

Patients & Communities Committee

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

Virtual

Agenda

15:00 - 15:00 **Meeting Agenda**

0 min

00. Patients and Communities Committee - November - Final.pdf (2 pages)

15:00 - 15:00 **1. Chair's Welcome and Apologies for Absence**

0 min

Aliona Derrett

15:00 - 15:00 **2. Declarations of Interest**

0 min

Aliona Derrett

To declare and interests specific to agenda items

For noting

02. ICB patients and communities committeeRegister.pdf (3 pages)

15:00 - 15:00 **3. Minutes from Previous Meeting and Matters Arising**

0 min

Aliona Derrett

To approve the minutes of the previous meeting (25.9.23)

For approval

03. NW ICB PC Committee Minutes 25.9.23 DRAFT v2.pdf (14 pages)

15:00 - 15:00 **4. Action Log**

0 min

Aliona Derrett

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

For review, update, and approval

04. Action Log.pdf (1 pages)

15:00 - 15:00 **5. Spotlight on: Primary Care including: General Practice, Dentistry, Pharmacy, and Optometry**

0 min

Sadie Parker

For discussion and noting

05. 23-11-27 PCC spotlight on PC.pdf (15 pages)

15:00 - 15:00 **6. Update on Planned and Elective Care**

Parker Rachael
24/11/2023 10:48:29

0 min

Sheila Glenn

For discussion and noting

15:00 - 15:00 7. Ageing Well Programme Board - Terms of Reference

0 min

Decision

Sheila Glenn

 07. Ageing Well ToR Programme Board V1.7 clean.pdf (9 pages)

15:00 - 15:00 8. Healthwatch Norfolk Update

0 min

Alex Stewart

For discussion and noting

 08. HWN PCC Report - November 23.pdf (11 pages)

15:00 - 15:00 9. Complaints Report

0 min

Karen Barker, Jon Punt

For discussion and noting

 09. November 2023 P&C Committee report v1.pdf (5 pages)


15:00 - 15:00 10. Population Health and Inequalities Board Report

0 min

Mark Burgis

For review and noting

 10. 2023.10.10_PHI Board Report Cover Sheet FS.pdf (2 pages)

 10a 2023.10.10_PHI Board Assurance-EscalationsvFS.pdf (2 pages)

15:00 - 15:00 11. Community Voices Update

0 min

Shelley Ames, Rebecca Champion, Rob Jakeman, Amrita Kulkarni

For discussion and noting

 11. Cover sheet Community Voices final- 27.11.23.pdf (4 pages)

 11a Community Voices update- PCC 27.11.23.pdf (15 pages)

15:00 - 15:00 12. Norfolk & Waveney ICB Communications and Engagement Forward Plan

0 min

Emily Arbon, Rebecca Champion

For noting

 12. joint C&E Forward Plan - November 2023 - FINAL.pdf (4 pages)

 12a Appendix 1 - Master ICB forward plan 23-24 V0.1.pdf (11 pages)

15:00 - 15:00 13. Norfolk & Waveney ICS Communications and Engagement Group Update

0 min

Emily Arbon, Rebecca Champion

For noting, review and approval

Parker Rachael
24/11/2023 10:48:29


15:00 - 15:00 14. Any Other Business

0 min

Aliona Derrett

15:00 - 15:00 15. For Information

0 min

 For information - HWS Projects update - November 2023_NW.pdf (8 pages)

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

Monday 27 November 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 <i>For noting</i>	Chair
3		Minutes from previous meeting and matters arising To approve the minutes of the previous meeting (25.9.23) <i>For approval</i>	Chair
4		Action log To note any outstanding actions from the previous meeting not yet completed <i>For review, update, and approval</i>	Chair
5	15:10	Standing Item: Spotlight on: Primary Care including General Practice, Dentistry, Pharmacy and Optometry <ul style="list-style-type: none"> 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 	Sadie Parker
6	15:40	Update on Planned and Elective Care <i>For noting</i>	Sheila Glenn
7	15:50	Ageing Well Programme Board – Terms of Reference <i>For approval</i>	Sheila Glenn
8	15:55	Healthwatch Updates <i>For discussion and noting</i>	Alex Stewart
9	16:00	Complaints Report <i>For discussion and noting</i>	Karen Barker & Jon Punt
10	16:15	Population Health and Inequalities Board Report <i>For review and noting</i>	Mark Burgis
11	16:25	Community Voices Update <i>For discussion and noting</i>	Amrita Kulkarni, Shelley Ames, Rob Jakeman & Rebecca Champion
12	16:40	Norfolk & Waveney ICB Communications and Engagement Forward Plan <i>For noting</i>	Emily Arbon & Rebecca Champion
13		Norfolk & Waveney ICS Communications and Engagement Group Update <i>For noting, review, and approval</i>	Emily Arbon & Rebecca Champion

Item	Time	Agenda Item	Lead
.14	16:55	Any other business	Chair
		For Information: <ul style="list-style-type: none">Healthwatch Suffolk Update	

Date, time and venue of next meeting: Monday 22 January 2024, 1500-1700hrs via MS Teams
Any queries or items for the next agenda please contact: rachael.parker9@nhs.net

Parker Rachael
24/11/2023 10:48:29

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				Nature of Interest	Date of Interest		Action taken to mitigate risk
			Financial Interests	Non-Financial Professional Interests	Non-Financial Personal Interests	Is the interest direct or indirect?		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	

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		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	<i>Will be removed in Nov 23</i> 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

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		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
TBC Jon Fox										

NHS Norfolk and Waveney Integrated Care Board
DRAFT Minutes of the Patients and Communities meeting
Held on Monday 25 September 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
- Suzanne Meredith (SM) Deputy Director of Public Health, Norfolk County Council and Associate Director of Population Health Management, NHS Norfolk and Waveney Integrated Care Board
- Alex Stewart (AS), Chief Executive, Heathwatch Norfolk
- 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
- Dr Frankie Swords, Executive Medical Director, NHS Norfolk and Waveney Integrated Care Board

Participants and observers in attendance:

- Paul Hemingway (PH), Associate Director of Comms and Engagement, NHS Norfolk and Waveney Integrated Care Board for item 11
- Sheila Glenn, Director of Planned Care, NHS Norfolk and Waveney Integrated Care Board for item 6
- Daniel Williams, VCSE Partnering Lead, NHS Norfolk and Waveney Integrated Care Board for item 10
- Ian Riley, Director of Digital and Data, NHS Norfolk and Waveney Integrated Care Board for item 9
- Andrew Palmer, Executive Director of Performance, Transformation and Strategy and Deputy CEO, NHS Norfolk and Waveney Integrated Care Board for items 12 and 13
- Karin Bryant, Associate Director of Commissining, NHS Norfolk and Waveney Integrated Care Board
- Shelley Ames, Senior Integration and Partnerships Manager, NHS Norfolk and Waveney Integrated Care Board

Attending to support the meeting:

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

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1.	Chairs welcome and apologies for absence	
	<p>Aliona Derrett (AD) welcomed everyone to the meeting. AD explained there had been some last minute updates to today's agenda and some items had been deferred to the next meeting.</p> <p>Apologies for absence had been received from Andy Yacoub, Emma Ratzer, Stuart Lines and Jon Punt.</p>	
2.	Declarations of Interest	
	None declared	
3.	Agree Minutes from the Previous meeting and Matters Arising	
	<p>The minutes were reviewed and approved as an accurate account of the meeting.</p> <p>Matter Arising:</p> <p>i. Community Voices Update: Alex Stewart (AS) asked in relation to the delivery outcomes and the 1300 conversations / responses highlighted in the presentation, were these from across Norfolk and Waveney (N&W) and were they being analysed. Paula Boyce (PB) confirmed the conversations where across N&W and analysis was underway.</p> <p>ii. Children and Young People Update: AD asked for it to be noted on both the action log and forward planner that the CYP team will provide an update at a future meeting on service user or patients feedback in terms of progress made, impact and outcomes for our residents.</p> <p>Action: Future CYP update to be added to action log and forward planner</p>	RP
4.	Action Log	
	The action log was reviewed and the updates added to the log accordingly.	
5.	Healthwatch Updates	
	<p>AD welcomed Alex Stewart from Healthwatch Norfolk (HWN) to the meeting to update on Healthwatch Norfolk activity. An update had already been circulated to the committee which was taken as read.</p> <p>AD invited questions from the committee.</p> <p>Dr Frankie Swords (FS) highlighted that it would be helpful to know in advance when HWN reports were being published to ensure they receive the attention and scrutiny they deserve. AD agreed and asked how the reports are being fed into the system for the system to consider. Using the 'Three hospitals, three weeks' project as an example, AS responded that the Chief Executives of each acute trust had received their relevant report and a final report was being prepared, which would be taken to the Urgent and Emergency Care Board, and also the Committees in Common meeting for the three trusts.</p>	

	<p>AS provided a brief overview of the 'Three hospitals, three weeks' report and highlighted there is no particularly bad news in any of the trusts, once people are in the system they are quite content and recognise there have been delays and cancellations for a myriad of reasons. The next phase of the 'Three Hospitals' project will be to undertake a piece of work linked to waiting lists in terms of communication with the public, and whether patients are being kept informed and updated whilst they wait for their appointment or procedure.</p> <p>MB agreed with FS and AD comments and thanked AS and the Healthwatch Norfolk team for the way the project has been managed, adding it was very well received by the hospitals and was a good example of collaboration across multiple sectors.</p> <p>Tracy Williams (TW) commented about the insights from the reports and how they can be disseminated across the system, and also support for place based working and collaboration and what the needs are at place. TW was keen to ensure these elements were looped into this work.</p> <p>AD thanked AS for the update, and the HWN team for their work, and asked AS that for future updates, anything which is important for the committee to note and take forward should be highlighted to the committee.</p> <p>Unfortunately Healthwatch Suffolk (HWS) were unable to attend this meeting however an update regarding a survey for asthmatic young people (11+) and parents and carers of children with asthma (aged 5-18) in Waveney had been circulated in advance of the meeting. AD asked AS whether the survey was specific to Suffolk and Waveney, or if Norfolk was included too. AS responded it was specific to Waveney; it was not being looked at in Norfolk as it hadn't been an issue raised by residents. AD commented that HWS will be asked to provide an update on the outcome of the survey at the next meeting.</p> <p>TW added that in relation to asthma and children and young people, N&W had been successful in it's Core20PLUS community connector application, and the focus will be predominantly children and young people and long term conditions, with asthma being one of those. TW hoped to be able to bring an update to the committee in due course, once the work had been scoped out.</p> <p>Paul Hemingway (PH) added that the ICB comms and engagement team were helping HWS with the engagement work for the asthma survey. Engagement will be via social media and offline events, forums and focus groups in the Great Yarmouth and Waveney area.</p> <p>Action: HWS to provide an update on the asthma survey at November's committee</p> <p>Forward Planner: Core20PLUS update re: children and young people and long term conditions to be added to forward planner (TW to confirm approximate date when update will be ready)</p>	<p>AY</p>
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6.	Spotlight on: JFP Older People - Ageing Well Ambition Update	
	<p>AD welcomed Sheila Glenn (SG), the ICB Director of Planned Care, to the meeting. A paper had already been circulated to the committee which was taken as read.</p> <p>SG outlined the current position in relation to the development of the vision and strategy for Ageing Well in N&W and the key work undertaken to date, including stakeholder engagement with older residents, a review of current best practice and national recommendations.</p> <p>The programme will broadly categorise older people and associated interventions into three stages of ageing:</p> <ul style="list-style-type: none"> • 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. <p>SG highlighted 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:</p> <ol style="list-style-type: none"> 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. <p>SG added that work is ongoing to map all current services which will be brought together by the new Ageing Well Programme board, through which the Ageing Well strategy will be co-created, by the end of December 2023, with a road map for implementation by end of March 2024.</p> <p>AD thanked SG for the update and invited questions from the committee.</p> <p>Suzanne Meredith (SM) commented that this is a really important and complex piece of work, and vitally important for the N&W system in terms of all the data and information about the N&W population and health needs, and how we plan for the future. From a public health, and also a prevention perspective and supporting healthy behaviours, SM is very supportive of this work. From a population health management perspective too there are many crossovers and links with many areas of the N&W system.</p> <p>TW agreed with SM comments and, reflecting on the number of strategies which are currently underway (Ageing Well, Population Health Management, Primary Care), TW queried whether there were opportunities to join up some of the engagement activities. SG agreed with TW and explained the strategies would be mapped to</p>	

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	<p>understand what is already in place, e.g. Norfolk Community Health and Care has an older people strategy, so there will be work to bring the strategies together and understand where there is overlap, and to ensure we are moving in the same direction.</p> <p>Paula Boyce (PB), as representative of the eight health and wellbeing partnerships, offered support for this important work and agreed that having a framework overview will help pull everything together.</p> <p>Cathy Armor (CA) asked SG how a fit and well person entering older age, and not going to the GP or accessing voluntary services, would be reached by the strategy to prevent them from becoming unwell and entering the health system. FS responded that was the reason for dividing the population into the three cohorts (i. entering old age, ii. Transitional phase, iii. Frailer older people). One of the key messages which came through in the stakeholder engagement workshops was the need to get in early and plan ahead. FS gave an example of a person who had a Dementia diagnosis but was still living completely independently and working full-time, but had experienced a few early issues, they will want to know in advance what's going to happen in two, five, ten years' time. FS explained the process and framework would help to identify and reach out to those patients.</p> <p>It was noted in SG report that 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%. AD asked for further details about this figure and how it was determined. SM said it would be easier if the slides that show this detail were circulated with the meeting minutes.</p> <p>AD thanked SG and her team for the work to date.</p> <p>Action: SM to provide RP with the modelling slides for circulation with the minutes</p>	SM / RP
7.	<p>Changes to the Prescribing Over the Counter Medicines and Clinical Threshold Policies</p> <p>AD invited Dr Frankie Swords (FS) to present this item; a paper had been circulated prior to the meeting and was taken as read.</p> <p>FS noted the financial challenges the NHS was facing and the duty is has to make the very best use of every pound of funding. In light of this FS highlighted two pieces of work ongoing, the first is to look at medicines and the second is looking at procedures, operations etc. FS wanted to use the opportunity of this committee to ensure people understood why and how this work is being done.</p> <p>AD thanked FS for the update and invited questions from the committee. AD began by asking, in terms of paracetamol will there be other medication that you can't get over the counter on prescription. FS responded that there were and they will be cheaper if you're not paying the prescription, they're cheaper to buy over the counter, however there are people who are exempt from paying for their prescription because of their benefit packages. AD went on to ask what the impact will be on patients who currently do not pay for their prescriptions but they may be getting medication on that prescription that can be bought over the counter (AD was thinking about people not being able to afford a basic medication). FS admitted that actually paracetamol was</p>	

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	<p>a bad example as it wasn't on the list of things being stopped. However laxatives was a good example and if someone is living with chronic pain and they're on a lot of medication for their pain, and as a consequence they need to have a laxative as part of their treatment, it would still be part of their treatment. Conversely, if someone presented with simple constipation they would be recommended apple juice or prunes – the common sense approach.</p> <p>AD asked FS another question regarding aesthetic / cosmetic breast surgery and the provision for members of our community who may need it because of gender reassignment, or will that be considered on a case by case basis. FS responded by explaining that gender services are governed separately though specialist commissioning. This means they are nationally commissioned and you have to go through a specialist gender clinic. FS went on to give some examples of when patients may be exempt from the specialist commissioning policy for example trauma following a car accident or cancer surgery. FS also touched on Individual Funding Request (IFR) for patients with exceptional circumstances who don't fall into the standard categories.</p> <p>Tracy Williams (TW) commented in relation to over the counter medicines it would be appreciated if primary care could have support for the challenging conversations with patients, and also the underserved communities that wouldn't have the funds to purchase items over the counter. FS agreed with TW and confirmed there was support for primary care colleagues both in terms of the rules and regulations and also with patient communications.</p> <p>CA queried what the process is if an item is not covered currently but there is a demand for it e.g. excess skin removal following bariatric surgery. FS responded that if five IFR requests are received this will trigger a commissioning review to see if those five cases are all exceptional. FS also advised that Public Health consultants are involved, looking at the public health impact of the treatment as well as the cost of the treatment to help guide whether a commissioning decision is required.</p> <p>AD thanked FS and her team for all the work in relation to this item.</p>	
8.	Complaints Report	
	<p>AD invited Mark Burgis (MB) to present the complaints report which had been circulated prior to the meeting and was taken as read. MB explained that Jon Punt, ICB Complaints Manager was unfortunately unable to attend today's meeting due to sickness.</p> <p>MB highlighted the report was high level and suggested the committee may want to explore some areas in more detail at future meetings. The report highlights complaints and also common themes or issues that are raised to the ICB including GP access to appointments, access to dentistry, waiting times for elective surgery, vaccinations, and continuing healthcare. MB welcomed the committee's views and thoughts on any particular area to focus on.</p> <p>AD was very curious to find out more about complaints regarding GP access and what exactly do we mean by that. AD was keen to have a breakdown of queries for GP access and continuing healthcare. Secondly, AD was keen to understand how</p>	

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	<p>the complaints team actually influences, impacts and informs the system development work. AD asked for these two areas to be covered in the next report.</p> <p>MB responded that the complaints team is very good at linking with the ICB commissioning teams to highlight information and in many cases, when the complaints are raised, it is these teams who investigate and provide the complaints teams with the information to respond to queries.</p> <p>Paul Hemingway (PH) added the complaints team is providing the comms and engagement team on a weekly basis, a very broad summary of some of the queries and complaints being received, whether it's topical or time based e.g vaccination eligibility. The comms and engagement team then use the information to either update policies or information on the website, to try and minimise the number of further queries that might be received on a particular issue or subject. AD thanked PH for this information and suggested informing the public further about the current services available and how they are delivered.</p> <p>Action:</p> <ol style="list-style-type: none"> 1. JP to provide a breakdown of queries relating to GP access and continuing healthcare to include explanation of what GP access means and how is that broken down into different areas (e.g. does that mean accessibility, face to face vs telephone vs virtual) to help the committee understand exactly what the queries were about. The committee would also like to understand how the complaints team actually influences, impacts and informs the system development work piece. 2. Explain how the commissioning teams link to the quality team, what is commissioned and how they are performing in terms of quality 	<p>JP</p> <p>MB</p>
9.	Progress on Digital Transformation Initiatives	
	<p>AD welcomed Ian Riley (IR) the ICB Director of Digital and Data to the meeting. A paper had already been circulated to the committee which was taken as read.</p> <p>IR began by explaining that his role also includes working across the ICS, trying to bring providers together and help improve digital maturity. The digital strategy was launched 12 months ago, the key aims of the strategy include:</p> <ul style="list-style-type: none"> • 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. <p>IR is conscious as more is rolled out in the digital space that our patients and citizens are not left behind or digitally excluded.</p>	

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AD invited questions from the committee and began by making the following observations:

- Routine prescription requests via the NHS app is not always working and you have to go via the GP website or visit the practice to make the request.
- Single electronic patient record across all three acutes – why not the other healthcare providers?
- Virtual wards (VW) – will the Queen Elizabeth Hospital be starting the VW programme?

In addition to the above, CA was keen for further information regarding EEAST and a national solution to the high number of records they have to potentially look at for patients.

In response to AD and CA queries, IR acknowledged the frustrations with the NHS app, but it is still in development and is improving all the time, Work is also ongoing with practices and encouraging patient sign up. In relation to the EPR, IR agreed it would be good to join all healthcare providers together but this isn't possible at the moment, however there are national moves to try and change that with Mid and South Essex testing the market in terms of one system covering everything.

IR asked FS to respond to AD's query regarding virtual wards. FS advised that the QEH was at a slightly different place and had a different history to that of the NNUH and JPUH. But it is now live and they are using 'homelink' to provide their care in people's homes. The new 'step up' model supports people at home instead of an admission to hospital. After an admission to hospital a patient goes home earlier and is supported by the virtual ward and that is called 'step down'. The new step up virtual ward went live in central Norfolk on 18 September and is extending to the west week commencing 2 October. The service is fully integrated between NCHC community team and the QEH team. FS added that all virtual wards use the same IT platform so whichever one a patient has been admitted to, IC24 will be able to review those records.

In response to CA question regarding EEAST, IR agreed that EEAST has struggled because of the number of IT systems used across the East of England, however there is work ongoing nationally looking at the interoperability of the systems, meaning the different systems can 'talk' to each other. The ambulance service is also looking at the National Record Locator which is another method of obtaining data. There are conversations taking place more locally as well, linked to Waveney practices and also with SNEE, our neighboring ICS, which has a completely different system to N&W.

In relation to the RESPECT form, particularly for palliative care patients, AD asked how we ensure that if a patient does have a respect form, how will each provider know what care and treatment to give that patient. FS responded that the key is the shared care record as that is what is shared between the different providers. A digitised RESPECT form is being produced and will shortly be included on the shared care record, but currently it's referenced within SystmOne (within GP records). FS added the RESPECT form is carried by the patient.

AD thanked IR for the update and for the work that he and his team are doing in relation to digital transformation.

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10.	Integration with VCSE Update	
	<p>AD welcomed Daniel Williams (DW) the ICB VCSE Partnering Lead to the meeting.</p> <p>DW introduced himself and explained he had been the VSCE Partnerhing Lead for the past six months. DW's background is almost entirely VCSE based in Norfolk. DW gave an overview of the past six months work however it was noted that this was an extension of the work which had taken place prior to the formation of the ICS. The VCSE Assembly has been chaired by Emma Ratzer MBE since May 2021. The following points were noted from DW presentation:</p> <ul style="list-style-type: none"> • The original ambitions of the N&W VCSE Assembly were: <ul style="list-style-type: none"> - To provide a VCSE engagement forum across N&W, with a focus on health inequalities and prevention, and with connection at neighbourhood, place and system levels - To provide a mechanism to support collaborative design of services and the capability to respond to emerging needs - To increase influence and participation of VCSE organisations and groups in the design and delivery of health and care services within the ICS • N&W is one of only two ICBs in the country with a VCSE chair sitting on the main ICB Board with full voting rights • Important to get right the resourcing and lead officer a Place. ICB and ICS partners have really informed VCSE next steps and joint working is fundamental, and developing a shared common purpose • Road map for the VCSE was approved and published in July 2023 but is currently awaiting ICB EMT decision regarding the actions and resource required to undertake the next steps. Main change is the structural request of a second tier of operational management which is where the place leaders will come together along with health inequalities, commissioning and comms and engagement leads <p>AD thanked DW for the update and invited questions from the committee.</p> <p>AS liked the concept of the voluntary sector partnerships but commented that had been going for a number of years and AS still didn't understand what outcomes had happened as a result of it. It seems a very expensive, well meaning and laudable piece of work but without any outcomes. AS was concerned it will just become another talking shop from a public perspective, and another layer of management.</p> <p>DW responded that this model had actually only been running for just over a year with place leads in situ, and the place leads have been working to try and interpret the shared agenda at place and to a build a strong working partnership. MB acknowledged that although AS had made a fair challenge, we are an Integrated Care Board now which is different to being a CCG. The ambition is high and rightly so, and there is support to really push the agenda forward.</p> <p>PB commented that she was still waiting to see and understand the value of the VCSE Assembly. From a Great Yarmouth Health & Wellbeing Partnership (HWP) and Waveney HWP (Great Yarmouth & Waveney Place) perspective, it hasn't to date added value into what is a complex system of local commissioned providers. She recognised however that the eight Health and Wellbeing Partnerships are all at a slightly different places in their formation and maturity and as such, they all have, in</p>	

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different quantities, VCSE sector partners within their HWPs already. PB reminded the Committee that it would be helpful to be clear when or if this is an ICB resource and/or when it is an ICS resource. The two things are quite different but tend to be, at times, referred to as the same. She clarified that VCSE partners are already in our eight Health and Wellbeing Partnerships as part of the NHS Norfolk & Waveney ICS.

PB second point is, where does that leave the district, borough and city councils who are facilitating and co-ordinating Health and Wellbeing Partnerships, i.e. each knowing their local communities and trusted VCSEs within the place at district level. PB added that within the local government partners of the ICS, tax payers money is being spent on resources and capacity to deliver non-clinical preventative support services for and with communities already. Whilst health is not a statutory function for district councils, she believed each is keen to work within the ICS and collaborate at a local level with VCSEs. PB felt there may be duplication in this regard with the VCSE Assembly.

AD challenged PB on her comment regarding district councils knowing the providers in their patch as not everyone does. There are providers who deliver regular work across various district councils but they are not engaged with the H&W Partnerships and the VCSE representatives on the H&W Partnerships do not necessarily communicate with the wider VCSE provider group.

AD queried how DW had engaged with the VCSE sector in terms of producing the road map. There are 12,000 overall community groups however not every group is involved in healthcare, but AD shared concerns regarding the level of engagement and how that actually contributed to the development of the roadmap.

TW shared her reflections of where it does work well at place level from the perspective of the Norwich Place Board which she chairs, in particular when there are those good relationships and collaborations. From the Norwich locality, DW has provided an excellent level of support to colleagues in the ICB and across the wider sector. TW reflected on the importance of getting the road map right strategically, but also thinking about what works well where, and how that good practice can be shared across the system.

DW thanked TW for the endorsement and responded to ADs comments regarding the VCSE sector engagement and the roadmap. DW advised the VCSE sector consulted on the Assembly road map over a limited time period, but it was fairly well attended with probably about 30-40 attendees at a strategic review session which had been held at the end of June. During the session the VCSE organisations in attendance were asked for their thoughts on future Assembly agenda items for working in partnership, and also around quality and what wasn't working.

Due to a technical issue DW had to leave and rejoin the meeting. The discussion continued in DW absence.

AD reflected that the voluntary sector definitely has a place and role to play in taking the agenda forward with lots of preventative and early intervention work being undertaken by the sector. The Joint Forward Plan clarifies that prevention and intervention definitely should be a golden thread through everything we do, so there's no doubt that the sector should be playing a key role in it. However, we must ensure we improve the way it works, for example all the interlinks that PB referred to, and there must be no duplication. It's also about ensuring we're actually inclusive of the VCSE sector and opening opportunities to the sector overall. If the sector doesn't

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	<p>want to engage (or individual organisations), that's fine and that is their choice. But let's not restrict the engagement just because we do not approach them or give them the opportunities.</p> <p>As DW was unable to rejoin before the end of this item, AD asked MB to pass on her thoughts to DW that we just need to clarify things and make it work, but resource does need to be allocated too to make it work.</p> <p>AD thanked DW for joining the meeting and for all his work thus far. AD also thanked members of the committee who raised issues adding they are fundamental issues to resolve to be able to take this forward properly.</p> <p>Action: MB to pass on AD thoughts to DW around clarifying issues and improving engagement with the VCSE sector</p>	MB
11.	Communications and Engagement Update	
	<p>AD invited Paul Hemingway (PH) the ICB Associate Director of Comms and Engagement to provide an update.</p> <p>PH began by noting the draft recruitment packs for the lived experience representatives had already been circulated with the agenda pack; they were nearly finalised but if anyone had any comments on either pack then please contact PH directly.</p> <p>PH advised the next in-person meeting of the N&W Communications and Engagement (C&E) Group is taking place on 11 October. One of agenda items will be the Terms of Reference for the group which has been running for around a year and a half. There have been several meetings across the system relating to comms and engagement, to align efforts and reduce duplication. Now that the Patients and Communities Committee is established, one of the key elements is ensuring the committee get the assurance and the reporting mechanisms it needs to be able to understand what the comms and engagement group is focussing on as a system.</p> <p>The Terms of Reference will be reviewed at the meeting on 11 October and once agreed they will be brought to the Patients and Communities Committee for final review and endorsement, after which the reporting arrangements between the C&E group and the committee will be formalised.</p> <p>PH invited questions from the committee.</p> <p>AS commented we must be cautious and ensure there isn't an expectation that the C&E group will do the work of the ICB or the ICS; members of the group are partnering organisation that will help were they can. PH responded and offered reassurance that the group comes together as collectives to share what everyone is doing, what plans are in place, to prevent duplication, and generally working together as a system to generate the same key messages.</p> <p>AD thanked PH for the update.</p>	
12.	Transformation Board Update	

AD welcomed Andrew Palmer (AP) Executive Director of Performance, Transformation and Strategy and Deputy CEO for the ICB to the meeting. A paper had already been circulated to the committee which was taken as read.

AP highlighted this was the first report from the Transformation Board to come to the Patients and Communities Committee. The key areas of focus have been:

- Norfolk and Waveney ICS Integrated Care Strategy
- Joint Forward Plan (JFP)
- Strategy alignment and the Clinical Strategy in particular
- Improving Lives Together (ILT) programme
- Community Services Review (CSR)
- Transition of the commissioning of services from NHSE to the ICB
- 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 the Patients and Communities Committee in January, May and September 2024.

AD thanked AP for the update and invited questions from the committee.

FS advised that the Health Inequalities Strategy could be removed from the Transformation Board forward planner as this was being picked by TW and the Health Inequalities Oversight Group, which reports to the Population Health and Inequalities Board. AP acknowledged FS comment and advised TW that she was welcome to attend the Transformation Board if there was ever a time she needed space with senior system partners to talk about the health inequalities work, and how it aligns with the work of the Transformation Board.

Karin Bryant (KB) commented on how helpful the Transformation Board will be in terms of bringing all the potential silos together and in one place, thus enabling cross sector discussion. However KB felt there would be benefit in promoting further the work of the Board throughout the ICS.

AD asked in terms of the future work plan and the JFP, whether there was an implementation plan which supports the JFP. AP confirmed work had begun on an implementation plan and suggested returning to the committee to present a progress review in quarter four of this financial year (January to March 2024). AP added that at that time it will also be helpful to get the committee's view and reflections on whether the eight ambitions are still right or whether they need to change. AD reminded AP that it was important to remember that in all the reviews, the feedback we receive from residents must be taken into account

GA asked a question in relation to the feedback received from residents, which was very low in relation to the size of the population in N&W, and how can we be sure the feedback is representative, how is it all triangulated. AP responded that although the

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	<p>Transformation Board is functioning at the moment, longer term there's a possibility it could no longer exist and everything will be led through a more localised way of working. The Transformation Board is trying to make use of the existing feedback from our communities and not create any new feedback mechanisms because that's time consuming and there is a risk of duplication.</p> <p>AP added the workshops are not being used to show any significant statistical feedback but they do add another dimension to what is already known, and if we take everything that we hear from people then common messages can be seen. AP also highlighted the Integrated Care Patient Survey which will be mandated from 2025/26 and is a national survey for patients and their carers of how they experience integrated care. The ICB is exploring if there's an opportunity for the N&W to be involved at an early stage.</p> <p>AD thanked AP updating on the work of the Transformation Board to date.</p>	
13.	Community Services Review Update	
	<p>AD invited Andrew Palmer (AP) to update on the Community Services Review (CSR). A paper had already been circulated to the committee which was taken as read.</p> <p>AP highlighted the review is broad and wide ranging and it was important to note the first stage had been a listening exercise, hearing about the experiences of our staff, communities and people who use our services. Future phases of the review will consider how might services be provided differently.</p> <p>Key themes from the workshops which had taken place included:</p> <ul style="list-style-type: none"> • Improving join up of care, information sharing - telling your story once - came across strongly • The expectation that providers and organisations communicate and collaborate better with each other • To die in dignity, with the care and support to remain at home with loved ones or choosing the place of death • Voluntary sector involvement and how do we ensure those people working closest with our patients and our communities are involved • Moving money and resources to support the development of place and more localised service design <p>AD thanked AP for the update and reflected on some of the CSR workshops that she attended. AD commented there were lots of professionals animating rather than residents, so AD was unsure how representative that was in terms of actual engagement with the wider population. AD asked for a reality check at some point to ensure we are still up to date with what residents think will be good.</p> <p>AD asked AP for a synopsis of where the CSR goes next e.g. when will the decision making processes take place. AP responded that the next stage is to set up a project board which will include a broad membership - it will not be an ICB based project. This board will then manage the business of the design work. There had already been interest from a number of partners about the areas they would like to put in scope and suggestions on how things can be done differently.</p>	

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	<p>AP explained a prototype approach will be worked up over the next four to six months, linked to each place area, to look at: different ways of working, moving workforce around, using funding differently across the system. Once feedback on the prototypes had been received, the aim will be for some of the changes to be rolled out from 1 April 2024. As this work develops, AP offered to return to a future committee to provide an update.</p> <p>AD commented that we must not create a postcode lottery and we must be mindful of the certain needs of the population across the whole of Norfolk and Waveney. Secondly, when the prototypes are tested can the residents / service users test or trial before we actually get to the implementation stage with the people who will be the recipients of what we're trying to implement.</p> <p>AD noted the positive start and there was still much work to be done, and thanked AP and everyone else involved in bringing everyone together.</p>	
14.	Any Other Business	
	No items were raised	
Date, time, and venue of next meeting: Monday 27 November, 1500-1700hrs via MS Teams		

Minutes agreed as accurate record of meeting:

Signed: Date:
Chair

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



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: Draft recruitment packs have been circulated to the committee. Still awaiting confirmation from HMRC regarding a suitable policy	25.9.23 22.5.23 23.3.23		
6	30.1.23	ICB and ICS organogram	PH	Organogram to be produced to show what the ICB and ICS does to aid public understanding, and to share on ICB and ICS websites	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 25.9.23: Action clarified and updated	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	Linked to action 4 - 25.9.23: Draft recruitment packs have been circulated to the committee. Still awaiting confirmation from HMRC regarding a suitable policy	25.9.23		
11	24.7.23	Children & Young People update to come to a future meeting	R Hulme	Update to include service user / patient feedback and examples of progress made, impact and outcomes and the difference the improvements are making to residents		tbc		
12	25.9.23	HWS Asthma Survey	A Yacoub	HWS to update at November's meeting on the outcome of the asthma survey		27.11.23		
14	25.9.23	Complaints report - breakdown of queries relating to GP Access and CHC	J Punt	J Punt to provide a breakdown of queries relating to GP Access and CHC to include explanation of what is meant by GP Access and how it is broken down into different areas. Report to also include how the complaints team influences and informs the system development work		27.11.23		
15	25.9.23	Links between commissioning and quality teams	M Burgis	Update requested to help the committee understand how the commissioning teams link, specifically around the services being commissioned and how they are performing in terms of quality		27.11.23		
16	25.9.23	Integration with VSCE	M Burgis	M Burgis to pass on AD thoughts from the meeting to D Williams around clarifying issues and improving engagement with the VCSE sector		27.11.23		

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Improving lives **together**

Norfolk and Waveney Integrated Care System

Spotlight on Primary Care

Patients and Communities Committee
27 November 2023

Sadie Parker, Director of Primary Care

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Contents

- Primary care
 - General practice
 - Dentistry
 - Pharmacy
- Seasonal resilience and plans for winter
- Mental health
 - Norfolk and Suffolk NHS Foundation Trust Improvement Programme
 - NSFT Mortality Review
- Elective care
- Finance

Panel Rachael
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Improving lives **together**

Norfolk and Waveney Integrated Care System

Primary care – general practice

Parker Rachael
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Access to general practice

- **General practice in Norfolk and Waveney compares well in terms of access:**
 - Our practices deliver more appointments per 1,000 registered patients than other systems in the East of England.
 - Our practices also deliver more appointments face-to-face (78%) than the national average (69%).
- Patients have rated Norfolk and Waveney:
 - The **best in the region for how easy it is to get through to your practice on the telephone**; 55% rated this element good or better in the GP satisfaction survey.
 - **Joint top regionally for overall experience of using our GP practices**; 58% rated their practice good or better.
- However, there is variation between practices across Norfolk and Waveney.
- **We need to do more to improve access and people's experience, as well as to support the resilience of general practice.** Implementing the national delivery plan is key to this (see the next slide for more detail).
- General practice provides c80% of urgent and emergency care, so supporting the resilience of general practice is an important part of our winter planning.
- Practices manage around 550k to 600k appointments per month (more than the equivalent of half of our population). Any reduction in capacity in general practice can therefore have a significant impact on other parts of our system.

National delivery plan

- **We are working with local GP practices to implement the ‘[Delivery plan for recovering access to primary care](#)’.**
- The plan sets-out 14 actions to “tackle the 8am rush and reduce the number of people struggling to contact their practice” and to help “patients know on the day they contact their practice how their request will be managed”. Actions include:
 - Empowering patients to manage their own health by significantly increasing use of the NHS App and enabling community pharmacies to supply prescription only medicines for seven common conditions.
 - Implementing ‘Modern General Practice Access’ by supporting all practices on analogue lines to move to digital telephony, including call back functionality.
 - Building capacity by increasing funding to employ more staff giving direct patient care, expanding GP specialty training and changing local authority planning guidance to raise the priority of primary care facilities.
 - Cutting bureaucracy to give practice teams more time to focus on their patients’ clinical needs.
- The funding to deliver the plan is not new money, but comes from a refocusing of existing budgets.
- **Some GP practices are already operating in line with the national plan, but it will take time for these processes to be set-up and running across all practices in Norfolk and Waveney.**
- We do already have a well-established programme to support and transform general practice, which for example has increased the range of healthcare professionals in general practice and upgraded practice telephone systems.

Resilience

- **BAF risk 16 – the resilience of general practice sets out the significant risk we are currently holding as a system.**
- Around 20% of our population is covered by practices, which we know are either rated requires improvement or inadequate by the CQC or have business viability issues (financial, premises or workforce related). There are likely to be more practices struggling that have not yet reached out to the primary care team.
- When a practice experiences a significant resilience issue, it also has an impact on the ICB teams supporting them, which then limits our ability to undertake a more proactive approach to supporting primary care.
- The pressured financial issues being experienced as a system have also had an impact on general practice. We have not been able to invest the full funding received to support practices in order to support the 'closing the gap' exercise

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Norfolk and Waveney Integrated Care System

Primary care – dentistry

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Dentistry

We have made progress since taking on responsibility for dental services in April:

- We published our short-term dental plan in September and we are now implementing it using £2.3m of agreed investment this year.
- We have engaged with the dental profession and started to build relationships with practices.

However, local dental services continue to be very challenged:

- No practices are currently taking on new NHS patients – some open lists for a very short period of time, but close again quickly – this is not unique to our area.
- We have had more practices hand back their contracts. This year we have had £1.65m worth of contracts handed back so far, on top of £2.2m last year – a proposal to reinvest the money to improve access to dentistry will be presented to our Primary Care Commissioning Committee in mid-December.
- We always talk with practices considering handing back their contracts to see if we can change their minds. Sometimes we have been able to by offering further support, but not always, and ultimately the decision lies with each practice as to whether they provide NHS care.

Long-term change will take time:

- The short-term plan was designed to stabilise services and to start to increase access. However, sustainable, long-term change will take time to achieve.
- We will publish a five-year plan in the spring. We are working on this now with the dental profession and partners, and there will be further engagement over the coming months.

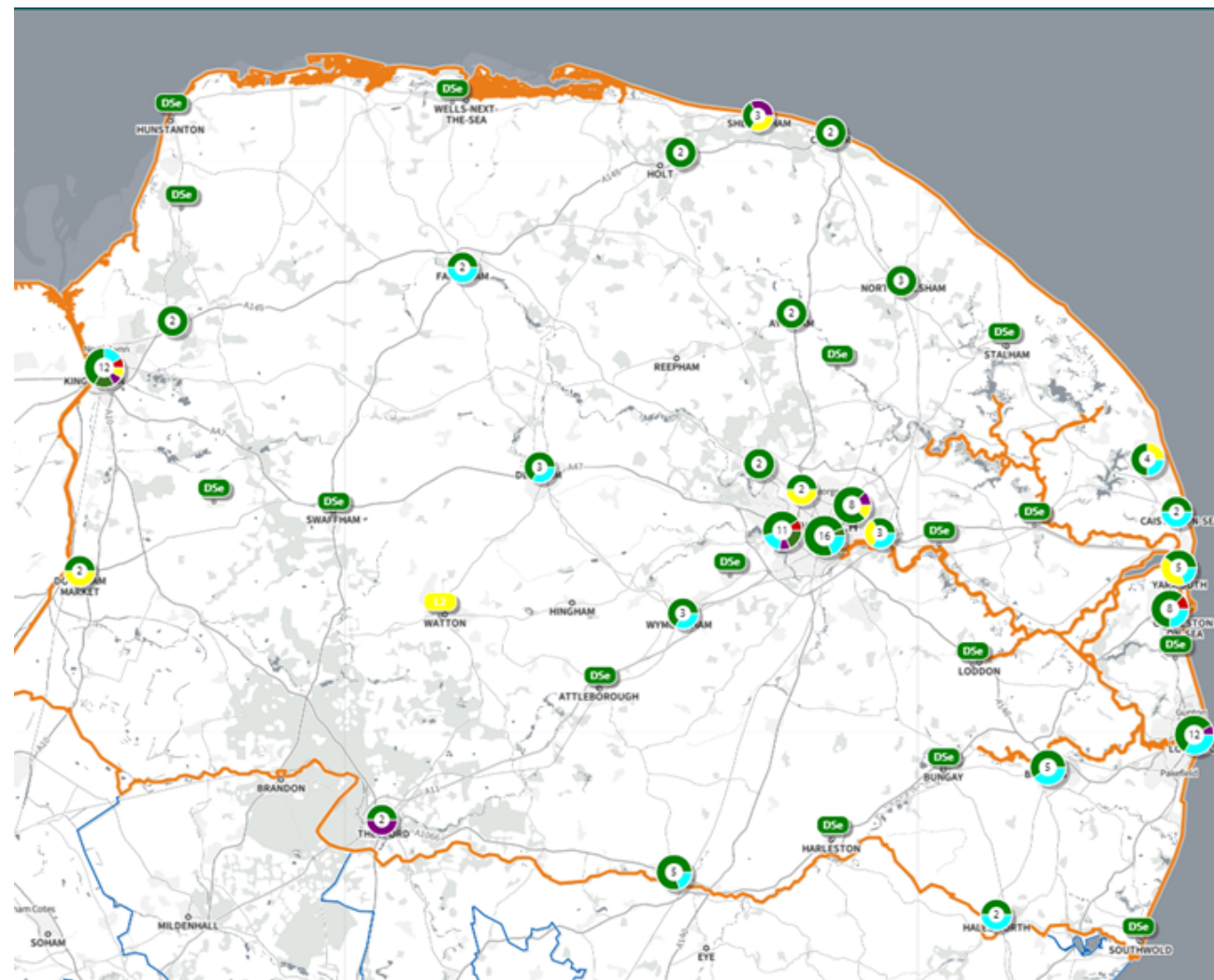
Short-term dental plan

- **To build resilience in dental providers to help stabilise dental services.**
 - We are reviewing the rates paid to dentists for NHS work (the UDA or Units of Dental Activity rate) to encourage more dentists to come and work here, and at the same time to help us tackle health inequalities.
 - We are providing support schemes for dental practices, including quality improvement and CQC support.
- **To improve patient access to urgent dental treatments.**
 - We are investing £1.05m to improve access to urgent treatment (see the next slide for more detail).
 - We are developing a pathway for individuals who need to stabilise their oral health prior to surgery or treatment for other conditions, such as cancer.
 - We are also investing £600,000 in oral health care for children and young people, paying dentists to go into schools to talk to children about how to look after their teeth and to give check-ups.
- **To help retain, upskill, and grow the dental workforce through a package of workforce initiatives**, such as golden handshakes, Tier 2 visa support, and recruitment and advertising programmes. We are investing £600,000 in workforce incentives. Health and wellbeing offers are being introduced to help improve resilience in dental teams.
- **To ensure robust policies and procedures are in place to manage business as usual processes across dentistry and wider primary care services.**
- **To develop networks of clinical and professional dental representatives who can provide clinical expertise and technical knowledge to the ICB.**

Urgent dental service

Code	Type of Service
DSe	General Dental Service
CDS	Community Dental Service Hub
Hos	Hospital
L2	Level 2 Oral Surgery Provider
UTC	Urgent Treatment Centre

- The urgent dental service is now live – we have 23 practices offering up to 300 urgent appoints per week (the practices are light blue on the map).
- Patients who are in pain can contact NHS 111 who will clinically triage their need for an urgent appointment and refer to a local practice if appropriate.
- Patients cannot book these appointments directly, which is why we are not releasing the names of practices to the public.
- The service has only recently gone live, so it is too early to assess its impact. We are monitoring take-up and we will be able to provide MPs with information in due course about its effectiveness.
- We have a budget of £1.05m for the service for this year. Dental practices can still sign-up to offer the service and we are hoping to expand it.





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Norfolk and Waveney Integrated Care System

Primary care – pharmacy

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Current challenges

- **Access to services and the sustainability of the workforce are the two biggest (and interlinked) challenges facing pharmacies** (and indeed primary care services more widely).
- **An increasing number of pharmacies are requesting to provide core hours only**, due to workforce challenges and financial sustainability. This means that there is a reduction in the number of pharmacies offering services in the evenings, at weekends and over bank holidays. This situation is not unique to Norfolk and Waveney.
- The introduction of pharmacists working in general practice has been a positive change. It has however made it more difficult for community pharmacies to recruit pharmacists.
- **A lack of access to pharmacy services impacts other parts of the system**, notably general practice, but also the number of calls to NHS 111, appointments with out of hours services and visits to Emergency Departments.
- **Feedback from community pharmacies is very strongly that the current funding model does not work.** Funding has been cut in real terms by 30% over the last seven years, and we now see community pharmacies having to take business decisions over the discretionary services they provide in order to remain viable.
- You will have seen the announcement in June that Boots would be closing 300 community pharmacies and this follows the sale or closure by Lloyds of 461 of their branches too. While this is not solely down to the funding model for community pharmacy, it is a factor, and it also shows the significant changes that community pharmacy is going through.
- In Norfolk and Waveney, the closure of all seven Lloyds pharmacies within Sainsburys has put pressure on the out of hours and late-night provision.

The future

- **We welcome the actions set out in the ‘Delivery plan for recovering access to primary care’.** The additional investment in community pharmacy should help make it easier for people to get the care they need and reduce pressure on general practice.
- **However, we are waiting for further detail from NHS England before we can fully implement it, particularly around ‘Pharmacy First’** (no further details have been published since it was announced in May 2023). This will allow pharmacists to supply prescription-only medicines including antibiotics and antivirals where clinically appropriate, to treat seven common health conditions without the need for patients to visit a GP.
- **An important part of the future of community pharmacy is for pharmacists to be independent prescribers.** By 2026, newly qualified pharmacists will be able to start work having received the necessary training to be independent prescribers as part of their qualification. We need to ensure there is enough support to enable existing community pharmacists to be trained as independent prescribers.
- **We are working to better integrate community pharmacy with general practice and the rest of primary care.** One way we are doing this is by introducing community pharmacy leads to work with Primary Care Networks – we have three in post already, with a fourth starting soon. Their role is to improve communications and to work on joint solutions with other colleagues from primary care.
- **We’re commissioning ten pharmacies across Norfolk and Waveney to provide cover on bank holidays.** Previously, they’d only been commissioned for Christmas Day and Easter Sunday relying on goodwill to open on other bank holidays. The new arrangements will be up and running in time for the Christmas period.



Improving lives **together**

Norfolk and Waveney Integrated Care System

Primary care - optometry

Parker Rachael
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Optometry

- **The NHS funds eye tests in optometry practices** (free for children and for people with exemptions, subsidised for adults), as well as providing prescriptions for spectacle vouchers, where appropriate for children and other exemptions.
- Optometry experiences the same issues as other primary care contractors, such as workforce pressures and funding.
- A **General Ophthalmic Services (GOS)** contract enables independent contractors to carry out NHS-funded sight tests, redeem optical vouchers and receive remuneration for delivered patient activity. GOS is a nationally agreed regulatory and contractual framework and is contracted on an any qualified provider (AQP) basis.
- There are two types of GOS contracts – **mandatory services** (delivered at fixed premises such as a high street optical practices) and **additional services** (domiciliary or mobile services delivered in patients' homes, residential care homes or day centres). Contractors can hold one or both types.
- In Norfolk and Waveney, we have **92** NHS Optometry contractors. It should also be noted that there are no private- only Optometry contractors in N&W ICB.
- ICBs can commission **local enhanced services**. This sits outside of the GOS framework and includes Minor Eye Care Services (MECS), Urgent Eyecare Services (UES), Primary Eye Care Acute Referral Scheme (PEARS), Glaucoma Monitoring Services and Post-Cataract Follow-Ups. These form part of the planned care team's responsibilities.

Patients and Communities Committee - Item 7

NHS Norfolk and Waveney
Ageing Well Programme Board
Draft Terms of Reference

Revision History

Revision Date	Summary of changes	Author(s)	Version Number
13/01/2023	Original document with input from Dr Frankie Swords and Dr Mark Lim	Liz Joyce	1.0
07/02/2023	Covering paper from Dr Mark Lim and amendments	Dr Mark Lim	1.1
10/02/23	Further revisions including change of name from Older People's to ICOP programme board, change of membership with inclusion of patient representative and other minor changes	Dr Frankie Swords	1.2
21/08/23	Changes to Board Membership. Board to have one nominated representative to cover all three acute Trusts rather than individual Trust representatives. Board to include one community representative to cover the two community trusts.	Janice Shirley	1.3
16/09/23	Amend Purpose of the Board	Janice Shirley	1.4
26/09/23	Formatting adjustments	Janice Shirley	1.5
31/10/23	Updated following comments from Z Aldridge	Janice Shirley	1.6
3/11/23	Updated following review by steering group members, change name of board to Ageing Well	Janice Shirley	1.7

Approvals

This document has been approved by:

Approval Date	Approval Body	Author(s)	Version Number
	Ageing Well Programme Board		
	ICS EMT		
	Patients and Communities Committee		

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CONSTITUTION

These Terms of Reference (ToR) set out the membership, remit, responsibilities and reporting arrangements of the Ageing Well Programme Board.

The Ageing Well Programme Board is a Tier 3 ICS Programme Board, reporting to ICS EMT in line with the scheme of delegation, and is accountable to and provides assurance to the Tier 2 Patients & Communities Committee. Its members should follow the Scheme of Reservation and Delegation and other relevant ICS policies.

1. PURPOSE OF THE BOARD

The aim of the Ageing Well Strategy is to transform health and social care for older people who live in Norfolk & Waveney and integrate services provided by organisations working in this field.

The purpose of the Ageing Well Programme Board is to develop and periodically review the Ageing Well Strategy, ensuring that its principles are embedded in other relevant ICS strategies and work programmes, including Urgent and Emergency Care, Elective Recovery, Quality, Research, Palliative and End of Life care, Health Inequalities and Population Health Management. The Board will have oversight of the plans of relevant organisations who are delivering funded services for our older population, and implementation of the objectives of the Ageing Well strategy.

The Board has been set up in response to the changing patterns of demand and demography of our population. We have more older people living in our community, and more older people are presenting with urgent and emergency care needs than ever before. When admitted to hospital, older people are experiencing a longer length of stay resulting in deconditioning and sub-optimal outcomes resulting in an increased risk of morbidity and mortality. This Board aims to coordinate and transform the services available to prevent deterioration in health and wellbeing, which may reduce the likelihood of unplanned hospital admissions, premature admission into residential care and suboptimal outcomes and experiences of care for older people.

The transformation commitment is across a medium to long term horizon planning and will be a key part of the ICB's Joint Forward Plan.

This commitment underpins the Norfolk & Waveney ICS Clinical Strategy, specifically the following objectives:

- My NHS will see me as a whole person.
- My NHS will be one high quality, resilient service.
- My NHS will act early to improve health.
- My NHS will tackle health inequalities.

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2. DELEGATED AUTHORITY

The Ageing Well Programme Board will make decisions on matters within its remit as described at section **5. Remit and Responsibilities** and in accordance with section **4. Quoracy and Decision Making**.

The Ageing Well Programme Board is not permitted to make decisions on matters that have a financial impact on the system or individual partner organisations unless expressly delegated to the board by the ICS EMT.

The Board shall have due regard to the wider implications of any decisions on matters within the remit of the board. The Board will seek external governance processes at system level or partner level, as required and appropriate to the issue, where this is considered necessary by any member of the Ageing Well Programme Board.

The ICB's Executive Medical Director has delegated authority as set out in the Scheme ICS of Reservation and Delegation and may be amended from time to time.

3. MEMBERSHIP AND ATTENDANCE

The core principle that forms the basis of selecting the membership for the Ageing Well Programme Board is that each relevant ICS partner organisation or sector is represented by a single empowered Clinical or Care professional (for example, an ICS leader with expertise in older people who can speak with authority on behalf of the partner organisations).

Conflicts of Interest

The Ageing Well Programme 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

The Chair and SRO for this work will be the Ian Hutchison (CEO, East Coast Community Healthcare (ECCH)).

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 Ageing Well Programme Board at its inaugural meeting, for a period of 12 months. A new Deputy Chair will be agreed annually thereafter.

Membership

- CEO, ECCH (Chair)
- ICB Executive Medical Director,

- ICB Specialty Advisor for Frailty, Older People and Dementia
- ICB Director of Planned Care and Cancer
- ICB Director of Quality in Care
- ICB Director of Urgent and Emergency Care or deputy
- District Council Rep
- Norfolk County Council – Adult Social Services
- Suffolk County Council – Adult Social Services
- VCSE Rep
- Local Authority (Housing, Transport, leisure etc)
- Acute Hospital provider Rep
- Community Healthcare Trust rep
- Mental Healthcare Trust rep
- Primary Care rep
- Patient experience rep

Other organisations can be invited to attend at the discretion and approval of the Chair and Deputy Chair.

- Ambulance Trust
- IC24
- Associate Director of Population Health Management
- Public Health – Norfolk and Suffolk
- Director of Patients and Communities
- Director of Finance NHS Norfolk & Waveney ICB or nominated deputy
- Nursing Director NHS Norfolk & Waveney ICB or nominated deputy
- Director of People, NHS Norfolk & Waveney ICB or nominated deputy
- Director of Digital & Data NHS Norfolk & Waveney ICB or nominated deputy
- ICB Communications & Engagement Lead – Programmes
- Other individuals at the discretion of the chair

4. MEETING QUORACY AND DECISIONS

The Board shall meet bi-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.

Delegated members of the Board are expected to attend stakeholder engagement events such as presenting to the Norfolk Older People Strategic Partnership twice/year.

Quoracy

The quorum for the meeting will be 5 Members, including the Chair or Deputy Chair, and including at least two representatives of differing ICS provider 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 Ageing Well Programme 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 Ageing Well Programme Board will ordinarily reach conclusions by consensus. When this is not possible the Chair may call a vote.

Only members of the Ageing Well Programme 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 Ageing Well Programme 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 Ageing Well Programme 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 Ageing Well Programme Board for formal ratification and noted in the minutes.

5. REMIT AND RESPONSIBILITIES OF AGEING WELL PROGRAMME BOARD

The Board will oversee the development of an Ageing Well Strategy for NHS Norfolk and Waveney, to articulate how the existing ICB Clinical Strategy and Joint Forward Plan aim to improve the care for older people. The Board will then coordinate the work to implement that strategy.

The overarching ambition is to manage older people presenting with health and social care needs differently in a proactive and planned way. There will be a clear focus on simplified access, early intervention, and an ambition to deliver health and care interventions at, or near the person's usual place of residence, and wherever possible

outside an acute hospital setting with the aim of reducing the number of older people who require reactive interventions via Urgent and Emergency Care pathways.

This Board will take a holistic view of older people across health and social care. It will co-ordinate, integrate and transform pathways and services that are utilised by older people.

The **initial** focus of the Ageing Well Programme Board will be on the following areas:

1. Developing an ICS wide Ageing Well strategy.
2. Promoting a consistent approach across the Integrated Care System for identifying, assessing, and managing frailty and conditions of older age, informed by population health analytics.
3. Reviewing ICS schemes and programmes of work currently in place against the strategy to identify gaps and priority workstreams needed to address these.

The focus of the Ageing Well Programme Board can be changed without the requirement to revise and send these Terms of Reference for approval, provided appropriate notification is given to the Patients and Communities Committee.

The responsibilities of the Ageing Well Programme Board are:

1. To be the linking ICB Board for the Integrated Care Partnership (ICP) in developing an integrated work programme for older people. This will form a key tenet of the ICB 5-year Joint Forward Plan (JFP) to meet the health and care needs of the older population within the area, having regard to the N&W ICS Integrated Care Strategy and the N&W Clinical Strategy.
2. To convene, co-ordinate and support system partners working at scale to lead major service Ageing Well programmes to achieve agreed outcomes.
3. To make recommendations for the changes that need to be made to improve services for older people. Specifically, this includes finance, where budgets may need to be re-distributed between partner organisations.
4. To direct enabling Ageing Well Programme resources and other related support such as third parties or consultancy resource. It will assist with prioritising the system's spending plans with clinical and care professional input.
5. Be accountable to the Patients and Communities Committee within the Scheme of Reservation and Delegation.
6. 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.

Whilst the Ageing Well Programme Board is focussed on co-ordinating strategic change systemwide it will need to be sighted on programmes of work at Place level and within the VCSE sector and Provider Collaboratives to ensure workstreams are

coordinated, effective, avoid duplication and any gaps in service provision are identified.

6. ACCOUNTABILITY and REPORTING ARRANGEMENTS

The Ageing Well Programme Board reports to the ICS EMT in line with the scheme of delegation and is accountable to and provides assurance to the Tier 2 Patients & Communities Committee. The minutes of meetings shall be formally recorded. The Ageing Well Programme Board shall provide a report of key activity, assurances, and escalation of concerns to the Patients and Communities Committee in relation to activities and items within its remit.

The Ageing Well Programme Board will receive scheduled reports from its feeder groups which will be tasked to transform, co-ordinate and develop specific pathways and services.

7. 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 Ageing Well Programme 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.

8. 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 Ageing Well Programme Board.

9. SECRETARIAT AND ADMINISTRATION

The Ageing Well Programme 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.

10. 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 Ageing Well Programme 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:

Parker Rachael
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Date	27 th November 2023
Item	8
Committee	People and Communities' Committee
Subject	Intelligence and Engagement Report

Reason for Report

The purpose of this report is to provide Committee Members with an overview of recent engagement and intelligence received by Healthwatch Norfolk.

Recommendations

- 1. The Committee is asked to note the report.

Introduction

Between 1st June and 31st August 2023, we published 492 individual reviews, relating to 104 different services delivered in Norfolk. The average rating of these reviews was 3.8 (out of five). Most reviews we received were collected by our engagement team (54%, 265) as a result of our recent targeted engagement looking at pharmacy experiences. Forty-four percent came through our website (216), 2% (9) of our reviews were received through the post, and less than 1% (2) reviews came through our helpdesk.

We received some demographic data from 45% (220) of our reviews in this period; age, gender, and ethnicity are displayed in table 1 below.

Table 1.

Age, Gender, and Ethnicity of Reviewers

	Percentage of reviews	Number of reviews
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Age (202 reviews)	16 to 25	2%	4
	26 to 35	4%	8
	36 to 45	5%	11
	46 to 55	9%	19
	56 to 65	19%	38
	66 to 75	33%	67
	76 to 85	23%	47
	86 or over	3%	7
Gender (218 reviews)	Female	64%	139
	Male	36%	79
Ethnicity (211 reviews)	Asian/Asian British: Indian	<0%	1
	Black/Black British: African	<0%	1
	White - English/Welsh/ Scottish/Northern Irish/British	97%	204
	Other White background	1%	3
	Other ethnic group	1%	2

We have continued to share anonymised feedback with other organisations and groups including the CQC, commissioners, service providers, and with Healthwatch England.

We are continuing to receive engagement from service providers with our feedback centre. We received provider responses on our website for 32 different services for a total of 169 reviews in this period.

The services people are talking to us about

Table 2 shows the service types about which people have shared their experiences with us between June to August 2023. The average rating for each service type reflects the overall experience of care the reviewer felt was received.

Table 2.

The service types for which we have received reviews and the rating change from last report

Service Type	Reviews	Rating (change)
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1		GPs	405		3.9 (-0.1)
2		Hospitals	35		3.6 (-0.6)
3		Carer Support	19		4.1 (-0.5)
4		Pharmacies	16		2.8 (-1.4)
5		Dentists	7		2.1 (+0.5)
6		Mental Health	4		2.0 (+1.0)
7		Urgent Care	3		2.3 (n/a)
8		Residential Care	2		3.0 (n/a)
9		Opticians	1		5.0 (=)

Table 3 shows the top services about which people have shared their experiences with us between June and August 2023. The average rating for each service type reflects the overall experience of care the reviewer felt was received.

Table 3.

The top services for which we have received reviews.

Service	Reviews	Rating
---------	---------	--------

1		Blofield Surgery	29		4.7
2		The Park Surgery	25		5.0
3		Chet Valley Medical Practice	21		4.4
=		Swan Lane Surgery	21		4.5
5		Elmham Surgery	20		4.2
6		Carers Matter Norfolk	19		4.1
7		The Beaches Medical Centre	17		4.4
8		Norfolk and Norwich University Hospital	16		3.1
=		Magdalen Medical Practice	16		4.6
=		Church Hill Surgery	16		4.6

GP feedback

From June to August 2023 we received 405 reviews for doctors' surgeries with an average rating of 3.9 out of five. Reports from our recent visits to services can be found here:

<https://healthwatchnorfolk.co.uk/reports/feedback-and-intelligence/>.






Comparison of areas

This section is a presentation of differences in doctors' surgery feedback by area in the past year (September 2022 to August 2023). In this period we received 1,567 reviews for doctors' surgeries in Norfolk.

The average rating for each area can be seen in Table 4 below. As the table shows ratings across Norfolk are similar (3.5 or 3.6) apart from in Great Yarmouth and Waveney where the average rating is 3.0 out of five.

Table 4.

Number of reviews and average rating of reviews

Area	Reviews	Rating	
Great Yarmouth and Waveney	138		3.0
North Norfolk	239		3.6
Norwich	282		3.5
South Norfolk	763		3.6
West Norfolk	145		3.6

All reviews are assigned up to three different themes; the most common themes for doctors' surgeries were booking appointments and opening times, staff attitudes, administration and organisation, staff training, and prescribing or medication. Table 5 presents a comparison of areas for each of these themes and their sentiment, the table shows the percentage of reviews from the area which had been assigned each theme and sentiment. The highest percentage for each row has been highlighted in bold and

with an asterisk. Please note, to simplify this table neutral or mixed sentiment has been removed.

Table 5.

The most common review themes and their sentiment by area of Norfolk

		Great Yarmouth and Waveney	North Norfolk	Norwich	South Norfolk	West Norfolk
Appointments/ Opening hours	Positive	18%	*31%	19%	16%	26%
	Negative	*35%	28%	28%	31%	29%
Staff Attitudes	Positive	25%	38%	*49%	42%	36%
	Negative	*9%	8%	5%	4%	6%
Administration/ Organisation	Positive	1%	3%	3%	3%	1%
	Negative	6%	7%	7%	7%	*10%
Staff Training	Positive	6%	5%	7%	*8%	7%
	Negative	2%	1%	2%	2%	1%
Prescribing/ Medication	Positive	2%	2%	0%	1%	*3%
	Negative	4%	4%	4%	*6%	5%

One of the main points of note from the table is that 31% (74) of reviews from North Norfolk surgeries mention positive experiences of booking appointments or surgery opening times while the other areas range from 16 to 26% of reviews. On the other hand, 35% (48) of reviews from surgeries in Great Yarmouth and Waveney mention negative experiences of booking appointments or surgery opening times in comparison to 28 to 31% for the other areas of Norfolk.

For staff attitudes, nearly half of reviews mentioned positive experiences in Norwich (49%, 137) while this was only 25% (35) in Great Yarmouth and Waveney.

Finally, for administration and organisation in West Norfolk 10% (15) of reviews mentioned negative experiences in comparison with the other areas where only 6 or 7% mentioned negative experiences.

Hospital Feedback

From June to August 2023 we received 31 reviews for hospitals with an average rating of 3.5. We received 16 reviews for Norfolk and Norwich Hospital with an average rating of 3.1 and 11 reviews for Cromer Hospital with an average rating of 5.0. We also received three reviews for James Paget Hospital and one for The Queen Elizabeth Hospital.

Cromer Hospital

In June 2023 we visited the Macmillan Centre at Cromer Hospital to speak with patients and their family or carers about their experience with local health and social care services. From this visit we received 11 reviews for the centre. All of the people we spoke to rated their experience at the centre as five stars out of five.

Healthwatch Norfolk Officers who visited the hospital noted:

The Macmillan Centre at Cromer Hospital is a fantastic resource for patients in North Norfolk. Upon entry we were greeted by friendly and welcoming staff. The waiting room is very spacious, and we were impressed with how comfortable the chairs were.

The people we spoke to were complimentary of the staff at the hospital for how they treat both patients and their family or carers. They also told us they liked the convenience of the hospital which meant they did not have to travel as far for treatment. Two concerns were raised by people we spoke to, these mentioned a long waiting time and there not being enough information in phone messages left.

Three Hospitals Three Weeks

During the summer of 2023 we spent a week at James Paget University Hospital, Norfolk and Norwich University Hospital, and The Queen Elizabeth Hospital. We also spent a day at Cromer Hospital. We wanted to find out about the patient journey, we wanted to know what was working well and what could be improved.

We made the following recommendations for the hospitals, the full detailed recommendations can be found in the report:

- 1. Ensure staff continue to work to the values of ‘kindness, dignity, and respect’.
- 2. Ensure communication with patients and carers is clear and up to date.
- 3. Review food menus and ensure patients receive appropriate meals.
- 4. Improve understanding of patient journey which may lead to anxiety or frustration and impact patient mood.
- 5. Improve discharge process and manage expectations.
- 6. Explore experiences of those on waiting lists.

Signposting

In this period we provided information and advice to 71 people who contacted us by telephone (35, 49%), enquiries email (31, 44%), through an own email (3, 4%), at an engagement event (1, 1%), and at a meeting (1, 1%). Below in Table 7 is a summary of the type of information we are sharing; most commonly this is dentistry (28, 39%) followed by information and advice on raising concerns or making complaints (22, 31%).

Table 7.

Summary of Healthwatch Norfolk Signposting from 1st June to 31st August 2023

28	22	6
Information on accessing a dentist	Information and advice on raising concerns	Information on local support
5	2	2
Support accessing a health service	Advice while on waiting list for hospital treatment	Information on the work of

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Healthwatch
Norfolk



Dentistry

We continue to receive enquiries about difficulties accessing NHS dentistry in Norfolk as displayed in Figure 2 below.

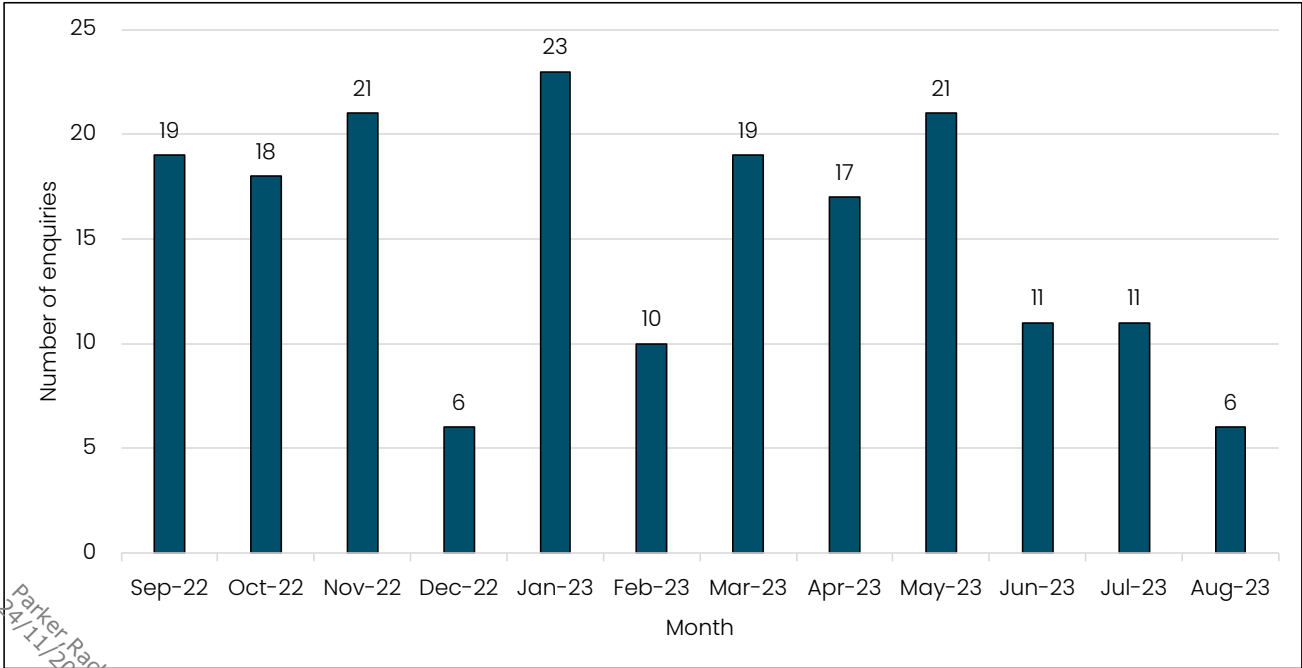


Figure 2 Dental enquiries received by Healthwatch Norfolk in the past 12 months.

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Engagement update

Since the last board report, we have completed the three hospitals three weeks engagement, visiting the Queen Elizabeth, James Paget, the Norfolk and Norwich and Cromer hospitals. Each of the three trusts has their own individual report and there is a combined report as an overview which has some recommendations.

We have attended two very busy Prides, one in Norwich and one in King's Lynn as well as some local SEND events, GP surgeries, Cuppa Care events, and a 'Know Your Neighbourhood' afternoon. We have also hosted Healthwatch Live in The Forum in Norwich.

Issues facing young people

Judith and Caroline will be meeting with Norfolk County Council about what issues they feel face younger people and to seek their guidance about the best way to reach them. We are hoping that the education department will be able to assist us in reaching out to this demographic that we typically struggle to hear from. We are hoping that the actual engagement will be able to begin in September 2024.

General engagement

We have decided that over the next few months we will be doing some general engagement and not have a targeted subject. This is due to us doing so much targeted engagement recently that we do not have enough data to confidently chose a new focus. Going out and doing general engagement will hopefully give us some more insight into what challenges people face within health and social care.

The plan is to attend foodbanks, social supermarkets, health related community groups, warm spaces, and libraries, as well as keeping up the good relationships with our GP surgeries.

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Agenda item: 9

Subject:	Complaints and Enquiries Report – April to August 2023
Presented by:	Karen Barker, Director of Corporate Affairs and ICS Development
Prepared by:	Jon Punt, Complaints and Enquiries Manager
Submitted to:	Patient & Communities Committee
Date:	27 November 2023

Purpose of paper:

To provide further information about specific contacts the ICB has received which were discussed during the September 2023 committee meeting, along with further detail about how complaints influence the organisation.

Executive Summary:

This report provides an overview of specific complaints and enquiries received by the ICB during quarters 1 and 2 of 2023-24. It provides additional context for why people contact the ICB if they experience issues accessing their GP practice and more detail about complaints/enquiries received about NHS Continuing Healthcare.

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Following the September 2023 committee meeting, further information was requested about the following areas of contact the ICB receives. The numbers and information below are based on Quarters 1 and 2 of 2023-24.

GP Practices - Access to appointments

198 contacts (including formal complaints, enquiries and queries from MPs) were received across the reporting period. 36 of these related to people raising issues about the way in which they access their GP practice.

42% of contacts related specifically to appointments not being available, with many people stating that after an initial prolonged wait within a call queue, they were informed there were no appointments available for that day. When patients were able to book an appointment, the time that they would have to wait to attend was considerable – we have noted numerous patients stating they have been offered appointments for in around a month's time.

32% of concerns also detailed staffing capacity reasons affecting their access to appointments, including staff resource within practices leaving them not receiving a scheduled call back, to being advised that due to staff sickness there were no appointments available. A number of cases have seen online appointment booking systems being temporarily unavailable, for this reason.

The remaining 26% of cases citing some other issues relating to access, including:

- Site closures or proposed site closures
- Patient de-registrations as a result of them residing out of the boundary
- Dissatisfaction at practices signposting patients to other services
- Dissatisfaction with the care navigator systems used by practices

Several concerns received had referred to a lack of reasonable adjustments being made for patients, specifically elderly, hearing impaired and autistic. Reducing inequalities requires an understanding of groups who are experiencing barriers in accessing services. Unfortunately, the concerns we received felt that the system had been deliberately set up to reduce patients getting in touch with practices, and that there was lack of support being provided at practice level.

Some specific cases are detailed below which is reflective of the kind of patient stories being identified via the contacts the ICB receives specifically in relation to GP access.

Story 1

A formal complaint was raised detailing difficulties in obtaining an appointment via telephone, stating the practice were unable to book appointments in advance and only same day appointments could be made, of which there was a very limited capacity. It had been highlighted that the online system was not accepting bookings and that during the summer holidays the branch surgery would be closed for multiple days. This particular practice operates across multiple sites, which can mean that

Parker
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during times where staff may be taking annual leave, such as summer holiday periods, it can be hard to manage demand.

The practice acknowledged during this time they were offering slightly fewer total appointments. However, the practice does book locums in advance where they can. The branch site closures were specifically to ensure GPs are not lone working, which would be considered a risk potentially to both the doctor and patient. It is important to note that when branch surgeries are closed, patients can still access services from the practice's other sites.

Story 2

Another case referenced a lack of available appointments during an eight week period when trying to book online, forcing the patient to call the practice daily and enduring extended wait times in the call queue. More often than not, the patient would be advised that all appointments had already been allocated for that day, with the only advice being to try again the following day. This patient was also made aware of GP staffing numbers, which were noted to be considerably less prior to the onset of the COVID-19 pandemic. The practice responded advising of their online system which allows patients to fill in an online form and the patient will receive a response by 6.30pm the next day based on the query/request raised. A response is then offered by way of advice, signposting, or an appointment, thus negating the requirement for patients to use the phone and be held in call queues.

Story 3

A concern was raised via their MP's office regarding the inability of GPs to offer their patients face to face appointments, and since the lifting of COVID restrictions, the situation was felt to have become worse. It was acknowledged that pressure on the practice remained high and staff sickness meant patients were having to wait longer to be seen. However, the practice introduced a new appointment schedule whereby all appointments are now offered as face to face, whether they are routine or acute, and patients are given the opportunity to accept the face-to-face offer, or they can instead request a telephone or video consultation.

NHS Continuing Healthcare (CHC)

A total of 31 contacts were made to the ICB regarding CHC in Q1 and Q2 (made up of 23 enquiries, three complaints and three MP enquiries).

The nature of these contacts range from concerns relating to the CHC decision making process, as well as delays to the process or appeals. One particular case highlighted a shortage in staffing which had impacted on the way in which their case was managed.

Funding for ongoing healthcare is a complex and highly sensitive area, which can often lead to confusion for the patient or those who have caring responsibilities.

Parker Michael
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Future development work

At the last committee meeting, the chair was keen to understand how the complaints team influences, impacts and informs the system development work piece.

Historically complaints data has been shared with service areas on an adhoc basis, especially where potential learning has been identified. Themes and trends have then been reported in governing body meetings before the ICB was created.

Moving forward as the service shapes towards become more patient experience focused, better triangulation of information is to be sought with colleagues in providers and the ICB. This will be with the aim of better identifying patient safety issues and potential improvements.

Recommendation to the Committee:

To note the contents of the report.

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
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Governance

Process/Committee approval with date(s) (as appropriate)	
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Parker Rachael
24/11/2023 10:48:29

Agenda item: 10

Subject:	Population Health & Inequalities (PH&I) Board – 10/10/2023 – Assurance & Escalation Report
Presented by:	Dr Frankie Swords
Prepared by:	Dr Frankie Swords
Submitted to:	N&W ICB Patients and Communities Committee
Date:	27 November 2023

Purpose of paper:

To provide assurance and escalate any issues of concern from the Population Health & Inequalities (PH&I) Board to the Patients and Communities Committee.

Executive Summary:

The Population Health & Inequalities Board (PH&I) Board meets bi monthly and was last held on Tuesday 10 October 2023. The report details points of assurance and escalation as well as a high level risk overview summary.

Report

Please find attached document.

Recommendation to the Committee:

To review points for assurance.

Key Risks

Clinical and Quality:

Health inequalities are avoidable, unfair and systematic differences in health between different groups of people, which impact on longer term health outcomes and a person's ability to access healthcare. Population Health Management is a systematic way of working to understand the health and care needs of our population and put in place new models of care to deliver improvements in health and well-being. This work is fundamental to the delivery of our ambitions in relation to Prevention and addressing Health Inequalities. There is a risk we do not achieve the impact we seek if we do

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	not develop the infrastructure, the culture and approaches advocated as best practice.
Finance and Performance:	None identified
Impact Assessment (environmental and equalities):	N/A
Reputation:	None identified
Legal:	None identified
Information Governance:	None identified
Resource Required:	N/A
Reference document(s):	N/A
NHS Constitution:	<ul style="list-style-type: none"> 1. The NHS provides a comprehensive service, available to all 3. The NHS aspires to the highest standards of excellence and professionalism 4. The patient will be at the heart of everything the NHS does 5. The NHS works across organisational boundaries 6. The NHS is committed to providing best value for taxpayers' money 7. The NHS is accountable to the public, communities, and patients that it serves
Conflicts of Interest:	N/A
Reference to relevant risk on the Board Assurance Framework	BAF 06

Governance

Process/Committee approval with date(s) (as appropriate)	
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Parker Rachael
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Population Health & Inequalities (PH&I) Board - Points of Assurance / Escalation [10/10/2023]

Item No.	Meeting Name	Date of meeting where item was raised	Details of Item for Escalation	Requested Outcome/Support	Financial Implication (if any)	Is item recorded on Risk Register	"EXAMPLE" Board Decision	Fed back to Meeting Group Date
1.	PH&I Board	18/04/2023	PH&I Board / PHMOG / HIOG Terms of Reference (TOR)	TOR updated and recommended for approval: Mark Burgis amended to deputy chair.	N/A	N/A	For approval	
10.	PH&I Board	10/10/2023	ICS PHM & HI Strategies	The PH&I Board supported the progress with PHM and HI Strategy development, and approach to engagement. Both on track for completion in tandem March 2024.	N/A	N/A	For assurance	
11.	PH&I Board	10/10/2023	NSH Diabetes Digital Weight Management Programme (DWMP)	The PHM team have undertaken a project to increase participation in the NHSE programme as N&W was a negative outlier (bottom national quartile). DWMP offers weight loss support to people at high risk of poor outcomes, with diabetes and hypertension. Launched June 2023, N&W now the highest performing for eligible referrals.	N/A	N/A	For assurance	
12.	PH&I Board	10/10/2023	Project Case-Study – InHIP (Innovation for Healthcare Inequalities Programme) work relating to bowel cancer - Core 20 Plus 5 Case study.	This HI work identifies insights to feedback into a clinical pathway to address inequalities	N/A	N/A	For assurance	
13.	PH&I Board	10/10/2023	HI06 No PMO process for Equality Impact Assessments (EIAs)'risk	The PH&I Board have tasked the HI team to review and to determine the actions required to take forward this risk	N/A	HI06	For escalation – update to be provided at 19/12/2023 PH&I Board - PH&I Board Action 14	

Parker Rachel
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Programme New Risks as of 10/10/2023 – PH&I Board

No new risks were raised at the PH&I Board on 10/10/2023. The September 2023 versions of risk registers were reviewed at this meeting.

The overarching BAF06 PHM &HI risk continued to score at 12

The PHM team reported 5 risks, no change to risk descriptions or scoring and no risks scored above 15. The PHM team noted that they are reviewing all risks in October/November and these changes will be updated to the next PH&I Board on 19/12/2023 (none of these changes will impact on the risk scoring above 15).

The HI team reported 7 risks, no changes to risk descriptions or scoring.

Mitigations to address risk HI06 No PMO process for Equality Impact Assessments (EIAs)'risk are being reviewed by the HI team with an update required for the December board.

The HI team have also been requested to formally review the risk scoring and mitigations against Risks 'HI03 – Lack of coordination of HI workstreams' and 'HIO5 – No HI ring fencing of NHSE funding allocations'. It is likely they may need to be escalated to the Patients & Communities Committee though more work is required to understand these. Updates will be provided to the PH&I Board on 19/12/2023 and updates reflected on this report accordingly for January 2024.

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Agenda item: 11

Subject:	Norfolk and Waveney Community Voices
Presented by:	Rob Jakeman, Head of Integration and Partnerships, West Norfolk Locality
Prepared by:	Amrita Kulkarni, Community Voices- Senior Programme Manager
Submitted to:	Patients and Communities Committee
Date:	27 November 2023

Purpose of paper:

To update the Patients and Communities Committee about the current status, risks and opportunities associated with the Community Voices Programme.

Executive Summary:

The Community Voices programme is hosted by NHS Norfolk and Waveney Integrated Care Board on behalf of the Integrated Care System. It has developed with input from a wide range of partners across statutory, voluntary and community sectors.

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 is encapsulated in the strapline: 'Using your feedback to improve care'.

There are four key aspects to the Programme:

- **Listen:** Holding conversations with communities that have significant health inequalities about their experiences and what matters to them
- **Capture:** Record insights from the conversations that help build a picture about health and wellbeing within a place or community
- **Respond:** Provide high quality advice, guidance and information that promotes health and wellbeing
- **Enable:** Help community based organisations develop strong networks, relationships and trust, which helps people to help themselves and prevent ill health

Community Voices started during the pandemic. External funds were secured for a project to encourage access to Covid-19 vaccinations, and Norfolk & Waveney took this opportunity to learn more about wider factors related to health and wellbeing.

We worked with trusted organisations - Local Authorities and VCSE organisations – to engage with the public and gathered valuable insights in the process.

Community Voices has subsequently expanded to 10 projects, with more in the pipeline. It remains a non-recurrently funded initiative, relying on funds to undertake specific engagement tasks, and is therefore still a pilot initiative at the current time. To date, the Programme has enabled the system to access circa £500k from external sources. Nonetheless, Community Voices increasingly features as a useful tool across the system and is anticipated to become an integral feature within the emerging Health Inequalities Strategic Framework for Action.

How does Community Voices make a difference?

The Committee has sought assurances about how Community Voices contributes to changes within the Integrated Care System. More details will be provided within the slides being presented at the meeting, but the following provides some examples.

Bowel Cancer Screening

This project is currently underway and seeks to engage with groups who tend to have a lower uptake of bowel cancer screening (e.g. those who are homeless or at risk of being homeless) and to gather insights about this, to support change. Eight voluntary organisations involved in this project have to date recorded a total of 200 conversations. Early findings show confidence and communication as key barriers to access screening with more needing to be done to address the education, awareness needs and tackling stigma about bowel cancer within our communities.

Community Voices communicators also take the opportunity to support individuals to access support. There have been a small number of cases in which individuals have agreed to undertake bowel cancer screening, with 41 people given contact details as they wished to call in their own time.

The N&W ICB Cancer team have been involved in this Community Voices pilot and are looking at ways to incorporate the findings from the analysis of the data in their service decision making.

'CV data capture helps us to understand how as a system we can make screening more accessible. We are listening directly to feedback from our population and by doing so can minimise barriers and implement best practice.

Screening is a choice, but we know that sometimes not attending is more about the way we set up our services- and as a health system, we can do better.'

Vicki Wash, Cancer Change Manager

Thematic Insights

An important feature of the Programme is that key findings from conversations are recorded on our 'insight bank', which is gradually building over time. Whilst our projects have a specific focus, we also seek to capture any general insights related to health and wellbeing to build a broader picture of community perceptions. For example, key themes that have been identified include:

- Travelling abroad for treatment
- Language barriers in health services
- Transition away from face-to-face appointments
- Online GP forms
- Support for people living with diabetes

These insights have been utilised to inform service reviews, targeting services to certain area to improve access and multiple funding bids. Insights gathered are also being used to inform the system wide Health Inequalities Framework, as well as the other strategies currently in development. Currently the data is available on request from the Community Voices programme lead, but we are looking to make it routinely available through alignment with Data Hub.

The following gives a sense of how the information provided via Community Voices informs thinking:

'Having access to the insight from the community voices projects really helped make sure our community services review included the voices of those who don't normally come forward to give us their feedback. This way we were able to hear from some of our most underserved communities'

Paul Hemingway, Associate Director of Communications and Engagement

'I refer to the Community Voices to ensure that the services chosen reflect the feedback provide through this project. e.g. stop smoking requests in Thetford = stop smoking is then offered on the (WOW) bus. This way the bus can have targeted approach, offering services which have been raised by the communities that they would like to access.'

Alice Vickers, Senior Manager for Inclusion Health and Asylum Seekers

The Community Voices data collection has allowed the council to access the information to form the basis of funding bids and upcoming strategies, reducing the need for ad hoc and resource heavy consultation where appropriate. Recently the information was mined for a Youth Investment Funding bid for a sports pavilion to be converted for youth activities and we were able to look at the views of young people along with the views about young people of adults to inform the plans. We've also included thematic analysis of data around older people for the basis of a new strategy and been able to utilise the insights within workstreams of our health and wellbeing partnership to provide evidence for usually anecdotal issues.

Head of Health Integration & Communities, Great Yarmouth Borough Council

Serious Crime Duty- CV data has formed a part of the Violence duty strategic needs assessment, being used as evidence base for serious violence. Also presenting an opportunity for CV with more targeted engagement in areas

Future Development

A move from pilot projects to business as usual will require clarity about the scale of ambition for the Programme and associated funding commitment for future delivery. This includes provision for training and support to trusted communicators, project development, insight bank development and maintenance and analysis of qualitative data. It is anticipated that the emerging Health Inequalities Strategic Framework for Action will help to develop the case for change.

It is also critical to note that whilst generating insights is a key function of Community Voices, the ownership of the utilisation of this data to inform decision making is a strategic responsibility of ICS partners. Community Voices will seek to support this in future through the regular provision of 'headline' reports featuring recently gathered insights from our projects.

Report

Please refer to the accompanying presentation.

Recommendation to the Committee:

To note the progress so far of the Norfolk and Waveney Community Voices programme pilots, the uniqueness of Community Voices with the trusted communicators approach in reaching and amplifying the voices of the under- served groups and the key risks and opportunities of the programme.

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):	N/A
NHS Constitution:	N/A
Conflicts of Interest:	N/A
Reference to relevant risk on the Board Assurance Framework	N/A

Governance

Process/Committee approval with date(s) (as appropriate)	Audit Committee for information.
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Norfolk & Waveney Community Voices

Shelley Ames, Senior Integration & Partnership Manager (GYW)

Rob Jakeman, Head of Integration & Partnerships (West Norfolk)

Rebecca Champion, Senior Communications & Engagement Manager

Amrita Kulkarni, Senior Programme Manager – Community Voices

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Our vision

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.

What we do

Hold conversations with communities that have significant health inequalities about their experiences and what matters to them.

Listen



Why we do it

To ensure that seldom heard voices are heard by health services.

Record insights from the conversations that help build a picture about health and wellbeing within a place or community.

Capture



To better understand community and individual health priorities, concerns and assets.

Provide high quality advice, guidance and information that promotes health and wellbeing.

Respond



To share insight and learning across the Integrated Care System, and give communities a role in shaping service design and delivery.

Help community based organisations develop strong networks, relationships and trust, which helps people to help themselves and prevent ill health.

Enable



To empower trusted communicators and communities to use existing assets and identify local action that will increase health and wellbeing.

How we do it

- By facilitating the right training and providing an infrastructure which works well – with networks, access to good quality resources and time to reflect on good practice.
- By building good quality insight data that can be shared appropriately across partner agencies
- By evaluating the effectiveness of what we do, why we do it and how we do it.
- In partnership with good governance and support from all the sectors involved.
- By recognising that good health is influenced by a range of factors.



CV: Status in Quo

Core Community Voices Programme

Having conversations with communities that experience health inequality about their experiences in relation to health, and what matters to them

Sharing insights through the insight bank

Supporting access to support services

Making Every Contact Count

Community Voices Projects

Having conversations about specific topics/subjects

Recording insights about specific topics into the insight bank

Supporting access to specific services

CV Pilot 1	CV Pilot 2	CV Pilot 3	CV Pilot 4	CV Pilot 5	CV Pilot 6	CV Pilot 7	CV Pilot 8	CV Pilot 9	CV Pilot 10
Access to COVID vaccination	Access to research	Access to bowel cancer screening	Refugee and asylum seekers support	Health improv (smoking)	Core 20 Connectors CYP	Research network (REN2)	Health Inequalities Strategy	RIPPLE	Lowestoft CVD
System-wide	GYW	System (plus focus)	System (plus focus)	System (plus focus)	GY & Norwich	System	System	GY, North, West	Waveney

CV has generated c.£500k external investment for Voices (core costs need to be underwritten to ensure sustainability)

Projects and timelines

Element	Jun-23	Jul-23	Aug-23	Sep-23	Oct-23	Nov-23	Dec-23	Jan-24	Feb-24	Mar-24	Apr-24	May-24	Jun-24	Jul-24
Programme Lead													REND2 extension	
Analysis														
Training														
Community of Practice/Network														
CV1- COVID														
CV2 - REND														
CV3 - Screening														
CV4 - Refugee & asylum														
CV5 - Smoking														
CV6 - Core20Connectors														
CV7 - REND														
CV8 - NODA (TBC)														
CV9 - RIPPLE														
CV10 - Healthy Hearts														

CV3- InHIP- Bowel Cancer Screening

What we do

Hold conversations with communities that have significant health inequalities about their experiences and what matters to them.

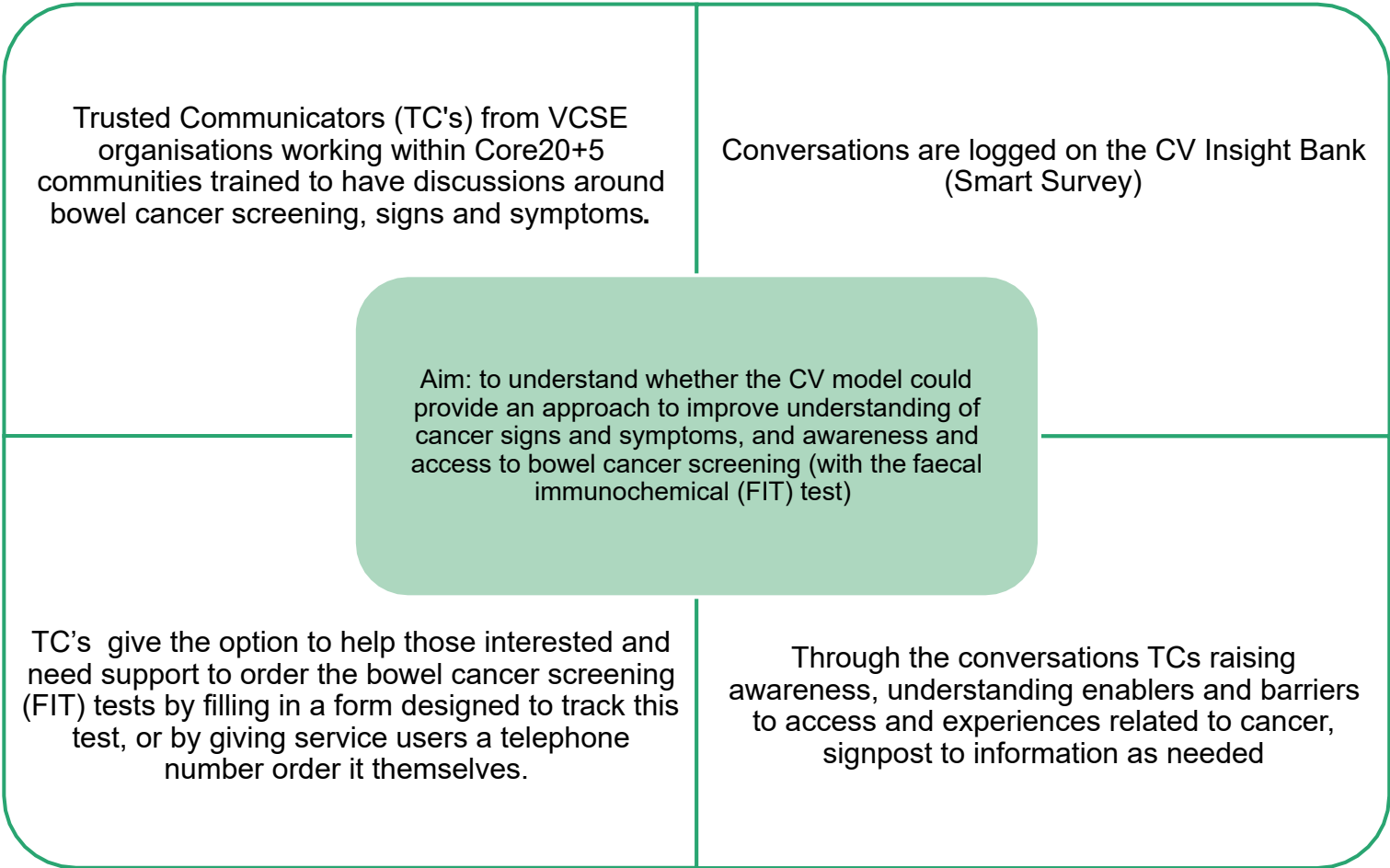
Listen



Why we do it

To ensure that seldom heard voices are heard by health services.

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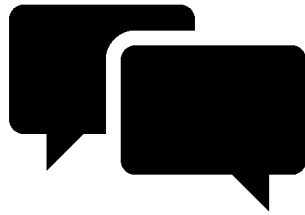


Planned project evaluation will feed into a national evaluation of NHSE-funded InHIP projects

Outputs (so far..)



Conversations via
trusted
communicators
(until Nov 2023)



Number of VCSFE
organisations hosting the
cancer conversations: **8**
Areas of focus: **Core20Plus**
groups



Number of
conversations
recorded to date:
200
*Norwich Data via Norwich
Insights hub

Record insights from
the conversations that
help build a picture
about health and
wellbeing within a
place or community.

Capture



To better understand
community and
individual health
priorities, concerns
and assets.

4 questions analysed thematically:

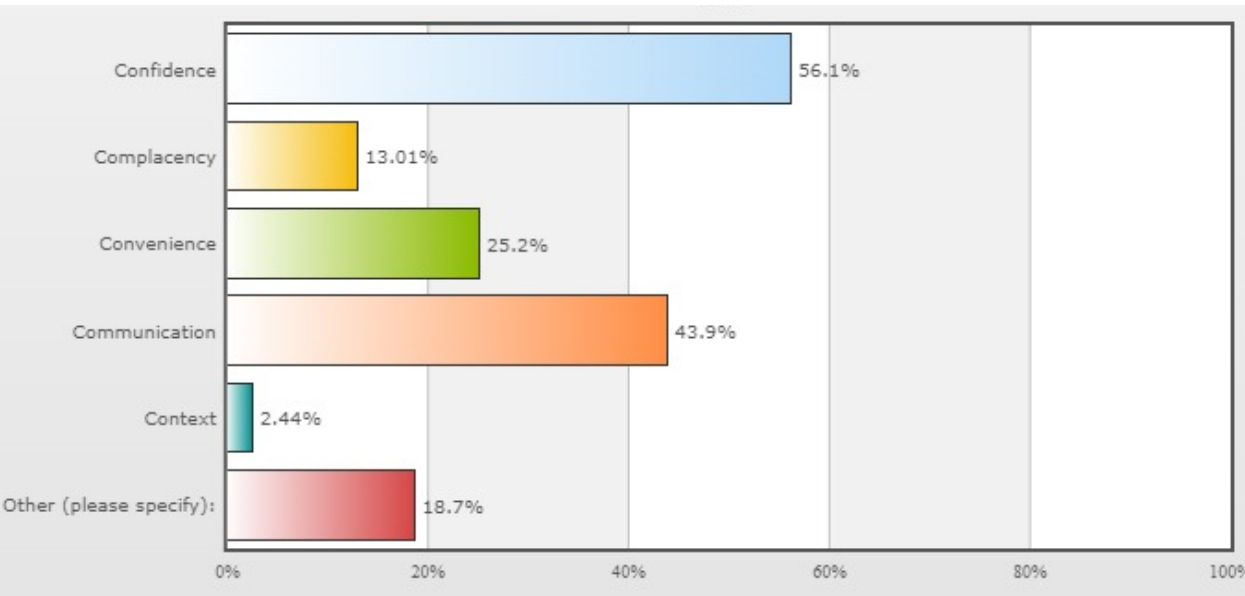
- Please provide a summary of your conversation relating to cancer signs, symptoms, and screening
- What have you found to be the enablers or barriers to accessing cancer screening?
- Do you think the person feels/felt confident about identifying signs and symptoms? Did you get a sense that they would seek medical advice? Please tell us more.
- What do you think could be done to overcome the barriers? What came up in your conversation that reflects what would have made the person's experience different to the one they had?

Insight Bank: Early findings

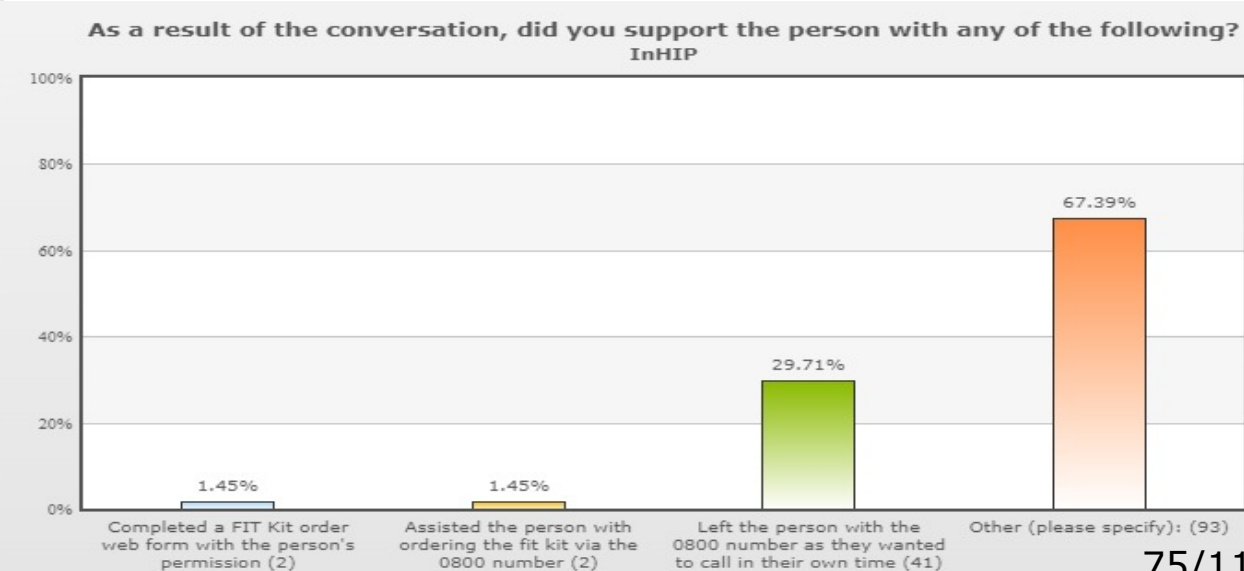
They do know the symptoms to look for, they have had a test kit sent but did not complete it, they would rather see their GP direct

Life situation and cost of living are foremost at the moment, but hopefully a little knowledge will stay with them to contact GP if they do notice any changes

Due to the fact I am Portuguese Adviser and the majority of our clients are very humble people, they are not able to speak or read in English. I would like to suggest to include a leaflet on the patient first language with the screening letter.



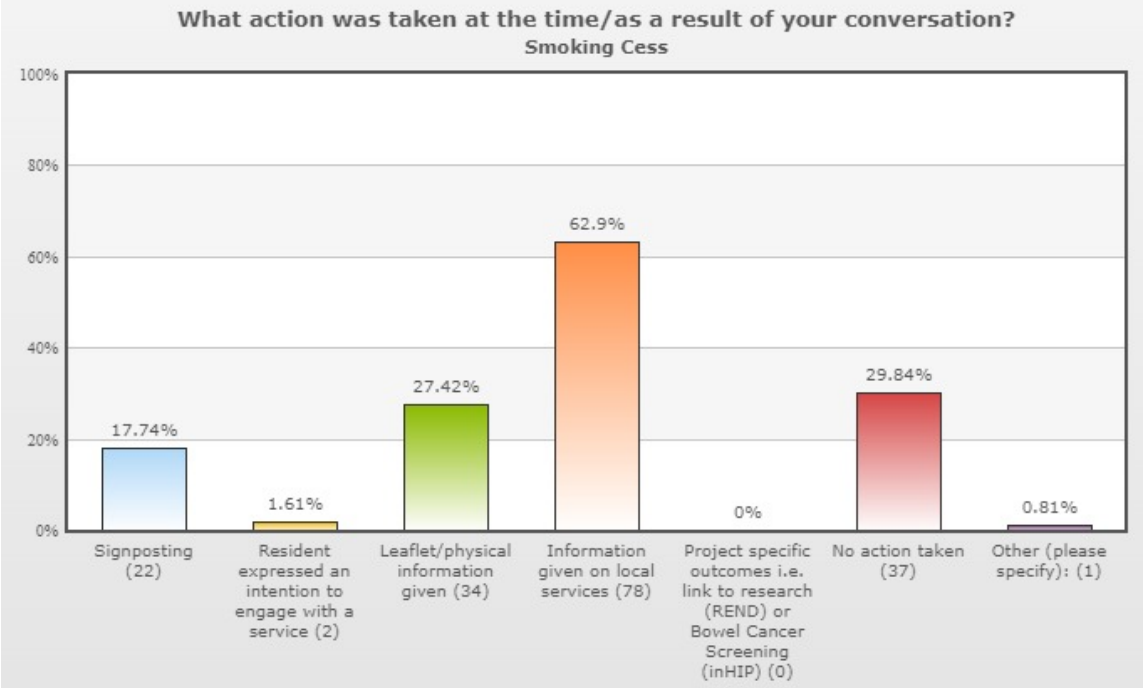
Graph 1 (top): X axis % of responses Y axis barriers or enablers to accessing screening



Graph 2 (bottom): X axis outcomes captured as a result of the conversation Y axis % of responses

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CV5- Health Improvement (Smoking) Outputs

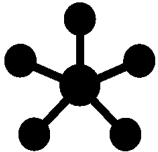


‘the barriers to quitting were that they feel bored without it and that they put on weight when they did quit a few years ago. knew there'd be more money for food, clothes & electric if they quit. Thinks nicotine replacements are probably more expensive than smoking.’

The NHS smoking help is not good, I got patches, gum and a small thing to suck and I didn't like them. I only started smoking when I was 25, never smoked as a teenager like most people, I only started when the children's dad left. It made my depression and anxiety worse so I started smoking, it was a stress relief, it grounded me.



Conversations via trusted communicators



Number of VCSFE organisations hosting the cancer conversations: **6**
Areas of focus: **Core20Plus groups**



Number of conversations recorded to date: **229**
*105 conversations recorded on Norwich Insights Hub

Insight Bank



90+ trusted communicators trained in 20+ organisations



1,500+ conversations

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Community Voices
Using your feedback to improve care

Conversation Date
09/01/2022 10/11/2023

Demographic Filters

Age range
All

Ethnicity
All

Living with a Disability?
All

Gender
All

Location Filters

District
All

Ward
All

Reporting Organisation
All

Overview

1578 Community Voices conversations were recorded.

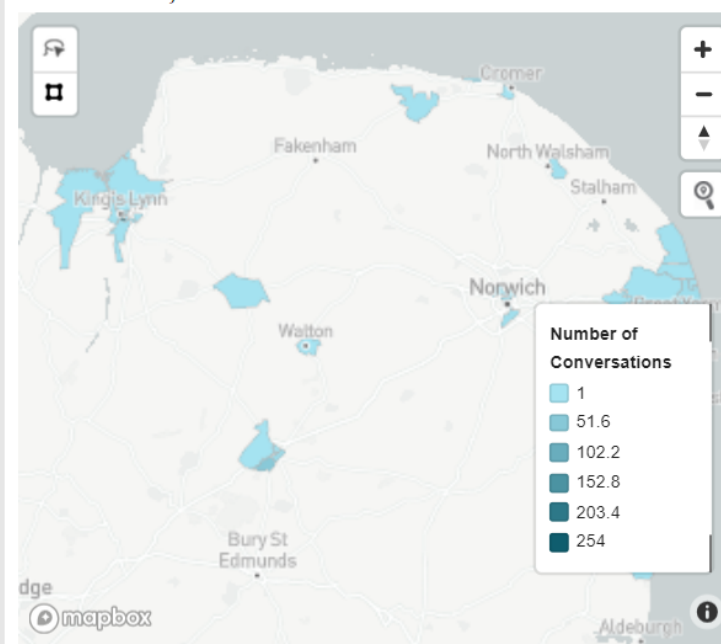
Male respondents spoke the **most positively** about the health-related content they raised.

People aged **67 - 74yrs** spoke the **most positively** about health-related content, while people aged **27 - 34yrs** spoke the **most negatively**.

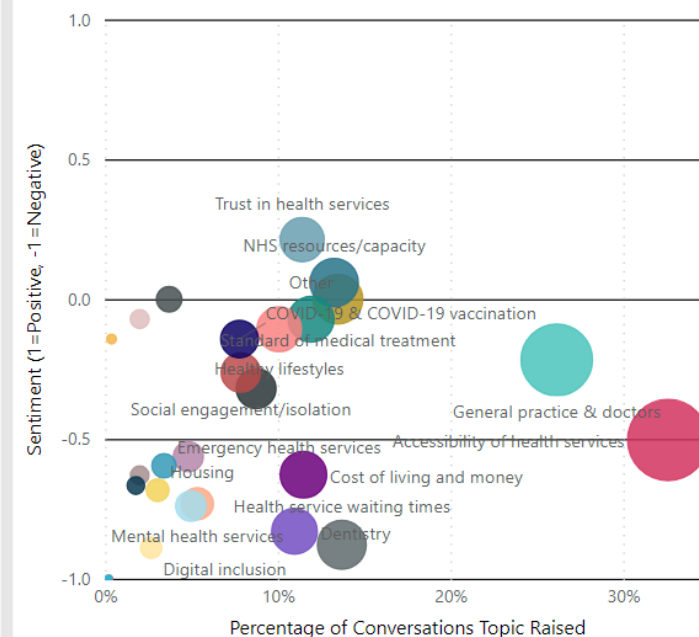
People from a **B2 - White and Black African** background spoke **most positively** about health-related topics, and people from a **B3 - White and Asian** background spoke the **most negatively**.

Accessibility of health services was the most common topic raised. **Trust in health services** was spoken about **most positively**, and **Care in the home** was spoken about the **most negatively**.

Conversations by Area

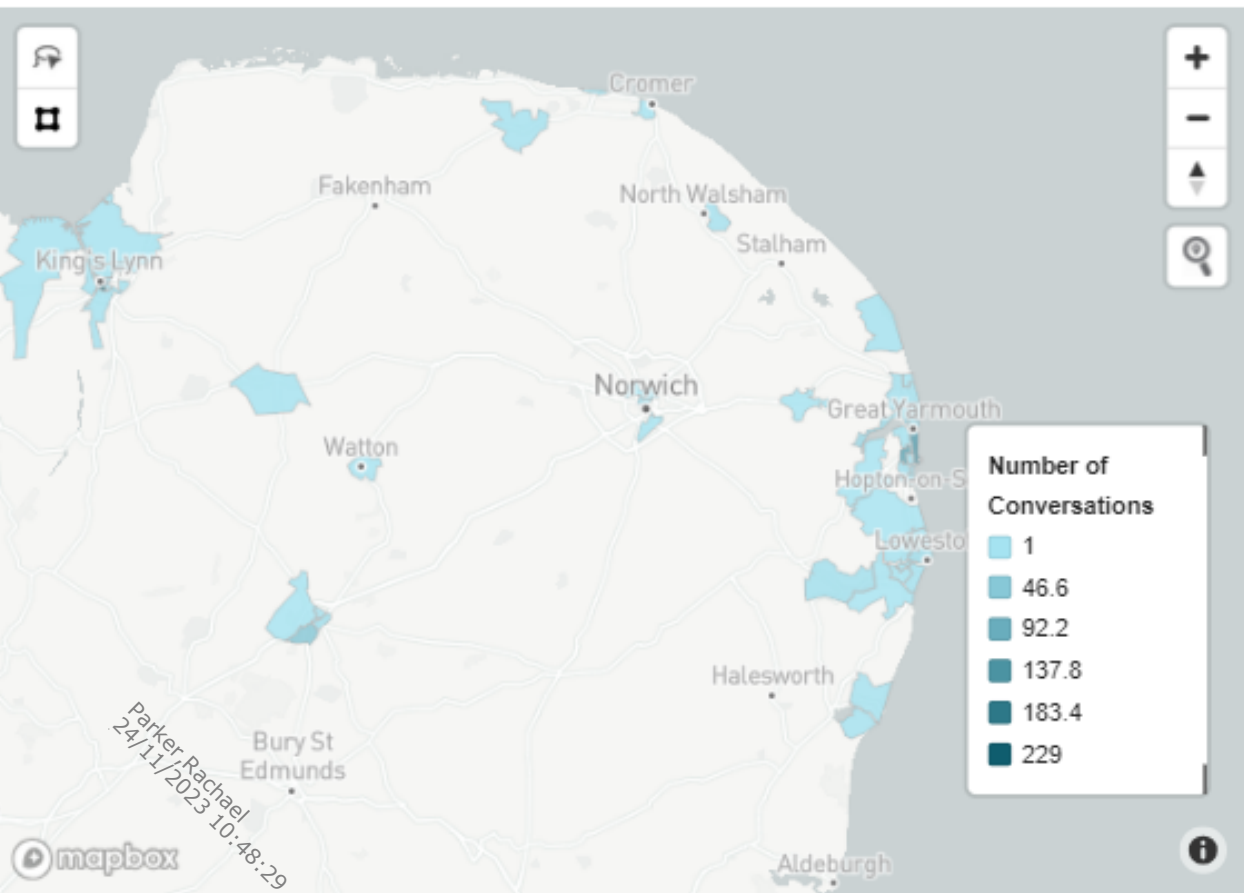


Content and Sentiment

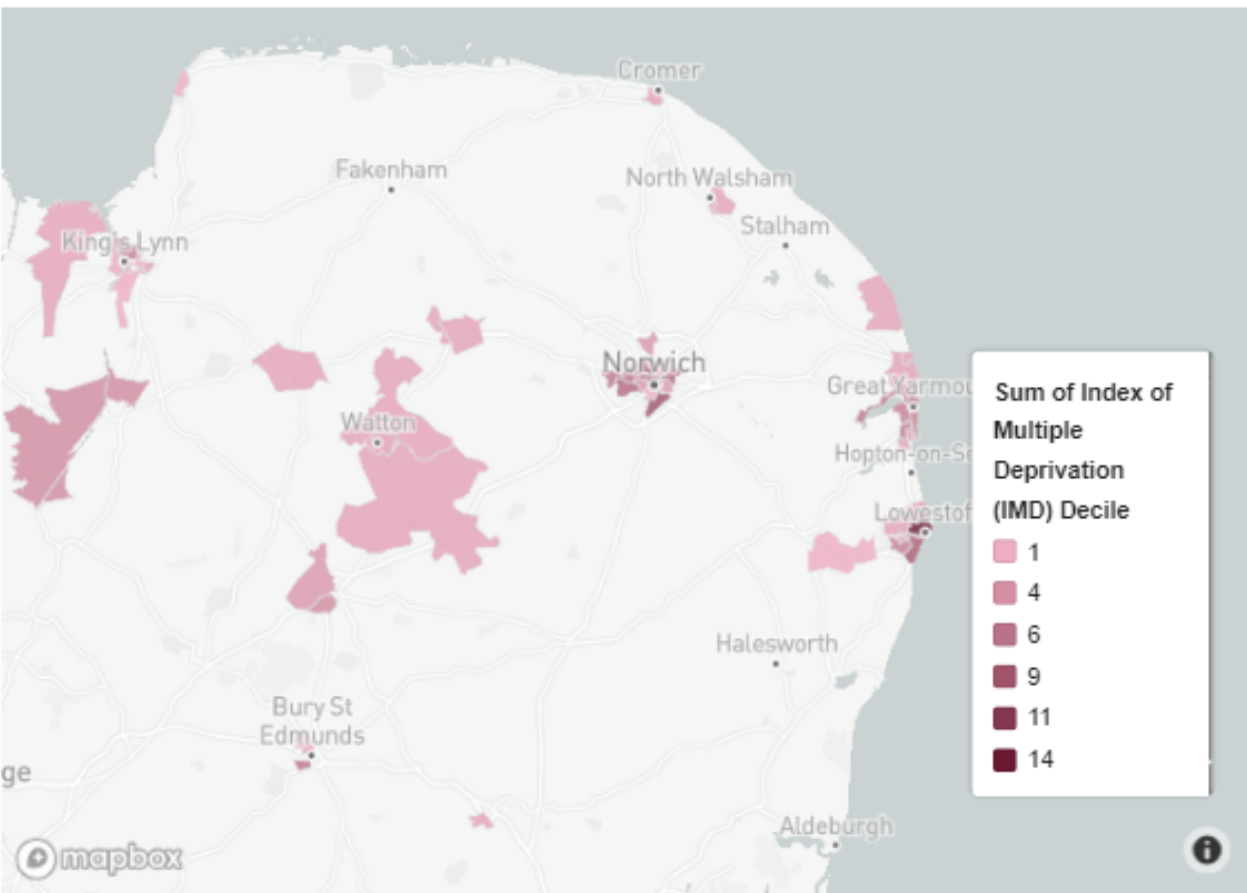


Who are we hearing from?

Conversations by Area



Core 20



Emerging themes

"My mother goes home to Portugal to have dental treatment and she would rather go home for treatment for something serious"
Conversation Quote

Community Voices



Using your feedback to improve care

Travelling abroad for treatment

Travelling abroad for treatment was mentioned in **46** Community Voices conversations.

Community Voices



Using your feedback to improve care

Language barriers in health services

Language barriers in health services was mentioned in **88** Community Voices conversations.

Community Voices



Using your feedback to improve care

Transition away from face-to-face appointments

Transition away from face-to-face appointments was mentioned in **75** Community Voices conversations.

Community Voices



Using your feedback to improve care

Online GP forms

Online GP forms were mentioned in **24** Community Voices conversations.

Community Voices



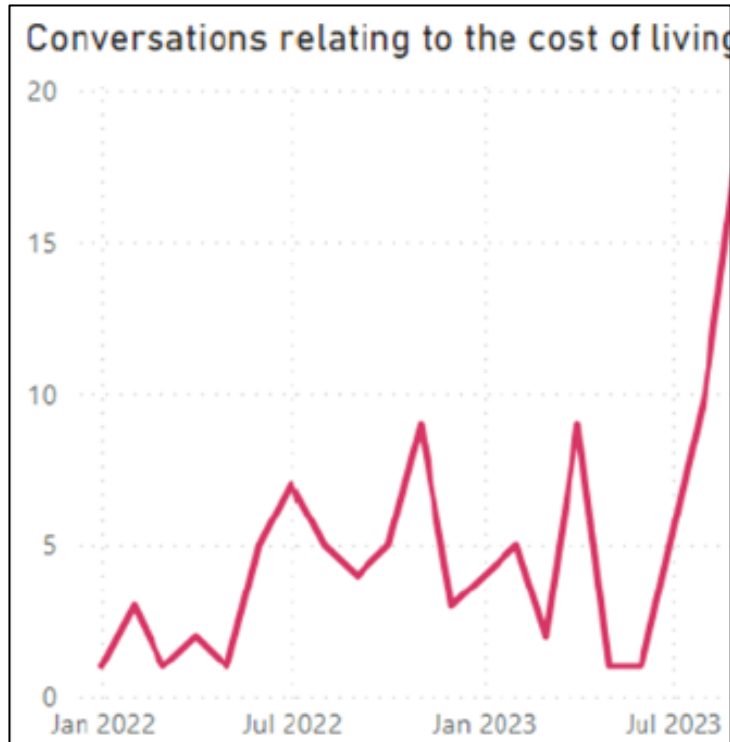
Using your feedback to improve care

Support for People Living with Diabetes

Diabetes, or support for people living with diabetes, was mentioned in **11** Community Voices conversations.

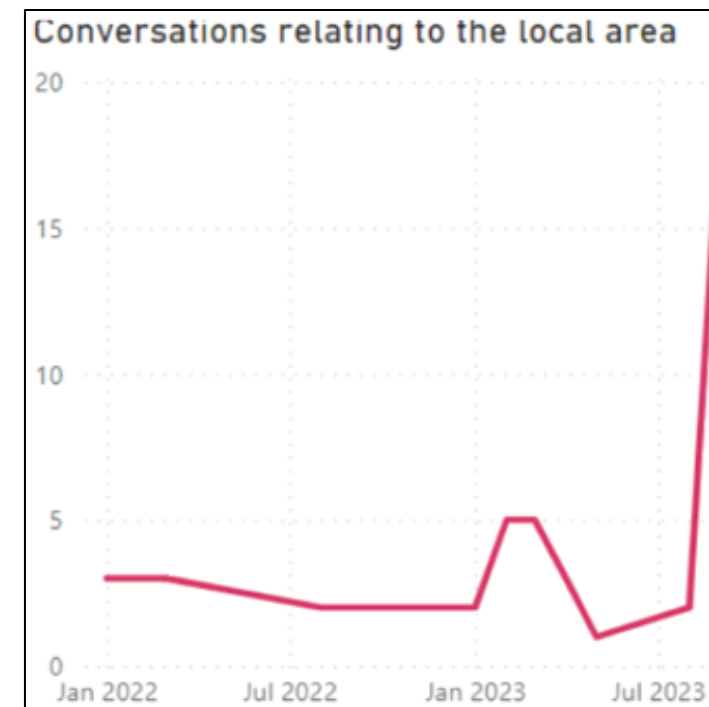
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Social determinants



99 Conversations recorded mentioned cost of living

- Unaffordability of childcare and family activities
- Impact on mental health
- Impact on physical health- diabetes related conversations, rising costs making it difficult for people to manage their condition



53 conversations about people's experience of living in their local area

Employment concerns

- Dissatisfaction about the environments and transport links
- Poor internet and mobile network coverage

Delivery outcomes

Community Voices
Using your feedback to improve care

Conversation Date
09/01/2022 10/11/2023

Demographic Filters

Age range
All

Ethnicity
All

Living with a Disability?
All

Gender
All

Location Filters

District
All

Ward
All

Reporting Organisation
All

Outcomes

Information about local community groups given	Advised to contact GP	Support given to access benefits	Assisted to attend GP	Blue badge application completed
40	27	20	17	3
Vaccination information given	Child benefit application completed	Support given to attend local social events	Court summons prevented for council tax arrears	Drug and alcohol support referral completed
16	2	8	1	2
Housing application completed	Interpreter booked for health visit	PIP application completed	Support given to access dentist	Assisted to register with a GP
5	4	8	4	12
Support given to register on the NHS Low Income Scheme	Support given to become digitally included	Medical information translated	Contact made with GP	NAS application completed
3	3	3	6	7

Provide high quality advice, guidance and information that promotes health and wellbeing.

Respond



To share insight and learning across the Integrated Care System, and give communities a role in shaping service design and delivery.

Where have the Insights been used?

Wellness On Wheels Bus

'I refer to the Community Voices to ensure that the services chosen reflect the feedback provide through this project. e.g. stop smoking requests in Thetford = stop smoking is then offered on the (WOW) bus. This way the bus can have targeted approach, offering services which have been raised by the communities that they would like to access.'

Alice Vickers, Senior Manager for Inclusion Health and Asylum Seekers

'Having access to the insight from the community voices projects really helped make sure our community services review included the voices of those who don't normally come forward to give us their feedback. This way we were able to hear from some of our most underserved communities'

Paul Hemmingway, Associate Director of Communications and Engagement

Talking Therapies

Community Services Review

Serious Crime Duty CV data formed a part of the Violence duty strategic needs assessment- evidence base for serious violence- opportunity for CV with more targeted engagement in areas

'CV data capture helps us to understand how as a system we can make screening more accessible. We are listening directly to feedback from our population and by doing so can minimise barriers and implement best practice.

Screening is a choice, but we know that sometimes not attending is more about the way we set up our services- and as a health system, we can do better.'

Vicki Wash, Cancer Change Manager

(District- led) Older People Strategy, Youth Investment Fund, HWP projects

Health Inequalities Strategy

The Community Voices data collection has allowed the council to access the information to form the basis of funding bids and upcoming strategies, reducing the need for ad hoc and resource heavy consultation where appropriate. Recently the information was mined for a Youth Investment Funding bid for a sports pavilion to be converted for youth activities and we were able to look at the views of young people along with the views about young people of adults to inform the plans. We've also included thematic analysis of data around older people for the basis of a new strategy and been able to utilise the insights within workstreams of our health and wellbeing partnership to provide evidence for usually anecdotal issues.

Head of Health Integration & Communities, Great Yarmouth Borough Council

Key risks and Opportunities

Risks

Financial sustainability
Utilising data
Mutual accountability

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Opportunities

Health Inequalities framework
HI allocation
External fund raising

Next steps:

Proactive quarterly reports
Growing the Insight bank --- scoping the ambition
Making CV data accessible --- supported by qual analysis

Agenda item: 12

Subject:	NHS Norfolk and Waveney ICB communications and engagement forward plan, including core activity across the Norfolk and Waveney ICS
Presented by:	Emily Arbon, Head of Communications and Engagement, NHS Norfolk and Waveney ICB Rebecca Champion, Senior Communications and Engagement Manager, NHS Norfolk and Waveney ICB
Prepared by:	Paul Hemingway, Associate Director of Communications and Engagement, NHS Norfolk and Waveney ICB
Submitted to:	NHS Norfolk and Waveney ICB Patients and Communities Committee
Date:	27 November 2023

Purpose of paper:

To provide an overview of the next six months of core, confirmed activities for the NHS Norfolk and Waveney ICB Communications and Engagement team, as well as reference to core communications and engagement activities across the Norfolk and Waveney ICS which involves system partner organisations, working together.

Executive Summary:

NHS Norfolk and Waveney ICB communications and engagement team works to a forward plan, which is made up of core work, priorities and projects linked to the delivery of the Joint Forward Plan, wider Norfolk and Waveney Integrated Care Strategy and other core work linked to ambitions and goals of the Norfolk and Waveney ICS.

Appendix one provides a summary of core communications, marketing, engagement, involvement and co-production projects that will be worked on up until the end of May 2024. Those with an orange highlight are examples of some of the engagement, co-production and involvement areas/projects which will be taking place between November and March 2024.

It must be noted that this is a rolling, fluid document and is changed on a regular basis, bearing in mind it is right and appropriate to be responsive to meet issues and opportunities as they develop.

Parker
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It must also be noted that this does not capture every piece of work – there will be other pieces and programmes of work linked to core, business as usual activity – both for the NHS Norfolk and Waveney ICB communications and engagement team, as well as wider ICS partner organisations.

Summary of core engagement, involvement and co-production programmes of work

- GP-led Out of Hours service engagement
- Ambulance Response times - parish council engagement
- Dermatology and skin cancer engagement around new service model
- Mental Health Community transformation
- Mental Health Prevention and resilience transformation
- NHS Talking Therapies (IAPT) procurement (through to Aug 2024)
- Mental health collaborative engagement
- Integrated front door ongoing engagement for CAMHS referral and access
- Right Care Right Person resources and ongoing engagement
- Community Services Review engagement
- MSK Service change communications and engagement
- Ongoing engagement around the research and innovation projects
- Planning in regard to wellness hubs, along with services on offer
- Working with Protect Now team and GPs about new pilot Patient Priority review
- EPR Communications and Engagement with system wide staff and core stakeholders
- Ongoing engagement with patients and members of the public relating to the Digital Roadmap
- Update of the our #WeCareTogether People Plan 2020 - 2025 and engaging with our workforce to share their insights into workforce challenges and what will help to build a stronger workforce for the future. This includes reviewing E-rostering and Job planning, Bank and Agency, Collaborative and payment controls and Transformation for skill-mix & large scale recruitment. Diagnostics engagement and planning
- Oliver McGowan mandatory training rollout to systemwide staff and public awareness, including engagement
- Schwartz rounds and CCPL training and engagement
- Primary Care Workforce Comms and Engagement Strategy (to co-ordinate focus to pharm., optom, dentistry)
- Ongoing engagement with residents and communities re the existing Primary Care Campaign
- One Norwich Practices engagement (where appropriate)
- Ongoing support with GP practice Branch closures
- Comms and engagement plan for Dental, with associated milestones
- Comms and engagement plan for Pharmacy, with associated milestones

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- Prescribing Policy changes – listening to our stakeholders, patients and public on an ongoing basis
- OTC campaign – listening to our stakeholders, patients and public on an ongoing basis
- Engagement around the 5-year forward plan co-production projects
- Supporting development of co-production/engagement at place level
- Development of systemwide induction for participation volunteers (starting with patient safety partners training)
- Carer locality meetings and carer feedback
- Developing shared principles around co-production for the ICS (RC)
- Inclusion health resources - easy read and translations
- Healthwatch projects
- Development of resources to support patient engagement in primary care
- Development of Insight Bank linked to Community Voices
- ICS people and communities hub ICS website ongoing development
- Cares, quality improvement and personalization co-production projects
- ICS wide promotion of Armed Forces/Veterans health, including user voice
- Prisoner health communications and engagement, embedding the voice of prisoners in local services.

The wider Norfolk and Waveney ICS Communications and Engagement Group has also contributed to this working communications and engagement plan.

This group is in place to ensure alignment and ensure forward thinking and effective communications and engagement activities take place at system level. The group brings health and care, local authorities, voluntary and community sector, Healthwatch, business, police and fire organisations together to ensure a common narrative is developed for key pieces of work.

It also seeks to ensure patient and public voice remains at the heart of key communication and engagement activities, evidencing where and how patients and members of the public have helped shape services and in turn, communications and engagement approaches.

The group has just updated its core communication and engagement strategy/forward plan to be utilised by Norfolk and Waveney ICS partner organisations, including health and wellbeing partnerships when communicating and engaging with members of the public. This plan is a fluid document and will continually be updated for different projects and programmes of work to demonstrate how organisations, stakeholders, patients and members of the public are working together to improve health and care outcomes and experiences for our residents, staff and communities.

It must be noted that this plan does not replace the Norfolk and Waveney People and Communities Approach, as this includes the core principles of how we are and will continue to work together. Instead, this focusses on our core activities and how we can align and work together to reduce engagement fatigue and duplication of efforts.

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This communications and engagement plan will also be shared for information and discussion with the Norfolk and Waveney Integrated Care Partnership.

Recommendation to the Committee:

The Norfolk and Waveney Patients and Communities Committee is asked to note the communications and engagement plan, including a summary of some of the core pieces of work the NHS Norfolk and Waveney ICB communications and engagement team will focus on, along with core pieces of work within the wider Norfolk and Waveney ICS which will be worked on together.

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

Governance

Process/Committee approval with date(s) (as appropriate)	
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NHS Norfolk and Waveney Communications and Engagement Forward Planning grid 2023-24									
C&E function	Nov-23	Dec-23	Jan-24	Feb-24	Mar-24	Apr-24	May-24	Jun-24	Jul-24
Service area (Lead)									
UEC & system resilience (LB)									
Strategic Oversight Delivery Group (SODG) and resilience comms	Ongoing	Ongoing	Ongoing	Ongoing	Ongoing	Ongoing	Ongoing	Ongoing	Ongoing
Bank holiday UEC services comms		Christmas &			Easter BH	Easter BH			
UEC animation launch	TBC								
GP-led OOH service engagement- TBC									
NHS 111 Help Us Help You campaign	Ongoing	Ongoing	Ongoing	Ongoing	Ongoing	Ongoing	Ongoing	Ongoing	Ongoing
Virtual wards - support of NCHC to roll out									
Ambulance Response times - parish council engagement									
Cancer (LB)									
Targeted Lung Health Check programme - rollout across N&W	Ongoing	Ongoing	Ongoing	Ongoing	Ongoing	Ongoing	Ongoing	Ongoing	Ongoing
Cancer website re-structure	In progress	To be							
Acessible cancer care toolkit	In progress	To be							
Changes to 2 week wait standard and reporting	Patient comms	Patient comms							
Dermatology and skin cancer engagement around new model									
C the Signs diagnostic system to launch to primary care									
Cancer voices video project - library of lived experience									
Relaunch of the Co-production of I-Statements in N&W									
Macmillan 'Improving the Cancer Journey' Model									
Supporting those with LD to access cancer services project									
Direct referral to Rapid Diagnostic Service from community pharmacy									
Big C Cancer signs and symptoms awareness project									
NHSE Help us Help You early diagnostic cancer campaign									
Nursing, quality and clinical transformation (LB)									
(PSIRF)									
CQC reports and associated comms									
Tricia's monthly blog	Monthly	Monthly	Monthly	Monthly	Monthly	Monthly	Monthly	Monthly	Monthly
International Nurses Day							12 May awareness day		
Medical Examiner roll out	Start to	Start to				To begin			
Elective recovery and improvement (LB)									
LUNA platform									
Diagnostic Centres at JPUH, NNUH & QEH	Internal, recruitment and build	Internal, recruitment and build	Internal, recruitment and build	Internal, recruitment and build	Internal, recruitment and build	Internal, recruitment and build	Internal, recruitment and build	Internal, recruitment and build	JPUH to open
Community Diagnostics centres						Northgate to open			
Discharge (LB)									
Reducing long length of stay NHSE campaign	Ongoing	Ongoing	Ongoing	Ongoing	Ongoing	Ongoing	Ongoing	Ongoing	Ongoing
Launch of Right Care NoW brand and narrative	Develop	Launch							
Support of MADE events - ad hoc									
Community support service (VCSE)	Launch comms								
Older people (LB)									
Service scope/launch TBC?									
Age UK/UEA hydration project and resources	Promote								
Maternity (LB)									
Warm baby bag campaign - cost of living crisis	Launch appeal	Promote collection	Promote collection and outreach						
Maternity webpage redesign	To complete								
Stroke (LB)									
World Stroke Day awareness raising									

C&E function	Nov-23	Dec-23	Jan-24	Feb-24	Mar-24	Apr-24	May-24	Jun-24	Jul-24
Community Care (LB)									
Virtual wards for NCHC									
NCHC reablement facility build						Due to open			
IP&C (LB)									
MRSA primary care tool	To launch								
UKHSA alerts and comms	Ongoing	Ongoing	Ongoing	Ongoing	Ongoing	Ongoing	Ongoing	Ongoing	Ongoing
Paliative and end of life care (LB)									
Joint child to adult transitions event with East Anglia Children's Hospice	Promotion	Event							
Mental Health (HC)									
Right Care Right Person	Prep	Prep	Launch			Analysis			
Community transformation	Ongoing comms and engagement support								
SMI website and resources									
Prevention and resilience transformation	One page summaries for public and professsionals of MH resources								
Take 5 campaign	Ongoing								
NHS Talking Therapies (IAPT) procurement (through to Aug 2024)			Comms and enagement plann	Engagement to inform spec	engagement to inform spec				
Mental health collaborative engagement			Ongoing in line with project pla	Ongoing in line with project plan	Ongoing in line with	Launch of adult collab	Ongoing in line with project plan		
Childrens mental health week			Develop campaign	Campaign launch					
NSFT media handling	Ongoing								
CYP (HC)									
Development of website content for CYP									
Workforce training pilot for mental health support				Internal comms	Planning	external comms			
Integrated front door for CAMHS referral and access						Launch			
OT Library launch	Launch								
Digital services for children procurement			2024 onwards						
Young people in mind - contract end and procurement			Announce new provider						
Looked after children procurement									
Maternity									
SEND and SALT									
Continuing Healthcare									
Personal Health Budgets									
Learning Disability and Autism (HC)									
STOMP/STAMP	Comms to senior leaders		Internal comms						
Development of website									
SMI resources and support page	Plan	Soft launch							
Right Care Right Person resources		Soft launch	Launch						
CYP MH resources			Planning						
Care staff/ Care homes (AB)									
Care Home Quality project (comms advice)									
Elective care/ recovery									

C&E function	Nov-23	Dec-23	Jan-24	Feb-24	Mar-24	Apr-24	May-24	Jun-24	Jul-24
LUNA platform			testimonials/support queries	ongoing					
While You Wait campaign				ongoing social media; new content	development	ongoing social media		ongoing social media ; new content de	
Community Diagnostics centres			ongoing	ongoing	ongoing	ongoing			
Planned Care									
My Planned Care									
Seasonal Campaigns									
Winter campaign			campaign live	campaign live	campaign live				
Summer campaign								campaign plan	campaign live
Diabetes (RT)									
World Diabetes Day Nov 14									
NDPP leaflet									
Type 2 Diabetes Prevention Week and the ongoing work around type 2	working closely with programme leads around this work	working closely with programme leads around this work	working closely with programme leads around this work			campaign prep	laucnh of campaign		
National Diabetes Week								PR and socials	
Ramadan & Diabetes fasting						PR, GP comms & socials			
PEoLC									
Palliative Care Helpline									
National Grief Awareness									
Dying Matters Awareness week							PR and social media re PEoLC support		
PEoLC Collaborative support									
Obesity									
Smoking cessation									
Stoptober									
Physical activity									
Active NoW -									
Active Now launch via pilot with Protect Now			Launch	Ongoing					
Cardiovascular									
MSK									
Service change comms and engagement			promotion of changes	ongoing	ongoing				
Respiratory									
Social prescribing									
Greener ICS									

C&E function	Nov-23	Dec-23	Jan-24	Feb-24	Mar-24	Apr-24	May-24	Jun-24	Jul-24
Support ongoing engagement with Green Plan through website and newsletter updates			Ongoing						
Research (RT)									
Launch of Research and Development funding			News release and social media						
Key comms around the reseach and innovation and understanding peojects are currently being worked on.		Internal comms including	inclusion in newsletters						
Safeguarding									
White Ribbon Day									
National Safeguarding Adults Week									
Autism training resource									
Safeguarding contact cards									
HBA/FGM resources									
Population Health Management (RT)									
link in with NHSE colleagues and be involved in the more overaching conversations									
Working with colleagues and be involved in the conversation and planning in regards to wellness hubs which has come out of the vaccination programme									
Health Inequalities (RT)									
Wellness on Wheels - updated bus comms and the re launch of it			We have received funding to do more engagement at the WOW bus	More engagement at the WOW bus to document its success	More engagement at the WOW bus to document its success	More engagement at the WOW bus to document its success	More engagement at the WOW bus to document its success		
Working with colleagues within the team			working through the various projects to ensure that comms and engagement is covered	working through the various projects to ensure that comms and engagement is covered	working through the various projects to ensure that comms and engagement is	working through the various projects to ensure that comms and engagement is	working through the various projects to ensure that comms and engagement is		
asylum seekers and the ongoing PR work				Working with strategic group to understand what comms and engagement is requiried	Working with strategic group to understand what	Working with strategic group to understand what comms and	Working with strategic group to understand what		
health inequalities general				boost the profil of the work that is being done - website and social media as a must	boost the profil of the work that is being done - website and social media as a	boost the profil of the work that is being done - website and social media as a			
work with hotels and the relevant GPs to ensure consistency in approach for aslymn seekers			This is ongoing as we continue to offer a safe space	This is ongoing as we continue to offer a safe space	This is ongoing as we continue to offer a safe space	This is ongoing as we continue to offer a safe space	This is ongoing as we continue to offer a safe space		
Protect Now (RT)									
Working with Protect Now team and GPs about new pilot Patient Priority review			This project has started and regular project updates are being shared	Ongoing	ongoing				
Working with PHM team to work through other projects that fall under the prevention agenda through PHM			This is ongoing	Ongoing	this wrk is ongoing as a comms and engagement input is required	this wrk is ongoing as a comms and engagement input is required	this wrk is ongoing as a comms and engagement input is required	this wrk is ongoing as a comms and engagement input is required	
Digital Weight management programme			sharing and encouraging more practices to take up the referral programme for their patients	this will be ongoing as its from national	ongoing	ongoing			
Flu (RT)									
Promote and communicate the flu immunisation programme to all partners and providers as well as the local community the importance of having the flu vaccination			Ongoing	Ongoing	End date is March but no hard date yet				
Encourage uptake of the flu vaccination across the ICS workforce			Ongoing	Ongoing	End date is March but no hard date yet				
Covid (RT)									
To promote and communicate widely the importance of having the COVID-19 Booster vaccination			This has been ongoing	This has been ongoing	End date is March but no hard date yet				
encourage and promote the COVID-19 Autumn Booster to workforce colleagues across the ICS			This has been ongoing	This has been ongoing	End date is March but no hard date yet				

C&E function	Nov-23	Dec-23	Jan-24	Feb-24	Mar-24	Apr-24	May-24	Jun-24	Jul-24
Spring 2024 COVID-19 booster - we are not yet aware of who will be eligible for the vaccination (awaiting JCVI guidance) and a spring campaign will commence				possibly promote the spring booster	possibly promote the spring booster	possibly promote the spring booster	possibly promote the spring booster	possibly promote the spring booster	possibly promote the spring booster
Wellbeing hubs - this has come from the closure on LVS and move to wellbeing			promoting the wellness hub is ongoing as it is one of the larger sites in Norwich.Currently TBC what other services can be delivered from there	promoting the wellness hub is ongoing as it is one of the larger sites in Norwich.Currently TBC what other services can be delivered from there	promoting the wellness hub is ongoing as it is one of the larger sites in Norwich.Currently TBC what other services can be delivered from there				
The SOS bus (not WOW) engagement project. Initial grant was given to Voluntary Norfolk which was for three years. The have been informed that after march we would be looking to reprocure the service however we would look for an extension until the end of 2023.			engagement has happened and St Johns Ambulance will be taking over from March onwards	Start planning the comms with new provider	new provider to take over and the comms will need to be supported	new provider to take over and the comms will need to be supported	new provider to take over and the comms will need to be supported		
Shared Care Record (AM)									
Shared Care Record - Programme Comms Budgets available			Go live Phase 3 plus case study work for public comms and promotion	Ongoing public comms and support for events or comms needed	Ongoing public comms and support for events or comms needed	Ongoing public comms and support for events or comms needed	Ongoing public comms and support for events or comms needed	Ongoing public comms and support for events or comms needed	
Data Hub (AM)									
Communications - Programme Comms Budgets available			Press release with case study and signposting to web content - social media	Ongoing public comms	Ongoing public comms	Ongoing public comms - promotion of case study and examples of good practice	Ongoing public comms	Ongoing public comms	Ongoing public comms - promotion of case study and examples of good practice
Electronic Patient Record (AM)									
EPR Communications and Engagement - Programme Comms Budgets available			Contiuation of develeoping comms library, Tractivity stakeholder mapping, event planning, EPR comms working group, workshops, design work, merch orders and Change Network events	FBC / Process Design Mapping / Internal comms Planning	FBC Press Release and internal comms	Implementation C&E plans with MEDITECH plus patient engagement	Implementation C&E plans with MEDITECH plus patient engagement	Implementation C&E plans with MEDITECH plus training materials, demo and location planning	Implementation C&E plans with MEDITECH plus training materials, demo and location planning
ICS Digital Roadmap (AM)									
Deloitte Digital Roadmap			Look to revisit and do case studies on the progress of the roadmap	Look to revisit and do case studies on the progress of the roadmap	Look to revisit and do case studies on the progress of the roadmap	Look to revisit and do case studies on the progress of the roadmap	Look to revisit and do case studies on the progress of the roadmap		
ICS Digital Webpages			Ongoing refresh and additional content	Ongoing refresh and additional content	Ongoing refresh and additional	Ongoing refresh and additional content	Ongoing refresh and additional content		
Risk Stratification and Data Sharing (AM)									
Risk Stratification and Data Sharing - budget TBC			Revisit comms and engagement plan with regional perspective on activites	Tie into Data Hub comms and promote use of data sharing with the public	Ongoing public comms	Ongoing public comms			
Workforce (PM)									
International Nursing Recruitment (Sri Lanka) + 20 x cohort per month. Joint relationship with IHS in Sri Lanka to recruitment cohorts across system			Prepped Comms pack to promote opportunities and showcase achievements	Ongoing recruitment.	Develop celebratory event with IIHR and ICS			Development of the International recruitment Hub on ICS website	Ongoing

C&E function	Nov-23	Dec-23	Jan-24	Feb-24	Mar-24	Apr-24	May-24	Jun-24	Jul-24		
Large Scale Reservists Recruitment				NNUH to host event 22/02/23. Include in ICS stakeholder bulletin	Follow up Comms of event						
Update of the our #WeCareTogether People Plan 2020 - 2025 and engaging with our workforce to share their insights into workforce challenges and what will help to build a stronger workforce for the future. This includes reviewing E-rostering and Job planning, Bank and Agency, Collaborative and payment controls and Transformation for skill-mix & large scale recruitment. Diagnostics engagement and planning			Prep promotional materials		Theme engagement responses from events	Produce "You said, We Did	Draft plan presented		Release of the NHS Long Term Workforce Plan		
Campaigns (PM)											
Primary Care H&WB - "We Care" campaign			Established Comms plans and packs	Develop ongoing assets	Develop ongoing assets	Develop ongoing assets	Develop ongoing assets	Ongoing	Ongoing		
"Bullying and Harassment" EDI campaign - Phase 2 / 3			Established Comms plans and materials with external designer	Develop ongoing assets	Develop ongoing assets		Go live with phase 1 with Comms packs, online presence and press pack				
Menopause Advocacy and Awareness Project								Revised website. Promotion of Menopause Advocacy across	Ongoing	Ongoing	
Oliver McGowan mandatory training rollout to systemwide staff and public awareness				Communication Plan To create and sustain a phased six-month proactive approach:							
Mental Health training and recruitment								Promotion of UEA, Mind and TRim staff training	Ongoing	Ongoing	
Volunteering systemwide events										Comms support for Heritage Open Day event	
Schwartz and CCPL training and engagement			Ongoing public comms and support for events or comms needed	Ongoing public comms and support for events or comms needed	Ongoing public comms and support for events or comms needed	Ongoing public comms and support for events or comms needed	Ongoing public comms and support for events or comms needed	Ongoing public comms and support for events or comms needed	Ongoing public comms and support for events or comms needed	Ongoing public comms and support for events or comms needed	
Websites (PM)											
Development of the Virtual Careers Office via the ICS website - a single point of access to a wide range of other recruitment, learning & development, and career portals across the ICS locally and appropriate professional bodies nationally. In addition, it will have its own unique information and resources.			Scope developed	PMO to be recruited	Draft Business case / procurement piece	Project on-hold					
#WeCareTogether maintaince and proposed revision of purpose											
Industrial Action (PM)											
Industial Action - Ambulance, Nursing, Physio - finished strike action Junior Doctors & Senior Consultants (success ballot) Indirect affects on staff - Teachers strike Systemwide Comms packs regularly updated, media coordinated			18/ 19 Jan - 4 organisations on strike. Command and Control centre	6 / 7 Feb - Nursing Strikes. Currently NNUH. CSP - 9th Feb - NNUH, JPUH, NCHC	Awaiting further dates. Junior doctors. Unison. Provide Comms support		Nursing Strikes finished		Junior Doctors strike		
Primary Care Workforce Team (PM)											
Primary Care Workforce Comms and Engagement Strategy (to co-ordinate focus to pharm., optom, dentistry)			Sent to HEE for Approval in Dec 2022	Awaiting response to deliver outcome							

C&E function	Nov-23	Dec-23	Jan-24	Feb-24	Mar-24	Apr-24	May-24	Jun-24	Jul-24
Review and review the new PCTW Social Media content plan									Social media channels created (Linkedin, Facebook, Twitter and Youtube)
Primary Care recruitment professional videography capture profession videography of all sectors of the primary workforce •Showcase Norfolk and Waveney as a place to work and live •Collate footage for a range of recruitment and retention initiatives									
Primary Care Workforce newsletter (sent via every Wednesday Tractivity)									Ongoing
Primary Care (KH)									
Primary Care Campaign	Socials on ARRS staff	Socials on Self Care and Choosing	Socials on Self Care and Choosing Services (supporting winter campaign)	Socials on Access routes	Socials on Access routes	ongoing	ongoing	Ongoing	Ongoing
primary care campaign - pharmacy assets	Developing assets around the Pharmacy team	Ongoing	introduce into campaign rollout,	ongoing	ongoing	ongoing	ongoing		
primary care access recovery national campaign	Supporting roll out of national Comms	Ongoing	Ongoing	Ongoing	Ongoing	Ongoing	Ongoing		
One Norwich Practices	support for Project	Ongoing	Ongoing						
Estates (primary care) (KH)									
Wave 4b Estates	Media/PR for Groundbreak ing ceremony for	Working with Programme boards to	Anticipating work starting on site at Sprowston (Aslake Close)	Working with Programme boards to identify ongoing comms and engagement opportunities during the builds	Working with Programme boards to identify ongoing comms and	Anticipated opening of Thetford Healthy Living Centre and potentially Sprowston	Anticipated opening of King's Lynn health hub at Nar Ouse Way		
GP practice Branch closures									
Ongoing support for practices who may require consultation									
GP bulletin (KH)									
Weekly publication	4 x month	4 x month	4 x month	4 x month	4 x month	4 x month	4 x month	4 x month	4 x month
Dental bulletin (KH)									
Monthly publication	1 x month	1 x month	1 x month	1 x month	1 x month	1 x month	1 x month	4 x month	4 x month
Pharmacy bulletin (KH)									
Monthly publication	1 x month	1 x month	1 x month	1 x month	1 x month	1 x month	1 x month	4 x month	4 x month
Delegated commissioning (dentistry, optom) (KH)									
Comms and engagement plan for Dental	Developing full C&E plan	Ongoing	Ongoing	Ongoing	Anticipated announcement of ICB long-term dental strategy	Ongoing	Ongoing		
Comms and engagement plan for Pharmacy	Developing full C&E plan	Ongoing	Ongoing	Ongoing	Ongoing	Ongoing	Ongoing		
Ask Your Pharmacist Week	Social media activity finishing								
Medicines Optimisation (KH)									
Self Care week (14-20 November)	News, socials, pharmacist								
World Antimicrobial Awareness Week (18-24 Nov)	News and social copy; toolkit								

[illegible]

C&E function	Nov-23	Dec-23	Jan-24	Feb-24	Mar-24	Apr-24	May-24	Jun-24	Jul-24
Supporting QMA team with comms and engagement across the ICS									
Developing business case and comms strategy for QMA									
Stakeholder newsletter (HC)									
Bi-weekly newsletter - develop into system resource			Weekly 4xmonth						
Continual review of Tractivity and updating design and distribution lists									
On-going development of distribution list			Ongoing						
HOSC (RC)									
Manage flow of requests for information into and out of ICB			Ongoing						
Ensure HOSC is briefed on relevant ICB/NHS transformation & issues			Ongoing						
Engagement best practice (RC/HC)									
Developing shared principles around co-production for the ICS (RC)			Ongoing						
ICB Comms and engagement toolkit on the intranet (HC)			Ongoing						
Inclusion health resources - easy read and translations			Ongoing						
PPG Support (HC)									
Healthwatch projects									
Development of resources to support patient engagement in primary care			Ongoing tweaks and development						
Regular learn & share events									
ICS Engagement/ Patient experience (RC/HC)									
Development of Insight Bank as part of N&W Community Voices			Ongoing	Ongoing	Ongoing	Ongoing	Ongoing	Ongoing	Ongoing
ICS people & communities hub on the website (HC)			Ongoing	Ongoing	Ongoing	Ongoing	Ongoing	Ongoing	Ongoing
ICS quarterly engagement report (HC)			Ongoing	Ongoing	Ongoing	Ongoing	Ongoing	Ongoing	Ongoing
Develop co-production hub as part of the people & communities hub			Ongoing	Ongoing	Ongoing	Ongoing	Ongoing	Ongoing	Ongoing
Co-production projects - carers, quality improvement, personalisation			Ongoing	Ongoing	Ongoing	Ongoing	Ongoing	Ongoing	Ongoing
ICS wide promotion of Armed Forces/Veterans health including user voice			Ongoing	Ongoing	Ongoing	Ongoing	Ongoing	Ongoing	Ongoing
Prisoner health communications and embedding voice of prisoners in local services			Ongoing	Ongoing	Ongoing	Ongoing	Ongoing	Ongoing	Ongoing
5 year Joint Forward Plan engagement including reporting and webpage development			Ongoing	Ongoing	Ongoing	Ongoing	Ongoing	Ongoing	Ongoing
5 year Joint Forward Plan - development of ongoing programme of engagement and co-production around delivery of the projects			Ongoing	Ongoing	Ongoing	Ongoing	Ongoing	Ongoing	Ongoing
Payments policy - involvement payments and co-production threshold			Ongoing	Ongoing	Ongoing	Ongoing	Ongoing	Ongoing	Ongoing
People and Communities Committee (RC)									
Ongoing support to develop agenda items			Ongoing	Ongoing	Ongoing	Ongoing	Ongoing	Ongoing	Ongoing
Seeking Lived experience committee members			Finalise recruitment pack	Finalise recruitment pack	Out to recruitment	Ongoing	Lived Exp reps at first Committee		
EDI Support (RC)									
Support to complete EIAs - working with Tracy Williams for clinical input. Holding until proper EIA system established			Ongoing	Ongoing	Ongoing	Ongoing			
Storing working draft versions of EIAs			Ongoing	Ongoing	Ongoing	Ongoing			
Completion of systemwide template EDS2 Domain 1 - Patients			Ongoing	Ongoing	Ongoing				
Staff Briefings (SM)									
Weekly output			circa 4 x monthly	circa 4 x monthly	circa 4 x monthly	circa 4 x monthly	circa 4 x monthly	circa 4 x monthly	circa 4 x monthly
ICS Newsletter									
ICS newsletter, produced on a quarterly basis with all partners					Newsletter published			Newsletter published	
Intranet (SM)									
Adoc Intranet updates			Ongoing	Ongoing	Ongoing	Ongoing	Ongoing	Ongoing	Ongoing
Intranet champions			Ongoing						
Staff newsletter (SM)									
9/10 Monthly issues released				Newsletter published		Newsletter published		Newsletter published	96/112

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C&E function	Nov-23	Dec-23	Jan-24	Feb-24	Mar-24	Apr-24	May-24	Jun-24	Jul-24

Agenda item: 13

Subject:	Norfolk and Waveney ICS Communications and Engagement Group update, including Terms of Reference
Presented by:	Emily Arbon, Head of Communications and Engagement, NHS Norfolk and Waveney ICB Rebecca Champion, Senior Communications and Engagement Manager, NHS Norfolk and Waveney ICB
Prepared by:	Paul Hemingway, Associate Director of Communications and Engagement, NHS Norfolk and Waveney ICB
Submitted to:	NHS Norfolk and Waveney ICB Patients and Communities Committee
Date:	27 November 2023

Purpose of paper:

To provide an update on the Norfolk and Waveney ICS Communications and Engagement group, providing an overview of core agenda items and discussion at its meeting on 11 October 2023.

To review and approve the Terms of Reference for the Norfolk and Waveney ICS Communications and Engagement Group.

Executive Summary:

The Norfolk and Waveney ICS Communications and Engagement Group is in place to ensure alignment and ensure forward thinking and effective communications and engagement activities take place at system level. The group brings health and care, local authorities, voluntary and community sector, Healthwatch, business, police and fire organisations together to ensure a common narrative is developed for key pieces of work.

It also seeks to ensure patient and public voice remains at the heart of key communication and engagement activities, evidencing where and how patients and members of the public have helped shape services and in turn, communications and engagement approaches.

Membership is reviewed on a six-monthly basis to ensure the group represents key organisations across Norfolk and Waveney and also includes representation, from a

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communications and engagement perspective, from each of the Health and Wellbeing Partnerships / place and co-production oversight.

The group has just updated its core communication and engagement strategy/forward plan to be utilised by Norfolk and Waveney ICS partner organisations, including health and wellbeing partnerships when communicating and engaging with members of the public. This plan is a fluid document and will continually be updated for different projects and programmes of work to demonstrate how organisations, stakeholders, patients and members of the public are working together to improve health and care outcomes and experiences for our residents, staff and communities.

Quarterly meetings have been set and take place on a face to face basis, rotating around Norfolk and Waveney. A hybrid option is also available in case colleagues cannot join – it is important that we have attendance at this system wide meeting, Face to face is preferable, but hybrid/virtual options are available on request.

The first full year of meetings have been virtual and had varied attendance and contribution. The wider group decided these sessions are vitally important and therefore, to maximise attendance and outputs, would take place on a face to face basis to ensure valuable group discussion and agreement to work to a forward plan, together.

Summary of key discussion and outcomes from 11 October 2023 meeting

Norfolk and Waveney Community Voices project update

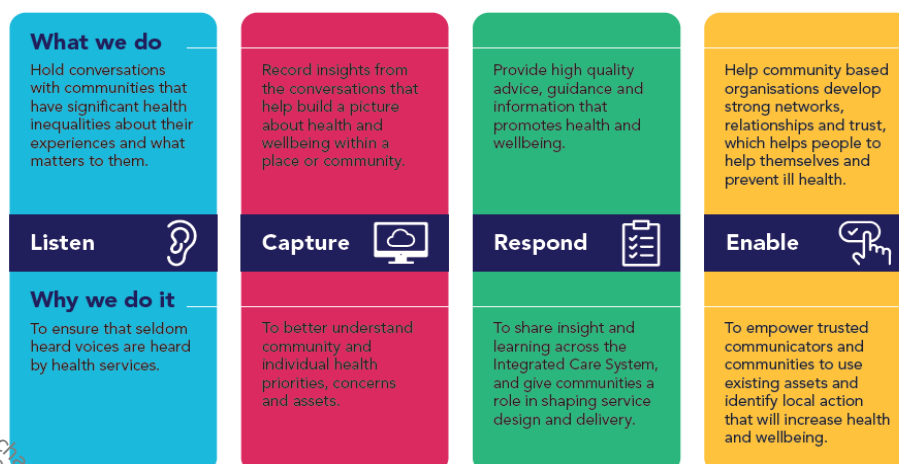
An update on the Norfolk and Waveney Community Voices Project was shared with the wider ICS communications and engagement group – a summary is included below.

Our vision

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.

How we do it

- By facilitating the right training and providing an infrastructure which works well – with networks, access to good quality resources and time to reflect on good practice.
- By building good quality insight data that can be shared appropriately across partner agencies
- By evaluating the effectiveness of what we do, why we do it and how we do it.
- In partnership with good governance and support from all the sectors involved.
- By recognising that good health is influenced by a range of factors.



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It was acknowledged that the Community Voices project is still a work in progress but some extremely invaluable content and conversations are being recorded on a regular basis.

All organisations were asked to make contact with Amrita and the Community Voices team to seek information on what is available at the moment in the Insight Bank which can be used to inform and influence future service development. The intention is that an interactive platform will be available in the future which can be accessed by all system partner organisations, which will include qualitative information as well as highlights and key summaries of core engagement exercises. This is part of the emerging work to create a data hub for Norfolk and Waveney which will provide a holistic picture of information from a variety of different sources, including outcomes from engagement, coproduction and involvement activities.

2023-24 winter campaign overview

The group discussed the Norfolk and Waveney ICS winter campaign, made up of a number of key themes. Each organisation committed to support the campaign and agreed to share across all networks and platforms. The themes of the campaign this year, produced with support of all sectors and pillars across the ICS are as follows:

- Vaccination uptake – COVID and Flu
- Winter wellness and resilience (including mental health support, check medicine cabinet and carer support plans)
- Hardship (debt advice and help with money, food hubs and scam awareness)
- Choose the right service for health and care needs

The campaign launched effectively early November and will continue, with paid advertising until the end of March 2024.

Right Care, Right Person communications and engagement update

NHS Norfolk and Waveney ICB, along with partners across the ICS Communications and Engagement group talked through and discussed the emerging Right Care, Right Person communications and engagement approach for Norfolk and Waveney.

Right Care, Right Person (RCRP) will be rolled out in phases in Norfolk and Waveney, starting in January 2024. We are working with the local police and our system partners across Norfolk and Waveney to tailor the approach locally.

We are also working with lived experience representatives, through Rethink Mental Illness, who are involved in several of the RCRP workstreams.

ICS comms and engagement partners have been involved in the development of the communications strategy and public messaging for RCRP.

It was confirmed the timeline is as follows, which all organisations agreed to support:

October 2023: Suffolk RCRP launch – media statements have been prepared. Share updated internal comms and comms plan with partners.

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- **November 2023:** Work with partners to develop public comms. Share 'pre-launch' comms and promote resources.
- **December 2023:** Prepare Norfolk RCRP launch public and internal comms – to include myth busting website page, signposting to support etc.
- **January 2024:** Norfolk RCRP is launched – continue to monitor and adapt comms as needed.

Each organisation was also asked to:

- Think about their own audience(s); what do they need to know?
- Share communications and key messages widely.
- Help signpost to appropriate support and resources.

Healthwatch updates

A comprehensive summary was shared by Healthwatch Norfolk to the group. Discussion was had in relation to how findings from engagement activities can and are being used to help inform service development.

Healthwatch Suffolk sent their apologies to the meeting, but an update was circulated which mirrored the update shared at the previous Norfolk and Waveney Patients and Communities Committee in September 2023.

Carers Matter Norfolk discussion

The group heard from Carers Matter Norfolk, Communications Manager, Andy Barber about the work they are doing to support carers across Norfolk and Waveney. Reflections were also made and acknowledged to the ICS Carers Conference which took place in September and how it is vitally important we continue to communicate direct with carers and work with them to influence and inform services.

Carers Matter Norfolk provide support to people looking after another adult in Norfolk.

- More than 70% of people who look after someone, or have done so, do not realise they are a carer. A formal request was asked for all services to help in identifying carers so they get the support they need, acknowledging is hugely important for the sake of both the carer and the person they are supporting.
 - Some free resources to help with this are available at carersmatternorfolk.org.uk/resources
 - Professionals can make a referral, or people can self-refer or just get in touch with a query, see carersmatternorfolk.org.uk/contact-us/
- If organisations have information that is relevant for carers in Norfolk, this group shares information with Carers Matter Norfolk to help spread the word.

Other core business

Each organisation was asked to feed into a communications and engagement work plan which will form a forward plan for Norfolk and Waveney, including core communications and engagement activities. This does not replace the People and Communities Approach, as this includes the core principles of how we are and will

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continue to work together. Instead, this focusses on our core activities and how we can align and work together to reduce engagement fatigue and duplication of efforts.

A separate paper is included with the committee papers for the meeting in November which describes the core activities led by the ICB and other core partners across the Norfolk and Waveney ICS.

Terms of Reference – Norfolk and Waveney ICS Communications and Engagement Group

The Terms of Reference (ToR) for the Norfolk and Waveney ICS Communications and Engagement group have just been refreshed. The original ToR were developed and approved in June 2021 when the group first came into fruition. At the time, the ToR reported to the ICS Transformation Group, providing assurance that system wide communications and engagement activities were being done in an aligned way, with a focus, where possible, working towards reducing duplication and incorporating aims, goals and objectives of the wider ICS into everything we do.

The Patients and Communities Committee was established earlier this year, meaning the natural direct line of reporting should be through the committee, for both the ICB and wider system communications and engagement activity.

The terms of reference have been updated with this in mind and are attached for review and approval by the Patients and Communities Committee.

Once the Committee has approved the Terms of Reference, they will also be shared with the Integrated Care Partnership to ensure that the ICP is in agreement with the overall mechanics of the group, how it operates and how best to provide updates on how ICP partners are working together to reduce duplication and ensure ICP and wider ICS goals and objectives are being supported and ultimately met.

Recommendation to the Committee:

The Norfolk and Waveney Patients and Communities Committee is asked to note the update from the Norfolk and Waveney ICS Communications and Engagement Group.

The Committee is also asked to review the approved Terms of Reference for the Norfolk and Waveney ICS Communications and Engagement Group and approve from the perspective of the Committee. At which point, these will be circulated with the Norfolk and Waveney Integrated Care Partnership for information.

Key Risks

Clinical and Quality:

Finance and Performance:

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

Governance

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

Projects summary 2023/24 – Norfolk and Waveney (November 2023)



Summary table (Ongoing projects 2023/24)

The following table includes a brief summary of ongoing Healthwatch Suffolk projects relevant to the Norfolk and Waveney integrated care system. For more information about our current programme of research, engagement and co-production activities (including those taking place across Suffolk and north east Essex), please contact info@healthwatchsuffolk.co.uk, or call 01449 703949.

Project title and update	Outcomes	Ends	Link
<p>Developing Skills in Health and Social Care (DSHSC) project evaluation</p> <p>The DSHSC project is a £7.5m project led by Norfolk and Suffolk County Councils to provide fully-funded training for staff working in health and social care across Norfolk and Suffolk.</p> <p>We are currently completing a second year of evaluation work, funded by the European Social Fund (ESF). Reporting has taken place on a rolling basis to ensure learning from the evaluation can be incorporated into the project as it has been delivered. The project and final report will complete at the end of November 2023.</p>	<ul style="list-style-type: none"> People's feedback is used to inform an action plan shaping the DSHSC project. The feedback indirectly helps to support workforce development across health and care in Norfolk and Suffolk. 	Oct 2023	None
<p>My Health, Our Future (Phase seven) – Secondary schools & colleges</p> <p>Our survey for 2023 was co-produced extensively with local partners, including Public Health Suffolk, SNEE ICB, VCSE partners, schools, colleges and young people.</p> <p>Over 13,000 young people participated in the survey in 2023 (a new record response), offering a wealth of data to inform local policy on young people's support from schools, colleges, the NHS and many other partners. For the first time, the survey results included young people attending independent schools and colleges.</p> <p>Early insights have been shared with partners to inform local strategies on childhood obesity and public mental health. Our final countywide data will be published later in the year.</p>	<ul style="list-style-type: none"> Schools and colleges use data to inform wellbeing plans, and address student wellbeing challenges. Our data is used to shape, influence and improve local plans and strategies to improve young people's wellbeing. Thousands of young people completing the survey are signposted information about local, and national, support for their physical and mental wellbeing. 	Dec 2023	

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<p>Home care services in Suffolk</p> <p>Suffolk County Council will write to invite customers to complete a survey about home care experiences between now and the end of the year (each of the three alliance areas in turn, including Waveney).</p> <p>The first survey round (west Suffolk) has completed, and we have completed our reporting dashboard. 359 responses were recorded in total.</p> <p>The final two rounds of the survey (to people receiving care in Waveney and east Suffolk) will include an opportunity for people to take part in interviews about their experiences. A news item (available on https://healthwatchsuffolk.co.uk/news/mycareathomeinterviews/) is live now to promote this opportunity to people across Suffolk.</p> <p>We will also be working with SCC to co-produce a home care workforce survey to shape and inform the development of local social care workforce strategies, and to help home care services to consider what is needed to grow and retain our local home care workforce.</p>	<ul style="list-style-type: none"> • To be captured subject to further discussions with SCC. Initial meetings have identified some opportunities for use of the results and there was some discussion about an action plan linked to this ongoing work. • People's experiences are used to inform ongoing provision and review of home care services in Suffolk. • Feedback from home care staff is used to shape developing social care workforce strategies. 	Mar 2023	
<p>Children and young people's asthma services in Waveney</p> <p>We have been commissioned by local Integrated Care Boards across Suffolk to shape a bundle of care provided to children and young people living with asthma.</p> <p>We have completed engagement visits to support this work at James Paget University Hospitals NHS Foundation Trust and have communicated widely about the project with many of our contacts in the area. In addition to social media promotion, primary schools have been contacted, GP practices operating the 'Footfall' website platform have also featured the survey prominently, and we have distributed leaflets and information to key groups and contacts (e.g., libraries with parent/toddler groups).</p> <p>The survey has now closed, and we have received 26 responses in total. A report will be available soon. It will be shared together with a separate report about people's experiences in Suffolk and north east Essex (created jointly with Healthwatch Essex. Together, the reports will bring new insight to people's experiences of support across Suffolk..</p>	<ul style="list-style-type: none"> • People's views and experiences inform the future of CYP asthma care and services across SNEE. • We enable people and commissioners to work together on service change or design (as yet to be defined). • Our project helps people to learn more about what they should expect from local services. • Our findings are shared with regional commissioners to inform their work and projects. 	March 2023	

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<p>My Health, Our Future (Phase 8)</p> <p>We have begun to co-produce the next phase of the MHoF survey for 2024/25. The aim is to produce a phase 8 MHoF survey that is more 'impact/solution focused' – reducing the negative focus on identifying issues or problems in previous surveys.</p> <p>The MHoF co-production survey for young people (16+) is currently live on the Healthwatch Suffolk website. See https://healthwatchsuffolk.co.uk/news/mhofphase8-copro/.</p> <p>The 2024/25 survey is planned to launch in January 2024 (post phase seven reporting). The co-production will ensure young people have had a say in shaping key survey questions and how young people can respond to our survey.</p> <p>Learn more about MHoF, and its impact, on https://healthwatchsuffolk.co.uk/mhof/.</p>	<ul style="list-style-type: none"> Schools and colleges use data to inform wellbeing plans, and to address key student wellbeing challenges identified within their bespoke reports. Our data is used to shape, influence and improve local plans and strategies to improve young people's wellbeing. This includes countywide strategies developed by the NHS, Public Health Suffolk and other key local partners. Thousands of young people completing the survey are signposted information about local, and national, support for their physical and mental wellbeing. More detail about the extensive impact of MHoF (across all years of the survey) can be found on www.healthwatchsuffolk.co.uk/mhof/impact-2/. 	Dec 2024	
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<p>Prescription Ordering Direct (Norfolk and Waveney)</p> <p>The Norfolk and Waveney ICB is developing a new operating model in which it would no longer be a direct provider of services. Under these plans, the ICB would no longer run the Prescription Ordering Direct (POD) service, which works with and supports patients from 18 local GP practices.</p> <p>We advised the ICB to engage the public, before making a decision on this service change. This has led to this important opportunity for people to have their say. Asking Healthwatch Suffolk to be the independent analysers of such a survey was a welcome invitation by the ICB.</p> <p>A qualitative survey consisting of four open-ended questions was live until 22nd October 2023. It was developed, hosted and communicated, by the Norfolk and Waveney ICB. Our role has been to independently analyse the data and produce a report.</p> <p>In total, 2,746 responses to the survey were shared with Healthwatch Suffolk and included in the independent analysis. This amounted to a combined total of 10,331 comments that have been processed and coded into a number of themes described in detail across the following pages.</p> <p>Our report has been shared with leaders of the Norfolk and Waveney ICB to inform decision-making about the future prescription ordering in Waveney.</p>	<ul style="list-style-type: none"> • People in Great Yarmouth and Waveney are asked for their experiences to inform decision-making and support around prescription ordering in the future. • Unknown impact from sharing the final report (to be confirmed with commissioners). 	Nov 2023	
<p>Elective care in Suffolk 2024</p> <p>In 2024, we will aim to repeat our work exploring the experiences of people waiting for planned care from our local hospitals. We will aim to complete this research together with our local integrated care systems, and with the support of hospitals.</p> <p>The project is at a very early stage of planning and development. With the support of system leaders and partners, we hope Suffolk can become a centre of excellence with regard to tackling this major issue.</p>	<ul style="list-style-type: none"> • Impact will be determined in co-production with system leaders, providers and partners. 		None


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Summary table (Completed projects 2023/24)



The following table includes a brief summary of completed Healthwatch Suffolk projects relevant to the Norfolk and Waveney integrated care system. For more information about our current programme of research, engagement and co-production activities (including those taking place across Suffolk and north east Essex), please contact info@healthwatchsuffolk.co.uk, or call 01449 703949.

Project title and update	Outcomes	Link
<p>Unmet needs in social care</p> <p>Healthwatch England is funding local Healthwatch to complete interviews with people that are not getting the right help when they need social care support.</p> <p>We worked with partners, and our co-production ambassadors, to source a number of individuals that met key criteria for interview (determined by Healthwatch England). However, to ensure a national spread, Healthwatch England was only able to fund us to take forward one of the interviews outlined in our bid – a person with a social care package who has been discharged from hospital.</p> <p>We have provided the interview transcript to Healthwatch England so that it can use it for the purposes of its national interpretation and reporting. Healthwatch England intends to share the case studies to influence national social care policy and debate.</p>	<ul style="list-style-type: none"> A local case study is included in national work to influence social care policy and debate. 	None
<p>Maternal mental health support in Suffolk</p> <p>This is a national Healthwatch project to explore people's experiences of maternal mental health support. A total of 45 responses were recorded from people living in Suffolk (the national data set includes around 2,600 responses).</p> <p>The project has now completed, and we have shared our local report with commissioners within primary care, and also our local maternity systems. Our main aim, when publishing this report, has been to raise awareness of how people are not consistently asked about their mental health when attending for a six-week postnatal check-up with their GP – or across the maternity pathway.</p> <p>This is a link to our published news item and local report: https://healthwatchsuffolk.co.uk/news/maternal-mental-health/.</p>	<ul style="list-style-type: none"> Our local communication helps people to find information about support and services. People's views are included in the national review of evidence. Local experiences are shared with Suffolk maternity systems. We are supporting the development of a checklist in the SNEE system to support better conversations. 	

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<p>Dental access in Suffolk</p> <p>We have created a brief report about impromptu contact with our information and signposting service (by telephone or email) regarding access to NHS dental services (updated in July 2023, and re-shared with interested leaders).</p> <p>We have created this briefing to feed into discussions at the Suffolk Health and Overview Scrutiny Committee and also two local NHS dental task force groups (SNEE and Norfolk and Waveney led). We updated the figures in the report and re-published in July 2023 to update the HOSC members on our most recent enquiries. This will mean the report is more comparable with our 2021 report (covering the same time period of 12 months).</p> <p>Read our response to a recent report from the Health and Social Care Committee, which was informed by our local briefing: https://healthwatchesuffolk.co.uk/news/new-report-calls-for-fundamental-reform-of-nhs-dental-care/</p>	<ul style="list-style-type: none"> • People's experiences are used to inform scrutiny of NHS dental services and commissioners. • Feedback is shared with Healthwatch England to inform its work. • People's experiences are used to influence two NHS-led task forces covering N&W and SNEE. They aim to take action to improve local access to NHS dental treatment and care. • We have a ready resource to represent people's experiences in the media, which has been an effective form of challenge. 	
<p>Health coaching in Suffolk</p> <p>This project was commissioned by the West Suffolk NHS Foundation Trust to shape, influence and inform Health Coaching training, and delivery, across Suffolk.</p> <p>By gathering the views and experiences of those who have used/received Health Coaching, we aimed to understand more about how well training has embedded the approach into professional practice, how support for trained practitioners could be improved, and how the approach has influenced the way in which people's care has been delivered (including where outcomes for people can be evidenced).</p> <p>Our final report has been published. In total, we recorded 48 responses to the survey for professionals, 12 responses to the survey for patients, and one patient case study. We have also engaged 20 professionals across nine focus groups and individual interviews, and engaged directly with 11 professionals at two engagement events on site at West Suffolk Hospital.</p> <p>Find our report and statement from West Suffolk Foundation Trust: https://healthwatchesuffolk.co.uk/news/healthcoaching/</p>	<ul style="list-style-type: none"> • People's views, ideas and experiences are used to shape health coaching training in Suffolk. • People's feedback helps to inform the development of the health coaching approach in Suffolk, including the package of support offered to those who have completed the training. 	

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<p>Dementia support in Suffolk</p> <p>Our report and supporting content has been published to shape the priorities of a developing local strategy for dementia care and support in Suffolk. In total, more than 120 experiences of people with dementia and carers are included in our analysis, and therefore also our key learning points for system leaders and services.</p> <p>All materials created to support the work are available from https://healthwatchsuffolk.co.uk/ourresearch/dementia/. That includes a full report, online summary, two posters, press release/news item and two videos featuring people talking about their experiences.</p> <p>We have shared the report widely amongst the health and care system (e.g., hospital leads), and with key leaders responsible for the development of the joint health and care strategy for dementia support (to influence its developing priorities). We are positive that the report is influencing thinking on how to prioritise improving dementia support in Suffolk.</p> <p>More information about known impact from this research can be found on: https://healthwatchsuffolk.co.uk/ourresearch/dementia/dementia-impact/</p>	<ul style="list-style-type: none"> • Communication about the project, and our signposting offer online and in the community, helps to raise awareness of current support around dementia. • People's experiences are used to influence a health and care strategy for dementia support in Suffolk that does not currently exist. • Unknown impact from sharing results to be confirmed. 	
<p>Your Care, Your Way (d/Deaf and hard of hearing people in Suffolk)</p> <p>Created together with a Co-production Ambassador from the d/Deaf community, our survey launched in February 2023. The aim has been to find out how well people's accessible information and communication needs have been met by local services. In addition, we have recorded comments about services that can be shared directly with them to influence standards of care and support.</p> <p>We received 147 responses to this project in total. Feedback highlights that many people are excluded from being able to access services independently, and local NHS Accessible Information Standard compliance could be improved.</p> <p>The project has completed, and we have shared two documents:</p> <ul style="list-style-type: none"> • Top tips to improve people's experiences. • A full report about what people told us about their experiences. <p>Both documents can be found on https://healthwatchsuffolk.co.uk/your-care-your-way/aissurveyresults.</p>	<ul style="list-style-type: none"> • We continue to raise awareness of people's rights. • Feedback is shared with Healthwatch England, which is currently challenging NHS England to review the AIS. • West Suffolk Foundation Trust will: <ul style="list-style-type: none"> • promote the use of interpreters and ensure people are aware of how to ask for BSL support. • review patient-facing reception areas and the use of masks and screens. • invest in awareness training for staff. 	

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<p>East Coast Community Healthcare (ECCH) – partner survey</p> <p>This is the second of ECCH surveys delivered in partnership with Healthwatch Suffolk. The aim of the project has been to gather feedback from partner organisations about what it is like to work with ECCH. This year the focus has been specifically on gathering views from primary care partners.</p> <p>The survey ran from 15th May to 30th Jun 2023 (7 weeks). ECCH were responsible for undertaking all communication and engagement about the survey. A total of 25 responses were received to this years survey, compared to 23 responses last year.</p> <p>A slide deck of the findings has been shared with the project team at ECCH, who will now decide how they will disseminate the key messages.</p>	<ul style="list-style-type: none"> Feedback gathered in the surveys is used to inform future ECCH service strategies, and its approach to partner engagement. Insights gathered from ECCH partners may indirectly influence the quality of local care delivery through improved working practices and stronger partner relationships. 	None
<p>Pharmaceutical care and support in Suffolk</p> <p>We produced an evidence briefing to support the October 2023 meeting of the Suffolk Health Scrutiny Committee, which was focused on pharmaceutical services and support in Suffolk.</p> <p>To inform the briefing, we exported all feedback that included mention of pharmaceutical services or support from our Feedback Centre. This included:</p> <ul style="list-style-type: none"> Comments listed against specific pharmacy services Comments about the management of medication in primary care Comments about dispensary services <p>Our briefing features analysis of 263 reviews, and has been shared widely with HOSC members, Public Health Suffolk (which holds responsibility for the development of our local PNA) and the LPC (Community Pharmacy Suffolk). The LPC responded positively to our evidence, and a quote from its CEO is listed in our news item.</p> <p>Please visit https://healthwatchsuffolk.co.uk/news/pharmacy-briefing23/ to find the briefing, and read the LPC quote.</p>	<ul style="list-style-type: none"> People’s lived experience of accessing medication in Suffolk are included in local debate on the subject, and may inform the future development of the Pharmaceutical Needs Assessment managed by Public Health Suffolk. 	

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