Integrated Care Partnership Meeting Agenda

Monday 28 October 2024 09:30 – 12:00

Committee Room, Loxley House, Station Street, Nottingham, NG2 3NG

"Every person enjoying their best possible health and wellbeing"

Our aims: to **improve outcomes** in population health and healthcare; **tackle inequalities** in outcomes, experiences and access; enhance **productivity and value for money**; and support broader **social and economic development**.

Our guiding principles: **prevention** is better than cure; **equity** in everything; and **integration** by default.

Our core values:

- We will be open and honest with each other.
- We will be respectful in working together.
- We will be accountable, doing what we say we will do and following through on agreed actions.
- We will challenge each other if we fall short of upholding our aims and guiding principles.
- We will work with our population and put their needs at the heart of the ICS.

	Item	Presenter	Type	Time
Introductory items				
1.	Welcome, introductions and apologies	Kathy McLean	Verbal	09:30
2.	Confirmation of quoracy	Kathy McLean	Verbal	-
3.	Declaration and management of interests	Kathy McLean	Paper	-
4.	Minutes from the meeting that took place on 22 March 2024	Kathy McLean	Paper	-
5.	Action log and matters arising from the meeting that took place on 22 March 2024	Kathy McLean	Paper	-
6.	Chair and Vice-Chair Updates	Kathy McLean, Cllr. Pavlos Kotsonis, Cllr. Bethan Eddy	Verbal	09:35
Items for discussion/decision				
7.	Progress in delivering the Integrated Care Strategy: • Update on delivery of the Nottingham City Health and Wellbeing Strategy • Update on delivery of the Nottinghamshire County Health and Wellbeing Strategy • Update on delivery of the NHS Joint Forward Plan	Lucy Hubber, Vivienne Robbins, Victoria McGregor-Riley	Paper	09:50
8.	Embedding the Integrated Care Strategy principles of prevention, equity and integration	Joanna Cooper, Lucy Rutter, David Johns	Paper	10:15

9.	Defining the Integrated Care Strategy outcomes	Sarah Fleming	Paper	10:40
10.	Citizen Insights Report	Alex Ball	Paper	11:05
11.	Forward look for 2024/25	Victoria McGregor-Riley	Paper	11:30
Closing items				
12.	Questions from the public relating to items on the agenda	Kathy McLean	Verbal	11:50
13.	Any other business	Kathy McLean	Verbal	11:55
	Meeting close	-	-	**12:00**

Meeting Title:	Integrated Care Partnership
Meeting Date:	22/03/2024
Paper Title:	**Declaration and management of interests**
Paper Reference:	ICP 24 003
Report Author:	Lucy Branson, Associate Director of Governance, NHS Nottingham and Nottinghamshire ICB
Report Sponsor:	Kathy McLean, Chair of the Integrated Care Partnership (and ICB Chair)
Presenter:	Kathy McLean, Chair of the Integrated Care Partnership (and ICB Chair)

Summary:

The Integrated Care Partnership (ICP) is required to implement and demonstrate robust arrangements for the identification and management of conflicts of interest. These arrangements should support good judgement about how any interests should be approached and managed; safeguarding the ICP from any perception of inappropriateness in its decision-making and assuring the public that the use of taxpayers' money is free from undue influence.

ICP members must ensure that they always comply with their organisational/ professional codes of conduct and details of the declared interests for members of the ICP are attached at Appendix A. Members are reminded of their individual responsibility to highlight any interests not already declared should a conflict (or potential conflict) become apparent in discussions during the meeting.

A protocol for managing conflicts of interest at meetings of the ICP is attached at Appendix B.

An assessment of members' interests has been performed against the meeting agenda and the outcome is recorded in the section below on conflicts of interest management.

Recommendation(s):

The Integrated Care Partnership is asked to **note** this item.

How does this paper support	the Integrated Care System's core aims to:
Improve outcomes in population health and healthcare	It is essential that the Integrated Care Partnership (ICP) establishes effective arrangements for managing conflicts and potential conflicts of interest to ensure that they do not, and do not appear to, affect the integrity of the ICP's decision-making processes towards the achievement of the four core aims.

How does this paper support	the Integrated Care System's core aims to:
Tackle inequalities in outcomes, experience, and access	As above.
Enhance productivity and value for money	As above.
Help support broader social and economic development	As above.

Appendices:
Appendix A: Register of Declared Interests for members of the ICP. Appendix B: Protocol for managing conflicts of interests at meetings of the ICP.

Report previously received by:
Not applicable to this report.

Are there any conflicts of interest requiring management?
No.

Is this item confidential?
No.

Register of Declared Interests

• The ICP has made arrangements to manage conflicts and potential conflicts of interest to ensure that decisions made by the ICP will be taken and seen to be taken without being unduly influenced by external or private interests.

• The register is reviewed in advance of the meeting to ensure the consideration of any known interests in relation to the meeting agenda. Where necessary (for example, where there is a direct financial interest), members may be fully excluded from participating in an item and this will include them not receiving the paper(s) in advance of the meeting.

• Members and attendees are reminded that they can raise an interest at the beginning of, or during discussion of, an item if they realise that they do have a (potential) interest that hasn't already been declared.

Name	ICP Membership Role	Declared Interest (Name of the organisation and nature of business)	Nature of Interest	Financial Interest	Non-financial Professional Interests	Non-financial Personal Interests	Indirect Interest	Date the interest became relevant to the ICB	Date To:	Action taken to mitigate risk
ARMIGER, David	Chair, Bassetlaw Place Based Partnership	No relevant interests declared	Not applicable					Not applicable	Not applicable	Not applicable
BRIGGS, David	Medical Director, NHS Nottingham and Nottinghamshire ICB	British Medical Association	Member		✓			01/07/2022	Present	This interest will be kept under review and specific actions determined as required.
EDDY, Bethan	Chair of the Health and Wellbeing Board, Nottinghamshire County Council	No relevant interests declared	Not applicable					Not applicable	Not applicable	Not applicable
HILL, Adam	Chair, Mid Nottinghamshire Place Based Partnership	Mansfield District Council	Chief Executive	✓				06/01/2023	Present	This interest will be kept under review and specific actions determined as required.
HUBBER, Lucy	Director of Public Health, Nottingham City Council	No relevant interests declared	Not applicable					Not applicable	Not applicable	Not applicable
KING, Daniel	VCSE Alliance Chair	Nottingham Trent University	Employee	✓				06/09/2023	Present	This interest will be kept under review and specific actions determined as required.
KOTSONIS, Pavlos	Chair of the Health and Wellbeing Board, Nottingham City Council	Nottingham City Council	Councillor for Lenton and Wollaton East	✓				01/05/2024	Present	This interest will be kept under review and specific actions determined as required.
KOTSONIS, Pavlos	Chair of the Health and Wellbeing Board, Nottingham City Council	Nottingham City Council	Executive Member for Adult Social Care and Health	✓				01/05/2024	Present	This interest will be kept under review and specific actions determined as required.
KOTSONIS, Pavlos	Chair of the Health and Wellbeing Board, Nottingham City Council	Unite the Union	Member		✓			01/05/2024	Present	This interest will be kept under review and specific actions determined as required.
KOTSONIS, Pavlos	Chair of the Health and Wellbeing Board, Nottingham City Council	Nottingham Financial Resilience Partnership	Member		✓			01/07/2024	Present	This interest will be kept under review and specific actions determined as required.
KOTSONIS, Pavlos	Chair of the Health and Wellbeing Board, Nottingham City Council	Age Friendly Nottingham	Chair		✓			01/07/2024	Present	This interest will be kept under review and specific actions determined as required.
KOTSONIS, Pavlos	Chair of the Health and Wellbeing Board, Nottingham City Council	Adult Safeguarding Board	Member		✓			01/05/2024	Present	This interest will be kept under review and specific actions determined as required.
KOTSONIS, Pavlos	Chair of the Health and Wellbeing Board, Nottingham City Council	ICS Reference Group	Member		✓			01/05/2024	Present	This interest will be kept under review and specific actions determined as required.
KOTSONIS, Pavlos	Chair of the Health and Wellbeing Board, Nottingham City Council	Nottinghamshire Healthcare NHS Foundation Trust Council of Governors	Governor		✓			01/05/2024	Present	This interest will be kept under review and specific actions determined as required.
KOTSONIS, Pavlos	Chair of the Health and Wellbeing Board, Nottingham City Council	SAAF Education	Teaching Assistant	✓				01/05/2024	Present	This interest will be kept under review and specific actions determined as required.

Name	ICP Membership Role	Declared Interest (Name of the organisation and nature of business)	Nature of Interest	Financial Interest	Non-financial Professional Interests	Non-financial Personal Interests	Indirect Interest	Date the interest became relevant to the ICB	Date To:	Action taken to mitigate risk
LANGRIDGE, Jill	Clinical Lead	Village Health Group (formerly Keyworth Medical Practice)	Salaried GP	✓				01/07/2022	Present	To be excluded from all commissioning decisions (including procurement activities and contract management arrangements) relating to General Medical Services.
LANGRIDGE, Jill	Clinical Lead	Village Health Group (formerly East Leake Medical Group)	Spouse is GP Partner				✓	01/07/2022	Present	To be excluded from all commissioning decisions (including procurement activities and contract management arrangements) relating to General Medical Services.
LANGRIDGE, Jill	Clinical Lead	Nottingham and Nottinghamshire ICB	Spouse is Deputy Medical Director				✓	01/07/2022	Present	This interest will be kept under review and specific actions determined as required.
LANGRIDGE, Jill	Clinical Lead	Partners Health LLP (a membership organisation of general practices in Rushcliffe. Provider of extended access service and non-core provider for Rushcliffe PCN and employer for additional roles staff with the PCN)	Employed on the Rushcliffe Dementia Communicaton and Support project	✓				01/07/2022	Present	This interest will be kept under review and specific actions determined as required.
MAWJI, Huseinali (Dr)	Clinical Director, Nottingham City Place Based Partnership	Victoria and Mapperley Practice	Senior GP Partner	✓				01/10/2023	Present	To be excluded from all commissioning decisions (including procurement activities and contract management arrangements) relating to General Medical Services.
MAWJI, Huseinali (Dr)	Clinical Director, Nottingham City Place Based Partnership	Nottingham City GP Alliance	Director, Company Secretary & Shareholder	✓				01/10/2023	Present	To be excluded from all commissioning decisions (including procurement activities and contract management arrangements) relating to General Medical Services.
MAWJI, Huseinali (Dr)	Clinical Director, Nottingham City Place Based Partnership	Nottingham City GP Alliance GP + Service	Sessional GP	✓				01/10/2023	Present	To be excluded from all commissioning decisions (including procurement activities and contract management arrangements) relating to General Medical Services.
MAWJI, Huseinali (Dr)	Clinical Director, Nottingham City Place Based Partnership	Nottingham City Changing Futures Programme Board	Vice Chair		✓			01/10/2023	Present	This interest will be kept under review and specific actions determined as required.
MAWJI, Huseinali (Dr)	Clinical Director, Nottingham City Place Based Partnership	NEMS Community Benefit Services Ltd	Sessional GP, Member of NEMS Clinical Audit Group and NEMS Medical Advisory Panel	✓				01/10/2023	Present	This interest will be kept under review and specific actions determined as required.
MAWJI, Huseinali (Dr)	Clinical Director, Nottingham City Place Based Partnership	HV Healthcare Ltd	Director, Chair and Shareholder	✓				01/10/2023	Present	This interest will be kept under review and specific actions determined as required.
MAWJI, Huseinali (Dr)	Clinical Director, Nottingham City Place Based Partnership	HV Healthcare Ltd	Spouse is Director and Shareholder				✓	01/10/2023	Present	This interest will be kept under review and specific actions determined as required.
MAY, Anthony	Chief Executive, Nottingham University Hospitals NHS Trust (Representative of the Nottingham and Nottinghamshire Provider Collaborative at Scale)	Prime Minister's Office	Deputy Lord Lieutenant for Nottinghamshire		✓			01/04/2023	Present	This interest will be kept under review and specific actions determined as required.
MCGREGOR-RILEY, Dr Victoria	Acting Director of Strategy and System Development	Sheffield Teaching Hospitals NHS Foundation Trust	Spouse employed as a consultant surgeon				✓	01/07/2022	Present	This interest will be kept under review and specific actions determined as required.
MCGREGOR-RILEY, Dr Victoria	Acting Director of Strategy and System Development	GP Practice in Bassetlaw	Registered Patient			✓		01/07/2022	Present	This interest will be kept under review and specific actions determined as required - as a general guide, the individual should be
MCGREGOR-RILEY, Dr Victoria	Acting Director of Strategy and System Development	Managers in Partnership	Trade Union Representative (voluntary)			✓		01/09/2022	Present	This interest will be kept under review and specific actions determined as required.
MCGREGOR-RILEY, Dr Victoria	Acting Director of Strategy and System Development	Nottingham University NHS Trust (NUH)	Son employed as a Project Coordinator				✓	04/05/2023	Present	This interest will be kept under review and specific actions determined as required.

Name	ICP Membership Role	Declared Interest (Name of the organisation and nature of business)	Nature of Interest	Financial Interest	Non-financial Professional Interests	Non-financial Personal Interests	Indirect Interest	Date the interest became relevant to the ICB	Date To:	Action taken to mitigate risk
MCLEAN, Kathy	ICB Chair	University Hospitals of Derby and Burton NHS Foundation Trust	Trust Chair	✓				01/07/2022	30/04/2024	This interest will be kept under review and specific actions determined as required.
MCLEAN, Kathy	ICB Chair	Kathy McLean Limited- Private limited company offering health related advice	Director	✓				01/07/2022	Present	There is no contract in place with this organisation. To be excluded from all commissioning discussions and decisions (including procurement activities) relating to services that could be provided by Kathy McLean Ltd.
MCLEAN, Kathy	ICB Chair	Barts Health NHS Trust (London)	Non-Executive Director	✓				01/07/2022	30/06/2024	This interest will be kept under review and specific actions determined as required.
MCLEAN, Kathy	ICB Chair	Barking, Havering and Redbridge University Hospitals NHS Trust	Non-Executive Director	✓				01/09/2022	30/06/2024	This interest will be kept under review and specific actions determined as required.
MCLEAN, Kathy	ICB Chair	NHS Employers	Member of the Workforce Policy Board		✓			TBC	Present	This interest will be kept under review and specific actions determined as required.
MCLEAN, Kathy	ICB Chair	NHS Employers	Chair of the national negotiation committee for Staff and Associate Specialists on behalf of NHS Employers		✓			01/07/2022	Present	This interest will be kept under review and specific actions determined as required.
MCLEAN, Kathy	ICB Chair	Care Quality Commission (CQC)	Occasional Advisor	✓				01/07/2022	Present	This interest will be kept under review and specific actions determined as required.
MCLEAN, Kathy	ICB Chair	The Public Service Consultants Ltd (Public Sector Consultancy)	Interim Chair	✓				01/07/2022	Present	There is no contract in place with this organisation. To be excluded from all commissioning discussions and decisions (including procurement activities) relating to services that could be provided by The Public Service Consultants Ltd.
MCLEAN, Kathy	ICB Chair	NHS Providers Board	Trustee		✓			01/07/2022	01/05/2024	This interest will be kept under review and specific actions determined as required.
MCLEAN, Kathy	ICB Chair	NEMS Healthcare Ltd	Partner is a shareholder				✓	01/07/2022	11/04/2024	To be excluded from all commissioning decisions (including procurement activities and contract management arrangement) relating to services that are currently, or could be, provided by NEMS CBS.
MCLEAN, Kathy	ICB Chair	Oxehealth Ltd (vision-based patient monitoring and management)	Member of the advisory board	✓				01/07/2022	Present	There is no contract in place with this organisation. To be excluded from all commissioning discussions and decisions (including procurement activities) relating to services that could be provided by Oxehealth Ltd.
MCLEAN, Kathy	ICB Chair	NHS Derby and Derbyshire Integrated Care Board	Chair	✓				01/05/2024	Present	This interest will be kept under review and specific actions determined as required.
REDFERN, Andrew	Chief Executive, Framework Housing Association	Derbyshire County Cricket League	Executive Committee Member			✓		01/07/2022	Present	This interest will be kept under review and specific actions determined as required.
REDFERN, Andrew	Chief Executive, Framework Housing Association	Christian Projects Development Trust	Treasurer and Trustee			✓		01/07/2022	Present	This interest will be kept under review and specific actions determined as required.

Name	ICP Membership Role	Declared Interest (Name of the organisation and nature of business)	Nature of Interest	Financial Interest	Non-financial Professional Interests	Non-financial Personal Interests	Indirect Interest	Date the interest became relevant to the ICB	Date To:	Action taken to mitigate risk
ROBBINS, Vivienne	Acting Director of Public Health, Nottinghamshire County Council	No relevant interests declared	Not applicable					Not applicable	Not applicable	Not applicable
SACCO, Volt	Chief Executive Officer, Fosse Healthcare	Nottinghamshire Care Association	Co-Chair		✓			01/06/2023	Present	This interest will be kept under review and specific actions determined as required.
SULLIVAN, Amanda	Chief Executive	Hillview Surgery	Registered Patient			✓		01/07/2022	Present	This interest will be kept under review and specific actions determined as required - as a general guide, the individual should be able to participate in discussions relating to this practice but be excluded from decision-making.
TAYLOR, Sabrina	Chief Executive Officer (Interim), Healthwatch Nottingham and Nottinghamshire	No relevant interests declared	Not applicable					Not applicable	Not applicable	Not applicable
WILLIAMS, Melanie	Corporate Director for Adult Social Care and Health, Nottinghamshire County Council	Nottinghamshire County Council	Corporate Director for Adult Social Care and Health	✓				01/07/2022	Present	To be excluded from all commissioning decisions (including procurement activities and contract management arrangements) relating to services that are currently, or could be, provided by Nottinghamshire County Council
WILLIAMS, Melanie	Corporate Director for Adult Social Care and Health, Nottinghamshire County Council	Orchard Surgery	Registered Patient			✓		01/07/2022	Present	This interest will be kept under review and specific actions determined as required - as a general guide, the individual should be able to participate in discussions relating to this practice but be excluded from decision-making.

Appendix B: Protocol for managing conflicts of interest at meetings of the Nottingham and Nottinghamshire Integrated Care Partnership

1. A conflict of interest is defined as a set of circumstances by which a reasonable person would consider that an individual's ability to apply judgement or act is, or could be, impaired or influenced by another interest they hold.
2. An individual does not need to exploit their position or obtain an actual benefit, financial or otherwise, for a conflict of interest to occur. In fact, a perception of wrongdoing, impaired judgement, or undue influence can be as detrimental as any of them actually occurring. It is important to manage these perceived conflicts in order to maintain public trust.
3. Conflicts of interest include:
    - Financial interests: where an individual may get direct financial benefits from the consequences of a decision.
    - Non-financial professional interests: where an individual may obtain a non-financial professional benefit from the consequences of a decision, such as increasing their reputation or status or promoting their professional career.
    - Non-financial personal interests: where an individual may benefit personally in ways which are not directly linked to their professional career and do not give rise to a direct financial benefit.
    - Indirect interests: where an individual has a close association with an individual who has a financial interest, a non-financial professional interest or a non-financial personal interest in a commissioning decision.
    - Loyalty interests: where decision making is influenced subjectively through association with colleagues or organisations out of loyalty to the relationship they have, rather than through an objective process.

    The above categories are not exhaustive, and each situation must be considered on a case-by-case basis.
4. In advance of any formal meeting, consideration will be given as to whether conflicts of interest are likely to arise in relation to any agenda item and how they should be managed.
5. At the beginning of each formal meeting, members and others attending the meeting will be required to declare any interests that relate specifically to a particular issue under consideration. If the existence of an interest becomes apparent during a meeting, then this must be declared at the point at which it arises. Any such declaration will be formally recorded in the minutes for the meeting.

6. The Chair of the meeting will determine how declared interests should be managed, which is likely to involve one the following actions:

    - Requiring the individual to withdraw from the meeting for that part of the discussion if the conflict could be seen as detrimental to decision-making arrangements.
    - Allowing the individual to participate in the discussion, but not the decision-making process.
    - Allowing full participation in discussion and the decision-making process, as the potential conflict is not perceived to be material or detrimental to decision-making arrangements.
    - Excluding the conflicted individual and securing technical or local expertise from an alternative, unconflicted source.

Integrated Care Partnership (Open Session)
Unratified minutes of the meeting held on:
Friday 22 March 2024 14:00 – 15:30
Council Chambers, County Hall

Members present:	
Kathy McLean (Chair)	Chair, NHS Nottingham and Nottinghamshire ICB
Dave Briggs	Medical Director, NHS Nottingham and Nottinghamshire ICB
Cllr. John Doddy (Joint Vice-Chair)	Chair, Nottinghamshire County Health and Wellbeing Board
Lucy Hubber	Director of Public Health, Nottingham City Council
Jill Langridge	Clinical Lead, South Nottinghamshire Place-Based Partnership
Anthony May	Chief Executive, Nottingham University Hospitals NHS Trust (Representative of the Nottingham and Nottinghamshire Provider Collaborative at Scale)
Andrew Redfern	Chief Executive, Framework Housing Association (partner member nominated by Nottinghamshire County Council)
Donna Sherratt	Race Health Inequalities Programme Lead, Nottingham City Place-Based Partnership (partner member nominated by Nottingham City Council)
Amanda Sullivan	Chief Executive, NHS Nottingham and Nottinghamshire ICB
Sabrina Taylor	Chief Executive, Healthwatch Nottingham and Nottinghamshire
Melanie Williams	Corporate Director for Adult Social Care and Health, Nottinghamshire County Council
Cllr. Linda Woodings (Joint Vice-Chair)	Chair, Nottingham City Health and Wellbeing Board
In attendance:	
Alex Ball	Director of Communications and Engagement, NHS Nottingham and Nottinghamshire ICB
Lucy Branson	Director of Corporate Affairs, NHS Nottingham and Nottinghamshire ICB
Joanna Cooper	Assistant Director of Strategy, NHS Nottingham and Nottinghamshire ICB (for item 7)
Sarah Fleming	Programme Director for System Development, NHS Nottingham and Nottinghamshire ICB (for item 7)
Andrew Foster	Deputy Clinical Director Nottingham City Place Based Partnership (deputising for Dr Husein Mawji)
Victoria McGregor-Riley	Commissioning Delivery Director, NHS Nottingham and Nottinghamshire ICB (deputising for Lucy Dadge)
Lucy Rutter	Consultant, Public Health, Nottinghamshire County Council
Sue Wass	Corporate Governance Officer, NHS Nottingham and Nottinghamshire ICB (minutes)
Apologies:	
David Armiger	Chair, Bassetlaw Place Based Partnership
Lucy Dadge	Director of Integration, NHS Nottingham and Nottinghamshire ICB
Adam Hill	Chair, Mid Nottinghamshire Place-Based Partnership
Daniel King	Chair, Nottingham and Nottinghamshire Voluntary, Community and Social Enterprise Alliance

Dr Husein Mawji	Clinical Director, Nottingham City Place-Based Partnership
Volt Sacco	Chief Executive Officer, Fosse Healthcare (partner member nominated by Nottinghamshire County Council)
Catherine Underwood	Corporate Director for People Services, Nottingham City Council

Introductory items

ICP 23 013 Welcome, introductions and apologies

Kathy McLean welcomed members to the meeting of the Integrated Care Partnership. A round of introductions was undertaken and apologies were noted as above.

ICP 23 014 Confirmation of quoracy

The meeting was confirmed as quorate.

ICP 23 015 Declaration and management of interests

No interests were declared in relation to any item on the agenda.

The Chair reminded members of their responsibility to highlight any interests should they transpire as a result of discussions during the meeting.

ICP 23 016 Minutes from the meeting that took place on the 06 October 2023

Subject to the amendment of all references to *social* housing to *supported* housing, the minutes were agreed as an accurate record of the discussions held.

ICP 23 017 Matters arising from the meeting that took place on the 06 October 2023

No actions from the last meeting were noted.

An update on the progress of steps being taken to expand the current fluoridation schemes within Nottingham and Nottinghamshire would be provided at item ICP 23 020.

Items for discussion/decision

ICP 23 018 Integrated Care Strategy for Nottingham and Nottinghamshire 2023-2027: Review of Impact in 2023-24 and proposed next steps

The Chair introduced the item, noting that at the last meeting the Partnership had approved a light touch review of the Strategy, which had taken into account updated national guidance. This was a useful exercise to ensure that the themes within the Strategy remained extant and to note progress to date, particularly within the context of increasing financial challenges.

Sarah Fleming and Joanna Cooper highlighted the following points:

a) Partners were thanked for their contribution to the review of the Strategy.

b) The main changes were summarised. The wording of the 14 priorities had been strengthened, with a greater emphasis on children and young people and frailty. The document had been shortened to focus on the priorities and actions. Case studies and the foreword had been refreshed.

c) A summary of progress against the 14 priorities had been included in the report. Key successes were noted as the wide range of activities being undertaken by the Place-Based Partnerships, the co-production of an Integrated Care System Carers Strategy, and the rotation of occupational therapists across health and local authorities.

d) The proposed approach to the oversight of the delivery of the 14 priorities was discussed. Acknowledging that operational delivery of the Joint Local Health and Wellbeing Strategies and NHS Joint Forward Plan was monitored by the relevant governance forums, a Strategy Oversight Group was being considered to collectively understand progress with discussion on delivery, key risks, and issues arising across partner organisations, and to ensure ongoing progress to meet the aims of the Strategy. An outcomes dashboard was being developed to confirm outcome targets.

e) It was recommended that the Integrated Care Partnership continued to focus on the three guiding principles of the strategy: prevention, equity, and integration, and to understand how partners collectively adhered and contributed to these principles.

The following points were made in discussion:

f) Noting that progress was slower than expected due to the unprecedented challenges over the past two years, members welcomed the revisions and the focus on delivery and monitoring of progress.

g) Members agreed with the proposal to use the word ‘baby’ when discussing early years and maternity services, to ensure this voice was not lost.

h) Members were assured that the re-ordering of the priorities was not to rank them in importance, as all were vital to improving the health and wellbeing of the local population, it was more to make the order more logical.

i) Members anticipated that each priority should have an action plan, with short-, medium- and long-term goals to enable progress to be tracked; and at what point improvement in outcomes would be expected.

j) The importance of using the Strategy to drive and motivate individuals and organisations to change the way they behaved and operated was discussed. It was hoped that organisations would take the refreshed Strategy through their respective Boards to confirm continued partner buy in.

k) Regarding oversight arrangements, members emphasised the need not to duplicate or make any arrangement overly bureaucratic and welcomed the suggestion to receive an update on the outcomes dashboard at a future meeting.

The Integrated Care Partnership:

- **Approved** the updated Integrated Care Strategy following the light touch review.
- **Noted** progress with delivery of the 14 priorities of the Integrated Care Strategy.

ICP 23 019 Review of the Integrated Care Partnership's terms of reference and proposed work programme for 2024/25

Lucy Branson introduced the item and highlighted the following points:

a) Following its establishment in July 2022, the Integrated Care Partnership had met five times in its role as the 'guiding mind' of the Integrated Care System; developing and publishing an Integrated Care Strategy for Nottingham and Nottinghamshire.

b) This was an opportune time to reflect on the Partnership's terms of reference. Now that the Strategy had been agreed, further consideration on the ongoing purpose of the Partnership was required.

c) An indicative work programme for 2024/25 had also been drafted for review.

The following points were made in discussion:

d) The Chair welcomed the discussion, noting that although other Integrated Care Partnerships met on a more frequent basis, the Partnership Assembly was a meeting of wider partners and enabled regular engagement.

e) Members discussed whether deep dive reviews around several areas would be beneficial, including what navigating the system felt like in practice; how to reach the voices of people least able to have their voices heard; and co-production. The support of Healthwatch in these areas was noted for these proposed pieces of work. However, it was noted that any work should not duplicate the work of the Health and Wellbeing Boards.

f) It was agreed to articulate the key differences between the Integrated Care Partnership and Health and Wellbeing Boards in the terms of reference.

g) The membership of the Integrated Care Partnership and the frequency of meetings was agreed as appropriate; and it was agreed that the principal role of the Integrated Care Partnership going forward was to oversee the progress of the Integrated Care Strategy.

h) The scheduling of Integrated Care Partnership meetings with the Partners Assembly was discussed, and it was agreed that feedback from the Partners Assembly meetings would be fed back through relevant governance groups, including the Integrated Care Partnership. The scheduling was agreed as proposed in the draft work programme.

The Integrated Care Partnership:

- **Endorsed** the proposed work programme for 2024/25, noting that this will be subject to ongoing review and refinement over the year.

Action: Lucy Branson to amend the terms of reference to articulate the key differences between the Integrated Care Partnership and Health and Wellbeing Boards.

Closing items

ICP 23 020 Questions from the public relating to items on the agenda

A question had been received in advance of the meeting querying the steps the Councils had taken to review any negative consequences of water fluoridation, and whether the negative consequences had been weighed against only a 15% increase in small children who will be free of decay, and what alternative ways of preventing dental decay were being considered. The question also asked for statistics of tooth decay in the county versus national averages.

At the previous meeting in October 2023, the Integrated Care Partnership had endorsed the sending of a letter from the Chairs of the two Health and Wellbeing Boards, the Chair of the Integrated Care Partnership, and the Chief Executive of the Integrated Care Board, to the Secretary of State for Health and Social Care requesting the extension of water fluoridation for every community in Nottingham and Nottinghamshire.

Cllr John Doddy confirmed that he had since delivered the letter and the supporting case for change to the Secretary of State in person. Before a move to formal consultation on the proposal, the Department of Health and Social Care would need to work with Severn Trent Water to confirm that extension was feasible. Cllr Linda Woodings noted that Nottingham MPs were being lobbied to push for an increase in resource within the Department to expedite the process.

In response to the question, Lucy Hubber noted that a review had been completed to understand the latest evidence on any potential harms and had found that routine monitoring of health in fluoridated areas for over 50 years had not revealed any health problems associated with optimal levels of water fluoridation; but that this was an area that Public Health colleagues will keep under review.

A move to public consultation would enable the public the opportunity to consider the detailed evidence relating to fluoridation. However, fluoridation was only one aspect of work to improve the oral health of Nottingham and Nottinghamshire's population. There were a plethora of other public health activities promoting good oral health.

A full answer to the question would be provided to the requestor from the Directors of Public Health of the city and council councils following the meeting.

ICP 23 021 Any other business

There was no other business.

Date and time of next meeting held in public: 28 October 2024

Nottingham City Council | Nottinghamshire County Council | NHS Nottingham and Nottinghamshire Integrated Care Board

ACTION LOG for the Integrated Care Partnership meeting held on 22/03/2024

Status	Meeting Date	Agenda Item	Action	Lead	Date to be Completed	Comment
Closed	22/03/24	ICP 23 019: Review of the Integrated Care Partnership's terms of reference and proposed work programme for 2024/25.	To amend the terms of reference to articulate the key differences between the Integrated Care Partnership (ICP) and Health and Wellbeing Boards.	Lucy Branson	31/05/24	A small number of minor changes were made to the terms of reference; these related to providing greater clarity on the difference between the ICP and the Health and Wellbeing Boards and the removal of references that were specific to the ICP's first period of operation. The updated terms of reference were approved by the full council meetings of Nottingham City Council and Nottinghamshire County Council and by the Board of NHS Nottingham and Nottinghamshire ICB during May 2024.

Key:

Closed – Action completed or no longer required	Open – Off track (may not be achieved by expected date of completion)
Open – On track (to be achieved by expected date of completion)	Open – Off track (has not been achieved by expected date of completion)

Meeting Title:	Integrated Care Partnership
Meeting Date:	28/10/2024
Paper Title:	**Progress in delivering the Integrated Care Strategy**
Paper Reference:	ICP 24 007
Report Author:	Joanna Cooper, Assistant Director of Strategy, NHS Nottingham and Nottinghamshire ICB Sarah Fleming, Programme Director, System Development, NHS Nottingham and Nottinghamshire ICB
Report Sponsor:	Victoria McGregor-Riley, Acting Director of Strategy and System Development, NHS Nottingham and Nottinghamshire ICB Lucy Hubber, Director of Public Health, Nottingham City Council Vivienne Robbins, Acting Director of Public Health, Nottinghamshire County Council
Presenter:	Victoria McGregor-Riley, Acting Director of Strategy and System Development, NHS Nottingham and Nottinghamshire ICB Lucy Hubber, Director of Public Health, Nottingham City Council Vivienne Robbins, Interim Director of Public Health, Nottinghamshire County Council
Recommendation(s):	The Integrated Care Partnership is asked to **receive** the delivery update on the Integrated Care Strategy and consider how to support a collective approach to ensuring a focus on prevention priorities.

Summary:

The report provides the Partnership with an update on progress with delivery of the 14 priorities of the Integrated Care Strategy. This is aligned to delivery of the Joint Health and Wellbeing Strategies and the NHS Joint Forward Plan.

Progress is described within the context of the operating and financial challenges facing public sector organisations and wider partners.

The Partnership has a critical role to play in ensuring partners understand the pressures being experienced and the impact this will have on delivery of the Integrated Care Strategy.

As the “guiding mind of the system”, the Partnership is asked to consider how to ensure there is a collective focus on meeting the needs of the population and an approach that enables partners to support each other’s priorities. This includes considering how to achieve a shift to delivering prevention approaches that support improved health and wellbeing outcomes and a sustainable health and care system.

Appendices:
Appendix A: Integrated Care Strategy Delivery Plan Progress Update.

How does this paper support	**the Integrated Care System’s core aims to:**
Improve outcomes in population health and healthcare	The Integrated Care Strategy sets out an approach to system working based on the key strategic principles of prevention, equity and integration. These principles inform the key programmes/interventions that are expected to

How does this paper support	the Integrated Care System's core aims to:
	drive improved outcomes for the population through a better understanding of local population need, the development of locally sensitive support and services, and through greater collaboration between system partners.
Tackle inequalities in outcomes, experience and access	The Integrated Care Strategy describes the approach to ensuring that local population need is understood, and that support and service provision is tailored to this need.
Enhance productivity and value for money	Key drivers for productivity and value for money are described in the Integrated Care Strategy along with the contribution each programme / initiative will make.
Help the NHS support broader social and economic development	The approach to social economic development is set out the in the Integrated Care Strategy.

Report previously received by:
Progress in delivering the strategy was last discussed by the ICP at its 22 March 2024 meeting.

Are there any conflicts of interest requiring management?
No.

Is this item confidential?
No.

Progress in delivering the Integrated Care Strategy

Background and context

1. At its meeting on 22 March 2024, the Integrated Care Partnership (ICP) was provided with a summary of progress in delivering the 14 priorities of the Integrated Care Strategy, highlighting key successes and where the work continued to progress.
2. The ICP endorsed work to strengthen the oversight and reporting arrangements and the approach of producing an annual report on the delivery of the Integrated Care Strategy from 2024/25 onwards.
3. Giving due regard to existing reporting approaches for both Joint Health and Wellbeing Strategies and the NHS Joint Forward Plan, the ICP is presented with this summary report supported by a more detailed progress update to provide assurance on key areas of delivery for the four strategic aims and 14 priorities within the Strategy:
    a) Aim 1 - Improve outcomes in population health and healthcare.
    b) Aim 2 - Tackle inequalities in outcomes, experiences and access.
    c) Aim 3 - Enhance productivity and value for money.
    d) Aim 4 - Support broader social and economic development.

Implementation of the 14 priorities of the Integrated Care Strategy

4. A report describing progress with delivery of the 14 priority areas in the Integrated Care Strategy is shown in Appendix A. This provides an update on the actions within each priority.
5. The outcomes being used to monitor each action is included where relevant. These are monitored by the relevant Programme Board or equivalent group.
6. A summary of the key issues and risks for each of the four strategic aims is shown in the report.
7. Key areas of delivery to note include:
    a) Key stakeholders across Nottingham and Nottinghamshire continue to work jointly to pursue the expansion of water fluoridation to improve oral health outcomes, following the submission of a formal request letter to the former Secretary of State in January 2024. This is in addition to oral health improvement activity commissioned by Nottingham City and Nottinghamshire County Councils, which includes follow up with children and young people who are admitted to hospital due to tooth decay, targeted supervised toothbrushing in early years settings linked to primary

schools and oral health brief intervention training for professionals that work with children and young people.

b) In Nottingham City, recurrent funding from the Integrated Care Board's (ICB) Health Inequalities and Innovation Fund (HIFF) is supporting a range of activities to transition from national to local funding for the Changing Futures programme which improves the lives of people facing Severe and Multiple Disadvantage (SMD). This includes a review of strategic ambitions which will be followed by a review of strategic and operational oversight arrangements. HIIF is also being used to establish a similar service for Nottinghamshire.

c) In Nottinghamshire County in 2023/24, Your Health Notts supported 1,909 four-week smoking quits, 1,025 adults to achieve a 3% or 5% weight loss, 3,058 people to increase their levels of physical activity and 2,009 adults to reduce their alcohol consumption. In addition, 2,358 people who accessed the service in 2023/24 reported an improvement in mental wellbeing.

d) Local design teams are focusing on areas of greatest clinical need, including cardiovascular disease (CVD) as almost 17% of the ICB's population is diagnosed with some form of the disease. Hypertension is one of the most important risk factors for CVD and case finding approaches have been put in place to identify people with suspected hypertension for early appropriate management. Since September 2022, hypertension diagnosis across the ICS has increased by 10.4% (August 2024) with over 17,800 new cases diagnosed.

8. There are a number of areas where progress with delivery has been impacted:

a) Priority 5: Capacity is not available to complete an evidence-based system review of the prevention offer and operating model to reshape and integrate services. However, in Nottinghamshire, an Adult Social Care (ASC) JSNA has been produced which is supporting to shape an ASC Prevention Strategy due for finalisation in 2025. Existing sources of information, such as national best practice and National Institute for Health and Care Excellence (NICE) Technology Appraisals, are supporting current approaches.

b) Priority 6: To move this forward, a focus during 2024/25 of NHS partners is on a 'one workforce' approach that consists of having the right number of people, to meet demand and improve health outcomes, working at the right location to deliver the treatment and care our populations deserve, with the skills and training to support prevention as well as treatment to enable the population to stay healthy and at a cost that is affordable.

c) Aim 3: There is a risk that the current operational and financial challenges across system partners may prevent greater focus on the ICS principles of prevention, equity and integration, as there is a focus on managing today's challenges. Developing collaborative approaches requires a dedicated focus and can take time to develop.

d) Aim 4: Leadership and programme capacity may impact the ability to deliver consistently across the priorities within this aim. The net zero ambition requires a focus, given the system carbon footprint has remained virtually unchanged since 2019/20.

Risks and issues

9. The Integrated Care Strategy is the way in which local health and care organisations come together with a focus on providing joined up services and improving the lives of all people who live and work in the city and county. This requires a joint focus of all system partners on shared priorities, understanding interdependencies, and evidencing new ways of working.

10. The ICB and local authorities have worked together to develop this approach through the development of the Strategy and are now moving into the monitoring of impact on population outcomes.

11. Given the complexity of the financial and operating environment for system partners, there is a need to ensure there continues to be a collective focus on transformation to maximise the opportunities to improve population health and wellbeing.

12. The need to achieve financial sustainability across partners means that there will be changes to currently commissioned services that may impact delivery of the Strategy. The Partnership will need to understand the risks to delivery and consider how to collectively mitigate these risks.

13. The Strategy provides an opportunity to focus on ensuring prevention actions and activities are undertaken. This will require a deliberate focus by all partners to ensure that actions are being taken to support people to live independently and avoid escalating levels of need.

Next steps

14. The Health and Wellbeing Boards and ICB will continue to provide leadership to the delivery of the Strategy and ensure that there is clarity over the deliverables and the outcomes they will achieve.

15. The ICP will receive a further update on delivery at its Autumn 2025 meeting. Future ICP sessions could consider how to take a system approach to prevention and equity, and the role of the ICP in delivering Aim 4.

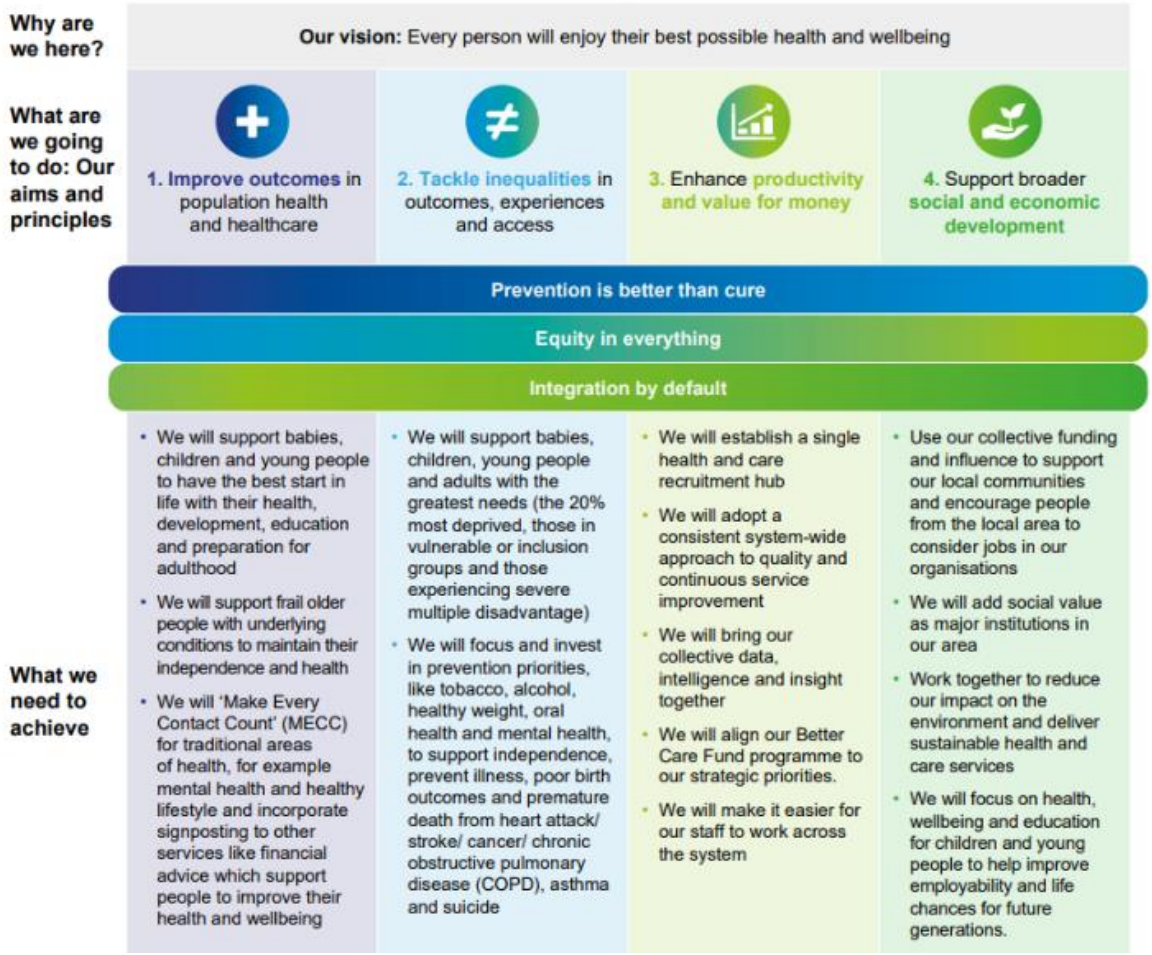
Appendix A

Integrated Care System
Nottingham & Nottinghamshire

Integrated Care Strategy Delivery Plan

Delivery Plan 2024/25

18 October 2024


Why are we here?
Our vision: Every person will enjoy their best possible health and wellbeing
What are we going to do: Our aims and principles
1. Improve outcomes in population health and healthcare
2. Tackle inequalities in outcomes, experiences and access
3. Enhance productivity and value for money
4. Support broader social and economic development
Prevention is better than cure
Equity in everything
Integration by default
What we need to achieve
We will support babies, children and young people to have the best start in life with their health, development, education and preparation for adulthood
We will support frail older people with underlying conditions to maintain their independence and health
We will 'Make Every Contact Count' (MECC) for traditional areas of health, for example mental health and healthy lifestyle and incorporate signposting to other services like financial advice which support people to improve their health and wellbeing
We will support babies, children, young people and adults with the greatest needs (the 20% most deprived, those in vulnerable or inclusion groups and those experiencing severe multiple disadvantage)
We will focus and invest in prevention priorities, like tobacco, alcohol, healthy weight, oral health and mental health, to support independence, prevent illness, poor birth outcomes and premature death from heart attack/ stroke/ cancer/ chronic obstructive pulmonary disease (COPD), asthma and suicide
We will establish a single health and care recruitment hub
We will adopt a consistent system-wide approach to quality and continuous service improvement
We will bring our collective data, intelligence and insight together
We will align our Better Care Fund programme to our strategic priorities.
We will make it easier for our staff to work across the system
Use our collective funding and influence to support our local communities and encourage people from the local area to consider jobs in our organisations
We will add social value as major institutions in our area
Work together to reduce our impact on the environment and deliver sustainable health and care services
We will focus on health, wellbeing and education for children and young people to help improve employability and life chances for future generations.

Priority 01	We will support babies, children and young people to have the best start in life with their health, development, education and preparation for adulthood.

Strategic lead	Maria Principe, ICB	Delivery Lead	Children's Integrated Commissioning Hub	Accountability	Integrated Care Board

Action	Progress	Long term Outcomes
Prioritising first 1,001 days including implementing Ockenden Review recommendations. **Lead: Local Maternity and Neonatal System (LMNS) Team**	• Maternity Commissioner looking at a pilot for Social Prescribing Link Workers to offer targeted support for families in accessing early screening and pregnancy care. • Both Nottingham University Hospitals (NUH) and Sherwood Forest Hospitals (SFH) achieved full compliance with the 7 Ockenden Immediate and Essential actions in 2023. • An evaluation of the Maternity tobacco incentive scheme piloted at SFH to encourage pregnant people to set a quit date showed support from the Phoenix team and encouraged pregnant people to set a quit date and helped remove barriers, such as the perception of the stigmatisation of smoking when pregnant. The impact of the pilot resulted in improved infant health indicators. • The Best Start in Breastfeeding Partnership group has been working to target breastfeeding support from maternity services, Healthy Family Teams and Family Hub Networks/Children's Centre Services in areas with persistently low rates. • Both Nottinghamshire County Council's Children's Centre Service and Nottinghamshire Healthcare Foundation Trust's Healthy Families Team and Infant Feeding Co-ordinators have recently been re-accredited by UNICEF Baby Friendly Initiative retaining their Gold Status.	• Reduction in proportion of women smoking at time of delivery to close gap between local and England average to match England average by March 2028. • Improvement in breastfeeding prevalence 6 to 8 weeks after birth to achieve ICS average of 56% by March 2028.
Focus on children's emotional health and wellbeing and school readiness, including speech and language support. **Lead: Maxine Bunn, ICB**	• Mental Health Support Teams in Schools continue to expand. Rollout has been targeted to areas of highest need with 55% coverage in schools in the city and 35% of all schools in the county currently. • The i:Thrive approach is being adopted by system partners. This ensures a common language and consistent approach to supporting children and young people's health needs. • Increased capacity in the specialist Speech Language and Communication Needs to support service redesign, early identification and reduction of waits. • Over 300 early years practitioners attended Language Leads Networks in 2023-24, which enable practitioners to develop/enhance skills, knowledge and confidence in supporting children's early language development.	• Increase the percentage of children with free school meal status achieving a good level of development at the end of reception from the national average to statistically better than the national average by March 2028.
Delivering six physical health transformation programmes, developing a system approach to childhood obesity. **Lead: Maxine Bunn, ICB**	• Clinical networks have been established for asthma, obesity and epilepsy. • Two new obesity services launched April 2024 through the Health Inequalities Innovation and Investment Fund; specialist multi-disciplinary team weight management service for children, and Single Point of Access aimed at providing professionals with a simple and seamless pathway to refer Children and Young People. • Children with excessive weight (CEW Clinic) delivered through NUH and SFH. • Active Notts have offered 20 Teach Active licenses to City schools giving them access to lesson plans and resources for Active English and Maths lessons in the next academic year. NCMP data was used to select schools based on those with the highest levels of overweight/obese students. • Thriving Nottingham supported 82 school students through its healthy lifestyles programme at the end of the last academic year, with more to come in the new academic year. The adult and children/families healthy weight programme is now fully operational. In their first month, 139 adults started a range of 12-week programmes with 50% of participants living in the most deprived areas of the city. • NUH have brought together partners to establish a Sustainable Food Partnership. Following a meeting in April, objectives have been drafted ahead of the inaugural Sustainable Food Partnership meeting in September.	• Stabilisation of rising rates of obese and overweight children in year six to a 2.7% rise from the 2021/22 baseline by March 2028.

Priority 01	We will support babies, children and young people to have the best start in life with their health, development, education and preparation for adulthood.

Strategic lead	Maria Principe, ICB	Delivery Lead	Children's Integrated Commissioning Hub	Accountability	Integrated Care Board

Action	Progress	Long term Outcomes
Develop multidisciplinary family hubs. **Lead:**	By April 2025 Family Hub Networks will cover all of Nottinghamshire whilst targeting priority neighbourhoods identified because of high levels of need and inequalities. Notts Help Yourself, the current digital platform for the "Virtual Family Hub", has been further developed across 2023-24 based on subjects identified through co-production with families as part of the Family Hub Network developments.	
Recognising young carers at the earliest opportunity and ensuring appropriate support is in place. **Lead: Charlotte Dodds, Nottingham City Council; Linzi Adams, Nottinghamshire County Council**	• A Joint Carers Strategy has been agreed to set out how services will work together with carers and partner services to delivery high quality support to carers in Nottingham and Nottinghamshire. • Awareness raising in schools and in health and social care teams with 136 new organisations engaged since the beginning of the new contract in October 2024. • In the first 9 months of the new Young Carers Support Service, 534 young carers have been supported, approximately 150 referrals each quarter. This is triple the number of young carers who were supported prior to the new contract.	• An increase in the proportion of carers who report they had as much social contact as they would like • An increase in carer reported quality of life score
Prioritising babies and children at greatest need including those with special educational needs and disabilities, children in care and youth justice system, plus from the LGBTQ+ community and those with complexities requiring therapeutic placements. **Lead: Maxine Bunn, ICB**	• In 2023/24 access to children and young people's mental health support exceeded the nationally set target of 16,507 with 19,760 children and young people supported. • Special Educational Needs and Disabilities (SEND) dashboard now in place through collaboration and sharing of data across ICB and County Council. City work in progress. • Priority areas for meeting SEND needs agreed including, ADHD/ASD assessment, sleep, sensory processing support, Occupational Therapy, Physiotherapy and Speech and Language Therapy services. • Joint Strategic Needs Assessment (JSNA) chapter and a profile pack focussing on the health and wellbeing needs of Children in Care and Care Leavers and; Children known to the Youth Justice Service respectively have been developed (July 2024), providing recommendations for local action across Nottinghamshire.	• A sustained positive annual reduction from the 2020/21 baseline of 380.6 per 100,000 hospital admissions as a result of self-harm. • To continue to exceed the national targets set for the numbers of children and young people who access mental health services and improve their outcomes.
Ensuring that palliative and end of life care services for children and young people are flexible and meet their needs. **Lead: Maxine Bunn, ICB**	• East Midlands Operational Delivery Network established and has started training more highly specialist clinicians to support the region. • Commenced a 24/7 Single Point of Access for nursing and medical colleagues in the region supporting end of life care in children and young people.	• By March 2028, 90% of children and young people who are identified in their last year of life have had an anticipatory care planning discussion recorded

Priority 02	We will support frail older people with underlying conditions to maintain their independence and health.				
Strategic lead	Victoria McGregor-Riley, ICB	Delivery Lead	Place Based Partnerships	Accountability	Place Based Partnership Executive

Action	Progress	Long term Outcomes
Using risk stratification to identify, screen and categorise people at greatest risk of frailty and admission to hospital **Lead: Place Based Partnerships**	• Workflows used by Care navigation services in eHealthScope to be updated to reflect targeted areas of need related to frailty and long-term conditions to enable a focus for multi-disciplinary teams. • A new model of care navigation has been developed that refocuses the service to support our most vulnerable population and those living with long term conditions. The aim is to improve population outcomes and support financial sustainability plans associated with managing frailty and long-term conditions. This will cover the whole population of Nottingham and Nottinghamshire. • The good practice Multi-Disciplinary Team (MDT) guidance has been updated to facilitate MDT meetings.	• Reduction in emergency hospital admissions over the next 5 years • Reduction in the rate of emergency admissions due to falls in people aged 65 and over (rate per 100,000) • Reduction in emergency admissions for fractured neck of femur
Developing multi-disciplinary personalised care plans to support health, care and independence needs **Lead: Place Based Partnerships**	• Engagement will be undertaken through integrated neighbourhood working / local design teams whereby frailty is a key programme of work. • As part of the Mid Nottinghamshire Health Inequalities Innovation and Investment Fund, a Best Years Hub has been established in Newark providing a non-medical approach to advanced care planning.	• Increase in the proportion of people who feel they have control over their daily life
Seeking parity of esteem for mental and physical health needs including a focus on dementia **Lead: Place Based Partnerships**	• The Rushcliffe dementia communication and support project is being rolled out across South Notts. • Learning being shared across all Place Based Partnerships (PBPs).	• Increase the proportion of adults in contact with secondary mental health services living independently, with or without support • Increase in the number of people living with dementia being coded as having a carer
Prioritising secondary and tertiary prevention to delay disease progression and maintain independence for as long as possible **Lead: Place Based Partnerships**	• Almost 17% of the ICB's population is diagnosed with some form of cardiovascular disease (CVD). Hypertension is one of the most important risk factors for CVD and case finding approaches have been put in place to identify people with suspected hypertension for early appropriate management. • Local design teams across Nottingham and Nottinghamshire are focussing on the greatest areas of clinical need including for example, in South Nottinghamshire cardiovascular disease and long-term conditions. For example, in Nottingham West Primary Care Network, a Cardiology Pharmacy Team was established working across the 12 GP practices. The team reviewed more than 3,250 patient records and achieved a 25% hypertension diagnosis rate. This freed up 3,103 appointments in General Practice. A similar project was undertaken in Mid Nottinghamshire targeting the 20% most deprived areas. The service found 980 new cases of hypertension in 8 months. • PBP Place Plans have been produced which include a focus on identification and management of long-term conditions.	• Reduction in emergency admissions for people with CVD/respiratory in priority neighbourhoods

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Strategic lead	Victoria McGregor-Riley, ICB	Delivery Lead	Place Based Partnerships	Accountability	Place Based Partnership Executive

Action	Progress	Long term Outcomes
System review of hospital discharge and reablement pathways to get people back to their place of home as quickly and independently as possible. **Lead: Gemma Whysall, ICB**	• An external audit assessment has been completed on the system discharge arrangements. • ICS Discharge Recovery Action Plan implemented focusing on immediate actions to reduce the no criteria to reside /medically safe for transfer numbers over the next 6 months. • A Pathway 1 (P1) Service Benefits Review was completed in Quarter 1. • Front Door Integrated Discharge Team process mapping processes to identify if there are opportunities for streamlining discharge planning, reducing duplication and embedding new ways of working. • Right sizing and recommissioning of Pathway 2 (P2) provision across of the ICS by Quarter 3.	• 100% of discharges made on the same day or the next day as the person was deemed medically safe for discharge/medically fit for discharge • Increase the proportion of people (aged 65 and over) who were still at home 91 days after discharge from hospital into reablement/ rehabilitation services • Equitable P2 provision across the ICS
Recognising carers at earliest opportunity, and ensuring person-centred support is in place. **Lead: Charlotte Dodds, Nottingham City Council; Linzi Adams, Nottinghamshire County Council**	• A Joint Carers Strategy has been agreed to set out how services will work together with carers and partner services to delivery high quality support to carers in Nottingham and Nottinghamshire. Plans for as many ICS organisations as possible to confirm their intention to implement the ICS Carers Strategy through an individual pledge relevant to their organisation's activities • Services supporting adult carers through information, assessment and support planning. The service receives an estimated 491 referrals per quarter and creates 278 support plans. There are now 13,052 Carers known to the service, who previously been supported and continue to receive information and advice. • The Carers Hub also works closely with GP practices across the ICS to support primary care services to #ThinkCarer and develop Carer Champion roles within practices. This work supports the early identification and support, preventing crisis and carer breakdown. • The ICS Cares Strategy group continues to include co-production membership, including carers and providers of support services. The group is focused this quarter on collating pledges and supporting the coordination of activities for Carers Rights Day . • It is estimated that over 500 people are supported to take a break from caring, either for a small number of hours in the day 'sitting' services or longer overnight breaks. Case studies have been shared by the services, which describe people using their breaks for a variety of purposes to improve their wellbeing and in some circumstances to access their own healthcare appointments.	• An increase in the proportion of carers who report they had as much social contact as they would like • An increase in carer reported quality of life score
Further improving infection prevention and control practice and reducing antimicrobial resistance **Lead: Sally Bird / Wendy Walker, ICB**	• The development of a urinary tract infection (UTI) strategy is in progress to support with the reduction in gram-negative blood stream infection. • UK Health Security Agency and Public Health are supporting with available E. coli data drilling down on areas of concern to support with the development of actions.	• Achieve reductions in healthcare acquired infections and reduce antimicrobial resistance. • Prevent any increase in Gram-negative BSI from the 2019-20 baseline.

Priority 03	We will 'Make Every Contact Count' for traditional areas of health, for example, mental health and healthy lifestyles, and incorporate signposting to other services like financial advice which support people to improve their health and wellbeing

Strategic lead	Public Health City and County	Delivery Lead	Public Health City and County	Accountability	City HWB and County HWB

Action	Progress	Long term Outcomes
Develop a Making Every Contact Count (MECC) framework for action across ICS organisations **Lead: Paul Miles, County Council**	• County Public Health have allocated additional resource for an 18-month period to evolve and embed the MECC approach. • An ICS MECC framework for action will be developed in 2024-25 considering the training interventions, infrastructure, culture and environment needed for staff across our workforce to deliver effective MECC conversations. • Consultation is ongoing through the Personalised Care Strategic Development Group to identify the best strategies for engagement across the system for framework design and implementation.	• MECC Framework developed. • A reduction in under 75 mortality rate from causes considered preventable from the 2017-2019 baseline.
Developing a flexible approach to MECC training and support that will be owned and tailored by the different services. **Lead: Paul Miles, County Council**	• A multi-level, consistent MECC training offer will be co-designed with the Health and Social Care workforce, before being piloted and launched during 2025. Local training will be based on the Wessex Healthy Conversation Skills model and incorporate the Building Blocks of Health communications approach. • An extended MECC and wider prevention training offer will support the workforce to facilitate better conversations about health behaviours (e.g., smoking, physical activity, mental health etc.) and the building blocks of health (e.g., good quality homes, stable jobs etc.). • Engagement is ongoing including a baseline workforce prevention survey with over 300 responses from ICS staff and volunteers. Targeted engagement continues with identified priority staff groups.	• 90% of frontline health and care professionals to have completed MECC training by 31st March 2028. • 70% of overall workforce to have completed MECC training within the past 5years by 31st March 2028.
Embedding MECC training into the personal development plans and appraisals of all health and care staff, with consideration that MECC becomes mandatory training. **Lead: Paul Miles, County Council**	• The systemwide multi-level MECC training programme will be made accessible to all staff in 2025, which will in turn need to be mandated for new starters and across the frontline workforce to ensure we can meet system targets for training uptake.	• All new starters to have completed MECC training as part of standard induction across all employers by March 2026
Clarifying signposting and referral mechanisms into prevention services, collaborating with local health and wellbeing services **Lead: Hazel Buchanan, ICB**	• From the 1 April 2024, City went live with a new integrated wellbeing service, Thrive Tribe. Thrive Tribe have been communicating all new referral pathways and meeting with stakeholders. County continue to work with Place Based Partnerships and through the Health and Wellbeing Board to increase referrals. Link Workers have clarity on the pathways.	• An increase in referrals into prevention services from 2022/23 baseline to 31 March 2028

Priority 03	We will 'Make Every Contact Count' for traditional areas of health, for example, mental health and healthy lifestyles, and incorporate signposting to other services like financial advice which support people to improve their health and wellbeing

Strategic lead	Public Health City and County	Delivery Lead	Public Health City and County	Accountability	City HWB and County HWB

Action	Progress	Long term Outcomes
Prioritising brief interventions for those of greatest need **Lead: Place Based Partnerships**	• Local design teams across the ICS are using the principles of Making Every Contact Count (MECC) working with priority neighbourhoods. • Services interacting with people experiencing the greatest need are being identified and prioritised for targeted engagement and MECC training.	• Reduction in emergency admissions for people with CVD/respiratory in priority neighbourhoods
Maximising the potential of roles that support the whole person, such as Social Prescribing Link Workers **Lead: Place Based Partnerships**	• A breathlessness pathway is being set up in Nottingham West to test the approach of integrated neighbourhood working. This will include the role of the physio, health and wellbeing coaches, social prescribing link works and others. The learning will be shared and adopted across other Primary Care Networks (PCNs) if successful.	• An increase in the number of Social Prescribing Link Workers across the system. • Increase full completion of RESPECT forms in line with expected prevalence.

Aim 1 - Issues and risks for ICP consideration

1. Operational pressures are affecting leadership capacity and pace of progress.
2. Issues have arisen when prioritisation is given to competing organisational priorities vs system priorities.
3. Engagement and buy in across health and care leadership is challenging for delivery of some actions.
4. In urgent and emergency care, there are issues for data availability where the metrics are not currently reported in clinical systems.
5. Current Pathway 1 operational model does not always meet the full range of needs intended in the business case, with some Pathway 1 patients still going to Pathway 2 because the providers cannot meet their needs at home.
6. Continuing Healthcare (CHC) assessing capacity is insufficient to meet demand and will therefore be unable to meet timeframes in Pathway 2.
7. Pathway 2 providers are not able to manage dependency level of patients in current beds model.
8. The lack of anticipated change to healthcare acquired infection (HCAI) thresholds 2024/25 may mean that the targets may not be achievable as they remain case based and not rates which adjust for increased activity.

Priority 04	We will support babies, children, young people and adults with the greatest needs (the 20% most deprived areas nationally, those in vulnerable or inclusion groups and those experiencing severe multiple disadvantage)				
Strategic lead	Jan Sensier, Nottinghamshire Healthcare	Delivery Lead	Health Inequalities Group	Accountability	City HWB and County HWB

Action	Progress	Long term Outcomes
Delivering the priorities of the adult and children and young people NHS England Core20+5 frameworks **Lead: Hazel Buchanan, ICB**	• Plans are in place for each of the five clinical areas. Progress is at varying stages.	• To meet the Core20+5 ambitions across the five clinical areas for adults and children and young people.
Equitable access to immunisation and screening and health checks, including babies and children and those for people with severe mental health and learning disabilities **Lead: Hazel Buchanan, ICB**	• Actions are being taken to support Primary Care Networks to reach out to target populations. • Local Authorities are working with Place Based Partnerships on increasing the number of health checks. • Place Based Partnerships have implemented Integrated Neighbourhood Teams / Working which will include a focus on immunisation and screening.	• To achieve equity in access and experience and equal outcomes from services for those of greatest need.
Identifying and addressing the 'care gap' in effective anticipatory care and secondary prevention interventions that are not completed, to provide a holistic, personalised approach to care, prioritising those most in need **Lead: Victoria Mcgregor-Riley, ICB**	• Draft ICS frailty delivery plan developed with 3 priority workstreams – prevention, identification, and management. These workstreams are being mobilised. • Place Based partnerships have frailty prevention plans in place.	• A reduction in non-elective activity through proactive management of long-term conditions to achieve Long Term Plan and ICS Clinical Prioritisation ambitions.
Embedding a trauma informed approach across the system **Lead: Violence Reduction Partnership**	• Trauma Informed Strategy 2022 – 2025 agreed. • Violence Reduction Partnership has established a system wide Trauma Implementation Group to develop a system wide training programme. • On going Chief Nursing fellowship project: Developing trauma-informed care within general practice: Scoping existing practice, resources and gaps. • Collaborative Inquiry into Trauma informed working for Rough Sleeper Initiative (RSI) services delivered followed by the development of a bespoke trauma informed training programme and an RSI Trauma Informed Charter.	• 80% of target staff attending trauma informed approach training.
Ensure support and services for those with palliative and end of life care needs are in place and equitably available for children, young people and adults **Lead: Lisa Durant, ICB**	• Completed End of Life (EoL) ambitions self-assessment toolkit across the ICS to identify gaps and improve services • Developed an EoL digital platform with resources accessible to health professionals and the public. • Funding agreed to implement Recommended Summary Plan for Emergency Care and Treatment (ReSPECT) digitally across the system	
Improve the data quality for ethnicity and disability **Lead: Hazel Buchanan, ICB**	• The System Analytics and Intelligence Unit (SAIU) has robust data on ethnicity. Providers are working to improve ethnicity data. Disability is impacted by coding and consideration is being given as to how best to improve data quality. This may be supported by the Reasonable Adjustment Digital Flag.	

Priority 04	We will support babies, children, young people and adults with the greatest needs (the 20% most deprived areas nationally, those in vulnerable or inclusion groups and those experiencing severe multiple disadvantage)

Strategic lead	Jan Sensier, Nottinghamshire Healthcare	Delivery Lead	Health Inequalities Group	Accountability	City HWB and County HWB

Action	Progress	Long term outcomes
Delivering the priorities of the NHS Mental Health Implementation Plan and adopting the reforms to the Mental Health Act **Lead: Maxine Bunn, ICB**	• Work continues to eliminate inappropriate out of area placements, with the improvement/reduction trajectory currently being met. • A Community Mental Health Transformation integrated model has been implemented across the ICS. The access standard across transformed and traditional services was not met in 2023/24 but is expected to be met in 2024/25. • The Annual Physical health check for Serious Mental Illness (SMI) standard achieved 72% of people on the SMI register having a check in 2023/24.	
Reviewing progress of the local Learning Disability and Autism Programme **Lead: Rhonda Christian, ICB**	• Quarterly activity plan in place to achieve the national target of 75% of people on the learning disability register (14 years and over) to receive a health check by March 2025. • NHS England have confirmed that the Impact and Investment Fund (IIF) in 2024/25 will continue to incentivise GP practices to ensure a Health Action Plan is completed as part of the Annual Health Check (AHC).	• At least 75% of people aged 14 or older with a learning disability will have had an annual health check.
Focusing on children and young people with complex needs requiring therapeutic placements **Lead: Maxine Bunn, ICB**	• Nottinghamshire County Council Joint Strategic Needs Assessment (JSNA) for Children in Care and Care Leavers is due to be presented to the Health and Wellbeing Board in September 2024 for ratification. Actions for improvement will be overseen by Partnership Board. • Children in Care Nursing Team have implemented a transformation plan to ensure equity of practice for children and young people originating from Nottingham and Nottinghamshire and those placed in- area. A levels of needs framework is also in development to ensure right care at the right time. • The system average waiting time for Children in Care's Initial Health Assessments are reducing.	
Focusing on populations including those with severe mental illness (SMI), homelessness, domestic abuse, severe multiple disadvantage (SMD), financial vulnerability, multiple or life limiting illness, ethnic minority groups, care leavers and people with learning disabilities and / or autism **Lead:**	• Co-produced Director of Public Health's annual report on Severe Multiple Disadvantage (SMD) was published in November 2023 and a Health and Wellbeing Baord workshop to support delivery of recommendations was undertaken in February 2024. An SMD focused Safeguarding Adults Board was delivered in May 2024. • Range of activities are underway to transition from national to local funding and oversight arrangements for Severe Multiple Disadvantage (SMD) populations. This includes a review of strategic ambitions which will be followed by a review of strategic and operational oversight arrangements. • Partners have developed a range of resources on SMD to support colleagues in primary care and improve access and outcomes for people / patients. • Research report on experiences of SMD within Nottingham's Ethnically Diverse Communities now completed, providing insight into how SMD intersects with ethnic and community backgrounds. Findings from this study are informing SMD delivery and are also now being incorporated into the PBP's Race Health Inequalities workstream. • Approximately 80% of beneficiaries of the Changing Futures programme have consented to allow matching to their healthcare records to enable analysis of impact on frequency of longer-term use of reactive health interventions (e.g. A&E attendances and inpatient bed days). • Ongoing delivery of the Domestic Abuse Strategy 2021-24 has been undertaken and the strategy will undergo a refresh this year.	• Reducing the number of people with learning disabilities and autism in an inpatient environments and increasing the number of people living in their local community in line with our system trajectory.

Priority 05	We will focus and invest in prevention priorities, like tobacco, alcohol, healthy weight, oral health and mental health, to support independence, prevent illness, poor birth outcomes and premature death from heart attack / stroke / cancer / chronic obstructive pulmonary disease COPD, asthma and suicide.

Strategic lead	Jan Sensier, Nottinghamshire Healthcare	Delivery Lead	Health Inequalities Group	Accountability	City HWB and County HWB

Action	Progress	Long term Outcomes
Creating an Inequalities and Innovation Investment Fund to tackle the top prevention priorities for local people, including tobacco, alcohol, healthy weight and mental health **Lead: Hazel Buchanan, ICB**	• The Integrated Care Board (ICB) Health Inequalities Investment Fund (HIIF) has allocated c£4.8m in 2023/24 and 2024/25 across 9 schemes relating to three themes of Severe Multiple Disadvantage (SMD), Integrated Neighbourhood Working and Best Start in Life. All schemes are operational. The HIIF is supporting the ICBs wider programme of work to address health inequalities.	• Increased proportion of spend on prevention.
Agreeing to adopt the principle of 'proportionate universalism' in future funding allocations across the partnership so that resources are deployed according to need rather than historic allocation **Lead: Hazel Buchanan, ICB**	• Action supports the equity principle. Implementation will be supported by the Prevention, Equity and Integration workshops being held over the summer of 2024.	
Development of an ICS all age Mental Health Strategy **Lead: Maxine Bunn, ICB**	• The ICS Mental Health Partnership Board is being reviewed which will include developing timescales for the strategy development to align with the 3 year inpatient strategic plan.	
Complete an evidence-based system review of the prevention offer and operating model to reshape and integrate services **Lead: Hazel Buchanan, ICB**	• Capacity is not available to complete an evidence-based system review. • The NHS tobacco services are evidence based, weight management will be informed by NICE Technology Appraisals (TAs) which are evidence based and alcohol service are developed based on best practice. • Weight management will be impacted and driven by the recommendations of NICE TAs. • In 2023/24, Your Health Notts supported 1,909 four-week smoking quits, 1,025 adults to achieve a 3% or 5% weight loss, 3,058 people to increase their levels of physical activity and 2,009 adults to reduce their alcohol consumption. In addition, 2,358 people who accessed the service in 2023/24 reported an improvement in mental wellbeing.	• Best start in life indicators • A smoke free generation by 2040 ensuring that we take an equitable approach to working with our most vulnerable groups • A 10% reduction in alcohol related hospital admissions from 2020/21 baseline. • A stabilisation of the rising rates of obese and overweight adults (aged 18+) from 2020/21 baseline. • Suicide rates (persons, directly standardised rate per 100,00) to be statistically similar or lower than the England average by 2027/28 • A reduction in the numbers of children under 10 years who require tooth extraction in hospital

Aim 2 - Issues and risks for ICP consideration

1. There are pressures across the system preventing the implementation of plans. Discussions are ongoing with community providers and general practice to prioritise activity.
2. Capacity is not available to complete an evidence-based system review of the prevention offer and operating model.

Priority 06	We will establish a single health and care recruitment hub				
Strategic lead	Philippa Hunt, ICB	Delivery Lead	ICS People and Culture Group	Accountability	Integrated Care Board

Action	Progress	Long term Outcomes
Leading on joint recruitment, enabling deployment and sharing of staff to respond to service needs. This could include benchmarking and exploring opportunities across the ICS and the wider D2N2 Local Enterprise Partnership **Lead: Philippa Hunt, ICB**	• A "One Workforce" approach is being developed that will consist of the right number of people, to meet demand and improve health outcomes, working at the right location to deliver the treatment and care our populations deserve, with the skills and training to support prevention as well as treatment to enable the population to stay healthy and at a cost that is affordable. • Updates have been provided to key system groups and an ICB Board development session has been held with stakeholders.	• Workforce is more reflective of our local population at Place (split by deprivation, age, ethnicity, gender and disability) through all levels / bands. • A reduction in ICS health and care staff turnover rate to 10% by March 2028
Completing work to explore opportunities to address parity issues for care workers across the system **Lead: Philippa Hunt, ICB**		• An increase of 10% in the number of jointly employed health and care posts • A reduction of staff sickness and absence rates to pre-Covid levels (4.5%)

Priority 07	We will adopt a consistent system-wide approach to quality and continuous service improvement				
Strategic lead	Diane Charles, ICB	Delivery Lead	System Quality Framework Implementation Group	Accountability	Integrated Care Board

Action	Progress	Long term Outcomes
We will adopt a consistent system-wide approach to quality and continuous service improvement, exploring opportunities and aligning where practicable. **Lead: Diane Charles, ICB**	• A System Quality Framework Implementation Group (SQFIG) has been established with membership from quality, safety and improvement representatives from across the system. • This group has created a shared purpose and single definition of system quality and is working to implement a system quality framework based around five key pillars and enablers. These are Quality Planning, Building Improvement, Quality Assurance, Cultural Change and Leadership and Co production. • The System Quality Framework enables all partners to align their current quality strategies and plans and will include population engagement. • The ICB are carrying out a system mapping exercise against the five components of NHS IMPACT (improving Patient Care Together) using a system wide self-assessment survey and analysis of the results. • A round table in June 2024 will progress next steps around the survey mapping findings and plan how system continuous quality improvement, planning, and assurance arrangements will be captured.	• Continuous Improvement system priorities are shaped by data and people insights directing resource to improvement interventions to address population needs. • Whole system approach to continuous improvement in place. • Increased integration across the system • Quality Improvement system transformation drives decision making and priority setting. • Continuous Improvement is visible across the system

Priority 08	We will align our Better Care Fund programme to our strategic priorities				
Strategic lead	Roz Howie, Nottingham City Council, Katy Ball, Nottinghamshire County Council, Sarah Fleming, ICB	Delivery Lead	Naomi Robinson, ICB, Karla Banfield, City Council, Anna Oliver, County Council	Accountability	City HWB and County HWB

Action	Progress	Long term Outcomes
We will ensure our Better Care Fund programme is meeting the needs of local people and aligned with the ambition of this strategy	• A joint review of early intervention and prevention support roles is being undertaken in County to identify areas for greater integration of navigator roles. • The Collaborative Commissioning Oversight Group has been re-established and met in early October to provide support and advice to the commissioning, planning and delivery of integrated care. The Group will ensure that stakeholders across the ICS are supported to understand, unblock and resolve system issues and realise system benefits of integration through the use of a collaborative planning and commissioning approach.	

Priority 09	We will bring our collective data, intelligence and insight together				
Strategic lead	Maria Principe, ICB	Delivery Lead	System Analytics Intelligence Unit	Accountability	Integrated Care Board

Action	Progress	Long term Outcomes
Creating a common view of outcomes, quality and performance across the ICS **Lead: Maria Principe, ICB**	• Work continues to take place between the ICB System Analytics Intelligence Unit (SAIU) and Public Health Intelligence to bring data and insight together. • ICP will receive a paper at their October meeting on the proposed outcomes and ambition to be achieved through delivery of the Integrated Care Strategy.	• An agreed ICS outcomes framework, with associated dashboards, that is used to identify priorities across the system.
Looking for opportunities for alignment across the system to support service planning and integration **Lead: Maria Principe, ICB**	• Clinical priorities have been identified for NHS partners and are embedded in the NHS Joint Forward Plan. • A Clinical Senate has been established for the purpose of reviewing key areas of work and providing advice on system opportunities to ensure that decision making is evidence based.	
Developing 'one version of the truth' through agreed system metrics and dashboards **Lead: Maria Principe, ICB**	• A number of dashboards have been developed with access available to all system partners. Dashboards have been developed to support monitoring outcomes for the Integrated Care Strategy and NHS Joint Forward Plan.	• Development of a collaborative virtual intelligence system across the ICS.
Developing a pipeline for the next generation of data, intelligence and insight workforce across the system **Lead:**		

Priority 10	We will make it easier for our staff to work across the system				
Strategic lead	Philippa Hunt, ICB	Delivery Lead	ICS People and Culture Group	Accountability	Integrated Care Board

Action	Progress	Long term Outcomes
Establishing jointly employed head of commissioning posts for Ageing Well and Living Well, and head of quality and market management **Lead: Maxine Bunn, ICB**	• Two Joint Posts for Integrated Mental Health Commissioning and the development of the 3-year strategic plan are in post.	• Recruited key joint posts.
Further developing the Memorandum of Understanding for mutual aid between organisations **Lead: Jennifer Guiver, Nottinghamshire Healthcare**	• The mutual aid Memorandum of Understanding has been refreshed.	• Explore potential opportunity to roll out the Memorandum of Understanding to wider partners where appropriate by March 2026
All NHS providers being registered to utilise the digital staff passport to support movement of staff between organisations **Lead: Philippa Hunt, ICB**	• Three providers are in Wave 2 for the implementation of the Digital Staff Passport which will support the flexibility of staff movement between NHS organisations that utilise Electronic Staff Record.	• Agreed an ICS staff induction which sets out the expected standards across the workforce to embody this strategy's principles
Developing a rotational scheme to support allied health professionals to move between sectors (NHS providers, primary care and social care) **Lead: Philippa Hunt, ICB**	• Work has commenced on the rotation of Occupational Therapists across Health and Local Authorities. Additional charity funding has been secured to progress the work further.	• Working with partners on a common Strategic Workforce Plan approach.
Reviewing data sharing agreements to ensure staff have access to the information they need to deliver the best care. **Lead: Philippa Hunt, ICB**	• Progress on understanding the sharing of workforce data.	• Streamlined, appropriate information sharing in place

Priority 10	We will make it easier for our staff to work across the system				
Strategic lead	Philippa Hunt, ICB	Delivery Lead	ICS People and Culture Group	Accountability	Integrated Care Board

Action	Progress	Long term outcomes
Establishing an integrated commissioning function and a quality and market management function across the ICS **Lead: Gemma Shelton, Nottinghamshire County Council**	• The ICB and County Council have a joint post which supports an integrated approach to the care home and homecare sector. • The team consists of both health and social care professionals and is managed by an Integrated Group manager. • The team are responsible for the quality oversight of the care home and home care market across Nottinghamshire. This includes service development, workforce support, commissioning, contracting of services, and the development of the care sector market to meet the needs to the public living in Nottinghamshire.	• Integrated commissioning function and a quality and market management function established across the ICS • A standard approach to quality with the aim of reducing duplication and providing value for money.
Developing integrated discharge hubs to encourage an integrated approach to service delivery **Lead: Gemma Whysall, ICB**	• Six day working is in place at NUH and SFH integrated discharge hubs. • Transfer of Care Hub Maturity Self-Assessment submitted May 2024, together with an expression of interest to participate in a Transfer of Care Hub Peer Review.	• Integrated discharge hubs implemented

Aim 3 - Issues and risks for ICP consideration

1. There is a risk that the operational and financial challenges across the system will hinder opportunities for developing collaborative approaches and the establishment of pooled budgets due to the need to manage today's pressures.

Priority 11	Use our collective funding and influence to support our local communities and encourage people from the local area to consider jobs in our organisations				
Strategic lead	Paul Robinson, Sherwood Forest Hospitals	Delivery Lead	Anchor Champions Network	Accountability	Integrated Care Board

Action	Progress	Long term Outcomes
Strengthening the ICS Anchor Champions network to explore maximising support for social and economic development **Lead: Jonathan Rycroft, ICB**	• The ICB continues to facilitate the Anchor Champions Network (ACN) which defined the 2024/25 delivery priorities which are reflected in the NHS Joint Forward Plan and continues to share and promote best practice. • The ACN is currently seeking to confirm success metrics for 2024/25 for the delivery priorities. • The ICS is an active strategic partner in the Universities for Nottingham Civic Agreement, Midlands Engine and emerging Regional Collaborative to better understand how the NHS can support social and economic development. It will also strengthen links with the East Midlands Combined County Authority. • Employment, Skills and Health is a key 2024/25 priority. • The ICS bid to be one of 15 WorkWell Vanguard but was not successful. It will continue to build on the successful Individual Placement Support Programme to support people into work, remain in work and thrive in the workplace and has ambitions to develop an ICS Health and Work Strategy. • 2024/25 priorities for People, Net Zero, Procurement and Estates will continue to progress through ICS delivery groups. This is in addition to all the progress being made within individual partners and Place Based Partnerships.	• Strengthen ICS contribution to key strategic partnerships for social and economic development.
Partnership working with all major suppliers that identifies opportunities for local apprentice schemes, support disadvantaged groups and engages with local providers by March 2026 **Lead: Philippa Hunt, ICB**	The Working Well – East Midlands Individual Placement and Support in Primary Care service has been established locally to provide personalised support for people who are out of work or find it hard to retain a job due to disability or physical and mental health issues – to find, stay and thrive in employment. The service sits at the heart of the local work and health system, connecting together the wider support and services available to meet participants' needs.	• An increased proportion of the population with health conditions who are supported back into work.

Priority 12	We will add social value as major institutions in our area				
Strategic lead	Paul Robinson, Sherwood Forest Hospitals	Delivery Lead	Anchor Champions Network	Accountability	Integrated Care Board

Action	Progress	Long term Outcomes
Building on the work of local authorities to align the social value approach across the system **Lead: John Williams, Nottinghamshire Healthcare**	• The ICS has developed an appropriate social value framework that acts as a guide on implementing social value across all Procurement activity. This framework has been approved and implemented by all ICS NHS Trusts.	

Implementing the Universities for Nottingham Civic Agreement as our mission for anchor institutions across the ICS and D2N2 Local Enterprise Partnership
Lead: Alex Ball, ICB
	• All partners within the System continue to be strong participants within the Universities for Nottingham Partnership – both at the Leaders Forum and the Programme Board.
	• Key work programmes including equality, diversity and inclusion approach to employment, Tomorrow's NUH, medical innovation and reputational marketing are ongoing. Partners across the system are actively participating in the flagship "Col(l)aboratory" research programme funded by Research England.
	• Election of Mayor for East Midlands and establishment of Combined County Authority will further accelerate partnership working across priority areas including employment, training and skills, housing, transport and innovation.
		• Outcomes will be aligned to the UfN Civic Agreement under the following headings:
		  • Economic prosperity
		  • Education partnership, skills and employment
		  • Environmental sustainability
		  • Health and wellbeing
		  • Community connections

Putting actions into place to support local people with the rising cost of living
Lead: Place Based Partnerships
	• The programme has led the pilot of financial awareness training with 66 staff and volunteers from the Small Steps Big Changes Family Mentors programme, alongside staff from Framework's mental health services. Participants reported increased knowledge and confidence in asking about financial wellbeing and two months following the training, 85% of participants reported asking service users about money worries.
	• The University of Nottingham evaluated the impact of Social Advice Prescribing Link Workers embedded in three Primary Care Networks. Initial findings have shown that:
	  ○ During 2023, 178 people benefited from support.
	  ○ There was an improvement in average service user self-reported mental and physical wellbeing as a result of the support received.
	  ○ There is evidence of substantial financial gain among service users e.g. in Bulwell and Top Valley Primary Care Network, led to an estimated total annual gain of more than £380,000 for referred patients.
	• Grant funding from Public Health for Advice Nottingham for 2024/25 of £406k has enabled a level of advice provision to be sustained in the city, promoting health and wellbeing outcomes and support the Advice Nottingham consortium to attract further funding.
	• Development of a food insecurity JSNA profile pack (March 2024), which provided recommendations for local action and research, including the development of the Nottinghamshire Sustainable Food Plan.
	• Citizen Advice services supported at Place providing advice on prescription services in South Nottinghamshire.	

Finalise our Estates Strategy, including a system wide prioritised list of Estates and Infrastructure Schemes by March 2025 **Lead: Lindsey Sutherland, ICB**	• Draft Infrastructure Strategy developed. • NHS Capital Management Group, and Space Utilisation and Disposals workstream established. • Priority schemes identified and agreed a system wide framework for prioritisation. • There has been a renewed approach to the Nottinghamshire and Derbyshire One Public Estate (OPE) programme – now named East Midlands OPE.	• Final iteration of the ICS Infrastructure Strategy

Priority 13	Work together to reduce our impact on the environment and deliver sustainable health and care services				
Strategic lead	Lindsey Sutherland, ICB	Delivery Lead	Anchor Champions Network	Accountability	Integrated Care Board

Action	Progress	Long term Outcomes

Reducing our environmental impact by delivering our ICS Green Plan - Progress with delivery of national and local priorities and opportunities to reduce carbon emissions, as outlined in our ICS Green Plan
Lead: Lindsey Sutherland, ICB
	• Clinical fellows are approaching the end of their first year. Individually they have provided bespoke carbon literacy training for their clinical specialities and have collectively hosted clinical engagement and knowledge days at SFH and NUH.
	• Three further clinical fellows are been confirmed to commence in August 2024 and focus on community care, primary care pharmacy, and nephrology.
	• System view on the progress made in reducing the carbon footprint over the past 3 years now available.
		• Staff across all organisations are empowered to make changes, reducing waste in their work by March 2026
		• Carbon Net zero:
		  • 80% carbon net zero by 2028-2032
		  • 100% carbon net zero by 2040
		• Supported by:
		  • 100% of electricity from renewable sources – April 23
		  • 0% of secondary care sites primary heat sources are oil fuelled on – April 23
		  • Ensuring over 90% of our owned or leased fleet vehicles under 3.5 tonnes are low emission vehicles, and 5% of those will be ULEV or ZEV
		  • CO2 impact of inhalers is reduced by 50% by 2028

Priority 14	We will focus on health, wellbeing and education for children and young people to help improve employability and life chances for future generations

Strategic lead	Phillipa Hunt, ICB	Delivery Lead	Anchor Champions Network	Accountability	Integrated Care Board

Action	Progress	Long term Outcomes

Work directly with young people, looked after children, care leavers and carers including those with special educational and disabilities to consider working in health and care
Lead: Phillipa Hunt, ICB
	• CARE4Notts has transitioned to individual providers who are continuing to support this agenda through work experience placements, support to job centres, talks/ambassadors attending schools and supporting career events.
	• Partnership with the charity Become to provide a framework for onboarding care experienced young people and to provide training to raise awareness for staff, so they gain an understanding of:
	  • The lived experience of children in care and care leavers
	  • The impact of trauma on care experienced young people.
	  • How to provide support to care leavers in the workplace using trauma informed principle
	• The training is available to all staff who undertake recruitment. Two training sessions took place in June and September 2024 with quarterly sessions moving forward.
		• Increase the % of health and care workforce under the age of 25 years

Aim 4 - Issues and risks for ICP consideration

1. Risk of future leadership and lack of programme resource is an issue. The ICB is only able to facilitate the ACN and participate in the Midland Engine Health and Life Sciences Board / Working Group and emerging Regional Collaborative. The programme is therefore heavily reliant on delivery of priorities through individual ICS partners, Place Based Partnerships and ICS Delivery Groups (e.g. People, Net Zero, Procurement, Estates).
2. There is a risk that in the context of significant and immediate financial and operational challenges this agenda receives less focus and resource. There is also a risk that decisions and actions necessary to address financial challenges have a negative impact on the progress the ICS can make against the Fourth Aim. This needs to be identified through ICS impact assessment processes and mitigated where possible.
3. Net Zero: despite reaching NHS England specified intervention targets, the system carbon footprint has remained virtually unchanged since 2019/20. There is a need to urgently commence a rigorous process of reducing energy-related carbon such as installation of LED lighting, assessing opportunities for on-site renewable or low carbon energy generation.

Meeting Title:	Integrated Care Partnership
Meeting Date:	28/10/2024
Paper Title:	**Embedding the Integrated Care Strategy principles of prevention, equity and integration**
Paper Reference:	ICP 24 008
Report Author:	Joanna Cooper, Assistant Director of Strategy, NHS Nottingham and Nottinghamshire ICB David Johns, Deputy Director of Public Health, Nottingham City Council Lucy Rutter, Consultant in Public Health, Nottinghamshire County Council
Report Sponsor:	Victoria McGregor-Riley, Acting Director of Strategy and System Development, NHS Nottingham and Nottinghamshire ICB Lucy Hubber, Director of Public Health, Nottingham City Council Vivienne Robbins, Interim Director of Public Health, Nottinghamshire County Council
Presenter:	Joanna Cooper, Assistant Director of Strategy, NHS Nottingham and Nottinghamshire ICB David Johns, Deputy Director of Public Health, Nottingham City Council Lucy Rutter, Consultant in Public Health, Nottinghamshire County Council
Recommendation(s):	The Integrated Care Partnership is asked to **discuss** the key themes arising from the workshop and endorse the recommendations in paragraph 19.

Summary:
The Integrated Care Partnership (ICP) supported the development of a piece of work to articulate how we will deliver our ambitions for prevention, equity and integration. A task and finish group with colleagues from Public Health and the Integrated Care Board (ICB) was established to develop the approach. This report updates the ICP on progress and seeks approval for the next steps outlined in the recommendations.

Appendices:
Appendix A. Embedding the Strategy Principles Workshop Report

How does this paper support	**the Integrated Care System's core aims to:**
Improve outcomes in population health and healthcare	The Integrated Care Strategy sets out an approach to system working based on the key strategic principles of prevention, equity and integration. These principles inform the key programmes/interventions that are expected to drive improved outcomes for the population through a better understanding of local population need, the development of locally sensitive support and services, and through greater collaboration between system partners.

How does this paper support	the Integrated Care System's core aims to:
Tackle inequalities in outcomes, experience and access	The Integrated Care Strategy describes the approach to ensuring that local population need is understood, and that support and service provision is tailored to this need.
Enhance productivity and value for money	Key drivers for productivity and value for money are described in the Integrated Care Strategy along with the contribution each programme / initiative will make.
Help the NHS support broader social and economic development	The approach to social economic development is set out the in the Integrated Care Strategy.

Report previously received by:
This work was last discussed by the ICP at its 22 March 2024 meeting.

Are there any conflicts of interest requiring management?
No.

Is this item confidential?
No.

Embedding the Integrated Care Strategy principles of prevention, equity and integration

Background

1. At its 22 March 2024 meeting, the Integrated Care Partnership (ICP) supported the development of a piece of work to articulate how we will deliver the three principles of the Integrated Care Strategy: prevention, equity and integration.
2. The aim of this work was to describe how partners will work together to meet the strategy principles and describe tangible actions that can be monitored and assessed for impact.
3. This report contains the summary findings from system workshops held during July to September 2024 and presents a number of recommendations to the ICP for further discussion.

Context

4. We recognise that the needs of our population are high and there are differences between areas:
    a) **People are dying earlier than they should be** – Nottingham City, Ashfield and Mansfield have significantly higher rates of avoidable and preventable deaths than the England average (and double that in other areas of our ICS).
    b) **Inequalities are stark**, with inequalities in health reflecting deprivation and social inequalities.
    c) **Preventable alcohol and cardiovascular disease (CVD) deaths are getting worse**.
    d) Our children are not as healthy as they should be, **childhood obesity remains high**.
    e) The number of people accessing some screening programmes is lower than needed.
5. The environment that we are all living and working in has changed:
    a) Local people continue to face financial challenges.
    b) All ICS partners are under pressure – facing rising demand and increased need for services, as well as meeting national and regulatory requirements.
    c) Organisations are encountering increasing running costs, and ongoing industrial action, whilst at the same facing challenges to their financial

sustainability (particularly in the voluntary, community and social enterprise sector).

d) Formation of the Combined East Midlands Authority bringing opportunity to our local area.

e) National and local political changes.

Key themes from the workshops

6. On behalf of the ICP, three workshops were held during July to September 2024 with attendees from across the ICS to support collective understanding of the impact of the Strategy principles and the opportunities to further embed these.

7. The workshops considered:

   a) The current context and constraints impacting on the embedding of the principles.

   b) How we are ensuring a shared understanding of the key principles of prevention, equity and integration.

   c) How we can collectively embed the principles, and how we will know if we have been successful.

8. A wide range of stakeholders from across the system were invited and 173 people attended, including representation from Place-based Partnerships, the voluntary, community and social enterprise (VCSE) sector, social care, and front-line staff. One of the workshops was specifically hosted by the ICS VCSE Alliance.

9. A report from the workshops is provided at Appendix A.

10. The workshops provided attendees an opportunity to share examples of work from across the system that demonstrates the three principles in action. A small selection are showcased in Appendix A and the report on Citizen Insights (agenda item 10).

11. It was recognised that the sharing and adoption of good practice across the ICS needs further consideration to maximise opportunities to inspire innovation.

12. The Strategy confirms and defines the three principles to underpin our collective action; however, the workshops have shown us that the principles are not necessarily consistently understood or adopted by all partner organisations and staff. Discussions at the workshops highlighted the range of different perspectives:

   a) **Prevention of ill health versus prevention of demand** – Our strategy outlines a collective commitment to the prevention of ill health. However, in the workshop discussions it was apparent that the word prevention is

interpreted differently. The financial challenges that organisations are facing is resulting in the focus being on demand prevention, often to the detriment of focus on prevention of ill health.

b) **Equity versus equality** – Participants recognised that equity and equality have often been used interchangeably. It was felt we need to better communicate the difference between applying approaches that adapt and meet the need of specific populations to address inequalities versus those that ensure everyone is offered the same service. In our strategy, partners have given their support to proportionate universalism (e.g. a core service offer that is flexible to the needs of people at the point of delivery) but there is little evidence that this is being utilised to drive transformation. Taking an equitable approach means that funding may be different across geographies / population cohorts to meet the highest needs within the whole population.

c) **Integration versus amalgamation** – In some cases, integration is seen as an absolute e.g. all integration is good and must be pursued. However, integration should be seen as a spectrum, there are some instances where full integration of service delivery supports people to access services, but others where signposting may be more appropriate.

13. The workshops gave us tangible actions to embed the Strategy principles. The appended report contains three discussion slides showing how local people, front line staff and commissioning organisations can collectively deliver the Strategy principles.

14. As a result of the workshops, we know there are key questions we need to ask ourselves at all stages of commissioning and delivery for both equity and prevention and we will work on defining them as an action, for example, embedding the commissioning healthcare for best outcomes approach[1]. The following paragraphs 15 to 18 set out the key actions identified to embed prevention, equity and integration.

15. **Prevention**

a) The Building Blocks of Health should be adopted as ICS wide framing of the Wider Determinants of Health at a strategic level. ICS partners and ICS groups should be encouraged to consider how the building blocks impact their pathways of care and patient outcomes.

b) ICP are asked to support work to progress on understanding prevention activities, which is highlighted as an action in the strategy. All ICS partners

[1] https://content.leadershipacademy.nhs.uk/aspce3/files/Systematically_Addressing_Health_Inequalities.pdf

should be encouraged to identify and support referral pathways into Nottingham and Nottinghamshire's two Health and Wellbeing services.

c) There was confirmed commitment to the development of an ICS Making Every Contact Count (MECC) work programme being one of the 14 priorities.

d) ICP to consider how it can influence the environments in which people live and allow for freedom of choice for communities to make healthy choices.

16. **Equity**

a) Consideration be given to the development of an ICS approach to sharing what we know about our local populations and the barriers they face. Endorse the development of a training programme and resource pack to guide co-design at a neighbourhood (PCN) level, including sharing learning and therefore an understanding of different population cohorts.

b) Adoption of the Race Health Inequalities Maturity Matrix by all ICS organisations, including writing it into contracts for commissioned providers.

c) Endorse the development of specifications and pathways across the Local Authorities and NHS that allow for delivery to have the flexibility and adaptability to respond to population need – aligned with health equity audits and effectively defining population need.

d) Endorse Local Authorities and NHS embedding regular Health Equity Audits reviewing access and outcomes across all our pathways and within contracting and commissioning approaches.

e) Endorse all ICS partners ensuring that decision making includes a question about population need and how the opportunity for equitable allocation has been considered.

f) Endorse work to consider how proportionate universalism can be adopted across the system.

17. **Integration**

a) ICS partners need to consider how to empower front-line teams to determine the integration model that works best for local people.

b) Endorse the development of a structured approach to identifying interdependencies between services and monitor multi-organisation or service contribution to outcomes.

c) Endorse a joint approach for commissioning organisations within the ICS to ensure coordinated oversight of the impact of practical changes e.g. co-location, sharing information, joint planning between services.

18. The workshops also highlighted the need to focus on shared priorities and outcomes, and to embed an infrastructure and culture that supports prevention, equity and integration. Actions that may support this include:

    a) Developing communication plans for local people and staff. For local people to provide a simplified access point to reliable health information and services for citizens. For health and care staff focused on helping staff realise their role in the ICS and in each of the core Strategy principles including case studies and celebrating successes.

    b) Creating a space online for best practice examples of prevention, equity and integration to be shared.

    c) Embedding the principles into decision making to ensure that the principles are considered and understood.

    d) Embedding co-production and personalisation by design at a strategic level.

    e) Reducing the number of priorities in the Strategy from 14 to one or two big things that we can do well, e.g. “good health begins at home” or “health and employment”.

Next steps and recommendations

19. The ICP is asked to discuss the key themes arising from the workshops and endorse the recommendations:

    a) ICP members are asked to champion the examples of good practice highlighted in the workshop report and consider how we embed and grow these approaches within their respective organisation/partnership/sector.

    b) It is proposed to use the outputs from the workshops to develop the approach to our Strategy as it is refreshed for March 2025.

    c) Endorse the key actions to embed prevention, equity and integration outlined in paragraphs 15 to 18 above and delegate authority to the Health and Wellbeing Boards and ICB to ensure that these actions are progressed.

Appendix A

Integrated Care System
Nottingham & Nottinghamshire

Embedding Prevention, Equity and Integration into everything we do

18 October 2024

Workshop Objectives

Integrated Care System
Nottingham & Nottinghamshire

On behalf of the Integrated Care Partnership, three workshops were held during July-September 2024 with attendees from across the ICS to improve the impact of the Integrated Care Strategy principles (prevention, equity and integration), and the pace and scale of implementation:

1. What the context and constraints are.
2. How we are ensuring a shared understanding of the key principles.
3. How we can collectively embed the principles, the art of the possible and how we will know if we have been successful.

This report contains the summary findings from the workshops and recommendations to the Integrated Care Partnership.

Bringing the strategy principles to life - how local people, front line staff and commissioning organisations can collectively delivery the Strategy principles.

DRAFTS for discussion

Integrated Care System
Nottingham & Nottinghamshire

Bringing the strategy principles to life for local people

What will be different	What does good look like	What outcomes will we achieve
1. I have the information, knowledge and skills to make my own decisions to manage my health and wellbeing. 2. I can easily access advice to manage my health and wellbeing. 3. I access holistic health and care services. 4. There is support for me to access services so that everyone has the same opportunities for good health and wellbeing. 5. I'm put at the centre – personalised care and support plans around me and my needs. 6. I have a seamless journey through health and care services.	1. I know where I can access prevention advice and services available to support me to manage my own health and wellbeing. 2. I receive services which are easy to access and there is no 'wrong door'. 3. There are opportunities for me to coproduce health and care services (if I want to). 4. Health and care services are focussed on my experience.	1. Better health and wellbeing for local people, their families and carers as they are able to access support earlier on. 2. Better health and wellbeing for local people, their families and carers as they are able to access the services that they need. 3. Improved decision making with local people and communities in mind. 4. Care that meets people's needs. 5. Reduced duplication for people accessing services.

Bringing the strategy principles to life for health and care staff

What will be different	What does good look like	What outcomes will we achieve
1. Everyone understands the building blocks for good health and their impact, taking decisions aligned with this. 2. Everyone has a shared understanding of prevention by default and design. 3. Making Every Contact Count (MECC) is embedded across all health and care services. 4. A focus on providing holistic health and care services/pathways which recognise that sometimes we have to do something more or different to give everyone the same chance. 5. Health and care services are focussed on the experience of patients / service users, their families and carers. 6. An infrastructure and culture that supports prevention, equity and integration.	1. Prevention is everyone business. 2. The building blocks of good health are considered in decision making about health and care services. 3. MECC embedded, trained workforce with clear pathways to support people when issues are disclosed e.g. housing, heating. 4. Services / waiting lists are prioritised based on need, and people who need support to access services are supported. 5. Services and pathways are easy to access for patients and service users. There is no stigma or barriers to access. 6. Staff and teams are empowered to support people to access the right support for them, there is no 'wrong door'. 7. Empowered staff and teams working across the service and/or organisation boundaries to support the needs of the person. 8. Opportunities for secondments across services and organisations, apprentice and volunteer roles to develop and spread expertise. 9. Strengths based approach, building on best practice and evidence base. 10. Digital innovations – shared electronic records, digital consultations and bringing services to communities. 11. All staff: i. Understand what the ICS system looks like. ii. Understand where they fit in the ICS. iii. Have the key principles embedded in inductions and mandatory training.	1. All health and care staff understand the building blocks for good health and their impact, and take decisions aligned with this. 2. Better health and wellbeing for local people, their families and carers as they are able to access support earlier on and have support to manage their own care. 3. Better health and wellbeing for local people, their families and carers as they are able to access the services that they need. 4. Inclusive health and care services, which are fair. 5. Better health and wellbeing for local people, their families and carers as they are able to access the services that they need. 6. Better health and wellbeing for local people, their families and carers as they are able to access support earlier on and have support to manage their own care. 7. Reduced duplication and better working relationships between teams and/or organisations. 8. Improved focus on system outcomes for the benefit of local people.

Bringing the strategy principles to life for health and care commissioners

What will be different	What does good look like	What outcomes will we achieve
1. A focus on prevention. 2. Everyone understand the building blocks for good health and their impact, taking decisions aligned with this. 3. Everyone has a shared understanding of prevention by default and design. 4. Holistic services and pathways to support self-care. 5. Commissioner led approach to embed co-production with a coordinating group to provide advice on decisions: i. Recruit, train, fund co-production moving from discrete pieces of work to a system approach. ii. Joint working. iii. Allowing the time to work this through. 6. Evidence based investment and decision making to support the needs of local people (proportionate universalism) . 7. Focus on infrastructure and joint working to share ideas, solve problems and create solutions (across all ICS partners – no silos). 8. Bring back the positive elements of working during Covid-19 e.g. rapid decision making, engagement with broad range of partners. 9. Joint budgets with a focus on the long term. 10. Focus on shared priorities and outcomes. Joint system comms to support ownership of priorities and outcomes. 11. An infrastructure and culture that supports prevention, equity and integration. Everyone within the system: i. Understands their role in the ICS ii. Understands their role in prevention and personalised care iii. All staff having the principles embedded into ways of working 12. System leadership spaces with a clear purpose and role, which is understood by all partners.	1. Prevention services / activities across the system articulated. 2. At least 10% of system funding focussed on prevention. 3. Social marketing and understanding behaviour change to maximise impact. 4. Evidence, research and evaluation embedded in the commissioning cycle. 5. All partners accountable for adopting equitable practices. 6. “You said, we did” reporting on how funding is used, with a focus on funding for the present and future. 7. Shared risk, not organisational. 8. Best use of community assets for population. 9. Role modelling of co-production, equal weight in decision making to clinical voice and people with lived experience. 10. EQIAs of entire pathways to provide greater insight. 11. Blurring of organisational boundaries, with system priorities given priority. 12. Insight up front – Having an insights dashboard to use and share learning and insights. 13. Evaluations built into service and pathway development. Where evaluations are completed and demonstrate impact, NR funded services should routinely be embedded or expanded. 14. Unnecessary variation removed, whilst respecting subsidiarity e.g. Place Based Partnerships (PBPs) and Primary Care Networks (PCNs). 15. Prioritise 1-2 big things that we can do well. 16. Focus on infrastructure and joint working to share ideas, solve problems and create solutions across all ICS partners. 17. Governance – clear and transparent decision making structures and clarity on membership. 18. Regulation supporting prevention, equity and integration. 19. All in it together – culture of Trust, Autonomy, Empowerment, Kindness and Flexibility 20. Struggling organisations are supported.	1. Better health and wellbeing for local people, their families and carers as they are able to access support earlier on. 2. Improved decision making with local people, communities and front-line staff in mind. 3. Improved financial decision making. 4. Improved focus on Strategy priorities and outcomes. 5. Improved financial decision making. 6. Improved enabling programmes which support decision making to deliver the system vision for every person to have their best possible health and wellbeing. 7. All ICS Partners engaging in system working. 8. Improved system governance to support robust decision making.

Integrated Care System
Nottingham & Nottinghamshire

Examples of best practice from across our ICS shared during the workshops

Small Steps Big Changes Family mentor service

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Nottingham & Nottinghamshire

Family Mentors are a highly trained paid peer workforce that deliver the Small Steps at Home evidence-based programme of child development and preventative health support to parents of 0–4-year-olds.

Parents reported improvements in wellbeing and confidence in both partners and children, children eating healthy food options, and improved sleeping routines and behaviour. Children who used the service scored significantly higher on communication and gross motor areas of the Ages and Stages Questionnaire in the first year.

"It has been amazing having a Family Mentor and sharing the first 4 years of my child's life with her – the good, the bad and the hilarious. Knowing I could ask her anything without her judging me has been great."

Technology Enabled Care (TEC): What we are doing

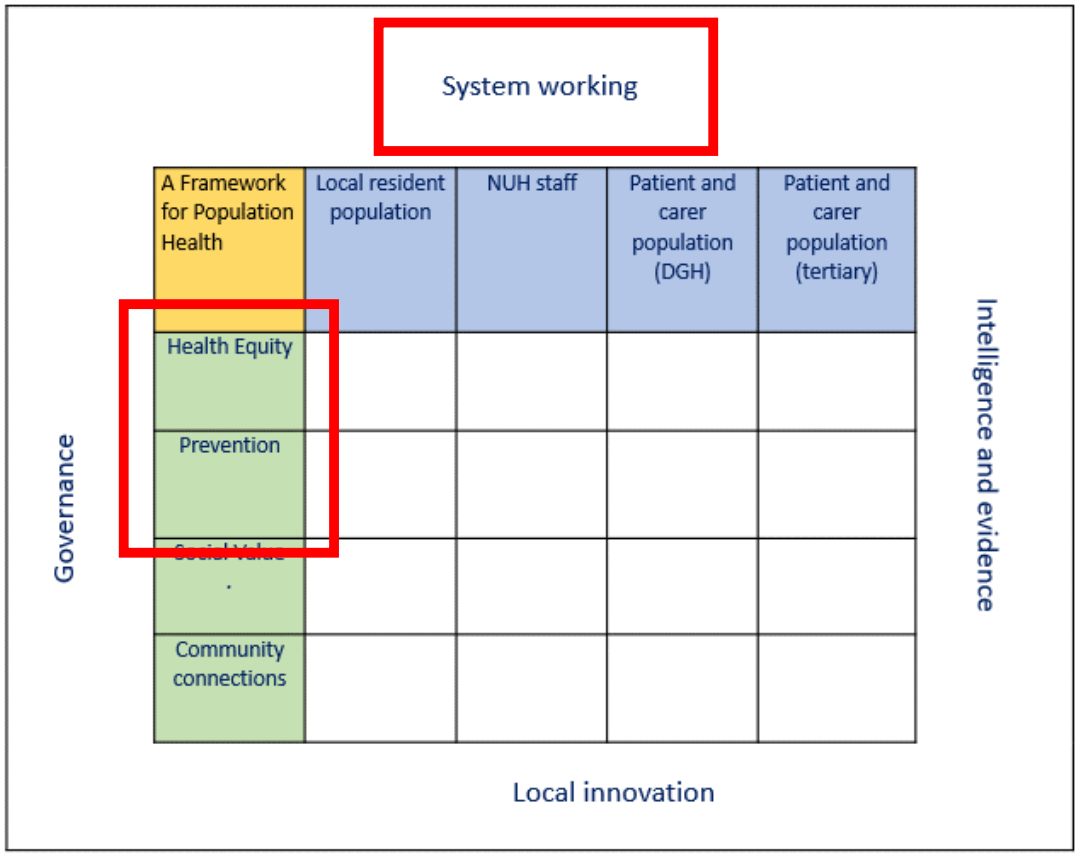
A focus on TEC at scale

- Roll-out of sensor-based TEC (uses AI)
- Targeted work with teams in Broxtowe, Mansfield and Ashfield
- TEC demonstration flat
- Support strength-based approach with providers and reducing crisis
- Supported hospital teams with assessment and discharge

Confidence and culture change

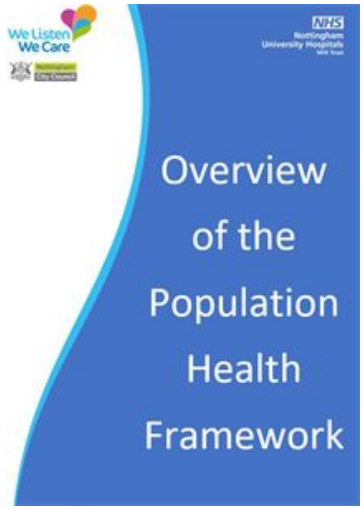
- Train 1000 staff by April 2025 across ASC, NHS, providers and the VCS
- Streamline referral pathways for TEC, including online referral form
- Ensure the NCC Digital Inclusion Programme (provides a tablet computer, internet data and tech support) complements the work of the Digital Notts, Social and Digital Inclusion Coordinators
- Explore opportunities / appetite for ICS wide TEC approach

A framework for population health at NUH



A simple, understandable, flexible tool which can

- Prompt reflection and discussion
- Map activities
- Identify areas to prioritise
- Bring together many disparate activities either by pillar or population
- Support reporting
- Prompt new activity



Targeted Lung Health Check Programme

The lung health check programme is travelling around Nottingham and Nottinghamshire delivering CT scans to eligible members of the public in a drive to improve earlier diagnosis of lung cancer.
In collaboration with InHealth, local charities and healthcare organisations, the team adapted their service provision to make it easier for people experiencing severe and multiple disadvantage (SMD) to attend an appointment.

- 75% uptake rate in Mansfield & Ashfield. Currently 66% Nottingham City
- Over 20,700 CT scans
- 1st round screening completed in M&A. Started 24m scans
- 195 lung cancers diagnosed, 38 other cancers
- 64% early-stage diagnosis rate – 69% curative
- Significant amounts of incidental findings requiring action: Respiratory, Heart, Liver disease

Best Years Hub

The Best Years Hubs launched in June 2024 in both Newark and Sherwood. The hubs provide residents over the age of 65 living with a long-term health condition in Newark and Sherwood, with educational groups, weekly activities, one-to-one befriending to help improve wellbeing and reduce social isolation and Advanced Care Planning. The hubs are delivered and supported by an integrated team of professionals and volunteers working across health, social care, local authority, community, and voluntary sectors.

The first month of the Newark Hub at Cleveland Square proved to be so successful that we are already looking to open other hubs!

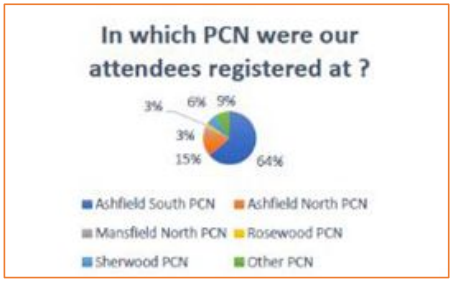
"I am really glad that I was told about the Best Years centre, the staff and volunteers are so kind to me and it's nice to have something to look forward to every week. My volunteer driver Jackie is absolutely lovely she takes me every week and I am so grateful that I am getting out a bit more now. I think it's marvellous they are taking us on a trip something a lot of us at this group would not be able to do on our own- I thank everyone of them."

With the support of Diabetes UK and Abbott, Ashfield South PCN were able to offer a free and comprehensive Diabetes Health check to the residents of Kirkby in Ashfield and the surrounding areas.

Residents were able have their BMI confirmed according to their height and weight, have their blood pressure checked, and undergo a finger-prick blood test to confirm their blood glucose and cholesterol levels. The specialist Abbott machines were able to produce results from the blood tests in just 7 minutes and therefore residents were able to receive their results instantly and left with their results recorded on a record card.

Diabetes UK, NDPP (Diabetes Prevention) and DESMOND (Diabetes Education & Self-management Service) were also on site to help inform residents about Diabetes, answer any questions, and to help signpost to services which may benefit them.

In addition, local leisure centre provider, Everyone Active, was on site offering free trial sessions as well as information on how to access their exercise referral schemes, to help residents become more active.



Targeting and Promotion

To promote the event, local practices sent text message invites to patients who would most benefit from the service. These included those:

- Aged 30-60, with a BMI > 30.
- Who did not already have a Diabetes diagnosis.
- Who had not had a Hba1c test within the last 6 months.
- Who lived within our District's "priority place", Coxmore Estates (Abbey Ward).

In addition, we sought the support of colleagues from within our INT (Integrated Neighbourhood Team) including:

- Ashfield District Council
- Ashfield Voluntary Action
- Everyone Active

We even had a shout out from our Local MP on social media!

On the day

We were blessed with good weather and had a great turn out to the event. Thanks to NHS Property Services we were able to provide seating to residents waiting and had fans in the consultation rooms to keep the blood test machines (and our staff) nice and cool. We had a steady flow of visitors throughout the day thanks to the promotional work undertaken before the event as well as some leaflet promotions within the town centre and at local businesses on the day.

Our PCN team of Nurses, General Practice Assistants and a Pharmacist worked tirelessly throughout the day, and we had some great feedback from residents who were extremely grateful of the services. Whilst most attendees were local, we did have some visitors from further afield across Mid-Notts and beyond!

In total we were able to test 77 people as well as bring awareness of the risks of Diabetes, how to prevent or manage the condition, and to promote a healthy diet and active lifestyle.

It was a fantastic event, and we thank everyone involved in making the day a success.

Transforming Notts Together (TNT): Bringing Together Faith and Health

Places of Welcome

Integrated Care System
Nottingham & Nottinghamshire

There are currently 78 Places of Welcome (PoW) (with 6 in the pipeline) in Nottinghamshire (500 plus nationally). These PoWs are nationally recognised places where people feel safe to connect, belong and contribute. PoWs can be in any location including churches, mosques, temples, community centres, housing associations and libraries.

If an average PoW supports 20 people, we envisage 1,560 people will visit any one week. These PoW are usually open once a week for a minimum of 36 weeks a year, so we envisage a minimum of 112,360 hours of social contact where people can find belonging, grow in self-confidence and offer their gifts and skills.

These PoWs offer a place where people can talk about their health concerns. To enable the volunteers who run PoWs to be better equipped, we have run a bespoke mental health training course - 'Come as You Are.' This course has already been delivered in 19 churches in Nottinghamshire, informing 50 volunteers about mental health.

TNT has also run grief and loss workshops since Covid to equip churches to set up a safe place for those who are grieving to come and be supported. This has led to the creation of 15 Grief Cafes across Nottinghamshire supporting 50 volunteers.

Places of Welcome have the potential to be a great access point for people in our communities to receive signposting support onto other services that may be able to meet any needs they have.

TRANSFORMING NOTTS TOGETHER
A JOINT VENTURE BETWEEN THE DIOCESE OF SOUTHWELL & NOTTINGHAM AND CUF

Health and Wellbeing Community Champions in Nottingham

Health and Wellbeing Community Champions

Integrated Care System
Nottingham & Nottinghamshire

The Nottingham City Health and Wellbeing Community Champions Programme has grown from an initial COVID vaccination focus, funded by Department for Levelling Up, Housing and Communities, to a sustainable volunteer programme connecting Public Health with the diverse communities of Nottingham.

An integral part of our approach is to empower communities to build stronger community action for health. This approach is used as a result of national and local data showing ethnic and minority communities had lower rates of vaccinations, so by directly engaging with groups such as the Asian, Black Afro-Caribbean and Chinese communities helped to lower these inequities in vaccination take up.

Building upon this model we continue to recruit from a diverse range of communities. Nearly 200 Community Champions have been recruited, trained and empowered to engage with communities on a range of health issues aligned to the health needs of people in Nottingham. Volunteers, who are trusted voices, use their experience, relationships, networks, and community assets to help improve health and challenge inequalities. Champions reach out to members of their communities, share credible health messages, signpost citizens to services and provide two-way feedback to help address barriers to health services.

The programme has gone beyond individual conversations; it has taken a collaborative asset-based approach, involving local skills, knowledge, and intelligence from residents and community groups, as to how local health and care services can be better designed and accessed. A three-tier model of individual champion, leader of volunteers and friends of champions enable engagement through training, weekly bulletins, events calendar and developing and implementing innovative projects through the small grants programme. There has also been the opportunity to participate in co-design, focus groups, surveys, radio, short films and social media platforms facilitated by the City Council's Healthy Communities team, all of which is well received and will continue into the future. Volunteers have a personally rewarding experience and are able to utilise and develop their skills, and a number have progressed to paid work in health or care roles. An independent evaluation highlighted the value, both to volunteers, communities and to the health and care system.

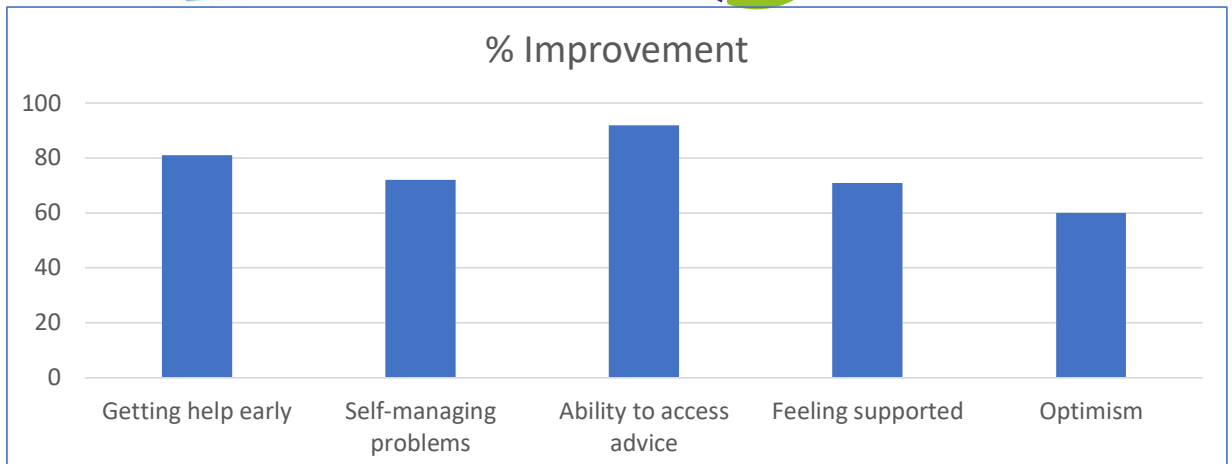
Citizens Advice Social Prescribing

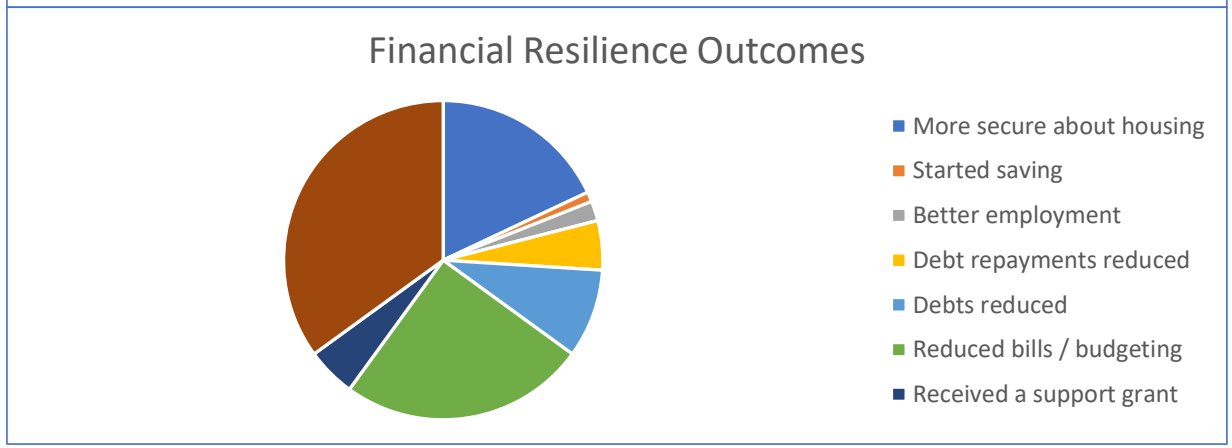
Citizens Advice offer social prescribing services in Mid and South Nottinghamshire working with partner organisations to support the most vulnerable people in the community. A direct referral mechanism is in place for clients that need advice on non-clinical matters, mainly low income, benefits, debt, housing, emergency charitable support, fuel poverty and financial wellbeing or resilience.

The service delivered in South Nottinghamshire is delivered through a variety of channels, including in medical practices, telephone and email. 632 people benefited from the service during 2023/24.

A survey of 214 clients showed that people have benefited from:

- The increased ability to manage their own problems - ability to self-manage problems increases by over 70% and if they need help they are better able to access help early by 80%.
- Feeling a sense of improved mental wellbeing. They tell us they feel more supported and less isolated (over 70%) and have an increased feeling of optimism about the future (60%).
- Overall, 88% of respondents feel they have at least one measure of improved financial resilience. The largest areas are increased income and reduced bills or improved ability to budget.
- 18% of the respondents felt increased security of housing tenure after receiving advice.
- A small number of clients reported improved employment outcomes. This is made up of people moving into employment or securing a better paid job.





Integrated Care System
Nottingham & Nottinghamshire

Information on the workshops

Evaluation of the workshops - Summary Feedback

A need to demonstrate that tangible actions are being taken.

Integrated Care System
Nottingham & Nottinghamshire

What has been the most memorable part of the workshop for you?	What worked well?	What could be even better next time?
Workshop conversations: • Being able to have open and honest conversations, feeling heard and hearing different views. • Appreciating the similarities and differing perspectives. • The presentations were interesting and informative, and delegates welcomed the opportunity to hear about successful examples of what's working e.g. Targeted Lung Healthchecks and Nottingham University Hospitals approach to population health. • The common desire to change and to try and do things differently. • Willingness of people to do things differently.	**Workshop conversations:** • Interactive sessions and feedback welcomed. • Broad support for following the Appreciative Inquiry approach used in two of the workshops, however, some felt that the approach didn't allow the challenges and barriers to be addressed. • Being encouraged to use positive language.	**Workshop conversations and presentations:** • More 'real world' practical problems and solutions. • Ensure presentation clear to read around the room, and more time on the equity presentation. • To focus on just one key point from each table, and challenge attendees not to use jargon. • To finish the workshop with something to take away and do differently. • There was support for using Appreciative Inquiry for other areas / wicked issues. • Engagement with local people and governors.
Networking opportunities at the face-to-face workshop: • Being able to connect with other people from across the system, including My Life Choices. • Meeting new people and hearing their perspectives about how they fit in the system. • Being able to meet in person.	**Workshop logistics:** • Structured flow with brief and to the point presentations. • At the face-to-face workshop, delegates liked being able to write on the tables to make a record of the discussions, and being able to move around the room which encouraged a breadth of ideas.	**Workshop logistics:** • Meaningfully increase the diversity of colleagues attending, including, colleagues from different levels of each organisation, frontline staff, community and voluntary sector, communities and those with lived experience. • How the virtual breakout groups and whiteboard were used and the virtual whiteboard.

Meeting Title:	Integrated Care Partnership
Meeting Date:	28/10/2024
Paper Title:	**Defining the Integrated Care Strategy outcomes**
Paper Reference:	ICP 24 009
Report Author:	Dana Sumilo, Consultant in Public Health, Nottingham City Council David Gilding, Senior Manager, Public Health, Nottinghamshire County Council Erika Wood, Advanced Data Analyst, System Analytics and Intelligence Unit (SAIU), NHS Nottingham and Nottinghamshire ICB Hannah Stovin, Senior Public Health Intelligence Manager, Nottingham City Council Joanna Cooper, Assistant Director of Strategy, NHS Nottingham and Nottinghamshire ICB Lucy Rutter, Consultant in Public Health, Nottinghamshire County Council Sarah Fleming, Programme Director for System Development, NHS Nottingham and Nottinghamshire ICB Sergio Pappalettera, Senior Analytical Lead, System Analytics and Intelligence Unit (SAIU), NHS Nottingham and Nottinghamshire ICB Stephen Wormall, GP, Clinical Design Authority
Report Sponsor:	Victoria McGregor-Riley, Acting Director of Strategy and System Development, NHS Nottingham and Nottinghamshire ICB Lucy Hubber, Director of Public Health, Nottingham City Council Vivienne Robbins, Interim Director of Public Health, Nottinghamshire County Council
Presenter:	Sarah Fleming, Programme Director for System Development, NHS Nottingham and Nottinghamshire ICB
Recommendation(s):	The Integrated Care Partnership is asked to **discuss** the proposed outcomes and ambition to be achieved through delivery of the Integrated Care Strategy.

Summary:

At its meeting on 22 March 2024, the Integrated Care Partnership endorsed work to support and strengthen oversight of the Integrated Care Strategy.

The paper presents the proposed outcomes, metrics and ambitions that will be achieved by successful delivery of the Strategy and associated delivery plans. A report has been developed that shows progress against the key outcomes and metrics.

An Integrated Care Strategy Outcomes Dashboard has been developed by the System Analytic Intelligence Unit (SAIU) to monitor progress.

Appendices:

Appendix A: Integrated Care Strategy Outcomes

How does this paper support	the Integrated Care System's core aims to:
Improve outcomes in population health and healthcare	The Integrated Care Strategy sets out an approach to system working based on the key strategic principles of prevention, equity and integration. These principles inform the key programmes/interventions that are expected to drive improved outcomes for the population through a better understanding of local population need, the development of locally sensitive support and services, and through greater collaboration between system partners.
Tackle inequalities in outcomes, experience and access	The Integrated Care Strategy describes the approach to ensuring that local population need is understood, and that support and service provision is tailored to this need.
Enhance productivity and value for money	Key drivers for productivity and value for money are described in the Integrated Care Strategy along with the contribution each programme / initiative will make.
Help the NHS support broader social and economic development	The approach to social economic development is set out the in the Integrated Care Strategy.

Report previously received by:
This work was last discussed by the ICP at its 22 March 2024 meeting.

Are there any conflicts of interest requiring management?
No.

Is this item confidential?
No.

Defining the Integrated Care Strategy outcomes

Background and context

1. The Integrated Care Strategy sets out the vision, aims, guiding principles and an approach to delivery, providing an overarching framework for the functioning of the Integrated Care System (ICS).
2. At its meeting on 22 March 2024, the Integrated Care Partnership endorsed work to strengthen the oversight and reporting arrangements for the Strategy.
3. The purpose of this paper is to confirm the outcomes that will be used to monitor the impact of the Strategy. The report presents the latest position against key outcomes and metrics, supporting the ICP to consider the impact of the priorities and principles in the Strategy.

Developing an Integrated Care Strategy Outcomes dashboard

4. A task and finish group, with colleagues from Public Health, Integrated Care Board (ICB) and the System Intelligence and Analytics Unit (SAIU) was established to confirm a set of outcomes to monitor progress with delivery of the Strategy. The approach draws on the ICS Outcomes Framework agreed in 2019.
5. A suite of outcomes, metrics and ambitions have been identified that reflect the overarching ambitions articulated in the Strategy:
    a) Improving Healthy Life Expectancy.
    b) Improving Life Expectancy.
    c) Reducing Health Inequalities.
6. An Outcomes report has been developed to monitor progress with the Strategy. The report is enclosed at Appendix A.
7. Baselines have been provided for each outcome along with current figures, direction of travel and level of ambition.
8. The outcomes consider standardised rates which take into account changes to the population as well as absolute numbers.
9. It is proposed where there is no existing target, that the level of ambition be to return each outcome to pre-Covid levels. Where this has already been achieved, the ambition is to aim for further improvement. This aligns with the national focus on recovery from the pandemic. This sets a challenging ambition recognising the impact that wider determinants of health have had in the last four years.

10. A local metric is being developed to complement the Healthy Life Expectancy ambition given this is not currently collected at a local level. Using this as an ambition means we can use local and more timely data.
11. An Outcomes Dashboard has been developed to ensure that progress can be reviewed on a regular basis.
12. Members are asked to consider and discuss the report and progress to date to ensure the Integrated Care Strategy remains aligned to the health and care needs of the population.

Next steps

13. The ICP will receive an update on delivery of the outcomes on an annual basis reflecting the frequency of ICP meetings, and the frequency of new data being available.
14. It is proposed to establish an Integrated Care Strategy Operational Outcomes Group to support the continued evolution of the dashboard. Membership of the group will be drawn from technical colleagues from Public Health, ICB and SAIU. The primary purpose will be to support and oversee the ongoing development and delivery of the Strategy outcomes and metrics throughout the year, including:
    a) Undertaking scenario modelling of what is possible for individual metrics to help inform trajectories and ambitions to support system stakeholders responsible for strategic delivery.
    b) Agreeing quantifiable ambitions for each of the above that seek to reduce variation across the ICS.
    c) Providing assurance that the deliverables will achieve the target level of ambition for each of the outcomes.
15. Further work is underway to define a set of metrics to be used in place of the national Healthy Life Expectancy metric. The ICS Collaborative Clinical and Care Leadership and Transformation Group will be considering the proposed methodology and level of ambition to advise the ICP at a future meeting.

Appendix A

Integrated Care System
Nottingham & Nottinghamshire

Annex A. Integrated Care Strategy Outcomes

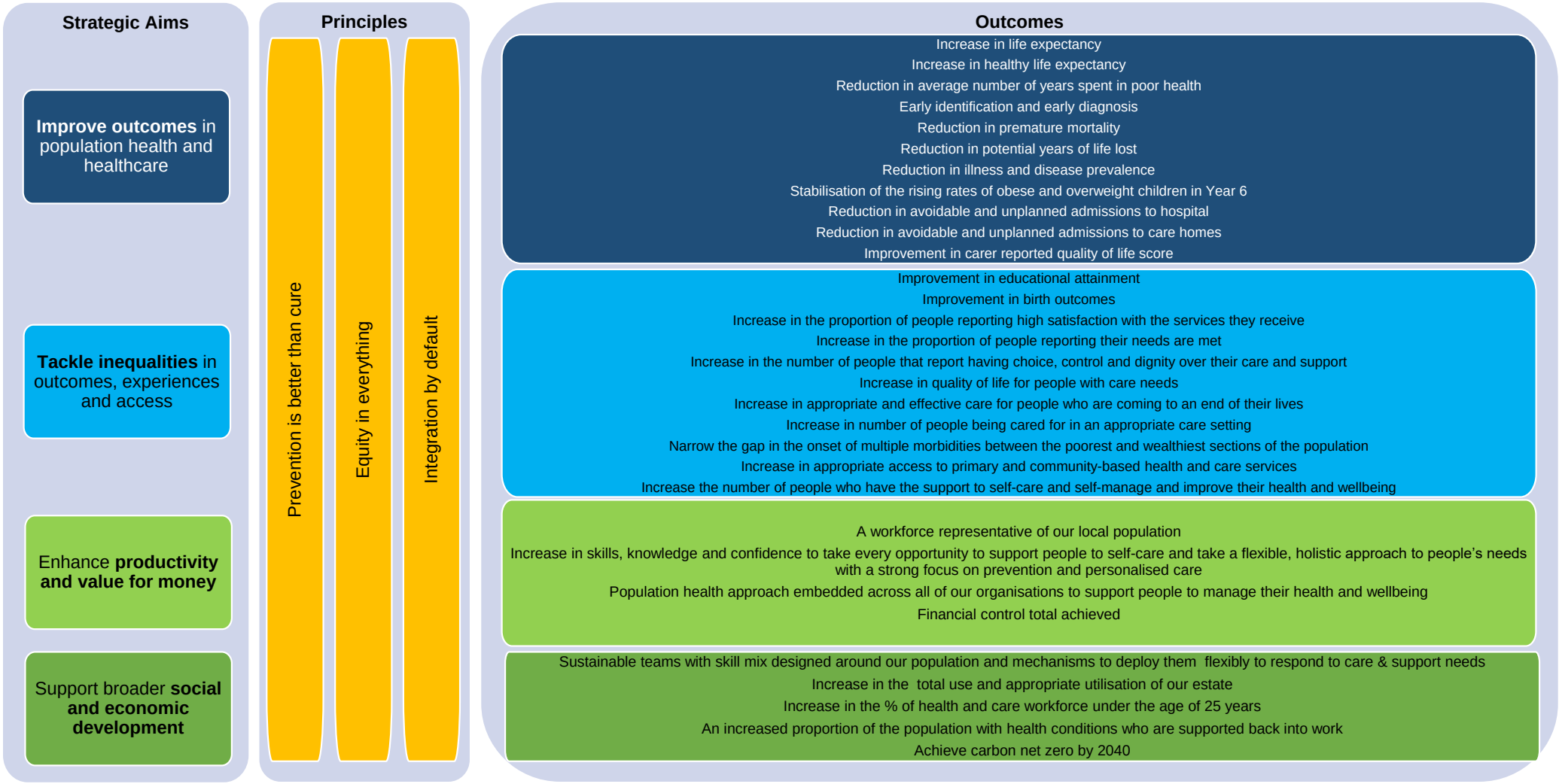
18 October 2024

Our collective system focus

Overarching Ambitions of the Integrated Care Strategy		
Improving Healthy Life Expectancy	**Improving Life Expectancy**	**Reducing Health Inequalities**
An improvement in years of healthy life expectancy at birth from the baseline for 2018-2020 - yet we acknowledge that this may well require a longer timeframe than five years.	An improvement in years of life expectancy at birth from the baseline for 2018-2020 - yet we acknowledge that this may well require a longer timeframe than five years.	A reduction in life expectancy gap (measured in years) between those living in the most and least deprived areas of the ICS from 2018-2020 baseline.

Healthy Life Expectancy	**Life Expectancy**	**Health Inequalities**
Baseline (2018-2020): **Females**: 57.1 years Nottingham 60.0 Nottinghamshire **Males**: 57.4 years Nottingham 62.4 years Nottinghamshire	Baseline (2018 - 2020): **Females:** 81.0 years Nottingham 82.6 years Nottinghamshire **Males**: 76.4 years Nottingham 79.5 years Nottinghamshire	Baseline (2018-20): **Females**: 7.6 years Nottingham 7.7 years Nottinghamshire **Males**: 8.4 years Nottingham 9.3 years Nottinghamshire
Office of National Statistics (ONS) expect to publish data for 2019-21 and 2020-22 by end of 2024 calendar year	Latest (2020 - 2022): **Females**: 80.5 years Nottingham 82.6 years Nottinghamshire **Males**: 75.8 years Nottingham 78.8 years Nottinghamshire	Data for 2018-2020 are the latest available
Source: Public Health Outcomes Framework	*Source: Public Health Outcomes Framework / Office for Health Improvement and Disparities (OHID) Fingertips*	*Source: Public Health Outcomes Framework* A local methodology is being developed using Patients registered with a GP Practice.

Key System Outcomes



Improving Healthy Life Expectancy (1/2)

	Nottingham	Nottinghamshire
Baseline	Females 57.1 years, Males 57.4 years	Females 60.0 years, Males 62.4 years

Metric	Baseline	Latest Figure	Change	Ambition	Context
ICS Multi-morbidity Free LE – Female ICS Multi-morbidity Free LE – Male Average number of years spent in poor health	-	-	-	-	These metrics are being developed with Public Health and ICB teams as a replacement for the national Healthy Life Expectancy metric, which is no longer routinely reported. The ICS Collaborative Clinical and Care Leadership and Transformation Group will be considering the proposed methodology and level of ambition to advise the ICP at a future meeting.
Early Cancer Diagnosis – Nottingham	**50.3%**	**53.6%**	**Towards target**	75% (National target for 2028)	• Programme of work in place to support earlier diagnosis of cancer. Targeted Lung Health Check (TLHC) expansion plans continue to be implemented. Overall, 200 cancers now diagnosed across the programme with 65% early diagnosis rate (compared to 30% for symptomatic patients). • Mansfield Community Hospital Community Diagnostic Centre (CDC) approved and accelerator activity underway at Mansfield and Newark sites. Nottingham City CDC is due to open in Autumn 2025.
Early Cancer Diagnosis – Nottinghamshire	**50.4%**	**56.1%**	**Towards target**	50.4% or higher	As above
Carer reported quality of life score - Nottingham	**46.6%**	**42.7%**	**Away from target**	46.6% or higher	Joint ICS Carers Strategy and model of support was co-produced with carers, the ICB and both local authorities in 2022. Carers services are commissioned jointly through the Better Care Fund.
Carer reported quality of life score – Nottinghamshire	**43.7%**	**40.1%**	**Away from target**	43.7% or higher	As above
Quality of life for people with care needs – Nottingham	**18.7** (out of 24)	**18.7** (out of 24)	**No Change**	18.7 (out of 24) or higher	The data from the measure is taken from responses to the annual Adult Social Care (ASC) survey, which is only sent to people in direct receipt of ASC services. The measure includes responses about: control, personal care, food and nutrition, accommodation, safety, social participation, occupation and dignity. Higher scores are better.
Quality of life for people with care needs – Nottinghamshire	**18.8** (out of 24)	**19.1** (out of 24)	**Towards target**	18.8 (out of 24) or higher	Nottinghamshire scores have improved since baseline, but there are differences for females and clients age 18 to 64 (where scores are better than England) and males and clients over 65 (where scores are worse than England).

Improving Healthy Life Expectancy (2/2)

	Nottingham	Nottinghamshire
Baseline	Females 57.1 years, Males 57.4 years	Females 60.0 years, Males 62.4 years

Metric	Baseline	Latest Figure	Change	Ambition	Context
ICS Emergency Admissions for Alcohol Specific Conditions (Rate)	**110** age standardised rate per 100,000 population	**93** age standardised rate per 100,000 population	**Towards target**	110 age standardised rate or lower	• Drug and Alcohol Care Teams are specialist drug and nurses co-located in the hospital to prevent withdrawal crisis and also ensure people enter into treatment on discharge from hospital. • A GP toolkit is being developed to support better identification and referral of people with alcohol dependency into treatment, supporting a clinically led conversation about the impact of alcohol use. • Alcohol harm reduction plan in place across city and county.
ICS Emergency Admissions for Cancer (Rate)	**296** age standardised rate per 100,000 population	**248** age standardised rate per 100,000 population	**Towards target**	296 age standardised rate or lower	Early stages of developing East Midlands Cancer Alliance Advancing Cancer Equity (ACE) Programme. The programme aims to explore, define, address and narrow inequalities in access, outcomes and experience. The programme will comprise of 5 key improvement delivery components.
ICS Emergency Admissions for Chronic Obstructive Pulmonary Disease (COPD) (Rate)	**246** age standardised rate per 100,000 population	**198** age standardised rate per 100,000 population	**Towards target**	246 age standardised rate or lower	• Targeted work to increase uptake of vaccines. • Lung health check programme screening for respiratory disease in areas of highest prevalence and deprivation. • Increasing access to spirometry and targeting specific groups to be supported by Integrated Neighbourhood Teams.
ICS Emergency Admissions for Cardiovascular Disease (CVD) (Rate)	**1,139** age standardised rate per 100,000 population	**1,044** age standardised rate per 100,000 population	**Towards target**	1,139 age standardised rate or lower	• Progressing with Core20PLUS5 Accelerator programme and quality improvement approach to hypertension case finding. • Since September 2022, hypertension diagnosis across the ICS has increased by 10.4% (August 2024) with over 17,800 new cases diagnosed.
ICS Emergency Admissions Frailty-related (Rate)	**2,249** age standardised rate per 100,000 population	**1,700** age standardised rate per 100,000 population	**Towards target**	2,249 age standardised rate or lower	• Workflows used by Care Navigators in eHealthScope have been updated to reflect requirements for multi-disciplinary teams (MDTs). New workflows developed for frailty and long-term conditions (LTCs). • Local design teams across all 4 PBPs are focussing on the greatest areas of need including CVD and long-term conditions.

Improving Life Expectancy (1/2)

	Females	Males
Baseline (2019)	82.8 years	80.1 years
Latest (2023)	83.0 years	79.5 years

Metric	Baseline	Latest Figure	Change	Ambition	Context
ICS Suicide Rates	**9.2** age standardised rate per 100,000 population	**10.0** age standardised rate per 100,000 population	**Away from target**	9.2 age standardised rate population or lower	Suicide Prevention and Self-Harm Strategy in place for 2024-2029 to promote a safe and stigma free environment, promote wellbeing and reduce risk in at-risk groups, promote the right support, at the right time and in the right place, and ensure that approaches are underpinned by data and lived experience.
Infant Mortality - Nottingham	**6.7** per 1,000 births	**4.9** per 1,000 births	**Towards target**	6.7 per 1,000 births or lower	In Nottingham and Nottinghamshire, during the last 12 months there were 14 Neonatal deaths reported compared to 23 for the same period last year. This is an improvement from 2.32 per 1000 births to 1.42 per 1000 births
Infant Mortality - Nottinghamshire	**3.6** per 1,000 births	**3.9** per 1,000 births	**Away from target**	3.6 per 1,000 births or lower	As above
Perinatal deaths (stillbirths) - Nottingham	**4.0** per 1,000 births	**3.6** per 1,000 births	**Towards target**	4.0 per 1,000 births or lower	In Nottingham and Nottinghamshire, during the last 12 months there were 29 stillbirths reported compared to 45 for the same period last year. This is an improvement from 4.54 per 1000 births to 3.2 per 1000 births.
Perinatal deaths (stillbirths) – Nottinghamshire	**2.9** per 1,000 births	**3.4** per 1,000 births	**Away from target**	2.9 per 1,000 births or lower	As above

Improving Life Expectancy (2/2)

	Females	Males
Baseline (2019)	82.8 years	80.1 years
Latest (2023)	83.0 years	79.5 years

Metric	Baseline	Latest Figure	Change	Ambition	Context
ICS Avoidable Deaths	**262.8** age standardised rate per 100,000 population	**257.5** age standardised rate per 100,000 population	**Towards target**	262.8 age standardised rate or lower	By definition, all avoidable deaths are for people aged 75 or younger - there is an overlap between avoidable deaths and premature deaths; over the last decade (2014 to 2013) over two thirds (67.5%) of premature deaths were avoidable (excluding COVID deaths). Five groups of conditions account for over 90% of avoidable, non-COVID deaths; cancers (1 in 3 of all avoidable deaths), circulatory disease (1 in 4), respiratory (1 in 7), alcohol and drug related (1 in 11) and injury (1 in 12). Of these, the number of avoidable deaths caused by circulatory disease and alcohol/drugs have increased during and since the pandemic. The number and rate of avoidable deaths caused by injury in 2023 was the highest observed in the last ten years.
Premature Deaths	**361.7** age standardised rate per 100,000 population	**356.9** age standardised rate per 100,000 population	**Towards target**	361.7 age standardised rate or lower	As above

Reducing Health Inequalities (1/2)

	Nottingham	Nottinghamshire
Baseline	Gap of 7.6 years females, 8.4 years males	Gap of 7.7 years females, 9.3 years males

Metric	Baseline	Latest Figure	Change	Ambition	Context
School Readiness - Nottingham	**60.3%**	**63.3%**	**Towards target**	60.3% or higher	Maternity Commissioner looking at a pilot for Social Prescribing Link Workers to offer targeted support for families in accessing early screening and pregnancy care.
School Readiness - Nottinghamshire	**66.8%**	**67.4%**	**Towards target**	66.8% or higher	As above.
Year 6 Prevalence of Obesity - Nottingham	**26.0%**	**29.0%**	**Away from target**	26.0% To stabilise	City and County Healthy Weight Management programme for CYP is funded to support personalised care and bespoke packages of care where core intervention does not meet the child's need. Nottingham City we have commissioned a new Integrated Wellbeing Service – Thriving Nottingham – who are doing targeted work using data to offer additional support to families of children with overweight or obesity.
Year 6 Prevalence of Obesity - Nottinghamshire	**19.2%**	**22.1%**	**Away from target**	19.2% To stabilise	The "You know Your mind" service is embedded in the County for children in care and care leavers.
CYP mental health contact in the last 12 months	**17,835**	**19,795**	**Towards target**	16,124 or higher	• In 2023/24 access to children and young people's mental health support exceeded the nationally set target of 16,507 with performance of 19,760. • Mental Health Support Teams (MHSTs) in Schools continue to expand. The MHSTs rollout has been targeted to areas of highest need with 55% coverage in schools in the city and 35% of all schools in the county currently.
5 year olds with experience of visually obvious dental decay - Nottingham	**35.8%**	**34.2%**	**Towards target**	35.8% or lower	• Oral health needs assessment completed in 2024 to support prioritisation and targeting of oral health care provision, with a focus on improving access. • Oral health promotion and improvement activity in place targeted at children and young people. • Key stakeholders across Nottingham and Nottinghamshire continue to work jointly to pursue the expansion of water fluoridation.
5 year olds with experience of visually obvious dental decay - Nottinghamshire	**19.9%**	**18.1%**	**Towards target**	19.9% or lower	As above.

Reducing Health Inequalities (2/2)

	Nottingham	Nottinghamshire
Baseline	Gap of 7.6 years females, 8.4 years males	Gap of 7.7 years females, 9.3 years males

Metric	Baseline	Latest Figure	Change	Ambition	Context
Young people Not in Education, Employment or Training (NEET) - Nottingham	**5.0%**	**4.7%**	**Towards target**	5.0% or lower	CARE4Notts has been transitioned back to individual providers who are continuing to support this agenda through work experience placements, support to job centres, talks/ambassadors attending schools and supporting career events.
Young people Not in Education, Employment or Training (NEET) - Nottinghamshire	**1.5%**	**2.0%**	**Away from target**	1.5% or lower	As above.
Smoking Prevalence (QOF) - Nottingham	**19.4%**	**17.2%**	**Towards target**	19.4% or lower	Nottingham and Nottinghamshire Alliance and Vision for Tobacco Control. NHS services integrating with local authority commissioned services and working with Public Health to take a targeted approach.
Smoking Prevalence (QOF) – Nottinghamshire	**16.0%**	**14.3%**	**Towards target**	16.0% or lower	As above.
ICS – Learning Disabled Patients with Annual Health Check	**68.3%**	**78.3%**	**Towards target**	68.3% of higher	Local Authorities are working with Place Based Partnerships (PBPs) on increasing health checks.
ICS – Severe Mental Illness (SMI) Patients with 6 Physical Health Checks	**37.2%**	**59.6%**	**Towards target**	37.2% or higher	Annual health checks are increasing. In 2023/24 6,137 people received a complete core physical health check equating to 72% of the GP SMI register and 21% more patients than in 2022/23. This resulted in 5-8% more patients being identified for weight management, lifestyle interventions for high blood pressure, and for high cholesterol.
ICS - Patients on end of life with ReSPECT Form	**67.7%**	**73.2%**	**Towards target**	67.7% or higher	• Completed End of Life (EoL) ambitions self-assessment toolkit across the ICS to identify gaps and improve services • Developed an EoL digital platform with resources accessible to health professionals and the public. ReSPECT being implemented digitally.

Meeting Title:	Integrated Care Partnership
Meeting Date:	28/10/2024
Paper Title:	**Citizen Insights Report**
Paper Reference:	ICP 24 210
Report Author:	Prema Nirgude, Head of Insights and Engagement, Nottingham and Nottinghamshire Integrated Care Board Katie Swinburn, Engagement Manager, Nottingham and Nottinghamshire Integrated Care Board Alice Blount, Senior Insights and Engagement Officer, Nottingham and Nottinghamshire Integrated Care Board
Report Sponsor:	Amanda Sullivan, Chief Executive Officer, Nottingham and Nottinghamshire Integrated Care Board
Presenter:	Alex Ball, Director of Communications and Engagement, Nottingham and Nottinghamshire Integrated Care Board
Recommendation(s):	The Integrated Care Partnership is asked to **discuss** this report including how this can be used to support the delivery of our Integrated Care Strategy.

Summary:
In line with guidance from the Department of Health and Social Care (DHSC), in March 2024, the Integrated Care Partnership approved the refreshed Nottingham and Nottinghamshire Integrated Care Strategy. In order to support the implementation of the Strategy and maximise its impact, work has continued across the system to continuously listen to our population to obtain key insight and intelligence from our communities. This report provides the Partnership with a summary of the activities and findings of work from across the Integrated Care System. It includes in particular information about what is important to citizens and deep dives on timely access and early diagnosis of cancer and experiences of children, young people and families.

Appendices:
Appendix 1: Citizen Insights Report

How does this paper support the	**Integrated Care System's core aims to:**
Improve outcomes in population health and healthcare	This report provides information and data from system partners to continue to support the delivery of the Integrated Care Strategy across Nottingham and Nottinghamshire
Tackle inequalities in outcomes, experience and access	As above.
Enhance productivity and value for money	As above.
Help the NHS support broader social and economic development	As above.

Report Previously Received By:
A Citizen Insights Report was last received by the ICP at its October 2023 meeting.

Are there any conflicts of interest requiring management?
No.

Is this item confidential?
No.

Integrated Care System
Nottingham & Nottinghamshire

Integrated Care Partnership: Insight Report

October 2024

Nottingham and Nottinghamshire Integrated Care System

Table of Contents

1 Executive Summary

1.1 Introduction

In line with guidance from the Department of Health and Social Care[1] (DHSC), in March 2024, the Integrated Care Partnership approved the refreshed Nottingham and Nottinghamshire Integrated Care Strategy[2].

To support the implementation of the Strategy and maximise its impact, work has continued across the system to continuously listen to our population to obtain key insights and intelligence from people and communities across Nottingham and Nottinghamshire. This report provides the Partnership with a summary of the activities and findings of work from across the Integrated Care System (ICS).

1.2 Key Findings

1.2.1 What's important to citizens?

National insights

- Hospitals and healthcare have risen from fourth to first place in public concern, increasing from 25% in August 2023 to 35% in May 2024, surpassing inflation, the economy, and environmental issues.
- The Cost of Living continues to be a significant concern for citizens.
- 50% of the British public rate the quality of healthcare that they and their family have access to as either "good" or "very good", and only 19% rated as "poor" or "very poor".
- 53% of people think that mental health is one of the biggest health problems facing the country. This figure has increased by 10% since the prior recording in 2022.
- There are concerns about social care: around half of people (48%) aren't confident that a friend or family member would receive a good standard of care in a care home, however, overall, around the same amount (46%) believed that they would.

Local insights

- The civil unrest which took place in August 2024 across the England has resulted in joint stakeholder meetings being arranged in Nottingham and Nottinghamshire to learn more around what needs to be done alleviate the fear of our underserved communities:
    1. Community leaders felt strongly that more specialist intervention needs to be funded to involve young people influenced by the unrest and to work with perpetrators and victims.
    2. There is concern that schools are under supported and need advice from the government on what to do for students facing hate crime and challenging those who hold harmful and Islamophobic views.
    3. There was a consensus that the unrest was driven by islamophobia and Muslim people are not feeling safe in their community, but there was fear also felt by people with learning disabilities and members of the LGBTQ+ communities.
    4. Citizens wanted to know what is in place for people at risk of radicalisation.
    5. The police were keen to understand more about why people are hesitant to report hate crime.
- Donna Ockendon's review of maternity care at Queens Medical Centre and Nottingham City Hospital continues. Within the maternity improvement programme, NUH have a number of specific projects, including culture and engagement, to address feedback from women and families.

[1] Guidance on the preparation of integrated care strategies - GOV.UK (www.gov.uk)
[2] Integrated Care Strategy 2023-27 (healthandcarenotts.co.uk)

- Healthwatch Nottingham and Nottinghamshire (HWNN) gathered the following insights from people and communities and have worked with local services to make improvements:
    a) Diabetics using insulin to manage their diabetes found that it was distressing being an in-patient in hospital. Patients did not feel they were in control of managing their own insulin usage and instead, were dependant on nursing staff to provide injections.
    b) A research project that aimed to understand people's experiences of accessing and using Specialist and Community Mental Health Services in Nottingham & Nottinghamshire highlighted gaps in various areas of care between how service providers think they are doing and how the service users perceive or experience it.
    c) A member of the public reported stress associated with the carers assessment.
    d) HWNN received communication concerning a group of older people with vision loss who reside in a rural part of Nottinghamshire. HWNN visited and heard directly from a group of older people with vision loss who reside in a rural part of Nottinghamshire on some of the challenges they were facing in accessing appointments in their local GPs and the added stress of vision loss and digital exclusion which made booking appointments online or on the phone difficult.

1.2.2 Timely access and early diagnosis of cancer

Local insights

- There was a range of experiences regarding the clarity of explanations when individuals were referred for diagnostic tests: 63% felt completely informed, while 25% understood to some extent, and 12% did not receive an explanation they could understand.
- Many felt adequately informed about their upcoming tests: 91% felt received all necessary information.
- The waiting period for test results varied. 79% considered the waiting time appropriate, while 15% found it slightly too long, and 5% felt it was significantly too long.
- The majority of respondents expressed that they had experienced a high level of privacy when receiving their test results (96%).
- 80% stated that the diagnosis information was explained in a way they could understand, while 19% felt it was only to some extent, and 1% did not find the explanation understandable.
- 84% completely agreed that their cancer treatment options were explained to them in an understandable manner.

National insights

- Evidence suggests that fear of change in one's body image begins before surgery or other treatments, and express concern about these changes will have a negative impact on patients' quality of life and may result in depression, anxiety and overall psychological distress.
- There is a disruptive impact of cancer on the social networks of some patients for reasons related to their ability to engage with social activities, and for not re-engaging with people with whom they lost connections while accessing the treatment.
- Cancer may cause substantial psychological distress as well as mental health disorders conditions. The most common mental health disorders include major depressive disorder, generalised anxiety disorder, adjustment disorder, panic disorder and post-traumatic stress disorder.
- One of the implications facing cancer patients is the financial hardship that results from being diagnosed and living with cancer.

- Carers of people with cancer experience negative financial impact and negative impacts on both physical and mental wellbeing.

1.2.3 Understanding the needs of children, young people and families

Local insights

- Small Steps Big Changes' (SSBC) focus on diversity, for example by consulting with fathers or including Parent Champions from different ethnic backgrounds, helps create services that are inclusive, culturally sensitive and accessible.
- A key learning of the SSBC programme is that service user experiences should help frame care delivery models. This insight helped professionals adapt their language, approaches and service offer to better align with community needs.
- SSBC coproduction approach created collaboration between families and service providers. Service offer becomes more aligned with the needs of the community by empowering and involving parents in service design. The lived experiences of parents provide insights that enhance the relevance and accessibility of services, making them more effective and tailored to local needs
- Young people with Special Educational Needs and Disabilities informed us that the outcome that would be most important to them in their life would be education that can meet their needs, independence, feeling supported, opportunities, having nice things/ good life and job/employment.
- Through the Nottinghamshire County Council Shadow event, 370 children and young felt that mental and physical health, school, waiting times, cost of living, vaping, crime and healthy lifestyles were worrying them the most.

2 Introduction

In line with guidance from the Department of Health and Social Care[3] (DHSC), in March 2024, the Integrated Care Partnership approved the refreshed Nottingham and Nottinghamshire Integrated Care Strategy[4].

As part of the workplan of the Integrated Care Partnership (ICP), it was agreed that an annual Insight Report would be produced to provide evidence and insight to the Partnership. This report is intended to support the ambition of the Integrated Care Partnership to act as the "guiding mind" of the system and enable it to consider how we continue to meet the needs of local people and communities.

The ICB Engagement Team produced the first Citizen Insight Report[5], which was presented to the ICP on 6 October 2023. The report included:

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

The Chair and ICP members welcomed the rich collection of information contained within the report, noting the need to connect back to the feedback in the actions the system needed to take.

Regarding future iterations of the report, several suggestions were put forward including:

- Focusing the report on findings of strategic importance for future policy development
- Future reports to be broadened to make it more of a local system report, as opposed to a mainly NHS-focused report.
- For the 'children's voice' to be heard.
- To include Place-Based Partnership-specific information.

The feedback from the ICP at that time has been considered in the development of this report.

To support the ongoing delivery and implementation of the Strategy, and as part of their business-as-usual activities, all system partners have continued to listen to our population and this work is shared and coordinated through the ICS's Engagement Practitioners Forum. This report summarises the insights and intelligence which has been gathered across the system and offers a synthesis of its combined findings, set against 7 (in bold) of the 14 priorities of the Integrated Care Strategy:

1. **We will support babies, children and young people to have the best start in life with their health, development, education and preparation for adulthood (sections 4.3.3 and 6).**
2. **We will support babies, children, young people and adults with the greatest needs (the 20% most deprived, those in vulnerable or inclusion groups and those experiencing severe multiple disadvantage (sections 4.4 and 6).**

[3] Guidance on the preparation of integrated care strategies - GOV.UK (www.gov.uk)
[4] Integrated Care Strategy 2023-27 (healthandcarenotts.co.uk)
[5] Integrated Care Partnership insight report - English (healthandcarenotts.co.uk)

3. **We will focus on health, wellbeing and education for children and young people to help improve employability and life chances for future generations (sections 4.3.1 and 6).**
4. **We will support frail older people with underlying conditions to maintain their independence and health (sections 3.7, 3.8.4 and 5).**
5. **We will focus and invest in prevent priorities, like tobacco, alcohol, healthy weight, oral health and mental health, to support independence, prevent illness, poor birth outcomes and premature death from heart attack/stroke/cancer/chronic obstructive pulmonary disease, asthma and suicide (sections 4 and 5).**
6. **We will "Make Every Contact Count" (MECC) for traditional areas of health, for example mental health and healthy lifestyle and incorporate signposting to other services which support people to improve their health and wellbeing (sections 3.3, 3.7, 4.2 and 4.4).**
7. **We will adopt a consistent system-wide approach to quality and continuous service improvement sections 3 and 4).**
8. We will establish a single health and care recruitment hub.
9. We will bring our collective data, intelligence and insight together.
10. We will align our Better Care Fund programme to our strategic priorities.
11. We will make it easier for our staff to work across the system.
12. Use our collective funding and influence to support our local communities and encourage people from the local area to consider jobs in our organisations.
13. We will add social value as major institutions in our area.
14. Work together to reduce our impact on the environment and deliver sustainable health and care services.

This report provides the Partnership with a summary of the activities and findings of work from across the Integrated Care System. It includes in particular information about what is important to citizens and deep dives on timely access and early diagnosis of cancer and experiences of children, young people and families.

3 What's important to citizens?

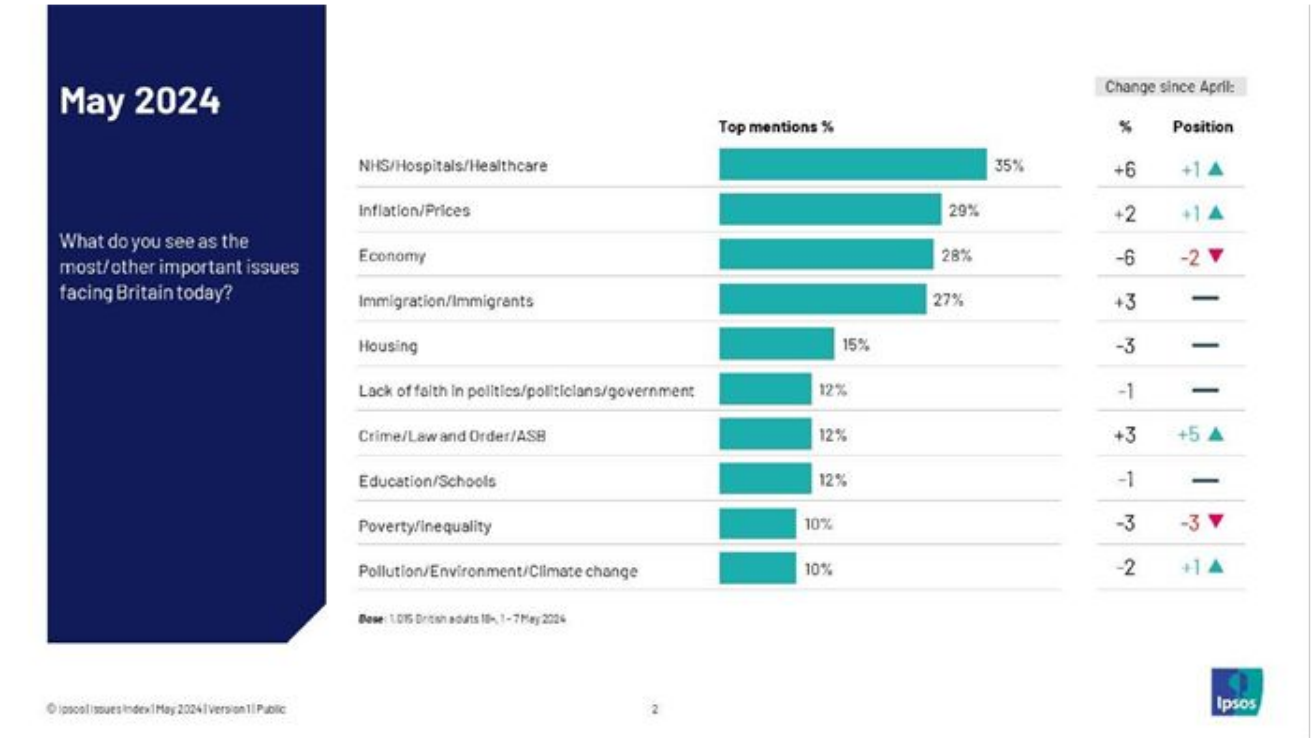
3.1 Introduction

The following section provides an insight into public opinions on the most important issues currently, according to national research. Using these findings, we can infer the issues important to the citizens of Nottingham and Nottinghamshire. However, it is important to remember this inference and not assume all findings are like for like for our population.

3.2 Top ten issues

The top ten most important issues according to those polled in a recent Ipsos Mori survey[6] can be found in Figure 1. Hospitals/Healthcare has risen from being the fourth in this ranking to the top position, rising from 25% in August 2023, to 35% in May of this year. This means it has now taken priority over the following topics in the public's perspective: Inflation/Prices, Economy, and Pollution/Environmental/Climate Change.

Figure 1. Top ten most important issues to citizens (Ipsos, 2024)



A recent ONS study[7] did not find much change in their answers over a similar time period. Based on a survey conducted between 22 May and 2 June 2024, Cost of Living (87%) continued to surpass issues around the NHS (85%). This highlights a very slight decrease compared to figures releases in the second half of last year. However, the gap separating the NHS from being the most pressing issue has shrunk over this period.

Overall, this research highlights the growing focus on the NHS and healthcare as a key issue and cause for concern from the public, compared to other factors.

[6] https://www.ipsos.com/en-uk/nhs-economy-inflation-and-immigration-set-to-be-biggest-election-issues
[7] Public opinions and social trends, Great Britain - Office for National Statistics

3.3 Perceptions of the NHS

The NHS faces ongoing challenges, including financial pressures, extended waiting lists for planned care, staffing shortages, and increased demand.

Media and political attention continue to draw attention and add to the public's perception of the NHS. The findings from the most recent British Social Attitudes (BSA) survey[8] found the lowest levels of satisfaction with the NHS since their records began in 1983. Satisfaction with NHS and social care was 24% and 13% respectively. The survey included 3,374 people, of which just under one fifth (18%) were asked for the reasons behind their dissatisfaction, they gave the following answers:

- Among the most significant issues, taking too long to get a GP or hospital appointment (71%), a lack of NHS staff (54%), and not enough government expenditure in the NHS (47%) were clear leaders.
- There was almost a third of respondents who mentioned that they thought money is wasted in the NHS (32%).
- Other notable responses included government reforms of the NHS (19%), the quality of NHS care (16%), and not being able to access some services unavailable under NHS (14%) as reasons for their dissatisfaction.
- Attitudes and behaviour of staff, stories in the media, and other responses were mentioned by 9%, 6%, and 2% of the respondents respectively.

Despite the overall concern for the NHS, the study found that there is still widespread support for its principles. Almost half (48%) of the 1,206 respondents to another question added that they would support paying more tax if it would contribute to increasing government spending on the NHS. Those in top earning brackets were even more likely to support this idea, with 62% of those in the highest income quartile agreeing.

In the 2024 Ipsos Health Service Report, it was reported that 50% of the British public surveyed rate the quality of healthcare that they and their family have access to as either "good" or "very good", and only 19% rated as "poor" or "very poor". However, marginally more people expect their healthcare to decline over the coming years (27%) compared to those who believe it will improve (26%).

In the UK, 53% of people said that mental health was one of the biggest health problems facing the country, this figure is up by 10% since the prior recording in 2022. However, the impact of the ongoing COVID-19 pandemic at the time is likely to have influenced this. The most recent pre-pandemic figure from Ipsos is from 2018, where 50% of people reported mental health to be the biggest problem, so there has still been an increase during this period.

When asked if the healthcare system in their country is overstretched, 82% of UK participants agreed with the statement. 75% also agreed that waiting times to get a GP appointment were too long.

However, the UK ranked well on both the availability of information on looking after health and patients being able to find information about healthcare services when they are needed, with 67% and 64% respectively agreeing to the statements.

[8] Public Satisfaction With The NHS And Social Care In 2023 | BSA | The King's Fund (kingsfund.org.uk)

3.4 Perceptions of social care

A recent study from Ipsos[9] shows that the British public are concerned about the state of social care. More than three quarters (76%) of those polled said there are too few care workers in Britain relative to the need for social care, with less than one in 10 (6%) believing there is the correct amount.

The majority of those polled (63%) feel care workers are paid too little. This group of workers ranked highest for being underpaid, ahead of nurses (57%), ambulance workers (53%), NHS Healthcare Assistants (52%), and social workers (35%).

Around half of people (48%) aren't confident that a friend or family member would receive a good standard of care in a care home, however, overall, around the same amount (46%) believed that they would. As respondents aged, they became less confident in the quality of care that would be received. Those in the 18-34 age group were split approximately six to four in confidence (58% Very/fairly confident to 37% Not that/at all confident), while the perceptions of those in the 55-75 years age category were equally weighted in the opposite way (38% Very/fairly confident to 56% Not that/at all confident)

However, according to research from The Heath Foundation[10], views towards the general standard of social care services improved between May 2023 and May 2024, despite the overall perception remaining negative. Half of the public (50%) think the standard of social care services declined over the year, down by 9% compared to the year prior. Instead, they are more likely to think the standards have remained consistent (up from 22% in May 2023 to 27% in May 2024). Three quarters of people (73%) believe that the government should focus on improving pay and conditions for social care workers to incentivise more people from the country to join the profession.

3.5 Civil unrest and community cohesion in Nottingham and Nottinghamshire

On 29 July 2024 three young girls were fatally stabbed at a dance class in Southport, UK. The incident also left two adults and eight other children injured. Hate-fuelled disorder and riots followed in towns and cities across the UK. Two protests took place in Nottingham, the largest of which was attended by 400 protesters and 600 counter protestors. A reduction in community cohesion in our area is of concern due to the knock-on impact on trust in public services and willingness to engage with public authorities. All partners within the ICP will want to support a return to positive community relations both as part of their "anchor institution" roles but also to support the reduction in inequity of access to services offered.

A Stakeholder Meeting jointly hosted by Nottingham City Council, Nottinghamshire Police and Police and Crime Commissioner was held on 22nd August at Nottingham Central Library. The purpose of the meeting was to hear directly from communities following the recent unrest in Nottingham. Both community leaders and citizens were in attendance. The Chief Constable for Nottinghamshire, Police and Crime Commissioner and leader of Nottingham City Council gave opening statements. A number of themes emerged from that conversation:

3.5.1 A call for more specialist intervention in schools

Community leaders felt strongly that more specialist intervention needs to be funded to involve young people influenced by the unrest and to work with perpetrators and victims. There is concern that schools are under supported and need advice from the government on what to do for students facing hate crime and challenging those who hold harmful and Islamophobic views.

[9] 3 in 4 Britons say there's too few care workers in Britain relative to the need | Ipsos
[10] Public perceptions of health and social care: what the new government should know - The Health Foundation

3.5.2 Fear in communities

There was a consensus that the unrest was driven by islamophobia and Muslim people are not feeling safe in their community. The fear was also felt by people with learning disabilities who take note of social media where misinformation was frequently being circulated. The PRIDE flag had been defaced recently which caused concern in the LGBTQ+ community, Temples and domestic abuse organisations closed for a week to protect staff and beneficiaries. During the unrest people from people from Black and Asian communities also received abuse regardless of religion.

3.5.3 Working with the police

The police were thanked and praised on several occasions for the sensitive handling and management of police resource throughout the period of unrest. There was a preference for the police and councillors to more frequently attend meetings held by groups and organisations, to share concerns and task police with issues rather than having to attend new meetings. People wanted to know what is in place for people at risk of radicalisation. The police were keen to understand more about why people are hesitant to report hate crime. It was also made clear from the Police and Crime Commissioner that Nottingham experienced disorder but not riots. The police and Nottingham City Council would like to continue conversations with citizens and community leaders taking a coproduction approach.

3.6 Maternity services at Nottingham University Hospitals Trust

Maternity services in Nottingham are currently under scrutiny as Donna Ockendon continues the review of maternity care at Queens Medical Centre and Nottingham City Hospital. As of 13th September 2024, contact has been made with 2,979 families, and 789 members of staff and engagement continues. There is a commitment from Nottingham University Hospitals (NUH) to improve maternity services. This is indicated in the last independent Care Quality Commission report September 2023, where Nottingham City Hospital and Queens Medical Centre both improved the score from inadequate to requires improvement.

Within the maternity improvement programme, NUH have a number of specific projects, including culture and engagement, to address feedback from women and families received via the Independent Medical Review.

The NUH Inclusion Project focussed on underrepresented communities to increase engagement and reduce health inequalities. June 2024 saw the first community engagement session take place with the Muslim Women's Network taking part in discissions around experiences of giving birth and where services can be improved. The Mojatu Foundation and Heya will take part in the next discussion in September, with a future session planned with the Nottingham Refugee Forum.

Positive responses have been received about the Ante Natal classes offered to African Caribbean and Urdu speaking women. Reverend Clive Foster Senior Minister is supporting engagement directly with Black African and Caribbean women across local communities and churches. Work to improve engagement with the Roma community is being undertaken to feed into a staff workshop to discuss the Roma Community experiences and how to better engage.

3.7 Mental health services in Nottingham and Nottinghamshire

In June 2023, Barnaby Webber, 19, Grace O'Malley-Kumar, 19, and Ian Coates, 65 were fatally stabbed with three others severely injured by an individual under the care of mental health services in Nottingham and Nottinghamshire. This incident led to a review of mental health services in

Nottingham and Nottinghamshire. In January 2024 a report of the special review into mental healthcare was published by the Care Quality Commission (CQC).

From January to March 2024 a number of reports about mental health services provided by Nottinghamshire Healthcare Foundation Trust (NHT) were published by the CQC. The first reports addressed: Wards for Older People with Mental Health Problems, Rampton Hospital, Psychiatric Intensive Care Wards and Acute Wards for Adults of Working Age. The reports fed into a rapid review 'Section 48' report ordered by the Secretary of State for Health and Social Care into these concerns.

The 'Section 48' rapid review aimed to assess improvements at Rampton Hospital, review community safety and crisis services and review the care and treatment of Valdo Calocane. A number of key findings were highlighted within the report:

Risk assessment and record keeping

- Inconsistencies in risk assessment processes included lack of key information and risks related to consent and up to date record keeping.

Care planning and engagement

- The rapid review found that there were timely referrals into mental health services and patients were allocated to care coordinators promptly.
- Care plans were in line with national guidance however improvements could have been made to make the plans more holistic and person-centred.
- There were issues with engagement of patient with the services.
- The CQC identified concerns over the out-of-area beds.
- There was a lack of GP involvement in discharge planning.

Medicines management and optimisation

- The decisions and wishes of Valdo Calocane in regard to his medicine and treatment preferences were not always balanced with other information.
- Issues were found with medicine monitoring whilst patients were in the community.
- There was no real change to Valdo Calocane's treatment despite evidence that he was still symptomatic.

Discharge planning

- The review of the 10 benchmarking cases found that most discharges from NHFT were handled well.
- There were problems around communication of discharge decisions and difficulties in transitions of care between inpatient and community services.
- NICE guidelines recommend the use of a depot antipsychotic medicine and/or a community treatment order for those who do not comply with taking oral medicines but there was no evidence of a discussion of this in Valdo Calocane's case.
- Discharge planning was not robust and there was a 'lack of clarity of thinking' regarding discharge decisions.

3.8 Insights from Healthwatch Nottingham and Nottinghamshire

Healthwatch Nottingham and Nottinghamshire (HWNN) is the local independent patient and public champion. They hold local health and care leaders to account for providing excellent care by making sure they communicate and engage with local people, clearly and meaningfully, and that they are transparent in their decision making.

Between April 2023 and March 2024[11], the following insights were gathered and reported locally.

3.8.1 Empowering patients to manage their own insulin in hospital

HWNN participated in an information session around diabetes, organised for local people to better understand the disease. The event was aimed both at those living with diabetes and those interested in understanding the condition better. Diabetics using insulin to manage their diabetes found that it was distressing being an in-patient in hospital. Patients did not feel they were in control of managing their own insulin usage and instead, were dependant on nursing staff to provide injections. This made people feel nervous and less in control of something they normally manage every day.

This was raised with NUH, explaining how the situation feels to patients living with diabetes. This conversation prompted high level discussions amongst nursing staff at NUH, with an undertaking to put in place a system to respect patient choice. NUH has now settled on a policy whereby patients on a ward can request that they manage their own insulin usage, and this will be respected unless there are overwhelming clinical reasons not to take this option.

The difference this has made to our health and care system:

- Training is being rolled out to all nursing staff to help them understand the options and reassure them around any worries they may have in letting a patient take control of their own medication.
- Planning has involved the hospital pharmacy department to cope with the prescribing side of insulin availability.
- Active steps will be taken to let patients know that this is an option they have, and that they can choose not to take it up if their disease makes it difficult for them.
- This discussion has also raised the more general question of patient agency and capacity whilst being treated in hospital.

3.8.2 Specialised Community Mental Health Services

In 2022/23, NHT was undertaking a transformation programme of the delivery of mental health services across adult pathways. The ethos of the transformation programme was ‘no wrong door’, aiming to deliver integrated, personalised, place-based, and well-coordinated care. This came on the back of the NHS Long Term Plan (2019)[12], alongside Nottingham and Nottinghamshire ICS’s Integrated Mental Health and Social Care Strategy (2019)[13]. Concerns had also been raised previously by the Care Quality Commission (CQC) about some of the Trust’s services[14].

In 2023, the NHT commissioned HWNN to undertake a research project that aimed to understand people’s experiences of accessing and using Specialist and Community Mental Health Services in

[11] PowerPoint Presentation (hwnn.co.uk)
[12] The NHS Long Term Plan – a summary
[13] ICS Mental Health and Social Care Strategy FINAL.PDF (strategyunitwm.nhs.uk)
[14] Trust - RHA Nottinghamshire Healthcare NHS Foundation Trust (25/11/2022) INS2-12325588311 (cqc.org.uk)

Nottingham & Nottinghamshire. They heard from 367 people via interviews, an online survey and through focus groups.

The report[15] highlighted gaps in various areas of care between how service providers think they are doing and how the service users perceive or experience it. HWNN have had and continue to have ongoing dialogue with the Trust and with other relevant partners on the implementation of our recommendations, most of which have since been repeated by the CQC.

The findings and the recommendations from the report have had a significant impact and generated much attention and discussion amongst stakeholders. The report has been cited and used as supplementary evidence by the CQC as part of its latest special review of mental health services at Notts Healthcare NHS Foundation Trust, which was triggered by (among other things) the killing of Barnaby, Grace and Ian in June 2023

3.8.3 Improving the experiences of carers and their families

A member of the public reported stress associated with the carers assessment provided by Nottinghamshire County Council (NCC). HWNN contacted the service lead who provided information regarding Adult Carers Assessments. They informed HWNN that they had recently undertaken an engagement exercise with people accessing the service and the feedback confirmed a need for improvement. NCC said that the issue HWNN raised was not in line with 'our aim to provide excellent support to carers' and thus improving the experience of carers is now one of the department's top 6 priorities. The provider informed HWNN that they have co-designed new standards of practice with people and carers who draw on support, which have been shared with all teams and include communicating with compassion and empathy.

3.8.4 Getting services to involve the public to adjust services to meet the needs of different groups

HWNN received communication concerning a group of older people with vision loss who reside in a rural part of Nottinghamshire. HWNN visited and heard directly from group members on some of the challenges they were facing in accessing appointments in their local GPs and the added stress of vision loss and digital exclusion which made booking appointments online or on the phone difficult. They convened an urgent meeting with key leads both from the ICB and from primary care to put mitigative mechanisms in place to improve care and access for this vulnerable group of patients. One of the key actions was to facilitate regular touch points between the group and service leads

Points for discussion

- What factors could help restore or maintain trust in local health and social care services?
- What role can the ICS have in healing divisions and developing long-term social cohesion?
- How can local communities, especially those most affected by the unrest, have a greater voice in the ICS?
- How can the ICS support NHT to deliver their Integrated Improvement Plan?
- How will the ICS ensure an ongoing dialogue with people and communities regarding their mental health and services that support them?

[15] HWNN-SMI-Report-Specialist-Mental-Health-Services.pdf

4 Working with people and communities across our Places

4.1 Introduction

This section provides an overview of some of the key programmes of engagement and involvement work undertaken across our four Place-Based Partnerships (PBPs). The PBPs are partnerships of the NHS, Local Authorities, the Voluntary Sector and others and offer the most vibrant examples of how working closely with our people and communities can support the rapid transformation and delivery of responsive health and care service.

4.2 Bassetlaw PBP

4.2.1 Suicide prevention in rural communities

Bassetlaw Focus on Farmers is a collaborative initiative aimed at providing joined up suicide prevention, mental health, and cancer support in the Bassetlaw rural community (which includes rural residents, families of rural residents, farmers and equestrians). The project, led by the Bassetlaw Place-Based Partnership, Bassetlaw Action Centre, and Retford and Villages Primary Care Network, and co-produced with the agricultural and rural community, aims to tackle the issues that these residents face on a daily basis.

During the initial planning stages of the project in 2023, over 70 farmers, farming families, and rural residents were engaged with, to understand what barriers to accessing health and care they experienced, what mattered to them most, what information they felt they needed and the best formats for sharing this. The Project Team then worked with small groups of local people from the rural community to co-produce the design of the project including the name, logo, posters and an online information page. Since then, over 100 rural residents, farmers and young farmers have been engaged through an open evening and various events and talks.

In addition to the core co-production with the rural community, a variety of local Voluntary, Community and Social Enterprise (VCSE) organisations and health partners have been involved: Aurora Wellbeing for cancer services; mental health and suicide prevention charity, In Sam's Name; Nottinghamshire Police; and several others who bring a wealth of specialised support.

Impact of Suicide on the Farming Community

- Between 6,000 and 7,000 people die by suicide each year in the UK.
- In England, one person dies by suicide approximately every two hours.
- Suicide is the leading cause of death among people under 35 years old.
- In males under 50, suicide remains the leading cause of death, with rates particularly high among young males aged 15-19—the highest in over 20 years.
- Females in the same age group are also seeing their highest rates in over 40 years.
- In 2020, there were 84 deaths by suicide in the Agricultural and Related Trades in England (79 males and 5 females), with more than one person a week working in agriculture dying by suicide, according to the ONS.

This project has been co-produced with local people to ensure that the project is tailored to the unique needs of the farming community, recognising the importance of making healthcare services accessible and trusted.

As a result of the initial engagement within the agricultural community, the following top priorities emerged:

- Mental health support

- Community support
- Physical health
- Cancer screening and support
- Firearms – barrier to accessing mental health support

The engagement has aimed to dispel some of the myths and misconceptions about accessing mental health services, particularly concerns around confidentiality. This is still a key topic and an ongoing complex issue, which the team are working on alongside Nottinghamshire Police, with the concerns being around gun licences, mental health, how the two are interlinked and how they can be a barrier to accessing support.

The project team have taken multiple steps to build engagement and support within the community:

- Marketing and Communications:
    - Dedicated website coproduced and email address for the project to streamline communication. www.bassetlawfocusonfarmers.org.uk
    - The branding of the website, logo, and contents required on the website have all been coproduced with local people to ensure it was meeting their needs and was a website that they found easy to use and could easily relate to.
    - Coverage in Retford and Worksop Life Magazines secured, which are distributed to every village in Bassetlaw, and have a Bassetlaw Focus on Farmers Facebook page and Instagram account.
    - Mug mats which feature a QR code directing residents to our dedicated website have been produced. These have been distributed to over 60 rural pubs that are frequently accessed by rural residents and farmers.
    - To engage with younger farmers, we worked with the Young Farmers Groups to co-produce tractor air fresheners and window stickers that also have the QR code and website on. These have been distributed across local Young Farmers Groups and we have worked with a local tractor supply who has included these with all tractors that are sold locally.
- Engaging with people and communities:
    - Attendance at multiple local events, such as the Nottinghamshire Show and Young Farmers meetings, to raise awareness and connect with the community.
    - In addition to the early engagement and fact-finding, we hosted an open evening (case study below) and have attended various events to engage with the community and learn from what they tell us.

Bassetlaw Focus on Farmers – Case study of Co-production in Action for Farmer and Rural Wellbeing in Bassetlaw Focus on Farmers Open Evening

The Bassetlaw Focus on Farmers Open Evening was held on World Suicide Prevention Day, 10 September 2024, facilitated with support from Nottinghamshire Wildlife Trust at their Idle Valley location. The event attracted over 60 attendees, with a balanced mix of farmers, rural residents, and local organisations offering support. Guest speakers from "We Are Farming Minds"[16] (a Hereford-based charity focused on mental health in farming) and "Riders Minds"[17] (an equestrian mental health charity) shared their insights. We also discussed tools like the NHS app and had a talk from Nottinghamshire Police.

We distributed a short survey to the attendees of our event to gather feedback on their thoughts and what else they might be interested in with regards to the project and its future.

Survey Results so far:

- High Engagement: **95%** of respondents found the event interesting and engaging, highlighting the relevance of the topics covered.
- Target Audience Reached: **50%** of the survey respondents were either farmers or rural residents, showcasing that the event successfully reached our intended demographic.
- Increased Awareness and Knowledge: **78%** of survey respondents reported learning something new and felt more informed about where to seek support for their mental health and wellbeing needs.
- Farmer Representation: Of the farmers that completed the survey, **57%** expressed that they felt heard and valued, indicating the project's success in addressing the unique challenges faced by this group, with room to grow to improve this figure ever more.
- Excitement for the Future: **50%** of respondents shared enthusiasm about the future of the project, expressing interest in its potential growth and future activities.

Of the survey responses so far, it shows us that the event had a significant positive impact on both farmers and rural residents, with strong engagement and a clear increase in knowledge and awareness about mental health resources. The feedback demonstrates enthusiasm for future initiatives, such as farm walks and tractor rallies, and the potential to build a larger, more involved community. The voices of farmers were acknowledged, and the interest in expanding the project offers a promising outlook for its future development.

What's Next?

We are committed to continuing to listen to what rural residents and farmers want, ensuring they know where to find local support without needing to search endlessly online.

We are working with Young Farmer to co-produce a Tractor Rally in February 2025 to raise awareness of the project. We are also actively encouraging the farming community to host their own events, such as wellbeing walk and open farm days, to which we have offered our support if they need any assistance.

This project exists with the aim of ensuring that no one in Bassetlaw's agricultural community faces challenges in isolation. Achieving this requires a collective effort, which is why we're committed to working collaboratively, involving as many rural residents and farmers as possible in all co-production moving forward.

By pooling resources and expertise from across Bassetlaw, in a collaborative and co-produced way, we have formed a dedicated team of individuals and organisations who share the same goal of supporting and strengthening the powerful potential of this project.

[16] Tackling mental health in the farming community of Herefordshire (wearefarmingminds.co.uk)
[17] Riders Minds – Improving the mental health & wellbeing of equestrians

4.3 Mid-Nottinghamshire PBP

4.3.1 My Support Network

The Newark Local Design Team (LDT), who are a group of community representatives and professionals, created the My Support Network initiative after a community consultation demonstrated that people struggle to know what services they or the person they care for receive, what they do and how to contact them. Patients and carers felt they were repeating their stories and healthcare professionals were spending too much time trying to find out information and asking questions instead of delivering their service.

The LDT designed some simple documents where the care information regarding the patient can be kept, alongside the contact details for their relatives, carers, and healthcare professionals and providers. Storing key information in a yellow folder at the patient's home ensures it is easily accessible and standardised for those who need it.

4.3.2 Multi-agency Best Start Plus

As part of the Nottinghamshire Best Start Strategy (2021 -2025), work has taken place with partner agencies to improve the life chances of all children in Mid-Nottinghamshire to engage and support families prior to conception, in pregnancy, and across the early years providing an opportunity for partners, families and communities to work collaboratively to ensure every child has a healthy and fulfilling start to life.

Groups are now established in all three districts, providing an opportunity for colleagues to identify, understand and collaborate on locally identified priorities. Rather than focus solely on the original Best Start age group of pre-birth to two, it has been agreed that the groups will work to support improved outcomes for children, young people and families in the 0-19 age range (25 if the young person has Special Educational Needs or Disabilities (SEND).

To bring together agreement on where to focus activities across Mid-Nottinghamshire PBP, a workshop was held in November 2023, hosted by Newark and Sherwood District Council. Colleagues from CAMHS, Perinatal Psychology, Healthy Families Team, Children's Centre Service, Voluntary Sector services, Nottinghamshire County Council Public Health, Nottinghamshire County Council Early Childhood Services, Mid-Nottinghamshire Place Team (ICB) and District Councils came together to discuss proposals for the overarching Best Start Plus Plan, with agreement that efforts should be focused where the greatest impact could be made. Supporting the physical and emotional health and wellbeing of children and young people was identified as a key theme.

Priorities agreed included:

- Targeting support at families in priority neighbourhoods/circumstances.
- Developing a whole system approach to Family Hub Networks.
- Supporting the Best Start Strategy: Healthy Pregnancies, child development.
- Encouraging Childhood Vaccinations and Immunisations.
- Promoting healthier lifestyles for children and families (healthy eating, weight and moving more).
- Supporting Positive Activities for children and young people (feeling safe and raising aspirations).

4.4 Nottingham City PBP

4.4.1 Race Health Inequalities Programme

The Race Health Inequality (RHI) and mental health programmes are critical to the City PBP, reflecting priorities in Nottingham's Health and Wellbeing Strategy. These programmes are focused on addressing long-standing health inequalities, especially within diverse communities who experience significant mental health challenges.

The collaborative approach with Nottingham City PBP and Nottingham Community and Voluntary Service (NCVS) aims to ensure better health outcomes for historically underserved populations. The RHI work is feeding directly into the Donna Ockenden review of maternity services and small community organisation representing minority communities are well represented.

The RHI programme made progress to address racial health inequalities in Nottingham city in Q1 2024/25 by engaging in various events and collaborations A key activity was the Race Health Inequalities Workshop on Mental Health on 13 May 2024 which reviewed recommendations from the 'Local Routes to Change' report[18]. The purpose of the session was to pick 2-3 priorities to focus on over the next 12 months. Each group discussed the priorities and provided a rationale for their selection. There was a clear consensus across the four groups to select the following two areas:

1. **Working in partnership with communities and community organisations.** Only by working in partnership with our communities can we properly understand their needs and why some people may not be accessing services. Working in partnership with people and communities creates a better chance of creating services that meet people's needs, improving their experience and outcomes. We need to build relationships based on trust, especially with communities impacted by inequalities and structural racism.

Key actions:

- Involve volunteers, community connectors, community organisations, HWNN and community leaders.
- Establish a two-way process of listening and sharing information.
- Look for opportunities within integrated neighbourhood working models.
- Provide information and education tailored to the needs of communities in a way that is accessible to them.
- Provide training opportunities to community leader, volunteers and community organisations.
- Learn from what works and build on the assets of all partners – networks, relationships and activity in local places.

2. **Embedding cultural competence at all levels within organisations.** In order to provide culturally competent care, knowledge of cultural beliefs, values and practices is necessary. Developing culturally sensitive practices can help reduce barriers to effective treatment. The cultural appropriateness of mental health and health services may be the most important factor in the accessibility of services by global majority communities.

Key points:

- Not limited to NHS organisations – smaller CVS organisations supported to access training for their staff.
- Embedded at all levels of leadership and positively promoted by the most senior leaders.
- Develop training that encourages organisational learning e.g. actions are taken as a result.

[18] Race-Health-Inequality-Report-January-2024.pdf (healthandcarenotts.co.uk)

- Training utilises experiences and feedback from local communities.
- Agreed quality standards for cultural competency training.

NCVS plays a central role in engaging minority communities within the city, encouraging Black-led organisations to participate in health forums, and contributing to the PBP Mental Health group. NCVS facilitated an introduction for the Care Quality Commission (CQC) to work with the RHI group to better reach diverse communities. The introduction of the CQC team members to the RHI work will ensure a coordinated approach to ensuring a diverse representation in their work. The CQC have struggled to reach seldom heard from individuals but building relationships organically with the RHI group will ensure better outcomes for local people.

Next steps for the programme involve updating leadership groups, forming a joint RHI-MH group, exploring funding opportunities, and mapping local assets such as community champions. There is an ambition to embed the RHI Maturity Matrix into all City PBP workstreams.

4.5 South Nottinghamshire PBP

4.5.1 Future of Healthcare in Rushcliffe

Over 100 people attended "The Future of Healthcare in Rushcliffe" event on 27 June 2024, held in Cotgrave. Feedback was gathered from delegates on various topics to support the development of recommendations for follow-up activities believed to improve the future health and wellbeing of residents of Rushcliffe. Insights from attendees included:

- A consensus on the importance of integrating technology to address the needs of an aging population. Effective use of digital tools is seen as both a strength and a challenge, with calls for better training and accessibility.
- Social prescribing was highlighted as a powerful method for connecting patients to community resources. There is a need for broader recognition and integration of volunteer networks and organisations such as U3A to enhance community wellbeing.
- Stakeholders emphasised the necessity of clear, consistent messaging about available health services and changes within GP practices.
- Ongoing research into digital literacy, missed appointments, and social prescribing outcomes is essential. Engaging more people in volunteering and ensuring every patient contact is optimally utilised were also key recommendations for future action.

5 Timely access and early diagnosis of cancer

5.1 Introduction

This section provides information about cancer, specifically experience of diagnosis, treatment and care and longer-term impacts on patients, carers and families.

5.2 Cancer incidence and mortality

Incidence rates for all cancers combined are lower in the Asian and Black ethnic groups, and in people of mixed or multiple ethnicities, compared with the White ethnic group, in England[19]. However, there are there are some exceptions:

- Prostate cancer (2.1 times higher in males of Black ethnicity).
- Myeloma (2.7–3.0 times higher in people of Black ethnicity).
- Several gastrointestinal cancers (1.1–1.9 times higher in people of Black ethnicity and 1.4–2.2 times higher in people of Asian ethnicity).
- Hodgkin lymphoma (1.1 times higher in males of Asian ethnicity and 1.3 times higher in males of Black ethnicity).
- Thyroid cancers (1.4 times higher in people of Asian ethnicity and 1.2 times higher in people of Black ethnicity).

5.3 Risk factors

An individual's risk of developing cancer depends on many factors. Whilst some of these factors are fixed and cannot be changed, e.g., sex and age, the majority are modifiable meaning that there is an opportunity for individuals to decrease their cancer risk.

5.3.1 Age

Age is the most important risk factor for cancer with risk increasing with age. Incidence rates are strongly related to age for all cancers combined, with the highest incidence rates being in older people. In the UK in 2016-2018, on average each year more than a third (36%) of new cases were in people aged 75 and over. Age-specific incidence rates rise steeply from around age 55-59. The highest rates are in the 85 to 89 age group for females and males. Adults aged 50-74 account for more than half (54%) of all new cancer cases, and elderly people aged 75+ account for more than a third (36%)[20].

5.3.2 Lifestyle factors

It is estimated that 38% of cancers could be prevented through changes to lifestyle changes[21]. An overall summary of these risk factors can be found in Figure 3.

[19] Differences in cancer incidence by broad ethnic group in England, 2013–2017 | British Journal of Cancer (nature.com)
[20] Cancer incidence by age | Cancer Research UK
[21] Cancer risk statistics | Cancer Research UK

Figure 2. Preventable Cancer Risk Factors

5.4 Diagnosis

5.4.1 National Cancer Patient Experience Survey (2022), Nottingham and Nottinghamshire Data

The National Cancer Patient Experience survey results shed light on various aspects of individuals' experiences in receiving a cancer diagnosis which can be drilled down to a Nottingham and Nottinghamshire dataset. Not all respondents answered all questions therefore respondent numbers are variable. The data presented taken from the following sections of the survey: Support from your GP practice, diagnostic tests and finding out you had cancer.

5.4.1.1 Timelines and communication with GP

Out of a survey of 650 respondents, when asked how long it took from the time they first thought something might be wrong until they first contacted their GP practice to talk about it, 43% acted within three months, 9% contacted their GP between 3-6 months, and 3% of respondents contacted their GP either between 6-12 months or more than 12 months respectively. 27% never contacted their GP and for 12% of people said this wasn't applicable, as their GP initially identified the issue.

5.4.1.2 Clarity of referrals and diagnostic tests

There was a range of experiences regarding the clarity of explanations when individuals were referred for diagnostic tests. Out of 442 respondents, 63% felt completely informed, while 25% understood to some extent, and 12% did not receive an explanation they could understand.

The majority of respondents, 90% of 657 people, had undergone diagnostic tests in the last 12 months that helped to diagnose their cancer. Many felt adequately informed about their upcoming tests with 91% of 566 felt they received all necessary information.

85% of 588 individuals stated that the healthcare staff appeared to have all the information they needed about them, 13% agreed to some extent, with 2% stating that healthcare staff did not have all the information needed about them.

79% of 588 individuals found the explanations for test results completely understandable, 19% understood the explanation to some extent, 1% did not understand the explanation, and 1% did not receive an explanation but desired one.

5.4.1.3 Wait times for test results

The waiting period for test results varied. 79% of 582 respondents considered the waiting time appropriate, while 15% found it slightly too long, and 5% felt it was significantly too long.

5.4.1.4 Receiving the cancer diagnosis

The majority of respondents expressed that they had experienced a high level of privacy when receiving their test results, 96% of 590 respondents felt they always received enough privacy and most respondents found the location appropriate for receiving the cancer diagnosis, with 86% out of 659 feeling it was appropriate.

73% of 659 felt they were told they had cancer in a sensitive way, 22% felt it was only sensitive to some extent, and 5% did not find the delivery sensitive.

The source of the cancer diagnosis of 653 respondents varied, including specialist doctor or consultant (80%), specialist cancer nurse (11%), team member at the hospital (4%), someone at their GP practice (4%), and other sources (1%).

5.4.1.5 Understanding of diagnosis

80% of 661 stated that the diagnosis information was explained in a way they could understand, while 19% felt it was only to some extent, and 1% did not find the explanation understandable.

When asked whether they were told that they could go back for more information after time to reflect on what it meant, 86% out of 564 respondents were told they could do so, and 14% were not informed of this possibility.

In summary, these percentages illustrate the diverse experiences of individuals in dealing with potential health issues, undergoing diagnostic tests, and receiving a cancer diagnosis. They highlight areas where improvements in communication, information provision, and support could enhance the overall patient experience.

Case Study: Nottingham University Hospital Prehab Service

The Nottingham University Hospital Prehab Service is aimed at helping cancer patients prepare for surgery. This initiative, known as "Prehab," focuses on enhancing physical and emotional resilience to better equip patients for their impending cancer treatment. The service emphasises exercise, nutrition, and psychological interventions to assist patients in readying themselves for surgery. The Prehab Team at NUH was co-designed with patients from the outset and collaborates with A Better Life (ABL) and Self Help UK to provide patients with comprehensive, personalised Prehab Programmes within their local communities. The intended benefits of this programme include:

- Fewer post-treatment complications
- Improved recovery
- Shorter hospital stays
- Enhanced cardiorespiratory fitness
- Better neuro-cognitive functions
- Enriched quality of life for patients

The innovative Prehab service highlights the positive impact of exercise and support in bolstering patients' resilience and overall quality of life. It is an example of using insight to create a holistic service and achieve better overall outcomes for the patient.

Patients have reported that they are more in control and feel better physically and mentally, like they're more in control. The project has also made financial savings by reducing the average time spent in hospital.

5.5 Treatment and care – what's important to citizens?

5.5.1 National Cancer Patient Experience Survey (2022), Nottingham and Nottinghamshire Data

The survey findings reflect several key themes related to the experiences during treatment of cancer patients within Nottingham and Nottinghamshire.

5.5.1.1 Understanding treatment options and involvement in decisions

84% of 630 respondents completely agreed that their cancer treatment options were explained to them in an understandable manner. A further 15% agreed to some extent, while only 1% did not feel their treatment options were adequately explained. Similarly, 83% of 651 patients reported being definitely involved in decisions about their treatment options, 15% agreed to some extent, and 2% felt they were not involved as desired.

The ability of family and carers to be involved in these decisions closely mirrored the patients' experiences. 85% of 530 respondents stated their family was able to be involved, 13% agreed to some extent, and 2% believed their family's involvement fell short.

5.5.1.2 Seeking second opinions

Out of 206 patients, 59% were able to obtain more information or a second opinion before making treatment decisions. However, 33% were unaware of this option, and 8% were unable to access a second opinion.

5.5.1.3 Addressing needs and concerns

In terms of discussing their needs or concerns before treatment, 73% of 586 respondents had these discussions with healthcare staff, 24% agreed to some extent, and 3% wished for a discussion but did not receive one.

92% of 352 patients reported that a member of the healthcare team helped them create a plan to address their needs or concerns, while 8% did not receive this desired support.

5.5.1.4 Plan review

A significant 98% of 273 respondents had their care plans reviewed to ensure they continued to address their needs and concerns. Only 2% reported that their plan should have been reviewed but was not.

5.5.1.5 Waiting times

Patient perceptions of waiting times at the clinic or day unit for cancer treatments varied. 78% of 638 believed the waiting time was just about right, 17% thought it was slightly too long, and 5% found it to be much too long.

5.5.1.6 Support from GP practices

When asked whether it came to support from staff at their GP practice during cancer treatment, 44% of 253 respondents felt they definitely received the right amount of support, 35% considered it to be to some extent, and 21% believed they did not receive the appropriate level of support.

Patients were asked whether they got the right amount of support from staff at their GP practice during cancer treatment 78% of 620 respondents stated they had not had a review, while 22% had received a review.

5.6 Impact on patients and survivors

Patients' and survivors' long interactions with cancer are roughly divided into the following stages: pre-diagnosis, post-diagnosis before treatment, short-term after treatment, and long-term after treatment[22]. Having cancer may lead to various issues at different stages. On a personal level, it can cause psychological distress, making people question their beliefs and purpose[23]. It may also affect social functioning and relationships, making it harder to connect with others[24]. It may also have an impact on a patient or survivors' ability to do practical day-to-day tasks.

5.6.1 Impact on day-to-day activity – Case study: Support provided by Self Help UK

SM (age 69) had recently received a palliative metastatic colorectal cancer diagnosis after repeatedly going to the doctors. SM and her husband were struggling in their current house, living far away from their daughter who was having to travel to support them most days. They wanted to move to a bungalow closer to their daughter but were in a low priority band because they had a stair lift.

When speaking with SM, she reiterated that housing was her main concern – how much she was struggling with her mobility and worrying about her daughter spending a lot of money from travelling back and forth.

[22] Self-concept and cancer in adults: theoretical and methodological issues - PubMed (nih.gov)
[23] Psycho-oncology - PubMed (nih.gov)
[24] Psychological and physical impact in women treated for breast cancer: Need for multidisciplinary surveillance and care provision - PubMed (nih.gov)

SM was very worried about her own health and how her husband would manage on his own. She was also dealing with a lot of anger with her GP as by the time the cancer was diagnosed, it was too late to do anything.

SM was managing most practical aspects, although she said that they had been struggling with collecting their medication from the pharmacy.

To support SM, Self Help UK:

- Liaised with adult social care about SM's care needs assessment, discussing her mobility and housing situation. We also gave her additional information of services that could help, such Housing Choice services. Referral made to the community nursing team for support with mobility at home. SM was previously unknown to the community nursing team so this put her on their radar. This led to the OT from adult social care liaising with the Ashfield Housing team to up SM's priority and putting her case through as urgent.
- Liaised with the colorectal Clinical Nurse Specialist (CNS) team to find out who SM's CNS was as this was unclear.
- Provided SM with information on carer support to ease her mind about how her husband may cope when she was at appointments.
- Provided SM with information on support lines and emotional support services for her isolation and sadness.
- Gave SM information on services that could help with collecting medication and ways to arrange her medication being delivered.

Unfortunately, SM was admitted to a hospice and shortly after passed away before her housing situation was resolved. Self Help UK offered support to her husband but at that time, he was receiving the support he needed from his family.

5.6.2 Body image

Body image is a direct personal perception and appraisal of one's appearance. As a consequence, body image dissatisfaction may be detrimental to psychosocial well-being. Cancer may profoundly change a patient's body appearance and function during the different treatment stages because of, for example, surgical interventions, chemotherapy, radiotherapy and drug use. This could result in scarring, hair loss, body shape alteration, and other temporary or permanent consequences.

Evidence suggested that fear of change in one's body image begins before surgery or other treatments, and express concern about these changes will have a negative impact on patients' quality of life and may result in depression, anxiety and overall psychological distress[25]. Body image concerns affect many cancer patients, but researchers have mainly focused on specific groups. For instance, people with head and neck cancer and women with breast cancer have been studied more. For example, one study found that female patients dealing with breast loss felt conflicted and uncertain, struggling with societal views of femininity and womanhood and how that contradicted their self[26]. Similarly, some survivors of penile cancers, who went through Penectomy, report a post treatment negative impact on their quality of life because of this significant change in their bodies[27].

[25] Depression is associated with higher body image concerns in cancer patients with either visible or non-visible tumors: Findings from a psychiatric oncology clinic - PubMed (nih.gov)
[26] Losing the breast: A meta-synthesis of the impact in women breast cancer survivors - PubMed (nih.gov)
[27] https://www.ncbi.nlm.nih.gov/pmc/articles/PMC5673805/

5.6.3 Social connections

Cancer patients from five NHS Trusts in England participated in a study aimed to explore the influence of social networks on cancers survivors[28]. The study showed the disruptive impact of cancer on their social networks for reasons related to their ability to engage with social activities, and for not re-engaging with people with whom they lost connections while accessing the treatment. Some cancer treatments associate with significant changes in the patient's body that affect their social life. For example, bone cancer treatment that includes extensive surgery result in mobility issues/disability that make it challenging for survivors to re-engage with their usual social activities and cause disruptions in other aspects of patients' daily life like climbing stairs and showering [29].

5.6.4 Emotional wellbeing

Being considered a major life stressor, cancer may cause substantial psychological distress as well as mental health disorders conditions. The most common mental health disorders include major depressive disorder, generalised anxiety disorder, adjustment disorder, panic disorder and post-traumatic stress disorder[30]. Research suggested that a poor psychological state is always related to a less satisfying quality of life and a worse prognosis[31].

The same study evidences that, any cancers are associated with shame and guilt, with some patients experiencing disease-related stigma. For example, lung cancer has been proven to be significantly correlated with smoking behaviour; consequently, patients with lung cancer are prone to developing self-stigma and thoughts of self-blame. Due to the nature of the illness, cancer patients and survivors often feel a self-perceived burden.

Another national study described the severity of depression experienced by some cancer patients where made a reference for suicidal ideation[32]. The same study explored the association between anxiety and fear of recurrence.

5.6.5 Financial consequences and employment

One of the implications facing cancer patients is the financial hardship that results from being diagnosed and living with cancer. Known as Financial Toxicity, this financial burden usually results from difficulties such as losing jobs and other sources of income and spending from savings[33]. It is also known that financial hardships affect people's ability to maintain their social life due to not being able to afford social activities and struggling with affording life essentials such as food and medications. In the UK, 141 patients participated in a study showed that 55% of the participants have experienced financial implications associated with the diagnosis and treatment of cancers[34]. The same study also noted the lack of other studies in the UK that aim to understand the financial impact of cancer on patients in the UK.

[28] https://onlinelibrary.wiley.com/doi/full/10.1111/ecc.13578
[29] https://bmjopen.bmj.com/content/9/9/e028693.abstract
[30] Associations between mental health and surgical outcomes among women undergoing mastectomy for cancer - PubMed (nih.gov)
[31] Depressive symptoms among patients with lung cancer: Elucidating the roles of shame, guilt, and self-compassion - PubMed (nih.gov)
[32] https://bmjopen.bmj.com/content/9/9/e028693.abstract
[33] Financial Burdens of Cancer Treatment: A Systematic Review of Risk Factors and Outcomes in: Journal of the National Comprehensive Cancer Network Volume 17 Issue 10 (2019) (jnccn.org)
[34] Financial burden and financial toxicity in patients with colorectal, gastro-oesophageal, and pancreatobiliary cancers: A UK study - ScienceDirect

5.7 Impact on carers

The diagnosis of a life-threatening disease not only affects patients negatively but also impacts other individuals involved in the patient's recovery, especially those who have unpaid caregiving responsibilities.

The State of Caring research[35] completed by Carers UK in 2022 gathered feedback from over 13,400 individuals currently or recently providing care. Whilst the respondents lived across the UK and were caring for patients with conditions not limited to cancer, there are some useful insights that may inform work in Nottingham and Nottinghamshire. These are set out in the section below.

5.7.1 Financial impact of caring

A quarter of carers (25%) said they were cutting back on essentials such as food or heating, and over three quarters (77%) said that the rising cost of living is one of the main challenges they will face over the coming year. Many carers have been finding ways of saving money, but this can be difficult for those who need to use life-saving care equipment or ensure the person they care is kept warm.

Over half of carers (63%) said they were extremely worried about managing their monthly costs. 62% of carers agreed that the increase in the cost of living was having a negative impact on their mental and/or physical health. Nearly all carers who were struggling to make ends meet (93%) agreed that the increase in the cost of living was having a negative impact on their mental and/or physical health.

5.7.2 Support and services

With the health and social care system under intense pressure, many carers have experienced delays in accessing healthcare appointments and services. A fifth (19%) of carers who had requested a GP appointment said they had had to wait over a month for this, and over a third (34%) of carers who were waiting for specialist treatment or assessment had been waiting for over a year. This has caused additional stress and anxiety and resulted in many carers feeling isolated and forgotten about. 67% of carers waiting for specialist treatment or assessment said that waiting was having a negative impact on their mental or physical health, with 38% of those strongly agreeing. Many carers told us that they were experiencing considerable physical pain as a result of an untreated condition, making their caring role more difficult.

5.7.3 Health and wellbeing

Many carers are struggling with poor mental and physical health. A fifth said their physical health was bad or very bad (21%) and 30% said their mental health was bad or very bad. Over a quarter of carers (29%) said they felt lonely often or always. Although carers are providing many hours of support to the person they care for, few are taking a break from caring, resulting in tiredness and, in some cases, exhaustion and burn-out. 41% of carers haven't taken a break from their caring role in the last year. Many carers would like to do more physical activity, to improve their health, but simply don't have the time to do so. Nearly half of carers (45%) said they had been less active in the last six months, which may be due to increased anxiety and stress as a result of the cost-of-living crisis.

While public health measures around COVID-19 have significantly reduced, the pandemic continues to impact on carers' lives, with some carers still shielding or reducing their contact with others to protect themselves or the person they care for. A fifth of carers (20%) said that concerns over catching COVID-19 were a barrier to accessing services.

[35] cukstateofcaring2022report.pdf (carersuk.org)

Discussion points

- How well are mental health and emotional support services integrated into cancer care?
- What more can social care and VCSE organisations play in providing holistic support to patients and their families affected by cancer?
- To what extend does the Integrated Care Strategy meet the needs of those who provide unpaid care?
- How can system partners work together to promote cancer prevention, raise awareness of symptoms, and encourage healthy lifestyles in communities at higher risk of cancer?

6 Understanding the needs of children, young people and families

6.1 Introduction

This section describes insights gathered from children, young people and families through work undertaken by Small Steps Big Changes, engagement with children and young people with special educational needs and disabilities (SEND) and from the Nottinghamshire County Council Shadow Event.

6.2 Small Steps Big Changes – Community and Coproduction

6.2.1 Introduction

As Small Steps Big Changes (SSBC) comes to an end, the programme team is reviewing the work to ensure its legacy endures—this sections highlights the efforts made to involve people and communities.

SSBC is one of five A Better Start Partnerships funded for a ten-year period (2015- 2025) by The National Lottery Community Fund (TNLCF), taking a test-and-learn approach to commissioning early intervention and prevention services for families, so babies and children can have the best start in life. SSBC is a partnership including health, early years, early help, community and voluntary sector providers and local parents, coming together to improve the lives of babies and children in Nottingham.

An important ambition for SSBC and the wider 'A Better Start' (ABS) programme nationally is to improve the way that organisations work with families and reduce inequalities. Two main commitments guide this approach in SSBC:

- Putting the family at the centre of services: including a commitment to coproduction, ensuring the voices of parents, families and young children contribute to service design and delivery, and that services meet the needs of children and families.
- Parent and community-led services: a focus on empowering parents and communities so, they have the skills, confidence, and experience to deliver and lead.

Within SSBC, coproduction has been embedded through the voices of local parents and families. Parent Champions are local parents who are well connected to their local communities and understand the needs of local families. They have been involved with every aspect of the SSBC programme – from the initial funding application, the design and delivery of the programme's services, and the evaluation of the programme.

6.2.2 Embedding coproduction in governance, policy and decision-making

Inclusive and integrated governance arrangements were outlined in the bid and enacted with the funding award. The SSBC Partnership Board, comprised of Parent Champions who hold 40% of the vote, alongside representation from other key leaders across the system. To complement the strategic oversight offered by the SSBC Partnership Board, Parent Champions were also integral members of other key groups which supported the programme at different points of time.

Learning and Recommendations

To enable meaningful coproduction with parents, the programme paid particular attention to:

The principles of accessibility and equity.

1. For board meetings, pre-meetings are organised with the independent chair to ensure parents are supported in their role and could access the meeting fully.
2. Parents were provided with additional specialist training on areas such as conflicts of interest and finance so they felt well equipped to discuss and understand these.

3. Relationships were key so parents felt able to comment and challenge and 'professionals' able to counter challenge. Board development sessions took place to help understand the power dynamics in the room.
4. Across the different partnership groups, timings of meetings were scheduled to ensure childcare commitments were not an exclusion to attending, babies were always a welcome feature of meetings and creches were provided for preschool age children as needed.
5. SSBC provided expenses for parents so they were able to access meetings without any financial burden.

6.2.3 Embedding coproduction in service commissioning and design

Alongside the governance of the programme, coproduction with parents was also a key feature of SSBC commissioning and design. SSBC has undertaken direct service user engagement across the course of the programme alongside insights from Parent Champions.

To support the SSBC programme's ambition to embed father inclusive practice across commissioning and service design, SSBC undertook a fathers' consultation in 2020. The views of 93 fathers and male caregivers were gathered via interviews and surveys, these informed the direction and delivery of the Father Inclusive activity. In the same year, the SSBC programme was at a midway point and a review of the portfolio of activities was undertaken. To enable local parent voice to feed into future development and service design, SSBC undertook a parent consultation. The aim was to hear from parents with children between the ages of 0 -3, about what was important for them in supporting their child's development, wellbeing, and health with a focus on prevention.

Two questionnaires were developed, and views were sought on topics including Breastfeeding, Healthy weight, Healthy teeth, Smoking in pregnancy, Support for parents, Attachment & Bonding and Mental health. The questionnaires were distributed via SSBC Parent Champions, acting as leaders in their local communities and gathering information from other parents, through social media, home visits and during groups and activities where parents were present. The findings from the consultation provided the programme with an increased understanding of projects and initiatives that parents were likely to take up, with this forming an equitable and key pillar of complementary evidence of what works for new project development and the development of existing services.

Parent Champions were also invited to coproduce with the SSBC programme team tenders for services that the programme intended to commission. Parents were an equal panel member in tender moderation meetings.

Learning and Recommendations

To enable meaningful coproduction with parents, the programme paid particular attention to:

The principles of diversity and reciprocity.

1. Time was taken to explain tender process and legal matters, in some cases decisions were made with parents to ask them to focus on elements of a tender – and what was most important to them.
2. Training was provided and portals/IT access etc was considered.
3. SSBC services have been more accessible and acceptable due to parent involvement in their design – their lived experience alongside cutting-edge science and evidence-based interventions has meant that SSBC services have been tailored to meet community needs.

4. Parents and community members became advocates for services/offers and approaches with many taking up voluntary or paid work in commissioned activity, providing additional social value benefits.
5. Some myths and 'suspicions' at a community/ward level were able to be addressed by involving parents in service design and explaining the benefits.
6. Professionals learnt how to adapt their language and better promote services to parents in a way that was acceptable and resonated – e.g., families found risk reduction messaging controlling and emphasized the need for intrinsic motivation to breastfeed.

6.2.4 Parents leading the way – Case Studies

Parent Champions have brought expertise from their lived experience, which has been diverse in terms of gender, family makeup, residential wards, and the connections they have to communities.

A key principle of coproduction is reciprocity, where all involved benefit from working in this way. Below are extracts from case studies of two of the current Parent Champions involved in the SSBC programme. Written in the parent's own words, these provide compelling benefits for parents, of working in this way.

Parent Champion Amanda

"I first got involved with SSBC when I was recruited from a playgroup. They offered me toast and a hot cup of tea while my son went into Creche. Having an 8-month-old son, hot tea and a babysitter were the height of luxury, so I signed up immediately. My reason for staying and continuing to volunteer has morphed over the years. It started with doing it for my family to branching out and doing it for my community and their families that live in it now and generations to come.

The impact on my family has been huge. I am a better parent for being a part of SSBC. My children are more confident and have been able to witness the power of our voices making a difference. They have excelled more at school because they were taken to so many different events and regularly were in Creche for meetings. The community has been impacted because I have been able to use my skills learned at SSBC to continue to make a difference through my local community centre and schools. I have done this by planning events, sharing free or low-cost events and offers via social media platforms and being someone that families that can come to for advice or help.

My learning from volunteering at SSBC is that it's easy to complain about a service but infinitely harder to step up and help change one. I learnt the art of compromise the need to see the world through a variety of viewpoints means we can change it to be better for everyone.

I have also gained the passion for coproduction and the great things it can achieve. This passion has enabled me to take a completely different career path. I have gone from food retail to being the maternity lead for maternity and neonatal voices partnership Nottingham and Nottinghamshire. I am often told I'm crazy for volunteering giving so much of my time and energy up for 'free' however I have achieved and done so many things I am proud of since joining SSBC. I have gained skills, knowledge and friends and I don't regret a single second of it."

Parent Champion Jin

"Upon arriving in the UK in 2016 to pursue my studies, I suddenly found myself as part of a minority group in the country. Diversity surrounded me in every aspect of life here. From interactions on campus to forming friendships with teachers and peers, I experienced diversity first-hand. Although I was still somewhat isolated due to the large number of fellow Chinese students, I began to explore cultural diversity more actively. However, I often felt hesitant to step out of my comfort zone and engage more deeply with other cultures.

Shortly after discovering I was pregnant, SSBC reached out to me. The service manager, Stacey, introduced me to the family mentor service. My Family Mentor, Stephanie, began visiting me regularly. She provided invaluable guidance on parenting skills, emotional support, and child development knowledge. Through SSBC baby groups, my child and I made friends from diverse backgrounds, and we began to explore diversity more actively. With SSBC's support, my child Jamie experienced positive development from birth.

I have observed SSBC's passion for designing services that people in our communities want and need. The organisation endeavours to adapt its services to cater to the racial, cultural, and religious backgrounds of individuals. For example, its translation services have enhanced the accessibility of sessions and surveys, while its engagement with families through cultural celebrations fosters inclusivity. The diverse composition of SSBC's employees and volunteers underscores the importance of diversity in the workplace.

My volunteering for SSBC, represents a journey into diversity—a journey for both me and my child to be born and raised within a diverse environment. I am grateful for the opportunity SSBC offered me initially, and I have grown immensely through my experiences with the organization. No longer do I feel the loss of my majority status; instead, I relish being part of the diverse fabric of society.

In China, there is a saying: "When three people walk together, there must be one from whom I can learn." I came to this country and community to learn the language. To my surprise, through my volunteer work at SSBC, I learned about diversity. Meanwhile, I am continuing to learn about other values of this community from everyone I meet and hear about. SSBC may complete its 10-year journey in 2025 but I will continue to carry forth what I have learned and benefited from into my future day-to-day life."

6.2.5 Conclusion

SSBC's core principle, 'Children at the heart, parents leading the way, supported and guided by experts,' captures the programme's commitment to working collaboratively with parents. In practice, this commitment is encapsulated by four key principles: equality, diversity, accessibility, and reciprocity.

Equality

By working in collaboration with local parents, with service providers and their teams, and by partnering with communities and organisations, SSBC has supported systems change in local coproduction practices. This has required commitment at senior leadership level to accommodate the involvement of service users. In addition to providing opportunities for involvement through surveys and focus groups to gather service user feedback and supporting Parent Champions with training, SSBC has integrated coproduction into its organisational decision-making processes. This is evidenced by allocating 40% of the SSBC board's voting power to Parent Champions.

Diversity

Diversity has been crucial in the coproduction of the work of the SSBC Programme to ensure that the needs of currently underserved groups are met. Engaging with community and voluntary sector organizations that have strong connections to diverse communities within Nottingham helps to increase the understanding of how they experience services and what they need from services. Enabling this engagement requires resources to practically enable people to interact with the programme, for example through translated surveys, and at times targeted engagement, for example aimed at fathers. Additionally, involving Parent Champions from varied ethnic backgrounds, family structures, and parenting experiences, who are well-connected to their local communities, ensures that a wide range of perspectives is considered, making services more inclusive and responsive to the communities' needs.

Accessibility
Accessibility is a key element in the coproduction of services, as it helps ensure that people can engage with the work of the SSBC Programme at various levels and with varying degrees of commitment. For example, the SSBC programme has shown appreciation for parents' time and effort by providing incentives for evaluation, which helps to break down obstacles that could otherwise inhibit engagement. This approach not only facilitates broader involvement but also acknowledges the value of every participant's contribution.

Reciprocity
Reciprocity is a fundamental aspect of coproduction in SSBC, ensuring that all local people who participate in coproduction activities can see the benefit from their contributions. For local parents and families involved in these initiatives, this means not only having their views heard but also sharing decision-making power, resulting in services that are more suited to the needs of their communities. The input from local parents has generated new ways forward for services, rather than merely debating and selecting existing interventions for local implementation. Additionally, by providing continuous development opportunities, the programme has empowered Parent Champions, helping them to secure other paid work based on the skills and competencies they have gained.

6.3 Children and Young People with Special Educational Needs and Disabilities (SEND) in Nottinghamshire

The Nottinghamshire Local Area SEND Partnership has developed their strategy[36] with stakeholders including parents, carers and children and young people with SEND. Engagement activities have included a survey, seven engagement events open to all partners and feedback from groups of children and young people attending various education settings in Nottinghamshire.

The Department for Education funded Research and Improvement for SEND Excellence (RISE) Partnership supported the Local Area Partnership to develop the outcomes for this strategy. RISE initially supported three workshops with SEND leaders across Nottinghamshire including parents and carers in Autumn 2023. An underpinning aspect of this work was a wide-reaching series of engagement activities. This included:

- The SEND outcomes survey that was shared through a range of networks in December 2023
- A series of five in person SEND strategy engagement events as well as two online events with adults in Spring 2024
- A series of engagement activities with young people including a survey questionnaire and in-person visits to schools in Spring 2024. The SEND outcomes survey received 557 responses with 85% of respondents agreeing to the outcomes. 77% of responses were from parents and carers, 16% from multi-agency professionals and 5% from children and young people. Reponses were also spread evenly across the seven Nottinghamshire districts.

Close to 300 people from across the local area partnership attended the SEND strategy engagement events. This included more than 100 school leaders, approximately 75 health colleagues and over 60 parents and carers, and staff from county council services, including children’s social care. During the events, attendees discussed and agreed the final wording of the outcomes in this strategy, which was then signed off by the Nottinghamshire SEND Partnership Assurance Improvement Group (PAIG) in March 2024.

[36] nottinghamshiresendstrategy.pdf

As part of the SEND outcomes survey, 99 young people with SEND responded to the specific question ‘Can you please tell us the outcome you would like for your life?’ The key responses are:

- Education that can meet my needs
- Independence
- Supported
- Opportunities
- Nice things/ good life
- Job/employment

In addition, the Nottinghamshire SEND Co-production Officer visited six education settings and spoke to over 60 children and young people with SEND to gather their views in person, using a range of accessible communication strategies.

The insights gathered supported the development of six co-produced outcomes for children and young people:

- I need to be listened to and heard.
- I need to be the healthiest I can be.
- I need to be safe and feel safe.
- I need to be accepted and valued by people I trust.
- I need to be prepared for my future.
- I need to enjoy life and have fun.

6.4 Nottingham County Council Shadow Event 2024

6.4.1 Context

On 5 October 2024 the ICB Engagement Team attended the annual Shadow Event held in Sherwood Forest. This event is organised and co-ordinated by Nottinghamshire County Council and this year celebrated its 50th anniversary.

This event was attended by over 370 children and young people from across Nottingham and Nottinghamshire, including young adults with learning disabilities and their support workers/carers and also leaders from the Youth Centres.

The aim of the event was to work in teams to navigate and orienteer around Sherwood Forest to different locations to carry out activities with organisations who were in attendance.

6.4.2 Engagement methods

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

1. Health and Wellbeing Bingo**.** The teams were handed out bingo score cards with answers relating to health and wellbeing included. The team then read out a series of questions with the teams guessing the answers first before being provided with the correct answer. The teams would then mark off the right answer if they had this on their sheet. The first team to complete a full line were announced as the winners and given a medal on a lanyard as a prize.
2. The groups then were asked to provide us with feedback on something they feel positive about, something that they feel negative about and what's causing them concerns. They wrote down their responses as individuals or as groups and stuck their suggestions on a board.

6.4.3 Insights gathered

The feedback received has been thematically analysed and listed from most to least comments received.

When asked about what is causing them concerns, the groups/individuals noted the following key themes:

1. School, colleagues and exams
2. Physical and mental health
3. Waiting times for appointments and diagnosis of conditions, lack of ADHD medication and also the pressures in the NHS with staff leaving and recruitment
4. Cost of living, being poor, not having enough food, money and not being able to obtain employment after school
5. Vaping and knife and other crimes – feeling unsafe at nighttime when walking home in the dark
6. Family, friends, and relationships
7. Having a healthy lifestyle i.e. exercise and eating the right foods

When asked about what matters most:

1. Family, friends, and relationships
2. Physical and mental health
3. Hobbies, sports, sports, cadets, computer games, completing tasks, family camera
4. Society, climate change, environment, learning other about cultures
5. College, the future

When asked about what made them feel positive:

1. Family, friends, and relationships
2. Hobbies
3. Community groups (RAF Cadets, Youth Groups and clubs, and dance clubs)
4. Access to good healthcare (staff are friendly and everyone can access high quality care)
5. Staying healthy

Discussion points

- How do we continue to understand the needs of children, young people and families?
- How can system partners effectively communicate with children, young people and families?
- How can the ICP address concerns we are hearing from our children, young people and families and embed these into our Integrated Care Strategy?

7 Next steps

The Integrated Care Partnership are asked to consider the insight contained within this report and to support the findings in the further development of our Integrated Care Strategy. The report highlights several points for discussion:

1. What factors could help restore or maintain trust in local health and social care services?
2. What role can the ICS have in healing divisions and developing long-term social cohesion?
3. How can local communities, especially those most affected by the unrest, have a greater voice in the ICS?
4. How can the ICS support NHT to deliver their Integrated Improvement Plan?
5. How will the ICS ensure an ongoing dialogue with people and communities regarding their mental health and services that support them?
6. How well are mental health and emotional support services integrated into cancer care?
7. What more can social care and VCSE organisations play in providing holistic support to patients and their families affected by cancer?
8. To what extend does the Integrated Care Strategy meet the needs of those who provide unpaid care?
9. How can system partners work together to promote cancer prevention, raise awareness of symptoms, and encourage healthy lifestyles in communities at higher risk of cancer?
10. How do we continue to understand the needs of children, young people and families?
11. How can system partners effectively communicate with children, young people and families?
12. How can the ICP address concerns we are hearing from our children, young people and families and embed these into our Integrated Care Strategy?

Meeting Title:	Integrated Care Partnership
Meeting Date:	28/10/2024
Paper Title:	**Forward look for 2024/25**
Paper Reference:	ICP 24 011
Report Author:	Joanna Cooper, Assistant Director of Strategy, NHS Nottingham and Nottinghamshire ICB Sarah Fleming, Programme Director for System Development, NHS Nottingham and Nottinghamshire ICB
Report Sponsor:	Victoria McGregor-Riley, Acting Director of Strategy and System Development, NHS Nottingham and Nottinghamshire ICB Lucy Hubber, Director of Public Health, Nottingham City Council Vivienne Robbins, Interim Director of Public Health, Nottinghamshire County Council
Presenter:	Victoria McGregor-Riley, Acting Director of Strategy and System Development, NHS Nottingham and Nottinghamshire ICB
Recommendation(s):	The Integrated Care Partnership is asked to **discuss** and **agree** the proposed approach for the refresh of the Integrated Care Strategy.

Summary:
In line with guidance from the Department of Health and Social Care (DHSC), at its meeting on 22 March 2024, the partnership approved the Nottingham and Nottinghamshire Integrated Care Strategy. This paper provides the Partnership with an outlined approach to the requirement to annually review and refresh the Strategy which will be undertaken by March 2025

Appendices:
Appendix A provides a high-level timeline for further development of the Integrated Care Strategy.

How does this paper support	**the Integrated Care System's core aims to:**
Improve outcomes in population health and healthcare	The Integrated Care Strategy sets out an approach to system working based on the key strategic principles of prevention, equity and integration. These principles inform the key programmes/interventions that are expected to drive improved outcomes for the population through a better understanding of local population need, the development of locally sensitive support and services, and through greater collaboration between system partners.
Tackle inequalities in outcomes, experience and access	The Integrated Care Strategy describes the approach to ensuring that local population need is understood, and that support and service provision is tailored to this need.
Enhance productivity and value for money	Key drivers for productivity and value for money are described in the Integrated Care Strategy along with the contribution each programme / initiative will make.

How does this paper support	the Integrated Care System's core aims to:
Help the NHS support broader social and economic development	The approach to social economic development is set out the in the Integrated Care Strategy.

Report previously received by:
Not applicable.

Are there any conflicts of interest requiring management?
No.

Is this item confidential?
No.

Forward look for 2024/25

Introductions and context

1. Department of Health and Social Care (DHSC) guidance requires that whenever the Integrated Care Partnership (ICP) receives a new Joint Strategic Needs Assessment (JSNA) from a Health and Wellbeing Board, the ICP must consider whether the Integrated Care Strategy needs to be revised. Due to the number and rolling times of JSNAs completed across the system, at its 6 October 2023 meeting the ICP agreed to align the review to the timescales for the annual refresh of the NHS Joint Forward Plan.
2. In any refresh, the ICP also needs to consider any changes in the wider context including new, or changed policies or guidance, and be transparent and inclusive about the timing of the refresh and the opportunities to be involved.
3. The purpose of this paper is to present a proposal for the refresh of the Strategy for the coming year.

Refresh of the Strategy for March 2025

4. In line with previous discussions by the ICP, a light touch review of the Strategy will be undertaken for 2025/26. It is proposed that the ICP review and reconfirm the Strategy at its 24 March 2025 meeting.
5. To guide this light touch review, the ICP is asked to consider a period of engagement with statutory partners and key system groups to socialise the Strategy. It is proposed that this engagement would:
    a) Provide an overview of delivery of the Strategy and progress in delivering system outcomes.
    b) Seek assurance from ICS partners that they are operating in line with the principles set out in the Strategy (prevention, equity and integration) and ask that they share their successes and examples of best practice.
    c) Seek assurance from ICS partners that they remain committed to the system Strategy for the coming year and gain feedback on any considerations for the ICP in the refresh of this Strategy.
6. To guide this review, the ICP is asked to consider the depth and breadth of wider engagement with system partners in this endeavour. A high-level timeline is proposed in Appendix A.
7. Key learning and insights from items on the meeting agenda, including the update on delivery (item 7), embedding the Strategy principles (item 8), progress

on achieving outcomes (item 9) and citizen insights (Item 10) will be utilised as part of this review process.

8. The ICS Partners Assembly meeting in February 2025 has been scheduled to enable discussion to support the refresh.
9. ICP members should also be cognisant of the Government's intentions to publish a ten-year plan for the NHS in Spring 2025.

Appendix A: High-level timeline for the review of the Integrated Care Strategy for March 2025