Patients & Communities Committee

Mon 25 September 2023, 15:00 - 17:00

Virtual

Agenda

15:00 - 15:00
0 min

1. Chairs welcome and apologies for absence

Aliona Derrett

00. Patients and Communities Committee Agenda 25.9.23 V2.pdf (2 pages)

15:00 - 15:00
0 min

2. Declarations of Interest

Aliona Derrett

To declare any interests specific to agenda items

02 ICB P&C Register.pdf (3 pages)

15:00 - 15:00
0 min

3. Minutes from previous meeting and matters arising

Aliona Derrett

To approve the minutes of the previous meeting (24 July 2023)

03. NW ICB PC Committee Minutes 24.7.23 draft V2.pdf (14 pages)

15:00 - 15:00
0 min

4. Action Log

Aliona Derrett

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

04 Action log.pdf (1 pages)

15:00 - 15:00
0 min

5. Quarterly Reports: Healthwatch Norfolk and Healthwatch Suffolk

Alex Stewart and Andy Yacoub

For discussion and noting

05 HWN ICB Update September 2023.pdf (3 pages)
Healthwatch Suffolk update.pdf (1 pages)

15:00 - 15:00
0 min

6. Progress on Digital Transformation Initiatives

Ian Riley

For discussion and noting

06 DigitalPaper-PatientandCommunitiesCommittee-Sept23.pdf (18 pages)

15:00 - 15:00
0 min

7. Spotlight on: Older People's Strategy

Sheila Glenn

For discussion and noting

07 PCC Update Paper OLDER PEOPLES Strategy FS (003).pdf (5 pages)

15:00 - 15:00
0 min

8. Changes to the Prescribing of Over the Counter Medicines & Clinical Threshold Policies

Dr Frankie Swords

For discussion and noting

08 patients and communities .pdf (4 pages)

15:00 - 15:00
0 min

9. Monitoring Mortality Rates Across Norfolk

Karen Watts

For discussion and noting

15:00 - 15:00
0 min

10. Complaints Report

Jon Punt

For discussion and noting

10 September 2023 P&C Committee report v2.pdf (4 pages)
10i Short Term Dental Plan Sept 2023 - Read-Only.pdf (12 pages)

15:00 - 15:00
0 min

11. Integration with VCSE Update

Daniel Williams

For discussion and noting

15:00 - 15:00
0 min

12. Transformation Board Update

Andrew Palmer

For discussion and noting

12 P&CC report September 2023.pdf (6 pages)
12i Transformation Board ToR V5.pdf (8 pages)

15:00 - 15:00
0 min

13. Community Services Review Update

Andrew Palmer

For discussion and noting

13 Update on the Community Services Review 25.9.2023.pdf (2 pages)

15:00 - 15:00
0 min

14. Communications and Engagement Update

Paul Hemingway

For discussion and noting

14 Lived Experience Reps Recruitment Pack FINAL.pdf (14 pages)

14 Lived Experience Reps Recruitment Pack FINAL ER.pdf (13 pages)

15:00 - 15:00
0 min

15. Any Other Business

Aliona Derrett

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

Monday 25 September 2023, 1500-1700hrs

Meeting to be held via MS Teams

Item	Time	Agenda Item	Lead
1	15:00-15:10	**Chair's welcome and apologies for absence**	Chair
2		**Declarations of Interest** To declare any interests specific to agenda items *For noting*	Chair
3		**Minutes from previous meeting and matters arising** • To approve minutes of the previous meeting (24.7.23) *For approval*	Chair
4		**Action log** To note any outstanding actions from the previous meeting not yet completed *For review, update, and approval*	Chair
5	15:10	**Quarterly Reports: Healthwatch Norfolk and Healthwatch Suffolk Updates** *For discussion and noting*	Alex Stewart Andy Yacoub
6	15:20	**Progress on Digital Transformation Initiatives** *For discussion and noting*	Ian Riley
7	15:30	**Spotlight on: Older People's Strategy** *For discussion and noting* • Each meeting, there will be a focus on one of eight corporate and wider system priorities. Attention will be given to how the voice of people and communities has or will shape these priorities, and what has or will change as a result	Sheila Glenn
8	15:45	**Changes to the Prescribing of Over the Counter Medicines and Clinical Threshold Policies** *For discussion and noting*	Dr Frankie Swords
9	15:55	**Monitoring Mortality rates across the system** *For discussion and noting*	Karen Watts
10	16:05	**Complaints Report** *For discussion and noting*	Jon Punt
11	16:20	**Integration with VCSE Update** *For discussion and noting*	Daniel Williams
12	16:30	**Transformation Board Update** *For discussion and noting*	Andrew Palmer
13	16:40	**Community Services Review Update** *For discussion and noting*	Andrew Palmer

Item	Time	Agenda Item	Lead
14	16:50	**Communications and Engagement Update** *For discussion and noting*	Paul Hemingway
15	16:55	**Any other business**	Chair
Date, time and venue of next meeting: Monday 27 November 2023, 1500-1700hrs via MS Teams			
Any queries or items for the next agenda please contact: rachael.parker9@nhs.net			

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
		St Stephen's Gate Medical Practice			X	Direct	Registered with a Norfolk and Waveney GP Practice	Ongoing		Withdrawal from any discussions and decision making in which the Practice might have an interest
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	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
		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	Executive 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		
Suzanne Meredith	Associate Director – Population health Management	Norfolk County Council	X			Direct	Employed by Norfolk County Council as Deputy Director of Public Health	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.
		UKPHR		X			As part of Public Health professional requirements - Fellow of the Faculty of Public Health and professional registration on UKPHR	2014	Present	

		Hellesdon Medical Practice			X	Direct	Patient at a Norfolk and Waveney GP Practice	Ongoing		Withdrawal from any discussions and decision making in which the Practice might have an 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	Member of Holt Medical Practice			X	Direct	Registered patient at a Norfolk and Waveney GP Practice	Ongoing		Withdrawal from any discussions and decision making in which the Practice might have an interest
Dr Frankie Swords		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	Ad-hoc Clinical Advisor of multiple patient charities - Addison Self Help Group - Pituitary Patient Support Group - Turner syndrome Society	2008	Present	
		Long Stratton Medical Partnership			X	Direct	Patient at 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
		N&W VCSE				Indirect	Husband is a mental health counsellor and undertakes private work as well as voluntary work with N&W VCSE provider Emerging Futures	Sep-22	Present	*Will be removed in Nov 23* Will not have an active role in any decision or discussion relating to activity, delivery of services or future provision of counselling services by Emerging Futures
Tracy Williams	Health Inequalities 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

NHS Norfolk and Waveney Integrated Care Board

DRAFT Minutes of the Patients and Communities meeting

Held on Monday 24 July 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
- Stuart Lines (SL), Director of Public Health, Norfolk County Council
- Judith Sharpe (JS), Deputy Chief Executive, Heathwatch Norfolk *(representing Alex Stewart)*
- 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
- Cathy Armor (CA), Non-Executive Member and Deputy Chair of the Patients and Communities Committee, NHS Norfolk and Waveney Integrated Care Board

Participants and observers in attendance:

- Rebekah Hulme (RH), Director – Children, Young People and Maternity, NHS Norfolk and Waveney Integrated Care Board for item 6
- Ross Collett, Director of Urgent and Emergency Care, NHS Norfolk and Waveney Integrated Care Board for item 9
- Rob Jakeman (RJ), Head of Partnerships and Integration, NHS Norfolk and Waveney Integrated Care Board for item 10
- Shelley Ames (SA), Senior Integration and Partnerships Manager, NHS Norfolk and Waveney Integrated Care Board for item 10
- Clara Yates (CY), Associate Director of Research, NHS Norfolk and Waveney Integrated Care Board for item 10
- Amrita Kulkarni (AK), Senior Programme Manager for Community Voices, NHS Norfolk and Waveney Integrated Care Board for item 10
- Paul Hemingway (PH), Associate Director of Comms and Engagement, NHS Norfolk and Waveney Integrated Care Board for item 11
- Rachael Green (RG), Research and Project Manager, Healthwatch Norfolk for item 5

Attending to support the meeting:

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

1.	**Chairs welcome and apologies for absence**	
	Aliona Derrett (AD) welcomed everyone to the meeting. Apologies for absence had been received from Alex Stewart, Dr Frankie Swords, Suzanne Meredith, Andy Yacoub, Emma Ratzer and Rebecca Champion	
2.	**Declarations of Interest**	
	None declared	
3.	**Agree Minutes from the Previous meeting and Matters Arising**	
	The minutes were reviewed and approved as an accurate account of the meeting. There were no matters arising.	
4.	**Action Log**	
	The action log was reviewed and the updates added to the log accordingly.	
5.	**Healthwatch Updates**	
	AD welcomed Judith Sharpe (JS) and Rachael Green (RG) from Healthwatch Norfolk (HWN) to the meeting. JS provided updates as follows: • The 'Three hospitals, Three weeks' project which has seen many of the HWN team spend time at each of the three acute hospitals in Norfolk and Waveney. Rich feedback has been received from both visitors, patients and professionals with over 500 pieces of feedback from each hospital. Themes emerging from the feedback are that the care people say they receive on the whole is very good. People say that the professionals caring for them on the whole are very kind, caring and professional. Predominantly the themes that people are less happy about are the environment, particularly for example the Queen Elizabeth Hospital's accident and emergency department. JS advised that the Queen Elizabeth Hospital report is complete. Report for the James Paget and Norfolk and Norwich Hospitals are still being prepared and there will be an overarching report that will compare and contrast and give ideas of themes coming from all three. The timeline for the final report is the autumn. • The 'My Views Matter report' would be published shortly. This has been a year long piece of work, visiting residential care settings for people with learning disability and autism. The findings had already been presented to the Norfolk Safeguarding Adult Board as well as other meetings within the system. • Serious Mental Illness (SMI) Partnership Event - The Carers Perspective. This event was to launch a piece of work for NSFT about carers or people that have serious mental illness. The event was attended by three individuals who are close family members of somebody with a SMI. It was an incredibly moving day for everyone who attended to hear their stories and they were very thankful and grateful to have that opportunity to tell their stories to people who have the ability to hopefully bring about change in the way that carers are or aren't listened to, and the journey they have. JS felt there was a huge	

understanding that there are constraints on the system, resources are limited, but it's how we can improve things to ensure that the carers voice is listened to and that can make a huge difference. This is a really valuable piece of work that will last for three years.

- HWN has been asked by NHS England to consult with the public and ask their opinion about whether or not the Norfolk and Norwich Hospital University Hospital should become a major trauma centre. This was a supplementary question on the 'Three hospitals, three weeks' project, so HWN gathered some feedback at a really early stage and that will be continuing.

- The launch of Healthwatch Heroes, which is a Healthwatch England initiative because Healthwatches are all 10 years old this year and as part of that, they want to celebrate anyone who has made a significant contribution to the work of Healthwatch during those ten years. The first Healthwatch Hero was announced at the recent HWN AGM and there will be more announced in the lead up to the Healthwatch Norfolk live event at the Forum in Norwich on 5 October when the Healthwatch Heroes will receive their awards.

AD thanked JS for the updates and invited Rachael Green to provide an update on patient and professional experiences of using digital tools in primary care. Rachael Green (RG) is the research and project manager and had recently undertaken the second year digital tools project, looking at access for the public to GP services.

RG highlighted the following:

- The project was commissioned by Norfolk and Waveney ICB to conduct a three-year project looking into digital access to doctors surgeries. The year two report looks at how patients digitally access primary care i.e. making appointments, attending appointments, ordering prescriptions and managing long term health conditions. The project is also looking at the NHS app and public awareness, and the Norfolk and Waveney shared care.
- There are three project outcomes, one is raising awareness of digital tools. outcome two is innovative use of digital tools in primary care and outcome three is increasing public accessibility to information about digital tools.
- As part of outcome one, HWN is working with the Norfolk Library service who have something called a 'digital health hub' that supports people to gain skills to access GP surgeries e.g. through the NHS app or SystmOne app or online portals, to give them confidence on how to set up their NHS login. To ensure it was widely publicised HWN held an online event with GP practice managers and for patient and participation group leads, to raise awareness that the service exists.
- For outcome two, five case studies have been put together to highlight the innovative use of digital tools. For example, using QR codes for sign posting and health information, evaluating how accessible Footfall is, a hearing loss project which trialled three pieces of assistive technology for patients to evaluate how effective it was in helping communication.
- For outcome three HWN is looking at patient and professional knowledge of the NHS app in the shared care record. HWN found in year one that people are aware of the app, but they're not aware of its full functionality. For example, there is an abbreviation or a glossary on the app and that you can potentially book appointments, but that this varies by GP surgery.

- Encouraging each primary netcare network to have a digital champion within each GP practice and encouraging primary care networks to share their innovative examples of digital tool use between them, to get best practice and share their learning.
- Year three of the project will continue working with the ICS and the digital health hub, raising awareness of digital tools. HWN will also be collecting more examples of innovative use of digital tools in primary care and assessing the public's awareness of the NHS app and shared care record, and feeding that information back in, plugging any gaps in knowledge.

AD thanked RG for the update and invited questions from the committee on both JS and RG updates

Mark Burgis (MB) began by complimenting JS on the positive work HWN have achieved with the acutes and offered thanks for leading and coordinating this work across the patch. In relation to the visit to the NNUH, and the junior doctor and consultant strikes, MB asked whether there were any immediate snippets relating to any of that, because it is predicted there will be more disruption and it would be useful if there's any feedback from patients specifically on that. Secondly, if JS is able to offer an early insight for any recommendations that HWN will be making as a part of the three reports, please do let us know early because we're doing a lot of work right now with national teams supporting us around UEC, recovery etc.

JS responded and echoed her thanks as well to colleagues working at the hospitals who made HWN feel very welcome. Most people knew in all departments that HWN were going to be there and that really helps as well, so huge thanks for that. In response to MBs question JS advised that for anything HWN came across that was of very immediate and practical concern they were encouraged to report there and then. JS added that when people leave feedback on HWN website, they're probably less positive, they've made that effort to come to HWN website and they've got something they're not happy about. So what HWN receives through it's website tends to be more negative. However, when HWN engage with the public face to face, the majority of people are actually very satisfied with the care they receive from the individuals providing that care. There are obviously exceptions, that always happens, but the general level in terms of the scores (HWN use a 5 star rating for some of it's work) is that it's higher than what we receive on our website.

Cathy Armor (CA) asked JS about crossover with Healthwatch Suffolk and whether they follow similar agendas, and whether information gained during projects is shared with other Healthwatch organisations? JS responded that they do pass on feedback. Healthwatch England have national campaigns or national focus topics that Healthwatch organisations can follow or choose to join in with, so it could be that we are all working on something, but we will all coordinate that work. Any reports produced go into a library at Healthwatch England and if we're considering starting another piece of work, the first thing we will do is to look to see whether another Healthwatch has already done this work. For example, within Norfolk there is interest within public health to look at vaping in children, but there's a report that Healthwatch Blackpool have done on that very topic, if we do go ahead with this work the first thing do is look to see what else has been done already. There is a National Library of Healthwatch reports, and we all share and certainly with our neighbours in Suffolk, Cambridge or Lincolnshire.

Tracy Williams (TW) commented on the fantastic work that HWN are doing and she was keen to understand, in respect of the hospital work and the insights and

	feedback, what are some of the barriers and health inequalities. TW second point was linked to the NHS app and digitalisation; TW was pleased to hear about the work currently taking place to explore the NHS app but felt it was important to remember inclusion health groups who may not have that digital ability without support to actually even download the app, or they may not have an address, no proof of ID to even do it in the first place. So we've got to think about bespoke approaches for some members of our communities. JS agreed with TW comment regarding the barriers and advised there were specific questions for these groups about whether there were any barriers to them seeking help. Some of the responses were quite telling in terms of the journey people had and whether they went to their GP or not, or whether they got sent straight to A&E, or if they went via GP / 111. JS concluded by saying it is a little too early to be saying what any of the findings are to be fair, but they will come. Paul Hemingway (PH) offered thanks to everybody at HWN for the incredible amount of work that's been done in these key areas and projects – it really important from a comms and engagement perspective. In relation to TW comments about vulnerable groups and being unable to access digital means to transact with the NHS, PH shared an example about a number of individuals from a practice who would like to transact digitally and use the NHS app but they find it really difficult to do so, so it's really welcoming that this project is underway, but also just to reiterate that as an example of where this feedback is coming in, actually we are reaching out to people to try and create change and do these things right. AD acknowledged PH comments and added there's no point asking people questions if we're not prepared to learn from it and do something different. So it is very important that we actually act on what we hear. In relation to RG's presentation, AD commented that the provision of portable hearing loops is an accessibility requirement under the Equality Act, and should be provided to patients so medical practices need to be reminded that they must provide it and it is not a choice. We need to to remember accessibility is important and at least the minimum legal provision must beconsidered. AD concluded by asking MB to ensure this work is linked into the digital strategy at a system level, and that it is connected back to PH in relation to promoting the app and empowering people to use it. AD thanked JS and RP for all the work HWN is undertaking.	
6.	**Spotlight on: Children and Young People**	
	AD welcomed Rebecca Hulme (RH) to the meeting. RH is Director for Children, Young People and Maternity (CYPM); this is a joint post between the ICB and Norfolk Children's Services which is recognition of the integrated work between the two organisations, to ensure the needs of children and young people in Norfolk and Waveney are being met with a focus on early intervention and prevention RH referred to a presentation that had been circulated ahead of the meeting which highlighted some of the work taking place across CYPM. In addition, RH highlighted the following: • Lots of work in schools and communities with local authority colleagues around safeguarding, looked after children and maternity. There is a big	

emphasis on coproduction and engaging with the target audience, working alongside youth advisory boards, the SEND Forum, the Children in Care Council and also engagement with parent carer forums, maternity and neonatal partnerships.

- The CYPM teams endeavour always to have the voice of children, young people, families and carers in everything they do by including them in working groups to get carers and children views
- Norfolk and Waveney has nearly 300,000 individuals between zero and 25 years and they make up 25% of Norfolk and Waveney population – this is really important to remember – they are a big cohort and if we're talking about being involved in early intervention and prevention where else should we start than with families and children. There are 500 state funded schools and nurseries in education settings in the system, and around 1400 young children in care, all very significant numbers. 3.8% of N&W school population are estimated to have social, emotional and / or mental health needs. N&W is also an outlier in smoking at time of delivery which is a big issue if we're going to get our families and our children to have their best start in life - we know what an impact that has on outcomes.
- Flourish is the overarching system ambition for all children and young people in Norfolk; it is a really useful framework that is shared across the entire system. It is not just a health framework and involves anybody working with children, young people and families to deliver outcomes and support our children and young people to flourish.

AD thanked RH for providing an update on CYP and invited questions from the committee. AD started by asking RH to expand on how the CYP team engages with families. RH responded that experts by experience are an important part of engagement e.g. for work around respiratory the Team will look for families who have children that might attend hospital frequently, to gain their views. Or for work with special educational needs and disabilities, there are parent carer forums that we engage with (Suffolk Parent Carer Forum, and Family Voice in Norfolk) and they are very present in meetings.

RH continued that for any queries or complaints the Team will speak to individuals on the phone, so much of our understanding comes from working with people who contact us and to try and understand where the gaps are and how they might support us in our learning.

AD further asked RH if there is an indication of the timescales for the improvements highlighted and work already in progress, when we might start seeing a difference and how we're going to know the difference is made? RH responded that the Flourish outcome framework has been used to come up with some measures. We are trying to have system wide measures because if we put improvements in one place for children and people we don't always see the evidence in that particular space. What we should begin to see is less people coming to us and describing gaps and that will be telling. We should also see reductions in the number of people smoking at time of delivery, less admissions for respiratory illnesses and epilepsy, and access to specialist nurses will improve. Whilst RH anticipated seeing improvements in asthma and OT quite quickly, other areas such as improvements in oral health would take much longer.

AD commented it would be helpful in a number of months for the committee to see where the work is more measurable at shorter term, what the impact is and what

	difference has been made. AD asked that RH inform the committee when she felt there has been enough progress to report back on. TW commented that we still need to think about the whole life course, and those wider determinants of health - the housing conditions and the social economic elements - that affect babies, children, and young people as they go into their adult lives. Also recognising the crucial link with our Health and Wellbeing Partnership, and the importance of developing a wide approach to addressing inequalities generally, and that we do that joined up together. JS commented on the oral health dentistry issue adding that more than half the feedback Healthwatch Norfolk generally receive day-to-day, is about the difficulties in accessing NHS dentistry. JS asked whether the ICB is able to share what it is looking to do to try and improve the dentistry situation notwithstanding, we all understand that what is really needed is a new national contract. MB responded that the ICB had inherited a very challenging position, and he felt it would be better to come back to a future meeting to update on dentistry plans, and for Sadie Parker the ICB Director of Primary Care to attend too. MB continued that the ICB are looking very quickly at what can be done, particularly with regard to access to urgent emergency dental care. Some proposals have been signed off at various boards and committees in relation to something that can be off the ground quite quickly. MB acknowledged that workforce is one of the main limiting factors RH reflected that there needs to be a public health approach for children and young people around prevention. Oral hygiene is very much more prevalent in areas of high deprivation, and is impacted as well by access to the right sort of food and that's often linked to economic circumstances as well as education. There is a lot of work that needs to be done in that space around prevention because we will still be facing these problems in the years to come if we don't also tackle that preventative space. For children and young people, we really need to have a bit of a focus on a public health approach to this, and particularly working with schools. Paul Hemingway (PH) advised that dental education is being promoted extensively on social media via Facebook, Twitter, Instagram, Snapchat and also using TikTok to get some of this information out both from an urgent dental treatment perspective, and also starting to look at the general more preventative campaign work which will be released with colleagues at Norfolk County Council and Suffolk County Council public health teams. In relation to Family Hubs and Start for Life, RH responded to a question in the meeting chat that this programme is similar to the Sure Start program, and how do you ensure the disadvantaged family gets access to this and it doesn't get hijacked by middle class families. RH agreed that there are some similarities, but the family hubs work is much more based around professionals working together. In many cases they are virtual hubs and it is a system approach rather than Sure Start, which was much more focused on early years in Children's Services. This is much more of a holistic approach and it is really encouraging that the focus is on the best start for life which RH felt is quite different to some of the Sure Start programmes. AD thanked RH for the update and added the committee will look forward to hearing in the future on the items where you are able to make progress.	

	FORWARD PLANNER: **Dentistry update to come to November's meeting**	
7.	**Standing Item: Population Health and Inequalities Board Report**	
	In Dr Frankie Swords and Suzanne Meredith's absence, AD invited MB to provide an update on the Population Health and Inequalities Board report. MB highlighted the following: • The areas for assurance and the highlighted updates in the report around the Terms of Reference and the 'Plus' groups identification, and also the work underway on the maturity matrix and the work ongoing with region. • There was one action for the Patients and Communities Committee in relation to patient representation across the PH&I Board. MB suggested this should be linked into the work of the Patients and Communities Committee in relation to patient representation more generally for this committee as well as PH&I AD agreed with this approach. **ACTION:** **MB and PH to ensure patient representation for the PH&I Board is linked into the patient representation work currently underway**	**MB / PH**
8.	**Health Inequalities – NHS 'Core20PLUS5' Improvement Framework – defining the 'Plus' Groups for Norfolk and Waveney**	
	AD invited Tracy Williams (TW) the ICBs clinical lead for health inequalities and inclusion health to provide an update on the work which has been taking place in respect of N&W 'Plus' groups. A paper and presentation which had been circulated in advance of the meeting were taken as read. TW highlighted the following points: • Tackling inequalities in outcomes, experience and access is one of the four core purposes of an ICS • The "Core20PLUS5" is a NHS England approach to reducing healthcare inequalities. The approach defines a target population – the 'Core20PLUS'. • The PH&I Board have recently agreed the locally defined 'Plus' groups as part of this approach – which include those groups of people who may not live in the most deprived 20% areas of Norfolk and Waveney, but who are known to experience inequalities in health outcomes, experience or access in care, and for whom consideration should be given when delivering health and care services. • Core20Plus5 has an adults approach and also a children and young people approach. The framework is designed to contribute to ongoing work already in the long term plan to improve on those health inequalities and the Core20Plus5 framework sits within the five clinical areas for children, young people. • Care was taken to ensure that the chosen plus groups in Norfolk and Waveney aligned with those already chosen by Suffolk as a whole (due to the overlap with Waveney area).	

	AD thanked TW for the update and invited questions from the committee. Paula Boyce (PB) thanked TW for the update and was pleased to hear that coastal and rural communities had been identified as a 'Plus' group. PB was also pleased to hear that the Health Inequalities and Oversight Group is being reestablished; PB asked that the District Council's are involved again. TW responded that she believed the district councils were represented but she would confirm this was correct. Cathy Armor (CA) asked TW whether there were any groups that she wanted to include but couldn't due to the limit on the number of groups. TW responded that the five groups have more or less been recommended. The 'five' element is the five clinical areas and we've got five clinical areas for children and young people, and five for adults. The 'Plus' groups have enabled there to be flexibility and to ensure that nobody is left behind but many communities will hopefully be picked up in our core 20 areas as well, so I'm hoping that we haven't missed any groups but if we recognise that we have missed a group we absolutely want to include those going forwards and we've got some scope to do that. AD thanked TW for providing that reassurance, and thinking about the next stage and some of the challenges already identified, is there anything TW would like in terms of support from the members of this committee. TW responded that she would welcome the committee's support as the work progresses and looking at any gaps and what capacity might be needed. MB echoed TW request for the committee's support, acknowledging the challenges across the system around finances but recognising the importance of this work to tackle inequalities.	
9.	**Discharge Transformation Programme Update**	
	AD and MB introduced Ross Collett (RC), ICB Director of Urgent and Emergency Care (UEC) who had kindly agreed to cover this item at short notice as Catherine Withers was no longer able to attend. The purpose of the item was to give committee members an update on discharge both in our acute hospitals and community units. RC provided an update and the following points were noted: • The Urgent and Emergency Care Board has agreed three key priorities for this year of which discharge sits in one of them and is centred around improving length of stay (LoS) across our system. LoS has crept up overtime and is linked then to the other two priorities around improving category two response times for our ambulance colleagues in terms of getting to people in the community. Finally, a key part of our system work this year is also expanding our virtual wards. RC felt it was helpful to contextualise that this is where the discharge work sits in terms of reducing overall length of stay. • Within the three priorities, the Discharge Board has been leading some very specific pieces of work primarily to try and reduce length of stay and to get people back home as quickly as possible. The key to transformation work is a home first principle, which N&W is adopting at the other end in terms of avoiding admissions where patients don't need to come into hospital, again a home first approach is important. There are a number of programmes of work ongoing currently and there's one around Optica, which is a digital patient tracking system and work is in progress around improving the overall process around flow. Looking at specific areas within the integrated transfer of care,	

there is the mental health work stream, which is key in terms of supporting patients with mental health issues, and then there are some very specific and short term pieces of work which are looking at understanding overall the ICB intermediate care model and some particular work around demand and capacity

- 14 day length of stay is where the real focus is in terms of how do we bring down our long lengths of stay. Broadly N&W ICB mirrors the national position but it's numbers are far higher than expected, so although the trend is very similar, N&W is not in a good place in terms of the numbers. So whilst we follow that trend, N&W has far more members of the community in hospital over 14 days than expected, and that's obviously our biggest opportunity to improve the lives and the outcomes for patients.

AD thanked RC for the update and asked whether RC could share any examples of where we are starting to see immediate impact from the work RC described. RC responded that he felt we are seeing some impact but noted it is very difficult to say whether there are natural trends or whether some of the work is beginning to bite. RC felt there had been some changes in the non criteria to reside number which he felt was a subjective measure that we attach to discharge, where it's quite difficult to track, but RC felt we have seen some gains recently in that and we are also beginning to see some reductions in our overall long lengths of stay.

Paula Boyce (PB) commented that the district councils and local housing authorities have a really key part to play in discharge and getting people home quickly, but unfortunately they aren't currently represented enough. RC responded the district council and housing authorities were represented but perhaps this hadn't been reflected very well in the slides that had been presented. RC gave an example where district councils had been engaged in relation to a key piece of work recently completed around understanding better the demand and capacity, specifically in terms of matching the demand from hospitals and how do we then also embed some of those home first principles. RC hoped this gave PB some assurance and reassurance that district councils are absolutely engaged in some of that work.

AD thanked RC for providing reassurance and commented that currently the number of VCSE organisations engaged in the discharge programme is very low and this needs to be revisted as there will be many more who can support the programme.

JS queried whether there is any tracking or if reassurance can be provided that the impact of discharge on community health services is being monitoring. RC confirmed it was monitored particularly in terms of it is the same teams doing the work, but some work we're doing in other areas of the urgent care programme is looking at where those teams are supporting both discharge and admissions avoidance and how do we look to gain greater efficiency through working much closer with hospital colleagues. For example same day emergency care, how do we then work further upstream with primary care and primary care networks to try and help those teams who often can be quite thin. It is something we are very aware of and we're doing our best to make sure that those teams are able to do and manage both, but we are, where we can, looking at the opportunities to bring those teams together.

AD commented that it is important that whatever we're doing is sustainable. We're heading towards the winter it would be good for us to get an update again probably before Christmas on how we're doing, what is the difference, very importantly, what our residents feel about the improvements we are making. We cannot wait for another three years to see if the difference is made, because there's a programme in

	place we should be able to start impacting on the problems we've been having for years now. MB referred to the demand and capacity work which RC alluded to, which is really critical for N&W. It has identified a gap and MB is hoping at a future meeting to share some of the things that will be happening to try and address that.	
10.	**Community Voices Update**	
	AD welcomed Rob Jakeman (RJ) – Head of Integration and Partnerships, Shelley Ames (SA) - Senior Integration & Partnerships Manager, Clara Yates (CY) – Associate Director of Research and Amrita Kulkarni (AK) – Senior Programme Manager for Community Voices to the meeting to update on Community Voices (CV) and progress to date. The following points were noted from the update provided by RJ, SA, CY and AK • The Community Voices strap line is 'using your feedback to improve care' which is ultimately what the CV initiative is about – it's essentially supplementary activity to those already led by the Comms and Engagement team and other people associated with that • The CV 'unique selling point' is the focus on health inequalities in particular, listening to public views about barriers and solutions associated with healthcare access via trusted communicators, called Community Champions, to try support people in the moment, but any key points can be recorded via an online recording tool, which we dubbed the Insight Bank, to help inform decision making. • The CV vision is: Norfolk and Waveney Community Voices aims to ensure that people who experience disadvantage because of where they live or who they are can be empowered to understand and act on their health, have a place to share their views and can help shape how health services are designed and delivered. This will be achieved by listening to what people have to say, capturing the results of what has been gathered in order to build up a picture of what we're hearing, and being able to give an overview of things rather than just a series of anecdotes. • Training and support to Community Champions is being lead by Great Yarmouth Borough Council and The University of East Anglia is evaluating the Insight Bank. Many other organisations and communicators have engaged with the programme and have received training and support. Overarching governance for the CV programme comes from the Population Health Management and Health Inequalities Board. • Community Voices was integral in enabling the ICB to carry out a piece of work about increasing diversity in, and access, to research. Working in Great Yarmouth and Waveney as a diverse coastal community and working at pace with voluntary sector colleagues as well with Norfolk Community Foundation. Eleven organisations were funded and trained across Great Yarmouth and Waveney. Insights were on barriers to research which are very similar to barriers to accessing healthcare but still really important to feed those into academics and research teams who are designing projects, so these areas can be addressed within the recruitment strategies ahead of them getting funding for research. It also helped to increase awareness of research. People thought research was just, for example, vaccine studies or something really invasive, rather than it could be completing a survey or taking part in a	

	focus group. It is hoped research training can become an integral part of the community voices offer and every project under the Community Voices banner can access this training if needed. The ICB Research Team is about to apply for a further £150,000 to expand it's approach and engaging with research across the wider Norfolk community. • A couple of other projects which the CV are delivering include working with the ICB Cancer team to try to increase access to cancer screening, and a children and young people programme looking at childhood asthma which has been funded by the Core20 Connectors initiative. • An ICS Health Inequality Strategy is in development and the CV team see this way of working, because it complements the way that the voluntary sector already deliver and can run alongside the comms and engagement approaches already in place, but really focussing on inequalities as being a key enabler with the health inequalities strategy. The system needs to get ahead with its planning arrangements and engagement; the priorities are known and could be proactive with voices, however it has been quite reactive at the moment, responding to funding opportunities rather than thinking what the organisational and system priorities are and how do we utilise voices to support those. • Community Voices doen't have the ability to influence all the change that's required through the insights that are generate through the Insight Bank. The system needs to take responsibility for responding to the insights that are generated. We do need people to be aware of and request the voices data and for there to be a bit of a push pull in relation to the information that it has. Capacity and the ongoing sustainable resourcing model for CV is going to be a challenge. A bid is in the pipeline with County Council currently for £5million. We know CV is an income generator, but we do need to have that backbone investment into the model to have it there to build on. And we need capacity and resource • Next steps are delivering against some of the projects that are already in progress and growing insights, and the impact that we see within the communities and developing our own approach around community voices and how we build that into a business as usual for the ICB and the alignment of our Core20Plus and their health inequalities agenda. The Patients and Communities Committee is requested to endorse next steps and give mandate to the Community Voices steering group to develop a plan that seeks to integrate Community Voices across the ICS. Following the presentation AD invited questions from the committee. AD commented that health inequlaities needs to link into the eight priorities within the Joint Forward Plan and there needs to be a mechanism of engaging people and involving them. AD felt it would be helpful to hear one or two case studies to demonstrate when feedback has influenced the way programmes are being delivered based on what people are telling us. SA responded that case studies from a short term outcome perspective are available, for example the ICB comms and engagement team shared some of the insights around anti social behaviour and community safety with the police and crime commissioner to change or influence the design of their serious violence strategy. However, the longer term impact may take longer to be felt. AD further commented it will be helpful to put in a process or some way for people to recognise that we have this bank of knowledge and feedback people are giving us.	

	We have to say thank you to them and be very grateful for people finding their time to inform the system as to where the problems are. The least we can do is to take that into account and put it into our programmes of work and then communicate back to the residents as to what we've done differently, or what we're doing differently as a result of it. PH commented on a point made by RJ and AK about resource and this work taking time to embed. There are lots of eyes on this work in Norfolk and Waveney both across the region and nationally. We do need to acknowledge this is going to be a slow burn but actually the outcomes of listening to people and doing things differently compared to what we've done before as a system is the most important parts to this. Potential outcomes of this could be huge for N&W to really demonstrate we are listening and we are taking this feedback on board and this is how it's being used. MB commented that one of the reasons the N&W covid vaccination programme was so successful was partly due to the work that was undertaken by the Protect NoW team around inequalities. Although this was a precursor to CV MB felt the approach was very similar and we're building on work with district councils and many other areas. TW reflected that a lot has been learnt from various programmes which TW, RJ and SA have been involved in and CV has potential for the future to really give us the ability to properly engage with our our population, our communities. TW felt there is the element of the insights that needs to be to overlain with other information such as what are other colleagues in the system are gathering e.g. the police and crime commissioner, district council and then we can do some really targeted work with this approach. AD thanked the CV team for the work done to date.	
11.	**People and Communities Update**	
	AD invited PH to provide the People and Communities Update. Due to the limited time available at the meeting, PH advised he would focus on the lived experience representative update, and the remaining updates would be circulated to the committee and posted on the ICB website following the meeting. PH updated as follows: • Lived experience representation on the Patients and Communities Committee has been discussed for some time however it is important we get it right and have the relevant support mechanisms are in place to ensure that if people do give up their time to be able to regularly support the committee and provide independent support to the committee from a patient and community perspective, they need to be compensated for doing so, but being able to compensate them in a way that doesn't affect benefit entitlements. • We are liaising with HMRC in relation to ensuring the ICB has a policy in place that will ensure when we do go out to receive expressions of interest from people of all walks of life across Norfolk and Waveney, that they can come forward and provide that support, provide those crucial voices from the people that we need to hear from. PH is hopeful	

	that within the next few weeks there should be some clarity on this from HMRC. The ICB Finance team is also involved in discussions. • PH anticipates that before the next meeting we should be actively recruiting individuals to provide that support to this committee. AD thanked PH for the update and acknowledged this was a challenging piece of work. It was noted that the ICB has an interim policy in place (Participation, Rewards and Recognition policy) and we must ensure we do not compromise peoples benefits. We also want to hear from those people who do not currently engage, and this is taking longer because of this financial issue which needs sorting out properly. AD and PH both agreed to continue applying pressure to ensure we get this resolved as quickly as possible	
12.	**Any Other Business**	
	No items were raised	
Date, time, and venue of next meeting: Monday 25 September, 1500-1700hrs via MS Teams		

Minutes agreed as accurate record of meeting:

Signed: …… Date: ……...
Chair

Code
RED Overdue
AMBER Update due for next Committee
GREEN Update given
BLUE Action Closed
PURPLE Action has a longer timescale

Improving lives together
Norfolk and Waveney Integrated Care System

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
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. 22.5.23: Working through some HMRC issues relating to payment method and policy, but hopeful that a policy already in use in some London trusts and HMRC approved, can be used in Norfolk and Waveney. 24.7.23: Ongoing. Continuing to work with HMRC and ICB Finance colleagues to ensure suitable policy is in place prior to recruitment commencing	25.9.23 ~~22.5.23~~ ~~23.3.23~~		
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 22.5.23: Ongoing. 24.7.23: Action to remain open	27.11.23 ~~24.7.23~~ ~~May~~		
10	24.7.23	Lived experience representative	MB / PH	MB and PH to ensure lived experience representation for the PH&I Board is linked into the Patients and Communities Committee lived experience representation work currently underway		25.9.23		

Brief Overview of Work Currently Undertaken across Norfolk

- 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
  https://healthwatchnorfolk.co.uk/wp-content/uploads/2023/08/How-is-your-pharmacy-working-for-you-Final-Report.pdf

- Patient Partner
  Working on behalf of the ICB and the work of Patient Participation Groups across Norfolk – report published and with ICB colleagues
  https://healthwatchnorfolk.co.uk/wp-content/uploads/2023/09/Patient-Partner-Report.pdf

- Evaluation of LGBT
  https://healthwatchnorfolk.co.uk/wp-content/uploads/2023/04/2021-02-Healthwatch-Norfolk_Norfolk-LGBT-Project-report.pdf

- 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
  https://healthwatchnorfolk.co.uk/report/digital-tools-year-two/

- 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
  https://healthwatchnorfolk.co.uk/report/my-views-matter/

- Three Hospitals, Three Weeks

Working with the Emergency Care Board and the 3 acute trusts, we visited outpatient clinics, patients on wards, and Accident and Emergency to speak with patients, their carers, and their visitors.

The first two reports are now published and have been shared with the Trusts. Once the third report has been completed, we shall be providing the Emergency Care Board and the Committees in Common with an overarching report.

https://healthwatchnorfolk.co.uk/wp-content/uploads/2023/08/Three-Hospitals-Three-Weeks-Patient-Experience-at-The-Queen-Elizabeth-Hospital-FINAL_digital-report.pdf
https://healthwatchnorfolk.co.uk/wp-content/uploads/2023/09/Three-Hospitals-Three-Weeks-Patient-Experience-at-James-Paget-University-Hospital-FINAL.pdf

- Transitions
  Working to understand issues facing both staff and service recipients when transitioning from Childrens' Services to Adult Services - https://healthwatchnorfolk.co.uk/report/transition-of-care-from-childrens-to-adults-health-and-care-services-february-2023/

- Dementia support for carers
  Working with dementia groups to identify levels of support available to people living with dementia

- 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. Project now completed – information and video content being used by all three trusts - https://healthwatchnorfolk.co.uk/PSIRF/

Other Work Underway

- N&N Trauma Centre – consultation exercise on behalf of NHSE

- Serious Mental Illness – working with carers of people with SMI – 3 year project launched in the summer – focus will be centred around the experiences of carers and their needs moving forwards.

- Adult Social Care - Healthwatch Norfolk aim to evaluate what support is available for people over 65 in Norfolk in three areas of expected high demand, to understand people's experience of this support, to make recommendations for improvements and to track people's experiences of improvements over three years. The three main areas are:
    1. Older people's voice and rights
    2. Discharge from hospital into community settings
    3. The delivery of services for people and their families after dementia diagnosis

- NCH&C – 3 year project looking at the Community Bed Service, the Virtual Ward Offer and Planned and Unplanned Care.

healthwatch Suffolk

Healthwatch Suffolk Update

Healthwatch Suffolk (HWS) has launched a survey for asthmatic young people (11+) and parents and carers of children with asthma (aged 5-18) in Waveney. The survey is funded by the N&W ICB to shape and inform support for children and young people with asthma. It will also help to share learning with NHS England in the east of England when combined with the results of our survey with Healthwatch Essex in Suffolk and north east Essex. The survey runs to 11 November 2023.

HWS hope to find out what is working well for people in Waveney, and how children and young people can be better supported to manage their asthma and avoid hospital in the future. The survey launch coincides with Ask About Asthma week, which encouraged people to think about four key things they can do to help children to manage their asthma. It's all timely because we know there is an annual increase in asthma attacks amongst children and young people when they return to school – so it's a good way to raise awareness, and to encourage people to take part.

A host page for the project can be found at https://healthwatchsuffolk.co.uk/cypasthma/

Norfolk and Waveney
Integrated Care Board

Agenda item: 6

Subject:	**Progress on Digital Transformation initiatives focusing on the impact on patients and patient outcomes**
Presented by:	**Ian Riley & Anne Heath**
Prepared by:	**Anne Heath**
Submitted to:	**N&W ICB Patients and Communities Committee**
Date:	**25 September 2023**

Purpose of paper:

This paper aims to provide the committee with an update on the Digital Transformation activities underway, with a focus on the impact on patients and patient outcomes.

Executive Summary:

Norfolk & Waveney ICS published a refreshed Digital Strategy "Connect NoW" in 2022.

The key aims for this strategy include:

- improving communication between different parts of the healthcare system so that people only tell their story once.
- delivering a single Electronic Patient Record (EPR) across all three acute Trusts (hospitals) so staff can access the same information about patients wherever they attend.
- expanding virtual services, so that people can be cared for in their own home, using the latest technology to monitor their progress remotely.
- expanding how healthcare staff store, interpret and use data to help the ICB plan services more effectively, focusing on the people who need the most help.

Residents of Norfolk & Waveney have shown excellent uptake of digital tools, with the area having the second highest number of online consultations submitted two years in a row and half of all registered patients signed up for the NHS App. However, Digital skills have been identified as a barrier to adoption both among the general

population and in staff employed in health and social care. A report by Healthwatch published in May 2023 showed that many people did not engage with digital access methods because they considered themselves "computer illiterate".

This paper will detail the work underway and success to date, and explain our thriving Digital Inclusion programme which aims to address digital poverty and inequalities through the provision of training and access to data and devices.

It is recognized that digital initiatives to date have focused on the main health and social care providers and that a next step needs to be to plan how other partners and providers in the ICS can access and share data, and ultimately how patients can have full access to their health and care record.

Report

Across Norfolk and Waveney we are undertaking many digital projects and programmes which will enable our staff to have access to better information, to make more informed decisions about patient care and to lead to better outcomes for all our residents and patients.

The single Electronic Patient Record – the three hospitals project has completed procurement of an EPR. It is anticipated that the business case and contract work will be completed by the end of March 2024, and deployment activities will begin in April 2024, with the first functionality live in 2025. This is great news for the region, although full benefits are some way off yet.

The Shared Care Record – this is a national initiative to bring together patient information from the systems in use in different provider organisations, and present it as a single record for the patient. The Norfolk & Waveney Shared Care Record is now live in Norfolk County Council, IC24, the three community trusts, Norfolk & Suffolk Foundation Trust and as of last week, the 3 Acute Hospitals. Over the last few months, there have been an average of 7,000 patient records accessed – with the hospitals now live, it is expected that this number will rise although adoption can take some time.

The Shared Care Record is bringing productive gains to staff, and improved experience for patients. This has included a practitioner being able to identify that an episode of confusion was caused by an infection and that the person would need a little extra support at home whilst on antibiotics. Without the Shared Care Record, the person may have been admitted to a care home or medical services may have been called unnecessarily.

One of the limitations of the shared record is that it does not currently cross boundaries, and neighbouring Integrated Care Systems have different providers for their care record. Staff in West Suffolk Hospital for example, may not have access to information for Norfolk residents, and staff at the QEH emergency department will not have access to the records for the large proportion of their attendees who are from outside Norfolk. Organisations that span the region, such as the East of England Ambulance Service, would have to access 6 difference care record systems, which is

impractical. Going forward, there are national initiatives looking at how records can be accessed.

The Digital Team worked with Healtwatch on the creation of promotional materials for the Shared Care Record, including a video, intended for public use, and this was extremely helpful in getting the language and tone right.

Virtual Consultations and Technology in Care Homes – The Digital Team for Care Homes and Social Care has been working with IC24 to develop a proactive weekend virtual ward round for care homes, focusing on the homes that had the top usage of 111 and out of hours services. Homes were provided with tablets, and technology to take patient observations, and training in how to read and understand observations. This gave staff at the homes more confidence when talking to medical professionals, and the electronic observations gave the clinicians more information to help in their assessment. Unplanned calls to 111 dropped away, and there was excellent feedback from residents, who talked to clinicians via the tablet device. The project has been shortlisted for an HSJ Patient Safety Award.

Care Homes and Domiciliary Care Providers are also being incentivized with a modest financial contribution to implement a digital social care record, through funding from NHS England and with support from the CQC. This will bring benefits to care home residents because their record can be joined up with the Shared Care Record to be visible when they access hospital care, for example.

Funding from NHS England is also being provided to trial Falls Prevention technology in care homes next year.

Virtual Wards – the pioneering Virtual Wards programme, where patients are looked after at home by the hospital team, enabled by remote monitoring technology, has extended to James Paget hospital and will shortly go live in the community care setting, with the aim of preventing patients from having an admission to hospital by provided technology enabled care and monitoring in their own home.

NHS App Ambassadors – the NHS App saw a huge surge in uptake during the Covid pandemic, the rate rose from 8% to 49% in Norfolk & Waveney. It is very much still seen as the “front door” to the NHS and has a development roadmap. As part of the initiative to improve access to primary care, there are ambitious new targets to have patients signed up to the NHS App. Many online consultation systems are being integrated with the App, which will allow patients to send messages to their practice. Messages sent from practices can be delivered via the NHS App, saving money on text messaging. Patients can request repeat prescriptions via the App, and from the end of October, will be able to see their prospective health record.

Work undertaken by Healthwatch has previously shown that the NHS App could be promoted more. This has been difficult to do because of GP Practices having different settings in their core systems for the App, meaning the patient experience could differ from Practice A to Practice B. The new targets for uptake for practices mean that engagement in providing a standardized offer has increased. The NHS App ambassador scheme has re-opened and is being promoted to practices and PPGs. A

toolkit of promotional resources has been developed, including a video promoting the App in the top 4 non-English languages spoken in Norfolk & Waveney, and BSL.

Practice Websites and Digital Access methods – as part of the Primary Care Access Recovery Plan, practices are encouraged to look at their website and digital access offer. A quarter of all practices have moved to the new look, accessibility friendly website. As self refer services are developed, information will be added to the websites, which are also optimized for use on a mobile phone or tablet, as well as a desktop. Practices are also using QR codes that direct patients to health information held on their website in place of physical leaflets or text messages.

Following the Evaluation of Digital Tools report produced by Healthwatch, information was also added to practice websites about the Digital Health Hub with improved language.

Social Media – to help reach more patients with health promotion information or information about campaigns, practice closure etc, a managed social media service is being provided to GP Practices who opt in. Any member of the public who follows the practice on Facebook or Twitter will receive the information in their social media feed. It is planned to extend this to other social media platforms.

Digital Health Hub - Norfolk Libraries started a Digital Health Hub pilot in the Millennium library in Norwich in 2019. This is now available in all 47 libraries. The Digital Health Hub support people to gain digital skills to use the internet to access GP online services, and the NHS website. Use of a computer and wi-fi at the library is free, and assistance is available. People can also book 1:1 sessions. The service has helped to run targeted digital inclusion projects, such as the provision of devices and data for people with cancer.

Community Tech Coaches – a pilot programme in West Norfolk "Tech Skills for Life" has seen over 700 people helped with getting the best use out of their device, and 60 people have had devices – a phone or tablet – provided through the scheme which saw local digital champions developed through a pioneering volunteer programme, enabled by the Barclays Digital Eagles and Duke of Edinburgh organisations. Part of Norfolk County Council's digital inclusion progamme, the project collaborated with charity SimPal for provision of refurbished devices. The feedback has all been positive. Many existing community groups were used to run "Tea, Talk and Tech" sessions which the volunteers attended to give talks and provide 1:1 help.

National Databank bid – the ICB recently made a successful bid to the national databank for data vouchers and SIM cards. These can be given to people in digital poverty to enable access to online services. The scope of this bid was people in Inclusion Health Groups and the Core20PLS5 target population. The cards will be distributed via the WoW bus following a set of criteria that is being developed.

Digital Champions in Primary Care – There are several schemes underway to create digital champions in the community. One such scheme has been to develop a learning system with the Barclays Digital Eagles programme, called the Barclays Digital Champion platform. This will be made available first to Patient Participation Groups who want to have access and develop a digital champion or digital promotion

offer. Another scheme will offer training to staff in practices to become Digital Champions. This work was a recommendation from a report by Healthwatch on the evaluation of digital tools and initiatives.

Cloud Telephony – NHS has given funding for GP Practices in Norfolk & Waveney to have cloud based telephony systems installed, with functionality that will enable callers to have a range of options to get through to the right person or department in the practice. The systems will also tell people their position in the queue and estimated wait time, and can support call back as well. This initiative aims to make it less stressful for people to contact their GP Practices and to encourage sign posting and care navigation at practices.

Practice WiFi – a project is underway to extend wi-fi provision throughout all areas of GP Practice premises, giving patients reliable easy to connect broadband when they are in the surgery. This can help with submitting online forms or accessing services.

Digital Connect Event – an event is being held to showcase the progress in the implementation of digital systems and initiatives, and to engage partners throughout the ICS in the development of digital inclusion strategy and ideas. We'd also like to talk about barriers for partners in the ICS to sharing and accessing systems and information, to help identify the challenges to be worked through. This event will be held at Dunston Hall on Friday 10th November from 10am to 4pm.

It's through talking to people about the problems that need to be solved, and about the progress that has been made so far, that priorities and challenges are identified. One of the aims given in requesting this update was how the committee could help advance digital transformation and adoption and I would suggest the following ways:

1. Try out the digital learning platforms and advocate them to others
2. Sign up to the NHS App with notifications switched on to receive messages from your GP Practice, consider becoming an NHS App ambassador
3. Let us know about any forums you are involved with that may like to hear about the digital strategy progress and tell us about their challenges
4. Share ideas for other venues / avenues / outlets that could be used to run digital events

Recommendation to the Committee:

The Committee is asked to note the content of the report

Key Risks	
Clinical and Quality:	All digital tools used in patient care are assessed for clinical safety
Finance and Performance:	The Digital Team, like others, is affected by the cuts to running costs. National figures show that every 1p spend on digital inclusion saves 8p.
Impact Assessment (environmental and equalities):	Digital tools contribute to the green agenda through reducing unnecessary travel. Investment in cloud storage reduces data centres.
Reputation:	Digital transformation reduces duplication. Public perception is improved when clinicians are informed through information sharing.
Legal:	Contracting & procurement processes are followed, information sharing agreements in place
Information Governance:	All digital tools have a DPIA completed before deployment, and in some cases, such as the Shared Care Record, are supported by an area wide information sharing agreement.
Resource Required:	Investment in digital transformation and digital inclusion brings efficiencies, improves productivity, saves money. An increase in digital resource will accelerate digital aims.
Reference document(s):	NWICS Digital Strategy
NHS Constitution:	NHS England Digitise, Connect, Transform
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)	

Improving lives together
Norfolk and Waveney Integrated Care System

NHS
Norfolk and Waveney

Appendix One - Digital Transformation Strategic Plan

What Comes Next....

The Digital Strategy and where to find it

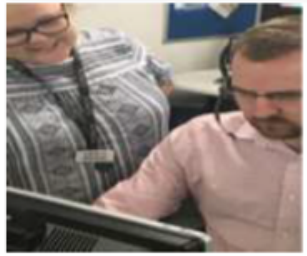
https://improvinglivesnw.org.uk/our-work/healthier-communities/digital/

Digital Strategy: Vision & Strategic Themes & addressing our digital maturity

VISION: our overarching aim

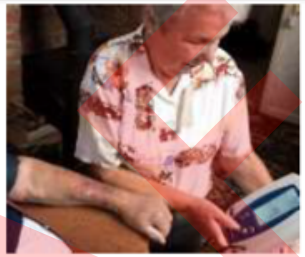
A digitally-enabled Norfolk and Waveney where access to information, services and support make it easy to deliver high quality health and care for and with our citizens.

STRATEGIC OBJECTIVES: the results we want to achieve



Together
Use digital technology and skills to work more efficiently and collaboratively across standardised systems.

Connect
Provide effective and joined-up care through systems integration and streamlined information flows.



Activate
Empower citizens with greater visibility and control over treatment and care journeys.

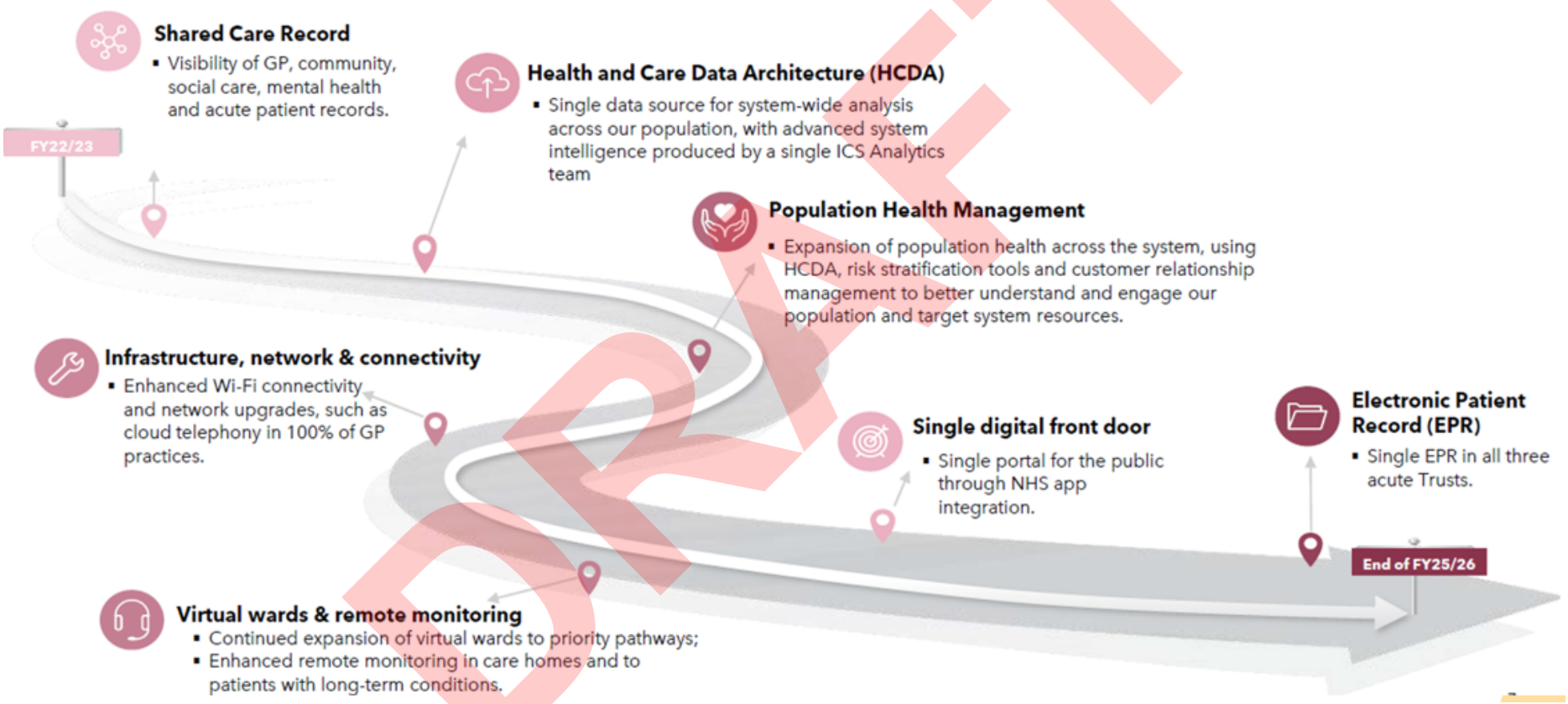
Understand
Use data to drive decisions and harness population health insights.

Innovate
Adopt a clear pathway for digital innovation and research to support the transformation agenda.

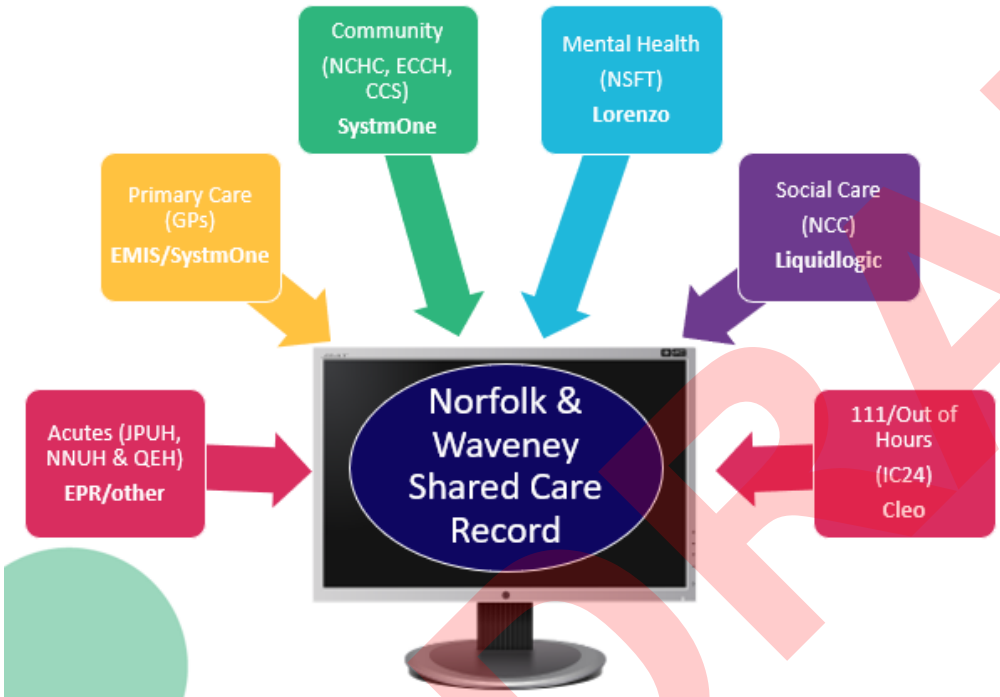
Strategic Objective	Description	Delivery Areas
Together	***Use digital technology and skills to work more efficiently and collaboratively across standardised systems.*** Staff working across standardised systems and the same data to enhance care delivery through advanced and joined-up digital solutions.	Acute Electronic Patient Record (EPR); Digitised Mental Health Record (EPR); Digital Social Care Record; Shared Care Record (ShCR); Remote monitoring and virtual wards; Digital Patient Triage; Digital Social Prescribing; Improved E-referrals; Digital pre-operative assessments
Connect	***Provide effective care through systems integration and streamlined information flows.*** Delivering efficient and patient focused health and care regardless of service provider through simplified, consolidated, secure, and reliable infrastructure.	Infrastructure & Connectivity upgrades; Cloud First Infrastructure; Cyber security and Compliant Standards; End User Devices
Activate	***Empower citizens with greater visibility and control over treatment and care journeys.*** Citizens only need to tell their story once and be supported to drive the personalisation of their own care.	Patient Portal and apps; eRedbook; Personalised Care
Understand	***Use data to drive decisions and harness population health insights.*** Access to secure and timely data insights on demand, to support the best outcomes for individuals, our population, and the system.	Health and Care Data Architecture (HCDA); Population Health Management; Advanced Analytics; Business Intelligence (BI); Risk Stratification
Innovate	***Adopt a clear pathway for digital innovation and research to support the transformation agenda.*** Become a centre for excellence, harnessing digital approaches to innovation and research.	Robotic Process Automation (RPA); Virtual Careers Office; ECLIPSE; Emerging Tools (e.g. Virtual Reality); Streamlined Learning Placements; Integrated Electronic Staff Record & Digital Staffing Bank

Strategic Roadmap

Digital will enable transformation across all care settings, including outpatients.



Shared Care Record (ShCR) – Tell your story Once



There is a common misconception that health and care workers already have access to people's full health and care records. This is not always the case and often means that you are asked to repeat your medical history . The NHS has issued a national target for all ICB areas to deliver a patient health and social care shared record that is accessible to staff involved in the care of the patient or citizen. This enables the best decisions to be made and leads to better outcomes.

Already Live:

Viewing: Norfolk CC (Adults), ECCH, NCH&C, CCS, IC24, NSFT, NNUH, QEKL, JPUH

Providing Data: GP Connect (HTML and Structured meds/allergies), NCC (Adults)

Planned Go-Lives:
•NSFT – September 2023

Planned go-lives (Phase 2A):
•Viewing: NCC C&YP Planned - October 2023
•Data Provision: NCC C&YP, Acutes covering ADT, Prescribing, Allergies and Documents for JPUH and QEH with qualified for NNUH

Planned Go-live (Phase 2B):
Data Provision: IC24 October 2023

https://improvinglivesnw.org.uk/our-work/healthier-communities/digital/shared-care-record/

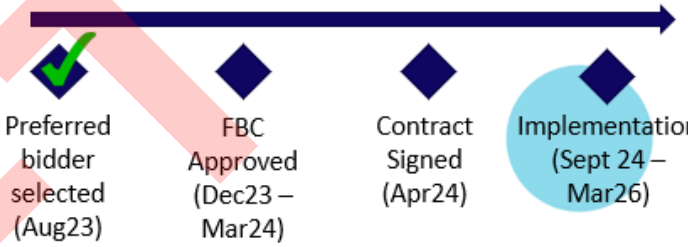
Electronic Patient Record (EPR)

The three acute Trusts within the Norfolk and Waveney Hospitals Group (N&WHG) are investing in a single, shared, integrated Electronic Patient Record (EPR) system:

- James Paget University Hospital NHS Foundation Trust (JPUH)
- Norfolk and Norwich University Hospital NHS Foundation Trust (NNUH)
- Queen Elizabeth Hospital King's Lynn NHS Foundation Trust (QEH)

This investment will enable significant clinical and administrative transformation, delivering significant benefits for patients and staff in the N&W system:

- As part of elective recovery, load balancing as a system for surgery and medical outpatients;
- The data insights that necessary to run an effective system and understand the needs for patient care and move towards managing geographic, demographic and disease specific populations;
- Reductions in the risk that patients are facing in acutely integrated services;
- Improved staff morale by reducing the frustration of having endless hours of their time wasted logging in and out of multiple systems that don't talk to each other;
- Removing the barriers to the adoption of new technology, healthcare applications, personalised healthcare services, artificial intelligence and so much more which we cannot access.
- Norfolk & Waveney to be so much better and deliver safer care with better outcomes that we can measure.



Patient empowerment
Providing patients with the tools to enable self-management of their health and care.

Collaborative care
Working collaboratively to provide joined-up care and share learnings to enable best practice.

Information sharing
Improved information sharing across and within health and care settings to allow for collaboration and holistic care.

Access to data
Better and quicker access to data and analytical tools to derive insight for population health management, improving outcomes and personalising health and care.

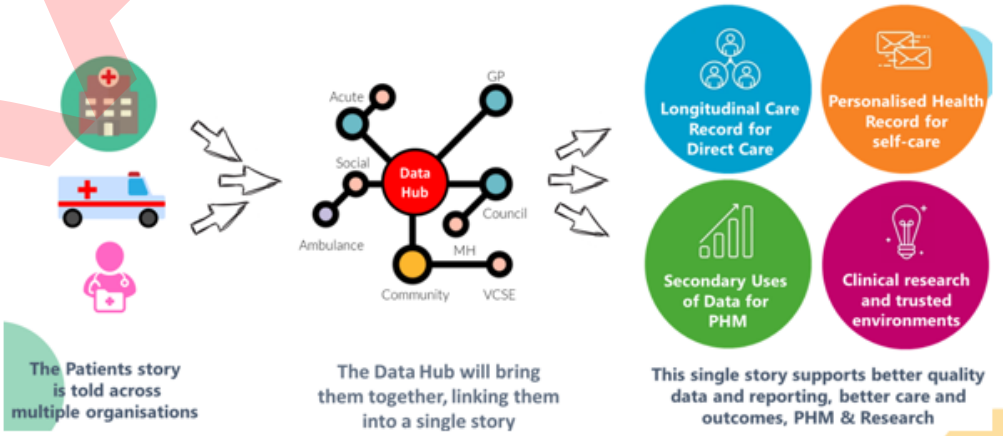
Alleviate burden on workforce
Reduced burden on administrative and duplicative tasks to release time to the workforce for care.

Data Hub (HCDA) work and Population Health Management (PHM)

The health and care needs of Norfolk and Waveney residents are changing: our lifestyles are increasing our risk of preventable disease and are affecting our wellbeing, we are living longer with more multiple long-term conditions like asthma, diabetes and heart disease – and the health inequality gap is increasing.

Population health is one of our core strategic aims to improve physical and mental health outcomes, promote wellbeing and reduce health inequalities across the entire population, with a specific focus on the wider determinants of health (things like housing, employment, education). Population Health Management is a way of working to help frontline teams understand current health and care needs and predict what local people will need in the future. This means we can deliver better care and support for individuals, design more joined-up and sustainable health and care services and make better use of public resources.

The PHM programme in N&W is supported by the DATA HUB (formerly HCDA) programme which links historical and current data sets from health and care providers to support the understanding what factors are driving poor outcomes in different population groups. Local health and care services can then design new proactive models of care which will improve health and wellbeing today as well as in future years' time.



Digital Inclusion – Leaving no one behind

We are building on the excellent 'tech skills for life' & place based pilot work by NCC to ensure every Norfolk resident is provided with the appropriate digital access opportunities to meet their needs and enable them to be digitally included in all aspects of their lives. If we don't get this right we will increase inequalities and reduce outcomes as services digitise

Working in partnership to target activity and make best use of resources

Enabling universal access to connectivity in the county

Supporting access to devices and equipment

Increasing digital skills and confidence in key cohorts

Developing the skills of our staff to understand how to support residents to access and use technology to improve their lives

Norfolk & Waveney Providers

NCC – Norfolk County Council
NCH&C - Norfolk Community Health and Care
NNUH – Norfolk and Norwich University Hospitals
QEH – The Queen Elizabeth Hospital kings Lynn
JPUH – James Paget University Hospitals
CCS – Cambridge Community Services
IC24 – Integrated Care 24 (111 service provider)
ECCH – East Coast Community Healthcare
NSFT – Norfolk and Suffolk NHS Truts

Norfolk and Waveney
Integrated Care Board

Agenda item: 7

Subject:	**JFP Older People - Ageing Well Ambition Update**
Presented by:	**Sheila Glenn, Director of Planned Care & Cancer**
Prepared by:	**Sheila Glenn, Director of Planned Care & Cancer**
Submitted to:	**People and Communities Committee**
Date:	**25 September 2023**

Purpose of paper:

To update the committee on progress with the Ageing Well priority of the integrated Care Board Joint Forward Plan

Executive Summary:

The report outlines the work undertaken so far to develop the vision and strategy for Ageing Well for Norfolk and Waveney. It outlines key work undertaken to date, including stakeholder engagement with older residents, a review of current best practice and national recommendations.
The programme will broadly categorise older people and associated interventions into three stages of ageing:

a) **Entering old age**: prevention of ill health, promote and extend healthy active life and compress morbidity (period of life before death spent in frailty and dependency)
b) **Transitional phase**: (between healthy active life and frailty)
c) **Frailer older people**.

It also identifies the seven ageing well priorities that will underpin the work needed across the ICS to design then deliver services, environments, and facilities to help the residents of Norfolk and Waveney live longer, happier, and healthier lives:

1. Enabling independence and promoting wellbeing of older people and their carers'.
2. Population-based, proactive, anticipatory care.
3. Facilitating Integrated urgent community response, re-ablement, rehabilitation and intermediate care.
4. Frailty attuned acute hospital care.
5. Reimagining outpatient and ambulatory care.
6. Enhancing health care support for long term care at home in care homes.
7. Providing coordinated, compassionate end of life care.

Work is ongoing to map all current services which will be brought together by the new Ageing Well Programme board, through which we will co-create the Ageing Well strategy by the end of December 2023, with a road map for implementation by end of March 2024.

1. Background

The Norfolk and Waveney ICB Joint Forward Plan ambition for Older people is to develop a shared vision and strategy with older people that will help us to transform our services to be proactive, easy to access and are wrapped around the needs of older people. It is imperative that we support our older population to maintain the best possible quality of life, and to maintain independent living where possible. The ICB will work with all the system partners to improve and better integrate heath and care for people in Norfolk and Waveney as they age. The N&W ICS vision is working as a single sustainable system that enables us to achieve our overarching mission to help the people of Norfolk and Waveney to live longer, healthier, and happier lives.

To achieve this overall vision, the ICB has implemented an Older People's Programme Board. The Board is tasked with the publication of an Ageing Well strategy document by December 2023 with a detailed roadmap with implementation plans by March 2024. The aim is to better integrate and deliver existing services, as well as designing new services where appropriate and utilizing VCSE provision and communities to better effect.

2. Ageing Well Priorities

The population of Norfolk and Waveney is older than the UK average, with 1 in 4 currently over 65. By 2040, modelling suggests that the number of people over 75 will increase by a further 55%.

Life expectancy in Norfolk and Waveney is good and slightly better than the national average. But this hides a lot of variation between different groups of our population and those living in different areas.

Our healthy life expectancy is below the national average. We have more older people living with multiple long-term conditions, particularly back pain, depression, and diabetes. We need to think and plan differently about how we co-design and deliver services for our older population and focus attention and resources on inequalities, prevention, and enabled communities.

The ICS vision for Older People is to support our older population to maintain the best possible quality of life, and to maintain independent living where possible with services wrapped around the person.

Norfolk and Waveney will be a place where people and their carers, are helped to age well, living happier, healthier lives, living as independently as possible, for as long as possible. The vision will mean that older people feel heard and respected, and they will be treated as individuals, with services asking 'what matters most to you' and proactively acting upon their answer. Partnership working between NHS organisations, local government, voluntary and social enterprise organisations as well as communities, will ensure that new models of care can be delivered to meet N&W population needs, improve health, care, and wellbeing, and reduce inequalities.

3 Work undertaken to date

The ICB hosted an Ageing Well Workshop on 23rd May 2023 where 85 participants from ICS partner organisations, voluntary organisations, charities, and members of the public attended to contribute to the overall aspiration, shared vision and strategy for older people. This included representation from the County Council, Districts, Place, Age UK, acute hospitals, primary care, community providers and care homes

Key findings of the workshop:

The overall aspiration is: To design, then enable delivery of services,

a) That wrap around the needs of our older people, and their carers,' and meet their needs as close to home and as early as possible.
b) To improve the quality of life for older people living in Norfolk and Waveney.
c) To reduce inequalities for older people living in Norfolk and Waveney so that all of our residents have the same healthy life expectancy as those living in the most affluent areas.

To work with older people and carers to design and enable delivery the services,

a) That matter most to them.
b) To best support them to live happy, healthy lives.
c) To enable them to live as independently as possible.

In addition, participants were keen to expand on the role of the VCSE, communities and people's families and carers in the overall strategy. They noted the need for improved communication and coordination between services, empowering staff closest to the patient to make necessary decisions, provide pro-active targeted actions, with decisions made as locally as possible. There was also a strong desire to have a greater focus on better and coordinated, end- of-life care.

A steering group has been set up and has met on 4 occasions and have:

- Reviewed the scope of the programme – just health or much wider, ambition and consideration of engagement strategy
- Planning of workshop one
- Workshop one - Delivered
- Debrief of workshop, and initial planning for how programme board will work. Initial objectives/ T&F topics developed as outline of programme of work
- Agree draft strategy outline and ToR for the Older Persons programme board **(we are here)**
- Self-assessment of services/ initiatives and strategies by PLACE and organisation (see appendix 1) to identify gaps and overlaps

Strategy development progress:

- Workshop to generate discussion and ideas from very board range of stakeholders
- Desk top review of published evidence and national / international best practise. This included best practice recommendations from the British Geriatric Society, NHSE and national presentations on innovations in ageing well and frailty at NHS Federation 2023
- Collated outputs of workshop and desktop review. This was then crossed referenced with the draft outline strategy and sense check at series of 1 to 1s with additional stakeholders and relevant networks–
- Steering group to agree the draft strategy content / strawman
- Draft strategy shared back to the participants of the first workshop and sense checked with a wider group of stakeholders at workshop two
- Programme board to finalise the strategy and confirm specific outcomes/ projects and workstreams that will be led either at place or system level

- Ongoing Programme board meetings to oversee progress of places in implementing local work to deliver strategy plus the system wide working groups ongoing.

3. Conclusion

The feedback from the workshop, research and best practice has led to the development of the seven priorities which will support the overall **strategic goal of anticipating and responding to age-related problems while recognising the complex interaction of physical, mental, and social care factors which can compromise independence and quality of life.** To achieve this strategic goal, the ICB will co-design, then enable delivery of services, environments, and facilities to meet our seven priority areas:

1. Enabling independence and promoting wellbeing of older people and their carers'.
2. Population-based, proactive, anticipatory care.
3. Facilitating Integrated urgent community response, re-ablement, rehabilitation and intermediate care.
4. Frailty attuned acute hospital care.
5. Reimagining outpatient and ambulatory care.
6. Enhancing health care support for long term care at home in care homes.
7. Providing coordinated, compassionate end of life care.

The programme will broadly categorise older people and associated interventions into three stages of ageing:

Entering old age: prevention of ill health, promote and extend healthy active life and compress morbidity (period of life before death spent in frailty and dependency)
Transitional phase: (between healthy active life and frailty)
Frailer older people (deteriorating physical and or mental abilities to EoL)

Current schemes, and proposed schemes or new models of care, will be evaluated in relation to where they fit in terms of the three stages of ageing and, how well they contribute towards the overall strategy and meet the seven key priorities.

An Older People's programme board (or task and finish groups) will consist of representatives from older people, acute care, social care, primary care, voluntary and charitable sectors, local authorities and the ICB. This programme board is leading the development of the Ageing Well strategy by the end of December 2023 with a detailed road map outlining the implementation plans by March 2024.

Recommendation to the Committee:

The P&CC is asked to:

a) Endorse and support the strategic goal and associated 7 priority areas and 3 classifications of ageing.
b) Note the proposal to co-create the Older People's strategy by end of December 2023.
c) Support the completion of self-assessments at Place
d) Receive further reports on the development of this strategy and progress against delivering the healthy ageing priorities.

Key Risks	
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):	
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)	

Appendix 1

Self-assessment by Place / Organisation

	Objectives	Prevention (a)	Transition (b)	Frail (c)
1	Enabling Independence and promoting wellbeing			
2	Population-based proactive anticipatory care			
3	Integrated urgent community response, re-ablement, rehabilitation and intermediate care			
4	Frailty attuned acute hospital care			
5	Re-imagined outpatient and ambulatory care			
6	Enhance health care support for long term care at home/ in care homes			
7	Co-ordinated, compassionate end of life care			

Norfolk and Waveney
Integrated Care Board

Agenda item: 8

Subject:	Changes to the prescribing of over-the-counter medicines and clinical threshold policies
Presented by:	Dr Frankie Swords, Executive Medical Director
Prepared by:	Medicines Optimisation Team
Submitted to:	Patients and Communities Committee
Date:	**25 September 2023**

Purpose of paper:

To update the Patients and Communities Committee on a number of changes linked to how some medicines and clinical services which are either available over the counter or have been found to be of limited clinical value by NHS England will be available across NHS Norfolk and Waveney in future, following approval by the Planned Care and Medicines Management Working Group.

Executive Summary:

In light of current financial pressures, there is a need to make best use of every pound, with a focus on efficiencies to ensure that we have the right resource available for the highest priority clinical areas.

The planned care and medicines management working group has therefore asked our clinical policies development group to review all of our clinical threshold policies, and policies applying to Procedures of Limited clinical value, and asked our medicines optimisation team to review NHS England guidance to enhance savings from avoidance of unnecessary or low priority procedures and prescribing.

A number of recommendations have been previously made and implemented to support the restriction of access to specific procedures of low clinical value. A summary of recent changes is provided below.

The medicines optimisation group has also undertaken a review of the NHS England "items that should not be routinely prescribed in primary care: policy guidance" and issued updated, clear guidance for prescribers, summarised in this paper. Specific patient letters and leaflets have also been produced to support these changes, which are being used to communicate direct with patients, carers and families.

This report is to provide reassurance and an overview of this work to the Patients and Communities Committee.

Background

NHS England carried out a public consultation on reducing prescribing of over-the-counter medicines for minor, short-term health concerns from December 2017 to March 2018.
In the year prior to June 2017, the NHS spent approximately £569 million on prescriptions for medicines which can be purchased over the counter from a pharmacy and other outlets such as supermarkets.

These prescriptions include items for a condition:

- That is considered to be **self-limiting** and so does not need treatment as it will heal of its own accord;
- Which lends itself to **self-care**, i.e. that the person suffering does not normally need to seek medical care but may decide to seek help with symptom relief from a local pharmacy and use an over the counter medicine.

Vitamins/minerals and probiotics were also included as items of limited clinical effectiveness which are of high cost to the NHS.

NHS England partnered with NHS Clinical Commissioners after the former CCGs asked for a nationally co-ordinated approach to the development of commissioning guidance in this area to ensure consistency and address unwarranted variation. "Conditions for which over the counter items should not routinely be prescribed in primary care: Guidance for ICSs" aims to provide a consistent, national framework for ICSs to use.
A series of implementation tools to support ICSs are also available.

Further to the publication of this guidance a letter from Professor Stephen Powis, National Medical Director, NHS England addressed to GPs was published. It provides reassurance that that the commissioner will not find practices in breach of the GP contract if they follow this guidance on routine prescribing of items which can be purchased over the counter.

Evidence Based Interventions guidance (EBI) is also now nationally available. EBI guidance indicates procedures which have been shown not to change the long-term outcome of a condition – that is to say that there is evidence to confirm that these procedures should not be carried out by the NHS, unless in exceptional circumstances.

Clinical Threshold Policies

To date, updated guidance and polices have been approved by the planned care and medicines management group in the following areas:

Aesthetic / Cosmetic Breast Surgery
The previous policy was reviewed following the publication of the Evidence Based Interventions guidance (EBI) List 3. Surgery is largely restricted to complications of breast implants, and breast reduction where the volume of breast tissue is having a significant negative impact on health despite weight reduction measures. Reconstructive surgery post cancer, trauma or other disease continues to be routinely commissioned and is not affected by this policy.

Female Sterilisation Policy
This is a new policy and has been developed in response to the number of patients waiting more than one year for endoscopic bilateral clipping of fallopian tubes (100+). NHS |Norfolk and Waveney has not previously had a policy in place for female sterilisation, and a review confirmed that multiple other ICBs did have threshold policies in place.

Cataract surgery
The policy has been updated in line with NICE guidance, but audit controls have been put in place to ensure that this guidance is followed exactly, and to assess whether referral numbers change significantly in the light of this change. If this occurs, a further review will be triggered.

Tonsillectomy for children
The policy was updated in line with NICE guidance to include requirement of diagnosis of sleep disordered breathing and/or obstructive sleep apnoea.

Multiple other policies are currently under review to seek opportunities to improve our services in line with best practice and National guidance, and to ensure that procedures of limited clinical value are not undertaken.

Service Restriction policies

The first suite of individual 'service restriction policies' relating to the national NHS England policy has now been approved by the Planned Care and Medicines Management working group. The policies aim to clarify prescribing that may be deemed less appropriate and prescribers will be able to refer to it when deciding if a patient may need a medicine prescribed or a referral, or if advice and information can be given for the patient to selfcare their condition. Prescribing of these medicines and preparations will be audited routinely by the ICB medicines optimisation team and shared with individual practices and at Primary Care Network level to support compliance with this guidance.

The policies approved in August 2023 are.

- Bath oil and Shower preparations
- Dental preparations (mouthwashes and oral sprays)
- Glucosamine supplements
- Ibuprofen Capsules and Liquid
- Suncreams
- Gluten Free foods
- Herbal Treatments
- Topical Fungal Nail Treatments
- Vitamin B and other vitamin supplements
- Hay Fever treatments
- Laxatives
- Branded prescribing policy – which details the very low number of specific medications that we recommend should be prescribed by brand name. All other items expected to be routinely prescribed using their generic drug name

The NHS website has patient friendly information explaining why these items should rarely be prescribed here. Healthwatch Norfolk and Suffolk have also been informed of this work, and template letters for prescribers to send to patients before stopping a prescription, as well as general patient information sheets have also been produced.

There is a risk that people may not understand that access to these medications and procedures is being limited due to a lack of evidence of benefit, and or due to the ease of access to over-the-counter alternatives, and so this paper seeks to demonstrate the reasoning behind these decisions and to ensure that the ICB can allocate sufficient funds to procedures and medications of higher clinical value.

Key Risks	
Clinical and Quality:	**Principal risk:**
Finance and Performance:	Cost savings from fewer low priority prescriptions for items available OTC or of low clinical efficacy
Impact Assessment (environmental and equalities):	
Reputation:	There is a risk that people may not understand that access to these medications and procedures is being limited due to a lack of evidence of benefit, or ease of access to over-the-counter alternatives, and to ensure that the ICB can allocate sufficient funds to procedures and medications of higher clinical value.
Legal:	Not applicable
Information Governance:	Not applicable
Resource Required:	Time and resources to advise patients of change to existing prescribing.
Reference document(s):	https://www.england.nhs.uk/long-read/items-which-should-not-routinely-be-prescribed-in-primary-care-policy-guidance/#appendix-further-detail-for-each-item https://ebi.aomrc.org.uk/
NHS Constitution:	
Conflicts of Interest:	Not applicable
Reference to relevant risk on the Board Assurance Framework	

Governance

Process/Committee approval with date(s) (as appropriate)	

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Norfolk and Waveney
Integrated Care Board

Agenda item: 10

Subject:	**Complaints and Enquiries Report – April to August 2023**
Presented by:	**Jon Punt, Complaints and Enquiries Manager**
Prepared by:	**Jon Punt, Complaints and Enquiries Manager**
Submitted to:	**Patient & Communities Committee**
Date:	**25 September 2023**

Purpose of paper:

To provide information about the ICB's complaints and informal enquiries received during the period September 2022 to August 2023.

Executive Summary:

This report provides an overview of complaints and enquiries received by the ICB during the 12 months from September 2022 to August 2023. It details the five areas of most common complaint during the reporting period and makes some recommendations for next steps.

Common Areas of Complaint – September 2022 – August 2023

GP Practices - Access to appointments

One of the largest volumes of concerns received (57 during the reporting period) centred around patients' access to their GP practice. This varied in nature, with patients often citing they were unhappy they could not be seen face to face, they had difficulty getting through on the telephone or that they were feeling like online access was of poor quality.

Some patients felt like they had been forced to make requests to the practice online when they did not want to, while others stated they would like to make requests online but that some functionality was switched off on practice websites either out of working hours or in busy periods.

Access to Dentistry

The single biggest volume of formal complaint, which was accompanied by many other informal concerns and MP queries, focused on patients being able to find an NHS dentist locally.

From September 2022 to June 2023 this totaled 30 requests.

Once the ICB took on the full delegation of primary care complaints and concerns in July 2023, and up until the end of August 2023, a further 168 contacts have been received. The significant increase in volume over a very short time is suggestive of the breadth of concerns that are prevalent in the community about access to dentistry in Norfolk and Waveney.

Since this exponential rise in contacts the ICB have developed additional information for the website in order to best outline the short and medium term plans to increase access to dentists.

Waiting times for elective surgery

49 concerns have been raised by patients, specifically about the amount of time they are waiting for elective treatment at an acute hospital. This has mainly been around Orthopedic, Ear Nose and Throat and dermatology waits.

Typically responses have signposted affected patients to the ICB developed resources on our website, while also trying to assist by contacting providers when wait times seem to exceed the local expectations.

Housebound Vaccinations

281 contacts have been received across the reporting period regarding vaccinations for housebound patients, requesting assistance to organize this. While it is one of the most frequent contacts the ICB has received, this has reduced during the latest campaign, when arrangements and timescales have been made clearer to affected patients.

Continuing Healthcare

Enquiries and complaints relating to Continuing Healthcare are regularly received and have often cited concerns about delays in the process of assessment or appeal.

These can often be very complex cases where it can take time to determine the best next steps.

Areas/suggestions for further investigation

Dental access complaints

While there are plans being developed to ensure capacity within the local dental system is increased, there are cases brought to the attention of the ICB whereby action may need to be taken sooner.

The complaints team will look to work with primary care colleagues to develop some processes where this may be appropriate and will feed into work streams identified as part of the ICB's short term dental plan, which has been approved recently by Executive Management Team and Primary Care Commissioning Committee.

Access to GP Practices

Given the scale of feeling in the community about perceived difficulties accessing GPs, consideration is being given to how best to support practices, potentially via different booking models which seek to improve efficiency via economies of scale and digital solutions.

This is already being developed in the form of a GP access system plan which will be put forward for approval to the relevant board and committee meetings over the next few months.

Elective surgery waits

The ICB has developed excellent resources for patients to access while they wait for surgery, although complainants often do not know about these until they make contact and are signposted to them.

Consideration could be given to working with acute providers around the messaging when a person is likely to wait a significant time to be seen, with a view to setting expectations and also informing them of how to access support or escalate should their situation worsen.

Recommendation to the Committee:

To note the contents of the report and consider what action could be taken as a result of the issues identified.

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)	

Improving lives together
Norfolk and Waveney Integrated Care System

NHS
Norfolk and Waveney

Patients & Communities Committee
Item 10, Appendix 1

Short term plan for stabilising Dental Services in Norfolk and Waveney

September 2023

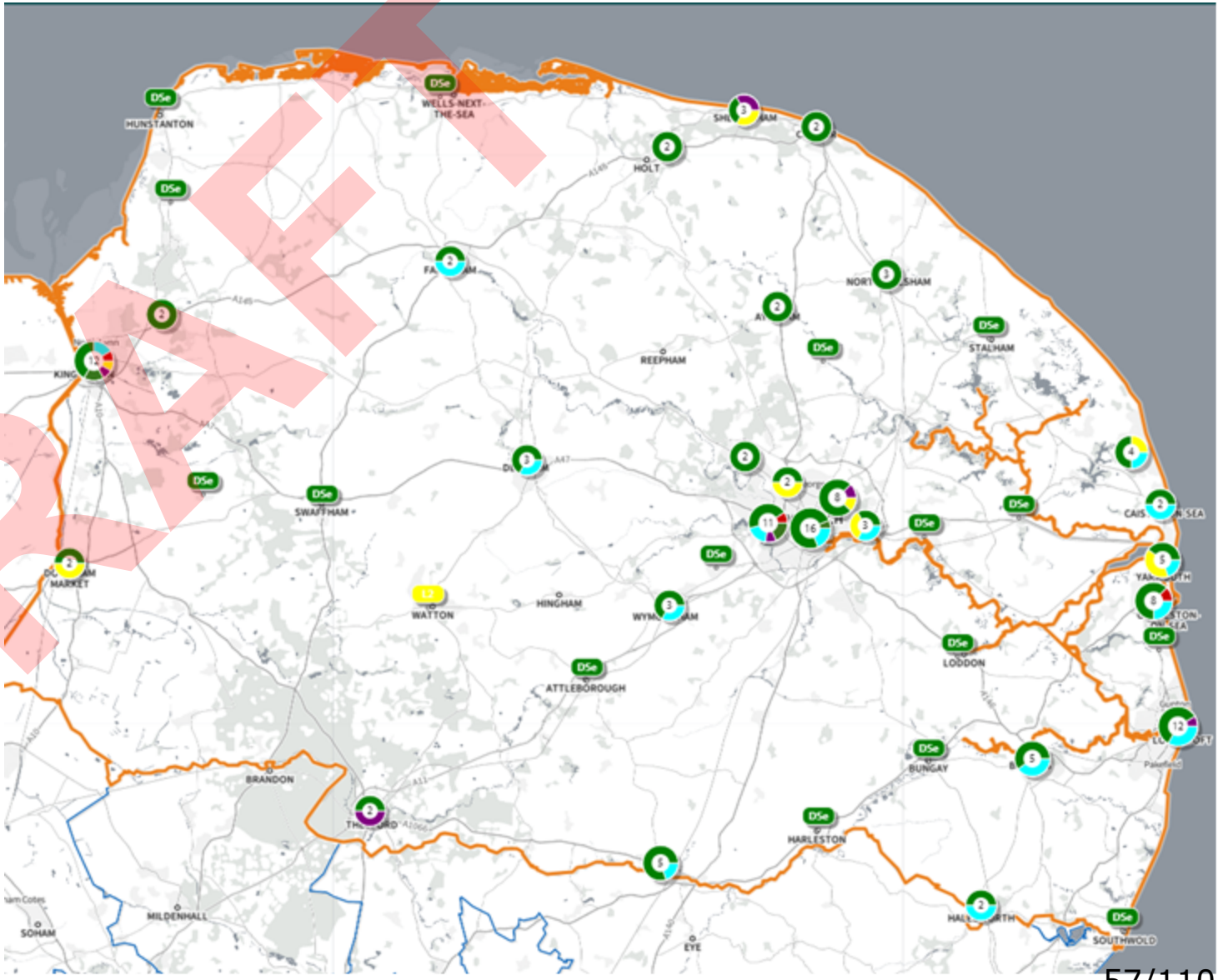
Context

ICBs took on responsibility for commissioning pharmaceutical services, optometry and primary, community and secondary care dental services on 1 April 2023

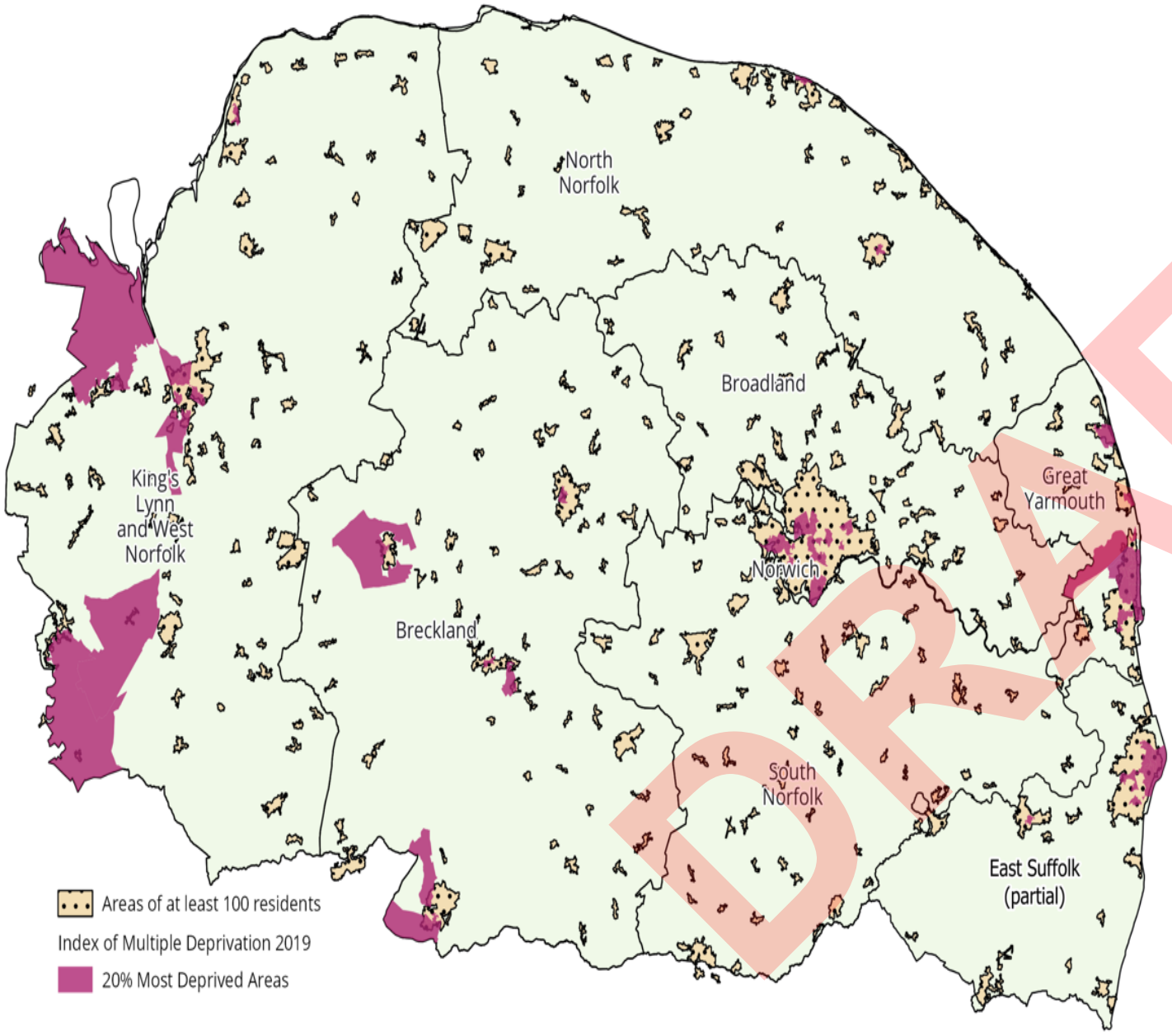
Services in Norfolk and Waveney

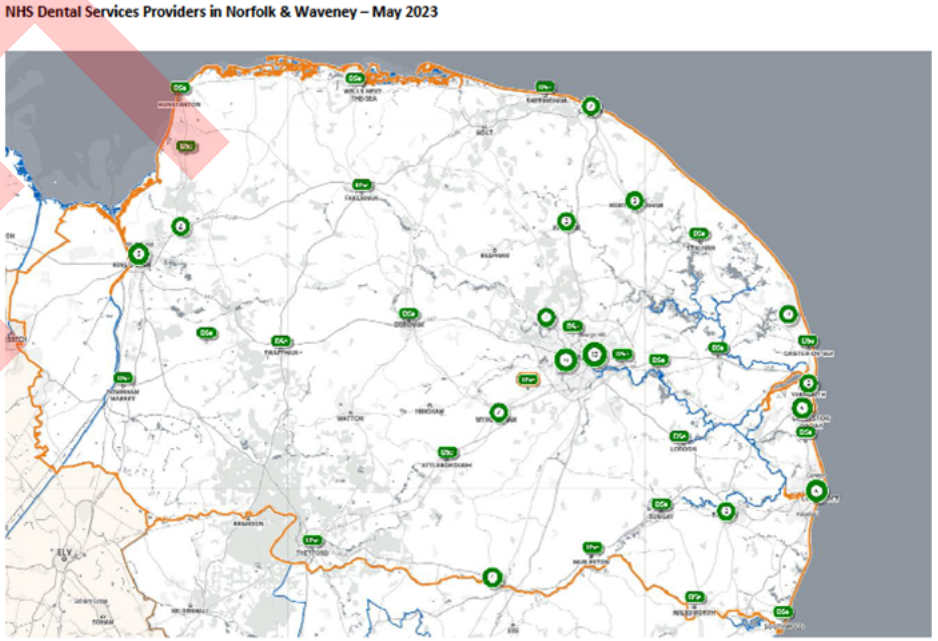
- **102 primary care contracts**
- **Community dental services / Special Care**
- **3 secondary care contracts at place**
- **Level 2 oral surgery specialised services in primary care**
- **Urgent treatment pilot practices**
- Access to Level 2 specialist endodontic and restorative services in East of England
- Trauma pathway pilot across East of England

- Building relationships with individual providers - a mix of large corporates, small independents and large & small partnerships
- Workforce data – 410 dentists (2021) working in the NHS



N&W ICS- areas of population density by LSOAs and 20% most deprived LSOAs within each LTLA





Source NHSE HCPH, ONS 2021

Key considerations

Norfolk and Waveney Oral Health Needs Assessment (May 2023)

- East of England had the second lowest prevalence of dental decay at 19%.
- Norfolk and Waveney had the highest prevalence of experience of dental decay in 5-year-olds in the EoE in 2022 at **23.8%**
- Within Norfolk and Waveney, Great Yarmouth and West Norfolk/King's Lynn had the highest prevalence of experience of dental decay in 5-year-olds in 2022.
- Increasing number of 15 – 19 year olds with decay being referred to secondary care for extractions
- These results highlight areas of higher dental needs and aim to help NHS Norfolk and Waveney Integrated Care Board understand commissioning priorities across the ICS.

NHS Workforce Long Term Plan (June 2023)

- The NHS Long Term Workforce Plan, published June 2023, proposes plans to train thousands more dentists in England over the next five to ten years
- As part of the plan, it will increase training places for dental therapists and hygiene professionals to more than 500 by 2031/32.
- It will also increase training places for dentists by 40% to more than 1,100 by this same year.
- In support of this, it will increase training places for dental therapy and hygiene professionals by 28% by 2028/29, with an increase of 24% for dentists to 1,000 places over the same period.

Norfolk and Waveney ICB - Joint Forward Plan

Driving integration

- Collaborating in the delivery of people-centred care to make sure services are joined-up, consistent and make sense to those who use them

Prioritising prevention

- A shared commitment to supporting people to be healthy, independent, and resilient throughout life. Offering our help early to prevent and reduce demand for specialist services

Addressing Inequalities

- Providing support for those who are most vulnerable using resources and assets to address wider factors that impact on health and wellbeing

Enabling resilient communities

- Supporting people to remain independent whenever possible, through promotion of self-care, early prevention, and digital technology where appropriate

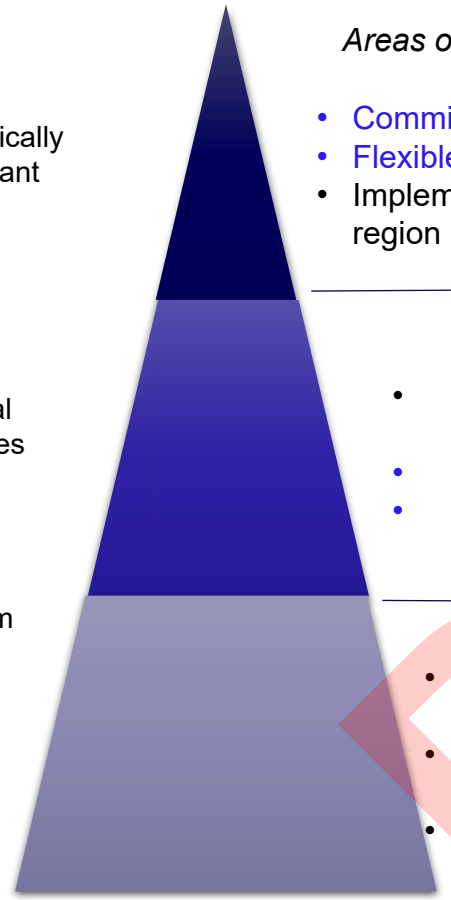
ICS Ambitions to 2025

- Urgent and Emergency care
- Primary Care
- Elective Recovery
- Improving Access to mental health services
- Improving our financial position
- Population Health Management, Reducing Inequalities and Supporting Prevention
- Improving services for Babies, Children and Young People
- Transforming care in later life

How do things feel right now – drivers for change?

- Lack of access to general dental services for new patients
- Increasing pressure from patients to access NHS dental services but no dentists
- Increasing pressure on the dental workforce, including reception teams
- Limitations of national dental contract for primary care services
- Workforce recruitment and retention challenges
- Inability to attract dentists and dental care professionals to Norfolk and Waveney
- Funding limitations and reduced patient charge revenue
- Developing local provider relationships with the ICB (building trust)
- Low morale reported by some in the dental profession due to the pressures (recent ICB health and wellbeing survey)
- Contract terminations and move towards private dentistry
- Oral health needs of the public and patients
- Poor oral health outcomes for children and young people
- Limited access to urgent treatment for individuals in pain
- Access to Level 2 services for oral surgery, endodontics and restorative services at local level
- Waiting lists for access to some services, e.g. community dental services and secondary care – limited capacity

What can local commissioning offer?



Strategically Significant

Tactical Priorities

System Level

Areas of Focus

- Commitment to work with local dental providers and listen
- Flexible commissioning of services
- Implement shared vision to improve patient outcomes across the region

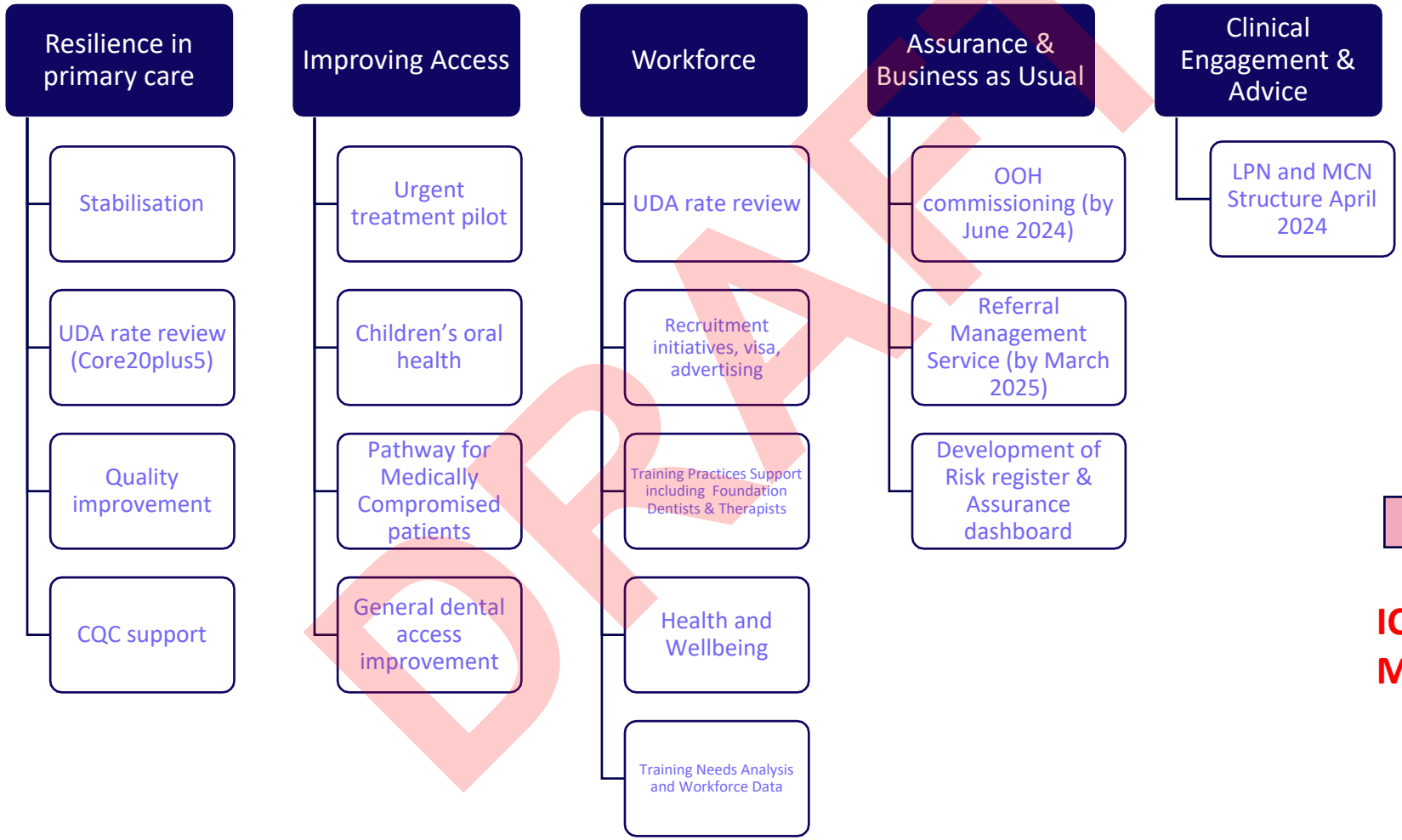
- Improve workforce resilience with recruitment and retention initiatives
- Increase access to services in Norfolk and Waveney
- Reinvestment of dental monies in local services

- Understanding of local population health needs and health inequalities
- Active and positive engagement with local dental dentists and dental teams to develop ideas
- Working with local communities and voluntary organisations

Speciality

- Children's Oral Health
- Pathway for Medically compromised patients
- New patient incentive scheme
- UDA rate review
- Urgent Treatment
- OOH Commissioning
- Referral Management Service by Mar 25
- Risk Register and Assurance Dashboard
- Referral Management Service by Mar 25
- LPN & MCN Structure By Mar 24

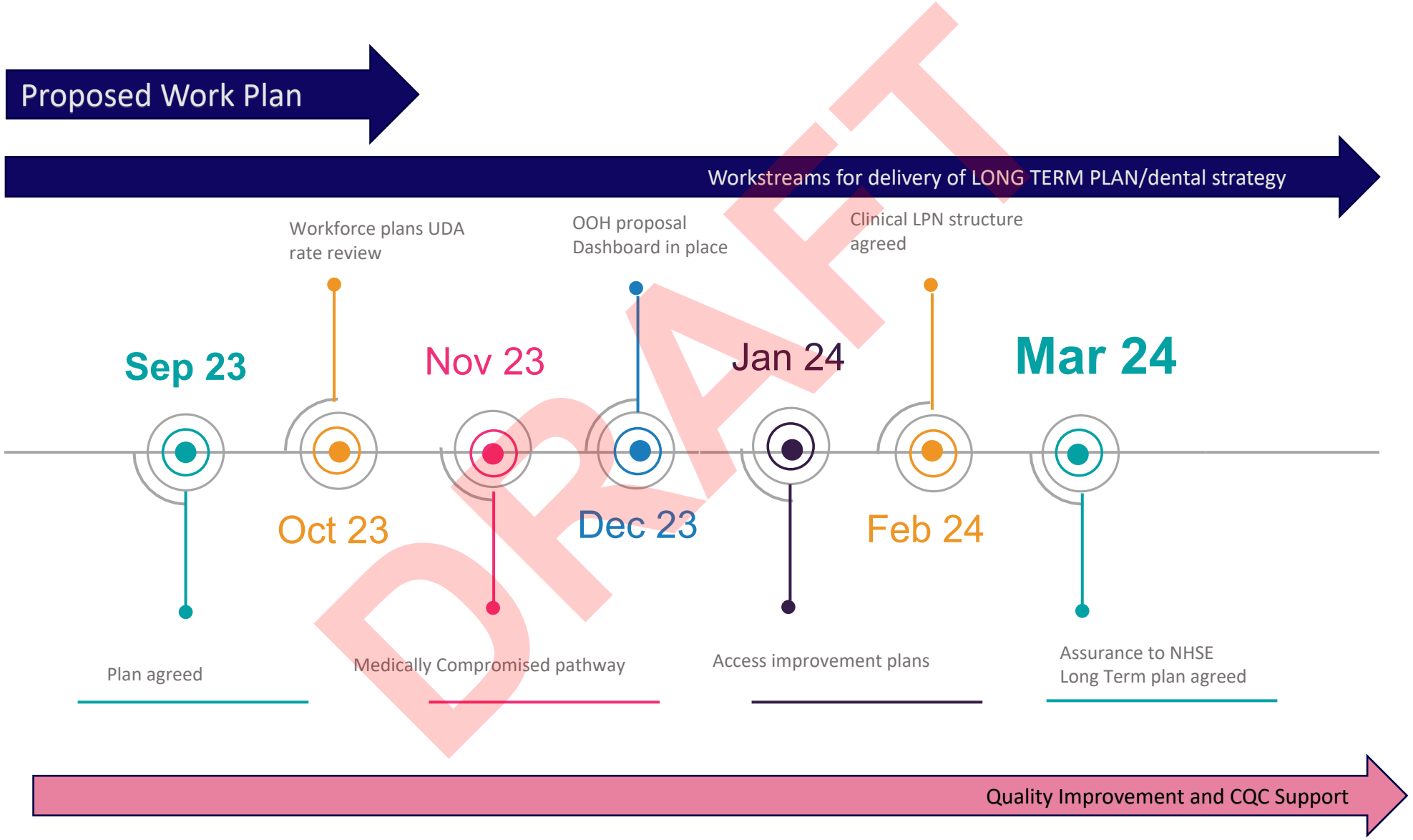
Short term opportunities 2023/2024



ICB Dental 5 Year Plan by March 2024

Continuing active engagement with dental profession

Short Term Plan Timeline



Our Commissioning intentions to April 2026 and beyond

- To stabilise NHS dental services in Norfolk and Waveney and improve resilience
- Active engagement with the dental profession
- Improve access for to NHS dental services for our local population through integrated working with our system partners and key stakeholders using evidence based upon our Oral Health Needs Assessment
- Commitment to reinvest dental monies in NHS dental services in Norfolk and Waveney and to optimise flexible commissioning opportunities
- Workforce recruitment and retention – make Norfolk and Waveney a great place to come and work
- Collaboration with East of England system partners to commission services where beneficial and more effective to commission jointly with other ICBs in the region
- Expansion of Level 2 services
- Upskilling, training and education for the whole dental team working with local higher education institutions and NHS England
- Delivering the outcomes and recommendations from the East of England Secondary Care Dental Steering Group
- Reduce waiting times for access to services and treatment
- Engagement with patients and members of the public
- Support NHS dental practices through Quality Improvement
- Health and Wellbeing of all staff working in NHS dental services

Enablers

- Funding – ring fenced dental budget 2023/2024 and reinvestment of dental monies
- Quality Impact Assessment / Equality Impact Assessment
- Dental Contract reform Nov 2022 enabling multi-skilled dental team approach
- NHS England Dental Access Recovery Plan
- NHSE Long Term Workforce plan (June 2023)
- Use of Digital tools
- NHS England Training, Education and Workforce engagement
- Oral Health Needs Assessment update
- ICB staffing structure and clinical advisor resources

Key stakeholders

- Members of the public and patients living in Norfolk and Waveney
- Local Dental Professional Network and Managed Clinical Networks
- Local Dental Committees
- General dental providers and performers / Orthodontic providers
- Dental care professionals
- Dental practice teams
- Level 2 specialists
- Community Dental Services / Special Care Dental Services
- Secondary Care service providers
- MPs, councillors, HOSC in Norfolk and Suffolk
- Norfolk County Council Public Health
- Suffolk County Council Public Health
- Healthwatch Norfolk / Healthwatch Suffolk
- University of Suffolk, UEA and West Anglia college
- East of England Integrated Care Boards
- NHS England

Norfolk and Waveney
Integrated Care Board

Agenda item: 12

Subject:	**First report from the Transformation Board**
Presented by:	**Andrew Palmer, Director of Performance, Transformation and Strategy N&W ICB**
Prepared by:	**Liz Joyce, Head of System Transformation N&W ICB**
Submitted to:	**N&W ICB Patients and Communities Committee**
Date:	**25 September 2023**

Purpose of paper:

To provide assurance to the Committee that the Transformation Board is discharging its functions, inviting any comments or questions, or requests for further information.

To recommend that the Committee also approves the Terms of Reference of the Transformation Board.

Executive Summary:

This is the first report of the Transformation Board to this Committee hence it is in more detail than future reports will be, to ensure the Committee is brought up to date. The report includes details of the main work areas over the past year so the Committee can get a sense of the Board's agenda and the future work plan.

The key areas of focus have been:

a) Norfolk and Waveney ICS Integrated Care Strategy
b) Joint Forward Plan (JFP)
c) Strategy alignment and the Clinical Strategy in particular
d) Improving Lives Together (ILT) programme
e) Community Services Review (CSR)
f) Transition of the commissioning of services from NHSE to the ICB
g) Reports from feeder operational delivery Groups / Boards

Future areas of focus are:

- Health Inequalities Strategy
- JFP refresh and monitoring
- Alignment of strategies and plans across the system
- Single system transformation workplan
- Continued oversight of the ILT and CSR workstreams
- Co-ordination of the implementation of the Clinical Strategy in year two

- Reflecting and evaluating the work of the Board and opportunities to improve

It is planned to bring future reports for assurance to this Committee in January, May and September 2024.

There are no risks to highlight to the Committee that the Board is responsible for.

A copy of the Terms of Reference is within this paper for approval at Appendix 1.

Introduction

The Transformation Board ("the Board") was established from the inception of the ICS on 1st July 2022. It was developed with system partners from the previous System Planning and Transformation Group (SPTG) through a series of workshops within our regular meetings. This ensured that current workstreams continued, whilst also taking account of the ICS development guidance.

The Terms of Reference are attached as Appendix 1. They are brought to this Committee for formal approval as part of this report and provide some helpful background context about the Board. The Board reports to this Committee for the purposes of assurance, with escalation of relevant decisions remaining linked to the ICS EMT. This paper updates on the main activities and is intentionally lighter touch on process matters. The Board has a key role within the system in terms of bringing partners together each month to focus on shared deliverables and remains one of the most well-established system groups convening all partners.

The Board co-ordinates the delivery of strategic transformation at system level, acknowledging that moving forward, more and more transformation will happen at place level and within collaboratives. Reporting to the Board are operational delivery groups, coordinated through the Programme Co-ordination Group (PCG) which joins up system workstreams to mitigate the risk of silo working.

This report sets out some of the key work that the Board has led on over the past 12 months and provides an overview of the future work plan.

Key areas of focus

a) Norfolk and Waveney ICS Integrated Care Strategy

The Board provided the system interface for the Norfolk Joint Health and Well-Being Strategy which is also the Integrated Care Strategy for Norfolk and Waveney. Norfolk County Council led the work to develop and publish the Strategy, with the Board having input into the four key priorities of driving integration, prioritising prevention, addressing inequalities and enabling resilient communities.

A link to the Strategy is here: Norfolk's Joint Health and Wellbeing Strategy

Norfolk County Council and Suffolk County Council are members of the Board. This system interface opportunity is particularly helpful because the Board is also

accountable for the Joint Forward Plan (JFP), which is the delivery plan for the respective Norfolk and Suffolk local Health and Well-Being Strategies. Being involved in both Strategy development and the delivery plan that underpins it provides the system co-ordination.

b) Joint Forward Plan (JFP)

The Committee will be familiar with the JFP having received a report on 22 May 2023 about the engagement undertaken with local people and communities.

The JFP was overseen by a Task & Finish group through regular highlight reports to the Board, with support from the PCG. The Board supported the eight Ambitions, and the eight leads brought the underpinning objectives to the Board during the JFP development phase for check and challenge and support, to ensure the Plan was progressing as expected.

A link to the JFP is here: JFP

The Board is monitoring implementation of the JFP and has a role to support and escalate / unblock any emerging issues. The first report is scheduled for October 2023, supported by the ICB PMO team. The JFP will need to be iteratively refreshed ready for re-publication in April 2024 and work will start on this during the autumn, overseen by the Board.

c) Strategy alignment

Linked to the JFP is a parallel workstream of system strategy alignment. During the year the Board has been involved in the development of system priorities for the digital strategy and roadmap, and the transitional Integrated Care Strategy as previously referenced. The Board is also sighted on the emerging Older People workstream and had input into its priority areas of focus.

The Board is accountable for coordinating a plan to implement the ICS Clinical Strategy specifically and has published the progress report for year one on the ICS website. Key highlights and progress made in year one can be found here: Clinical Strategy

In terms of what next for year two, the six objectives within the Clinical Strategy remain current and continued implementation will weave in some of the focus areas from the eight ambitions in the JFP. A small task and finish group will be set up to develop the year 2 workplan together with our local Healthwatch organisations.

d) Improving Lives Together (ILT) programme

This is the System's principal joint transformation workstream, overseen by a Project Team with support from the Board and focusing on initial areas of priority in the first year. This work has been externally supported by Newton Europe, who are working with us to produce Cases for Change. The Board was involved in the determination of the three priority areas, driven by data, which are Human Resources (HR), Digital Services and Improving Discharge from Hospital, based on the diagnostic

undertaken by Newton Europe. The Board receives regular highlight reports and will be coordinating the delivery of the three programmes via the system's HR Directors, Digital Strategy Steering Group (DSSG), and the Discharge Board respectively.

e) Community Services Review (CSR)

The Board is also overseeing the review of Community Services across Norfolk and Waveney, with some external support from Tricordant. This review is across all ages and reflects the broad range of pathways and services that fall within the scope of community services. The previous agenda item on today's agenda summarises the engagement that has been undertaken as part of the first stage of the review. The Board is actively involved in identifying the prototypes that will be progressed and has been the reference group to join up the system interdependencies across other workstreams.

f) Transition of the commissioning of services from NHSE to the ICB

The Board oversaw the process of the delegation of NHS England's direct commissioning functions (Primary Care, Optometry and Primary Dental) to our ICB for our population during 2022, which took effect from April 2023. The Primary Care Commissioning Committee is leading on the service provision and transformation post transition.

The second tranche of services to be delegated is a group of 59 specialised services, from April 2024. The same Pre-Delegation Assessment Framework process applies, and there is a lot of detail to be worked through. The transformation / improvement opportunities for end-to-end patient pathways are significant and there is also a broader strategy development piece of work being undertaken across the six ICB's in the eastern region. Clinical leadership for the transformation has been identified as a key success factor from the national pathfinder work and this will be a programme of work for many years to come. In the short term the Board will be overseeing the safe transition and strategy development, post transition this work would move to the proposed new commissioning team at the ICB which remains subject to consultation.

g) Reports from feeder operational delivery Groups / Boards

There are Groups/Boards that report into the Transformation Board including the Planned Care & Medicines Management Group (PC&MMG), Elective Recovery Board, Diagnostics Board, Urgent & Emergency Care Board, Mental Health Strategic Oversight Board and the Cancer Alliance. The PC&MM group brings a report every month because of their scheme of delegation, others are by exception / escalation. The Board has supported a number of recommendations brought forward by the PC&MM group in relation to specific pathways and medicines.

Risks

Transformation Board does not hold risks for other Boards or Groups, the only risks that it holds are those that are in the remit of Transformation Board. There are no current entries in the risk log, but it is anticipated that there will be a future risk entry in relation to the transition of Specialised Services, once this has been discussed at the Task and Finish group and at the next Board on 28th September 2023.

Future work plan

Looking ahead at our future work plan, the Board will be focusing across the following broad topic areas, but will need to remain agile and able to respond to new and emerging opportunities:

- Health Inequalities Strategy
- JFP refresh and monitoring
- Alignment of strategies and plans across the system
- Single system transformation workplan
- Continued oversight of the ILT and CSR workstreams
- Co-ordination of the implementation of the Clinical Strategy in year two
- Reflecting and evaluating the work of the Board and opportunities to improve

Recommendation to the Committee:

1) That this assurance report is noted for information 2) That the Terms of Reference for the Board are approved

Key Risks	
Clinical and Quality:	None identified – refer to paragraph on risk within the paper
Finance and Performance:	None identified – refer to paragraph on risk within the paper
Impact Assessment (environmental and equalities):	Not completed
Reputation:	None identified – refer to paragraph on risk within the paper
Legal:	None identified – refer to paragraph on risk within the paper
Information Governance:	None identified – refer to paragraph on risk within the paper
Resource Required:	None identified – refer to paragraph on risk within the paper
Reference document(s):	N/A
NHS Constitution:	N/A
Conflicts of Interest:	None identified

Reference to relevant risk on the Board Assurance Framework	N/A

Governance

Process/Committee approval with date(s) (as appropriate)	Content of this paper is a summary of the work of the Transformation Board over the past 12 months

Improving lives together
Norfolk and Waveney Integrated Care System

NHS
Norfolk and Waveney
Integrated Care Board

NHS Norfolk and Waveney

Transformation Board

Terms of Reference

Revision History

Revision Date	Summary of changes	Author(s)	Version Number
30/06/2022	Originate document - informed by specific sessions at SPTG on 26/5/22, 09/06/22 and 23/6/2022	Liz Joyce	1
20/07/2022	Incorporate feedback following send out of ToR in preparation for meeting on 21/7/2022	Liz Joyce	2
08/08/2022	Incorporate feedback from the inaugural joint meeting between Transformation Board and Programme Co-ordination Group on 21/07/2022	Liz Joyce	3
23/08/2022	Incorporate feedback from members who were sent the ToR for comment	Liz Joyce	4
09/09/2022	Insertion of appendix 1 ICB Governance Structure and how decisions will be practically made	Dawn Turner	4
27/07/2023	Minor updates/corrections to job roles, removal of reference to PHM and HI in Section 6 and reference to CCPA in the membership section. Removed all references to the Productivity Programme Board which has been stood down.	Liz Joyce	5

Approvals
This document has been approved by:

Approval Date	Approval Body	Author(s)	Version Number
29th September 2022	Transformation Board	Liz Joyce	4
27th July 2023	Transformation Board	Liz Joyce	5
To be taken in September	Patients and Communities Committee	Liz Joyce	5

1. CONSTITUTION

These Terms of Reference (ToR) set out the membership, remit, responsibilities and reporting arrangements of the Transformation Board. They will be approved by the Patients & Communities Committee and may only be changed with the approval of that Committee.

The Transformation Board is a Tier 3 ICS Executive Director chaired Board, reporting to the Tier 2 Patients & Communities Committee (see Appendix 1 for the current governance structure). Its members should follow the Scheme of Reservation and Delegation and other relevant ICB policies.

These ToR should be read in conjunction with the ToR for the Programme Co-ordination Group (PCG), which underpins the delivery focus of this Transformation Board.

2. PURPOSE OF THE BOARD

This Board has been set up with the shared purpose of:

- Provide oversight of all workstreams relating to the ICS Integrated Care Strategy and the system 5-year Joint Forward Plan (JFP)
- Facilitate the implementation of the Norfolk & Waveney Clinical Strategy

The Transformation Board has been established to provide a forum to empower and co-ordinate material and strategic transformation, unblocking and enabling the delivery of the Norfolk & Waveney ICS transformation programme at System level.

Transformation in its simplest form means a complete change that results in improvement.

It is acknowledged that moving forward, transformation will also happen at Place level and within Provider Collaboratives. Whilst the Transformation Board is focussed on co-ordinating strategic transformation activity at System level it will need to be sighted on and drive transformation at Place level and within Provider Collaboratives to ensure work streams are aligned and do not duplicate.

3. DELEGATED AUTHORITY

The ICB's Executive Director of Performance, Transformation & Strategy has delegated authority as set out in the Scheme of Reservation and Delegation and may be amended from time to time.

4. MEMBERSHIP AND ATTENDANCE

The core principle that forms the basis of selecting the membership for the Transformation Board is that each ICS partner organisation is represented by an

individual who can speak with authority on behalf of that sovereign organisation, and there is an ICS clinical voice and leadership.

The enabling functions of PMO, Communications & Engagement, Workforce, Quality, Finance, PHM, Digital, BI & Analytics and Estates are also represented at the Transformation Board through their ICB Executive Director.

There will be a link person that attends the Transformation Board on behalf of the PCG, and this would usually be the PCG Chair.

Conflicts of Interest

The Transformation Board 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 the Chair has a conflict of interest, then the deputy-chair or, if necessary, another member of the Board will be responsible for deciding the appropriate course of action.

The Deputy Chair will be agreed by the Transformation Board at its inaugural meeting, for a period of 12 months. A new Deputy Chair will be agreed annually thereafter.

Members

Representative from:

- Norfolk County Council – 2 seats (Adults / Children's Services and Public Health)
- Suffolk County Council – 2 seats (Adults / Children's Services and Public Health)
- ICB Primary Care representative
- VCSE sector partner for NHS Norfolk & Waveney ICB
- East of England Ambulance Service NHS Trust
- Norfolk & Suffolk NHS Foundation Trust
- Norfolk Community Health & Care NHS Trust
- East Coast Community Healthcare CIC
- *James Paget University Hospitals NHS Foundation Trust
- *Norfolk & Norwich University Hospitals NHS Foundation Trust
- *The Queen Elizabeth Hospital King's Lynn NHS Foundation Trust
- Clinical and Care Professional Assembly (CCPA), through existing membership of the ICB Medical Director and Director of Nursing

*The 3 acute hospitals are all partner organisations in their own right and each have a seat at the Transformation Board; however, there may be occasions when one acute hospital represents a collective acute response, and this should be stated at the outset of the meeting.

Additional members:

- Director of Performance, Transformation and Strategy NHS Norfolk & Waveney ICB – Chair of Transformation Board
- Director of Finance NHS Norfolk & Waveney ICB or nominated deputy
- Medical Director NHS Norfolk & Waveney ICB or nominated deputy
- Nursing Director NHS Norfolk & Waveney ICB or nominated deputy
- Patients & Communities Director NHS Norfolk & Waveney ICB or nominated deputy
- Director of People, NHS Norfolk & Waveney ICB or nominated deputy
- Chair of the Programme Co-ordination Group (PCG)
- Head of System Transformation NHS Norfolk & Waveney ICB or nominated deputy
- Director of Digital & Data NHS Norfolk & Waveney ICB or nominated deputy

5. MEETING QUORACY AND DECISIONS

The Board shall meet monthly, (to be determined by the Patients & Communities Committee). Additional meetings may be convened on an exceptional basis at the discretion of the Board Chair.

Quoracy

The quorum for the meeting will be 9 Members, including the Chair or Deputy-Chair. Of the 9 members, at least 5 should be from members who are not directly employed by NHS Norfolk & Waveney ICB i.e., they are from partner organisations.

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 Transformation Board 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 in the section **urgent decisions** may be followed.

Decision making and voting

Decisions will be taken in accordance with the ICB Scheme of Reservation and Delegation and these Terms of Reference. The Transformation Board will ordinarily reach conclusions by consensus. When this is not possible the Chair may call a vote.

Only members of the Transformation Board 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 matter will be deferred to the Patients and Communities Committee with a recommendation from the Chair of the Transformation Board.

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

Urgent decisions

If an urgent decision is required, and it is not possible for the Transformation Board to meet virtually, an urgent decision may be exercised by the Chair and relevant subject matter expert member, subject to every effort having been made to consult with as many members as possible in the given circumstances, and at the minimum, one other member.

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

6. RESPONSIBILITIES OF THE TRANSFORMATION BOARD

The responsibilities of the Board are:

1. To be the linking ICB Board for the ICP to engage with on the production and review of the Norfolk & Waveney ICS Integrated Care Strategy (the lead organisation for this piece of work is Norfolk County Council).

2. Be accountable for the submission of an ICB 5-year Joint Forward Plan (JFP) plan to meet the health and healthcare needs of the population (all ages) within the area, having regard to the N&W ICS Integrated Care Strategy

3. Be accountable for the co-ordination of existing Programme Boards/Groups and Organisations to develop a plan to implement the N&W Clinical Strategy within available resources; some of this will be achieved by delegation of work and tasks to the PCG.

4. To convene, co-ordinate and support system partners working at scale to lead major service transformation programmes to achieve agreed outcomes including the reduction of health inequalities; some of this will be achieved by delegation of work and tasks to the PCG.

5. Be accountable for the submission of the system's response to the NHS Planning Framework

6. To unblock any barriers to achieving the Aims, Role and Responsibilities of the PCG. Specifically, this includes finance, where budgets may need to be re-distributed between partner organisations, within the Scheme of Delegation

7. To direct enabling transformation resources and other related support such as third parties or consultancy resource. It will assist with prioritising the system's discretionary spending plans (if any) with clinical and care professional input.

8. Be accountable for developing the plan for how the system improvement budget from NHSE (whilst applicable) will be allocated and deployed to best effect.

9. Identify and support the implementation of system wide approaches to improving productivity and efficiency.

10. Be accountable to the Patients and Communities Committee through the Chair of the Transformation Board, within the Scheme of Reservation and Delegation

11. Act as a leadership cohort, demonstrating what can be achieved with strong local leadership, operating with increased freedoms and flexibilities within a permissive 'can do' culture

12. For the avoidance of doubt the Transformation Board does not specifically manage Performance, Finance and Quality – these are managed in other forums

7. ACCOUNTABILITY and REPORTING ARRANGEMENTS

The Transformation Board is directly accountable to the Patients and Communities Committee. The minutes of meetings shall be formally recorded. The Chair of the Board shall report to the Patients and Communities Committee, escalating any concerns where necessary.

The Transformation Board will provide assurance to the Patients & Communities Committee in relation to activities and items within its remit.

The Transformation Board will receive scheduled reports from the PCG.

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 Board shall behave in accordance with the ICB's Constitution, Standing Orders, and Standards of Business Conduct Policy.

Attendees are accountable for disseminating the Transformation Board messaging and decisions / actions within their own organisation to ensure that what is agreed is then enacted by all partners.

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 Chair of the Transformation Board.

10. SECRETARIAT AND ADMINISTRATION

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

- The agenda and papers are prepared and distributed in a timely way;
- Attendance of those invited to each meeting is monitored highlighting to the Chair those that are not attending regularly;
- Good quality minutes are taken in accordance with the Standards of Reservation and Delegation 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 Patients and Communities Committee;
- The Board is updated on pertinent issues/ areas of interest/ policy developments;
- Action points are taken forward between meetings and progress against those actions is monitored.

11. REVIEW

The Board will undertake a look back with its membership and review its effectiveness at least annually.

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 Patients and Communities Committee for approval.

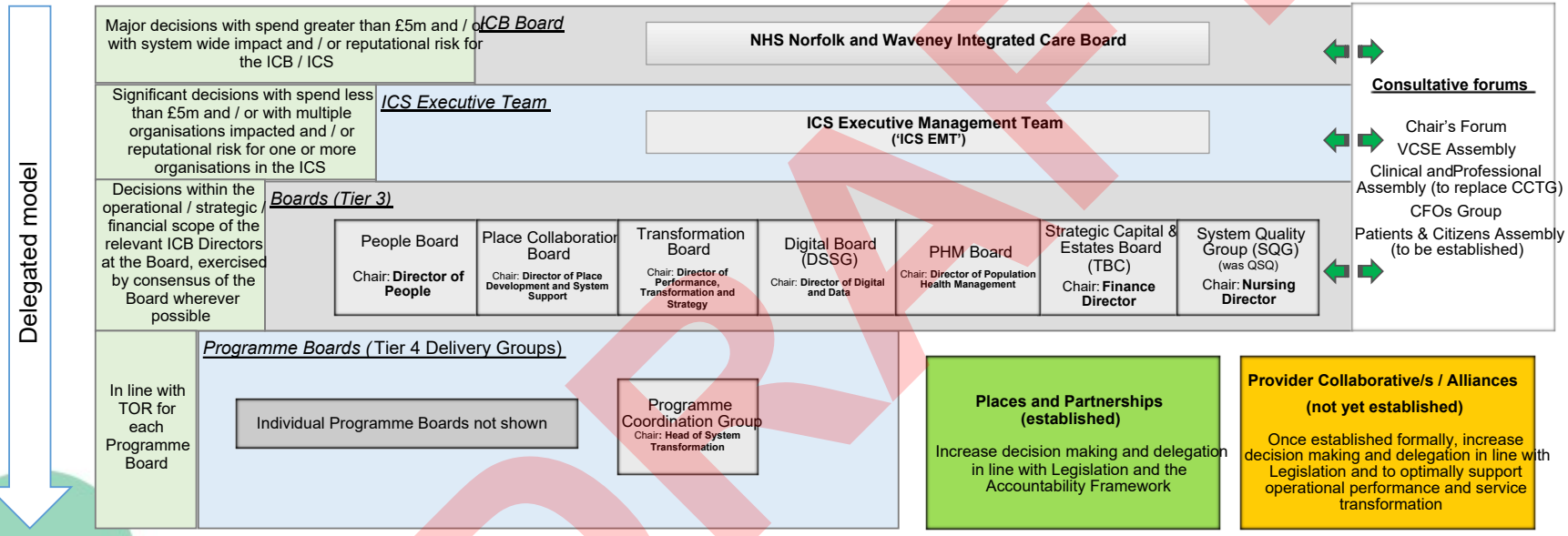
The Transformation Board will utilise a continuous improvement approach in its delegation and all members will be encouraged to review the effectiveness of the meeting at each sitting.

Date of approval:

Date of review:

Appendix 1: **ICB internal decision map – Proposed Transformation Programme Board Links**

How will decisions practically be made?



- System partners are included within the ICB's governance arrangements to promote consensus and transparency of decision making
- ***Financial Delegation*** is determined by legislation at the current time (see slide 4) and may be subject to change in the future
- As **Provider Collaboratives** and **Places** develop, they will be incorporated and this decision framework will need to be reviewed

Norfolk and Waveney
Integrated Care Board

Agenda item: 13

Subject:	**Update on the Community Services Review: feedback from the people of Norfolk and Waveney**
Presented by:	**Andrew Palmer, Director of Performance, Transformation and Strategy**
Prepared by:	**Andrew Palmer, Director of Performance, Transformation and Strategy**
Submitted to:	**N&W ICB Patients and Communities Committee**
Date:	**25 September 2023**

Purpose of paper:

To provide an update on the progress with and results of engagement with our population regarding the review of community services.

Executive Summary:

Norfolk and Waveney ICB commissioned a review of community services at the start of this financial year, with oversight via the Transformation Board. Regular updates have also been provided to the ICS EMT. The initial phase of this work was to focus on listening to staff, service users and our wider communities and this first phase has now come to an end.

The review team have also been working closely with the chairs and partner members of our Place Boards, as this work provides an important opportunity for Places to further shape the future direction of local services, which was a commitment all CEOs supported at our ICS EMT in March 2023.

This review is important. Our collective aim is to explore and agree the common outcomes that our whole population can expect, wherever you live, whilst also ensuring we can tailor services to meet the specific local needs in our Places. Critically, these outcomes will shape our approach to developing a new model of care that will underpin the successful delivery of our Integrated Care Strategy and will drive integration, prioritise prevention, address inequalities and enable resilient communities.

We are planning for a number of services to be considered 'prototypes' as this work develops, to help get into more detail on how the approach to delivering a new model of care could be best implemented so we can learn from working together and apply this more widely.

The first step in the review was to hold 1:1 discussions with stakeholders, beginning with members of the ICS EMT and Chairs of the Place Boards. We followed this with workshops for staff and latterly a series of engagement events with the people of Norfolk and Waveney. In addition to this we also incorporated feedback from our existing community voices programme and our wider engagement on the Joint Forward Plan. More information on the engagement with our communities can be found in Appendix A, including what people have told us matters the most to them. This feedback will be central to the next phase of program as we develop the case for change.

Report

Please see appendix A.

Recommendation to the Committee:

To note the report and provide any further feedback or insight from the committee and its membership.

Key Risks	
Clinical and Quality:	Not applicable, paper for information only.
Finance and Performance:	Not applicable, paper for information only.
Impact Assessment (environmental and equalities):	Not applicable, paper for information only.
Reputation:	Not applicable, paper for information only.
Legal:	Not applicable, paper for information only.
Information Governance:	Not applicable, paper for information only.
Resource Required:	Not applicable, paper for information only.
Reference document(s):	Not applicable, paper for information only.
NHS Constitution:	Not applicable, paper for information only.
Conflicts of Interest:	Not applicable, paper for information only.
Reference to relevant risk on the Board Assurance Framework	Not applicable, paper for information only.

Governance

Process/Committee approval with date(s) (as appropriate)	Not previously considered by committee but has been discussed within the Community Services Review Project Team.

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Norfolk and Waveney Integrated Care System

Lived Experience Representatives Recruitment Pack

September 2023

Patients and Communities Committee

NHS Norfolk and Waveney ICB

We're Recruiting Lived Experience Members

Could you help promote the voice of people with lived experience across the Norfolk & Waveney Integrated Care System (ICS)?

We are looking for motivated and interested individuals to join our Patients and Communities Committee, to help us make sure the voice of people with lived experience is at the centre of everything we do. One of the members will focus on promoting the voice of children and young people.

Lived experience members will be offered expenses and payment for their work. Other forms of mutual benefit can be explored where payment is not required.

For further information please email: tbc

Call: tbc

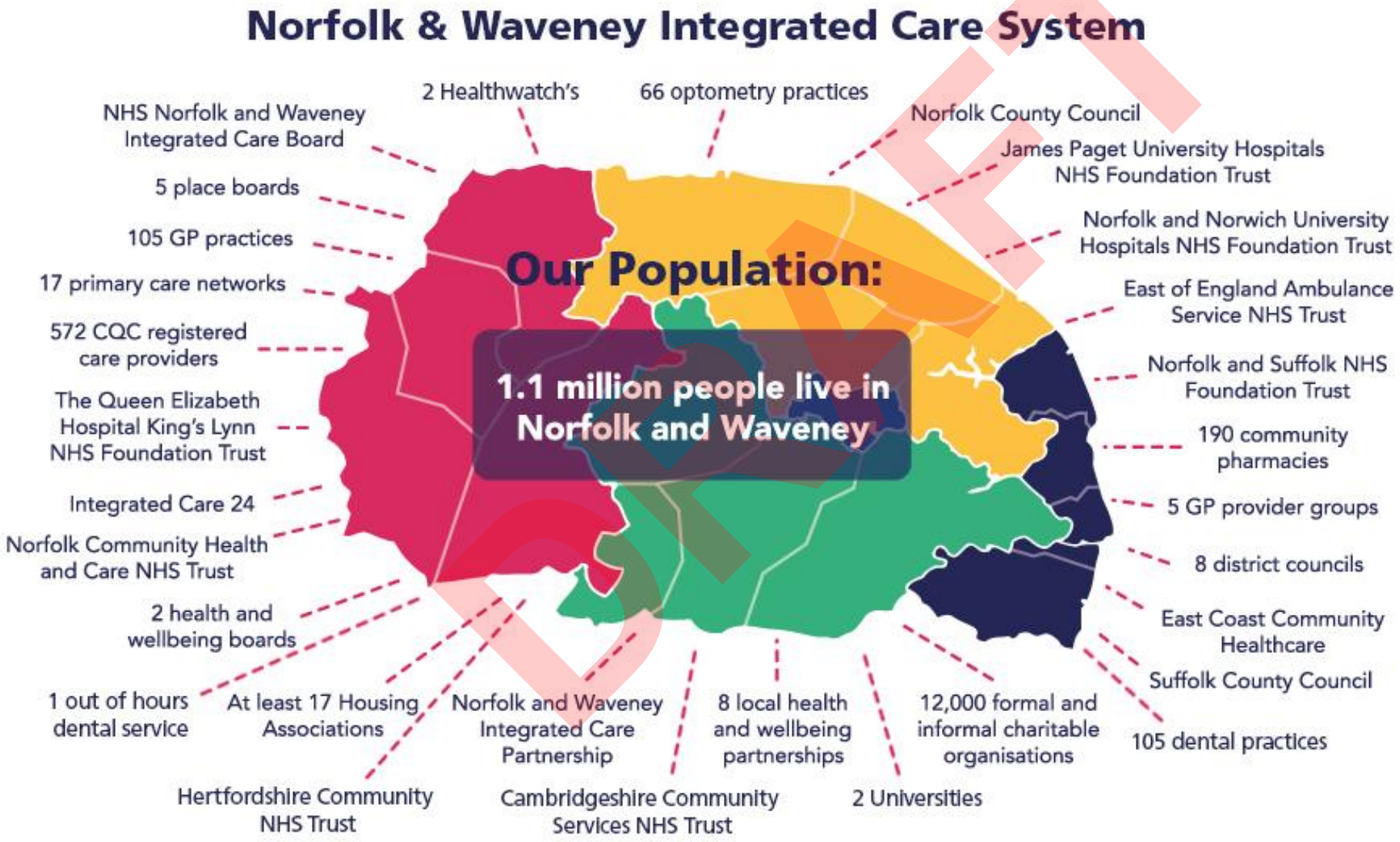
Welcome

Thank you for your interest in becoming a lived experience member of the Patients and Communities Committee for NHS Norfolk and Waveney Integrated Care Board (ICB).

NHS Norfolk and Waveney ICB plans and buys healthcare services for our local population of 1.1 million residents. We are accountable for the performance and finances of the NHS across Norfolk and Waveney – a total budget of £2 billion a year. We work with local people, health and care professionals, and partner organisations to improve the health and wellbeing of our population.

The organisation is part of the Norfolk and Waveney Integrated Care System. A system dedicated to working with partners in local government, the voluntary sector and others and helping the NHS to support broader social and economic development and to tackle inequalities in health outcomes.

Norfolk & Waveney Integrated Care System

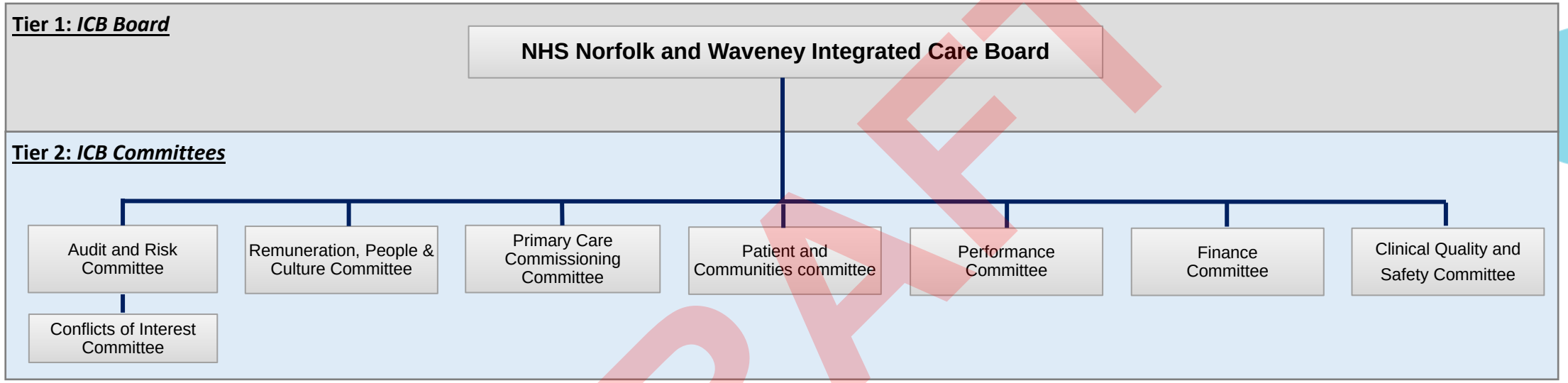


What is lived experience? Why does it matter?

Lived experience is knowledge gained by people as they live their lives, through direct involvement with everyday events. It is also the impact that social issues can have on people, such as experiences of being ill, caring for someone who is ill, accessing care, living with debt or in poor housing conditions.

NHS Norfolk and Waveney understands that the things that affect our health and wellbeing are not always related to health and care services. We are passionate about working with people and communities to ensure we all live longer, happier, and healthier lives. The only way we can do this is by working together with our system partners and with our local people and communities.

The Patients and Communities Committee is part of how we make decisions



- The ICB Board receives its assurance via the Committees and Executive Management Team (EMT)
- Scope of assurance for each Committee is set out in the ICB Governance Handbook

You can read more about the Patients and Communities Committee on our website.

What work would you be involved in?

You would attend committee meetings every other month. These will be online at first but we also plan to meet in person.

You would read the meeting papers sent to you a week before each meeting.

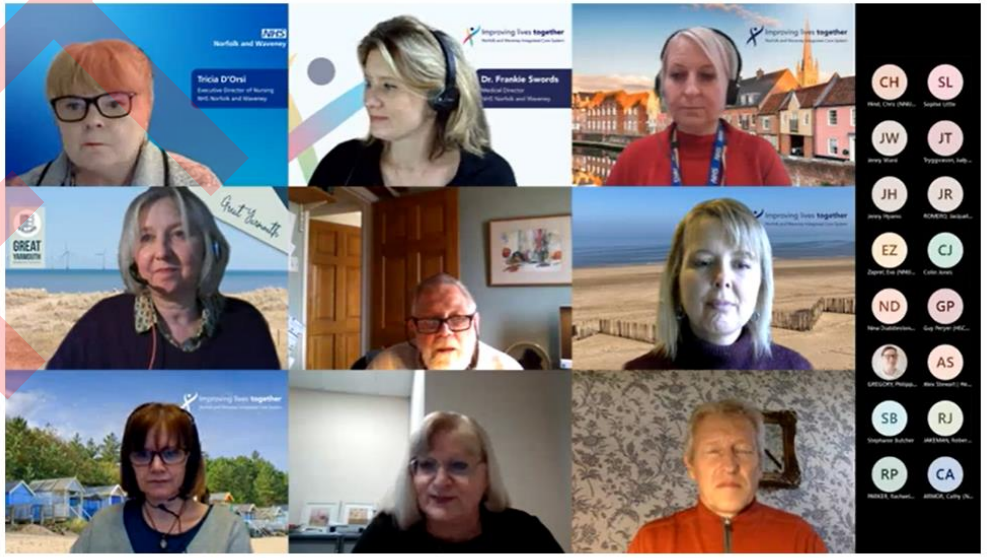
You would take part in the discussion.

You would be offered support to fully understand the information that goes through the committee, and look for the best way to get your points across.

You would be encouraged to use a range of methods to get feedback from local people and communities

Your main role on the committee is to ensure that the voice of lived experience is heard within our organisation, with the core purpose of improving services and how we plan.

The role is for an 12-month fixed period.



Norfolk and Waveney ICB Patients & Communities Committee - 23 January 2023

What are we looking for?

Skills and Experience

Candidates will need to have a genuine commitment to improving health and care services for local people. The ideal candidate will have personal or lived experience relating to local services.

As an advocate for the voice of lived experience candidates will need to have the confidence to take part in discussions with senior leaders over strategic issues and provide a carer or lay perspective. They will be willing to challenge as a 'critical friend'.

As well as drawing on personal experiences they will also need to be able to represent the views and lived experience of a diverse range of local people. It is being a constant reminder that services need to be centred around people.

Time Commitment

Our lived experience members will be expected to attend a 2-hour meeting every other month. Meeting dates will be set a year in advance.

Time will also be needed to read and understand the meeting papers. This will depend on previous experience.

Members will be encouraged to use a range of methods between meetings to understand the lived experience of others within our local population.

Members will be offered support as needed. We aim to be as flexible as possible.

What are we looking for?

Diversity and Equality of Opportunity

NHS Norfolk and Waveney values and promotes diversity and is committed to equality of opportunity for all. To help us understand if we are achieving this, we ask you to fill out an equal opportunity monitoring form as part of the application process. Please let us know if you have support needs so that we can understand how we can support you to participate fully.

We particularly welcome expressions of interest from:

- People living in the most deprived areas that Norfolk and Waveney Integrated Care System covers.
- People with protected characteristics as listed in the Equality Act (2010). These are: age, disability, gender reassignment, marriage and civil partnership, pregnancy and maternity, race.

Children and Young People

Norfolk and Waveney has one of the largest populations of older people in England. As a result the voice of children, young people and their families and carers can be much harder to hear.

We would like one of the members to focus on representing this group of people. It might be that you are a parent carer for example, or someone who works with children and young people.

We would support you to bring children & young people to committee meetings where appropriate.

How we will support you?

Training and Support

Successful candidates will:

- Be fully supported in their role and will be provided with ongoing support as needed. We will ensure that your views and feedback are heard and that you are able to take part fully in the meetings and discussions.
- Receive reasonable adjustments where possible relating to meetings and the provision of information.
- Need to be willing to receive training and attend other mandatory training sessions relevant to the role. A range of learning and development opportunities may also available to you as a member of this committee.

Expenses and Renumeration

Lived experience members will be paid in line with the NHS Norfolk and Waveney ICB Rewards and Recognition policy.

Other forms of mutual benefit can be explored where payment is not required e.g. skills development, formal recognition for volunteering.

How will we pay you?

Expenses and Renumeration

Lived experience members will be paid in line with the NHS Norfolk and Waveney ICB Rewards and Recognition policy currently being developed by NHS Norfolk and Waveney tbc.

This includes reasonable out of pocket expenses.

Involvement payments are seen by HMRC, the Job Centre and insurance companies as income, so this has implications for interested candidates who may have to pay tax or declare income that can affect their benefit or insurance pay-outs.

NHS Norfolk and Waveney has a responsibility to advise successful candidates that they should declare the income to HMRC, their insurance company or the job centre, as appropriate. This will be the responsibility of the successful candidates.

How to Apply

If you are interested in applying for the role of Lived Experience member of the Patients and Communities Committee with NHS Norfolk and Waveney, and you would like to discuss further or require help with the expression of interest process then please contact:

tbc

Please complete the expression of interest form carefully, we will rely on the information you provide in the form to assess whether you have the skills and experience required for this role.

Please send completed expression of interest forms via email to tbc

or by posting it to;

tbc
Norfolk and Waveney Integrated Care Board
County Hall
Martineau Lane
Norwich, Norfolk NR1 2DH
Please mark envelope **‘Private and Confidential’**

Application Process

- All expressions of interest received will be shortlisted by a panel.
- Applications will be assessed against the skills and experience required.
- Selection will be made on the basis of the content of the expression of interest form.
- Informal interviews will be arranged for successful applicants.
- Please note that two references will be taken up for successful applicants before starting in the role.
- All applications will receive a successful or unsuccessful notification.
- The successful notifications will include information about next steps.

Additional Information

- We would not expect individual applicants to have all capabilities and skills.
- A Disclosure and Barring Service (DBS) check may be required for this role.

Links to Relevant Resources

- Expression of Interest Form
- Equality and Diversity Form
- Role Description
- NHS Norfolk and Waveney ICB Rewards and Recognition Policy
- Norfolk and Waveney People and Communities Approach
- Link to organisation website: https://improvinglivesnw.org.uk/

We want people with lived experience to join our Patients and Communities Committee.

Improving lives **together**

Norfolk and Waveney Integrated Care System

This is how you apply

We’re Recruiting Lived Experience Representatives

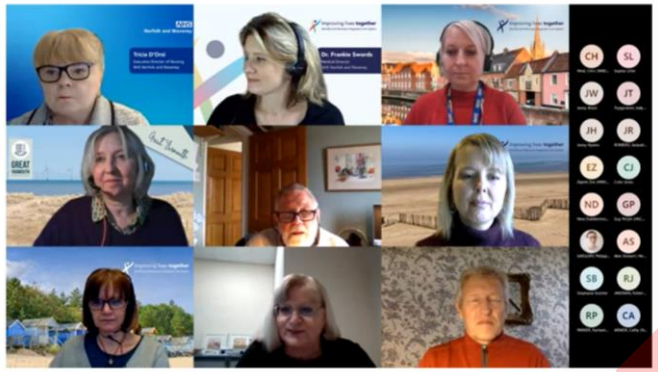
People have **lived experience** when they learn things as they live their lives through direct involvement with everyday events.

For example, experiences of **being ill**, **caring** for someone who is ill, **accessing care**, living with **debt** or in **poor housing** conditions or with a **disability**.

We want to make sure that the views of lots of different **local people** are at the centre of everything we do. We would like one of the lived experience representatives to focus on **children and young people**.

When we work in **partnership** with people the care and services they get are usually much better.

Patients and Communities Committee



Norfolk and Waveney ICB Patients & Communities Committee - 23 January 2023

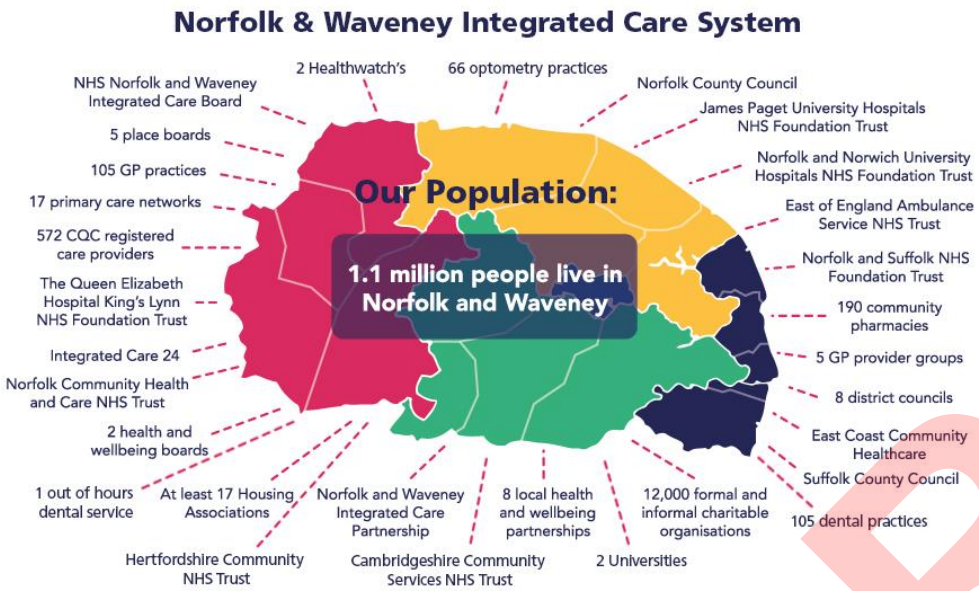
NHS
Norfolk and Waveney
Integrated Care Board

We are looking for people with lived experience to join our **Patients and Communities Committee**.

You can watch the **committee meetings** on our YouTube channel: https://www.youtube.com/playlist?list=PLkMEDfxR6n0-WQF9aQQ7TKCSrnRZ77jfy.

This committee will tell **NHS Norfolk and Waveney Integrated Care Board** that we are working with our people and communities to make care and services better.

Our Integrated Care System (ICS)



NHS Norfolk and Waveney ICB **plans and buys healthcare** services for our local residents.

The ICB is part of the Norfolk and Waveney **Integrated Care System**.

Integrated care systems are about **planning health and care service**s based on what people **need** in your area. You can read more on our easy read page:

https://improvinglivesnw.org.uk/about-us/easy-read/

What would the lived experience people on the committee do?

Go to a **2-hour meeting** every other month.

Read and understand the meeting papers.

Take part in the **discussion** during the meetings. **Listen** to others to understand the lived experience of others within our local population. You will also **share your own experiences** with people in the meeting.

How we plan to offer support

We would offer support sessions to help fully **understand** the **meeting papers**.

We will ensure that lived experience representatives **views and feedback are heard** and that they are able to **take part** fully in the meetings and discussions.

Receive **reasonable adjustments** where possible relating to meetings and the provision of information.

Payment and expenses

Lived experience representatives will be **offered involvement payments and expenses** in line with the NHS Norfolk and Waveney's Rewards and Recognitions policy (once it has been completed and approved).

No one has to take payment. We can find other forms of **mutual benefit** e.g. skills development, formal recognition for volunteering.

How to apply

- You will need to fill out an **expression of interest form.** You use this form to tell us why you want to join our committee.
- Make sure you **tell us all about yourself** so we know you have the right skills

- **Post** your form to:

  Norfolk and Waveney Integrated Care Board
  County Hall
  Martineau Lane
  Norwich, Norfolk NR1 2DH
  Please mark envelope **'Private and Confidential'**

- **Email** your form to: tbc
- You must send us your form by ADD DATE

How to apply

- If you would like to speak to someone to find out more before you apply you can call us or email us to arrange it.

- **Email**: tbc

- **Phone:** 01603 XXXXXX

What happens next?

- When we have all the applications we will make a smaller list of people we want to interview called a **shortlist** .

- If we think you have the **right skills** we will ask you for an **interview.**

- If we **do not** think you have the **right skills** we will tell you by telephone.

What happens next?

- You can tell us if you need any **reasonable adjustments** or **support** to help you at an interview

- We might want to ask for **references**. This is when we talk to **people who know you** to ask about the skills you have.

- We might want to do a **Disclosure and Barring Service (DBS) check** on you for this role. This is where we check if you have a **criminal record**.

Here are some useful links

- Expression of Interest Form
- Equality and Diversity Form
- Role Description
- NHS Norfolk and Waveney ICB Rewards and Recognition Policy
- Easy Read - How we work with People and Communities
- Easy Read pages – NHS Norfolk and Waveney Website

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Thank you