

# NORFOLK AND WAVENEY

July 2022

# Feedback on the Integrated Care Board (ICB) strategies for working with people and communities

- National and regional teams in NHS England have compiled this feedback to:
  - understand the approach Integrated Care Boards (ICBs) are taking to working with people and communities
  - share learning across all ICBs on areas of good practice and innovation
  - identify themes and areas where there may be gaps and support needed, to inform future planning.
- There have been many examples of new and innovative approaches across the strategies, demonstrating the commitment to working in partnership to listen to and involve people and communities. This feedback is intended to support your work with people and communities as your system develops, whilst recognising current ICB circumstances and challenges.
- Your ICB Engagement lead is welcome to contact the Public Participation lead (see below) for more in-depth feedback or to discuss any queries.
- The themes and case studies identified across all ICBs will be shared via two national Share and Learn sessions, the ICB Engagement network and any relevant regional networks. Your engagement lead will be contacted directly with further information.

## Feedback from

- Rosie Ayub, NHSE Public Participation Lead
- Jessamy Kinghorn, Head of Communications and Engagement Midlands and East
- Karen Hallt, Programme Manager (Community Relationships), NHSE System Partnerships

# In your view, what are the great things about this strategy?

- There is an accessible narrative with concrete examples of the ways they are working alongside identified challenges.
- The easy read version of the strategy clearly shows what is being planned alongside the 'why' and includes the opportunity for people to share their views.
- The language throughout the strategy is one of continuous engagement and the ICB have developed relationships across the system.
- The strategy clearly builds on previous work and existing networks.
- It reads very strongly as a system approach, to achieve a sum that is greater than its parts.
- Some of the planned approaches such as the insight bank set the vision for a collaborative system.
- The clear structure, in particular the 'we have, we will approach' is very strong and sets a degree of confidence that this builds on solid foundations already in place.
- The strategy identifies and calls out the challenges that will be faced, which will help ensure the ability to plan to mitigate them as the strategy is implemented.

# In your view, what are the areas that could be further developed or improved in this strategy?

- It would be interesting to know whether the Director of Patients and Communities is a Board role, where they sit within the organisation and their level of influence.
- Recognising that the structures as described suggest a route for evaluation findings to be shared and actioned, this could be strengthened in future through the addition of an evaluation plan.
- The infographic summary provides an easy to see highlight of what the ICS is and what the priorities are. The colours make it a little busy but the design means each 'box' could be individually pulled out. In any future iterations of the strategy, it may be good to do this through the strategy to tie it back in. This would have the advantage of breaking up the text a bit more to make it easier to read through.

# What could be shared from this strategy as a good practice case study (now or in the future)?

## Including examples for tackling health inequalities

- Accessibility - easy read version and infographic that can be used in a variety of ways.
- If the new Director role sits on the ICB, this would be an excellent case study to highlight the importance of this role and for influence across the ICS
- Protect NoW – Projects informed by data-led, PHM approaches focusing on a common cause of mental and/or physical ill health.
- Norfolk and Waveney Health Inclusion Group – a multi-agency group (ICS partners inc VCSE) offering grassroots support to work with health inclusion groups, to understand what matters to them, understand the needs of vulnerable and health inclusion groups, and align services accordingly.
- Co-production project to tackle issues for informal unpaid carers around discharge from hospital settings.
- Partnership model for vaccination programme (police and councils) to be developed for other programmes (in future)
- People & Communities Engagement Hub on website, as a focal point for engagement and insight and to promote the ICB Communications and engagement team as system leaders, encouraging trust with ICS partners and local people.(in future)
- Quality Management Approach, developed with NHSEI and LGAs, incorporates Quality planning, control and improvement, ensuring alignment with Quality Assurance. Brings patient voices into systemwide quality improvement and service design. (in future)
- Community Voices Project –At district council level, using data and local insight to target conversations with local people, with a network of community champions and connectors taking conversations out into the community. (in future)
- Trialling an Insight bank, anonymised info for all ICS partners at street, neighbourhood, place and system level, for health and care planning and other services. Training community champions to use it. (in future)