NHS Long Term Plan Report for

Nottingham & Nottinghamshire

Healthwatch Nottingham and Nottinghamshire
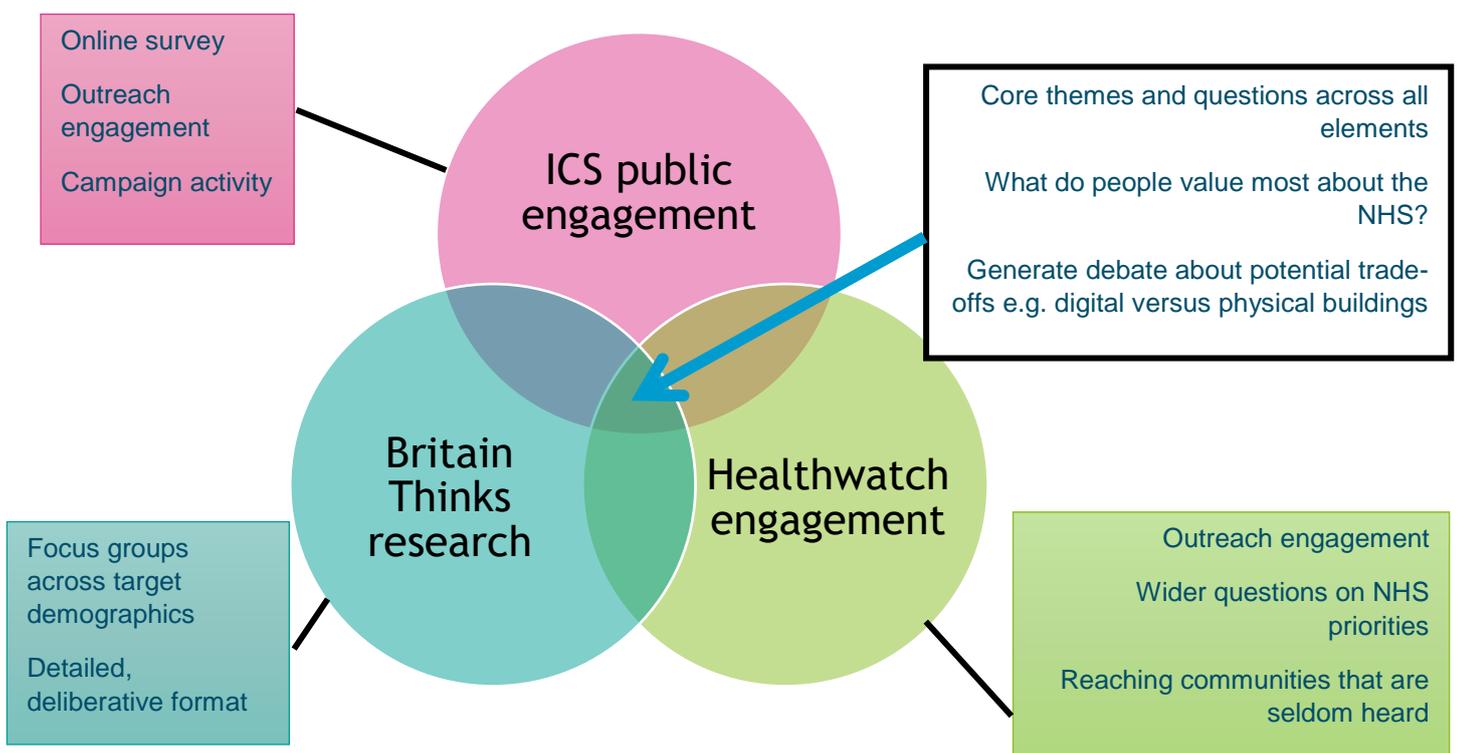
what
would you do?

It's your NHS. Have your say.

Executive summary

In January 2019 the NHS launched the Long Term Plan (LTP) which sets out the NHS ambition that everyone has the best start in life, receives world class care for major health problems and gets the support they need to age well. Between March and May 2019 Healthwatch Nottingham and Nottinghamshire (HWNN) collected 610 survey responses and carried out three focus group discussions with local people to find out their views on the NHS LTP in order to help inform and shape local priorities. This formed a key part of the Nottingham and Nottinghamshire Integrated Care System (ICS) engagement on the LTP which consisted of:

- Public engagement by the Nottingham and Nottinghamshire ICS (ICS) communications and engagement team
- Public engagement by HWNN
- Attitudes and Understanding Research by social research agency Britain Thinks

The model below explains the role of each of the partners in this engagement process and demonstrates the types of data collected for each of the questions.

Online survey

Outreach engagement

Campaign activity

ICS public engagement

Core themes and questions across all elements

What do people value most about the NHS?

Generate debate about potential trade-offs e.g. digital versus physical buildings

Britain Thinks research

Healthwatch engagement

Focus groups across target demographics

Detailed, deliberative format

Outreach engagement

Wider questions on NHS priorities

Reaching communities that are seldom heard

HWNN engagement focussed on wider questions on NHS priorities and engaging with communities that are seldom heard. Respondents were asked about priorities that the ICS wanted feedback on - urgent and emergency care, mental health, and finance and efficiency. Urgent and emergency care was rated as the most important priority, followed by mental health, and finance and efficiency.

Respondents were then presented with a further choice of five other areas that could be prioritised. The top choices were local health and care workforce and major health conditions.

Children and young people's health and preventing ill health came next followed lastly by digital innovation in healthcare.

When asked to choose which mattered most between prevention or treatment there was an equal split in numbers of responses with 39.8% (n=243) feeling that preventing people becoming ill was more important, and 38.9% (n=237) feeling that treating people when they become ill was more important.

However, many more 40.3% (n=246) felt that the best possible care and treatment was the most important compared to choice and control 29.8% (n=182).

Finally, respondents were asked whether the NHS should invest in buildings or digital technology. Significantly more 60.8% (n=371) felt that investing in buildings and equipment was the most important compared to 10.3% (n=63) who said that investing in digital technology for healthcare was the most important.

The ICS will use these responses as follows:

- Bring them together with the findings from ICS engagement and Britain Thinks, including combining datasets where we have asked the same questions

- Share findings with the organisations and strategic groups in the local health and care system, and develop an understanding of how best to take them forward into the local ICS plan which will be published in November 2019

- Follow up the findings on choice and control, digital innovation and finance and efficiency to gather further insights and better understand how people feel about these issues.

Background

In January 2019 the NHS launched its Long Term Plan (LTP), which sets out ambitions 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 deliver the aims of the LTP locally we asked people to share their views to inform and shape the local plan for Nottingham and Nottinghamshire. Healthwatch Nottingham and Nottinghamshire (HWNN) engaged with 610 local people through either an online or face to face survey and 23 people through focus group discussions.

Purpose

The purpose of this consultation was to gather views from the local population to inform and shape the local plan being developed by the Nottingham and Nottinghamshire ICS (ICS).

Objectives

- Collect 250 survey responses from Nottingham citizens and 250 survey responses from Nottinghamshire residents
- Carry out 3 focus group discussions
- Analyse findings, summarise results and prepare a report for HWE and the local ICS
- Work with the ICS to agree recommendations and ensure these are implemented across our local area

The local population

The latest estimate of Nottingham City's resident population is 329,200. 29% of the population are aged 18 to 29 with full-time university students comprising about 1 in 8 of the population. The 2011 Census shows 35% of the population as being from BME groups. Nottingham has a higher than average rate of people with a limiting long-term illness or disability. White ethnic groups have higher rates of long term health problems or disability overall, although this varies with age, with some BME groups having higher rates in the older age-groups.

The number of people living in Nottinghamshire in 2016 was 835,000. Children and young people make up around 23% of the population. BME populations are relatively low in Nottinghamshire as a whole, making up 4% of the population and 7% in Broxtowe, Gedling and Rushcliffe. Disability affects a large proportion of our population approximately one in ten adults in Nottinghamshire aged 18-64 live with moderate/severe physical disabilities. The most deprived areas are Mansfield, Ashfield and Bassetlaw and the least deprived area is Rushcliffe. Our increasing older population living in isolated areas without public transport is set to increase.

Methodology

HWNN targeted community groups and people who are seldom heard across the City and County to undertake the survey. These included:

- Carers
- Parents at Children's centres
- Older people
- People with Parkinson's
- Homeless people
- People with Mental Health issues

Three additional groups were targeted to undertake the focus group discussions which were made up of older people, LGBT and people attending weight management classes.

Question selection

Closed questions identified by the ICS were used to ask what respondents felt were the top priorities for health and care in Nottingham and Nottinghamshire. In each case respondents were then asked to describe more about any areas they felt strongly about.

The next set of questions in the survey and focus group discussions were three 'trade-off' questions developed by the ICS. These questions were designed to generate debate and challenge assumptions around some of the core elements of the LTP – for example digital innovation or personalisation. By proposing hypothetical trade-offs the ICS wanted to be able to begin a conversation with the population about what is and is not important to them in these areas. Respondents were asked, for example, which is more important to people – investing in digital innovation or in physical buildings and equipment for healthcare. While this is a hypothetical trade-off, it has helped to generate significant debate and insight across all our approaches. For example, it has provided learning that the ICS needs to better articulate the benefits of digital innovation in healthcare.

Demographics of respondents

Of the 610 respondents, 25.9% (n=158) were Nottingham City citizens, 62.2% (n=410) were Nottinghamshire County residents and 6.9% (n=42) were out of area which are included in the analysis. 6.4% (n=39) were under the age of 25, 50.8% (n=310) were aged 25-64 and 26.1% (n=159) were aged 65 and over. 88.9% (n=542) described themselves as white and 5.8% (n=35) were black, Asian and minority ethic people (BAME), 3.1% (n=19) did not answer this question and 2.3% (n=14) preferred not to say what their ethnicity was. 25.6% (n=156) described themselves as carers and 56.4% (n=344) described themselves as having a disability. Respondents were asked to state who they are attracted to and there answers were compared to their sex, 71.8% (n=438) were translated as heterosexual, 4.4% (n=27) as bisexual and 4.1% (n=25) as homosexual. For further details see Appendix 1.

Summary of Findings

What matters most to people in Nottingham and Nottinghamshire?

The first question that was asked was, *'What do you think is the best thing about the NHS?'*

Out of 610 respondents, 68.4% (n=417) of people questioned answered this question. The majority of respondents 51.8% (n=216) said they believed the best thing about the NHS was, *'it's free'*, while 37.4% (n=156) said the best thing about the NHS was 'the staff'. Examples given by respondents included *'Nursing staff and GPs are worth their weight in gold', 'dedicated staff', 'well trained and qualified staff'* and *'dedicated caring staff'*. A minority of respondents, 14.6% (n=61) said the best thing about NHS was that it was, *'available to all/everyone/available 24/7'* and a further 13.9% (n=58) said the best thing about the NHS was, *'access to care/services/access for all/ease of access'* .

In addition to the above, there was a large variety of comments but the general themes that emerged were that people felt safe and secure knowing that the NHS was in place and that they would receive a good standard of care from caring staff. Several respondents mentioned that they had trust in the healthcare professionals to not only provide accurate decisions but in some cases were happy for them to make decisions about their care. While any patient has the right

to ask their doctor to make these decisions, by law, in professional ethics and under the NHS Constitution, decisions about treatment should be arrived at in dialogue between patient and their healthcare professional, with options presented appropriately to the patient for decision.

Top Priorities Over 5 Years

The survey and the focus groups explained that the people who plan local health and care services have identified three top priorities in Nottingham and Nottinghamshire over the next 5 years. Respondents were asked a closed question whether they agreed or disagreed that these areas of care should be top priorities in Nottingham and Nottinghamshire:

- Mental Health
- Urgent and emergency care
- Finance and efficiency

The responses to these questions are shown in Tables 1 to 3 below.

Urgent and Emergency Care

Answer	No.	Percent
Very important	501	82.1%
Important	97	15.9%
Not answered	4	0.7%
Not very important	4	0.7%
Neither unimportant or important	3	0.5%
Not important at all	1	0.2%
Total	610	100.0%

Table 1 – source all respondents (n=610)

The majority of respondents 82.1% (n=501) felt that urgent and emergency care was very important, 15.9% (n=97) thought that it is very important, 0.9% (n=5) thought that it was not very important or not at all important and 0.7% (n=4) did not answer this question.

One focus group rates that this is slightly more important that the other two as the care needs to be, *'then and there'*, though it was suggested that a *'two triage'* system would be useful to filter out the urgent emergencies from the less urgent.

Mental Heath

Answer	No.	Percent
Very important	436	71.5%
Important	135	22.1%
Neither unimportant or important	25	4.1%
Not answered	5	0.8%
Not very important	5	0.8%
Not important at all	4	0.7%
Total	610	100.0%

Table 2 – source all respondents (n=610)

Most respondents 71.5% (n=436) felt that mental health is very important, 22.1% (n=135) thought that it is important, only 1.5% (n=9) thought it was not very important or not important at all. 0.8% (n=5) did not answer this question.

Two out of the three of the focus group discussions rated mental health as the most important priority because it has, *'so long been pushed to the back'* and *'it's a widespread problem.'*

Finance and Efficiency

Answer	No.	Percent
Very important	336	55.1%
Important	182	29.8%
Neither unimportant or important	51	8.4%
Not very important	19	3.1%
Not answered	13	2.1%
Not important at all	9	1.5%
Total	610	100.0%

Table 3 – source all respondents (n=610)

Fewer respondents felt that finance and efficiency was very important 55.1% (n=336), 29.8% (n=182) felt that it was important, 4.6% (n=28) thought that it was not very important or not important at all and 2.1% (n=13) did not answer this question.

Overall respondents rated urgent and emergency care as the most important priority of the three, followed by mental health and finance and efficiency.

Respondents were then asked to tell us more about the areas they felt strongly about. 360 people give written responses to this question. Over one third mentioned mental health as the most important priority saying, '*it's always been the poor step child of healthcare,*' and '*the Cinderella for far too long*'. It was generally felt that mental health has not been given the same importance as physical health. The main issues described were lack of staffing, resources and funding.

The second most described was the importance of A&E and urgent and emergency care, '*A&E is critical*', '*A&E need more resources and staff*' and '*A&E should be quick access with no waiting*' , in particular the need for more funding, reduction in waiting times and the misuse of A&E i.e. people attending A&E when they could have been seen by their GP.

Finance, particularly more transparency over how money is spent and less wastage of funds was the next most mentioned priority, '*money should go to doctors and nurses not to high paid managers*', '*it's very important that tax payers money should be used efficiently*' and, '*there is a lot of waste in the NHS over prescribing of medicines.*' This was followed by care for young people, '*teenagers and young people do not get timely mental health assessments*', and '*mental health is important and should be addressed at a young age*'. Thirdly social care of the elderly was also seen as a priority, '*better social care packages for the frail elderly*', '*put more nursing care into the care of the elderly*', '*tackling the root cause of issues i.e. loneliness/social care rather than hospital beds for the elderly would deliver savings.*'

Other areas that could be prioritised over the next 5 years

The ICS intends to work on all areas of the NHS LTP and were interested to explore the level of public support for each of the following areas

- Preventing ill health
- Children and young people's health
- Major health conditions
- Local health and care workforce
- Digital innovation in healthcare

Using closed questions developed by the ICS, respondents were therefore asked to say how important each of the above areas of the NHS was to them. Respondents indicated that local health and care workforce was most important for them while digital innovation in healthcare was of least importance to them.

Local health and care workforce

Answer	No.	Percent
Very important	479	78.5%
Important	116	19.0%
Neither unimportant or important	6	1.0%
Not answered	5	0.8%
Not important at all	2	0.3%
Not very important	2	0.3%
Total	610	100.0%

Table 7 – source all respondents (n=610)

Local health and care 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 scored the highest with 78.5% (n=479) saying that this was very important, 19.0% (n=116) said it was important, 0.6% (n=4) said it was not very important or not important at all and 0.8% (n=5) did not answer this question.

This was seen as a priority by two of the focus groups one of which suggested the need for more prescribing nurses in order to help GPs and the other that felt the health and wellbeing of the workforce was very important.

Major health conditions

Answer	No.	Percent
Very important	438	71.8%
Important	140	23.0%
Not answered	15	2.5%
Neither unimportant or important	13	2.1%
Not very important	3	0.5%
Not important at all	1	0.2%
Total	610	100.0%

Table 6 – source all respondents (n=610)

Major health conditions – better care for major health conditions in our society such as cancer, diabetes and stroke – for example faster diagnosis and better treatment was ranked as very important by 71.8% (n=438) of respondents, 23.0% (n=140) felt that this was important 0.7% (n=4) replied that it was not very important or not important at all and 2.5% (n-15) did not answer this question.

Major health conditions was seen as a priority by all three focus groups as long as funds are not diverted away from lesser known conditions that result in a, *'poor quality of life.'*

Children and young people's health

Answer	No.	Percent
Very important	363	59.5%
Important	184	30.2%
Neither unimportant or important	40	6.6%
Not answered	11	1.8%
Not very important	8	1.3%
Not important at all	4	0.7%
Total	610	100.0%

Table 5 – source all respondents (n=610)

Children and young people's health – more action on services for children and young people including mental health services, maternity services and treating illnesses - was indicated at

very important by 59.5% (n=363) of respondents, as important by 30.2% (n=184) and not very important or not important at all by 2% (n=12). 1.8% (n=11) did not answer this question.

Children and young people's health was seen as a priority by two of the three focus groups because, *'that's going to effect the future of the NHS.'*

Preventing ill health

Answer	No.	Percent
Very important	277	45.4%
Important	252	41.3%
Neither unimportant or important	49	8.0%
Not very important	19	3.1%
Not answered	8	1.3%
Not important at all	5	0.8%
Total	**610**	**100.0%**

Table 4 – source all respondents (n=610)

Preventing ill health – more action on things that create poor health such as smoking, alcohol and unhealthy eating was seen as very important by 45.5% (n=277) of people, as important by 41.3% (n=252), not very important or not important at all by 3.9% (n=24). 1.3% (n=8) did not answer this question.

Preventing ill health was seen as a priority by all three focus groups, particularly informing people how to keep healthy, having preventing ill health programmes and starting health promotion with very young children.

Digital innovation in healthcare

Answer	No.	Percent
Important	181	29.7%
Neither unimportant or important	159	26.1%
Very important	117	19.2%
Not important at all	74	12.1%
Not very important	57	9.3%
Not answered	22	3.6%
Total	**610**	**100.0%**

Table 8 – source all respondents (n=610)

Digital innovation in healthcare – using things like Skype for appointments to help you get better access to your GP was seen as the least important priority overall, with 29.7% (n=181) recording this as important, 26.1% (n=159) as neither unimportant or important, 19.2% (n=117) as very important, 12.1% (n=74) as not important at all, 9.3% (n=57) as not very important. 3.6% (n=22) did not answer this question.

Digital innovation in healthcare was seen as important by one of the focus groups particularly sharing of information between hospitals and services and uploading patient records to digital systems.

In a previous project on digital technology and health care Healthwatch Nottingham and Nottinghamshire asked local people to tell us if they would like to access the following information digitally:

- 'Health and care information/records via online services'
- 'GP appointments via telephone'
- 'GP appointments via online video link'
- 'Technology or online services to monitor your health conditions'
- 'A web or app based tool to link to local services or support'

The findings from this question can be found in the table and description below.

|	Health & care info online		GP appt. via telephone		GP appt. via video link		Technology to monitor health		Web/app to link to support	
Response	**No**	**%**	**No**	**%**	**No**	**%**	**No**	**%**	**No**	**%**
Yes I would	293	60.0%	273	54.5%	178	37.5%	289	60.7%	307	64.6%
No I wouldn't	89	18.2%	42	8.4%	254	53.5%	143	30.0%	123	25.9%
I already do	88	18.0%	170	33.9%	17	3.6%	28	5.9%	23	4.8%
No answer	18	3.7%	16	3.2%	26	5.5%	16	3.4%	22	4.6%
Total	**488**	**100.0%**	**501**	**100.0%**	**475**	**100.0%**	**476**	**100.0%**	**475**	**100.0%**

Table 9 Source all respondents (n=471)

NB: totals shown can be greater than 471 due to respondents being able to provide multiple answers.

60.0% (n=293) would like to access health information online, 18.0% (n=88) already do, 18.2% (n=89) would not.

54.5% (n=273) would like GP telephone appointments, 33.9% (n=170) already do, 8.4% (n=42) would not.

37.5% (n=178) would like to access GP appointments via online video link (Skype, Facetime etc.), 3.6% (n=17) already do, 53.5% (n=254) said they would not like access to this. This is spread across most age bandings.

This graph below shows the age bandings of those who would not like access to GP appointments via online video link.
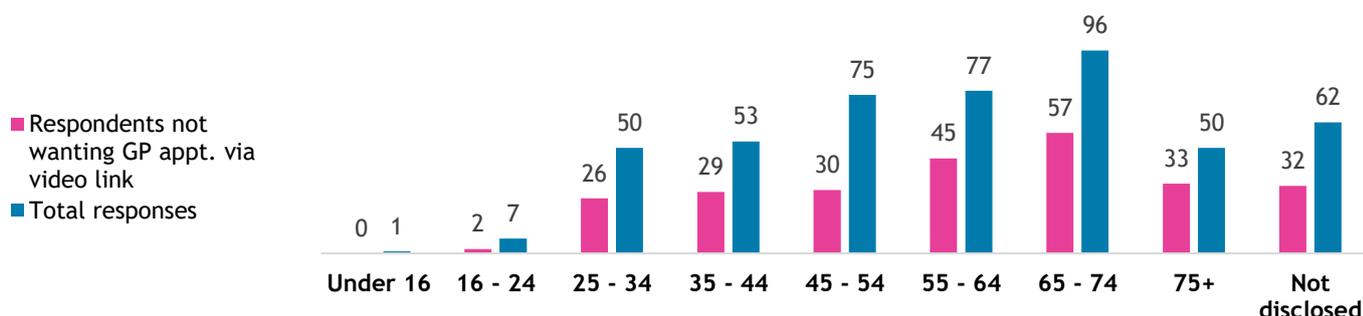
60.7% (n=289) would like to use technology or online services to monitor their health condition, 5.9% (n=28) already do, 30.0% (n=143) would not.

64.6% (n=307) would like a web based tool to link to local services or support, 4.8% (n=23) already do and 25.9% (n=123) would not. (HWNN QOTM report Can technology improve your care September – October 2018).

Summary

In summary, local health and care workforce and major health conditions were seen as very important or important by the majority of respondents.

We then asked people to explain their answers, 329 people responded with a wide far reaching range of comments.

Over a quarter of people talked about the importance of preventing ill health with, '*more readily available clinics*' and '*starting prevention education in childhood*'.

Children and young people's health was mentioned as important, as '*they are the future of the country*'. A few people talked about encouraging them to eat healthily and take exercise.

Digital technology was the next most written topic, highlighting that it is not accessible to all, *'many people do not have that facility/access to the internet'*, particularly *'the elderly'*.

A number of people specifically remarked on the need to improve conditions (working hours) and numbers of the local health and care workforce which it was felt had, *'suffered badly over the years with cuts and staff shortages.'*

Choices about health and care

We then asked respondents to choose which they thought is more important for the NHS and social care to deal with. These questions were designed to begin a conversation with the local population about what is and is not important to them and to generate debate.

The first question asked people to choose between the following:

- Preventing people becoming ill
- Treating people when they become ill
- I'm not sure which is more important

These results are shown in Table 9 below.

Answer	No.	Percent
Preventing people becoming ill - Keeping people fit and well so they are less likely to become ill	243	39.8%
Treating people when they become ill - Making sure that people who become ill have the best possible treatment	237	38.9%
I'm not sure which is more important	117	19.2%
Not answered	13	2.1%
Total	610	100.0%

Table 9 – source all respondents (n=610)

There was an almost equal split in respondents' answers to this questions with 39.8% (n=243) reporting that preventing people becoming ill was more important while 38.9% (n=237) believed that treating people when they become ill was more important. 19.2% (n=117) were not sure which was more important and 2.1% (n=13) did not answer this question. However, the responses to this 'choose an option' question need to be read in the light of the responses given in the free text box below.

When asked to describe why they chose a specific option, 420 respondents provided written feedback with their reasons. Of these
- 173 respondents talked about prevention. *'Prevention is better than cure'* was mentioned many times, as it is, *'less costly than treatment'* and *'will free up time in the long run'*. However many respondents also said, *'no matter how hard people try some are going to become ill so it's important they get the best treatment.'*
- 117 respondents talked about treating people when they become ill
- However, numerous respondents described both choices as *'equally important'* or talked about how not everything can be prevented so treatment is also vital. 'Although prevention is better than cure, in real life no prevention program is 100% effective' and 'it is often all too difficult to keep people fit and healthy as this is the individuals own choice.

Both choices of prevention and treatment were seen as important by two of the three focus groups, the third group felt that treating people when they become ill was the priority as, *'not everything is preventable.'*

The second question regarding choices about health and care asked people to choose between:

- Letting people manage their own health and wellbeing and choice of 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
- I'm not sure which is more important

Under the NHS Constitution people have a right to make choices about their NHS care and to be involved in discussions and decisions about their healthcare. The reason that the ICS asked this question was to '*generate debate about some of the things that the NHS will be looking to do over the next 5-10 years, and the trade-offs within these questions are hypothetical. The purpose is not to ascertain whether we should do these things, but rather to start an honest and open dialogue about the level of public interest or support for them locally.*' (Nottingham and Nottinghamshire ICS)

The answers can be found in Table 10 below

Answer	No.	Percent
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	246	40.3%
Choice and control - Letting people manage their own health and wellbeing and choice of treatment	182	29.8%
I'm not sure which is more important	130	21.3%
Not answered	52	8.5%
Total	610	100.0%

Table 10 – source all respondents (n=610)

40.3% (n=246) felt that the best possible care and treatment was the most important, 29.8% (n=182) felt that choice and control was most important and 21.3% (n=130) were not sure which was more important. 8.5% (n=52) did not answer this question.

376 gave written answers when asked to describe why they had made a certain choice. Best possible care and treatment was supplemented with answers such as '*people don't always know everything about their condition*', because '*doctors know best*' because '*they have the knowledge and expertise*', and because '*everyone deserves the best possible treatment*'. Choice and control was seen as important because '*it's your illness*' and '*helps people take control and responsibility for their care*'. Many people said that both were equally important as, '*I know my own body*', '*it's a human right*' and '*people should have a say & full knowledge about how they are being treated, such as medicines & long term/short term effects.*'

Each focus group chose a different answer to this question, one group felt choice and control was more important unless you didn't have the capacity to choose because you had a mental illness or dementia, another group felt that the best possible care and treatment was most important though the preference was to have this, '*alongside discussion with the person*' and the last group were not sure which was more important but felt that if you are offered a choice it should be an, '*informed choice*'.

In a HWNN project on Shared Decision Making we found that participants were in favour of choice and control as long as a number of conditions were in place, these included having the confidence to ask questions and time to ask, having trust in health professionals, understanding the language being used, having the mental capacity to be able to make a choice, having all the information needed including the benefits and risks, being listened to, having follow up from health professionals wherein additional questions could be asked and having a plan that is shared with all health professionals involved. (Shared Decision Making Report July 2019).

The third question in this section was which of the following is more important:

- Investing in digital technology for healthcare
- Investing in buildings and equipment for healthcare
- I'm not sure which is more important

The answers to these questions can be found in Table 11 below

Answer	No.	Percent
Investing in buildings and equipment for healthcare - Investing in the buildings and equipment used at locations where people go to for urgent healthcare	371	60.8%
I'm not sure which is more important	124	20.3%
Investing in digital technology for healthcare - Using things like Skype for appointments to help people get better access to their GP	63	10.3%
Not answered	52	8.5%
Total	**610**	**100.0%**

Table 11 – source all respondents (n=610)

The majority of respondents, 60.8% (n=371) reported that investing in buildings and equipment was the most important. A significantly lower number of respondents, 10.3% (n=63), believed investing in digital technology for healthcare was more important. 20.3% (n=124) were not sure which is important and 8.5% (n=52) did not answer this question.

When asked to explain their answer, 341 people gave comments. The majority of these spoke about the importance of investing in buildings and equipment for healthcare, *'equipment and the buildings are definitely more important, without the best equipment, people can't have the best treatment.'* As before, the argument for not investing in digital technology was because Skype for appointments is of no use to people without internet access or Skype, and buildings were described as *'old and tired'* and *'not fit for purpose.'*

Two of the focus group felt that buildings were more important than digital technology because without these you couldn't have the digital technology, the third group were unclear of the 'scope' of the term 'digital technology' and felt that if it meant the digital technology that is used in MRI scanning, gamma scanners and key hole surgery that this was more important that buildings.

Conclusions

The majority of respondents (51.8%) reported that best thing about the NHS is that it is free at the point of delivery. The second most common (37.4%) response was that staff are the best thing about NHS, for example *'nursing staff and GPs are worth their weight in gold', 'dedicated staff', 'well trained and qualified staff'* and *'dedicated caring staff'*.

When asked to choose between the three top priorities suggested to them, respondents rated urgent and emergency care as the most important priority followed by mental health and finance and efficiency.

When presented with a further choice of five other areas that could be prioritised, the top choices were local health and care workforce and major health conditions. Children and young people's health and preventing ill health came next followed lastly by digital innovation in healthcare.

There was an almost equal split in numbers of responses when asked to choose which mattered most between prevention or treatment, with 39.8% feeling that preventing people becoming ill was more important, and 38.9% feeling that treating people when they become ill was more important.

However, many more (40.3%) felt that the best possible care and treatment was the most important compared to choice and control (29.8%).

When asked whether the NHS should invest in buildings or digital technology, significantly more respondents (60.8%) felt that investing in buildings and equipment was the most important compared to 10.3% who said that investing in digital technology for healthcare was the most important.

Statement from the ICS on next steps

The ICS has undertaken a comprehensive programme of public engagement which includes the HWNN public engagement included in this report, public engagement by the ICS team and attitudes and understanding research by the social research agency Britain Thinks.

The ICS has identified the following findings as standing out:

- The things people value most in the NHS are the concept of free at the point of need healthcare and the workforce

- People do not feel that finance and efficiency on their own are significant priorities, compared to thematic areas such as mental health and urgent care – this tells us that there is little support for budget reduction and efficiency of and for their own sake

- There remains large scale support for mental health investment – although our commissioned focus groups suggest this may vary across demographics

- The concept of choice and control in healthcare merits further engagement – levels of support may vary significantly depending on context.

The ICS plans to investigate the following further:

- Triangulate the findings from the HWNN engagement with the findings from across the other approaches. This will also involve combining datasets where we have asked the same questions. Following this we will undertake a programme of stakeholder engagement across the local health and care system, reflecting back the findings to our stakeholders and developing an understanding of how best to take them forward into our local plan.

- Follow up the findings on choice and control, digital innovation and finance and efficiency to generate further insights and to better understand how people feel about these issues.

The ICS timeline for producing their local plan is as follows:

- July 2019- Healthwatch Nottingham and Nottinghamshire publish their NHS LTP engagement report

- August 2019 - ICS completes analysis and reporting of engagement findings, including a comprehensive report covering all three approaches, with input from HWNN

- September 2019 - ICS undertakes programme of stakeholder engagement through local system boards and bodies to develop a plan for translating the insights into the local plan

- November 2019 - The local ICS plan is published.

The ICS are keen to discuss with Healthwatch Nottingham and Nottinghamshire how best to develop an engagement plan that will track progress against the local plan that is published in November 2019.

HWNN next steps

HWNN will work with the ICS to interpret the combined datasets and formulate conclusions, and participate in the ICS programme of stakeholder engagement with local systems and bodies.

HWNN will engage in discussions with the ICS on the development of a further engagement plan to track progress.

Appendix 1 - Demographics

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%

Table 12 – source all respondents (n=610)

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%

Table 13 – source all respondents (n=610)

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%

Table 14 – source all respondents (n=610)

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%

Table 15 – source all respondents (n=610)

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%

Table 16 – source all respondents (n=610)

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%

Table 17 – source all respondents (n=610)

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

Table 18 – source all respondents (n=610)

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%

Table 19 – source all respondents (n=610) – note: this is the number of respondents who have identified per condition.

Disability Count	No.	Percent
Number of respondents	344	56.4%

Table 20– source all respondents (n=610) – note number of respondents who indicated they had a disability/impairment

Disability Status	No.	Percent
Yes, a little	136	46.3%
Yes, a lot	99	33.7%
No	53	18.0%
Prefer not to say	6	2.0%
Total	**294**	**100.0%**

Table 21 – source all respondents (n=610)