

Meeting between NNICB Engagement and Communications Team and Bassetlaw VCSE Providers: Transcript

13 May 2025, 12:03pm

- **Becky Law** started transcription
- Introductions ...**

AB

Andria Birch 2:11

Thank you everybody. I suggest we hand straight over to Katie and then we'll have space and time for questions and discussion. So over to you, Katie. Thank you.

SK

SWINBURN, Katie (NHS NOTTINGHAM AND NOTTINGHAMSHIRE ICB - 52R) 2:24

Thank you, Andrea. Helen, did you want to set a bit of background information or is everybody aware around the engagement or would it be useful for Helen to give a bit of background? And then I can touch on the engagement perspective.

AH

AZAR, Helen (NHS NOTTINGHAM AND NOTTINGHAMSHIRE ICB - 02Q) 2:37
I attended the Bassetlaw Voices meeting last week and gave the background, but I am happy to again if of use.

AB

Andria Birch 2:48

I think it's probably worth a brief recap, Helen, if that's OK.

AH

AZAR, Helen (NHS NOTTINGHAM AND NOTTINGHAMSHIRE ICB - 02Q) 2:48

Thank you. As you will all be aware, as the CCG in Bassetlaw invested into vcse, organisations across the district and embedded some of those services in our local clinical pathways. Since CCGs were dissolved nationally in 2022 and ICBs were formed, we've had to revisit the investment from a Bassetlaw perspective. As you will be aware, that has reduced year on year since 2022.

Earlier this year, there was a paper that was submitted to the ICB regarding a decision on the Bassetlaw grants for the current financial year. The outcome of that

was that a six month extension was awarded for the majority of grants and a 12 month extension for two grants that were aligned into different pathway model development within the wider ICB and ICS system.

The current situation that is that all recipients of grants have got an extension until October. As part of the six months extension, it was agreed that we do an engagement piece of work which is where Katie and colleagues are coming in to support with that. Does anybody have any questions at this stage?

AB Andria Birch 4:25

Thanks, Helen. I'm sure we've got lots of questions, but shall we take them after Katie's input, if that's OK. Thank you.

SK SWINBURN, Katie (NHS NOTTINGHAM AND NOTTINGHAMSHIRE ICB - 52R)
4:34

Thanks for that, Helen. I just thought it would be good to just set a bit of background context. So from an engagement perspective, Helen's been liaising with myself and we're carrying out this piece of engagement work.

It was launched on the 6th of May and will run until midnight on the 28th of May. We've pulled together a full comprehensive communications and engagement plan and Helen contacted me last week to ask what engagement is taking place.

So I thought it would be useful for me to run through what engagement we are doing, but that's not to say that that's all finalised and finished. Any help and assistance or any other suggestions in relation to engagement would definitely be welcomed.

So what we have done is launched an online survey. That survey has been cascaded far and wide to over 250 people that has included District Council, District councillors as well, and we have carried out a stakeholder mapping in relation to the area within Bassetlaw and also surrounding areas as well.

If you think of any other contacts or communities that would benefit from receiving that e-mail, then please do obviously cascade that forward. We know that not

everybody is digital accessible in relation to the survey, so hard copies of the survey are available.

Our engagement inbox is on there, but I'm happy to put my e-mail address in the chat so people can reach out to me directly and I'm happy to send those questions those surveys onto you should anybody need that survey in any other format or different language?

Again, that is obviously available as well, including easy read, so do please reach out to me should you have any communities or networks that would like that information in any alternative formats that are available. We have produced a poster as well that I think I sent round to everybody yesterday. If you haven't received it again, I'll send it on to Becky and Becky. If you're happy to send it around the distribution list that are on this call today.

For those that will receive the recording, that would be really useful as well. What we have also done is we've set up some online briefing sessions for people to join so that registration and e-mail went out yesterday.

There are three different sessions that will be taking place. So one is this Friday, which is the 16th of May. One is taking place on the 19th of May and another one is taking place on the 27th of May. Just to let everybody else know as well as well, we have received a request from the district councillors at Bassetlaw to hold an evening session as well. That will be held at 6:30 in the evening. Councillors have said that they're going to share that invite with VCSE colleagues as well, so you are more than welcome to join that session as well.

So if you do have any questions or queries that I or Helen can't answer today, we will have other people that will be may be able to answer them on the call. But if we can't get answers to anything, we're happy to take them back and then obviously field them to people as well.

I mentioned to Helen yesterday and what other people may find useful so they don't have to repeat themselves as if we populated an FAQ document.

So that can be an ongoing as we run these online briefing sessions, if we meet any community groups face to face, et cetera, I think it'd be really useful to share that with colleagues as well. So you don't find you're repeating yourselves, but if there are questions, you will have that document to hand as well. So that you can reference that to any communities or networks that you work with.

We have got stakeholder meetings that are taking place. One is taking place this week, which is our engagement practitioners forum. So Becky, I know that you're in. That meeting, that meeting is recorded, although it's not evidenced on the agenda it I am chairing the meeting and it will be referenced under any other business. So that's where we will share this opportunity with other engagement professionals across our system and system so that they can cascade this information far and wide so we can get as many responses as we can in relation to this piece of work. I'm open to come to any community groups, so whenever they're taking place, whether it's morning, evening, afternoon, weekends, etcetera.

Please do reach out to me. I'm more than happy to come and talk to any group setting. Sometimes it's easier to talk to people face to face rather than actually on an online setting. So if you have got any group meetings that are taking place and you'd like me to come along to talk about this piece of work, please do reach out to me and I will have that into my diary so that I can come and talk to him. Not everybody does want to speak up in a group setting or online either.

If people would like to give me feedback over the telephone, my number, my mobile number is available. If people. If people wanted me to call them please, you know, ask them to text me and I will give them a call straight away whether they want to complete that survey online.

And I can do that for them or I'm happy to take feedback and notes from that conversation as well, so that I can collate as much feedback as possible. And we're obviously, I've just mentioned the district councillors as well in the meeting that we're hosting, we've also sent the information out far and wide from our communications team as well. We have added it to our website and we are planning some social media posts as well so that we can communicate this piece of

work far and wide, so if you do see that on any social media, please do share that with colleagues, et cetera as well.

We've also produced a press release that we can obviously issue. So please do keep a look out of that for that and any local media channels and we have included this in our newsletters as well, and a stakeholder briefing has just recently been prepared by our communications colleagues within the ICB and it's been sent out there, it has also been included in our staff newsletter as well and this will continue for the majority of this engagement period.

Just to add on in relation to attending Community group meetings, I did say the 28th of May was the cut off point and I will be producing a report, a report, but if you've got any meetings that are taking place after that date I'm more than happy to come along to those meetings.

So don't. Please don't feel that the 28th of May is definitely. That's it. It's done. It's finished. I'm more than happy to come to any meetings for the following week because I have got to produce a full engagement report that will be submitted to the team on the 6th of June.

Once that report has been finalised and has gone through the processes with the team, I am happy to communicate that report and those findings with all colleagues as well, so all of the feedback will be collated within that report.

So whether that's from the online briefing sessions face to face conversations, telephone interviews, the survey, etcetera, or any other stakeholder meetings, it will be contained within that report. And I'm happy to share that with everybody once this engagement period has concluded as well.

I'm just having a look through my notes and I think I've covered everything. The only other thing that I wanted to say is if you have got any colleagues that need any additional needs in relation to attending the online briefing session.

So should that be interpreters or BSL interpreters etcetera? Please do let me know so that we can obviously adhere to that and try and source those interpreters in plenty of time. Share any information for them so that they're available to support any

citizens, residents, colleagues, etcetera who may be joining any online briefing sessions as well. So I'm going to pause now and I will take any questions. Andrea, I know that you said you've got some questions but. I would let everybody else collect their thoughts, but please do share any questions with me.

AB Andria Birch 12:45

Thank you, Katie. I have got a long list, but I will open the floor to colleagues to go first rather than me read through them because I'm sure they'll raise many of them. To start off with as you mentioned that you've done stakeholder mapping and that this has been sent to 250 people. I wasn't sure whether they were in Bassetlaw or across the system. Are you able to share that list with us please? Because we're not going to be able to identify who's missing if we don't see it.

SK SWINBURN, Katie (NHS NOTTINGHAM AND NOTTINGHAMSHIRE ICB - 52R)
13:12

Yeah, I won't share e-mail addresses because of GDPR, but I'm happy to submit a list of all the organisations that we have cascaded that to that to Andrea. That's absolutely no problem at all.

AB Andria Birch 13:23

Thank you, and is it Bassetlaw focused or system wide?

SK SWINBURN, Katie (NHS NOTTINGHAM AND NOTTINGHAMSHIRE ICB - 52R)
13:27

It was, it was very Bassetlaw focused when we did submit it because that's the area that we're concentrating on. But that with that said, it's not just the Bassetlaw that we have cascaded it to. So for example, I have sent it to the VCSE alliance, as you know, that was obviously a system wide collective of voluntary community sector organisations and groups. It has been sent to our engagement practitioners forum as well that has over 72 different organisations on there from a system perspective. So it has reached far and wide across the system, not just specifically for Bassetlaw.

AB Andria Birch 14:03

OK. Thank you, David.

DK

David Kirkham 14:08

OK, Katie, thank you. Thanks for the overview and I appreciate you moving very quickly on this piece of work. I was just thinking as you were giving the summary about how we can best support the process, I know you're doing a very sort of broad enquiry and you've talked about various consultation sessions.

We are pulling together a composite of data and a narrative that really just sort of demonstrates the combined value of delivery across the Bassetlaw area on behalf of B CVS and the Partnership.

It's an opportunity really to see how best we can connect him with your report process, Katie, and think about the methodology and whether we can, you know, really provide insight and evidence that's going to help you with your decision making process.

There's obviously the quantitative side, they got the KPI data, but we're really interested in sort of demonstrating the combined value and the way that value ripples across Bassetlaw as a place and system.

So, you know, really it's an open call to connecting with you and see how we can help with that overall process and really leverage in as much evidence as we can on behalf of partners in the meeting today and the broader partnership.

SK

SWINBURN, Katie (NHS NOTTINGHAM AND NOTTINGHAMSHIRE ICB - 52R)

15:32

Absolutely, David. In fact, when you were talking, I was thinking, can you pop your e-mail address in the chat because it'd be really good to connect with you to get that insight and that intelligence? Yeah, I just thought of one point I forgot to totally mention as well. So the online briefing sessions, they will be recorded as well for those individuals who may not be able to join those sessions, those recordings can be shared with colleagues on this call. They will be available on our website as well. But if you have got colleagues who cannot attend any of the online brief.

DK **David Kirkham** 15:37

I'll do that straight away, yes.

SK **SWINBURN, Katie (NHS NOTTINGHAM AND NOTTINGHAMSHIRE ICB - 52R)**
16:02

Or any other meetings. Please ask them to submit any questions to me so that we can ask them on their behalf as well.

AB **Andria Birch** 16:12

Thank you. Just while everybody gathers their thoughts.

I just wanted to go back a step, if that's OK, and I do appreciate you're the messenger here, Katie. We understand that all partners in organisations in our system are in under increasing pressure. So it's very difficult times with difficult decisions to be made, I appreciate that. However, the original reference was to a review into VCSE investment in Bassetlaw as a result of proposed disinvestment in Bassetlaw. I'm just trying to understand because there's limited information that I've seen so far, if that is still the context of this review - To inform a potential disinvestment in Bassetlaw?

SK **SWINBURN, Katie (NHS NOTTINGHAM AND NOTTINGHAMSHIRE ICB - 52R)**
17:04

OK, in relation to the engagement work that we're doing, when I spoke with Helen and colleagues, it was around influencing any change in relation to what that service review looks like. I'm going to pass on to Helen because she may be able to add a little bit of background or information in relation to that. But you know, I'm not one for doing engagement just for the sakes of doing engagement. I do engagement because we want to hear that patient feedback. We want to hear that service user feedback, so they can influence any commissioning decisions as we move forward, hence why we are doing this piece of work.

AB **Andria Birch** 17:40

OK, thank you. I should then before I hand over to you, Helen that the context for this, and obviously many of our concerns, relate to the thousands of patients currently being supported by these services. When we met last week to discuss the

survey and the information we had today, one of our concerns is we can't really see how that risk is being mitigated through this survey.

So it would be good to understand more about that how this is designed to address that risk.

But also what else is being done to address that risk? Because as it stands, unless the current services are extended that support to those patients will end in October and the impact will not only be on those patients, but on our primary and secondary care partners for whom that work supports directly and indirectly.

Sorry, Katie. Do you want to come back on that first?

SK

SWINBURN, Katie (NHS NOTTINGHAM AND NOTTINGHAMSHIRE ICB - 52R)

18:53

No, no, that's absolutely fine, Andrea. I was just, I was just noting what you've obviously said and I've written that down as obviously a risk in relation to addressing the needs of obviously your local population. You know, following on from this engagement period.

AB

Andria Birch 19:07

Are you able to say more about how this survey and the consultation is designed to address that risk?

AB

Andria Birch 19:16

Q to Katie. Sorry, because my understanding is it's the comms and engagement team leading this review. So I'm assuming it's come from the team.

SK

SWINBURN, Katie (NHS NOTTINGHAM AND NOTTINGHAMSHIRE ICB - 52R)

19:24

So I'm leading the engagement part of this, Andrea. It's Helen and her team that are obviously looking at the review as a whole. I'm out there to obviously gather that intelligence, that feedback, that server use of comments, etcetera that will be produced into report with conclusions, recommendations and key findings that

obviously that the team who Helen works with will then obviously look at those to take it forward.

AB Andria Birch 19:34

OK. Thank you.

AH AZAR, Helen (NHS NOTTINGHAM AND NOTTINGHAMSHIRE ICB - 02Q) 19:53

Thank you for that, Katie. And just to confirm, although I'm involved in this process, I am not unfortunately part of the decision making. So my role in the team in Bassetlaw is very much focused on bringing together all of the information outside of the engagement process.

So as we've previously discussed, we've done equality, quality impact assessments for each individual service and writing papers that will support and will be submitted as part of the decision making process to the executives within the ICB.

AB Andria Birch 20:29

Thank you, Helen. Are either of you able to say who will make the decision based on the recommendations?

AH AZAR, Helen (NHS NOTTINGHAM AND NOTTINGHAMSHIRE ICB - 02Q) 20:40

Specifically or just the boards? It would be the decision will be made by the executives within the ICB and Fiona Callahan as Place Director or director of all places within the ICB is leading on this work and will be taking those papers to the decision making panel.

AB Andria Birch 21:00

OK. Thank you. Colleagues, have you got any questions you'd like to ask at this point?

Chris.

CG Christian Griffin 21:15

I really just wanted to reiterate what David was saying actually because it sounds at this stage as if you're trying to it's more about feedback on the engagement process and it's it sounds incredibly thorough, but anything we can do at all to help or assist

in there or provide contacts or anything else, please don't hesitate to reach out. We'd be happy to. We'll be happy to help as much as we can.

SK **SWINBURN, Katie (NHS NOTTINGHAM AND NOTTINGHAMSHIRE ICB - 52R)**

21:39

That's great. Thank you. If you could drop your your e-mail address in the chat as well, that would be great. Thank you.

CG **Christian Griffin** 21:42

Of course, thanks Katie.

AB **Andria Birch** 21:46

Lynn.

LT **Lynn Tupling** 21:50

Originally Katie, you mentioned that there's a press release that's gone to local media, has it has it already gone? Have we had sight of that and if so, where to?

SK **SWINBURN, Katie (NHS NOTTINGHAM AND NOTTINGHAMSHIRE ICB - 52R)**

22:00

I'm not sure I can check with comms colleagues and come back to you on that, Lynn so that I can specify where that has been sent to. I know that colleagues were asking for this to be signed off and it's part of our comms tool kit like with the social media, etcetera as well. So let me find out where that has been sent to and I'm happy to share a copy with everybody as well.

LT **Lynn Tupling** 22:21

Excellent. I think it'd be really helpful to know what the narrative is of that press release because certainly from our perspective, we don't particularly support groups. We support individual patients, but a fair number, the majority of which are digitally excluded, if I'm honest, so can't necessarily engage in this process. But I think something in the local media would be really helpful to some of those people and I'd be very surprised if some of the people sitting around this table wouldn't be asked for comment on any press release that's made.

Particularly if it's in reference to loss of funding, which is ultimately what it boils down to. So be helpful to have the heads up on that. Katie, if you don't mind. Thank you very much.

SK **SWINBURN, Katie (NHS NOTTINGHAM AND NOTTINGHAMSHIRE ICB - 52R)**

22:59

Yeah. Nope, that's absolutely fine, Lynn. And as you've you said that you've got, you work with individuals that are digitally excluded. If you would like some hard copies of the survey that people might want to complete, not necessarily the full survey, but any that obviously reference Bassett Law Action Centre, more than happy to get those sent and sorted to you.

LT **Lynn Tupling** 23:18

Yes, that's about 7,500 people that our organisation individuals dealt with last year. So the process of actually sending that out to all of those individuals is quite hefty. And clearly from GDPR. That would be a task that we'd have to undertake, not you.

SK **SWINBURN, Katie (NHS NOTTINGHAM AND NOTTINGHAMSHIRE ICB - 52R)**

23:28

Hmm.

Hmm.

LT **Lynn Tupling** 23:33

There's a bigger question then, if we get 7 1/2 thousand people saying how wonderful we are, what actually is that? What difference is that actually going to make, or even how badly we are, you know, let's be honest.

So yes, that's a bigger question. I think that I'm sure Andrea is going to come back to.

SK **SWINBURN, Katie (NHS NOTTINGHAM AND NOTTINGHAMSHIRE ICB - 52R)**

23:51

OK.

AB **Andria Birch** 23:53

Well, it would be useful to pick that one up now because yes, it is on my list in terms

of what will happen to the data. Can we have full access to the data? You've mentioned your report going to be pulling it all together, Katie, for a report on the 6th of June to be presented to colleagues.

So, two related questions really, if the data is telling the story that the services provided are of high quality, which is what we expect, because that is the data we get back from our service users as funded services, what difference will that make?

What is the aim of this survey?

SK

SWINBURN, Katie (NHS NOTTINGHAM AND NOTTINGHAMSHIRE ICB - 52R)

24:43

The survey is to understand what people's experiences are of those specific cohorts of groups or the settings that they obviously access. We're not just asked asking members of the public or service users. We're also asking professionals who may refer into those services as well. And as I've said, Andrea, I can pull together all of the key findings and the conclusions and recommendations. It will then be passed on to Fiona and the exec team to consider what those findings are.

I can go off what the data is telling me. And what the feedback is telling me it's then passed on for those Commissioners to have a look at that data thereafter.

AB

Andria Birch 25:19

OK, so you're drafting the conclusion recommendations, is that correct?

SK

SWINBURN, Katie (NHS NOTTINGHAM AND NOTTINGHAMSHIRE ICB - 52R)

25:23

I will be drafting them as we do with all engagement reports as well. If you go on to our website and have a look, there are always conclusions and recommendations in key findings that are indicated from any engagement work that's then passed on to Commissioners for them to consider what those conclusions are and what our recommendations are.

AB

Andria Birch 25:42

OK, great. Thank you. Will we have the opportunity as key stakeholders in this to

comment on the report before it's submitted or do we get a copy of the report after it's submitted?

SK **SWINBURN, Katie (NHS NOTTINGHAM AND NOTTINGHAMSHIRE ICB - 52R)**

25:55

You will get a copy of the report after it's submitted because it's an ICB focus report, so there is no opportunity. This is the opportunity from the engagement perspective for you to give me as much Intel, insight, intelligence, etcetera as you can so that I can feed that into the report, but it will be an internal process but happy to share the final report with all colleagues after it has been produced.

AB **Andria Birch** 26:18

Thank you. I'll ask one more from my list before we go around the room again. The e-mail and the intro to the survey is a bit confusing for our stakeholders, and that's the initial feedback we've had. They're not really clear of the scope and the aims because there's reference to involving the wider voluntary sector across the whole system, but it's really not clear how that will happen.

You've confirmed that the stakeholder list or stakeholder mapping was Bassetlaw focused. What engagement is happening with happening with the VCSE across the rest of the system, aside from to the VCSE alliance, which I've not received yet? I don't know if anybody else has, and is it in the same format? Is it the same survey?

SK **SWINBURN, Katie (NHS NOTTINGHAM AND NOTTINGHAMSHIRE ICB - 52R)**

27:16

It will be the same survey that's cascaded far and wide across the whole of the system. As I've said, we have predominantly gone with the stakeholder mapping in Bassetlaw because that's where the services are based and where the communities will be accessing. It has gone all the way to it, has gone out to VCSE colleagues and obviously other system partners as well. But I'm more than happy to have a look at our stakeholder mapping share the list with you and should you come up with any other areas that we need to be cascading that out to then please do let us know. It has gone out to, you know, GP practises, social prescribers etcetera.

But if people aren't receiving that, and I know that there's been issues with the Vcse alliance and the emails that people have received previously, if you haven't received

anything, please do let me know so that I can send that from my personal e-mail as well.

AB Andria Birch 28:07

OK. Thank you. I'm struggling to understand in the methodology, given the scope you've described, why stakeholders with no involvement, knowledge, or experience of these services in Bassetlaw across the wider system are being consulted about them.

SK SWINBURN, Katie (NHS NOTTINGHAM AND NOTTINGHAMSHIRE ICB - 52R)

28:24

I don't think that's not specifically stated, but I will go back to the wording that's actually in the opening and the preamble of the survey, because I'm I was of the understanding that this is predominantly for Bassetlaw, hence why we did the stakeholder mapping for Bassetlaw, although it has gone to other colleagues because with some of the VCSE alliance colleagues, likewise with the engagement practitioners forum, they cover the whole of Nottingham and Nottinghamshire. So they may have communities that obviously they.

For example, on the engagement practitioners forum, we've got the lead governor from Doncaster and Bassett Law Hospitals Trust. We've also got the head of patient and public involvement from that area as well. But there may be other charities as well, like Alzheimer's Society or British Liver Trust or someone that works locally within that area who can cascade that information out. Andrea.

AB Andria Birch 29:15

I'll post it in the chat just so everybody's got it. This was the original e-mail.

I don't think it is clear in there that the call to action is if you have experience or knowledge of these services please complete it.

If not, there is a risk then that a lot of people could say could complete it with no knowledge or experience of these services. I just think that the guidance needs to be a bit clearer now it's going out far and wide beyond Bassetlaw.

SK SWINBURN, Katie (NHS NOTTINGHAM AND NOTTINGHAMSHIRE ICB - 52R)

29:31

Yeah. OK. I think when you go, I can make that clearer. But when you do go into the survey, it does say something around. Have you accessed or are you aware of this service and people have got the option to click yes or no and it does go on to the next section if they haven't accessed that service. But I will have a look at the blanket e-mail, so I can make that a lot clearer. That's fine Andrea. Thank you.

AB

Andria Birch 30:05

That's great. Thank you. Colleagues, do you have any more questions while I scan my list? Thank you.

BCVS

Becky Law 30:20

It was more a bit of a challenge really, and around the content of the survey under each individual organisation.

There's a bit of inaccuracy within some of those services that are quoted in there because I think what's happened is the levels of service that are quoted in there that we're asking individuals to feedback on are the levels of service for the funding that was actually allocated in 2324.

Because then the following year the funding was cut which meant that some of the services that are alluded to in the detail are no longer available due to the cuts in funding that happened at that point. I think some service has lost around 50% of funding at that point.

SK

SWINBURN, Katie (NHS NOTTINGHAM AND NOTTINGHAMSHIRE ICB - 52R)

31:39

OK. Becky, could you provide that information to me? What services are no longer available so that we can make it clear within the survey, if possible please.

BCVS

Becky Law 31:47

I can do for BCVS certainly, but I think for other organisations that that that contact needs to come from the individual organisations.

SK

SWINBURN, Katie (NHS NOTTINGHAM AND NOTTINGHAMSHIRE ICB - 52R)

31:56

OK. Thank you.

LT **Lynn Tupling** 32:02

Well, it's not necessarily whether those services are available, but whether or not the ICB funds those services, because that that is where there is some inaccuracy. Becky from BAC's perspective that's the case. But actually I didn't put my hand up in relation to that. If you don't mind Katie, it was just another real question about this.

So far, the scope seems to be very much about outputs focus.

How many? How many surveys? How many? Whatever.

And we can play the numbers game and get as many yes, but wonderful's back as we need to for this. But I think there's just a missed trick here. If we're not actually looking at outcomes rather than outputs and it might not be that we get 7 1/2 thousand responses back or even 750 or 75, but the actual differences that are made by the relatively small amounts of funding coming through. I know that for some organisations, it doesn't feel like it's relatively small, but in the grand scheme of investment in what's being delivered, is incredibly low cost.

There's some fantastic outcomes being delivered there doesn't really seem to be an opportunity for that intelligence to be fed into the process.

SK **SWINBURN, Katie (NHS NOTTINGHAM AND NOTTINGHAMSHIRE ICB - 52R)**

33:15

The yeah, there absolutely is. Lynn, if you've got any case studies, if you've got any patient experience etcetera, please send it through to me because we can have that as in as appendix. So if you've got any real patient life stories that you could share anonymously obviously because of GDPR, I'm happy for those to be added in as an appendix because that's all part of feedback and intelligence that we can gather.

LT **Lynn Tupling** 33:40

That's great. Thanks for that, Katie.

AB Andria Birch 33:47

Chris.

CG Christian Griffin 33:50

I think that's a really good point because.

I think looking at the forms, how are you going to weight them? The outcomes between referrers and the public because presumably there is a great order of magnitude more members of the public than we are going to be referrers. So I think passing those two is going to be quite difficult between looking at the impacts of what professionals demos and then looking at the impact of perhaps what the public demos and when it comes to the public.

I know that we do, and I'm sure other organisations do as well. We regularly independently survey clients as well, so we have Citizen's Advice as an independent research partner that sends texts and other methods as well to clients who use our services. But questions are somewhat similar, if not identical. It's I was a little bit more reaching about did we find a way forward for the client and things like that rather than perhaps so starting to move towards what? What Lynn said, not teasing out the exact outcome but at least asking whether we did any good or not or what kind of what kind of impact we had.

Is it worthwhile sending all of that data over as well so we can see whether it can be amalgamated or put through?

SK SWINBURN, Katie (NHS NOTTINGHAM AND NOTTINGHAMSHIRE ICB - 52R)

35:06

Absolutely. And I think that links in with the comment that I've or the conversation that I will have with David here after this meeting as well. So anything that you've got that you can share with me, Chris, from any data from patients experience it's it's it's it's a whole of experience, isn't it? I can only go off what people tell us on the survey face to face telephone online, public briefings. But if you've got like Linds alluded to, case studies real life stories that we can consider in relation to that final report, please do feel free to share it with us.

CG **Christian Griffin** 35:37

I think the difficulty, sorry because I'm arguing against what I've just said as well, because it's a difficulty there, of course, is marrying it up against services because I know that we run a well before and after well-being survey of all of our clients to see hopefully that we've had a positive impact of their mental health after working with them. But then I know that other services evaluate their own effectiveness and in slightly different ways as well tailored on theirs, but taking a Citizen's advice survey and then making it a work with a Bassetlaw Action Centre survey might be quite difficult, but we'll send the data through anyway.

SK **SWINBURN, Katie (NHS NOTTINGHAM AND NOTTINGHAMSHIRE ICB - 52R)**
36:09

Lovely. Thank you.

AB **Andria Birch** 36:12

David.

DK **David Kirkham** 36:15

Hi. I'm just thinking again, Katie falling on from the questions from Lynn and Christian about how we can best support your evidence gathering process. And I'm just sort of glancing on my other screen and I've got your summary Strategy here, which obviously sent out in the sort of intro e-mail that Andrea copied in the chat. As you know, you've got 4 core elements in terms of aims and principles. You've got the improvement of outcomes, tackling inequalities, productivity and value for money and then supporting those broader outcomes around social and economic development.

It's connecting to Andrea's question about the methodology. Are you treating those principles as of equal importance in terms of how you want to frame your evidence back within internally with the ICB?

Or is there one, outcome improvement, in particular that you're looking for in terms of the evidence base at the moment? What I'm just thinking of Katie's how best we can, you know, gather the data and pack it in for you in a way that's going to, you

know, add most value. Happy to speak offline, by the way, if you prefer to have a think about that and get back to me.

SK **SWINBURN, Katie (NHS NOTTINGHAM AND NOTTINGHAMSHIRE ICB - 52R)**

37:26

Yeah, I was. I was just. Yeah, I was just thinking about that because that's what's referenced in our integrated care strategy, which is obviously what we're all working towards as well. And that's just made me wonder how I will reference this report and how it's going to look, whether it is looking at those sort of like four key principles aims etcetera or do we look at it as a whole. But I'm happy to have that conversation out of the room while I have a bit of thinking time, David, if that's all right.

DK **David Kirkham** 37:42

No, that's absolutely fine. It'll be good to sort of join it up, wouldn't it? And make sure that whatever we're doing is going to add most value to your process and the decision making certainly within the ICB. And I think with confidence we'd have really good case studies and evidence across the partnership across all four of those principles, strategic areas. It's just which ones we want to focus on in the most really.

SK **SWINBURN, Katie (NHS NOTTINGHAM AND NOTTINGHAMSHIRE ICB - 52R)**

37:51

Yeah.

Thank you.

DK **David Kirkham** 38:09

Thanks.

AB **Andria Birch** 38:10

OK, Sarah.

SB **Sarah Bray** 38:12

Yeah, I've sent a lot of information. You know, my usual reports. Is there anything further because My report always has the case studies and it shows the impact and the data that I already do for Mark every quarter, so do I need to resend the case studies and data?

SK **SWINBURN, Katie (NHS NOTTINGHAM AND NOTTINGHAMSHIRE ICB - 52R)**

38:39

Who did you send them to? Sarah. Sorry.

SB **Sarah Bray** 38:43

It would have been to Mark Campbell. I would I send an annual report, which I call the fluffy report that says what we did throughout the year. You know, activities, news and then stories about people.

So I always send that across and obviously before we filled out those other forms, I can't remember the names of them all, but those additional forms.

So I'm just wondering if it's something outside of everything else that I've already sent across that is missing.

SK **SWINBURN, Katie (NHS NOTTINGHAM AND NOTTINGHAMSHIRE ICB - 52R)**

39:20

I think Helen might have an answer to that, hence of putting her out hand up.

SK **AZAR, Helen (NHS NOTTINGHAM AND NOTTINGHAMSHIRE ICB - 02Q)** 39:24

Thanks for that, Sarah. So what Sarah's referring to, Katie, is just the KPI monitoring, and that comes to us locally as a place team. So as part of that monitoring, we do have four case studies within the 12 month period and then some organisations do also submit annual reports so we can share all of that with you.

SK **SWINBURN, Katie (NHS NOTTINGHAM AND NOTTINGHAMSHIRE ICB - 52R)**

39:48

Yeah, that. Yeah, that'd be. Yeah, that'd be great. Yeah. Thanks, Helen.

AB **Andria Birch** 39:56

So just to confirm, you will have access to all of that, we don't need to send it directly again? OK, brilliant. We don't want to drown you in emails.

I just want to come back to to three points please which I know we've touched on already, but I'm not sure what the answer was. We've requested a copy of the engagement plan. Can we have a copy of the engagement plan?

SK **SWINBURN, Katie (NHS NOTTINGHAM AND NOTTINGHAMSHIRE ICB - 52R)**

40:29

You can't have a copy of the full engagement plan. That's an internal document. But I have drilled it down into what our approaches are, what our activities are, what our outcomes, etcetera. Our principles are happy to share that with everybody. I've got it on my screen, so I'll share it straight afterwards with Becky. Is that all right? And then Becky can cascade it around everybody, that's fine.

AB **Andria Birch** 40:47

Brilliant. Thank you. And is that the stakeholder briefing document that you refer to or is there another one?

SK **SWINBURN, Katie (NHS NOTTINGHAM AND NOTTINGHAMSHIRE ICB - 52R)**

40:54

There's a there's another stakeholder briefing document that has been sent to everybody, but I will send that to you from across the system. That's not a problem. I'll put that on my list as well, Andrea.

AB **Andria Birch** 41:06

And then I just want to come back to the issue about risk to patients because you know, we've all said many times, that's the most important consideration here. And I'm still unclear how this will add value to addressing or mitigating that risk to patients if the services are cut.

I appreciate you are leading on the engagement side. So you may not have an answer or responsibility, but as far as you understand it, what is being done to address that risk that was identified through the EQIAS earlier this year?

SK **SWINBURN, Katie (NHS NOTTINGHAM AND NOTTINGHAMSHIRE ICB - 52R)**

41:40

Yeah, I haven't got an answer to that, Andrea, but I'm happy to put it to the team and come back to you. That's absolutely no problem at all.

AB Andria Birch 41:47

Thank you.

I think we covered most of the points that we raised in the Bassetlaw Voices meeting. I'm just going to review my notes, but colleagues, do you have any other questions?

SK SWINBURN, Katie (NHS NOTTINGHAM AND NOTTINGHAMSHIRE ICB - 52R)

42:09

Can I just add Andrea that if you do think of questions or if anything springs to mind, please do reach out to me on e-mail, telephone, etcetera or if you'd like to have another meeting in, you know, another week's time, I'm happy to come along and join one. If you've got any further questions. Following on from talking to any other colleagues or you know, service users etcetera.

AB Andria Birch 42:29

Thank you. Just before I hand over to you, Chris, can I just ask whether the content of the Survey and the engagement is going to be shared with the wider voluntary sector across the system. I know you've said the emails have gone out to the VCSE alliance, are all of these documents going to go out to all stakeholders or are they just coming to us because that will inform who we pass them on to?

SK SWINBURN, Katie (NHS NOTTINGHAM AND NOTTINGHAMSHIRE ICB - 52R)

42:58

So do you mean the engagement plan and the stuff and the briefing document and there's nothing untoward within the engagement approach and I'm happy to put that on our website etcetera as well. So it's it's fine, I can share that with you and you can cascade that.

AB Andria Birch 43:01

Thank you, Chris.

CG Christian Griffin 43:15

Katie, Is there any chance we can get a friendlier link for the form? Maybe your IT team could set something up like for example icb forward slash Have your say, you know you know what I mean. I know you don't actually own the ICB domain, or

something along those lines, because at the moment if we're sharing with clients it's forms that office.com/pay, so if it's in particular, if it's in written form rather than digital form, it's going to be a right pain to get a URL from paper to mobile or whatever else. There are QR codes and other things, but my experience is they never work. So if we can get some kind of nice forward like forward NHS forward slash, have your say that would be great.

SK

SWINBURN, Katie (NHS NOTTINGHAM AND NOTTINGHAMSHIRE ICB - 52R)

43:46

Yeah.

Absolutely, Chris. Thank you.

AB

Andria Birch 44:00

On that note has Healthwatch been contacted?

SK

SWINBURN, Katie (NHS NOTTINGHAM AND NOTTINGHAMSHIRE ICB - 52R)

44:06

They will have received all of the information, Andrea. Yeah.

AB

Andria Birch 44:09

OK, we'll reach out to them then as well.

I'd be really interested to know about any recent precedents in the life of the ICB of how this has been done with other VCSSE funded services across the system and how it worked there. Are you able to share any examples of how we've done this previously?

SK

SWINBURN, Katie (NHS NOTTINGHAM AND NOTTINGHAMSHIRE ICB - 52R)

44:31

Yeah, I can find out from other colleagues if any other works been undertaken, but I'm happy to do that. That's not a problem. And then come back to you.

AB

Andria Birch 44:38

OK. Thank you. And is the intention, if this is a new method, to apply this to VCSE and other funded organisations across the system, as a review of their services?

SK **SWINBURN, Katie (NHS NOTTINGHAM AND NOTTINGHAMSHIRE ICB - 52R)**

44:50

And I can find out again, I'm happy to take that one back, Andrea.

AB **Andria Birch** 44:52

Thank you, because obviously I'm sure they would want to know if this is coming too.

SK **SWINBURN, Katie (NHS NOTTINGHAM AND NOTTINGHAMSHIRE ICB - 52R)**

44:58

Yeah.

AB **Andria Birch** 45:00

I think as a general point, and I'm mindful you're here representing, many people, so with that caveat, I think there's general concern about the way this has been handled and that we haven't been involved in commenting on draught proposals or helping to shape either the content of the engagement plan or the stakeholder list.

It does seem a little odd as we're the key stakeholders in this, that we hear about it as it goes live rather than in advance. All we knew was that something was going to happen after the pre-election and election period and not really any details and we had asked for it several times.

So it's just for noting really because there are principles around the values of the ICS and how we're meant to work together. And this process to so far doesn't seem to have followed those principles.

But as I say, I appreciate that it's not personal to you, but we just have the responsibility to feed that back.

SK **SWINBURN, Katie (NHS NOTTINGHAM AND NOTTINGHAMSHIRE ICB - 52R)**

46:09

Yeah, I'll, I'll add that into a note, I will produce some notes from this meeting that I can obviously share. It'll be evidence within the report, etcetera as well from comments that we've taken from this so.

AB Andria Birch 46:22

Thank you.

SK SWINBURN, Katie (NHS NOTTINGHAM AND NOTTINGHAMSHIRE ICB - 52R)

46:23

Hey.

AB Andria Birch 46:29

One final question on methodology from me than while colleagues gather their final thoughts and then I suggest we close early if nobody has any further comments or questions.

Is there any detail of an acceptable sample size or response rate in terms of what you're aiming to achieve, and particularly from those directly affected in Bassetlaw rather than wider, so we've got an idea about what we need to get to for it to be considered a representative sample by the ICB?

SK SWINBURN, Katie (NHS NOTTINGHAM AND NOTTINGHAMSHIRE ICB - 52R)

47:11

If I'm honest, Andrea, I've not really thought about that. To tell you the truth. But I think with any engagement, if people have an interest and they're keen to have their voices heard, you'll see an increase in the response rate.

It all depends on the interest, like I've said, the interest of people that have had a response, but I'm happy to look at sort of like population size speak with David around the data and understand how many people are accessing this and then it'll come up with a sample size. What I can think about would be achievable in relation to this engagement.

AB Andria Birch 47:45

OK. Thank you, and then just to note on that point that obviously our sector generally and the services funded through these grants specifically, have been dealing with increased demand and need in contrast to reduced funding and resource.

The second point is that the patients currently being supported by our services are often the most vulnerable people experiencing multiple and complex needs and we're the best will in the world, even with hand holding, they may not be in the place to be prioritising or considering completion of surveys, and that needs to be noted in the methodology, because those who will be most affected have least resource and capacity to complete the survey. So there is a methodological issue there and it's also linking back to the first comment.

Whatever they ask, whatever the scale, it's an additional ask to services providing frontline support and there is a risk here. We've previously had this conversation about proportionality and impact of us redirecting our resource and staff time into trying to get these responses and away from the actual services that are so very much needed in the community. We're very mindful of that risk and we've got to manage that risk, but we'd like some kind of assurance that the ICB understand that it's not an appropriate use of our time at this time. We'll do all we can, but we have to be mindful that we don't take support away from patients as a result of engagement.

SK

SWINBURN, Katie (NHS NOTTINGHAM AND NOTTINGHAMSHIRE ICB - 52R)

49:43

Yeah, and that's what I'm here for, Andrea. So if you want me to come along, sit in the centre, talk to anybody, please do reach out to me, because that's what my role is. So likewise for everybody else on here. I know that Vcse colleagues obviously are supporting those vulnerable people. But if there's an opportunity for me to sit in the centre or talk to individuals, not necessarily asking all of the questions, but just to gather a bit of feedback about the services that they receive, please just let me know and I'm happy to come along.

AB

Andria Birch 50:11

OK. Thank you very much.

SK

SWINBURN, Katie (NHS NOTTINGHAM AND NOTTINGHAMSHIRE ICB - 52R)

50:12

OK.

AB Andria Birch 50:13

OK, colleagues. Does anybody have any final comments or questions before we close the meeting?

I'm mindful that several colleagues couldn't join us. So as you say, and you kindly offered to take questions following the meeting, we'll collate those and forward them on and it would be great to have those documents we discussed plus a link to the FAQ's as soon as possible, please and then we'll, I'm sure we'll all collectively do as much as we can to support the process.

SK SWINBURN, Katie (NHS NOTTINGHAM AND NOTTINGHAMSHIRE ICB - 52R)

50:46

Yeah. And as I've said, Andrea, you know, reach out to me any opportunities to come and talk to people. I'm more than happy to come along. That's not a problem at all.

AB Andria Birch 50:53

That's great. Thank you. We'll stop recording then and end the meeting. Thank you for your time, everybody.

SK SWINBURN, Katie (NHS NOTTINGHAM AND NOTTINGHAMSHIRE ICB - 52R)

50:55

Alright.

● **Becky Law** stopped transcription