Long Term Plan Engagement Integrated Insights Report

Executive Summary Report

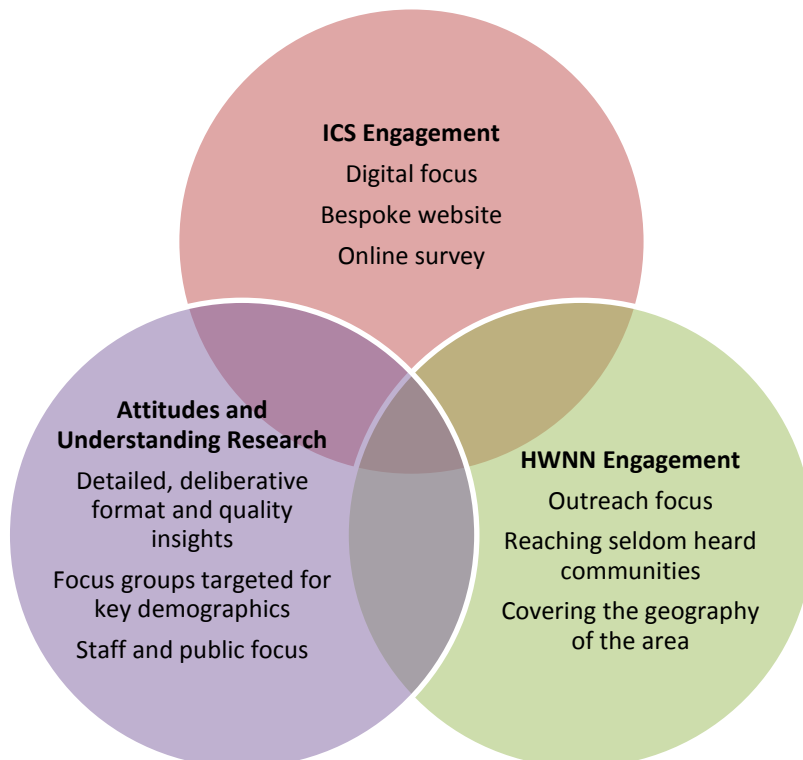**Nottingham and Nottinghamshire Integrated Care System**

August 2019

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. In Nottingham and Nottinghamshire 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.

2   Our approach

2.1   The Nottingham and Nottinghamshire ICS has worked in partnership with HWNN Nottinghamshire 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

ICS Engagement
Digital focus
Bespoke website
Online survey

Attitudes and Understanding Research
Detailed, deliberative format and quality insights
Focus groups targeted for key demographics
Staff and public focus

HWNN Engagement
Outreach focus
Reaching seldom heard communities
Covering the geography of the area

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   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.

2.6   We also asked people 'What do you think is the best thing about the NHS?' to understand people's priorities without prompting or context.

2.7   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.

2.8   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 Campaign focus	Bespoke website with 3,200 visitors over the engagement period Online survey with 405 responses Outreach engagement at 7 community events Social media reach of >70,000	High number of responses to survey across digital channels High level of engagement with campaign through digital channels Numbers reached by Long Term Plan conversation far in excess of engagement respondents
HWNN Engagement		
Outreach engagement targeting seldom heard communities	Outreach engagement with 610 survey responses 40 community events attended	Reach into communities across Nottingham and Nottinghamshire 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	27 tele-depth interviews with GPs; nurses; consultants; junior doctors; allied health professionals; public health professionals; social care staff 10 at-home interviews with heavy service users with complex long-term conditions 4 focus groups with light service users	In depth conversations with staff and the public enabling detailed insights to be generated Adding context and depth to the survey findings
Summary		
1015 Survey responses 47 Community events 58 in-depth interviews/focus groups participants 3,200 website visitors Social media reach of >70,000		

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 Fun (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.