



# **Annual Engagement Report**

**April 2020 – March 2021**



**Nottingham and  
Nottinghamshire CCG**

# Foreword

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In what has undoubtedly been one of the most extraordinary years in its history for the NHS, it has never been more important to ensure that we are listening to our citizens and patients and tailoring our services to meet their needs. Therefore we are delighted that this year's Annual Engagement Report demonstrates so clearly that the NHS in Nottingham and Nottinghamshire continues to prioritise working with and involving our local population in our work.

The impact of the Covid-19 pandemic and the fact that we could not easily meet interested citizens face-to-face has meant that we have had to develop different approaches to capturing the views of our residents. Whilst this at first felt like a negative, we believe that the strengthening of our ability to capture feedback through 'remote' means will be a powerful addition to our toolkit. When we can return to face-to-face engagement this will be in addition to our enhanced remote and virtual approaches and I believe this will give us a stronger, blended, approach for the future.

It is a testament to the skills of CCG Engagement team, in partnership with organisations across the City and County, that we have delivered such high quality work in the midst of the pandemic. In particular the following pieces of work have hugely enhanced our understanding of the way that residents interact with our health and care services and have enabled us to work to make them better in the future – as well as giving us new and improved models for our future engagement work.

- *Covid-19 Recovery Engagement.* In order to learn about the impact of service changes introduced during the first wave of the pandemic, this project drew on multiple sources of insight to synthesise a complete view. The benefits of combining qualitative discussions, quantitative surveys, desktop research and community conversations are strongly demonstrated in the quality and breadth of the outputs of this work and will be a model for the future.
- *Covid-19 Vaccine Engagement.* Supporting the rollout of the largest ever vaccination programme has involved working closely with groups who might usually be furthest from accessing healthcare. Through a series of engagement events and activities, not only have communities been enabled and encouraged to access their vaccination but stronger links between community leaders and clinicians have been established.
- *NHS Rehabilitation Centre.* The work on this flagship programme, with high-level interest from Government and the Armed Forces, included a full public consultation conducted entirely virtually, with no face-to-face contact. As well as gleaning considerable insight and feedback from service users and residents which resulted in improvements to the proposed operating and clinical model, the work on the Rehabilitation Centre has set the template for future virtual consultations if required.

The coming period to April 2022 will be equally important for the future of health and care services, but hopefully not as dramatic for the country overall. The months ahead promise a new Health and Social Care Act from the Government and the

transition to a statutory Integrated Care System. In Nottingham and Nottinghamshire we are well placed to take full advantage of the benefits of strengthened system-working to deliver more responsive and effective services to our population. But with change comes some uncertainty and risks and so it will be critical that we continue to listen to our population throughout this period of change and also commit to strong structures and cultures of involvement for the new approach from April 2022. We look forward to this unfolding and next year's report outlining what that new approach will look like.

We hope you find this report valuable and insightful and would welcome your comments on how we can further improve our approach and reporting for next year's activities. Please get in touch using the contact details included in this report.



Alex Ball,  
Director of Communications & Engagement,  
NHS Nottingham and Nottinghamshire CCG



Sue Clague,  
Chair,  
Patient & Public Engagement Committee.

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# About this report

Welcome to our Annual Engagement Report. This report describes our approach to public engagement and how feedback has informed our commissioning activity over the last year.

It explains how we have met our statutory duty to involve people in the decisions we make about healthcare.

The report covers our engagement activity for the period April 2020 – March 2021.

To request this information in another language or format please contact the Engagement Team at: **[ncccg.team.engagement@nhs.net](mailto:ncccg.team.engagement@nhs.net)** or call or text **07385 360071**.

If texting or leaving a message please provide your contact details and a member of the team will get back to you.

Email: [ncccg.team.communications@nhs.net](mailto:ncccg.team.communications@nhs.net)

Website: <https://nottsccg.nhs.uk/get-involved/>

# About us

Nottingham and Nottinghamshire Clinical Commissioning Group (CCG) is responsible for commissioning (planning and buying) healthcare services that meet the needs of local people. To do this well we have to ensure the voice of our citizens is central to what we do to understand what health problems affect people living in Nottingham and Nottinghamshire and commission services that will deliver the most benefit to the population.

We serve a population of just over 1.1m people, covering urban and rural areas. We have some of the country's most deprived communities and there are significant health inequalities between our most affluent and most deprived areas.

Our goal is to ensure that everyone living in Nottingham and Nottinghamshire has the best possible health and wellbeing they can. To achieve this, we work alongside our partners and our communities to provide people with access to quality healthcare and reduce the health inequalities that exist today.



# Our approach to public engagement

## **Our communications and engagement strategy**

Our Communications and Engagement Strategy sets out our approach for involving local people in our work. It includes a set of principles that guide all our communications and engagement activity. These are:

- Be clear, open, honest, consistent and accountable
- Use plain language and be accessible to all
- Target our communications and engagement for the audience we want to reach
- Provide clear, consistent messages about who we are and what we do
- Encourage and support on-going dialogue with internal and external audiences
- Provide quality and cost effective information
- Use best practice and share knowledge with our partners across the health and care system
- Align our communications and engagement with our partners whenever we can
- Use insight to develop communications and engagement approaches
- Systematically evaluate the effectiveness of our communications and engagement activity.

Our Communications and Engagement Strategy describes how we involve local people across the commissioning cycle. This means that it describes how we involve people at different stages of our work – identifying needs, creating priorities, planning and designing services and implementing them.

## **Our Patient and Public Involvement Committee**

Our Patient and Public Involvement Committee (PPEC) has been established to make sure that the decisions the CCG makes and the work that it does are informed by the voice of our population.

PPEC is comprised of people who represent communities and networks across our area and people working for voluntary and community sector organisations supporting people experiencing poor health outcomes. It has a particular focus on ensuring that the voices of people experiencing the worst health outcomes and the greatest barriers to accessing services are heard.

In 2020/21 our PPEC has established itself as a strong advocate for our communities and as a strategic group, advising our Governing Body. It was formed in April 2020 as part of the merger of the six CCG's that previously existed across our area. The following work has enabled PPEC to establish itself as a strong voice for our population.

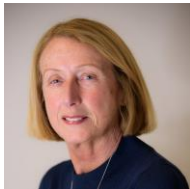


It is a privilege to be the Chair of the Nottingham and Nottinghamshire Patient and Public Engagement Committee.

I want to thank all the members of the committee for their hard work during the year in ensuring that the voices and views of the communities that they represent are heard within the work of the healthcare commissioners.

We have all learned to work differently this year and I believe that this has made us a strong group that is enabling the patient voice to become fully integrated into all commissioning decisions.

I very much look forward to working with the group during the coming year.



Sue Clague,  
Chair,  
Patient & Public Engagement Committee.

### *Development of the Chair and Vice Chair roles*

PPEC is chaired by the CCG's Lay Member for Patient and Public Involvement. This is a Non-Executive Director role with a specific focus on public involvement. Our Lay Member for Patient and Public Involvement is a member of our Governing Body.

During the last year we have also established a Lay Member Deputy Chair role for PPEC. The Deputy Chair role includes leadership on equalities and health inequalities on behalf of PPEC.

### *Alignment with work on equality, diversity and inclusion*

As part of their role leading on equalities and health inequalities for PPEC, the PPEC Deputy Chair is a member of the CCG's Equality, Diversity and Inclusion (EDI) Steering Group. This provides an important link between our public engagement and equality, diversity and inclusion.

The CCG's EDI Steering Group has a work programme that includes:



- Involvement of PPEC members in the development of cultural competence training for staff
- Involvement of PPEC in a 'sense check' review of the CCG's assessment of its Equality Performance Assessment
- Involvement of PPEC in the setting of the CCG's equality objectives.

This work will draw on the insight and expertise PPEC members bring through lived experience and through working directly with communities across Nottingham and Nottinghamshire.

### *Supporting the development of resources that improve how we engage with our communities*

Over 2020/21 PPEC members have worked alongside staff to develop tools that support good engagement. PPEC members developed an [engagement toolkit](#) that can be used by groups wanting to involve their local community but unsure how to begin. This has been rolled out across our Primary Care Networks (PCNs) to support good practice.

PPEC members have also supported the development of action plans that make sure the findings of engagement exercises are properly followed up with action by the CCG.

### *Development of PPEC Effectiveness Frameworks*

PPEC's role is to ensure that public involvement informs the work of the CCG and that the engagement it carries out is of a good standard. Over the last year it has established an Effectiveness Framework to:

- a) Help the CCG plan and evaluate engagement activity to a good standard
- b) Evaluate its own impact on the CCG's commissioning activity.

PPEC members have worked alongside staff to develop these tools, which are being applied across a number of projects. The tools have been used to assess PPEC's effectiveness in two programmes of work, engagement to inform the development of new services to support children and young people's emotional wellbeing and engagement on Covid-19-related service changes. The process has not only provided an opportunity to assess the effectiveness of PPEC but has also brought a much sharper focus on the impact of our engagement. Both programmes of work are being actively followed up to deliver real improvement both in the shorter and longer term to patients.

*Having a process to consider our impact is important to our members. Our purpose is to ensure the public is involved in commissioning decisions and that engagement is effective and meaningful. This framework allows us to consider and review whether we are fulfilling that purpose.*

**Jasmin Howell, PPEC Vice-Chair**

### **Healthwatch Nottingham & Nottinghamshire**

As the local independent patient and public champion, Healthwatch Nottingham and Nottinghamshire's role is to hold local health and care leaders to account for providing excellent care by making sure they communicate and engage with local people, clearly and meaningfully, and that they are transparent in their decision making.

The CCG works closely with Healthwatch Nottingham and Nottinghamshire as a key partner. As well as being a member of PPEC, we have also commissioned Healthwatch to support a number of engagement programmes. This includes:

- A formal role as Independent Chair of a stakeholder group overseeing the transition of a group of vulnerable patients between GP practices.
- A formal role as Independent Chair of the Stakeholder Reference Group established to provide support, advice and challenge to the patient and public involvement work for the Tomorrow's NUH programme, which will bring investment into Nottingham to reconfigure local hospital services.
- Undertaking targeted engagement with groups that are seldom heard as part of service change programmes, including the development of an NHS Rehabilitation Centre and the Tomorrow's NUH hospital development programme.

These projects recognise the unique position Healthwatch Nottingham and Nottinghamshire have to provide independent challenge to our engagement and to reach communities that are considered seldom heard. We are committed to hearing the voices of our citizens and communities and, as our local independent patient advocate, Healthwatch have a vital role in enabling us to do that.

## **Working with our Voluntary and Community Sector**

The CCG serves a vastly diverse area. We recognise that to properly engage with our communities we need to work in partnership with organisations that are known and trusted within the communities we are trying to reach, particularly voluntary and community sector (VCS) partners.

In 2020/21 we commissioned a new Patient and Public Engagement (PPE) service from an Alliance of Community and Voluntary Service (CVS) organisations across Nottingham and Nottinghamshire. This service, through VCS partners, aims to provide feedback from our local communities on the biggest health issues affecting our population.

Over 2020 this service supported us to engage with some of our most vulnerable and marginalised communities to hear about people's experiences of accessing services during the Covid-19 pandemic. Working with over 100 community organisations, we have heard from our most vulnerable communities about the challenges they have faced in accessing services during the pandemic.

## **Patient Leadership Programme**

The CCG, in partnership with the East Midlands Academic Health Science Network (EMAHSN), has delivered a leadership programme over 2020/21 for volunteers who have a role in influencing healthcare services. The programme has supported 25 patient leaders to develop the skills they need to work with and influence staff and clinicians. This programme has provided a space for patient leaders to connect with each other, develop and understand how to make an impact. The programme is currently being evaluated.

# How we've involved people over the last year

## **Overview**

Over the last year we have been unable to meet with people face-to-face to hear their feedback. We have not however, stopped engaging with our communities. We have used online meetings, webinars and focus groups and encouraged 1-1 feedback using phone calls.

Our relationship with our VCS partners has been particularly helpful during this period as it has enabled us to hear about experiences of healthcare from people working in our communities and hearing from local people every day.

Our engagement over the last year has focused on the Covid-19 pandemic, from understanding how people have been accessing services to conversations with different communities about the vaccine.

At the same time we have also engaged people in a number of projects to review, change or improve local services.

## **Covid-19 vaccine engagement**

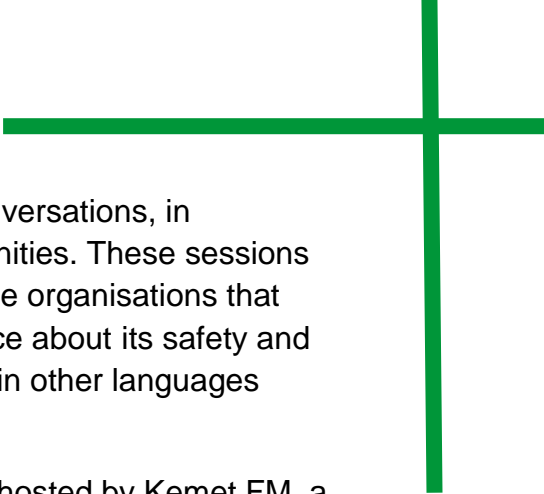
### *Summary of the project*

The NHS is undertaking the largest vaccination programme in its history in delivering the Covid-19 vaccine to people across the country.

We know the impact Covid-19 has had on our area, particularly for our vulnerable, deprived and BAME communities. We also know that take up of vaccines tends to be lower in these communities.

We are therefore undertaking a programme of engagement to encourage people to take up the vaccine. We know from feedback during this programme that the NHS and other public sector organisations are not well trusted in some communities. That is why we have worked closely with other VCS organisations, faith leaders and with communities to support these conversations.

We have held monthly webinars since December 2020 for VCS partners, community and faith leaders and others to share messages about the vaccine and to ask for help in encouraging people to access it when they are eligible. These sessions have been run with a local GP providing information and answering questions. We have had in excess of 250 people attending each webinar, representing the full diversity of our voluntary sector, our faith communities and our geography.



We are also undertaking a series of targeted community conversations, in partnership with VCS organisations supporting local communities. These sessions involve GPs meeting with different community groups and the organisations that work with them to talk about the vaccine, provide reassurance about its safety and answer questions people may have. This includes sessions in other languages including Urdu, Bengali, Arabic and BSL.

We have also launched a series of live vaccine Q&A shows hosted by Kemet FM, a community radio station popular among our Black Caribbean and African communities.

### *Who did we talk to?*

Our monthly vaccine webinar is aimed at community and faith leaders and VCS organisations that are trusted in local communities and can share messages about the vaccine on our behalf. Our targeted community conversations have thus far included people supported by Nottingham Muslim Women's Network; Nottingham and Nottinghamshire Refugee Forum and a number of organisations supporting Deaf people. We have delivered these sessions in English, Urdu, Arabic, Bengali and BSL.

### *What did we ask?*

Our monthly webinar involves an open Q&A session. People are encouraged to ask the questions they are most commonly hearing in their communities. For our community conversations, we ask the communities we are engaging with to tell us what they would like to talk about and tailor the sessions to meet their needs. This has included talking about the safety of the vaccine, common myths and about how people can access it.

### *What did we find out?*

This is an ongoing programme of work. We are learning about the different levels of understanding about the vaccine in our communities, and tailoring our conversations based on this. We are also learning about some of the reasons people have for not wanting to accept the vaccine, including myths and conspiracies.

Through this programme we have identified a number of clinicians, including people who speak other languages, who want to help engage with our communities. This has provided a growing community of clinicians who are keen to support engagement on vaccine programmes in the future, particularly to reach out to communities whose voice is not always heard.

## **Case Study – Engagement with Nottingham Muslim Women’s Network**

To promote uptake of Covid-19 vaccinations across Nottingham and Nottinghamshire, the CCG’s engagement team promoted opportunities to talk to community groups about the vaccine and address any concerns.

The CCG’s engagement team have reached out to diverse groups and where possible, the team have gained support from bilingual clinicians to lead these sessions to ensure accurate messages are conveyed around the Covid-19 vaccinations.

As part of this, the CCG received interest from the Nottingham Muslim Women’s Network to host a COVID-19 vaccination information session in Arabic for community members. The CCG sought support from Dr Ban Alazzawi, who speaks Arabic, to lead this session and to address 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 have been arranged.

## What did we do?

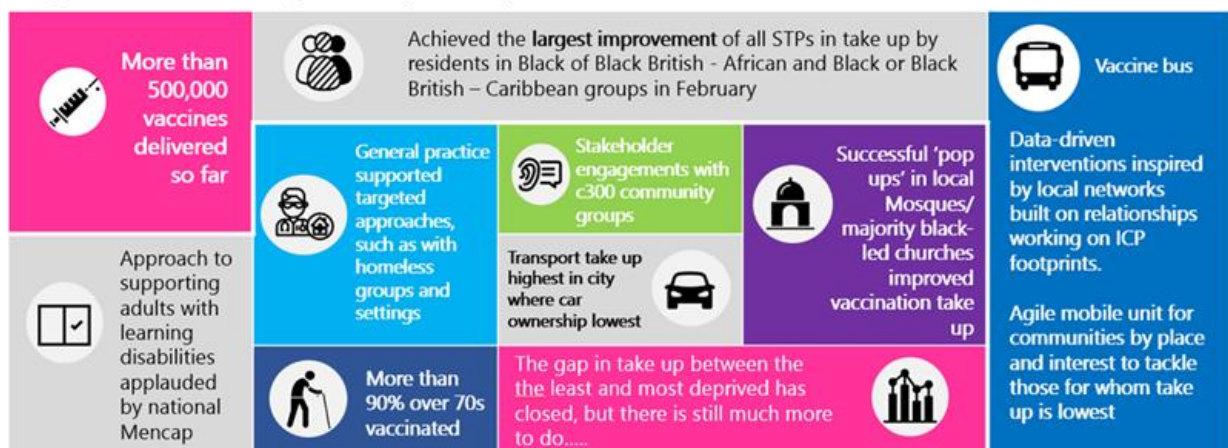
A wide range of targeted work is underway that is informed by a range of intelligence, including feedback from our communities. This includes producing key information in languages other than English and the launch of pop-up sites in community and faith venues.

Take up of the vaccine is lowest among Black African and Black Caribbean communities, both nationally and here in Nottingham and Nottinghamshire. Responding to this, the CCG has set up pop up vaccine clinics in community centres and churches within our black communities. We have worked with community organisations within the communities where the pop up clinics are taking place to promote them. We have worked particularly closely with the Majority Black Led Churches in Nottingham, which brings together leaders of black led churches.

As well as engagement to encourage take up of the vaccine, we have also worked with local community radio station Kemet FM, which has an audience of mainly Black Caribbean and Black African listeners. We have held two live Q&A sessions on Kemet FM on the Covid-19 vaccine. Putting up a panel of experts from the NHS; our local Public Health teams and Nottingham University we have been able to engage directly with people in the black community in Nottingham and Nottinghamshire, taking live calls, answering questions and taking the opportunity to challenge myths and conspiracy theories. Kemet FM also developed a series of adverts encouraging people to take the vaccine as part of our work with them.

The infographic below shows the significant progress made in the delivery of the unprecedented Covid mass vaccination programme. Creative and responsive solutions have been put in place to promote uptake of the vaccination to our most vulnerable and marginalised communities.

## Nottingham and Nottinghamshire Covid Vaccination Programme. The journey to April 2021



### Ongoing inequalities challenges:



Take up in some groups (including black-African, Asian Pakistani, and 'other' is lower than the population as a whole



Take up is lowest in the most deprived areas – although the gap has closed



Take up by the clinically extremely vulnerable



## **Covid-19 recovery engagement**

### *Summary of the project*

During the first wave of the Covid-19 pandemic the NHS made a number of changes to services to manage the impact of the virus. This included reducing the availability of face-to-face appointments and temporarily closing some local services.

We launched a programme of work to talk to local people to understand the impact these changes were having on them. We also wanted to understand what would happen if we kept some of the changes we had made, for example less face-to-face appointments.

We commissioned quantitative and qualitative research to talk to people across our area. We also worked with VCS organisations to gather feedback from over 100 groups supporting our most vulnerable communities.

### *Who did we talk to?*

Through the research we commissioned we gathered feedback from a representative sample of the local population via a questionnaire. We also had more detailed conversations with people who used NHS services regularly and people who did not. Over 2,500 people completed a questionnaire.

Our targeted engagement reached out to a number of communities identified as being vulnerable and facing barriers to accessing services. We worked through our VCS partners to gather this feedback.

The communities we heard from includes Asylum Seekers and Refugees; carers; Deaf people; Gypsies/Travellers; people with Learning Disabilities; victims of domestic abuse.

### *What did we ask?*

We asked people what their experiences of accessing services during the pandemic had been like and what they thought about the changes the NHS had made, particularly in reducing face-to-face appointments.

### *What did we find out?*

We found that most people in our area were supportive of the changes the NHS had made and were open to using less face-to-face appointments in the future, depending on the issue they wanted to talk to someone about.

We also found that for people already facing barriers to accessing services the changes we had made had exacerbated these barriers. This included issues with access to information about Covid-19 and access to NHS services.

### *What did we do?*

Working alongside members of our patient committee, PPEC, we have developed an action plan that responds to the findings of our engagement. The actions include reviewing our interpretation and translation service; reviewing our Equality Impact Assessment process and developing a programme of cultural competence training to enable our staff and clinicians to understand more about the barriers faced by different communities in accessing healthcare.

Some actions have been progressed immediately - for example engaging community leaders to promote uptake of the Covid-19 vaccination and providing information in a range of formats. While this engagement focused on the impact of changes to services made in response to the Covid-19 pandemic, we have learned much that can help us to deliver change post-Covid to reduce health inequalities across our most vulnerable and marginalised communities.



## **Reshaping Health Services in Nottingham and Nottinghamshire**

### *Summary of the project*

During November and December 2020 we started a conversation with local people about the future of hospital services in Nottingham. Nottingham University Hospital's NHS Trust (NUH) has been earmarked for significant Government funding to invest in its hospital services. As the commissioner of those services, the CCG will be

undertaking a public consultation on proposals for investment later in 2021. In the run up to that consultation, we are talking to people about our plans as they develop. This programme of engagement was the start of that conversation.

### *Who did we talk to?*

We held three public events that were open to anyone to join and we undertook a survey of local people. We also held three focus groups for more detailed conversations about maternity services, cancer services and emergency services.

We worked with Healthwatch to help us hear from specific communities, including some BAME communities; people with a disability and young people.

We also talked to a wide range of health interest groups and community groups who meet virtually and have an interest in, or are affected by, changes to hospital services. For example, we talked to support groups for people with respiratory conditions, heart conditions and maternity groups.

In total over 600 people participated in the engagement.

### *What did we ask?*

We shared our early plans for the future of hospital services and asked people for their views on these. This included talking to people about what our future services might look like for maternity services; children's hospital services; cancer services and emergency services.

### *What did we find out?*

People were broadly supportive of our early proposals but were keen to see more detailed plans. Access to and accessibility of services were the things people were most interested in hearing about.

### *What did we do?*

We are continuing our conversation with local people as our plans for the future of hospital services evolve. A member of our patient committee, PPEC has been involved in our consideration of the feedback we have received in refining and developing our proposals and will be talking to local people again over the coming months to describe how we have considered their feedback and share our developing proposals.

## NHS Rehabilitation Centre

### *Summary of the project*

In July 2020 we launched an 8-week consultation on the opportunity to open an NHS Rehabilitation Centre in the East Midlands. The proposal involved transferring existing neurological rehabilitation services provided at Linden Lodge at Nottingham City Hospital to the new centre.

#### *Who did we talk to?*

The consultation consisted of public events, focus groups and a survey. We also invited direct responses from people and organisations. Healthwatch also undertook 91 telephone interviews with people who experience barriers to accessing services.

In total over 900 people participated in the engagement.

#### *What did we ask?*

We asked people what they thought about the main elements of the proposal. This included the transfer of local services to the new centre; the centre's location; the range of facilities and staff available at the centre and the provision of support for families and carers to stay in touch with patients while they were undergoing rehabilitation. Further information is available [here](#).

#### *What did we find out?*

Most people were supportive of the proposals. In particular people saw the benefit of access to a new, specialist rehabilitation facility with state-of-the-art facilities. The concerns people had were related to the location of the centre, which was felt to be isolated and difficult to access for visitors.

#### *What did we do?*

In December 2020 the CCG's Governing Body approved a Decision Making Business Case (DMBC), which set out how we intend to implement the proposal. The DMBC reflects and responds to the findings within the consultation and sets out how the final proposals mitigate some of the issues raised within the consultation



including a targeted travel impact assessment and development of a travel plan to support those groups/communities who may struggle to access the Centre.

During our early engagement on these proposals, before launching a public consultation, people raised concerns about the amount of mental health support available within the centre and about the ability of families and carers to visit. As a result of this early engagement, the proposal we consulted on included a stronger mental health staff mix and more accommodation and facilities for visitors to stay overnight with patients.

## **Clinical and Community Services Strategy**

### *Summary of the project*

The Clinical and Community Services Strategy has been developed to set out what the future of health and care services should look like in our area. The strategy is also the background to a number of reviews of different areas of health and care – for example depression and anxiety and end of life care.

### *Who did we talk to?*

Each service review is informed by a series of workshops that bring patients, clinicians and staff together to identify opportunities to improve people's health and local services.

To inform the reviews into colorectal health (health problems in the colon or rectum, including cancer), depression and anxiety and end of life care we also undertook additional engagement with people with lived experience of services in that particular area of healthcare. This has involved detailed conversations in small group settings of 6 – 20 people.

The engagement has been undertaken alongside local and national VCS organisations supporting people in the areas of health being reviewed.

### *What did we ask?*

The reviews were wide ranging and aimed to identify improvements in all aspects of a person's care from how they stay healthy and manage their own health to their experience in hospital and after they are discharged. To inform the reviews we asked people about their experience of living with their health condition and accessing services and wider support.

The conversations were structured around people's experience of care, starting with support before they were diagnosed with their illness through to their experience of support in the community after discharge from hospital.

### *What did we find out?*



There were common themes across the different reviews. People told us that services are not joined up, particularly when moving from support in a hospital to support in the community. People were able to share both positive and negative experiences of care to inform how services could be improved.

### *What did we do?*

Service models for the areas being reviewed are being developed, informed by the engagement carried out. These models will form the basis for how services within that particular area of care will be developed in the future. Further information is available [here](#).

## **Children and Young People Early Intervention Services**

### *Summary of the project*

During August and September 2020 the CCG undertook a programme of engagement to inform the development of new services to support children and young people's emotional wellbeing.

The project was delivered in partnership with a mental health engagement group for young people, MH:2K.

### *Who did we talk to?*

Young people, their parents and carers were invited to provide feedback on what was and was not working well for them in mental health early intervention services through focus groups, phone interviews and an online survey. The focus groups were hosted by MH:2K.

A total of 85 young people, 116 parents and carers (not including those who participated in the focus groups and telephone interviews) and 217 professionals engaged with the online survey.

### *What did we ask?*

We asked people for their feedback on what was and was not working well in young



people's early intervention mental health services.

#### *What did we find out?*

People told us that there needed to be greater awareness of early intervention services and that services should provide more flexible support. People wanted better communication and involvement with carers and to be able to access support quickly. People also fed back that children and young people should be directly involved in training for professionals.

#### *What did we do?*

As a result of the engagement a new service model is being developed. This model will describe how the different early intervention services will work together to provide better mental health support for children and young people. Furthermore, any issues raised that could be responded to earlier to improve the overall experience of children and young people and their families were raised with the current provider of services.

## **Improving Access to Psychological Therapy Services (IAPT)**

### *Summary of the project*

Between November 2020 and December 2020 we engaged with people who had accessed Improving Access to Psychological Therapy Services (IAPT). The engagement was undertaken to inform a review of existing services.

#### *Who did we talk to?*

We heard from 117 people through an online survey. We also led a discussion at a forum for people with complex needs, including mental health problems.

#### *What did we ask?*

We asked people for their views on and experiences of local IAPT services.

#### *What did we find out?*

People told us that we should raise awareness of the services available and provide better information about how to access them. People also told us that services should be flexible in how they enable people to access support.

#### *What did we do?*

The review of IAPT services is ongoing and is being informed by the feedback received.



## Developing Primary Care Networks

### *Summary of the project*

Throughout the last year we have continued to support the development of Primary Care Networks (PCNs) in our area by holding a series of local health events focused on the health issues that matter in local neighbourhoods.

### *Who did we talk to?*

We have held virtual events in different areas, inviting local people to hear about work to improve health and discussing what PCNs should focus on and how they should involve local people. This has included:

- A virtual event for South Nottinghamshire Integrated Care Partnership (ICP), inviting people to discuss local priorities for healthcare
- A Mid Nottinghamshire virtual PPG event to share the work PPGs had done over the course of the pandemic and to discuss how best to develop the role of PPGs within the wider health and care system
- A virtual event for Nottingham West Primary Care Network to share with the local community some of the work being undertaken to improve people's health in the area.

### *What did we ask?*

These local events have enabled some of our communities to meet leaders within PCNs and ICPs in their area and to discuss priorities for health.

### *What did we find out?*

Across our local PCN and ICP events we are finding that local people have an appetite to meet their local health leaders; understand the work that will affect people's health in their area and learn how they can get involved.

### *What did we do?*

We are continuing to support local events that bring communities together with staff and clinicians working to improve health in our neighbourhoods.

**I felt very privileged to host the first Notts. West PCN Broxtowe Together Event, because it brought together the community and local leaders to discuss ways of working together effectively for the health and wellbeing needs of the people.**

**Teresa Burgoyne, PPEC member**

# Our plans for the future

As we move into 2021/22 we will be producing an Engagement Development Plan that will set out how we intend to improve our approach to public involvement. This plan will focus on the following areas:

- a) Embedding consideration of equalities and health inequalities in public involvement work incorporating the wealth of learning that has emerged during the pandemic
- b) Ensuring that public involvement is meaningful and has an impact on strategic commissioning
- c) Ensuring that public involvement is intelligence led and produces meaningful insight that can inform decision making
- d) Laying the groundwork for a framework for public involvement that can inform transition to ICS led strategic commissioning.

We will continue to develop the role of our patient committee, PPEC as the voice for our communities and a strategic advocate for good quality public engagement.

We will also be taking the learning from our engagement on the Covid-19 vaccination programme forward into other programmes of work, particularly learning on how to build trust with communities and how to reach communities who we have not traditionally engaged well with.