Developing an Integrated Care Strategy for Nottingham and Nottinghamshire Integrated Care System: Involvement Report

November 2022

Contents

1 Executive summary

1.1 Introduction

The Health and Care Act 2022 requires that each Integrated Care System (ICS) produces an Integrated Care Strategy. The strategy should be "evidence based, system wide priorities to improve health and reduce disparities… based on assessed need". In producing the Strategy it is required that, "an integrated care partnership must involve the Local Healthwatch organisations whose areas coincide with or fall wholly or partly within its area, and involve the people who live or work in that area". It is required that the first Integrated Care Strategy be published by late December 2022.

The overarching aim of this work was to involve citizens in the development of the Integrated Care Strategy for Nottingham and Nottinghamshire. Using a two-step approach, first a desktop research exercise was undertaken to understand the needs of our citizens and how these can be met, people and communities who are not to understand who 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, test the emerging content of the Integrated Care Strategy and test the Vision and purpose for our ICS.

In total, just under 750 individuals involved in a range of activities which took place between October and November 2022 through:

- Targeted meetings with elected members, Healthwatch Nottingham and Nottinghamshire, the Nottingham and Nottinghamshire ICS Voluntary, Community and Social Enterprise (VCSE) Alliance and Engagement Practitioners Forum.
- The ICS Partners Assembly, which bought together 161 system stakeholders, carers, service users, patients and citizens.
- The annual Nottinghamshire County Council Shadow event, which was attended by over 250 children and young people, including young adults with learning disabilities.
- Two public events, which were attended by 48 individuals.
- A survey, which gathered 206 responses.

1.2 Key findings

- 86% of delegates at the ICS Partners Assembly agreed or strongly agreed with the ICS purpose "Every citizen enjoying their best possible health and wellbeing", and it made people feel "ambitious", "hopeful", and "optimistic".
- There were concerns about how the Integrated Care Strategy would actualise the ICS Purpose and Vision, with specific concerns around resourcing the right services for citizens, and more specifically around funding for acute services, social care and the VCSE sector
- "Improve outcomes in population health and healthcare" and "tackle inequalities in outcomes, experience and access" were considered to be the most important ICS aims.

- There was support for the focus on prevention, but there were queries about how realistic it was to shift resources away from treatment of acute illnesses and into prevention.
- It was agreed that resources should be directed to populations with the greatest needs, who require the most immediate support and preventative activity. There were some concerns that equity may feel unfair to some, particularly if resources are reallocated and a perception that specific places, groups and communities are “worse off”.
- There was support for services to become more integrated and that working as a system, including the realignment and sharing of resources (including governance and some back office functions), was the key to success. It was clear that the ICS provided an opportunity to build on strengths and identify areas of development to deliver connected services that are accessible and easy for citizens to navigate.
- Supporting the whole system workforce was described, with specific reference to recruitment, retention and prioritising the health and wellbeing of staff.
- A strong theme throughout all involvement activity was the issues that the system is facing today, specifically access to primary care services (specifically GPs and dentists), elective backlog, mental health service provision and pressures on emergency departments also require attention.
- Great value was placed on the VCSE sector, recognising the extensive support always offered to communities, especially during a crisis (the response to Covid-19 was cited a number of times), and also to support the prevention of ill health. However, strain within the sector was highlighted in the context of inadequate resourcing and an expectation on charities to provide detailed evaluations without sufficient capacity was highlighted as a challenge.
- There was a view that the model of health and care that we employ as a system should be person-centred and coproduced with people with lived experience.

1.3 Next steps

The findings from this involvement work will be used to develop the initial Integrated Care Strategy for Nottingham and Nottinghamshire.

2 Conclusions and recommendations

Conclusion 1: Whilst the majority of delegates at the ICS Partners Assembly were supportive of the ICS purpose, there were concerns that the Vision was ‘unrealistic’ and ‘unachievable’. We need to focus on maintaining the trust of our population that we can deliver the Vision, and that we are focussed on tangible outcomes for our citizens.

> **Recommendation 1**: Continue to review activity against key performance indictors, and maintain and ongoing dialogue with citizens to provide assurance.

Conclusion 2: There was broad support for the three underlying principles of equity, prevention and integration within the Strategy.

> **Recommendation 2**: Ensure that the three principles are clearly articulated throughout the Strategy.

Conclusion 3: The ICS aims of ‘improve outcomes in population health and healthcare’ and ‘tackle inequalities in outcomes, experience and access’ were prioritised out of the four aims.

> **Recommendation 3:** Prioritise these two aims in the Strategy and during its implementation.

Conclusion 4 : Our desk research highlighted a number of groups and communities who we need to involve in the development of the Integrated Care Strategy. We have been able to reach some directly or via VCSE organisations who work with these communities, but not all.

> **Recommendation 4:** Develop relationships with communities that we have not engaged, working with the VCSE Alliance.

> **Recommendation 5:** Prioritise direct engagement with these groups and communities as part of the consultation on the ICB Joint Forward Plan during January – March 2023 and other ICS engagement activities.

Conclusion 5: There was strong support for people and communities to be involved in codesigning and coproducing elements of the implementation plan of the Strategy.

> **Recommendation 6:** Ensure that people with lived experience are involved in developing solutions to our system challenges as an equal partner.

Conclusion 6: Through the involvement activity it was clear that staff recruitment and retention was a concern for many system partners.

> **Recommendation 7:** Consider workforce in the Integrated Care Strategy, and continue to prioritise this during its implementation.

Conclusion 7: The issues that the system is facing today (for example, access to primary care services and pressures on emergency departments) is a concern to system partners and citizens.

> **Recommendation 8:** Ensure ongoing communications to patients, so they know where to access the right services at the right time and in the right place, to alleviate any additional pressures in emergency care services.

3 Introduction

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

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

4 Context

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

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

The Integrated Care Strategy must be developed for the whole population using best available evidence and data, covering health and social care (both children's and adult's), and addressing the wider determinants of health and wellbeing. The Strategy should be built 'bottom-up', based on the local assessment of needs and assets, identified at place level.

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

Statutory Guidance was published by Department of Health and Social Care on 29 July 2022[1]. In summary, the guidance states that the Integrated Care Strategy should be *"evidence based, system wide priorities to improve health and reduce disparities… based on assessed need".* The Strategy should set out how the assessed needs of the population can

[1] Guidance on the preparation of integrated care strategies - GOV.UK (www.gov.uk)

be met by upper-tier Local Authorities, the ICB and NHS England, and over what timescale. Figure 1 shows the relationships between the key system strategies and how they interface.

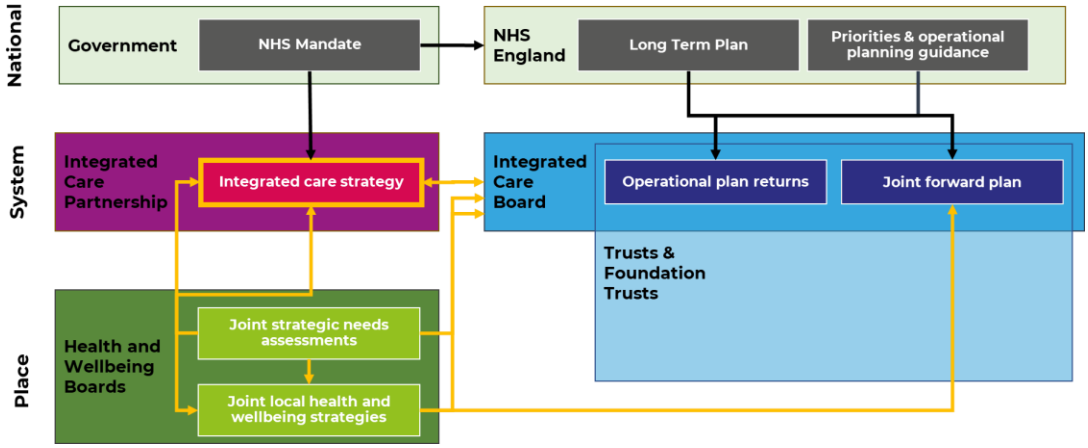


Figure 1. The interface between key system strategies

There is an expectation that the Strategy will be refreshed annually, in line with emerging national guidance.

5 Involving people and communities

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

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

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

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

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

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

> *(a) in the planning of the commissioning arrangements by the integrated care board,*

(b) in the development and consideration of proposals by the integrated care board for changes in the commissioning arrangements where the implementation of the proposals would have an impact on—

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

(ii) the range of health services available to them, and

(c) in decisions of the integrated care board affecting the operation of the commissioning arrangements where the implementation of the decisions would (if made) have such an impact.

5.2 Aims and objectives

The overarching aim of this work was to involve citizens in the development of the Integrated Care Strategy for Nottingham and Nottinghamshire. This can be broken down into the following objectives:

- To undertake desk research to understand:
    - The needs of our citizens and how these can be met.
    - People and communities who are not/underrepresented, to understand who we need to involve.
    - Gaps in knowledge and areas where our knowledge could be improved, which could form the basis of our involvement/consultation work.
- To engage with people and communities across Nottingham and Nottinghamshire to:
    - Test what we think we know from the desk research.
    - Explore gaps in our knowledge and understanding about the health and care needs and aspirations of our people and communities.
    - Test the Vision and Purpose of our ICS.

5.3 Our approach

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

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

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

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

Throughout this process we adopted the following principles:

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

5.4 Phases of involvement

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

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

The approach to involvement follows a three-step model with desktop research, followed by involvement opportunities, as shown in Figure 2. This report focusses on activity undertaken in Phases 1 and 2.

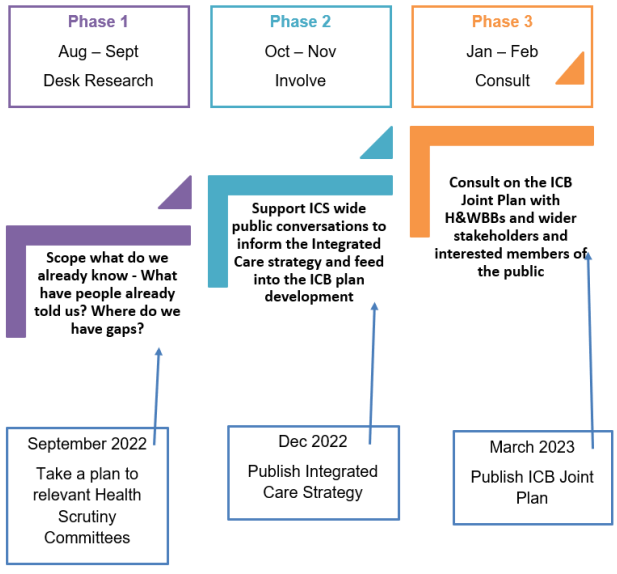


Figure 2. Three-step model to involving people and communities in the development of the ICS Integrated Care Strategy and ICB Joint Forward Plan

6 Phase 1 – Desk Research

6.1 Methods

A review of the involvement of people and communities in the development of local authority strategies (including Joint Health and Wellbeing Strategies and refreshed Joint Strategic Needs Assessments) was undertaken. Other published documents were also subject to this review including:

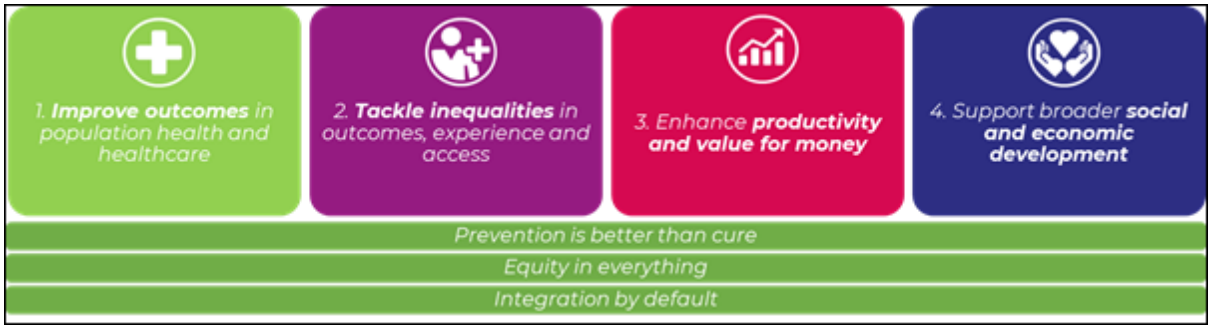
- Healthwatch Nottingham and Nottinghamshire reports.
- Previous Nottingham and Nottinghamshire Clinical Commissioning Group consultation and engagement reports.
- Previous Bassetlaw Clinical Commissioning Group consultation and engagement reports.

A full list of reports and documents included can be found in Appendix A.

7 Phase 2 – Involve

7.1 The emerging Strategy

The principles of the emerging Strategy, which we used as the basis for involvement, is framed around four key aims and three underlying principles:



Equity - Recognising that a "one size fits all" way for what we do across health and care can create barriers and exclude certain groups of people.

Prevention - By understanding those most at risk of poor health, we can prioritise how we deliver a more preventative approach in our services, to stop these people getting sick in the first place.

Integration - We want our health and care services to be joined up to deliver care that meets the needs of our citizens, in a coordinated and efficient way.

7.2 Methods

A range of different methods were used to engage with system partners, patients and citizens to understand their views on the emerging Strategy. In total, 739 individuals participated by either completing a survey, attending an engagement event, or providing a response to the promotion of the engagement on social media.

A narrative describing the proposals was developed, to ensure consistent messaging across all methods used. This formed the basis for all content in the engagement materials, including the public engagement document, stakeholder presentations, events and media briefings.

Alternative versions and formats of the survey, including in languages other than English, were available upon request.

7.2.1 Targeted meetings

ICS representatives attended a number of targeted meetings to provide information about the emerging Strategy, methods for involving people and communities, and requesting support in encouraging participation. These included:

- One virtual and three in-person briefings to MPs and councillors.
- Two meetings with the Nottingham and Nottinghamshire Voluntary, Community and Social Enterprise Alliance.
- One meeting with the ICS Engagement Practitioners Forum.
- Ten meetings with representation from Healthwatch Nottingham and Nottinghamshire (see Appendix B).

7.2.2 ICS Partners Assembly (see Appendix C)

The inaugural ICS Partners Assembly took place on 25 October. At this first meeting we discussed the work that had been undertaken to date to develop the Integrated Care Strategy, giving colleagues the opportunity to share their thoughts and views about what should be prioritised within our strategic thinking.

We also explored our Vision and Purpose for the ICS, to check that this is right for the future, including exploring how we will measure our success and make a positive impact on the lives of citizens.

161 partners from across our ICS attended, including representation from NHS, Local Authority, Voluntary, Community and Social Enterprise, citizens and patients.

Delegates had the opportunity to share their views in a variety of ways. They were first asked what they were hoping to get out of the day, with answers shared using Mentimeter an interactive tool that allows people to see responses in real time. They then took part in tabletop discussions following speaker presentations and shared comments on a postcard.

The final engagement exercise at the ICS Partners Assembly involved a prioritisation activity. Each delegate was given 4 small sticky dots in different colours corresponding to the different sectors the delegates were representing at the Assembly. The four aims detailed within the Integrated Care Strategy were pinned up in the corners of the hall. Delegates were asked to add their dots to the aims and actions that they think should be prioritised within the system, they could distribute them over all four aims or decide to group them together on a singular aim they deemed to be a very high priority. Experts from the ICS were located at

each aim to answer questions and discuss the overall aim and activities that corresponded with them.

A total of 439 dots were placed.

7.2.3 Shadow event

The Engagement Team attended the annual Shadow Event held in Sherwood Forest, which was organised and co-ordinated by Nottinghamshire County Council. Over 250 children and young people from across Nottingham and Nottinghamshire were in attendance, including young adults with learning disabilities.

The aim of the event for the children and young people was to work in teams to navigate and orienteer around Sherwood Forest, undertaking activities with organisations in attendance.

At the event the Engagement Team used three different engagement involvement methods:

- Task 1: The groups played a game of snakes and ladders where they had to complete challenges and answer questions on different aspects of health. For each challenge they completed and question they got right, they won a token which represented money. The aim was to collect as many tokens as they could within three minutes. They then moved onto task two.
- Task 2: With the tokens the groups won during the first task, they were asked to decide as a group where they would want to spend that money within healthcare services. Options ranged from GP, Cancer Care, Emergency, Planned Care, Family, Mental health, Medicines. They placed their tokens into a container according to where they would spend the money if they were health and care leaders. They then moved onto a final task.
- Task 3: The groups had to provide us with feedback on what's important to them in terms of healthcare, how they want to be communicated with and what they would like to see in their community. They wrote down their responses as individuals or as groups and stuck their suggestions on a board.

7.2.4 Public engagement events

Two engagement events were hosted for members of the public to give feedback about the emerging Strategy and to ask any questions they had, to a system-wide panel of speakers and presenters – drawn from clinical, strategy and public health colleagues from all relevant organisations across the Nottingham and Nottinghamshire ICS. These sessions were conducted online, via Zoom.

At the start of each event, attendees were given an overview of the ICS aims and emerging priorities. They also had the opportunity to ask questions or provide any comments they had, using the chat function.

In total, 48 individuals attended the public engagement events.

A recording of the public session was made available on the ICB YouTube channel for people who were unable to join the live event[2].

7.2.5 Survey

On 4 November 2022 the ICS launched the Integrated Care Strategy survey (see Appendix D) and concluded the survey on 20 November 2022.

Citizens, patients, system partners and stakeholders were invited to complete an online survey about the emerging strategic priorities. The survey was circulated electronically to individuals and groups whose details were held on the ICB Stakeholder Database.

Paper surveys were also available on request which contained the same questions as the online survey, with a freepost return option. There were no requests for other languages or formats.

The Engagement Team offered support to those who needed it, to ensure that they were able to understand the information contained within the documents, and to ensure that all participants had enough information to give informed feedback.

The survey was focussed on a prioritisation exercise, which asked respondents to rank the aims and priorities set out in the emerging Strategy. In total, 206 individuals provided a response to the survey. Further information about who responded can be found in Appendix E.

7.2.6 Sharing with NHS and Local Authority staff and wider stakeholders

Standard materials were provided to communications colleagues responsible for engaging with staff who work for the constituent organisations of the ICS. These materials included access to the survey outlined in 6.2.5. These were disseminated through a variety of routes including staff newsletters, team briefings and through the management line.

We issued a stakeholder briefing and social media promotion to share details of the involvement activity and how people can feedback.

The survey was promoted to a range of stakeholders through different online channels including via email, social media and the Integrated Care Board website. In line with the expectation that there should be publicly available contact details[3] for those responsible for the Strategy development a page was created on the ICS website[4] setting out the emerging thinking and sharing the email address for interested citizens to use to get in touch.

[2] Integrated Care Strategy Public Session 7 Nov 2022 - YouTube
[3] Guidance on the preparation of integrated care strategies - GOV.UK (www.gov.uk)
[4] https://healthandcarenotts.co.uk/plans-and-priorities/

7.3 Data analysis and reporting

All written notes taken during the public events, community group meetings, and qualitative responses from the survey were thematically analysed. Quantitative data was analysed to produce descriptive statistics.

8 Findings

This section presents the analysis from all of the responses received as part of the engagement activity, including the survey, focus groups, engagement events and responses received on social media. The statistics specifically relate to the quantitative data. The themes have been developed from all the qualitative data collected through all methods of engagement.

8.1 Phase 1 – Desk Research

This section covered the themes and topics discussed and raised by people and communities.

8.1.1 What we know

Mental health was one of the most common topics, with concerns around access to specialist services, for example Child and Adolescent Mental Health Services. Awareness of - and education regarding - good mental health was also considered important from an early age and throughout the life course. Children, young people and their families also responded that mental health was the most important priority. The important link that physical health and activity has on mental health, was also highlighted.

Local communities were considered a key partner and should be involved in decision-making and building healthier communities, as a priority. In particular, it was felt that it was important to build trust through honest, two-way communication, with a focus on those groups and communities who don't always engage with statutory services. Communities were also cited as being a key enabler to support individuals to access health and care services and support, with links to addressing the pandemic-related increase in issues around social isolation and loneliness, and the subsequent negative impact on mental health and wellbeing.

Consultation with sexual health promotion teams highlighted several common issues and emerging trends from their outreach work, including sexting and the use of dating apps, consent, sexual exploitation, specific issues experienced by LGBTQ+ communities, lack of knowledge around sexual health and contraception, and low self-esteem and mental health issues.

Fast access to services including GPs, dentists, sexual health services and mental health services was very commonly raised. Collaboration and better coordination access to different health and care services was raised as an important mechanism to prevent citizens from 'falling through gaps'. There was also a suggestion of locating health and care services locally, which would be delivered by considering the needs of local citizens, resulting in bringing communities together and avoiding issues with poor transport links.

The Maternity Voice Partnership obtains regular feedback through engagement with women, to influence the development of services for pregnancy, labour, birth and the care of the family, up to the end of the postnatal period. Over a three year period, 1,253 responses have been received in response to a number of surveys, covering topics including: birth choices; direct and early access to maternity services; maternal mental health; the role of the father or partner in maternity care; the use of apps and e-communication; the care provided by community midwives; home labour and midwifery led care; and infant feeding.

In the development of the Nottinghamshire Day Opportunities Strategy, people using day services, those in receipt of direct payments, users of short breaks, shared lives and mental health support services and their carers, were invited and supported to participate in completing a survey, attending an online discussion, to participate in a telephone call and to hold discussions within existing services to find out what a 'meaningful day' meant to them. This informed a second phase of engagement to understand how specific actions could be implemented to create real change.

Engagement with asylum seekers and refugees highlighted a number of themes: Lack of knowledge of the UK healthcare system is a barrier to accessing services; reluctance to access services for a fear of authority due to the uncertainty of immigration status; lack of documentation can make registering at GP practices difficult; some communities may return to their home country to see a doctor or buy antibiotics illegally and; a lack of good quality interpreters in healthcare not fully conveying messages.

Interviews and outreach work carried out with people who are homeless or at risk of homelessness found that prior to becoming homeless, all participants experienced significant homelessness risk, with a number of identified health and support needs. All of them expressed difficulty in accessing health services when homeless. The views of professionals in this field focussed on the effectiveness of local authorities in preventing homelessness, what could be done differently, and a need to take a holistic approach to supporting citizens, taking into account their health and care needs as well as any social difficulties.

The Crime and Drugs Partnership canvasses citizen opinions around issues of crime and anti-social behaviour, via the annual Respect for Nottingham survey. Concerns in city neighbourhoods focused around burglary, weapon/gang-related violence and alcohol-related violence, as well as environmental issues including rubbish, litter, and dog fouling, followed by drug use and nuisance caused by use of motorbikes or similar vehicles. Begging was highlighted by most respondents, alongside issues related to alcohol.

The Tensions Monitoring framework is issued monthly by the Community Protection Performance and Intelligence Team, and comprises community tensions, issues, and concerns, collated across the following headings:

- Anti-Religious Activity/Sentiment
- Civil/Political Unrest

- Disruptive Activism (Legal and Non-Legal)
- Emerging Communities
- Extremism
- Fear of Crime (Community)
- Homeless Community Vulnerabilities
- Inter/Intra Gang Tensions
- Terrorism
- Travelling Communities

Extensive work has been undertaken with students. Most students felt that they lived healthy lifestyles but did not generally know where to go for information on health services, with most likely to look online for information. The survey found cultural differences in accessing health services. Many students did not know how to share experiences, raise concerns or make a complaint about health services, and were not clear about which services to use for different health problems.

Poverty, including fuel poverty, food insecurity, digital poverty and access to sustainable employment opportunities was highlighted in the most deprived areas across Nottingham and Nottinghamshire. Work undertaken in 2019 with Nottingham citizens found that over half of the respondents were unable to adequately heat their homes during the winter of 2017/18 and had financial concerns over paying energy bills. 66% indicated not knowing where to get energy advice and over half of the respondents viewed fuel poverty as a Nottingham City Council priority.

8.1.2 Gaps in our knowledge and understanding

Our desk research highlighted gaps in our knowledge, and key groups and communities that we need to involve in the development of the Integrated Care Strategy:

- Qualitative feedback on the experiences of those dying and bereaved.
- Information telling us the reasons households become homeless, and a need for more comprehensive demographic data collection of all who approach the health and care services for support, not just those who make statutory homeless applications.
- Specific sexual health needs of “at-risk” groups, including young offenders, sex workers, men who have sex with men (MSM) and LGBTQ+ communities.
- Children and young people.
- Carers.
- People who are homeless/at risk of homelessness.
- New and emerging communities across Nottingham and Nottinghamshire, e.g. Ukrainian communities.
- System partners who work with these communities, particularly the Voluntary, Community and Social Enterprise sector (see Appendix F).

8.2 Phase 2 – Involve

This section presents the analysis from all responses received through the involvement activities, including the survey, involvement events and responses received on social media.

It describes feedback on the ICS Vision and Purpose, what the priorities of the Strategy should be and the themes that emerged.

8.2.1 Our Vision and Purpose - Each citizens enjoying their best health and wellbeing

There was broad agreement with our Vision and Purpose statement, feeling it was admirable and key to improving people's lives. 86% agreed or strongly agreed with the ICS purpose "Every citizen enjoying their best possible health and wellbeing" (see Figure 3).

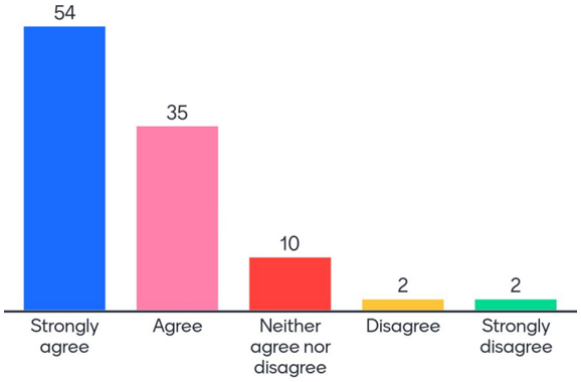


Figure 3. Agreement with our Vision and Purpose (ICS Partners Assembly, n = 103)

When the ICS Assembly delegates were asked about what they felt about the ICS purpose, "ambitious", "hopeful", and "optimistic" were the top three words submitted (see Figure 4).

Figure 4. Perception of the ICS Vision and Purpose (ICS Partners Assembly, n = 103)

It should be noted, however, that within the feedback, there was a reasonably sized minority of responses who were concerned that the Vision was 'unrealistic' and 'unachievable', or the respondent was 'sceptical'.

8.2.2 ICS Aims: Prioritisation

This section provides an overview of the findings from the ICS Partners Assembly prioritisation activity and survey responses, setting out which of the Strategy's aims should be areas of specific focus now, and which should be in the future. It also includes the

findings of the prioritisation task completed by children and young people at the Shadow Event.

Overall ICS Aims

As part of the ICS Partners Assembly, we asked delegates to prioritise the four ICS aims. Figure 5 depicts the distribution of votes for each aim. Both 'improve outcomes in population health and healthcare' and 'tackle inequalities in outcomes, experience and access' received 137 votes (31% each). The aim of 'support broader social and economic development' received 86 votes (20%) and 'enhance productivity and value for money' received 79 (18%) of the votes.

Figure 5. Findings from voting exercise (ICS Partnership Assembly, n = 439)

As part of the survey, respondents were asked to rank the four aims detailed within the emerging Strategy in order of priority (see Figure 6).

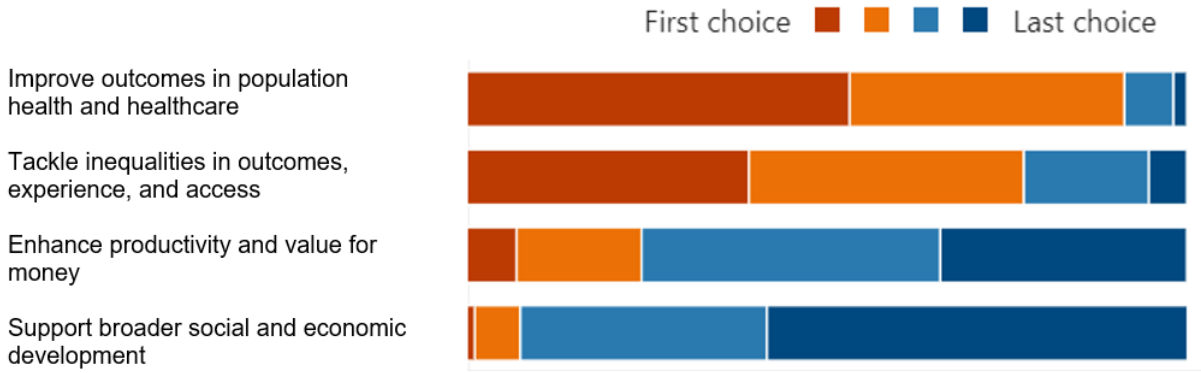


Figure 6. Ranking of ICS Aims (Survey, n = 206)

'Improve outcomes in population health and healthcare' was voted the most important aim (first/second choice: n = 189; 92%) and 'Tackle inequalities in outcomes, experience and access' was the second most important aim' (first/second choice: n = 160, 82% of respondents).

The findings from the ICS Partners Assembly and the survey highlighted that people would prioritise the two aims of 'improve outcomes in population health and healthcare' and 'tackle inequalities in outcomes, experience and access'. The delegates at the ICS Partners Assembly would place support broader social and economic development' as the third most important aim and 'enhance productivity and value for money' as the least important whereas this was reversed for the survey respondents who chose 'enhance productivity and value for money' as third and 'support broader social and economic development' as the least important aim.

ICS Aim 1: Improve outcomes in population, health, and healthcare

The votes cast at the ICS Partners Assembly for the different actions and priorities underneath the aim of 'improved outcomes in population, health and healthcare' is summarised in Figure 7. Delegates prioritised as follows:

- Encourage the best start with healthy choices for our children and young people (n = 51; 37%)
- Design services alongside our citizens (n = 44; 32%)
- Provide the right care in the right place (n = 29; 21%)
- Reduce pressure in A&E and cancelled operations (n =12; 9%).

Those delegates who strongly agreed with the aim, but not the specific actions and priorities attributed to it, were still able to vote by placing a sticky dot under the overall aim.

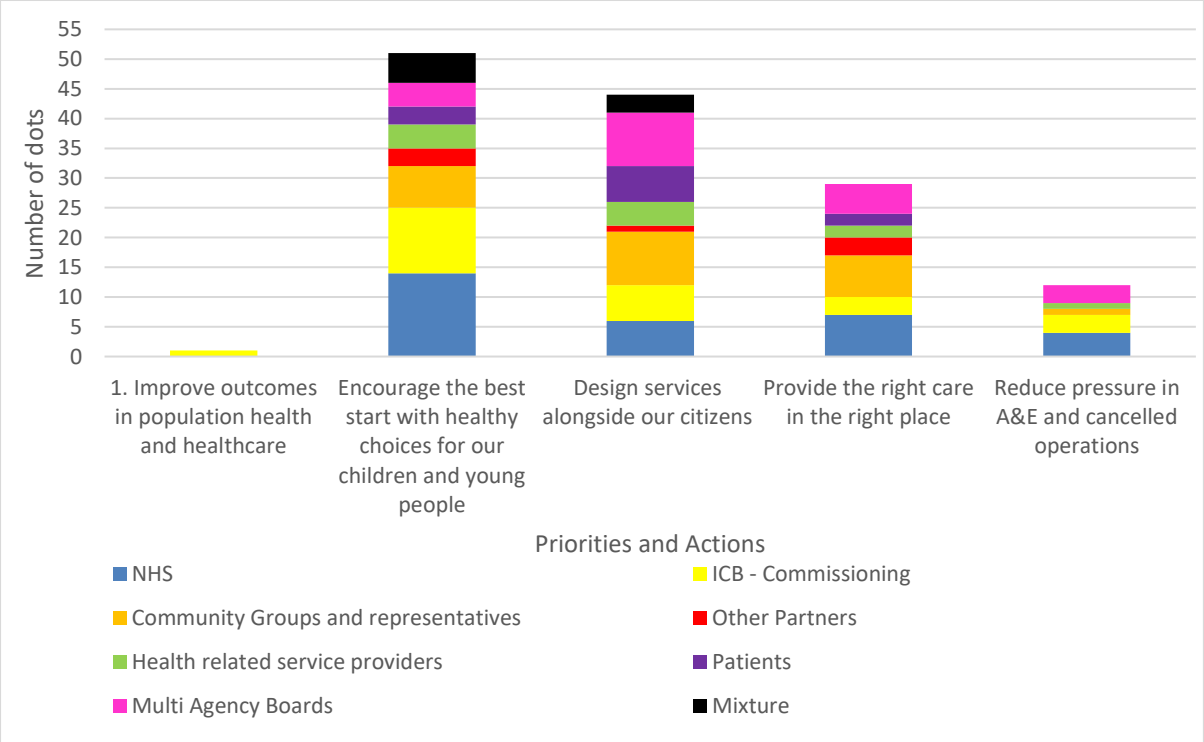


Figure 7. ICS Aim 1 - Findings from voting exercise (ICS Partnership Assembly, n = 137)

As part of the survey, within the aim of 'improve outcomes in population health and healthcare', respondents were asked to rank the activities in terms of what should be prioritised within the System.

Most people (70%) would prioritise the activity of ‘embed a system approach to addressing clinical and care risk collectively to provide the right care in the right place’, with 78 saying it would be their first choice and 66 indicating it would be their second choice. ‘Design services alongside our citizens’ was identified as the second most popular priority (63%) with 70 choosing it as their first choice and 60 indicating it was their second most important choice.

A total of 60% of respondents considered ‘reduce pressure in A&E and operations to shift focus to transformation’ as either their least important aim (n = 69) or third (n = 55).

The action with the lowest priority was ‘create a new generation of children and young people by encouraging the best start with healthy choices.’ with 86 ranking it last, or third with 64 votes (a total of 73% of respondents).

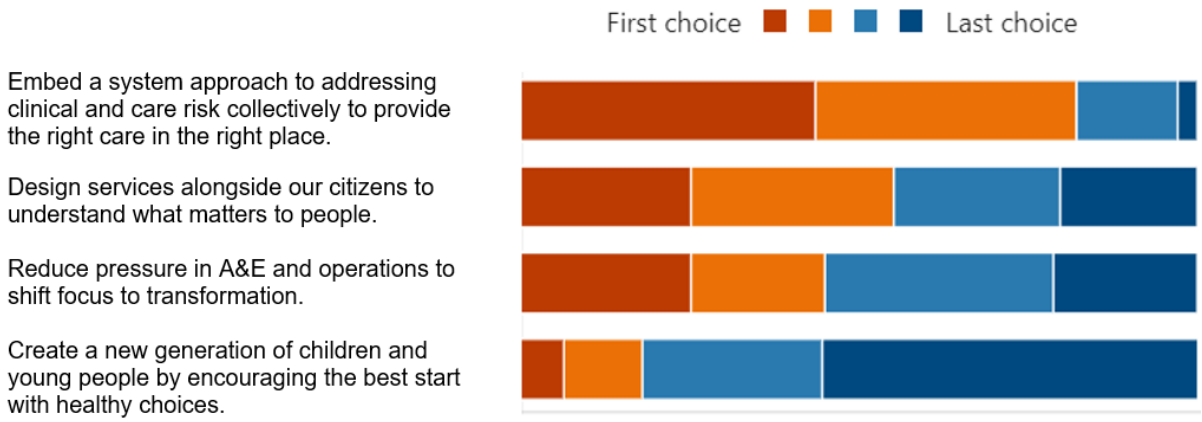


Figure 8. Ranking of ICS Aim 1 actions and priorities (Survey, n = 206)

The findings from the ICS Partners Assembly highlight that delegates would prioritise ‘encourage the best start with healthy choices for our children and young people’ whereas this was the activity that survey respondents placed last in terms of priority. Both those at the Assembly and survey respondents chose ‘design services alongside our citizens to understand what matters to people’ as the second priority.

‘Embed a system approach to addressing clinical and care risk collectively to provide the right care in the right place’ was the top priority for survey respondents but placed third with those at the Assembly. ‘Reduce pressure in A&E and operations to shift focus to transformation’ was placed third with survey respondents and last with Assembly delegates.

ICS Aim 2: Tackle inequalities in outcomes, experience, and access

At the ICS Partners Assembly the votes cast for the different actions and priorities underneath the aim of ‘tackle inequalities in outcomes, experience and access’ is

summarised in Figure 9. 33% of delegates agreed with the aim but not the specific actions and priorities, and so put their vote under the overall aim (n = 45).

The votes for the other actions and priorities are as follows:

- Work together on top priorities for our population (n = 40; 29%)
- Support all health and care staff to join up and improve service delivery (n = 36; 26%)
- Focus on the top prevention priorities, like smoking or alcohol (n = 14; 10%)
- Deliver the Covid-19 and Flu vaccination campaigns (n = 2 with 2 votes (2%).

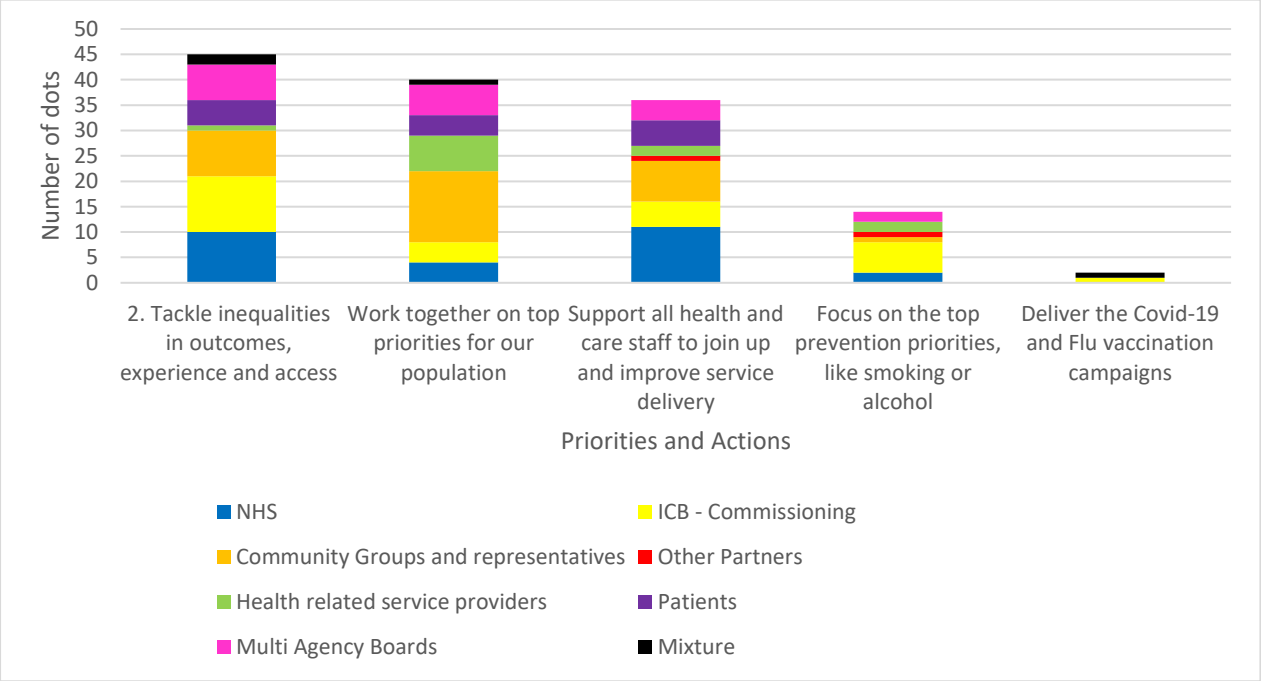


Figure 9. ICS Aim 2 - Findings from voting exercise (ICS Partnership Assembly, n = 137)

As part of the survey, within the aim of ‘tackle inequalities in outcomes, experience and access', respondents were asked to rank the activities in terms of what should be prioritised within the System.

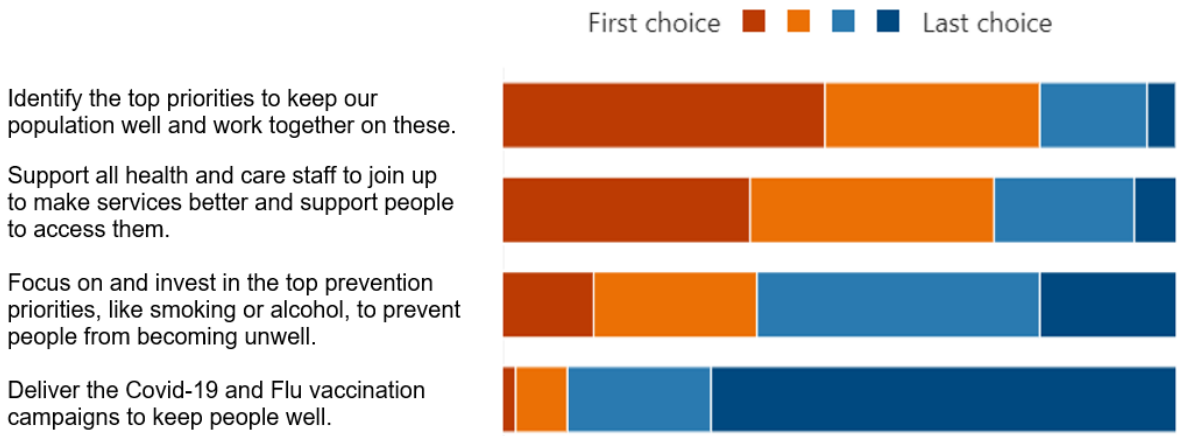


Figure 10. Ranking of ICS Aim 2 actions and priorities (Survey, n = 206)

The majority of respondents (80%) would prioritise 'Identify the top priorities to keep our population well and work together on these.' as the most important activity within this aim (first choice: n = 99, second choice: n = 66).

'Support all health and care staff to join up to make services better and support people to access them.' was the second most popular rated activity, with 76 votes rating it the top priority activity and 75 as the second most important activity totalling 73% of respondents' votes.

'Focus on and invest in the top prevention priorities, like smoking or alcohol, to prevent people from becoming unwell' was mostly ranked as the third priority within this aim, with 87 votes (42%), 50 (24%) think it should be the second most important aim and 42 (20%) think it should be the least important aim.

The action with the lowest priority was 'Deliver the Covid-19 and Flu vaccination campaigns to keep people well.' with 143 ranking it last (69%) or third with 44 votes (21%).

Both delegates at the ICS Partners Assembly and survey respondents would prioritise the activities underneath this aim in the same order:

1. 'Identify the top priorities to keep our population well and work together on these.'
2. 'Support all health and care staff to join up to make services better and support people to access them.'
3. 'Focus on and invest in the top prevention priorities, like smoking or alcohol, to prevent people from becoming unwell'
4. 'Deliver the Covid-19 and Flu vaccination campaigns to keep people well.'

The only difference was that some at the Assembly chose to vote for the overall aim rather than a specific activity underneath it.

ICS Aim 3: Enhance productivity and value for money

The votes cast at the ICS Partners Assembly for the different actions and priorities underneath the third aim of 'enhance productivity and value for money' is summarised in Figure 11. 10% of delegates agreed with the aim but not the specific actions and priorities, and so put their votes under the overall aim (n = 8).

Delegates prioritised the activities as follows:

- Improve the way we use the skills and capability of our staff (n = 36; 46%)
- Focus on outcomes and impact came (n = 21; 27%)
- Set up a single health and care staff hub for recruitment and training (n = 12; 15%)
- Schedule regular system leadership conversations with 2 votes (3%).

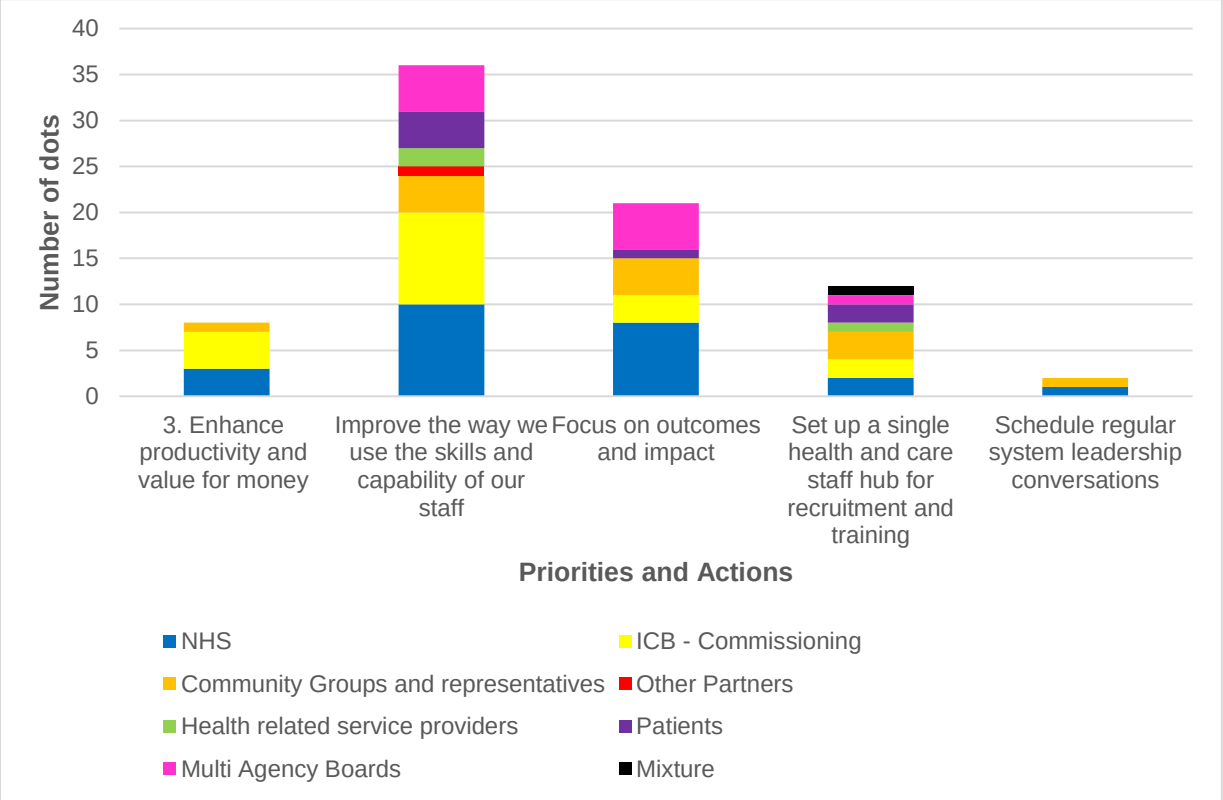


Figure 11. ICS Aim 3 - Findings from voting exercise (ICS Partnership Assembly, n = 79)

As part of the survey, within the aim of 'enhance productivity and value for money', respondents were asked to rank the activities in terms of what should be prioritised within the System.

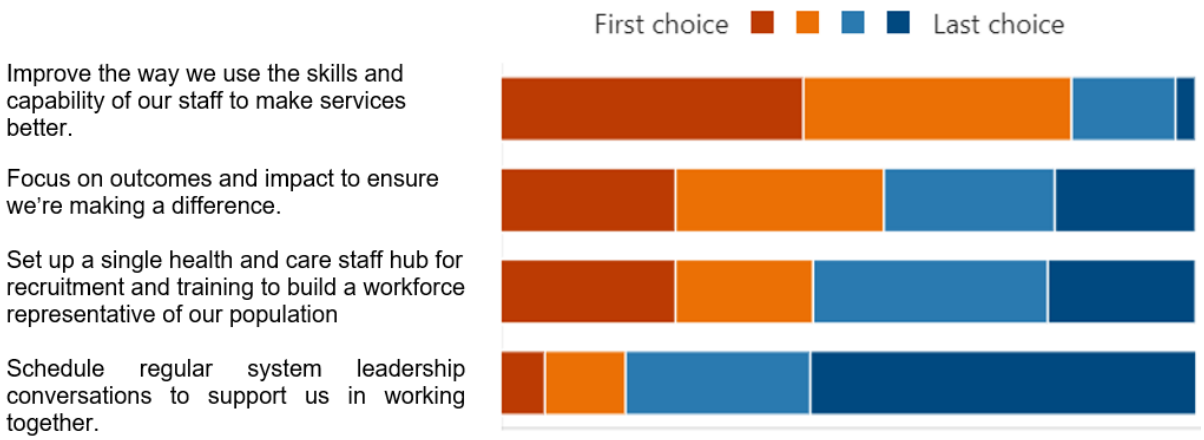


Figure 12. Ranking of ICS Aim 3 actions and priorities (Survey, n = 206)

Figure 12 outlines the votes cast for the different actions and priorities underneath the third aim of 'enhance productivity and value for money'. Most people (82%) would prioritise the activity of 'improve the way we use the skills and capability of our staff to make services better', with 90 voting for it to be the top priority and 80 voting it as the second most important activity.

'Focus on outcomes and impact to ensure we're making a difference' came a marginal second, with 62 (30%) assessing it as the second most important priority. 25% chose it as either their first or third choice (52 and 51 people respectively) and 42 people think it should be ranked as the lowest priority.

'Set up a single health and care staff hub for recruitment and training to build a workforce representative of our population' was third, with 70 people (34%) putting it as the third most important priority. 52 people (25%) think it should be ranked as the highest priority within this aim.

The activity considered the lease important in this aim was 'schedule regular system leadership conversations to support us in working together' with 170 (83%) ranking it either fourth or third.

Both ICS Partners Assembly delegated and survey respondents would prioritise the activities underneath this aim in the same order:

1. 'Improve the way we use the skills and capability of our staff to make services better'
2. Focus on outcomes and impact to ensure we're making a difference'
3. 'Set up a single health and care staff hub for recruitment and training to build a workforce representative of our population'
4. 'Schedule regular system leadership conversations to support us in working together'

The only difference was that some at the Assembly chose to vote for the overall aim rather than a specific activity underneath it.

ICS Aim 4: Support broader social and economic development.
The votes cast at the ICS Partners Assembly for the different actions and priorities underneath the fourth aim of 'support broader social and economic development' is summarised in Figure 13. 2% of delegates agreed with the aim but not the specific actions and priorities, and so put their vote under the overall aim (n = 2).

Delegates prioritised the activities as follows:

- Make every contact count for all areas of health e.g. mental health, financial wellbeing and healthy weight (n = 37; 43%)
- Test new ideas and quickly roll out what works came second (n = 21; 24%)
- Expand Health and Care Academy (n = 17; 20%)
- Work together as the major institutions in our area (n = 9; 11%)

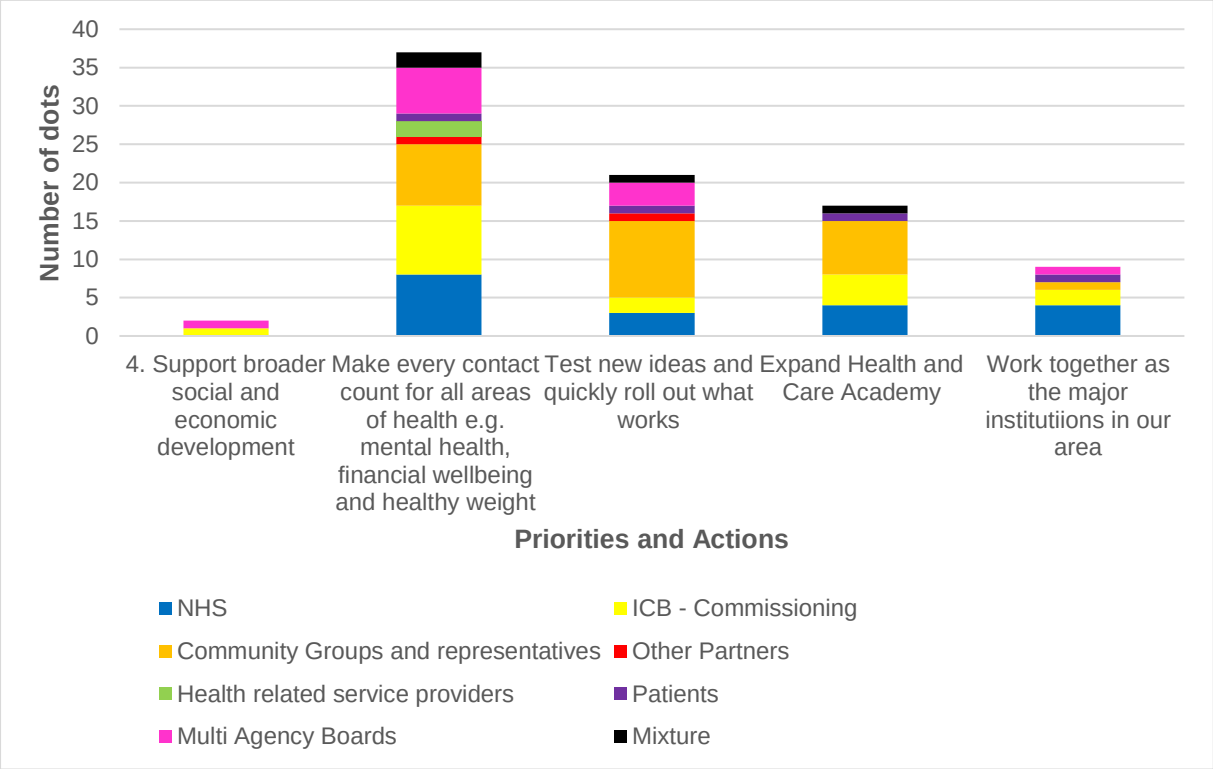


Figure 13. ICS Aim 4 - Findings from voting exercise (ICS Partnership Assembly, n = 86)

As part of the survey, within the aim of 'support broader social and economic development', respondents were asked to rank the activities in terms of what should be prioritised within the System.

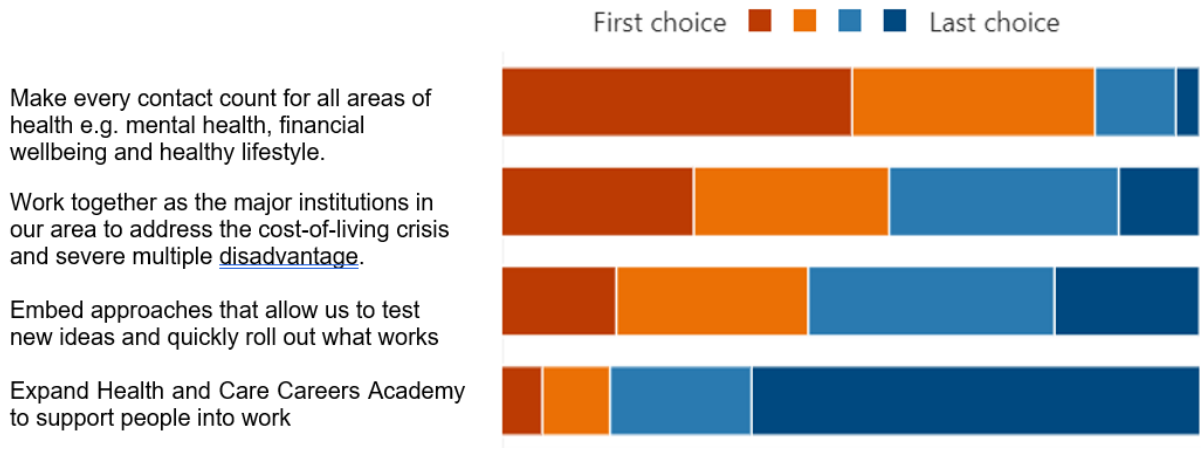


Figure 14. Ranking of ICS Aim 4 actions and priorities (Survey, n = 206)

Figure 14 outlines the votes cast for the different actions and priorities underneath the fourth aim of 'support broader social and economic development.' Most people (85%) would prioritise the activity of 'make every contact count for all areas of health e.g. mental health, financial wellbeing and healthy lifestyle.' with 104 votes as the top priority and 72 ranking it as the second most important priority.

'Work together as the major institutions in our area to address the cost of living crisis and severe multiple disadvantage.' was fairly evenly split with those who thought it should be one of the top 3 activities under this aim; 68 (33%) voted it as the third most important choice, 58 (28%) voted for it as the second and 57 (28%) voted for it as the first choice. and.

A total of 63% of respondents considered 'embed approaches that allow us to test new ideas and quickly roll out what works' as either their third most important activity (n = 73) or second (n = 57).

The action with the lowest priority was 'expand Health and Care Careers Academy to support people into work' with 133 (64%) ranking it last, or third with 42 (20%).

The results from the ICS Partners Assembly and the survey highlight that people would prioritise 'make every contact count for all areas of health e.g. mental health, financial wellbeing and healthy lifestyle.' as the most important activity under this aim. The delegates at the Assembly placed 'test new ideas and quickly roll out what works' as the second most important activity whereas the majority of the survey respondents consider this activity to be the third most important aim.

Those at the Assembly would choose 'expand Health and Care Careers Academy to support people into work' as the third most important activity in comparison to the survey respondents placing it last. 'Work together as the major institutions in our area' was the least important activity for Assembly attendees but the second choice for the majority of survey respondents.

Priorities for children and young people

At the Shadow event, the following services were ranked as the most important to children and young people when asked where they would provide investment.

1. Cancer Care (n = 48; 25%)
2. Mental Health (n = 43; 22%)
3. Family Care (n = 24; 12%)
4. Emergency Care (n = 24; 12%)
5. Planned Care (Surgery) (n = 21; 11%)
6. Medicines (n = 19; 10%)
7. General Practice (n = 16; 8%)

ICS Aims Prioritisation – overall findings

Findings from the prioritisation exercises show that system partners and citizens are keen to put people at the centre of the Strategy and encourage partnership working to ensure that citizens and staff are supported in multiple areas.

Delivery of the Covid-19 and flu vaccination programme and regular conversations from system leaders scored as a low priority activity for both engagement exercises.

The following activities were consistently rated as a high priority from both Assembly delegates and survey respondents:

- Design services alongside our citizens
- Work together on top priorities for our population
- Make every contact count for all areas of health
- Support all health and care staff to join up and improve service delivery
- Improve the way we use the skills and capability of our staff

The following activities were consistently rated as a low priority from both Assembly delegates and survey respondents:

- Deliver the Covid-19 and Flu vaccination campaigns
- Schedule regular system leadership conversations

8.2.3 Themes

This section details the themes that have developed following analysis of qualitative data gathered. This included minutes from targeted meetings, comment cards and notes from the ICS Partners Assembly and Shadow event, queries and comments from the public events and open ended feedback collected from the survey.

Resource and funding

There were concerns about how the Integrated Care Strategy would actualise the ICS Purpose and Vision, with specific concerns around resourcing the right services for citizens, and more specifically around funding for acute services, social care and the VCSE sector.

To work together as a system, it was felt that local communities also needed to be well resourced to empower citizens.

It was deemed important that resources are directed to populations that require most support. The concept of equity within the Strategy was welcomed, and there was agreement that some people need more than equal access, with resources needing to reflect this.

Recruitment and retention of staff

All system partners and many citizens cited the challenges of recruitment and retention, and therefore an effective workforce strategy will be essential to delivering the services necessary to support health and wellbeing. This strategy would be for the whole system, including VCSE organisations. To support the whole system workforce, there may be opportunities for shared training and development across health, local authority and the VCSE sector. To support recruitment and retention, it would be beneficial to understand why staff leave the sector and have a better understanding of the health and wellbeing of the workforce. Furthermore, promotion of health and care career and volunteering opportunities (particularly to children and young people) may facilitate recruitment and improve employment opportunities for citizens. Good, adequate staffing is required in all organisations, so more joined up recruitment may support getting more of the right people to fill the jobs, particularly those that are difficult to recruit to.

There was also a view that closer connections with frontline workers should be developed, to fully understand issues and increase resources in this area. The focus needs to shift to prioritising health and wellbeing of the workforce, reducing stress and ensuring acceptable hours of work.

Prevention

There was support for the focus on prevention, but there were queries about how realistic it was to shift resources away from treatment of acute illnesses and into prevention.

The feedback from children and young people about what was important to them in terms of health and wellbeing, indicated a focus on prevention: exercise, support for family and friends, mental health support, hobbies and activities in the community and leading a healthy lifestyle. In addition, when asked about what they felt was missing from, and what they would like to see, in their local communities, the responses provided further endorsement for this approach, including access to youth centres and community groups, free activities to support health and wellbeing and more information about what health and wellbeing activities are available to children and young people locally. This was further supported by feedback suggesting that resource goes into education, and supporting young people to understand the effects of alcohol, drugs, and healthy lifestyles.

Equity

It was agreed that resources should be directed to populations with the greatest needs, who require the most immediate support and preventative activity. It was agreed that more support was required for underserved communities, specifically LGBTQ+, people who are homeless or at risk of homelessness, carers, communities with sensory impairments and long-term health conditions. There was also a focus on digital access and how we would support individuals who cannot, or do not, use digital systems.

However there were some concerns that equity may feel unfair to some, particularly if resources are reallocated and a perception that specific places, groups and communities are "worse off".

Integration

There was support for services to become more integrated. It was highlighted that to improve outcomes there still needs to be more joined up working, so professionals are aware of who is involved in an individual's care, how to contact them and details of the treatment and care pathway of the patient.

Today's priorities

A strong theme throughout all involvement activity was the issues that the system is facing today, specifically access to primary care services (specifically GPs and dentists), elective backlog, mental health service provision and pressures on emergency departments. There was a view that these issues should be the focus of the system, rather than planning for the future.

The role of the VCSE sector

Great value was placed on the VCSE sector, recognising the extensive support always offered to communities, especially during a crisis (the response to Covid-19 was cited a number of times), and also to support the prevention of ill health. A primary reason for this was that they were trusted by many diverse communities, who may not always engage with statutory services.

However, strain within the sector was highlighted in the context of inadequate resourcing and an expectation on charities to provide detailed evaluations without sufficient capacity was highlighted as a challenge. There was a suggestion that providing guidance and support to small organisations with bid writing and evaluation processes would be beneficial, along with supporting the introduction of system-wide wellbeing measures to better understand impact in the short, medium and long term.

System by default

There was strong feeling that working as a system, including the realignment and sharing of resources (including governance and some back office functions), was the key to success.

There was an appetite to work collectively to make better use of our collective insights (for example, data, research and citizen intelligence) to identify areas of need within communities. It was recognised that the impact made at a local level could be shared across the system as good practice and facilitate closer collaboration. The links between neighbourhood, place and VCSE organisations were described as key to integrated and coordinated care.

A person-centred approach to health and wellbeing

Views reflected the importance of looking beyond health and focussing on all aspects of wellbeing (wider determinants). There was a strong view that the model of health and care that we employ as a system should be person-centred and coproduced with people with lived experience. This was grounded in a challenge that our current approach has been too health focussed and does not always take a holistic approach to the needs of citizens.

Access to the right service at the right time

Several barriers for accessing services were described that prevented people and communities from accessing care:

- A hesitancy to go out following the Covid 19 pandemic
- Availability of appointments with health and care professionals
- Poor accessibility (specifically in reference to the needs of the deaf community)

However, it was clear that the ICS provided an opportunity to build on strengths and identify areas of development to deliver connected services that are accessible and easy for citizens to navigate.

Tailored communication of key messages was described as an enabler to this, ensuring that citizens are kept informed about know how to access the right service at the right time. For example, we were told by children and young people that they would like us to communicate with them via social media, their school/colleges, email, letters, posters in community settings, text message and radio advertisements.

Ongoing involvement of people and communities

There was strong support for people and communities to be involved in codesigning and coproducing elements of the implementation plan of the Strategy. Feedback received also highlighted the importance of genuine involvement and engagement activities with citizens, so that they are listened to and understood, which will build trust.

9 Appendices

9.1 Appendix A: Documents included in desk research

Acute Home Visiting Engagement Report (2022)

Asylum seekers, refugee & migrant health (2018)

Better Mental Health for Bassetlaw (2021)

Can technology improve your care? (2019)

Children in care (2017)

Communicating with relatives of care home residents during the Covid-19 pandemic (2021)

Digital Inclusion Survey Report (2021)

Early Years and School Readiness (2019)

Emotional and Mental Health of Children and Young People (2020)

Experience of self-harm services (2020)

Gender Realignment Case Study (2021)

GP website desk-based study report (May 2022)

Health and Homelessness (2019)

Health and Social Care Needs of People with Long Covid (2021)

Homelessness and barriers to primary healthcare (2020)

“I extracted my own tooth!” – Hot topic report – Access to NHS Dental Care (2022)

Joint Health and Wellbeing Strategy for Nottingham (2022 – 2025)

Maternity and Neonatal Redesign Engagement Report (2022)

Maternity Experiences in Nottingham and Nottinghamshire (2020)

NHS Rehabilitation Centre Report (2020)

Nottinghamshire Day Opportunities Strategy 2022-2027

Nottinghamshire Health and Wellbeing Strategy (2022-2026)

Our prescription to reduce medical wastage (2019)

Pregnancy (2019)

Public Consultation on the Development of an NHS Rehabilitation Centre (2020)

Reconfiguration of NUH stroke services – Citizen Intelligence and Insight report (2022)

Reshaping Health Services in Nottinghamshire Programme and Tomorrow's NUH. Pre-consultation findings (2021)

Sexual health and HIV (2018)

Talk to us about GP services (2019)

Talk to us about carers (2019)

Tell us about local dental care services (2019)

Tomorrow's NUH (2021)

Tomorrow's NUH – Phase 2 Pre-Consultation Engagement (2022)

The Future of Children's Urgent and Emergency Services at Bassetlaw Hospital (2022)

Women's Health Strategy for England (2022)

1001 days: From conception to age 2 (2019)

9.2 Appendix B: Involving Healthwatch Nottingham and Nottinghamshire

Date	Meeting	In attendance
14 September	Engagement Practitioners Forum	Outreach & Engagement Officer
4 October	VCSE Alliance meeting	Chair
6 October	RHSN Stakeholder Reference Group	Chief Executive Officer
7 October	ICS Development Session	Chair
13 October	ICP meeting	Chief Executive Officer
13 October	Nottingham Health and Adult Social Care Scrutiny Committee	Chair
25 October	ICS Partners Assembly	Chief Executive Officer Chair Programme and Insights Manager Outreach & Engagement Officer
1 November	Citizen Intelligence Advisory Group	Chief Executive Officer
7 November	Public session	Outreach & Engagement Officer 2 x volunteers
9 November	ICP Workshop	Chief Executive Officer Chair

9.3 Appendix C: ICS Partners Assembly Engagement Report

1) Background

The Nottingham and Nottinghamshire ICS Partners Assembly brought together organisations and individuals who have an influence and interest in the health and care of the region's population. Delegates at the Assembly represented a diverse range of organisations from across the system, including the NHS, Local Authority, Voluntary, Community and Social Enterprise sector, as well as citizens, patient leaders and people with lived experience.

The first Assembly focused on the Integrated Care Strategy – the strategic plan for our health and care services for the years ahead. The Strategy is framed around four key aims and three underlying principles: -

Four Aims

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

Three Principles

1. Equity
2. Prevention
3. Integration

At the Assembly, the ICS were keen to share the work undertaken so far with citizens and system partners, and to hear thoughts and views about what should be prioritised within the strategic thinking.

The ICS Vision and Purpose were also explored, to check that this is set right for the future. Finally, the event offered an opportunity for delegates to network and make links with other organisations and representatives, who are working to put the needs of citizens at the heart of our ICS.

2) Aims and Objectives

The ICS is committed to ensuring that the views of patients, carers, stakeholders, partner organisations and the wider community are represented in decisions about how services are proposed, planned, and delivered, and how they can be improved. The aim of the Assembly was to support this process, to engage representatives and listen to their thoughts and feedback and to understand what their priorities would be around the Strategy's four aims (helping to shape the Integrated Care Strategy going forwards).

3) Methods Used

Delegates had the opportunity to share their views in a variety of ways. They were first asked what they were hoping to get out of the day, with answers shared using Mentimeter an interactive tool that allows people to see responses in real time. They then took part in tabletop discussions following speaker presentations, shared comments on a postcard, and indicated their priorities under the Strategy's four different aims, using stick dots (which were colour coded according to their sector).

Each table was supported by a facilitator, who had been briefed beforehand, to discuss two topics and collate the key themes and views from each table. All feedback was shared anonymously with key points from the discussion captured on flip chart paper. A sample of tables provided feedback to the room, with the feedback from all tables to be included within this report.

The first tabletop discussion was focussed on the ICS purpose, **"Every citizen enjoying their best possible health and wellbeing".**

Prompts for the discussion included: -

- Is our purpose something you've seen before? Is it clear?
- How relevant does the purpose feel to you as an individual?
- How relevant does the purpose feel to your organisation?
- Is this something that you support?

This was followed by two Mentimeter questions:

1. To what extent do you agree with our purpose? 1-5 strongly agree, agree, neither agree nor disagree, disagree, strongly disagree
2. Tell us one word that describes how you feel about our purpose?

The second tabletop discussion focussed on the ICS aims in the context of the ambitions to improve integration, prevention, and equity across our system:

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

Tables were allocated a specific aim and were asked to think about what 'success' looks like, and, as an individual and an organisation, what is needed to make this happen.

For the final part of engagement, delegates were invited to make a choice on which activities under the four aims they felt should be prioritised within the system, by placing sticky dots against that choice. People had freedom to decide where to place those dots, even deciding that if they agreed with the aim but not the priorities already outlined, they could indicate this

by placing their dot on the aim itself. Experts were available at each station to answer questions.

4) Findings

4.1 Tabletop discussions

Each citizens enjoying their best health and wellbeing

There was agreement with the above statement, feeling it was admirable and key to improving people's lives.

There were concerns about funding in general and more specifically for acute services, social care and the VCSE sector.

Considerations were highlighted for the deaf community and people from ethnic communities. And to ensure that language is jargon free for all communities to understand.

To work together as a system, it was felt that the community needed to be well resourced. All partners would need access to the same operational systems, although there are some good examples of existing partnership working.

Aim 1: Improve outcomes in population health and healthcare

Great value was place on the VCSE sector, recognising the extensive support always offered to communities, but especially during a crisis. However, an expectation on charities to provide detailed evaluations without capacity to do so can be a challenge. Providing guidance and support to small organisations with bid writing and evaluation processes would be beneficial.

Consideration was given to how citizens would access services and the importance of providing choice in accessing services relevant to need.

Views reflected the importance of focussing on all aspects of wellbeing. To employ resources effectively to deliver a person centred and coproduced model. Views strongly suggested that including preventative work was important.

To work well as a system, it was felt important to re-align resources, include, and take note of available insights and good practice. To recognise the impact made at a local level and collaborate as a joined-up system.

Challenges stated that that people have seen similar before and feel this is very health focused, short sighted and data driven.

Aim 2: Tackle Inequalities in outcomes experience and access

Several barriers for accessing services were identified.

- A hesitancy to go out following the Covid 19 pandemic

- Health and care professionals having enough time
- Ensuring services are accessible for the deaf community

Opportunities to build on and develop strengths within the Integrated Care System were identified. To understand what people, need and deliver well-connected services that are accessible, easy to navigate and clearly communicated for all individuals.

To recognise the value of the voluntary sector and the trusted leaders as sources of information within the sector. Introduce mechanisms for sharing resources effectively. And recruit staff to support the whole system. Use wellbeing measures to define and measure the impact. To focus on each area of health inequality and include the young person's voice.

Aim 3: Enhance productivity and value for money

With regards to enhancing productivity and providing value for money in relation to services. Views shared agreed that strengthening services would enable them to work together. That equity across the system was important and that research to inform the direction of services should be utilised.

To work together as a system, it was stated important to take an integrated and co-ordinated approach, linking with place, neighbourhood and VCSE organisations. Setting out a clear pathway with one comprehensive operating system, to improve communication between services and limit repeat use of services.

Utilise available research and measure the impact the system working together is having. Invest in people, meaningfully and consistently.

To support the workforce across the system there is an opportunity for shared training with local authority, VCSE and health. To have an emphasis on recruitment across the whole system, health and social care and understand why people are leaving the sector. And further understand the health and wellbeing of the workforce.

Aim 4: Support broader social and economic development

Look after the health and wellbeing of staff across the system. To provide training and support for colleagues' post covid. To look at Staff recruitment, retention, and infrastructure. Work to improve working conditions, pay and zero-hour contracts.

Promote health and care career opportunities to children and young people

Support citizens by improving training and employment opportunities.

Ensure that citizens are kept informed and know how to access services. Providing continuity of care and offering the right service for the individual at the right time.

Views shared reflected that VCSE organisations need to be adequately resourced as well as making changes in the system to help end enable organisations to serve the community.

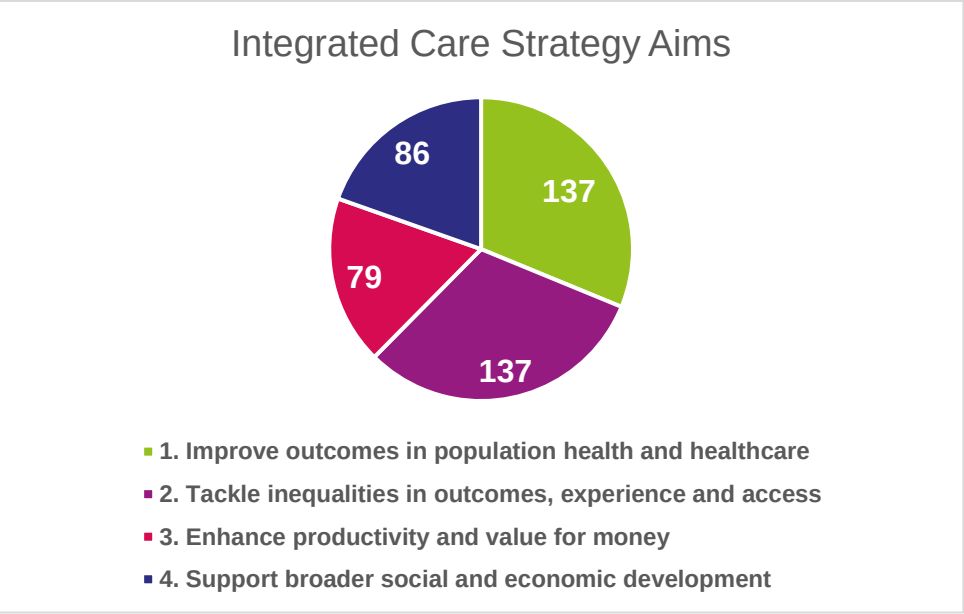
There was strong feeling that working as a system and considering resources was key to success. Building on existing insights such as testing out the learning from the Academic Health Science Network and gathering insights from community hubs to identify needs within the community.

To work to an agreed methodology with shared ways of working, with joined up governance. To ensure that all partners are valued and can contribute to these discussions. And to continue to evaluate what is working well on an ongoing basis.

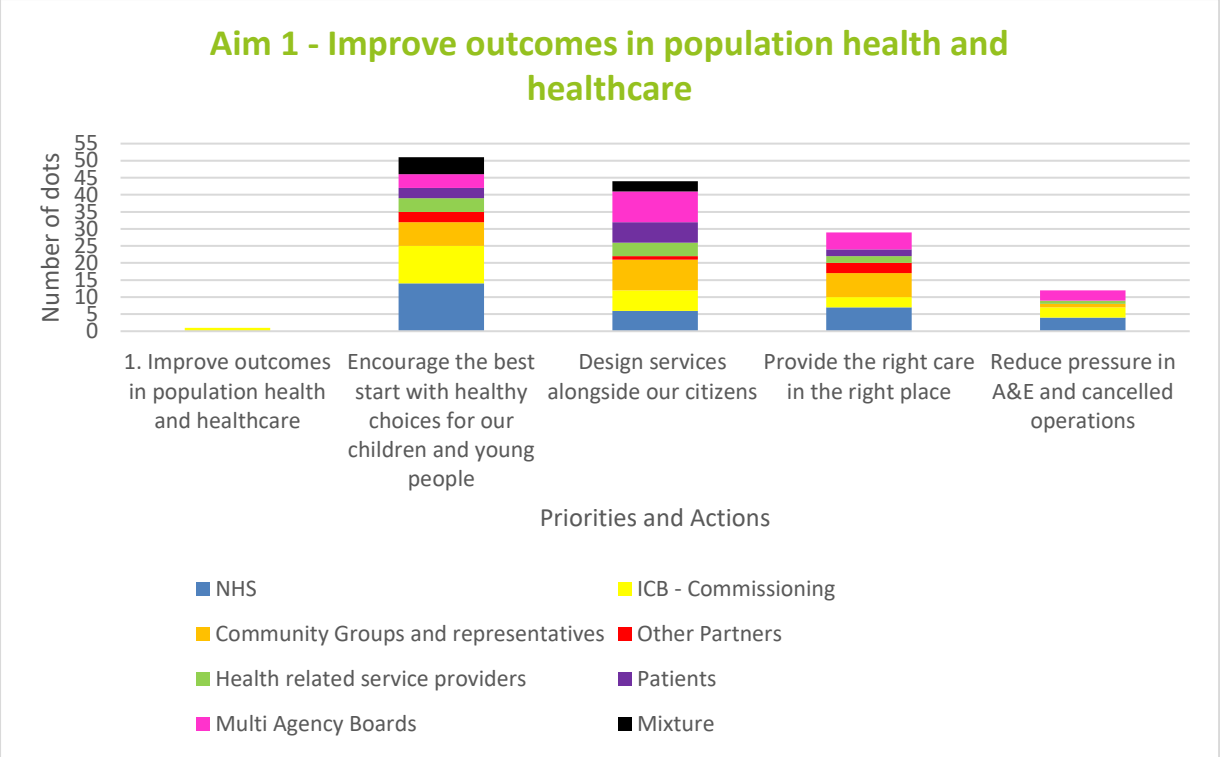
4.2 Integrated Care Strategy aims – prioritisation exercise

The final engagement exercise at the ICS Partners Assembly involved a prioritisation activity. Each delegate was given 4 small sticky dots in different colours corresponding to the different sectors the delegates were representing at the Assembly. The four aims detailed within the Integrated Care Strategy were pinned up in the corners of the hall. Delegates were asked to add their dots to the aims and actions that they think should be prioritised within the system, they could distribute them over all four aims or decide to group them together on a singular aim they deemed to be a very high priority. Experts from the ICS were located at each aim to answer questions and discuss the overall aim and activities that corresponded with them.

A total of 439 dots were placed. The below chart depicts the distribution of votes for each aim. Both 'Improve outcomes in population health and healthcare' and 'Tackle inequalities in outcomes, experience and access' received 137 votes equating to 31% of each. The aim of 'Support broader social and economic development' received 86 (20%) of the votes and 'Enhance productivity and value for money' received 79 (18%) of the votes.



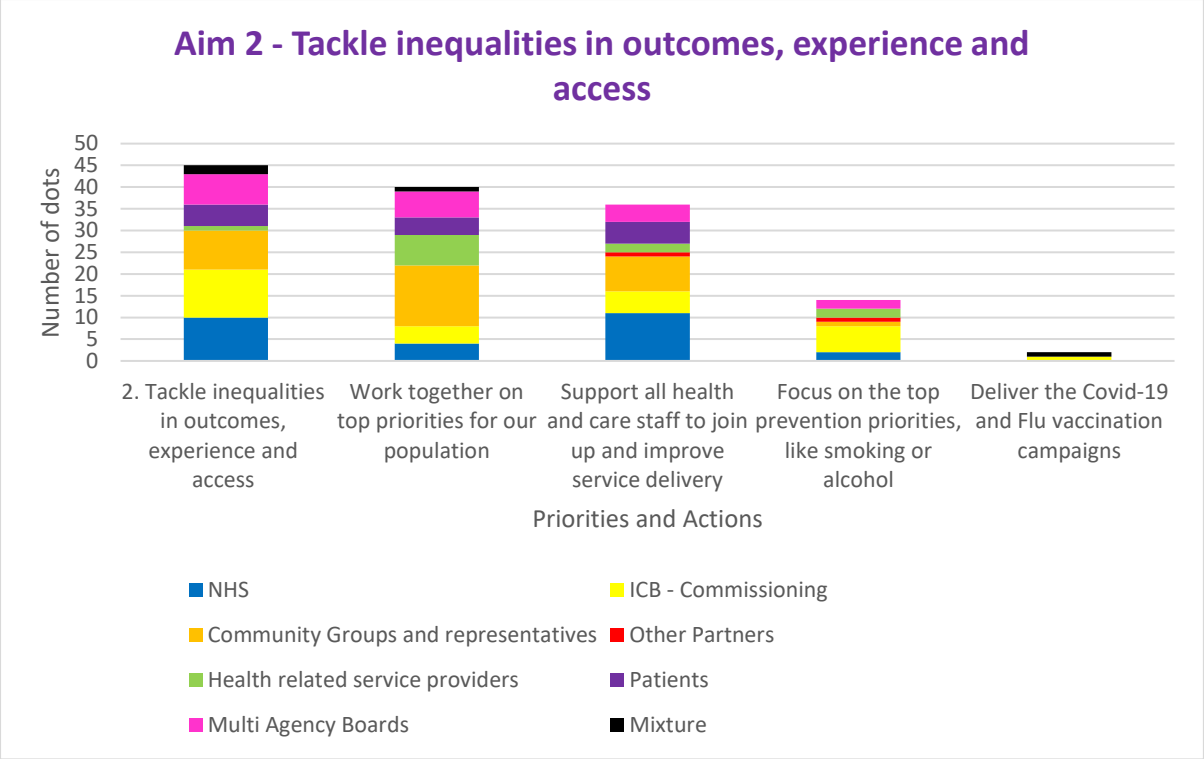
ICS Aim 1: Improve outcomes in population, health, and healthcare



The above graph outlines the votes cast for the different actions and priorities underneath the first aim of 'Improved outcomes in population, health and healthcare'. Most people would prioritise the activity of 'Encourage the best start with healthy choices for our children and young people' with 51 votes (37%), Design services alongside our citizens' is second with 44 votes (32%), followed by 'Provide the right care in the right place' with 29 votes (21%) and the action with the least amount thereby considered the lowest priority in this aim was 'Reduce pressure in A&E and cancelled operations' with 12 votes (9%). Those delegates who strongly agreed with the aim but not the specific actions and priorities put their sticky dot in the overall aim, as such 1 dot was put on the overall aim.

Some people decided to annotate the aims and activities to provide a comment. Next to the aim 'Design services alongside our citizens' there was a comment that it has to be genuine/full process/authentic.

ICS Aim 2: Tackle inequalities in outcomes, experience, and access



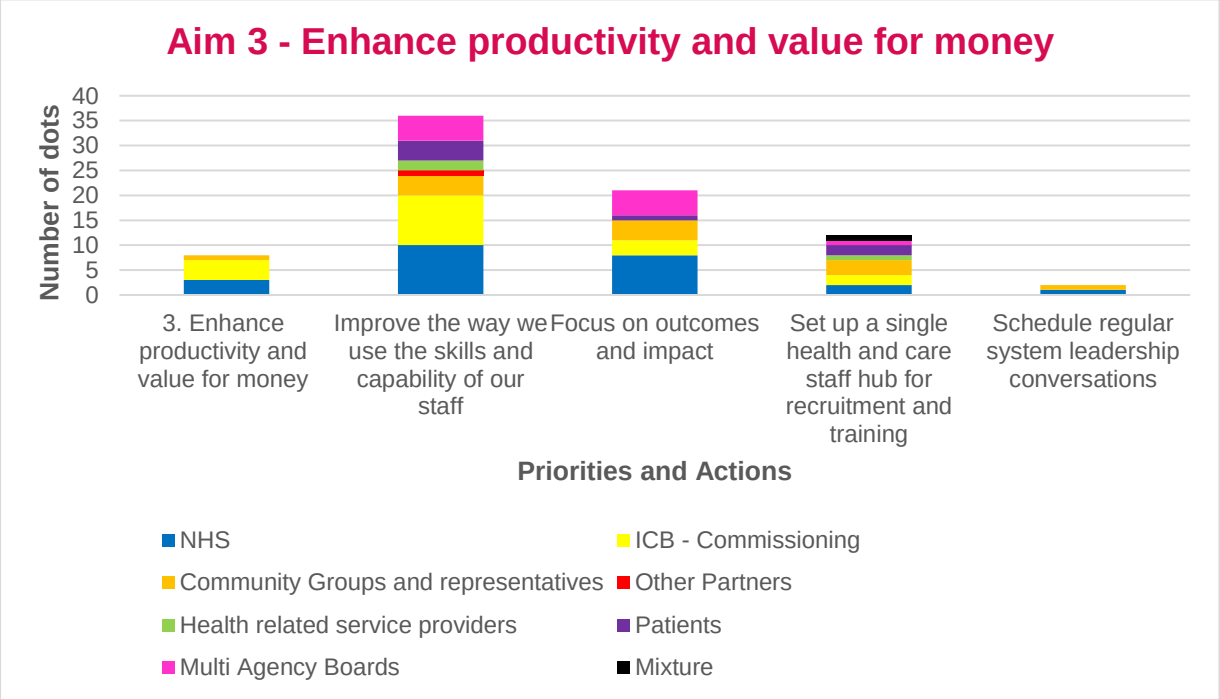
The graph above outlines the votes cast for the different actions and priorities underneath the second aim of 'Tackle inequalities in outcomes, experience and access'. Those delegates who strongly agreed with the aim but not the specific actions and priorities put their sticky dot in the overall aim. Most people chose to prioritise the overall aim rather than a specific activity with 45 votes (33%) underneath the overall aim. The activity of 'Work together on top priorities for our population' with 40 votes (29%) was the most popular in this aim. 'Support all health and care staff to join up and improve service delivery' was the second with 36 votes (26%), followed by 'Provide the right care in the right place' with 29 votes (21%) and 'Focus on the top prevention priorities, like smoking or alcohol' with 14 votes (10%) and the action with the least amount of votes thereby considered the lowest priority in this aim was 'Deliver the Covid-19 and Flu vaccination campaigns' with 2 votes (2%).

Some people decided to annotate the aims and activities to provide a comment. Next to the action 'Focus on the top prevention priorities like smoking or alcohol' someone had added '+obesity'.

ICS Aim 3: Enhance productivity and value for money

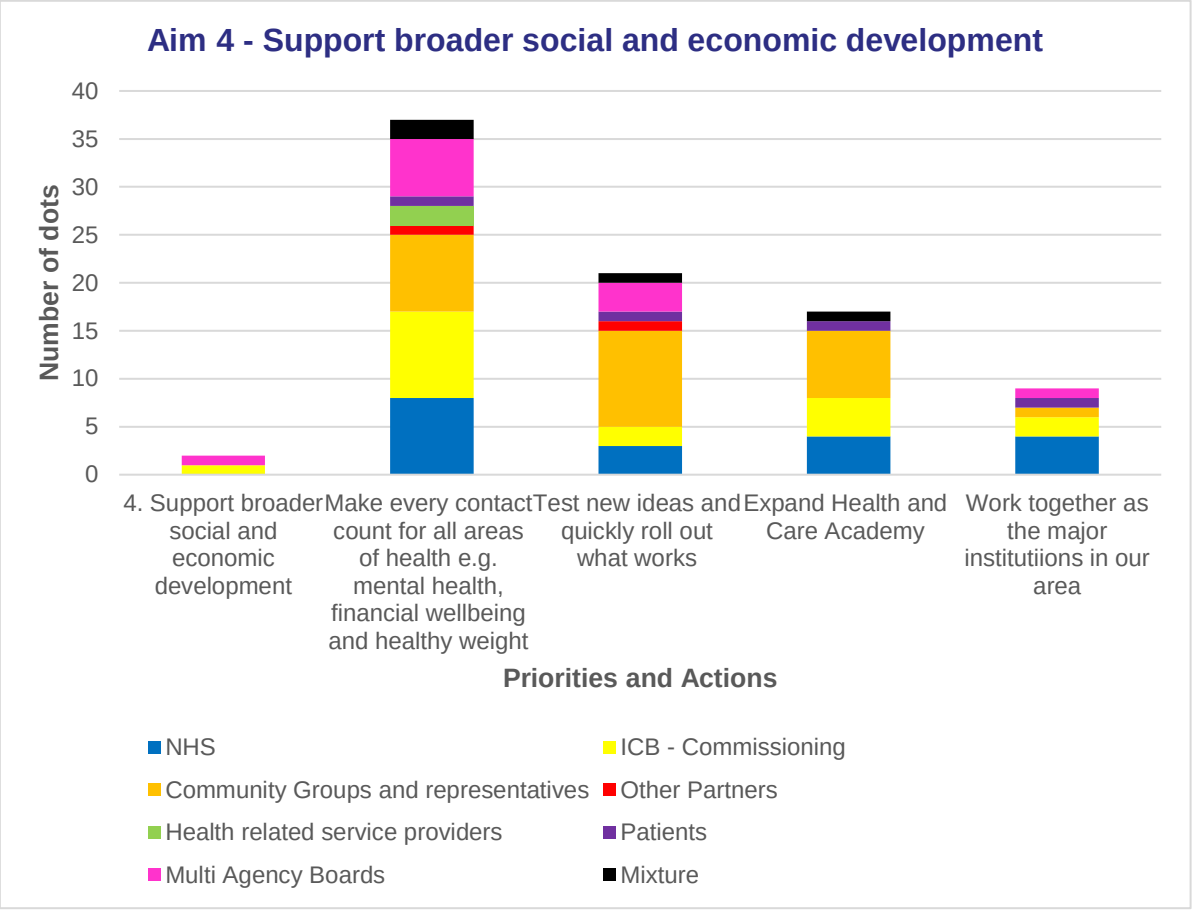
The graph below outlines the votes cast for the different actions and priorities underneath the third aim of 'Enhance productivity and value for money'. Most people would prioritise the activity of 'Improve the way we use the skills and capability of our staff' with 36 votes (46%), 'Focus on outcomes and impact' came second with 21 votes (27%), followed by 'Set up a

single health and care staff hub for recruitment and training' with 12 votes (15%). Those delegates who strongly agreed with the aim but not the actions and priorities put their sticky dot in the overall aim, as such 8 votes (10%) were put on the overall aim. The action with the least amount of votes thereby considered the lowest priority in this aim was 'Schedule regular system leadership conversations' with 2 votes (3%).



ICS Aim 4: Support broader social and economic development.

The graph below outlines the votes cast for the different actions and priorities underneath the fourth aim of 'Support broader social and economic development. Most people would prioritise the activity of 'Make every contact count for all areas of health e.g., mental health, financial wellbeing and healthy weight' with 37 votes (43%), 'Test new ideas and quickly roll out what works came second with 21 votes (24%), followed by 'Expand Health and Care Academy' with 17 votes (20%). The action with the least votes, thereby considered the lowest priority in this aim was 'Work together as the major institutions in our area' with 9 votes (11%). Those delegates who strongly agreed with the aim but not the actions and priorities put their sticky dot in the overall aim, as such 2 votes (2%) were put on the overall aim.



There was a comment added to the priority 'Make every contact count for all areas of health e.g. mental health, financial wellbeing and healthy weight' someone had noted 'economic engagement > work/training. Include children and young people, whole family approach'

The following table shows the overall ranking in descending order of the Strategy aims and priorities.

Aim or Priority	Number of votes
Encourage the best start with healthy choices for our children and young people	51
2. Tackle inequalities in outcomes, experience and access	**45**
Design services alongside our citizens	44

Work together on top priorities for our population	40
Make every contact count for all areas of health e.g. mental health, financial wellbeing and healthy weight	37
Support all health and care staff to join up and improve service delivery	36
Improve the way we use the skills and capability of our staff	36
Provide the right care in the right place	29
Focus on outcomes and impact	21
Test new ideas and quickly roll out what works	21
Expand Health and Care Academy	17
Focus on the top prevention priorities, like smoking or alcohol	14
Reduce pressure in A&E and cancelled operations	12
Set up a single health and care staff hub for recruitment and training	12
Work together as the major institutions in our area	9
3. Enhance productivity and value for money	**8**
Deliver the Covid-19 and Flu vaccination campaigns	2
Schedule regular system leadership conversations	2
4. Support broader social and economic development	**2**
1. Improve outcomes in population health and healthcare	**1**

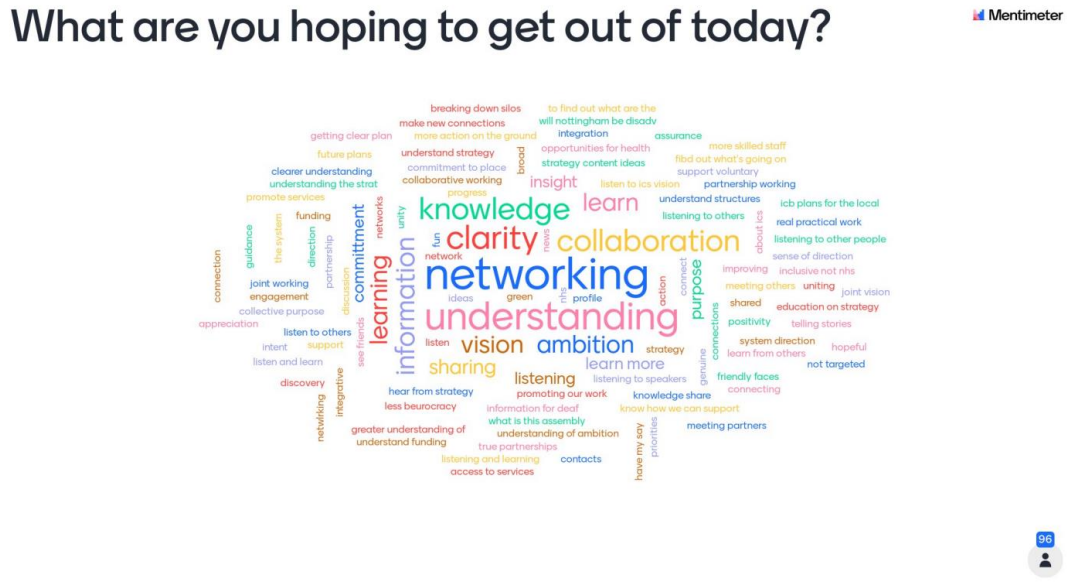
NHS and ICB commissioning staff, Other Partners and those who were a mixture considered the activity of 'Encourage the best start with healthy choices for our children and young people' the most important priority.

Community Groups and representatives and health related service providers voted 'Work together on top priorities for our population' as the most important priority.

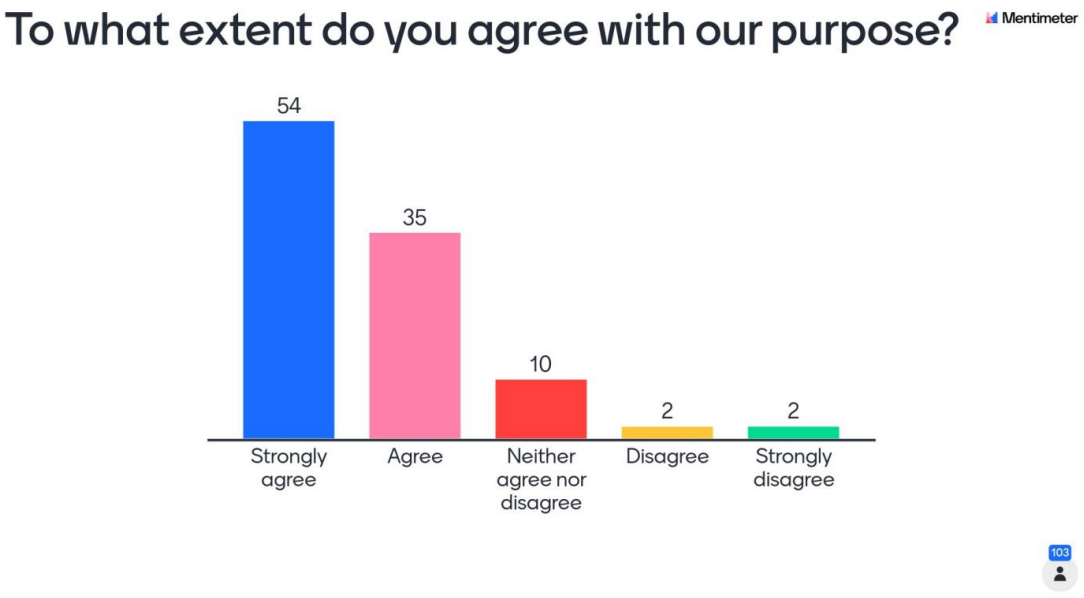
Patients and those representing multi-agency boards voted the priority of 'Design services alongside our citizens' as the most important.

4.3 Mentimeter feedback

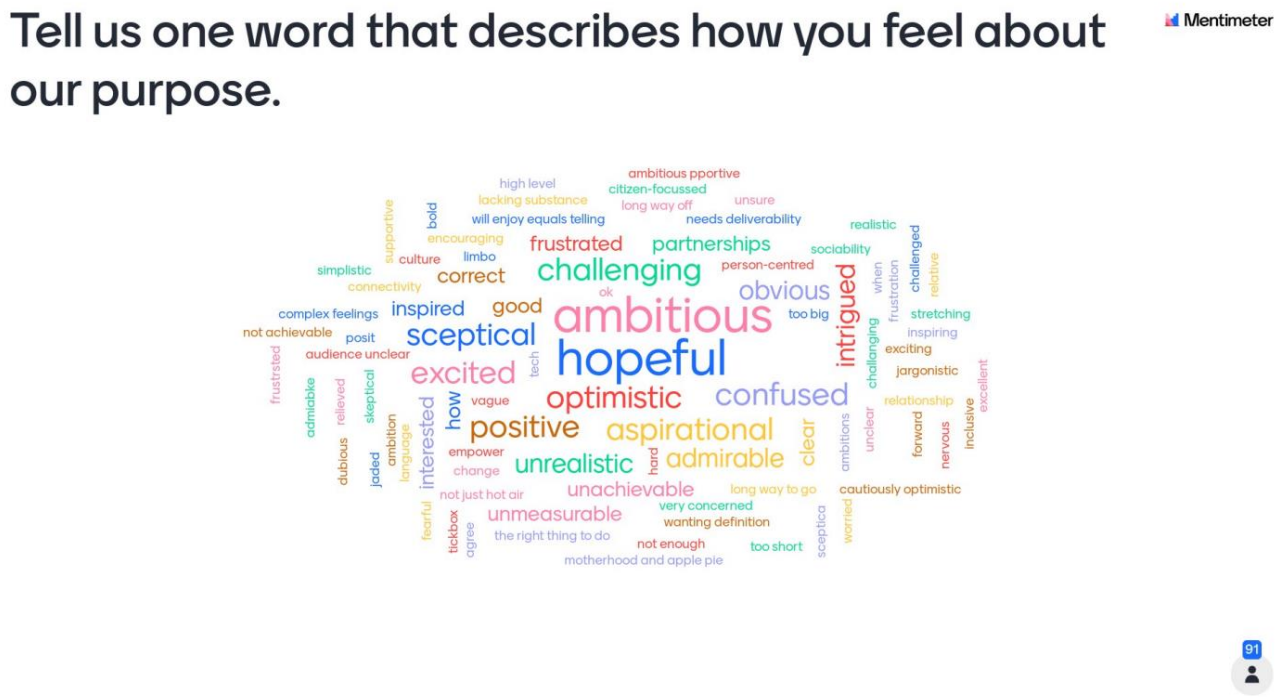
As shown in the word cloud below the top three words submitted for what delegates wanted to get out of the day were networking, understanding and clarity with 96 responses collected.



As shown in the word cloud, out of 103 responses more than half of the respondents either strongly agree (54) or agree (35) a further 10 neither agree nor disagree and 4 disagree and strongly disagree with the ICS purpose “Every citizen enjoying their best possible health and wellbeing”.



As shown in the word cloud below, ambitious, hopeful, and optimistic were the top three words submitted in relation to how delegates felt about the ICS purpose. This question collected 91 responses.



As shown in the Mentimeter word cloud below it is clear that prevention, collaboration and community were the most commonly submitted words in relation to what had been heard on the day. This question collected 96 responses.

4.4 Comment cards

Delegates had the opportunity to share thoughts and feedback, a sample of comments are below.

Funding

"Can the funding grants be longer than 12 months to secure jobs and services."

"Bursary needed for VCSO as per PPE model to ensure equity in involvement."

"Prevention won't work by a small, ring-fenced increase in budgets. It needs Government to create a while new budget: as preventative measures take effect, the budget for acute hospitals will decrease. This will take decades or generations, but major investment (not incremental increases) is required."

"Is a 1% top slice of funding into "Prevention" enough to make an impact in a generation? Probably not! How/who can influence the Treasury to fund the NHS appropriately i.e., change the weighting of funding of prevention and reactive care. Without a fundamental shift in the way funding is apportioned we will not be able to deliver the prevention agenda for reactive care with ?? to increase. I don't know how we solve this, but someone's influence needs to keep banging that drum to the people who need to hear it."

Comments on the strategy

“How long before all the theory becomes practice??”

“The strategy as outlined seems quite a random collection of ideas. Why not start with different population groups, identify priority wants/needs, plan prevention/support/medical and other interventions, fund and implement. The four disparate categories outcomes/inequalities/productivity etc will simply encourage more fragmentation.”

“Is dentistry being included in the strategy as there is a crisis in dental care which leads people to go to A & E.”

Working as a system

“Still feels when we're talking about workforce - it more about health and social care, not the VCS nor the massive workforce of volunteers. Impact on volunteering.”

“How can we genuinely embed prevention and equity in all that we do? Importance of co-production.”

“A truly integrated service would understand the value of the voluntary sector, but no funding comes to the organisations who receive Social Prescribing referrals. Also, very difficult to get support for people who need it (older people)”

“How do we get services that are non-commissioned into the view of mainstream signposting pathways?”

“In order for a system to work, every part of the system needs to be understood. VCSE needs to understand the "system" as much as ICS needs to understand VCSE. System awareness workshops would help all partners to understand interdependencies and shared goals.”

“Partnership is key - system needs to fully engage and understand partners, esp. VCSE. e.g., winter pressures at NUH mitigations including VCSE supporting discharge etc but no analysis of VCSE's capacity and sustainability to undertake this work.”

“How to ensure social care is an equal partner. When resources are not equitable especially in building strategic vision. Health dominates but is totally impacted by failures in social care.”

***“**How would you achieve real and effective collaboration between hospital discharges for patients and social care packages and placements?*

Comments on the event

“Comes across as very CITY focussed - range and content of speakers. Bassetlaw and Mid Notts feel like an afterthought.”

“It would have been/felt more inclusive if ICS leadership teams had not sat at one table but socialised with others.”

“Is this session a one off? What are the plans to continue the conversations?”

Suggestions

“We need to train up community-based people who see/interact with people regularly such as hairdressers, pub and shop staff etc. Birmingham podiatrists have done this with Level 2 nailcare, improving mobility and reducing amputations.”

“Outcomes. Include a measure on levels of activity which is measured regularly by Active Notts so is available”

“Can we draw in Early Years: Support staff with community health awareness. Support Trustees for charity nurseries/playgroups to keep this sector from closing.”

“I would be interested in focus groups to link into more action-based progress. Mansfield District wide.”

“Warm rooms need to have minibuses to collect people. Having to leave your home, get wet and cold to get to a warm room to then have the same thing happen going home will lead to illness and death!”

“The ICS doesn't appear to address primary care health and care delivery. Connecting the dots here is also important. “

“Is dentistry being included in the strategy as there is a crisis in dental care which leads people to go to A & E.”

4.5 Post-Event Feedback

The survey was completed by 22 respondents, 19 attendees, 1 facilitator and 2 market stall holders. 8 respondents were from the Voluntary Community and Social Enterprise sector, 7 were citizens and members of the public, 6 from the NHS, 2 from the local authority and 3 selected the ‘Other’ category provided more detail as they were representing University, System and My Life Choices.

Overall rating of the event

The event was rated as good or excellent by 18 respondents and fair by 4.

Excellent	7
Good	11
Fair	4
Poor	0
Very Poor	0

Rating the ICS and what it aims to achieve

Of the 22 respondents 17 rated their understanding of the ICS and what it aims to achieve as ‘Excellent’ or ‘Good’ with 5 rating their understanding as ‘Fair’. No respondents selected ‘Poor’ or ‘Very Poor’.

Views on the integrated care strategy

In relation to feeling part of the Integrated Care Strategy 18.2% strongly agreed,36.4% agreed, 27.3%, neutral responses and 18.2% disagreed.

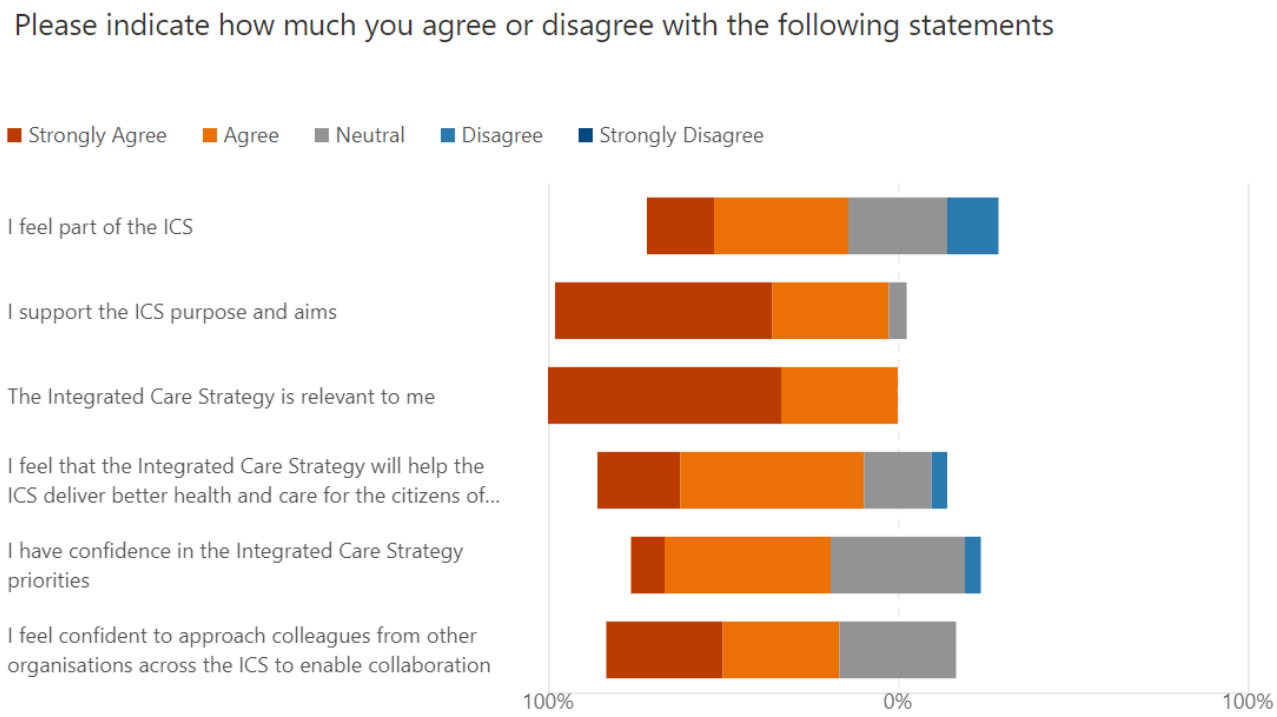
There was an overall majority in support of the ICS purpose and aims, 59.1% strongly agreed, 36.4% agreed and 4.5% of views were neutral.

Respondents either strongly agreed (63.6%) or agreed (31.8%) that the Integrated Care Strategy was relevant to them, with the remainder (4.5%) being neutral.

Respondents either strongly agreed (22.7%) or agreed (50%) that the Integrated Care Strategy will help the ICS deliver better health and care for citizens, neutral responses (22.7%) and disagree (4.5%).

When asked if respondents have confidence in the Integrated Care Strategy priorities, 9.1% strongly agreed, 45.5% agreed, 40.9% neutral and 4.5% disagreed.

31.8% of respondents strongly agreed that they felt confident to approach colleagues from other organisations across the ICS to enable collaboration. 31.8% agreed, 31.8% were neutral and 4.5% disagreed.



Experience of the event

When asked about whether the event addressed what was important to respondents 40.9% answered 'Yes', 50% answered 'Somewhat' and 9.1% answered 'No'.

More than half (63.6%) of the respondents found the networking opportunities useful. 45.5% of respondents were somewhat inspired by what they heard followed by 36.4% felt inspired, 18.2% selected 'No'.

Respondents felt their voice was either heard (54.5%) or somewhat heard (40.9%) with a small amount of people feeling their voice was not heard (4.5%).

Of the 22 responses 21 would attend a future ICS event. The event was found easy and very easy to access by 18 respondents and 4 found it moderately easy to access.

What did you enjoy most about the ICS Partners Assembly?

- Enjoyed the speakers and presentations
- Networking opportunity with people with a shared purpose and vision
- Inclusion of the voluntary sector and public
- Learning about the ICS
- Liked the Mentimeter and prioritisation exercise for feeding back and engaging delegates
- Tabletop discussions

Tell us at least one thing that would have improved the ICS Partners Assembly for you

- More information on the detail of how partners will be working as an ICS. Difficult to discuss the strategy without the detail
- It would have been beneficial for ICB leaders to spend time on discussion tables listening to people
- Greater detail on the political situation and funding
- There were difficulties with the Mentimeter access codes
- Provide slides in advance/in the delegate packs to help those with additional learning needs. The presentation screens were very low down, and not everyone was able to see them clearly
- More time for tabletop discussions
- More space for tables for accessibility
- Better Wi-Fi for Mentimeter
- Provide dedicated staff or volunteers to approach people who are attending alone or look lost or confused to welcome and answer any questions. Ensure everyone can contribute to discussions
- Increase the number of citizens attending these events

Additional Comments

- Well organised event
- Find a route to reach people so that they can take responsibility for their own health & wellbeing in conversations. By encouraging citizens to ask questions to their GP/Health/Social care and say what matters to them
- Informative and well-run event
- A little more thought to managing tabletop discussions where one individual may dominate with their own personal experience and others may not have a fair opportunity to contribute
- Keep us informed on what you are doing and what areas you think need improving and provide a summary of all the key points from the group discussions, and any resulting actions
- Due to epilepsy for adult services not appearing in the NHS Long Term Plan, it is essential epilepsy is included as a target for change and improvement
- Ensure venue are wheelchair friendly

5) Next Steps

Future Integrated Care System Partners Assembly events are planned for 2023 to continue the conversation.

9.4 Appendix D: Survey questions

Developing our Integrated Care Strategy - what's important to you?

The purpose of this survey

Nottingham and Nottinghamshire Integrated Care System (ICS) brings together NHS services, local authorities and other local partners across Nottingham and Nottinghamshire, to collectively plan and deliver joined up health and care services, to improve the lives of our population.

More citizens than ever need care in a range of settings, including at home, in hospital and in the community. However, care across these different settings is often poorly coordinated and inefficient, leading to disjointed services that can be of variable quality. There is a need to change. By working together as a whole system, we can address these issues and improve care for all citizens, enabling them to enjoy their best possible health and wellbeing.

To support this work, the ICS is developing a new Integrated Care Strategy - which will set out our plan for health and care services for the years ahead, outlining the system's ambitions, challenges and priorities. The Strategy, due to be published in December 2022, is framed around four key aims and three underlying principles:

Four Aims

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

Three Principles

1. Equity - Recognising that a "one size fits all" way for what we do across health and care, can create barriers and exclude certain groups of people.
2. Prevention - By understanding those most at risk of poor health, we can prioritise how we deliver a more preventative approach in our services, to stop these people getting sick in the first place.
3. Integration - We want our health and care services to be joined up to deliver care that meets the needs of our citizens, in a coordinated and efficient way.

It is important that our citizens, staff and teams recognise what is written in the Strategy and how they can contribute to making this a reality. Over the coming weeks this survey will be one of a number of ways we are testing the work we have

undertaken so far, with this work set to continue, even after the Strategy is published. Continued co-production with our population will be crucial to designing solutions to the challenges we will face in the future.

This survey will take you approximately 10 minutes to complete.

To request the survey in another language or format or if you require a hard copy, please contact the Engagement Team at: nnicb-nn.engagement@nhs.net or call or text 07385 360071. If texting or leaving a message, please provide your contact de- tails 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/

You can email us at nnicb-nn.engagement@nhs.net or by calling the Engagement Team on 07385 360071.

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 ex- ample, 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/

1 Before continuing, we need to get your permission that you agree for your views to be recorded. Your views will be used to analyse and produce a report. This information may be shared with other organisations, but it will be anonymous and WILL NOT contain anything that could identify you as an individual. Do you give your permission? *
○ Yes ○ No
2 How are you responding to this survey? (Please tick all that apply) *
○ As a member of the public ○ As a member of the Voluntary, Community and Social Enterprise (VCSE) sector ○ As a member of NHS staff ○ As a member of Local Authority staff ○ Other (please state)

3 If you selected 'Other' please provide more detail
4 As a system, we have agreed to work within the four national key strategic aims. Please use the arrows on the right-hand side of the text boxes to rank the ICS aims in terms of importance to you. 1= most important 4= least important If you are happy with the current order please use the arrows to confirm * 
Tackle inequalities in outcomes, experience and access ⇩⇧
Enhance productivity and value for money
Improve outcomes in population health and healthcare
Support broader social and economic development
5 In developing our approach, we have identified a number of key priorities and actions that we could begin delivering. Within the aim of **'Improve outcomes in population health and healthcare'**, please use the arrows on the right-hand side of the text boxes to rank the activities in terms of what should be prioritised within the system. 1= top priority 4= lowest priority If you are happy with the current order please use the arrows to confirm *
Embed a system approach to addressing clinical and care risk collectively to provide the right care in the right place. ⇩⇧
Design services alongside our citizens to understand what matters to people.
Create a new generation of children and young people by encouraging the best start with healthy choices.

Reduce pressure in A&E and operations to shift focus to transformation.
6 Within the aim of **'Tackle inequalities in outcomes, experience and access'**, please use the arrows on the right-hand side of the text boxes to rank the activities in terms of what should be prioritised within the system. 1= top priority 4= lowest priority If you are happy with the current order please use the arrows to confirm
Identify the top priorities to keep our population well and work together on these. 
Focus on and invest in the top prevention priorities, like smoking or alcohol, to prevent people from becoming unwell.
Support all health and care staff to join up to make services better and support people to access them.
Deliver the Covid-19 and Flu vaccination campaigns to keep people well.
7 Within the aim of **'Enhance productivity and value for money'**, please use the arrows on the right-hand side of the text boxes to rank the activities in terms of what should be prioritised within the system. 1= top priority 4= lowest priority If you are happy with the current order please use the arrows to confirm
Improve the way we use the skills and capability of our staff to make services better. 
Set up a single health and care staff hub for recruitment and training to build a workforce representative of our population.
Schedule regular system leadership conversations to support us in working together.
Focus on outcomes and impact to ensure we're making a difference.
8 Within the aim of **'Support broader social and economic development'**, please use the arrows on the right-hand side of the text boxes to rank the activities in terms of what should be prioritised within the system. 1= top priority 4= lowest priority If you are happy with the current order please use the arrows to confirm

Make every contact count for all areas of health e.g. mental health, financial wellbeing and healthy lifestyle.
Work together as the major institutions in our area to address the cost of living crisis and severe multiple disadvantage.
Embed approached that allow us to test new ideas and quickly roll out what works.
Expand Health and Care Careers Academy to support people into work.
9 Additional Comments If you would like to provide further comments, please use the box below.

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.**
10 What is your gender?
○ Man ○ Woman ○ Non-binary ○ Prefer not to say ○ Prefer to self-describe (please use box below)
11 If you selected 'Prefer to self-describe' please specify in the box below
12 Which age band do you fall into?

- Under 18
- 18-24
- 25-34
- 35-44
- 45-54
- 55-64
- 65 and over
- Prefer not to say

13
Which race/ethnicity best describes you?
Please choose one option that best describes your ethnic group or background

- 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

14
To allow us to generate a geographical population map we require some information of where you live.
Please choose one of the following areas:

- Bassetlaw
- Mansfield
- Ashfield
- Newark and Sherwood
- Broxtowe
- Gedling
- Rushcliffe

- Nottingham City
- Other (please state)

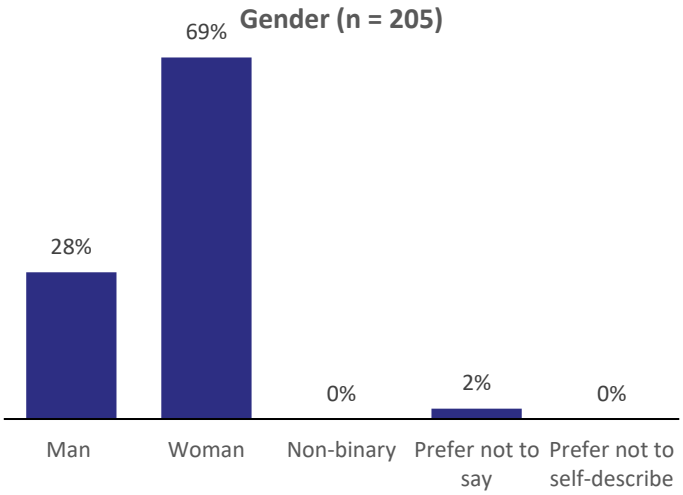
15
Do you have an impairment, health condition or learning difference that has a substantial or long term impact on your ability to carry out day to day activities?

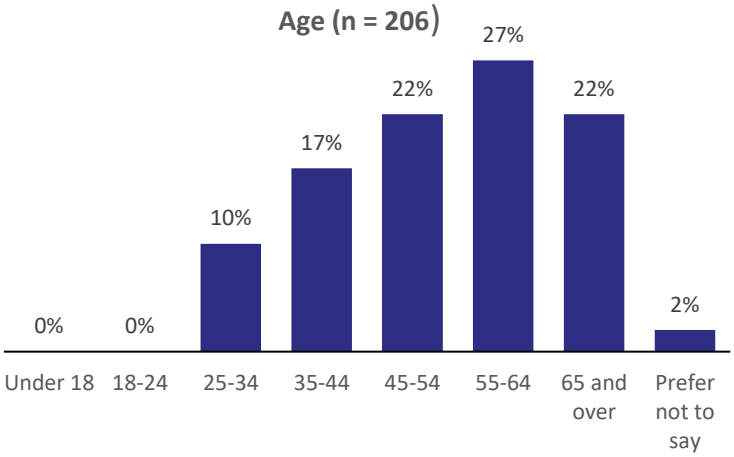
- No known impairment, health condition or learning difference
- A long standing illness or health condition such as cancer, HIV, Diabetes, chronic heart disease or epilepsy
- A mental health difficulty such as depression schizophrenia or anxiety disorder
- A physical impairment or mobility issues, such as difficulty using your arms or using a wheelchair or crutches
- A specific learning difficulty such as dyslexia, dyspraia or AD(H)D
- Blind or have a visual impairment uncorrected by glasses
- Deaf or have a hearing impairment
- A physical impairment or mobility issues, such as difficulty using your arms or using a wheelchair or crutches
- A social communication impairment such as a speech and language impairment or Asperger's syndrome other autistic spectrum disorder
- An impairment health condition or learning different that is not listed above

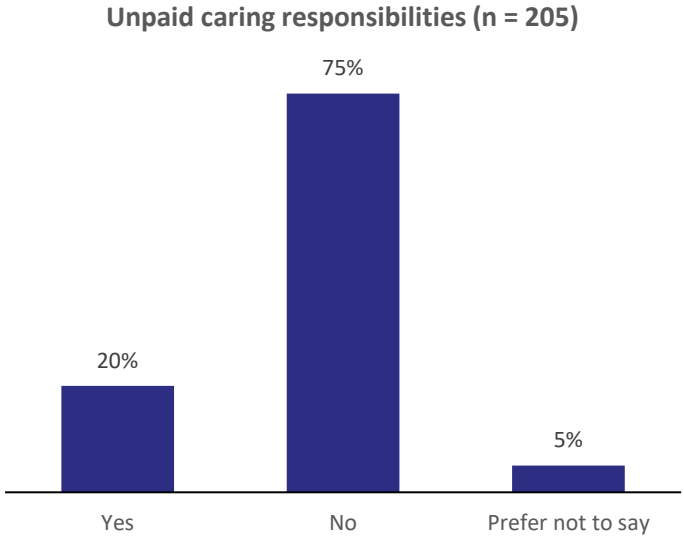
16
Are you a carer providing unpaid support to a family member partner or friend who needs help because of their illness, frailty, disability a mental health problem or an addiction?

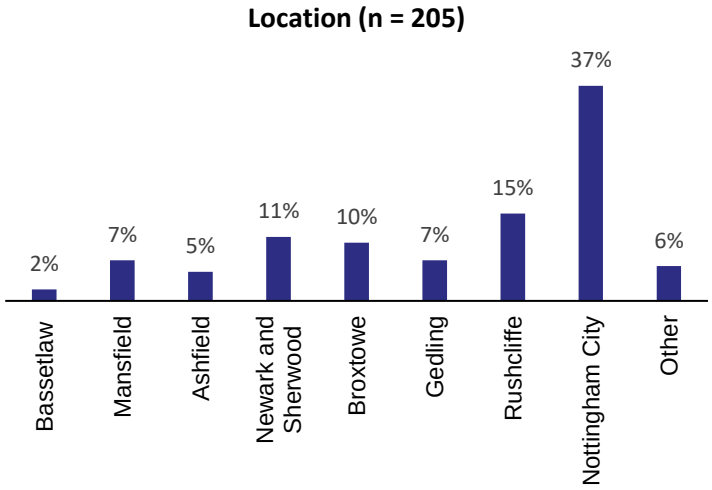
- Yes
- No
- Prefer not to say

9.5 Appendix E: Overview of survey respondents

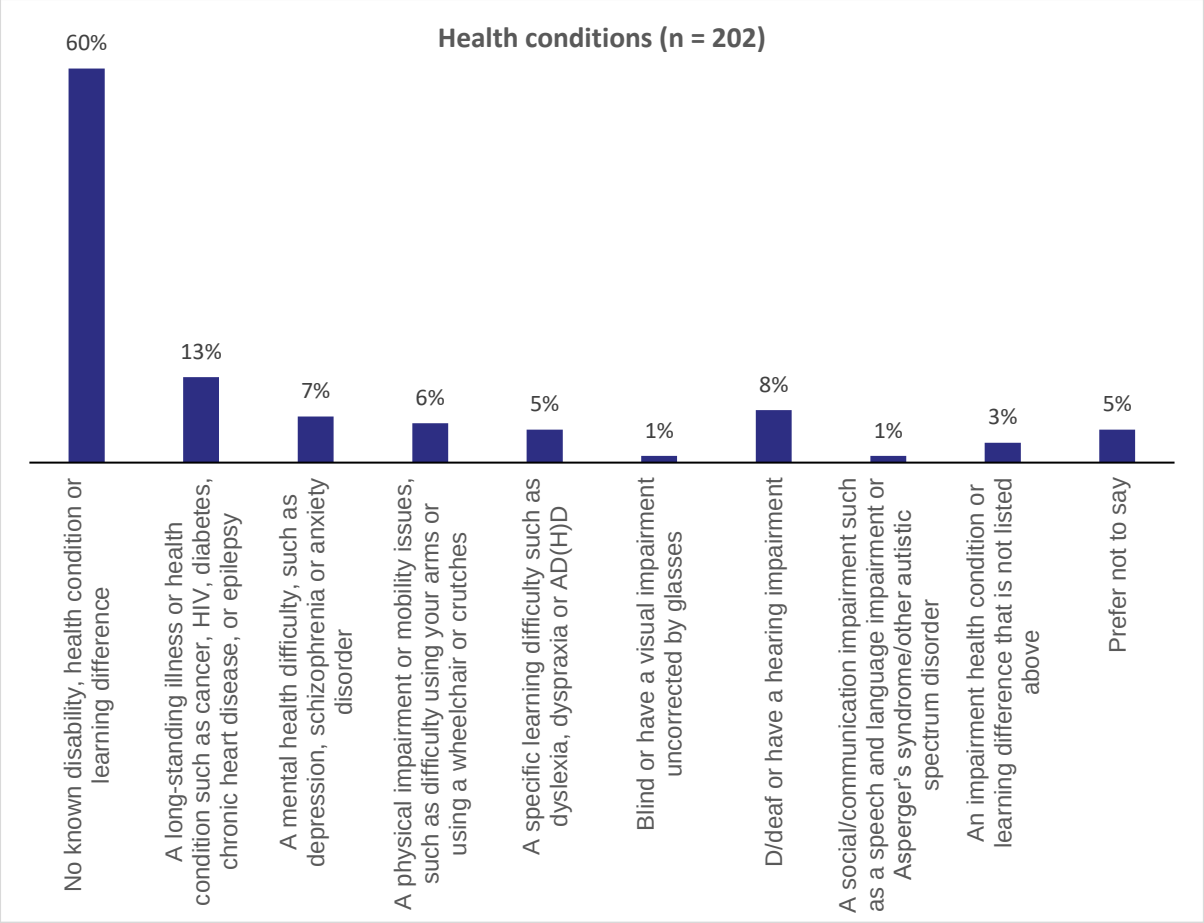








Location: If you selected other, please state			
Derby	1	Out of area but work in Nottinghamshire and Nottingham City	1
Derbyshire	2	Northamptonshire (I work in Nottinghamshire)	1
Live in Derby and work in Nottingham	1	Live in Broxtowe; work in Nottingham City	1
Yorkshire	1	Radford	1
Ashbourne	1	Prefer not to say	1
Lincolnshire	1	Out of area but work in Nottinghamshire and Nottingham City	1



Race/ethnicity (n = 205)		
Arab	2	1%
Asian/Asian British - Bangladeshi	1	0%
Asian/Asian British - Pakistani	4	2%
Black/Black British - African	2	1%
Black/Black British - Caribbean	4	2%
Chinese	1	0%
Gypsy or Traveller	0	0%
Mixed White and Asian	2	1%
Mixed White and Black Caribbean	0	0%
Other Asian background	3	1%
Other Black background	0	0%
Other ethnic background	1	0%
Other mixed background	0	0%
White	174	85%
White Irish	3	1%
Prefer not to say	8	4%

9.6 Appendix F: Overview of groups and communities represented through VCSE organisations

Below is a list of the communities that have been engaged with through the Voluntary, Community and Social Enterprise Alliance and via the ICS Partners Assembly.

- People with disabilities and their carers
- Older adults
- Areas of deprivation
- Infrastructure organisations
- People who are homeless and/or rough sleeping
- Veterans
- People with low income or who are unemployed
- People affected by Parkinson's Disease
- People affected by Dementia and their carers
- Residents in Mid-Nottinghamshire
- People with lived experience of mental health problems
- Residents in Nottingham City
- People who are unemployed
- Patient Participation Groups and patient representatives
- Children and young people with mental health needs
- Residents in Bassetlaw
- People with restricted mobility
- Carers
- People affected by lung disease
- Children and young people
- People in crisis
- Residents in South Nottinghamshire
- People with long term health conditions and their carers
- People with weight management needs
- People who smoke
- People affected by Cancer
- People recovering from addiction
- Disadvantaged young people
- People with life limiting or terminal illnesses and their families
- Survivors of sexual abuse, exploitation, and sexual violence
- Deprived communities
- Deaf and hard of hearing people
- Vulnerable women
- Diverse ethnic community groups