified include difficulties navigating the system, long waiting times, and communication gaps. While staff were praised, overall perceptions of the service were negative.

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<sup>13</sup> [NHS England » Three year delivery plan for maternity and neonatal services](#)

The recommendations from this report<sup>14</sup> will be utilised to support how speech, language and communication needs services for children and young people in Nottingham and Nottinghamshire are improved and how they are designed in the future.

### 8.3 Building relationships with the universities

Full-time university students constitute approximately 1 in 7 of the population of Nottingham<sup>15</sup>, highlighting their considerable importance as a community for the ICB to engage with. In addition, a new programme was launched by the two universities, which aims to put community knowledge and experience at the core of research.

Over the course of 2023/24, we have actively pursued the establishment of new relationships with the University of Nottingham and Nottingham Trent University. This section described how we have worked with the universities to understand what is important to students and support the community-led research agenda.

#### 8.3.1 University of Nottingham engagement events

The ICB Engagement Team have established a good relationship with Students' Union at the University of Nottingham, and were invited to four events during 2023:

- Three Open Day events in June, July and September 2023: Engaging with prospective students and their families.
- Freshers Day in September 2023: Engaging with current students, both home and international students.

Over the four events, the Engagement Team:

- Spoke to over 500 individuals about health and wellbeing services available in Nottingham and Nottinghamshire.
- Shared information about Choosing Well and how to access mental health support.
- Responded to enquires around health and wellbeing services available at the University, including the services offered at Cripps Health Centre and support available for diabetic students.

The Freshers Day event was particularly beneficial as we were able to speak to international students, many of whom were unfamiliar with the NHS and local health services. We were able to:

- Answer questions about how to access NHS services.
- Support students to download and access the NHS App.
- Provide information about vaccinations that are offered in the UK.

#### 8.3.2 Co(I)laboratory

Co(I)laboratory is a pioneering new programme supported by Nottingham Trent University, the University of Nottingham, and the Universities for Nottingham partnership. The programme aims to bring together researchers, community-focused organisations, and local citizens to deliver meaningful change for the people of Nottingham and Nottinghamshire. It is an eight-year-long, £5.1m project, funded by the Research England Development Fund, Co(I)laboratory will engage local citizens, organisations, and communities in setting the

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<sup>14</sup> [Engagement-report-SLCN-services-for-children-and-young-people-Final.pdf \(icb.nhs.uk\)](#)

<sup>15</sup> [Population - Nottingham Insight](#)

agenda for research at their local universities, conducting those research projects, and empowering communities to lead local change.

Over the next eight years, Co(l)laboratory will train 50 Ph.D. students, deliver 30 community events, provide 25 paid 'Citizen Scientist' research placements, support 15 community projects, and produce a national blueprint for how to support Ph.D. candidates to develop as future civic leaders.

Working in partnership with the University of Nottingham Business School and Nottingham Trent School of Social and Political Science, the ICB Engagement Team co-authored a research proposal titled "Promoting direct democracy in the NHS in Nottingham and Nottinghamshire". This proposal was selected as one of the projects<sup>16</sup> for the inaugural cohort of students, who started their Ph.D. journey in April 2023.

## 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 Coproduction Week 2023

The ICB took part in National Coproduction week for the first time in 2023. Coproduction week is a national celebration of coproduction created by the Social Care Institute for Excellence (SCIE)

The Coproduction team curated a weeklong set of events for colleagues and people with lived experience, with contributors from across the system including our local authority partners along the national theme of Coproduction in the Real World. This included talks on Coproduction with an Equality and Diversity focus, training and resources created on subjects relating to the theme including how to facilitate a public meeting, coproduction for service improvement and how to capture lived experience insight by creating a digital story.

#### 9.1.2 Coproduction Toolkit and support resources

Over 2024/25, several training requirements were identified to ensure that staff and people with lived experience felt comfortable and confident to engage in coproduction activity:

- Basic skills that are essential for any involvement work (engagement or coproduction) including planning, project management, facilitation skills, presentation skills, working with the public, feedback and communication for involvement projects, reflection and reporting for involvement.
- An introduction to coproduction – what it is and how to apply it to existing work
- Creating documents, tools, and other resources by people with Lived Experience aims to assist those who have not previously participated in coproduction activities to understand the requirements, their role and challenges involved.
- Dedicated training on how to work with people with lived experience, what it means to coproduce and share power.

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<sup>16</sup> [Promoting direct democracy in the NHS in Nottingham and Nottinghamshire - Co\(l\)laboratory \(ufncollaboratory.ac.uk\)](https://ufncollaboratory.ac.uk)



The Coproduction Team developed and launched 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.

In addition, the Coproduction Team have directly been involved in delivering training sessions on the following aspects of coproduction over the year:

- What coproduction is and how it can be delivered.
- Explaining how coproduction approaches apply at strategic, project and personal levels.
- “Golden Skills for Coproduction” – planning and delivering coproduction meetings and sessions.
- Using technology for coproduction.

A new bi-monthly coproduction newsletter has been introduced, designed to raise the profile of coproduction and promote coproduction activity that is happening locally so that people can participate if they wish to. There has been one edition of the newsletter so far and feedback has been positive. The newsletter has a system audience and the content included in each edition will feature articles to raise the profile of coproduction, help build understanding of what coproduction is and the impact that coproduction can have. Anyone who is involved in coproduction or has insight about coproduction projects they have been involved in can submit an article for inclusion. Each edition will be evaluated against any feedback received so that it can be continually improved so it meets the needs of the system.

A system-wide distribution list for coproduction has been compiled, with the aim of improving the ease of circulating best practice and communicating across the system. It is also a method of circulating the Coproduction Newsletter. People and teams working across Nottingham and Nottinghamshire can utilise the coproduction newsletter and network as a platform to promote upcoming projects and broaden engagement.

#### 9.1.3 Engagement with elected members

We have continued to regularly and proactively brief (both verbally and in writing) Members of Parliament on system wide topics. We have also continued to lead the formal process of involvement with the Health Scrutiny Committees (HSC) as well as continuing an informal dialogue with the HSC Chairs and Vice-Chairs. These two-way processes have allowed us to hear the concerns of constituents in a systematic way.

The May 2023 elections brought extensive change to the membership of the Nottingham Health and Adult Social Care Scrutiny Committee. To support new Committee members, representatives from the Nottingham and Nottinghamshire ICB delivered an informal session in July 2023, to introduce new members to the ICS and ICB, and explain its role and remit in readiness for scrutiny of items from September 2023.

On 1 April 2023, ICBs became responsible for commissioning pharmacy, general ophthalmic and dental (POD) services. Given the significant interest in access to dentistry, representatives from the ICB Engagement Team delivered a training session to dental colleagues on how to effectively engage with HSCs. This was well received by delegates:

“The engagement support provided was incredibly insightful. It enhanced my awareness of the committee’s role and fostered self-awareness in participating members, equipping them to address questions in a politically neutral manner.”

## 9.2 Community Care Transformation Programme

The aim of the Community Care Transformation Programme (CCTP) is to plan for and deliver a future sustainable model of community care provision to optimise people’s independence by addressing physical and mental health and social needs, delivering care to meet the needs of the Nottingham and Nottinghamshire population. It is being delivered via two phases to support this change:

- Phase One: Integrated Neighbourhood Working
- Phase Two: Specialist Community Support

### 9.2.1 Case Study 1: My Support Network

Phase One has carried out Integrated Neighbourhood Working via ‘Local Design Teams’, a group of people who represent the local community and the services that support it. These teams aim to co-produce solutions to the needs of local people, while improving integration between care services.

“Wouldn’t it be great if there was a way to share details about all the community contacts and friends and family supporting me in my care – everything in one place.”  
- 39-year-old ‘Andy’, who has complex health needs.

“As professionals we could save time searching for information and reducing pressure on the person to provide information” - so they are not having to repeat their story every time – A health professional.

The Local Design Team engaged with the system’s workforce and local citizens to co-produce a solution to these things by developing the ‘My Support Network’ document<sup>17</sup>. This document is held in the citizen’s home and holds key information about them and their current treatment plans, including details about the services involved in their care.

‘My Support Network’ has changed ways of working for the better, by improving integration between Integrated Care System partners, and within NHS services. It has drawn positive feedback from local people and workforce, including:

- People felt confident that services supporting them have the right information to support their holistic physical health and emotional wellbeing through multi-disciplinary teams’ engagement.
- It reduced the amount of time professionals spend in handover, allowing them more time to support people and make a real connection with them.
- It reduced the amount of time the citizen spent conveying information about their care to teams in Health and Social Care, allowing them to feel actively listened to, and a trusted connection developed.

### 9.2.2 Case Study 2: Health and Wellbeing Event on Bellamy Road Estate

Phase Two looks at Specialist Community Support: community services and wider support available for citizens to improve their health and manage their long-term conditions. This support might be delivered by health services, local authorities, the community and voluntary sector, a person’s own community or support network, or themselves via supported self-care or self-management.

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<sup>17</sup> [My Support Network - NHS Nottingham and Nottinghamshire ICB](#)

Via a Diabetes-focused 100-day Improvement Cycle, accessible education and support for all was identified as a focus for the group. This was also supported by themes from engagement with citizens, carers, and health professionals across Nottingham & Nottinghamshire. A focus group was developed in collaboration with Mansfield Community and Voluntary Service and Mansfield District Council, to provide citizens who lived on and close to Bellamy Road Estate with support in their community.

On 14 February 2024, a health and wellbeing event was held at Trowell Court Community Centre on Bellamy Road Estate. 36 residents attended, as well as services that were requested by residents. Services included information on dental hygiene, personalised care, blood pressure, diabetes prevention/education, mental health, and disability support.

Positive feedback from local residents who attended the event included:

- "Thank you for listening to us and providing what we wanted".
- "Great event with an opportunity to support getting information from services I didn't know about."

Providers who attended the event also shared:

- "Excellent opportunity to engage with other providers. I had some useful conversations particularly with the Learning Disability nurses and the Community Champions."
- "Residents have long term health conditions but don't know much about them, or how they could make some lifestyle changes to help, they haven't been given that information when given a diagnosis, or if they have it wasn't in a way that they could understand it."

Learning from the event will inform the development of a common blueprint to support accessible education and support for all, across all of Nottinghamshire.

## 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 for system partners, so that they are aware of the work that is being done in this area.
- Producing a monthly stakeholder update.
- 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.
- Informally meeting with the Chairs of Nottingham Adult Health and Social Care Committee and Nottinghamshire Health Scrutiny Committee monthly.
- Providing regular verbal and written updates to Healthwatch.

### 10.2 Mental Health Campaign

Communications work in Mental Health has focused on raising awareness of, and signposting to, the different services people can access for their own needs or those of

someone they care about. The ICB commissions many mental health services which can be accessed without a GP appointment.

The campaign involved:

- Paid for social media which reached in excess of 200,000 people and the information was shared more than 2,000 times
- Promotional materials displayed in GP practices, sports groups, grassroots sporting and community groups
- Advertising with LGBTQ+ groups
- Engagement with local community groups
- Production of a colourful, pocket-sized fold-out leaflet which details services and contact details.

### 10.3 MMR Vaccination Campaign (January 2024 onwards)

Following a number of outbreaks of measles across the country, NHS Nottingham and Nottinghamshire ICB, along with local authority public health teams, stepped up planning and activity to increase the uptake of measles in the city and county.

Planning meetings were established, which were attended by partners from across the system including public health, school aged immunisation services, universities, primary care, outreach teams and acute settings. The ICB communications team worked closely with UKHSA, Nottingham City Council and Nottinghamshire County Council's communications teams to make sure all activity was aligned and shared in the same way. This collaborative response created a joined-up approach to tackling the issue.

Key inputs included:

- Joined-up letters being sent to nurseries and schools with detailed information about what to do in an outbreak and how to communicate with parents.
- Local recall of under 5s which complimented the national recall of 6-11 year olds.
- Engagement with pharmacies and primary care so they shared the messaging on screens, in waiting rooms and with patients.
- Engagement with universities and colleges with leaflets being distributed to students.
- Internal campaign to check vaccination of staff and encouraging them to get vaccinated.
- Working with local media to create coverage and provide interviews and broadcast opportunities.
- A web page was created which was the hub of all information for partners and the public.
- A suite of material was used across the system such as posters, social media assets, leaflets, audio cards.
- Translated materials shared with community and voluntary sector as well as outreach teams and district councils.
- Outreach work was carried out in areas of low uptake in the city and county.
- Pop-up clinics were established by locality teams who contacted patients directly.

As a result, we have seen an increase in the percentage of children aged 5 that have had 2 doses of the MMR vaccination since the campaign began. (We are still awaiting national quarterly data which will provide more information on the uptake).

#### 10.4 Pharmacy First

We've worked with local pharmacies to promote a wide range of new services which they now provide, which previously would only have been available from GPs. This includes oral contraception, blood pressure checks for over 40s and Pharmacy First – treatments for seven common conditions, including sore throats, UTIs, ear infections and insect bites. There's been significant, on-going public facing and system-wide comms activity to highlight these services, including:

- New Pharmacy area on the ICB website
- Social media using national NHS England and Community Pharmacy England messaging as well as locally produced assets
- Regular messages, information and asset sharing with GP Practices
- Media activity, using local case studies, including broadcast, print articles and columns.

#### 10.5 GP Access

We continue to promote improved access to GP appointments, highlight investment in increased capacity and encourage patients to choose wisely from the wide range of care options available. This work has included a mixture of local and national comms and comms materials, promoting services including the ARRS roles, care navigators, the NHS app, NHS 111, urgent treatment centres and Pharmacy First.

We are currently working on a refresh of the Primary Care Access Communications Plan, in line with national NHS England priorities.

### 11 Future planning

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

#### 11.1 Citizen intelligence

A significant amount of work has been undertaken during 2023/34 to actualise the ambition that our starting point for all consideration of how we deliver services starts with insights from our population on what services they value, how they want to access them and how they are best delivered. However, there is still more to do and during 2024/25, we will:

- Launch our Insights Hub, initially as a “minimum viable product” and thereafter continually increasing the number of reports uploaded that captures community intelligence, including findings drawn from all system partners including statutory sector, VCSE, Healthwatch, citizens' panel and networks at Place and neighbourhood level. We also aspire to maximise the number of system partners who are accessing the Hub.
- 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.
- Expand the Citizens' Panel to Mid-Nottinghamshire, increasing the number of members.
- Continue to develop and embed the VCSE Alliance. Our focus will be on expanding the membership particularly including the Faith sector.

- Review the role and remit of the CIAG, VCSE Alliance and Engagement Practitioners Forum to ensure there is no duplication of efforts across these groups.
- Deliver formal public consultations for major service change programmes as required.
- Continue to produce and collate resources that enable the generation of citizen intelligence.
- Strengthen our relationships with the Derby and Derbyshire ICB Engagement Team by sharing good practice and exploring opportunities for collaboration.

## 11.2 Coproduction

We will continue to embed the coproduction approaches and tools that have been created, while working to identify areas where further tools or enhancements are required as our coproduction activities mature.

We will work with system partners to understand how we develop a view of the quality and the impact of Coproduction activities, through a richer understanding of both the empirical and experiential measures.

We will review the role and remit of the Coproduction Strategic Group Forum to ensure there is no duplication of efforts across the wider engagement and practitioners groups.

Planning is already underway for how the Nottinghamshire ICB will celebrate and use the opportunity of the 2024 National Coproduction week. The week is following a theme of #Whatsmissing. The focus of the week is about diversity in coproduction and increasing the representation of all of our communities and citizens in coproduction.

The Nottingham and Nottingham ICB Coproduction Strategy runs until the end of this year. Work will be undertaken to refresh the strategy.

## 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 [website](#) to find out how people and communities can get involved in the work of Nottingham and Nottinghamshire ICB or call or text 07385 360071.

## 13 Appendices

### 13.1 Appendix 1: Engagement Practitioners Forum: organisations represented

Alzheimer's Society

Ashfield District Council

Ashfield Voluntary Action

Bassetlaw Community and Voluntary Service

Bassetlaw Place-Based Partnership

British Liver Trust

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:

- Engagement
- Coproduction
- Research

Lead Governors of behalf of:

- Doncaster and Bassetlaw Teaching Hospitals NHS Foundation Trust
- Nottinghamshire Healthcare NHS Foundation Trust
- Sherwood Forest Hospitals NHS Foundation Trust

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  
Rushcliffe Community and Voluntary Sector  
Self Help UK  
Sherwood Forest Hospitals NHS Foundation Trust  
Talking Therapies Service  
University of Nottingham

### 13.2 Appendix 2: VCSE Alliance: organisations represented

Active Health Coach (Sports/Fitness)  
Active Partners Trust (Sports/Fitness)  
Age UK Nottingham and Nottinghamshire (Older people)  
Al-Hurrayya (Community)  
Alzheimer's Society (Health condition)  
Ashfield Voluntary Action (Community)  
Autism East Midlands (Supporting Autistic families)  
Autistic Nottingham (People with Autism)  
Bassetlaw Action Centre (Community, Older people, disabilities)  
Bassetlaw Citizens Advice (Legal, debt, consumer, housing)  
Bassetlaw CVS (Community)  
British Liver Trust (Health condition)  
Broxtowe Women's Project (Women's Charities)  
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)

Dementia UK and Admiral Nursing (Health condition)

Diversify Education and Communities (Primary Education)

Double Impact Services and Cafe Sobar (Drug and Alcohol Support)

Enable (Drug and Alcohol Support)

Framework (Homelessness)

Health Alliance Group (BHAG) CIC (BAME)

Healthwatch Nottingham and Nottinghamshire (Health and social care)

Himmah (Tackling poverty, racism and educational inequalities)

Homestart Nottingham (CYP)

Improving Lives (Mental Health Care)

Ladybrook Enterprise (Community centre)

Mansfield Citizens Advice (Legal, debt, consumer, housing)

Mansfield CVS (Community)

My Sight (Supporting Blind people)

Newark and Sherwood CVS (Community)

NHS Nottingham and Nottinghamshire ICB (Healthcare)

Nottingham City Council (Local Authority)

Nottingham Citycare Partnership (Healthcare provider)

Nottingham Counselling Service (Counselling)

Nottingham CVS (Community)

Nottingham Focus on Wellbeing (Mental Health)

Nottingham Mencap (Disabilities charity)

Nottingham Muslim Women's Network (Faith Group)

Nottingham Trent University (Education)

Nottingham Women's Centre (Women's Charities)

Nottinghamshire Community Dental Services CiC (Dental care for disadvantaged groups)

Nottinghamshire Deaf Society (Health condition)

Nottinghamshire Disabled People's Movement (Disabilities)

Nottinghamshire Hospice (Health & social care)

Nottinghamshire Mind (Mental Health Support)

NSPCC (CYP)

Opus music (Music Support Group)

P3 (Community Services)

Parkinson's UK (Disabilities)

Place2Be (Improving children and young people's health)

POhWER (Disability and Vulnerability Support)

Rainbow Parents Carer Forum (SEND parent/carer support)

Royal Air Forces Association (Military)

Royal Voluntary Service (Volunteering)

Rural Community Action Nottinghamshire (Community)

Rushcliffe CVS (Community)

Self Help UK (Self help)

SHE UK (Sexual abuse, exploitation and violence)

Sherwood and Newark Citizen Advice Bureau (Legal, debt, consumer, housing)

Small Steps Big Changes (Children and young people support)

Stroke Association (Health condition)

Sustrans (sustainable transport)

The Centre Place - LGBT+ Service Nottinghamshire (LGBT+)

The Helpful Bureau (Older people, disabilities)

The Pythian Club (Sporting Community)

The Toy Library (Community)

Trussell Trust (Food banks)