

## What Matters To You? What you told us 2018-2022

Norfolk and Waveney has been working as a system since 2017 at first as a Sustainability and Transformation Partnership (STP) and then on July 1<sup>st</sup> 2022 as an Integrated Care System (ICS). During that time we have been talking to local people about what matters to them about health and wellbeing, including through the two years of the COVID-19 pandemic. That insight has helped us identify key priorities for the Norfolk and Waveney Joint Forward Plan (JFP) 2023-2028. A summary of some of these conversations and activities is provided below.

### Developing our system clinical strategy June 2021

We commissioned a piece of research to help us further understand the impact of the COVID-19 pandemic on local people's health, wellbeing and care, as well as to support the development of our [system clinical strategy](#).

The key findings were:

**One:** Support for and appreciation of local health services remains high, with clinicians and service users agreeing that they have coped well under the extremely difficult conditions caused by Covid.

- However, there is concern from both audiences about the impact of the pandemic on the quality of care received by patients and clinicians are also concerned about the impact of the pandemic on staff, and on the quality of communication across the previous 15 months (highlighting, for example, perceived confusing communications about PPE).

**Two:** Both clinicians and service users are concerned about the size of the waiting lists, and the impact that delays to care might have on patient outcomes. There is widespread agreement that this is now the biggest challenge facing the health service.

- This is a notable shift from last summer, when Covid-19 itself was seen as the biggest challenge.
- In addition to waiting times, clinicians also highlight issues around staffing (primarily recruitment and retention, but also training) as a significant challenge.
- The provision of mental health services is also highlighted by service users and clinicians as a significant challenge.

**Three:** There is widespread awareness amongst both audiences of changes in the way services have been delivered locally.

- Changes arising from Covid (e.g. remote appointments) are most front of mind, but both audiences can also point to changes that pre-date the pandemic (e.g. for clinicians new clinical advisory groups).
- When asked specifically about how patients currently contact and get help from GP practices as well as telephone and video appointments, both audiences are broadly supportive, and can see real benefits in terms of convenience, costs and time. However, there remain questions about access and the quality of care which lead

both groups to stress the importance of retaining face-to-face care within local systems, and of taking a flexible approach to meet patient needs.

**Four:** Of the ideas for future service delivery tested, support is strongest for the unified waiting list, which speaks directly to the issue that clinicians and service users see as the key challenge facing the system.

- While there is also support for virtual wards and increasing emphasis on personal responsibility, there are more questions about the practicalities of implementing these changes. Increased use of 111 is seen as a good idea, but support is to some degree undermined by doubts about the current effectiveness of the system.

**Five:** Looking ahead, service users and clinicians alike would like to see more joined-up services and streamlining – with improved communication between (and within) different services, flexible touchpoints and better mental health services.

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### **Recommended Summary Plan for Emergency Care and Treatment (ReSPECT).**

The ReSPECT process creates a personalised recommendation for your clinical care in emergency situations where you are not able to make decisions or express your wishes.

The plan is created through conversations between you and your health professionals. The plan is recorded on a purple paper form called the 'ReSPECT Form' that stays with you. The form should be available immediately to health professionals called to help you in an emergency, whether you are at home or being cared for elsewhere. Professionals such as ambulance crews, out-of-hours doctors, care home staff and hospital staff will be better able to make quick decisions about how best to help you if they can see your ReSPECT form in an emergency.

The ReSPECT process can be for anyone but will have increasing relevance for people who have complex health needs, people who are likely to be nearing the end of their lives, and people who are at risk of sudden deterioration or cardiac arrest. Some people will want to record their care and treatment preferences for other reasons. Your preferences and the clinical recommendations recorded on the ReSPECT form can be reviewed and adapted if your circumstances change.

The ReSPECT process is increasingly being adopted within health and care communities around the UK. We would like to design a public marketing campaign to let everyone know about ReSPECT in Norfolk & Waveney.

You can find out more about ReSPECT on the [national website](#).

In the summer of 2020, you helped us to design a public marketing campaign for Norfolk and Waveney by completing a questionnaire.

We were particularly interested to find out:

- What people knew about ReSPECT already?
- What were the most helpful messages to spread understanding about the importance of planning for your emergency care and treatment?
- What were the best ways to share those messages with people in Norfolk and Waveney?

Read the results of our survey: <https://improvinglivesnw.org.uk/~documents/ics-stakeholder-documents/respect-engagement-survey-what-you-told-us-v0-05-2020-11-03>

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## Developing our five-year plan for health and care in Norfolk and Waveney

In 2019 we heard from and spoke to lots of local people, organisations and health and care professionals about what they would like to see in our plan.

Here's a summary of what people have told us:

- **People don't want to have to repeatedly tell their story to different health and care professionals.** They want their care to be better coordinated by the different professionals and services supporting them, and they want us to make quicker progress with joining-up how health and care services work together.
- **We should do more to keep people healthy and well, and prevent people from getting ill.** "The earlier you deal with issues, the cheaper and more effective it is". Our approach to prevention should have a focus on children and young people, together with support for parents and carers, on building active and involved communities, as well as addressing the wider determinants of health, such as housing.
- **We need to make the most of the opportunities that new technology offers to improve people's care.** If we invest in technology it will help to reduce the pressure on our services. If we don't or get our approach wrong, it has the potential to undermine everything else we want to achieve. We should focus on digital transformation and with real pace.
- **Recruiting more people to work in health and care, and supporting our workforce must be a priority.** To provide the high quality, compassionate and person-centred care we want we need to recruit new people to work in the health and care sector, as well as do much more to retain our existing NHS and social care workforce.
- **People have mixed experiences of being able to get an appointment at their GP surgery.** On the whole people can get an appointment at their GP surgery in an emergency, but for some getting more routine appointments is a problem. Many people are happy to see different professionals, but being able to see a named GP or the same nurse is particularly important for those with long-term conditions.
- **Getting different health and care professionals to work together in teams is a real opportunity to improve people's care.** We need to invest more in primary and community care to improve the quality of care people receive, prevent people from unnecessarily going to hospital and to help take pressure off others parts of the system.
- **Improving mental health care is a priority area for Norfolk and Waveney.** People of all ages should be able to get the help and support they need quickly and easily, so that their mental health needs are treated early. We should increase our focus on prevention and wellbeing, provide appropriate support for people in crisis and effective inpatient care.
- **People generally like going to their local hospital for simple procedures and treatments, and attending other hospitals for more complex procedures.** For example people receive more routine cancer care at the Queen Elizabeth and James Paget hospitals, but travel to the Norfolk and Norwich University Hospital for more specialist treatment, such as robotic surgery.
- **We should work more closely with local community groups, voluntary organisations and faith groups.** The NHS can't cure everything, we need to work in partnership to keep people healthy, well and active, to support people when they're ill and care for people when they need help.

- **It's important we consider travel and transport to and from health services and activities which keep people healthy and well.** The rural nature of parts of Norfolk and Waveney, and the cost transport can be barriers to people getting to services and living healthy lifestyles.

All the feedback from research, engagement and consultations was pulled together into one report. You can read the report [here](#). A [short update](#) was also published in October 2019 on the development of our plan.

**Please be aware** – these reports were uploaded to websites that no longer exist and so some of the links are now not accessible.

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## People's experience of health and care services during the COVID-19 pandemic

During the COVID-19 pandemic we used a range of methods to find out about local people's experiences. We've written one report that collates and summarises the findings from all of that work.

Our key findings are:

1. People's experiences of the COVID-19 pandemic and lockdown were very mixed. Whilst most experienced ups and downs, there was agreement that it has been tough for people managing their physical and mental health and wellbeing since the start of the pandemic.
2. Health services were felt to have managed reasonably well in the pandemic, given the pressures they are under. Many people had engaged with health services during the outbreak, with most reporting positive experiences.
3. People's experience of receiving adult social care during the pandemic were more mixed. For some people, the changes in how they received their care made them feel anxious or more isolated, while others said they enjoyed the changes and the use of technology to provide tailored online support and social activities.
4. Looking to the future, the three goals of the Norfolk and Waveney Health and Care Partnership were felt to be cohesive and comprehensive, and sensible areas of focus. More broadly, people wanted to see the partnership prioritising support for those with mental health conditions, as well as focussing on the delivery of social care.

[Read the full report.](#)

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## Developing our Adult Mental Health Strategy for Norfolk and Waveney

When developing our [Adult Mental Health Strategy for Norfolk and Waveney](#) we spoke to thousands of local people about the services and support available across Norfolk and Waveney for adults with mental health problems; people with mental health issues, families and carers, professionals and volunteers.

These were productive and often very tough conversations because we heard some difficult stories. We were also told very clearly that the current provision of local support and services simply isn't working in the way people want and need it to.

Our strategy has six commitments in it which are based on what people have told us:

1. To increase our focus on prevention and wellbeing
2. To make the routes into and through mental health services clearer and easier to

understand for everyone

3. To support the management of mental health issues in primary care settings (such as within your GP practice)
4. To provide appropriate support for those people who are in crisis
5. To ensure effective in-patient care for those that need it most (that being beds in hospitals are other care facilities)
6. To ensure the whole system is focused on working in an integrated way to care for patients

To start the development of our strategy we held three large public events in November 2017 in Lowestoft, Kings Lynn and Norwich. We also held an event in May 2018 called 'Breaking the Mould'. Attendees included people with lived experience of mental health services, carers, providers of physical and mental health services, adult and children social care services, the voluntary and community sector, commissioners, and clinicians from primary and secondary care. Here is our [report summarising the feedback](#).