



# **Working with People and Communities**

## **Annual Report**

**April 2022 – March 2023**

**NHS Nottingham and Nottinghamshire  
Integrated Care Board**



# Table of Contents

|          |  |           |
|----------|--|-----------|
| <b>1</b> | <b><u>Foreword</u></b>   | <b>3</b>  |
| <b>2</b> | <b><u>Introduction</u></b>   | <b>5</b>  |
| 2.1      | About us   | 5         |
| 2.2      | Our statutory duties   | 5         |
| <b>3</b> | <b><u>Our commitment to working with people and communities</u></b>                  | <b>6</b>  |
| 3.1      | Overview   | 7         |
| 3.2      | Citizen Intelligence   | 7         |
| 3.3      | Coproduction   | 8         |
| 3.4      | Our principles   | 9         |
| <b>4</b> | <b><u>Governance and assurance</u></b>   | <b>9</b>  |
| 4.1      | Nottingham and Nottinghamshire ICB arrangements                                      | 10        |
| 4.2      | Coordinating how we listen to people and communities                                 | 12        |
| 4.2.1    | ICS Engagement Practitioners Forum   | 12        |
| 4.2.2    | Voluntary, Community and Social Enterprise (VCSE) Alliance                           | 12        |
| 4.2.3    | ICS Partners Assembly  | 13        |
| 4.2.4    | Healthwatch Nottingham and Nottinghamshire   | 13        |
| <b>5</b> | <b><u>Putting our Working with People and Communities Strategy into practice</u></b> | <b>14</b> |
| 5.1      | Major Service Reconfiguration  | 14        |
| 5.1.1    | Tomorrow's NUH   | 14        |
| 5.2      | Targeted Engagement on Service Change  | 15        |
| 5.2.1    | Interpretation and Translation Services  | 15        |
| 5.3      | Frontline service delivery   | 16        |
| 5.3.1    | Notts Alone  | 16        |
| <b>6</b> | <b><u>How we've used insight and data</u></b>  | <b>17</b> |
| 6.1      | Reconfiguration of Acute Stroke Services   | 17        |
| 6.2      | Maternity and Neonatal Redesign  | 18        |
| <b>7</b> | <b><u>Equality and inclusion when working with our diverse communities</u></b>       | <b>19</b> |
| 7.1      | Equality and inclusion principles  | 19        |
| 7.2      | Working with Empowerment for Heya  | 19        |

|        |   |    |
|--------|---|----|
| 7.3    | Coproduction in Personalised Care – My Life Choices.                              | 20 |
| 7.4    | Working with our diverse communities through our Community and Voluntary Services | 22 |
| 8      | <u>Demonstration of how the ICB has worked with partner organisations</u>         | 23 |
| 8.1    | Vaccination conversations development workshops.                                  | 24 |
| 8.2    | Patient Participation Group Coproduction and Development Sessions                 | 24 |
| 8.3    | Maternity Voices Partnership  | 25 |
| 8.4    | Piloting a Citizens' Panel in Nottingham  | 26 |
| 8.5    | Green spaces social prescribing   | 27 |
| 9      | <u>Sharing learning and good practice examples</u>                                | 27 |
| 9.1    | Developing Nottingham and Nottinghamshire Integrated Care Strategy                | 27 |
| 9.2    | Progressing our approach by working with existing local coproduction groups       | 29 |
| 10     | <u>Communications, social media and marketing</u>                                 | 29 |
| 10.1   | Overview  | 29 |
| 10.2   | Targeted Lung Health Checks   | 30 |
| 10.3   | Covid-19 Vaccination Autumn Booster Campaign                                      | 31 |
| 11     | <u>Future planning</u>  | 33 |
| 11.1   | Coproduction  | 33 |
| 11.1.1 | ICB Strategic Coproduction Group  | 33 |
| 11.1.2 | Coproduction Network  | 34 |
| 11.2   | Citizen Intelligence  | 34 |
| 12     | <u>Working with People and Communities: How to get involved</u>                   | 34 |
| 13     | <u>Appendices</u>   | 35 |
| 13.1   | Appendix 1: Citizen Intelligence Advisory Group (CIAG) membership                 | 36 |
| 13.2   | Appendix 2: Engagement Practitioners Forum: organisations represented             | 37 |
| 13.3   | Appendix 3: VCSE Alliance: organisations represented                              | 38 |
| 13.4   | Appendix 4: ICS Partners Assembly October 2022: organisations in attendance       | 40 |



## 1 Foreword

Nottingham and Nottinghamshire Integrated Care Board (ICB) was established on 1 July 2022, so this is the first report on how the new organisation has worked with people and communities over the last year. The establishment of ICBs across England has meant new ways of working for NHS and social care organisations, and new opportunities to deliver more responsive, integrated, care for citizens and patients. It has also meant a chance to refresh and improve the pre-existing arrangements for listening to our local population, to ensure that the health and care services are delivering in the way that they need and expect.

I am committed to working every day to make sure that we are listening in a systematic and meaningful way to the 1.2m people who live in Nottingham and Nottinghamshire, and I am pleased that this report clearly highlights how we have delivered on the legal duties placed on the NHS, and beyond that, maximised the ways that we are citizen-led in our work. We have been able to take the learnings from the last few years of the Covid-19 response, to enhance the ways that we are reaching and listening to our most deprived communities and citizens, who might be furthest away from accessing mainstream health and care.

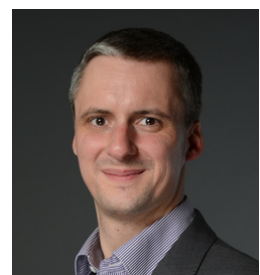
Since the establishment of the ICB, our Strategy for Working with People and Communities has been adopted, formed of two distinct approaches: that of Citizen Intelligence and Coproduction. This is underpinned by our Public Involvement and Engagement Policy.

Of course, strategies and policies are only as good as the delivery which follows them, so it is really pleasing to report that some of our flagship initiatives and projects have made real progress this year. The full report includes more detail about our many projects and activities, but the following work has, in particular, hugely enhanced our understanding of the way that residents interact with our health and care services, enabling us to make them better in the future.

This has been an important and formative year for the whole of our Integrated Care Board and for our approach to working with people and communities. The basics are now in place, and as we move forward collaboratively, across the whole public sector, we have the best chance to truly hear from our population in a meaningful way. We are committed to making both our ambitious plans a reality, and ensuring our citizens have opportunities to contribute to the decisions that we make.

We hope you find this report valuable and insightful and would welcome your comments on how we can further improve our approach and reporting for next year's activities. Please get in touch using the contact details included in this report.

**Alex Ball Director of Communications and Engagement  
Nottingham and Nottinghamshire ICB**





I have been an Independent Lay Advisor of the ICB and have helped to set up the forums for best patient and citizen engagement within the new system. The overall objectives have been to enhance our understanding of the communities we serve, capture relevant insights that help to reduce health inequalities, and bring fresh opportunities to strengthen our coproduction work with people and communities.

This has been a rewarding challenge and good progress has been made in three key areas.

The Voluntary, Community and Social Enterprise Alliance (VCSE) has quickly become a powerful body representing the all-important, multifaceted organisations that are the beating heart of engagement. Representatives from a wide range of voluntary organisations, large and small have an equal voice with all parties committed to act as the focal point for the sector, to liaise with commissioners and other stakeholders encouraging dialogue, co-design and collaboration with the consistent aim of improving health and well-being outcomes for residents.

The Citizen Intelligence Advisory Group has also been formed bringing together Healthwatch, place-based representatives and local authority officers to act as a critical friend on the ICB and ICS partners' approaches to delivering patient and public involvement in all their work programmes. This is a huge challenge, and we hope to see major progress in this forum in the coming months.

The foundations of patient engagement in our new system working are solid and we can all expect great progress next year.

**Sue Clague**  
**Independent Lay Advisor**



## 2 Introduction

### 2.1 About us

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



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

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

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

### 2.2 Our statutory duties

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

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

- a) in the planning of the commissioning arrangements by the integrated care board,*
- b) in the development and consideration of proposals by the integrated care board for*

*changes in the commissioning arrangements where the implementation of the proposals would have an impact on:*

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

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

The report covers our activity for the period 1 July 2022 – 31 March 2023.

### **3. Our commitment to working with people and communities**

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

The Director of Communications and Engagement and Chief Nurse jointly lead on the two elements of our overall approach to working with people and communities and the importance which is placed upon this work is underlined by the fact that both of these roles report directly to the Chief Executive.

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

### 3.1 Overview

Our overall approach to working with people and communities is formed of two key elements, that are closely aligned and complementary but are different disciplines with different techniques and arrangements.

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



### 3.2 Citizen Intelligence

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

- We scope and review existing research, data and evidence to ensure we are maximising what we know and identifying gaps in our knowledge.
- Our targeted engagement work helps us to bridge the gap in our understanding of people and communities' health and care needs and aspirations. Some examples include the work that we've done on the Integrated Care Strategy and Tomorrow's NUH.
- We meet regularly with our Health Scrutiny Chairs, MPs and Councillors which helps us hear the concerns and aspirations of communities in a systematic way.
- We work closely with our Place Based Partnerships to understand trends based on geography and to understand who uses services, what views we have already heard, which voices may be missing and how to reach those groups.
- Our Voluntary, Community and Social Enterprise (VCSE) Alliance and other forums outlined in this report allow us to hear from those who are experiencing the greatest health inequalities.
- We use forums like the ICS Partners Assembly to hear directly from our citizens and their representatives and feed these insights into our Integrated Care Partnership.



### 3.3 Coproduction

The ICB is committed to embed coproduction within all elements of system design and delivery, including transformational activity, commissioning activity, service/system redesign and quality improvement.

We want to empower and enable people to be involved in the co-design and co-commissioning of our system and services in a meaningful way, as a powerful voice, alongside those of professionals in the system.

Our coproduction work builds upon best practice from across our local health, local authority, and voluntary sector partners, and through coproduction with people with lived experience, in an equal partnership. Throughout 2022, the ICB was one of ten sites to develop and embed coproduction through the NHSE Experience of Care Team programme, and the work builds upon this national learning. We also celebrated our approach as a finalist in the NHS England and Academic Health Science Network's Innovation Awards 2022.

The ICB Coproduction team have been established, with funding support from Small Steps Big Changes (SSBC), who have provided resources and shared learning as part of their legacy for the system. The role of this team is to ensure that the ICB meets its Coproduction objectives, by supporting the ICB's strategic and project level remit for Coproduction, and by providing administration of the System Wide Coproduction Network and ICB Strategic Coproduction Group.

During 2022-23, the ICB coproduction activity was focused on establishing the infrastructure and resources needed to support ongoing and new coproduction approaches and help embed a new routine and strategic approach to creating a culture of coproduction within the ICB.

The ICB Coproduction Strategy has been developed in coproduction with people with lived experience and in partnership with system partners and endorsed by the ICB Quality and People Committee. This forms part of the ICB Working with People and Communities Strategy. The ICB Coproduction Strategy sets out the aims around coproduction for the organisation and contains our coproduced Coproduction Values and Principles.



Since the establishment of the ICB, our Strategy for Working with People and Communities has been adopted, formed of two distinct approaches: that of Citizen Intelligence[1] and Coproduction[2]. This is underpinned by our Public Involvement and Engagement Policy[3]. Full assurance was provided by the former Nottingham and Nottinghamshire ICS Board in March 2022. The strategy was also reviewed and endorsed as part of an NHS England led peer review process.

### 3.4 Our principles

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

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

## 4 Governance and assurance

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

[1][Working-with-people-and-communities-strategy.pdf](https://healthandcarenotts.co.uk/wp-content/uploads/2022/04/Working-with-people-and-communities-strategy.pdf) ([healthandcarenotts.co.uk](https://healthandcarenotts.co.uk))

[2][Nottingham-and-Nottinghamshire-ICB-Coproduction-Strategy-2022-to-2024.pdf](https://notts-icb.nhs.uk/wp-content/uploads/2022/04/Nottingham-and-Nottinghamshire-ICB-Coproduction-Strategy-2022-to-2024.pdf)

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



#### 4.1 Nottingham and Nottinghamshire ICB arrangements

Progress on the delivery of the Working with People and Communities strategy is formally reported to the ICB Board through our Strategic Planning and Integration Committee. The Working with People and Communities Annual Report will be presented to the ICB Board in September 2023, with the full Annual Report.

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

| Role  | Responsibility   |
|---|--|
| ICB Board   | The ICB Board has overall accountability for public involvement and engagement, including the Working with People and Communities Strategy. They also have responsibility for ensuring that the views of the public are appropriately considered in decision making.   |
| Strategic Planning and Integration Committee            | The Strategic Planning and Integration Committee is responsible for assuring the ICB Board in regard to its statutory duties for patient and public involvement.   |
| Citizen Intelligence Advisory Group<br>(see Appendix 1) | The CIAG will ensure that all proposals to change and improve healthcare services in Nottingham and Nottinghamshire are developed with appropriate and sufficient citizen and service user involvement and citizen intelligence and insights from patients, staff, carers and public that tell us what matters to them are taken on board and have influenced decision making. |
| Strategic Coproduction Group                            | The Strategic Coproduction Group will ensure that strategic decisions and planning around the ICB and ICS coproduction approach includes people with lived experience as an equal partner. The group will advise on system design, delivery, and commissioning.  |

|   |  |
|---|--|
| Director of Communications and Engagement | The Director of Communications and Chief Nurse have joint responsibility for sponsoring the ongoing development and implementation of this policy. They also oversee the teams that supports the organisation in its duties and ambitions to work with and hear from people and communities. |
| Chief Nurse                               |  |

Figure 1 gives an overview of the two-way flow of information across Neighbourhood, Place and System, demonstrating how working with people and communities takes place at each of these levels.

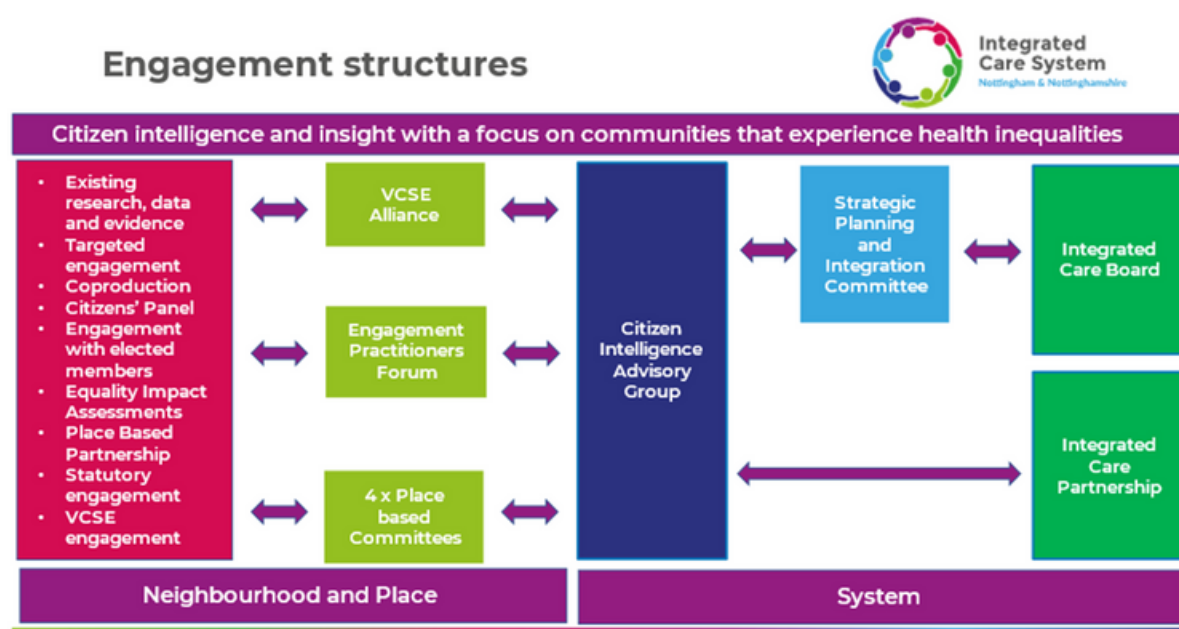


Figure 1. Nottingham and Nottinghamshire ICS engagement structures



Photo by Marketing Nottingham

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

### **4.2.1 ICS Engagement Practitioners Forum**

We know that a lot of great work is happening on the ground to hear from people and communities locally, but we knew we needed to do more to better coordinate activity and avoid duplication. The ICS Engagement Practitioners Forum provides a platform for all system partners who. Work with people and communities, to work collaboratively, share resources, knowledge and expertise, to maximise existing knowledge and insights. The Forum aims to maximise collective resources so that listening to our citizens happens in the most efficient way possible – avoiding duplication of public resources and enabling citizens to have their voice heard once, which can then be used for multiple purposes. A “do once” philosophy, as well as a default approach of sharing insights, is the guiding principle.

There are currently more than 35 engagement professional members representing NHS Trusts, Healthwatch Nottingham and Nottinghamshire, Local Authorities, Police, Coproduction Representatives, Colleagues, East Midlands Academic Health Science Network and Community and Voluntary Sector organisations (see Appendix 2).

### **4.2.2 Voluntary, Community and Social Enterprise (VCSE) Alliance**

Nottingham and Nottinghamshire have a rich and diverse Voluntary, Community and Social Enterprise sector, and working as equal partners with this sector is an integral part of the ICB’s approach to listening to our communities. It is therefore great news that the VCSE Alliance has now been fully established and integrated into the system’s strategic decision-making processes. The Alliance currently has 57 members, with representation from both the ‘umbrella’ CVS organisations, who support the small and medium sized members of the sector, and also larger

regional and national organisations such as, Framework, Alzheimer's Society, Active Notts, Framework, Self Help UK, Royal Air Forces Association, Trussell Trust, Active Notts and Stroke Association (see Appendix 3). The Alliance is already well on its way to becoming an integral part of the way that the system works – acting as a sounding board, a voice for marginalised communities and a source of new ideas and initiatives. The fact that the Chair of the Alliance is a formal member of the system's Integrated Care Partnership, further underlines the importance that is being placed on working with this sector.

Nottingham and Nottinghamshire VCSE Alliance is made up of:

- Local representatives of national and regional VCSE organisations working countywide to provide services to citizens.
- A collective of the Community and Voluntary Services (CVSs) and other infrastructure organisations.

This means that the VCSE Alliance will draw in both smaller VCSE organisations via their CVS “umbrella” organisations, as well as the local representatives of larger charities (for example, Framework, Alzheimer's Society, Active Notts, Framework, Self Help UK, Royal Air Forces Association, Trussell Trust, Active Notts and Stroke Association.). This two-pronged approach ensures the voice of smaller community organisations isn't lost against those of bigger providers and means they can all have real influence at system level, working towards the consistent aim of improving health and well-being outcomes for residents. To date, we have over 65 members representing over 50 organisations.

#### **4.2.3 ICS Partners Assembly**

The ICB coordinates on behalf of the system as twice-a-year public conference which we call the Partners Assembly. This attracts more than a hundred voluntary sector leaders, patient and citizen representatives, civic partners and others. The Assembly has been used to explore topics and approach for the system's Integrated Care Strategy and also the ICB's Joint Forward Plan. Reports and funding from the Assembly are shared widely, including to the Integrated Care Partnership.

#### **4.2.4 Healthwatch Nottingham and Nottinghamshire**

The Nottingham and Nottinghamshire area has long benefit from a single Healthwatch organisation, jointly committed by Nottingham City Council and Nottinghamshire County Council. With the establishment of the ICB and the dissolution of the two CCGs, there is now a one-to-one relationship between the ICB and Healthwatch locally. Healthwatch have refreshed their strategic approach and restructured their team in the recent period and the ICB is now working with Healthwatch to ensure appropriate representation on key bodies and meetings. Healthwatch are represented on CIAG, the VCSE Alliance, Engagement Practitioners Forum and Place-Based Partnership Boards that cover our four Places. Healthwatch are also involved directly in the work on Tomorrow's NUH (as described below) and played a key part in the development of the Integrated Care Strategy.



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

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



### 5.1 Major Service Reconfiguration

#### 5.1.1 Tomorrow's NUH

Nottingham University Hospitals (NUH) is one of the hospital trusts identified as part of the Government's New Hospitals Programme – meaning there is an opportunity to secure considerable capital investment in its hospitals. This would also mean the potential relocation or reconfiguration of how services are provided to our population.

As part of our ongoing and continuous listening to our local communities regarding these proposals, a third period of engagement was undertaken in February and March 2023, following on from activity in November/December 2020 and March 2022. This now means that we have heard from over 3,000 residents, patients, and other interested parties – enabling us to take on board feedback on the proposals: right from their formative stage, through specific design, and onto detail, including the name of key buildings and facilities. All of this will stand us on firm foundations ahead of a future public consultation.

A range of different methods were used to engage with patients and the public during February and March 2023, to understand their views:

- Key groups and communities were identified through an extensive stakeholder mapping database undertaken by the ICB Engagement Team. An invitation was sent to these stakeholders, offering a member of the Programme Team to attend community/groups meetings, provide presentations and obtain feedback. In addition, the Programme Team attended public events that were already arranged to specifically speak to citizens about Tomorrow's NUH.
- Members of the public, staff and stakeholders were invited to complete an online

survey about the proposals. The survey was circulated electronically to individuals and groups whose details were held on our stakeholder database, and paper surveys and other languages were available on request.

- Social media was also employed to support the engagement, with the ICB Facebook platform being used to promote this engagement activity.
- Internal communications were used to underpin the key messaging for the engagement and to encourage ICB staff to take part in the survey. Information was disseminated through the organisational staff briefing.

A copy of our engagement report can be found [here](#).

A Stakeholder Reference Group has also been established to ensure best practice engagement in the Tomorrow's NUH proposals. This is chaired by Healthwatch Nottingham and Nottinghamshire, with patient representatives and volunteers as the core members of this important forum. This group forms a significant part of ensuring that patients' views are at the heart of all decision making on this significant investment project.

## **5.2 Targeted Engagement on Service Change**

### **5.2.1 Interpretation and Translation Services**

In April 2022 the ICB Engagement Team engaged with patient, patient advocates and GP Practice staff who had accessed Interpretation and Translation Services, to enable consultations with patients whose first language was not English.

During the engagement 56 individuals responded via a survey (translated and hard copy versions provided) one to one interview and focus groups. We heard from Healthwatch, community group representatives, Nottingham City GP practice managers, a local community trust, and from members of a local community group.

We wanted to understand the priorities for those accessing the Interpretation and Translation Service and views on introducing criterion for accessing the services. We also wanted to understand whether preferences for telephone or face to face interpreting services were required to understand the experiences of both patients and primary care staff.

The recommendations developed as an outcome of the engagement activity have fed into and shaped the service specification and procurement questions set. The ICB Engagement Team was also invited to be involved in the procurement of the services and to evaluate the tenders received (April - May 2023), to ensure that patient and public feedback was considered throughout.





## 5.3 Frontline service delivery

### 5.3.1 Notts Alone

Local mental health leads sought to understand the current experiences and feedback of people with lived experience, carers, and professionals, with regards to accessing information on adult mental health services, in Nottingham and Nottinghamshire. This engagement will help inform the production and expansion of the NottAlone website, to enable an all-age, single point of access, for mental health information and support, and highlight any other avenues for consideration when promoting local mental health services.

People with lived experience, carers and professionals were invited to provide their feedback via a survey (either online or hard copy), telephone interviews, participate in online focus group, inviting the engagement team to attend their community groups or to get involved via a coproduction group.

The engagement commenced on 2 September 2022 and finished on 30 October 2022. A total of 249 surveys were completed. A further 170 people were engaged via one-to-one conversations or community group discussions, hosted either by the ICB Engagement Team or in the community.



A full copy of the report and an infographic to highlight key findings can be accessed [here](#).

A coproduction group has been established to ensure that the website will be fully accessible and public facing whilst taking into account the findings from the engagement work.

## **6 How we've used insight and data**

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

### **6.1 Reconfiguration of Acute Stroke Services**

In July 2020 temporary changes to Acute Stroke Services at Nottingham University Hospitals Trust to centralise the services in line with the Covid-19 pandemic response resulted in the alignment of service provision with regional and national recommendations such as the local Clinical and Community Services Strategy review of stroke services. This review was underpinned by strong patient and public involvement with stroke survivors forming part of the work alongside staff and clinicians, and the Stroke Association supporting a number of patient engagement sessions.

Insight and engagement to explore the potential opportunities and benefits of a permanent service change involved reviewing a range of evidence related to three areas:

- Clinical effectiveness and quality
- Impact on other clinical services
- Citizen intelligence and insight.

The relocation of the Hyperacute & Acute Stroke Service geographically aligned the service to equipment, interrelated services and the Emergency Department therefore eliminating significant delays in patients receiving the required treatment for an optimal outcome following a stroke.

The impact on clinical services showed no measurable difference before or after moving the NUH Stroke service to QMC or significant growth to stroke medicine during this time period and therefore moving Stroke services to QMC did not result in a change in activity.

Both stroke rehabilitation community providers, the Nottingham CityCare Community Stroke Team and the South Nottinghamshire Community Stroke Team, provided positive feedback to the relocation, as well as aligning to national targets the move also had the potential to reduce the number of deaths due to stroke and potentially increasing collaboration and allowing more interventional approaches.

We heard from people through many activities including two online surveys, targeted engagement with diverse and ethnic communities undertaken by Healthwatch, feedback from events and social media posts, patient case studies and patient and carer feedback.

The evidence base for the management of stroke clearly showed that the assessment

and treatment for a person who has had a stroke is time critical to ensure the best patient outcomes and reduces the occurrence of disability or death. The relocation of the stroke service maximised the opportunity to provide timely assessment and treatment to patients and had support from patients and the public to co-locate emergency care services together on one site. Following endorsement from the Health Scrutiny Committees the temporary location of stroke services was made permanent.

## **6.2 Maternity and Neonatal Redesign**

Nottingham University Hospitals proposed changes to expand their neonatal and maternity services and sought £29.6m capital funding for investment in neonatal and maternity services at the QMC. This would provide an additional 21 neonatal cots (from 17 to 38) and eight additional maternity beds, enabling the Trust to provide sufficient capacity to meet the requirements of the Neonatal Critical Care Review (NCCR), and the recent Getting It Right First Time (GIRFT) report.

The proposals were shared by the Nottingham and Nottinghamshire Clinical Commissioning Group with the Nottingham City Council Adult Health and Social Care Committee and Nottinghamshire County Council Health Scrutiny Committee, in November 2021. It was agreed that targeted engagement would be appropriate to support the planned service move.

Working in partnership with Nottingham University Hospitals NHS Trust (NUH), we engaged with community groups, women and families, health and social care professionals and the wider public, to understand views and experiences of neonatal services within Nottingham and Nottinghamshire, as well as bordering counties, where families may access the NUH sites.

The ICB Engagement Team used various approaches to gather feedback including:

- Administering an online survey for citizens to complete.
- Hosting a webinar for citizens. This session was recorded and shared on the NHS Nottingham and Nottinghamshire YouTube channel.
- Attendance at forums in Newark and Sherwood and Mansfield, who were meeting either virtually or in a community socially distanced setting, to gather face-to-face feedback.

A copy of the final report can be found [here](#).

On Monday 20 February 2023, NUH was given the go ahead to expand the neonatal intensive care unit at the QMC, increasing the number of intensive, high dependency and special care cots from 17 to 38. The neonatal unit at City Hospital will become a 'Local Neonatal Unit', where babies can continue to receive high dependency and special care and be managed in intensive care for up to 48 hours, before being

transferred to the QMC for longer term care where needed.

## **7 Equality and inclusion when working with our diverse communities**

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

### **7.1 Equality and inclusion principles**

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

### **7.2 Working with Empowerment for Heya**

The ICB Engagement Team supported a successful funding application by the community group Empowerment for Heya, for the 2022 East Midlands Academic Health Science Network Public Involvement Fund. This group is for all Arab Women who have recently moved to the UK and lack personal and social networks, resulting in social isolation. The group were successfully awarded funding to provide host workshops for their community group on four key areas:

- Registering with a GP/GP access
- Accessing healthcare services in the UK
- Maternity and breastfeeding/chestfeeding
- First aid

Over time, it was noted that additional sessions would also be beneficial for the group, including:

- Healthy lifestyles
- Mental health
- Menopause
- Children's vaccinations
- CPR training

To date, the engagement team have coordinated two workshop sessions for Heya. The first session on Healthy Lifestyles focused on weight management, nutrition and raising awareness of the Better Start Programme. This session was delivered in partnership with Your Health Your Way, This Girl Can, Small Steps Big Changes and colleagues within Public



Health. A second workshop then took place on pregnancy and breastfeeding/chestfeeding, which was delivered by a Specialist Midwife from Sherwood Forest Hospitals NHS Foundation Trust. This session also provided the group with the opportunity to have their say and get involved in the naming of a new facility for women, children and families, as part of the Tomorrow's NUH programme.

For these sessions to meet the needs of Heya members, we secured female clinicians to speak to the group, and ensured that sufficient time was allowed for live translation. Further sessions are being coordinated for Heya and are planned to take place from May 2023 onwards.

### **7.3 Coproduction in Personalised Care – My Life Choices**

Personalised care is one of the five major, practical changes to the NHS, as set out in the Long-Term Plan, in recognition that a one-size-fits-all health and care system simply cannot meet the increasing complexity of people's needs.



Through personalised care, people can have more control and choice when it comes to the way their physical and mental health care is planned and delivered and be actively involved in the decision-making process by speaking up on things that matter and are most important to them.

This shift from 'what is the matter with you' to 'what matters to you' empowers people to take control of their own health and wellbeing, supporting prevention and health inequalities agendas.

The comprehensive model of personalised care supports the delivery of this shift by bringing together six, evidence-based components, each of which is defined by a standard set of practices, including:

- a. Shared decision making
- b. Personalised care and support planning
- c. Enabling choice, including legal rights to choice
- d. Social prescribing and community-based support
- e. Supported self-management
- f. Personal health budgets and integrated personal budgets (health and social care funded)

The heart of personalised care is about working with people to support individuals to achieve outcomes. It is an evidence-based approach where every interaction is outcome focussed, based on what matters to the person and what they want to achieve. There is much evidence that this person-centred, holistic approach supports individuals to achieve improved outcomes in relation to health and wellbeing.

A coproduction approach for Personalised Care has been developed over the past 6 years and is an exemplar in the model for a strategic approach to coproduction.

The dedicated Coproduction Group for personalised care is the My Life Choices group. The group ensures that the voice of people with lived experience is integral to the development and delivery of personalised care, supporting the necessary need for culture change within the ICB and wider system, it has a direct link through membership to the wider ICB Strategic Coproduction Group. My Life Choices work in partnership with the Personalised care team and our health and care system to raise the voice of people to strategically shape and influence decisions about personalised care. Five members are trained lived experience Coaches for National Voices Improvement CORE20PLUS5 and four members have completed the NHSE peer leadership course. They provide oversight to transformation and improvement activity; co-design resources for the system; actively promote personalised care within their networks, at system events and meetings, and at national boards; and support recruitment. Patient Information Forum and the Patients Association worked with the ICB to look at ways of making it easier for patients to take part in shared decision-making.



They delivered a coproduction programme with the My Life Choices panel of local people and the ICB Personalised Care Team and developed and implemented patient information to support people with hip, knee and joint pain to make treatment decisions. This report, developed with input from My Life Choices, outlines the key findings and recommendations.

It also shares the co-produced resources developed throughout the project.

This work has been recognised by NHS England and shared nationally through its Personalised Care Bulletin.

#### **7.4 Working with our diverse communities through our Community and Voluntary Services**

Nottingham and Nottinghamshire's local Community and Voluntary Service (CVS) organisations work to promote connectivity, dispel isolation, and address loneliness thereby increasing community involvement and generating valuable citizen insight. They are trusted within their communities and are therefore well placed to hear from people and communities who may not engage with statutory services, amplifying the voice of those experiencing the greatest health inequalities. The following case studies demonstrate the work that is being undertaken.

##### **Case Study: Community drop-in sessions in Ashfield (Led by Ashfield Voluntary Action)**

Health and wellbeing events targeting people experiencing homelessness, requiring housing support, or otherwise vulnerable have been held in Ashfield at Sutton Christian Fellowship. Colin Bozward, who runs the service, highlighted the importance of the sessions:

"The drop-in was a really positive step for our service users. They feel like they are on the bottom rung of the ladder, and nobody cares about them. This sends out the message that they do matter. The second visit resulted in twenty people having vaccines. There have also been other health benefits. One man who had been stabbed had his dressing replaced, was given additional dressings and advice on wound care. He was absolutely over the moon. Also, a local GP has now agreed to come along to one of our drop-ins to invite our service users to sign up to the Practice as many are not registered. This would not have happened without this first step."

### **Case study: Addressing race health inequalities in Nottingham (Led by Nottingham CVS)**

In Nottingham City, a significant proportion of the population identifies as being a part of an ethnic community. Nottingham CVS has supported the Race Health Inequalities Working Group who have developed a Race Maturity Matrix, which is being piloted by Nottingham Place Based Partnership. The matrix is a strength based, self-assessment tool for increasing equality and tackling racism at organisation and system level. The tool was coproduced with Black and Asian-led organisations and people with lived experience.

Nottingham CVS have also been part of the Vaccination Inequalities Steering Group. Working with Majority Black Led Churches, volunteers were deployed to provide insight to the Steering Group to support the development and implementation of vaccination hesitancy strategies with Black Caribbean Communities. Over 1,500 people shared their views.

### **Case Study: Supporting people living in areas of high deprivation (Led by Mansfield CVS)**

People who are homeless may experience digital exclusion from online engagement activities. Mansfield CVS's approach enables those who are homeless and digitally excluded to have access to engagement opportunities by providing access to offline resources and events.

Over the past 12 months, Mansfield CVS have focussed on listening to residents of the Bellamy Road Estate, where the population has a wide range of health inequalities and high numbers of people living in poverty and classed as homeless. Health and Wellbeing and Vaccination Sanctuary events were co-designed with the Bellamy Tenants and Residents, and Friends of Bellamy groups where health checks have taken place, referrals for support are made and people have an opportunity to ask questions about health and wellbeing. The following feedback from a staff member showcases the importance of the work undertaken:

"We were able to make every contact count, discussing health issues and guiding citizens to see health professionals, asking vulnerable citizens to follow up health advice and supporting a young couple in food poverty but with multiple disadvantage"

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

This section describes some examples of how we have worked in partnership partners to design services collaboratively.

## 8.1 Vaccination conversations development workshops

The ICB Engagement Team worked closely with colleagues in Public Health and the Vaccination Services Team to design, promote and deliver Vaccination Conversations Development Workshops. These workshops were targeted at trusted community representatives with the aim of improving their confidence in having conversations about the Covid-19 vaccinations, following the principles of Making Every Contact Count (MECC).

Three sessions were offered over the period of August to September 2022 and were attended by 30 representatives from the Nottingham City Community Champions Programme and representatives from various community and voluntary sector organisations. Two additional sessions were specifically requested to be delivered to the teams that host the Health and Wellbeing Hubs across Nottingham City and Nottinghamshire County and by Newark and Sherwood Community and Voluntary Services, for the community representatives within their area. A resource pack and feedback forms were shared with all attendees following the sessions. These indicated high levels of confidence in talking about the Covid-19 vaccinations and signposting to information about the vaccinations, following the workshop.

## 8.2 Patient Participation Group Coproduction and Development Sessions

Working with Mid-Nottinghamshire Locality Team, Ashfield Voluntary Action, Mansfield Community and Voluntary Service (CVS) and Newark and Sherwood CVS, the ICB Engagement Team hosted a series of coproduction sessions with experienced Patient Participation Group (PPG) members. The purpose of these sessions was to create a Development Workshop on recruitment and maintenance of an effective PPG, so that this could be shared across Nottingham and Nottinghamshire.

Three coproduction sessions took place between November 2022 and January 2023, to develop the content for the workshop and to update an existing resource pack which could be shared with practices and PPGs. The final development workshop was hosted on 28 February 2023, with 34 people attending, representing both Primary Care staff and PPG members. The workshop was co-delivered with experienced PPG members, Practice Managers, Newark and Sherwood CVS, and colleagues within the ICB, who all shared their insights and experiences to help those who are struggling with their groups.

### ***Feedback on the PPG Coproduction and Development Sessions***

"This meeting has been so beneficial for myself, feeling a little overwhelmed as this will be my first PPG and I am starting from scratch."  
**PPG Member**

"I am also starting a PPG from scratch so this has been amazing."  
**PPG Member**

"A really interesting and valuable session."  
**Practice Manager**

Further work with PPGs is currently being planned with an initial review being undertaken to understand the status of PPGs across Mid-Nottinghamshire.

### **8.3 Maternity Voices Partnership**

Coproduction has been underway on the development of the new Maternity Voices Partnership (MVP) Group, following a review of the existing MVP group. The aim of the coproduction is to restructure the existing MVP group (the existing group will continue to run for the duration of the coproduction) and develop a new model that works and decide the infrastructure needed to support that. The review and coproduction work will take place over 12 months. Members of the group are coproducing how their group will operate in the future. The development will look at membership, volunteer management, engagement approaches, feedback loops, communication, the MVP work programme, finance, and reimbursement and looking at the overarching infrastructure.

An MVP is a part of a national approach, and the local Nottingham MVP works to review and contribute to the development of maternity services in Nottingham and Nottinghamshire. It brings together the staff who commission and provide maternity services with the women, birthing people and families who use those services. The MVP is coordinated by a service user chair or leadership team, including people who are independent with lived experience. All members of the partnership take responsibility for the development and delivery of an agreed workplan.

Membership includes midwives, health visitors, doctors and managers, women, birthing people, and families from a diverse range of backgrounds and members of the wider community such as birth workers and charities specialising in mental health, supporting refugees, etc.

The members work together as equals, recognising that each person brings a different set of experiences, skills and resources that will contribute to the strength of the partnership as a whole. It is intended that anyone who works, has used or supported others in using maternity services in our area can choose to get involved in the Nottingham & Nottinghamshire MVP.

MVP volunteers have been working with Sherwood Forest Hospital on coproducing an updated process for enabling partners and families to stay overnight with birthing people to provide greater support. This has also led to the purchase of appropriate furniture to allow a comfortable stay.

Volunteers have also worked with NUH maternity colleagues in co-creating a new video for birthing people around the expectations when discharged from care.

With focus on safety across maternity units being critical, volunteers are working as members of the Ockenden Learning Review and working with both providers in

ensuring that relevant, easy to find and easy to understand information is available on provider webpages. Volunteers are supporting in co-creating updated information.

#### **8.4 Piloting a Citizens' Panel in Nottingham**

The Citizens' Panel pilot is being delivered in Nottingham to add to our existing methods of engaging local people and is another way that is enabling us to listen the views of our citizens. The Panel is a standing group of citizens, representative of the overall population, who have volunteered to give regular feedback on specific topics. The Panel adds value by identifying local priorities and consulting on specific issues that affect our communities. Benefits include the ability to track trends in opinion, targeted work with particular communities focussing on health inequalities, and the ability to focus on specific ICS priorities at various points in the year.

The implementation of the Citizens' Panel has been undertaken in line with NHS England guidance and informed by a literature review undertaken by academic partners at the University of Nottingham Business School. Further desktop research was undertaken by the ICB Engagement Team and additional support provided by an external subject matter expert.

The ICB Engagement Team continue to work in partnership with Nottingham CVS, Healthwatch Nottingham and Nottinghamshire, Nottingham Trent University, University of Nottingham Business School, CityCare, NUH and other Nottingham Place representatives to grow the Panel membership.

A mapping exercise with recent census data has been undertaken to ensure that the pilot panel is as representative of the Nottingham City population as possible, with an aim of 800 members. Effective stakeholder engagement software is being utilised, with the ability to monitor demographics and to help identify those segments of the population with lower take-up.

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

The official launch date of the Panel was in September 2022, with two system-wide engagement surveys issued in November 2022 and February 2023. The Panel currently has 99 members, featuring strong representation from our diverse communities. The engagement team's collaboration with Nottingham City Council and partnership with the Voluntary, Community and Social Enterprise Alliance will aid panel member recruitment and generate strong links with groups and communities, including those who we are yet to hear from and experiencing the greatest health inequalities.



## 8.5 Green spaces social prescribing

Green social prescribing is a way of connecting people to nature-based activities and green groups, projects, and schemes in their local community for support with health and wellbeing. Often this will be through a referral from a Link Worker based at a GP practice or another primary care professional. Green buddies are people who help people take part in the Green Space activities.

A recent system coproduction activity took place to co-design the Green Buddy model. This involved people with lived experience coming together to codesign different aspects of the model, which included:

- The appropriate pathways to link referrers/providers and buddies
- Role descriptions of the buddies
- Green buddy and host organisation
- Training/support/resource needs
- Add on to existing volunteer roles or new roles

A series of sessions were held, where people came along to share their experiences of befriending and insight about the different topics. The collective group was split into smaller groups during the sessions and fed back into the main group. This was then used to create the resources needed for the Green Buddies.

## 9 Sharing learning and good practice examples

This section describes key programmes that have gone well for Nottingham and Nottinghamshire ICB.

### 9.1 Developing Nottingham and Nottinghamshire Integrated Care Strategy

The development of Nottingham and Nottinghamshire's Integrated Care Strategy has been one of the earliest testing grounds for our refreshed and enhanced approach to working with people and communities.

Using a two-step approach, a desktop research exercise was first undertaken to understand the needs of our citizens and how these can be met, and to understand the communities we need to involve, and gaps in our knowledge that could form the basis of our involvement work.





The second stage involved a number of listening activities, to test the findings from the desk research, explore gaps in our knowledge, and test the emerging content of the Integrated Care Strategy and the Vision and purpose for our ICS. A key principle of these activities was to allow citizens the opportunities to shape and inform the Strategy, and to ensure we didn't ask for citizen intelligence we already had.

The ICS Assembly was a core mechanism for involving people and communities in the development of the Integrated Care Strategy, which was attended by 161 partners from across our ICS, including representation from NHS, Local Authority, Voluntary, Community and Social Enterprise, citizens and patients (see Appendix 4).

This was complemented by:

- a. One virtual and three in-person briefings to MPs and councillors
- b. Two virtual public events
- c. Development of an online survey, which was shared with the Citizens' Panel
- d. Attendance at the Nottinghamshire County Council Shadow event (targeted engagement with children and young people)
- e. Listening to feedback from members of our VCSE Alliance
- f. Working with the ICS Engagement Practitioners Forum, to identify existing events and opportunities to hear from our citizens

The work undertaken with people and communities in the development of our Strategy has been a flagship piece of work, identified as an exemplar by the Department of Health and Social Care.

The involvement report can be found [here](#).

## **9.2 Progressing our approach by working with existing local coproduction groups**

One of the key ethos of our coproduction approach is the desire to utilise the existing knowledge and experience about coproduction already within the system. We do this by working closely with system coproduction experts from our partner organisations and the system wide coproduction groups that we had a relationship with already.

This to date has included representation from community groups including a personalised Care coproduction group My Life Choices a national exemplar strategic coproduction group supporting the universal personalised care programme, Small Steps Big Changes, Healthwatch, Parent Carer Forums and a local authority coproduction group Our Voice from Nottinghamshire County Council. We also coproduced with our system partners in secondary care services including Nottingham University Hospitals Trust and our mental health trust Nottinghamshire Healthcare Trust and coproduction experts from Nottingham City Council and Nottinghamshire County Council; and representation from ICB commissioning and Quality and Transformation functions, colleagues within Place Based Partnerships and the Voluntary sector through the Nottinghamshire Community Voluntary Service (NCVS).

The role of the lived experience people coproducing with us was to develop the coproduction model and strategy content, provide a check and challenge on the coproduction strategy and model and to enable us to make the content meaningful and language used accessible for the public. They shared their perspectives and opinions on the coproduction approaches, as many of the group were members of other coproduction groups, they had experience of contributing to the development of approaches and representing groups of voices.

## **10 Communications, social media and marketing**

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

### **10.1 Overview**

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

- Producing regular newsletters for system partners, so that they are aware of the work that is being done in this area.
- Producing a monthly stakeholder update.
- Sharing final reports with those who were involved in generating citizen intelligence as part of bespoke programmes of work, including direct distribution and publication on our website.

- Proactively briefing and updating (both verbally and in written form) Members of Parliament.
- Informally meeting with the Chairs of Nottingham Adult Health and Social Care Committee and Nottinghamshire Health Scrutiny Committee monthly.
- Providing regular verbal and written updates to Healthwatch.

## 10.2 Targeted Lung Health Check



Over 30,000 past and current smokers have already been invited to a lung health check in Mansfield and Ashfield, which is helping to identify lung cancer at an earlier stage. Since April 2021, past and current smokers between the age of 55 and 74 in Mansfield and Ashfield have been invited to an NHS lung health check in a drive to improve earlier diagnosis of lung cancer and save more lives.

With one of the highest mortality rates for lung cancer in England, Mansfield & Ashfield is one of 43 places across the country to complete the Targeted Lung Health Check programme which is now being rolled out across Nottingham City.

The initiative has seen more than 16,000 past and current smokers aged 55 to 74 coming forward for a lung health check-up, which has resulted in a 20 percent increase in lung cancer diagnosis in the area - 60 percent of lung cancers identified were at an early stage.

The campaign involved:

- paid for social media posts targeted to our audience group
- tram stop and bus advertising
- promotional materials displayed in GP practices, local supermarkets, car parks, faith groups, children's centres, libraries, health and wellbeing hubs, churches and Scout huts
- engagement with local community groups
- production of translated materials (leaflets and posters) into 9 different languages

The programme has recently received a performance scorecard from Inhealth for Mansfield and Ashfield and Clifton. We are currently at a 73% uptake rate, whereas nationally the uptake rate is around 40%.



### 10.3 Covid-19 Vaccination Autumn Booster Campaign

Throughout the Autumn Booster Covid-19 Vaccination campaign the objective was to maximise uptake of the vaccine in all eligible cohorts while supporting the inequalities work and increase the uptake of covid in specific demographic groups.



The campaign ran from September 2022 – February 2023 and in total 65% of eligible citizens received the vaccine. A further breakdown shows 85% of over 65s received the vaccine.

### **Key inputs included:**

- A suite of assets, materials and advertising so we could share our messaging with the public
- Advertising set up across the city and county – billboards, bus sides, bus shelters, local magazine and newspapers, radio adverts (community radio stations), SEO.
- Translating materials into seven different local languages.
- We looked at previous campaign data to help us understand specific areas and people to target – we utilised our advertising in these areas.
- Advertising pop up clinics in low uptake areas by posting leaflets through doors, advertising in community magazines and working with community representatives to share the message.
- Creating three social media toolkits – which were shared with partners and used across all channels
- Working with local media on broadcast opportunities and media releases which reached 947,389 people
- Social media advertising and organic posts totalling in 161,474 people reached.
- Liaised with communications partners throughout the programme to share information and encourage support across all channels
- Working with public health and partners to target areas of inequality, we created engagement material such as posters, leaflets and digital screens for venues to use to promote the events – for example health and wellbeing event at B&Q, visits to colleges and homeless settings and community pop up clinics in low uptake areas.

Overall, the campaign reached more than 1.6 million people and we were either higher or in line with the national average uptake for each cohort. Key relationships have also been made with public health and community champions which will help with future campaigns and reaching more diverse audiences.



**PLAN FOR THE FUTURE**



## **11 Future planning**

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

### **11.1 Coproduction**

The aims for the first two years of this programme are to coproduce and cocreate:

- A Coproduction Strategy, setting out the approach to coproduction over the next two years, and containing our coproduced Coproduction Principles and Values for the ICB to work to, and embed, within working practice.
- A Coproduction infrastructure of an ICB Strategic Coproduction Group and a System Coproduction Network.
- Support resources and a Toolkit to enable Coproduction - with tailored resources for staff, people with lived experience and the public.

#### **11.1.1 ICB Strategic Coproduction Group**

Building on the agreed ICB Coproduction strategy, our new ICB Strategic Coproduction Group will be central to how coproduction in the ICB will be delivered. The group will ensure that strategic decisions and planning around the ICB and ICS coproduction approach includes people with lived experience as an equal partner. The group will advise on system design, delivery, and commissioning, will be involved in key priority work across the system and will report into ICB Board.

Membership of the group will comprise a minimum of 50% lived experience representatives, with the ambition for the group to be reflective of the diversity of the populations the ICB and ICS serves. Training and support for lived experience members to operate in this strategic approach will be coproduced and provided.

The structure, remit and responsibilities of the group and recruitment and reimbursement approach have been coproduced with people with lived experience and system partners via the ICS Coproduction Steering Group.

In line with the strategic nature of the group, its core remit will be to:

- a. Encourage the adoption of the Coproduction Values and Principles as set out in the ICB Coproduction Strategy within the ICB and wider system by having oversight of the ICB Coproduction activities taking place, providing a steer to success, identifying areas for further development, removing barriers to coproduction, and holding the ICB to account for genuine coproduction approaches being adopted
- b. Provide oversight and scrutiny to the ICB and ICP to ensure that coproduction activity to support the delivery of the Integrated Care Strategy is being undertaken effectively.
- c. Provide oversight and scrutiny on coproduction progress within the 10 system transformation programmes.

### **11.1.2 Coproduction Network**

Our current focus and continuing into 2023-24 will be the coproduction and development of a system wide Coproduction Network. It is anticipated that the network will have a wide-ranging membership open to the wider system and it will be a space to share coproduction approaches and insights so that system best practice can be collated and shared.

Our Coproduction Network will be key to building relationships and best practice support about coproduction approaches across our system.

### **11.2 Citizen Intelligence**

Our ambition is that our Citizen Intelligence approach is fully embedded across all system partners so our starting point for all consideration of how we deliver services starts with insights from our population on what services they value, how they want to access them and how they are best delivered.

To actualise this ambition, during 2023/2024 we will:

- Review existing Community Insights Hubs in other systems. Our Community Insights Hub will be a key resource for capturing and reporting community intelligence that includes findings drawn from all system partners including statutory sector, VCSE, Healthwatch, citizens' panel and networks at Place and neighbourhood level.
- Deliver insight reports on citizen and service user intelligence and insight to the Integrated Care Partnership.
- Deliver reports on citizen and service user intelligence and insight to the ICB Board, on a specific issue, linked to the work programme.
- Expand the Citizens' Panel, increasing the number of members.
- Continue to develop and embed the VCSE Alliance. The Hewitt Review has suggested that membership should be extended to faith groups and our focus will be on this.
- Deliver the formal public consultations for major service change programmes.
- Produce and collate resources that enable the generation of citizen intelligence

### **12 Working with People and Communities: How to get involved**

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

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

## **13 Appendices**

Appendix 1: Citizen Intelligence Advisory Group (CIAG) membership

Appendix 2: Engagement Practitioners Forum: organisations represented

Appendix 3: VCSE Alliance: organisations represented

Appendix 4: ICS Partners Assembly October 2022: organisations in attendance

### 13.1 Appendix 1: Citizen Intelligence Advisory Group (CIAG) membership

| Organisation/Speciality/Role   |
|--|
| Healthwatch Nottingham and Nottinghamshire representative  |
| Chair of the Voluntary, Community and Social Enterprise Alliance   |
| Place representatives <ul style="list-style-type: none"><li>• South Nottinghamshire</li><li>• Nottingham</li><li>• Mid Nottinghamshire</li><li>• Bassetlaw</li></ul> |
| A health inequalities expert   |
| Local Authority Officers <ul style="list-style-type: none"><li>• Nottingham City Council</li><li>• Nottinghamshire County Council</li></ul>                          |
| ICB Engagement Team representative   |
| ICB Co-Production Team representative  |
| ICB System Analytics Intelligence Unit representative  |
| ICB Research and Evidence representative   |

## 13.2 Appendix 2: Engagement Practitioners Forum: organisations represented

- Alzheimer's Society
- Ashfield Voluntary Action
- Bassetlaw Community and Voluntary Service
- Bassetlaw Place Based Partnership
- Doncaster and Bassetlaw NHS Foundation Trust
- East Midlands Academic Health Science Network
- East Midlands Ambulance Service
- Gedling Borough Council
- Healthwatch Nottingham and Nottinghamshire
- Mansfield Community and Voluntary Service
- Mid Nottinghamshire Place Based Partnership
- Newark and Sherwood Community and Voluntary Service
- NHS Nottingham and Nottinghamshire ICB (Engagement, Coproduction and Research)
- Nottingham City Council
- Nottingham CityCare
- Nottingham Community and Voluntary Service
- Nottingham Trent University
- Nottingham University Hospitals Trust (including Research Team)
- Nottinghamshire County Council
- Nottinghamshire Healthcare Trust
- POhWER
- Police and Crime Commissioners Office
- Rushcliffe Community and Voluntary Sector
- Self Help UK
- Sherwood Forest Hospitals Trust
- University of Nottingham



### 13.3 Appendix 3: VCSE Alliance: organisations represented

- Active Health Coach
- Active Partners Trust
- Age UK Nottingham and Nottinghamshire
- Alzheimer's Society
- Ashfield Voluntary Action
- Bassetlaw Action Centre
- Bassetlaw Citizens Advice
- Bassetlaw Community and Voluntary Service
- British Liver Trust
- Canal & River Trust
- Children's Bereavement Centre
- Dementia UK and Admiral Nursing
- Enable
- Framework
- Health Alliance Group (BHAG) CIC
- Healthwatch Nottingham and Nottinghamshire
- Homestart Nottingham
- Improving Lives
- Ladybrook Enterprise
- Mansfield Citizens Advice
- Mansfield Community and Voluntary Service
- Newark and Sherwood Community and Voluntary Service
- Nottingham City Council
- Nottingham Citycare Partnership
- Nottingham Community and Voluntary Service
- Nottingham Focus on Wellbeing
- Nottingham Mencap
- Nottingham Trent University
- Nottinghamshire Deaf Society
- Nottinghamshire Disabled People's Movement
- Nottinghamshire Mind
- NSPCC
- Opus music
- Parkinson's UK
- POhWER
- Royal Air Forces Association
- Royal Voluntary Service
- Rural Community Action Nottinghamshire
- Rushcliffe Community and Voluntary Service
- Self Help UK
- S.H.E UK (Supporting, Healing, Educating)
- Sherwood and Newark Citizens Advice

- Stroke Association
- Sustrans (sustainable transport)
- The Centre Place - LGBT+ Service Nottinghamshire
- The Helpful Bureau
- Trussell Trust

#### **13.4 Appendix 4: ICS Partners Assembly October 2022: organisations in attendance**

- ABL Health
- AL-Hurraya
- Alzheimer's Society
- Ashdale Care home
- Ashfield Voluntary Action
- Aurora Wellbeing Centres
- Barnsley Premier Leisure
- Bassetlaw Action Centre
- Bassetlaw Community and Voluntary Service
- Bassetlaw District Council
- Bassetlaw Hospital
- Bassetlaw Place Based Partnership
- Beaumont House Hospice
- Bespoke Health & Social Care
- British Lung foundation Durban House Community hub
- British Red Cross
- Carers Roadshows
- Carlton, Gedling and District U3A
- Castle Healthcare
- Children's Bereavement Centre
- Defence Medical Welfare Service
- Citizens Advice (Newark and Sherwood)
- D2N2 Local Enterprise Partnership
- Diagnostics
- Disability Involvement Group (DIG)
- Doncaster & Bassetlaw NHS Foundation Trust
- Double Impact services
- East Midlands Academic Health Science Network
- East Midlands Chamber
- Fire and Rescue Service
- Fosse Healthcare
- Freshwater Communications and engagement - External Provider
- Gedling Borough Council
- GP, Victoria & Mapperley Practice
- GypsyLife
- Healthwatch Nottingham and Nottinghamshire
- Heya in Nottingham
- Hucknall Stakeholder group

- Insight Healthcare
- Insight IAPT
- Inspire Learning
- Keep Our NHS Public
- KS Healthcare Consultancy Ltd working with Primary Care Direct
- Ladybrook Enterprises Ltd
- Larwood Health Partnership
- Liberty Leisure Limited, Broxtowe Borough Council
- Mansfield Community and Voluntary Service
- Mansfield District Council
- Mid Nottinghamshire Locality Team - Integrated Care Board
- Mid Notts Place Based Partnership
- More Leisure Community Trust
- Musters Medical Practice
- My Life Choices
- NEMS Community Benefit Services
- Newark & Sherwood Community Voluntary Service
- NHS Business Services Authority
- NHS England
- NHS Nottingham and Nottinghamshire ICB
- Nottingham and Nottinghamshire ICS
- Nottingham City Council
- Nottingham City GP Alliance
- Nottingham City Place Based Partnership
- Nottingham CityCare Partnership
- Nottingham Community and Voluntary Service
- Nottingham Community Housing Association
- Nottingham University Hospitals NHS Trust
- Nottingham Womens Centre
- Nottinghamshire County Council
- Nottinghamshire Deaf Society
- Nottinghamshire Deaf Wellbeing Action Group
- Nottinghamshire Healthcare Foundation Trust
- Nottinghamshire Local Dental Committee
- Nottinghamshire Mind
- OASIS Community Centre/The EDGE
- One Nottingham
- Parkinson's UK
- Patient and Public Voice
- Patient Participation Group
- Primary Integrated Community Services

- Retford and Villages PCN
- Roselea Care Homes Ltd
- Royal Voluntary Services
- Rushcliffe Borough Council
- S.H.E UK (Supporting, Healing, Educating)
- Self Help UK
- Sherwood Forest Hospitals NHS Foundation Trust
- Skills for Care
- Small Steps Big Changes
- Solsken Limited
- The Centre Place (Talkzone / LGBT+ Notts)
- The Helpful Bureau
- Torkard Hill Medical Centre Patient Group
- Trent Bridge Community Trust
- Truly Care Services
- Voluntary and Community Sector Learning Skills Consortium