



**Nottingham and  
Nottinghamshire**

# **Refreshing the NHS Joint Forward Plan: Engagement Report**

**May 2024**

**Nottingham and Nottinghamshire  
Integrated Care Board**

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## 1 Executive summary

### 1.1 Background

In June 2023, health and care colleagues published the NHS Joint Forward Plan<sup>1</sup> for Nottingham and Nottinghamshire. The plan sets out how the NHS in Nottingham and Nottinghamshire will deliver its priorities as well as how it will deliver against the Integrated Care Strategy<sup>2</sup>. Engagement of citizens and stakeholders throughout May and June 2023 informed the initial development of the NHS Joint Forward Plan<sup>3</sup>.

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 Board (ICB) is committed to consistently listening to, and collectively acting on, the experience and aspirations of local people and communities. The overarching aim of this work, therefore, was to involve citizens in refreshing the NHS Joint Forward Plan for Nottingham and Nottinghamshire.

The aim of the engagement was to gather the views of citizens and professionals in relation to the refresh of the NHS Joint Forward Plan. We wanted to understand whether the priorities detailed within the plan are set right for Nottingham and Nottinghamshire. In total, 118 individuals took part in an online survey which took place in March 2024.

### 1.2 Key findings

- There were some examples of effective service delivery and how the system is using innovative approaches to benefit patients.
- There was agreement that resources should be directed to populations with the greatest needs to reduce health inequalities.
- Great value was placed on communication and support to patients to raise awareness and provide information on healthy living.
- There was strong support for collaboration, integration of services, and knowledge sharing to achieve the aims of the Joint Forward Plan.
- Future health and care services should be equitable, person-centred and involve families and people with lived experience.

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<sup>1</sup> [https://healthandcarenotts.co.uk/wp-content/uploads/2021/05/J15562-Joint-Forward-Plan\\_v6-090823.pdf](https://healthandcarenotts.co.uk/wp-content/uploads/2021/05/J15562-Joint-Forward-Plan_v6-090823.pdf)

<sup>2</sup> [Our key aims and principles - NHS Nottingham and Nottinghamshire ICS - NHS Nottingham and Nottinghamshire ICS \(healthandcarenotts.co.uk\)](#)

<sup>3</sup> [Developing the JFP final \(icb.nhs.uk\)](#)

- There was acknowledgement of the issues that the system is currently facing, specifically waiting lists, the availability of medications, workforce challenges, access to GP and dentistry services.
- There was consensus among respondents regarding the necessity of directing resources towards populations with the greatest needs to address healthcare inequalities.

### **1.3 Next steps**

The findings from this survey will be used to support the annual refresh and ongoing delivery of the NHS Joint Forward Plan.

## 2 Conclusions and recommendations

Conclusion 1: There was strong support for integration and collaborative working across organisations.

**Recommendation 1:** Ensure that the refreshed Joint Forward Plan builds on good practice, avoids duplication, and identifies areas for growth to deliver the best possible health and wellbeing for our citizens.

**Recommendation 2:** Consider how new technology could be used to improve access for patients and facilitate efficient data sharing between NHS organisations.

Conclusion 2: Current issues such as access to primary care services and staff retention is a concern.

**Recommendation 3:** Develop a robust workforce plan which will ensure that there is a sustainable workforce and encourage skills development to increase and retain talented staff.

Conclusion 3: It is vitally important to have effective communication to patients and provide education on how and when to access urgent and emergency care.

**Recommendation 4:** Continue to deliver communication campaigns collaboratively with system partners supporting patients to access the right service at the right time and in the right place

**Recommendation 5:** Utilise our current existing engagement platforms in place (Citizen's Panel, Coproduction Network, Engagement Practitioners Network and Insights Hub) to understand patients experiences when accessing urgent and emergency care, using this insight to drive improvements and address any identified gaps or barriers to accessing care.

Conclusion 4: There was concern for people who experience health inequalities, particularly vulnerable people, children, older people, those with complex long term health conditions and neurodivergent people.

**Recommendation 6:** Continue to develop and implement communication strategies that are inclusive and accessible, taking into account the diverse needs of our local populations. This may include using plain language, easy read versions of information, translated versions, animations with captions and providing paper copies of information to those who may be able to access information digitally. .



### 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.

The 2024/25 refresh 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 Involving people and communities

#### 4.1 The requirements in legislation and guidance: Involving people and communities

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.*

Close engagement with partners will be essential to the development of Joint Forward Plans<sup>4</sup>. This includes working with:

- the ICP (ensuring this also provides the perspective of social care providers)
- primary care providers
- local authorities and each relevant HWB
- other ICBs in respect of providers whose operating boundary spans multiple ICSs
- NHS collaboratives, networks and alliances
- the voluntary, community and social enterprise sector
- people and communities that will be affected by specific parts of the proposed plan, or who are likely to have a significant interest in any of its objectives

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<sup>4</sup> This relates to the general duty of ICBs to involve the public (s14Z45 of the NHS Act 2006), the duty of NHS trusts to involve the public (s242 of the NHS Act 2006) and the ICB duty to consult with the public and other relevant persons when developing the JFP (s14Z54 of the NHS Act 2006)

## 4.2 Aims

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

## 5 Methods

### 5.1 Survey

On 29 February 2024 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 the ICB website to promote the opportunity for people to be involved. Alternative versions and formats of the survey, including in languages other than English, were available upon request. The survey closed on 29 March 2024.

In total 118 responses were received but not every respondent completed all questions.

A copy of the survey questions can be found in Appendix 1.

### 5.2 Data analysis and reporting

All 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

## 6 Findings

### 6.1 Introduction

This section presents the analysis from all the responses received as part of the Joint Forward Plan survey. Further analysis can be found in Appendix 3.

### 6.2 Awareness and prioritisation

We wanted to know whether respondents were aware of the NHS Joint Forward Plan. The majority of people said “yes” (Figure 1). Those who work for the local authorities, the NHS and within the VCSE sector were the most aware of the plan and Councillors/MPs and members of the public were the least aware.

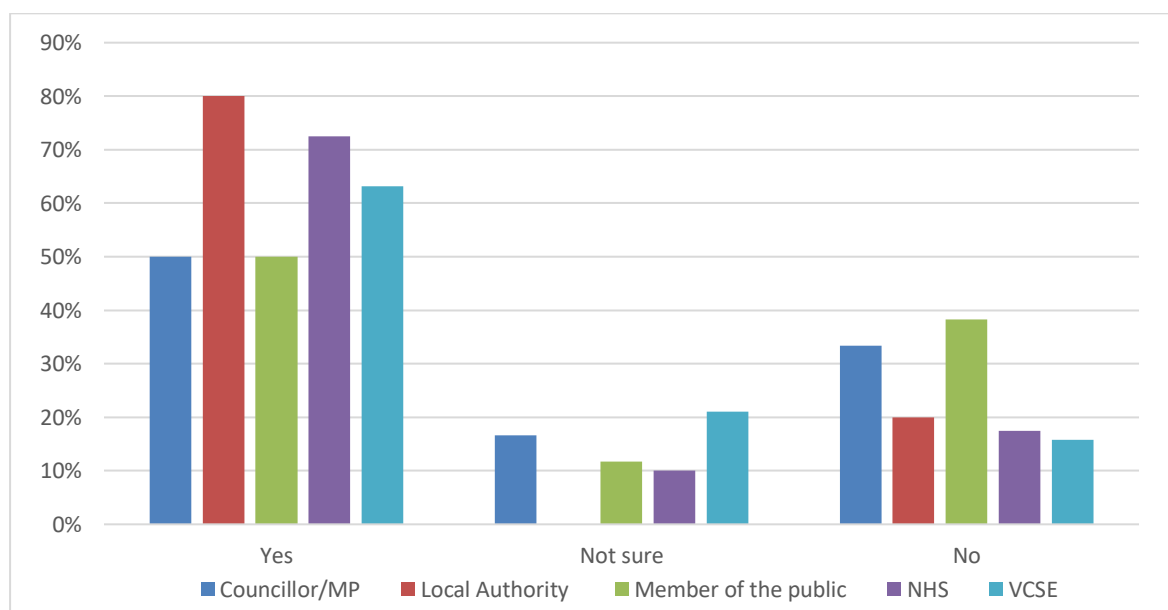


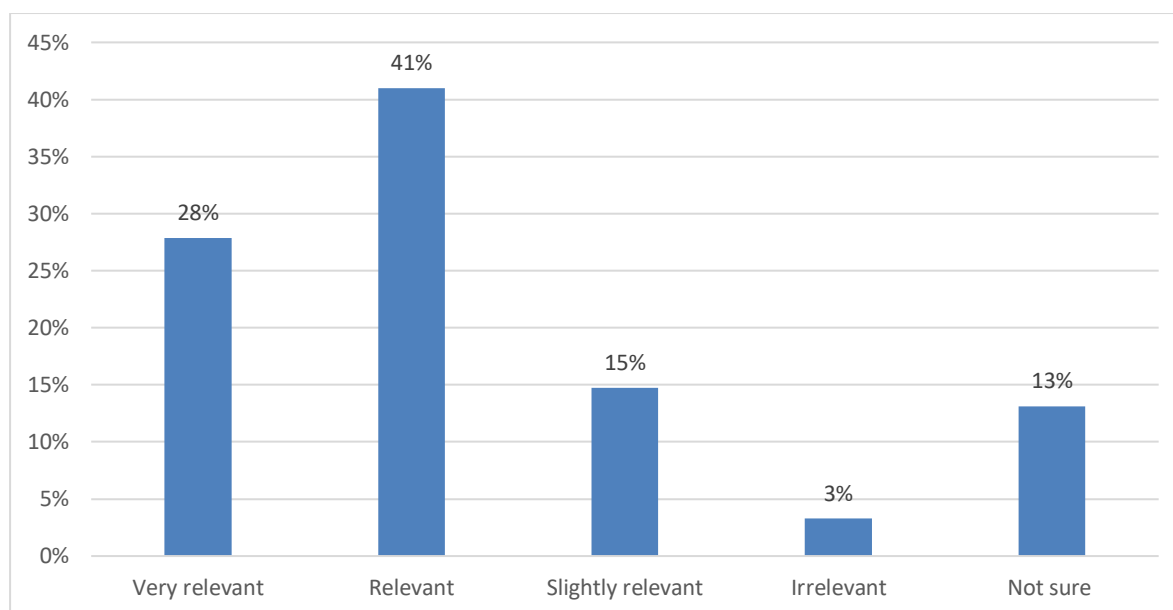
Figure 1. Awareness of the Joint Forward Plan (n = 110)



34 people told us the extent to which they believed that the local NHS is providing the right services. 43% (n = 14), (43%) either strongly agreed or agreed, 26% (n = 9) neither agreed nor disagreed, 33% (n = 11) either disagreed or strongly disagreed.

When asked whether they thought the plan was ambitious enough. 40% (n = 16) said yes, 33% (n = 13) were not sure and 28% (n = 11) said no.

We asked respondents from partner organisations whether the Joint Forward Plan is aligned to their aims/aims of their organisation. 61 people answered this question. 56% (n = 34) people said yes, 33% (n = 20) said they were not sure and 11% (n = 7) said no.



**Figure 2. Relevancy of Joint Forward Plan (n = 61)**

We also wanted to understand how relevant people found the Joint Forward Plan. Figure 2 shows that 69% (n = 42) found the plan very relevant or relevant, 15% (n = 9) slightly relevant, 3% (n = 2) irrelevant and 13% (n = 8) were not sure.

### 6.2.1 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:

- Reducing physical and mental illness and disease prevalence through prevention.
- Proactive management of long-term conditions and frailty.
- Improving patients flow to reduce emergency pressures in all health settings.
- Prioritising timely access and early diagnosis for cancer care and planned care

We asked respondents whether the extent to which they agreed or disagreed with these priority areas. Table 1 details the responses from the 2023 and 2024 surveys.

	Strongly agree		Agree		Neither agree nor disagree		Disagree		Strongly disagree	
	2023	2024	2023	2024	2023	2024	2023	2024	2023	2024

Reducing physical and mental illness and disease prevalence through prevention	78%	65%	20%	31%	2%	1%		1%		3%
Proactive management of long-term conditions and frailty	84%	58%	13%	36%	2%	3%	1%	3%		
Improving patients flow to reduce emergency pressures in all health settings	72%	60%	22%	28%	5%	9%	1%	1%		2%
Prioritising timely access and early diagnosis for cancer care and planned care	83%	70%	16%	19%	1%	8%		1%		2%

**Table 1: Four areas outlined in NHS joint forward plan. There were 168 respondents in 2023 and 118 respondents for 2024.**

Table 1 showcases that respondents are mostly in agreement with the priorities. Those who strongly agree have decreased slightly, on average by 16%, but those who agree has risen, on average by 11%.

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.

### **6.2.2 Prevention: reduce physical and mental illness and disease prevalence:**

Within the prevention priorities the option people chose as the most important was ‘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.’. The last choice noted was ‘Use digital solutions in primary care and community settings to make healthcare more efficient, accessible, and to improve patient outcomes.’.

### **6.2.3 Proactive management of long term conditions and frailty:**

The first choice for respondents within proactive management of long term conditions and frailty was ‘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.’. ‘Health services will work together to change how we use medicines to improve the health and wellbeing of our population.’ was the most popular last choice.

#### 6.2.4 Improving patient flow to reduce emergency pressures in all health settings: Flow into the hospital

When asked to prioritise options for reducing pressures in emergency care, specifically the flow into hospitals, the first choice for respondents was noted as 'People know how and when to access urgent and emergency care services when they need it.' with the least choice being 'Physical and mental health services work together and feel joined up to patients.'

#### 6.2.5 Improving patient flow to reduce emergency pressures in all health settings: Flow out of the hospital

The first choice for respondents around our priorities for improving patient flow to reduce emergency pressures in all health settings: Flow out of the hospital was '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.' with the least choice being 'Community rehabilitation supports people to maximise their recovery in their own homes.'

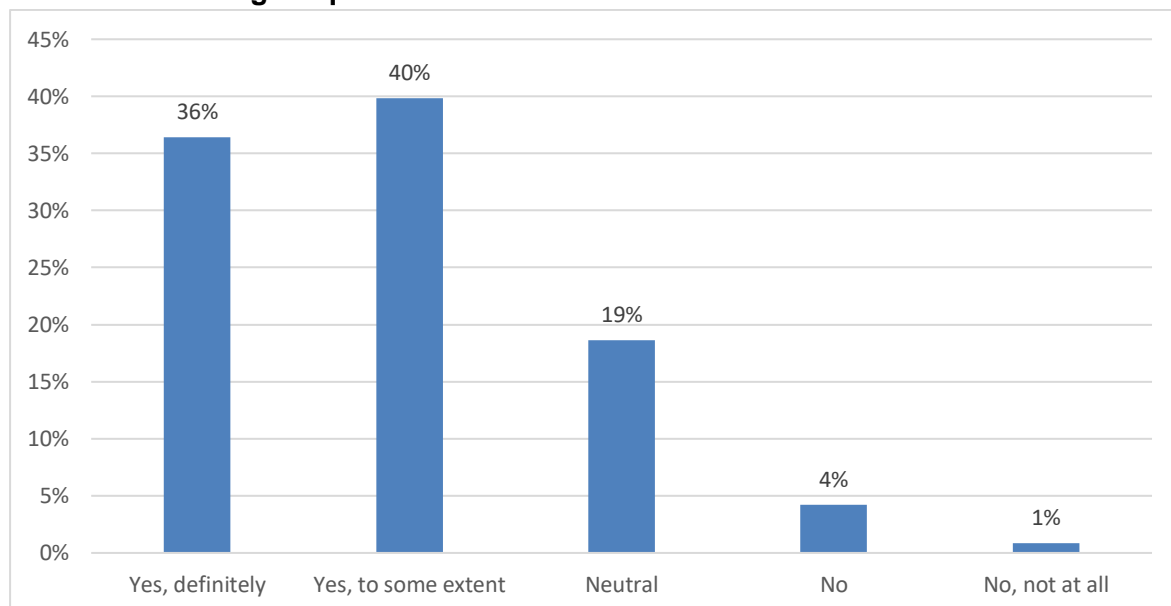
#### 6.2.6 Improve navigation and flow to reduce emergency pressures in both physical and mental health settings: Preventing readmissions

The first choice for respondents around our priorities for improving navigation and flow to reduce emergency pressures in both physical and mental health settings: Preventing readmissions was 'Integrated Neighbourhood Teams support people to remain at home and take care of their health and wellbeing.' with the least choice being 'Our use of local data supports us to identify those most in need.'

#### 6.2.7 Timely access and early diagnosis for cancer/planned care

The first choice respondents made around our priorities for timely access and early diagnosis for cancer and planned care was 'Cancer and elective waiting times are within national performance requirements.' with the least choice being 'Implementing community-based breast screening in areas of low uptake'.

#### 6.2.8 Addressing inequities and access



**Figure 3. Should money be directed to our populations with the greatest needs to ensure that all of our communities received the same care, at the right time and in the right place, to reduce inequalities? (n=118)**

When asked whether money should be directed to our populations with the greatest needs to ensure that all of our communities received the same care, at the right time and in the right place, to reduce inequalities (Figure 3). 43 (36%) said yes, definitely, 47 (40%) said yes, to some extent, 22 (19%) were neutral, 5 (4%) said no and 1 (1%) said no, not at all.

Within the qualitative findings, addressing inequalities in access to care and services was a key focus for many respondents. Respondents detailed barriers to care, for example the transition of care for children and young people as well as a lack of appropriate, safe, accessible mental health services for people with autism or for those who may have had bad experiences of care.

There were many responses related to older people and the importance of identifying and supporting frail and elderly individuals and ensuring digital literacy, appropriate aftercare environments and discharge planning are considered.

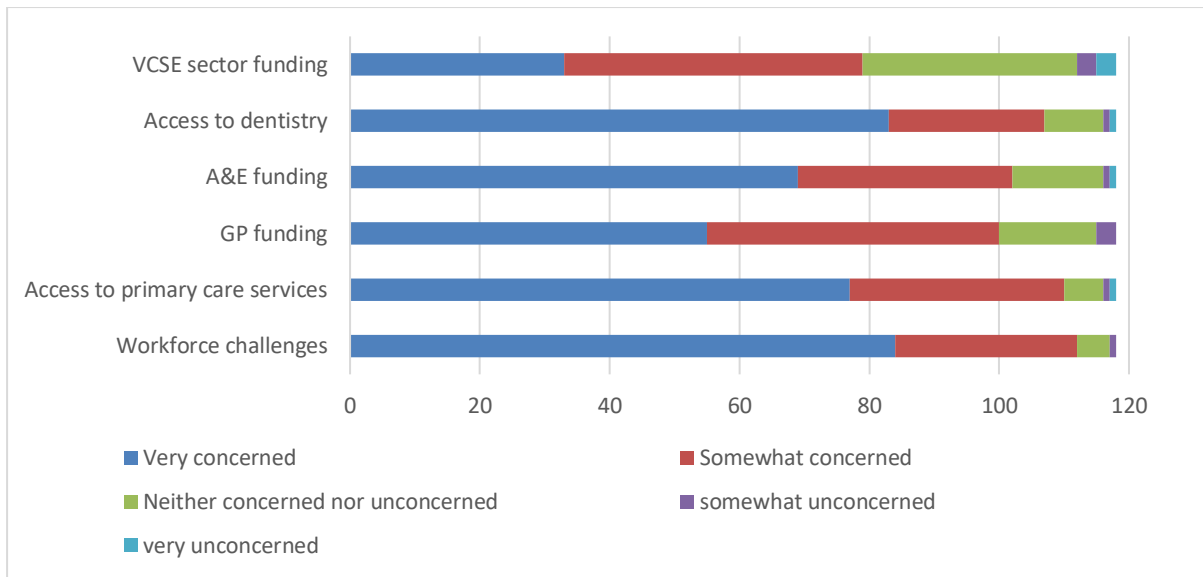
“More emphasis on early identification of frail elderly members of the community who may be at risk of acute injury, illness or fracture. This group make up the majority of ED Admissions within the winter months and go on to have long hospital stays in which discharge planning becomes difficult as they may not be safe to return home. Many lack the support needed to maintain health and independence yet they are overlooked. Often they do not present to a service unless a major event has happened, ie stroke, hip fracture. I feel frailty is a major sub demographic which is enmeshed within separate conditions. When actually we need to focus on frailty and the complexities that are part of an aging population as a whole.”

“While dementia is mentioned in the delivery of this plan, it might be useful to prioritise it and make it a focus area within the joint forward plan.”

Access issues related to centralised hubs and those who cannot use public transport were relayed. Localised services and transport options for non-emergency care were mentioned as potential solutions.

### **6.2.9 Resource alignment and delivery focus**

Within the engagement of the development of the Joint Forward Plan people expressed concern for specific areas within the system. In order to understand how people are feeling about these areas at present, we asked how concerned people were within this survey. Figure 4 shows that people are mostly concerned about workforce challenges and access to dentistry.



**Figure 4. How concerned are you about the current system issues? (n=118)**

Various qualitative responses were provided around investment in improvement of services, ambulance services, building environments where care is delivered and primary care. Aligning funding with goals and ensuring resources are used efficiently as well as prioritising actual delivery over bureaucratic processes.

“All these points are a lot of talk and jargon and things that should be happening anyway. The real issue is the plan on actually delivering and doing things rather than just talking about it.”

“How are you ensuring incentivising right behaviour, ongoing evaluation and that bureaucracy is reduced rather than just being different?”

Improvements suggested by respondents included encouraging innovation, reducing waste, and educating patients and staff on available funding and how it relates to prevention.

“Much more focus on prevention requires funding but not necessarily NHS funding -this is an educational challenge”

### 6.3 Areas of change

As part of our survey, we asked respondents whether they had seen any examples of how local NHS services are working or doing things differently within the last 12 months. 40 (42%) people said that they had, 21 (22%) were not sure and 34 (36%) said they had not seen any examples. Specific examples of changes people have seen are reported below.

#### 6.3.1 Primary Care

Many respondents described changes they had seen in primary care services. People pointed to the additional services available at GP surgeries and the use of staff, other than GPs.

“More skill mix in general practice...”

“GP services now being able to offer diagnosis in specialised areas.”

“Less GP time and more dealings with nurses, prescribers, and physios”

Others expressed concerns due to funding or access for patients, whether that is in making the initial appointment, less face to face time with a doctor or waiting times.

“Primary Care is on its knees, no one seems to care regarding this”

“Phoning for an appointment is impossible so I have to go to my gp at 08.00 & queue to get one”

### **6.3.2 Funding**

Some comments focused on funding restrictions and the subsequent reduction of services. Many discussed the limits funding cuts place on the delivery of the NHS Joint Forward Plan, as well as prevention and transformation initiatives. Others highlighted the difficulties VCSE organisations face due to the ceasing of funding streams leading to retraction of services, decreasing the sector’s engagement with the ICS and their ability to deliver services.

“We are extraordinarily good at tinkering around the edges and thinking that this constitutes doing things differently. Meaningful transformational pathway change (at pace) with the patient truly at the centre, is true change. I have seen none, we are stagnated because no-one has the headspace to think about let alone institute change, finance is a blocker, not an enabler and we are scared of change.”

“...No investment into grassroots community organisations to help deliver and access those not accessing care or engaged in the health system. Very little representation at strategic meetings or networks, with no funding to help support them to do this - therefore no voice or input”

### **6.3.3 Positive examples of working well/innovatively**

Respondents expressed that they have noticed an increased focus on prevention, population health management and health inequalities as exemplified by the new health inequalities group at Sherwood Forest Trust.

The increased use and promotion of digital solutions was also mentioned, for example the NHS App.

There were many positive comments received regarding services that are working well and providing innovative, sustainable solutions to problems such as waiting lists, hospital admissions and social care. Specific services mentioned include spinal surgery at the Queen’s Medical Centre, Ambulatory heart failure pathway at Nottingham University Hospitals, Virtual Wards, Breathe Easy groups, Targeted Lung Health Check programme, Musculoskeletal (MSK) event in Newark, Same Day Emergency Care units, Phoenix team, smoke free babies, Pharmacy First, the new operating theatre at Newark hospital and social prescribing.

“We attended the MSK event in Newark this month, it was a really positive and innovative way to tackle waiting lists.”

“Nurse led respiratory support group Breathe Easy Started by a nurse in Mansfield and is running so well a respiratory consultant is going to reduce his Outpatient appointments because he believes in the support they are getting plus he can see them at the group.  
Excellent”

“Within my own service, reducing pressure on emergency services through responding to non injured patients who have fallen rather than an ambulance being sent”

### **6.3.4 Availability of medication**

Some respondents to the survey expressed concern over the availability of certain medications whether due to restrictions placed on them or medicine shortages.

“Some medicines are now being restricted. This is concerning. Local GPs seem to have their hands tied. It’s not a good move and research shows that decisions are based on finances rather than wellbeing”

“...Medication shortages are and have been a major concern.”

### **6.3.5 Partnerships and collaboration**

There were many examples in the feedback that demonstrated increased partnership and collaboration within the last year. More joined-up, partnership working could help tackle shared issues and increase the support that people receive. Working on projects at the local and system-wide level were highlighted.

“As an third sector organisation we have established a positive working relationship with elements of the NHS - working together to ensure members of our communities access the right services at the right time to support people sooner and relieve pressure on blue light services.”

“Integrated approaches to supporting carers and movement towards shared quality monitoring of services”

“Local design teams coming into place allowing joint working, proactive pilots to support patients”

### **6.3.6 Waiting Times**

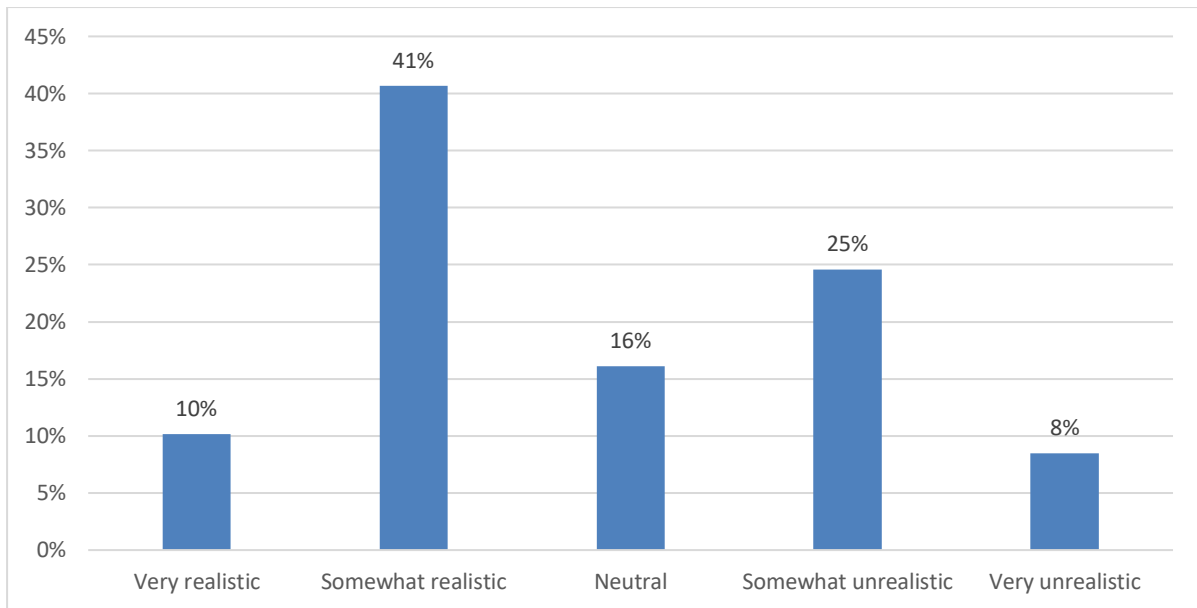
Comments reflected that people had noticed that waiting lists had got longer within the last year.

“...difficulties in getting an NHS dentist, waiting times in A&E and UCC, ambulance waiting times and obviously the backlog in all hospital depts.

We also asked respondents to consider anything that we may have missed as part of the refresh of the NHS Joint Forward Plan. The themes are listed below.

### **6.3.7 Prevention and wider determinants of health**

One of the questions within the survey asked how realistic it is to move resources away from primary care settings towards new preventative services. Figure 5 shows that 12 (10%) said it was very realistic, 48 (41%) said it was somewhat realistic, 19 (16%) were neutral, 29 (25%) said it was somewhat unrealistic and 10 (8%) said it was very unrealistic.



**Figure 5: How realistic is it to move resources away from primary care settings towards new preventative services? (n=118)**

The importance of addressing wider determinants of health, especially when shifting focus to prevention was flagged. Factors including obesity, caring responsibilities, physical activity, and poverty were mentioned. Wrap around services were suggested as a potential solution as well as support from the VCSE sector and bravery from senior leadership to progress these aims.

The impact of housing on health was stressed with a suggestion for health considerations to be a particular focus when planning housing developments.

“Recognising the strength and connection that the voluntary sector holds with their communities, and a non clinical approach can lead to prevention, early intervention, engagement, treatment and diagnosis as well as wellbeing maintenance.”

“The need for proactive social activities to improve community health and overall perception of health has no focus. There is a focus on disease management and treatment – we need to have a public health strategy whereby we reduce the need for acute service provision.”

### 6.3.8 Communication to patients

There was support for health and support information that is easy to access and, more specifically that the language used in NHS documents and strategies is simple and straightforward so that people can understand the message.

Emphasis was also placed on the importance of patient education, communicating how to have the best possible health, making sure that general and appointment information is tailored to different groups and that people are clear on the appropriate place to go for appointments, helping to decrease A&E attendances.

“Prioritising patient education – patients more able to look after themselves/make better choices for their health”

“Ensuring that any changes put in place take into account the needs of those with different communication needs and care needs such as neurodivergent individuals who struggle with phone calls and prefer written communication.”



### **6.3.9 Collaboration and integrated care**

Breaking down silos between within healthcare providers (especially primary and secondary care) and coordination and communication across specialties was recommended to reduce health visits and confusion. Shared patient records and the utilisation of IT systems that 'talk to each other' would ensure that people's experience of healthcare is more streamlined, particularly for those with complex, long-term conditions.

"Communicate and work with each other in a more joined up approach. Stop working in silo, especially with those pt's complex, cancer or LTC etc. Also, Primary care working with Secondary, supporting each other, rather than against each other."

"Priorities include services and their record systems being more joined up to ensure better communication, less duplication and better outcomes for pts"

Another priority for survey respondents was different sectors working together in an integrated way.

"More focus on partnership working at strategic and operational levels. Engagement of front line staff in designing future models of care that work with all system partners: primary, social, voluntary sector. Focus on how people can work together with the needs of the patient at the centre and overcome organisational issues that prevent sharing of resources and shared decision making."

### **6.3.10 Person-Centred Care**

A key factor mentioned in providing better care for patients was the need to reduce the time people have to wait for 'basic services' and the limiting effects these waits can have on people's lives. Audiology, dentistry, and mental health services were explicitly mentioned.

Prioritising access based on need rather than age as well as patient and family involvement and empowerment in their own healthcare, care plans and decision making were highlighted as important goals. To enable this, patient engagement (for example Patient Participation Groups at GPs) and staff training were highlighted by the survey respondents.

"Always involve the patient in shared decision-making at every stage of their treatment and re-abilitating... Think of patients as people rather than just as cases. Educate staff in emotional intelligence and holistic approaches to caring."

Other respondents highlighted the detrimental impact of the unavailability of certain medicines. A review of the current medication practices including the supply of MHRA and NICE approved medications as well as exploring what is in the best interest of patients were suggested.

### **6.3.11 Workforce**

Recruitment and retention of clinical staff were flagged as important enablers in achieving the aims of the Joint Forward Plan. Suggestions including protecting GP roles, competitive salaries, work contracts and involving staff in service innovation were suggested as solutions.

Respondents also highlighted training and ensuring staff have the necessary skills and cultural competency to deliver the best care.

"Skill sets of staff - are all staff adequately trained and aware of how to implement prevention discussions, every contact count discussions and how to improve services in a way that reduces health inequalities"

"...ensuring staff have training on supporting neurodivergent individuals, especially in mental health teams to prevent referrals to teams who are not able to support the individuals. We

see a lot of Autistic individuals referred to LD services when they do not have an LD due to staff not having recieved any up to date training around Autism and other neurodivergent conditions.”

## 7 Appendices

### 7.1 Appendix 1: Joint Forward Plan survey questions

#### 2024 NHS Joint Forward Plan - We want to hear from you.

In June 2023, health and care colleagues published 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://healthandcare.notts.co.uk/integrated-care-strategy/our-key-aims-and-principles/>

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:

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

We are now refreshing the NHS Joint Forward Plan and would like to hear your views on how the Plan has impacted you since it was published, and whether the four areas of focus are still the right ones.

We are asking people to provide us with some feedback via this survey. It will take around 10 minutes to complete. This survey will close on Friday 29 March 2024.

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](mailto: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**

**Which of the following best describes you?**

- 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 Councillor or MP
- I am an NHS Non-Executive Director
- Other (please state)

### **Question 2**

**Are you aware of the NHS Joint Forward Plan (JFP)?**

- Yes
- No
- Not sure

### **Question 3**

**Please rate the extent to which you agree with the following statement: I believe that the local NHS are providing the right services.**

- Strongly agree
- Agree
- Neither agree nor disagree
- Disagree
- Strongly disagree

### **Question 4**

**Thinking about the last 12 months, have you seen any examples of how local NHS services are working or doing things differently?**

- Yes
- No
- Not sure

### **Question 5**

**Please describe any changes that you have seen:**

### **Question 6**

**Is the Joint Forward Plan (JFP) aligned with your aims or the aims of your organisation?**

- Yes
- No
- Not sure

### Question 7

In your opinion, how relevant is the JFP?

- Very relevant
- Relevant
- Slightly relevant
- Irrelevant
- Not sure

### Question 8

Do you feel that the JFP is ambitious enough for Nottingham?

- Yes
- No
- Not sure

### Question 9

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.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Reducing illness and disease prevalence by focussing on prevention.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Reducing pressures on emergency services.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Ensuring timely access and early diagnosis for cancer and elective care.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

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 10

## **Prevention: reduce physical and mental illness and disease prevalence.**

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 and increasing their productivity.

Use digital solutions in primary care and community settings to make healthcare more efficient, accessible, and to improve patient outcomes.

### **Question 11**

#### **Proactive management of long-term conditions and frailty.**

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 and 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.

Promoting proactive care co-ordination for the management of long-term conditions through integrated neighbourhood team working.

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.

Health services will work together to change how we use medicines to improve the health and wellbeing of our population.

## **Question 12**

### **Improving patient flow to reduce emergency pressures in all health settings: Flow into the hospital.**

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.

People go home on the day they are medically safe to do so. They will be transferred to a place suitable to their ongoing care/rehab needs and plan for longer term support if required.

We begin planning for discharge as soon as a person is admitted to the hospital or even before if possible.

Discharge teams work together and feel joined up to patients, seven days-a-week.

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.

Physical and mental health services work together and feel joined up to patients.

## **Question 13**

### **Improving patient flow to reduce emergency pressures in all health settings: Flow out of the hospital**

"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, or to a place that is suitable for the support they require, 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 by all organisations working 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.

Community rehabilitation supports people to maximise their recovery in their own homes.

#### **Question 14**

##### **Improve navigation and flow to reduce emergency pressures in both physical and mental health settings: Preventing readmissions**

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 15**

##### **Timely access and early diagnosis for cancer / planned care**

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 all 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 are established which means more appointments are available.

Expansion of targeted lung health programme starting this year and completed in 2025-26, which aims to improve earlier diagnosis of lung cancer, at a stage when it is much more treatable.

Implementing community-based clinics with high incidence of prostate cancer, with a focus on African-Caribbean communities.

Implementing community-based breast screening in areas of low uptake.

#### **Question 16**

**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**



### Question 17

**How realistic is it to move resources away from hospital and primary care settings towards new preventative services?**

- Very realistic
- Somewhat realistic
- Neutral
- Somewhat unrealistic
- Very unrealistic

### Question 18

**Should money be directed to our populations with the greatest needs to ensure that all of our communities receive the same care, at the right time and in the right place, to reduce health inequalities?**

- Yes, definitely
- Yes, to some extent
- Neutral
- No
- No, not at all

### Question 19

**How concerned are you about the current system issues?**

	Very concerned	Somewhat concerned	Neither concerned nor unconcerned	Somewhat unconcerned	Very unconcerned
Workforce challenges	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Access to primary care services	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
GP funding	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
A&E funding	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Access to dentistry	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
VCSE sector funding	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

### 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 20

**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 21**

**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 22**

**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 23**

**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 24**

**Are you a carer?**

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

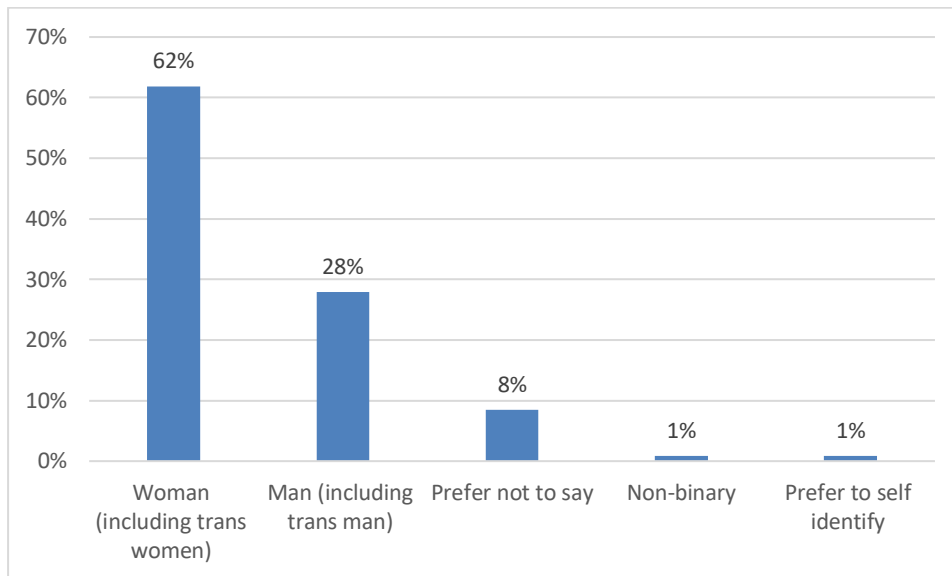
**Question 25**

**Which District/Borough do you live in?**

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

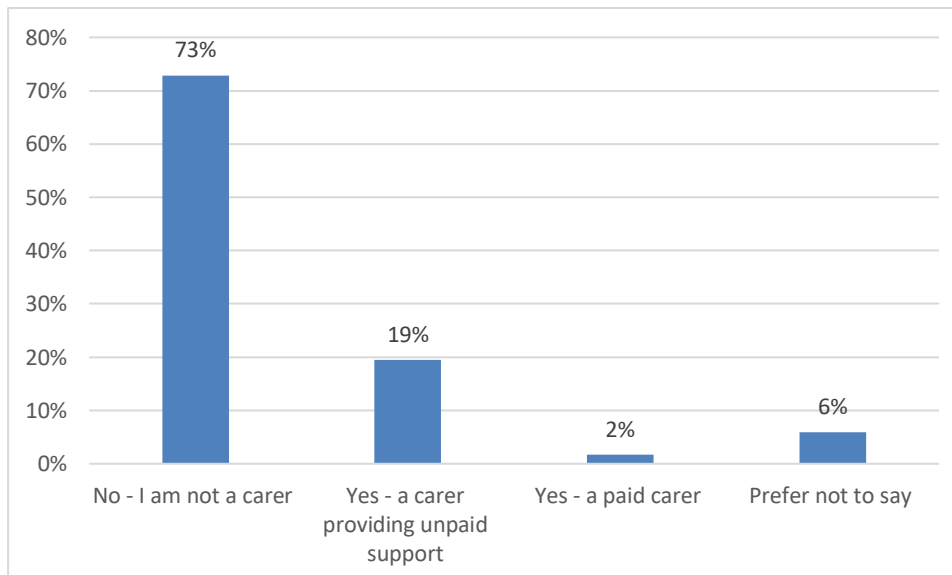
## 7.2 Appendix 2: Demographic profile of survey respondents

Of the 118 who completed the survey, 108 told us their gender (Figure 11).



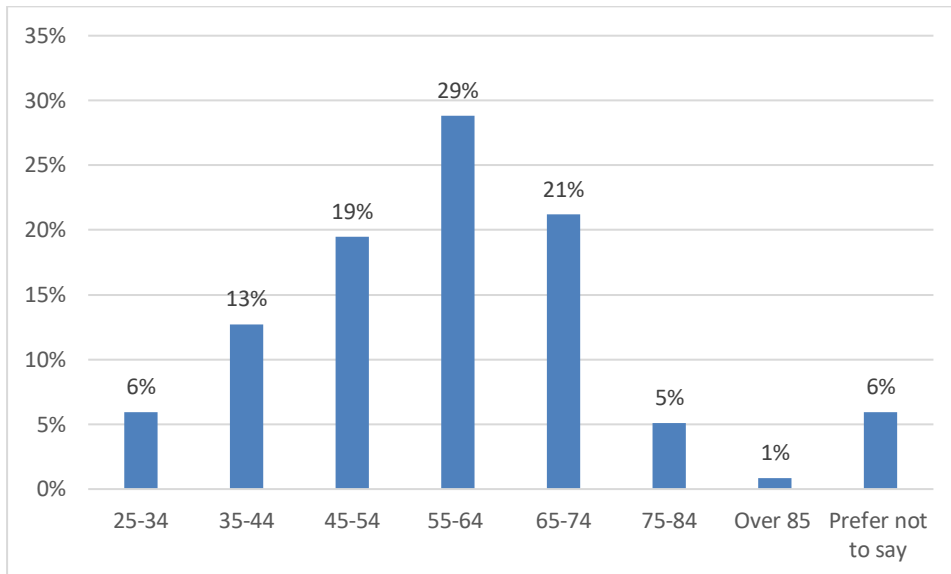
### Gender of respondents (n = 118)

Figure 12 shows the answers to the question asking are you a carer providing unpaid support to a family member partner or friend.



### Caring Responsibilities (n=118)

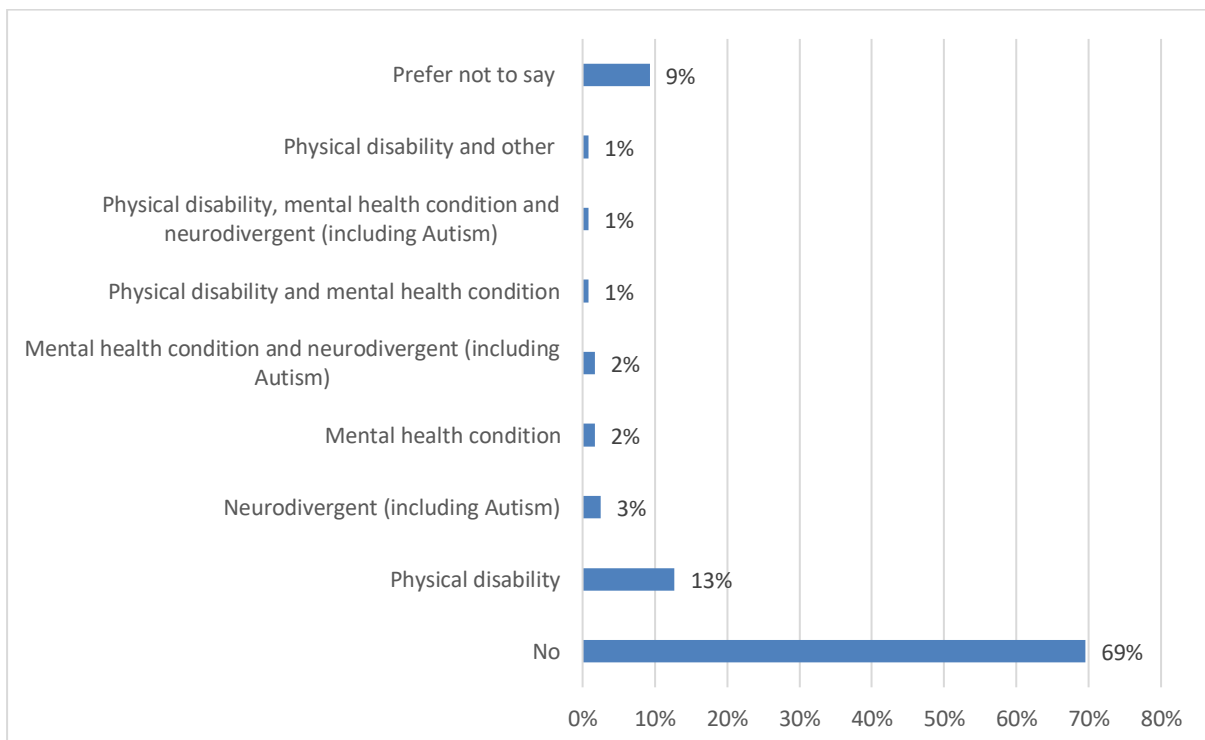
Of the 118 respondents, 111 people responded with their age group (Figure 13).



**Age range of respondents (n = 118)**

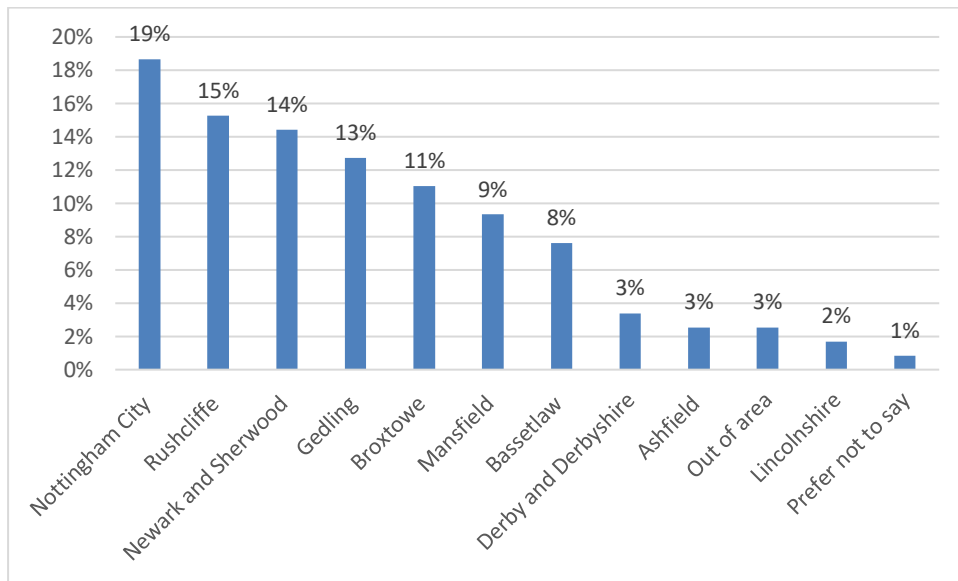
Of the people who told us their ethnicity, the majority were white 95 (81%) with 5 (4%) indicating they were Asian, British Asian – Indian, 3 (3%) White Irish, 1 (1%) indicating they were Black/Black British - African, 1 (1%) indicated they were Chinese and 13 (11%) preferring not to say.

Of the 118 respondents, some identified as having one or more disability. (Figure 14).



**Disabilities noted for respondents (n = 118)**

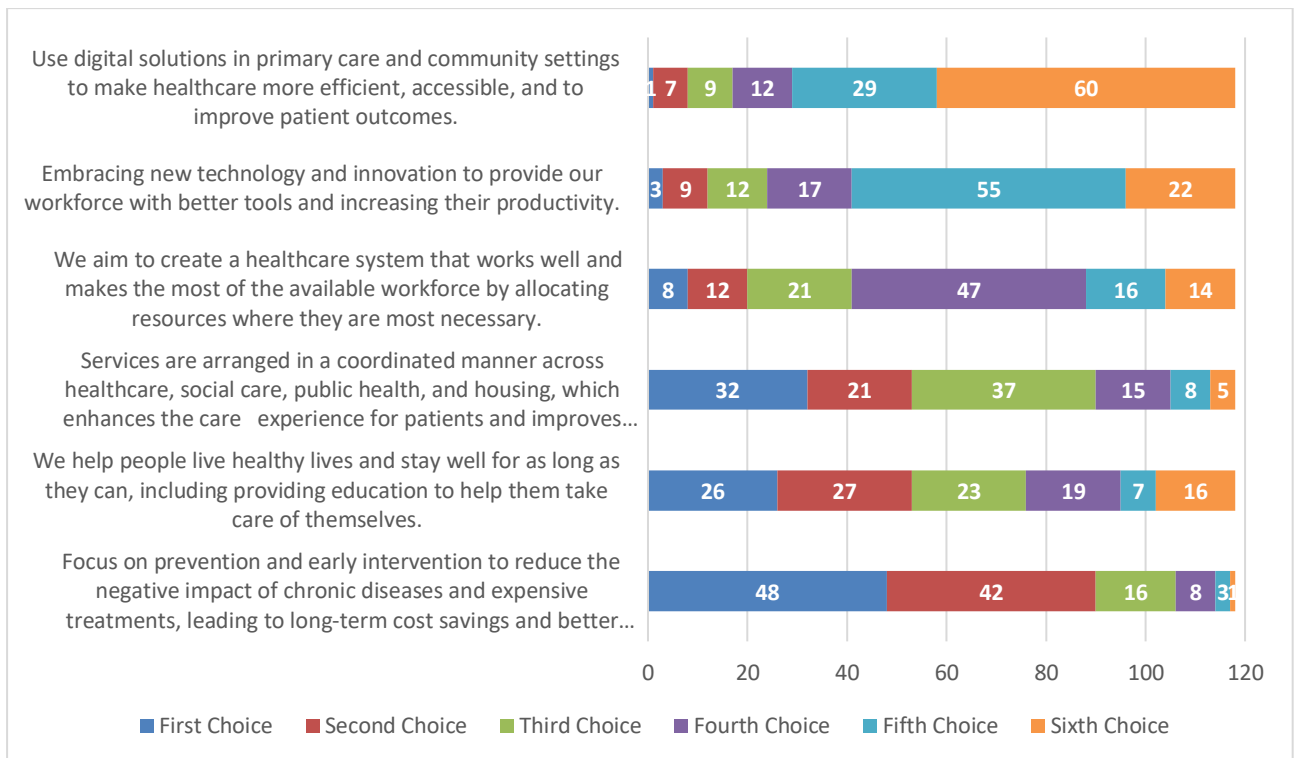
Of the 118 the respondents, 117 provided details of their geographical location (Figure 15).



**Districts and Borough of Respondents (n=118)**

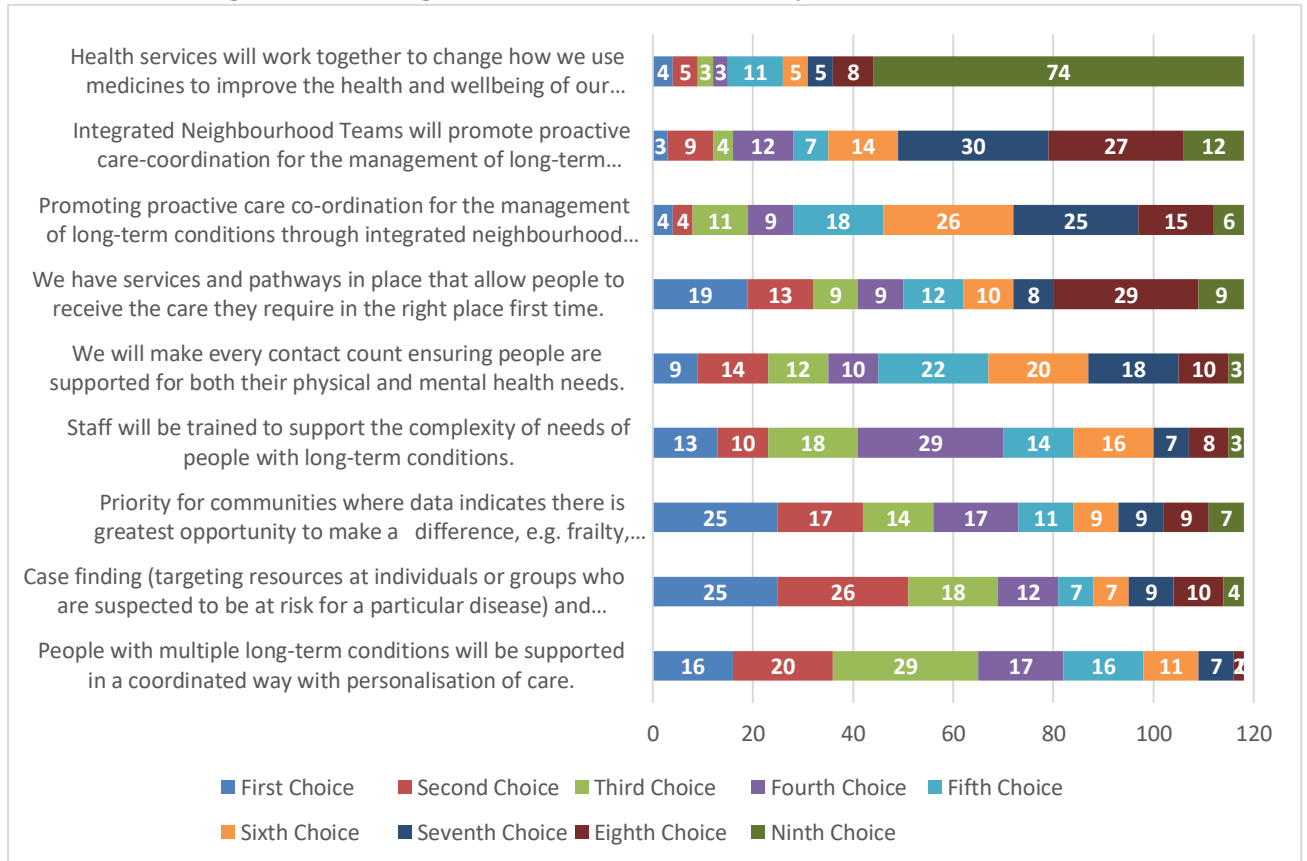
### 7.3 Appendix 3: Graphs detailing ranking of priorities

#### Prevention: reduce physical and mental illness and disease prevalence:



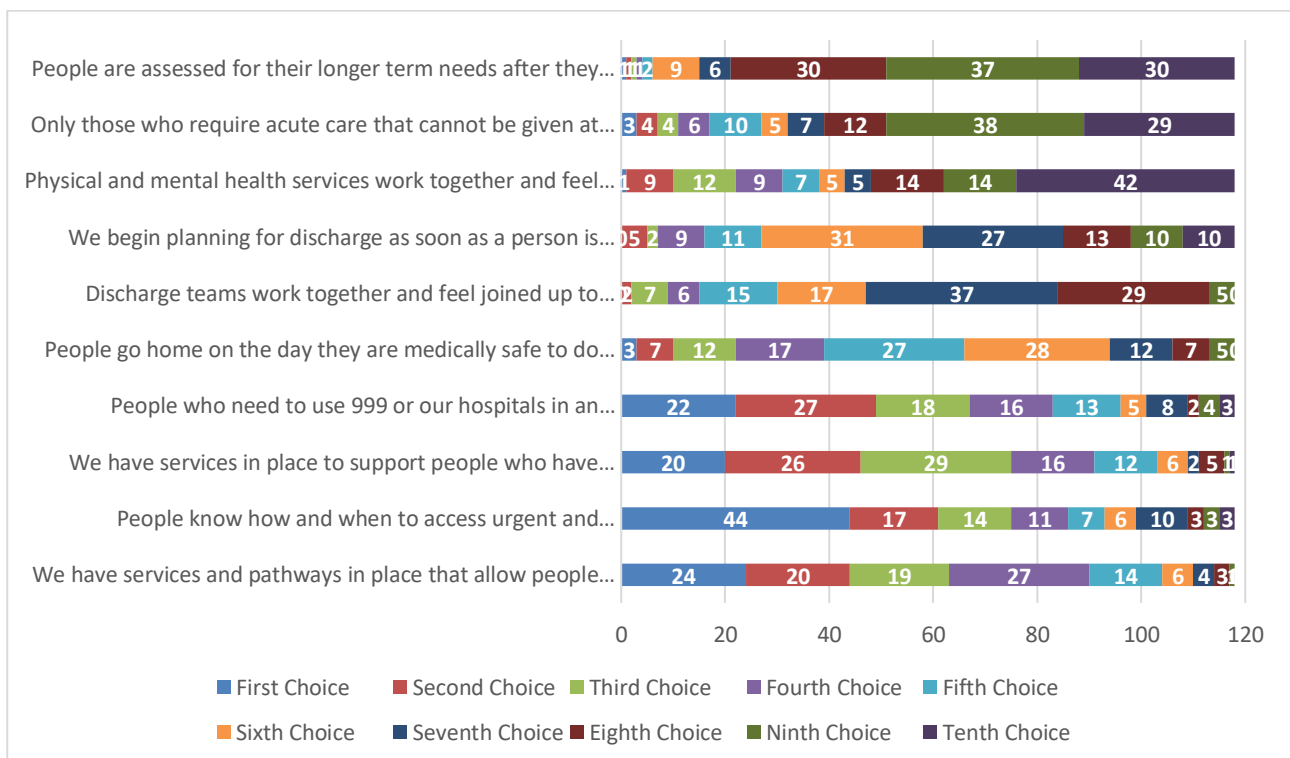
Ranking of prevention: reduce physical and mental illness and disease prevalence (n = 118)

### Proactive management of long term conditions and frailty:



### Ranking of Proactive management of long term conditions and frailty (n = 118)

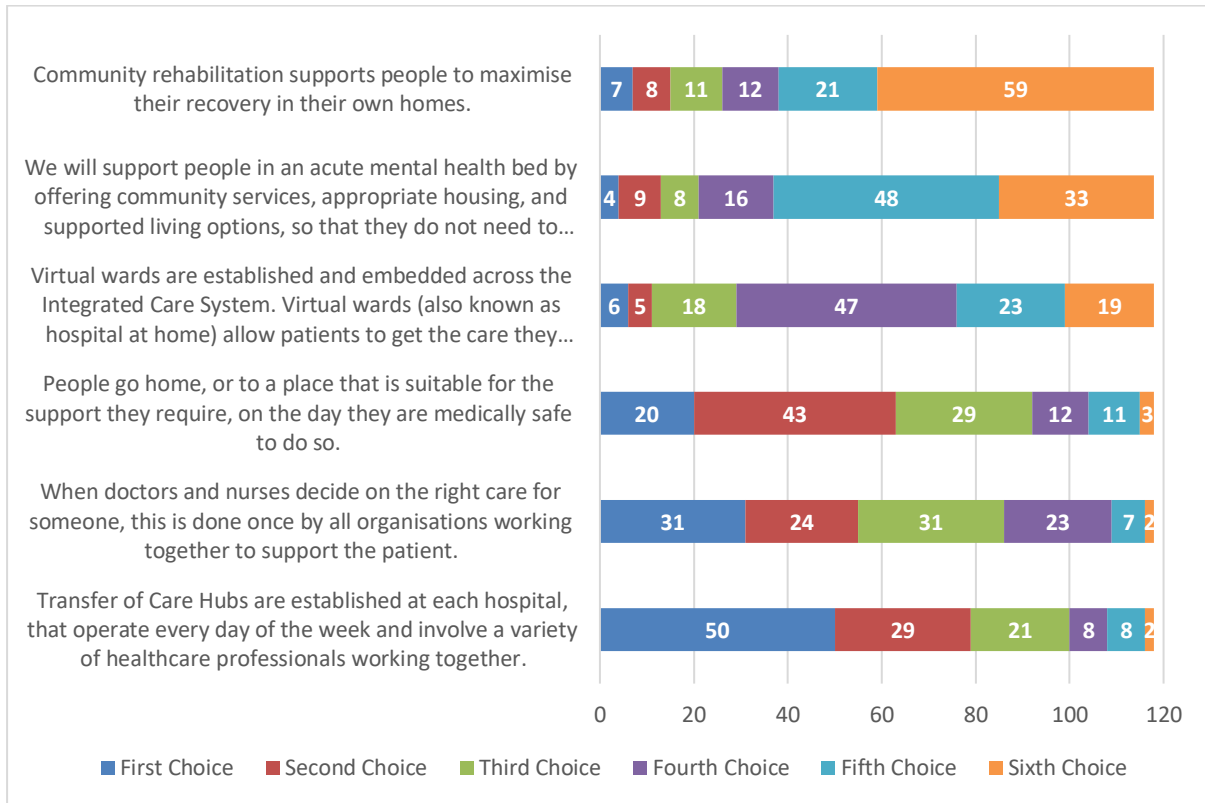
#### Improving patient flow to reduce emergency pressures in all health settings: Flow into the hospital





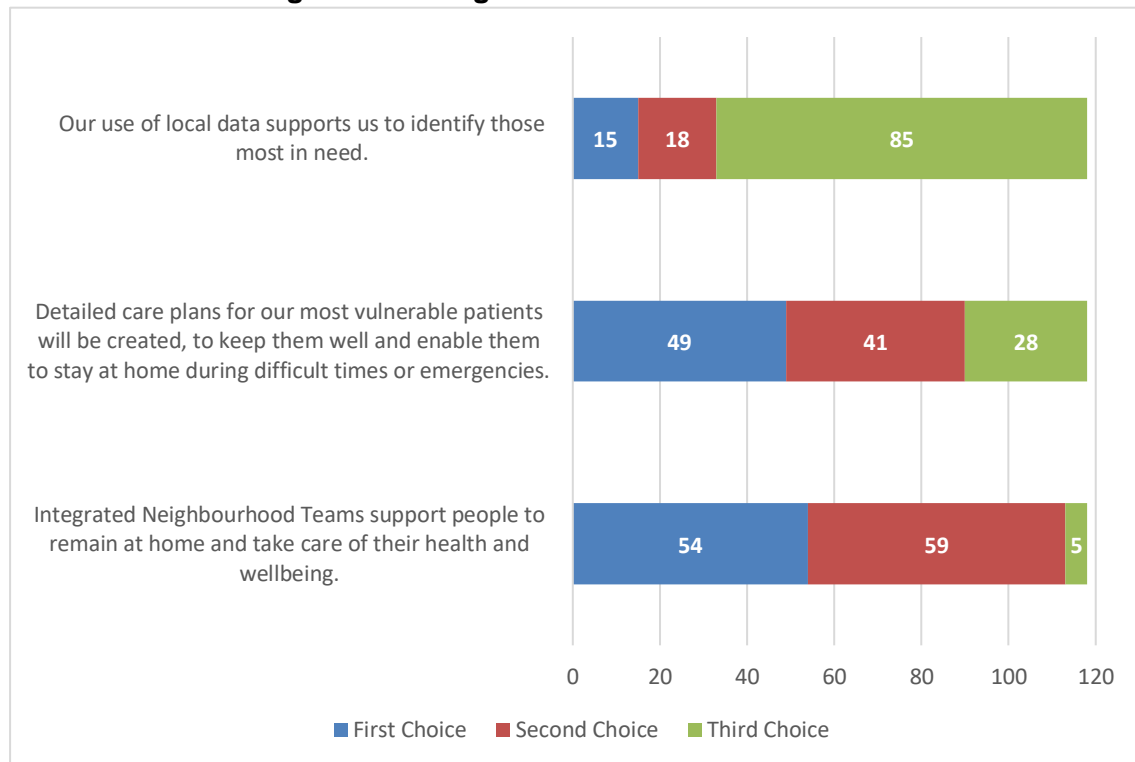
**Ranking of Improving patient flow to reduce emergency pressures in all health settings: Flow into the hospital (n = 118)**

**Improving patient flow to reduce emergency pressures in all health settings: Flow out of the hospital**



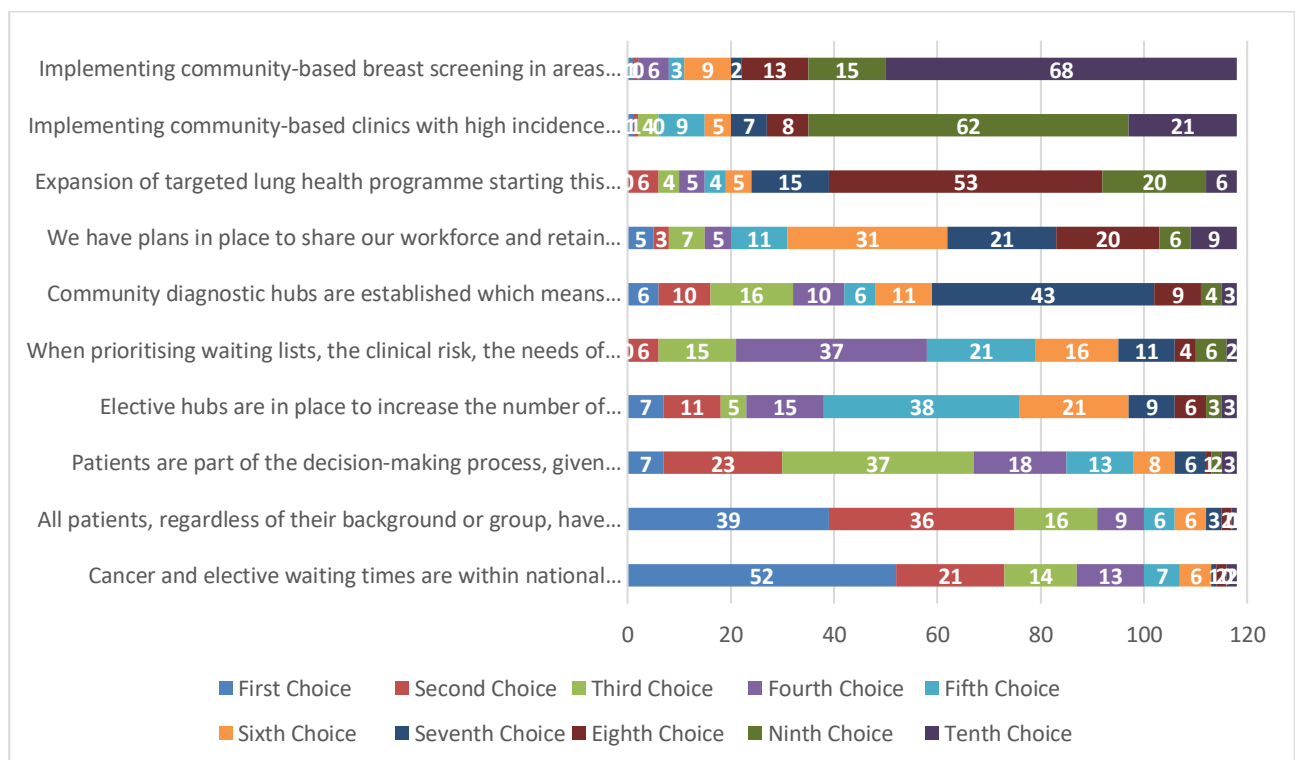
**Ranking of improving patient flow to reduce emergency pressures in all health settings: Flow out of the hospital (n=118)**

### Improve navigation and flow to reduce emergency pressures in both physical and mental health settings: Preventing readmissions



### Ranking of Improve navigation and flow to reduce emergency pressures in both physical and mental health settings: Preventing readmissions (n = 118)

#### Timely access and early diagnosis for cancer/planned care



### Ranking of timely access and early diagnosis for cancer/planned care (n=118)