Integrated Care Partnership: Insight Report

October 2023

Nottingham and Nottinghamshire Integrated Care System

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1.1 Preface

In line with guidance from the Department of Health and Social Care[1] (DHSC), in March 2023, the Integrated Care Partnership approved the Nottingham and Nottinghamshire Integrated Care Strategy. The strategy has been published and widely disseminated and can be found on the ICS website[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 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.

This 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 our communities.

1.2 Introduction

As part of the workplan of the Integrated Care Partnership (ICP), it was agreed that an Insight Report would be produced to provide evidence and insight to the Partnership. The purpose of the Integrated Care Partnership is to also support the development of the Integrated Care Strategy and will engage with a wider assembly of partners, at least once a year, comprising people who rely on care and support, unpaid carers, the full range of social care and NHS providers, the voluntary and community sector, local professional committees (e.g. optical and pharmaceutical committees), the Office of the Police and Crime Commissioner, etc. The insights from the Assembly will provide an opportunity for the Integrated Care Partnership to review the impact of the Integrated Care Strategy, focusing on improving outcomes in population health and healthcare, tackling inequalities in outcomes, experiences and access, enhancing productivity and value for money and supporting broader social and economic development.

Integrated Care Partnerships are a critical part of Integrated Care Systems (ICSs), and the journey towards better health and care outcomes for the people they serve. ICPs will provide a forum for NHS and Local Authority leaders to come together with key stakeholders from across the system and community. This report will provide details to the ICP on what we are hearing from our communities and citizens of Nottingham and Nottinghamshire.

Nottingham and Nottinghamshire Integrated Care Partnership (ICP) has developed an Integrated Care Strategy to improve health and care outcomes and experiences for local people (2023-2027). The Strategy has been developed for the whole population using the best available evidence and data, covering health and social care, and addressing the wider determinants of health and wellbeing. It builds on existing strategies including the Joint Health and Wellbeing Strategies for Nottingham[3] and Nottinghamshire[4].

As part of developing the Integrated Care Strategy, extensive work was undertaken to listen to citizens to understand their aspirations and ambitions for our area. Using a two-step approach, first a desktop research exercise was undertaken to understand the needs of our citizens and how these can be met. This stage also included identifying people and communities who are not regularly

[1] Guidance on the preparation of integrated care strategies - GOV.UK (www.gov.uk)
[2] Integrated-Care-Strategy-2023_27.pdf (healthandcarenotts.co.uk)
[3] www.nottinghamcity.gov.uk
[4] What is the Health and Wellbeing Board? | Nottinghamshire Joint Health and Wellbeing Strategy 2022-2026 (healthynottinghamshire.org.uk)

heard from in order to understand who we need to involve, and gaps in our knowledge that could form the basis of our involvement work. The second stage involved a number of listening activities to test the findings from the desk research, explore gaps in our knowledge, test the emerging content of the Integrated Care Strategy, and test the Vision and purpose for our ICS.

To support the 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 that intelligence which has been gathered across the system and offers a synthesis of its combined findings.

More information about the Engagement Practitioners Forum and its members can be found in Section 5 and in particular, thanks is given to the following organisations for their contributions to this report.

- NHS Nottingham and Nottinghamshire Integrated Care Board
- Nottinghamshire Healthcare NHS Foundation Trust
- Voluntary Community and Social Enterprise Alliance
- Ashfield Voluntary Action
- Mansfield Community and Voluntary Sector
- Nottingham Community and Voluntary Sector
- Nottinghamshire County Council
- Nottingham City Council
- Nottingham Trent University
- University of Nottingham
- Healthwatch Nottingham and Nottinghamshire
- Small Steps Big Changes
- Nottingham University Hospitals NHS Trust
- Local Charities
- Citizens of Nottingham and Nottinghamshire.

1.3 Key Findings

- The population of Nottingham and Nottinghamshire in 2021 is larger, older, less likely to be in a legal relationship and less white than 10 years previously (*see below: 2 Nottingham and Nottinghamshire Census Data 2021)*
- The majority (80%) of the public continue to think the NHS needs an increase in funding, compared to 17% who think the NHS should operate within its current budget (*see below: 3.1 Perceptions of the NHS*).
- There is the most support for an additional tax earmarked specifically for the NHS (31%), as well as an increase in National Insurance (22%), and an increase in Income Tax (21%) (*see below: 3.1 Perceptions of the NHS*).
- When proposing the re-organisation of NHS services there will be differential responses according to the type of service being proposed to change including due to the frequency of use and the life stage impacted *(see below: 4.2 Tomorrow's NUH)*
- Our population generally support a shift to Prevention and an approach centred in Equity – but for both of these changes they are sceptical about how this can be achieved while protecting existing services and want to be involved in the choices involved *(see below: 4.3 Joint Forward Plan)*
- For Children Young People and Families, there needs to be more support provided around breastfeeding together with services being more co-ordinated and promoted to understand

what people can access and when. Additionally, there should be more support for children with Special Educational Needs and Disabilities *(see below 4.4 Family hubs*)

- Improving support for older individuals includes collaborating across agencies, enhancing access to various services, reducing isolation and addressing transportation issues, while improving digital literacy and innovation in dementia care (see below: 4.5 *Personalised Care & Support Planning*).
- Delivering access to Mental Health support digitally is a positive step forward for many but will not be suitable for all citizens - there needs to continue to be a blended approach *(see below: 4.7 Community Mental Health Co-production and Engagement)*
- There are gaps in services for those who abuse drugs aged 15-24, and also those who self-declare as 'Mixed' ethnicity. There is an unmet treatment need of 74% for alcohol dependent citizens aged 18 and over. This equates to up to 3,800 dependent drinkers who could benefit from specialist treatment *(see 4.12 Review and Commissioning of Alcohol and Drug Recovery and Treatment Services)*
- Collaborating with health, local authorities, Community Voluntary and Social Enterprises, and citizens will allow us to tackle health inequalities focussing on the wider determinants of health with our communities allowing success to be achieved by working with and assessing those experiencing health inequalities *(see 4.16 Community Transformation Programme).*
- The ICS Partners' Assembly revealed strong support for integration and collaborative efforts across organisations, as well as a clear emphasis on coproduction initiatives (see below: *5.2 Integration and Collaboration*).
- However, some did have reservations regarding the practicality and realism of the strategic ambitions of the ICS (see below: *5. ICS Partners Assembly*).
- Additionally, addressing concerns related to access to primary care services, staff retention, and involving individuals with lived experience, children, and young people in early years care and education emerged as top priorities for the Assembly (see below: *5.3 Community Engagement & Empowerment, and 5.8 Workforce Development as a system).*
- Addressing the challenges faced by older individuals requires a comprehensive, multi-agency approach with a strong focus on the VCSE sector, including awareness campaigns, support services, digital solutions, and community involvement *(see below: 6.1 VCSE Alliance – Frailty Deep Dive).*
- The experiences of racial minority groups, especially within Nottingham City, in accessing health and care services is multi-faceted and complex and requires dedicated attention to improve *(see below: 7 Race Health Inequalities Summit)*
- The Cost of Living Crisis means citizens are deprioritising climate change adaptation. This has implications for our carbon neutral ambitions across the system (*see below: 8.1 Climate Change and Ability To Act*)

1.4 Conclusions and Recommendations

Conclusion 1: Older population – We understand from our data that the population of Nottingham and Nottinghamshire are now older than 10 years ago and need to consider how our services will meet capacity and demand in the future.

> **Recommendation 1:** Health and social care providers should work together to create comprehensive programmes that address the various needs of older individuals, including collaborative services, improved transportation, and digital literacy programmes.

Recommendation 2: Allow a multi-agency approach with a strong focus on the VCSE sector, including awareness campaigns, support services, digital solutions, and community involvement

Conclusion 2: Collaborating with health, local authorities, Community Voluntary and Social Enterprises, and citizens will allow us to tackle health inequalities focussing on the wider determinants of health. Success will be achieved by working with and assessing those who are experiencing health inequalities.

Recommendation 3: Understand the needs of our ethnically diverse and underserved communities to understand what is important to them by building trust and working collaboratively with key networks.

Recommendation 4: Continue to work in partnership with systems and collaborate around engagement activity to understand the needs of our population.

Recommendation 5: Prioritise people and communities and allow them to be involved in codesigning and coproducing elements of services and strategic thinking.

Recommendation 6: To ensure we engage and involve children and young people and those with lived experience.

Recommendation 7: Continue to work with our System Analytic Intelligence Unit to understand the current demographics of our population and work with our underserved communities.

Conclusion 3: Collaborative Working of Systems - There is strong support for integration and collaborative working across organisations.

Recommendation 8: Ensure that the ICS builds on strengths, avoids duplication and identifies areas for growth to deliver the best possible health and wellbeing for our citizens.

Recommendation 9: Access to primary care services, staff retention, and involving individuals with lived experience, children, and young people in early years care and education emerged as top priorities for the ICS.

Conclusion 4: Workforce - Staff retention is a concern to system partners and citizens.

Recommendation 10: Support new technology to improve access for patients and increase efficiency and data sharing for staff.

Recommendation 11: To develop a robust workforce plan which will ensure that there is a sustainable workforce and encourage skills development to increase and retain talented staff.

Conclusion 5: Mental Health Services - Enhancing support for children and young people individuals should be a key priority.

Recommendation: 12 Delivering access to Mental Health support digitally is a positive step forward for many but will not be suitable for all citizens, there needs to continue to be a blended approach

Recommendation 13: A multi-agency approach is required, which includes collaborative efforts across organisations to enable improved access to services, reducing social isolation, addressing transportation issues, enhancing digital literacy, and fostering innovation in dementia care.

Recommendation 14: Ensure there is involvement of people with lived experience and children and young people and to start preventative initiatives in early years care and education.

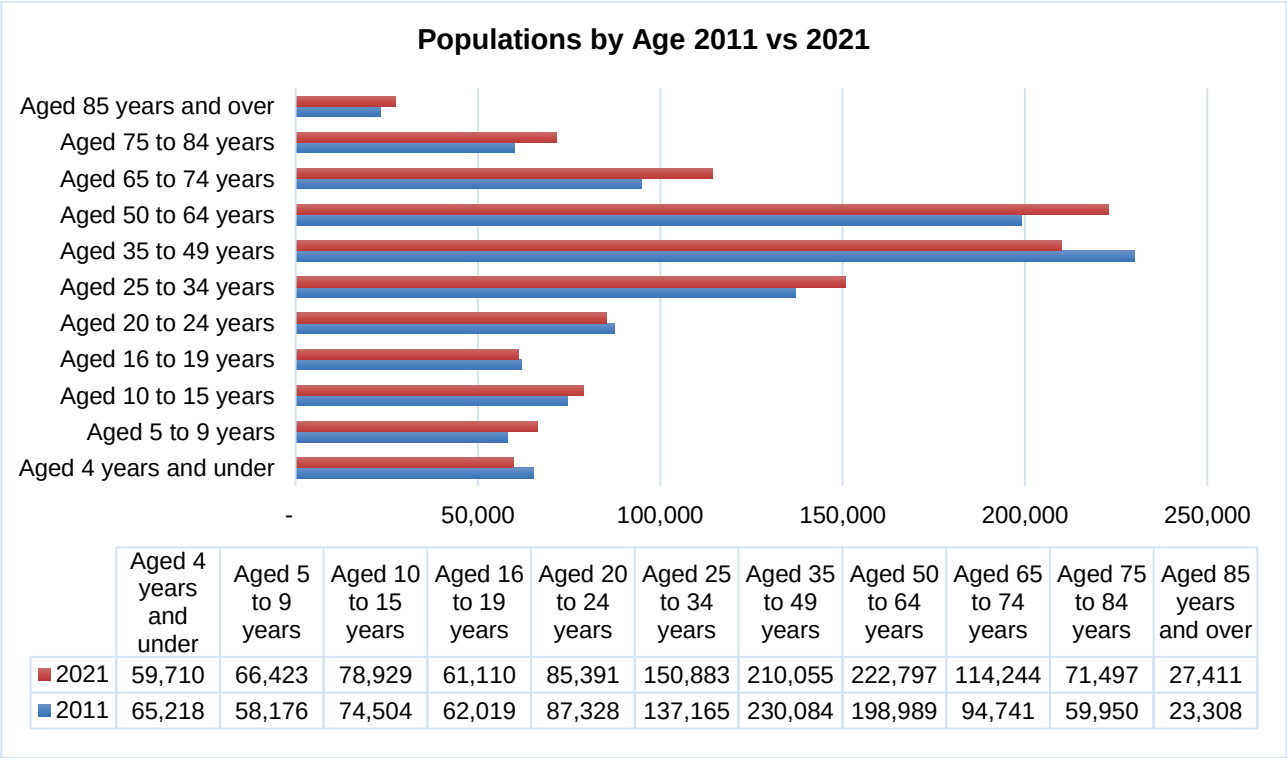
Conclusion 6: Cost of Living - The ongoing Cost of Living Crisis has led to a deprioritisation of climate change adaptation efforts. This shift in focus could have significant implications for achieving carbon-neutral ambitions.

Recommendation 15: Healthcare organisations should reassess and adapt their strategies to continue making progress toward carbon-neutral goals whilst considering the economic challenges faced by citizens. Initiatives that can save money and contribute to the carbon-neutral ambitions should be sought out and progressed.

Recommendation 16: Consideration should be taken into account of the impact of citizens travelling to appointments and the affordability of those, together with those who are digitally disadvantaged for appointments.

2 Nottingham and Nottinghamshire Census Data 2021

The 2021 Census data shows an increase of 5.5% in the population of Nottingham and Nottinghamshire since 2011, from 1,091,482 to 1,148,454. The Census data showed an increase across adult age groups, such as a 9.1% increase in the 25-34 age group and 16% increase in the number of people aged +65 which indicates a growing older population.



	Aged 4 years and under	Aged 5 to 9 years	Aged 10 to 15 years	Aged 16 to 19 years	Aged 20 to 24 years	Aged 25 to 34 years	Aged 35 to 49 years	Aged 50 to 64 years	Aged 65 to 74 years	Aged 75 to 84 years	Aged 85 years and over
2021	59,710	66,423	78,929	61,110	85,391	150,883	210,055	222,797	114,244	71,497	27,411
2011	65,218	58,176	74,504	62,019	87,328	137,165	230,084	198,989	94,741	59,950	23,308

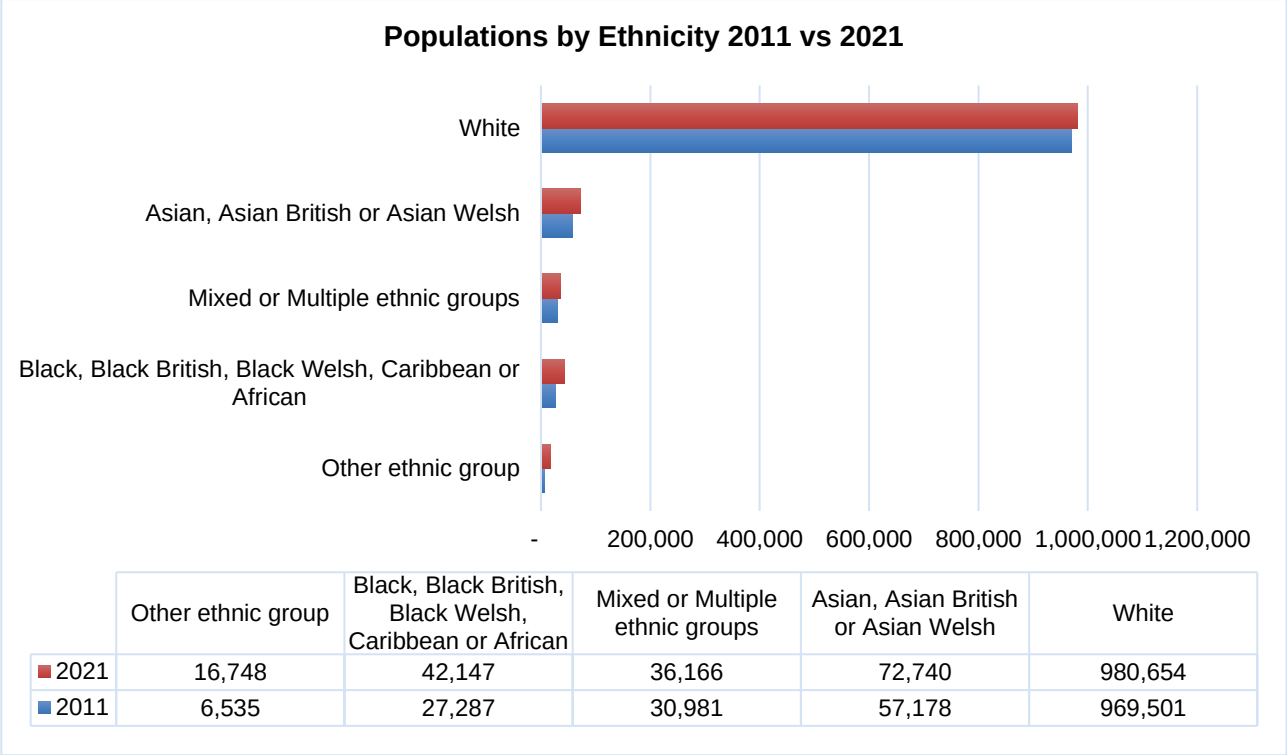
Figure 1: This graph displays the population by age group. Key insights include an increase of 15.6% in the 50+ year old population, a 9.1% increase in the 25-35 age group, and a notable decrease in population size in the 35 to 49 age group of -9.5%.

The legal partnership status of Nottingham and Nottinghamshire in 2021 is similar to 10 years previously apart from a 15% increase in the number of people who have never been married and never registered a civil partnership.

	Separated, but still legally married or still legally in a civil partnership	Widowed or surviving civil partnership partner	Divorced or civil partnership dissolved	Never married and never registered a civil partnership	Married or in a registered civil partnership
2021	20,419	58,559	86,598	377,383	400,432
2011	22,939	62,853	82,614	320,950	404,228

Figure 2: This graph displays the legal partnership status. Key insights include an increase of 15.0% for those who have never married and never registered a civil partnership. Other than that, these population sizes have remained largely the same.

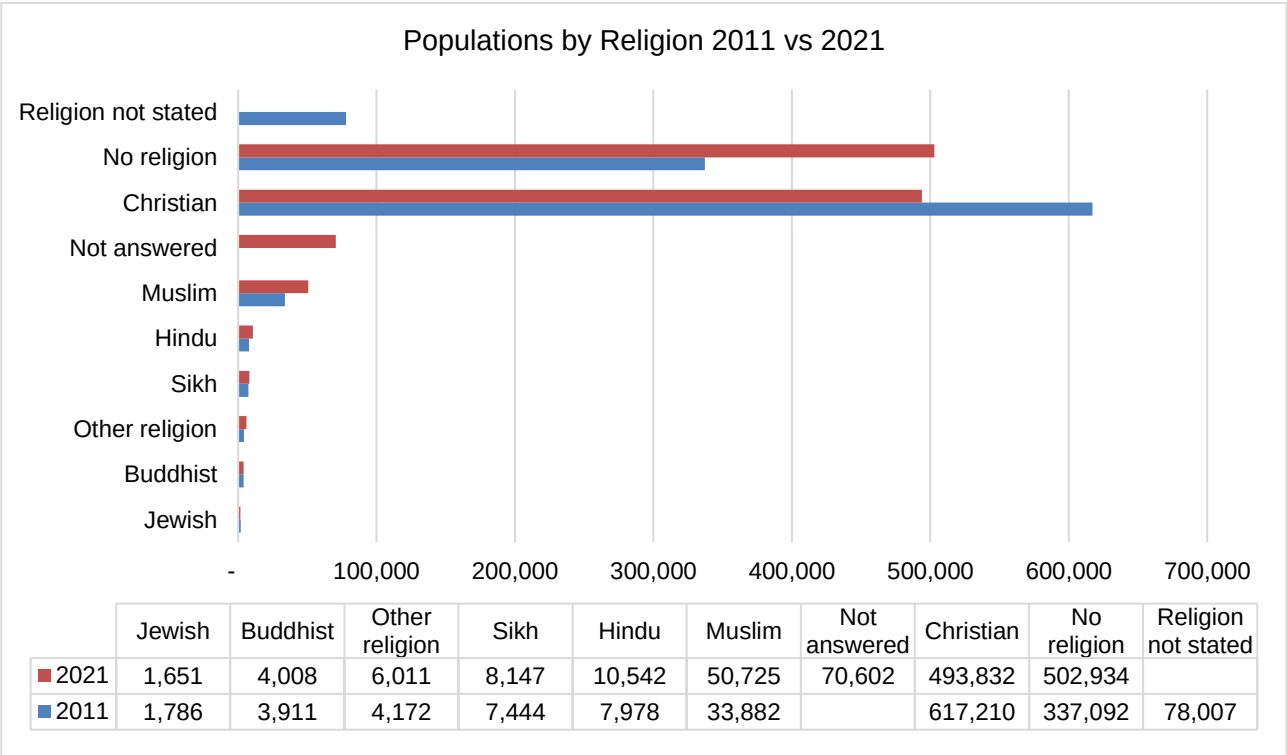
As shown in the graph below the majority of Nottingham and Nottinghamshire's population is white; accounting for 85.4% of the total population with a 1% increase between 2011 and 2021. However, there was a significant increase in the number of people who are from the BAME community. Between 2011 and 2021, the percentages have increased as follows: 21.4% for Asian, Asian British or Asian Welsh; 35.3% for Black, Black British, Black Welsh, Caribbean or African; and 61% for other ethnic groups.



	Other ethnic group	Black, Black British, Black Welsh, Caribbean or African	Mixed or Multiple ethnic groups	Asian, Asian British or Asian Welsh	White
2021	16,748	42,147	36,166	72,740	980,654
2011	6,535	27,287	30,981	57,178	969,501

Figure 3: This graph displays the ethnicity. The table notes drastic increases to the Asian, Asian British and Asian Welsh (21.4%), Mixed or Multiple ethnic groups (14.3%), Black, Black British, Black Welsh, Caribbean or African (35.3%), and Other ethnic groups (61.0%).

From a religious perspective, the majority of the population are either Christian (43%) or non-religious (44%). It was also noted the number of Christians has decreased by 25%, while the number of non-religious, Muslims or people who follow other religions has increased by almost 32%.



	Jewish	Buddhist	Other religion	Sikh	Hindu	Muslim	Not answered	Christian	No religion	Religion not stated
2021	1,651	4,008	6,011	8,147	10,542	50,725	70,602	493,832	502,934	
2011	1,786	3,911	4,172	7,444	7,978	33,882		617,210	337,092	78,007

Figure 4: This graph displays the population by religion. Key insights include a 33% increase in the non-religious population (33.0%), a 24% increase in the Hindu population, and a 25% decrease in the Christian population.

The population of Nottinghamshire is slightly older than the national average, with 21% aged 65+ in 2020 compared with 18% in England. The median age of the population in Nottinghamshire in 2019 was **43.8** years compared to 40 years in England.

We know many people living in Nottingham and Nottinghamshire could be living longer, healthier, happier lives than they currently do.

Additional data for Nottingham and Nottinghamshire shows that:

- More than 50,000 people of working age who are 'economically' inactive have long term health problems
- 65% of adults are overweight or obese
- One in six young people aged 6 – 19 has a probable mental health disorder
- Compared to national figures, more babies are born to mothers who were smoking at time of delivery (13% for Nottingham and 12.6% for Nottinghamshire).

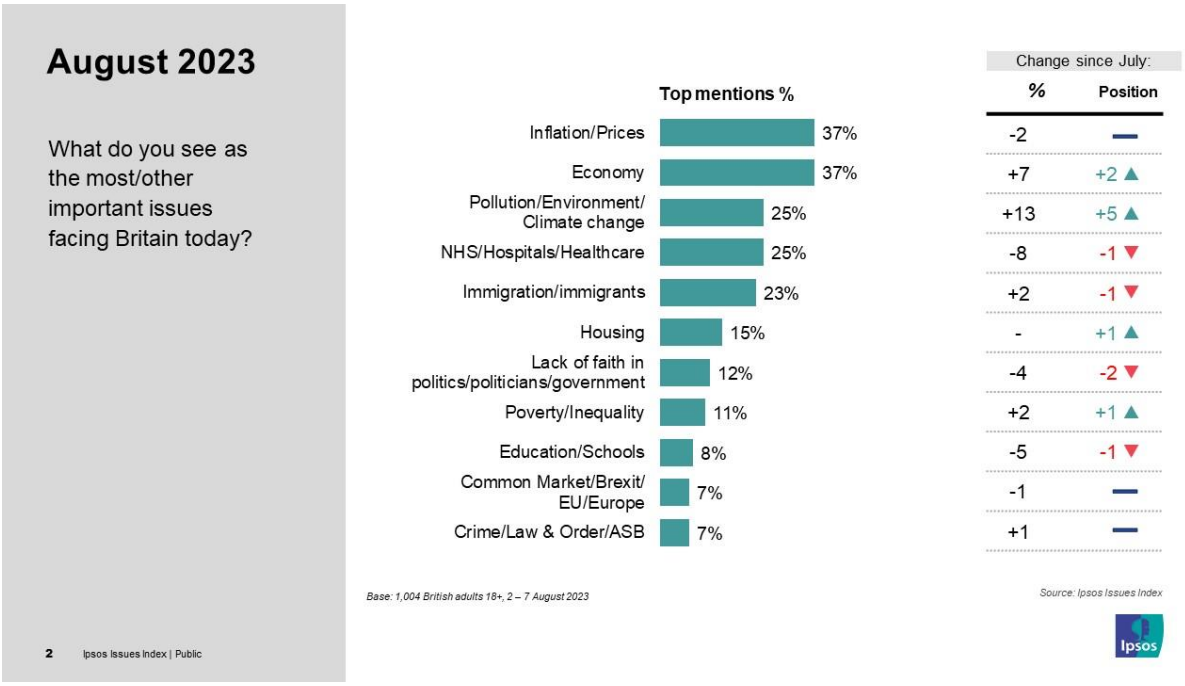
In conclusion, the Nottingham and Nottinghamshire 2021 population is larger, older, less likely to be in a legal relationship and less white than 10 years previously. As a system we need to ensure we track the demographics of our populations to ensure we deliver services which are tailored to people's needs and expectations for our residents of Nottingham and Nottinghamshire.

3 What's Important to Citizens?

This section provides an overview of what citizens think are the most important issues based on national data and research. We can generalise these insights to apply to Nottingham and Nottinghamshire (as seen above due to the similarity of our population to the rest of England) but should be cautious about assuming these national findings are directly applicable for our population.

Figure 4 sets these out, drawing on research by Ipsos Mori[5]. Inflation/prices and Economy are the joint most important. NHS/Hospitals/Healthcare are the fourth most important issues, dropping to 25% from 33% in July 2023.

[5] Latest UK Opinion Polls: Government approval recent changes | Ipsos



The Office of National Statistics (ONS) conducted research over the same time period[6] which found that when asked about the important issues facing the UK today, the most commonly reported issues continued to be the cost of living (91%), the NHS (86%), the economy (74%), climate change and the environment (67%) and housing (60%).

3.1 Perceptions of the NHS

The NHS has evolved over the years to meet the changing healthcare needs of the population, including the development of digital health solutions and expansion of services. However, it faces ongoing challenges, including increased demand, financial pressures, and workforce shortages, which have been exacerbated by the COVID-19 pandemic.

As part of the 75th Anniversary of the NHS (5 July 2023), the public were asked what they think about the NHS now and its future challenges[7]. The participants were representative sample of 2,450 UK adults aged 16 years and older. Key findings include:

- Among those in Great Britain who identify as British citizens, the NHS ranks highest with 54% of the public saying this is what makes them most proud to be British, higher than our history (32%), our culture (26%) or our system of democracy (25%).
- Among members of the public who say the NHS is something that makes them proud to be British, half (55%) are proud that it is free at the point of use, affordable and paid for via tax, and more than one-third (36%) are proud that it is available to all and treats everyone equally.
- However, 25% think healthcare will generally be free at the point of delivery in 10 years' time. In contrast, half (51%) think people will have to pay for some healthcare services that are currently free in 10 years' time.
- The public tend to think the NHS is unprepared to address most future health challenges, including meeting the increasing demands of an ageing population (77%), responding to the impacts of climate change (61%), and keeping up with new technologies (51%). They are the

[6] Public opinions and social trends, Great Britain - Office for National Statistics
[7] How the public views the NHS at 75 (health.org.uk)

most confident in the NHS's preparedness to respond to future pandemics (47% think it is well prepared).
- The public view lack of funding (40%), staff shortages (38%) and poor government policy (35%) as the main causes for the strain NHS services are under.
- Nearly three infour of the public (72%) think the NHS is crucial to British society and that everything should be done to maintain it (as opposed to thinking we probably can't maintain it in its current form – 26%). While still high, this is a significant drop from those who felt the same way in May 2022 (77%).
- The majority (80%) of the public continue to think the NHS needs an increase in funding, compared to 17% who think the NHS should operate within its current budget. There is the most support for an additional tax earmarked specifically for the NHS (31%), as well as an increase in National Insurance (22%) and an increase in Income Tax (21%).

A multi-country survey[8] (published in July 2023) found that:

- British citizens were the most likely to say that their health system is overstretched, with eight in 10 (83%) agreeing with this statement, while6% of people in Great Britain disagree[9].
- In addition to feeling the system is overstretched, half of Britons also feel pessimistic about the quality of the healthcare they receive, and 47% saying they expect the quality of their healthcare to get worse in the coming years. In contrast, only one in 10 say they think it will improve.
- The majority of British citizens (52%) disagree that it is easy to get an appointment with a doctor in their local area, but 29% agree it is easy. In total, 76% agreed that waiting times are too long. This was one of the highest rates of agreement among the 28 countries surveyed, with only Poland (79%) and Hungary (81%) more likely to agree that waiting times are an issue.
- A total of 46% of people saying they trust the healthcare service to provide them with the best treatment; a quarter of Britons (26%) say they disagree.

4 Summary of Engagement Activity Across Nottingham and Nottinghamshire ICS

4.1 Introduction

Since its inception in July 2022, the Engagement Practitioners Forum has more than 35 members from system partners across Nottingham and Nottinghamshire including NHS Trusts, Community and Voluntary Sector Organisations, Local Authorities and Place Based Partnerships. The aim of the forum is to bring together insight and intelligence from engagement activities to share learning, good practice and to share key findings and rich intelligence from our communities.

This section outlines the key programmes and engagement and involvement work undertaken together with insight obtained from those programmes together with links to the reports.

4.2 Tomorrow's NUH – NHS Nottingham and Nottinghamshire ICB

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

[8] Ipsos - Global Perceptions of Healthcare 2023
[9] In comparison, the global country average is 56%.

Three periods of engagement have taken place since November/December 2020 up to and including February and March 2023, hearing from more than 3,000 citizens, patient and stakeholders. We heard from people in the following ways:

1. Surveys
2. Telephone interviews
3. Focus groups
4. Attendance at community groups
5. Attendance at community events

The key findings from the engagement activities were:

- There was overall support for our proposals
- Access to buildings and services was important to people, in particular parking
- People wanted to know how services would work together, inside and outside the hospital
- People were concerned about the affordability of the model and whether we would have the right staff in the right places
- People supported our proposals to split emergency and elective care but were concerned about accessibility of centralised emergency care services
- People supported the co-location of maternity services on one site but were concerned about the accessibility of centralised services; reducing location choice for care and birthing services; and potentially longer travel times for some people
- The feedback from this engagement will be considered to develop a final set of options for changes to hospital facilities and services, which will be put forward to the citizens of Nottingham and Nottinghamshire in a formal public consultation.

A full copy of all our engagement reports can be found here.[10]

4.3 Integrated Care Strategy – NHS Nottingham and Nottinghamshire ICB

The Health and Care Act 2022 required each Integrated Care System (ICS) to produce an Integrated Care Strategy. This strategy should be “evidence based, system-wide priorities to improve health and reduce disparities… based on assessed need”.

This programme of work involved citizens in the development of the Integrated Care Strategy for Nottingham and Nottinghamshire. This was developed using a two-step approach. The first step was a desktop research exercise undertaken to understand the needs of our citizens and how these can be met, people and communities who are not to understand who we need to involve, and gaps in our knowledge that could form the basis of our involvement work. The second stage involved a number of listening activities to test the findings from the desk research, explore gaps in our knowledge, test the emerging content of the Integrated Care Strategy and trial the Vision and purpose for our ICS. In total, just under 750 individuals were involved in a range of activities which took place between October and November 2022 through:

[10] Tomorrows-NUH-Public-engagement-report-002.pdf (icb.nhs.uk)

https://notts.icb.nhs.uk/wp-content/uploads/sites/2/2022/04/Healthwatch-enagagement-report-January-2021-002.pdf

https://notts.icb.nhs.uk/wp-content/uploads/sites/2/2022/04/Tomorrows-NUH-Phase-2-engagement-report_May2022_final.pdf

https://notts.icb.nhs.uk/wp-content/uploads/sites/2/2022/04/TNUH_Targeted-Engagement-April-2023.pdf

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

Findings from the engagement included: -

- There were concerns about how the Integrated Care Strategy would actualise the ICS Purpose and Vision, with specific concerns around resourcing the right services for citizens, and more specifically around funding for acute services, social care and the VCSE sector
- "Improve outcomes in population health and healthcare" and "tackle inequalities in outcomes, experience and access" were considered to be the most important ICS aims
- There was support for the focus on prevention, but there were queries about how realistic it was to shift resources away from treatment of acute illnesses and into prevention
- It was agreed resources should be directed to populations with the greatest needs, who require the most immediate support and preventative activity. There were some concerns that equity may feel unfair to some, particularly if resources are reallocated and a perception that specific places, groups and communities are "worse off"
- There was support for services to become more integrated and working as a system, including the realignment and sharing of resources (including governance and some back-office functions), was the key to success. It was clear the ICS provided an opportunity to build on strengths and identify areas of development to deliver connected services which are accessible and easy for citizens to navigate.

A full copy of the engagement report can be found here[11].

4.4 Joint Forward Plan – NHS Nottingham and Nottinghamshire ICB

Each NHS organisation in the country was required to produce an NHS Joint Forward Plan following the creation of their system's Integrated Care Strategy. The Joint Forward Plan sets out the organisation's contribution to the delivery of the Integrated Care Strategy.

The overarching aim of this work was to involve citizens in the development of the NHS Joint Forward Plan for Nottingham and Nottinghamshire. In total, just over 300 individuals were involved in a range of activities which took place between May and June 2023 through:

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

Nottingham and Nottinghamshire Integrated Care Board listened to the experiences and opinions of citizens, patient and stakeholders and gathered feedback and comments on the plan. In total, just over 300 individuals were involved in a range of activities which took place between May and June 2023 via our ICS Partners Assembly and an online survey.

The key findings from our engagement were:

[11] https://healthandcarenotts.co.uk/wp-content/uploads/2021/05/Integrated-care-strategy_engagement-report_final1.pdf

- There was support for prevention. However, there was scepticism around how realistic it was to shift resources away from acute and secondary care towards bold and innovative preventative approaches
- The importance of a connected and sustainable community, and the role of the VCSE sector and community leaders to enable this was highlighted. Inadequate investment was described as a risk
- There was agreement that resources should be directed to populations with the greatest needs to reduce health inequalities
- Great value was placed on collaboration, integration of services, and knowledge sharing to achieve the aims of the Integrated Care Strategy. There was also strong support for services to share expertise, resources and work collectively to enhance patient care across our ICS
- Future health and care services (specifically cancer and elective care) should be equitable, person-centred and coproduced with people with lived experience
- There was an ambition to streamline service pathways and ensure people receive the care required in the right place first time
- There was acknowledgement of the issues that the system is currently facing, specifically workforce challenges, access to and funding of GP and emergency services, dentistry and the VCSE sector.

All comments and feedback were provided in a report to feed into final version of the Joint Forward Plan[12].

4.5 Family Hubs – Nottinghamshire County Council

Nottinghamshire County Council is having ongoing discussions with young people, parents and families to support the development of Family Hubs which are for children, young people, parents and families.

Methods used included face to face discussions at existing groups, specific consultation events and surveys.

People said that:

- More support is needed around breastfeeding
- Services need to be promoted and coordinated more
- More support is needed for children with Special Educational Needs and Disabilities.

In response Nottinghamshire County Council has:

- Started a Breastfeeding Support Group, supported by the Specialist Infant Feeding Lead
- Improved service information on Notts Help Yourself to make sure that families and practitioners are aware of services available. This will form the 'Virtual Family Hub'
- Started a support group for parents of children with SEND.

The example provided is specific to Retford where the first of the Family Hubs in Nottinghamshire has commenced.[13] The engagement work has been built upon in 2022 and 2023, and is set out in detail by Nottinghamshire County Council.[14]

[12] Developing-the-JFP_final.pdf (healthandcarenotts.co.uk).
[13] Participation case example: Nottinghamshire - National Centre for Family Hubs
[14] Retford and the story so far | Nottinghamshire County Council

4.6 Personalised Care & Support Planning – NHS Nottingham and Nottinghamshire ICB

One of the six commitments in the NHS England Comprehensive Model of Personalised Care is that people have proactive, personalised conversations with clinicians. Focusing on what matters to them, delivered through a six-stage process, and paying attention to their clinical needs as well as their wider health and wellbeing. This is known as a Personalised Care and Support Plan (PCSP) and is one of our priorities to scaling up personalised care.

Through our work with My Life Choices[15] we have learned the importance of people having an About Me[16] conversation as it helps shift the conversation. This was reinforced and reported in a recent partnership co-production project, Removing the barriers to shared-decision making[17].

The aspiration in Nottingham and Nottinghamshire, is that over time, people with complex needs and long-term conditions will have an 'About Me' which can be accessed, read and talked about by all health and social care staff and their patients. The challenges we have experienced in scaling up the use of the 'About Me' are mainly digital barriers but finding several versions of an 'About Me' type document within different services, organisations and departments created duplication and confusion.

Alongside influencing Digital Notts[18] to follow the lead of NHS Wales and have 'About Me' accessed via the NHS App, we are working locally to overcome this challenge with a digital solution. By focussing our efforts on a digital option, we would be enabling people to complete an 'About Me' themselves, which then can be easily shared with various health and social care professionals.

This promotes a shift towards people being more proactive and self-directed, aiding a shift to conversations with healthcare professionals around 'what matters and is important to people'. This will mean Healthcare professionals can read and understand the person in more detail before meeting them. Evidence shows that this leads to a better-quality conversation around what is the best treatment option for the person, leading to a better shared decision. It also means people do not have to repeat the same information and their story at every stage of their care journey, something that people using our services repeatedly tell us they don't want to have to do.

Having a digitised 'About Me' will offer solutions to some challenges and will serve as a good starting point based on what matters most to individuals. This will, in turn, benefit the ICS as care outcomes of the population are better met based on the increase in shared decision making, leading to improved patient satisfaction, as well as a reduction in the frequency/length of clinical appointments.

The digitalisation of the 'About Me' is currently underway with our digital provider Digital Notts. A working group has been formed with multiple key stakeholders and My Life Choices members embedding co-production at the very beginning. They are working towards phase one, a text version via a patient facing system within the NHS app – currently Patient Knows Best[19]. The working group is keen to develop this work further to meet the needs of various groups of people who may want to use multimedia options such as photos, videos, easy read symbols and different language options. We are co-producing an easy read version of the 'About Me' with local learning disability groups Nottingham City Splat and Nottingham Mencap.

[15] My Life Choices - NHS Nottingham and Nottinghamshire ICB
[16] About Me
[17] PIFPA-Removing-barriers-to-shared-decision-making.pdf (icb.nhs.uk)
[18] Digital Notts - Connecting People and Data in Notts
[19] Home - Patients Know Best

4.7 Collaborative Practice – NHS Nottinghamshire Healthcare NHS Foundation Trust

The Lead Governors have been invited to participate and be involved within the Engagement Practitioners Forum to ensure the voice of the community and insights are gathered to feed into the Integrated Care System and Partners.

Nottinghamshire Healthcare NHS Foundation Trust's Council of Governors is collaborating to represent the "public at large" within the Integrated Care System area. Councils of Governors are keen to hear from communities and networks in Nottingham and Nottinghamshire. The Lead Governors from the three Foundation Trusts in the Integrated Care System area will ensure that they are represented and feed information from the wider public into the Integrated Care System.

Nottinghamshire Healthcare Foundation NHS Trust produce a report which provides the insight from communities to the Board which can be found here[20].

4.8 Community Mental Health Co-production and Engagement – Mansfield Community Voluntary Sector

Mansfield Community and Voluntary Service (CVS) was keen to understand the provision and access to Mental Health Services within Mid Nottinghamshire, to gain insight and feedback to support coproduction of local services.

This work is aimed at citizens in Mansfield experiencing mental health issues and community support colleagues, Social Prescribing Link Workers, Mansfield District Council looked after children and voluntary sector partners.

Central to the Community Mental Health (CMH) Transformation is a shift in the way services and pathways are designed with a focus on co-production and meaningful engagement of people with mental illness and poor mental health. Through adopting this approach, evidence suggests pathways are more likely to provide holistic, person-centred care and lead to improved access, experience, and outcomes for service users.

While recognising the strength of the local place based VCSE organisations, the ICB has decided to enhance its existing engagement contract that reaches into organisations and communities that are supporting people with poor mental health. This enhanced contract with the place based VCSE organisations will deliver a programme of Coproduction & Engagement to those living with poor mental health.

Feedback for the development of the NottAlone was mixed. Some cohorts of citizens will never access mental health support digitally and the support for residents who do not speak English is inconsistent. The next steps are to look at access to services, and prevention opportunities. A report can be found here to provide case studies and information[21]

4.9 Bellamy Estate – Mansfield Community Voluntary Service

Mansfield CVS has been working with citizens and partners to understand the health inequalities within the Bellamy Road Estate situated in Mansfield, Nottinghamshire. The aim of the work was to collaborate with partners to support health and wellbeing on the estate for the benefit of those who live there and those who provide services on the Bellamy Road estate.
From the engagement activities that took place people said they would like to see the following change to help them become healthier:

[20] https://www.nottinghamshirehealthcare.nhs.uk/download.cfm?doc=docm93jijm4n11794.pdf&ver=21697
[21] SMI Report - Mid Notts Q1.pdf

- Support with transport to get to activities and appointments
- Regular health and wellbeing support services provided on the estate
- More activities for different groups/communities
- Things lasting and people in the area trusting people
- Going to one place to get the help needed
- A community space for people to come together to social and access provision

A dedicated Health and Wellbeing Officer has recently been appointed to help people living on the Bellamy Road Estate focus on relationships with other residents. Is will help understand how to tailor and adapt services to meet communities needs and reduce health inequalities within the area.

A report has been produced detailing the insight monitoring from Quarter 1 2023[22]. The final report which will include Volunteer Impact findings is due for completion in October 2023.

4.10 NHS England/Improvement Prevent Programme – Ashfield Voluntary Action

Ashfield Voluntary Action (AVA) and Ashfield District Council (ADC) have been funded by the NHS (through NHS England) to support their work to reduce health inequalities in targeted areas of Ashfield. This partnership work aims to improve health outcomes on the Coxmoor Estate in Kirkby-in-Ashfield and in Butler's Hill and Broomhill in Hucknall.

The NHS acknowledges that people living in these communities have poorer health outcomes than in other parts of Ashfield. They also recognise the foundations for addressing these health inequalities are laid through effective communication. This can only happen when the community has confidence that their voice is being heard and their views valued. This is not an easy step, and it takes time to establish the trusted relationships necessary for this.

Ashfield Voluntary Action was keen to understand how it feels to live in their communities including the good and the not-so-good. Sometimes, small practical changes can have a massive impact.

A final report is being complied and will be available with the evidence and outcomes of this work[23].

4.11 Community Communications – Ashfield Local Design Team / Nottingham Trent University

The Ashfield Local Design Team in partnership with Nottingham Trent University, was keen to carry out mapping of community assets within the area to understand more around how to:

- Connect people to their community
- Increase people's involvement in activities, groups, clubs, courses etc and widen social interaction
- Encourage greater participation in the community.

Following on from the mapping work took place as follows:

- A printed version of the survey questionnaire was produced into the community to obtain a wider range of responses
- Have open conversations with people in the community: listen to their opinions, let people speak up and be heard, interact with them
- Make more use of printed media as it is accessible; establish places where it can be seen

[22] Bellamy NHSEI Insight Monitoring Q1 2023.pdf

[23] Reducing Health Inequalities - Information for Partners - Ashfield Voluntary Action

- Produce a booklet of information
- Email information to people as this is sustainable and environmentally friendly
- Enable more people to use social media – educate people in digital literacy
- People don't know where to go so have specific places for people to go to for information: designated noticeboards; use colour coding
- Use the Next-Door app to connect people with each other.

This piece of work allowed health inequalities to be addressed and meet the needs of local communities by providing activities and sessions to support health and wellbeing in the area[24].

4.12 Mansfield Local Design Team – NHS Nottingham and Nottinghamshire ICB

Work was undertaken by the Local Design Team in Mansfield who were keen to understand and identify local pharmacies that could provide blister packs for local people within the community who have issues and struggle to take their medication when dispensed in alternative packaging. This programme allowed the team to discuss and work with local pharmacies in the area to support the community in providing blister packs for those who need assistance when taking their medication. Work was also carried out with local pharmacies who could provide a delivery service to provide support and assistance to those who need this service within the community.

The work also identified alternative methods to support communities and people who need to receive and take regular medication including using digital devices to serve as a reminder.

4.13 Review and Commissioning of Alcohol and Drug Recovery and Treatment Services – Nottingham City Public Health

Substance misuse can have profound and negative effects on individuals and across communities. Alcohol and illicit drugs can cause a wide range of harm to physical and mental health, for example foetal alcohol syndrome affecting unborn babies, and the risk of contracting blood borne viruses and infection from injecting drugs.

The social impacts of substance use may include limiting the ability to work, to parent, and to function effectively in society, and can often be associated with criminal activity as a way of getting money to buy drugs.

There are significant costs associated with drug and alcohol use among health and social care and criminal justice systems.

An estimated 63% of people who use opiate and crack are aged 35-64, yet this cohort accounts for 81% of those accessing structured treatment for opiate and crack cocaine use. This suggests there is a potential unmet need in opiate and crack cocaine users aged under 35 years.

Of those aged 15-24 who use opiate and crack in Nottingham City, 93% are not accessing structured treatment. Reported drug use is highest among 16-19 and 20-24 year-olds but these age groups account for only 8% of people in structured treatment in Nottingham. There is a potential gap within service provision for this age group.

Data indicates that 'Mixed' ethnicity groups are underrepresented in treatment. There is a potential gap within service provision for this cohort. There is an unmet treatment need of 74% for alcohol dependent citizens aged 18 and over. This equates to up to 3,800 dependent drinkers who could benefit from specialist treatment.

[24] Inspiring Ashfield - Ashfield Voluntary Action

Nottingham City Council carried out a consultation and engagement activity, including stakeholders, public and an Expert Panel of citizens were utilised around the new 10 Government Drug Strategy, 'From Harm to Hope' necessitated a full review of service provision, extensive consultation, remodelling and procurement of new services.

New services have been procured and will launch October 2023. The Expert Panel will review services six months into the new contracts.

Full consultation report has been published[25]:

4.14 Gambling Related Harm Strategy – Nottingham City Public Health

Nottingham City Council Public Health Team carried out a health needs assessment and published a Strategy for Nottingham City citizens. This was informed by stakeholder engagement and structured interviews with gamblers and those affected by the gambling of others, and the Gambling Related Harm in Nottingham City: Health Needs Assessment[26].

Gambling related harm is recognised as a highly prevalent public health problem which damages physical and mental health, breaks down relationships, erodes finances, and drives up crime. We conducted a health needs assessment to estimate the local impact and inform a public health approach to prevent gambling related harm in Nottingham City.

National data suggests 0.4% of people aged 16 and over, and 2% aged 11-16 in school show signs of a gambling problem (some surveys report higher figures than this). When national data is applied to our population, we estimate approximately 4,500 people aged 16 and over and approximately 1,000 adolescents aged 11-16 in school show signs of an early or established gambling problem. Each person with a gambling problem has 6-10 affected others on average, who too experience harm.

The approach taken comprised of three parts:

1. Literature review – a search of published and grey literature to describe the:
    i. Predictors of gambling participation and gambling problems
    ii. Impacts to people with a gambling problem, their social groups, community and society
    iii. Current gambling harm prevention activities and services for people in Nottingham
2. Data analysis – estimating the local prevalence of:
    i. Gambling participation, gambling problems, and risk of gambling problems
    ii. Gambling related harm, based on demand for support services

3. Mapping – using routine data and geospatial information system software to:
    i. Map the location of licensed gambling facilities
    ii. Map the prevalence of risk factors for disordered gambling

This strategy was agreed and signed off by the Health and Wellbeing Board in August 2023 which will be published later this year.

[25] Substance Misuse (illicit drugs and alcohol) (2022) - Nottingham Insight
[26] https://www.nottinghaminsight.org.uk/d/acbrjYkI

4.15 My Support Network – NHS Nottingham and Nottinghamshire ICB

As part of the Community Transformation Programme, Newark Local Design Team has developed a document to allow patients to record who is providing care to them, in a bid to reduce the number of times a patient has to tell their story. This is for vulnerable patients in the Newark area and is collated within their own home to help and assist.

The aim of this programme was to improve the integration between care services, to better understand the experience and outcomes for people. The local design team worked with workforce and people to design a solution based on comments like:

"Wouldn't it be great if there was a way to share details about all the community contacts and friends and family supporting me in my care – everything in one place."

"As professionals we could save time searching for information and reducing pressure on the person to provide information" - so they are not having to repeat their story every time."

"Wouldn't it be great if multiple professionals throughout week all focussed on me as a person not a single intervention".

There was consideration that the document should be digital, so it could be accessed remotely by wider services. However, this was resisted as it was agreed that it should be easily accessible, and people commented that having a physical document they owned and could easily view provided reassurance.

The initiative is in its early stages, and formal evaluation is being completed, however early feedback from people and workforce has been:

- People felt more confident that services had the right information to support their needs for both physical health and emotional wellbeing.
- Contact details in one place saving time spent in an emergency searching for information, e.g. vital information for maintaining Andy's airway - crisis management reduced
- Reduces the amount of repetitive direction people give to teams from Health and Social Care.
- Reduces the time professionals spend in handover/chasing information giving more time to support people with their care needs and making a real connection.
- Gave professionals (and family) a snapshot of interventions that are in place and key points of contact.

Key learning point – Engagement and Co-production with people and workforce can develop simple and meaningful solutions that have a significant impact on care service experience and outcomes.

4.16 Community Care Transformation Programme – NHS Nottingham and Nottinghamshire ICB

The Community Care Transformation Programme (CCTP) engaged with system partners and citizens to develop ambitions for community care. Through that engagement, clear themes emerged around tackling health inequalities, focussing on wider determinants of health, working with our communities and collaboration between health, local authority, Community Voluntary and Social Enterprises and citizens.

This programme of work aligns to our Integrated Care Strategy:

- Through our work in developing and supporting community assets (and their usage) a focus of the programme is to ensure local organisations play a full role in increasing 'social value' and strengthening communities in supporting an individual's independence, health and wellbeing.
- Many of our organisations and teams are serving the same communities and the same individuals, but in many instances, they will be doing it independently of one another. This leads to situations for people with multiple health and care needs having different agencies visiting for support at different times during the day. This fragmented approach is not in the best interests of local people or our workforce and teams. Local Design Teams provide an opportunity to address this and support working in a more integrated way to ensure that local people have care that is joined up around them. Bulwell and Top Valley Local Design Team is an excellent example of this being effective[27]
- Within county localities, the plan for roll out is via the Health Inequalities Innovation Investment Fund. The collaborative bids with Bassetlaw, Mid Nottinghamshire and South Nottinghamshire are specifically requesting funding for additional Quality Improvement Lead capacity to enable roll out of community transformation at pace.

Success has been achieved through focus on priorities identified by health inequalities, and then within that work assessing how those experiencing health inequalities can be engaged with.

Case studies from the programme can be found here[28]

4.17 The Big Conversation – Nottinghamshire County Council

In Nottinghamshire lots of people need support to live their best life. Social care is personal, emotional, and practical support for people who need it. It works alongside health care.

From the 20 February to 22 March 2023, Nottinghamshire County Council held a 'Big Conversation' to ask people who use social care and their carers about the vision, the challenges, and what they want in the future. This was assisted by Community Catalysts[29] and the local Our Voice Coproduction Group[30].

542 people and carers with lived experience got involved and shared their experiences and ideas with us.

What people said:

- They like living in their own home. Some said they feel isolated. Some worry about the future and if they could stay in their home.
- Support services that do a good job and talked about services and staff who are not good.
- Some things stopped for the Covid pandemic and haven't started again.
- Some shared reasons they feel unsafe.
- Direct Payments - They help people live their life their way but can be hard to manage with lots of paperwork and responsibility.
- Public transport and buses are important.
- Having friends and connections in their community is important.
- Good information is important. Lots of information is not accessible and this is not good.

[27] https://www.youtube.com/watch?v=gV80B8v5Yv40
[28] Case studies - CCTP early adopters (002).pdf
[29] Contact us | Community Catalysts
[30] 2. Co-production group | Nottinghamshire County Council

- Money and finances – People talked about poverty (being very poor).
- More help and advice are needed with money and benefits.

What carers said:

- Understand what it is like to live with someone and care for them and how difficult things and very being a carer. Carers talked about carers' assessments and how these are not always good.
- Some care services and staff are good. Some are not as good. There are gaps in services.
- Some get good support from family and friends.
- Carers don't always have time to see friends and family. Some feel isolated and alone.
- The effect of caring on their health and wellbeing and sometimes they feel unsafe. There is also the worry about the person they care for.
- Hard to get the information they need. It is hard to speak to a person.
- Need more help to understand money and benefits, some things are unfair or not right.

The findings of this report[31], co-produced through the Big Conversation initiative, will serve as a guiding force as we develop Nottinghamshire County Council's new Adult Social Care Strategy. We will be developing the strategy over the next few months.

5 ICS Partners Assembly

5.1 Background

The Nottingham and Nottinghamshire ICS Partners Assembly
The Nottingham and Nottinghamshire ICS Partners Assembly is a bi-annual gathering of organisations and individuals who have an influence and interest in the health and care of the region's population. Those who attend the Assembly represent a diverse range of organisations from across the system, including the NHS, Local Authority, Voluntary, Community and Social Enterprise sector, as well as citizens, patient leaders and people with lived experience.

The second ICS Partners Assembly on 15th May 2023 brought together 113 system stakeholders, carers, service users, patients and citizens. The Assembly focused on involving citizens in the development of the NHS Joint Forward Plan for Nottingham and Nottinghamshire.

Delegates at the Assembly had the opportunity to share their views in a variety of ways including Mentimeter, tabletop discussions, pledges and comments cards. Captured below are the wordclouds generated from the two questions asked on Mentimeter.

[31] nottinghamshirebigconversationreport2023.pdf

"What NHS features, developments or services are the most important to celebrate in three words?"

Figure 5 Mentimeter: What NHS features, developments or services are the most important to celebrate? (ICS Partners Assembly, n = 95)

Figure 5 shows that the most popular words submitted for what delegates thought were the most important to celebrate in the NHS are free, equity, collaboration and care. The importance of the NHS continuing to be free chimes with national public opinion, where 19 out of 20 people in opinion polls say they want the NHS to remain free at the point of delivery.[32]

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

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

[32] Public satisfaction with the NHS and social care in 2022 | The King's Fund (kingsfund.org.uk)

Figure 6 Mentimeter: In one word, what have you heard so far that has given you the most hope for the future? (ICS Partners Assembly, n = 51)

The overarching themes from the insight at the ICS Assembly can be broken down into eight key areas:

1. Integration and collaboration
2. Community engagement and empowerment
3. Effective communication and information exchange
4. Prevention and focus on wider determinants of health
5. Resource allocation and funding coordination
6. Person-centred care
7. Workforce development as a system
8. Utilising existing knowledge and learning

5.2 Integration and Collaboration

There was strong support for integration and collaboration, in line with the Integration principle of the ICS. Many emphasised the need for alignment and coordination among various service providers; a more efficient system should include social care, housing, health, and food services working together. This chimes with the NHS@75 Assembly views[33] as the NHS has a crucial role in partnership with other sectors to improve the health of the population and wider determinants of health.

"Help create 'one-stop' services."

[33] The-NHS-in-England-at-75-priorities-for-the-future.pdf (longtermplan.nhs.uk)

We're shifting towards a more integrated, community-focused way of providing care. This means we're breaking down the barriers and silo working that used to separate different parts of the healthcare system, like primary care from hospitals. We want to make it easier for local healthcare teams and specialists to talk about individual cases and work together. There was a consensus on the importance of breaking down silo working and fostering collaboration across different sectors within healthcare to create a more efficient and seamless experience for patients. An example of good practice was in PCN development where improved access to mental health care has been achieved, however it was noted further improvements are needed.

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

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

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

Many wrote pledges towards the ICS principle of Integration, most of these pledged were to collaborate and link up with other system partners as well as joining up services and further partnership working. There was a distinct focus on collaboration and transparency when working with communities and system partners. Some pledges highlighted their commitment to coproduction with other system partners and others pledged to champion integration in specific areas such as data as well as participation in system forums such as the VCSE Alliance.

Solutions and suggestions for integration and collaboration included:

- Integration and alignment of IT Systems.
- Building and strengthening relationships between different organisations and sectors to work together more effectively and provide integrated services.
- Enhanced workforce support and collaboration

5.3 Community Engagement and Empowerment

Many at the Assembly emphasised the value of engaging with communities, involving community leaders and organisations, and investing in community hubs to drive change, build trust, and empower communities. The role of community champions was specifically highlighted.

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

The risks discussed included the importance of transparent communication, inclusivity, long-term strategies, impact assessments, and building trust to achieve sustainable and meaningful outcomes in community work. Access issues were also highlighted as an important consideration; convenience and transportation, particularly in rural areas, are key to the success of a service.

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

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

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

> ***"Invest in initiatives that increase community capacity."***

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

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

Some expressed that it is important not to repeat what has been done before with communities and to concentrate on long term plans, investment and solutions. Many also pledged to engage with the younger generation and empower the voice of the young.

Solutions and suggestions for community engagement and empowerment included:

- Engage communities in coproducing solutions and involve them in decision-making processes to address healthcare challenges.
- Empower patients to be actively involved in their healthcare decisions, encouraging them to provide feedback, and improving their understanding of the healthcare system and available services.

5.4 Effective Communication and Information Exchange

Effective communication and information exchange are crucial for healthcare improvement. This theme stresses the importance of transparent communication, feedback mechanisms, and using multiple platforms to ensure accessibility and awareness of healthcare services.

Assembly discussions highlighted the impact communications and language, in particular using appropriate language and multiple platforms to ensure that information is accessible and to raise awareness of prevention services. Feedback and information exchange is vital for immediate improvements, particularly for patients who do not have online access or must travel for care.

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

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

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

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

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

Solutions and suggestions for communication and information exchange included:

- Improve communication and engagement with communities through careful messaging, use of interpreters, and providing information in alternative formats.
- Address digital exclusion by considering the diverse technological needs and preferences of different population groups.
- Enhanced communication and information sharing to provide continuity of care.

5.5 Prevention and Focus on Wider Determinants

At the Assembly there was a strong emphasis on the integration of prevention, addressing wider determinants of health, and prioritising resources for those most in need, specifically focusing on long-term strategies to achieve this.

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

There were pledges commenting that the ICS principle of Prevention was the most important principle in their opinion.

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

A benefit of further work on prioritising prevention, promoting collaboration and adopting targeted and flexible approaches could enable more productivity.

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

Many were supportive of a cultural and economic shift towards prevention, in particular the importance of prevention in reducing pressure on hospitals. Many pointed out a need for change and innovation, to explore bold long-term approaches. However, some delegates did note that issues with the current funding models mean that if funding is relocated to prevention, then there will be less spend elsewhere and initiatives could be difficult to implement with the needs of certain services, particularly in secondary care. Another barrier raised in the discussions was that a 1% allocation for prevention within the ICS Joint Forward Plan may not be adequate to address community needs.

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

One of the NHS@75 recommendations was that the NHS gradually boosts its funding for evidence-backed preventive initiatives. The upcoming Major Conditions Strategy[34], currently under development by the Department of Health and Social Care, presents a significant opportunity to advance in this direction.

To work towards improving the wider determinants of health was a key theme. The delivery of the Core20PLUS5[35] community approach will enable further improvements on reducing the health disparities that exist, as well as ICSs fulfilling their wider legal duties to address health inequalities across services more broadly. Some focused on encouraging healthy choices, addressing inactivity, sustainable travel and ensuring people keep fit. Others flagged the importance of information sharing and awareness to enable free, fair and impartial access.

[34] Major conditions strategy: case for change and our strategic framework - GOV.UK (www.gov.uk)
[35] NHS England » Core20PLUS5 (adults) – an approach to reducing healthcare inequalities

Tailoring care to individuals from marginalised and disadvantaged backgrounds is crucial to combatting health disparities. In line with this theme, current preventative work within local government and the PBP "test and learn" approach has been used in areas of greatest need, such as Killisick, Bellamy Road, and Nottingham City, to gather insights and adapt strategies to different communities.

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

Pledges were made towards the aim of supporting broader social and economic development. Most of the pledges were based on the importance of local interventions and community with a focus on those in disadvantaged groups. Others flagged the importance of the VCSE sector as well as ensuring that equity is threaded through the whole system.

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

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

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

Solutions and suggestions for prevention included:

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

5.6 Resource Allocation and Funding Coordination

The allocation of resources and funding coordination across different sectors, including the voluntary sector, was highlighted as critical for healthcare improvement. This involves ensuring that budgets are effectively managed and coordinated.

Many recognised the current resource challenge, particularly for local authorities and the VCSE sector. Many of the barriers mentioned in the discussions focused on the challenge of not having enough resource and access to funding, especially when considering the health system's reliance on the VCSE sector as a safety net when NHS provision falls short.

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

Other pledges explored how organisations might come together to join up resources. Some highlighted the importance that services are provided by the VCSE sector rather than private companies.

Suggestions of ways in which the system could do more to further the ICS aim of 'Tackle Inequalities in outcomes experience and access' included streamlining complicated processes and embedding the VCSE sector. Learning from other systems was also mentioned as an opportunity to adopt successful schemes and improve our current approaches.

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

There was also mention of how the system does not have complete control over its development as it is governed by politics and that unsuitable short-term policies contribute to lack of development.

The inequity of services, community assets and transport links were flagged as a concern for some delegates.

A need for efficient coordination, and reliable IT infrastructure to enhance productivity and value for money was highlighted.

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

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

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

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

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

Solutions and suggestions for resource allocation and funding included:

- Shift resources to target those most in need and ensure equitable distribution of resources across the healthcare system.
- Invest in technology to enhance healthcare delivery, improve patient outcomes, and optimise resource utilisation.
- Allocate funding specifically for primary care and services for marginalised communities.

5.7 Person-Centred Care

One of the main themes at the Assembly was the need for person-centred care, which includes reducing redundancy in patient story sharing, providing named individuals to lead healthcare journeys, and tailoring care to individual needs and resources.

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

> ***"Making Every Contact Count. People citizen, system, comments. Tick off at least one Aim per contact."***

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

Leaders should collaborate with patients and caregivers to streamline services. This becomes increasingly vital as the number of individuals with multiple health conditions rises, and patients seek guidance and assistance from various healthcare teams. A need for streamlined services and meaningful outcomes were highlighted. Others emphasised the need to think holistically and link various elements through system, place, locality, and individuals.

> ***"I pledge to work with others to ensure everyone receives great quality, personal care"***

Health and social care delivery should be customised to meet the mental, physical, and social requirements of diverse communities, guided by the insights and preferences individuals hold regarding their own care. The significance of personalised care is gaining recognition, such as through the utilisation of personal health budgets in both healthcare and social services, as well as providing choices regarding the location and manner of treatment when appropriate. Shared decision-making between patients and their healthcare teams is expanding rapidly. Transforming these opportunities into reality necessitates a shift in the culture and practices within the NHS.

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

Solutions and suggestions for person-centred care included:

- Address digital exclusion by considering the diverse technological needs and preferences of different population groups.
- Optimise the use of time in engagement and appointments, follow-up visits, and communication with patients to ensure quality care and build trust.
- Implementing a person-centred approach to healthcare to ensure tailored and responsive care.
- Enable a streamlined referral process thereby removing barriers to accessing services.
- Explore additional roles to support patients, recognising that the patient knows best.

5.8 Workforce Development as a System

Workforce development and integration of services are essential for addressing recruitment challenges, supporting healthcare professionals, reducing workloads, and promoting collaboration between primary and secondary care. System leadership plays a crucial role in driving integration efforts.

Delegates acknowledged the potential challenges and the need for consistency, funding, and support for the workforce. It was highlighted how important it is to encourage work beyond organisational and geographical boundaries to foster collaboration, enhance service delivery and join up the workforce.

Many of the barriers mentioned in the Assembly discussions focused on the challenge of not having enough staff. A need for improved staff retention strategies was stressed. Others also highlighted the complexity of the system and how the hierarchical organisational structures in the health and social care sectors can result in obstacles to development.

"Listen to experience of communities and staff"

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

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

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

Solutions and suggestions for workforce development included:

- Promote workforce integration across different services. System leaders should champion and support this integration.
- Promote health and care jobs as an attractive career path with competitive wages, investment in leadership training and development opportunities.
- Provide opportunities for refugees and asylum seekers in healthcare.
- Boost Staff Retention: Develop strategies to retain healthcare professionals by enhancing job satisfaction, reducing burnout, and offering career growth opportunities.
- Simplify hierarchical structures.

5.9 Utilising Existing Knowledge and Learning:

Leveraging existing knowledge, data sources, and best practices is essential for healthcare improvement. Learning from other healthcare systems and adopting successful approaches are vital.

The NHS can gain valuable insights by learning from other sectors that are leading in their interactions with clients and more importance should be placed on patient experience and results, rather than solely focusing on the quantity and timeliness of treatment provided.

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

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

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

Solutions and suggestions for utilising existing knowledge and learning included:

- Utilise existing research, data, and evidence to fill knowledge gaps, inform decision-making, and identify areas for improvement.
- Address digital exclusion by considering the diverse technological needs and preferences of different population groups.

6 VCSE Alliance

6.1 VCSE Alliance – Frailty Deep Dive

The Nottingham and Nottinghamshire Voluntary, Community and Social Enterprise (VCSE) Alliance
The Nottingham and Nottinghamshire VCSE Alliance is a group of VCSE organisations across Nottingham and Nottinghamshire that can act as a single point of contact to enable the generation of citizen intelligence from the groups and communities that they work with. Nottingham and Nottinghamshire VCSE Alliance is made up of: • Local representatives of national and regional VCSE organisations working countywide to provide services to citizens. • A collective of the Community and Voluntary Services (CVSs) and other infrastructure organisations. A full list of member organisations is available here.

The VCSE Alliance has led on a co-designed framework for gathering citizen intelligence and insight. The framework will help us understand and theme the information that VCSE organisations hold, allowing us to explore the trends in our population and help highlight the gaps in service and how to resolve them. A Framework Subgroup came together to focus on a clinical priority and understand the intelligence held by VCSE Alliance members. Frailty was chosen as the first focus.

Frailty
NHS England[36] defines frailty as a loss of resilience that means people don't recover quickly after a physical or mental illness, an accident or other stressful event. Frailty often occurs in older people who are at highest risk of falls, disability, admission to hospital, or the need for long term care.

The NHS report, The NHS in England at 75: priorities for the future[37] highlights the importance of a substantial change in how we approach and respond to the ongoing increase in chronic illnesses and frailty. According to The Health Foundation's analysis[38], if we continue with the current care models, it is projected that by 2030/31, there will likely be a need for an additional 20,000 to 40,000 hospital beds to accommodate the rising cases of frailty and chronic illnesses.

We know that having timely, relevant, transparent, and high-quality data is vital for enhancing, innovating, and ensuring accountability in healthcare. The Hewitt Review[39] highlighted the significant role of NHS England in cooperation with the DHSC, local government and other relevant stakeholders in local government, in establishing data standards to coordinate data sharing across the healthcare system, paving the way for more extensive improvements in healthcare delivery. The Hewitt Review also says how crucial it is to acknowledge that a significant proportion of people accessing health and social care face substantial barriers to utilising digital solutions.

[36] NHS England » Frailty – what it means and how to keep well over the winter months
[37] The-NHS-in-England-at-75-priorities-for-the-future.pdf (longtermplan.nhs.uk)
[38] How many hospital beds will the NHS need over the coming decade? - The Health Foundation
[39] The Hewitt Review: an independent review of integrated care systems (publishing.service.gov.uk)

It has been evidenced that long term conditions tend to cluster in those aged over 65, for example in a study on multimorbidity[40] only 5.3% of people older than 65 years with dementia have only dementia, therefore almost everybody with dementia has multiple other conditions and it makes sense to care for the person as a whole rather than a series of standalone conditions.

Figure 7 highlights the key points described in the System Analytics Intelligence Unit's (SAIU) Population Health Management Deep Dive Report Into Ageing Well[41]. The electronic frailty index (eFI) is a calculation to identify the population aged 65 and over who may be living with varying degrees of frailty. It considers clinical signs, symptoms, diseases, disabilities and abnormal test values. eFI is used to stratify the population aged 65 and over into four groups: Fit - Mild frailty - Moderate frailty - Severe frailty.

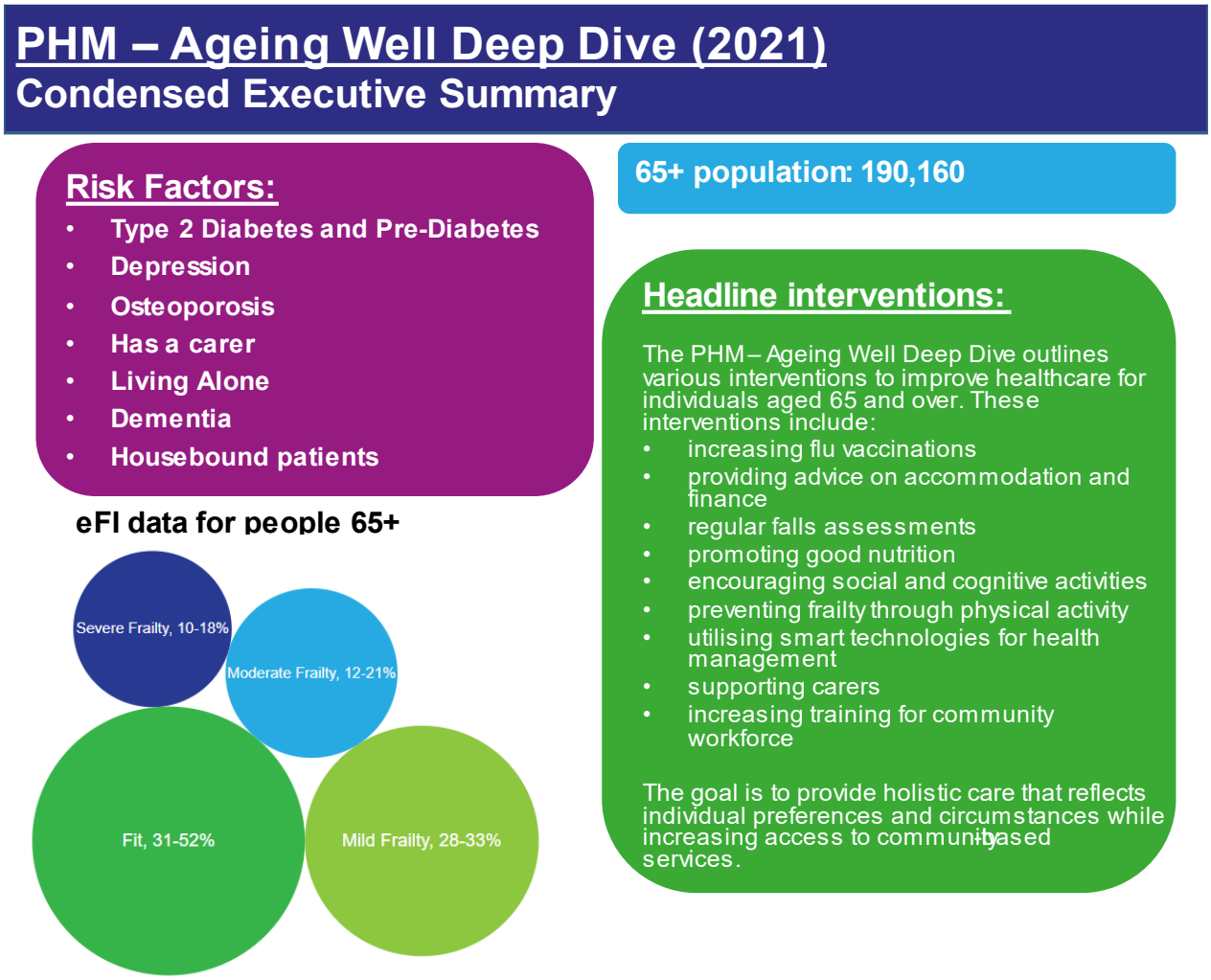


Figure 7 Population Health Management – Ageing Well Deep Dive, condensed executive summary.

The Subgroup used this report to develop ten questions to ask VCSE Alliance members. Some of the key themes and recommendations included:

[40] Bruce Guthrie et al, *BMJ* 2012;345:e6341

[41] Nottingham & Nottinghamshire ICS - System Analytics Intelligence Portal - PHM Ageing Well Deep Dive- April 2021.pdf (sharepoint.com)

- Increasing support for older people involves applying multi-agency working, providing referrals to social prescribers, promoting support groups and improving access to financial advice and mental health support.
- Addressing transportation issues in rural areas is crucial, including support for community transport schemes and improving access to emergency medical services.
- Increasing awareness and access to services through information campaigns and community outreach.
- Implementing strategies to prevent falls and injuries among the elderly including promoting mobility programmes and facilitating multi-agency referrals.
- Utilising technology can greatly improve access to healthcare and social care, requiring support and education for digital literacy is key.
- Adapting local healthcare systems, supporting carers, addressing social isolation, and innovative dementia care are all flagged.

6.2 VCSE Alliance – Frailty Survey Responses

Alliance members highlight restricted access to essential services, worsened by COVID-19. They call for awareness campaigns and community outreach to help isolated individuals, especially the elderly, with multiple conditions. Community groups, volunteering and supported living complexes are seen as a solution for isolated older individuals.

A multi-agency approach involving charities, voluntary groups, and statutory agencies is crucial to reduce isolation and hospitalisation. Economic challenges and limited access to healthy food require support and promotion of affordable alternatives. Long-term conditions often coexist in older individuals, necessitating holistic care.

Community-based support services can alleviate strain on healthcare services. Carers need respite and support, particularly for mental health. Transportation issues persist, requiring better access to emergency services.

Supportive services like health walks, technology, and education are essential for maintaining mobility and digital literacy. Normalising mental health support is crucial for older individuals, especially in rural areas.

High-quality data sharing is vital for healthcare improvement. Digital solutions should consider the needs of vulnerable individuals.

The VCSE sector can support older individuals through transportation, befriending services, and technology. Education for healthcare professionals is necessary for dementia care. Addressing various aspects of dementia care and involving the community in health checks are important.

In summary, addressing the challenges faced by older individuals requires a comprehensive, multi-agency approach with a strong focus on the VCSE sector, including awareness campaigns, support services, digital solutions, and community involvement.

6.3 VCSE Alliance – Recommendations

The recommendations from the VCSE Alliance survey are set out below:

Combatting loneliness and Isolation	**Falls Prevention and Mobility**	**Technology and Healthcare Integration**	**Supporting Carers**

• Raise awareness of available support services. • Improve digital skills for online access. • Promote services for different communities. • Establish social interaction initiatives.	• Conduct home assessments for falls risk. • Establish clear referral pathways. • Promote falls prevention education. • Encourage use of available assistive technology.	• Offer technology education for older individuals. • Implement online appointments and records. • Streamline welfare benefits processes. • Improve connections with mental health providers.	• Recognise and support caregivers' needs. • Provide respite opportunities. • Support young carers with flexibility. • Reduce caregiving costs.
Preventative Healthcare	**Enhancing Transportation and Accessibility**	**Post-Discharge Support**	**Dementia Awareness and Safety**
• Increase resources for preventive measures. • Invest in early detection and diagnosis. • Promote healthy lifestyles and nutrition.	• Support community transport services. • Explore alternative transportation solutions. • Improve access and referral routes.	• Conduct home checks post-hospital discharge. • Support patients and families with reablement	• Ensure dementia support groups. • Provide safety equipment and education.

Whilst this work has been initiated and led by the VCSE Alliance, to support the triangulation of intelligence the ICB Engagement Team reached out to others within our ICS with an interest in Frailty and Proactive Care to gain their insight and strengthen the recommendations. This included the ICB Population Health Management Team, the ICS Ageing Well Team, Nottinghamshire County Council Falls and Reablement team, East Midlands Academic Health Science Network and ICB Research and Evidence Team.

The frailty insight will help to inform the Mid Nottinghamshire place plan and future work will be undertaken with the Ageing Well and Community Transformation teams in upcoming frailty projects.

7 Race Health Inequalities Summit

7.1 Background

On Thursday 11 May 2023, the first Nottingham City Place-Based Partnership (PBP) Race Health Inequalities Summit was held. The event was developed as part of the PBP Race Health Inequalities Group and a sub-steering group who, led by Nottingham Community and Voluntary Service (NCVS), brought together leaders from across Nottingham to discuss how race affects people's health outcomes, the healthcare they receive, and what steps we can take as a partnership to address these inequalities.

As well as hearing from a range of expert speakers, it was an opportunity for partners representing different organisations from the public and voluntary sectors to come together and make valuable new connections[42].

7.2 Aims

Race health inequality is a particular issue in Nottingham, with local data shining a light on how race can affect a patient's health outcomes.

The aim of the Summit provided an opportunity for partners to address some of these issues. The day had a particular focus on mental health and maternity care, where health inequalities are known to disproportionately impact people from minority communities.

7.3 Methods

The event was structured around presentations, a marketplace and round table discussions. The event would only be effective with a broad range of diverse voices in terms of ethnicity, experience, across the generations, community representation statutory services, commissioners and providers. This was achieved across the 200 people in attendance. The event was delivered across four key areas;

- Nottingham context
- Mental Health Deep Dive
- Launch of PBP Culturally Competent Organisation Maturity Matrix
- Maternity Deep Dive

7.4 Findings

This section summarises emerging themes from the discussions at The Race Health Inequalities Summit. The themes have been identified via thematic analysis of workshop discussion notes and even presentations. Analysis and desk research is continuing, so these initial findings may subsequently be amended.

The themes reflect the views of those attending the summit in relation to health inequalities; they have not been compared at this stage to previous findings, or data and findings from other areas of England.

7.5 Mental Health Deep Dive

Causes or drivers of race inequalities in mental health

Theme 1: System-level drivers

Mental health services are stretched, with reduced investment and closures of mental health services in the community. The wait times for children and young people is a significant issue. There is **rationing** in the form of waiting lists, penalising policies 'three strikes and you're out', and eligibility criteria. Whilst this affects everyone, there is a **disproportionate impact on minority ethnic communities**.

Fragmentation of services. Inconsistent referral pathways and a lack of coordination. Different wards in Nottingham have different services. Pathways into services are not clear. Whilst there is a need for other services to support the NHS and facilitate access, there are few community groups

[42] Nottingham makes history with the first Race Health Inequality Summit | SSBC (smallstepsbigchanges.org.uk)

involved in this. Moreover, attendees fed back that statutory sector professionals may not respect the expertise of community organisations. This has resulted in referrals coming from better off areas, rather than being driven by need.

Lack of data. Data is old, and if data is based on people who are using services, it won't help us understand those not accessing services. There is limited resource for the in-depth engagement needed to understand minority communities. At the same time, these communities experience consultation fatigue.

Theme 2: Service-level drivers of health inequalities

Organisational cultures are discriminatory. Staff within services lack cultural competence, and there is an underrepresentation of minority ethnic communities. Lack of knowledge and discriminatory attitudes amongst staff can result in people being judged or stereotyped, or mental health needs not being recognised because of their different presentation. Sometimes social circumstances can become the focus of an assessment, with the need for mental health support being overlooked.

Services can be culturally inappropriate or insensitive, deterring people from accessing them: for example, rules for residents (e.g. clothing) or food offered in hospitals may not be appropriate, and mental health service users may be unable to speak to someone of the same culture, or unable to access an interpreter.

Service design may be based on the needs and circumstances of dominant groups. Talking therapies (IAPT Improving Access to Psychological Therapies) focus on a white middle class.

Mental health workforces lack diversity. Mental health professions are white dominated and talent from minority communities is underused, which can affect access to services. There is a need for therapists from different backgrounds, yet the qualifications of migrants may not be recognised.

Theme 3: Community-level drivers of health inequalities

Language. There is a need for more interpreters. Interpreters can be involved too late in the process, can be from the same community, compromising privacy, or may be male, which can be inappropriate. Sometimes interpretation is poor quality or the family is interpreting. 'Form-based' processes are particularly hard for communities where English is a second language.

Isolation, economic disadvantage. Particularly if English is not their first language, people may not be aware of what help/services are available or have the know-how to access and navigate services. People may feel intimidated, anxious, or lack confidence when thinking about involving services; it was commented that the lower referral rates to post-natal services may be due to fear of social services involvement. Digital exclusion can also create barriers to accessing services. Economic disadvantage prevents people from taking part in activities that would support mental wellbeing.

Community attitudes and beliefs. Different communities' beliefs about mental health and how to address mental health problems, alongside other beliefs, such as those around gender, can contribute to people not accessing mental health services. Mental health may not be talked about by older generations and/or mental health needs may be stigmatised. For instance, there may be differences in the cultural acceptability of new mothers accessing mental health support. There may also be an expectation that mental health problems should be dealt with inside the community in the first instance, e.g. by a faith leader.

Household composition. Lifestyles can affect access to mental health support. For example, in an extended household, particularly if family dynamics are part of the issue for a person, accessing support online may be a barrier.

Theme 4: Enablers of change/actions

Using lived experience to support services to develop and change and to raise awareness amongst decision-makers and commissioners. Involving more members of minority communities in services.

Helping communities think differently about mental health. Using different language with communities, to support discussions about mental health. Adopting a listening approach. Be available and be visible e.g. wellbeing hubs. Leaflets in languages to help awareness, increasing outreach into communities.

Making information accessible: access to interpreters, access to the Internet at libraries, targeted literature.

Co-production with communities. There is a good example of how a domestic abuse programme for Muslim women was designed by Muslim women. Train people from communities to work in the local health system. Community champions to pair up with ICB coproduction and engagement teams.

Developing the mental health workforce. Training professionals and enabling them to learn from communities and people with lived experience. Changing attitudes towards community organisations. Recruiting people from minority communities.

Identifying how to make early help accessible and investing in prevention for communities. Could people in communities such as teachers be trained to be able to link people to help? Some schools already have mental health programmes. Relationships are key: Community Champions started out encountering mistrust, but then recruited volunteers and built stronger connections with diverse communities and were proactive in looking for gaps.

Be accountable and be realistic, managing expectations.

7.6 Maternity Deep Dive

Maternal mortality rates are higher among BME women than white women in the UK, with black women nearly 4x more likely to die during pregnancy or childbirth than white women. Moreover, families who are at higher risk of poor outcomes or who had a poor outcome at NUH are underrepresented in inquiry referrals (the Independent Maternity Review Inquiry).

Causes or drivers of race inequalities in maternity health

Theme 1: The service system/organisational factors

Underfunded and reduced services. The reduction in funding is having an impact on pregnant women, families, and the workforce. The NHS is in survival mode, leading to lack of care. As with mental health, whilst this impacts everyone, it means that marginalised groups get even less care.

Lack of data and insight. It was commented that BME women do not complain in situations where more white women do. There is a lack of awareness of the inequalities; a summit attendee had commented that the statistics were ‘astonishing’.

Organisational cultures. There is a problem with the attitudes of some clinical staff. There is a lack of training and awareness, with some not believing that racism is a problem/that there is a need for change. One summit attendee commented that attitudes change when English is not the spoken language.

Unrepresentative workforce. The backgrounds of GPs and other doctors do not reflect the population There is a lack of diversity in the maternity workforce, including amongst midwives. There is a problem with the recruitment and retention of midwives, and hence there are not enough ethnic community representative midwives to influence the cultural competence of their peers.

Theme 2: Communities and structural inequality

Wider determinants of health (social, economic and environmental inequalities) experienced by minority communities in Nottingham. Summit attendees discussed the fact that unequal maternity health outcomes are driven by wider issues than maternity care, and involves issues of class and social inequality, with poor public health and deprivation. This puts women from minority communities at risk both prior to giving birth and post birth. 'Maternity care is not going to fix this in a nine-month period.'

For example, women may have pre-existing factors such as unmet mental health needs. Air pollution is the largest environmental threat to public health with the most deprived communities in the UK experiencing the worst air quality. There is evidence for racial inequalities in exposure to air pollution in the UK.

Theme 3: Communities: socio-cultural factors

Language and knowledge of services. Eight per cent of households in Nottingham speak no English. There is a lack of understanding of health services and a mistrust; for example, there may not be understanding of healthcare practices e.g. Weighing babies.

Lack of health information and lack of appropriate health information. There is a need for maternity education for girls and women, as some cultures do not talk about this topic. Some language and attitudes on health information is not appropriate and discriminatory. One person commented that language on a flyer said, 'when things go wrong', noting that her child had not 'gone wrong', he had a disability.

Theme 4: Enablers of change/actions

Linking communities to services and helping people navigate services. Make services easier to navigate by bringing services together and coordinating them, providing an updated directory of services, and using the VCS to educate clients on services and signpost people both to services and to where they can get support when they have had poor experiences. There need to be more community spaces for parents and families to access support services. Use community volunteers and VCS organisations to act as a conduit between maternity services and families.

Supporting advocacy. Charities and groups who advocate for women, e.g. attending appointments, need to be resourced.

Provide a service environment that enables co-production, including commissioning that reduces barriers. This will require services to be accessible to communities including facilities. Reach out to communities; don't expect them to come to you. Learn from small organisations and VCS organisations. Engage communities and involve them in decision-making. Recognise the contributions of volunteers and incentivise/compensate participation.

Make maternal health inequalities a strategic priority across the local system. It was commented that there are no government targets on this issue, that grassroots organisations are trying to make change but there is no leadership from the top. Consider having Nottinghamshire-wide priorities that all organisations contribute to. Promote opportunities for organisations to work together on initiatives.

Workforce development: improve recruitment and retention, training, and career development.

- Recruitment needs to reflect the population, so there is a need to connect with local people. Access to nursing and midwifery training needs to be made truly accessible e.g. making bursaries available and carrying out a recruitment drive.

- There is a need for diversity at all levels of organisations to ensure that there is diversity amongst decision-makers. There should be leadership development opportunities to help people from ethnic communities into these positions.
- Cultural competency should be at the heart of midwife training. There is a need for cultural awareness training.

Data and insight. As with mental health inequalities, there is a need for more qualitative data and research on the needs and priorities of communities. This includes forums enabling people's voices to be heard directly, in order to avoid 'middlemen translating stories'.

Action needs to be wider than addressing this as an issue within services. 'Maternity care cannot be improved just by maternity improving things for BME populations.'

8 Cost of living crisis

As the expenses associated with essential goods and services continue to rise, many households are encountering severe financial strain. This carries profound implications, not only for individual families but also for the broader socioeconomic landscape of the UK. In August 2023, over half (53%) of adults reported that their cost of living had increased compared with a month ago[43].

This section describes what we know about the impact of the cost of living crisis for citizens living in Nottingham and Nottinghamshire.

8.1 Climate Change and Ability to Act

The cost of living continues to impact on feelings about taking action to reduce climate change[44]. Two in five (41%) believe the economic costs of climate change will be greater than the measures to reduce it. However, over half say they are too worried about the cost of living to think about the impact of climate change (52%) or would like to do more to reduce climate change but cannot afford to (51%). Only 3 in 10 (29%) say they often find sustainable lifestyle choices cheaper.

8.2 Housing

Half of renters/mortgage holders have seen their rent/mortgage payments increase in the last three months[45]. This is up from a third (33%) in January. Just under half (45%) say their payments have stayed the same, while just 2% say they have decreased. The Office for National Statistics (ONS) analysis[46] found that around a third (35%) of adults reported it was difficult (very or somewhat) to afford their rent or mortgage payments, compared to 29% in August 2022. This proportion appeared higher among groups including; those receiving support from charities (57%), living in a household with one adult and at least one child (47%), receiving some form of benefits or financial support (45%), Asian or Asian British adults (53%), Black, African, Caribbean or Black British adults (47%), renters (43%) and disabled adults (41%). 43% of renters reported that it was difficult to afford their rent payments, and 28% of mortgage holders reported it was difficult to afford their mortgage payments.

[43] Public opinions and social trends, Great Britain - Office for National Statistics
[44] Britons concerned about climate change, but cost of living is a barrier to action | Ipsos
[45] Half of renters/mortgage holders have seen their housing payments increase in the last 3 months | Ipsos
[46] Impact of increased cost of living on adults across Great Britain - Office for National Statistics (ons.gov.uk)

8.3 Food Insecurity

According to Trussell Trust[47], 4% of all UK adults (or their households) have experienced food insecurity in the 12 months to mid-2022. The research highlights the main driver as a lack of money. There are specific communities that are more likely to be experiencing food poverty:

- More than half of households experiencing food insecurity, and three quarters of people referred to food banks in the Trussell Trust network say that they or a member of their household are disabled.

- Working-age adults are much more likely to need to turn to a food bank than pensioners. This is particularly the case for single adults living alone and those not currently in paid work.

- Families with children are at a high risk of food insecurity. Nearly half (47%) of all households experiencing food insecurity include children under the age of 16.

- People from ethnic minority groups, women, people who are LGBTQ+, people who have sought or ever applied for asylum, and people who were in care as a child, are all overrepresented in the proportion of the population experiencing food insecurity and receiving food aid. While around 7% of the UK population were supported by charitable food support, including food banks, most people facing hunger (71%) had not yet accessed any form of charitable food support.

Furthermore, paid work does not always protect people from having to use food banks. One in five people using food banks in the Trussell Trust network are in a working household. Just under a third (30%) of people in work who have had to use a food bank, are in insecure work such as zero hours contracts or agency work.

In July 2023, ONS reported that around 1 in 20 (5%) of adults reported that in the past two weeks they had ran out of food and had been unable to afford more, this proportion appeared higher among groups including; those receiving support from charities (45%), living in a household with one adult and at least one child (28%), receiving some form of benefits or financial support (21%), Mixed or Multiple ethnicity adults (14%), Black, African, Caribbean or Black British adults (13%), renters (14%) and disabled adults (9%)[48]. These findings are consistent with the research conducted by the Trussell Trust.

8.4 Fuel Poverty

When asked about what people are doing because of the increases in the cost of living, 44% were using less fuel such as gas or electricity in their homes[49]. Using less gas and electricity in a home during the winter periods will increase the risk of damp and mould within accommodations which there pose a risk of respiratory illness and other diseases for the occupants.

At a system level, we used our data capability through a public health lens and looked at the measures we could use to map fuel poverty. They matched the fuel poverty areas, usually deprived areas, with people with long-term conditions. And then, the GPs, the voluntary sector, and the PCNs could target people at very high risk.

[47] 2023-The-Trussell-Trust-Hunger-in-the-UK-report-web-updated-10Aug23.pdf (trusselltrust.org)
[48] Impact of increased cost of living on adults across Great Britain - Office for National Statistics (ons.gov.uk)
[49] Impact of increased cost of living on adults across Great Britain - Office for National Statistics (ons.gov.uk)

This data was then supplied each place-based partnership with the data for their areas. And then they worked with their council colleagues. The schemes did vary slightly in different districts, depending on whether it was a district council[50].

8.5 Affording Medications

One significant impact of the increased cost of living crisis is people's ability to afford essential medications and prescriptions. An example was reported by Asthma + Lung UK[51] charity which found that many asthma patients are cutting back on using their inhalers to make them last longer, and this was to save on prescription charges.

8.6 Accessing Dental Services

On a national level, accessing NHS dental services is becoming very challenging, with about 90% of dental practice across the UK are not accepting new adult patients. In June 2022, Healthwatch Nottingham and Nottinghamshire published its report[52] about accessing NHS dentistry which showed the association between affordability and lack of accessibility. Of the 303 respondents, over half of them were unable to book an appointment, of them, 20% were offered private appointments by the practices but couldn't afford it. It is anticipated that the cost of living crisis will make accessing dental services more challenging, and feed into dental health inequalities between high and low income household.

8.7 Domestic Violence Against Women

Several resources have shown how the cost of living crisis is forcing survivors of domestic violence to stay in unsafe environment as they can't afford being alone. As found by Women's Aid[53], about 73% of domestic abuse survivors who are living with and having financial link with the abusers said that the cost of living crisis had either prevented them from leaving or made it harder to leave.

8.8 Cost of Transport to Access Healthcare

In an engagement activity conducted by Healthwatch Nottingham and Nottinghamshire, the patients of Wellspring Surgery in Nottingham have raised their concern around stopping the phlebotomy services in their GP practice and move the services to another location which requires the use of transportation. One of the main concerns was the inability to afford the cost of using transportation. As a result of this engagement, the recommendation[54] was accepted by the Integrated Care Board and patients now are being reimbursed for the cost to commute to phlebotomy services. This example shows how financial hardship, which has been worsen by the current cost of living crisis, could prevent people from attending different heath appointments and lead to significant health outcomes.

It is well evident that commuting to the healthcare services, like GP appointments, is already a struggle faced by many people for wide range of reasons like anxiety, suitability of the transport, accessibility and timing. In addition to that, cost and affordability have always been a struggle faced by people on low income which got worsen by the cost of living crisis. People reported how they are struggling financially and unable to pay for transportation to attend GP appointments and other services. They also reported that financial struggle is not being taken into consideration and

[50] Fuel Poverty Project - NHS Nottingham and Nottinghamshire ICS - NHS Nottingham and Nottinghamshire ICS (healthandcarenotts.co.uk)
[51] https://www.bmj.com/content/378/bmj.o2363
[52] https://hwnn.co.uk/wp-content/uploads/2022/07/Hot-Topic-Access-to-Dentists-Report-FINAL.pdf
[53] https://www.womensaid.org.uk/the-cost-of-living/
[54] https://hwnn.co.uk/wp-content/uploads/2023/08/HWNN-ANNUAL-REPORT-2023-FINAL-COPY.pdf

overlooked by the support providers, like social prescribers. Like other challenges to access the healthcare system, inability to afford transportation to health services will deteriorate individual's health and reduce the chances of preventing preventable diseases[55].

8.9 Impact on Students

Students are among different communities who are affected by the cost of living crisis. In June 2023, the University of Nottingham Student Union talked to 265 students about the impact of cost of living crisis on their academic and personal lives. The report found the cost of living crisis is impacting students areas of students' mental health and wellbeing, their physical health, their academic progress and their social life and relationships[56].

8.10 Employment Impacts

The UK job market is experiencing significant shifts and UK employees are adversely affected due to the cost of living crisis. A report from PricewaterhouseCoopers (PwC)[1] revealed that 47% of UK employees have little to no savings left at the end of each month, and a further 15% say they struggle to pay their bills every month.

In the UK, over one in ten workers (12%) hold multiple jobs, and a significant majority (70%) attribute this choice as a means to increase earnings. The cost of living crisis is also impacting wage expectations, with 34% of UK employees intending to request a salary increase in the coming year—an increase of 7% compared to 2022.

23% of workers planning to change jobs in the next year, marking a 5% increase from the previous year. Dissatisfaction with current jobs is also prevalent, with 21% expressing discontent, particularly regarding pay, workload, and overall job satisfaction. It is noted within the report that with economic uncertainty, employers are recommended to seek innovative ways to engage employees, as traditional pay increases may be limited. Organisations that prioritise employee well-being, flexible work arrangements, career advancement, and personalised benefits will foster loyalty and retain more staff[57].

8.11 Impact on VCSE Sector

Pro Bono Economics (PBE) is collaborating with the National VCSE Data and Insights Observatory, managed by Nottingham Business School within Nottingham Trent University, to examine the influence of the cost of living crisis on charitable organisations and community groups. Professor Daniel King, director of the National VCSE Data and Insights Observatory at Nottingham Business School and Chair of the Nottingham and Nottinghamshire VCSE Alliance has said "The cost-of-living crisis creates pressing challenges for many charities, as rising costs meet falling income and escalating demand."[58]

The cost of living crisis is putting strain on many individuals, making charitable support essential however, the study[59] emphasised the presence of a significant and expanding salary disparity among employees in the VCSE sector.

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[55] 1741008_Stevenson.pdf (ntu.ac.uk)
[56] How the cost of living crisis is jeopardising the student experience for those most affected
[57] https://www.pwc.co.uk/press-room/press-releases/quarter-of-the-uk-workforce-expect-to-quit-in-the-next-12-months.html
[58] Major whole-sector survey set to capture impact of cost-of-living crisis on charities | Nottingham Trent University
[59] https://www.probonoeconomics.com/news/signs-of-increasing-optimism-among-charities-but-volunteer-concerns-grow

There are some positive economic signs, like falling energy prices and reduced economic inactivity, benefiting employers. In the charity sector, optimism is rising as more organisations expect to meet increasing demand, partly due to improved finances and easier staff recruitment. However, volunteer recruitment and retention are major concerns, impacting charities' ability to meet rising demand. Efforts to promote volunteering are crucial, as demonstrated by recent initiatives like the Big Help Out and the willingness of millions to volunteer. Converting these intentions into action is vital for the charity sector and the communities it serves.

9 Conclusions

The data and insights gathered from our Integrated Care System provide valuable information on the needs of our local citizens in Nottingham and Nottinghamshire, including our minority population. These insights indicate the alignment of our work and further embedding of the Integrated Care Strategy has the potential to meet the current capacity and demand effectively.

The gathered insights will provide key intelligence needed as we work towards refreshing our Strategy. They serve as an important resource that will guide us in making informed decisions to ensure the continued effectiveness and responsiveness of our ICS. We are committed to using this information to refine our approach and ensure that our healthcare services remain adaptable and inclusive, ultimately benefiting our community.

10 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. As part of Working with People and Communities Strategy we will work to develop an Insight Hub from all of our system partners across Nottingham and Nottinghamshire.

A further report will be provided to the Board within the next year collaboratively to provide further insight from our communities.

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