Working with people and communities: Citizen Intelligence Strategy 2022 - 2025

1. Context

1.1. ICS overview

1 July 2022 will see the introduction of the Nottingham and Nottinghamshire Integrated Care Board (ICB) and a wider Integrated Care Partnership (ICP), bringing together partners across health and social care including;

- NHS Nottingham and Nottinghamshire Integrated Care Board
- East Midlands Ambulance Service NHS Trust
- Nottingham CityCare
- Nottingham City Council
- Nottinghamshire County Council
- Nottinghamshire Healthcare NHS Foundation Trust
- Sherwood Forest Hospitals NHS Foundation Trust
- Nottingham University Hospitals NHS Trust
- Voluntary, Community and Social Enterprise organisations
- Healthwatch Nottingham and Nottinghamshire

All system partners are committed to consistently listening to, and collectively acting on, the experience and aspirations of local people and communities through the ICB and ICP and will work to:

1. Have a deep understanding of all the people and communities it serves.
2. Capture the insights and diverse thinking of people and communities to enable the ICB and ICP to tackle health inequalities and the other challenges faced by health and care systems.
3. Bring fresh opportunities to strengthen work with people and communities, building on existing relationships, networks and activities.

1.2. Key population demographics and issues

The Nottingham and Nottinghamshire footprint has a population size of just over 1.1 million people living in the City of Nottingham (332,900) and Nottinghamshire County (828,200)[1], covering a mixed urban and rural area, spanning communities with some of the highest and lowest levels of deprivation in the country.

Nottingham City[2]

- 30% of the population are aged 18 to 29 – full-time university students comprise about 1 in 8 of the population.
- The 2011 Census shows 35% of the population as being from BAME groups.
- Despite its young age-structure, Nottingham has a higher than average rate of people with a limiting long-term illness or disability.
- White ethnic groups have higher rates of long term health problems or disability overall, although this varies with age, with some BME groups having higher rates in the older age-groups.
- Nottingham is ranked 11th most deprived district in England in the 2019 Index of Multiple Deprivation (IMD), a relative improvement on 8th in the 2015 IMD.

[1] Population estimates | Nottinghamshire County Council
[2] Demography chapter: the people of Nottingham (2021) - Nottingham Insight

- 34% of children and 25% of people aged 60 and over live in areas affected by income deprivation.
- Rates of car ownership are low, particularly amongst pensioners living alone and lone parents.

Nottinghamshire[3]

- 21% of the population are aged 65+.
- 20% of the population are aged 0 – 27.
- BAME populations are relatively low in Nottinghamshire, 4% compared with 15% nationally and generally have a younger age profile than the general population (Census 2011).
- For those aged 18-24 years, unemployment rates have been higher than national levels for 8 of the past 9 years and (1.3% in May 2018, compared with 1.0% nationally)
- People living within the more deprived areas of Nottinghamshire have higher levels of unemployment, lower levels of qualifications, less healthy lifestyle choices and poorer health and wellbeing outcomes compared with those in less deprived areas
- Deprivation levels for Nottinghamshire as a whole are comparable with England. However, within Nottinghamshire there are communities with both some of the highest levels of deprivation in the country and some of the lowest levels of deprivation.

1.3. Our statutory duties

Statutory functions currently exercised by CCGs are expected to transfer to ICBs from 1 July 2022. Most relevant to this strategy is our statutory duty to involve people, whether directly or through representatives, in:

- Planning the provision of services;
- The development and consideration of proposals for changes to the way services are provided, and;
- Decisions to be made affecting the operation of services.

NHS organisations also have a duty under section 244 of the Health and Social Care Act to consult the local Health Scrutiny Committee on any proposal for 'substantial development or variation of health services' (see Appendix 1).

The 'Design Framework' for establishment of Integrated Care Systems published by NHS England / Improvement also includes a clear direction of travel for our work in this space[4].

1.4. Where we are now

In Nottingham and Nottinghamshire we can build on our experience of engaging with our communities as an ICS over the last two years and for many years prior to this. This includes working collaboratively with our partners to engage communities on system-wide programmes such as the vaccine roll out and moving toward more strategic, insight-based forms of engagement. For example, to learn about the impact of service changes introduced during the first wave of the Covid-19 pandemic, a mixed-method approach to data collection was adopted, triangulating multiple sources of insight (qualitative data from focus groups and community conversations, quantitative data from surveys and desktop research). The quality

[3] Key population facts - Nottinghamshire Insight
[4] https://www.england.nhs.uk/wp-content/uploads/2021/06/B0661-ics-working-with-people-and-communities.pdf

and breadth of the outputs of this work informed the model of how we generate and utilise citizen intelligence and insights.

Case Study – Promoting Covid-19 vaccination uptake

It is acknowledged that different approaches to generating citizen intelligence are of equal value, and will be essential to ensure we are fully inclusive and have a strong focus on health inequalities. To promote uptake of Covid-19 vaccinations across Nottingham and Nottinghamshire, opportunities were promoted to talk to community groups about the vaccine and address any concerns. Through reaching out to diverse groups and where possible, gaining support from bilingual clinicians to lead these sessions accurate messages have been conveyed around the Covid-19 vaccinations.

As part of this, the Nottingham Muslim Women's Network expressed an interest in hosting a Covid-19 vaccination information session in Arabic for community members. The session was led by Dr Ban Alazzawi, who speaks Arabic, who addressed concerns around the vaccine. During this session, Dr Ban built a rapport with the group and addressed concerns around the vaccine. As a result, community members felt confident and comfortable in communicating their health concerns with a female clinician in Arabic.

Following this session, Dr Ban was added to the network for Arab women, Heya, and has supported in sharing further information with the group via WhatsApp. The group have worked with Dr Ban to share concerns their members have on receiving information on other health issues, particularly diabetes. As a result of this further information sessions continue to be arranged.

Our Local Authorities, particularly through their elected members, are champions for their populations and communities and we greatly benefit as a system from clearly hearing from elected members in our key governance forums and in the development of our activity plans. The role of Non-Executive Directors from NHS organisations is also a key aspect of how we ensure that we are hearing from a diverse range of viewpoints when formulating policy and responding to challenges and opportunities.

We also know that there is much work already taking place at neighbourhood and Place. For example, the voluntary, community and social enterprise (VCSE) sector have strong links with groups and communities, including those who are underserved and experiencing the greatest health inequalities. From the Covid-19 pandemic, Community Champions have emerged and Community Development Forums have been established. However there is a need for better co-ordination, collaboration and reporting of citizen insight.

Case Study – Mid-Nottinghamshire virtual PPG event

Patient Participation Group (PPG) members from across the Mid-Nottinghamshire area were invited to participate in a virtual PPG event on Thursday 10th December 2020. The event was aimed at listening and learning from PPG experiences during the pandemic whilst providing important updates for PPG members on system structures, the local COVID-19 position and work taking place across the system.

This virtual event took place on the online platform, Zoom and was attended by 20 PPG members from across the six Mid-Nottinghamshire Primary Care Networks (PCNs).

PPG members were also provided an opportunity to voice their successes or concerns over the pandemic. A key area for development related to strengthening communication and engagement between PPGs, PCNs, ICP and the wider health system.

Further work is also required ensure that citizen engagement is understood, valued and sought out across the ICS and seen as a key part of our work. We will also need to ensure that all of our Places are supported to develop skills and expertise in this area of work, in line with their relative maturity.

2. Aims and principles

2.1. ICS Vision

This Citizen Intelligence Strategy aligns to the overarching vision for the Nottingham and Nottinghamshire Integrated Care System (ICS). The ICS vision, informed by what our population communicates to us and which has full endorsement from key stakeholders, is as follows:

Our overall ICS Vision

Across Nottinghamshire, we seek to both increase the duration of people's lives and to improve those additional years, allowing people to live longer, happier, healthier and more independently into their old age.

The vision for the ICS includes three priority areas which are essential in order to improve outcomes for the population of Nottingham and Nottinghamshire. These include:

- Health and wellbeing
- Independence, care and quality
- Effective resource utilisation

2.2. Our principles for working with people and communities

The principles that will guide the work of the system from July 2022 are based on the guidance (*ICS implementation guidance on working with people and communities*[5]) but adjusted to reflect the Nottingham and Nottinghamshire context:

1. We will work with, and put the needs of, our citizens at the heart of the ICS.

[5] https://www.england.nhs.uk/wp-content/uploads/2021/06/B0661-ics-working-with-people-and-communities.pdf

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

These principles are included in the draft ICB constitution pending ratification for the establishment of the ICB.

2.3. Our vision for working with people and communities

Our vision for working with people and communities contains two key elements – that of Citizen Intelligence and for Co-Production. These are closely aligned and complementary activities but are different disciplines with different techniques and arrangements.

Citizen Intelligence

A process of actively listening to citizens to understand their experiences of health and care services to enable a focus on areas that need improvement or changes. An on-going cycle of activities that generate genuine citizen insights to guide the work of transformation and commissioning.

Co-Production

A way of working that includes people who use health and care services, carers and communities in equal partnership; and which does this at the earliest (and all) stages of service design, development and evaluation.

The ICS is committed to working with people and communities and this is evidenced by the work on engagement and coproduction already taking place across the system. The two system-wide strategies for citizen intelligence (described in this document) and coproduction (involving people as equal partners to shape services and approach – shared in outline form at Appendix 2) will form our collective system approach to working with people and communities. Our system-wide 'Working with people and communities: Co-Production Strategy 2022-2025' will be published in July 2022. The combined overall Strategy for Working with People and Communities will be agreed and endorsed by the ICB Board at its first meeting in July 2022.

Overall Strategy for Working with People and Communities

Strategy for Citizen Intelligence (this document)

Strategy for Co-Production (due July 2022)

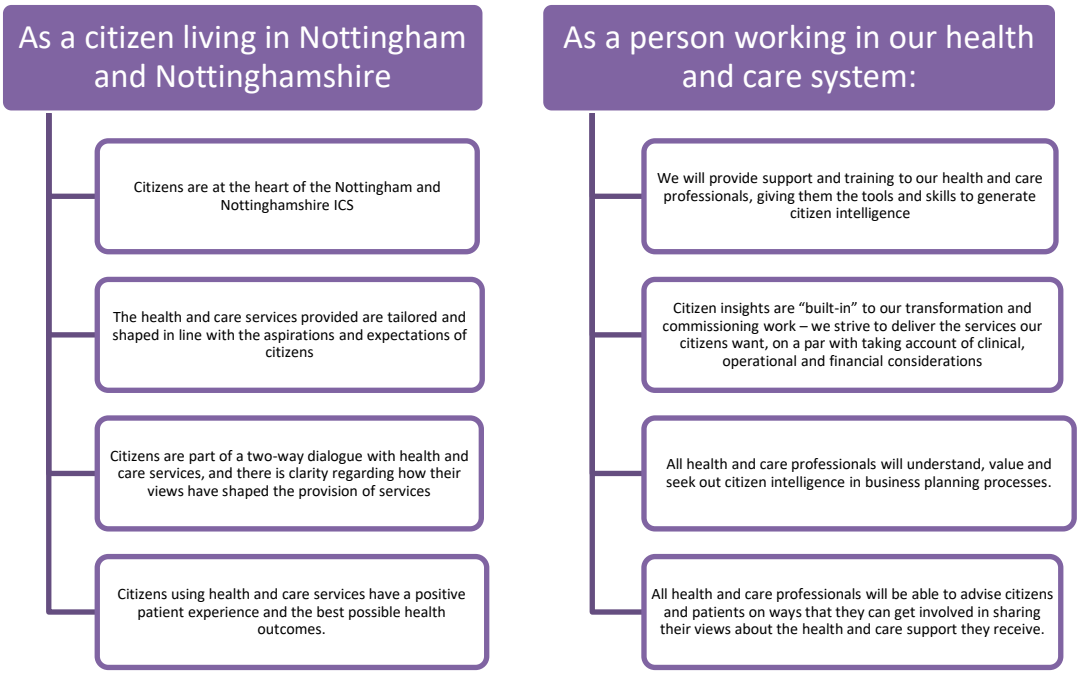
The overall Working with People and Communities strategy is the golden thread through each of our enabling strategies, to ensure that we put citizens and patients at the centre of all we do:

- Primary care strategy 2019/20 – 2023/34[6]
- Data, Analytics, Information and Technology (DAIT) Strategy 2020 - 2024[7]
- Health Inequalities Strategy 2020 - 2024[8]
- Public-Facing Digital Services 2021 – 2024[9]

To deliver on our ambitions to be a beacon of good practice in the way we work with people and communities in Nottingham and Nottinghamshire we need to work differently to understand the needs of our communities and how to meet them. This means going beyond asking our communities what they think of our existing services and changes we may want to make to them and doing more work to generate insights from local people that we can use to make lasting changes to people's health. Through generating and utilising citizen intelligence, we will be powerful drivers of patient centred approaches that provide greater choice and control to patients by transforming services around the specific needs of the populations.

If we get this right, the outcomes will be:

[6] primary-care-strategy.pdf (healthandcarenotts.co.uk)
[7] Item_6._Enc_C2._Notts_ICS_DAIT_strategy_August_2020_v3.1.pptx (live.com)
[8] Notts ICS HI strategy 06 October v1.8 (healthandcarenotts.co.uk)
[9] PowerPoint Presentation (healthandcarenotts.co.uk)



2.4. Our approach for involving people and communities

We will work differently with the people and communities of Nottingham and Nottinghamshire to understand and respond to the issues that impact on their health outcomes and reduce health inequalities. We recognise the need for diverse but complementary ways of reaching, hearing from and involving our people and communities. We will work with identified groups of people, whether they are connected by geographic location, special interest, or affiliation to identify and address issues affecting their well-being using a range of approaches across a spectrum of different involvement methods and approaches as shown in Table 1.

Table 1. Spectrum of Participation

Method of involvement	Objective
Inform	To provide information to assist citizens in understanding the problem, alternatives, opportunities and/or solutions.
Consult	To obtain feedback, listening to and acknowledging concerns and aspirations.
Involve	To involve citizens throughout the process, ensuring their specific concerns and aspirations are understood and considered. Provide feedback on how their input influenced the decision
Collaborate	To work in partnership with citizens, seeking their perspectives and encouraging their ideas and solutions to inform priorities and planning.
Empower	To involve stakeholders in shared decision making about strategic priorities and service delivery.

Our approach to engagement has been informed by the International Association for Public Participation's IAP2 Spectrum for Public Participation[10] outlines incremental levels of involvement, with the lowest being "inform" while "empower" involves the greatest level of participation in decision making processes.

[10] International Association for Public Participation (iap2.org)

2.5. Our framework for working with people and communities

The framework (see Figure 1) for working with people and communities was developed through defining the core functions required to support the ICB for Nottingham and Nottinghamshire to deliver on its legal duties to make arrangements to involve patients, unpaid carers and the public in planning and commissioning arrangements.

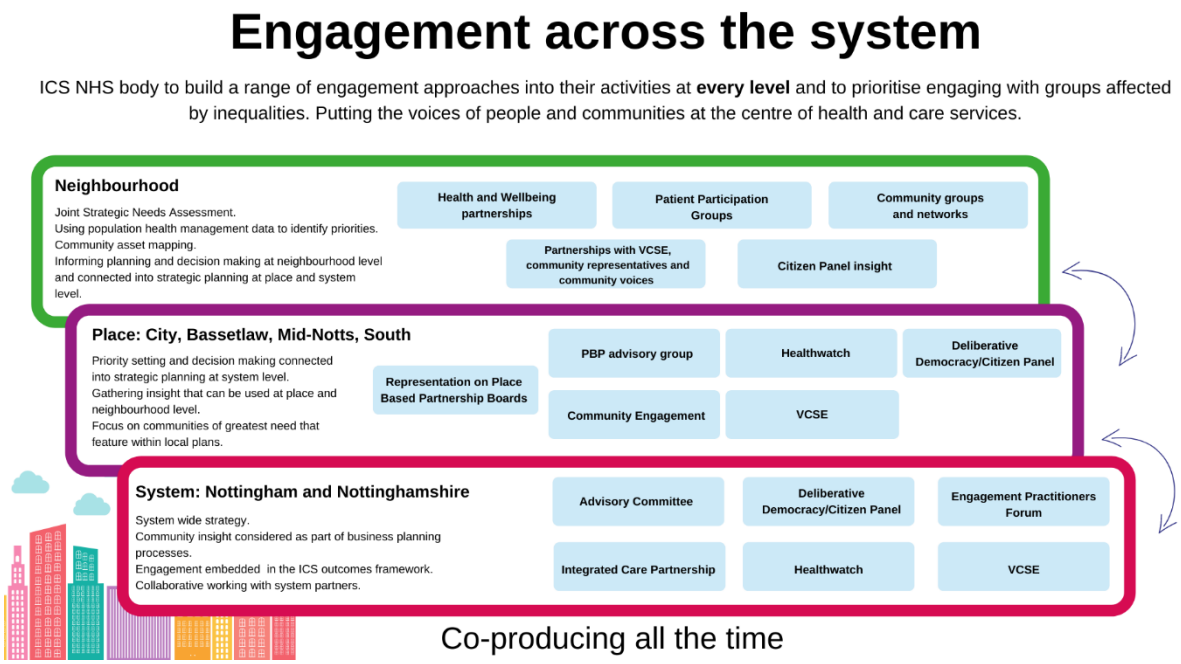


Figure 1. Engagement Framework across the system

3. Priorities for 2022-2025

The ICB priorities are still developing and will be reflected in this document when agreed. We will also ensure that the ICP Strategy when agreed (by March 2023) will be used to guide the focus areas of work for intelligence gathering.

4. People & communities in ICB workstreams and governance

4.1. Generating citizen intelligence

Our framework (see Figure 2) for generating qualitative and quantitative citizen intelligence involves a number of mechanisms of equal value, ensuring we are fully inclusive and have a strong focus on health inequalities, enabling the involvement of people and communities:

Figure 2. Framework for generating citizen intelligence

a) Working with system partners (for example, the ICS System Analytics and Intelligence Unit, Patient Experience Teams, Nottingham City and Nottinghamshire County Council Public Health colleagues etc.) to **collate and review existing data, research and evidence**, ensuring that existing knowledge and insights are maximised and gaps in our knowledge can be identified, including but not limited to:

   a. Census data
   b. Patient experience data (primary and secondary care providers and local authority service providers)
   c. Joint Strategic Needs Assessments
   d. Health and Wellbeing Board Strategies
   e. Population Health data
   f. Academic papers
   g. Non-academic research papers and briefings

b) **Targeted programmes of engagement** that seek to bridge the gaps in our understanding of communities' needs and aspirations for their health. These activities will often, but not always, be linked to specific proposed changes (e.g., major service change or the provision of new services in a different location) but may also be standalone pieces of learning and insights.

c) **Coproduction programmes.** Working in partnership with people who have relevant lived experience (expert patients, service users, unpaid carers and people in paid lived experience roles) and with learnt experience (staff), will enable us to directly connect with multiple and diverse voices including with those from underserved communities.

d) Our **Citizens' Panel** will provide a consultative body of 1000+ residents who are representative of the population of Nottingham and Nottinghamshire. Panel members will be part of an on-going engagement process whereby members opt-in and agree to engage on a regular basis. Our Citizens Panel will provide;

- A broad, representative and balanced input from our citizens to inform strategy and planning at system level
- Analyse insight via geographies to support Place-based partnerships and primary care networks
- Engage on areas/services of interest to support planning, commissioning and service provision
- Allow engagement to be conducted at relatively short notice
- Deliver potentially higher survey responses than one-off surveys
- Allow for the tracking of local views and sentiment over time

e) **Statutory engagement with elected members.** We will continue to regularly proactively brief and update (both verbally and in written form) Members of Parliament on system-wide topics. This will be complementary to the work of the Place-Based Partnerships and the ICB will continue to respond in writing to formal MP enquiries on system-wide matters. We will also continue to lead the formal process of involvement and consultation with Health Scrutiny Committees regarding Major Service Change as well as continuing an informal dialogue with HSC Chairs and providing updates and presentations to Committee on other topics. This goes alongside the usual responses and discussions with elected Councillors regarding service provision in their communities. Both of these sets of dialogue with public representatives are two-way processes and will involve the capturing of intelligence about the concerns and aspirations of communities in a systematic way.

f) Each of our four **Place Based Partnerships** have representatives from communities on their Boards, for example through VCSE representatives. The role of elected members at Place level will continue to be of critical importance in representing the voices of people and communities and Place Based Partnerships will continue to work with elected representatives at Borough/District level as well as Members of Parliament as appropriate.

g) All our citizen intelligence work will be **quality monitored**, to help us better understand how representative those views are. This can help understand if the intelligence generated is appropriate and whether new approaches need to be developed to address gaps.

h) **Equality Impact Assessments (EIA)** will inform and are informed by citizen intelligence. They help us understand who uses services and what views we have already heard, and which voices may be missing and how to reach those groups. Once completed citizen intelligence informs the EIA on the views of different groups and communities and the ways they may experience differential impacts. This can allow us to consider what can be done to mitigate or address these.

i) **Voluntary, Community and Social Enterprise Sector** have strong links with groups and communities, including those who are underserved and experiencing the greatest health inequalities. These strong links will facilitate the generation of citizen intelligence which may not be possible through other methods.

j) **Foundation trust governors and NHS organisation non-execs** are a critical part of how we hear from communities and staff groups. We will ensure that we utilise the expertise from these leaders in a similar way to how we work with elected members – ensuring we have a two-way dialogue.

4.2. Enabling citizen intelligence

We need to ensure that all of our Places and neighbourhoods are supported to develop skills and expertise in generating high quality citizen intelligence and understanding how this can influence health and care services. To enable this, we will develop a training package for individuals working with people and communities to ensure the necessarily skills, confidence and tools they need to generate and utilise high quality citizen intelligence and insight.

Case Study – Developing an Engagement Toolkit

In 2020, a Primary Care Network (PCN) Engagement toolkit was produced with our Patient and Public Engagement Committee and VCSE sector colleagues. This resource was developed to support PCNs to deliver targeted community engagement within their neighbourhoods. Consideration was given to the accessibility of the toolkit, to ensure that it could be used by many of our groups and communities. The toolkit also provided information to support engagement with underserved communities, including information on Equality, Diversity and Inclusion and a link to the East Midlands Academic Health Science Network page that provided a range of resources to support engagement of vulnerable groups. The toolkit was shared with the PCN Development Team and was well received.

A Task and Finish Group has been established to review the Engagement Toolkit to ensure it is fit for the future. It is envisaged that this will be refined to reflect the changes in the system and will be disseminated to support the generation of community intelligence at neighbourhood and place.

It will be important during the further development of this approach that we acknowledge and build on what we already have in place in our communities. We have huge strength and depth of community-based assets in our places and neighbourhoods and whilst we will always want to build and develop additional areas for the future, we should start from where we are and maximise the strengths that we already have. A 'strengths-based' approach will help us to guide where we can make the biggest difference in the fastest possible time.

4.3. Coordinating and understanding citizen intelligence

A great deal is already happening on the ground to generate citizen intelligence, but there is a need to better coordinate, collaborate and report on this activity.

This will be supported through the Engagement Practitioners Forum and Community Insight Hub described below:

a) The **ICS Engagement Practitioners Forum** will provide a platform for all system partners working with people and communities to work collaboratively, share resources, knowledge and expertise and maximise existing knowledge and insights. Membership will be inclusive of NHS, local government (District, Borough, City and County Councils), Healthwatch, VCSE sector and colleagues leading on patient experience and co-production.

b) Our **Community Insights Hub** will be a key resource for capturing and reporting community intelligence that includes findings drawn from all system partners including statutory sector, VCSE, Healthwatch, citizens' panel and networks at Place and neighbourhood level. It will also draw in data and insights created and published from outside our system, e.g., census data, ONS reports and wider public sector focussed reports and research. All of this will be captured and recorded in a database (to be developed over time) enabling a systematic record of what we know about certain communities or geographies. The Hub will be a key way that the primacy of Place will be delivered but that a system-wide view of our available insights would also be able to be produced.

   The Community Insights Hub would be to be able to answer the question: What do we already know about this community/demographic group/ patient group, and what more do we need to know? It will enable partners to identify where insight is already available to avoid duplication and avoid unnecessary community engagement.

   Insight reports will be systematically generated and presented to inform activity and decision-making at neighbourhood, Place and system level.

4.4. Embedding and assuring citizen intelligence

There is a commitment to embed citizen voice into commissioning decisions at Place and system level through the following ICB contract and commissioning committees:

- Nottingham and Nottinghamshire Integrated Commissioning Committee
- Strategic Commissioning Committee
- Bassetlaw Place-based Committee
- Mid-Nottinghamshire Place-based Committee
- Nottingham City Place-based Committee
- South-Nottinghamshire Place-based Committee

The CCG Equality, Diversity and Inclusion Policy recognises citizen engagement as a key business activity. The 2021/23 Equality Improvement Plan has a number of actions, further demonstrating the embedding of citizen intelligence. Furthermore, the CCG Service Benefit Review Policy considers citizen engagement throughout. These CCG policies will be transferred over to their new ICB context and it is anticipated that these requirements of these plans and strategies will continue to ensure the voice of citizens is clearly heard in the decision making process of the system.

Citizen Intelligence Advisory Committee (CIAG)

The CIAG will ensure that all proposals to change and improve healthcare services in Nottingham and Nottinghamshire are developed with appropriate and sufficient citizen and service user involvement and citizen intelligence and insights from patients, staff, carers and public that tell us what matters to them are taken on board and have influenced decision making.

The CIAG will have a formal link to the ICB and ICP, supporting the delivery of citizen intelligence and insight reports to inform the commissioning of health and care services. The ICP will, as part of its role as the 'guiding mind' of the ICS in line with the expectation that "a strong and effective ICS will have a deep understanding of all the people and communities it serves", receive reports summarising intelligence and insights gathered from citizens and communities over the period preceding each meeting of the ICP.

The membership of CIAG will reflect the four Places and have a strong focus on health inequalities and the wider determinants that impact on health and wellbeing. Representation would also include the VCSE sector and Healthwatch Nottingham and Nottinghamshire.

5. Roles, responsibilities and resources

As we diversify and strengthen the ways that we generate citizen intelligence, there is a clear need for strategic oversight of the public involvement work and wider system intelligence and insight. The following section sets out the governance for citizen intelligence aligned to the system's governance to enable the ICB to listen and respond to needs and aspirations of people and communities in Nottingham and Nottinghamshire.

5.1. Overview

In Nottingham and Nottinghamshire ICS, we believe citizen intelligence is everyone's business, and is not just relevant for those whose direct role is within this field. This ethos supports individuals within the system whose role it is to ensure that citizen intelligence is generated.

5.2. Integrated Care Board

The ICB Board has overall responsibility for the Citizen Intelligence Strategy and are responsible for ensuring adequate resources are available to ensure its implementation. The Nottingham and Nottinghamshire ICS Chair and Accountable Officer are both committed to ensuring that we hear the voice of people and communities.

Quality, People and Inequalities Committee

This committee is responsible for assuring the ICB in regard to its statutory duties for patient and public involvement.

Ownership of the Strategy

The ICB's Director of Communications and Engagement and ICB Director of Nursing jointly have overall responsibility for the development and implementation of the Working with People and Community Strategy. These two senior leaders own the Citizen Intelligence and Co-Production elements respectively of the overall strategy as outlined in Section 2.3. The two senior owners of this strategy are committed to working closely together to ensure that the two facets of the overall strategy are aligned and complementary whilst also respecting their separate roles and contexts.

Engagement Practitioners

The core team is led by a Head of Insights and Engagement, with an Engagement Manager to plan and coordinate citizen intelligence. However each of our Places has their own engagement leads. The role of the core team is to act as Relationship Managers with our

four Places, providing support, advice and guidance to colleagues undertaking citizen intelligence work at Place.

Most of our programmes also have a designated engagement contact, to ensure that any engagement work is planned and coordinated with expertise from the core team.

5.3. Working with system partners

The Citizen Intelligence Strategy will embrace the resource and expertise across all system partners. This will support the system to deliver an integrated, system wide approach to working with people and communities that makes best use of the time of everyone involved particularly, our people and communities who will be able to provide insight once that can be used intelligently across the system.

Integrated Care Partnership (ICP)

Proposals for the establishment of Nottingham and Nottinghamshire ICP are in the process of being agreed. The ICP will facilitate joint action to improve health and care services and to influence the wider determinants of health and broader social and economic development. The Integrated Care Strategy that will be developed and owned by the ICP should be developed for the whole population using best available evidence and data, covering health and social care and addressing the wider determinants of health and wellbeing. There is an opportunity for citizen intelligence and insight to contribute to the development of this strategy. In addition, it is recommended that the ICP receives a report on insights gained from service users and citizens at each of its meetings to inform decision making. There is a commitment to ensure that citizen voice is heard in this forum, with Healthwatch Nottingham and Nottinghamshire and the VCSE Alliance Chair providing this.

Citizen Intelligence Advisory Committee (CIAG)

The CIAG will have a formal link to the ICB and ICP, supporting the delivery of citizen intelligence and insight reports to inform the commissioning of health and care services.

The membership of CIAG will reflect the four Places and have a strong focus on health inequalities and the wider determinants that impact on health and wellbeing. Representation would also include the VCSE sector and Healthwatch Nottingham and Nottinghamshire.

ICS Engagement Practitioners Forum

There are plans to develop an ICS Engagement Practitioners forum, made up of colleagues working across all health and care sectors, including the NHS, local government, VCSE sector etc. It is anticipated that in addition to scheduled meetings, members of the group will meet independently to undertaken specific tasks, for example, to analyse citizen intelligence and produce actionable insights for discussion as part of the core meetings.

The forum will:

- Build trust with clear, regular and accessible communications that can be shared across the system.
- Support the sharing of resources, knowledge, channels and expertise available to the ICS for community engagement.

- Establish community engagement programmes around the ICS transformation priorities and make these programmes collaborative across the ICS with a clear focus on reducing health inequalities.
- Work collaboratively on focused, priority programmes of work, initially piloting an approach, evaluating that approach and updating it as required.
- Ensure that existing knowledge and insights are maximised, prioritising limited resources on areas where we have gaps in our knowledge rather than going over old ground.
- Establish a systematic way of capturing and reporting community intelligence that includes findings drawn from a citizen's panel, VCS partners, statutory sector partners and networks at Place and neighbourhood level
- Invest in targeted programmes of engagement that seek to understand communities' needs and aspirations for their health, and involve them in developing solutions focus on health inequalities

Once established, a key priority for the ICS Engagement Practitioners Forum will be to critically appraise where we can do things once across our system to avoid duplication of cost. This may include a mapping and gapping exercise to understand priorities, joining up on programmes where possible. Where external funding opportunities arise and if it's appropriate to do so, we would look to submit whole system proposals.

We are also keen to understand from Engagement Practitioners how we can maximise the intelligence available from existing sources within or attached to their organisations. This will include from our system Foundation Trusts how best to generate and capture intelligence from Foundation Trust Governors plus working with all partners to access and assimilate insights from expert patient groups and other collectives. The Forum will develop and embed the most appropriate mechanism to enable this.

Voluntary, Community and Social Enterprise (VCSE) Alliance

The VCSE sector is key to the creation of successful ICSs. Work is currently underway to establish how the VCSE sector will be formally embedded within the ICS. It is envisaged that a VCSE Alliance will be formed - 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. The VCSE Alliance will be an essential part of how the system operates at all levels. This will include involving the sector in governance structures and system workforce, population health management and service redesign work, leadership and organisational development plans. The VCSE sector is already supporting delivery of the priority objectives through the community engagement work they are commissioned to deliver.

Healthwatch Nottingham and Nottinghamshire

The ICS will continue its close partnership work with Healthwatch Nottingham and Nottinghamshire. Alongside membership of the CIAG outlined above, Healthwatch will formally be part of the ICP. The system already benefits from Healthwatch membership of Place Based Partnership Boards and also the two Health Scrutiny Committees.

6. Monitoring and Evaluation

As the principles of this strategy are embedded in across the system, it is important that we are examining our citizen intelligence practices and the impact this is having both on our work and on our people and people and communities. An Evaluation Framework is currently

being developed, which will outline how we will measure and appraise our range of methods and how this will support ongoing improvement.

The Evaluation Framework is based around the key principle that we will feed back to citizens, staff, stakeholders and our partners on how their views have helped to influence service change or development. This is essential in demonstrating their value, will encourage them to continue to engage in and ongoing dialogue about their experiences. To do this we will:

- Where possible, feedback directly to those involved, via written correspondence or attending meetings. Our aspiration is that we give assure people and communities about the value of citizen intelligence, creating Ambassadors in neighbourhoods and Places.
- Following any consultation or engagement, whether formal or informal, a report will be produced detailing our methods, the views of those we consulted and engaged with, lessons learnt from the consultation and engagement, and any other key information relating to the consultation and engagement activity.
- Share reports with those who were involved in generating citizen intelligence as part of bespoke programmes of work, including direct distribution and publication on our website.
- Produce regular newsletters for colleagues across the system, so that they are aware of the work that is being done in this area.
- Develop “You Said, We Did” feedback reports to demonstrate how the views of citizens, staff, stakeholders and our partners have influenced change and improvement, ensuring that we are closing the loop.

Appendices

Appendix 1: Our legal duties to involve people and communities[11]

NHS Act 2006

Section 242 of 2006 NHS Act is the legal duty to involve current and potential service users or their representatives in everything to do with planning, provision and delivery of NHS services. The duty specifically applies where there are changes proposed in the manner in which services are delivered or in the range of services made available.

Section 244 of the NHS Act 2006 regarding the duty to consult the relevant local authority in its health scrutiny capacity.

Section 14T of the NHS Act 2006) Clinical Commissioning Groups (CCGs) have the duty to have regard to the need to reduce inequalities.

Health and Social Care Act 2012

The Health and Social Care Act 2012 introduced significant amendments to the NHS Act 2006, especially with regard to how NHS commissioners will function. These amendments include two complementary duties for CCGs with respect to patient and public participation.

Section (14Z2) outlines how this legal duty for involvement:

- in the planning of its commissioning arrangements
- in developing and considering proposals for changes in the commissioning
- arrangements that would impact on the manner in which services are delivered or on the range of services available
- decisions that affect how commissioning arrangements operate and which might have such impact

Public sector equality duty

The Equality Act 2010 prohibits unlawful discrimination in the provision of services on the ground of 'protected characteristics', these are:

- Age
- Disability
- Gender reassignment
- Marriage and civil partnership
- Pregnancy and maternity
- Race
- Religion or belief
- Sex and sexual orientation.

[11] Once the Health and Social Care bill is finally confirmed these will likely be updated and CCG references will become ICB references.

As well as these prohibitions against unlawful discrimination the Equality Act 2010 requires CCGs to have 'due regard' to the need to:

- eliminate discrimination that is unlawful under the Equality Act 2010
- advance equality of opportunity between people who share a relevant protected characteristic and people who do not share it and
- foster good relations between persons who share a relevant protected characteristic and persons who do not share it.

This is known as the 'public sector equality duty' (section 149 of the Equality Act 2010).

Reducing health inequalities

NHS England and CCGs are also under a separate statutory duty to have regard to the need to reduce health inequalities between patients in access to health services and the outcomes achieved (sections 13G and 14T of the NHS Act, as amended by the Health and Social Care Act 2012, respectively).

The Gunning principles

These principles, known as Gunning or Sedley, were confirmed by the Court of Appeal in 2001 (Coughlan case) and are now applicable to all public consultations that take place in the UK.

The principles are:

- Consultation must take place when the proposal is still at a formative stage
- Sufficient reasons must be put forward for the proposal to allow for intelligent consideration and response
- Adequate time must be given for consideration and response
- The product of consultation must be conscientiously taken into account.

Appendix 2: Nottingham and Nottinghamshire Co-Production Strategy

Introduction

1. This report provides update on the coproduction strategy work as part of the working with people and communities strategy.

2. The ICS is committed to working with people and communities and this is evidenced by the current work on engagement and coproduction taking place across the system. The two system-wide strategies for engagement (focused on citizen intelligence) and coproduction (involving people as equal partners to shape services and approach) will form our collective system approach to working with people and communities. It is implicit in all of this that co-production should be taking place at all levels of the system at all times.

Definitions:

- Citizen Intelligence: A process of active listening to citizens to understand their experiences of health and care services to enable a focus on areas that need improvement or changes. An ongoing cycle of activities that generate genuine citizen insights to guide the work of transformation and commissioning.
- Co-Creation: The act of working together between organisations and/or professionals to create integrated health and care services for citizens.
- Co-Production: A way of working that includes people who use health and care services, carers and communities in equal partnership; and which does this at the earliest (and all) stages of service design, development and evaluation.

In practice this means:

- Citizen Intelligence will identify areas that need attention …
- Using Co-Creation will mean that the widest possible range of partners can shape a solution…
- And a Co-Production approach ensures the views of citizens shape our services and approach…
- Which may well identify further areas for a deep dive and more detailed insights generation.

Coproduction strategy

3. Nottingham and Nottinghamshire ICS's vision is to embed coproduction in all work across the system as a move towards co-production being the default position. This means that the aspiration is for genuine coproduction to be embedded within all elements of system design and delivery, including transformational activity, commissioning activity, service/system redesign and quality

improvement. Our aim is for people to be involved in the co-design and co-commissioning of our system and services in a meaningful way, as a powerful voice alongside those of the professionals in the system.

4. As part of this, the ICS is in the process of developing a coproduction approach for the whole system and a plan to embed coproduction approaches in all areas.

5. This work will set the foundations for the longer term ICS approach for coproduction as default in everything we do and create the culture change in our staff teams across the system to embed coproduction. Current work will set the vision, strategy and key tools required for the ICS to grow and develop over the coming years with coproduction at its heart.

6. Coproduction is about ensuring that people with lived experience are empowered and involved in developing, shaping and making decisions about support and services as an equal partner to professionals. It is about valuing the insight and contribution of people that use services, and working with people, not doing to people, or doing for people. Coproduction supports a balanced relationship where both people with lived experience and professionals are experts in their own right, relocating power with staff becoming facilitators, rather than fixers.

7. Strategic coproduction is where a group of committed and knowledgeable people with relevant lived experience feel confident to contribute effectively and consistently. The collective voice of a strategic co-production group is significantly different from individual people inputting their own perspectives at meetings.

8. Working in partnership with people who have relevant lived experience (patients, service users, unpaid carers and people in paid lived experience roles) and with learnt experience (staff), enables us to directly connect with multiple and diverse voices including with those from disadvantaged and minority communities. Building equal and reciprocal partnerships from the very start of, and throughout, all our work will be crucial.

9. To achieve this aim, work will include the development of:

- **A system wide coproduction strategy and practical coproduction toolkit will be developed (for staff and people with lived experience) with expertise and learning from all elements of the system, including experts by experience.**

This will set out the coproduction principles and expectations for the system, with partner strategies on coproduction aligning to the system-wide strategy.

- **A training package for both staff and people with lived experience to ensure that people have the skills, confidence and tools they need to work together in partnership and coproduce effectively.**
  For staff this will mean ensuring they are confident at coproducing with people with lived experience, moving to a facilitator role rather than someone that knows all the answers. For people with lived experience this will mean ensuring that they are activated and confident in sharing the views of people with lived experience effectively and consistently in different meeting settings or in key communications. The toolkit will be accessible for staff, people with lived experience and the public.

- **Establishment of a strategic coproduction group to ensure that strategic decisions and planning around the future of the ICS includes people with lived experience as an equal partner.**
  Our intention is to establish a group of people with lived experience to advise on system design, delivery and commissioning. This group will be a core group that will be involved in key priority work across the system and will also report into and represent the group at ICS Board.

- **Culture change across the system to support the coproduction approach**
  This will form the basis of system wide culture change, supported by shared system commitment and ownership, along with key coproduction champions in key areas/organisations of the system.

10. People with lived experience and partners from across the system (health, local authority and voluntary sector) are involved in the development of the coproduction approach.

11. A system wide Coproduction Steering Group has been established with people with lived experience and executive director level partner representation to provide a strategic steer on the development of the approach.

12. A system wide Coproduction Working Group has been established with people with lived experience and partners to scope out and develop detailed proposals using local and national best practice. This will also include the development of a policy for ensuring a range of people with lived experience can access coproduction opportunities (removing barriers such as travel, childcare and care needs) to ensure we are directly

connected to multiple and diverse voices, including under-represented groups. The working group will also undertake work to develop a policy to support, recognise, reward and value people with lived experience's time and contributions.

13. The strategy and toolkit will build upon the coproduction work and learning that has taken place across our local health, social care and voluntary sector organisations, including (but not limited to):

- My Life Choices – a 'national exemplar' strategic coproduction group supporting the universal personalised care programme
- Maternity Voices Partnership – an equal partner in our Local Maternity and Neonatal System programme
- Learning Disability Programme – recently undertook work to coproduce a 3-year plan with people with lived experience
- Integrated Children's Disability Service – local authority led work to redesign the Short Breaks service
- SEND Accountability Board's coproduction charter
- Learning through our Covid Local Resilience Forum community response

14. To support this work, Nottingham and Nottinghamshire ICS are 1 of 10 sites to develop and embed coproduction (peer support and funding) via NHS England and NHS Improvement Experience of Care Team programme. The project benefits from access to peer networks, learning from other sites and national best practice, as well as £20,000 funding to support development of the strategy and involvement in national evaluation work.

15. Key outcomes of the work include:

- People with lived experience at the heart of the Nottingham and Nottinghamshire ICS
- A system that understands and owns the importance of coproduction in all that we do
- A clear vision and credible coproduction strategy will deliver quality improvement across the ICS, drawing together quality planning, quality control, quality improvement and assurance functions to deliver care that is high quality, personalised and equitable.
- System staff and people with lived experience will have the tools and skills required to effectively coproduce and work in partnership together
- People with lived experience will be embedded within our ICS Board and all Transformation Boards and working groups
- Services will be better informed, high quality, responsive and sustainable
- There will be improved patient experience and outcomes for people who access services
- A clear system direction for the future based on robust review and evaluation of the benefits and outcomes of coproduction

Progress to embed in system

16. To date here has been significant engagement in the coproduction strategy work from people with lived experience, as well as strategic programme areas and services across the system. This includes City Health and Wellbeing Board, PCN's, ICP's, mental health commissioning, Community Care Transformation, Ageing Well programme and medicines management.

17. Alignment with key areas, especially the community care transformation, has been key to ensuring coproduction work can develop at the pace required by priorities, without the formal strategy being in place.

18. During the level 4 response to Omicron, the work has not progressed to the previous timescales set out and these have now been revised and aligned with the ICB timetable. Progress against actions can be seen in appendix 1.

Project timescale:

Phase 1:	
Coproducing the strategy	Strategy sign off
until May 22	June

Phase 2:
Development of toolkit & training offer
May - Sep

Phase 3:
Embedding across system & continuous review
October & beyond

19. Work to align with the engagement function is ongoing and is crucial to ensure that the ICB has a clear and aligned strategy for work with people and communities. There is opportunity to streamline this further to ensure that the system has robust and transparent approaches in place that are clear for stakeholders and prevent confusion. There is also an opportunity to embed coproduction within our system approaches to engagement. It is important that there is distinction between this separate activity where it is not coproduction, but it provides an opportunity for us to move to coproduction as default in exploring this further.

Appendix 3: Development of this strategy

A series of workshops took place during September 2021 with participants representing organisations across the health and care landscape:

- Bassetlaw Clinical Commissioning Group
- Nottingham and Nottinghamshire Clinical Commissioning Group
- Nottinghamshire Healthcare Foundation Trust
- Ashfield Voluntary Alliance
- Nottingham CVS
- Mansfield CVS
- Rushcliffe CVS
- Patient representatives/leaders
- Newark and Sherwood District Council
- Gedling Council

Feedback from these workshops has been reflected in the updated framework and includes but is not limited to;

- An expectation to work collaboratively, across the whole health and care landscape, maximising our collective resources.
- Clarification that any proposed citizens panel would be part of an overall range of activities, not the only way that insights would be gathered.
- Confirmation that the majority of activity to engage with citizens would take place at the level of Place but that this would need to be joined up at all levels of the system.
- An ambition to maintain a level of consistency in the way that the work is deployed within Places but to retain an appropriate level of flexibility and customisation as appropriate to each Place.
- Strive to make activities as simple as possible for citizens to get involved in to maximise our reach.

The richness of the feedback from the workshops and the ICS Board Development Session discussion has helped to shape the development of the Strategy and implementation process. The emerging strategy for citizen intelligence was discussed at the ICS Board in November 2021 and will be discussed again for sign-off in March 2022. The final formal adoption of this Strategy will take place on or after 1st July 2022 when the ICB formally comes into existence.