

## Appendix 1. Summary of feedback on Nottingham and Nottinghamshire NHS Joint Forward Plan

### Vision

- Strengthen working with partners on prevention, with a focus on early intervention. The proposal outlines 1% spend on prevention – This needs to be quantified and monitored for evidence of real change and proposed increased investment.
- Developing and retaining local talent important and training for workforce to sustain delivery.
- Language of the plan needs to be demystified and honest – do we have appetite for taking risk? What do we mean by a sustainable workforce? These could mean different things to different people (e.g. bringing joy to the work). Be Bold and Brave.
- Equity in everything needs to be more prominent in the plan and focus on the whole population to bring more opportunities and impact.
- The sense of urgency of the situation needs to be clear to reflect the profound and existential risk to our population.
- The proposal needs to embed all age approaches (with an emphasis on the importance of giving children the best start in life)
- Engagement and coproduction with communities is key, with discussions focusing on looking for solution. The proposal, or process, should outline how we'll engage people and communities in service change outlined in each element of the plan not just as a standalone action. We are currently underpowered to do this systematically. Workplaces and schools need to be involved.
- The biggest challenge for people is accessing the right services and knowing how to access or what is available. We need to ensure that information is available, and consider digital solutions too, whilst also being mindful of digital inclusion.
- The plan needs to emphasize parity between physical and mental health. Children and Young People are experiencing a mental health and wellbeing crisis (drawing distinction too between mental health and emotional wellbeing).
- Opportunities for shared communications (e.g. council tax bills and sharing extra information, joining major events to raise awareness about self-help).

### Prevention is better than cure

- The plan should have more focus on primary prevention and role as anchors. We need to do something different as we haven't moved the needle on this – whilst balancing managing today and the future.
- VCSE are key partners and charities that support secondary prevention, peer support groups
- It needs a new approach to reach those that are currently unknown / hidden. Opportunities for PBPs, especially through Districts as they are close to their communities.
- Evidence base and best practice – benchmarking, population need, stocktake against resources. Invest to strengthen and highlight building blocks of good health and wellbeing in our approach.

### Equity in everything

- Intersectionality between vulnerable groups to better understand our communities (SMD).
- We need to recognise different investment and approach needed to deliver what is needed.
- Support for level up (not down) and proportionate universalism. The ambition should be to support the same level of healthy life expectancy for all. It should recognise that some people need more support and education to embed and achieve this.

### Integration by default

- Integration & culture important - Permission to integrate instead of working in silos.
- We need mechanism to understand misalignments and address these to improve relationships.
- Every member of the team as an equal partner - All assessments valid. This needs to be underpinned by staff training, and ensure professional lines are embedded and maintained.
- Integration as a spectrum, to add value. Subsidiarity – it needs to be clear where value is added at each level.