Patients and Communities Committee - January 2023

Mon 23 January 2023, 15:00 - 17:00

Virtual

Agenda

15:00 - 15:00
0 min

Meeting Agenda

00. Communities Committee Agenda V1.0 - FINAL- 23.01.23 (002).pdf (1 pages)

15:00 - 15:00
0 min

1. Chair's welcome and apologies for absence

Chair

15:00 - 15:00
0 min

2. Declarations of Interest

Chair

To declare any interests specific to the agenda

02. Patients and Communities Register - Jan 23 V2.pdf (2 pages)

15:00 - 15:00
0 min

3. Patients and Communities Committee Scope

Chair and Mark Burgis

- A summary of services sitting under the Committee
- A review of some of the work of the Patients and Communities directorate

15:00 - 15:00
0 min

4. Terms of Reference

Chair

04. Patients & Communities Committee Terms of Reference July 2022 1.pdf (9 pages)

15:00 - 15:00
0 min

5. Norfolk and Waveney People and Communities approach, includingco-production

Rebecca Champion and Paul Hemingway

- Overview
- Work completed to date
- Next steps

05. Cover sheet P&C Approach_Co-Pro FINAL.pdf (2 pages)
05. P&C Approach_Co-Pro FINAL.pdf (8 pages)

15:00 - 15:00
0 min

6. Norfolk and Waveney Community Voices

Rob Jakeman and Phillipa Gregory

- Hearing our quieter voices
- Work completed to date
- Next steps

06. Cover sheet Community Voices FINAL.pdf (2 pages)
06a. FINAL NWCV - Patient and Communities Committee.pdf (16 pages)

15:00 - 15:00
0 min

7. Lived Experience Representatives

Rebecca Champion and Mark Burgis

- Review recruitment pack
- Agree roles and scope

07. Cover sheet Lived experience FINAL.pdf (2 pages)
07a. Lived Experience Reps Recruitment Pack FINAL.pdf (14 pages)

15:00 - 15:00
0 min

8. Complaints and Feedback Report

Jon Punt

08. January 2023 PC Committee report - Q1 to Q3.pdf (6 pages)

15:00 - 15:00
0 min

9. Population Health Management and Health Inequalities

Rob Jakeman and Raj Todd

- Embedding PHM and Health Inequlaities into the work of the Patients and Communities Committee to scrutinise the work being done across the system to actively help oversee how health inequalities are being reduced
- Review future plans and approaches to system wide PHM and reducing health inequlaities

09. Cover sheet Population Health Management and Health Inequalities.pdf (3 pages)
09a. Population Health Management and Health Inequalities.pdf (17 pages)

15:00 - 15:00
0 min

10. Healthwatch Reports

Chair

- To discuss process for receiving regular reports to the Committee
- To confirm as a standing item at Patient and Communities Committee meetings

15:00 - 15:00
0 min

11. Any Other Business

Chair

Improving lives together
Norfolk and Waveney Integrated Care System

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

Monday 23 January 2023, 1500-1700hrs

Meeting to be held via MS Teams

Item	Time	Agenda Item	Lead
1.	15:00	**Chair's welcome and apologies for absence**	Chair
2.	15:10	**Declarations of Interest** To declare any interests specific to agenda items. *For noting*	Chair
3.	15:15	**Patients and Communities Committee scope** • A summary of services sitting under the Committee • A review of some of the work of the Patients and Communities directorate *Discussion and for noting*	Chair / Mark Burgis
4.	15:25	**Terms of Reference** *For review, discussion and approval*	Chair
5.	15:35	**Norfolk and Waveney People and Communities approach, including co-production** • Overview • Work completed to date • Next steps *Discussion*	Rebecca Champion / Paul Hemingway
6.	15:45	**Norfolk and Waveney Community Voices** • Hearing our quieter voices • Work completed to date • Next steps *Presentation and discussion*	Rob Jakeman / Phillipa Gregory
7.	16:05	**Lived experience representatives** • Review recruitment pack • Agree roles and scope *For discussion and approval*	Rebecca Champion / Mark Burgis
8.	16:30	**Complaints and feedback report** *For discussion and noting*	Jon Punt
9.	16:40	**Population Health Management and Health Inequalities** • Embedding PHM and Health Inequlaities into the work of the Patients and Communities Committee to scrutinise the work being done across the system to actively help oversee how health inequalities are being reduced • Review future plans and approaches to system wide PHM and reducing health inequlaities *Presentation and discussion*	Rob Jakeman / Raj Todd
10.	16:50	**Healthwatch reports** • To discuss process for receiving regular reports to the Committee • To confirm as a standing item at Patient and Communities Committee meetings *Discussion and decision*	Chair
11.	16:55	**Any other business**	
Date, time and venue of next meeting: Monday 27 March 2023, 1500-1700hrs via MS Teams			
Any queries or items for the next agenda please contact: rachael.parker9@nhs.net			

NHS Norfolk and Waveney Integrated Care Board (ICB)
Register of Interests

Declared interests of the Patients and Communities Committee

Name	Role	Declared Interest- (Name of the organisation and nature of business)	Type of Interest			Is the interest direct or indirect?	Nature of Interest	Date of Interest		Action taken to mitigate risk
			Financial Interests	Non-Financial Professional Interests	Non-Financial Personal Interests			From	To	
Aliona Derrett	Non-Executive Member, Norfolk and Waveney ICB	Norfolk and Norwich University Hospitals NHS FT				Indirect	My son-in-law, Richard Wharton, is a consultant surgeon at NNUHFT	2004	Present	In the interests of collaboration and system working, risks will be considered by the ICB Chair, supported by the Conflicts Lead and managed in the public interest.
		Hear for Norfolk	X			Direct	I am the Chief Executive of Hear for Norfolk (Norfolk Deaf Association). The charity holds contracts with the N&W ICB.	2010	Present	
		Derrett Consultancy Ltd	X			Direct	I am the Director of Derrett Consultancy Ltd.	2018	Present	Low risk. In the unlikely event that a risk arises I will discuss and agree any appropriate steps which need to be taken with the ICB Chair
		Norfolk and Waveney MIND				Indirect	My husband, Robin Derrett, is the HR Director at Norfolk & Waveney MIND. MIND holds contracts with the N&W ICB	2021	Present	In the interests of collaboration and system working, risks will be considered by the ICB Chair, supported by the Conflicts Lead and managed in the public interest.
		MoldovaDAR Ltd	X			Direct	I am Director of MoldovaDAR Ltd		Ongoing	Low risk. In the unlikely event that a risk arises I will discuss and agree any appropriate steps which need to be taken with the ICB Chair
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		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						TBC			
Mark Burgis	Director of Patients and Communities, Norfolk and Waveney ICB	Drayton Medical Practice			X	Direct	Member of a Norfolk and Waveney GP Practice		Ongoing	Withdrawal from any discussions and decision making in which the Practice might have an interest
		Castle Partnership				Indirect	Partner is a practice nurse at Castle Partnership		Ongoing	
Tricia D'Orsi	Director of Nursing, Norfolk and Waveney ICB	Royal College of Nursing		X		Direct	Member of Royal College of Nursing		Ongoing	Inform Chair and will not take part in any discussions or decisions relating to RCN
Suzanne Meredith	Deputy Director of Public Health, Norfolk County Council	Norfolk County Council		X		Direct	Deputy Director of Public Health, Norfolk County Council		Ongoing	In the interests of collaboration and system working, risks will be considered by the ICB Chair, supported by the Conflicts Lead and managed in the public interest.

Emma Ratzer	Partner Member - VCSE	Access Community Trust	X			Direct	I am the Chief Executive Officer of Access Community Trust, an organisation which holds contracts with NWICB	2009	Present	Will not have an active role in any decision or discussion relating to activity, delivery of services or future provision of services in regards Community Access Trust
		VCSE Assembly			X	Direct	I am CEO of a voluntary sector organisation operating in NWCCG and Independent Chair of NWVCSE Assembly	2021	Present	In the interests of collaboration and system working, risks will be considered by the ICB Chair, supported by the Conflicts Lead and managed in the public interest.
Alex Stewart	Chief Executive, Healthwatch Norfolk	TBC								
Tracy Williams	Clinical Advisor	Bacon Road Practice			X	Direct	Member of a Norfolk and Waveney GP Practice	Ongoing		Withdrawal from any discussions and decision making in which the Practice might have an interest
		One Norwich Practices	X			Direct	Employed 10 hours a week by One Norwich Practices as a clinical Lead in the Inclusion Hub for vulnerable adults service	Jul-20	Precrnt	All potential conflicts are declared at each meeting. For any related items, individual would not participate in discussions, voting, procurements etc
		Norfolk and Waveney training hub	X			Direct	One day a week session as clinical adviser for the Norfolk and Waveney training hub	Jul-21	Present	All potential conflicts are declared at each meeting. For any related items, individual would not participate in discussions, voting, procurements etc
		Health inequalities and CYP N&W ICB	X			Direct	Clinical lead for Health inequalities and CYP N&W ICB , Attend Quality and Safety Committee and ICP Partnership/H&WB Board	Aug-22	Present	All potential conflicts are declared at each meeting. For any related items, individual would not participate in discussions, voting, procurements etc
		Queens Nursing Institute		X		Direct	Member of the Queens Nursing Institute	2012	Present	All potential conflicts are declared at each meeting. For any related items, individual would not participate in discussions, voting, procurements etc
		Royal College of Nursing		X		Direct	Member of the RCN	1987	Present	All potential conflicts are declared at each meeting. For any related items, individual would not participate in discussions, voting, procurements etc
		Homeless and Health Inclusion		X		Direct	Member of the Faculty of Homeless and Health Inclusion awarded an Honorary fellowship March 2022	2021	Present	All potential conflicts are declared at each meeting. For any related items, individual would not participate in discussions, voting, procurements etc
		Norfolk and Norwich University Hospitals NHS FT				Indirect	Sister employed registered nurse at NNUH	2000	Presrnt	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				Indirect	Brother employed in an administration role	2021	Pesent	All potential conflicts are declared at each meeting.

APPENDIX D

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

Revision History

Revision Date	Summary of changes	Author(s)	Version Number

Approvals
This document has been approved by:

Approval Date	Approval Body	Author(s)	Version Number

1. CONSTITUTION

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

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

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

2. PURPOSE OF THE COMMITTEE

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

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

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

3. DELEGATED AUTHORITY

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

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

4. MEMBERSHIP AND ATTENDANCE

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

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

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

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

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

Chair and Deputy chair

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

Members

The Members of the Committee are as follows

- Non-Executive Member of the ICB Board (Chair)
- Non- Executive Member of the ICB Board
- VCSE Board Member on the ICB Board
- Executive Director of Patients and Communities, NHS Norfolk and Waveney ICB
- Executive Medical Director or the Executive Director of Nursing, Norfolk and Waveney ICB
- A person with primary care experience
- Senior Public Health Officer Norfolk County Council
- A representative from the Place Boards
- A representative from the Health and Wellbeing Partnerships
- A representative from Healthwatch
- Two experts by experience from local communities
- Health Inequalities Clinical Lead, NHS Norfolk and Waveney ICB

5. MEETING QUORACY AND DECISIONS

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

Quoracy

The quorum for the meeting will be 3 Members including at least one Chair or Deputy Chair and one ICB executive

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

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

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

Decision making and voting

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

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

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

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

Urgent decisions

In the event that an urgent decision is required, if it is not possible for the Committee to meet virtually an urgent decision may be exercised by the Committee Chair and relevant lead director subject to every effort having been made to consult with as many members as possible in the given circumstances (minimum one other member).

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

6. RESPONSIBILITIES OF THE COMMITTEE

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

Complaints

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

Listening to, engaging and working with people and communities

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

Addressing health inequalities

- Approval of the arrangements for discharging the ICB's statutory duty associated with its commissioning functions to have regard to the need to reduce inequalities

- Receive regular reports from the Norfolk and Waveney Health Inequalities Oversight Group about the Integrated Care System's work to reduce health inequalities.

- Consider how the ICB and the Integrated Care System could improve its work to address health inequalities.

- Provide assurance to the ICB Board regarding the effectiveness of the organisation's work to address health inequalities.

Integration with the voluntary, community and social enterprise sector

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

- Consider how the ICB and the Integrated Care System could improve integration between the statutory and voluntary, community and social enterprise sectors.

Development funding

- Agree how the ICB should use development funding received from NHS England.

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

Place

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

7. ACCOUNTABILITY and REPORTING ARRANGEMENTS

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

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

8. BEHAVIOURS AND CONDUCT

ICB values

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

Equality and diversity

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

9. DECLARATIONS OF INTEREST

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

10. SECRETARIAT AND ADMINISTRATION

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

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

11. REVIEW

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

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

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

Date of approval:

Date of review:

Norfolk and Waveney
Integrated Care Board

Agenda item: 5

Subject:	**Norfolk and Waveney People and Communities approach, including co-production**
Presented by:	**Rebecca Champion, Senior Communications and Engagement Manager - Partnerships**
Prepared by:	**Rebecca Champion, Senior Communications and Engagement Manager - Partnerships**
Submitted to:	**Patients and Communities**
Date:	**23 January 2023**

Purpose of paper:

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

Executive Summary:

The NHS England 'Working with People and Communities' guidance aimed to ensure that the voice of local people was embedded in emerging integrated care systems.

Norfolk and Waveney has developed an approach that recognises the importance of building on existing good practice across the system, and working with local people, stakeholders and partners to develop sustainable and mutually supportive partnerships.

Our approach was submitted to NHS England in May 2022 for assessment, and received very positive feedback. It is built around the idea that all the partners in our ICS are talking and listening to people & communities every day. Our ultimate vision is that people would tell their story of lived experience once and it's heard by everyone in the ICS.

We want to build on the existing engagement and insight that happens across all our system partners and find ways of working together to share and learn from this insight. Working together will also mean we can pool our resources and work more efficiently across the ICS.

Much groundwork has been done towards realising our approach but there is still a long way to go before achieving our vision. The Patients and Communities Committee will provide a vital focal point for this work with Norfolk and Waveney.

Report

Please refer to the presentation included below.

Recommendation to the Committee:

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

Key Risks	
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.

Improving lives **together**

Norfolk and Waveney Integrated Care System

Working with People & Communities in Norfolk and Waveney

Patients and Communities Committee
23 January 2023

Guidance for People & Communities

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

High level vision of Norfolk and Waveney's approach submitted to NHS England May 2022**.**

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

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

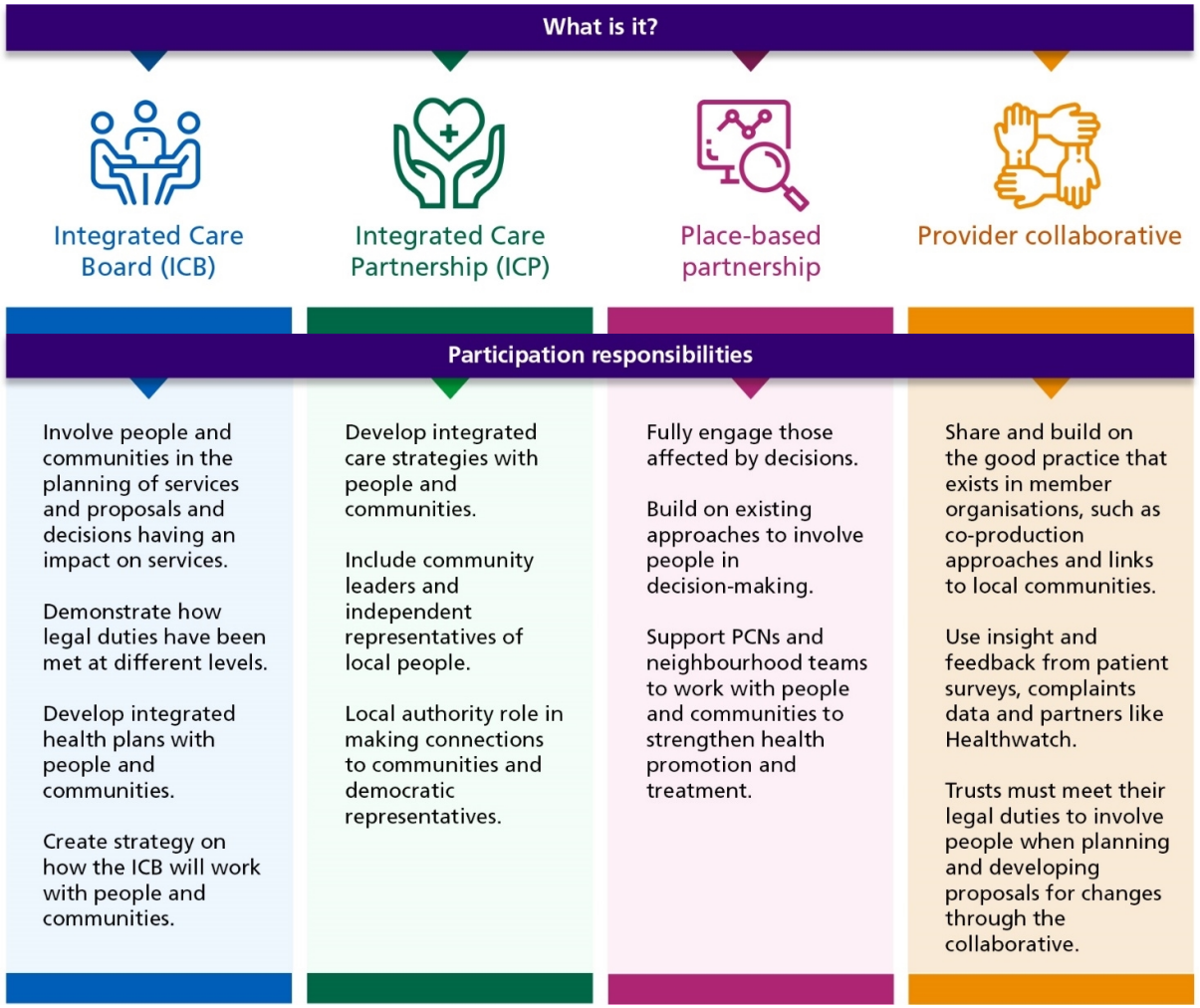
An updated working draft version 10 now available on the People and Communities hub reflecting feedback and other changes in the system

All feedback has value

Our aspiration using a spectrum of opportunities across the system:

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

Participation responsibilities in ICSs



New Guidance July 2022

Working in partnership with people and communities: statutory guidance

Where are we now?

Where are we now with the people and communities work?

On a journey but long way to go – system pressures, finding shared purpose

Focusing strategic resources on:

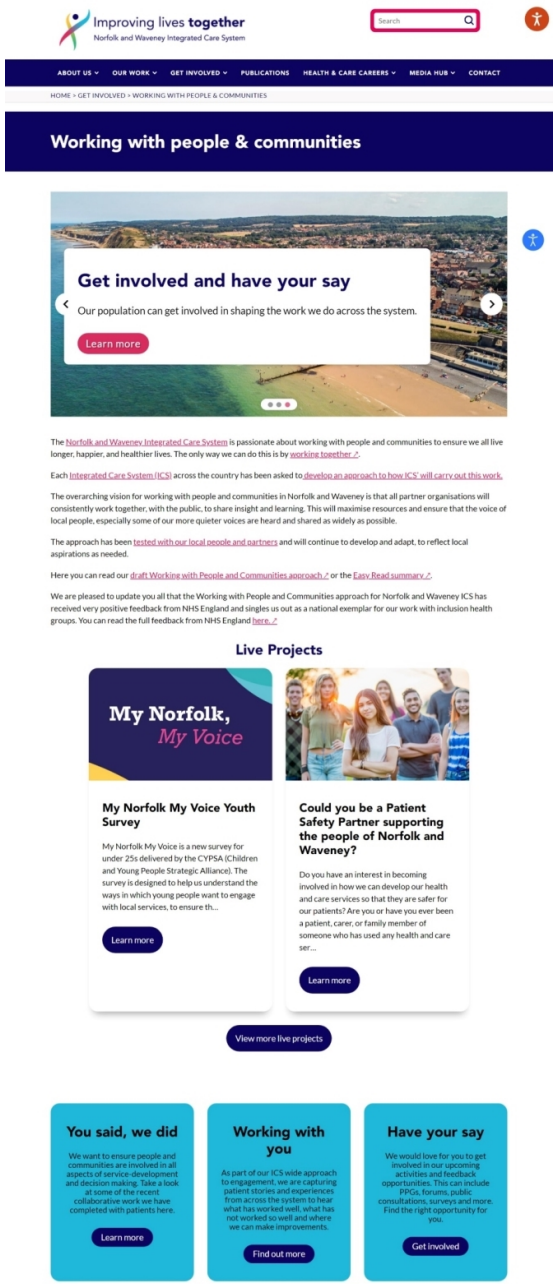
- Insight Bank - developed alongside N&W Community Voices
- People and Communities Hub
- Weekly ICS Stakeholder Update and quarterly engagement report for the whole ICS
- Co-production – more detailed slide coming up…..

Strategic People & Communities Offer to Place:

Named member of ICB Comms and Engagement Team

High level advisory support for communications and to work with people & communities

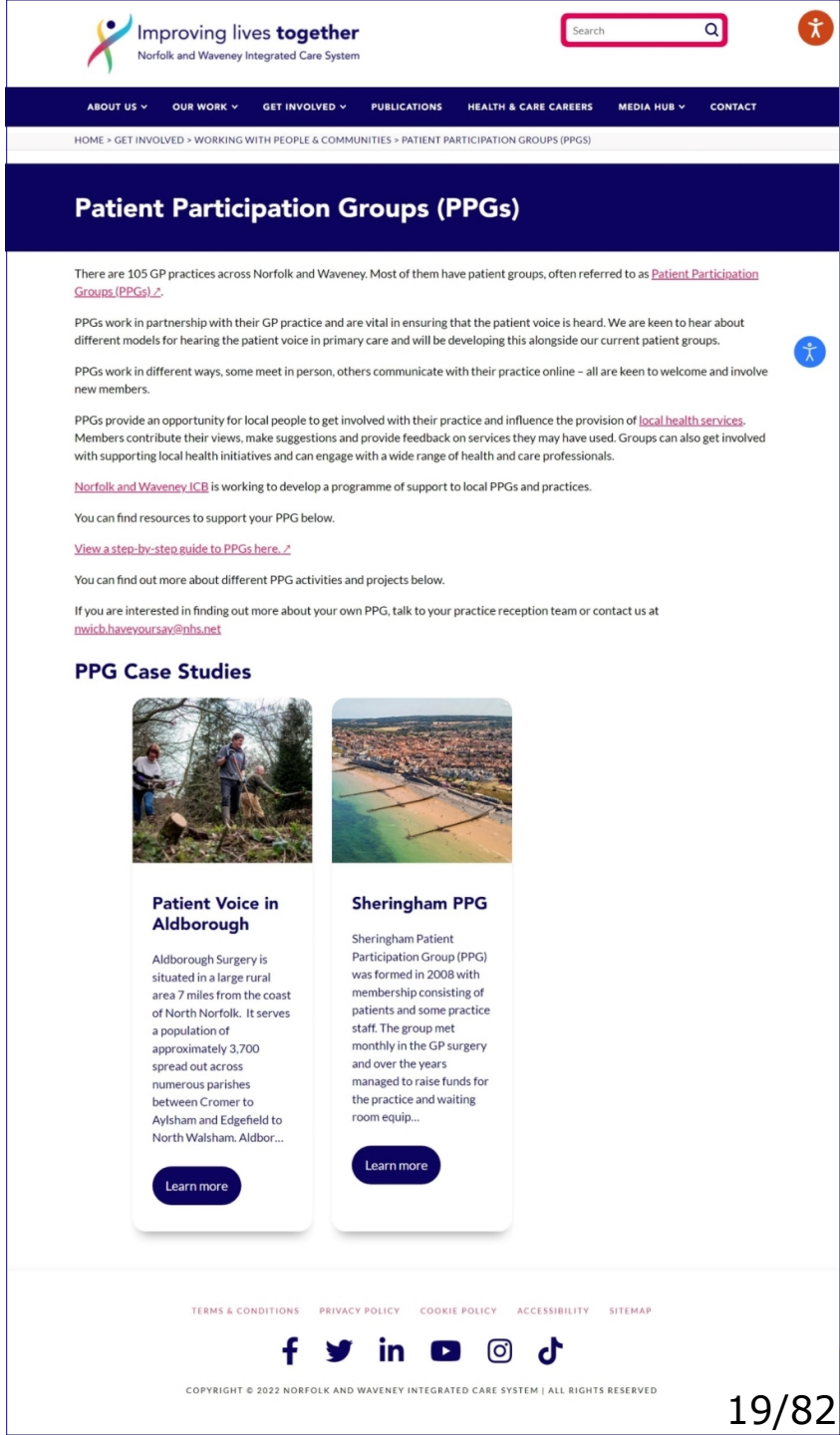
Facilitating communications and engagement ‘teams’ at place level drawing on local system partners



Patient Voice in Primary Care

We are developing a strategic support offer to practices in patient engagement:

- **Webpage**
  - Case studies – incl promoting different models of patient engagement
  - Resources – HWN toolkit
- **HWN report**
  - Awareness raising – public, ICB and PCNs
  - Recruitment
  - Wider forums for sharing best practice
- **Systemwide conference, learn and share events, talks to PPGs**
- **CQC** – we talked to them about practices telling us they were nervous of trying new approaches so they updated their mythbuster.
- **Opportunity to explore** supporting other primary care providers – pharmacies, dentists and opticians – to work with people & communities from April 2023 onwards



Examples of other work

- **Programmes** – Team colleagues daily running complex engagement projects across a range of programme areas such as Mental health, cancer, vaccinations
- **Quality Management Approach** – Co-Production in Quality Improvement (QI)
- **Personalisation** – the ultimate co-production!
- **Co-produced Carers ID passports** – supporting wider system maturity in carer support
- **Regular ICS Communications & Engagement meetings** – every 6 weeks, reps include county and district councils, housing associations, police, NHS providers
- **Inclusion Health** – prisons, armed forces/veterans
- **EDS2** – from 2023 Domain 1 – Patients has to be completed as a system
- **Research** - Co-production as an integral part of designing research projects
- **Patient Leader Training** – plans for a systemwide induction progamme for people with lived experience

Co-production

What is co-production? It can get confusing!

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

Can be single process with the same people or it can be made up of lots of smaller processes to reach different groups of people – as long as follows principles above

The term co-production is very often used interchangeably with a wide range of engagement and involvement opportunities that can vary in quality.

Examples of co-production do exist in Norfolk and Waveney and work is underway within the system to align existing work and develop a shared approach.

What next?

- Develop shared co-production principles across the system – probably nothing new but they would be ours!
- Set up a co-production hub within our People & Communities Hub to share examples of good practices, links to information etc
- Now a member of the Making it Real (MiR) Board for Norfolk with NCC
- Finish our payments policy March 2023 including a co-production threshold
- Working with NHSE to pilot a Board session for senior decision-makers in the ICS

Thanks for listening

Any questions?

Rebecca Champion rebecca.champion@nhs.net

Norfolk and Waveney
Integrated Care Board

Agenda item: 6

Subject:	**Norfolk and Waveney Community Voices**
Presented by:	**Rob Jakeman, Head of Integration and Partnerships, West Norfolk Locality**
Prepared by:	**Philippa Gregory, Acting Senior Integration & Partnerships Manager, North Norfolk Locality**
Submitted to:	**Patients and Communities Committee**
Date:	**23 January 2023**

Purpose of paper:

To update the Patients and Communities Committee on a pilot project built on learning from the COVID-19 pandemic that aims to reach into the heart of our communities and hear some of our quieter voices.

Executive Summary:

NHS Norfolk and Waveney ICB have been working with the local VCSE sector and District Councils to develop and deliver a new engagement programme which looks to listen to our communities and better understand experiences and opinions of accessing healthcare and the COVID-19 vaccine.

This pilot, known as Community Voices, will work with trusted communicators to speak with communities who may not already engage with the NHS to hear what is important to them.

Work is currently underway with the University of East Anglia to look at effective ways to use the insight gathered to make positive changes to the way in which we engage with our communities and deliver services. We are also looking at developing an insight bank that would ultimately offer a place for partners across the system to add qualitative insight and feedback gathered whilst working in our communities that would otherwise be lost. It will help us build up a picture of what really matter to people in Norfolk and Waveney. This can be used to increase capacity in local services and in planning services at a more strategic level.

A small project team is currently working towards delivering phase 2 of the project which includes developing the relationship with our new delivery partner, aligning with the public health Ready To Change behaviour change model and developing the business case to enable phase 3 which would move the project into business as usual.

Report

Please refer to the presentation included below.

Recommendation to the Committee:

To note the progress so far of the Norfolk and Waveney Community Voices pilot and the role it plays in gathering insight from local people and communities.

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.

Community Voices

Using your feedback to improve care

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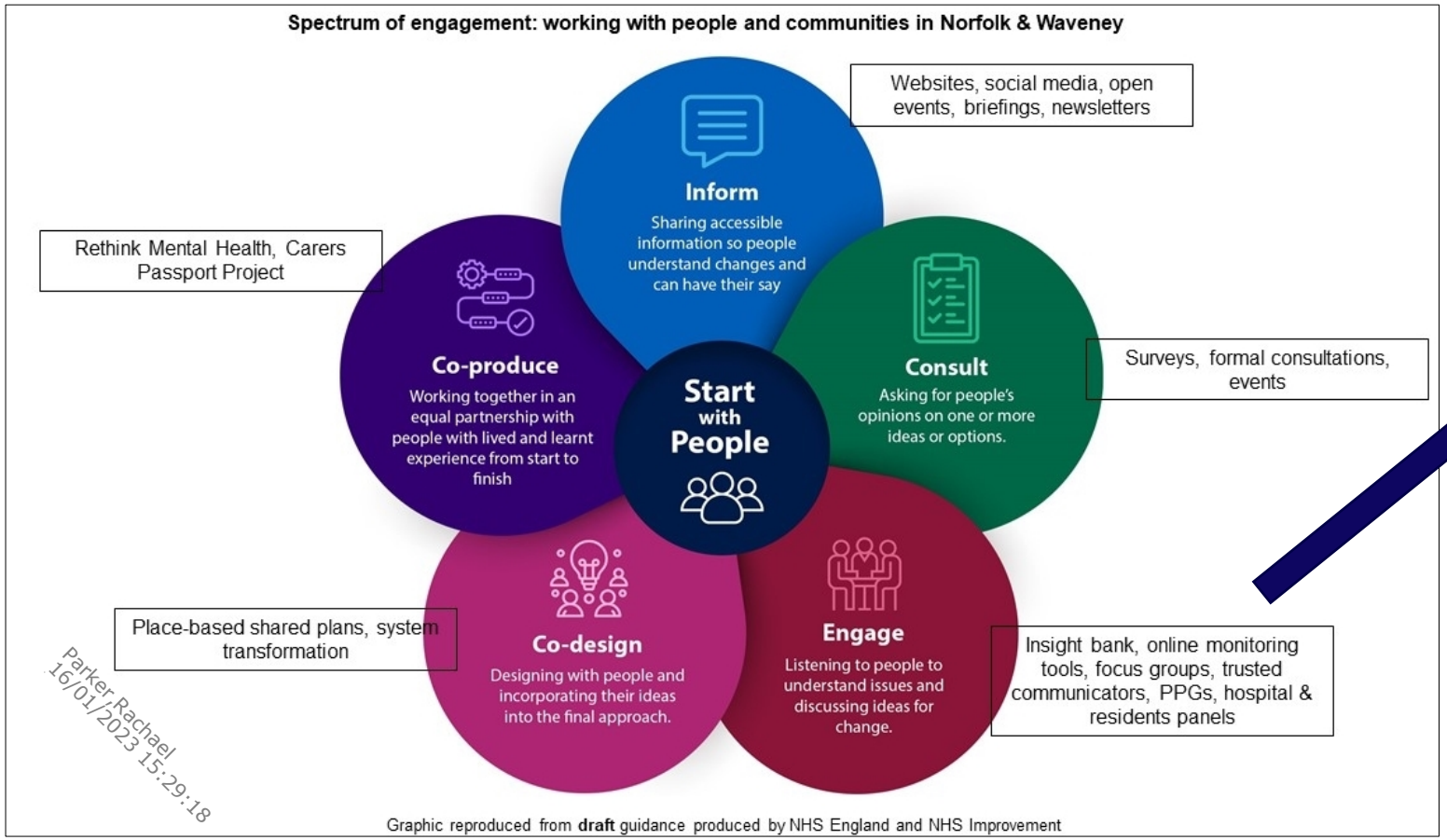
Norfolk and Waveney Integrated Care System

Norfolk & Waveney Community Voices

Rob Jakeman, Head of Integration & Partnerships (West Norfolk)
Philippa Gregory, Acting Senior Integration & Partnership Manager (North Norfolk)

Defining community engagement

Community Voices
Using your feedback to improve care



Listening to and learning from our people and communities involves a spectrum of opportunities and all of them have value.

We need an approach that supported us to engage with our seldom-heard – our communities that experience the greatest inequalities

Currently Voices gives us an opportunity to **engage** with people and communities by making a real-time record of conversations that are happening on the ground all over Norfolk and Waveney

Background to Norfolk & Waveney Community Voices

Community Voices

Using your feedback to improve care

Background:

- In 2021, Norfolk and Waveney CCG received £193,500 after a successful application to NHS England for additional vaccine inequalities funding.
- This funding was to be used to build on learning from the Health Equality Partnership funding, that recognised the importance of trusted communicators in engaging communities and supporting access to healthcare.
- The funding was used to create a network of 'Trusted Communicators' – Champions and Connectors that have been trained to have conversations with communities about their health and support an increase in access to care.
- Delivery in key areas of vaccine inequality – Norwich, Thetford, King's Lynn, Great Yarmouth, areas of North Norfolk

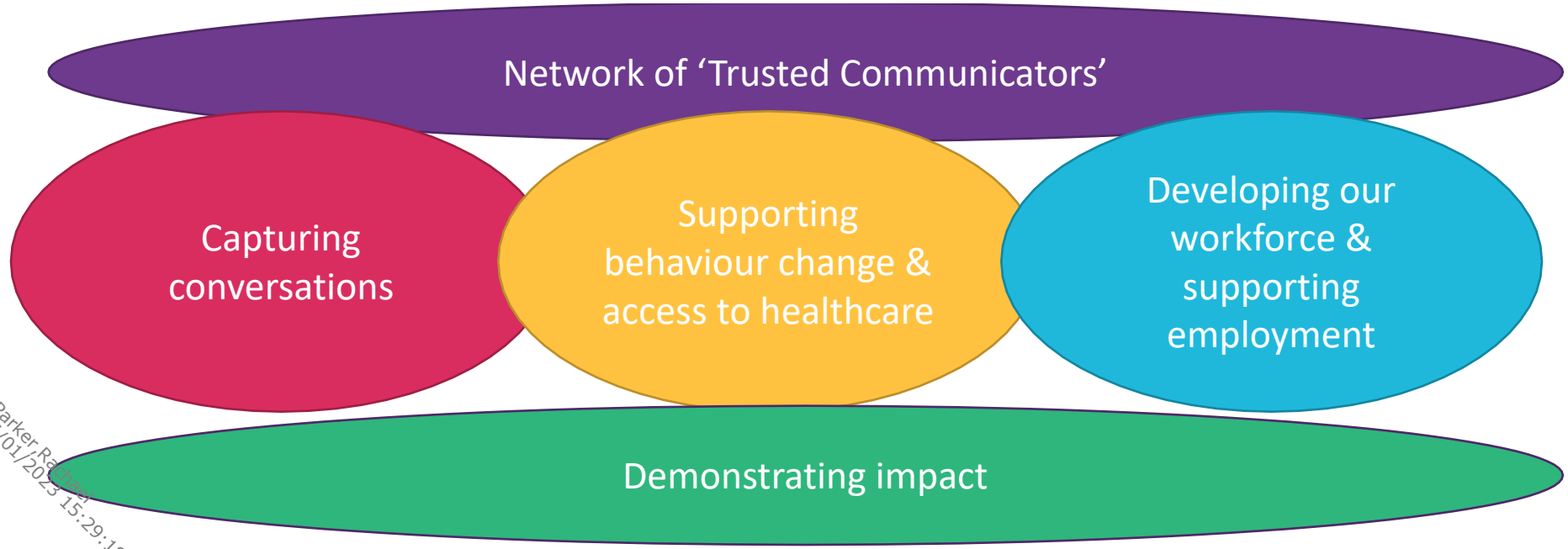
Aims

1. Listen to public views, in order to better understand barriers to healthcare access and potential solutions
2. Respond to issues immediately arising from conversations: equipping 'Community Champions' to provide information and signpost to relevant organisations that may be able to address issues raised
3. **Strategically respond to themes arising from the conversations. The online recording tool provides a repository of key points arising from the conversations which can be aggregated to inform decision-makers across the Integrated Care System (ICS), and thereby guide policy changes**

Core elements

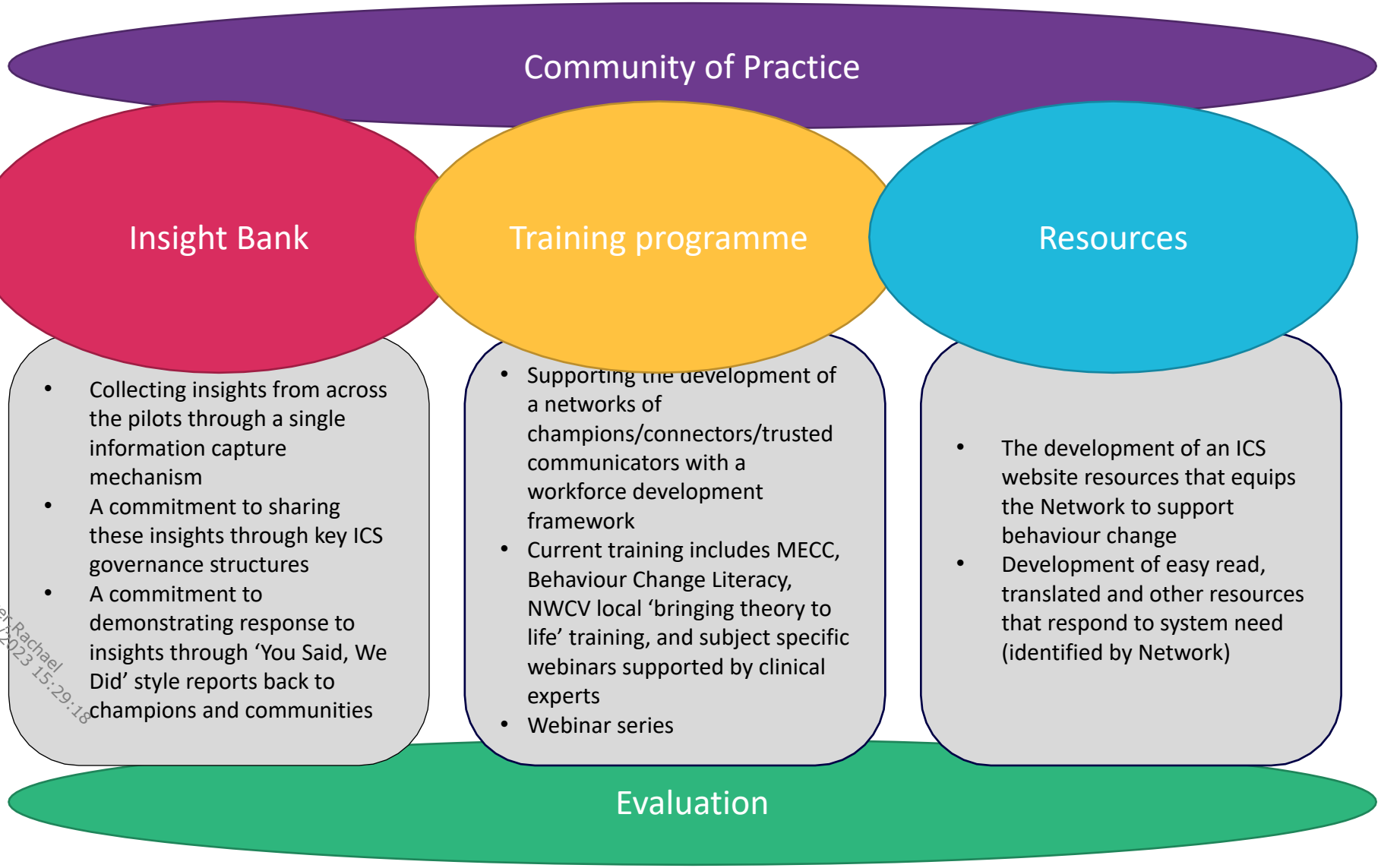
Community Voices

Using your feedback to improve care



Delivery model

Community Voices
Using your feedback to improve care



Pilot phase

- Delivered by I&P and Comms and Engagement team, in collaboration with a range of partners
- Norfolk County Council & Norfolk Community Foundation are the initial strategic partners, with the rest focused on delivery (at this stage)
- Evaluated by UEA's 'Institute of Healthy Ageing' – behavioural psychologist researcher, focused on system impact
- Norwich model is being delivered slightly differently – less focus conversation focus on health (we will be comparing the two)
- Initial pilot has been running since April 2022 until Oct 2022
- Delivery is focused on specific parts of the system where we saw reduced uptake of COVID vaccination, but the conversation has been wider and has also focused on resident's general experiences of the health system
- We/partners have developed a suite of resources to support our Network of trusted communicators, these include:
    - Aligning with existing nationally available behaviour change and MECC training, complemented by some locally designed training that brings our programme to life and gives practical tips on how to have specific conversations
    - The beginnings of a web-based tool that will house resources that can support conversations about accessing healthcare with specific groups
    - An insight bank – a single place for the system to feedback what they are hearing from communities
    - A Community of Practice to support development of
    - Subject specific webinar series in development

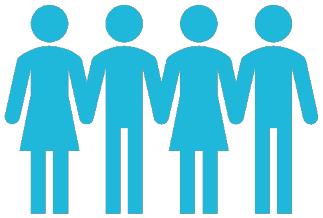
Delivery in first 6 months of pilot (June – Dec 2022):

Community Voices

Using your feedback to improve care

29 champions trained in 11 organisations

545 conversations (+223 Norwich conversations)

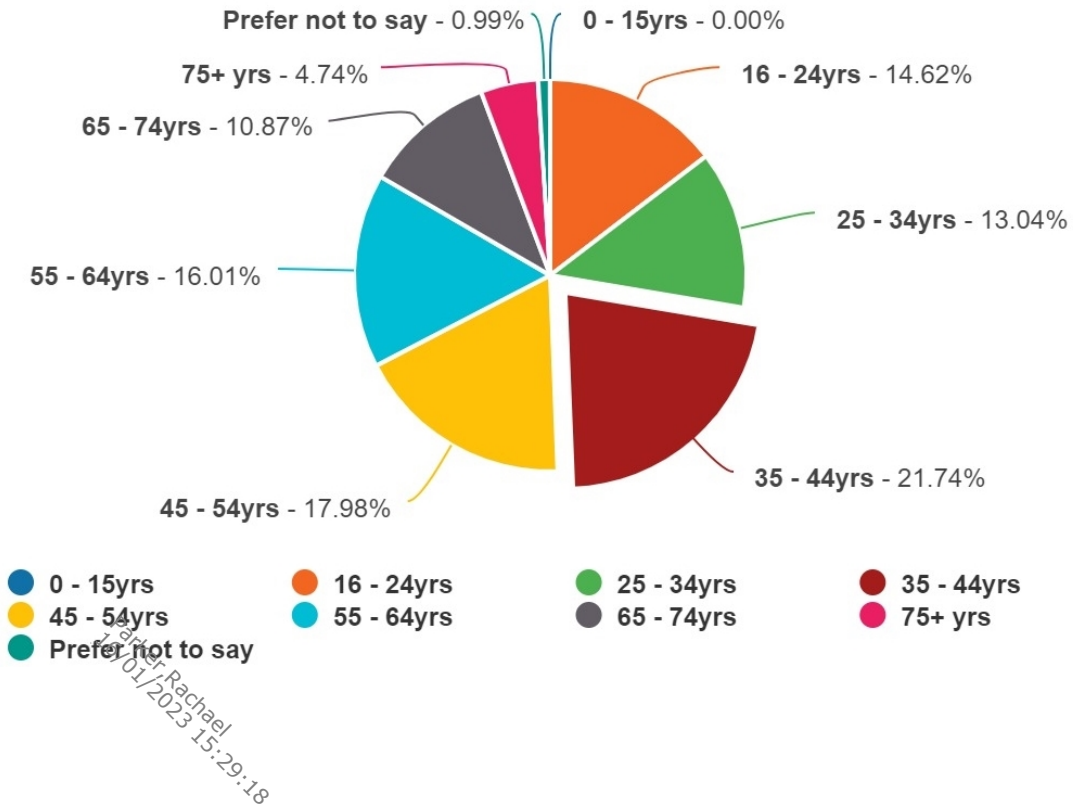


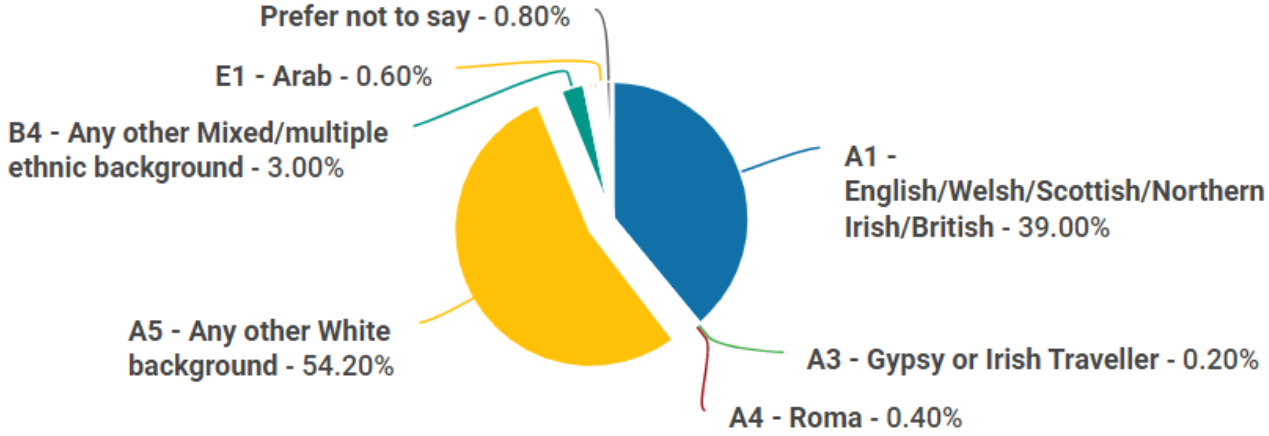
708 individuals (plus Norwich)

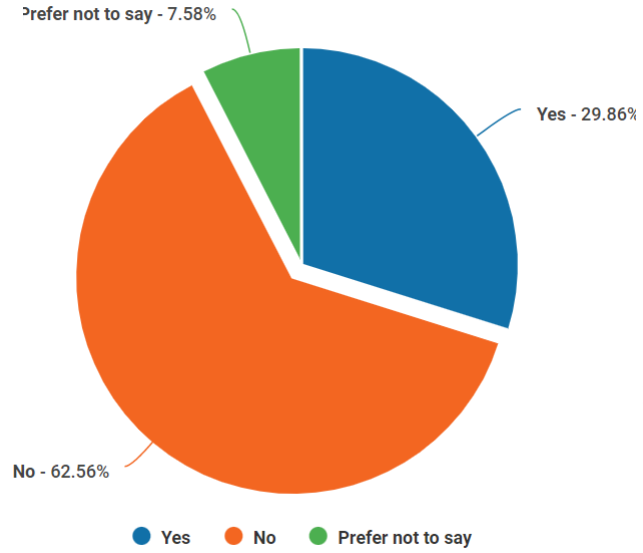
Who are we speaking to (June – Dec 2022)

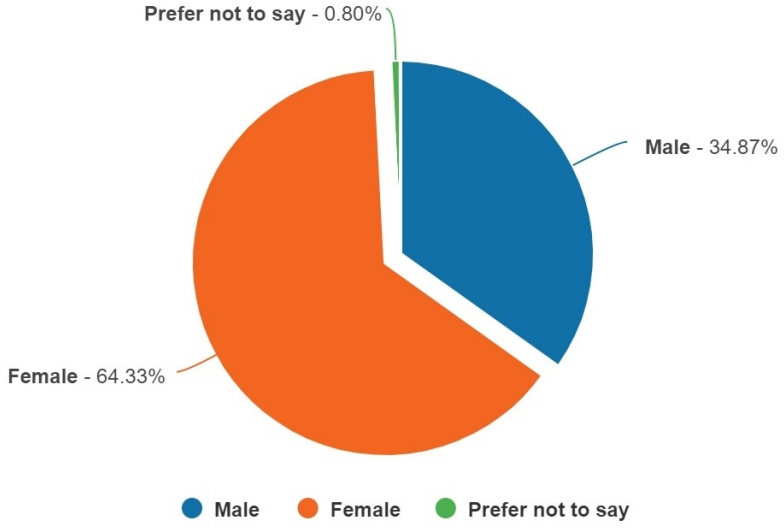
Community Voices

Using your feedback to improve care









Does not currently include data from Norwich conversations

Conversation topics - Health (June – Dec 2022)

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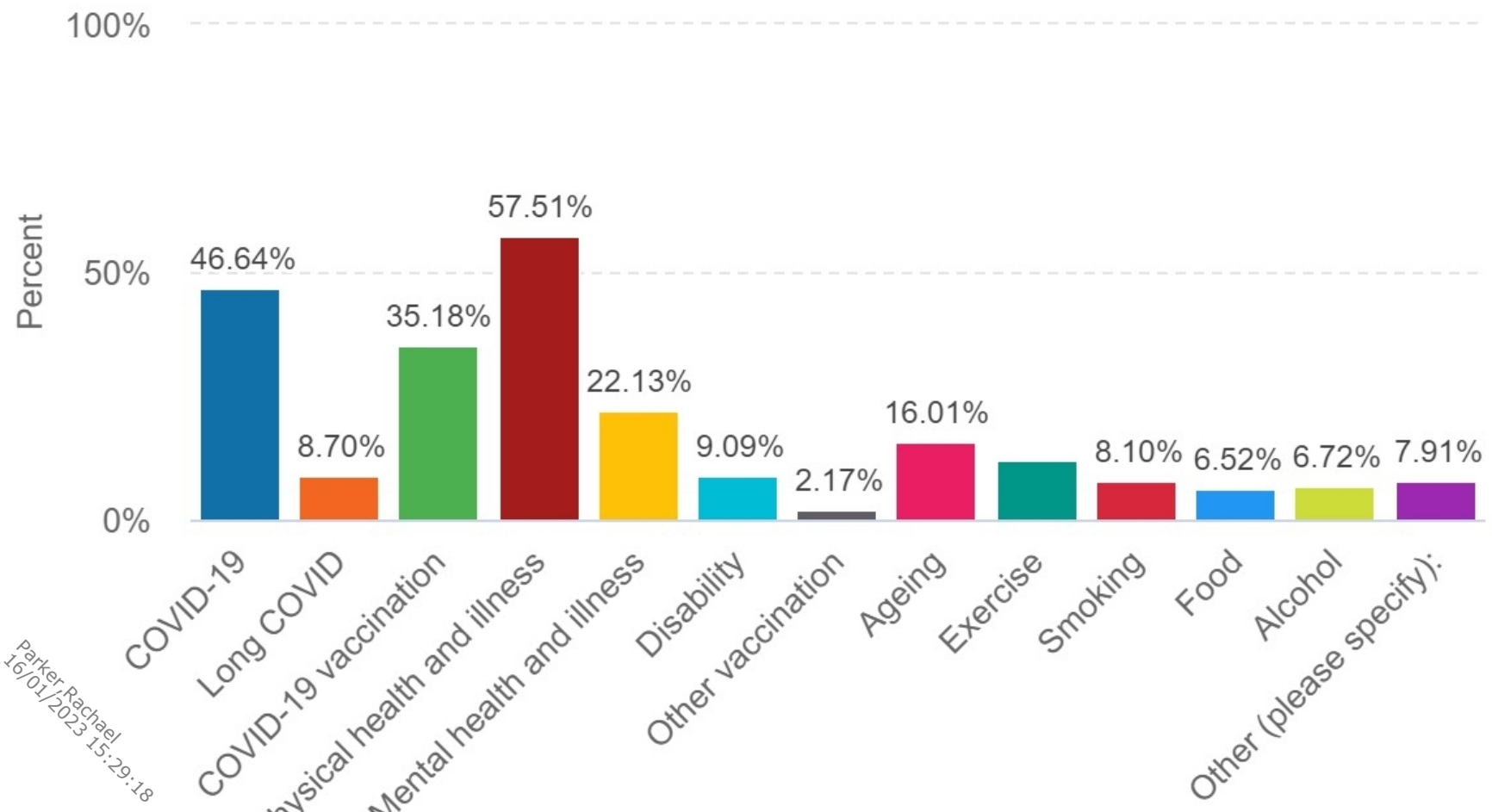

Included in other:

- Dentistry
- Gambling
- Isolation
- Diabetes
- Postnatal
- GP registration

Does not currently include data from Norwich conversations

Conversation topics – wider context (June – Dec 2022)

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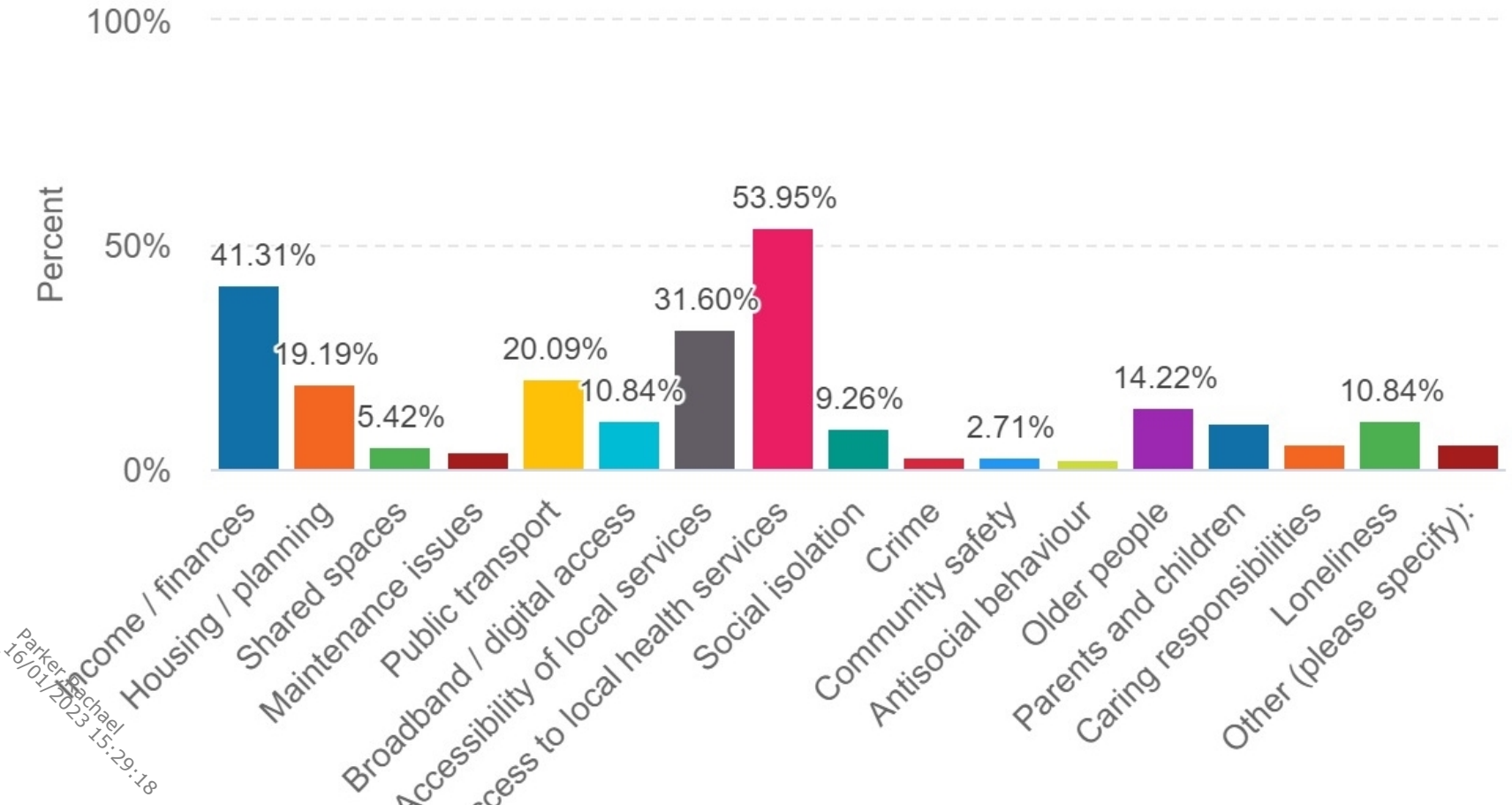
Using your feedback to improve care



Included in other:

- Access to prescriptions
- Hospital transport
- Employment options
- Cost of living and poverty
- Things to do
- Exercise
- Second homes

Does not currently include data from Norwich conversations

Latest themes/points of interest (June – Dec 2022)

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Health	Covid vaccine	Other issues
GP access issues	Frustration at getting COVID despite vaccination 3	Financial concerns
Dentist access/cost	Had COVID already – what's the point in getting vaccinated?	Isolation
Diagnostics (tests and scans - felt wrong type offered/not offered/not aware of options/not able to discuss results or waiting times too long	Concerns from highly vulnerable if they got Long Covid – would they get any financial support eg PIP	Language barriers
Going abroad for care	See Covid as low risk now – like a cold	Concerns about future work
Issues accessing face to face	Request disability friendly clinics	Housing concerns

Outcomes so far include:

Community Voices

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- ✓ Getting dental support
- ✓ Registering with GP
- ✓ Signposting to other services including Change Grow Live, Carers Support, Stop Smoking
- ✓ Getting vaccinations for themselves or their baby
- ✓ Getting weight loss advice
- ✓ Getting mental health support
- ✓ Joining a gym
- ✓ Help with getting financial advice, getting a blue badge
- ✓ Getting interpreter for support at appointment
- ✓ Helped with accessing digital services

Future vision and objectives

Community Voices

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Vision:

Developing a well supported network of **trusted communicators** across our system, all **enabling** our residents to make improvements to their health & wellbeing, and all providing **feedback** to support how we can and deliver future care.

Mission:

To embed Norfolk & Waveney Community Voices into the ‘business as usual’ of those organisations that have built trust within communities, systematically gathering and utilising insights

Next steps

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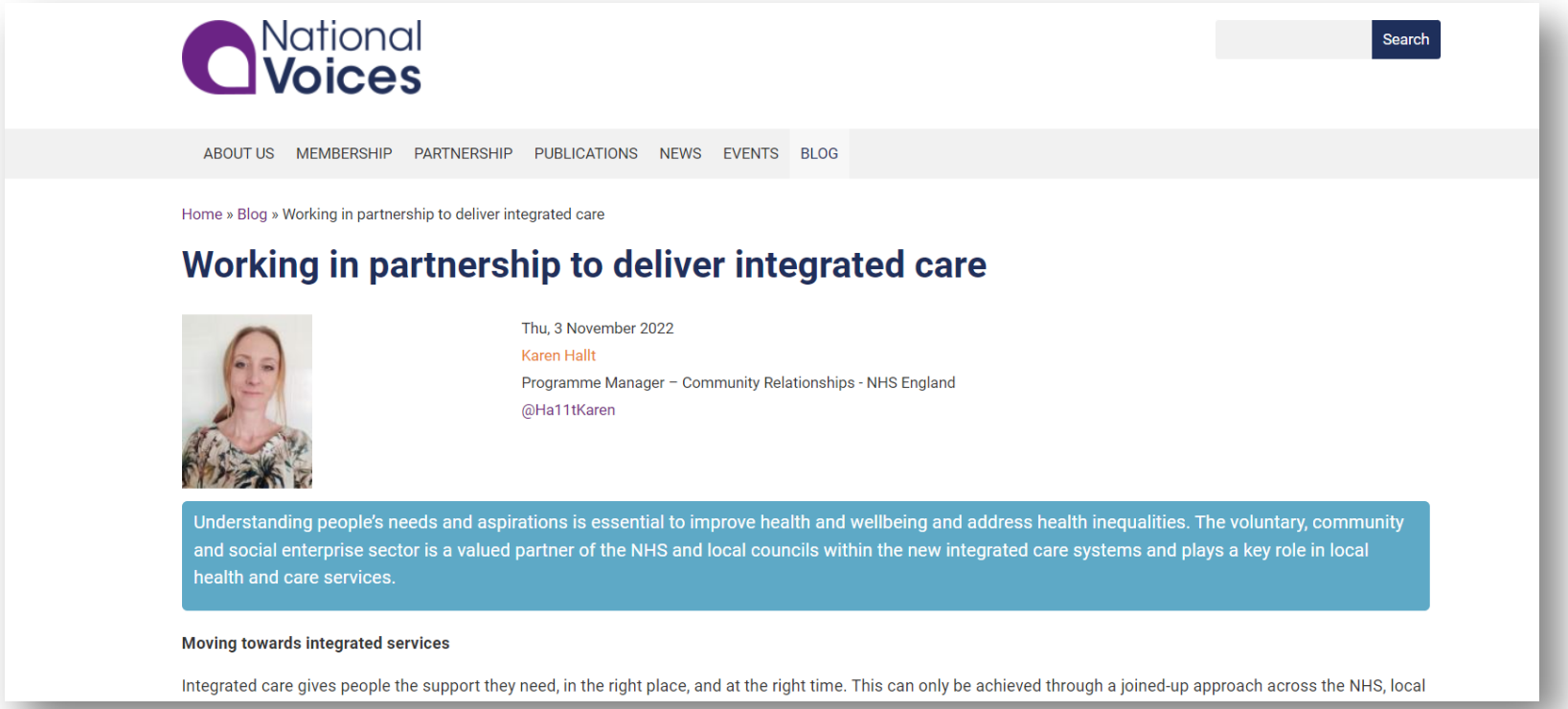
Using your feedback to improve care

Phase 2 – Oct 2022	Phase 3 – March 2023
• **Refine feedback loop processes – new provider of reports, opportunity for regular feedback** • Onboard new strategic partners to support delivery – i.e. delivery of training, analysis • Evolve model 'new conversations' – align to Core20 EAHSN opportunity (cancer screening) & health improvement priorities • Develop 'on-boarding' process/charter, and bring in new partners to support new topic areas • Further development of training – alignment with Rethink in response to MH feedback • Align with Public Health 'Ready to Change' behaviour change approach • Development of business case for phase 3 and beyond	• Scale up – alignment with Health & Wellbeing Partnerships & Place Boards, increase system buy-in • Further develop digital 'insight bank' • Integrate into VCSE Commissioning Strategy • Embed Co-Production opportunities **Questions for us:** • How do we make best use of these insights? • How do we ensure we are responding strategically – that we can demonstrate that what has been captured is driving system change? • How do we best communicate these insights to Place & System? • Where are there opportunities to embed this approach and support ICS programmes of work?

National recognition for our work!

Community Voices
Using your feedback to improve care

- https://www.nationalvoices.org.uk/blogs/working-partnership-deliver-integrated-care
- Coming soon – NHS England case study



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Norfolk and Waveney Integrated Care System

Thank You.

Norfolk and Waveney
Integrated Care Board

Agenda item: 7

Subject:	**Recruitment of Lived Experience members of the Patients and Communities Committee**
Presented by:	**Paul Hemingway, Associate Director of Communications & Engagement**
Prepared by:	**Rebecca Champion, Senior Communications and Engagement Manager - Partnerships**
Submitted to:	**Patients and Communities Committee**
Date:	**23 January 2023**

Purpose of paper:

To inform a discussion about the process of recruiting two members for the committee to represent the lived experience of local people and communities

Executive Summary:

Two lived experience representatives will be joining the Patients and Communities Committee to ensure that the voice of local people and communities are represented at all levels within Norfolk and Waveney ICS.

It is important that an open and transparent recruitment process is undertaken in line with the following principles:

- The process and all supporting resources are co-designed with local advocacy and lived experience groups, and that sufficient time is allowed for this to happen.
- That payment will be offered in line with involvement payments and expenses policy currently being developed by NHS NW ICB.
- One of the two roles will be asked to focus specifically on representing the lived experience of children and young people, and their families and carers
- The recruitment process will start as soon as possible but is unlikely to have been completed in time for the next committee meeting in March. The aim will be to have the lived experience representatives in place for the meeting in May and an update on progress will be given at the meeting in March.

Report

Please refer to the **draft** recruitment pack included below.

Recommendation to the Committee:

- Agree the recruitment process as outlined above and within the draft recruitment pack
- Agree a period of pre-engagement is held with local advocacy and lived experience groups, and system partners to ensure that the recruitment process and resources are appropriate and accessible.

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 and Waveney Integrated Care System

Lived Experience Representatives Recruitment Pack

January 2023 **DRAFT v1**

Patients and Communities Committee

NHS Norfolk and Waveney ICB

We’re Recruiting Lived Experience Members

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

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

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

For further information please email:

tbc

Call: tbc

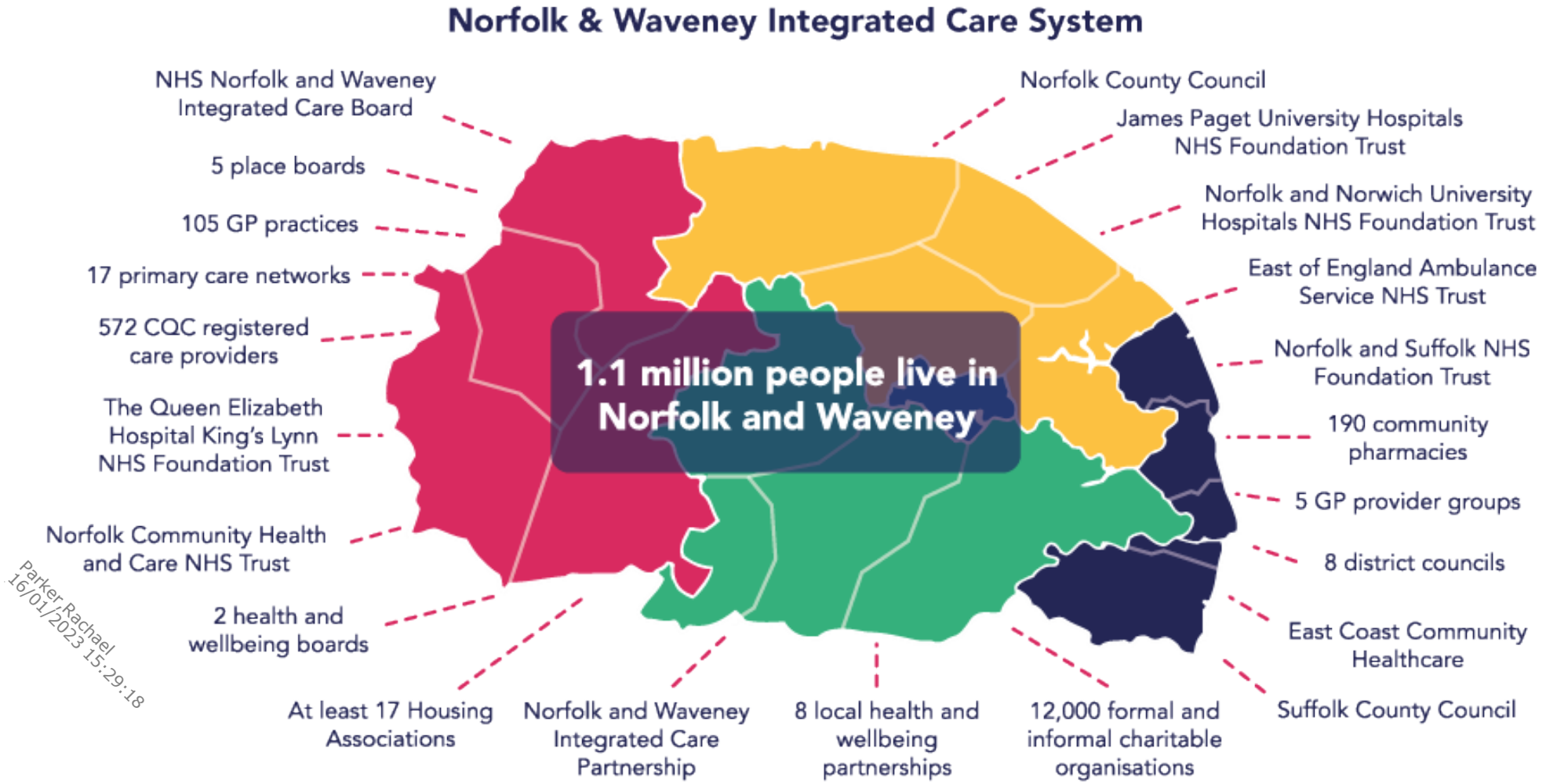
Welcome

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

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

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

Norfolk & Waveney Integrated Care System

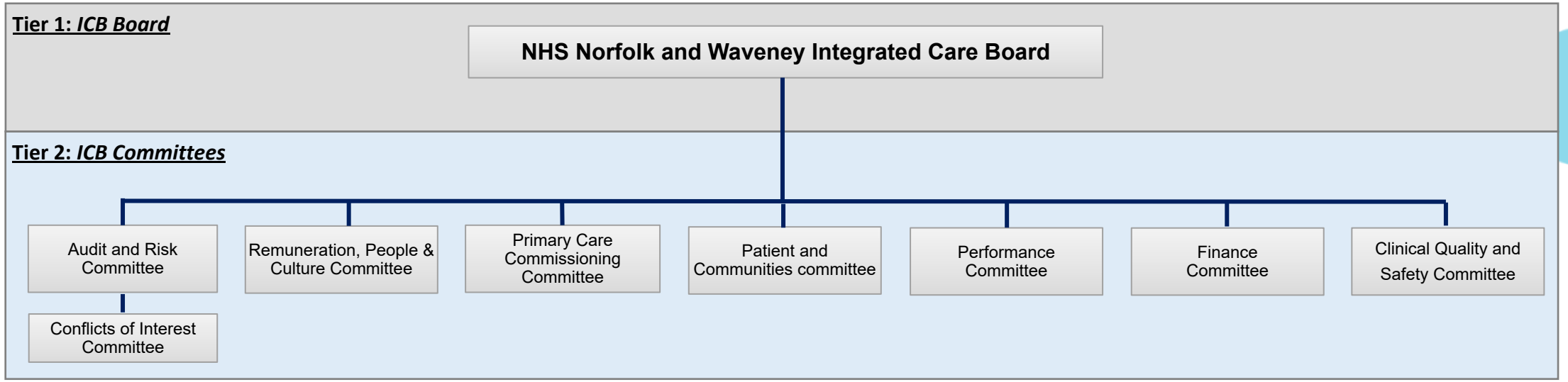


What is lived experience? Why does it matter?

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

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

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



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

You can read more about the Patients and Communities Committee on our website https://improvinglivesnw.org.uk/about-us/our-nhs-integrated-care-board-icb/our-committees/

What work would you be involved in?

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

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

You would take part in the discussion.

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

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

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

The role is for an 12-month fixed period.

What are we looking for?

Skills and Experience

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

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

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

Time Commitment

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

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

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

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

What are we looking for?

Diversity and Equality of Opportunity

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

We particularly welcome expressions of interest from:

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

Children and Young People

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

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

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

How we will support you?

Training and Support

Successful candidates will:

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

How will we pay you?

Expenses and Renumeration

Lived experience members will be paid in line with the involvement payments and expenses policy currently being developed by NHS Norfolk and Waveney tbc.

This includes reasonable out of pocket expenses.

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

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

How to Apply

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

tbc

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

Please send completed expression of interest forms via email to tbc

or by posting it to;

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

Application Process

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

Additional Information

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

Links to Relevant Resources

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

NHS
Norfolk and Waveney
Integrated Care Board

Agenda item: 8

Subject:	**Complaints and Enquiries Report – Q1 to Q3 2022-23**
Presented by:	**Jon Punt, Complaints and Enquiries Manager**
Prepared by:	**Jon Punt, Complaints and Enquiries Manager**
Submitted to:	**Patient & Communities Committee**
Date:	**23 January 2023**

Purpose of paper:

To provide information about the ICB's complaints and informal enquiries, lessons learned and performance against the organisation's Complaints Handling Policy.

Executive Summary:

NHS Norfolk and Waveney Integrated Care Board (the ICB) recognises complaints as a vital form of feedback to help improve the service the organisation and local providers offer. The ICB aims to ensure all complainants feel listened to, have their complaint investigated thoroughly and that any response is delivered in a personalised way.

This report provides an overview of complaints and enquiries received by the ICB during quarters 1 to 3 of the financial year. It also details themes arising from those concerns raised and pertinent lessons learned.

Figure 1 shows the number of Formal Complaints, Enquiries and MP Enquiries received during the reporting period:

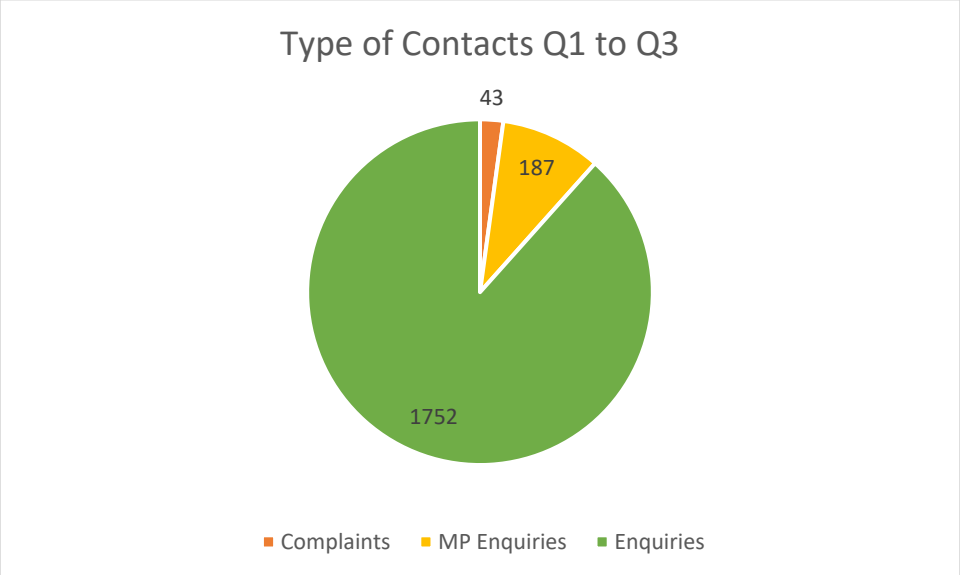
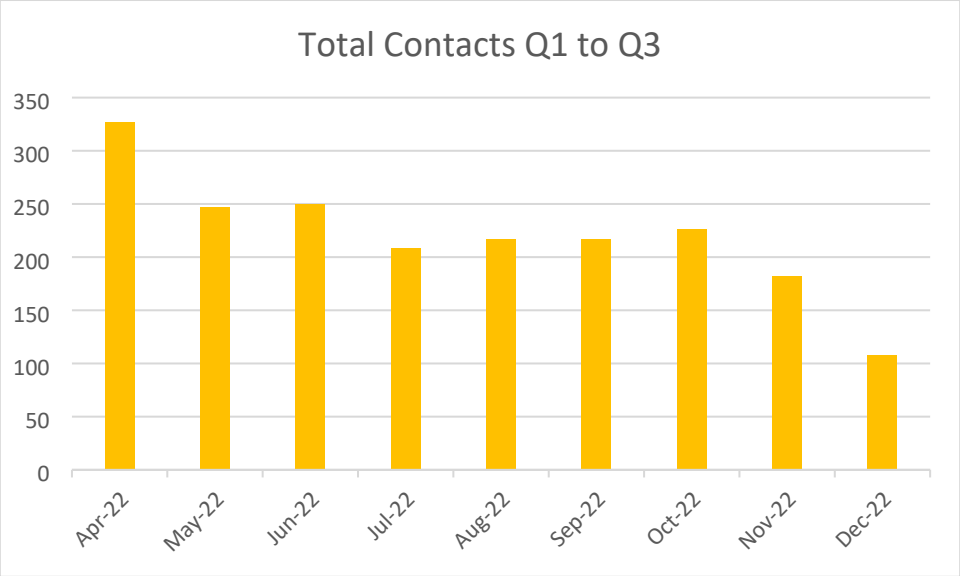


Figure 2 shows the volume of contacts (including Formal Complaints, Enquiries and MP Enquiries) across the reporting period.



Formal Complaints Received

During the reporting period, the ICB received 43 formal complaints. NHS Complaints regulations state formal complaints should be acknowledged within three working days. Of the 43 complaints received during the reporting period, 41 were acknowledged within this timescale. The remaining two complaints were acknowledged later because one was received late from another team, the other was due to an administrative error.

Of the 43 complaints received during the reporting period, 33 have received a response, 7 are still under investigation and 3 have been stood down.

The ICB's target response time for a formal complaint is 30 working days. Of the 33 responses sent, 57% (19 responses) received a response within that timescale. Delays in responding to the remaining complaints were due to the time taken to receive information back from departments within the ICB, or provider organisations.

Enquiries

1752 enquiries, which can be queries, requests for help or informal concerns, were received during the reporting period. The ICB has no target timescale in place for responding to these enquiries, as each case is treated on its merits. 1722 have received a response to date.

Figure 2 above indicates the busiest period for contacts into the ICB was Q1, where many enquiries related to the COVID-19 spring booster programme.

The team also passes on other enquiries to relevant teams which arrive in to the ICB's front door. Typically, they are from members of the public or organisations looking to speak directly to ICB teams such as Continuing Healthcare (CHC), Finance, Communications & Engagement or Medicines Optimisation. 1656 of these types of 'switchboard' enquiries were received during the reporting period and are not reflected in figures 1 and 2. There has been a 25 percent increase of these types of contacts compared to 2021-22.

MP Enquiries

In addition to formal complaints and enquiries, the ICB receives contact from local MPs and their caseworkers. These are logged separately and will often consist of concerns raised on behalf of constituents.

During the reporting period 187 MP enquiries were received. At the time of writing, 182 of these have been responded to.

Themes identified

Housebound patient vaccinations – 269 enquiries were received from housebound patients or their families, wanting to get their COVID-19 vaccination booster. 104 of these contacts occurred during the spring booster campaign, 165 were following the autumn booster roll-out.

During the spring booster campaign, many patients were referred directly to the ICB by their GP surgery, despite the arrangements being made typically by the Primary Care Network.

During the autumn booster campaign a large proportion of patients had called their GP surgery and been advised to contact 119, despite the national team not being able to make these arrangements. Therefore, these enquiries were re-routed back to

the ICB, which left patients being passed around different organisations and was generally a poor experience.

Proactive communication could be considered around future programmes, so that patients' expectations can be set and GP surgeries are fully aware of their own Primary Care Network's arrangements for housebound vaccinations.

IVF Treatment – 24 enquiries have been received about the ICB's assisted conception policy, most pertinently a number of same-sex couples and single people who believe the policy requires review.

There were also queries from couples with children from previous relationships. The current policy does now allow for those couples to proceed with treatment.

NHS CHC – The largest area of formal complaint was CHC, consisting of 28 percent (12 complaints) of the total received. These were varied in subject but included the management of cases and review process, the provision of care, lack of communication, and time taken in resolving with previous unassessed periods of care (PUPOC) claims.

36 additional informal concerns were received regarding CHC, again these were varied but included requests for assessments from family members, lack of communication, issues/concerns with care packages, provider uplift fees, personal health budget requests and concerns about care provision.

Primary Care Concerns – While the formal arrangements for primary care commissioning do not transfer to the ICB until 1 April 2023, many concerns were received by the ICB about the services provided in Norfolk and Waveney.

These included 184 informal enquiries and 54 enquiries from MPs about GP surgeries, many of which related to dissatisfaction with treatment provided. Access to appointments was also one of the biggest areas of dissatisfaction, particularly from patients who could either not get through by telephone, or were unable to book a face to face consultation. This was also reflected strongly in feedback from local MPs.

50 patients also contacted the ICB about the lack of NHS dentists and dental services in Norfolk and Waveney.

This is a large proportion of the overall contacts received, especially given the ICB does not yet have commissioning responsibility for these services. As this transition happens, close working with NHS England will be required to ensure that messaging is consistent. Continual review of staffing capacity to handle the additional enquiries the ICB will receive will also be necessary.

Prescribing – 92 enquiries were received whereby a patient has been informed by their GP practice about medication switches or changes, generally because of more cost effective treatments with similar active ingredients.

There were also further enquiries about the provision of continuous glucose monitoring, further to changes in NICE Guidance.

Norfolk and Norwich University Hospitals NHS Trust (NNUH) – Four formal complaints have been considered about the NNUH. These were all part of multi-provider complaints where the ICB has facilitated an answer. In addition 20 MP enquiries and 40 informal concerns were received by the team. Where the concerns related entirely to the NNUH, they were passed to their PALS team to deal with.

Typically, complaints have centred around the care and treatment offered and the long waiting times to be seen. However, six complainants also contacted the ICB because they had already registered a formal complaint with the NNUH and were having difficulty in getting a response.

Lessons Learned from Complaints

Some of the lessons learned from complaints and concerns during the reporting period are reflected below:

- Better management oversight and support was put in place for more complex CHC cases.
- Consideration of how best to communicate with family members and carers during consideration of CHC eligibility or when concerns are raised.
- Increased access to and communications regarding medications for end-of-life care.
- Better information has been made available for young people and their families while they await potential neurodevelopment disorder diagnoses.
- A reminder for all ICB staff has been issued around the processes for Subject Access Requests.
- Verification and certification of death processes are being considered, to make these less confusing for families.
- Information is shared in the form of patient information packs at the NNUH regarding falls, blood clots, pressure ulcers and preparing for discharge.
- The ICB's website has been updated on several occasions following patient feedback.
- Literature provided to cancer patients has been reviewed and updated to better reflect what service can be expected.
- Commissioned arrangements for BSL interpreters have been reconsidered and continue to be reviewed following patient feedback received.
- The local NEPTS provider has implemented a new system for allocating journeys which will better allow them to track and manage situations, so they can provide more accurate updates for patients.
- Staff models and capacity for future vaccination programmes will be considered with contingencies put in place for staffing issues that may arise.

Recommendation to the Committee:

To note the contents of the report and consider what needs to happen next, in terms of actions taken by the committee and ICB and how to improve care and outcomes.

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

Governance

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

Norfolk and Waveney
Integrated Care Board

Agenda item: 9

Subject:	**Population Health Management and Health Inequalities**
Presented by:	**Rob Jakeman, Head of Integration and Partnerships, West Norfolk Locality**
Prepared by:	**Rob Jakeman, Head of Integration and Partnerships, West Norfolk Locality**
Submitted to:	**Patients and Communities Committee**
Date:	**23 January 2023**

Purpose of paper:

To provide an introduction regarding Population Health Management (PHM) and Health Inequalities and how Protect Norfolk & Waveney (NoW) is working to drive improvements in our local system.

Executive Summary:

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

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

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

Population Health Management (PHM) uses data insights to improve the current and future health and well-being of people within a defined geography whilst simultaneously reducing health inequalities.

PHM uses intelligence from available sources to guide the planning and delivery of care to achieve maximum impact on whole population health. It includes

segmentation and stratification techniques to identify those most at risk of ill health and target interventions more directly and effectively to support prevention or the ongoing management of symptoms / ill health. Using PHM methodology gives systems a better understanding of their population's health needs by joining up data about:

- health behaviours and status
- clinical care access
- use and quality of health and care services
- social determinants of health (eg. housing, employment and education)

Protect NoW – The Norfolk and Waveney Health and Care Partnership's PHM programme of work – currently uses data from a limited number of sources to provide baseline information regarding the health and social challenges faced by the population. Data analysis allows us to determine the level of current need, predict future need and **prioritise early support to patients with reversible risk through targeted intervention**. With development, there is significant opportunity to increase source data and insight gained.

The presentation provides examples of previous, current and future Protect NoW projects that utilise PHM techniques and aim to tackle health inequalities.

Report

Please refer to the presentation included below.

Recommendation to the Committee:

To note the progress so far of the Protect NoW initiative in utilising PHM techniques that help to tackle health inequalities.

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.

Improving lives **together**

Norfolk and Waveney Integrated Care System

Population Health Management & Health Inequalities

Overview

- **Define Terms –** what do we mean by Population Health Management and Health Inequalities?

- **Covid Protect** – our first project
  - How it worked
  - What it achieved

- **Protect NoW** – a Programme that was initiated following the success of Covid Protect
  - Core principles that underpin all Protect NoW projects
  - Project Examples
  - Example in more depth – Diabetes Prevention

- **Scalability** – examples where Protect NoW could potentially boost system performance

Health Inequalities (1)

Health inequalities are ***avoidable***, unfair and systematic differences in health between different groups of people and are often analysed across four factors: socio-economic, geographic, specific / protected characteristics and social exclusion / vulnerability. 'Health inequalities' also describes the **differences in care** people receive and the opportunities they have to lead healthy lives, eg:

- health status eg. life expectancy and prevalence of health conditions
- access to care / quality and experience of care
- lifestyle and behavioural risks to health / wider determinants of health

Core20Plus5 (next slide) provides a national approach to inform action to reduce health inequalities at both national and system level. There are versions for both adults and children and young people.

REDUCING HEALTHCARE INEQUALITIES

NHS

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

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

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

Target population

CORE20 PLUS 5

Key clinical areas of health inequalities

1. **MATERNITY** ensuring continuity of care for women from Black, Asian and minority ethnic communities and from the most deprived groups

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

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

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

5. **HYPERTENSION CASE-FINDING** and optimal management and lipid optimal management

SMOKING CESSATION positively impacts all 5 key clinical areas

Population Health Management (1)

PHM uses ***intelligence*** from available sources to guide the planning and delivery of care to achieve maximum impact on whole population health.

It includes segmentation and stratification techniques to identify those most at risk of ill health and target interventions more directly and effectively to support prevention or the ongoing management of symptoms / ill health.

Population Health Management (2)

- By using Population Health Management approaches, the health and care system can identify and group patients with similar health needs and respond more proactively and efficiently to those needs.
- It provides the opportunity to deliver measurable improvements in patient outcomes by reducing reversible risk through intervention whilst simultaneously reducing health inequalities, the cost of care and demand on the system.
- The greatest impact and benefits can be realised when PHM approaches are applied to areas of ill health that have the greatest reversible risk opportunity by volume.

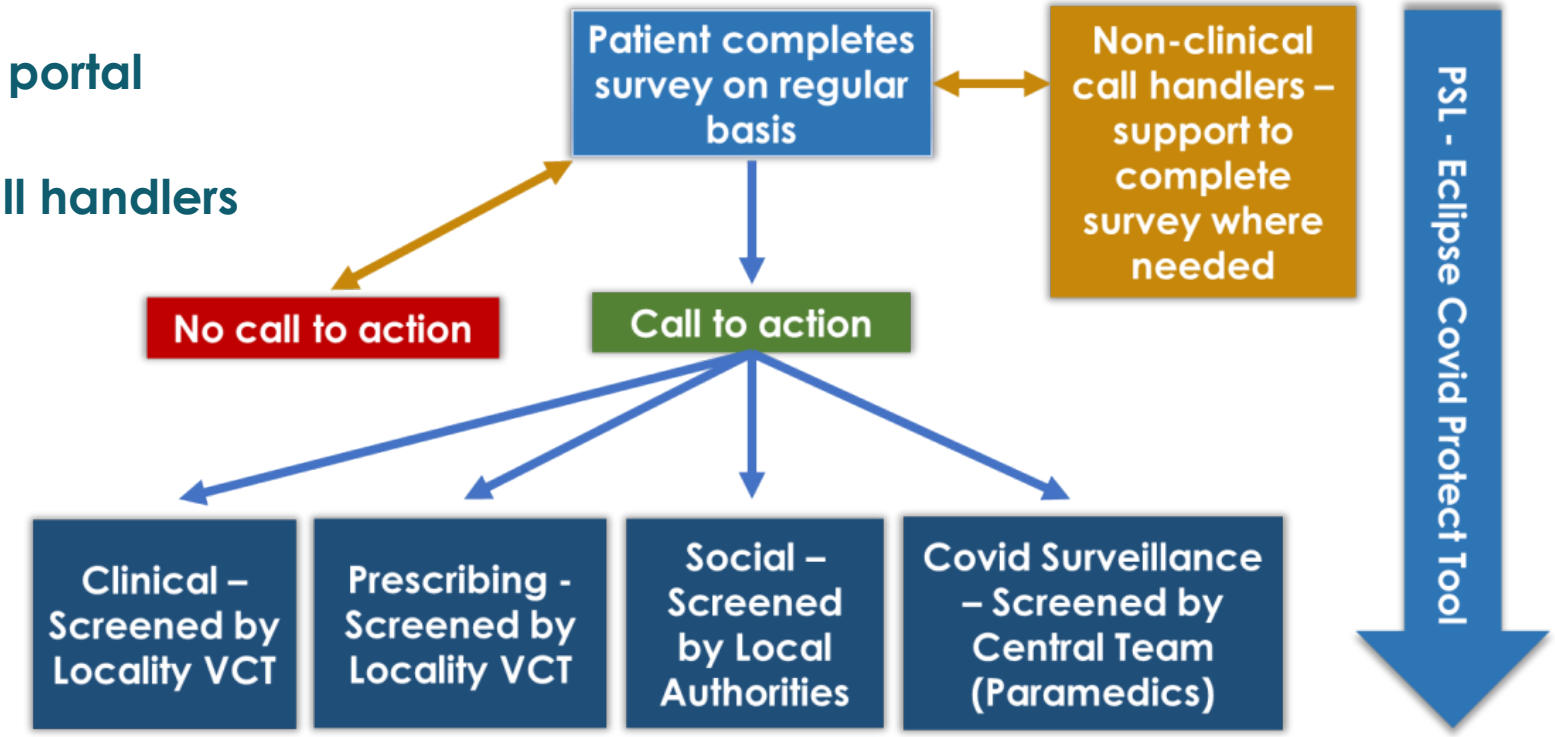
- Protect NoW is *one* example of how Norfolk & Waveney is seeking to utilise Population Health Management in tackling Health Inequalities.

Our First Project – Covid Protect

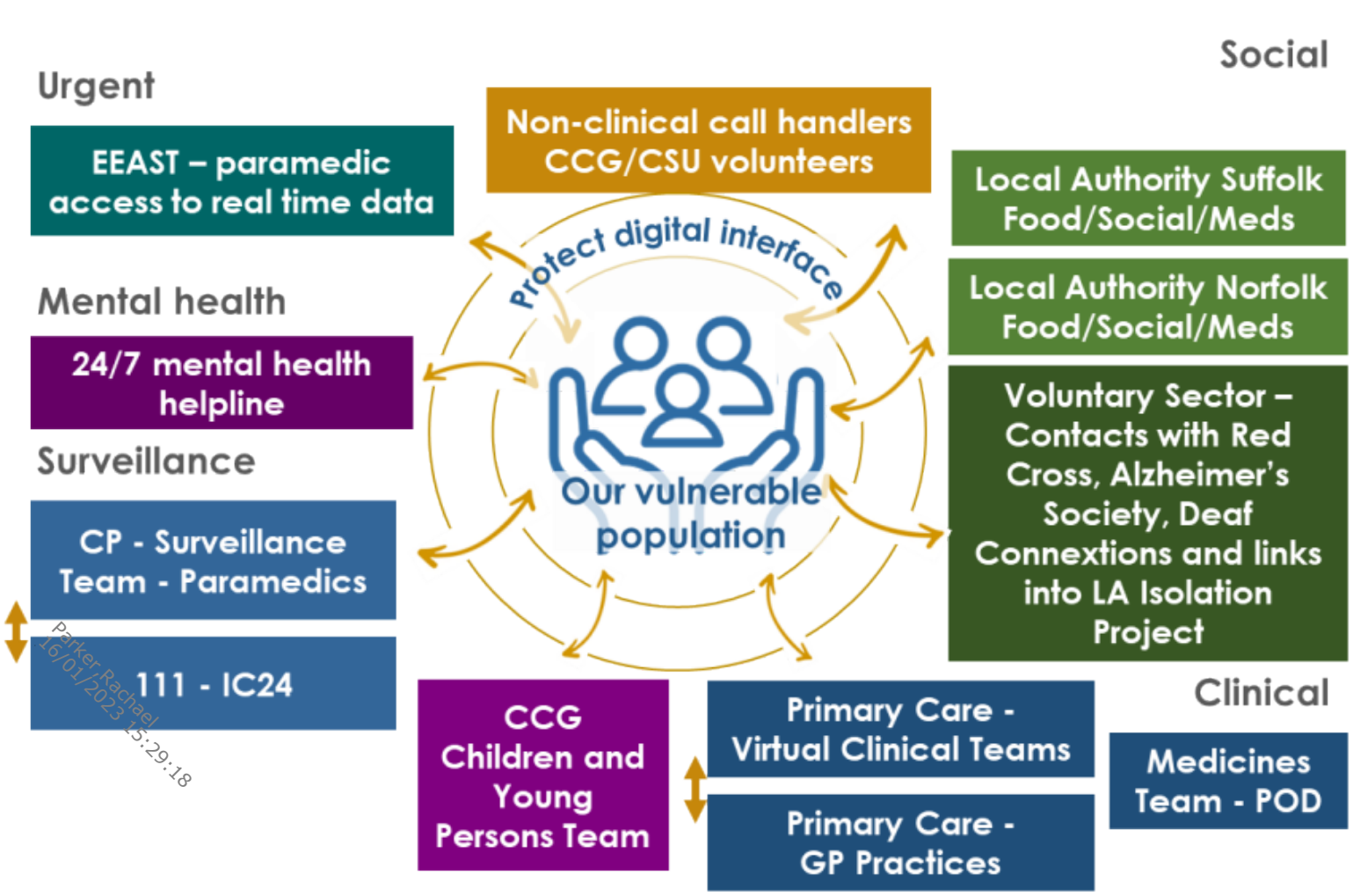
- A clinically-led collaboration of more than 20 local organisations and partners including LAs and CVS
- We contacted 100% of those in our top 10% most deprived areas and set up 1,764 of them (49%) on the system. With online solutions alone this would only have been 20%.
- Referrals directed to the right team with only a small number of actions going to a GP

62% engaged via the online web portal

38% engaged via non-clinical call handlers



Collaboration across the System



Outputs

Dedicated, proactive and brave clinicians: *"Let's do this"*

Courage to send 40,000 letters to patients CEV / at risk – *can we cope with the response?*

86% of all GP practices galvanised

100 volunteers proactively called all of our most deprived population in scope

20+ partners across health social care and the voluntary sector

250,000 patient interactions in three months

Identified 12,000 additional vulnerable patients 'missing' from national list

Technical expertise and speed of GP-led coding

23,000 patients actively engaged

Rapid mobilisation within 4 weeks from idea to first contacts

12,000 'calls to action' triggered

Commitment every evening including weekends

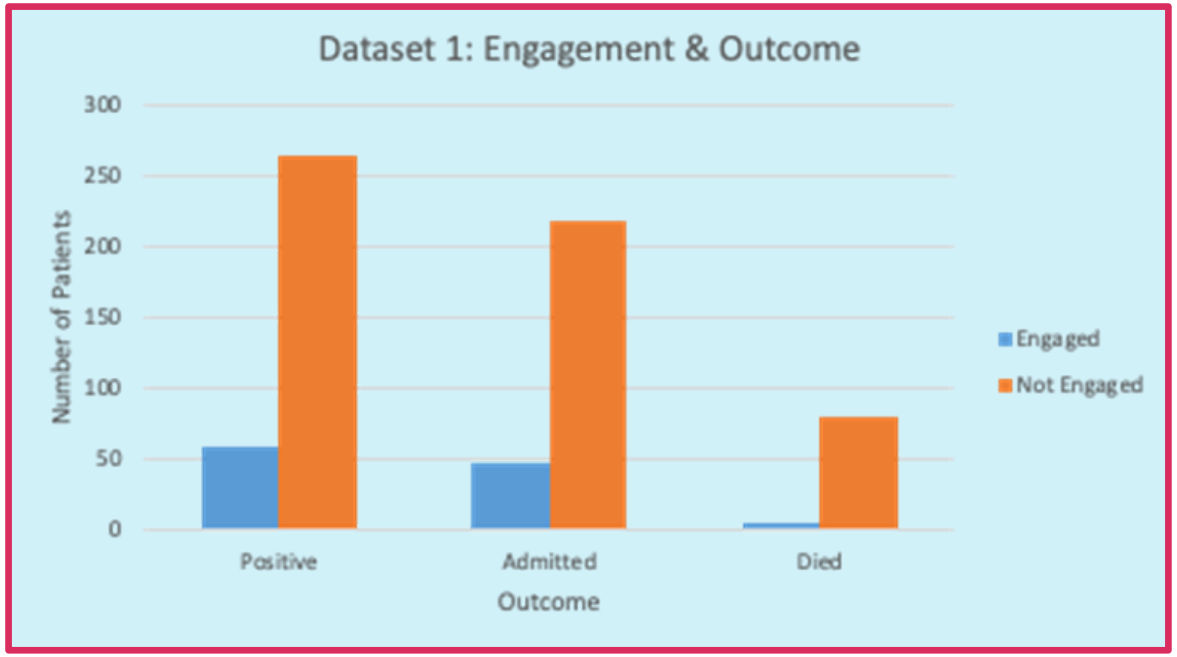
Support 7 days a week

Faith and permission from senior leaders

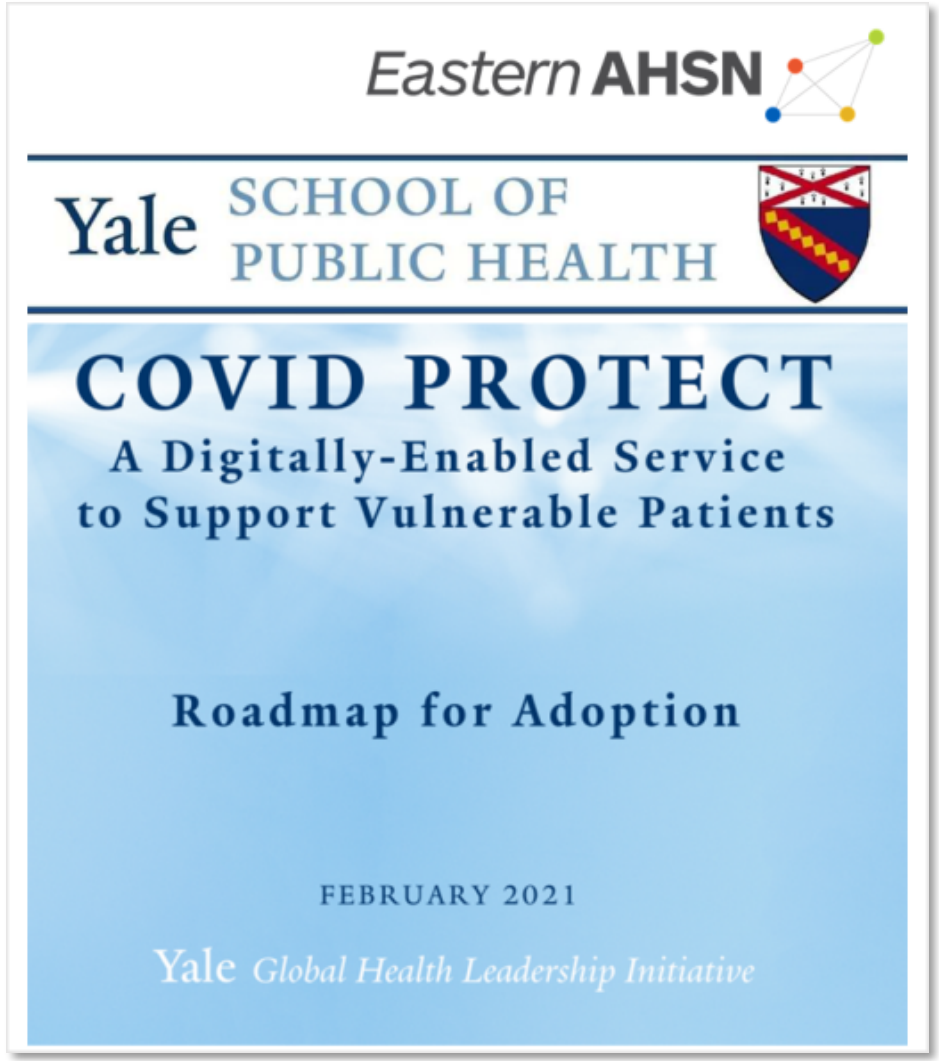
Statistically better outcomes

Shared aim: Proactively support people identified as highly vulnerable to stay safe and well at home.

Outcomes



Engagement with Covid Protect was associated with statistically better outcomes in terms of C-19 infections, admissions and mortality.



Evolution to Protect NoW

- Norfolk & Waveney took a strategic decision to continue to proactively contact after Covid Protect ended. We called the subsequent Programme: Protect Norfolk & Waveney (NoW)
- The Core Principles of Protect NoW remain as before:

Uses data to identify patients with specific risks to their health then uses tools to risk stratify and prioritise them:

Engages with them to offer targeted support and intervention to PREVENT ill health and future disease – identifying and addressing reversible risk

Data 'sorting' means we can focus our efforts in geographical areas of high deprivation / poor health outcomes as well as support specific patient groups that have previously had low engagement with health services

Through patient letter mailouts, group texting and telephone call follow up from our 'virtual support team' we can engage with large numbers of patients 'at scale'

Helps us standardise access to health and care services and engage with those most in need of intervention and support

Protect Now team comprises: a virtual support team, primary care / GPs and specialists from across the health and care system – providing strategic planning and additional operational capacity.

Project Examples

Covid Vaccination Uptake

Aim: Increase vaccine uptake and gain insight into hesitancy.

Scope: Initially those unvaccinated 70+ then flexible to match at risk cohorts, areas of low uptake / greatest deprivation and locations of pop up / mobile clinics.

Health Checks

Aim: Encourage patients who are overdue their health check, to take up the offer

Scope: Aged 40 – 74, significantly overdue their health check. Focus on Practices with the biggest 'gap to ambition'

Pain Management

Aim: Triage and prioritise waiting patients by acuity

Scope: Patients waiting in excess of 20 weeks for a first outpatient appointment in West Norfolk (partnership with QEH).

Flu Vaccination Uptake

Aim: Increase flu vaccination uptake and support to book

Scope: 3,000 most at risk patients not vaccinated against flu in the preceding 12 months.

IAPT Uptake

Aim: Increase referrals to Wellbeing Service and address clinical variation

Scope: c. 8,000 Patients prescribed medication for depression / anxiety but not accessing IAPT. Focus on Practices with the biggest 'gap to ambition'.

Cervical Screening Uptake

Aim: Increase cervical screening in eligible women with no recorded cervical screening or none in last 3-5 years and gain insight into reasons for missed appointments / encourage to re-book.

Scope: 25,000 + over two years across N&W – most at risk (2,500) through smoking and lifestyle identified.

Long COVID clinic design

Aim: Gain insight from those with lived experience of Long Covid to inform design of service specification for commissioning Long Covid clinics from community provider.

Scope: 13,500 people across N&W 12+ weeks after confirmed Covid 19 infection.

Diabetes Prevention

Aim: Increase referrals into National Diabetes Prevention Programme to prevent / reverse type 2 diabetes and address clinical variation

Scope: 43,000 people in N&W People with pre-diabetes / HBA1c of 42 – 47 in the last 24 months. Initial cohort circa 15,000 of in areas of highest deprivation.

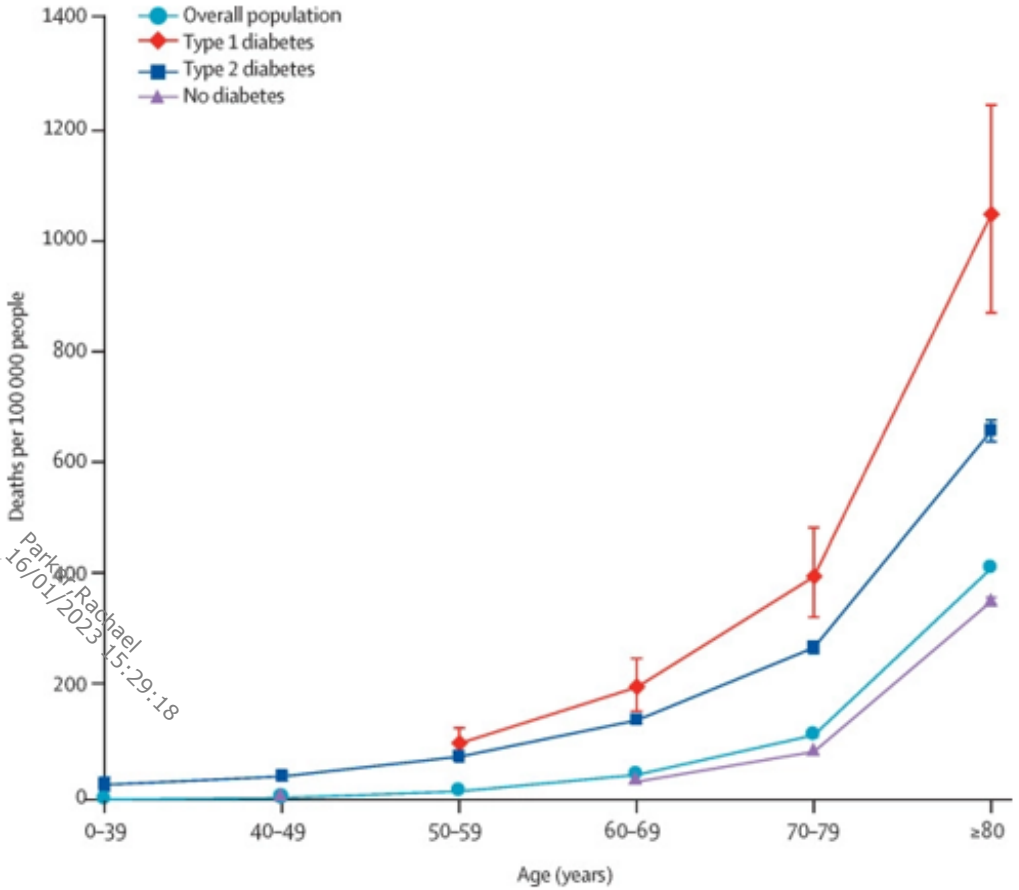
Reducing avoidable admissions

Aim: *Priority Patient Review* - Reduce hospital admissions through primary care risk alerts relating to six biomedical markers – review and action

Scope: In development

Diabetes Prevention

- **Mortality from Covid-19 infection is significantly higher in people with diabetes[1]**
- **Socioeconomic deprivation is an identified a risk factor associated with increased mortality[2]**
- **Preventing diabetes is a priority**



- In the first wave of the pandemic in the UK in 2020, mortality from Covid-19 infection amongst people with diabetes was increased 2-3-fold
- 1 in 3 of those who died was a person with diabetes

1. Barron et al, 2020. Available at: https://doi.org/10.1016/S2213-8587(20)30272-2
2. 2. Holman et al, 2020.. Available at: https://doi.org/10.1016/S2213-8587(20)30271-0

Diabetes Prevention Project Results

49 Practices involved to date

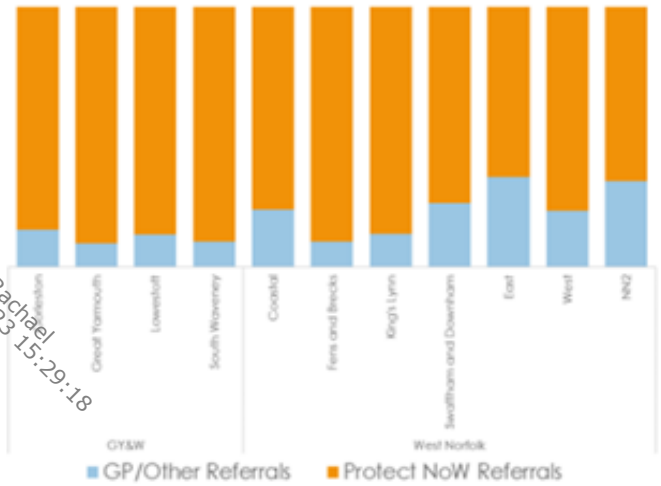
49 Practices with increased referrals

2853 Increased referrals to date

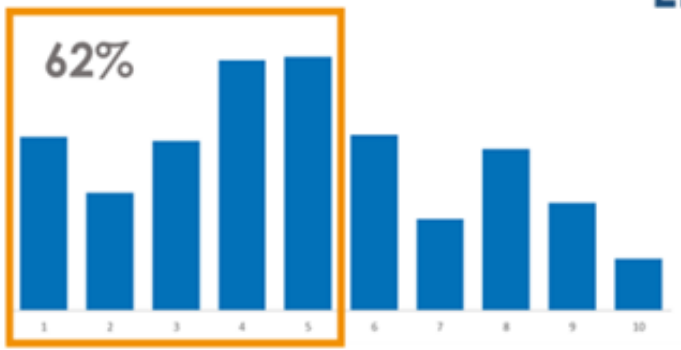
33% Average Referral Increase

- 14,940 Patients invited to take part (within project scope)
- 7264 Completed questionnaires

48.6% Engagement rate



Deprivation index of engaged patients



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Future Project Examples (1)

Topic	Comment
Active NoW	Encouraging access to Active NoW, which helps improve access to physical activity help and support. Initial focus on those at risk of developing diabetes.
Falls Support	Working with Norfolk County Council, this project will involve contact with a cohort of 1,000 people. The project aims to provide early support to people before they reach crisis, to increase their ability to stay independent at home for longer.
Reducing Smoking in Pregnancy	Initially, focussing on pregnant smokers within the Queen Elizabeth Hospital catchment, this project will involve promotion of smoking cessation support in collaboration with the local Midwifery team and Smoke Free Norfolk.

Future Project Examples (2)

Topic	Comment
Mental Health Support	Working with the Wellbeing Service (NSFT), this project will be an expansion of our previous support to those with anxiety and depression. With a more nuanced approach to those aged over 65 (for example, offering access to in-person workshops)
Weight Management	Protect NoW has been commissioned by NHS England to contact patients eligible for the Digital Weight Management initiative (for those living with obesity who also have a diagnosis of diabetes, hypertension or both)
Cold Homes Support	Working with Great Yarmouth Borough Council and East Suffolk Council, this initiative aims to offer support to groups who may be especially susceptible to cold weather (e.g. by offering access to the House Support Fund for those who are eligible)

Summary

- By using Population Health Management approaches, the health and care system can identify and group patients with similar health needs and respond more proactively and efficiently to those needs.
- It provides the opportunity to deliver measurable improvements in patient outcomes by reducing reversible risk through intervention whilst simultaneously reducing health inequalities, the cost of care and demand on the system.
- Protect NoW is one approach that our system has adopted to put this into practice. Our Steering Group is always looking for new possibilities that meet our objectives. These can be provided to:

nwicb.protectnow@nhs.net or Rob Jakeman (r.jakeman@nhs.net)