

# **Norfolk and Waveney Integrated Care System**

## **Quality Strategy 2022-2025**

## Document Control Sheet

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## Revision History

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17/03/23	Final draft taken to Board for ratification on 28 March 2023	TD/KW/EK	v0.20
29/03/23	Amendment made to data and evidence diagram, to include VCFSE	EK/ER	v0.21

## Approvals

This document requires the following approvals either individual(s), group(s) or board.

Name	Title	Date of Issue	Version Number
N/A	Integrated Care Board	28/03/23	0.20 with amend to v0.21

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### What Should Quality Feel Like?

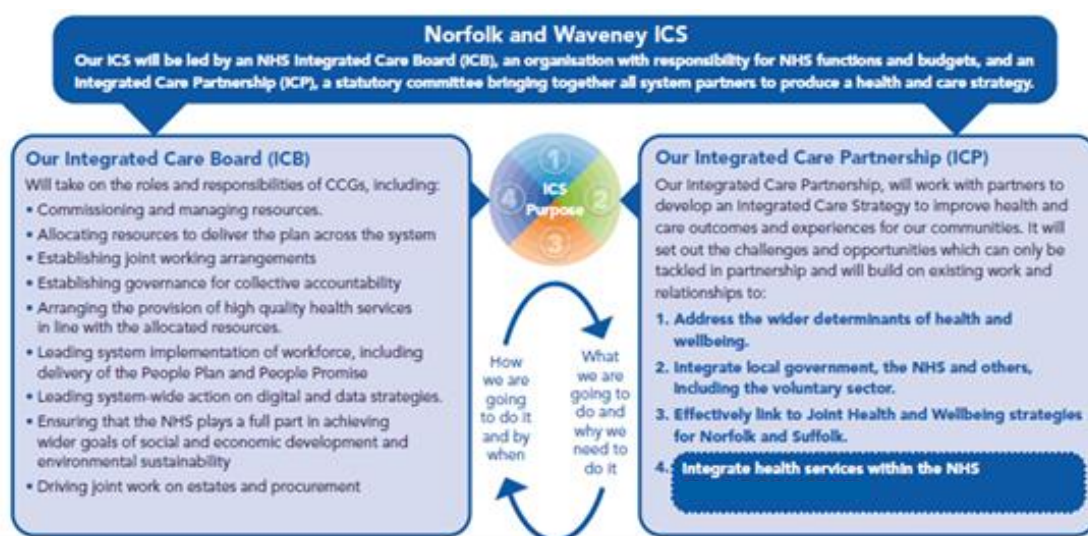
Throughout this strategy, you will also see sections on how we believe quality touches on the experiences of patients and service users, carers and health and social care staff.

Look out for **Charlie** on page 8, **Nelson** on page 9, the Staff and Service Users at **Canary Care** on page 18, **Ben and his family** on page 20 and **Aaliyah** on page 22...

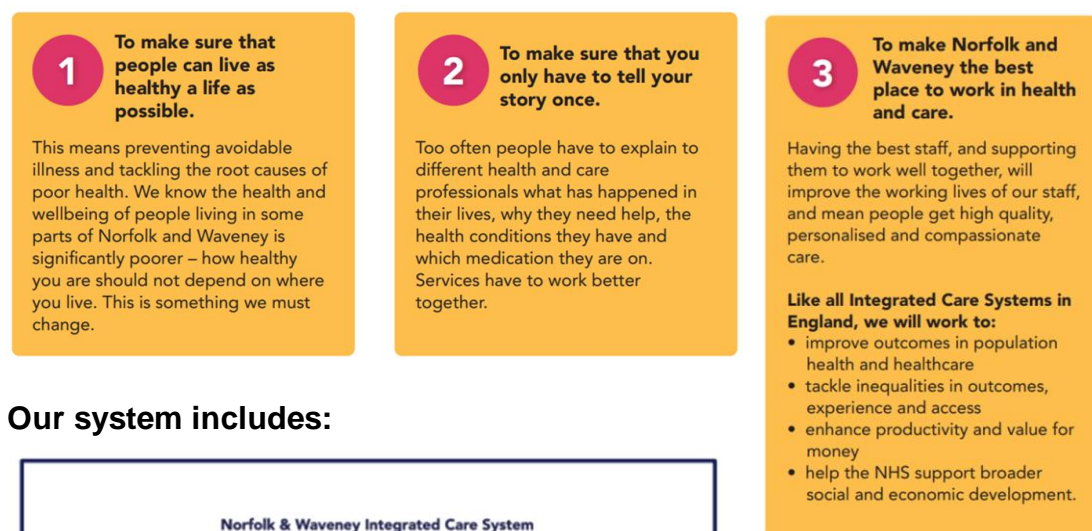


# 1.0 Introduction

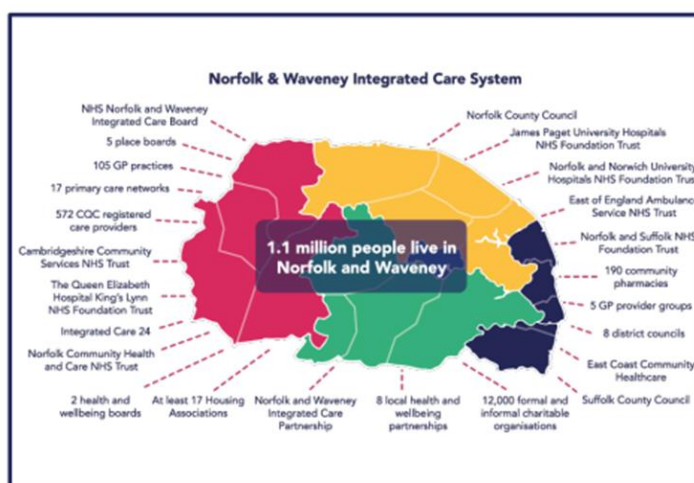
## 1.1 Our Integrated Care System (ICS)



The Norfolk and Waveney Integrated Care System (ICS) is made of a wide range of partner organisations, working together, with our local communities, to achieve three main goals for our population:



**Our system includes:**

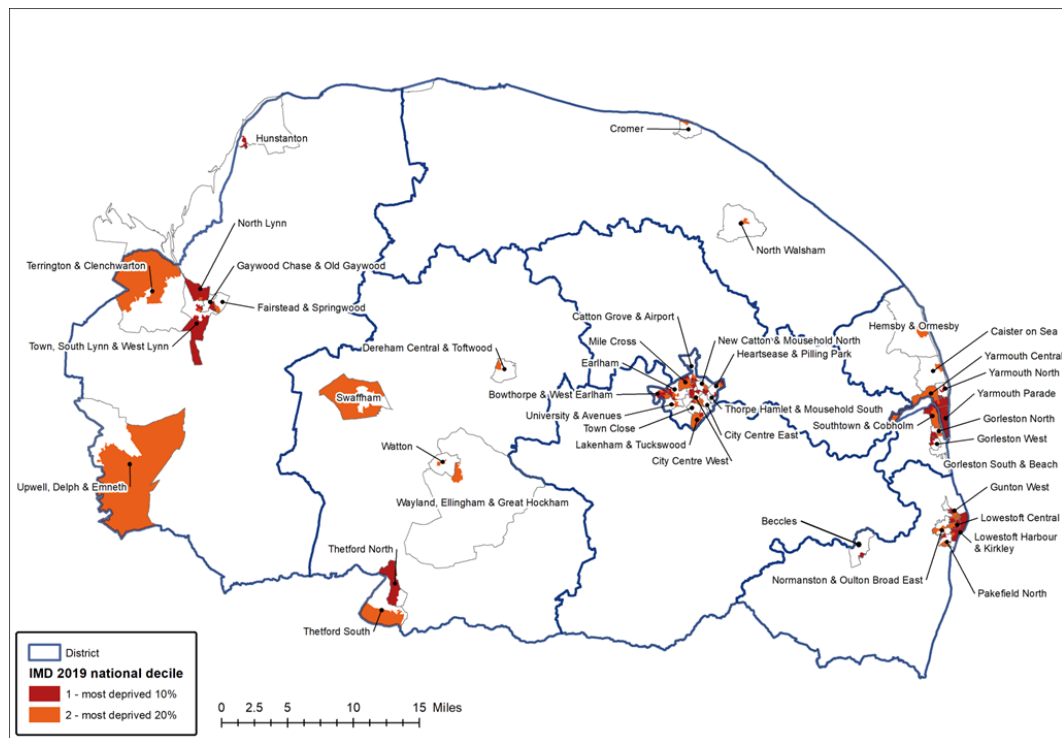


Our communities are rich in different experiences and backgrounds, situated in rural, coastal, and urban geography.

## 1.2 Population Health and Health Inequalities

The Norfolk and Waveney [Public Health Joint Strategic Needs Assessment](#) highlights inequalities present in Norfolk and Waveney and how this is experienced by people, in relation to:

- Healthy life expectancy
- Lifelong health outcomes
- Social, economic, and living conditions
- Healthy lifestyle factors
- Access and quality of health services



There are 42 communities across Norfolk and Waveney where some or all the population live in the 'Core20' of the 20% most deprived areas in England. The largest contributors towards the life expectancy gap between the most and least deprived populations in Norfolk and Waveney are **circulatory**, **cancer**, and **respiratory** diseases.

In addition to social deprivation, there is a strong relationship between service quality, including service user experience and access, and the underlying health needs of our population. This strategy supports key elements of population health medicine, by enabling the delivery of safe, timely and evidence-based care and support, to:

- Impact on demand and need for healthcare and the role of high-quality treatment and support as a prevention for further illness.
- Ensure a healthy standard of living for all, whilst also working to reduce disparities in health outcomes.



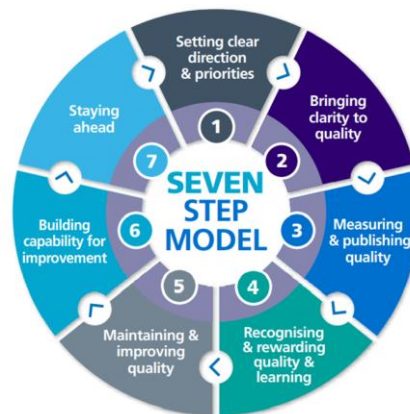
- Look at what improves quality and length of life and influence people's health behaviours, while improving experiences of care and delivering effective public health and primary prevention interventions.

Workforce skills around health coaching and goal setting are a key skillset to help empower service users, to engage with health improvement opportunities and personalise care.

## 2.0 Strategy Context, Purpose, Values and Priorities

### 2.1 National Strategy Context

In April 2021 the National Quality Board refreshed its [Shared Commitment to Quality](#), which provides a nationally agreed definition of quality and a vision for how quality can be effectively delivered through Integrated Care Systems. It sets out seven clear steps to achieving a cohesive and collaborative system approach to quality:



The shared commitment uses the following measures to describe what high quality care should look and feel like for patients, carers, and staff; delivered **safely** and **effectively**, with a **positive experience**. It should be **well-led**, **sustainably resourced**, and **equitable** across all communities and populations.

### 2.2 Norfolk and Waveney Quality Strategy Purpose

The Quality Strategy for Norfolk and Waveney Integrated Care System (ICS) outlines our quality priorities for 2022-25 and makes a commitment to the people of Norfolk and Waveney, to deliver quality, based on what matters most to the people using our services and the insight and expertise of our compassionate, skilful, and innovative workforce. The Strategy is underpinned by continuous development of the Integrated Care Partnership (ICP) and Integrated Care Board (ICB) model for clinical leadership, quality management and assurance, and research and innovation. The delivery of safe, high quality, evidence-based care empowers patients, service users, carers and staff and

must be supported by a quality governance and delivery infrastructure that has influence, impact, and accountability to the people of Norfolk and Waveney.



The Strategy does not replace existing quality assurance and improvement strategies developed by our partners but highlights the importance of quality within our wider system working.

## 2.3 Norfolk and Waveney Quality Strategy Values



We will always value our people and our communities and keep them central to the focus of our strategy.



We will always treat people with dignity and respect and will encourage compassion and understanding, through our quality improvement work.



We will continue to develop trusted relationships and embrace partnership working, across services, networks, and organisations, including VCFSE and communities.



We will deliver on our strategy commitments and share our progress in a way that is open and transparent, and we will be accountable to patients, carers, and staff.

The ICS Clinical Strategy sets out the following priorities to fully integrate care services and improve population health outcomes, so that people living in Norfolk and Waveney can feel that their NHS sees them as a whole person, is one high quality, reliable and resilient service, works to reduce waiting times, acts early to improve health, and addresses health inequalities. You can find out more about the clinical strategy [here](#).

## 2.4 Co-production with our staff, people and communities

People-centredness is a key part of our quality journey and culture of improvement, acknowledging the value of people's lived experiences as a powerful driver for change. If our co-production work is effective, our people, communities, and ICS partners, will be able to see that:

- People feel listened to and empowered. They can see the difference their views and insight have made.
- The voices of our people and communities are looked for early, when planning, designing, and evaluating services.
- People have shared their story and it has made a difference and been listened to by partners all over the ICS.



We will continue to work closely with all our ICS partners, including Healthwatch, to offer opportunities for a diverse range of voices to be heard and to use patient, carer, and community feedback to improve care.

### Case Study: Norfolk and Waveney Carers Identity Passport

Carers, Carers Voice Norfolk and Waveney and health and social care have worked together to co-produce a Carers Identity Passport. It was recognised that Carers need to be respected and valued and an equal partner in the health and care of those they care for. Carers requested a passport so that there is early identification of their caring role by means of a digital card or physical card and lanyard.



From the outset, Carers Voice worked to develop a systemwide project to ensure the Carers Identity Passport is recognised in hospital settings across Norfolk and Waveney and these are distributed by Carers Voice Norfolk and Waveney. To obtain a Carers Identity Passport [click here](#).

### What Should Quality Feel Like? Meet Charlie

Charlie, aged 19, has been a family carer for most of her life and a member of Norfolk Young Carers' Forum, supported by the charity Caring Together as part of Norfolk and Waveney ICS. The Forum helps to recognise the lives of young carers and ensure that health, care and education services across Norfolk understand their needs. The Forum has carried out surveys of young carers and ran a conference for people working across the health and care system. Forum members have recorded videos, shared their experiences and reviewed all of the materials which are used in carer-awareness training. Charlie has put a lot into the forum, and got a lot out of it too.



Charlie says: "At first I was surprised they gave a 15-year-old the responsibility of doing the lectures, but I'm used to it now. It's still nerve-wracking but I know exactly what I am doing. I was a shy kid, but when I joined the Forum, I felt a real surge in confidence; it gave me a voice. In the Forum, everyone accepts who you are. Everyone is in a similar boat. They all just get it. I've made a lot of friends that I will be friends with for the rest of my life and pushed me to do what I want to do." Charlie's caring role continues and when she reflects on five years in the Forum, she is positive about the changes that have happened in that time. She remains committed to driving further change for young carers.

[Find out more at Working with People & Communities - Norfolk and Waveney ICS \(improvinglivesnw.org.uk\)](#)

## 2.5 Our 2022-2025 Quality Priorities

We should all expect to receive timely care and support that is consistently safe, effective, equitable and evidence based.



Our experiences of this should be positive and personalised, empowering us to make informed decisions about our needs and how we access timely care and support, both at home and in care settings and communities, throughout our lives. To achieve this, we commit to delivering a systematic and consistent approach to quality care, delivered in a way that is:



To achieve this, we will develop the Norfolk and Waveney system's approach to collective quality assurance, embedding a strong culture of collaborative learning and continuous improvement, delivered by confident, empowered, and motivated staff, students and volunteers who have the right tools and skillsets. We will continue to support a 'research-positive' culture in our health and care organisations so that we benefit from having strong evidence behind our treatment and care interventions and encourage and enable opportunities for evaluation and innovation. We will ensure that we examine patient experience and outcome metrics and will enable patients, service users, families, and carers to be involved with quality improvement in a way that is meaningful.

### What Should Quality Feel Like? Meet Nelson

Nelson lives in Norfolk & Waveney. He has accessed lots of different health and support services over his lifetime, from childhood right up to now.



For Nelson, quality feels like being able to make informed choices so that he can stay well and do the things in life that he cares about. It means being able to access the right services and tools to help prevent ill-health and manage any emergencies or long term conditions, promptly and safely. It means being able to access the right care and support at the right time, at the right place; at home, in the community or hospital. Wherever care is delivered, Nelson has a right to privacy, dignity and safeguarding from harm. He wants to be involved in planning his care and this relies on open, transparent and clear communication. It means being able to build relationships with the professionals that support him, and only having to explain his story once. It means having a personalised approach which works for Nelson, and support that can step up and down depending on his changing needs and decisions about what matters most to him, his values and beliefs. If something goes wrong, quality means that Nelson can expect an open and honest apology and explanation, and to be involved in learning from what happened, to help prevent it happening again in the future. When services change or develop, quality means that he is kept informed and has an opportunity to contribute his views.

Quality will support the values of integration, personalisation, and outcomes-based commissioning, to develop local teams, services and communities that promote wellbeing and prevent adverse health outcomes, equitably, for all people who live in Norfolk and Waveney.

## 3.0 Delivery

### 3.1 Building a Quality Partnership

The National Quality Board [Shared Commitment to Quality](#) defines how the partnerships that form Integrated Care Systems need to work in order to deliver high quality care to their local populations, starting with a single understanding of 'quality' which is shared across services, networks and organisations, which allows partners to work together to deliver shared quality improvement priorities and have collective ownership and management of quality challenges and risks.

Quality improvement priorities should be based on a sound understanding of the local population's needs, variation and inequalities and meaningful engagement, with patients, carers, and staff. While ownership of quality within services, networks, and organisations, needs to start internally, the partnership should be able to facilitate quality management at scale when required, to improve safety, health and wellbeing for the local population and share learning and good practice. Clear and transparent accountability and decision-making is essential across services, networks, and organisations; particularly when serious quality concerns are identified.

#### Our key partners in quality include:

- Provider organisations, professionals, and staff
- People and communities, including service users and carers
- Commissioners and funders
- Voluntary, Community, Faith, and Social Enterprise sector
- CQC, Healthwatch and other regulators
- Education, research, and innovation partners

### 3.2 Quality System Pillars

The following six pillars set out the core foundation for a system infrastructure that will enable us to deliver our quality priorities over the next three years:



### 3.3 Data and Evidence

Our commitment to delivering quality is underpinned and driven by good use of evidence and data, which enables us to identify risks and problems early and focus our resources they are needed most. Our main sources of data include, but are not limited to:



### 3.4 Risk Management

The way we manage system-level quality concerns and risk aligns with the national guidance on [Quality Risk Response and Escalation in Integrated Care Systems](#). Key components include:

- **Effective risk profiling;** timely, triangulated data identifying healthcare concerns and risks, with commonly agreed metrics to measure quality and an active list of quality risks at each level.
- **Rapid quality management response;** sharing of intelligence to ‘diagnose’ and profile risks to develop actions to address immediate concerns and formulate a plan for longer term change or improvement.
- **Robust, collaborative action and improvement plans;** plan, co-ordinate and facilitate the delivery of mitigating actions, with clear action owners, timescales, and success criteria, and which reflect contractual requirements and regulatory frameworks. Where multiple commissioners are involved, this must join up.

Alongside the management of risk, we also look for opportunities. This means that while identifying and responding to risk, the ICS and its partners also seek out proactive, positive quality improvement opportunities that might otherwise not come to light.

The components described approach are delivered through the development of a ‘whole system’ approach, including agreed system risk appetite statements, common language and scoring, and risk frameworks which clearly link to associated accountability and

governance frameworks, and which cover quality alongside other risk frameworks (e.g., performance and finance, equality, and sustainability).

### 3.5 Quality Oversight Forums

Our key oversight and governance forums that support quality surveillance, escalation and improvement include:

**The ICB Quality and Safety Committee has accountability for scrutiny and assurance of quality governance and internal control that supports the ICB to effectively deliver its strategic objectives and provide sustainable, high-quality care.** It maintains assurance that ICB statutory duties are being met. Ensures that risks are addressed, and improvement plans are having the desired effect. It has delegated authority to approve ICB arrangements and policies to minimise clinical risk, maximise patient safety and to secure continuous improvement in quality and patient outcomes including arrangements for discharging the CCG's statutory duty associated with its commissioning functions to act with a view to securing continuous improvements to the quality of services.

**The ICS System Quality Group enables routine and systematic sharing of intelligence and insight across the system, to identify ICS quality concerns/risks.** It provides a forum to develop actions to enable improvement, mitigate risk and measure impact. Facilitates the testing of new ideas, sharing learning and celebrating best practice.

**The ICS Quality Management Approach Hub facilitates a systemwide approach to quality management. Through its Quality Faculty, it brings system partners together to share insight and good practice in quality improvement (QI).** Staff from across the ICS can access shared QI training and resources via the Hub to support cross-organisational and system-wide QI. A similar system approach will be taken to sharing quality control best practice. The Hub has led on the development and roll-out of a prioritisation matrix to support the system with quality planning and is supporting co-production of QI programmes across the ICS.



Key relationships with regulatory and monitoring bodies, including CQC and Healthwatch, are also central to the early recognition and response to warning signs and opportunities for improvement. Escalation

from these forums go through our NHS System Oversight Framework, NHS England Regional Team, Regional Quality Group and Regulators.

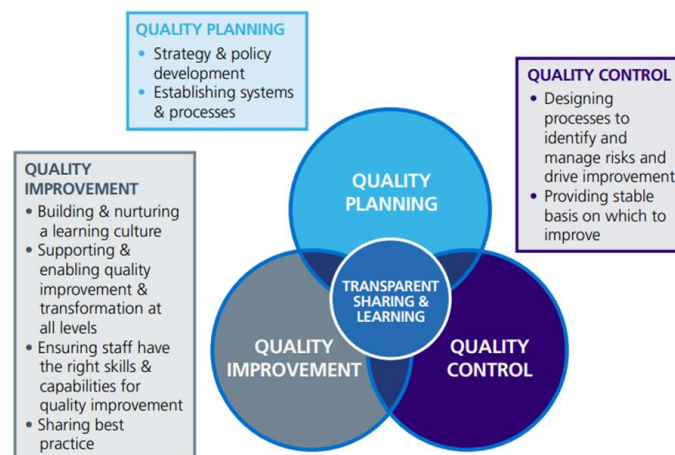


### 3.6 Quality Management Theory

To deliver good quality outcomes, there are three core quality 'functions' that need to be delivered by systems, described in the **Juran Trilogy**, a quality management approach that is based on international best practice. When delivered effectively, these functions work together in an integrated way to ensure that systems can:

- Identify and monitor early warning signs and quality risks.
- Plan and coordinate transformation locally and at a system level.
- Deliver ongoing improvement of quality experience and outcomes.

These functions of quality management are fundamental to our approach in Norfolk and Waveney and are supported by ongoing collective quality assurance and a culture of learning and continuous improvement. The following diagram from the National Quality Board Shared Commitment to Quality (April 2021) illustrates how this is operationalised through organisational culture, processes, and policy:



[Find out more at Quality Management Approach \(QMA\) - Norfolk & Waveney Integrated Care System \(ICS\) \(improvinglivesnw.org.uk\)](https://improvinglivesnw.org.uk)

### 3.7 Research and Innovation

According to the National Institute for Health and Care Research (NIHR), encouraging a 'research-positive' culture in health and care organisations can lead to better quality outcomes for service users and staff:

> *J Eval Clin Pract.* 2020 Feb;26(1):203-208. doi: 10.1111/jep.13118. Epub 2019 Feb 19.

**Patients admitted to more research-active hospitals have more confidence in staff and are better informed about their condition and medication: Results from a retrospective cross-sectional study**

Leon Jonker <sup>1</sup>, Stacey Jayne Fisher <sup>1</sup>, Dave Dagnan <sup>1</sup>



In Norfolk and Waveney, Research and Evaluation Teams work collaboratively across academic networks, health, and social care partnerships and Healthwatch, to deliver the following priorities:

- Research Development
- Research Management and Support
- Public and Patient Involvement
- Evidence and Evaluation



### **Case Study: Public & Patient Involvement in Research**

**Project:** this initiative brings together volunteers and community groups across Norfolk and Suffolk to collaborate with local researchers and health care professions working in research in Primary Care. In 2020-21, PPIRes supported 61 volunteers' involvement in 20 NIHR grant applications and developed and delivered training for volunteers supporting funded research studies.

An exciting priority for the year ahead is the co-production of a system Research, Evaluation, and Innovation Strategy, broadening opportunities for staff and communities in Norfolk and Waveney to participate in and benefit from, evidence-based, innovative care and support.



## **4.0 Focus Areas**

### **4.1 Primary Care and Place**

Primary Care includes a range of community-based services that are often people's first and main point of contact with healthcare, delivering preventative health care, education, advice, and treatment. These services are constantly evolving, and developments need to be made to offer patients with diverse needs a wider choice of accessible, high quality, personalised primary healthcare. This will be a priority for the system and includes:

- General Practice
- Dentistry
- Pharmacy
- Optometry (eye care)

#### **Place-Based Partnerships**

Working as a 'place' brings together the NHS, local councils and voluntary organisations, residents, people who access services, carers, and families, to design and deliver integrated services in their local area. The Norfolk and Waveney system benefits from a number of community 'champion' roles and VCFSE support, which helps to coordinate conversations about pathway transformation within local communities and signpost people to the right services.

In Norfolk and Waveney, the five 'places' (Norwich, South Norfolk, North Norfolk, West Norfolk and Great Yarmouth & Waveney) have collectively set the following system priorities for improving people's experiences of care:

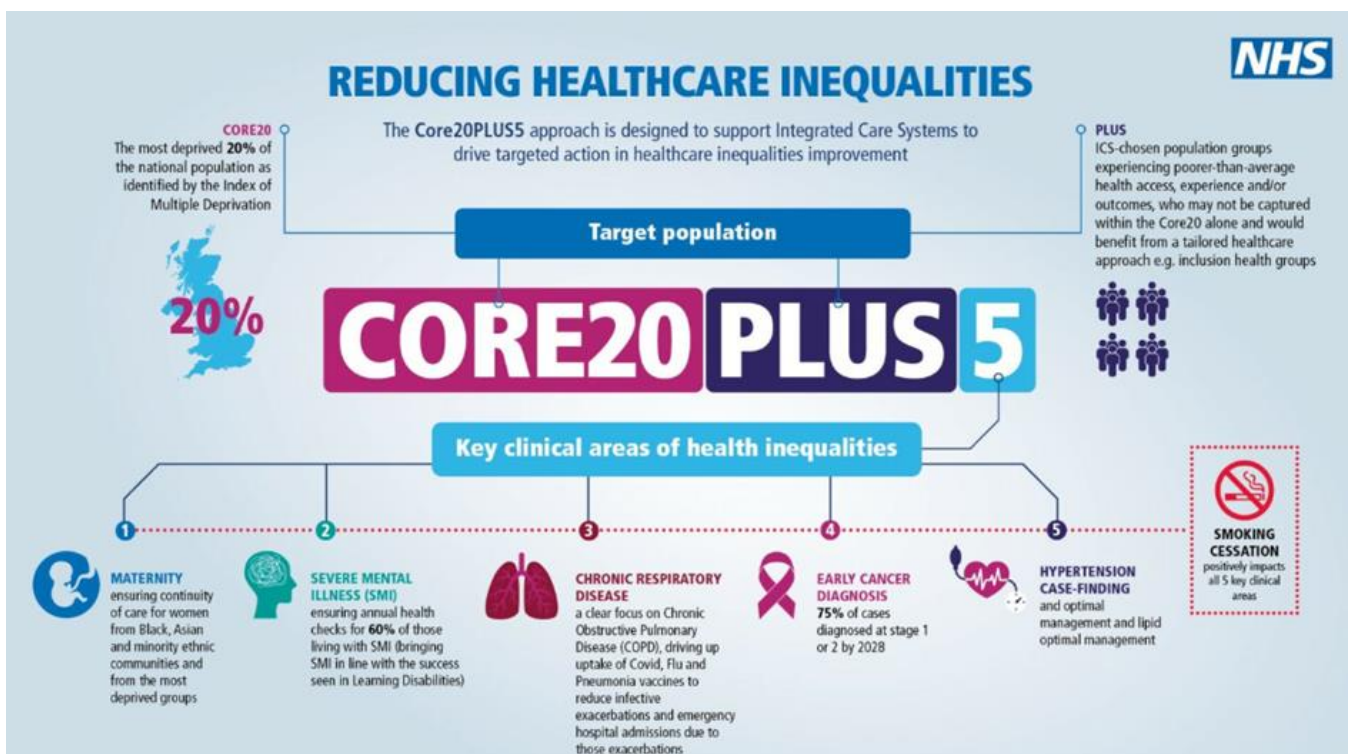


## 4.2 Prevention and Health Inequalities

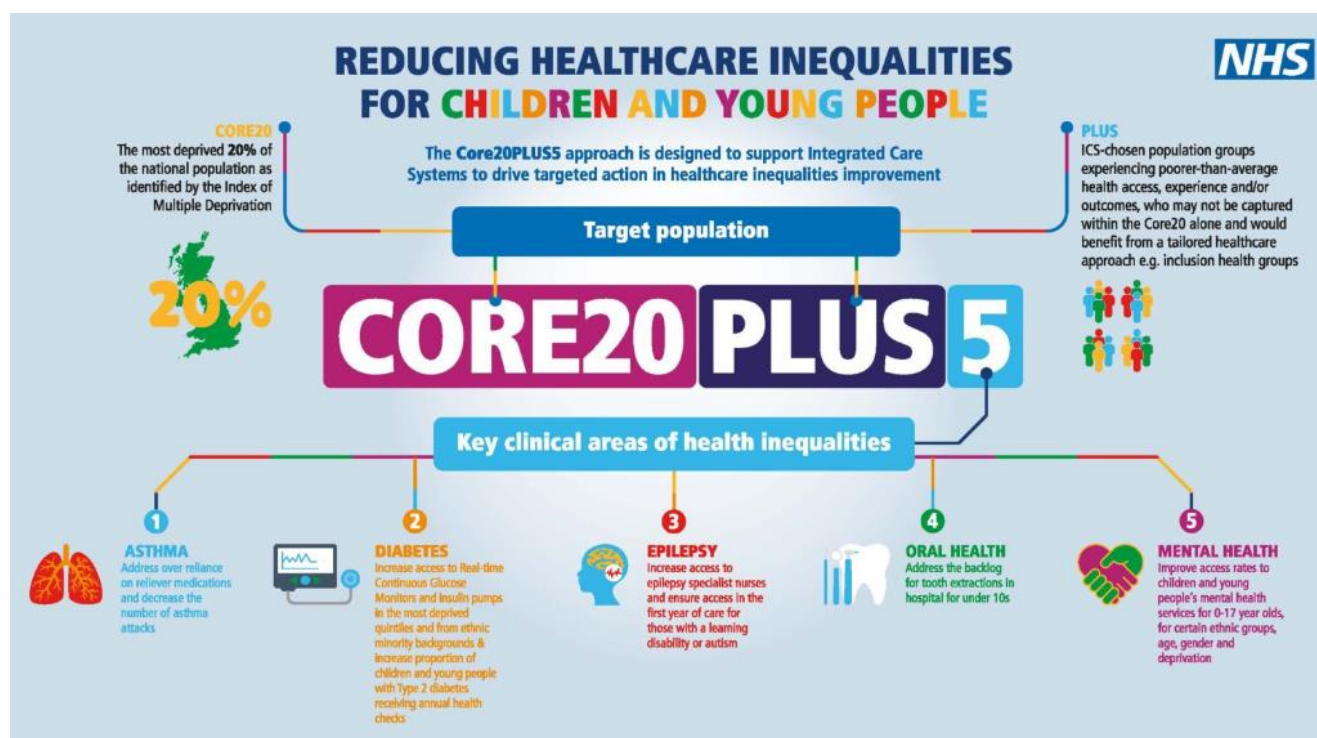
According to [Norfolk Insight](#), health inequalities are “preventable, unfair and unjust differences in health status between groups, populations or individuals that arise from the unequal distribution of social, environmental and economic conditions within societies”.

Core20PLUS5 is the national NHS England approach to inform action to reduce healthcare inequalities at a national and system level, by defining 'Core20' and 'PLUS' population groups, which include people who have additional inequality risk factors and include ethnic minority communities; inclusion health groups; people with a learning disability and autistic people; coastal communities with pockets of deprivation hidden amongst relative affluence; people with multi-morbidities; and protected characteristic groups; amongst others.

Core20PLUS sets out 5 focus clinical areas requiring accelerated improvement:



Initially, the approach focused on healthcare inequalities experienced by adults but has now been adapted to apply to children and young people too:



### Inclusion Health Groups

Inclusion health groups include people experiencing homelessness, drug and alcohol dependence, vulnerable migrants, Gypsy, Roma and Traveller communities, sex workers, people in contact with the criminal justice system, victims of modern slavery and other socially excluded groups.

## 4.3 Infection Prevention and Control

Infection Prevention & Control (IP&C) is key to keeping service users and staff safe and well, and making sure services are resilient and we work as a system to ensure that we can work collaboratively, to maximise the skills and knowledge of professionals working in Infection Prevention & Control workstreams across the system, particularly around intelligence and learning, research development and innovation, and education, practice improvement and support.

Current IP&C system workstreams and projects include:

- Antimicrobial Stewardship
- Gram-negative Bacteria and Clostridioides Difficile Reduction
- MRSA Pathway
- Overuse of Gloves in Healthcare Settings
- Hydration and Urinary Tract Infection Prevention

As a system we undertake **surveillance** of community and hospital healthcare associated infections, including Gram-negative bacteria, Clostridioides difficile, Escherichia coli, Pseudomonas aeruginosa, Klebsiella species, Staphylococcus aureus and Surgical site infections.

We have **oversight** of infectious illness prevalence and quality of diagnostic and treatment services, including Seasonal, Pandemic and Avian Flu, Tuberculosis, COVID-19, and novel infections.

We provide **management** and enhanced support for care and non-care community settings experiencing outbreaks of infectious illness.

#### 4.4 Mental Health

The continuous development and transformation of our local mental health services is underpinned by the core values of improving patient experience and access to high quality treatment and support. We develop skills and confidence across our entire workforce to consider a person's mental health alongside their physical health needs and valuing and listening to our mental health staff, to enable them to provide the best quality care.

As a system we need to identify opportunities for early support, to engage people in the right care, which is holistic, person centred, and appropriate for their mental health needs. Bridging the gap between primary and secondary care with excellent communication so that a person's care is seamless and appropriate to their level of need.

We must ensure that people experiencing mental health distress tell their story once, with single trusted assessments and patient identified goals at the heart of their care and that the views of our experts by experience and their carers are listened to, guiding the development of our mental health services and pathways.

##### Our Mental Health Transformation priorities include:

- Prevention and Community
- 'Front Door' and Access
- Children and Young People
- Crisis Support and Admission Avoidance
- Reasonable Adjustments for Neurodiversity
- Addressing physical health inequalities for people living with Severe Mental Illness





## 4.5 Learning Disability and/or Autism

Norfolk and Waveney ICB has a number of priorities in relation to improving the quality of provision for people with a learning disability and/or autism or other neurodiverse conditions, living within Norfolk and Waveney:



- To improve the number of annual health checks and health action plans being delivered by Primary Care for people with a learning disability.
- To build our care and support community models for the learning-disabled population and those people with autism.
- To improve the adult autism diagnostic offer across Norfolk and Waveney with reduced waits.
- To build capacity across the system in specialist health services for people with learning disability and/or autism to help prevent admission to inpatient hospital services (Transforming Care Programme).

### What Should Quality Feel Like? Visit Canary Care

**Canary Care\*** is a home care provider. It is a big local employer that provides opportunities for its staff to develop skills for caring, working as compassionate professionals who help to keep people healthy, happy and independent, in their own homes.



For the **staff at Canary Care**, quality feels like being able to provide care in a joined up system, with clear communication and processes shared with other partners, like hospitals, discharge teams and GP surgeries. It means that there are career pathways at all levels and recognition of social care talent and skills. Quality means taking pride in your work and having the right values, tools and resources to meet the needs of your service users. It means being part of a professional and well managed company that values and rewards your work.

For **Canary Care service users**, quality feels like being safe, healthy and having personal needs met by people that you can trust. It feels like being able to keep connected with friends, family and community and be a part of planning and decision making about your own life; from 'what's for dinner' to 'where do I live'. Quality means feeling safe, respected and involved in choices about your care. It means having equal access to a healthy, active lifestyle and a rich and fulfilling life.

## 4.6 Local Maternity and Neonatal System

The Local Maternity and Neonatal System (LMNS) has a continued commitment to maintaining safe and personalised maternity care, in order to support the transformation required by NHSE, for our pregnant women and people, families and staff, as detailed in [Better Births](#), [Ockenden Review](#) and NHS Long Term Plan. The system partnership that the LMNS provides, brings together the Integrated care Board (ICB), providers, and service users to focus on maternity transformation priorities that will improve safety and experiences of antenatal, birth and postnatal care.



**Our LMNS priorities include:**

- System transformation, continuity of care and community hubs
- Safety, learning from incidents and sharing good practice
- Local response to the national Ockenden and Kirkup Reviews
- Perinatal mental health support
- Digital and data technology
- Prevention including Perinatal Pelvic Health Projects
- Neonatal Critical Care Review and Action Plan
- Workforce Development including Training and Education
- Equality and Equity Strategy

The LMNS also supervises and oversees the Norfolk & Waveney Maternity Voices Partnerships, (MVP) who are also aligned to the three Acute Hospitals in Norfolk and Waveney.



The MVP creates and maintains a co-production forum for maternity service users, service user advocates, commissioners, service providers and other strategic partners to ensure that service user voice is incorporated into the development, review and updating of maternity guidelines, procedures, surveys and patient information, and the Maternity Transformation Programme.

#### **4.7 Babies, Children, Young People and Families**

Types of family services involved across the system include Maternity Services, Health Visitors, Children's Services, NHS Continuing Care, the Voluntary, Community, Faith, and Social Enterprise sector, parent peer and sibling support, hospital Children's Wards, Community Paediatricians and education teams in the local authority.



Norfolk and Waveney's quality vision is that every baby, child, young person, and family will FLOURISH (Family, Learning, Opportunity, Understood, Resilience, Individual, Safe and secure, Health).

This is the quality vision of the collective system in Norfolk for babies, children, and young people (CYP) and their families, through the CYP strategic partnership board. In every decision we undertake we will ask ourselves where the FLOURISH opportunities lie and what good looks like. Norfolk County Council's (NCC) 'vital signs' priorities and Suffolk County Council's (SCC) 'every child will have the best start in life' priority align and support FLOURISH to ensure quality. No child or young person will be excluded, and we will strive proactively to reach out to groups that may have previously been unseen or recognised to offer equitable quality services to all.

[Find out more about FLOURISH here.](#)

## Our priorities for Babies Children and Young People (BCYP) include:

- Prevention and early help
- Mental health and emotional wellbeing
- Special Educational Needs and Disabilities (SEND)
- Addressing gaps in learning following the pandemic
- Improving the experience of all BCYP and families
- Improving health and reducing health inequalities
- Providing timely support for neurodiverse CYP
- Providing quality integrated support, personalised to the needs of each individual

We will think 'whole family, whole system' working to support BCYP in a way that is outcome and quality focussed and 'right time, right place'. We will adopt a strength orientated and personalised approach and work in partnership with BCYP, parents, carers, and communities. Safeguarding underpins all planning and delivery, and we will make the best use of collective resource based on population need and best available evidence.

### What Should Quality Feel Like? Meet Ben and his Family

"When I was born, my parents and the professionals supporting them assumed that I would be a challenge, even though I hadn't had the opportunity to show them any of my skills!



I couldn't co-ordinate my tongue and swallow, so I have my milk through a tube. My parents were shown how to do it, and that 'quality' action helped me to thrive. We are four years into my journey, and busy planning my first day at school, how 'quality' is that?! Sometimes my parents need some extra reassurance, but I am teaching everyone to focus on **me** and not my extra chromosome. Oh yes, I forgot to mention I have a super power called Down's Syndrome! I happen to have a disability, but it doesn't define me. We are enjoying the journey, together and everyone is learning along the way, another part of 'quality' for me. Yes, the path is different, but it's my individual path to a full, happy and active life. Of course they still have the days when they worry or think too far ahead, but I like to teach them to slow down and take each day as it comes. I am showing them how I learn and what I need. They seem to be having a lot of fun too! I will never forget the look on my sister's face the day my parents brought me home. The way her face lit up when she saw me, showed me unconditional love. We bonded in that moment and she gets me better than anyone. She gets to have fun with other children who are lucky enough to have siblings with super powers too. I am glad that happens as she deserves that extra 'quality' time too."

## 4.8 Safeguarding

The Integrated Care Board has a statutory responsibility to ensure that all organisations commissioned to provide health and care services provide a safe system that meets the statutory requirement to safeguard and promote the welfare of children and adults.

It represents Health as a statutory partner at the Norfolk and Suffolk Safeguarding Adult and Children Partnerships, along with the Local Authorities, Police and wider partner agencies and voluntary sector.

#### **Safeguarding Children Priorities**

- Protecting Babies
- Child Exploitation (including Online) and 'At Risk' Adolescent Groups
- Preventing and Addressing the Impact of Neglect
- 'Build Back Fairer' Child Poverty and Health Inequalities
- Looked after Children and Care Leaver's Care and Support
- Children Seeking Asylum

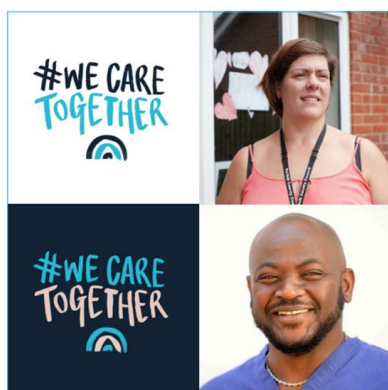
#### **Safeguarding Adults Priorities**

- See Something, Hear Something, Say Something Campaign
- Domestic Abuse and Sexual Violence
- Modern Slavery and Human Trafficking
- Statutory Serious Violence Duty

**Joint Priorities for Children and Adults:** Domestic Violence, 'Think Family', transition into adulthood and developing 'trauma informed' awareness and skills across the health and social care landscape. Standards, equity of access and experiences of care for people with learning disabilities and autism, within community and inpatient settings. Safety-netting people while waiting for services, improving mental and emotional well-being through prevention, co-production and delivering ethical commissioning approaches.

## **4.9 #Wecaretogether Workforce**

In August 2020 the local [#Wecaretogether People Plan](#) launched across the ICS; supporting the key system priority to ensure that Norfolk and Waveney is the **best place to work in health and social care**. Our local workforce priorities align to the national [NHS People Plan](#).



#### **Have you seen our photo documentary on social media?**

This captures and celebrates our local people, working together to deliver compassionate care.

Follow and like it here:  
**#wecaretogethernw**

As a system, we will also work with VCFSE sectors to develop opportunities for volunteers and help smaller organisations to access training and support.

### What Should Quality Feel Like? Meet Aaliyah

Aaliyah is a Norfolk & Waveney healthcare professional. From a young age, she felt passionate about having a career that helped people and made a real difference to her community.



For Aaliyah, quality feels like being encouraged to pursue a rewarding and satisfying career, starting at school and continuing into adulthood and lifelong learning. It means access to education and training pathways that are high quality and tailored to her individual needs, experiences and values. It means working in a system that invests in its staff; developing skills and confidence, recognising and rewarding successes, retaining experienced colleagues and growing new talent. A clear and accessible career pathway is important so that clinical and non-clinical staff are able to thrive and the diversity of health and social care means that this could be in advanced practice, education, leadership and commissioning roles and more.

Quality means that Aaliyah feels listened to, working in a just culture that makes it easy to speak up and ask for help or flag concerns about standards of practice if needed. It means that she can access the right skills, tools and support to take action if they see an opportunity to improve services, in a way that is evidence-based, safe and sustainable. It also means taking a clear zero tolerance approach to abuse and discrimination.

## 5.0 Our Quality Journey

### 5.1 Next Steps

March 2023

Strategy  
Publication

Share aspirations and making a commitment to staff, patients, service users, families and carers to deliver our strategic priorities.



May 2023

Implementation  
Plan

Define key performance indicators. Plan delivery activities, milestones and outcome measures, being clear about who will deliver what, by when.



July 2023

Resource  
Allocation

Allocate resources required for the system to deliver, monitor and evaluate the impact of the strategy.



December 2023 →

Monitor, Evaluate  
and Refresh

Monitor delivery to ensure that the strategy is effective. Recommit to the existing direction, or stop, reflect and refresh if needed.

