NHS
Nottingham and Nottinghamshire

Developing the NHS Joint Forward Plan: Involvement Report

June 2023

Nottingham and Nottinghamshire Integrated Care Board

Contents

1 Executive summary

1.1 Background

Health and care colleagues across Nottingham and Nottinghamshire have been working on a document called the NHS Joint Forward Plan. This plan sets out how the NHS will deliver its priorities as well as how it will deliver against the Integrated Care Strategy

The NHS Joint Forward Plan is based on three guiding principles:

1. Prevention is better than cure
2. Equity in everything
3. Integration by default

We want to deliver the right care at the right time for our local population in Nottingham and Nottinghamshire which we aim to do by focussing on the following areas:

- Helping people to manage their long-term health conditions by diagnosing them earlier and supporting them to avoid it getting worse.
- Reducing illness and disease prevalence by focussing on prevention.
- Reducing pressures on emergency services.
- Ensuring timely access and early diagnosis for cancer and elective care.

Nottingham and Nottinghamshire Integrated Care System (ICS) is dedicated to listening to the experiences and opinions of citizens. The overarching aim of this work was to involve citizens in the development of the NHS Joint Forward Plan for Nottingham and Nottinghamshire.

In total, just over 300 individuals were involved in a range of activities which took place between May and June 2023 through:

- Targeted meetings with the Nottingham and Nottinghamshire ICS Voluntary, Community and Social Enterprise (VCSE) Alliance and Citizen's Intelligence Advisory Group.
- The ICS Partners Assembly, which bought together 113 system stakeholders, carers, service users, patients and citizens.
- A survey, which gathered 168 responses.

1.2 Key findings

- There was support for prevention. However, there was scepticism around how realistic it was to shift resources away from acute and secondary care towards bold and innovative preventative approaches.
- The importance of a connected and sustainable community, and the role of the VCSE sector and community leaders to enable this was highlighted. Inadequate investment was described as a risk.
- There was agreement that resources should be directed to populations with the greatest needs to reduce health inequalities.
- Great value was placed on collaboration, integration of services, and knowledge sharing to achieve the aims of the Integrated Care Strategy. There was also strong support for services to share expertise, resources and work collectively to enhance patient care across our ICS.
- Future health and care services (specifically cancer and elective care) should be equitable, person-centred and coproduced with people with lived experience.

- There was an ambition to streamline service pathways and ensure that people receive the care required in the right place first time.
- There was acknowledgement of the issues that the system is currently facing, specifically workforce challenges, access to and funding of GP and emergency services, dentistry and the VCSE sector.

1.3 Next steps

The findings from this engagement work will be used to feed into the development of the NHS Joint Forward Plan.

2 Conclusions and recommendations

Conclusion 1: Whilst the majority of delegates at the ICS Partners Assembly were supportive of the ICS purpose, there were concerns that the strategic ambitions were ‘impractical’ and ‘unrealistic’.

> **Recommendation 1:** Continue to review outcomes and success criteria and maintain ongoing dialogue with citizens to maintain trust and deliver results.

Conclusion 2: There was strong support for integration and collaborative working across organisations.

> **Recommendation 2:** Ensure that the ICS builds on strengths, avoids duplication and identifies areas for growth to deliver the best possible health and wellbeing for our citizens.

Conclusion 3: Through the engagement activity it was clear that there is strong support for coproduction initiatives.

> **Recommendation 3:** Prioritise that people and communities are involved in codesigning and coproducing elements of services and strategic thinking.

Conclusion 4: Current issues such as access to primary care services and staff retention is a concern to system partners and citizens.

> **Recommendation 4:** To develop a robust workforce plan which will ensure that there is a sustainable workforce and encourage skills development to increase and retain talented staff.

> **Recommendation 5:** Support new technology to improve access for patients and increase efficiency and data sharing for staff.

Conclusion 5: A key priority for delegates at the Assembly was the involvement of people with lived experience and children and young people and to start preventative initiatives in early years care and education.

> **Recommendation 6:** To embed the voice of children and young people in our work and involve people with lived experience

3 Background

Before the start of each financial year, each Integrated Care Board (ICB), together with partner NHS Trusts and NHS foundation Trusts must prepare a plan (hereafter referred to as the Joint Forward Plan), detailing how they propose to exercise their functions in the next five years. Each Integrated Care Partnership (ICP) must also set out its strategic plan for health and care services, for the years ahead (hereafter referred to as the Integrated Care Strategy). There is an expectation that this plan will be refreshed annually, in line with emerging national guidance.

The production of the Joint Forward Plan will be strongly influenced by the Integrated Care Strategy. Duties highlighted in the Health and Care Act 2022 require the involvement of, but not consultation with, local populations and stakeholders in the production of the Integrated Care Strategy.

4 Context

Integrated Care Partnerships (ICPs) will be a critical part of Integrated Care Systems (ICSs), and the journey towards better health and care outcomes for the people they serve. ICPs will provide a forum for NHS and Local Authority leaders to come together with key stakeholders from across the system and community.

In December 2022, the Nottingham and Nottinghamshire Integrated Care Partnership (ICP) produced an Integrated Care Strategy[1], that sets out how it will improve health and care outcomes and experiences for its populations, in the short, medium and long-term, for which all partners will be accountable.

The Health and Care Act 2022, which established the ICP on a statutory basis, also places a duty on the Integrated Care Board (ICB) to have regard to the Joint Strategic Needs Assessments (JSNAs), the Integrated Care Strategy and Joint Local Health and Wellbeing Strategies (JHWBSs), when exercising its functions and developing its Joint Forward Plan with NHS Trusts and Foundation Trusts. Figure 1 shows the relationships between the key system strategies and how they interface.

[1] Integrated Care Strategy - NHS Nottingham and Nottinghamshire ICS - NHS Nottingham and Nottinghamshire ICS (healthandcarenotts.co.uk)

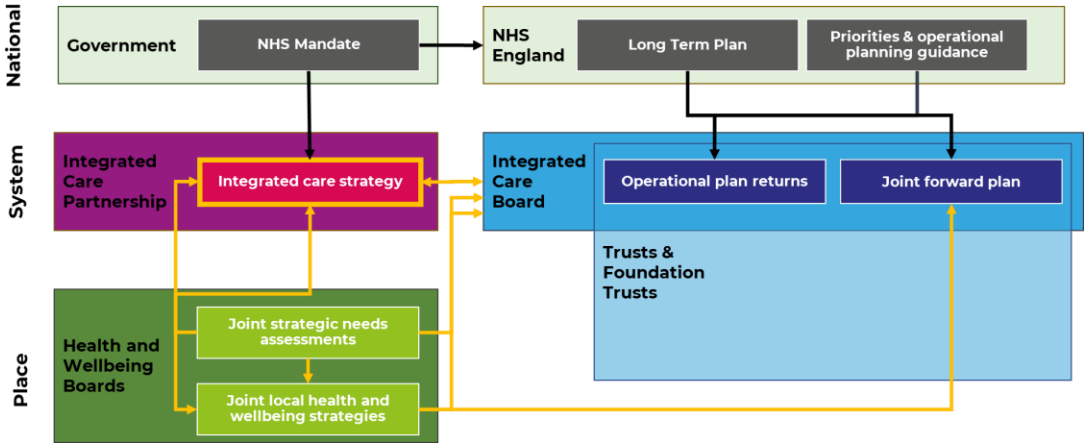

Figure 1. The interface between key system strategies

5 Involving people and communities

5.1 The requirements in legislation and guidance: Involving people and communities

ICPs should consider their requirements for involvement. Section 116ZB(4) of the Health and Care Act 2022 states:

In preparing a strategy under this section, an integrated care partnership must—

> *(a) involve the Local Healthwatch organisations whose areas coincide with or fall wholly or partly within its area, and*
>
> *(b) involve the people who live or work in that area.*

There is a general requirement under Section 14Z45(2) of the NHS Act 2006, as amended by the Health and Care Act 2022, which states;

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—*
>
> > *(i) the manner in which the services are delivered to the individuals (at the point when the service is received by them), or*
> > *(ii) 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.*

5.2 Aims

The overarching aim of this work was to involve citizens in the development of the NHS Joint Forward Plan for Nottingham and Nottinghamshire.

5.3 Our approach

A strategic approach was developed with other systems in the Midlands which set out the following:

- We only ask our public and stakeholders to become involved in our emerging strategies and plans when it is meaningful, and we strive to only ask for input when we know that we have a gap in our knowledge.

- We will also endeavour to present this strategic planning process as a coherent whole, navigating the complexity of the health and care system and the new Act on behalf of our citizens, rather than expecting them to do it for us. This means, therefore, that we will seek input from citizens on topics they can contribute to, in ways that are intelligible to them, which we will then feed that into the planning process, as appropriate.

- We will present the development of the Strategy and the ICB Joint Forward Plan as one consistent and joined-up process, so that citizens experience the local NHS and their councils asking for their input and contributions in a joined-up way, to help shape the future delivery of health and care.

Throughout this process we adopted the following principles:

- Ensured our methods and approaches were tailored to specific audiences as required.
- Identified and used the best ways of reaching the largest amount of people, providing opportunities for vulnerable and seldom heard groups to participate.
- Provided accessible documentation, suitable for the needs of our audiences.
- Used different virtual/digital methods or face to face activity to reach certain communities.
- Arranged meetings in accessible venues and offered interpreters, translators and hearing loops, where required.
- Arranged our engagement activities so that they covered the local geographical areas that make up Nottingham and Nottinghamshire.

5.4 Phases of involvement

As described above, it will be important that the system enables citizens to contribute in a meaningful way to the inter-linked production of the Integrated Care Strategy and the ICB Joint Forward Plan. Figure 2 sets out a three-phase process which:

- Maximises the existing knowledge and insights the system can already access.
- Discharges the duty for the ICP to involve citizens in the development of the overall Strategy, and then
- Delivers a formal public consultation on the ICB Joint Forward Plan[2].

The approach to involvement follows a three-step model with desktop research, followed by involvement opportunities, as shown in Figure 2. This report focusses on activity undertaken in Phase 3. The report describing the involvement activity undertaken in Phases 1 and 2 was published in November 2022[3].

[2] Subsequent guidance from NHSE advised that a formal consultation was not required.
[3] Integrated-care-strategy_engagement-report_final1.pdf (healthandcarenotts.co.uk)

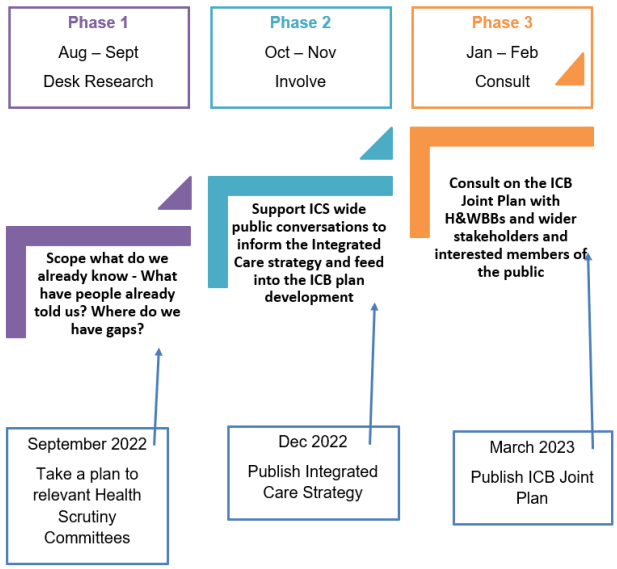

Figure 2. Three-step model to involving people and communities in the development of the ICS Integrated Care Strategy and ICB Joint Forward Plan

6 Methods

A range of different methods were used to engage with system partners, patients and citizens to understand their views on the emerging Strategy. In total, 313 individuals participated by either completing a survey, attending the ICS Partners Assembly, or providing a response to the promotion of the engagement via the ICB Staff Newsletter or via our website.

Presentations were provided at meetings describing the proposals developed, to ensure consistent messaging including details in our communications to our citizens together with content in our engagement materials, events and staff briefings. Alternative versions and formats of the survey, including in languages other than English, were available upon request.

6.1 ICS Partners Assembly

Delegates at the Assembly had the opportunity to share their views in a variety of ways:

a) Mentimeter

Delegates were asked two questions on Mentimeter[4], an interactive tool that allows people to see responses in real time.

The first was: *"What NHS features, developments or services are the most important to celebrate in three words?"*

Delegates were also asked *"We want to hear, in one word, what have you heard so far that has given you the most hope for the future?"*

b) Tabletop discussions

During the event delegates took part in tabletop discussions following speaker presentations. There were 15 tables, each supported by a facilitator, to discuss two topics and collate the

[4] Interactive presentation software - Mentimeter

key themes from each table. All feedback was shared anonymously with discussion points captured on flip chart paper.

The first tabletop discussion was focused on the Integrated Care Strategy aims and each table was allocated one of the four aims:

1. Improve outcomes in population health and healthcare
2. Tackle inequalities in outcomes, experience, and access
3. Enhance productivity and value for money
4. Support broader social and economic development

Each table was asked *"For your aim, please discuss:*

- *Examples of where work is already happening*
- *What are the barriers?*
- *What more do we need to do?"*

The second tabletop discussion focused on the Integrated Care Strategy guiding principles of **prevention, equity and integration** across our system. The discussions were in three 10-minute sections focusing on each principle in turn with prompts to guide the conversations and the facilitator feeding back to the table.

c) Pledges

Delegates were then asked to make a pledge towards the ICS aims and principles

d) Comment cards

Comment cards were available on the tables for attendees to feedback any other thoughts, opinions and suggestions.

6.2 Survey

On 5 June 2023 the ICB launched an online survey to obtain feedback and comments around the NHS Joint Forward Plan from staff, citizens, voluntary and community sector organisations and members of the public. Information was available on our website to promote the opportunity for people to be involved. The survey closed on 18 June 2023.

In total 168 responses were received but not all questions were completed by respondents. A copy of the survey questions can be found in Appendix 1.

6.3 Targeted Meetings

Presentations were provided to:

- ICB Citizen's Intelligence Advisory Group
- Nottingham and Nottinghamshire Voluntary, Community and Social Enterprise Alliance
- ICB Staff Briefing

6.4 Communications

Communications were shared with colleagues and communities and disseminated through a variety of routes including staff newsletters, team briefings, partners newsletters and through the stakeholder database to communities, networks and citizens. The survey was promoted to a range of stakeholders through different online channels including via email and the Integrated Care Board website.

6.5 Data analysis and reporting

All written notes taken during the ICS Partners Assembly, meetings, and qualitative responses from the survey were thematically analysed.

Quantitative data was analysed to produce descriptive statistics.

A full demographic breakdown of the survey respondents can be found at Appendix 2

7 Findings

7.1 ICS Partners Assembly

7.1.1 Mentimeter feedback

95 delegates participated in the first Mentimeter exercise. Figure 3 shows that the most popular words submitted for what delegates thought were the most important to celebrate in the NHS are free, equity, collaboration and care.

Figure 3 Mentimeter: What NHS features, developments or services are the most important to celebrate? (ICS Partners Assembly, n = 95)

In the second Mentimeter exercise delegates were asked to describe *"in one word what have you heard so far that has given you hope for the future?".* 51 people submitted a word. Collaboration was again one of the most popular words. Prevention, coproduction and commitment were also submitted by many.

Figure 4 Mentimeter: In one word, what have you heard so far that has given you the most hope for the future? (ICS Partners Assembly, n = 51)

7.1.2 Tabletop discussions

This section describes the discussions which took place around the tables at the ICS Partners Assembly.

a) Aim 1: Improve outcomes in population health and healthcare

There was an emphasis on the importance of coproduction, stating that although it may require more time initially, it is a cost-effective approach in the long term. The benefits of coproduction described included that it often extends beyond the realms of health and care and is broader than just the NHS, although the NHS holds significant influence.

Feedback and information exchange is vital for immediate improvements, particularly for patients who do not have online access or must travel for care. Others emphasised the need to think holistically and link various elements through system, place, locality, and individuals.

The importance of the system to support communities and Place-based Partnerships (PBPs) to achieve meaningful local focus and increase signposting was highlighted.

There was some dissatisfaction with current circumstances, including poor access to dental care and GPs, , limited choice for patients, as well as a time lag between planning and outcomes.

Great emphasis was placed on the work that pharmacies and prescribers are doing to contribute to this aim. Other examples of this aim in action included work undertaken by TLAP (Think Local, Act Personal) with Nottinghamshire County Council, a pilot Mental Health treatment project, incorporating medicine consultations, follow-ups, and signposting, community champion work and the system change project related to Serious Multiple Disadvantage (SMD).

The risks discussed included the importance of transparent communication, inclusivity, long-term strategies, impact assessments, and building trust to achieve sustainable and meaningful outcomes in community work. Delegates acknowledged the potential challenges and the need for consistency, funding, and support for the workforce.

b) Aim 2: Tackle Inequalities in outcomes experience and access

The effectiveness of system working was during the Covid-19 pandemic, a specific example included the roving teams in areas with low Covid-19 vaccine uptake. Similarly, current preventative work within local government and the PBP "test and learn" approach has been used in areas of greatest need, such as Killisick, Bellamy Road, and the City, to gather insights and adapt strategies to different communities.

The challenge of securing government funding was mentioned, as well as tight deadlines often associated with funding schemes. It was suggested that there is a need to explore strategies to increase chances of successful funding bids.

Many also recognised the current resource challenge, particularly for local authorities and the VCSE sector. Another barrier raised in the table discussion was the current insufficient prevention investment and that a 1% allocation for prevention may not be adequate to address community needs.

Suggestions of ways in which the system could do more to further this aim included streamlining complicated processes, embedding the VCSE sector, encouraging work beyond organisational and geographical boundaries to foster collaboration and enhance service

delivery and joining up the workforce. Learning from other systems was also mentioned as an opportunity to adopt successful and improve our current approaches.

c) Aim 3: Enhance productivity and value for money

A need for improved staff retention strategies, streamlined services, meaningful outcomes, efficient coordination, and reliable IT infrastructure to enhance productivity and value for money was highlighted.

Further work on prioritising prevention, promoting collaboration and adopting targeted and flexible approaches could enable more productivity. Ways to become more efficient included integrating digital technologies and ensuring there are appropriate decision-making processes within the system.

d) Aim 4: Support broader social and economic development

Delegates highlighted several projects that are already progressing the aim of supporting broader social and economic development. Examples included the positive impact of spending time in green spaces such as the allotment run by Cripps Health and Wellbeing Team and the Nature in Mind social prescribing project. Other good examples were the expanding community involvement in Beeston in conjunction with local GPs and the Broxtowe dementia pilot.

Many of the barriers mentioned in the table discussions focused on the challenge of having enough staff, resources, and access to funding especially when considering the health system's reliance on the VCSE sector as a safety net when NHS provision falls short. Others also highlighted the complexity of the system and how the hierarchical organisational structures in the health and social care sectors can result in barriers to development.

The inequity of services, community assets and transport links were flagged as a concern for some delegates. There was also mention of how the system does not have complete control over its development as it is governed by politics and that unsuitable short-term policies contribute to lack of development.

Aligning and defining the definitions and aims of the system as well as broad engagement and strong leadership to drive development forward. The aim could be further bolstered by adopting different ways of engaging different communities and creating a mechanism to share the good work that is happening to inspire others.

Suggestions to develop this aim further included, for workforce and recruitment challenges, ensuring that wages are appropriate, maximising the NHS as an employer by promoting health and social care education as an attractive pathway into working in the sector, also via apprenticeship and NHS funded schemes and providing employment opportunities for refugee and asylum seekers. Another similar suggestion was around establishing staff schemes that support the local economy. Some flagged that a move into communities and away from acute care would help progress this aim.

e) Principle 1: Prevention is better than cure.

Many were supportive of a cultural and economic shift towards prevention, in particular the importance of prevention in reducing pressure on hospitals. Many pointed out a need for change and innovation, to explore bold long-term approaches. However, some delegates did point out that issues with the current funding models mean that if funding is relocated to prevention, then there will be less spend elsewhere and could be difficult to implement with the needs of certain services, particularly in secondary care.

Table discussions highlighted the impact of engagement, communications and language, in particular the using appropriate language and multiple platforms to ensure that information is accessible and to raise awareness of prevention services.

The value of engagement with communities in their own space as well as early engagement of community leaders and organisations was mentioned. The investment needed to support community hubs, understand communities' needs and facilitate community integration and interaction was highlighted. Further conversations centred on the role of communities to drive change, supporting infrastructure development by understanding what is already there and the worth of the VCSE sector in creating resilience and bridging connections. There was acknowledgement that some communities may be resistant to change and how crucial it is to address the social norms and behaviours that contribute to poor health outcomes. A specific example was put forward of New Zealand's ambition to create a smoke-free society and implement vaping regulations. Access issues were also highlighted as an important consideration; convenience and transportation, particularly in rural areas, are key to the success of a service.

The importance of a flexible, empowering approach to education and early interventions was highlighted, in particular the role of public health education and starting early with children and young people. Suggestions including integrating prevention efforts into schools and providing early access to information for children and parents were discussed. Conversations also highlighted a need to educate healthcare professionals to understand risks and develop necessary skills and empathy to help specific people overcome barriers, for example those in the deaf community.

Providing quality, person-centred, joined-up care was identified as a key priority in table discussions. Recognising that one size does not fit all and personalising prevention initiatives for a person-centred approach is crucial. Examples of local initiatives include the use of social prescribers and care navigators.

Solutions and suggestions for prevention included:

- Explore additional roles to support patients, recognising that the patient knows best.
- Embrace technological innovation to support prevention efforts.
- Combine prevention and cure approaches, such as addressing musculoskeletal issues through physical activity.
- Consider incentives to encourage healthier lifestyles.
- Explore non-traditional settings for healthcare provision, such as roadshows.
- Learn from the flexibility and adaptability shown during the COVID-19 pandemic.
- Implement simple interventions and shift focus and resources towards living well rather than just curing illnesses.
- Promote understanding of risks and their impact on health outcomes.

f) Principle 2: Equity in everything.

The majority thought it was vital to recognise the impact of wider determinants of health and stated that resources should be allocated to those most in need. Funding shortages should be managed and targeted for maximum impact.

Primary care was listed as one of the areas delegates would prioritise. Some advocated for greater resources to be allocated to primary care to improve GP access, increasing the appointments available and the allocated time.

The need to coproduce solutions was stressed as a way of leading the approach with communities and a way of levelling up of resources. The benefits mentioned included

increasing trust and building on confidence, engagement, and power for communities. However, it was emphasised that the process of coproduction is not flawless as it is can be slow and convoluted so patience and time is needed.

Many table discussions were on the topic of utilising existing knowledge to avoid duplication, identify and target priority areas as well as focus on outcomes and understand the impact of interventions. For example, using NHS and JSNA (Joint Strategic Needs Assessment) data to identify trends and plan interventions. Suggestions included learning from areas of best practice and working with research colleagues to understand the impact of the voluntary sector. Community-based organisations were flagged as a helpful resource as they can capture what is happening on the ground.

The engagement of communities and community influencers was highlighted as a key factor in ensuring populations have an ongoing voice and trust can be built. Tailoring communication and messaging to different communities and having community champions run events rather than system professionals to enable more in-depth communication and empower groups.

Solutions and suggestions for equity included:

- Engage communities in coproducing solutions and involve them in decision-making processes to address healthcare challenges.
- Shift resources to target those most in need and ensure equitable distribution of resources across the healthcare system.
- Invest in technology to enhance healthcare delivery, improve patient outcomes, and optimise resource utilisation.
- Allocate funding specifically for primary care and services for marginalised communities.
- Utilise existing research, data, and evidence to fill knowledge gaps, inform decision-making, and identify areas for improvement.
- Improve communication and engagement with communities through careful messaging, use of interpreters, and providing information in alternative formats.
- Address digital exclusion by considering the diverse technological needs and preferences of different population groups.
- Optimise the use of time in engagement and appointments, follow-up visits, and communication with patients to ensure quality care and build trust.
- Encourage bravery and trying new approaches, even if mistakes may occur.

g) Principle 3: Integration by default.

There was strong support for integration and collaboration. Many expressed that a more efficient system should include social care, housing, health, and food services working together. The goal is to provide a seamless experience for patients, breaking down silos and ensuring alignment. An example of good practice was in PCN development where improved access to mental health care has been achieved, but further improvements are needed.

One focus of the table discussions drew upon the subject of current IT systems and the barriers they present. The use of different IT systems in partnership organisations is hindering integration, with examples of varying levels of technology, lack of system compatibility and data sharing challenges across organisations.

The importance of communication between organisations was emphasised. Improved communication between providers in the example of the Electronic Data Interchange (EDI) agenda for ethnic communities was highlighted as a good example of integration.

A reduction in the need for patients to repeat their stories, providing a named person to lead their health and care journey, and ensuring care is tailored to individual needs and resources would be beneficial. Comments were also made on the importance of a “no wrong door approach”, including the need for open referral processes and removing unnecessary eligibility criteria.

The need to provide adequate funding for infrastructure investment and budget coordination across different sectors, especially the voluntary sector, was highlighted. Conversely, others pointed out that opportunities have been missed by historical resistance to private companies.

The integration of services was flagged as a way that recruitment issues and workforce support could be addressed. It was suggested as a solution to the need to recruit and support healthcare professionals, reduce workload, and ensure collaboration between primary and secondary care. The support of system leaders would be vital in order to progress this.

Solutions and suggestions for integration included:

- Integration and alignment of IT Systems.
- Building and strengthening relationships between different organisations and sectors to work together more effectively and provide integrated services.
- Implementing a person-centred approach to healthcare to ensure tailored and responsive care.
- Empower patients to be actively involved in their healthcare decisions, encouraging them to provide feedback, and improving their understanding of the healthcare system and available services.
- Enhanced communication and information sharing to provide continuity of care.
- Enable a streamlined referral process thereby removing barriers to accessing services.
- Enhanced workforce support and collaboration

7.1.3 Pledges

Delegates were asked to make a pledge against one of the principles or aims of the Integrated Care Strategy, a sample of pledges are below. The full list of pledges are provided in Appendix 3.

a) Aim 2: Tackle inequalities in outcomes, experiences and access

28 pledges were made towards the aim of tackling inequalities in outcomes, experience and access.

The majority of the pledges focused on the importance of coproduction and listening to people, especially those who are disadvantaged and to advocate for others:

“Ensure independent advocacy continues to support and empower diverse voices to speak up and be heard, promoting equity.”

“I pledge to hold the system accountable for meaningful co-production and to continue to elevate the voice of those less heard by empowering communities to demand equity of services and involvement.”

“Hope: have been listened to today but other people are not listened to.”

Others pledged to collaborate and link up with other system partners and flagged the importance of the VCSE sector as well as ensuring that equity is threaded through the whole

system. There were other pledges made around awareness of current progress and what is working well.

b) Aim 3: Enhance productivity and value for money

13 pledges were made towards the aim of enhancing productivity and value for money.

The majority of pledges for this aim focused on the collaboration of organisations, bringing together resources and reducing duplication to ensure that people received the best care:

"Encourage services to joint working. Each service provider has individual specifications, reduce duplication by creating joint service specifications."

"Help create 'one-stop' services."

Other pledges suggested ideas for the future such as:

"Public debate on what the NHS will fund. A few highly expensive interventions for a few people or more for all. E.g., prevention for a greater number for people."

c) Aim 4: Support broader social and economic development

8 pledges were made towards the aim of supporting broader social and economic development.

Most of the pledges were based on the importance of local interventions and community with a focus on those in disadvantaged groups:

"Ensure those in marginalised groups are treated fairly. Work with those in sensitive culture areas to work with help groups to achieve better health outcomes."

"Invest in initiatives that increase community capacity."

The other pledges focused on resource allocation and impact on services and explored how organisations might come together to join up resources. Some highlighted the importance that services are provided by the VCSE sector rather than private companies.

d) Principle 1: Prevention is better than cure.

17 pledges were made towards the principle of prevention. There were some pledges commenting that this was the most important principle in their opinion.

Many highlighted the need to focus on long term planning and innovation and to start with families and young people:

"Be forward thinking and improve innovation, not just focus on the short-term operational pressures."

"Stand up for prevention, start with babies and children- need to redirect resources in reality not just in theory!"

To work towards improving the wider determinants of health was a key theme. Three of these focused on encouraging healthy choices, addressing inactivity, sustainable travel and ensuring people keep fit. Others flagged the importance of information sharing and awareness to enable free, fair and impartial access.

Pledges were also made regarding how different organisations and forums could incorporate prevention and collaboration such as the VCSE sector, the VCSE Alliance and Community Champions.

e) Principle 2: Equity in everything.

20 pledges were made towards the principle of equity.

Some pledges highlighted the importance of access, whether environmental or technological and there was strong advocacy for underrepresented communities:

"There is no such thing as hard to reach groups."

Many also pledged to engage with the younger generation and empower the voice of the young:

"To be guided by the voices of young people in our work."

There was a distinct focus on collaboration and transparency when working with communities and system partners:

"Sustainability, Inclusion, Diversity is a cross culture theme and leans on all of the work we do. We pledge to make this even more visible and to work with ICB colleagues at system level to align and share resource whenever feasible."

f) Principle 3: Integration by default.

20 pledges were made to the principle of integration.

Most pledges focused on joining up services and partnership working:

"Integrating services - Say your story once."

Some pledges highlighted their commitment to coproduction with others and others pledged to champion integration in specific areas such as data as well as participation in system forums:

"Commitment to VCSE Alliance and ensuring it has a real purpose as part of wider ICS."

"Digital integration is a top priority."

There were many pledges that committed to working in a positive person-centred way.

7.1.4 Comment cards

Delegates had the opportunity to share thoughts and feedback, a sample of comments are below. For the full list of pledges see Appendix 4.

Education and engagement of children and young people

Comments were submitted highlighting the importance of education and involving children and young people.

"How engaged are educators of young people involved in the setting up of principles and aims? Education is in the critical partner to provide health prevention and early intervention."

Comments on the event

There were some positive comments on the event, one commented on the learning from the marketplace and many people particularly enjoyed the opportunity to connect with other system partners, there were suggestions to continue this networking by sharing a list of the attendees for further communication.

Other suggestions for future Assembly events were proposed, for example including additional screens to aide visibility and also to have more time to network. Some comments focused on the sustainability theme and queried how to put the aims into action.

Terminology, communication, and insight

Comments were received on the use of terminology and definitions, highlighting that some words have different connotations and people's understanding of what they mean can differ. Clarification of what is meant will help people understand it and the work needed.

Some stressed the importance of how the work is communicated and evidenced. Information access and equity across Nottingham and Nottinghamshire was commented on.

"No concentration on what will not be done or what will be stopped or reduced. What is not cost effective. Value for money is important BUT value perception for people is key."

"There needs to be a consideration given as to how we avoid post code lotteries. We must prevent PBP's and PCN's doing their own thing and ensuring best practice is shared. "

Long-term planning, coproduction and collaboration

Some expressed that it is important not to repeat what has been done before and to concentrate on long term plans, investment and solutions.

"Much is spoken about the need for the VCSE sector to support work across the ICS. Without immediate, direct funding into the VCSE groups and organisations providing the services the ICS expects patients to be able to access, these services are not sustainable and will soon be lost."

"PLEASE do real coproduction at the earliest stages with partners AND carers/ those with lived experience as you save money and get the right service."

"Improve the communication between public and private sectors. Private can work with public and massively help. Look further to help achieve goals. Public and private can have a great working relationship."

7.2 Joint Forward Plan survey

This section presents the analysis from all of the responses received as part of the Joint Forward Plan survey and meetings. The themes have been developed from all the qualitative data collected.

7.2.1 Overview of four key areas outlined in our plan

We want to deliver the right care to citizens at the right time which we aim to do by focussing on the following areas:

- Helping people to manage their long term health conditions by diagnosing them earlier and supporting them to avoid it getting worse.
- Reducing illness and disease prevalence by focussing on prevention.
- Reducing pressures on emergency services.
- Ensuring timely access and early diagnosis for cancer and elective care.

We asked respondents whether the extent to which they agreed or disagreed with these priority areas. Table 1 details the responses from 168 respondents.

	Strongly agree	Agree	Neither agree nor disagree	Disagree	Strongly disagree
Helping people to manage their long-term health conditions by diagnosing them earlier and supporting them to avoid getting worse	84%	13%	2%	1%	
Reducing illness and disease prevalence by focussing on prevention	78%	20%	2%		
Reducing pressures on emergency services	72%	22%	5%	1%	
Ensuring timely access and early diagnosis for caner and elective care	83%	16%	1%		

Table 1: Four areas outlined in NHS joint forward plan (n = 168)

For the four areas of focus, we asked people how we could ensure that every person has an opportunity for their best possible health and wellbeing. We asked people to rank these in order of importance.

7.2.2 Helping people to manage their long term health conditions by diagnosing them earlier and supporting them to avoid it getting worse

Figure 5 outlines the full details and responses around our priorities with people having service pathways in place that allow people to receive they required in the right place first time. The last choice noted was around integrated neighbourhood teams promoting proactive care and providing a wrap around service locally.

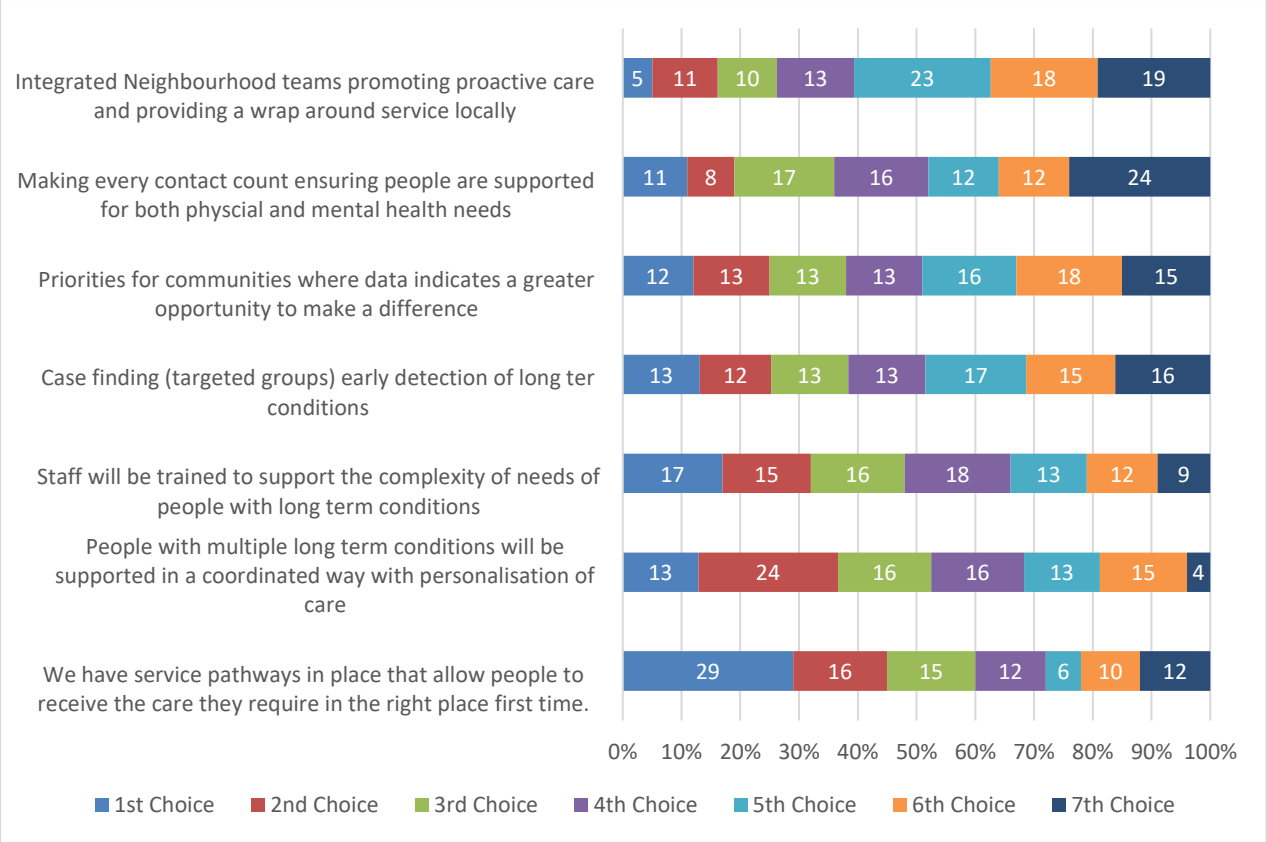

Figure 5: Ranking of helping people manage their long-term conditions (n = 165)

7.2.3 Reducing illness and disease prevention:

Figure 6 outlines the full details and responses around our priorities for reducing illness and disease prevention. The first choice for respondents was noted as focusing on prevention and early intervention with the least choice being using digital solutions in primary care and community settings.

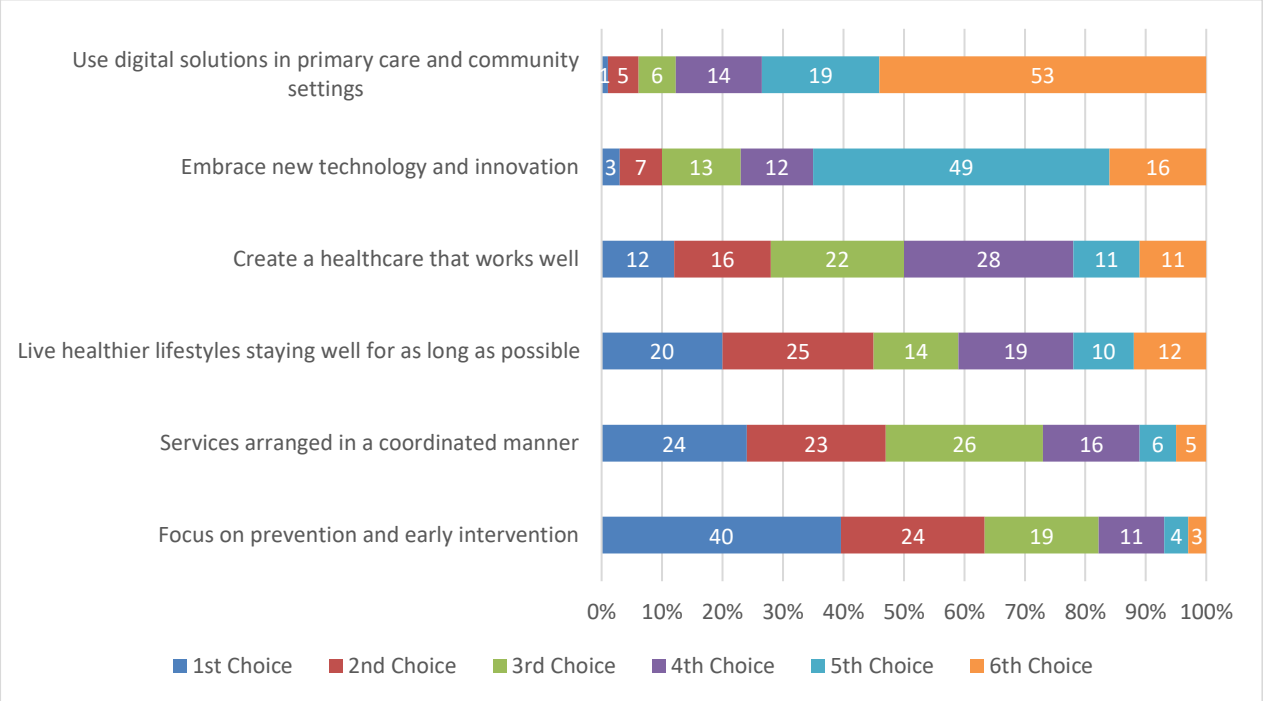

Figure 6: Ranking of reducing illness and disease prevention (n = 154)

7.2.4 People who need to use 999 or our hospitals in an emergency are transferred to the hospital and seen in a timely manner

Figure 7 outlines the full details and responses around our priorities for reducing pressures in emergency care – In and out of hospitals. The first choice for respondents was noted as using 999 in an emergency are transferred and seen in a timely manner with the least choice being using virtual wards are established and embedded across the ICS.

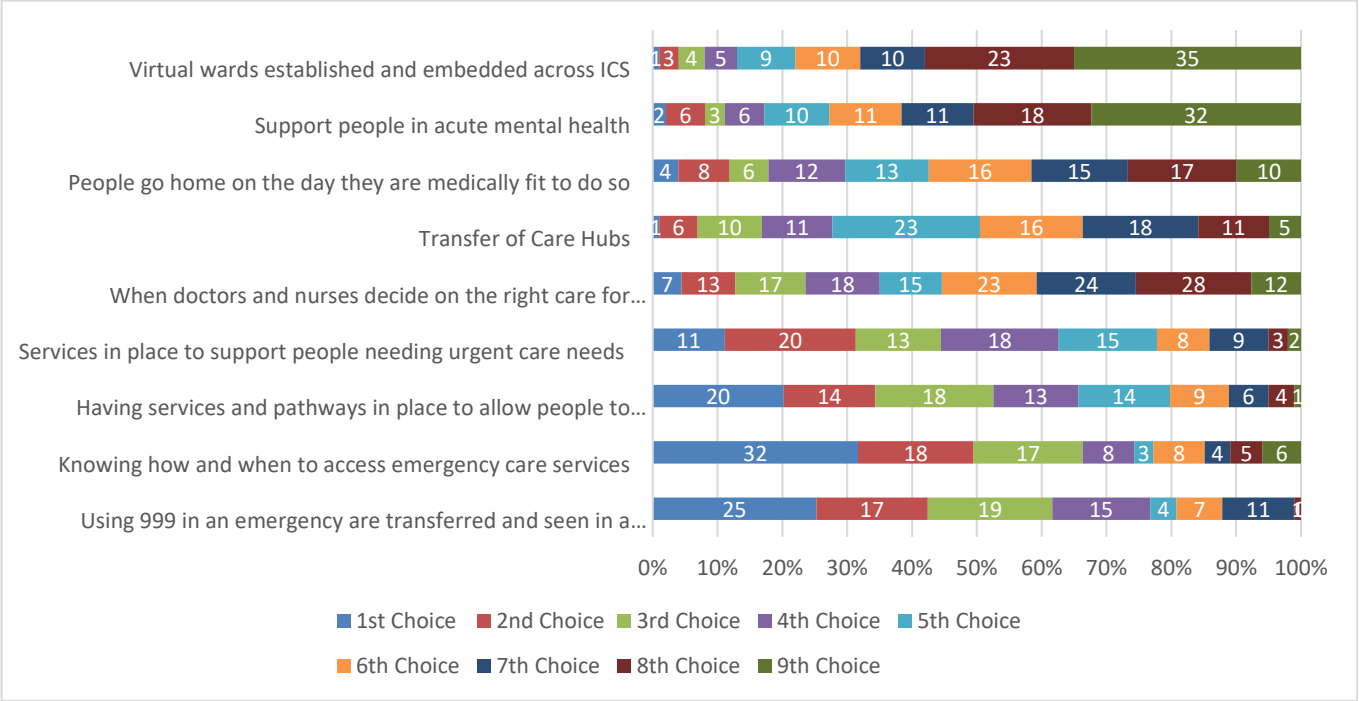

Figure 7: Ranking of reducing pressures in emergency care – In and out of hospital (n = 157)

7.2.5 Reducing pressures on emergency services, specifically improving your journey through hospital.

Figure 8 outlines the full details and responses around our priorities for reducing emergency pressures through your hospital journey. The first choice for respondents was noted as discharge teams are available all week allowing smooth journeys with the least choice being around people are assessed for their longer term needs after discharge

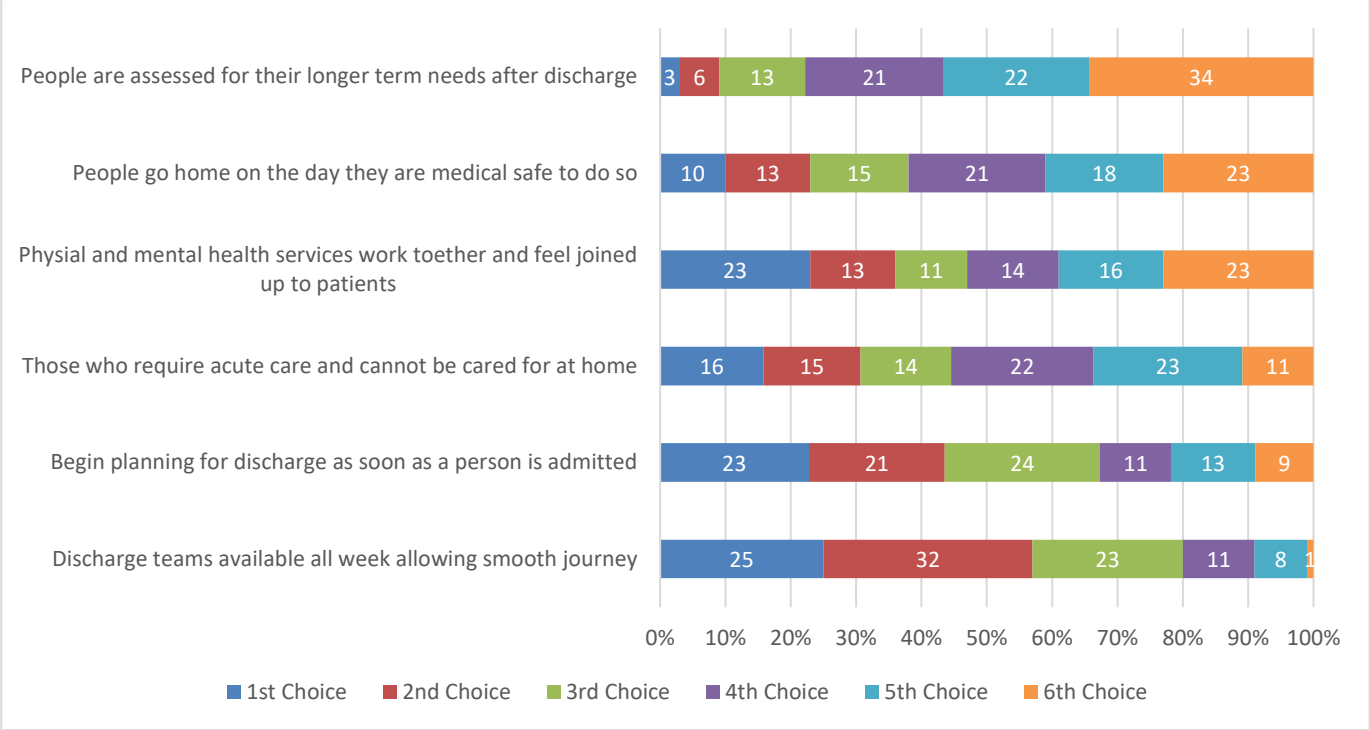

Figure 8: Ranking of reducing emergency pressures through your hospital journey (n=151)

7.2.6 Reducing pressures on emergency services, specifically preventing people returning back into hospital

Figure 9 outlines the full details and responses around our priorities for reducing pressures on emergency services – preventing people returning to hospital after discharge. The first choice for respondents was noted as there should be details care plans for the most vulnerable with the least choice being around the use of local data supports to identify those most in need.

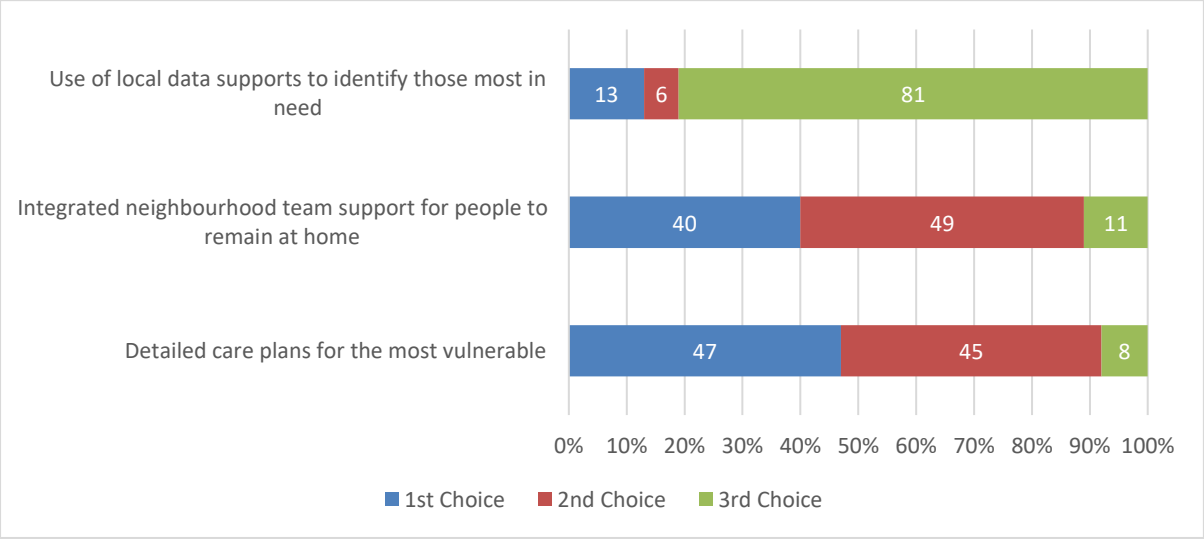

Figure 9: Ranking of reducing pressures on emergency services – Preventing people returning to hospital after discharge (n = 140)

7.2.6 Timely access and early diagnosis for cancer and elective (planned) care

Figure 10 outlines the full details and responses around our priorities for timely access and early diagnosis for cancer and elective (planned) care. The first choice for respondents was noted as all patients, regardless of their background or group, have fair and equal access to healthcare services, and they can choose the provider that suits them best with the least choice being that we have plans in place to share our workforce and retain staff, while also providing the necessary support to our employees.

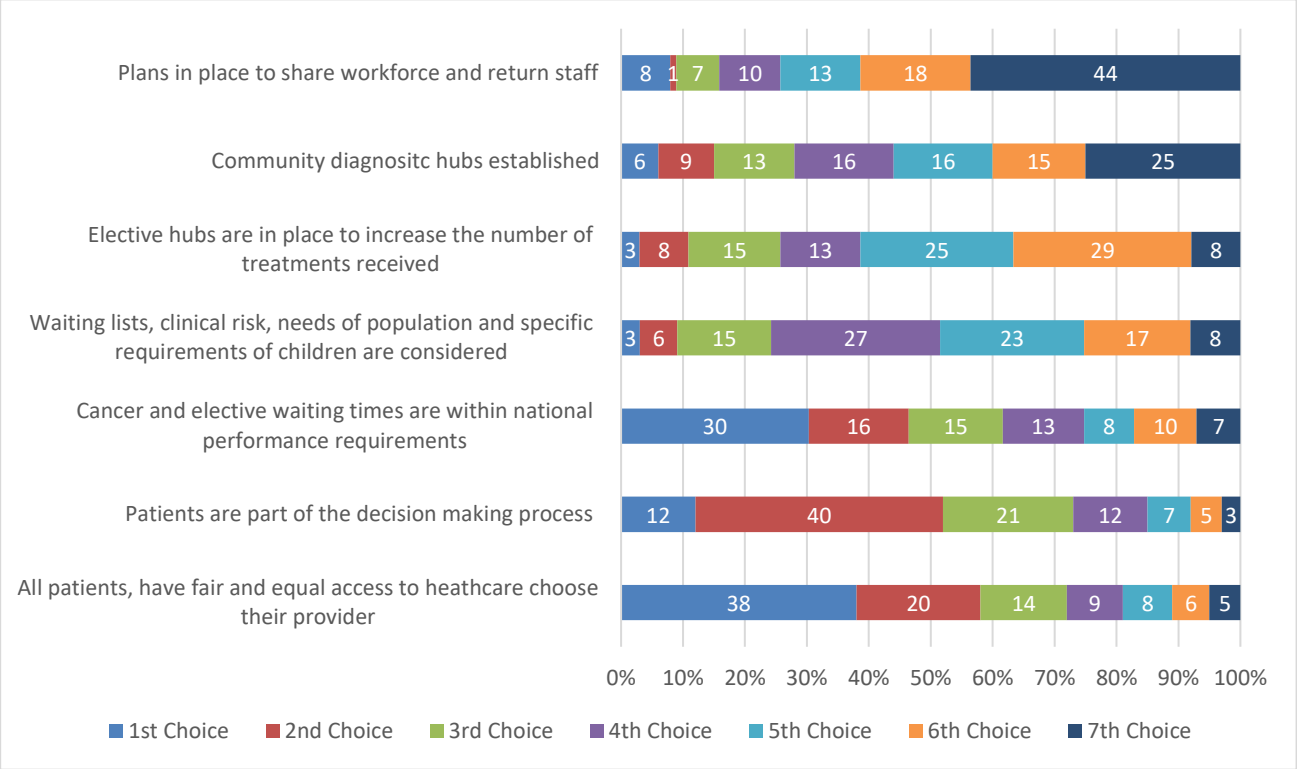

Figure 10: Ranking of timely access and early diagnosis for caner and elective(planned) care (n=154)

7.2.7 Themes

As part of our survey, we also asked respondents to consider anything that we may have missed as part of our current thinking around the NHS Joint Forward Plan. Various responses were provided around improvement of services, NHS workforce, discharge from hospital, health inequalities and inclusion of communities, funding, integration of services and primary care.

a) Improving services

There is a need to improve access to hospitals and the services provided within the community for citizens who are unable to access these due to transportation problems. A solution could be to work with the district council to work together to provide a direct bus service to the hospital sites to allow patients to access appointments. This would avoid parking issues and additional cost to the patients.

Feedback was received around looking at what models are currently in place and working well. Middle Street Resource centre was put forward as an example the community mental health teams could follow, for its integration with other services and self-sustaining income generation.

Suggestions were also received around mental health services and avoiding stigmatising mental health and treating symptoms separately together with looking at the pathway for people diagnosed with dementia, addressing the waiting times and integrating care for those with dementia within the NHS. Further comments also referenced around providing follow up appointments once treatment has ended and intervene before an individual is at crisis point.

To improve communication between services and implement a shared record keeping system. Take a holistic approach to providing care, hospice clinicians were mentioned as a good example.

"*The NHS and healthcare system must work as one otherwise people will always fall through the gaps."*

b) NHS workforce

There needs to sufficient support for the mental health and wellbeing of staff and consideration of the reintroduction of workforce wellbeing programmes for staff to be able to access leading to positive workforce leadership.

Recruitment and retention of staff should be considered in forward plans by possibly increasing pay and training opportunities, comments were also received around the current structures and that resources should allocated to frontline staff, employment of more clinical staff to support current employees allowing to reduce pressures in the system and boost morale to deliver the Joint Forward Plan effectively.

There needs to be clear improvement of communication between primary and secondary care with the patient at the centre of decisions**.**

"There are some important needs/actions raised in this survey, many that have been discussed before but we have never been able to achieve. unfortunately, we don't have the infrastructure or the staff, so before we are able to provide this vision these needs addressing, or we face having services that quickly become overwhelmed and fail."

"For all staff to communicate with patient in a professional, courteous manner. To respect patient's input, staff do not know everything. To work collaboratively, secondary care with primary care. Not each one blaming each other, bouncing patients around does not help the systems nor patients. Comms hubs between secondary & primary, all shadowing staff each side, sharing ideas, perspectives etc"

c) Discharge from hospital

There was a consensus that there should be a review of the patient discharge pathway, ensuring teams are aware of services for those patients wishing to be cared for at home and to introduce a cut off time for patients leaving hospital to avoid arriving home during in the late hours.

"Making discharge teams more aware of the services that are available for patients who want to be cared for at home."

There was a concern that planning a patients discharge before they are admitted to hospital lacks personalised care and depends on community-based support and outpatient referrals coming through quickly and could result in the patient being readmitted.

There needs to be an improvement of partnership working between hospital teams and social care teams to support a seamless patient discharge therefore improving the patient pathway and journey for patients and families.

"Providing care in the persons home should be central to future plans, the savings would fund the service and the health outcomes would be the best possible. Hospitals and social care should work closer together, and if the patient is not seen before discharge the social care should see them in their home next day, there are too many people stuck in hospital because there was not a social worker available to agree the discharge."

Whilst a number of comments were received around the discharge pathway, comments were also received from carers and unpaid carers around being communicated with and kept up to date on the discharge process.

"Unpaid carers need to be considered in terms of information sharing and being 'experts' in their cared for person's condition/needs. They should be involved in discharge systems. The workforce should be trained to 'Think Carer' and recognise their needs."

d) Health inequalities and inclusion of communities

Fair allocation of services across Nottingham and Nottinghamshire with a focus on those patients with the greatest need was described. There was a clear focus on health inequalities in relation to accessing to healthcare within the comments.

"Ensuring equity in access to services should be paramount alongside the right care at the right time and in the right place."

"Whilst it is mentioned in some ways, is an increased focus on deprived areas in the community. A fair allocation of services and resources, not focussing on those who shout loudest, but a real focus on those in greatest need, regardless of their situation".

"There is a need to focus on health inequalities across, access to healthcare and research and treatment being relevant to a diverse population."

Digital access has been highlighted. Whilst the use of the NHS App is to be accessed more widely for patients and staff to record and access data, we must also consider the needs of those individuals who are not digitally available and provide information in alternative formats and languages to ensure that patients have access to the correct information**.**

"Don't assume that everyone has access to digital technology or is able to use it. Many people are unable to take on digital care for several very valid reasons. Therefore, traditional methods of care still need to be available"

Additional comments were to include the benefits the environment can have on wellbeing and provide greater support to emotional and mental health including the support for carers as demands of the role can result in increased anxiety, isolation, and depression.

e) Integrated services

There was support for services to become more integrated. It was highlighted that to improve outcomes there still needs to be more joined up working. A suggestion was made to introduce an internal and robust triaging system rather than educating the public on which services to use.

"Services need to be joined up. Record keeping is not joined up. Too many managers, resources are not targeted where needed. Services are reactive rather than proactive."

"Shared patient records systems so that all providers can access relevant medical information as necessary and transfer information in a timely manner and reduce the risk of error."

f) Primary Care Services

A number of points were raised around the need of improving access to GP appointments to reduce pressure on emergency services and hospital appointments. There is also a need for patients to receive a face to face appointment as well as telephone appointments.

"Ensure people get access to their GP's or else there's nowhere else to go except A&E."

Comments were also received around different approaches around healthcare where the GP could consider several symptoms at one appointment to gather a full picture and ensure conditions are not missed.

"Training GPs to look at the patient holistically, and not refusing to consider multiple symptoms presented concurrently (because of appointment time constraints), that could be an indicator of an underlaying disorder that is going undiagnosed."

g) Funding

Some comments within the feedback were around the funding required for the NHS Joint Forward Plan to be delivered. Comments were received around the funding of VCSE organisations to help deliver the preventative measures. If funding was committed on a longer term basis this would be more efficient and effective for the system.

"It is imperative that future funding needs to be spent differently. Voluntary Sector Organisations can (usually, due to their size) deliver far more efficiently, particularly around preventative measures. For years, the barrier to this has been the need to evidence success, this must stop, short term. It must be accepted that on many occasions preventative measures need to be given significant time to prove their worth and will ultimately help people health wise and the strains the NHS is experiencing."

"In order that the above areas of focus are delivered effectively, it is important that community services are adequately funded and staffed."

7.3 VCSE Alliance feedback

On the 6 June 2023 a presentation was made to our VCSE Alliance. Mark Wightman, Director of Strategy and Reconfiguration at NHS Nottingham & Nottinghamshire ICB, updated members on the progression of the Joint Forward Plan. The Joint Forward Plan will form part of the Integrated Care Strategy and is a long-term plan drawing on the aims and principles of the Integrated Care Strategy, detailing what is required and ways of working differently. Part of the plan references the Working with People and Communities Strategy which has strong links with the VCSE Alliance. Our approach focuses on citizen intelligence by exploring the quantitative and qualitative data in the system such as case studies and patient related outcome measures. Coproduction is another key element of the Strategy as a way to co-develop solutions to bridge gaps in service. Members supported the outline of the Joint Forward Plan and commented on how data from the work the voluntary sector could be used in decision making and identify gaps when developing projects. Members also highlighted the need to feedback any work that takes place to ensure the loop is closed.

7.4 Citizen's Intelligence Group feedback

On the 30 May 2023 a presentation was made to our Citizens Intelligence Advisory Group (CIAG) by Mark Wightman, Director of Strategy and Reconfiguration at NHS Nottingham and Nottinghamshire ICB. The importance of this document and the complexity of the plan was recognised by members of the group and comments were provided by members around how does the engagement approach work and how the communities would be empowered. The Joint Forward Plan will form part of the Integrated Care Strategy and is a long-term plan drawing on the aims and principles of the Integrated Care Strategy, detailing what is required and ways of working differently. Part of the plan references the Working with People and Communities Strategy. The aim is to create a gold standard with good examples of best practice and alleviate the barriers stopping us from working in an integrated way.

Discussions took place around how the voluntary sector can be included within these conversations to enable their voice to be heard. A suggestion was made to undertake a development of a framework. It was agreed that organisations will need to work differently with a commitment to putting the money in the right place whilst aligning to the key principles and measuring, challenging and sharing the vision and changing systems behaviour. The cost of living was also discussed and how this will impact on how people can take control of their health and wellbeing.

8 Appendices

8.1 Appendix 1: Joint Forward Plan survey questions

NHS Joint Forward Plan - We want to hear from you.

Health and care colleagues across Nottingham and Nottinghamshire have been working on a document called the NHS Joint Forward Plan. This plan sets out how the NHS will deliver its priorities as well as how it will deliver against the Integrated Care Strategy: https://healthandcarenotts.co.uk/integrated-care-strategy/our-key-aims-and-principles/
A draft of the NHS Joint Forward Plan will be published by the end of June.

The NHS Joint Forward Plan is based on three guiding principles:

1. Prevention is better than cure
2. Equity in everything
3. Integration by default

We want to deliver the right care to you at the right time which we aim to do by focussing on the following areas:

- Helping people to manage their long term health conditions by diagnosing them earlier and supporting them to avoid it getting worse.
- Reducing illness and disease prevalence by focussing on prevention.
- Reducing pressures on emergency services.
- Ensuring timely access and early diagnosis for cancer and elective care.

We are asking people to provide us with some feedback via this survey to check that our four areas of focus are the right ones, and what we could do to achieve them. It will take around 10 minutes to complete. This survey will close on Sunday 18 June 2023.

To request the survey in another language or format or if you require a hard copy, please contact the Engagement Team at: nnicb-nn.engagement@nhs.net or call or text 07385 360071. If texting or leaving a message, please provide your contact details and a member of the team will get back to you.

If you are interested in taking part in other engagement opportunities please see our website: https://notts.icb.nhs.uk/get-involved/

How we will collect and save your data

This survey contains some questions where you can write freely. When providing responses to these, please do not write any information that may identify you (for example, name or address). Your responses may be shared with other services but the data you provide will be anonymised so we will not analyse or share any information that will make you identifiable. To read about our privacy notice visit: https://notts.icb.nhs.uk/get-involved/privacy-statement-

for-engagement/

Question 1

- I am a member of the public
- I work for the Voluntary, Community and Social Enterprise (VCSE) sector
- I work for the NHS
- I work for the Local Authority
- I am an elected member
- I am an NHS Non-Executive Director
- Other (please state)

Question 2

We have listed the four areas of focus for the NHS. To what extent do you agree that these four areas should be our focus?

	Strongly agree	Agree	Neither agree nor disagree	Disagree	Strongly disagree
Helping people to manage their long term health conditions by diagnosing them earlier and supporting them to avoid it getting worse.					
Reducing illness and disease prevalence by focussing on prevention.					
Reducing pressures on emergency services.					
Ensuring timely access and early diagnosis for cancer and elective care.					

For the four areas of focus, there are a number of opportunities that we could take to ensure that every person has their best possible health and wellbeing. We would like you to rank these in order of importance, using the up and down arrows on the right hand side of each box.

Question 3

Helping people to manage their long term health conditions by diagnosing them earlier and supporting them to avoid it getting worse. Please rank these actions in order of importance, using the up and down arrows on the right hand side of each box.

Case finding (targeting resources at individuals or groups who are suspected to be at risk for a particular disease) and screening programmes will focus on communities with low uptake rates to support early detection of long-term conditions.
Priority for communities where data indicates there is greatest opportunity to make a difference e.g. frailty, respiratory, hypertension, heart disease.
People with multiple long-term conditions will be supported in a coordinated way with personalisation of care.
Staff will be trained to support the complexity of needs of people with long-term conditions.
We will make every contact count ensuring people are supported for both their physical and mental health needs.
Integrated Neighbourhood Teams will promote proactive care-coordination for the management of long-term conditions, wrapping care around people and recognising the strengths of care being delivered locally.
We have services and pathways in place that allow people to receive the care they require in the right place first time.
Question 4
Reducing illness and disease prevention. Please rank these actions in order of importance, using the up and down arrows on the right hand side of each box.
Focus on prevention and early intervention to reduce the negative impact of chronic diseases and expensive treatments, leading to long-term cost savings and better health outcomes for everyone. 
We help people live healthy lives and stay well for as long as they can, including providing education to help them take care of themselves.
Services are arranged in a coordinated manner across healthcare, social care, public health, and housing, which enhances the care experience for patients and improves overall outcomes.
We aim to create a healthcare system that works well and makes the most of the available workforce by allocating resources where they are most necessary.
Embracing new technology and innovation to provide our workforce with better tools, increasing their productivity.
Use digital solutions in primary care and community settings to make healthcare more efficient, accessible, and to improve patient outcomes.
Question 5
Reducing pressures on emergency services, specifically improving your journey in and out of hospital. Please rank these actions in order of importance, using the up and down arrows on the right hand side of each box. 

People know how and when to access urgent and emergency care services when they need it.
We have services in place to support people who have urgent care needs to be cared for at home for both their physical and mental health needs.
People who need to use 999 or our hospitals in an emergency are transferred to the hospital and seen in a timely manner.
We have services and pathways in place that allow people to receive the care they require in the right place first time.
"Transfer of Care Hubs" are established at each hospital, that operate every day of the week and involve a variety of healthcare professionals working together.
People go home on the day they are medically safe to do so.
When doctors and nurses decide on the right care for someone, this is done once and all organisations work together to support the patient.
Virtual wards are established and embedded across the Integrated Care System. Virtual wards (also known as hospital at home) allow patients to get the care they need at home safely and conveniently, rather than being in hospital.
We will support people in an acute mental health bed by offering community services, appropriate housing, and supported living options, so that they do not need to be readmitted.
Question 6
Reducing pressures on emergency services, specifically improving your journey through hospital. Please rank these actions in order of importance, using the up and down arrows on the right hand side of each box. 
We begin planning for discharge as soon as a person is admitted to the hospital or even before if possible.
People are assessed for their longer term needs after they are discharged, rather than doing it before they leave the hospital.
Only those who require acute care that cannot be given at home are admitted to a hospital bed, while others are sent home on the same day or directed towards community or virtual ward pathways.
People go home on the day they are medically safe to do so.

Physical and mental health services work together and feel joined up to patients.
Question 7
Reducing pressures on emergency services, specifically preventing people returning back into hospital. Please rank these actions in order of importance, using the up and down arrows on the right hand side of each box. 
Integrated Neighbourhood Teams support people to remain at home and take care of their health and wellbeing.
Our use of local data supports us to identify those most in need.
Detailed care plans for our most vulnerable patients will be created, to keep them well and enable them to stay at home during difficult times or emergencies.
Question 8
Timely access and early diagnosis for cancer and elective (planned) care. Please rank these actions in order of importance, using the up and down arrows on the right hand side of each box. 
Integrated Neighbourhood Teams support people to remain at home and take care of their health and wellbeing.
Cancer and elective waiting times are within national performance requirements.
All patients, regardless of their background or group, have fair and equal access to healthcare services, and they can choose the provider that suits them best.
Patients are part of the decision-making process, given choices to avoid unnecessary procedures, and offered conservative treatments closer to home instead of immediate interventions.
When prioritising waiting lists, the clinical risk, the needs of the population, and the specific requirements of children and young people are considered.
Elective hubs are in place to increase the number of treatments received.
We have plans in place to share our workforce and retain staff, while also providing the necessary support to our employees.
Community diagnostic hubs established which means more appointments available.
Question 9

Please use this box to let us know if there is anything else that you would us to consider in the NHS Joint Forward Plan

Equality and Diversity Questions

We are committed to providing equal access to healthcare services to all members of the community. To achieve this, gathering the following information is essential and will help us ensure that we deliver the most effective and appropriate healthcare.

Responding to these questions is entirely voluntary and any information provided will remain anonymous.

Question 10
What is your gender?

- Man (including trans man)
- Woman (including trans women)
- Non-binary
- Prefer not to say
- Prefer to self-describe (please use box below)

Question 11
Which age band do you fall into?

- Under 16
- 16-24
- 25-34
- 35-44
- 45-54
- 55-64
- 65 -74
- 75-84
- Over 85
- Prefer not to say

Question 12
Which of these best describes your race? (please choose one only)

- Arab
- Asian/Asian British - Bangladeshi
- Asian/Asian British - Pakistani
- Black/Black British - African
- Black/Black British - Caribbean
- Chinese
- Gypsy or Traveller
- Mixed White and Asian
- Mixed White and Black Caribbean
- Other Asian background
- Other Black background
- Other ethnic background
- Other mixed background
- White
- White Irish

- Prefer not to say

Question 13
Do you have a disability (tick all that apply)?

- Yes – physical disability
- Yes -mental health condition
- Yes – learning disability
- Yes – neurodivergent (including autism)
- Yes – Other (please state below)
- No
- Prefer not to say
- Other (comment box)

Question 14
Are you a carer?

- Yes – a paid carer
- Yes – a carer providing unpaid support
- No- I am not a carer
- Prefer not to say

Question 15
Which District/Borough do you live in?

- Ashfield
- Bassetlaw
- Broxtowe
- Gedling
- Mansfield
- Newark and Sherwood
- Nottingham City
- Rushcliffe
- Other (please state)

8.2 Appendix 2: Demographic profile of survey respondents

Of the 168 who completed the survey, 164 told us their gender (Figure 11).

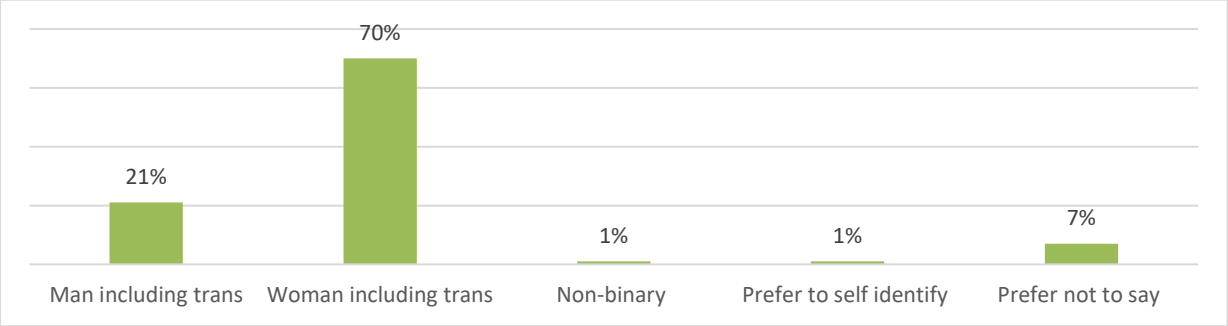

Figure 11: Age of respondents (n = 164)

Of the 168 people who answered the survey question asking are you a carer providing unpaid support to a family member partner or friend, 163 people responded (Figure 12).

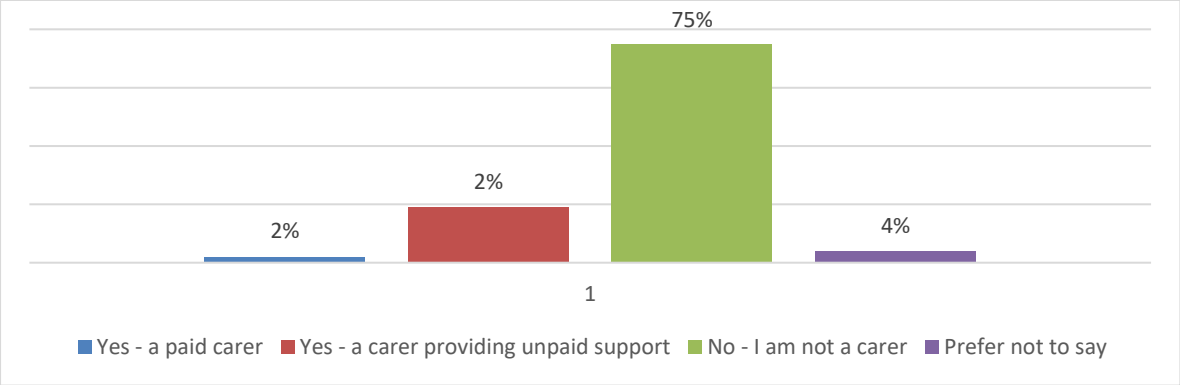

Figure 12: Caring Responsibilities (n=163)

Of the 168 respondents, 164 people responded with their age group (Figure 13).

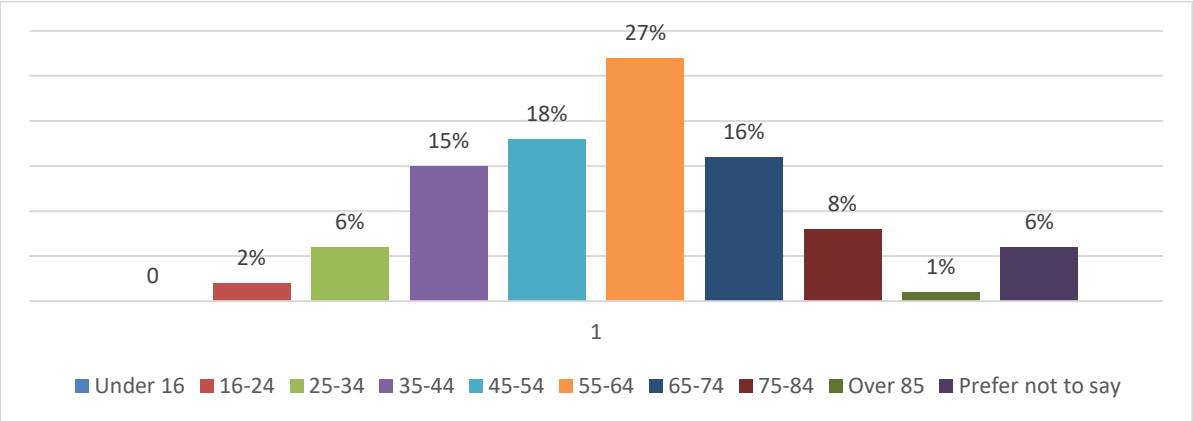

Figure 13: Age range of respondents (n = 164)

Of the people who told us their ethnicity, the majority were white 137 (84%) with 2 (1%) indicating they were black/black British Caribbean, 1 (1%) indicated they were Asian, British Asian – Pakistani, 1 (1%) indicated they were Gypsy or Traveller, 1 (1%) indicated they

were mixed White and Black Caribbean, 1 indicated they were White Irish with 12 (7%) preferring not to say and 8 (5%) indicating they were other of an alternative ethnicity.

Of the 168 respondents, some identified as having one or more disability. When noted as identified as other, these were diabetes, Parkinson's Disease, Kyphoscoliosis, long term health conditions and also people waiting assessments for ADHD, autism and CPTSD and also hearing loss (Figure 14).

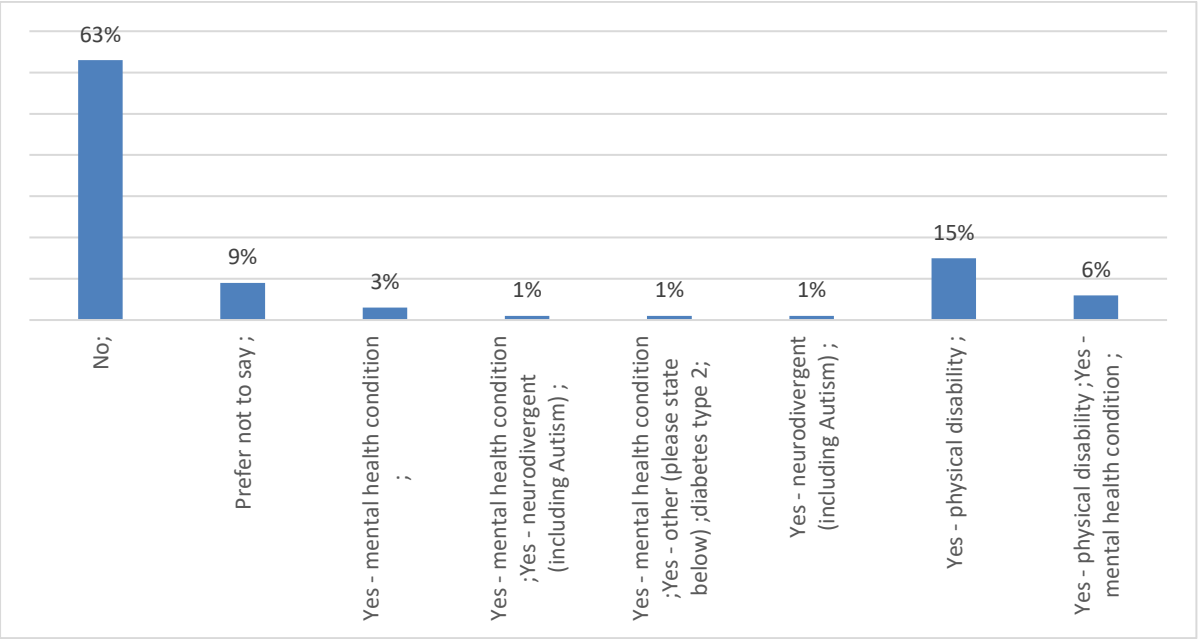

Figure 14: Disabilities noted for respondents (n = 171)

Of the 168 the respondents, 156 provided details of their geographical location (Figure 15).

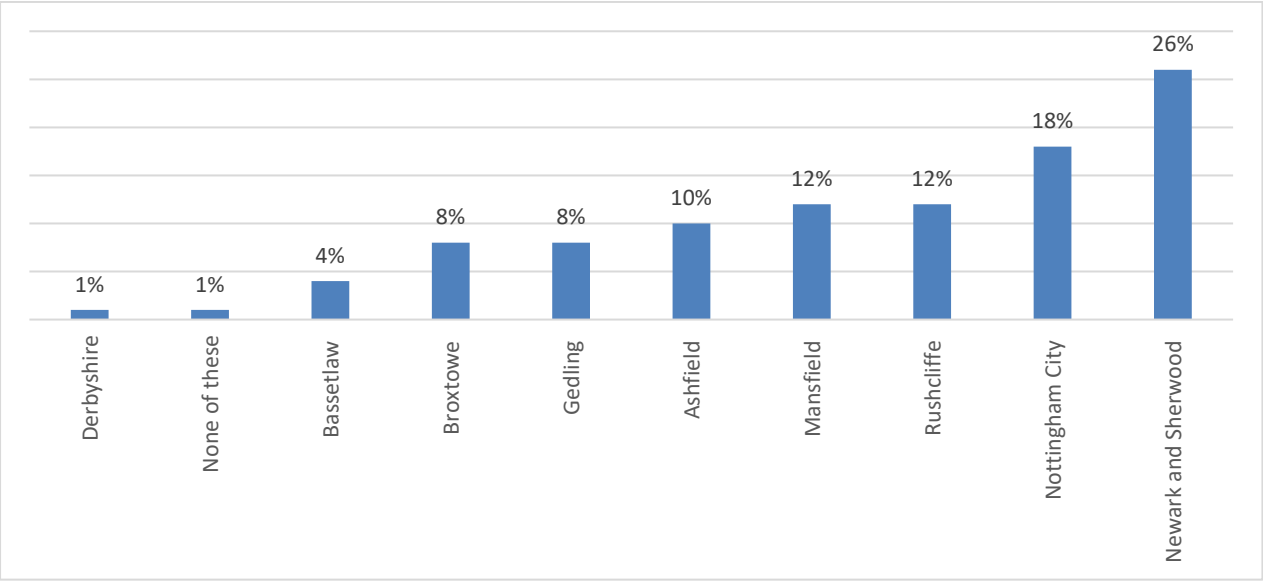

Figure 15: Districts and Borough of Respondents (n=156)

8.3 Appendix 3: Pledges from the ICS Partners Assembly

Aims

2. Tackle inequalities in outcomes, experiences and access

28 pledges were made towards the aim of tackling inequalities in outcomes, experience and access.

"Listen to experience of communities and staff"

"To work closely with grass root comms and to listen"

"To actively listen to connect common themes - to showcase progress and highlight challenges persistently"

"Listen to people and work to build trust"

"Hope: have been listened to today but other people are not listened to"

"Open up discussions regarding inequalities to working groups"

"I will always stand up for people who are disadvantaged"

"To put my head above the parapet and shout out"

"Ensure independent advocacy continues to support and empower diverse voices to speak up and be heard, promoting equity"

"Advocate support for patients beyond major treatment surgery etc"

"I pledge to hold the system accountable for meaningful co-production and to continue to elevate the voice of those less heard by empowering communities to demand equity of services and involvement"

"Commit to work Co-production into the core of projects"

"To hold people accountable in terms of co-production"

"To embed the Co-production when planning, changing and designing services"

"To keep co-production at the centre of planning, redesign and transformation by including the voice of children and young people as well as adults"

"To work in a way that promotes co-production"

"Ensure that equity runs through everything"

"Ensure whole system approach to equity, NHS, social care, housing, transport etc"

"I pledge to work collaboratively wherever possible to ensure we get the best outcomes for patients"

"Getting involved with VCSE, ICB etc"

"I pledge to work with others to ensure everyone receive, great quality, personal care"

"The people and cultures leadership development group and COP will increase understanding to activate patience to our approach. We will demonstrate output where we can as the journey continues towards our outcome."

"Increase social prescribing scheme"

"Promote best and awareness practice"

"Continue to deliver the core role of a CVS (infrastructure) even thought this is not funded"

"Support community/voluntary services and development."

"Invest in the third sector and the rewards can be immense"

"I pledge to think about prevention first"

1. **Enhance productivity and value for money**

13 pledges were made towards the aim of enhancing productivity and value for money.

"Encourage services to joint working. Each service provider has individual specifications

reduce duplication by creating joint service specifications"

"Talk to each other to eliminate duplication"

"Reduce duplication where I can"

"Don't duplicate provision 'add' value!"

"Look for opportunities to pool resources"

"Work together with our partners to share resources and deliver joined up care"

"Help create 'one-stop' services"

"Pathways to get people to the right place first time"

"Playing a bigger role in challenging existing funding structures where it might not be working"

"How can we offer our services"

"Healthcare reference booklets"

"Public debate on what the NHS will fund. A few highly expensive interventions for a few people or more for all. E.g., prevention for a greater number for people"

2. **Support broader social and economic development**

8 pledges were made towards the aim of supporting broader social and economic development.

“Keep championing the role of the trusted voice in communities”

“Shop locally”

“Ensure those in marginalised groups are treated fairly. Work with those in sensitive culture areas to work with help groups to achieve better health outcomes”

“Develop self help within communities”

“Invest in initiatives that increase community capacity”

“Have discussions around how we might come together as anchor institutions to combine our resources in the most effective way”

“Ensure that services are provided by public and voluntary sector - takeover by conglomerates”

"Working on making services accessible”

5.3.2 Principles

“Prevention is better than cure”

17 pledges were made towards the principle of prevention. There were some pledges commenting that this was the most important principle in their opinion.

“Stand up for prevention, start with babies and children- need to redirect resources in reality not just in theory!”

“Working with organisations to work on prevention Apps for family.”

“Personal pledge to encourage family to try more 'green' dining.”

“VCSE Alliance - focus on prevention.”

“Making prevention a core element of County Champions role.”

“Encourage NHS systems to react to waiting times by utilising VCSE services to prevent crisis.”

“To work with partners to focus on the role active and sustainable travel can have on prevention, equity and integration. We need to create neighbourhoods, where being physically active (walking wheeling or riding a bike) is a real choice. To ensure good public transport to enable people to connect to services.”

“Be forward thinking and improve innovation, not just focus on the short-term operational pressures.”

“Set up new 20-year NHS prevention organisation, not a 1% off ICS budget”

“Focus on wider determinants as well as health outcomes.”

“Equity in everything.”

20 pledges were made towards the principle of equity.

“Improve accessibility of prevention services.”

“Provide different methods of service delivery which aren’t based at our hospitals so come in more accessible for all.”

“Don't let patients get left behind by technological advancements.”

“Continue to be the voice of communities that are not heard.”

“Continue to focus on those with absolutely nothing.”

“There is no such thing as hard to reach groups.”

“Greater collaboration with colleagues to introduce further knowledge around dementia to a younger generation.”

“Making coproduction easier and more relatable for patients/service users. More personalised care. A young person able to relate to most.”

“To be guided by the voices of young people in our work.”

“Sustainability, Inclusion, Diversity is a cross culture theme and leans on all of the work we do. We pledge to make this even more visible and to work with ICB colleagues at system level to align and share resource whenever feasible.”

“Integrate our community sector deeper within ICS and the NHS to target prevention.”

“VCSE Alliance - Reflect, Equity in meetings and collective understanding of the team.”

“Making Every Contact Count. People citizen, system, comments. Tick off at least one Aim per contact.”

“Explore opportunities for champions to co-create.”

“Work with our local communities to see how we can adopt preventions for their needs.”

“Integration by default.”

There were also 20 pledges made to the principle of integration.

“Bridge the gap between primary care -urgent care and secondary care.”

“Champion partnership working between NUH and other organisations in the ICS.”

“Working through partners to enhance local provision.”

“To integrate our referral pathways with those of the NHS services locally.”

“Integrating services - Say your story once.”

“To continue to work with VCSE and other community groups.”

“Keep working to collaborate.”

“Promoting, encouraging and driving integration in Nottingham and Nottinghamshire.”

“Encourage co-production within NUH in the development of clinical and organisational strategies.”

“Make coproduction really count.”

“Consider how I can dedicate more time to co-production with partner organisations.”

“Working to sit on pathways.”

“Commitment to VCSE Alliance and ensuring it has a real purpose as part of wider ICS.”

“Support integration of preventative care into pharmacies.”

“Digital integration is a top priority.”

“Carers Roadshow gathers conversations, street to strategy data.”

“To support the staff I work with to have a healthy workplace and good work life balance.”

“To continue to work in this way.”

“Continue to champion physical activity in healthcare pathways and provide opportunities.”

“Supporting individuals.”

8.4 Appendix 4: Comment cards from the ICS Partners Assembly

Education and engagement of children and young people

- “As a sector let’s target, colleges, schools, universities. Use the younger generation to act as voices for their communities, especially those underserved ones (e.g., those with English as a second language or with a culturally different belief system).”
- “How engaged are educators of young people involved in the setting up of principles and aims? Education is in the critical partner to provide health prevention and early intervention.
- Can’t stress enough around challenging curriculum of education. Use PSHE as greater point of teaching life skills, doing voluntary activity which increases quality of life and potentially career opportunities.”

Comments on the event

- “Really enjoyed the market place - learned a lot.”
- “Can a 'network' of people attending with contacts details be created? It’s difficult to see who is from which organisation on the day of the events. So a follow up list or webpage would be fantastic!!”
- “Can a list of attendance be shared with roles to enable us to connect with each other?”
- “Really informative and nice to meet other organisations.”
- “Green interview with Helena and Lindsay - no information really on what we can do. Lots of things saying we need to do things and the ICS is looking into it, but what can individuals do???”
- “There was a huge focus on sustainability but yet we are writing our comments on a piece of paper and a lot of paper around. Can this be swapped?”
- “The event was very informative and relevant but was hampered by not being able to see the slides properly from the back - too far away to read. A second or third screen would resolve. Also please put up any codes required, rather than say it, too speedy.”
- “More time to make links with other attendees would be useful. Could we do this as a regular thing? “

Social and economic development terminology

- “To have a generic definition of 'social' and 'economic' so that we understand and work effectively to the same goal.”
- “’Efficiencies' - The term has negative connotations. Could we define more clearly what we mean by social and economic development? I.E - Is there a particular area focussing on, or is it so broad that it's everything? If it is everything, we need to be clear what everything is.”

Communication and insight

- “No concentration on what will not be done or what will be stopped or reduced. What is not cost effective. Value for money is important BUT value perception for people is key.”

- “A communication plan which is county-wide and means that there is equity around access to information.”
- “There needs to be a consideration given as to how we avoid post code lotteries. We must prevent PBP's and PCN's doing their own thing and ensuring best practice is shared. “
- “Allow the carers roadshow to gather and create conversations with local communities to produce local up to date data to have a street to strategy policy for the ICS.”
- “Prevention- we need to be better at evidencing the impact preventative services make so that they don't get decommissioned.”

Long Term planning and collaboration

- “We are seeing the same things coming back around. Please provide long term plans so that services can become great before progress is made.”
- “Much is spoken about the need for the VCSE sector to support work across the ICS. Without immediate, direct funding into the VCSE groups and organisations providing the services the ICS expects patients to be able to access, these services are not sustainable and will soon be lost.”
- “I Completely think the ICS is essential going forward for Nottingham, especially integrated. The ICS always talks about user strategies 'plans' and 'roadmaps' - but I don't see any extra integration across Notts. The ICS need to work to actually put together some collaborative resources for all of Nottingham. They also need to include all members of the ICS - small organisations. A form which has one representative from each group that makes up the ICS!!!! These representatives should have a place to share what their organisation is doing and then the ICS should take all of these resources/ info and put out some central comms with this condensed and collaborated info!”
- “How can Homecare help with patients leaving hospital earlier - Virtual ward collaboration?”
- “PLEASE do real coproduction at the earliest stages with partners AND carers/ those with lived experience as you save money and get the right service.”
- “We have heard much around collaboration, co-production and choice. However service delivery is in a juxtaposition, in GP provision in North Notts being removed without consultation. Dr choice has been removed by means of transfer being directed to the ICB.”
- “Annoy me about trust. Important to hear improvements but why diabetic refuse interpreter. No deaf people have no support at all from either ICS and NCC/City, powerful good but follow no. How much does anyone know the interpreter? Do you think it's important to have an interpreter? Last meeting feedback, didn't reply to my e-mail. Funds? Diabetic No- why? See Dr and angry and arranged one for me. BSL ACT.”
- “Why do the ICB refuse to engage with the private sector? Why is cost all they engaged around? Why are people / care, not the focus?”
- “Improve the communication between public and private sectors. Private can work with public and massively help. Look further to help achieve goals. Public and private can have a great working relationship.”
- “It would be great to discuss collaborative working on preventative healthcare with Boots UK and the ICB. Please feel very welcome to contact me.”