

Patients and Communities Committee

- March 2023

Mon 27 March 2023, 15:00 - 17:00

Virtual

Agenda

15:00 - 15:00 ***Chairs welcome and apologies for absence***

0 min

Aliona Derrett

 00. Communities Committee Agenda 27.03.23 V0.1.pdf (2 pages)

15:00 - 15:00 ***Declarations of Interest***

0 min

Aliona Derrett

To declare any interests specific to agenda items

For noting

 02. ICB Patients and Communities Register - Mar V1.pdf (3 pages)

15:00 - 15:00 ***Approve minutes from previous meeting (23.1.23)***

0 min

Aliona Derrett

To approve minutes of the previous meeting (23.1.23)

For approval

 03. DRAFT NW ICB Patients Communities Committee Minutes 23.1.23 (AD).pdf (12 pages)

15:00 - 15:00 ***Review action log***

0 min

Aliona Derrett

To note any outstanding actions from the previous meeting not yet completed

For review, update and approval

 Action log .pdf (1 pages)

15:00 - 15:00 ***Terms of Reference***

0 min

Aliona Derrett

For review, discussion and approval

 05. Patients & Communities Committee Terms of Reference July 2022.pdf (9 pages)

15:00 - 15:00 ***Complaints Report***

0 min

Jon Punt

Update on the action from the last meeting to make changes to our organisation wide complaints and feedback policy

Parker Rachael
20/03/2023 17:40:33

15:00 - 15:00 **Lived Experience Committee Members Update**

0 min

Paul Hemingway



For discussion and noting

15:00 - 15:00 **Commissioning and Contracting in NHS Norfolk and Waveney**

0 min

Roy Weston

For discussion and noting



-  08. Commissioning and contracting in NHS Norfolk and Waveney - cover sheet.pdf (2 pages)
 -  08a. Commissioning and Contracting in NHS Norfolk and Waveney.pdf (5 pages)
-

15:00 - 15:00 **Inequalities Overview and Update**

0 min

Tracy Williams

For discussion and noting




-  09. Report cover sheet template.pdf (3 pages)
 -  09a. Health inequalities slides.pdf (15 pages)
-

15:00 - 15:00 **Healthwatch Norfolk and Healthwatch Suffolk Updates**

0 min

Alex Stewart for Healthwatch Norfolk and Andy Yacoub for Healthwatch Suffolk

Discussion and noting

-  10a. ICB Update HWN.pdf (2 pages)
 -  10b. Waveney Engagement, Community & Coproduction update Q4 2022-23.pdf (4 pages)
 -  10c.2022 23 Suffolk VASP Activity Report (minus financial section).pdf (17 pages)
-

15:00 - 15:00 **Spotlight on: Mental Health Transformation**

0 min

Mark Payne

- Each meeting, there will be a focus on one of seven corporate and wider system priorities
- An expert by experience view of how the voice of people with lived experience is integral to the success of mental health transformation across Norfolk and Waveney

For discussion



15:00 - 15:00 **People and Communities Approach Update**

0 min

Rebecca Champion

- New projects
- Engagement and co-production activities

For discussion and noting

-  12. 2023.03.27 Cover sheet P&C Update.pdf (2 pages)
-  12a. 2023.03.27 P&C Approach_UPDATE v1.pdf (10 pages)

Parker Rachael
20/03/2023 17:40:35

15:00 - 15:00

0 min

Any Other Business

Aliona Derrett

- Agree the Committee's Objectives for Reporting to the ICB Board

Meeting of the NHS Norfolk and Waveney ICB Patient & Communities Committee

Monday 27 March 2023, 1500-1700hrs

Meeting to be held via MS Teams

Item	Time	Agenda Item	Lead
1.	15:00	Chair's welcome and apologies for absence	Chair
2.	15:05	Declarations of Interest To declare any interests specific to agenda items <i>For noting</i>	Chair
3.	15:10	Minutes from previous meeting and matters arising To approve minutes of the previous meeting (23.1.23) <i>For approval</i>	Chair
4.	15:15	Action log To note any outstanding actions from the previous meeting not yet completed <i>For review, update and approval</i>	Chair
5.	15:20	Terms of Reference <i>For review, discussion and approval</i>	Chair
6.	15:25	Complaints report <ul style="list-style-type: none"> Update on the action from the last meeting to make changes to our organisation wide complaints and feedback policy 	Jon Punt
7.	15:35	Lived experience committee members update <i>For discussion and noting</i>	Paul Hemingway
8.	15:45	Commissioning and contracting in NHS Norfolk and Waveney <i>For discussion and noting</i>	Roy Weston
9.	15:50	Inequalities overview and update <i>For discussion and noting</i>	Tracy Williams
10.	16:10	Healthwatch updates <i>Discussion and noting</i>	Alex Stewart Andy Yacoub
11.	16:25	Spotlight on: Mental Health Transformation <ul style="list-style-type: none"> Each meeting, there will be a focus on one of seven corporate and wider system priorities An expert by experience view of how the voice of people with lived experience is integral to the success of mental health transformation across Norfolk and Waveney <i>For discussion</i>	Mark Payne
12.	16:45	People and Communities Approach update <ul style="list-style-type: none"> New projects Engagement and co-production activities 	Rebecca Champion

Parker Rachael
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Item	Time	Agenda Item	Lead
		<i>For discussion and noting</i>	
13.	16:55	Any other business <ul style="list-style-type: none"> Agree Committee's Objectives for Reporting to the ICB Board 	Chair
Date, time and venue of next meeting: Monday 22 May 2023, 1500-1700hrs via MS Teams			
Any queries or items for the next agenda please contact: rachael.parker9@nhs.net			

Parker Rachael
20/03/2023 17:40:35

NHS Norfolk and Waveney Integrated Care Board (ICB) Register of Interests										
Declared interests of the Patients and Communities Committee										
Name	Role	Declared Interest- (Name of the organisation and nature of business)	Type of Interest			Is the interest direct or indirect?	Nature of Interest	Date of Interest		Action taken to mitigate risk
			Financial Interests	Non-Financial Professional Interests	Non-Financial Personal Interests			From	To	
Aliona Derrett	Non-Executive Member, Norfolk and Waveney ICB	Norfolk and Norwich University Hospitals NHS FT				Indirect	My son-in-law, Richard Wharton, is a consultant surgeon at NNUHFT	2004	Present	In the interests of collaboration and system working, risks will be considered by the ICB Chair, supported by the Conflicts Lead and managed in the public interest.
		Hear for Norfolk	X			Direct	I am the Chief Executive of Hear for Norfolk (Norfolk Deaf Association). The charity holds contracts with the N&W ICB.	2010	Present	
		Derrett Consultancy Ltd	X			Direct	I am the Director of Derrett Consultancy Ltd.	2018	Present	Low risk. In the unlikely event that a risk arises I will discuss and agree any appropriate steps which need to be taken with the ICB Chair
		Norfolk and Waveney MIND				Indirect	My husband, Robin Derrett, is the HR Director at Norfolk & Waveney MIND. MIND holds contracts with the N&W ICB	2021	Present	In the interests of collaboration and system working, risks will be considered by the ICB Chair, supported by the Conflicts Lead and managed in the public interest.
		MoldovaDAR Ltd	X			Direct	I am Director of MoldovaDAR Ltd	Ongoing		Low risk. In the unlikely event that a risk arises I will discuss and agree any appropriate steps which need to be taken with the ICB Chair
Catherine Armor	Non-Executive Member, Norfolk and Waveney ICB	Brundall Medical Practice			X	Direct	Member of a Norfolk and Waveney GP Practice	Ongoing		Withdrawal from any discussions and decision making in which the Practice might have an interest
		Norwich University of the Arts			X	Direct	Deputy Chair of Council, Norwich University of the Arts	2019	Present	
		Evolution Academy Trust			X	Direct	Trustee, Evolution Academy Trust	2022	Present	
		Cambridge University Press		X		Direct	Trustee, Cambridge University Press Pension Schemes	Ongoing		
		East of England Ambulance Service NHS Trust	N/A			Indirect	Daughter-in-law is Technician for East of England Ambulance Service NHS Trust	Ongoing		
Paula Boyce	A representative from the Health and Wellbeing Partnerships	Great Yarmouth Borough Council	X			Direct	Employee of Great Yarmouth Borough Council	2023	Present	To be raised at all meetings to discuss prescribing or similar subject. Risk to be discussed on an individual basis. Individual to be prepared to leave the meeting if necessary.
		Emmaus, Norfolk and Waveney			X	Direct	Trustee and Board member of registered homeless charity Emmaus, Norfolk and Waveney	2023	Present	
Mark Burgis	Director of Patients and Communities, Norfolk and Waveney ICB	Drayton Medical Practice			X	Direct	Member of a Norfolk and Waveney GP Practice	Ongoing		Withdrawal from any discussions and decision making in which the Practice might have an interest
		Castle Partnership				Indirect	Partner is a practice nurse at Castle Partnership	Ongoing		
Patricia D'Orsi	Executive Director of Nursing, Norfolk and Waveney ICB	In Essex	X			Direct	GP Partner at Attleborough Surgeries	2001	Present	To be raised at all meetings to discuss prescribing or similar subject. Risk to be discussed on an individual basis. Individual to be prepared to leave the meeting if necessary.
		Royal College of Nursing		X		Direct	Member of Royal College of Nursing	Ongoing		
Suzanne Meredith	Deputy Director of Public Health, Norfolk County Council	Norfolk County Council		X		Direct	Deputy Director of Public Health, Norfolk County Council	Ongoing		In the interests of collaboration and system working, risks will be considered by the ICB Chair, supported by the Conflicts Lead and managed in the public interest.

Emma Ratzer	Partner Member - VCSE	Access Community Trust	X			Direct	I am the Chief Executive Officer of Access Community Trust, an organisation which holds contracts with NWICB	2009	Present	Will not have an active role in any decision or discussion relating to activity, delivery of services or future provision of services in regards Community Access Trust
		VCSE Assembly			X	Direct	I am CEO of a voluntary sector organisation operating in NWCCG and Independent Chair of NWVCSE Assembly	2021	Present	In the interests of collaboration and system working, risks will be considered by the ICB Chair, supported by the Conflicts Lead and managed in the public interest.
Alex Stewart	Chief Executive, Healthwatch Norfolk	TBC								
Jeanine Smirl	Clinical Advisor	Wymondham Medical Practice			X		Member of a Norfolk and Waveney GP Practice	Ongoing		Withdrawal from any discussions and decision making in which the Practice might have an interest
		St Stephens Gate	X				GP partner St Stephens Gate Medical Practice	2004	Present	GMS practice D82008. We are signed up to care homes and VAS tier 2 as well as LCSs
		Norwich PCN	X				Clinical Director Norwich PCN	2019	Present	Employed via OneNorwich. Delivery of the PCN DES to population of Norwich. Attend all relevant meetings across organisations at "place level"
		OneNorwich Practices	X				Non-exec director ONP (OneNorwich Practices) board	2019	Present	I represent the PCN CDs on the board of ONP. ONP supports the PCN but also manages WIC/ Health centre/ GP front door/ lymphoedema service/ Wt management/ our home visiting service and care homes at scale
		NPL Ltd	X				NPL Ltd which trades as ONP shareholder	2015	Present	A GP partner at SSG and the practice holds shares via a nominated shareholder (not me)
		BMA			X		BMA member	1987	Present	Been a member since qualifying. No active role
		NNUH				X	Husband Dr David Spackman	2005	Present	He is a consultant anaesthetist employed by NNUH, he is a member of NAG (Norwich anaesthetists group)
		N2S Ltd	X				N2S Ltd managing director	2017	Present	Provides NHS surgical procedures (hernias, hand, cataracts, laser, skin) in the community and holds contracts for N&W CCG, qualified for IFCA (support waiting lists) and has had subcontracts with NNUH in 2021. Delivered at St Stephens Gate, company owned by the partners equally
Dr Frankie Swords	Medical Director, Norfolk and Waveney ICB	Norfolk and Norwich University Hospitals NHS FT			X	Direct	Honorary Consultant Physician and Endocrinologist at Norfolk and Norwich University Hospitals NHS FT (1 day a week)	2008	Present	In the interests of collaboration and system working, risks will be considered by the ICB Chair, supported by the Conflicts Lead and managed in the public interest.
		N/A			X	Direct	Clinical Advisor of multiple patient charities - Addison Self Help Group - Orchid Testicular Cancer Trust - Pituitary Patient Support Group - Turner syndrome Society	2008	Present	

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		Long Stratton Medical Partnership			X	Direct	Member of a Norfolk and Waveney GP Practice	Ongoing	Withdrawal from any discussions and decision making in which the Practice might have an interest
		British Medical Association		X		Direct	Member of the BMA	Ongoing	Inform Chair and will not take part in any discussions or decisions relating to BMA
		Ruby Media	N/A			Indirect	Husband is director of Ruby Media which commissions various professional conferences and other events relating to health and care	2008 Present	Will not have an active role in any decision or discussion relating to activity, delivery of services or future provision of services in regards Ruby Media
Tracy Williams	Clinical Advisor	Bacon Road Practice			X	Direct	Member of a Norfolk and Waveney GP Practice	Ongoing	Withdrawal from any discussions and decision making in which the Practice might have an interest
		One Norwich Practices	X			Direct	Employed 10 hours a week by One Norwich Practices as a clinical Lead in the Inclusion Hub for vulnerable adults service	Jul-20 Present	All potential conflicts are declared at each meeting. For any related items, individual would not participate in discussions, voting, procurements etc
		Norfolk and Waveney training hub	X			Direct	One day a week session as clinical adviser for the Norfolk and Waveney training hub	Jul-21 Present	All potential conflicts are declared at each meeting. For any related items, individual would not participate in discussions, voting, procurements etc
		Health inequalities and CYP N&W ICB	X			Direct	Clinical lead for Health inequalities and CYP N&W ICB , Attend Quality and Safety Committee and ICP Partnership/H&WB Board	Aug-22 Present	All potential conflicts are declared at each meeting. For any related items, individual would not participate in discussions, voting, procurements etc
		Queens Nursing Institute		X		Direct	Member of the Queens Nursing Institute	2012 Present	All potential conflicts are declared at each meeting. For any related items, individual would not participate in discussions, voting, procurements etc
		Royal College of Nursing		X		Direct	Member of the RCN	1987 Present	All potential conflicts are declared at each meeting. For any related items, individual would not participate in discussions, voting, procurements etc
		Homeless and Health Inclusion		X		Direct	Member of the Faculty of Homeless and Health Inclusion awarded an Honorary fellowship March 2022	2021 Present	All potential conflicts are declared at each meeting. For any related items, individual would not participate in discussions, voting, procurements etc
		Norfolk and Norwich University Hospitals NHS FT				Indirect	Sister employed registered nurse at NNUH	2000 Present	All potential conflicts are declared at each meeting. For any related items, individual would not participate in discussions, voting, procurements etc
		Norfolk and Norwich University Hospitals NHS FT				Indirect	Brother employed in an administration role at NNUH	2021 Present	All potential conflicts are declared at each meeting. For any related items, individual would not participate in discussions, voting, procurements etc
Andy Yacoub	Chief Executive, Healthwatch Suffolk	Nothing to Declare	N/A				N/A	N/A	N/A

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NHS Norfolk and Waveney Integrated Care Board
DRAFT Minutes of the Patients and Communities meeting

Held on Monday 23 January 2023

Meeting in Public

Committee members present:

- Aliona Derrett (AD), Non-Executive Director and Chair of the Patients and Communities Committee, NHS Norfolk and Waveney Integrated Care Board
- Mark Burgis (MB), Executive Director of Patients and Communities, NHS Norfolk and Waveney Integrated Care Board
- Dr James Gair (JG), GP and Chair of the North Norfolk Place Board
- Tricia D'Orsi (TDO), Executive Director of Nursing, NHS Norfolk and Waveney Integrated Care Board
- Dr Frankie Swords (FS), Executive Medical Director, NHS Norfolk and Waveney Integrated Care Board
- Suzanne Meredith (SM), Deputy Director of Public Health, Norfolk County Council
- Cathy Armor (CA), Non-Executive Director, NHS Norfolk and Waveney Integrated Care Board
- Alex Stewart (AS), Chief Executive, Heathwatch Norfolk and also representing Heathwatch Suffolk
- Paula Boyce (PB), Strategic Director, Great Yarmouth Borough Council and representing the eight Norfolk and Waveney Health and Wellbeing Partnerships
- Tracy Williams (TW), Clinical Lead for Health Inequalities and Children, Young People and Maternity, NHS Norfolk and Waveney Integrated Care Board

Participants and observers in attendance:

- Paul Hemingway (PH), Associate Director of Communication and Engagement, NHS Norfolk & Waveney Integrated Care Board (for item 7)
- Rebecca Champion (RC), Senior Communications & Engagement Manager – Partnerships, NHS Norfolk and Waveney Integrated Care Board (for item 5)
- Philippa Gregory (PG), Acting Senior Integration & Partnership Manager (North Norfolk), NHS Norfolk and Waveney Integrated Care Board (for item 9)
- Rob Jakemam (RJ), Head of Integration and Partnerships (West Norfolk), NHS Norfolk and Waveney Integrated Care Board (for items 6 and 9)
- Jon Punt (JP), Complaints and Enquiries Manager, NHS Norfolk & Waveney Integrated Care Board (for item 8)

Attending to support the meeting:

- Rachael Parker, Executive Assistant, NHS Norfolk and Waveney Integrated Care Board (Minutes)

1.	Chairs welcome and apologies for absence	
	As Chair of the Committee, Aliona Derrett (AD) opened the meeting by welcoming everyone to the first meeting of the Patients and Communities Committee, adding it was a very exciting time for many people attending today to see the Committee finally come to fruition.	

	<p>AD went on to explain the Committee was unlike other Committees of the Integrated Care Board (ICB) and Integrated Care System (ICS) overall in that it provides a forum and an opportunity to have the time and space to ensure we listen to matters and issues which are really at the forefront of our patients, residents and communities across Norfolk and Waveney. In addition, the Committee should do its utmost to help reduce the health inequalities currently experienced by communities in Norfolk and Waveney.</p> <p>AD shared with the Committee that she was very aware that some great work is already taking place across the ICB and the ICS, despite the challenges and pressures that the system continues to face. However, AD is also aware that there is quite a bit of room for improvement and for ensuring that the services we provide meet the needs of our residents, patients and communities, and that they are accessible and are delivered by the right people, in the right place and at the right time.</p> <p>To achieve that we really need to listen to people, actually hear and understand what they are saying, and do our utmost to engage and work with them in the design and development of the services for which a need has been identified, or services that we know require improvement or a change.</p> <p>AD stated that she would also like to see that we measure the difference our services make. Changing the focus of performance and quality measuring from statistical approach to outcomes based, to ensure that interventions are effective and are accessed by people in a timely manner and in a way that is feasible for them to do so. For this we will need to establish dynamic processes which should inform us at any point if what we developed, changed or improved is actually having the desired effect, and is making a real and tangible difference to people in our communities.</p> <p>AD emphasised that communication too should be at the forefront of this Committee's thinking and the whole system overall, because unless we have asked, we will not know if something has made a difference to the lives of people across Norfolk and Waveney.</p>	
1a.	Appointment of Deputy Chair for of the Patients and Communities Committee	
	The Committee approved the appointment of Cathy Armor as deputy chair of the Committee	
2.	Declarations of Interest	
	<p>The following declarations were made:</p> <p>AD: Item 6, Community Voices – AD is Chief Executive of Norfolk Deaf Association which is one of the delivery partners</p> <p>Paula Boyce (PB): Item 6, Community Voices – PB is employed by Great Yarmouth Borough Council which is a strategic partner for Community Voices</p>	
3.	Patients and Communities Committee scope	
	Mark Burgis (MB) began by recognising the opportunities the new Committee offered to shape the services we are delivering for our patients and communities	

	<p>in Norfolk and Waveney, by listening to what really matters to our local people, and using their valuable knowledge and experiences to shape, design and develop services across the ICS.</p> <p>MB shared a slide showing the key areas of work within the Patients and Communities Directorate which he leads. MB highlighted key areas around immunisation, health inclusion, local commissioning, urgent and emergency care and primary care which is such a key part of the work of the health and care service. It was noted that over 80% of urgent care is delivered in primary care. Corporate Affairs also sits within the Directorate and, very importantly linked to the Patients and Communities committee, is the work of comms and engagement.</p> <p>There are also five Places across Norfolk and Waveney in North Norfolk, Norwich, Great Yarmouth and Waveney, South Norfolk and West Norfolk which will be critical as we move forward with the work that we do together - what do we do once and what's best to do at a Norfolk and Waveney level.</p> <p>Also, the Voluntary Community and Social Enterprise sector which touches and wraps around so many parts of everything that we do and will be a big focus in future committees. Thinking about how we really support and maximize the value of such an important part of our system, in terms of making improvements for our patients and communities.</p> <p>AD added that whilst this committee focuses and reflects on the core services under the Patients and Communities Directorate, it is a committee which sits within the ICB and therefore its premise sits across the ICB and it will also focus on other specialities and services, and feedback from this committee will be shared with other ICB committees and across the organisation overall.</p> <p>Action: ICS organogram to be produced to show roles and responsibilities and links between the Comms and Engagement Teams</p>	Action
4.	Terms of Reference	
	<p>The draft Terms of Reference (ToR) had been circulated in advance of the meeting. AD asked for feedback and comments.</p> <p>Feedback / comments:</p> <p>Tricia D'Orsi (TDO) felt the ToR were very clear but more clarity is required around the interdependency and integration between other committees and could this be reviewed.</p> <p>Alex Stewart (AS) queried whether there is the ability in the ToR to include a yearly review of the Committee and decisions made through action plans, successes and failures. AS also suggested a slight tweak to the wording of item five.</p> <p>Dr Frankie Swords (FS) commented on the membership and quoracy and raised whether there should be patient representation on all committees. FS also queried whether patient and national survey results would be part of the</p>	

	<p>complaints report. FS also emphasised the committee will cover both Population Health Management (PHM) and Health Inequalities (HI).</p> <p>Charlotte Ladyman (CL) queried who will represent social care on the committee</p> <p>Tracy Williams (TW) agreed with FS that PHM and HI are intrinsically linked. TW felt that once appointed, the two experts by experience should also have the opportunity to review and input into the ToR.</p> <p>Chris Hind [via Chat]: There does not appear to be a period of tenure for the Chair and Vice Chair in the ToR and for the committee / Board. I would also endorse FS point about having patient representation at all committees</p> <p>Sarah Higson [via Chat]: Perhaps one of the lived experience members when recruited could be a joint / co-chair? Or co-vice chair?</p> <p>Action: Further comments regarding the ToR to be forwarded to Rachael Parker – rachael.parker9@nhs.net.</p> <p>Action: Final version of ToR to be presented at next meeting for approval / sign off</p>	<p>Action</p> <p>Action</p>
5.	<p>Norfolk and Waveney People and Communities approach, including co-production</p>	
	<p>AD opened this item with a caveat that this was an ‘approach’ and is still very much in development. The work is recognised by the system and this item provides an update of the progress so far.</p> <p>Rebecca Champion (RC) introduced the item which was to update the first meeting of the Patients and Communities Committee on the work undertaken to date, in line with the Working with People and Communities ICS Framework.</p> <p>Comments and questions from attendees:</p> <p>Cathy Armor (CA) asked RC for an example to help bring co-production alive, to understand what happened and how it all came together. RC felt the Carers ID passport was a good and pertinent example. RC explained that carers were expressing it was very difficult to be a carer, particularly in an acute hospital setting and during COVID, and it would have been helpful if they had been involved in some conversations regarding family members. A co-production steering group was established which launched in November 2022 and from that the Carers Identity Passport was created, which is also being rolled out into inpatient settings including community hospitals and the mental health trust. RC is exploring how the passport can be promoted amongst staff and used by carers in different patient settings e.g in various primary care settings and even the community.</p> <p>RC also shared the story of a parent carer who had an adult child who needed a lot of care. The parent carer was constantly having to explain to people why she had to sometimes accompany him into the toilet. RC added that there are frequently occasions when a carer will have an audience e.g. in a café, but if you had a card that you could just show people which explains ‘this is why I need to do this’.</p>	

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	<p>TW commented she is familiar with the fantastic work and the approach, which is very much about engaging the more quieter voices which is often quite challenging, so the approaches need to be innovative. TW added, in respect of co-production, it's important to continually evaluate so that co production doesn't stop with the end piece, it's ongoing as well.</p> <p>TDO commented that co-production takes a huge amount of courage and the system will need to be courageous in order to embrace co-production in its true spirit. TDO also suggested there might be a development opportunity for the committee, so everyone is on the same page, and there is a common understanding when engaging with our communities. AD responded that one of the key aims is very much to make sure that we take the same approach across the system so it will be very helpful if we can get the learning going.</p> <p>Erica Betts (EB) asked how the Carers ID passport is being promoted across the whole of Norfolk and Waveney, as there are so many carers who don't actually go to organisations but would find it extremely useful. RC responded that it was decided to initially embed within the inpatient settings, but she has started reaching out to investigate how we could get it known in primary care settings, both in practices but also potentially as we take on other primary care services e.g. pharmacy, dentistry and optometry.</p> <p>AS referred to the participation responsibilities of ICSs and the Integrated Care Partnership. The Healthwatch Norfolk Board felt the strategy is unclear about who the target audience is and that many health and social care workers reading it may not be able to state or know their part in it. AS continued adding that, because funding isn't limitless can we really hope to deliver all the elements of all our strategies and if we cannot, should we be identifying what we're going to prioritise, reduce or stop funding. AS sought assurance that the Patients and Communities committee will take those points on board as we move forward.</p> <p>Sophie Little (SL) added that carers asked for was a central organisation to issue the carers passport and as part of this an essential database is held which is helpful for evaluation purposes. Carers can be contacted to find out how the passport is working and then implement any changes. Also, we can find out about the carers locality enabling us to map requests for passports and focus where there needs to be further comms. Information about the passport is being shared with Community Voices members, and through the different carer services and with local carers groups.</p> <p>RC added that the other side of the project was the carers awareness training, which was identified by carers, and ideally would make carers awareness training mandatory for healthcare staff. There is resource available to roll this out for three years.</p> <p>AD added that she is aware that the word is getting around because she is hearing about the passport from within her own organisation. AD also asked RC for reassurance that the people and communities approach thus far had had input from residents and communities, and not just stakeholders and organisations. RC confirmed that a high-level survey was undertaken which was well promoted including on the CCG / ICB website, but RC emphasised it was an ongoing process, and we will do our best to involve people as far and wide as possible.</p>	
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	<p>Tracey Bleakley [via chat]: We also need to be really mindful of our 'power' as system partners, how that manifests and how we let that go. It's easy to overlook the fact that we often call the meetings, during office hours, in our offices and we turn up wearing suits and use a formal agenda that suits our way of working. We might easily forget how alienating this might be to people we are working with. We need to remember to bend towards the people we want to work with and think about how we can enter their world, not the other way around.</p> <p>Jacqueline Romero [via chat]: It would also be good to share any work being done around digital exclusion especially in these projects and also committees.</p> <p>Nicky Smith [via chat]: The Carers ID card has been launched in Norfolk Community Health and Care and is therefore being promoted within community teams, community nurses and therapists aswell as in the community hospitals</p> <p>Alex Stewart [via chat]: Where is the information from the Insight Bank held? How can we cross reference to ensure that we are making the best use of the information that we all collect? Response from Rebecca Champion [via chat]: It is currently just held within smartsurvey but we are working with UEA to look at how we collect and present the finding to the benefits of Place and system. we think we want to develop an online platform similar to Norwich City Council's neighbourhood conversations - but all under discussion at the moment.</p> <p>Suzanne Meredith [via chat]: It might be helpful to note that there is also a 'People and Communities Select Committee' at Norfolk County Council – just to note so we don't get confused with this committee</p> <p>The presentation was discussed and noted.</p> <p>Action: RC to explore coproduction development opportunities to ensure implementation is consistent across the ICS and update at next meeting</p>	Action
6.	<p>Norfolk and Waveney Community Voices</p> <p>Rob Jakeman (RJ) introduced the item which updated the Patients and Communities Committee on a pilot project built on learning from the COVID-19 pandemic, that aims to reach into the heart of our communities and hear some of our quieter voices.</p> <p>Comments and questions from attendees:</p> <p>TW commented that the program has huge potential going forwards and it is particularly important to mention the connectors and champions, and those contacts which are really making a difference. There has been feedback that people have been linked into healthcare and capturing those insights is so important. TW highlighted there has been some concern that Norwich has a slightly different approach, but it is aligned. Also using population health data to align with what the insights and the voices are saying, because this will give such a richer narrative and information going forwards as well.</p> <p>TDO [via Chat]: I understand that there will be criteria for Core20 for CYP and we need to consider how this feeds in to this programme. Response from Philippa Gregory [via Chat]: very much agree - we hope to be able to integrate this approach into a range of programmes.</p>	

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	<p>AD requested that RJ brings a summary to a future meeting of actions taken as a result of Community Voices including what was learnt and what has been done differently or introduced or changed as a result of the feedback.</p> <p>The presentation was discussed and noted.</p> <p>Action: RJ to bring an update to May's meeting of the actions taken as a result of Community Voices pilot to include learning and changes implemented as a result of feedback received</p> <p>Forward Planner: Community Voices pilot update – May - RJ</p>	<p>Action</p> <p>Forward Planner</p>
7.	<p>Lived experience representatives</p> <p>Paul Hemingway (PH) introduced the item to inform a discussion about the process of recruiting two members for the committee to represent the lived experience of local people and communities.</p> <p>Comments and questions from attendees:</p> <p>TDO highlighted the importance of getting representation right adding it's exciting to have the voice and representation of people under the age of 25. However, we must not get into the trap of thinking that families or carers can speak for young people; the expression of interest process may alienate some of those very individuals, so we need to think about how we mentor or provide advocacy to support somebody coming forward. TDO further commented that the person recruited for the other lived experience post will need an incredibly broad vision and be able to network with a number of different groups, so that person may need development into the role as well as ongoing support.</p> <p>In response to TDO's second point PH reiterated that the individual's relevant specific needs will be assessed, and they will be well supported across the ICS.</p> <p>FS really liked the fact that there is planning for the wrap around support and development but questioned whether there should be more than two posts due to the wide-ranging subjects which will need covering e.g. someone with direct experience of a long-term health condition or someone with a mental health condition.</p> <p>CA commented that it's a great idea, but she had some nervousness about the selection process and how do you select people fairly and reasonably as the criteria is so broad. CA thought that having more than two post was possibly the best way forward.</p> <p>AS suggested that more users and carers from specific areas could be involved, and it could be led by the two representatives.</p> <p>MB agreed with comments regarding the importance of development training and support, and acknowledged there will be certain areas that the committee will want to take deep dives in in the future, which should be looked at on a case by case basis. MB encouraged everyone attending the meeting to feed back on the process adding it won't be straightforward but it's really important we do get this right and people don't feel excluded, particularly so that we hear the voice of children and young people.</p>	

	<p>TW agreed with the comments and added she felt the whole process should be allowed to evolve a little, this is a new process and we must take on board the comments being made. TW highlighted the wealth of experience already in the system and suggested mapping out where people are and their expertise, and utilising that as well. TW also felt the ICB needs to be smarter about connecting people in the system who may be working on similar projects.</p> <p>RC [via chat]: The discussions were that a parent carer might be good - so the parent carer of an adult with significant care needs who would give us the perspective of young people with significant needs in partnership with their young person. But it will all depend on who comes forward? They would be advocates for the patient voice who have understanding about the challenges some people face. not trying to speak on behalf of all people.</p> <p>TDO [via chat]: But they are giving the perspective of the adult and may have adult bias rather than the lived experience of the child - look to NELFT as their approach is brilliant around CYP voice.</p> <p>AD thank members for their comments and reiterated PH comment that this is the beginning of the process, a lot of thought has gone into it already, but we do need to get it right.</p> <p>Action: Committee members to provide any further feedback on lived experience representation to Paul Hemingway</p> <p>Action: Further reflection at March meeting regarding current position and what adaptations have been made to the current plan to take this forward</p>	<p>Action</p> <p>Action</p>
8.	<p>Complaints and feedback report</p> <p>Jon Punt (JP) introduced the item taking the complaints report as read. JP began by acknowledging a comment which FS had made earlier in the meeting about complaints being a gift, this is definitely something JP endorses and it's wonderful that organisationally we're promoting that mindset.</p> <p>JP noted that the terms of reference for the committee stated that it will approve complaints handling arrangements for the ICB. However, as the Patients and Communities committee wasn't formed when the ICB came into being on 1 July, and we needed an active complaints policy in place, that policy went to ICB board on the 1 July and was approved. However, any future changes to the complaints policy will be brought to this committee. JP anticipated changes will happen fairly soon when the Parliamentary and Health Service Ombudsman's new Complaints Handling Standards come into place on 1 April 2023, following which it is likely the ICB will need to do some engagement work around the way in which our complaint system works.</p> <p>JP highlighted a few key points:</p> <ul style="list-style-type: none"> The number of contacts received remain significantly higher than pre pandemic. In the full financial year prior to COVID-19, 1500 contacts for the financial year were received. So far this year 2000 have already been received with another quarters worth of work to be received. This has led to a significant upturn in terms of work which has potentially impacted the team's ability to work everything through as it would like. 	

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- The achievement against target response times for formal complaints responses is lower than desired. Currently 57% are going out within the 30 working day time frame. JP asked whether the committee could offer any support to help address this. An increase in 'switchboard style' functions had also been noted. JP explained this as contacts that come into the complaints and enquiries team, but are actually looking to contact another area of the ICB, eg a social worker looking to get through to the continuing healthcare team, or someone invoicing the ICB and trying to get through to the finance team. The contacts are double handled at the moment which is inefficient.
- There is already a large number of primary care queries received, especially via local MPs, around access either to appointments, GP surgeries or to face to face appointments. At the moment the ICB doesn't officially handle complaints for primary care, however this will change on 1 July and it is envisaged there will be an increase in complaints about general practice, which are currently handled by NHS England. Dental, optometry and pharmacy complaints will also transfer to the ICB. JP is anticipating a significant rise in the amount of work the team receives.
- JP highlighted the experience of housebound patients and the challenges they faced with accessing the COVID-19 booster vaccination in some parts of N&W. JP explained that people reported it taking an unnecessarily long time and in some cases involving many contacts to try and obtain a vaccination. It was a very poor experience and JP felt it will be useful to have a discussion around how comms can be bolstered and how GP practices can be supported to reinforce those messages too.

Comments and questions from attendees:

AD reflected on JPs last point about the vaccination program and acknowledged it was not an experience we would want for our patients. AD thought that more could be done around linking both services and resources together to enable patients to be seen more efficiently and quickly, and AD would welcome a discussion to see how this could be achieved. TDO commented that this is a very contentious area due to the impact on money, and as we go into the 23/24 financial year where there is going to be even more physical challenges, the likelihood is there will be even more complaints about decision making.

TDO added that she did not consider our processes to the Covid response where quick or detailed enough. We need to help and support our nurses to ensure they provide a response in a timely way, and they offer face to face feedback to patients.

TDO went on to draw attention to a comment that AS had made in the meeting chat regarding IVF and the Womens Health Strategy published by the Govt in July 22, which outlines treatment for same sex couples following the Bacon-Evans judicial review against Frimley CCG. TOD commented that as ICS, if we move to a place of service restrictions, are we sure that everything we're doing is coming from the latest statute empirical evidence so that we make sure that if we are communicating difficult messages, we communicate them in the best

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	<p>way possible. But AS is right, we should be looking at that with regards to our policy.</p> <p>JP agreed with TDO comments and added the new complaints handling standards very much encourages those early conversations and almost allows organisations to handle things a bit more informally. There is a real focus on informal resolution e.g. chatting to complainants, having a conversation around what outcomes they're looking for and pushing those forward. JP would welcome discussions to assist with how organisationally we can embed that culture. JPs experience of complainants is they just care about the response, the outcomes and about being heard.</p> <p>CA asked whether there was comparative data available from previous years for formal complaints number to benchmark against. JP responded that the data is available from the CCG. JP added that formal complaint numbers seem to be going down, but the amount of informal complaints being raised are increasing and some of them are increasingly complex. It may be we need to consider how best we handle those to get the best outcomes for patients particularly those who are reluctant to make a complaint, but are actually bringing a very real concern that needs to be considered in a very serious way and then a proper answer issued. As there isn't a formal process sometimes things can get lost, but perhaps we aren't dealing with those in the best way possible.</p> <p>Jenny Ward (JW) (Health and Wellbeing and Covenant Policy Advisor for the Naval Families Federation) commented that she was very interested in some of the complaints about the awareness of services that are actually available to some mobile military families. Some of the inquiries that JW deals with have been from families who have an unusually complex care pathway set up in one area but are moving to another region and finding that some of that care is not available. JW is also part of the NHS Armed Forces PPG group which is looking at how that care is transferred over. The new Armed Forces Covenant may try and pre-empt some of those complaints as the information will be available to help families make informed decisions about where they're moving to and what services are available.</p> <p>FS reassured JW that the work of the Armed Forces Covenant will be covered by the Population Health Management and Health Inequalities Board.</p> <p>FS [via chat]: It would be useful to consider where we review the themes and learning from complaints made within our ICS but not directly to the ICB. they are referenced within our provider quality reports but i wonder if we should capture them here? could you consider and include in your report please Jon Punt</p> <p>AD proposed that the Complaints team prepare a paper suggesting how the complaints process for patients and communities can be improved, as well as seeking solutions for the other concerns and issues which JP raises. The timeframe for bringing the paper back to the Committee would be decided outside of the Committee.</p> <p>The Complaints Report was noted and discussed</p> <p>Action: Jon Punt to prepare a paper for May's meeting how the complaints process can be improved and addressing the other concerns highlighted</p>	<p>Action</p>
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	<p>Action: Incorporate a calendar for all national patient surveys as well as planned Healthwatch reports into the Patients and Communities forward planner</p> <p>Forward Planner: Complaints report / update – May - JP</p>	<p>Action</p> <p>Forward Planner</p>
9.	<p>Population Health Management and Health Inequalities</p> <p>RJ introduced the item which was to exemplify how we as a system use population health management and health inequalities and how we put some of those aspects into practice through our Protect Now project.</p> <p>Comments and questions from attendees:</p> <p>MB commented on the really good work that RJ and the Protect Now team have achieved, adding it was great to see prevention as a part of this agenda; there is so much pressure across health and care at the moment it's all too easy to focus on the reactionary, dealing with those day-to-day pressures. The work of this committee and the work of the ICB and of all partners will focus very much on the prevention, because by doing that we will avoid the crisis in the future, so it's important for colleagues to really support us on this journey.</p> <p>SM thanked MB for sharing the prevention message because that's important from a public health point of view. SM added this program of work has real potential to go far in terms of scaling it up at a population level, looking at what the projects were and evaluating them and looking out for the ones that have the biggest impact, and using data cleverly. SM continued that it's not only NHS colleagues who are working to deliver the projects, district councils and the voluntary sector are also involved as well as many other organisations and every factor in our system has a possibility of impacting and using this program to help them which is positive.</p> <p>TDO agreed this is an exciting piece of work and asked whether the place areas were receiving the data to enable them to work as a partnership. MB responded that SM and her team have attended some place boards to present some population health data at a place level which generated real interest and prompted some really good conversations, particularly from primary care colleagues, local authority and district council colleagues. SM added that public health have been working with the place boards to get as much information as possible. The team now have the opportunity to work with the ICB Business Intelligence team which has access to a much richer set of information which will give opportunities to work better to identify the potential for working with a population health management approach. So it's a really exciting opportunity.</p> <p>AD made a couple of observations, one around diabetes – where is the work delivered from versus the accessibility, as feedback AD has received from patients is that actually not all diabetes prevention services are accessible. The other observation was around falls and AD would like the committee to explore not only how falls are prevented in terms of physical provision of aid but to think about what is causing falls because not everything is due to mobility issues. Falls can be caused by sensory issues, as an example. So it will be helpful to understand the costs and then putting the right interventions and prevention in place. AD also commented on the collaboration across the system which was referenced in RJ presentation. AD thought that not all partners who could deliver this work were referenced in presentation and she would be happy to</p>	

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	<p>discuss this with RJ and how we can involve partners with specialist knowledge and expertise in the areas RJ is working on, to improve that partnership.</p> <p>AS commented in relation to diabetes that we're not showing how many people are dropping out of the diabetes prevention program, and Norfolk is still a national outlier in terms of people accessing services, so there needs to be certain caveats or warnings that we should treat all information with a certain amount of scepticism.</p> <p>The presentation was discussed and noted.</p>	
10.	Healthwatch reports	
	<p>Due to there being insufficient time available to give this item the consideration it required, AS suggested that he, MB and TDO discuss it at their forthcoming meeting, and come up with a suggestion as to the best way to progress this. This can then be brought to the next Committee.</p> <p>AD agreed with this suggestion but asked that Healthwatch Suffolk are also involved in the discussion, so there is a jointly agreed approach and way forward. AS confirmed he will link with Andy Yacoub, Chief Executive Officer at Healthwatch Suffolk.</p> <p>Action: Healthwatch Norfolk and Healthwatch Suffolk along with ICB colleagues to suggest a process for receiving regular reports to the Committee. For discussion at the next meeting</p>	Action
11.	Any other business	
	No items were raised	
Date, time, and venue of next meeting: Monday 27 March 2023, 1500-1700hrs via MS Teams		

Minutes agreed as accurate record of meeting:

Signed:
Chair

Date:

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Code
RED Overdue
AMBER Update due for next Committee
GREEN Update given
BLUE Action Closed



Norfolk & Waveney ICB Patients and Communities Committee Action Log

No	Meeting date added	Description	Owner	Action Required	Action Undertaken / Progress	Due date	Status	Date Closed
1	30.1.23	Terms of Reference	AD	Terms of Reference to be finalised for presentation and sign off at March meeting	Complete - feedback included in the Terms of Reference - captured during and outside of the meeting in January 2023.	23.3.23		
2	30.1.23	Co-production	RC	Explore coproduction development opportunities		23.3.23		
3	30.1.23	Community Voices	RJ	Summary of actions taken as a result of Community Voices to include learning, what has been done differently, introduced or changed as a result of the feedback		22.5.23		
4	30.1.23	Lived experience representative	PH	Committee members to provide feedback to PH. Reflect at March meeting as to where we are and what adaptations have been made to the current plan to take this forward	The pack has been finalised and shared widely for comment with partner organisations, stakeholders and forums. Comments will then be factored into the final pack. Roles expected to be advertised late March 2023.	23.3.23		
5	30.1.23	Complaints	JP	JP to prepare a proposal on improving the complaints process for patients and communities		22.5.23		
6	30.1.23	ICS organogram	PH	ICS organogram to be produced to show who does what from the comms and engagement team	This is a work in progress and will be shared once finalised. This is a big task to do this across the ICS. The ICB structure was shared with HWN previously.	May		
7	30.1.23	Healthwatch reports	AS / AY / MB	Suggest a process for receiving regular reports to the Committee. For discussion at the next meeting	Communication has taken place between HWN and HWS - both organisations will now be active members of the Committee and will bring reports. Reports specifically will be built into future meeting agenda items accordingly.	23.3.23		
8	30.1.23	Include national patient surveys & HW reports in forward planner	PH / RP	Incorporate a calendar for all national patient surveys as well as planned HW reports into the Patients and Communities forward planner	In progress. HWS and HWN will share a list of work underway at any particular time	22.5.23		

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APPENDIX D

Norfolk and Waveney Integrated Care Board Patients and Communities Committee Terms of Reference

Revision History

Revision Date	Summary of changes	Author(s)	Version Number
10 March 2023	Tweaks to the Terms of Reference following the meeting held on 23 January 2023	Paul Hemingway	1.1

Approvals

This document has been approved by:

Approval Date	Approval Body	Author(s)	Version Number

Parker Rachael
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1. CONSTITUTION

The Patients and Communities Committee (“the Committee”) is established by the Integrated Care Board (the Board or ICB) as a Committee of the Board in accordance with its Constitution.

These Terms of Reference (ToR), which must be published on the ICB website, set out the membership, the remit, responsibilities and reporting arrangements of the Committee and may only be changed with the approval of the Board.

The Committee is a committee of the Board and its members are bound by the Standing Orders and other policies of the ICB.

2. PURPOSE OF THE COMMITTEE

The Committee has been established to provide the ICB with assurance that it is delivering its functions in a way that meets the needs of patients and communities, that is based on engagement and feedback from local people and groups, and that takes account of and reduces the health inequalities experienced by individuals and communities.

The Committee exists to scrutinise the robustness of, and gain and provide assurance to the ICB, that there is an effective system of internal control that supports it to effectively deliver its strategic objectives and provide sustainable, high quality care.

The Committee will provide regular assurance updates to the ICB in relation to activities and items within its remit.

3. DELEGATED AUTHORITY

The Committee is a formal committee of the ICB. The Board has delegated authority to the Committee as set out in the Scheme of Reservation and Delegation and may be amended from time to time.

The Committee holds only those powers as delegated in these Terms of Reference as determined by the ICB Board.

4. MEMBERSHIP AND ATTENDANCE

The Committee members shall be appointed by the Board in accordance with the ICB Constitution.

The Board will appoint no fewer than four members of the Committee, including one who is a Non-Executive Member of the Board (from the ICB). Other attendees of the Committee need not be members of the Board, but they may be.

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When determining the membership of the Committee, active consideration will be made to equality, diversity and inclusion.

The Chair may ask any or all of those who normally attend, but who are not members, to withdraw to facilitate open and frank discussion of particular matters.

Conflicts of Interest

The Committee shall satisfy itself that the ICB's policy, systems and processes for the management of conflicts, (including gifts and hospitality and bribery) are effective including receiving reports relating to non-compliance with the ICB policy and procedures relating to conflicts of interest.

Chair and Deputy chair

If a Chair has a conflict of interest then the co-chair or, if necessary, another member of the Committee will be responsible for deciding the appropriate course of action.

Members

The Members of the Committee are as follows

- Non-Executive Member of the ICB Board (Chair)
- Non- Executive Member of the ICB Board (Deputy Chair)
- VCSE Board Member on the ICB Board
- Executive Director of Patients and Communities, NHS Norfolk and Waveney ICB
- Executive Medical Director, NHS Norfolk and Waveney ICB
- Executive Director of Nursing, NHS Norfolk and Waveney ICB
- A primary care representative
- Senior Public Health Officer Norfolk County Council
- A representative from the Place Boards
- A representative from the Health and Wellbeing Partnerships
- A representative from Healthwatch Norfolk
- A representative from Healthwatch Suffolk
- Lived Experience Representatives
- Health Inequalities advisor

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5. MEETING QUORACY AND DECISIONS

The Committee shall meet at least on a bi-monthly basis. Additional meetings may be convened on an exceptional basis at the discretion of the Committee Chair.

Quoracy

The quorum for the meeting will be a minimum of ten Members including at least one Chair or Deputy Chair, two ICB Executive Directors, at least one partner member, at least one public health representative, at least one Healthwatch member, at least one representative representing the place boards, at least one member representing the health and wellbeing boards and at least two patient(s) with lived experience.

Where members are unable to attend, they should ensure that a named and briefed deputy is in attendance who is able to participate on their behalf. For the avoidance of doubt the deputy will be counted as part of the quorum.

If any member of the Committee has been disqualified from participating in an item on the agenda, by reason of a declaration of conflicts of interest, then that individual shall no longer count towards the quorum.

If the quorum has not been reached, then the meeting may proceed if those attending agree, but no decisions may be taken. If an urgent decision is required, the process set out below may be followed.

Decision making and voting

Decisions will be taken in accordance with the Standing Orders. The Committee will ordinarily reach conclusions by consensus. When this is not possible the Chair may call a vote.

Only members of the Committee or their nominated deputy may vote. Each member is allowed one vote and a majority will be conclusive on any matter.

Where there is a split vote, with no clear majority, the Chair of the Committee will hold the casting vote. The result of the vote will be recorded in the minutes.

If a decision is needed which cannot wait for the next scheduled meeting, the Chair may conduct business on a 'virtual' basis through the use of telephone, email or other electronic communication.

Urgent decisions

In the event that an urgent decision is required, if it is not possible for the Committee to meet virtually an urgent decision may be exercised by the Committee Chair and relevant lead director subject to every effort having been made to consult with as

many members as possible in the given circumstances (minimum one other member).

The exercise of such powers shall be reported to the next formal meeting of the Committee for formal ratification and noted in the minutes.

6. RESPONSIBILITIES OF THE COMMITTEE

The responsibilities of the Committee will be authorised by the ICB Board. It is expected that the Committee will:

Complaints

- Approve the ICB's arrangements for handling complaints
- Receive regular reports about complaints received by the ICB and performance against the organisation's Complaints Policy.
- Oversee the sharing of lessons learnt from complaints received by the ICB across the organisation and the Integrated Care System.
- Provide assurance to the ICB Board regarding the organisation's performance against its Complaints Policy and processes.

Listening to, engaging and working with people and communities

- Approval of the arrangements for discharging the ICB's statutory duty associated with its commissioning functions to promote the involvement of patients, their carers and representatives in decisions about their healthcare.
- Approve annual changes to the Norfolk and Waveney People and Communities Approach that sets out how the ICB and wider ICS will deliver on the system wide approach to working with people and communities in Norfolk and Waveney.
- Receive regular reports setting-out the ICB's implementation of its annual communications and engagement plan and the organisation's contribution to delivering the Integrated Care System's approach to working with people and communities in Norfolk and Waveney.
- Consider how the ICB and the Integrated Care System could improve how we listen to, engage and work with people and communities.
- Oversee the sharing of insight gained from engagement with people and communities across the ICB and the Integrated Care System.
- Provide assurance to the ICB Board regarding the effectiveness of the organisation's approach to listening to, engaging and working with people and communities.

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- The Patients and Communities Committee will receive and approve any substantial departure from the Norfolk and Waveney People and Communities Approach and national guidance for working with People and Communities, published by NHS England.

Using Population Health Management Approaches and addressing health inequalities

- Approval of the arrangements for discharging the ICB's statutory duty associated with its commissioning functions to have regard to the need to reduce inequalities and use population health management approaches to help achieve this.
- The Committee will receive regular reports from the Norfolk and Waveney Health Inequalities Oversight Group about the Integrated Care System's work to reduce health inequalities.
- Consider how the ICB and the Integrated Care System could improve its work to address health inequalities.
- Provide assurance to the ICB Board regarding the effectiveness of the organisation's work to address health inequalities.

Integration with the voluntary, community and social enterprise sector

- Receive regular reports about the work of the ICB and the Integrated Care System to improve integration between the statutory and voluntary, community and social enterprise sectors.
- Consider how the ICB and the Integrated Care System could improve integration between the statutory and voluntary, community and social enterprise sectors.

Development funding

- Agree how the ICB should use development funding received from NHS England.
- Agree how the ICB should use any funding received by the ICB as a result of bids to external bodies with regard to health inequalities or patient engagement.

Place

- Review and approve arrangements as to the delegations to place boards or place Directors.

7 ACCOUNTABILITY and REPORTING ARRANGEMENTS

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The Committee is directly accountable to the ICB. The minutes of meetings shall be formally recorded. The Chair of the Committee shall report to the Board (public session) after each meeting and provide a written report on assurances received, escalating any concerns where necessary.

The Committee will receive scheduled assurance reports from any delegated groups. Any delegated groups would need to be agreed by the ICB Board.

8. BEHAVIOURS AND CONDUCT

ICB values

Members will be expected to conduct business in line with the ICB values and objectives. Members of, and those attending, the Committee shall behave in accordance with the ICB's Constitution, Standing Orders, and Standards of Business Conduct Policy.

Equality and diversity

Members must demonstrably consider the equality and diversity implications of decisions they make.

9. DECLARATIONS OF INTEREST

All members, ex-officio members and those in attendance must declare any actual or potential conflicts of interest which will be recorded in the minutes. Anyone with a relevant or material interest in a matter under consideration will be excluded from the discussion at the discretion of the Committee Chair.

10. SECRETARIAT AND ADMINISTRATION

The Committee shall be supported with a secretariat function which will include ensuring that:

- The agenda and papers are prepared and distributed in accordance with the Standing Orders having been agreed by the Chair with the support of the relevant executive lead;
- Attendance of those invited to each meeting is monitored highlighting to the Chair those that do not meet the minimum requirements;
- Records of members' appointments and renewal dates and the Board is prompted to renew membership and identify new members where necessary;
- Good quality minutes are taken in accordance with the Standing Orders and agreed with the Chair and that a record of matters arising, action points and issues to be carried forward are kept;
- The Chair is supported to prepare and deliver reports to the Board;
- The Committee is updated on pertinent issues/ areas of interest/ policy developments;
- Action points are taken forward between meetings and progress against those actions is monitored.

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11. REVIEW

The Committee will review its effectiveness at least annually and complete an annual report submitted to the Board.

These terms of reference will be reviewed at least annually and more frequently if required. Any proposed amendments to the terms of reference will be submitted to the Board for approval.

The Committee will utilise a continuous improvement approach in its delegation and all members will be encouraged to review the effectiveness of the meeting at each sitting.

The Terms of Reference for the Patients and Communities Committee will be reviewed on an annual basis, from the date the latest version was approved.

Date of approval:

Date of review:

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Agenda item: 8

Subject:	Commissioning and contracting in NHS Norfolk and Waveney
Presented by:	Roy Weston, Associate Director of Contracting and Procurement
Prepared by:	Roy Weston, Associate Director of Contracting and Procurement
Submitted to:	N&W ICB Patients and Communities Committee
Date:	27 March 2023

Purpose of paper:

To provide a brief update to the committee on the commissioning and contracting of healthcare services by the Norfolk and Waveney Integrated Care Board (NWICB) following its creation.

Executive Summary:

NWICB has continued to commission and contract for healthcare services since it was created from the preceding Norfolk and Waveney Clinical Commissioning Group. The number of contracts that NWICB holds with providers has grown since its creation and we have an ongoing programme of commissioning projects that will be delivered in 2023/24 and beyond.

In particular, we are continuing to develop how we collaborate with Independent Sector Providers (ISPs) and Voluntary, Charitable and Social Enterprise (VCSE) organisations through our work at Place level.

Report

Please see slides attached

Parker Rachael
20/03/2023 17:40:35

Recommendation to the Committee:

The committee is asked to note the work undertaken by the NWICB in its commissioning of healthcare services and the development of work at Place level with ISPs and VCSE organisations.

Key Risks	
Clinical and Quality:	N/A
Finance and Performance:	N/A
Impact Assessment (environmental and equalities):	N/A
Reputation:	N/A
Legal:	N/A
Information Governance:	N/A
Resource Required:	N/A
Reference document(s):	N/A
NHS Constitution:	N/A
Conflicts of Interest:	N/A
Reference to relevant risk on the Board Assurance Framework	N/A

Governance

Process/Committee approval with date(s) (as appropriate)	
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Parker Rachael
20/03/2023 17:40:35

Commissioning and Contracting in NHS Norfolk and Waveney

Roy Weston – Associate Director of Contracting and Procurement

Parker Rachael
20/03/2023 17:40:35

Commissioning in an Integrated Care System

- Role of the Integrated Care Board is to be the Strategic Commissioner for the system delivering;
 - Care to patients in accordance with the NHS Constitution commitments
 - Equitable access to services
 - Consistent service provision
 - Services in accordance with the specifications and standards required

Parker Rachael
20/03/2023 17:40:35

ICB Workplan

- The ICB is required to hold appropriate contracts with providers to ensure services are delivered to the required standards.
 - 285 clinical service contracts
 - NHS services budget for Norfolk and Waveney C.£2.2bn annually.
 - 17 procurements undertaken in 22/23 (over 50 individual contracts awarded as a result).
- Current workplan includes;
 - 13 Live procurements
 - 30 planned procurements(including two major service procurements to source pan Norfolk and Waveney services)

Parker Rachael
20/03/2023 17:40:35

Future procurement and contracting

- Rolling programme of contract review and renewal in place. We are moving to longer term agreements to ensure;
 - greater service stability and
 - reduced administrative work.
- When contracts expire we are reviewing services to ensure that we procure (where appropriate) to deliver;
 - greater cost efficiencies and
 - improved service alignment.

Parker Rachael
20/03/2023 17:40:35

Commitment to Joint Working

As part of the Joint Forward Plan the ICB is committing to;

- **Places** – with clearly defined remit, responsibilities and decision making, being clear about what we do at System level and what would be more effectively determined more locally in our Places.
- **Engagement and co-production** – listening and facilitating inclusive engagement with our people, patients and their families and carers, so we can deliver responsive and joined up care that is genuinely co-designed and produced with those that use our services.
- Empowering and working with the **VCSE sector** differently, and integrating VCSE provision into our design and delivery models for services.
- **Time to transform** - creating the conditions for change and moving our system from responding, to innovating.

Parker, Rachel
20/03/2024 17:40:35

Agenda item: 9

Subject:	Health Inequalities update
Presented by:	Tracy Williams Clinical Lead for Health Inequalities, Children Young People and Maternity
Prepared by:	Tracy Williams Clinical Lead for Health Inequalities N&W ICB, Alice Vickers Inclusion Health and Asylum Seeker Senior Manager Norfolk and Waveney ICB
Submitted to:	N&W ICB Patients and Communities Committee
Date:	27/3/23

Purpose of paper:

To provide an update on the ICBs work in respect of Health Inequalities continuing from the Population Health Management introduction paper at the last meeting. To highlight key achievements and initiatives in place, to note challenges and ambitions in working to drive improvements in reducing health inequalities in our local system.

Executive Summary:

Health inequalities are avoidable, unfair and systematic differences in health between different groups of people and are often analysed across four factors: socio-economic, geographic, specific / protected characteristics and social exclusion / vulnerability.

Health inequalities also describes the differences in care people receive and the opportunities they have to lead healthy lives, eg:

- health status eg. life expectancy and prevalence of health conditions
- access to care / quality and experience of care
- lifestyle and behavioural risks to health / wider determinants of health – health behaviours and status
- clinical care access
 - use and quality of health and care services
 - social determinants of health (eg. housing, employment and education).

Parker Rachael
20/03/2023 17:40:35

Each integrated care board must, in the exercise of its functions, have regard to the need to:

(a) reduce inequalities between persons with respect to their ability to access health services, and

(b) reduce inequalities between patients with respect to the outcomes achieved for them by the provision of health services (including the outcomes described in section [14Z34\(3\)](#)).

COVID-19 has shone a harsh light on some of the health and wider inequalities that persist in our society. Guidance issued by NHS England in response to the COVID-19 pandemic, set out eight urgent actions for tackling health inequalities. This was later refined to five key priority areas which underpin the work of the National Healthcare Inequalities Improvement Programme

- NHS England's 5 Priority areas to address Health Inequalities:
- PRIORITY 1: Restoring NHS services inclusively
- PRIORITY 2: Mitigating against digital exclusion
- PRIORITY 3: Ensuring datasets are complete and timely
- PRIORITY 4: Accelerating preventative programmes (including Core20PLUS5 approach)
- PRIORITY 5: Strengthening leadership and accountability

Norfolk and Waveney ICB are developing our strategies for Health Inequalities and Population health management, including implementing the core20plus5 approach health inequality improvement framework.

The ICB has made progress in addressing the 5 priority areas with some key achievements and initiatives implemented across the Integrated Care System and which are detailed in the supporting presentation. The ICBs progress in NHS England's healthcare inequalities improvement programme received positive feedback from our Quarter 3 Health Inequalities stock take reporting to NHS England.

Report

XXXX

Recommendation to the Committee:

To note the progress so far in the ICBs Health Inequality Improvement approach, key achievements and current challenges.

Key Risks

Clinical and Quality:

Applicable

Finance and Performance:

n/a

Impact Assessment (environmental and equalities):	Applicable and covered
Reputation:	n/a
Legal:	n/a
Information Governance:	n/a
Resource Required:	n/a
Reference document(s):	n/a
NHS Constitution:	Applicable
Conflicts of Interest:	n/a
Reference to relevant risk on the Board Assurance Framework	BAF06 – Health Inequalities and Population Health Management

Governance

Process/Committee approval with date(s) (as appropriate)	
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Parker Rachael
20/03/2023 17:40:35



Improving lives **together**

Norfolk and Waveney Integrated Care System

Health Inequalities Overview and Update Patients and Communities Committee

Tracy Williams

Clinical Lead Health inequalities and Children Young People and Maternity

Parker Rachael
20/03/2023 17:40:35

What are the health inequalities?

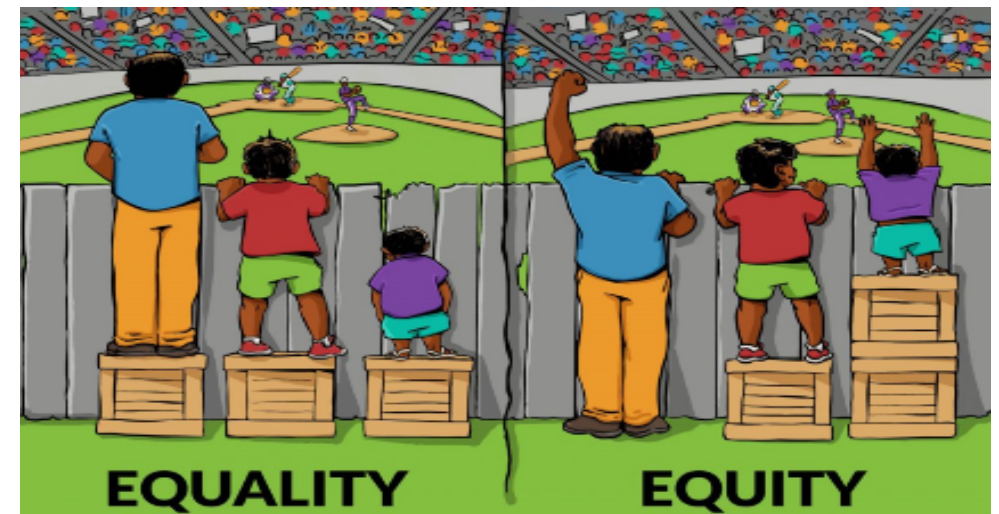
- What are Health Inequalities?

Health Inequalities are ultimately about differences in the status of people's health. But the term is also used to refer to differences in the care that people receive and the opportunities that they have to lead healthy lives – both of which can contribute to their health status. Health inequalities can therefore involve differences in:

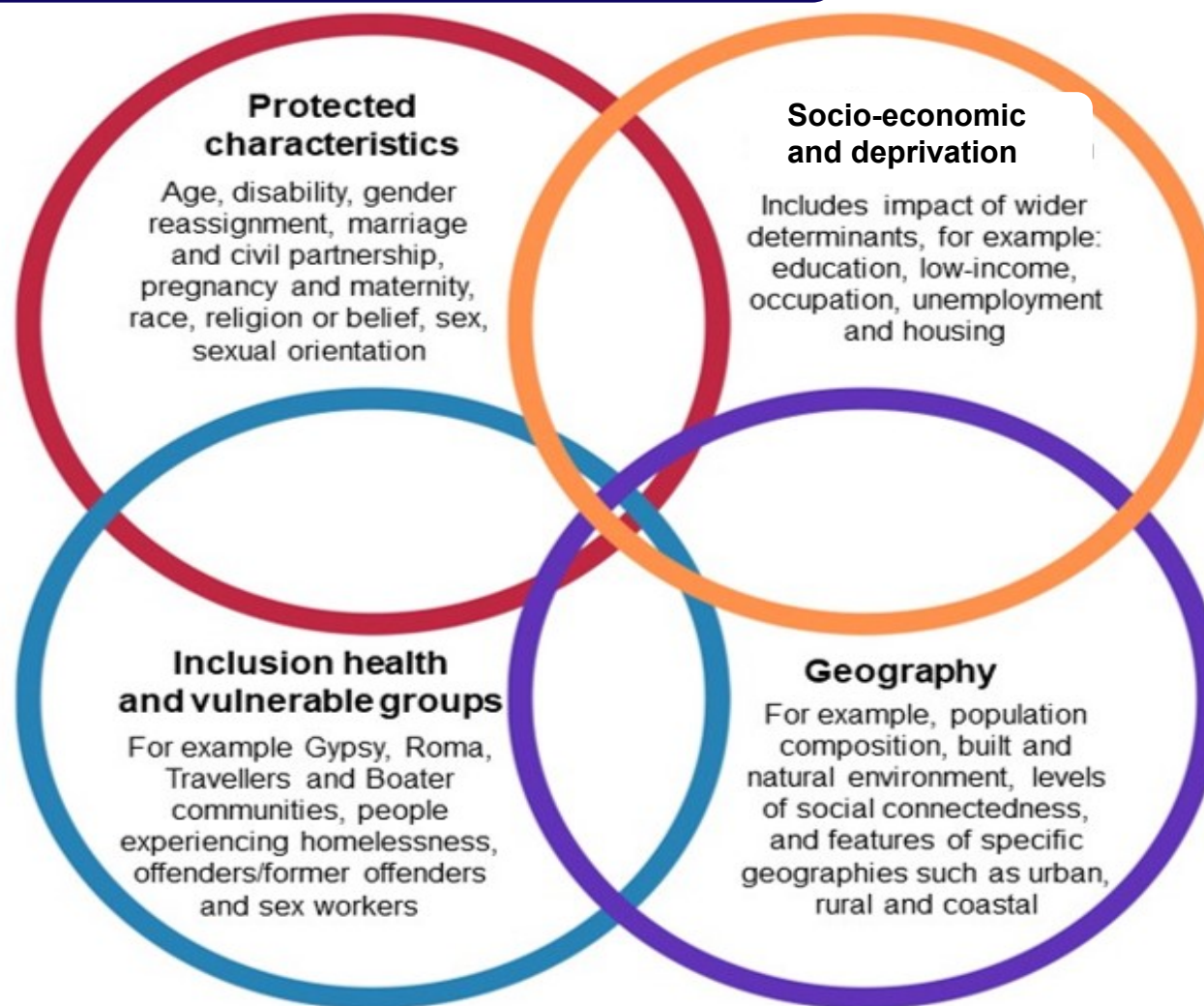
- * Health status, for example, life expectancy
- * Access to care, for example, availability of given services
- * Quality and experience of care, for example, levels of patient satisfaction
- * Behavioural risks to health, for example, smoking rates
- * Wider determinants of health, for example, quality of housing.

The causes of health inequalities are complex, but are generally associated with variation in a range of factors that positively or negatively influence our ability to be healthy. This includes individual health-related behaviour, such as:

- * Smoking and diet
- * Access to services
- * Social deprivation
- * Access to work
- * Education levels
- * Social networks
- * How much control we feel we have over our lives



Factors



The factors influencing health inequalities are complex and often overlapping with each other to benefit or disadvantage people or groups, leading to differences in health outcomes.

Duties as to reducing inequalities for ICBS

Each integrated care board must, in the exercise of its functions, have regard to the need to—
(a) reduce inequalities between persons with respect to their ability to access health services, and
(b) reduce inequalities between patients with respect to the outcomes achieved for them by the provision of health services (including the outcomes described in section [14Z34\(3\)](#)).

NHS England's 5 Priority areas to address Health Inequalities:

- PRIORITY 1: Restoring NHS services inclusively
- PRIORITY 2: Mitigating against digital exclusion
- PRIORITY 3: Ensuring datasets are complete and timely
- PRIORITY 4: Accelerating preventative programmes (including Core20PLUS5 approach)
- PRIORITY 5: Strengthening leadership and accountability

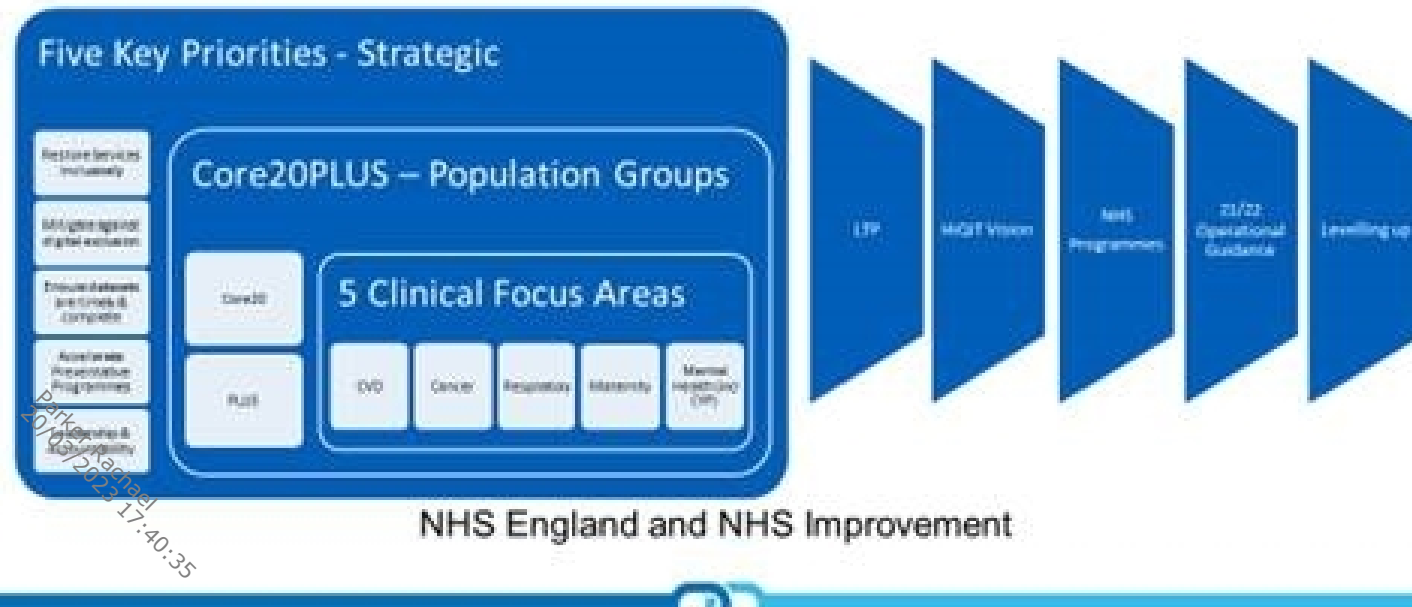
“Core 20 plus 5 Initiative” - Tackling Health Inequalities in the NHS

CORE 20 PLUS 5



A Framework designed to **contribute to ongoing work towards achievement of LTP commitments**, whilst also **narrowing the health inequalities gap** for the most disadvantaged groups (it does not replace existing activities in relation to prevention etc...)

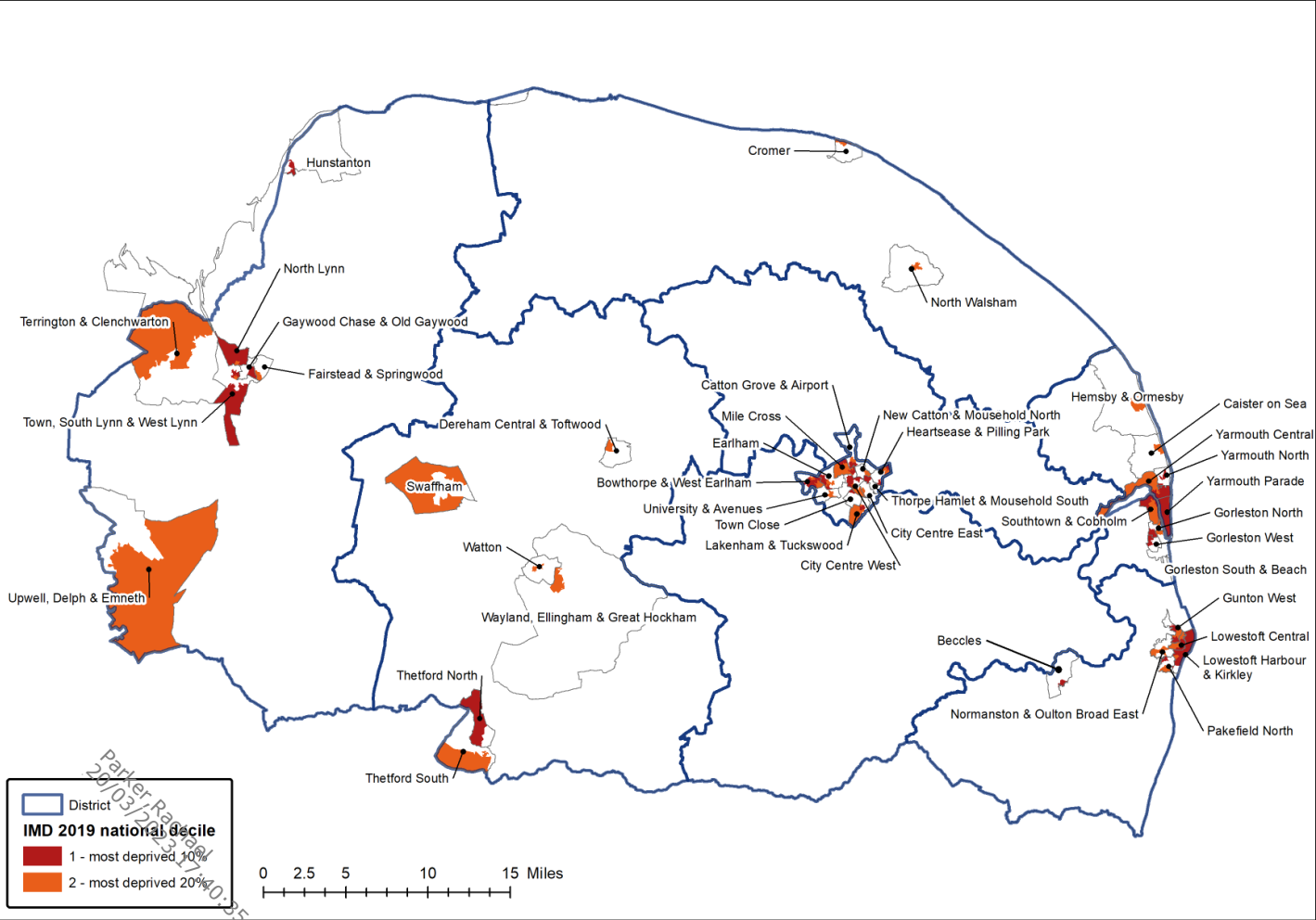
The governance for Core20PLUS5 sits **within the programmes** for the 5 clinical areas.



This will drive targeted health inequalities improvements in the following areas:

- **Core 20** – Most deprived 20% of our population- according to IMD- 1 and 2
- **PLUS** – Other population groups as identified by local population health data e.g. ethnic minority communities, Inclusion Health groups.
- **5** – Targeting five key clinical areas of health inequalities:
 - Adults
 - Maternity
 - SMI
 - Chronic Respiratory Disease
 - Early Cancer diagnosis
 - Hypertension case finding
 - Children and Young People
 - Asthma
 - Diabetes
 - Epilepsy
 - Oral health
 - Mental health

There are 42 communities across Norfolk and Waveney where the population are amongst the 20% most deprived in England. (core20)



40% of the populations of Great Yarmouth and Norwich live in the most deprived 20% of areas in England compared to 16% for Norfolk and Waveney as a whole

District	Most deprived decile 1 Core 20	Most deprived decile 2 Core 20	Other deciles	Core 20 Population
Breckland	2,500	12,300	126,500	14,700
Broadland	0	0	131,900	0
Great Yarmouth	26,900	12,800	59,500	39,700
KLWN	12,100	11,200	127,900	23,300
North Norfolk	0	2,800	102,400	2,800
Norwich	27,400	28,100	86,700	55,500
South Norfolk	0	0	143,100	0
Waveney	16,000	11,800	90,700	27,900
Norfolk and Waveney	84,900	78,900	868,800	163,800
England	5,603,900	5,697,200	45,249,000	11,301,100

District	Most deprived decile 1 Core 20	Most deprived decile 2 Core 20	Other deciles	Core 20 Population
Breckland	1.7%	8.7%	89.6%	10.4%
Broadland	0.0%	0.0%	100.0%	0.0%
Great Yarmouth	27.1%	12.9%	60.0%	40.0%
KLWN	8.0%	7.4%	84.6%	15.4%
North Norfolk	0.0%	2.6%	97.4%	2.6%
Norwich	19.3%	19.7%	61.0%	39.0%
South Norfolk	0.0%	0.0%	100.0%	0.0%
Waveney	13.5%	10.0%	76.5%	23.5%
Norfolk and Waveney	8.2%	7.6%	84.1%	15.9%
England	9.9%	10.1%	80.0%	20.0%

Reducing Health Inequalities : Plus communities in Norfolk and Waveney

- There are groups in our population who experience poorer health outcomes than others. These health gaps were widened during the Covid19 pandemic. For Norfolk and Waveney these groups include:
- People living in the most deprived communities
- People living with a learning disability and autistic people.
- People from Minority Ethnic groups, such as Eastern European, Black and Asian Communities.
- Inclusion Health groups (including people experiencing homelessness, drug and alcohol dependence, Asylum seekers and vulnerable migrants, Gypsy, Roma and Traveller communities, sex workers, people in contact with the justice system, victims of modern slavery and other socially excluded groups).
- Coastal and rural communities where there are areas of deprivation hidden amongst relative affluence.
- Young carers and looked after children/care leavers.

REDUCING HEALTHCARE INEQUALITIES

NHS

CORE20
The most deprived 20% of the national population as identified by the Index of Multiple Deprivation



The Core20PLUS5 approach is designed to support Integrated Care Systems to drive targeted action in healthcare inequalities improvement

Target population

PLUS
ICS-chosen population groups experiencing poorer-than-average health access, experience and/or outcomes, who may not be captured within the Core20 alone and would benefit from a tailored healthcare approach e.g. inclusion health groups



CORE20 PLUS 5

Key clinical areas of health inequalities

1



MATERNITY
ensuring continuity of care for 75% of women from BAME communities and from the most deprived groups

2



SEVERE MENTAL ILLNESS (SMI)
ensuring annual health checks for 60% of those living with SMI (bringing SMI in line with the success seen in Learning Disabilities)

3



CHRONIC RESPIRATORY DISEASE
a clear focus on Chronic Obstructive Pulmonary Disease (COPD), driving up uptake of Covid, Flu and Pneumonia vaccines to reduce infective exacerbations and emergency hospital admissions due to those exacerbations

4



EARLY CANCER DIAGNOSIS
75% of cases diagnosed at stage 1 or 2 by 2028

5



HYPERTENSION CASE-FINDING
and optimal management and lipid optimal management



SMOKING CESSATION
positively impacts all 5 key clinical areas

Core 20 plus 5 Children and Young People

REDUCING HEALTHCARE INEQUALITIES FOR CHILDREN AND YOUNG PEOPLE

NHS

The Core20PLUS5 approach is designed to support Integrated Care Systems to drive targeted action in healthcare inequalities improvement

Target population

CORE20 PLUS 5

Key clinical areas of health inequalities

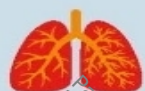
CORE20
The most deprived 20% of the national population as identified by the Index of Multiple Deprivation



PLUS
ICS-chosen population groups experiencing poorer-than-average health access, experience and/or outcomes, who may not be captured within the Core20 alone and would benefit from a tailored healthcare approach e.g. inclusion health groups



1



ASTHMA
Address over reliance on reliever medications and decrease the number of asthma attacks

2



DIABETES
Increase access to Real-time Continuous Glucose Monitors and insulin pumps in the most deprived quintiles and from ethnic minority backgrounds & Increase proportion of children and young people with Type 2 diabetes receiving annual health checks

3



EPILEPSY
Increase access to epilepsy specialist nurses and ensure access in the first year of care for those with a learning disability or autism

4



ORAL HEALTH
Address the backlog for tooth extractions in hospital for under 10s

5



MENTAL HEALTH
Improve access rates to children and young people's mental health services for 0-17 year olds, for certain ethnic groups, age, gender and deprivation

Parker Rachael
20/03/2023 17:40:35

Key achievements

We are developing **our strategies for Health Inequalities and Population health management**, including our core20plus5 approach.

- Implementing our new board structure for Population Health Management and Health Inequalities
- Working with our Place Boards and Health and Well-being Partnerships across Norfolk and Waveney to identify and address inequalities, including wider determinants of health.
- Continue our Inclusion Health group, working with partners to improve health outcomes for inclusion health communities.- Kings fund Inclusion health pockets of excellence programme
- Developing our Equality Impact Assessments and action plans.
- Working as a system to develop and implement a system-wide digital inclusion strategy
- Deliver our Community Voices project – by gathering insight from our local population, to act on that insight to improve equity of access to services, making every contact count and further developing our network of Community Connectors and champions at place and neighbourhood level.
- Core 20 Ambassadors - developing key leaders across the system to support the implementation of the Core20plus 5 health inequalities improvement framework.
- Wellness on wheels and the wellness hub programme continue with addressing various health inequalities and vaccination inequalities
- Continue to develop projects relating to the NHS role as Anchor Institutions
- Active NoW – a project to encourage patients to access exercise related support to help reduce risks associated with their clinical condition.

Wellness on Wheels WOW



What is offered on the Wellness on Wheels bus?

- Change Grow Live (CGL) (drug and alcohol support)
- Headway (Brain Injury)
- Housing, Debt advice and Benefit support from District Councils
- Sexual Health self-testing kits e.g., chlamydia, gonorrhoea and HIV as well as the C-Card scheme
- SMI stop smoking support
- Covid vaccinations provided by CCS

Who does the WoW bus target?

- Areas of deprivation and low vaccine uptake – utilising up to date Public Health data
- Inclusion Health groups



- The WoW bus has visited many locations across Norfolk & Waveney
- Communicated with all District Councils in Norfolk & Waveney to engage with local health inclusions groups and deprived communities
- Linked with voluntary sector organisations such as Change Grow Live, Magdalene Group for sex-workers and Headway.
- Ongoing conversations with Breckland District Council to support engagement with gypsy roman traveller sites within the area

Support for refugees and asylum seekers

- Due to a record number of asylum seekers entering the UK via the small boat route crossing the channel Norfolk and Waveney have 4 contingency hotels accommodating people.
- The People from Abroad Team (PfAT) located in Norfolk County Council and co-located health care team supported GP registrations for these the Norwich GP practices. They also undertake the initial health triage, holistic health assessments and ongoing complex cases with safeguarding concerns of varying severity.
- NHS Norfolk and Waveney set up a multi-agency response and secured funding to enhance the health care offer and support for GP practices through a health inclusion Locally Commissioned Service (LCS). This is underpinned by a system wide strategic group.
- To find out more about the PfAT and the work they do, please see video here: <https://m.youtube.com/watch?v=mmly6mtEs6U&feature=shares>
- To support GP practices with caring for the needs of refugees and asylum seekers as well as other Inclusion Health LCS specification has been developed. There are varying levels to this LCS:
 - **Inclusion Friendly** – offering training to reception staff, encouraging practices to sign up to be a safer practice and provide training about Inclusion Health practices
 - **Inclusion Health Assessments** – providing health assessments which are more detailed than the standard GMS new patient health check
 - **Outreach support** – providing outreach appointments to undertake health assessments/appointments for Inclusion Health with specific locates e.g., hostels.

Asylum Seeker Service



Key Challenges

- Geography, rural and coastal communities, complexity and size of our system, - 8 health and well-being partnerships and 5 Place Boards – complex and can duplicate activity, effort etc.
- Overlapping district and county council boundaries such as Waveney and Breckland and the impact on how the local population access services.
- Connectivity between Place Boards/Health & Wellbeing Partnerships and our system governance structures – opportunity for these structures to ‘own’ system priorities.
- Capacity within our ICB
- Data – currently do not have full linked data sets and the quality of some data requires improvement, can have challenges in accessing data for Waveney.

Speaker Rachael
20/03/2023 17:40:35

Our ambition

- To embed addressing health inequalities in all we do and at every level of our ICS – Our Health Inequality Strategy
- For those communities and people impacted by health inequalities to have equitable access, excellent experiences, optimal outcomes and have a voice.
- Focus on our 42 most deprived (core20) wards
- Our people- workforce see Health Inequalities as “every bodies business” consider mandatory training – our culture.

• ***Any Questions/comments?***

Any questions?

Parker Rachael
20/03/2023 17:40:35



Brief Overview of Work Currently Undertaken across Norfolk

- **Health Checks**
Working with Public Health to understand barriers to take up of health checks
- **Health Visitors**
Survey work and one to one with parents who have children and their experiences of the Health Visiting Service
- **Pharmacy engagement**
Working with the LPC – visiting all pharmacies across Norfolk to gauge understanding of issues being faced by both the public and the service provider
- **Patient Partner**
Working on behalf of the ICB and the work of Patient Participation Groups across Norfolk – report published and with ICB colleagues
- **Long Covid**
Report commissioned by NHSE looking at experiences of people suffering from Long COVID – a mixture of survey, focus groups and one to one meetings
- **MHCT**
Three year project originally commissioned by Norfolk and Waveney CCG from improvement monies from NHSE – Year One report published and available on website. Year Two work progressing.
- **Digital Tools**
Work looking at digital tools available to people who have hearing deficits – various products being tested and reviewed in conjunction with colleagues from the 3rd sector
- **My Views Matter**
Enter and View visits to homes for people with Learning Difficulties and in some instances, severe autism – instigated as a result of the tragic deaths of three young people at Cawston Park – report completion May/June of this year
- **Transitions**
Working to understand issues facing both staff and service recipients when transitioning from Childrens' Services to Adult Services – report due to be published imminently

Dementia support for carers

Parker Rachael
20/03/2023 17:40:35



Working with dementia groups to identify levels of support available to people living with dementia

- CQC Engagement with Homeless
Targeted engagement with those who face extreme health inequalities and how they access services
- Hospital engagement in summer
Spending one week in each acute trust – May, June , July – programme agreed by Urgent and Emergency Care Board – currently liaising with ICB director of Nursing amongst other to determine what they would like to get out of this area of work
- QEH discharge evaluation
Undertaking an evaluation of the Discharge Programme on behalf of the QE in relation to the commissioned ICB service around discharge back into the community
- PSIRF
Working across Norfolk with the lead organisation in how we genuinely involve the public.
- LGBT+
Working with the LGBT community in relation to accessing GP Services for people who are Trans

Parker Rachael
20/03/2023 17:40:35

Healthwatch Suffolk community, engagement and co-production summary update for Waveney area

Quarter 4 2022-23 (Jan-Mar 2023)

Research projects, briefings and more

Links to ongoing and published Healthwatch Suffolk research reports, briefings and projects can be found on <https://healthwatchsuffolk.co.uk/ourresearch/>.

Upcoming projects or soon to be published

- **Maternal mental health** – local analysis of responses from Suffolk to a national Healthwatch survey about maternal mental health. A slide deck will be published week beginning 20th March 2023.
- **Analysis of dental signposting contacts** – People contact their local Healthwatch for information about, and signposting to, local health, social and wellbeing support. In anticipation of a discussion at the Suffolk Health Scrutiny Committee, Healthwatch Suffolk will share an update on its signposting contacts related to accessing NHS dental care.

This is further to [a previous report published and shared with the committee in 2021](#).

- **Living with dementia in Suffolk** – A report, and supporting content, is due to be published to the Healthwatch Suffolk website in April following extensive research with people living with dementia and their carers.

In total, 19 people took part in detailed interviews about their experiences, comments were extracted from the Healthwatch Suffolk Feedback Centre, and more than 100 people shared feedback in a survey. All the feedback will be used to shape a new joint health and social care dementia strategy for Suffolk, which is currently being co-produced. The research will be published to:

<https://healthwatchsuffolk.co.uk/ourresearch/dementia/>

- **My Health, Our Future 2023 (Phase Seven)** – Long-standing research exploring children and young people's physical and mental wellbeing across the whole of Suffolk (see recently published below for access to our latest insights). The 2023 survey is currently live (available to share with young people from <https://healthwatchsuffolk.co.uk/news/mhof2023/>). Countywide reports, including a report about Waveney) are usually available toward the end of the calendar year.
- **Children and young people's asthma support in Suffolk and north east Essex** – Whilst this project does not seek to capture feedback from people living in Waveney, it is anticipated that relevant learning will be captured and shared. The project aims to capture feedback from young people, parents, guardians or professionals to support future commissioning of services, and to check on people's experiences within the context of the National Bundle of Care. More information can be found on <https://healthwatchsuffolk.co.uk/cypasthma/>.
- **Health Coaching in Suffolk** – Health coaching is a specific approach used by health and social care professionals to encourage people to take control of their own health and wellbeing goals. Healthwatch Suffolk has completed an evaluation of training coordinated by the West Suffolk NHS Foundation trust, and the extent to which professionals have been able to make use of the approach within their day-to-day practice with people, service users, families and carers. The report will be available within March 2023.

- **Your Care, Your Way (a survey for d/Deaf and hard of hearing people and communities in Suffolk)** – Following publication of local results of the national Healthwatch 'Your Care, Your Way' survey regarding people's experiences of accessible information and support from local services, a new survey has launched specifically for d/Deaf and hard of hearing people and communities in Suffolk.

The survey is available for people to complete now. See all relevant links below:

- The online survey link – <https://www.smartsurvey.co.uk/s/aissurvey>
- A web page about the survey, including all survey formats – <https://healthwatchsuffolk.co.uk/aissurvey/>
- A direct link to the digital easy read format of the survey – <https://healthwatchsuffolk.co.uk/wp-content/uploads/2023/03/YCYW-digital-easy-read.pdf>

The survey is due to close on 14th April 2023. A report about people's experiences will follow. Resources to raise awareness of legal service responsibilities under the Accessible Information Standard, and to help people to understand their rights to accessible information and support from local services, can be found on <https://healthwatchsuffolk.co.uk/your-care-your-way/knowthefiverights/>.

- **Dermatology services in Suffolk** – An ongoing survey exploring people's experiences of accessing support for skin, hair and nail conditions across Suffolk. A final report will be shared online, and also with the Suffolk and North East Essex integrated care system and Waveney primary care networks. See <https://healthwatchsuffolk.co.uk/news/dermatologysurvey/> for more information, and to access the results when they are published.
- **Care at home evaluation** – Suffolk County Council will invite local users of home care services to take part in a survey about their experiences. There will also be a survey for local carers providing home care across Suffolk.

People will be invited to participate across the 2023/24 financial year as the survey is rolled out to each of the three alliance areas one after the other. More information will be available as this project continues to develop. The first survey round is anticipated to launch in late spring/early summer.

Recently published

- **My Health, Our Future (Phase six and all previous reports)** – My Health, Our Future (MHoF) is an extensive research project exploring the physical and mental wellbeing of children and young people across Suffolk. More than 50,000 responses have been recorded from young people to date.

The most recently published countywide reports (based on responses in 2022) can be accessed from <https://healthwatchsuffolk.co.uk/mhof/phasesix/>. A separate dashboard of key survey findings relating to students in Waveney is available on request from research@healthwatchsuffolk.co.uk. All previous MHoF reports, and other information about the programme (e.g., how the survey has been making a difference for young people in Suffolk), can be found on <https://healthwatchsuffolk.co.uk/mhof/>.

Please encourage young people to take part in the 2023 survey, which is available now - see <https://healthwatchsuffolk.co.uk/news/mhof2023/>.

- **Waiting for hospital care in Suffolk** – Research that was recently referenced in a national report by the House of Commons Public Accounts Committee (see

<https://healthwatchsuffolk.co.uk/news/pacinqury/>). More than 1,400 experiences were shared with us by people who had waited, or were waiting for, hospital treatment or care.

This research explored how people's lives had been impacted, often significantly, by their wait for care and support. A number of recommendations were made for local services and commissioners to improve people's experiences.

Explore more information, and download the report and recommendations, from <https://healthwatchsuffolk.co.uk/ourresearch/electivecare>.

- **People's experiences of support for the menopause and perimenopause in Suffolk –** Download the results of a survey that has been made available to the Suffolk and North East Essex Integrated Care System and Waveney primary care networks. See <https://healthwatchsuffolk.co.uk/news/women-need-to-be-listened-to-your-shared-experiences-around-menopause-and-perimenopause/>.
- **People's experiences of support for stoma care in Suffolk -** Download the results of a survey that has been made available to the Suffolk and North East Essex Integrated Care System and Waveney primary care networks. See <https://healthwatchsuffolk.co.uk/news/stomasupport/>.

Community/Engagement

Some key events:

- 10th Jan 2023 - N and W Integrated Care Board Primary Care Commissioning Committee – Part 1
- 1st March 2023 - NHS Norfolk & Waveney ICB: An introduction to dental services
- 2nd March 2023 - NHS N & W ICB: An introduction to pharmaceutical and optical services
- 16th March 2023 – Engagement visit/d/Deaf project – Lowestoft Deaf club

Prior to January and ongoing:

- Primary Care (GP Practices); Engagement takes place with every GP Practice in Waveney, taking place on a 6 monthly rolling basis (13 Practices in total). Mini reports produced for each visit to inform Practice Managers of main points. Each Practice encouraged to respond on our Facebook centre.
- Quarterly meeting with CQC to inform their visit of anything we have picked up. Although not within this [Jan-Mar23] timeframe, the '[behind the scenes](#)' project was a good piece of work in Beccles and something we were looking to make as an offer to other sites.
- Forum attendances; Updates sent/received if not able to attend, go to the Domestic Abuse Forum, and the Waveney Disability Forum. Pick up trends from vulnerable communities – linked Terrence Higgins Trust team into both, to present.
- General; Established network of over 150 grassroots groups, resulting in good input into Norfolk & Waveney projects when we have been involved (example of Cancer project that Healthwatch Norfolk led on, although not in this timeframe).

Future work or recently commenced:

- Access to Traveller sites working with Kessingland GP surgery and Public Health Suffolk
- D/Deaf engagement in JPUH for Waveney patients/carers on March 22nd (possible further engagement in the future).
- Continual growth of grassroots network as groups 'emerge' once again.
- Engagement with those who are more vulnerable by visiting foodbanks/churches/libraries (Warm room venues)

Co-production opportunities

Invitation to become a partner in the [Tackling Poverty Together](#) Co-production Group. Healthwatch Suffolk is recruiting 15 community partners. Our community partners will be people with lived experience of 'relative poverty or just about managing', who would like to share their experience and help influence change, alongside others. Our email address is: tacklingpoverty@healthwatchsuffolk.co.uk. If you would like to find out more or to sign up, please be in touch or check out our webpage <https://healthwatchsuffolk.co.uk/poverty/>

Together with partner organisations, Healthwatch Suffolk is seeking interest from people to find healthier ways to 'get around'. It's all a part of a new pilot project (funded by the Department for Transport), that will explore active travel in the local area across the next three years. Active travel could include walking and/or cycling more, using a car less and improving our overall health and wellbeing through being more active. By signing up, people can help to influence new services that will aim to help people to travel in an active way, find the best ways to encourage people to take up active travel locally, and support the pilot project to reach people in Ipswich and Lowestoft communities. Sign up here <https://healthwatchsuffolk.co.uk/activetravel/>.

Parker Rachael
20/03/2023 17:40:35



THE SUFFOLK VOLUNTARY & STATUTORY PARTNERSHIP including Suffolk Mental Health Friends

**A summary of the activities delivered by the Suffolk VASP
including Suffolk Mental Health Friends in 2022/23
hosted by Healthwatch Suffolk**

Purpose

The Suffolk Voluntary & Statutory Partnership (VASP) for Mental Health enables staff and volunteers from Statutory and Voluntary services, and service users, to be sharing information about their services, and to be networking in person. The Suffolk VASP is helping to enable people to work together and to be drawing upon each other's knowledge and skills, helping to reduce the risk of duplication.

The Strategic County VASP, and seven Locality VASP groups each led by voluntary chairs, facilitate robust information sharing and partnership working between Voluntary and Statutory groups and services, **we are providing 47 welcoming VASP networking meetings in 2022/23.**

Parker Rachael
20/03/2023 17:40:35

The well-established VASP network is unique within the East of England, it's a valuable means by which the health and care system is helped to share news and information with voluntary and statutory organisations.

The Suffolk VASP is being very proactive in helping statutory organisations, including both of the Integrated Care Systems serving the county of Suffolk, to communicate with the voluntary sector, thereby helping to share the SNEICB and N&WICS, Public Health & Communities and NSFT's messaging with a broad audience.

The Suffolk VASP is a countywide network of more than 1,840 members, an increase of 22% since our last Report for 2021/22. All of whom are offered an opportunity to come together at a local level, to share information in person, in seven Locality Groups.

Seven VASP groups each offer regular locality meetings, countywide, led by voluntary Chairs ... Haverhill VASP, Sudbury VASP, Bury St. Edmunds & Locality VASP, Mid-Suffolk VASP, Ipswich VASP, Waveney VASP, Coastal VASP

We also offer a County VASP meeting quarterly. This especially offers an opportunity for those with broader, more strategic roles, to come together and then equally with the wider VASP membership.

Back in February 2021 the County (Strategic) VASP included 381 people. Then, in 2021, we opened up the County VASP meetings, now we're inviting more than 1,840 people, everyone in the VASP network, and they're all welcome to share the invitation with their colleagues. Each meeting is themed and includes an Agenda with speakers, including people sharing their lived experience.

As an example, in December 2022 we welcomed 95 people to a County VASP meeting online, with the theme of 'Let's Talk About Women's Mental Health and Wellbeing in Suffolk'. Link to the Minutes:

<https://mailchi.mp/5254691e23a1/county-strategic-vasp-minutes-12th-december-2022>.

The voluntary Chair(s) for each of the seven Locality VASP groups are delivering between them 43 networking meetings in 2022/23, with every group offering an open news sharing and networking meeting at least quarterly.

Plus, the VASP has planned and delivered quarterly County VASP meetings, making 47 networking meetings in total.

The VASP networking meetings help enable participants to discuss the real-life issues faced by people in different parts of the county, services and groups promote their offers of help and support and people develop partnership working links.

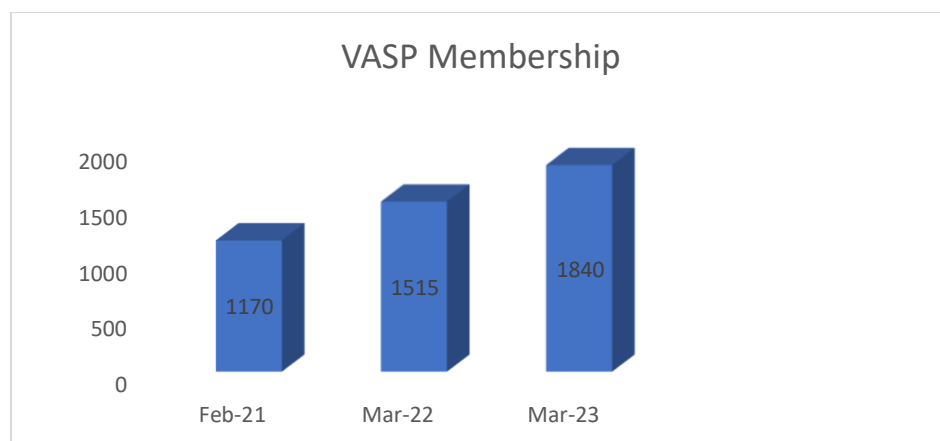
The VASP network helps share many opportunities, such as to participate in the coproduction of services, and news about opportunities for gaining funding and training. The VASP provides important opportunities for:

- ✓ **Information sharing newsletters** –usually weekly, VASP news messages are shared with everyone in the network. Helping share news between Statutory and Voluntary groups and services, on x47 occasions in 2022/23.
- ✓ **Via Twitter** @oursuffolkvasp, the web link to every VASP news sharing message is further widely shared. The Suffolk VASP has 2.5k followers on Twitter. Thankfully, the messages are usually retweeted by both @SNEEICB_IES and @SNEEICB_WS.
- ✓ **Peer support** – Helping to link people. Particularly valuable for smaller, newer organisations who can draw on support, experience and the wealth of knowledge held by partners. The VASP equally helps staff from the larger Statutory providers to prepare and share their news items, too.
- ✓ **Helping people across all groups and services to forge connections** - Offering the opportunity of regular contact, enabling networking.
- ✓ **Challenge in a safe environment** – A place where people can safely say ‘Something just doesn’t make sense to me’ or ‘I don’t know where to find?’ It’s not uncommon for someone else to offer help or a recommendation(s).
- ✓ **Escalation of issues via the County VASP, and the VASP’s strong link with Healthwatch Suffolk** - The VASP chairs have a quarterly meeting, they have this regular opportunity to catch up and talk together about hot topics.

Parker Rachael
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How the VASP valuably shares information countywide for a wide range of statutory and voluntary groups and services

In February 2021 when we wrote our Suffolk VASP annual report, we had 1,170 members. The VASP network in mid-March 2022 was 1,515 members. In Mid-March 2023 the VASP network has a membership of 1,840.



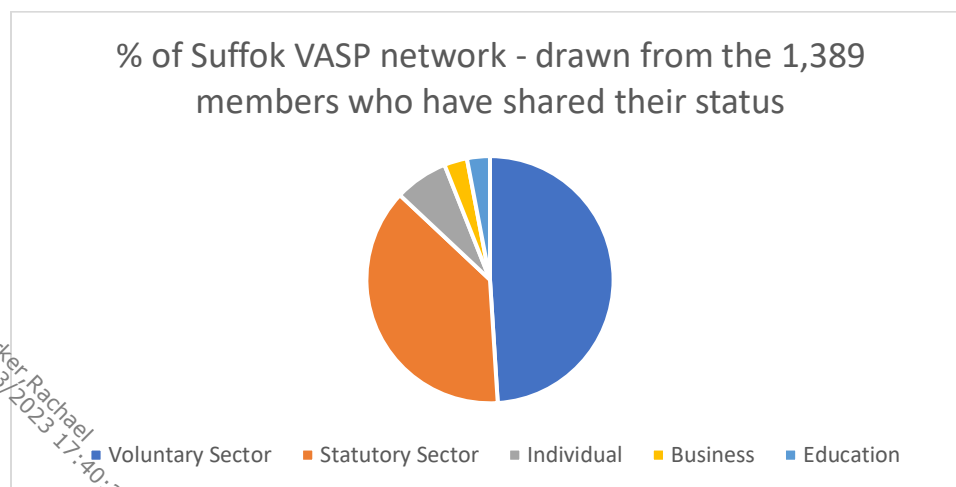
As an indication of representation in the VASP network, 1,389 people have shared their status.

March 2023

Voluntary Sector (683) 49%
 Statutory Sector (526) 38%
 Individual (95) 7%
 Business (46) 3%
 Education (39) 3%

March 2022

49%
 35%
 9%
 4%
 3%



Some of the many organisations represented by the 1,840 members include NSFT, SNEE ICB, Norfolk and Waveney ICB, Public Health & Communities, District Councils and a very broad range of Voluntary Sector groups and services, countywide.

As illustrated in the chart above, the VASP includes some staff within Education and from Faith groups. The VASP valuably includes mental health service users, as local champions for mental health, who helpfully bring their lived experience.

Information is received by the VASP Coordinator daily from a wide range of voluntary and statutory services. The VASP Coordinator packages this information into an email 'news sharing round-up' which is circulated to all the VASP's supporters. This regular sharing of information between Statutory and Voluntary sector groups and services is valuable to the System.

Over the course of 2022/23 the Suffolk VASP is circulating 47 VASP news sharing messages across the whole network. The Links below are to two recent VASP news sharing messages, as examples;

<https://mailchi.mp/e42f61503d82/suffolk-vasp-news-sharing-23rd-january-2023>

<https://mailchi.mp/0390d7189431/suffolk-vasp-news-sharing-27th-february-2023>

In response to the VASP sharing news, and from helping to connect people and helping their groups and services, including through the Locality and County VASP group meetings, we receive a considerable number of positive, thankful, feedback messages, about 400 have been received in the past 12 months.

The following messages are a small sample from those received by the VASP Coordinator in 2022/2023;

Re: Covid Vaccination Family clinic working with Rural Coffee Caravan

Morning Simon ... That's great, thank you so much for sharing.

Katrina Hawker, West Suffolk & North East Essex, Covid 19 Vaccination Programme

Parker, P
20/03/2023 11:40:35

Re: Free Printmaking Course to Support Mental Health in Young People ages 16-25 ... Thank you for your support as always Simon - your newsletter is so great! ...
Chloe, Rock Paper Scissors

Re: Launch of a Menopause Support Group in Sudbury
Good morning Simon ... Many thanks for sharing our information, we are so grateful for the support we are receiving in promoting the new Menopause Group. We'll let you know how the launch goes! ... Kind regards Kathy and Linda,
The Christopher Centre, Sudbury, Suffolk

Re: Promoting the Community Catalyst offer
Thank you so much for the link. And I also wanted to say a huge thank you for all your support and input yesterday, as well as before the event. It really is appreciated. And yes, please re sharing the Sept events. Due to you sharing the online ones in VASP newsletter we had two additional people book on which is brilliant ... Debbie John, National Project Support Officer, Community Catalysts

Many thanks Simon. The newsletter is such a great resource for keeping up to date with all the different work happening in Suffolk so thank you for pulling it all together ... Regards Laura
Laura Spooner, Senior Development Officer (Health & Wellbeing), Active Suffolk

Re: Young Futures Programme RSPB Minsmere
That is perfect, thank you so much Simon! The VASP is incredibly useful, and we really appreciate your support 😊 ... Della Rayner, Participant Engagement Co-ordinator, Green Light Trust

Suffolk VASP on social media

In 2022/23 a link to every VASP news sharing message has been shared widely on Twitter @oursuffolkvasp, now with 2,541 followers (2,370 at the end of 2021/22). Through using social media, the VASP is even more widely helping to share information relating to mental health and wellbeing.

Two examples of messages posted on Twitter by the Suffolk VASP in 2022/23;
20th February 2023

<https://twitter.com/oursuffolkvasp/status/1627592703226572801?s=46&t=VZVKuXhHe2E5InviHAYpfA>

14th November 2022

https://twitter.com/bme_group/status/1592117890945544193?s=46&t=VZVKuXhHe2E5InviHAYpfA

The Suffolk VASP membership Survey – Autumn 2021

In July 2021 the Suffolk VASP surveyed the membership and received 109 responses from people within 70 different services (Survey Report Appendix A):

<https://mailchi.mp/6d28565ee2f5/suffolk-vasp-survey-report-september-2021>

Overall respondents had an extremely positive view of the Suffolk VASP:

- 100% of people agreeing that the Suffolk VASP shared helpful information about mental health and wellbeing.
- 100% agreeing that they had learnt about a new group or organisation from the Suffolk VASP.
- 98% agreeing that the Suffolk VASP provides a valuable service.
- At least 80% of respondents strongly agreed to each of the statements.

The VASP is planning to offer all of the membership the opportunity to share their feedback, through a new survey in the Spring 2024.



Suffolk VASP engaging with local Communities ... being Suffolk Mental Health Friends



Suffolk Mental Health Friends was launched on World Mental Health Day in October 2018, co-produced by local champions for mental health to share positive messages about mental health.

Recognising that people are less likely to harm themselves or someone else, emotionally or physically, and be better equipped to access help, if they...

- See mental health as being part of everyday life from birth to death.
- Share an understanding of mental health, and how mental health can be affected in daily life by events, by trauma and by illness.
- Have information about where to turn for signposting.
- Are willing to talk and listen about mental health – taking away the stigma.

People can feel they are looking at a maze of Voluntary and Statutory, services and groups, for help with their mental health and wellbeing, in Suffolk countywide. Through engaging within the community, with people at grassroots, we may all help share information and the confidence to reach out for support, including valuably with companionship.

The Suffolk VASP groups help to reduce the stigma associated with mental health and mental illness, by having conversations and sharing messages locally about mental health, with people at grassroots within their local communities.

Vinyl labels specially printed for the VASP - carrying messages

The VASP started by having 2,000 vinyl labels printed, then needed a further 4,000 vinyl labels printed in January 2022.

Parker Michael
20/03/2023 17:40:35

In 2022, the NSFT Mental Health Crisis Support message changed to Call 111 select the mental health option, and the VASP in response had a further 2,000 vinyl labels printed to help with sharing this new message at grassroots.

As well as a design sharing details of NSFT's 24/7 Mental Health Crisis Support helpline, two other designs especially reach out to men. Each of these messages include the Stay Alive App's logo together with a brief description, as well as the Healthy Suffolk website address.

We share the messages on these labels with the help of cafes in local communities, by placing them onto their takeaway cups. The VASP may offer to pre-pay a café to discount the hot drinks in those labelled cups, a small gift of kindness as well as the message on the label.



As well as placing the vinyl labels, that have been specially designed for the VASP so they'll wrap neatly around a tapered takeaway hot drink cup, we also place these labels on colourful candy bags that each contains a treat, and on food boxes and/or items going into food boxes.

The VASP pays for printing all these vinyl labels, and for any discount offered by a café off a drink, and for the labelled candy bags and the treat within 😊

Parker Rachael
20/03/2023 17:40:35



Sharing a conversation about mental health with community groups

The co-produced Suffolk Mental Health Friends presentation requires about an hour, is best delivered in person, and includes four short film clips. The VASP Co-ordinator offers to visit any group, on any day of the week, at any time of the day.

In 2020, we added a fourth film clip by the American singer-songwriter Billie Eilish, talking about her own mental health experience as a young person, film link; <https://www.youtube.com/watch?v=XFdORLKQWA> ... Also in 2020, Simon introduced 'Moriarty' to the conversation, an educational resin skull and brain, helping us to talk about the place where our mental health resides.

Since launching in 2018, a Suffolk Mental Health Friends conversation has been shared on 34 occasions with 515 people, with groups around the county and for a diverse audience, ranging in age from 18 to 94.

There has been limited opportunity over the past two years for sharing a Suffolk Mental Health Friends session face to face. This was shared on two occasions in 2022/23, most recently with the Rotary Club in Woodbridge. Thus far two bookings have been received for 2023 both with WI groups, in Waveney and in Coastal.

In May 2021 the VASP accepted an offer to share the conversation as part of the launch programme for the new Integrated Care Academy, UoS. We used a

strawberry blancmange within this Suffolk Mental Health Friends session to help engage people in a conversation about our human mind.



Happy to Chat Benches – offering free weatherproof signs

Our aim was to co-develop a robust weatherproof sign that can simply be secured to any bench, that may encourage people to talk together, especially to help someone if they're out on their own and feeling isolated and lonely.

In November 2020, Woodbridge Town Council were the first to welcome having Happy to Chat signs secured to benches in three parks. Because we want to encourage participation, and the relatively small cost to print the signs, and the nominal cost to fit the signs, we provide them free of charge.



Thus far we have provided 38 'Happy to Chat Bench' signs, including within 2022 to... Bungay Town Council, Rec Café in Stowmarket (run by the Salvation Army), Beccles Town Council and West Suffolk Hospital.

Filming conversations at grassroots & sharing via Youtube

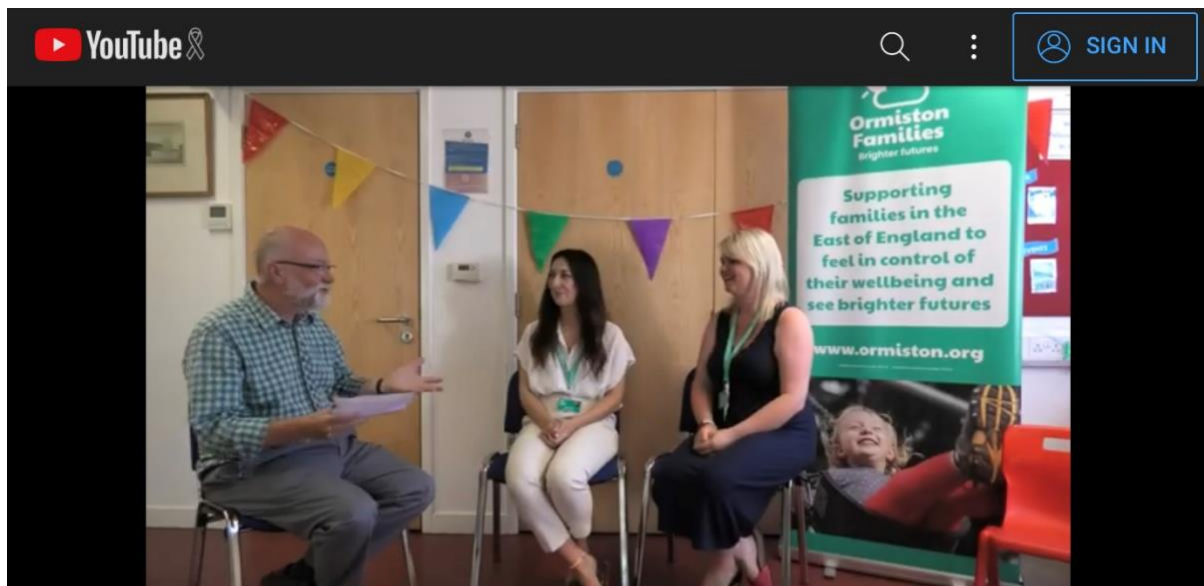
We have so far filmed eight conversations on a broad range of topics. Each film is made available on Youtube on Healthwatch Suffolk's platform, and the links are widely shared through the Suffolk VASP network.

No.	Date	Person - Service	Location	Link to Youtube
1	9 th July 2020	Claire Taylor-Haigh Women-Like-Me	Women-Like-Me Allotment in Beccles	https://www.youtube.com/watch?v=h4Ve86VZIZI
2	23 rd July 2020	Hannah Aria Art for Wellbeing	Outdoors by Framlingham Castle	https://www.youtube.com/watch?v=cOiTX1BIbu8
3	17 th Sept. 2020	Debbie Watson Wednesday's Child - Founder	Outdoors by the River Deben in Woodbridge	https://www.youtube.com/watch?v=isbwzLJ3ZpQ&t=6s
4	11 th Nov. 2020	Danny Thorington Green Light Trust – Leader for C&YP	Outdoors at Castan Wood in Martlesham	https://www.youtube.com/watch?v=NoLZINW7xPo&t=3s
5	5 th Dec. 2020	Funmi Akinriboya & Eddy BME Suffolk Support Group	The BME SSG's base in Tower House, Ipswich	https://www.youtube.com/watch?v=mHAxyp43wS0
6	11 th May 2021	Linda Hoggarth MBE - Member of the Disability Forum for Suffolk	Linda's home near Ipswich	https://www.youtube.com/watch?v=IhDVivZj9Is
7	29 th Nov. 2021	Emily Barclay Perimenopause Hub - founder	Bungay Library	https://www.youtube.com/watch?v=-kHBw7kqgeE&t=15s
8	11 th Aug. 2022	Jade Wright & Rebecca Adams Snr. Practitioners - Breaking Barriers Ormiston Families	Felixstowe Library	https://www.youtube.com/watch?v=t_FSdeJF4m4

Parker, Rachael
20/03/2023 17:40:35

For example, having welcomed Rebecca and Jade, Senior Practitioners from the Ormiston Families' Breaking Barriers Service, into the Suffolk VASP network, the VASP Coordinator arranged to film a conversation with both in Felixstowe Library in August 2022, to help to share their valuable message about a unique service.

Ormiston Families' Breaking Barriers Service helps children and young people impacted by the imprisonment of a family member, the web link to the filmed conversation: https://www.youtube.com/watch?v=t_FSdeJF4m4



Suffolk Mental Health Friends – a chat about Ormiston Families' Breaking Barriers service

Sunflower Growing Packs - sharing a little kindness

Through the VASP groups engaging with their local communities, we have so far given away 250 sunflower growing packs, creating opportunities for conversations about mental health.

In May 2021, the theme for Mental Health Awareness Week was the value of connecting with nature to mental health. In response the VASP put together a Sunflower Growing Pack, which we offer to people when engaging out and about in the community, free of charge. It's a small gesture of kindness and has proven a good way to engage people in a conversation about health and wellbeing.

Parker, Rachael
20/03/2023 17:40:35

For the 'Can Do Health and Care' Expo 22 event – SNEE ICS, the VASP shared a stand together with the BME Suffolk Support Group, and we gave away many Sunflower Growing Packs.



The Suffolk VASP endeavours to help share positive messages within local communities about looking after mental health

The VASP encourages people to talk openly about mental health and mental illness without attaching any stigma, and to look after their own health and to be supportive, kind and a good listener, for those around them.

The VASP recognises and supports special days/weeks in the calendar, including; Time to Talk Day in February, World Mental Health Awareness Week in May and World Mental Health Day, on Monday 10th October in 2022. This October the VASP groups especially supported by their voluntary Chairs, were able to offer some community engagement at grassroots.

The Bury & Locality VASP teamed up with the Rural Coffee Caravan and they together offered free hot drinks and a friendly chat, in the Market Square in Bury St. Edmunds, including some signposting to help and support when appropriate.

In Sudbury, the Richmond Fellowship helpfully shared with their residents and clients in both Sudbury and in Stowmarket, 60 goody bags of treats, together with some helpful signposting, provided by the VASP.

In Ipswich, the Suffolk Wellbeing Service helped shared with visitors to their stall at a Wellbeing Fair in Ipswich Library, 60 goody bags of treats, together with some helpful signposting, provided by the VASP.

In Haverhill the VASP had a stall in the local Market. They offered a friendly conversation about mental health and wellbeing, sharing their local knowledge about help and support. The VASP bought sixty enamel lapel badges from the Mental Health Foundation, who have a lead role in organising World Mental Health Day, for local people to have and to take away.



Having participated on 1st July 22 in the SNEE ICS Expo 22 event, then sharing a stall together with the BME Suffolk Support Group, Simon King as co-ordinator for the VASP, accepted an invitation to be a Speaker for the BME SSG for their event in celebration of International Mens Day on Saturday 19th November.



Introduced by Nqobile Khoza, Simon shared the story of a boy, born with HIV, who when age 11yrs moved to Suffolk from South Africa, whom Simon King came to know very well as his community palliative care nurse, until he passed away from having AIDS age 16.

A young man with a huge character, radiating warmth, friendliness, and never lacking in confidence. He was a very brave boy, a very brave young man, who offered everyone friendship and warmth in spite of the challenges he himself faced, showed tremendous courage, bravery, and kindness.

VASP gifting new Catering Urns to Libraries, as places providing for Drop Ins, Warm Spaces & offering open community groups

At the beginning of February 2023, the VASP locality groups supported national Time to Talk day, as we do annually with activities around the county sharing positive messaging about mental health.

In Haverhill the Library Manager appealed to have a Catering Urn, to help with providing hot drinks, as a Warm Space and for visitors to their regular groups such as Open Space.

In response the VASP gifted a new Swan 10L Catering Urn, for which Audrey the Haverhill Library Manager is very thankful.



Recognising this gift would make a real difference we invited Audrey to let her colleagues know they could likewise contact the VASP if they needed an Urn, and consequently in February/March 2023 the VASP has purchased new Catering Urns for five more Libraries, plus one for the Footsteps Drop In and Pantry which meets at a Church in Lowestoft.

“Hi Simon ... Thank you so much for the hot water urn, it is amazing. Apologies for taking so long to get back to you, but I wanted to let you know how much easier it has made my life in the library.

This week I have had customers come in and I have been able to make them a cuppa quickly, rather than waiting for the kettle to boil and today I had 20 parents and carers in, all gasping for a hot drink. I have to say, I enjoyed a hot cup of tea too after being dressed up as a dinosaur, singing and reading stories to pre-schoolers.

So, thank you.”

Katharine Liu, Executive Library Manager, Capel Library, Capel St Mary, Ipswich

Report prepared by Simon King – Coordinator for the Suffolk VASP including Suffolk Mental Health Friends – hosted by Healthwatch Suffolk
Email: simon.king@healthwatchsuffolk.co.uk

14th March 2023 v.2

Parker Rachael
20/03/2023 17:40:35

Agenda item: 12

Subject:	Norfolk and Waveney People and Communities approach, including co-production
Presented by:	Rebecca Champion, Senior Communications and Engagement Manager - Partnerships
Prepared by:	Rebecca Champion, Senior Communications and Engagement Manager - Partnerships
Submitted to:	Patients and Communities
Date:	27 March 2023

Purpose of paper:

To update the Patients and Communities Committee on the work undertaken to date in line with the Working with People and Communities ICS Framework guidance.

Executive Summary:

The January meeting of the Patients and Communities Committee received a presentation describing the Norfolk and Waveney approach to the NHS England 'Working with People and Communities' guidance which aims to ensure that the voice of local people is embedded in integrated care systems (ICS). It included a high-level outline of the work planned and underway.

The approach is designed as a working draft that will develop alongside the ICS as it works with its people and communities to achieve its priorities. The Patients and Communities Committee will be central to driving this and ensuring change happens as a result. The committee will receive updates on the progress achieved to enable governance and discussion.

Report

Please refer to the presentation included below.

Recommendation to the Committee:

To note the progress so far towards implementing our approach to working with people and communities

Key Risks

Parker, Michael
20/03/2023 17:41

Clinical and Quality:	N/A
Finance and Performance:	N/A
Impact Assessment (environmental and equalities):	N/A
Reputation:	
Legal:	
Information Governance:	N/A
Resource Required:	N/A
Reference document(s):	N/A
NHS Constitution:	N/A
Conflicts of Interest:	N/A
Reference to relevant risk on the Board Assurance Framework	N/A

Governance

Process/Committee approval with date(s) (as appropriate)	Audit Committee for information.
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Parker Rachael
20/03/2023 17:40:35



Improving lives **together**

Norfolk and Waveney Integrated Care System

Working with People & Communities in Norfolk and Waveney

Patients and Communities Committee Update
27 March 2023

Parker Rachael
20/03/2023 17:40:35

Guidance for People & Communities – reminder slide

Original ICS guidance asked local systems to agree on ways to ‘**listen consistently**’ and ‘**act collectively**’ regarding the experience and aspirations of local people and communities

Our aspiration using a spectrum of opportunities across the system:

“People and communities tell their story of lived experience once and its heard by everyone”

Vision of Norfolk and Waveney’s approach submitted to NHS England May 2022.

Positive feedback from NHS England and highlighted as regional exemplar – **Inclusion health groups** and **Community Voices pilot**

High level patient and public engagement 6 June – 18 July – **Feedback** available

An updated working draft version 10 now available on the **People and Communities hub** reflecting feedback and other changes in the system

New national guidance issued July 2022 - **Working in partnership with people and communities: statutory guidance**



All feedback has value

Community Voices – project update

Community Voices – Service Evaluation Report by UEA

- provide an insight into what worked well,
- to understand the perceptions of those involved,
- highlight what improvements it was felt may enhance the programme for future roll outs.

Next steps:

- Project group is reviewing 207 page report – this is a snapshot of a larger pool of data
- Workshop planned for mid April to look at how to use the report in context to shape future plans
- Initial findings are very positive but there are still many things that can be improved.
- Project group would like to bring to the May meeting for a more detailed discussion with the committee

Project Outcomes – a new dashboard is being developed as part of the project including outcomes – an early draft will be shared at the March meeting

Programme Manager – 1 year secondment starting April to help take the project onto the next phase including developing the Insight Bank.

Presentation about the Norfolk & Waveney Community Voices Project from the January meeting can be [read here](#) or [seen here](#).

Quality Improvement Co-production Projects

- Working as a system to promote and support working with people as equal partners in improving the quality of local services
- NHS England funded Norfolk and Waveney to develop this work
- Seven projects are underway
- We are developing a community of practice to share learning among these projects and for other projects in the future
- One of the projects led by Norfolk and Suffolk Foundation Trust Recovery College aims to share QI training for Citizens with lived experience
- Currently producing our film for NHS England to describe how we are getting on

Project	Led by
Joint Thinking - Using lived experience to co-produce a local Inflammatory Arthritis self-management pathway	James Paget
Improving the Pathway of Care for Children & Young People (C&YP) aged 4-19 years, with continence problems, living in GYW including SEND & NDD	James Paget & NHS NWICB
Increasing the use of Routine Outcome Measures in Norfolk and Waveney Child, Family and Young People's Services	NSFT Mental Health Trust
My story, my words, my voice - a digital solution for vulnerable adults to tell their life story to health and care professionals once via a podcast recording	ICB (General Practice)
Recovery College - QI training for Citizens with lived experience project	NSFT Mental Health Trust
Admission avoidance COPD pathway	NNUH NCHC
Falls Reduction	NNUH

Promoting Co-production - Update

NHS Norfolk and Waveney ICB Volunteer Expenses and Co-production Payments Policy:

- A first draft is completed and going through internal governance processes. It includes a threshold for when participation becomes co-production.
- We will be going to people and to ICB and provider staff across Norfolk and Waveney to get their views on the policy.

Board session:

- Work is underway with NHSE to pilot a Board session for senior decision-makers in the ICS
- To promote understanding and encourage them to become advocates

Reminder: The term co-production is generally used to mean an **end-to-end process** where people with **lived experience** work with those who **design services** and projects in an **equal partnership, sharing power** and often involving a **significant commitment** and where involvement **fees** or other forms of **reciprocity** are offered alongside expenses.

N&W Mental Health Co-production Strategy

1. **Development of a Framework** (including structure, process, roles, resources and ways of working) for lived experience to effectively influence ICS mental health transformation, services and support.

- Aligned with and supporting, wider ICS coproduction resource development

2. **Delivery of a five year Strategy for driving involvement and co-production through the ICS mental health transformation programme** in the most effective ways possible.

- ✓ Building on extensive work across system partners to date
- ✓ Further develop **system partnership, shared approaches and sustainability.**
- ✓ Maximise the benefits of lived experience (including caring experience) input and **better understanding and addressing factors leading to the highest inequalities** and lead to better outcomes

Patient Voice in Primary Care

Healthwatch Norfolk report


- developing an action plan with Healthwatch Norfolk and Healthwatch Suffolk, and patient voice representative from Norwich PCN
- Work with wider group of PPGs and practices as go along
- Develop templates and resources, organise events and campaigns

Presenting a Bite Size session for practices to support their work around Patient Voice in CQC inspections

Carers Identity Passport – planning promotion of the Carers Identity Passport in practices to promote working in partnership with unpaid Carers

Parker Rachael
20/03/2023 17:40:35





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Norfolk and Waveney Integrated Care System

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Patient Participation Groups (PPGs)

There are 105 GP practices across Norfolk and Waveney. Most of them have patient groups, often referred to as [Patient Participation Groups \(PPGs\)](#).

PPGs work in partnership with their GP practice and are vital in ensuring that the patient voice is heard. We are keen to hear about different models for hearing the patient voice in primary care and will be developing this alongside our current patient groups.

PPGs work in different ways, some meet in person, others communicate with their practice online – all are keen to welcome and involve new members.

PPGs provide an opportunity for local people to get involved with their practice and influence the provision of [local health services](#). Members contribute their views, make suggestions and provide feedback on services they may have used. Groups can also get involved with supporting local health initiatives and can engage with a wide range of health and care professionals.

[Norfolk and Waveney ICB](#) is working to develop a programme of support to local PPGs and practices.


You can find resources to support your PPG below.

[View a step-by-step guide to PPGs here.](#)

You can find out more about different PPG activities and projects below.

If you are interested in finding out more about your own PPG, talk to your practice reception team or contact us at nwibc.haveyoursay@nhs.net


PPG Case Studies



Patient Voice in Aldborough

Aldborough Surgery is situated in a large rural area 7 miles from the coast of North Norfolk. It serves a population of approximately 3,700 spread out across numerous parishes between Cromer to Aylsham and Edgefield to North Walsham. Aldbor...

[Learn more](#)




Sheringham PPG

Sheringham Patient Participation Group (PPG) was formed in 2008 with membership consisting of patients and some practice staff. The group met monthly in the GP surgery and over the years managed to raise funds for the practice and waiting room equip...

[Learn more](#)

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Norfolk and Waveney Joint Forward Plan (JFP)

- **Engagement** with local people (16th December 2022 to 27th January 2023) on the five priorities identified following engagement between 2018-2022
- **700 people shared their views** and as a result an extra **three** priorities were added:
 - Mental Health Transformation
 - Urgent and Emergency Care Transformation
 - Elective Recovery and Improvement
 - Primary Care Resilience and Transformation
 - Improving Productivity & Efficiency
 - **Prevention, Population Health Management and Inequalities**
 - **CYP and Maternity**
 - **Older People**
- **Next steps** – continued engagement with our staff, people and communities on how to deliver the priorities, as well as a number of **co-production** projects which will be identified once the **action plan** has been developed.
- **Feedback report** giving the results of the engagement – via Social Media event and reaching out to those who are not online – **April 2023**

Annual reporting and annual assessments

There are various ways that we are held to account by NHS England for how we meet our legal duties around working with people and communities:

Auditors – our plans have been reviewed by our auditors and we have been given feedback that as an ICB and wider system, we are definitely moving in the right direction. An action plan for improvements has been shared and partly completed. This will be available in the ICB Board meeting in public March 28th.

Annual Report – the Communications and engagement annual reporting summary is currently being prepared and will be part of the main annual report with links to further information. The annual report is due June 2023.

Annual Assessments – NHS England is replacing the previous Improvement and Assessment Framework last used in 2019 and paused during COVID-19. Final details for this are awaited but it is expected that this will be an assessment of all publicly available information around working with people and communities.

Thanks for listening

**Any
questions?**



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