



**Integrated
Care System**
Nottingham & Nottinghamshire

healthwatch
Nottingham & Nottinghamshire

Long Term Plan Engagement Integrated Insights Report

Nottingham and Nottinghamshire Integrated Care System

August 2019

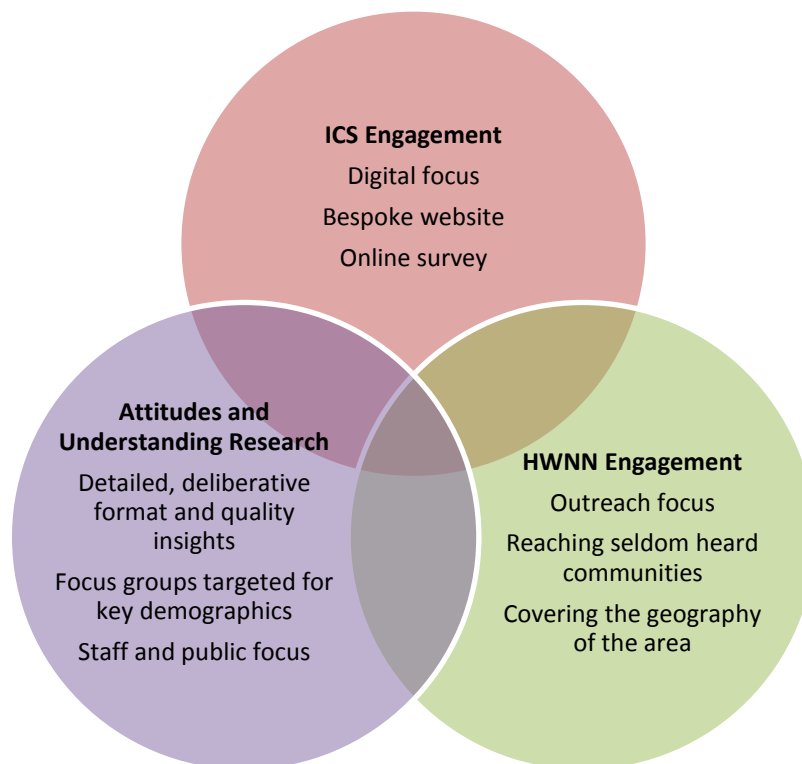
Section 1 – Background

- 1.1 On 7 January 2019 the new Long Term Plan for the NHS was published. This plan sets out the ambitions of the NHS in England for the next ten years and received widespread support upon its publication.
- 1.2 Following the publication of the plan, each local area has been asked to develop their own local plan setting out how they will implement the national strategy. In Nottingham and Nottinghamshire this is being led by the Integrated Care System (ICS) in partnership with the local Clinical Commissioning Groups (CCGs), the hospital and provider Trusts and Local Authorities.
- 1.3 The NHS Long Term Plan was developed with a high level of engagement with clinical experts and other stakeholders, patients and the public.
- 1.4 To support the implementation of the Long Term Plan, each local area was asked to undertake engagement with their populations to understand what matters to local people in their health services and to inform the development of a local system plan.
- 1.5 Healthwatch England, the organisation that supports local Healthwatch organisations, worked closely with the NHS to coordinate a programme of national engagement. We have worked in partnership with Healthwatch Nottingham and Nottinghamshire (HWNN) to undertake an extensive programme of engagement with local people. This engagement has explored some of the key themes in the NHS Long Term Plan and sought to understand what matters to people in their health and health services. This report details the findings of that engagement and sets out how we will ensure that they inform our local system plan.
- 1.6 We have spoken to over 1,000 people across Nottingham and Nottinghamshire in our engagement about topics such as mental health, urgent care, health prevention and more. These conversations with local people have given us a wealth of insight that will help us improve local services and deliver the national NHS Long Term Plan in a way that reflects what matters to people.

Section 2 – Our approach

- 2.1 The Nottingham and Nottinghamshire ICS has worked in partnership with Healthwatch Nottingham and Nottinghamshire (HWNN) to deliver an extensive programme of public engagement on the NHS Long Term Plan.
- 2.2 Our approach includes:
- a) Public engagement by the ICS communications and engagement team, through digital and face-to-face channels
 - b) Public engagement by HWNN through face-to-face channels
 - c) Understanding and Attitudes Research by social research agency Britain Thinks, delivered through a series of focus groups with staff and members of the public.
- 2.3 The elements above form the key parts of our engagement approach. While each element includes a different focus, the programme is underpinned by core themes and questions. This model is summarised below in figure 1.

Figure 1 – model for engagement



- 2.4 The core theme underpinning each element of our engagement was exploring what matters to local people, in the context of the NHS Long Term Plan

ambitions. Each element focused engagement around the priorities within the NHS Long Term Plan.

- 2.5 Central to our approach are a number of ‘trade-off’ questions. These questions are designed to generate debate and challenge assumptions around some of the core elements of the Long Term Plan – for example digital innovation or personalisation. Our trade-off questions ask people to consider how important a potential priority area is, when considered in direct competition with a competing priority. For example, people are asked to rank the importance of preventing ill health versus the importance of treating ill health. These trade-offs are hypothetical and intended to generate debate.
- 2.6 Within all of our engagement we have discussed the priorities within the NHS Long Term Plan in three ways:
 - a) Understanding how important each priority is to people;
 - b) Understanding what matters most to people within each priority
 - c) Discussing the priorities in terms of hypothetical ‘trade-offs’ e.g. investment in prevention versus investment in treatment, to generate debate.
- 2.7 We also asked people ‘What do you think is the best thing about the NHS?’ to understand people’s priorities without prompting or context.
- 2.8 The following areas were discussed as priorities within the NHS Long term Plan:
 - Urgent and emergency care
 - Mental health
 - Finances and efficiency
 - Prevention
 - Digital innovation
 - Personalisation
 - Children and young people’s health
 - Supporting our workforce
 - Major health conditions.
- 2.9 We talked to a wide range of partners and stakeholders to gain input into our engagement approach. This included conversations with our engagement partner HWNN; our ICS Board members; neighbouring systems; local voluntary and community sector (VCS) partners; NHS Confederation; local MPs and Local Authorities.

ICS Team engagement

- 2.10 The ICS Team engagement focused on engagement through digital channels.
- 2.11 A bespoke website was developed to support the engagement with a campaign run over three months, focusing on local activity linked to the priorities within the Long Term Plan. The campaign drove traffic to the website, which contained news articles and case studies of local interest.
- 2.12 The survey developed to generate feedback was housed within the website. It was developed in partnership with HWNN, who focused on outreach activity to promote the survey and generate responses.
- 2.13 The ICS Team also attended local community events to promote the survey and gather feedback. Detail of those events can be seen in the appendix.

HWNN engagement

- 2.14 HWNN engagement focused on engagement through face-to-face channels and aimed to reach as broadly across the ICS area as possible. This included targeted engagement with:
 - Carers
 - Parents of young children
 - People with long-term conditions
 - Homeless people
 - People experiencing mental health issues.
- 2.15 HWNN particularly focused on reaching communities that are seldom heard and people experiencing health problems or likely to experience poor health outcomes. Over 25% of respondents to the HWNN engagement identified themselves as carers and over half identified as having a disability.
- 2.16 Additional focus group discussions were held by HWNN targeting older people and people who are LGBT. Detail of all of these face-to-face events can be seen in the Appendix 2.

Understanding and Attitudes Research

- 2.17 The ICS commissioned social research agency Britain Thinks to undertake research on attitudes towards and understanding of the priorities within the NHS Long Term Plan, with a focus on what matters to local people.

2.18 The Understanding and Attitudes Research was structured around the same priority areas and key trade-off questions as the ICS and HWNN engagement. It included three key target groups:

- a) Health and care professionals
- b) Heavy service users
- c) Light service users

2.19 A mix of telephone interviews, face-to-face interviews and focus group were deployed across the research. These methods aimed to generate in-depth, meaningful insight and add more context and understanding to the survey results.

2.20 The findings of the engagement will inform the development of our local system plan. We have a broad programme of local stakeholder engagement planned to share the findings of our engagement; discuss how to reflect those findings in our local system plan; and share our local system plan as it develops, gaining input along the way.

2.21 Table 1 below summarises the delivery of engagement across all elements.

Table 1 – summary of engagement by approach

Focus of engagement	Engagement activity/outputs	Value added
ICS Team Engagement		
Engagement through digital channels	Bespoke website with 3,200 visitors over the engagement period	High number of responses to survey across digital channels
Campaign focus	Online survey with 405 responses	High level of engagement with campaign through digital channels
	Outreach engagement at 7 community events	Numbers reached by Long Term Plan conversation far in excess of engagement respondents
	Social media reach of >70,000	
HWNN Engagement		
Outreach engagement targeting seldom heard communities	Outreach engagement with 610 survey responses	Reach into communities across Nottingham and Nottinghamshire
	40 community events attended	Trusted engagement partner enabling the ICS to reach into communities
		Expertise in engagement design

Focus of engagement	Engagement activity/outputs	Value added
Attitudes and understanding Research		
In-depth research targeting professionals, heavy service users and light service users	<p>27 tele-depth interviews with GPs; nurses; consultants; junior doctors; allied health professionals; public health professionals; social care staff</p> <p>10 at-home interviews with heavy service users with complex long-term conditions</p> <p>4 focus groups with light service users</p>	<p>In depth conversations with staff and the public enabling detailed insights to be generated</p> <p>Adding context and depth to the survey findings</p>
Summary		
<p>1015 Survey responses</p> <p>47 Community events</p> <p>58 in-depth interviews/focus groups participants</p> <p>3,200 website visitors</p> <p>Social media reach of >70,000</p>		

Section 3 – Summary of findings

3.1 There were clear and common themes that emerged from all these sources of input. The key insights drawn collectively are summarised below.

3.2 Public views about priorities and pressures within the system are strongly influenced by the national media narrative on the NHS or on personal experience of services

3.2.1 Alongside a significant amount of pride in the local NHS, there is a perception that services are under pressure. This explains the widespread public support identified for urgent and emergency care and mental health. Even those with no experience of these services rank them as important or very important.

3.2.2 The public also see their experience of one service as indicative of the whole NHS, so experiences of long waits for GP services or urgent and emergency care are interpreted as indicators of pressure across the whole system.

3.3 People mostly value having a free at the point of need healthcare model, frontline staff and the accessibility of services within the NHS

3.3.1 Both the ICS and HWNN elements of the engagement opened with the question ‘What do you think is the best thing about the NHS?’ This has provided useful insight into public perceptions about the NHS, which have been reinforced in the Understanding and Attitudes Research.

3.3.2 Overwhelmingly, people value the free at the point of need model as the best thing about the NHS.

3.3.3 Where the workforce are cited as the best thing about the NHS, this is usually focused on front-line staff with compassion, dedication and helpfulness the qualities that people value.

3.3.4 Many people also cite the accessibility of services as the best thing about the NHS, in particular equity of access and fairness e.g. ‘it’s for everyone’.

3.3.5 It should be noted that the free at the point of need model does not, of course, apply to much of social care and therefore care needs to be taken when emphasising this strength of feeling when talking about integrated care.

3.4 There is widespread support for urgent and emergency care and mental health, which are among the system's top priorities

3.4.1 The public are highly supportive of prioritising urgent and emergency care and mental health. There is a perception among both staff and the public that more focus is needed on mental health.

3.5 While there is public support for a focus on finance and efficiency, this is not as significant as support for other areas

3.5.1 While many people rated finance and efficiency as important or very important, support for other system priorities was significantly higher. Support for focusing on finance and efficiency also needs to be considered alongside public and staff concerns about system pressures and perceptions of diminishing resources and cutbacks.

3.5.2 This can be seen in wider national research including this from the King's Fund (<https://www.kingsfund.org.uk/blog/2019/05/public-and-nhs-funding>) where 83% of survey respondents felt that there was a major or severe funding problem in the NHS. The majority (58%) said they would be willing to accept an increase in taxes to fund the NHS and 75% opposed means testing.

3.6 People are broadly supportive of a focus on preventative activity, with some reservations

3.6.1 There is widespread support for focusing on prevention of ill health among both staff and the public. Among the public however, there are some reservations. People still view treatment for health problems as a priority and would be concerned if resources were viewed to be being taken away from this area. People also highlight the limits of preventative interventions, citing that not all health problems are preventative and that people cannot always be encouraged to change their behaviour.

3.7 There are mixed and ambiguous views about personalisation, choice and control

3.7.1 In being asked to consider personalisation, choice and control in health people felt that these things were highly dependent on context. This is reinforced by previous engagement carried out by HWNN on shared decision making. Both engagement on the Long Term Plan, and previous work by HWNN highlights that people do not always understand these terms – particularly those who are not 'health literate'.

3.8 There is only lukewarm support for digital innovation in healthcare and a lack of understanding of the value of digital technology to improve access

3.8.1 Of all the areas of healthcare covered within the engagement there was the least understanding of, and support for, digital innovation to improve access. While there is a correlation between respondents age and their level of support for digital innovation in healthcare, with those over working age less likely to be supportive, it remains the least supported and least understood of all areas covered among all groups.

3.9 The public are mostly uninterested in hearing about system change

3.9.1 The public have little appetite for hearing about system change and transformation, unless it directly affects how they access care. They perceive the biggest challenges to the NHS to be difficulty accessing services, a loss of high performing services and hit-and-miss quality of care. For access to services people are mostly referring to A&E and their GP.

3.10 Staff are concerned about diminishing resources and increasing demand

3.10.1 Staff see an increasing demand for healthcare alongside diminishing resources. They highlight short-term thinking and pressure on staff as the net effects of this. Staff are interested in seeing investment in more effective and efficient ways of working.

3.10.2 Where staff are particularly interested in knowing more about system change they will be very proactive in seeking out information. For those with limited interest in these matters, they want to hear about what it means for them directly in their job and expect to hear it from their line manager or professional association.

Section 4 – Detailed findings

What matters to people in Nottingham and Nottinghamshire?

- 4.1 Within the survey used in the HWNN and ICS engagement, the first question that was asked was ‘What do you think is the best thing about the NHS. Responses against this question are shown below in table 2.

Table 2 – ‘What do you think is the best thing about the NHS?’

Theme	% of responses	No. of responses*
Free at the point of need	46%	468
Staff/workforce	18%	182
Accessibility	16%	159
High quality services	9%	96
Variety of services	4%	44

**combined data across HWNN and ICS engagement*

- 4.2 Of the 807 people who responded to the question the majority (47%) cited free at the point of need healthcare as the best thing about the NHS. Staff and workforce (18%) and accessibility (16%) were the next most common responses.
- 4.3 HWNN note that a general theme within the responses to this question was that people felt secure knowing that the NHS was in place and that they were reassured they would receive a good standard of care from staff. A high level of trust in healthcare professionals was identified across all engagement approaches, with HWNN and Britain Thinks stating that many people trust professionals to make decisions about their care and treatment.
- 4.4 Britain Thinks identified a high level of pride in the local and national NHS in the Understanding and Attitudes Research, particularly in comparison to the health systems in other countries.

“My neighbour collapsed on a bank holiday – they said you’ll wait a while, and then the ambulance was there within 3 minutes. You can’t do better than that.”

- 4.5 Within responses highlighting accessibility as the best thing about the NHS, it is often the principles of fairness and equity of provision that are highlighted as most important. Within the Understanding and Attitudes Research, light service users tended to prioritise reducing waiting times for A&E and their GP as the most important things to address.

Top local priorities for health and care

4.6 The survey used within the HWNN and ICS engagement explained that three areas were being considered as priorities for health and care locally:

- Mental health - Improving mental health services and treating mental ill health as important as physical health
- Urgent and emergency care - Making sure that emergency services such as A&E are quick and easy to access
- Finances - Making sure taxpayers' money is used as efficiently as possible and that we stick to our budgets.

Our Understanding and Attitudes Research also used these areas to prompt discussions about people's priorities for health and care.

4.7 Responses to this question within the survey are shown below in table 3.

Table 3 – 'Please tell us how important each of the following are to you'

Theme	% of responses rating as very important	% of responses rating as important	% of responses rating as important or very important	No. of responses rating as important or very important*
Urgent and emergency care	79%	19%	98%	806
Mental health	70%	24%	94%	772
Finance and efficiency	50%	33%	84%	688

*combined data across HWNN and ICS engagement

4.8 Most people who responded to this question felt that urgent and emergency care (98%) and mental health (94%) were either important or very important. Our Understanding and Attitudes Research highlights that the national media narrative is highly influential in people's views of local health services. It is therefore expected that areas receiving significant media attention are thought to be important.

"I do know that A&E is at crisis point. It's all over social media, people put up their experiences, on the news there are people being left in hallways. People who have died at home because ambulances aren't able to get to them."

- 4.9 People who have had personal experience of mental health services highlighted confusing referrals, long waiting times and a particular struggle for young peoples' services and support for carers.
- 4.10 Finance and efficiency was seen as important or very important by 84% of respondents to the question. While this demonstrates public support for this area as a priority it should be noted that other priorities (see below) were more widely supported. It should also be noted that both staff and the public perceive that the system is under pressure and that resources are diminishing – so a focus on further reducing budgets or making further efficiencies will be seen as unwelcome and unpopular.
- 4.11 It is worth noting the gap between these three areas in the proportion of people who rated them as *very important*. While urgent and emergency care and mental health were rated as very important by 79% and 70% of respondents respectively, finance and efficiency was rated as very important by 50%. This highlights that finance and efficiency is seen as less of a priority than other areas.

Other priorities for health and care

- 4.12 The survey then explained that the local health and care system had a further set of other priorities for focus over the next five years and asked people how important they thought these areas are:
- Preventing ill health - More action on the things that create poor health such as smoking, alcohol and unhealthy eating
 - Children and young people's health - More action on services for children and young people including mental health services, maternity services and treating illnesses
 - Major health conditions - Better care for the major health conditions in our society such as cancer, diabetes and stroke - for example faster diagnosis and better treatment
 - Supporting our workforce - Making sure we have the right number of doctors, nurses and social care workers in the right places and that they have the right skills to provide what people need
 - Digital innovation in healthcare - Using things like Skype for appointments to help you get better access to your GP.
- Again, these were used as prompts in our Understanding and Attitudes Research for discussions around priorities.

- 4.13 Responses to this question within the survey are shown below in table 4.

Table 4 – ‘Please tell us how important each of the following are to you’

Theme	% of responses rating as very important	% of responses rating as important	% of responses rating as important or very important	No. of responses rating as important or very important*
Supporting our workforce	79%	20%	99%	805
Major health conditions	72%	28%	99%	783
Children and young people’s health	64%	34%	98%	753
Preventing ill health	48%	48%	95%	702
Digital innovation in healthcare	31%	43%	55%	444

*combined data across HWNN and ICS engagement

- 4.14 All the listed priority areas were overwhelmingly seen as important or very important, with the exception of digital innovation in healthcare (55%). Digital innovation was also the least supported area within the trade-off questions. Considering the areas ranked as *very important* by people, workforce (79%) and major health conditions (72%) have much more public support than the other areas. Less than half of respondents thought that preventing ill health or digital innovation are very important.
- 4.15 Beyond using Skype for appointments the public struggle to see other areas where digital technology can improve access. There is also some suspicion in investing in what is seen to be new as there is a perception that existing services are under-resourced. People are also concerned about those that are not comfortable using digital technology and the risk of system failures, or perceptions that existing or previous digital services have not performed well.
- 4.16 There is a correlation between the age of respondents and their level of support for digital innovation in healthcare. Of respondents of working age, 59% rated digital innovation as important or very important. For non-working age respondents this fell to 46%.

“Some people haven’t got internet. The people who use services the most – the elderly, young children. So investing in [Skype appointments] might not work”



- 4.17 Among the public, the prioritisation of support for the workforce is interpreted to mean either more front-line staff or staff being able to spend more time with patients.

“Nursing staff and GPs are worth their weight in gold”

- 4.18 Children and young people’s services and treatment for major health conditions were seen as strengths of the local area’s health services, with the exception of mental health.
- 4.19 Preventing ill health was viewed positively by both staff and the public, although comments within the survey used by HWNN and the ICS and discussions within the Understanding and Attitudes Research indicate some reservations about focusing on prevention at the detriment of treatment. The limits of public health campaigns, in particular, are seen as caveats in prioritising prevention.

“Everybody already knows all that. Everybody knows how to live a healthy life, it's whether you choose to or not, it's up to the individual. Yes they should still advertise walking and quitting smoking and all that. But nobody wants it shoved in their face 24/7.”

Choices about health and care investment

- 4.20 The survey used by HWNN and the ICS asked people which they felt was more important for the local health and care system to deal with, out of a series of two opposing choices. People were asked which was more important to focus on between:

Preventing people becoming ill - Keeping people fit and well so they are less likely to become ill

Choice and control - Letting people manage their own health and wellbeing and choice of treatment

Investing in digital technology for healthcare - Using things like Skype for appointments to help people get better access to their GP

OR

OR

OR

Treating people when they become ill - Making sure that people who become ill have the best possible treatment

The best possible care and treatment without having to choose - Doctors and other health professionals deciding what is best for people and making sure it is provided

Investing in buildings and equipment for healthcare - Investing in the buildings and equipment used at locations where people go to for urgent healthcare

These hypothetical trade-offs were also used to stimulate debate in our Understanding and Attitudes Research.

- 4.21 HWNN and the ICS collected the data for this question in different ways. Within the HWNN survey, these questions were formatted as multiple-choice with respondents able to choose either of the trade-off choices or a neutral answer. Within the ICS survey, respondents were able to use a manual sliding scale of 0-100 to indicate *how much more important* they felt one choice was than another.
- 4.22 Tables 5 – 7 below show the responses for the ICS and HWNN surveys separately. Within the ICS survey results, the number and proportion of respondents showing a **strong** preference for one choice within a trade-off question are shown within the table. A ‘strong’ preference is one where the response is at least 75% towards one choice. The HWNN results show the proportion of people selecting one option or another. The number of responses shown against each option within the Healthwatch results is therefore higher than the ICS results, which only includes response at each end of a sliding scale.

Table 5 – Preventing people becoming ill or treating people when they become ill

Which is more important to you?	HWNN data		ICS data	
	% of responses selecting this option	No. of responses	% of responses stating a strong preference	No. of responses
Preventing people becoming ill	40%	243	27%	108
Treating people when they become ill	39%	237	26%	104

- 4.23 Presenting a choice between prevention and treatment generated a similar numbers of strong responses for each option.

Table 6 – Choice and control or the best possible care and treatment without having to choose

Which is more important to you?	HWN data		ICS data	
	% of responses selecting this option	No. of responses	% of responses stating a strong preference	No. of responses
Choice and control	30%	182	21%	87
The best possible care without having to choose	40%	246	25%	101

- 4.24 There were slightly more strong responses for the best possible care without having to choose compared to strong responses for choice and control in healthcare.
- 4.25 The Understanding and Attitudes Research highlighted some important nuances in perceptions of choice and control. Both light and heavy service users are satisfied with their current level of choice and control. However, people who are working and have families express a desire for more choice in terms of flexibility of appointments. Social care staff are more likely than NHS staff to view choice and control positively, and highlight the benefits it can bring for older people and those with long-term conditions.
- 4.26 A previous HWNN project engaged with people who do not traditionally engage with shared decision making and discussions around choice and control. It found that these participants were in favour of shared decision making in health as long as a number of conditions were met, including having the confidence and time to ask questions about choices; having trust in healthcare professionals; understanding the language being used; having the mental capacity to make a choice, understanding the benefits and risks and being listened to.

Table 7 – Investing in digital technology for healthcare or investing in buildings and equipment for healthcare

Which is more important to you?	HWN data		ICS data	
	% of responses selecting this option	No. of responses	% of responses stating a strong preference	No. of responses
Investing in digital technology	10%	63	12%	47



Investing in buildings and equipment	61%	371	32%	128

- 4.27 There is limited public and staff support for investing in digital innovation versus other areas. This gap is starker when people are asked to choose between investment in digital innovation and investment in buildings and equipment. As highlighted, people struggle to identify areas where digital technology could improve access.

Section 5 – Key lessons learned and next steps

5.1 The key lessons learned through our engagement on the Long Term Plan are:

- People value a free at the point of need model for healthcare as the best thing about the NHS and plans should reassure people that this will be protected for the future
- The public are supportive of prioritising mental health services and urgent and emergency care.
- People feel that we should prioritise supporting our workforce and view front-line staff as one of the best things about the NHS.
- People are concerned about pressure on services and would like to see improvements in waiting times for access.
- People recognise finance and efficiency as important, but also view services as under pressure and under-funded. It will be important to reassure people that decisions on investment and disinvestment are robust and underpinned by long-term thinking.
- The public are supportive of action to prevent ill health, but see this as less as a priority than other areas and need reassurance that treating ill health will not be deprioritised
- Digital innovation to improve services was the least supported of all potential priority areas discussed and there is work to do to take the public with us if we wish to accelerate the use of digital technology in health services.
- Support for choice and control is dependent on context and this area merits further engagement.

5.2 A wide programme of engagement with key bodies, forums and organisations across the local health and care system is planned. This work will help us in feeding the findings of our Long Term Plan engagement into our local system plan.

5.3 We recognise that further engagement will be required within specific areas of our local plan and this will be carried out within our Integrated Care Providers, who will be tasked with implementing the plan.

Appendix 1 – What Matters to You Survey



What matters to you in health and care?

Make sure your voice is heard

In January the NHS launched its Long Term Plan, which sets out its ambition to make sure everyone has the best start in life, receives world class care for major health problems and gets the support they need to age well.

To help us deliver the aims of the Long Term Plan locally, we'd like your views to help shape our local plan.

Whether it's your opinion on the plan's priorities, or how you and your family get health advice, support and services – please join the conversation. You're at the heart of everything we do, so we want to make sure your voice is heard.

You can give us your feedback through this short survey.

Completing the survey

For each question please tick clearly inside the box that is closest to your views using a black or blue pen. Don't worry if you make a mistake; simply cross out the mistake and put a tick in the correct box. Please do not write your name or address anywhere on the survey. All information will be kept strictly confidential and in accordance with the Data Protection Act 1998 and associated protocols.

This survey is available to complete here or by visiting our website:

<https://nottswatmatterstoyou.co.uk/>

Please return this form either by email to julie.andrews12@nhs.net

or by post to:

Freepost RTGE-CRAT-BABH

NHS Mansfield & Ashfield CCG

Birch House

Mansfield

NG21 0HJ

Please call 0115 804 3925 if you require:

- Any further information
- Support to complete this survey
- Copies of the information and survey in different languages and formats

Q1. What do you think is the best thing about the NHS?

Our top priorities for health and care in Nottingham and Nottinghamshire

We believe that the biggest challenges for health and care in Nottingham and Nottinghamshire over the next 5 years are **mental health**; **urgent and emergency care** and **finance and efficiency**.

We want to know if you agree or disagree that these should be our top priorities.

Q2. Please tell us how important each of the following are to you

	Not important at all	Not very important	Neither unimportant or important	Important	Very important
Mental health - Improving mental health services and treating mental ill health as important as physical health	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Urgent and emergency care - Making sure that emergency services such as A&E are quick and easy to access	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Finance and efficiency - Making sure taxpayers' money is used as efficiently as possible and that we stick to our budgets	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Please tell us more about any areas you feel strongly about					

Our priorities for health and care in Nottingham and Nottinghamshire

The following is a list of other areas we may want to prioritise over the next 5 years.

Q3. Please tell us how important each of the following are to you

	Not important at all	Not very important	Neither unimportant or important	Important	Very important
Preventing ill health - More action on the things that create poor health such as smoking, alcohol and unhealthy eating	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Children and young people's health - More action on services for children and young people including mental health services, maternity services and treating illnesses	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Major health conditions - Better care for the major health conditions in our society such as cancer, diabetes and stroke - for example faster diagnosis and better treatment	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Supporting our workforce - Making sure we have the right number of doctors, nurses and social care workers in the right places and that they have the right skills to provide what people need	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Digital innovation in healthcare - Using things like Skype for appointments to help you get better access to your GP	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Please tell us more about any areas you feel strongly about					

Choices about health and care in Nottingham and Nottinghamshire

We want to know what matters to you in health and care. Please tell us which of the following things is more important to you.

Q4. Which is more important for the NHS and social care to deal with?

Preventing people becoming ill - Keeping people fit and well so they are less likely to become ill	Don't know	Treating people when they become ill - Making sure that people who become ill have the best possible treatment
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Please tell us why you feel this way		

Q5. Which is more important for the NHS and social care to deal with?

Choice and control - Letting people manage their own health and wellbeing and choice of treatment	Don't know	The best possible care and treatment without having to choose - Doctors and other health professionals deciding what is best for people and making sure it is provided
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Please tell us why you feel this way		



**Integrated
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healthwatch
Nottingham & Nottinghamshire

Q6. Which is more important for the NHS and social care to deal with?

Investing in digital technology for healthcare - Using things like Skype for appointments to help people get better access to their GP	Don't know	Investing in buildings and equipment for healthcare - Investing in the buildings and equipment used at locations where people go to for urgent healthcare
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Please tell us why you feel this way		

Appendix 2 – Demographic breakdown of survey respondents

HWNN engagement

District	No.	Percent
Nottingham City	158	25.9%
Gedling	131	21.5%
Ashfield	83	13.6%
Newark and Sherwood	59	9.7%
Rushcliffe	58	9.5%
Broxtowe	39	6.4%
Mansfield	38	6.2%
Out of area	52	6.9%
Not answered	2	0.3%
Total	610	100.0%

Age Groups	No.	Percent
1 - 15	4	0.7%
16-17	11	1.8%
18-24	24	3.9%
25-34	52	8.5%
35-44	63	10.3%
45-54	95	15.6%
55-64	100	16.4%
65-74	92	15.1%
75-85	56	9.2%
85+	11	1.8%
Not answered	102	16.7%
Total	610	100.0%

Gender	No.	Percent
Female	410	67.2%
Male	181	29.7%
Non-binary	1	0.2%
Not answered	13	2.1%
Prefer not to say	5	0.8%
Total	610	100.0%



Sexuality	No.	Percent
Heterosexual	438	71.8%
Prefer not to say	68	11.1%
Not answered	32	5.2%
Bisexual	27	4.4%
Homosexual	25	4.1%
Asexual	20	3.3%
Total	610	100.0%

Ethnicity	No.	Percent
White	542	88.9%
Not answered	19	3.1%
Prefer not to say	14	2.3%
Mixed/Multiple ethnic	12	2.0%
Black	11	1.8%
Asian	7	1.1%
Other	4	0.7%
South Asian	1	0.2%
Total	610	100.0%

Religion	No.	Percent
Christian	305	50.0%
None	193	31.6%
Prefer not to say	34	5.6%
Other	30	4.9%
Not answered	28	4.6%
Buddhist	8	1.3%
Sikh	4	0.7%
Hindu	3	0.5%
Jewish	3	0.5%
Muslim	2	0.3%
Total	610	100.0%

Carers	No.	Percent
No	426	69.8%
Not answered	28	4.6%
Yes	156	25.6%
Total	610	100.0%



Illness/impairment	No.	Percent
Mental health illness	123	24.4%
Physical impairment	122	24.2%
Hearing impairment	94	18.7%
Visual impairment	58	11.5%
Other	36	7.1%
Prefer not to say	31	6.2%
Learning impairment	21	4.2%
Social/behavioural problems	19	3.8%
Total	504	100.0%

ICS engagement

What is your gender?	No.	%
Female	232	70.1%
Male	95	28.7%
Non binary	1	0.3%
Prefer not to say	3	0.9%
Total	331	

Is your gender identity the same gender you were assigned at birth?	No.	%
Yes	322	97.9%
No	2	0.6%
Prefer not to say	5	1.5%
Total	329	

Is your gender identity the same gender you were assigned at birth?	No.	%
Yes	322	97.9%
No	2	0.6%
Prefer not to say	5	1.5%
Total	329	



What is your ethnicity?	No.	%
Any other Black background	1	0.3%
Any other ethnic group (please specify)	9	2.7%
Any other mixed background	3	0.9%
Any other White background	4	1.2%
Asian or Asian British - Indian	6	1.8%
Asian or Asian British - Pakistani	4	1.2%
Black or Black British - African	1	0.3%
Black or Black British - Caribbean	1	0.3%
Gypsy or Traveller	1	0.3%
Irish	5	1.5%
Mixed - White and Asian	2	0.6%
Mixed - White and Black Caribbean	1	0.3%
White British	292	88.5%
Total	330	

What is your age?	No.	%
Under 18	3	0.9%
18-24	9	2.7%
25-34	44	13.4%
35-44	62	18.8%
45-54	86	26.1%
55-64	67	20.4%
65+	58	17.6%
Total	329	

Do you consider yourself to have a disability?	No.	%
No	254	76.5%
Prefer not to say	13	3.9%
Yes	41	12.3%
Total	332	

What is your sexual orientation?	No.	%
Bisexual	8	2.4%
Gay	12	3.6%
Heterosexual	287	87.2%
Prefer not to say	22	6.7%
Total	329	



What is your religion?	No.	%
Buddhist	6	1.8%
Christian (all denominations)	133	40.7%
Hindu	2	0.6%
Muslim	5	1.5%
None	160	48.9%
Other	18	5.5%
Sikh	3	0.9%
Total	327	


What is your marital status?	No.	%
Civil partnership	11	3.3%
Divorced	22	6.6%
Married	189	56.9%
Prefer not to say	18	5.4%
Separated	8	2.4%
Single	73	22.0%
Widowed	11	3.3%
Total	332	

Women and pregnancy - are you pregnant?	No.	%
No	285	96.0%
Yes	3	1.0%
Prefer not to say	9	3.0%
Total	297	

Appendix 3 – Engagement Log

Date	Activity	Audience	Notes/documents
15/1/19 and ongoing	Email, face-to-face and phone exchanges with South Yorkshire ICS Comms Director to get builds and inputs. (AB and LE)	Sister ICS with adjoining geography (Bassetlaw)	Aligned approach and agreed to co-create generic questions and ensure that timings are dovetailed.
1/2/19 to 7/2/19	Email exchange with NCVS lead to get builds and input. (AB)	Nottingham City Community and Voluntary sector.	No major amends, endorsed approach.
5/2/19	Met with and shared plan with local NHS Confederation representative to get builds and input. (AB)	NHS Confederation regional rep.	No major amends, endorsed approach
15/2/19	Shared overall plan with ICS Board to alignment and agreement on approach to engagement. (AB)	ICS Board members (CEs, Chairs, Councillors).	
26/2/19	Shared summary of LTP and new GP contract and overall engagement plan with ICS Partnership Forum for alignment and specific builds on approach.	Partnership Forum members (see ToR)	
4/3/19	Nottinghamshire County Council – Adult Social Care and Public Health Committee	County Councillors with interest in ASC and Public Health	
26/3/19	Met with Prof Jonathan Tallant to discuss how to enhance levels	Professor of Philosophy,	



Date	Activity	Audience	Notes/documents
	of Trust amongst respondents to the survey to maximise engagement and response rates. Suggested amendments incorporated into survey. (AB)	Nottingham University	
29/3/19	Briefings issued to staff, stakeholders, Councillors and MPs. (AB, LE, JG, TS and others)	Staff, system partners, Councillors, MPs	
1/4/19	ICS Team engagement at 4 Seasons Shopping Centre, Mansfield	Public	
1/4 to 7/4/19	Diabetes Awareness Week activities in QMC; Oak Tree Tesco, Mansfield; Asda, Newark; Idlewells Shopping Centre, Sutton-in-Ashfield, Asda Hyson Green)	Public	https://twitter.com/MandAccg/status/1113087472974659585  Dawn Jameson, Diabetes Manager 1.jj
2/4/2019	Experian initial meeting with Amy Priest, Wellbeing Lead (KH)	Experian staff	Initial meeting to commence building ICS / CCG / Experian information channels and staff engagement opportunities around the Long Term Plan activity.
2/4/19	ICS Team Engagement with CCG Patient and Public Engagement Committee	Public	
3/4/19	ICS Team engagement at diabetes truck, Mansfield	Public	
4/4/19	ICS Team engagement as part of diabetes awareness week, Newark	Public	
4/4/19	ICS Team engagement as part of diabetes awareness week, Sutton-in-Ashfield	Public	



Date	Activity	Audience	Notes/documents
9/04/2019	Connected with Community Gardens managers and volunteers (St Ann's allotments, Clifton Summerwood Lane Gardens and Bulwell Forest Gardens) across City to find out their additional events throughout the summer.	Volunteers and managers but to understand the visitor and footfall across the gardens to see who we can connect with.	
10/4/19	HWNN with LGBT group in Nottingham City	Public	
11/4/19	ICS Team engagement at Tesco Health Event, Ollerton	Public	
12/4/19	HWNN engagement with Citycare Patient Engagement Group	Public	
12/4/19	Coverage of Estates Strategy item from Board (11/4) includes reference to LTP Engagement and has URL	Public	https://www.nottinghampost.com/news/nottingham-news/bold-five-year-plan-upgrade-2752189 and https://westbridgfordwire.com/plans-to-improve-nottinghams-nhs-buildings/
12/4/19	HWNN engagement at Arnold Mental Health Drop-In	Public	
16/4/19	Coverage of City Council rejoining the ICS includes reference to LTP Engagement and has URL	Public	https://westbridgfordwire.com/city-council-rejoins-nottingham-and-notts-health-and-social-care-system/
16/4/19	HWNN engagement in Nottingham City	Public	
16/4/19	HWNN public engagement at 4 Seasons Shopping Centre, Mansfield	Public	

Date	Activity	Audience	Notes/documents
17/4/19	HWNN engagement with Broxtowe diabetes group	Public	
23/4/19	First Patient Impact Group meeting for the Integrated Urgent Care project.	Internal – Mid Notts and Greater Notts	Brief notes taken and agreed to hold future meetings and engagement until Governing Body ratify the latest paper. Added to engagement log here as cross-ICS work and might impact on LTP when finalised.
23/4/19	HWNN engagement with Gedling diabetes group	Public	
24/4/19	First Strategy Workshop with ICS Board, pre-circ includes initial insights from Engagement (AB)	Board Members	
26/4/19	HWNN Focus Group with Growing Bolder, older person's group in Mansfield	Public	
27/4/19	HWNN engagement with Fibromyalgia group	Public	
29/04/19	Summary of social media activity and engagements over first month of the project	Public	
1/5/19	ICS team public engagement in Ollerton	Public	
3/5/19	HWNN engagement at Bullwell Carers Group	Public	
4/5/19	HWNN public engagement in Gedling	Public	
7/5/19	HWNN Focus Group with LGBT Switchboard volunteers	Public	
7/5/19	Trent Barton engagement activity.	Trent Barton staff	https://www.facebook.com/photo.php?fbid=678305389272262&set=pcb.678305425938925&type=3&theater

Date	Activity	Audience	Notes/documents
8/5/19	ICS Team engagement at Ageing Well event, Sherwood	Public	
8/5/19	HWNN drop-in community event in Gedling	Public	
8/5/19	HWNN public engagement in Newark	Public	
9/5/19	HWNN engagement at Gedling Homes community event	Public	
9/5/19	Presented summary of engagement activities so far and initial insights from data gathered.	ICS Board Members	Details and papers here at item 9: http://www.stpnotts.org.uk/media/1737342/icsboardagendapapers20190509.pdf
9/5/19	HWNN engagement at Burton Joyce library	Public	
10/5/19	HWNN focus group with weight management group in Ashfield	Public	
10/5/09	Mention of MP engagement meeting in Alex Norris MP email newsletter	Nottingham North residents	Newsletter attached – see page 4
10/5/19	HWNN engagement with Arnold mental health group	Public	
10/5/19	HWNN public engagement in Gedling	Public	
13/5/19	HWNN engagement in Nottingham City	Public	
13/5/19	HWNN engagement with Kings Mill Hospital Patient Involvement Group	Public	
13/5/19	HWNN engagement at Talk2Us event in Newark	Public	

Date	Activity	Audience	Notes/documents
13/5/19	HWNN engagement in Rushcliffe	Public	
13/5/19	HWNN engagement in Rushcliffe	Public	
14/5/19	HWNN engagement at Nottingham City Carers Roadshow	Public	
14/5/19	HWNN engagement at Ollerton toddler group	Public	
14/05/19	Experian Mental Health awareness week and LTP engagement	Experian staff	
14/5/19	Briefing for MPs on ICS, Long Term Plan (and CCG Merger).	Members of Parliament: Norris, Greenwood, Leslie, Coaker. Plus via their staff: Jenrick and Spencer.	
14/5/19	HWNN engagement at Emmanuel House in Nottingham City	Public	
14/5/19	ICS Team engagement at Ashfield Active AGM	Public	
15/5/19	ICS Team engagement at Kings Mill hospital	Public	
15/05/19	Trent Barton Engagement	Trent Barton engagement	
16/5/19	HWNN engagement at Arnold play group	Public	
17/5/19	HWNN engagement at Clifton	Public	



Date	Activity	Audience	Notes/documents
	Carers Roadshow		
17/5/19	Alex Norris MP – mention of engagement meeting in Westminster in constituent newsletter	MPs	
21/5/19	Discussion with Jane Laughton, CEO, HWNN re progress and plan to finalise analysis	Stakeholder	
22/5/19	Partnership Forum – presentation on approach so far and emerging insights. Discussion on how to further propagate survey and ensure wider completion of survey.	Stakeholders	
28/5/19	ICS Team engagement	Clifton	
28/5/19	ICS Team engagement	Bulwell	
30/5/19	City Council Leadership Group	Leader, Deputy Leader, 2x Portfolio Holders, Chief Exec	
5/6/19	County Health and Wellbeing Board	Councillors and wider stakeholders. Cllrs Glynn Gilfoyle, Joyce Bosnjak and colleague from PCC v interested. Esp on Rough Sleeping and MH. Agreed to set up informal	



Date	Activity	Audience	Notes/documents
		workshop in the summer.	
19/6/19	ICS Team engagement at learning disability event	Public	
24/6/19	ICS Team engagement at LGBT event	Public	
25/6/19	Councillors and NEDs Discussion – facilitated by Chris Ham.	Councillors and NEDs. 13x Councillors 5x NEDs	
28/6/19	ICS Team engagement at school event	Public	
3/7/19	Workshop with County H&WB members	15 Councillors (County and District) and other H&WB Members (inc VCS, Police).	
8/7/19	County Adult Social Care and Public Health Committee	11 Councillors	
16/7/19	City Councillor Eunice Campbell – conversation following re-entry of City Council to ICS	City HWBB Chair	
22/7/19	ICS Board Development Session	ICS Board Members	