

Patients and Communities Committee

Mon 22 July 2024, 14:30 - 16:30

Virtual

Agenda

14:30 - 14:30 **Meeting Agenda**

0 min

 00PATI~1.pdf (2 pages)

14:30 - 14:30 **1. Chair's welcome and apologies for absence**

0 min

Aliona Derrett

14:30 - 14:30 **2. Declarations of Interest**

0 min

For noting *Aliona Derrett*

To declare any interests specific to agenda item

 02 Patients and Communities Committee Master Register.pdf (3 pages)

14:30 - 14:30 **3. Minutes from the previous meeting and matters arising**

0 min

For Approval *Aliona Derrett*

To approve the minutes of the previous meeting held on 20.5.24

 03 NW ICB PC Committee Minutes 20.05.24 DRAFT.pdf (12 pages)

14:30 - 14:30 **4. Action Log**

0 min

For Review & Update *Aliona Derrett*

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

 04. Patients and Communities Committee - Action Log MASTER1.pdf (1 pages)

14:30 - 14:30 **5. Committee Risk Register**

0 min

For Review & Noting *Mark Burgis*

 05i Risk Register cover sheet July 2024.pdf (2 pages)

 05ii Appendix 1 - P&CC Risks - July 2024.pdf (4 pages)

14:30 - 14:30 **6. Update on Children & Young People and Flourish, including Neurodiverse Provision**

0 min

Information *Rebecca Mann*

 06 2024.07 Patient and Communities Committee.pdf (19 pages)

paper Rachel
16/07/2024 15:35

14:30 - 14:30 **7. Lived Experience Representation Proposal**

0 min

Approval Karen Barker and Hayley Charman

 07 PCCommittee Lived Exp Representation.pdf (5 pages)

14:30 - 14:30 **8. Healthwatch Updates**

0 min

8.1. Healthwatch Norfolk Annual Report

Information Alex Stewart

 08i Healthwatch Norfolk Annual Report 2024 version 2.pdf (24 pages)

8.2. Healthwatch Suffolk Update

Information Andy Yacoub

14:30 - 14:30 **9. Spotlight on: Great Yarmouth and Waveney Place Board**

0 min

Information Jon Barber and Rachel Hunt

 09 Patient and Communities Committee July presentation v2.pdf (14 pages)

14:30 - 14:30 **10. Complaints Report**

0 min

Information Jon Punt


 10 July 2024 P&C Committee report FINAL.pdf (7 pages)

14:30 - 14:30 **11. Population Health and Inequalities Board Update**

0 min

Information Dr Frankie Swords

 11i 2024.06.18_PHI Board Report Cover Sheet.pdf (2 pages)

 11ii 2024.06.18_PHI Board Assurance-Escalations- v4.pdf (3 pages)

14:30 - 14:30 **12. Ageing Well Programme Board Update and focus on Dementia Services**

0 min

Information Janice Shirley and Liz Withington

 12i AWP Dementia Report to PC Committee - 22.07.2024 v2.pdf (8 pages)

14:30 - 14:30 **13. Any Other Business**

0 min

Information Aliona Derrett

Parker Rachael
16/07/2024 15:55:35

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

Monday 22 July 2024, 14:30-16:30hrs

Part One – Meeting Held in Public

Meeting to be held via MS Teams

Chair: Aliona Derrett

Purpose of the Patients and Communities Committee

The Committee provides 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. Further information about the Committee can be found [here](#).

| Item | Time | Agenda Item | Lead |
|------|-------------|---|-------------------------------|
| 1 | | Chair's welcome and apologies for absence | Chair |
| 2 | | Declarations of Interest To declare any interests specific to agenda items <i>For noting</i> | Chair |
| 3 | 14:30-14:40 | Minutes from previous meeting and matters arising To approve the minutes of the previous meeting (20.5.24) <i>For approval</i> | Chair |
| 4 | | Action log To note any outstanding actions from the previous meeting not yet completed <i>For review, update, and approval</i> | Chair |
| 5 | 14:40 | Committee Risk Register <i>For review and noting</i> | Mark Burgis |
| 6 | 14:50 | Update on CYP and Flourish Including Neurodiverse Provision <i>For information</i> | Rebecca Mann |
| 7 | 15:05 | Lived Experience Representation Proposal <i>For approval</i> | Karen Barker & Hayley Charman |
| 8 | 15:15 | Healthwatch Updates i. Healthwatch Norfolk Annual Report ii. Healthwatch Suffolk Update <i>For noting</i> | Alex Stewart Andy Yacoub |

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| 9 | 15:30 | Spotlight on: Great Yarmouth & Waveney Place Board <i>For information</i> | Rachel Hunt & Jon Barber |
| 10 | 15:45 | Complaints Report <i>For review and noting</i> | Jon Punt |
| Standing Items | | | |
| 11 | 15:55 | Population Health and Inequalities Board Update <i>For noting</i> | Dr Frankie Swords |
| 12 | 16:05 | Ageing Well Programme Board Update and Focus on Dementia Services <ul style="list-style-type: none"> Dementia focused carer presentation <i>For information and noting</i> | Janice Shirley Liz Withington |
| .13 | 16:25 | Any Other Business | Chair |
| Date, time and venue of next meeting: Monday 23 September 2024, 1430-1630hrs via MS Teams | | | |
| Any queries or items for the next agenda please contact: rachael.parker9@nhs.net | | | |

Parker Rachael
16/07/2024 15:55:35

**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 Hospital 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. 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 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. 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 |
| | | Hear Norfolk | X | | | Direct | I am the Chief Executive Officer 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 | |
| | | MIND | | | | Indirect | My husband, Robin Derrett, is the HR Director at Norfolk & Waveney MIND. MIND holds contracts with the N&W ICB | 2021 | Present | |
| | | MoldovaDAR Ltd | X | | | Direct | I am Director of MoldovaDAR Ltd | 2019 | Present | |
| | | St Stephen's Gate Medical Practice | | | X | Direct | Patient at a Norfolk and Waveney GP Practice | Ongoing | | |
| Catherine Armor | Non-Executive Member, Norfolk and Waveney ICB | Educational Association | | | X | Direct | Trustee, Workers' Educational Association | Dec-23 | 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 To be raised at all relevant meetings where discussions/decisions relate to the conflict declared |
| | | Norwich University of the Arts | | | X | Direct | Deputy Chair of Council, Norwich University of the Arts | 2019 | Present | |
| | | Evolution Academy Trust | | | X | Direct | Trustee, Evolution Academy Trust | 2022 | Present | |
| | | Cambridge University Press Pension Schemes | | X | | Direct | Trustee, Cambridge University Press Pension Schemes | 2018 | Present | |
| | | East of England Ambulance Service NHS Trust | | | | Indirect | Daughter-in-law is Technician for East of England Ambulance Service NHS Trust | | Present | |
| | | Brundall Medical Practice | | | X | Direct | Patient at a Norfolk and Waveney GP Practice | Ongoing | | |
| Paula Boyce | A representative from the Health and Wellbeing Partnerships | Great Yarmouth Borough Council | X | | | Direct | Employee of Great Yarmouth Borough Council | 2023 | Present | To be raised at all meetings to discuss prescribing or similar subject. Risk to be discussed on an individual basis. Individual to be prepared to leave the meeting if necessary. |
| | | Emmaus, Norfolk and Waveney | | | X | Direct | Trustee and Board member of registered homeless charity Emmaus, Norfolk and Waveney | 2023 | Present | |
| Patricia D'Orsi | Executive 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 |
| Mark Burgis | Executive Director of Patients and Communities, Norfolk and Waveney ICB | Drayton Medical Practice | | | X | Direct | Member of a Norfolk and Waveney GP Practice | Ongoing | | Withdrawal from any discussions and decision making in which the Practice might have an interest |
| | | Lakenham Practice | | | | Indirect | Wife is Nurse Prescriber who is currently undertaking occasional locum work at Lakenham Practice in Norwich | Aug-21 | Present | Declare at any relevant meetings and remove myself from any significant discussions or decisions relating to the practice |

Mark Burgis
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| Suzanne Meredith | Associate Director – Population health Management | Norfolk County Council | X | | | Direct | Employed by Norfolk County Council as Deputy Director of Public Health | 2014 | 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. To be raised at all relevant meetings where discussions/decisions relate to the conflict declared | | |
| | | UKPHR | | | X | | Direct | As part of Public Health professional requirements - Fellow of the Faculty of Public Health and professional registration on UKPHR | 2014 | | Present | |
| | | Hellesden Medical Practice | | | | X | Direct | Patient at a Norfolk and Waveney GP Practice | Ongoing | | | |
| Emma Ratzer | Partner Member - VCSE | Access Community Trust | X | | | Direct | I am the Chief Executive Officer of Access Community Trust, an organisation which holds contracts with NWICB | 2009 | Present | Will not have an active role in any decision or discussion relating to activity, delivery of services or future provision of services in regards Community Access Trust | | |
| | | VCSE Assembly | | | | X | Direct | I am CEO of a voluntary sector organisation operating in NWCCG and Independent Chair of NWVCSE Assembly | 2021 | Present | In the interests of collaboration and system working, risks will be considered by the ICB Chair, supported by the Conflicts Lead and managed in the public interest. | |
| Alex Stewart | Chief Executive, Healthwatch Norfolk | Member of Holt Medical Practice | | | | X | Direct | Registered patient at a Norfolk and Waveney GP Practice | Ongoing | | Withdrawal from any discussions and decision making in which the Practice might have an interest | |
| Dr Frankie Swords | Executive Medical Director, Norfolk and Waveney ICB | Norfolk and Norwich University Hospitals | | | X | | Direct | Honorary Consultant Physician and Endocrinologist at Norfolk and Norwich University Hospitals NHS FT (1 day a week) | 2008 | Present | In the interests of collaboration and system working, risks will be considered by the ICB Chair, supported by the Conflicts Lead and managed in the public interest | |
| | | Multiple patient charities | | | | X | Direct | Ad hoc Clinical Advisor for multiple patient charities - Addison Self Help Group - Pituitary Patient Support Group - Turner syndrome Society | 2008 | Present | In the interests of collaboration and system working, risks will be considered by the ICB Chair, supported by the Conflicts Lead and managed in the public interest | |
| | | British Medical Association | | | | X | Direct | Member of the British Medical Association | 1999 | Present | Inform Chair and will not take part in any discussions or decisions relating to BMA | |
| | | Emerging Futures and St Martin's Housing Trust | | | | | | Indirect | Husband is a mental health counsellor and undertakes work independently and with the private provider Better Help, and VCSE providers: Emerging Futures and St Martin's Housing Trust | Sep-22 | Present | Will not have an active role in any decision or discussion relating to activity, delivery of services or future provision of counselling services by Emerging Futures, St Martin's Housing Trust or Better Help |
| | | Long Stratton Medical Partnership | | | | | X | | Patient at a Norfolk and Waveney GP Practice | Ongoing | | To be raised at all relevant meetings where discussions/decisions relate to the conflict declared |
| Tracy Williams | Health Inequalities Advisor | 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 .PCN Health Inequalities lead | Jul-20 | Present | All potential conflicts are declared at each meeting. For any related items, individual would not participate in discussions, voting, procurements etc | |
| | | Norfolk and Norwich University Hospital | | | | X | Direct | Clinical lead for Health inequalities and inclusion health N&W ICB , Attend Quality and Safety Committee and ICP Partnership/H&WB Board, Norwich Place Clinical Adviser | Apr-23 | Present | | |
| | | Queens Nursing Institute | | | | X | Direct | Member of the Queens Nursing Institute | 2012 | Present | | |
| | | Royal college of Nursing | | | | X | Direct | Member of the RCN | 1987 | Present | | |

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| | | Faculty of Homeless and Health Inclusion | | X | | Direct | Member of the Faculty of Homeless and Health Inclusion awarded an Honorary fellowship March 2022 | 2014 | Present |
| | | Norfolk and Norwich University Hospital | | | | Indirect | Sister employed registered nurse at NNUH | | Present |
| | | Norfolk and Norwich University Hospital | | | | Indirect | Brother employed in an administration role at NNUH | | Present |
| Andy Yacoub | Chief Executive, Healthwatch Suffolk | Nothing to Declare | | N/A | | | N/A | N/A | N/A |

Parker Rachael
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NHS Norfolk and Waveney Integrated Care Board
DRAFT Minutes of the Patients and Communities meeting

Held on Monday 20 May 2024

Meeting in Public

Committee members present:

- Aliona Derrett (AD), Non-Executive Director and Chair of the Patients and Communities Committee, NHS Norfolk and Waveney Integrated Care Board
- Mark Burgis (MB), Executive Director of Patients and Communities, NHS Norfolk and Waveney Integrated Care Board
- Stuart Lines (SL) Director of Public Health, Norfolk County Council
- Tracy Williams (TW), Clinical Lead for Health Inequalities and Children, Young People and Maternity, NHS Norfolk and Waveney Integrated Care Board
- Andy Yacoub (AY), Chief Executive Officer, Healthwatch Suffolk **left the meeting at 4pm**
- Dr Frankie Swords (FS), Executive Medical Director, NHS Norfolk and Waveney Integrated Care Board
- Emma Ratzer (ER), Chief Executive Officer, Access Community Trust and representing the VCSE
- Judith Sharpe (JS), Deputy Chief Executive, Healthwatch Norfolk
- Karen Watts (KW), Associate Director of Nursing and Quality, NHS Norfolk and Waveney Integrated Care Board

Participants and observers in attendance:

- Karen Barker (KB), Executive Director of Corporate Affairs and ICS Development, NHS Norfolk and Waveney Integrated Care Board for item 5
- Fiona Theadom (FT), Head of Primary Care Commissioning (Dental and General Practice), NHS Norfolk and Waveney Integrated Care Board for item 6
- Dr James Gair (JG), GP and Chair of North Norfolk Place Board for item 9
- Heather Farley (HF), Acting Associate Director of PCN Development North Norfolk, NHS Norfolk and Waveney Integrated Care Board for item 9
- Janice Shirley (JS), Head of System Clinical Transformation Programmes, NHS Norfolk and Waveney Integrated Care Board for item 11
- Stephanie Dibley (SD), Clinical Programme Manager - Ageing Well and Palliative End of Life Programmes, NHS Norfolk and Waveney Integrated Care Board for item 11

Attending to support the meeting:

- Emily Arbon (EA), Head of Communications, NHS Norfolk and Waveney Integrated Care Board, and for item 8
- Rachael Parker (RP), Executive Assistant, NHS Norfolk and Waveney Integrated Care Board (Minutes)

Parker Rachael
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| 1. | <p>Chairs welcome and apologies for absence</p> | |
| | <p>Aliona Derrett (AD) began by welcoming everyone to the Patients and Communities Committee.</p> <p>Apologies for absence had been received from:</p> <ul style="list-style-type: none"> • Karin Bryant, Associate Director of Local Commissioning, NHS Norfolk and Waveney Integrated Care Board • Paula Boyce, Executive Director – People, Great Yarmouth Borough Council • Alex Stewart, Chief Executive, Healthwatch Norfolk • Cathy Armor, Non-Executive Director, NHS Norfolk and Waveney Integrated Care Board • Tricia D’Orsi, Executive Director of Nursing, NHS Norfolk and Waveney Integrated Care Board | |
| 2. | <p>Declarations of Interest</p> | |
| | <p>None declared.</p> | |
| 3. | <p>Agree Minutes from the Previous meeting and Matters Arising</p> | |
| | <p>The minutes of the previous meeting were approved as an accurate record</p> | |
| 4. | <p>Action Log</p> | |
| | <p>The action log was reviewed and updated accordingly.</p> | |
| 5. | <p>Lived Experience Representation</p> | |
| | <p>Karen Barker (KB) joined the meeting to put forward a proposal for including lived experience representation at the Patients and Communities Committee.</p> <p>KB suggested this could be achieved by removing the two lived experience representatives from the committee, and instead inviting people with lived experience of the topics the committee is reviewing at any given meeting. It is possible that representatives could be identified via the VCSE Assembly. KB advised there are other mechanisms open to the ICB as well via both Norfolk and Suffolk Healthwatch’s and their numerous contacts, rather than trying to select two people and expecting them to be eloquent on every topic that might come to the committee.</p> <p>KB went on to explain this proposal would work by looking at the committee work plan for the year and areas the committee will focus on, and then approaching representatives as appropriate who would be paid expenses.</p> <p>Questions and comments from committee members:</p> <ul style="list-style-type: none"> • Karen Watts (KW) asked whether there was a role for one of the patient safety representatives to be part of this, as there is translation between what happens at this committee and the Quality and Safety Committee (QSC). KB responded that in principle there is no governance reason by this could not happen, but this would mean the QSC would be in the same position and there would be a vacancy on the QSC committee. | |

Parker Rachael
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| | <ul style="list-style-type: none"> • Frankie Swords (FS) acknowledged the proposal and that it was difficult to have just one or two people representing the population of Norfolk and Waveney, but equally inviting someone along to just one meeting wasn't necessarily the answer. FS suggested a solution might be to establish a separate forum or focus group as an opportunity for people who are more representative of Norfolk and Waveney to discuss focus areas. • Emma Ratzler (ER) highlighted that Suffolk County Council pay for service user feedback via Suffolk User Forum (SUF) and in Waveney it is done via Access Community Fund (ACF) who hold the contract for lived experience. ER explained that Suffolk County Council or the ICB contact SUF or ACF when they are looking for feedback on a particular subject, and then SUF and ACF will do a piece of work with their relevant service users. If appropriate, service users will attend meetings with the appropriate support, so they don't feel intimidated. The Department of Work and Pensions advise that an organisation can pay up to £50 to someone without impacting their benefits. • Mark Burgis (MB) commented that the committee is seeking genuine and meaningful input from those with lived experience and the bureaucracy thus far has been frustrating and prevented any progress. MB shared concerns that the longer this goes unresolved the longer we don't have that input into this committee. MB felt the alternatives suggested today are the next best thing and it will be good to find a mechanism to ensure consistent representation. • Tracy Williams (TW) queried whether there is an option to link in with the Community Voices programme of work across Norfolk and Waveney, which is very much at the centre of our VCSE organisations. • Andy Yacoub (AY) questioned why the committee wants people with lived experience on the committee. If it's because the committee think it will add value to what is discussed, then having one or two people on the committee wouldn't work. • AD asked KB to take an action to set up a small working group to identify how to utilise the existing infrastructures to ensure user engagement in a much more meaningful and objective way. <p>Action Karen Barker (KB) to set up a small working group to identify how to utilise the existing infrastructures to ensure user engagement in a much more meaningful and objective way. Update to be provided at the next meeting.</p> | |
| 6. | ICB Long Term Dental Plan 2024-2029 | |
| | <p>Fiona Theadom (FT) introduced the long-term dental plan. It was noted a summary of the plan had been included in the meeting papers, which had been shared in the advance of the meeting and was taken as read. A more detailed paper had been included in the Primary Care Commissioning Committee papers which can be found here on the ICB website Long Term Dental Plan.</p> <p>FT explained the plan had been developed with engagement from the dental profession over the past year, as well as significant support from system partners, particularly local authorities. This continued collaboration will be essential if the plan is to be delivered successfully.</p> | |

Parker Ratchford
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FT also acknowledged the role of the public and key stakeholders who engaged with the dental plan survey earlier in the year. It was noted that more than 2000 responses had been received and were supportive of both the approach and the priorities over the next two years. Feedback received on the urgent treatment service also helped to inform plans going forward. It is widely acknowledged that improving access is not without its challenges and will take time, and commissioning services is completely aligned with having a sustainable workforce, and a recruitment and retention plan, and the two must be achieved together. The plan sets out not just about improving general access, but also more details about the referral pathways needed for the more complex treatments.

Questions and comments from committee members:

- AD asked FT for clarification regarding the difference between local and national contracts, and the slight difference in tariff where we can commission locally. FT advised the national contract is set in stone, but there is the opportunity to use what is termed as 'flexible commissioning opportunities', which means that instead of commissioning using the national contract - for example for unit of dental activity (UDA), we could commission sessions and then use a measure of the number of courses of treatment completed or patients seen. In relation to the tariff, FT advised dentists have indicated they would much prefer to move away from the national contract, so if we can commission mandatory services or health prevention enhanced treatment through that mechanism then hopefully that will help to recruit and retain dentists, and encourage them to come and work in Norfolk and Waveney. That is why the workforce plan is also so critical to that because we need to commission services to upscale and develop our professionals, and we need to put in place the workforce plan to encourage them to come and work with us and that's why they're so closely related. But every opportunity we've got to use flexible commissioning will be utilised.
- MB reflected that although it's only been a year since the ICB took over responsibility for dentistry, it has been incredibly busy and is a high priority for our patients and communities. MB expressed thanks to FT and the team for their work over the past year. MB was particularly impressed by the emergency dental service via 111 and invited FT to share with the committee more details about the service. FT explained that one thing patients and the profession said could be done very quickly was to put in place an urgent treatment service. This was started in October 2023 with five providers which rapidly grew and there are now 23 providers across Norfolk and Waveney who are providing around 1800 appointments per month. The appointments are well used and there are only two or three 'did not attend' out of the 1800 per month. Another part of this initiative was to offer an incentive to practises if they would accept new patients for onward treatment and stabilisation. This has taken more time and resource to develop due to workforce challenges but there's around 70 to 80 patients accepted every month. The team will shortly be going out to invite expressions of interest to expand the existing capacity as well. An evaluation is also being completed at the urgent treatment service in response to some concerns from patients and providers regarding accessing the service, and capacity. The evaluation is being supported by the clinical network chairs.

Parker Rachael
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| | <ul style="list-style-type: none"> • TW commented that she had been linked into some of the dental plan work particularly the health inequalities, inclusion health and outreach provision. TW had heard some feedback regarding the urgent treatment service that sometimes it's a distance to travel for some people, and that can be quite challenging for some members of our community, particularly people on low incomes. TW was pleased the dental plan included the children and young people (CYP) element and the opportunity to do preventative work. • AY commented the dental plan is not dissimilar to the plan for Suffolk and North East Essex, and there's a level of consistency which is good. Every ICB in the country received a broken dental care system last year and any progress is welcome because it's such a big challenge. The inability to make changes locally around the contractual framework lies at the heart of the problem. AY made an observation that in about 12 years' time we will have school leavers who may well have never seen a dentist since their birth. • JS agreed the emergency dental appointments had made a huge difference. JS highlighted a frequent reported problem in recent months regarding accessing the 111 routes for emergency treatment, whereby patients were being signposted to particular practices who would then say they don't have any appointments available. This is similar to a previous issue when dentists did still have potential capacity to take new patients but never updated their website. However, fundamentally the emergency appointments have been a game changer for Norfolk and have given something to people when they have nothing. • AD agreed that AY had made a very significant point and she asked FT whether there was any indication when the national contract arrangements are going to change. FT advised that conversations are ongoing at national level, but she had not heard anything further, apart from the changes that had already been made. MB added that it's obviously a conversation we have with many of our local MPs regularly who are universally very supportive to make sure that voice is heard and trying to input to that process. <p>The report was noted.</p> | |
| 7. | <p>VCSE Integration Programme and Assembly Update</p> | |
| | <p>Mark Burgis (MB) and Emma Ratzer (ER) introduced this item. It was noted an update had been circulated in advance of the meeting that was taken as read.</p> <p>MB began by expressing thanks to ER, Shelley Ames and other colleagues who had helped develop the proposal which was coming to today's committee for endorsement. MB explained the proposal builds on the work to date, and also around the integration and next steps, which are critical for the ICB. MB highlighted that dedicated resource had been identified so there should be resources within the ICB and across the system to support this work.</p> <p>ER added the initial objective over the first 12 months, which the new Assembly Chair will lead on, will be to embed the VCSE sector as an equal partner within our ICS. ER explained the Assembly Chair and the role of the VCSE partner member on the Integrated Care Board will be separated. ER will remain as the VCSE partner on the Integrated Care Board and the Assembly Chair will be someone separate. ER felt this is very helpful as it means there are two VCSE</p> | |

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| | <p>representatives around the table rather than just one. There have also been other changes to the structure which ER felt had made it slicker and more focussed.</p> <p>Questions and comments from committee members:</p> <ul style="list-style-type: none"> • AD asked what the remit of the place representatives will be. ER explained that had not yet been agreed and would require a piece of work around what does place need and how does that look in each of the different areas. • TW welcomed the proposal and approach adding it embeds the voluntary sector both strategically and operationally at place level and supporting at place boards. It is also essential to the Health Inequalities Strategic Framework for Action going forwards. <p>Agreed: The Patients and Communities Committee:</p> <ul style="list-style-type: none"> • Received and endorsed the VCSE Development Proposal | |
| 8. | <p>People and Communities Approach Refresh</p> | |
| <p>Parker Rachael 16/07/2024 15:55:35</p> | <p>Emily Arbon (EA) introduced the item which had come to today's meeting for committee endorsement. It was noted the working draft had been circulated in advance of the meeting which was taken as read.</p> <p>EA presented the working draft of the N&W approach to working with people and communities in Norfolk and Waveney, which is very much an evolving approach. It is a live document under regular review and acts as a guide to meeting statutory requirements for engaging with our people and communities. It is very much about - i. the ICS vision that people with lived experience tell their story once and it be heard across the ICS. and ii. that the ICB will work collaboratively with its ICS partners to ensure it is constantly listening to, and engaging with, local people and communities as one whole system approach. This also includes talking and listening to quieter voices, and how we're working with our people and communities to tackle health inequalities.</p> <p>Questions and comments from committee members:</p> <ul style="list-style-type: none"> • ER agreed that she was happy to fully endorse the approach and commented it was a really nice piece of work which could be easily understood. • AD agreed with ER comment that it was very straightforward and easy to understand. AD had noted the document referred to the recruitment of lived experience representatives and further to the earlier discussion in the meeting linked to this, AD asked EA to link with Karen Barker on this. EA advised the document would be updated to reflect the discussion and any agreement around lived experience. • Karen Watts (KW) commented that it was an excellent document, very readable and clear. • AD noted that the system communications and engagement meetings had been postponed recently and asked if there is an alternative to how we work at a system level in relation to engagement work, and how we learn from each other rather than everyone doing individual pieces of work. EA responded that it was recognised that many providers are trying to do similar things. There is work required to look at all the different forums and | |

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| | <p>opportunities to capture the engagement work that's taking place, and how we can work together to make best use of all the different voices. EA added there has been some recent changes in the ICB comms and engagement team, and there's a piece of work that will be taken forward, looking at how we best work with our system colleagues.</p> <ul style="list-style-type: none"> • Stuart Lines (SL) commented that Norfolk County Council are in the early stages of developing an approach to working with communities, particularly at district council level to improve links and working with communities to ultimately improve and embed healthy behaviours. SL acknowledged that it may already be happening, but SL would be keen to support the development of contacts and the join up around that collective thinking and approach. • AD commented on the importance of ensuring there is a robust way of engaging and getting feedback across the system. Now there is structure and a way forward hopefully the resources are in the right place to get this to the next stage in terms of how we engage and seek involvement. <p>Agreed: The Patients and Communities Committee:</p> <ul style="list-style-type: none"> • Received and endorsed the Patients and Communities Approach Refresh | |
| 9. | <p>North Norfolk Place Board Update</p> | |
| | <p>Dr James Gair (JG) a GP, Clinical Advisor and Chair of the Place Board, and Heather Farley (HF) Acting Associate Director of the North locality introduced the item. A paper and presentation had been circulated in advance of the meeting which was taken as read.</p> <p>JG began by highlighting some of the challenges in North Norfolk including the rural geography and limited transport options which makes solutions such as hubs, walk in centres and working at scale less straightforward, and increases pressure on the community and primary care services that are available.</p> <p>JG further highlighted North Norfolk has the oldest population in the country and therefore increased rates of frailty and dementia to manage. Although North Norfolk is blessed with areas of outstanding natural beauty and its fair share of affluence, there are areas of deprivation, significant mental health, and difficulties supporting dispersed populations, and getting them access to the treatment they require.</p> <p>The North Norfolk Place Board meets monthly in person which helps build relationships and understanding between the attendees, and to promote collaborative working. The Board recognises it must have a broader agenda than just health to work for the best outcomes for patients and clients. There is good information exchange with North Norfolk and Broadland Health and Well-being Partnership, and this relationship complements the work around mental health, frailty, deprivation, inequality and prevention.</p> <p>Heather Farley (HF) gave an overview of the spotlight areas which the North Norfolk Place had been focussing on over the past year, including:</p> <ul style="list-style-type: none"> • Dementia Working Group • Waiting Well Models | |

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| | <ul style="list-style-type: none"> • Mundesley End of Life Project • Integrated Neighbourhood Teams <p>HF highlighted that with the reduced funding this year there will be more emphasis on sustainable transformation and integrated working to ensure all of the projects are about collaboration and working in partnership, and building on what is already in place.</p> <p>Questions and comments from committee members:</p> <ul style="list-style-type: none"> • In relation to the low VCSE representation on the integrated neighbourhood teams, AD thought the problem may be that the North Norfolk link may be ineffective, hence why the North is a little out of the loop. AD encouraged JG and HF to speak to people who are part of the VCSE Assembly Board because North Norfolk does have a good input from the voluntary sector. It's just a case of bringing together the people and organisations who can help with the dissemination of information. AD acknowledged the work of the NN Place Board, and the progress made to date. • FS said it was great to hear about what was happening on the ground and it was lovely to hear how passionate JG and HF are, and how well they knew their community. • KW said it was really heartening to see the work in action, particularly the dementia work and level of knowledge that has been developed and the whole holistic approach. • MB advised the committee that he was a member of the North Norfolk Place Board and added that when Janice Shirley had recently presented to the Board some of the work that her team were doing linked to the Ageing Well Strategy, it was a helpful to see how it was all fitting together. MB reflected on the limited funding that had been put into the projects but felt the benefit to our patients not just in North but in many areas is significant for the level of investment. • AD reflected on the importance of Place and the need to support the Place Boards to deliver what is being asked of them, and it's important that all the relevant ICB teams are supporting the place boards. • JG ended the discussion by offering his support to the other Place boards and the fantastic work they are all doing. <p>The update was noted.</p> | |
| 10. | <p>Population Health and Inequalities Board Update</p> | |
| | <p>FS introduced the item. An update had been circulated ahead of the meeting which was taken as read.</p> <p>FS highlighted the following:</p> <ul style="list-style-type: none"> • The Population Health Management Strategy and the Health Inequalities Framework for Action are now either published or on the cusp of being published. • The PHM software procurement is now live. • FS asked the committee to note the excellent impact the Community Voices (CV) programme is having. A suggestion has been made to the CV team about the need to track the impact of collecting insights and to use those voices to influence our service planning. | |

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| | <ul style="list-style-type: none"> The Equality Impact Assessment process update is taking longer than we would like so there is still no robust means of collating and processing those. A plan is being put together by the HI team with the support of the PMO. The Population Health and Inequalities Dashboard is now live. The ICB business intelligence and PHM teams are visiting place boards to share and demonstrate the dashboard so local teams can see their own live data. <p>Questions and comments from the committee:</p> <ul style="list-style-type: none"> AD asked in relation to Community Voices if there is now a formalised process in place whereby the information which is gathered by community voices goes to the right people for the right decision making or reviews, and how do we communicate it back to people for the 'you said, we did' feedback. Mark Burgis (MB) responded that whilst we can still make further improvements, the short answer is there is more work to do and it's finding the route to the right people and making sure it's acted upon. AD queried the financial situation of Community Voices, as this had been identified as a risk, and whether there were any updates on this. MB updated that funding has been secured for the next phase, however unfortunately there is currently no funding commitment beyond the next phase because of financial pressures. It was noted that the risk around long-term funding of the CV programme would remain on the PH&I risk register. MB advised that some of dashboard data had already been shared at some Place Boards and had been well received and created a real buzz amongst the different professionals in the room. Tracy Williams (TW) echoed MB and FS comments about the Community Voices programme and supporting it to be a key programme within the health inequalities strategic framework for action. The ICB Research and Innovation team is supporting some of the CV evaluation work which will help the to ensure the voices we are hearing are utilised and we have a feedback loop to those people who have given their insights, and we communicate back what we've done through the VCSE organisations that are having those conversations. <p>The update was noted.</p> | |
| 11. | <p>Ageing Well Programme Board Update</p> | |
| | <p>Janice Shirley (JS) and Stephanie Dibley (SD) presented the update. An update had previously been circulated to the committee which was taken as read.</p> <p>JS advised the four workstreams are running well. There are several feeder groups that report into the AW board, such as palliative care, UEC and medicines management, and this is to ensure those groups are following the Ageing Well strategy and ensure there is no duplication of work. It is also an escalation route for anything that is related to ageing well. JS acknowledged the fantastic support received from the ICB and ICS network and the wider team were planning to make better use of that resource, and to extend invitations to the VCSE community teams to attend the individual programme boards as there's such a lot that can be learnt from them.</p> | |

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| | <p>There has also been a very good response to the ageing well matrix and using the matrix to map where services are and identify gaps in services and locations.</p> <p>There are plans to use the Knowledge Now website as a means of disseminating information and signposting information to patients, carers, and professionals.</p> <p>Questions and comments from members of the committee:</p> <ul style="list-style-type: none"> AD asked what are the biggest challenges the work streams are experiencing? JS responded that time and resource commitment have been the biggest challenges, particularly on the acute side with frailty and getting staff on board as well as being able to commit the time to progress the actions. FS expanded further by giving two examples relating to the resource challenge, the first linked to the Dementia Charter receiving provider chief executive sign up and nominating a dementia lead. The second example linked to general practice and the prioritisation of coding frailty and end of life patients. In relation to coding frailty or end of life patients AD asked FS if there is a way in primary that it can be done as part of the process they're going through. FS said that is exactly what we would like to do, but it is a bit more challenging than it sounds. TW fed back on a recent meeting with older persons consultants around frailty schools and very keen that we can support working from a central perspective. AD asked how we are communicating to the public about what they can get from Knowledge Anglia. JS advised that she is working with the communications team on some social media messaging so that patients know where to go and once there is more patient resource on the website there is likely to be a big launch to the public. AD also suggested that CV trusted communicators could also signpost to the website during their interactions with the public. <p>The update was noted.</p> | |
| 12. | <p>Healthwatch Updates</p> | |
| | <p>Judith Sharpe from Healthwatch Norfolk presented a verbal update to the meeting. It was noted that Andy Yacoub had left the meeting at 4pm so was unable to update for Healthwatch Suffolk.</p> <p>JS updated as follows:</p> <ul style="list-style-type: none"> Specifically at the moment HWN is hearing about difficulties and frustrations with not being able to call and book a routine GP appointment even for three- or four-weeks' time. Access to dentistry which is well documented and had already been discussed at today's meeting. However, there are issues with people going through to 111 being told to call a particular dental practice and then finding that it's not available and being bounced around. HWN is close to finishing a programme of engagement with approximately 25 care homes. A summary report will be published, but most people are saying the care they feel they receive is good and were able to suggest | |

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| | <p>small improvements which can make a big change to someone's day-to-day living.</p> <ul style="list-style-type: none"> • HWN is working with the ICB on the Benjamin Court engagement, and with the Queen Elizabeth Hospital on a youth council that will be launched in June and will focus on encouraging younger people to get involved in the running of their local hospital. Recruitment will be through the summer via an application process with the Youth Council being established from October onwards. • Digital tools project working with the ICB focussing on uptake of the NHS app amongst much younger people. • Working with County Council on a three-year project on adult social care, the final report is currently being written. • Working with the James Paget Hospital on its community diagnostic centre and the engagement process for that. • Doing some work for Marie Curie in terms of engagement with people about end-of-life services. • Working with community voices on some targeted lung healthchecks • There is a dental summit on the 19 September in Norwich for the public where we will present a panel and the public can come and ask the panel questions. <p>At the end of the update JS asked the committee to think and reflect on:</p> <ul style="list-style-type: none"> • Whether they had recently looked at a piece of work that Healthwatch, Community Voices, or the voluntary sector had completed. • How many knew about the Patient Safety Incident Response Framework. HWN produced a video last year in conjunction with the Queen Elizabeth Hospital to explain to patients what that means. JS would like to know if anyone's using it or even knew about it, and how it is going. • Healthwatch information being shared at the Place boards. <p>Comments and questions from members of the committee:</p> <ul style="list-style-type: none"> • AD commented regarding the Patient Safety Incident Response Framework and that feedback from a professional perspective, particularly acute providers, is very positive and the implementation is going very well, and they prefer this process to the previous one. But of course, we want to hear from HWN perspective with regards to what patients think about it. • KW updated the system has done some amazing work and we're getting to the point where we can start to look at things e.g., schematic reviews. But we need to understand what it means for everyone else, and having the involvement of people whose loved ones have come to harm is paramount. • MB responded to JS question regarding Healthwatch representation or linking with Place Boards and this was currently being looked at. MB also acknowledged the system leaders' event which had been held recently. MB felt this was a good day. JS thanked MB for the feedback. <p>The update was noted.</p> | |
| 13: | Any Other Business | |
| | 13.i Norfolk and Waveney Health Inequalities Strategic Framework for Action | |

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| | <p>Tracy Williams (TW) introduced the framework which had been shared in the advance of the meeting and was taken as read.</p> <p>TW explained the framework had now been published and reminded the committee that the framework itself was an ambition of our joint forward plan to have the health inequalities strategic framework for action. The Integrated Care Partnership had endorsed the framework in March. There are ten clear actions to be implemented in the first 12 months. The framework has been brought to today's committee for endorsement and the committee will receive progress updates as regular intervals.</p> <p>MB expressed his appreciation to all those who had contributed to the framework and the importance of developing it based on the feedback that had been received from many different people and organisations. MB also extended his thanks to the team who had worked on developing the framework, adding it gives some real clarity about where we want to focus in the future.</p> <p>Questions and comments from the Committee:</p> <ul style="list-style-type: none"> • AD sought assurance that there was an implementation plan and a framework which will measure how we're achieving what we set to achieve. AD was also aware there had been a lot of work happening in the background and will be good to continue seeing that through the implementation and evaluation of what we're achieving. • ER added from a VCSE assembly perspective that the framework is a good document that the assembly actually sees itself in and is really keen to get started and be involved, in particular the living and working conditions strand. <p>The update was noted.</p> <p>Agreed: The Patients and Communities Committee:</p> <ul style="list-style-type: none"> • Received and endorsed the Health Inequalities Strategic Framework for Action | |
| <p>Date, time, and venue of next meeting: Monday 22 May 2024, 1500-1700hrs via MS Teams</p> | | |

Minutes agreed as accurate record of meeting:

Signed:
Chair

Date:

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



Norfolk & Waveney ICB Patients and Communities Committee Action Log

| No | Meeting date added | Description | Owner | Action Required | Action Undertaken / Progress | Due date | Status | Date Closed |
|---|---|---|---------|--|--|---|--------|-------------|
| 11 | 24.7.23 | Children & Young People update to come to a future meeting | R Hulme | Update to include service user / patient feedback and examples of progress made, impact and outcomes and the difference the improvements are making to residents | 15.1.24: Awaiting confirmation whether R Hulme can update at May's meeting 18.3.24: R Hulme unable to attend in May, awaiting confirmation whether another member of the CYP team can provide an update instead 25.3.24: Deferred to July meeting | July '24 | | |
| 19 (actions 4 & 10 merged 27.11.23) | 27.11.23 action 4 raised 30.1.23 action 10 raised 24.7.23 | Lived experience representative | PH / RC | <i>(Action #4)</i> Committee members to provide feedback to PH. Reflect at March meeting as to where we are and what adaptations have been made to the current plan to take this forward <i>(Action #10)</i> MB and PH to ensure lived experience representation for the PH&I Board is linked into the Patients and Communities Committee lived experience representation work currently underway | The pack has been finalised and shared widely for comment with partner organisations, stakeholders and forums. Comments will then be factored into the final pack. Roles expected to be advertised late March 2023. 22.5.23: Working through some HMRC issues relating to payment method and policy, but hopeful that a policy already in use in some London trusts and HMRC approved, can be used in Norfolk and Waveney. 24.7.23: Ongoing. Continuing to work with HMRC and ICB Finance colleagues to ensure suitable policy is in place prior to recruitment commencing 25.9.23: Draft recruitment packs have been circulated to the committee. Still awaiting confirmation from HMRC regarding a suitable policy 27.11.23: HMRC has requested to have sight of the paperwork the ICB will use to pay lived experience representatives 27.11.23 <i>Actions 4 and 10 merged as both linked to Lived Experience Representatives</i> 15.1.24: ICB Finance team still awaiting a response / update from HMRC 25.3.24: AD / MB / CA to revisit and discuss internally to bring this to a conclusion. Agenda item for next committee 20.5.24: KB to set up a small working group to identify how to utilise the existing infrastructures to ensure user engagement in a much more meaningful and objective way. Proposal to be presented at July's meeting. | 22.7.24 20.5.24 25.3.24 22.1.24 27.11.23 25.9.23 22.5.23 23.3.23 | | |
| 22 | 25.3.24 | Population Health and Inequalities Board Update - Risk HI05 | MB | Risk HI05 ring fencing of NHSE funding allocations to be added to the Patients and Communities Risk Register | 20.5.24: Risk Register to be brought to July's meeting | 22.7.24 20.5.24 | | |

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Agenda item: 5

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| Subject: | Patients and Communities Committee Risk Register |
| Presented by: | Mark Burgis, Executive Director of Patients and Communities |
| Prepared by: | Rachael Parker, Executive Assistant |
| Submitted to: | N&W ICB Patients and Communities Committee |
| Date: | 22.7.24 |

Purpose of paper:

To update on the current risks held by the Patients and Communities Committee.

Executive Summary:

There are two risks which the committee is responsible for on the new board assurance framework which was presented to Board on 17 July. These are linked to our system ambitions in the joint forward plan:

BAF01 – Health Inequalities and Population Health Managements: There is a risk that the ICB will not meet its statutory requirements to reduce HI or use PHM techniques to their full potential in line with the PHM strategy and HI strategic framework for action. If this happens, specific groups of people will experience poor outcomes which could have been prevented.

BAF06 – Increasing numbers and complexity of the ageing population in Norfolk and Waveney: Across Norfolk and Waveney life expectancy is longer than the average across England and is currently 80 years for males and 84 years for females. Furthermore, the *healthy* life expectancy across Norfolk is lower than the average for England at about 62.7 years for males and about 62.4 years for females and this figure has decreased over the last few years. This means that the period that older people spend in *ill* health in Norfolk is getting longer. Older people are already more likely to be living with multiple and complex health conditions. Common conditions that are more prevalent in older age include dementia, heart disease, hypertension (high blood pressure), respiratory disease, mental health conditions such as depression, cerebrovascular disease, joint problems, diabetes, and sensory impairment.

The risks are that:

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- a) services will be unable to continue to meet the increasing demand and needs of our ageing population.
 - b) costs associated with care of this population will increase significantly adding to financial pressures.
 - c) quality of care for older people may decline if a) and b) are not suitably mitigated.
- More detailed information regarding both risks can be found in Appendix 1.

Recommendation to the Committee:

The committee is asked to note the update.

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

Governance

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| Process/Committee approval with date(s) (as appropriate) | |
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NHS Norfolk and Waveney ICB – Board Assurance Framework

| | | | |
|---------|----|--------------------|--------------|
| Version | V2 | Date last updated: | 11 July 2024 |
|---------|----|--------------------|--------------|

Board Assurance Framework – Summary Page

| Ref | Risk title | Executive lead | Committee | Date risk identified | Target delivery date | Score at target delivery | 2024/25 monthly risk rating | | | | | | | | | | | | | | | | | | |
|--|---|----------------|--------------------------|----------------------|----------------------|--------------------------|-----------------------------|----|--------|---|---|---|---|---|---|----|----|----|--|--|--|--|--|--|--|
| | | | | | | | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 | 11 | 12 | | | | | | | |
| Ambition 1: Population Health Management, Reducing Inequalities and Supporting Prevention | | | | | | | | | | | | | | | | | | | | | | | | | |
| BAF01 (was BAF06) | Health Inequalities and Population Management | Mark Burgis | Patients and Communities | 01/07/22 | 31/03/25 | 4 | 12 | 12 | 12 | | | | | | | | | | | | | | | | |
| Ambition 5: Transforming Care in Later Life | | | | | | | | | | | | | | | | | | | | | | | | | |
| BAF06 (was BAF25) | Increasing numbers and complexity of the ageing population in Norfolk & Waveney | Frankie Swords | Patients and Communities | 20/06/204 | 31/03/28 | 12 | | | New 15 | | | | | | | | | | | | | | | | |

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Ambition 1: Population Health Management, reducing inequalities and supporting prevention

| BAF01 (previously BAF06) | | | | | | | | |
|--|--|---|------------|------------------|--|---------------------------------|-------------------|-------|
| Risk Title | | Health inequalities and Population Health Management | | | | | | |
| Risk Description | | There is a risk that the ICB will not meet its statutory requirements to reduce HI or use PHM techniques to their full potential in line with the PHM strategy and HI strategic framework for action. If this happens, specific groups of people will experience poor outcomes which could have been prevented. | | | | | | |
| Risk Owner | | Responsible Committee | | Operational Lead | Date Risk Identified | Target Delivery Date | | |
| Mark Burgis / Dr Frankie Swords | | Patients and Communities | | Suzanne Meredith | 01/07/2022 | 31/03/2025 | | |
| Risk Scores | | | | | | | | |
| Unmitigated | | | Mitigated | | | Tolerated (Target in 12 months) | | |
| Likelihood | Consequence | Total | Likelihood | Consequence | Total | Likelihood | Consequence | Total |
| 4 | 4 | 16 | 3 | 4 | 12 | 1 | 4 | 4 |
| Controls | | | | | Assurances on controls | | | |
| <ul style="list-style-type: none"> The HI Strategic Framework for action and the PHM strategy have been published. Implementation plans will be developed 2024/25. Specialty advisors are leading on HI, PHM and the Core20Plus5 clinical areas. The NCC deputy DPH is leading the PHM team reporting to the ICB Medical Director working closely with the HI Clinical Lead and SRO. The Health Improvement Transformation Group (HITG) focusses on Primary Prevention: smoking, physical activity and Healthy weight, report to ICP. Community Voices gathering insights into HI and connecting with local communities to help address. ICS groups set up for Inclusion health groups, vaccines inequalities, Core20plus5 programme group, NHS Anchors group, access and support programme group, reporting to HIOG Datahub Population Health dashboards in place to support reporting and health oversight. Health and wellbeing partnerships and place boards overseeing local work programmes. External factors that impact on "Plus groups" (such as the moving of hotels for asylum seekers which impacts on the services they receive) are raised by the HI team to be managed across the ICP. | | | | | <p>Internal: PHM and addressing HI has been identified as a priority in our JFP. Progress against key national delivery timelines reported and led by appropriate governance structures: Health Inequalities Oversight Group (HIOG), PHM Oversight Group (PHMOG) and PH and Inequalities Board with assurance reporting to Patients and Communities Committee.</p> <p>NHSE reporting of NHS Inequalities Improvement Frameworks and annual reporting against NHS statement on Information for health Inequalities.</p> <p>Elective Recovery Board receive monthly report on waiting lists per decile of deprivation index</p> <p>External: Integrated Care Partnership Board</p> | | | |
| Gaps in controls or assurances | | | | | | | | |
| <ul style="list-style-type: none"> Embedding resources at Place level to co-ordinate the mechanisms needed to address HI and deliver PHM Further work required to develop the data hub and dashboards. NHSE HI funding not ring-fenced to support emerging work programmes and respond to system priorities. Agreed governance for Equality health impact assessments but uniform process not yet established | | | | | | | | |
| Updates on actions and progress | | | | | | | | |
| Date opened | Action / update | | | | | BRAG | Target completion | |
| 14/06/24 | Co-ordinating multi-partner health inequalities group has met & is preparing terms of reference and implementation plan to go to the ICP June meeting and other governance structures. | | | | | G | | |

| Visual Risk Score Tracker – 2024/25 | | | | | | | | | | | | |
|-------------------------------------|----|----|----|---|---|---|---|---|---|----|----|----|
| Month | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 | 11 | 12 |
| Score | 12 | 12 | 12 | | | | | | | | | |
| Change | → | → | → | | | | | | | | | |

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Objective 5: Transforming care in later life

BAF06 (previously BAF25)

| | | | | | | | | | | | | |
|--|--|-------|------------------|-------------------------|-------|---|-------------|-----------------------------|--------------------------|----|----|----|
| Risk Title | Increasing numbers and complexity of the ageing population in Norfolk and Waveney | | | | | | | | | | | |
| Risk Description | <p>Across Norfolk and Waveney life expectancy is longer than the average across England and is currently 80 years for males and 84 years for females. Furthermore, the healthy life expectancy across Norfolk is lower than the average for England at about 62.7 years for males and about 62.4 years for females and this figure has decreased over the last few years. This means that the period that older people spend in ill health in Norfolk is getting longer. Older people are already more likely to be living with multiple and complex health conditions. Common conditions that are more prevalent in older age include dementia, heart disease, hypertension (high blood pressure), respiratory disease, mental health conditions such as depression, cerebrovascular disease, joint problems, diabetes, and sensory impairment.</p> <p>The risks are that:</p> <ol style="list-style-type: none"> services will be unable to continue to meet the increasing demand and needs of our ageing population. costs associated with care of this population will increase significantly adding to financial pressures. quality of care for older people may decline if a) and b) are not suitably mitigated. | | | | | | | | | | | |
| Risk Owner | Responsible Committee | | | Operational Lead | | Date Risk Identified | | Target Delivery Date | | | | |
| Dr Frankie Swords | Patients and Communities | | | Sheila Glenn | | 20/06/24 | | 31/03/28 | | | | |
| Risk Scores | | | | | | | | | | | | |
| Unmitigated | | | Mitigated | | | Tolerated (Target in 12 months) | | | | | | |
| Likelihood | Consequence | Total | Likelihood | Consequence | Total | Likelihood | Consequence | Total | | | | |
| 5 | 4 | 20 | 5 | 3 | 15 | 4 | 3 | 12 | | | | |
| Controls | | | | | | Assurances on controls | | | | | | |
| <ul style="list-style-type: none"> Ageing Well Programme Board with substantive programme manager Increased focus upon early intervention (identify and intervene) Increased focus upon upstream prevention and remaining active | | | | | | <p>Internal: Transforming care in later life has been identified as a priority in our JFP. Progress against key national delivery timelines reported and led by appropriate governance structures: System Ageing well board reporting to Patients and Communities Committee.</p> <p>External: Integrated Care Partnership Board</p> | | | | | | |
| Gaps in controls or assurances | | | | | | | | | | | | |
| <ul style="list-style-type: none"> Embedding resources at Place level to co-ordinate the mechanisms needed to deliver Ageing Well Strategic Framework Further work required to develop the data hub and dashboards to monitor medium / long term impacts. No specific budget allocated to the Ageing Well Programme to support emerging work and respond to system priorities. | | | | | | | | | | | | |
| Updates on actions and progress | | | | | | | | | | | | |
| Date opened | Action / update | | | | | | | BRAG | Target completion | | | |
| 01/07/24 | Recruit to vacant Specialist Advisor role for Older People and Dementia (July 24). | | | | | | | G | 30/07/24 | | | |
| 01/07/24 | Progress the programme plan through the workstreams. | | | | | | | G | Ongoing | | | |
| 01/07/24 | Clarify scope , priorities and determine new objectives for the Dementia workstream. | | | | | | | G | 19/07/24 | | | |
| Visual Risk Score Tracker – 2024/25 | | | | | | | | | | | | |
| Month | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 | 11 | 12 |
| Score | | | 15 | | | | | | | | | |
| Change | | | New | | | | | | | | | |



flourish

Babies, Children and Young People

Patient and Communities Committee
July 2024

Parker Rachael
16/07/2024 15:55:35

- Approximately 290,000 individuals aged between 0-25 years
- Approximately 25% of the Norfolk and Waveney population
- C500 state funded school and nursery education settings
- C1400 children in care
- 70 children eligible for Children's Continuing Care funding
- 50% mental health problems established by age 14
- 75% mental health problems established by age 24
- 9000 births per year
- 12.1% rate of smoking at time of delivery
- 3.8% of school age population with social, emotional and mental health need
- Above average rates of emergency admissions for 0-4

Norfolk and Waveney Children and Young People

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What is FLOURISH?

FLOURISH is the overarching system ambition for all children and young people in Norfolk.

The FLOURISH ambition has been developed and endorsed by Children and Young People Strategic Alliance members (including young people) and will form the basis of the Children and Young People Strategy as well as underpinning the work of partner organisations – ultimately making a difference for children and young people.

We want Norfolk to be a county where every child can **flourish**:

- f**amily and friends
Children and young people are safe, connected and supported through positive relationships and networks
- l**earning
Children and young people are achieving their full potential and developing skills which prepare them for life
- o**pportunity
Children and young people develop as well-rounded individuals through access to a wide range of opportunities which nurture their interests and talents
- u**nderstood
Children and young people feel listened to, understood and part of decision-making processes
- r**esilience
Children and young people have the confidence and skills to make their own decisions and take on life's challenges
- i**ndividual
Children and young people are respected as individuals, confident in their own identity and appreciate and value their own and others' uniqueness
- s**afe and secure
Children and young people are supported to understand risk and make safe decisions by the actions that adults and children and young people themselves take to keep them safe and secure
- h**ealthy
Children and young people have the support, knowledge and opportunity to lead their happiest and healthiest lives

“Our collective Ambition is that all babies, children and young people (BCYP) will have the best start in life, achieved through person and family centred, high quality support to enable them to ‘Flourish’. We will focus on collaborative working with system partners to promote the importance of a strong start in life for children and young people.

We will prioritise the voices, needs and ambitions of children and young people so they can live their happiest, most rewarding lives and meet their potential.

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Joint Forward Plan Ambitions for BCYP and Maternity

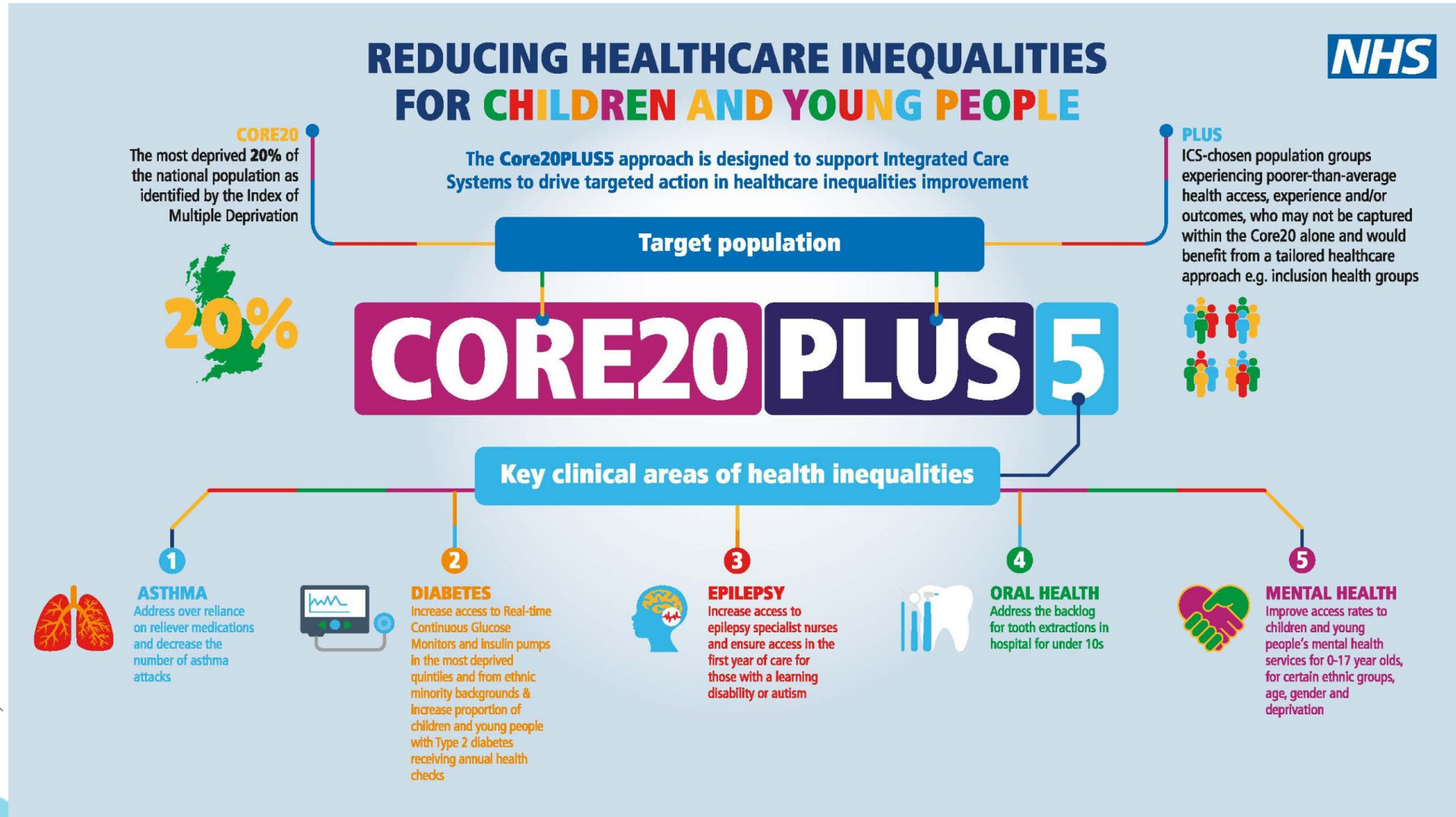
- Smoking during pregnancy - develop and provide a maternity led stop smoking service for pregnant people
- Successful implementation of Norfolk's Start for Life and Family Hubs approach
- Continued development of our Local Maternity and Neonatal System (LMNS), including the 3-year Maternity Delivery Plan
- Implementation of asthma and epilepsy recommendations, for Children and Young People
- Develop an improved and appropriate offer for Children's Occupational Therapy
- Work together to increase awareness of mental health; enable our population to develop skills and knowledge to support wellbeing and improve mental health; and deliver a refreshed suicide prevention strategy. This will prompt early intervention and prevention for people of all ages, including those who experience inequalities or challenges to their mental health and wellbeing.
- Mobilise a children and young people's collaborative so that partners work as one to deliver better health outcomes for our people and communities.
- Establish a Children and Young People's (0-25 years) Emotional Wellbeing and Mental Health 'integrated front door' so all requests for advice, guidance and help are accepted, and the appropriate level of support is given to ensure that needs are met.

Partnership
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CORE20PLUS5

- **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 core 20 alone and would benefit from a tailored health approach (**SEND, looked after children, youth justice, neurodiverse, ACEs**)
- **5** – key clinical areas of health inequalities – asthma, diabetes, epilepsy, oral health mental health

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Parker Rachael
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Overview of the System Collaborative

The Children and Young People Strategic Alliance Board has been in place since 2019

FLOURISH was developed/adopted in 2021

The System Collaborative is a working group intended to accelerate progress against the ambitions of the Strategic Alliance and FLOURISH framework

In April 2023, the establishment of the System Collaborative was agreed by the Executive Boards of:

- Cambridgeshire Community Services NHS Trust
- Norfolk County Council
- Norfolk & Suffolk NHS Foundation Trust
- Norfolk & Waveney Integrated Care Board

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Overview of the System Collaborative

The creation of a new collaborative presents an extremely powerful opportunity to realise our ambition that all children FLOURISH and to create a nationally leading model.

The intention is to co-design and plan the implementation of next steps for an integrated 'whole system' approach to meeting the needs of CYP 0-25 in Norfolk in particular relation to:

Emotional wellbeing and mental health needs

Special educational needs and disabilities

Needs associated with neurodiversity

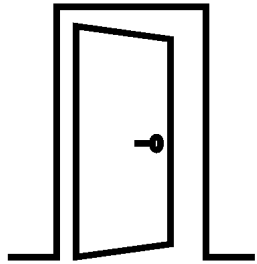
Our intention is to look creatively and holistically at all the resources across the key partners and to re-design the support model to achieve the best outcomes.

The ambition includes making structural, operational, and cultural changes required to deliver community based multi-disciplinary team working across organisations

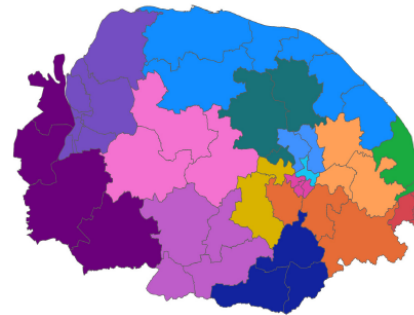
This is a clear step beyond 'partnership collaboration' to a fully integrated approach.

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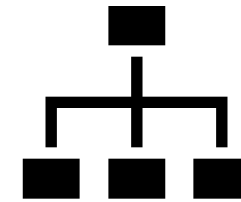
Delivering the Vision : Elements of our future designs



Simplified front doors to make it easier for families to request help



Zone based early prevention and help to support children and families earlier

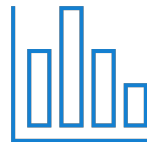


Integrated intervention teams to provide joined up interventions when families require help

Enabled by the key building blocks



Outcome based system and commissioning approach supported by joint commissioning teams



Proactive use of joined up data to help identify where help is needed earlier, including use of a single identifier



Joint approach to measurement of impact and quality assurance



Greater join up of assessment and plans e.g. Single Session approach

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flourish

Neurodiversity

Neurodiversity in children celebrates the rich spectrum of neurological differences

Embracing neurodiversity means recognising that diverse cognitive styles contribute to society's richness and should be celebrated. By understanding and accommodating these differences as early as possible, we can create a nurturing and empowering space where all children, regardless of their neurological difference, can thrive and reach their full potential.

ACT & COMES

1. Children and young people are happy and feel understood by their families and friends
2. Families, carers and professionals are better able to identify and support the needs of children and young people, at the earliest possible opportunity
3. Children, young people and families report that their needs are understood and met
4. There is consistent language and shared understanding of neurodiversity across the system, this will be co-produced and communicated in a variety of ways
5. Children and young people who are neurodivergent feel supported to consistently attend early years settings, schools and colleges
6. There is a reduction in asks for diagnosis and waiting times are reduced
7. There is a clear language and understanding of neurodiversity across the system, that is co-produced and communicated effectively

Parker Rachael
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| What are the opportunities to deliver this through the System Collaborative | How would you approach delivering the opportunity | What are the barriers and how would you overcome them? | Identify who needs to be engaged, why, how, how often and would who do it? |
|--|--|---|---|
| <p>Share data of those waiting with MH and SLT providers</p> <p>Every parent is contacted to screen need</p> <p>Myth busting with GPs and universal services re EHCP, diagnosis and support</p> <p>Podcast, social media targeted comms</p> <p>Profile who is working with CYP waiting lists</p> <p>NHS to target resources / digital diagnosis</p> <p>Group work with CYP & families – sharing experience & ideas of support</p> <p>CYP & families consulted regarding need</p> <p>Contact link with service for sense of ‘not forgotten’</p> | <p>Put resource into formulating letters and contact to parents</p> <p>Providers to send stay connected letter or text communication</p> <p>Map data for those on waiting list</p> <p>Every parent is signposted to a universal approach</p> | <p>Financial motivation e.g. benefits</p> <p>Myth busting</p> <p>Communication systems</p> <p>Corporate local offer can be restrictive in what content it can publish</p> | <p>All providers</p> <p>One-off contact to begin with – how often will depend on what we learn</p> <p>Automated contact with families at regular intervals</p> <p>Group work facilitators</p> <p>NSFT, CYP services, health</p> |

System Collaborative planned work – Task and finish group for Neurodiversity (Waiting Lists)

Parker Rachael
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System Collaborative planned work – Task and finish group for - Neurodiversity (Community-led delivery & multi-agency/multi-disciplinary working)



| What are the opportunities to deliver this through the System Collaborative | How would you approach delivering the opportunity | What are the barriers and how would you overcome them? | Identify who needs to be engaged, why, how, how often and would who do it? |
|---|---|---|---|
| <p>Development of neighbourhood 'zones' teams – we need to be part of all discussions, including primary care schools</p> <p>Ensure all universal services understand the new ways of working/language</p> <p>Focus on helping everyone develop and improve their understandings of ND</p> <p>Change of language from referral to request for support and explore through consultation and coproduction</p> <p>Myth busting – maximise use of media to share evidence base</p> <p>Plan of engagement that is wider than professionals</p> | <p>Step into the shoes of others e.g. families and schools</p> <p>Using our clinical expertise/service users to deliver new model</p> <p>Link in with other systems making similar changes e.g. Portsmouth, Beds & Luton, many others</p> | <p>Us not yet understanding the needs/pressures for others e.g. schools</p> <p>Private providers (and insurance companies) – it's their livelihood if they have an assessment business model</p> <p>Competing social media messages Importance of diagnosis in Adults</p> <p>Need for a revision of diagnostic pathways – not a filtering off but ability to identify those who need it (STOMP & STAMP)</p> | <p>GPs, early years settings, education, universal professionals in other settings</p> <p>Private providers and insurance companies Local Councillors, MPs, parliament – louder voice to parliament</p> <p>NHSE – writing new diagnostic criteria Impacting on diagnostic lead for prescribing</p> <p>Many other partners need to understand shift e.g. housing needs of families being needs lead not diagnostic</p> |
| <p>Development of self-assessment toolkit – schools</p> <p>Training programme – including family feedback</p> <p>New model of support, needs first focus in design</p> <p>Specialist Service to utilise knowledge by providing training</p> <p>Training with ongoing consultation</p> <p>Digital toolkit for parents to understand needs – what might help</p> | <p>TBC</p> | <p>TBC</p> | <p>The scale of the resource required</p> <p>As we start to release comms about a move to a new model/system, we risk lack of trust in the future and a spike in referrals to the current partner agencies by both families and young people</p> <p>Understanding the needs of children on waiting lists</p> |

Existing commissioned services for children and young people

| Project | Description | Lead organisation | Cohort impacted |
|--|--|-------------------|---|
| Clinical Assessment pathways | <p>Children and young people can be referred for clinical assessment of Autism and/or Attention Deficit Hyperactive Disorder via two main NHS providers.</p> <p>Assessment waits are up to five years currently.</p> | ICB | CYP up to 18 years of age – universally accessible |
| Pre-diagnostic support for families | <p>Children and young people awaiting assessment can access family support from Family Action. This includes peer group work, courses, advice and guidance and 1-1 support where needed.</p> <p>The contract expires in March 2025</p> | ICB | Targeted cohort – children who are confirmed, waiting assessment, or early need noticed by school, with universal application |
| Post diagnostic support | <p>NCHC and JPUH can signpost families to support for Autism.</p> <p>NCHC course is called Puffins and is delivered in-house supported by Family Action</p> <p>JPUH course is called CYGNET and is delivered by Family Action</p> | ICB | Children and families where there is a confirmed diagnosis of Autism |

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Existing pilots and new interventions

| Project | Description | Lead organisation | Detail of change | timeline |
|--|--|------------------------|---|---------------------|
| Neurodiversity Digital Library | To create an accessible digital resources for parent/carers, young people and professionals | ICB | New resource for families and professionals which will include advice and guidance | Jan-Sept 2024 |
| Partnership for Inclusion of neurodiversity in schools (PINS) | To identify and work with 36 primary schools to develop whole school approaches, supporting neurodivergent children and young people to understand the specialist support needed and doesn't exist as part of Local Offer. | ICB, NCC, Family Voice | Test and learn project Newly commissioned training and specialist support identified by self-assessment by schools (new co-production approach with schools) | April 24-March 2025 |
| ICB Provider Framework | Implementation of an approved provider framework to undertake assessment for CYP, to standardise approaches, tariffs and create processes to monitor quality of independent provision through Right to Choose process. | ICB | Improved access to assessment, improved choice, quality assurance of independent provision and reduced waits | June 2024 |

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Existing pilots and new interventions

| Project / service | Description | Lead organisation | Cohort impacted | Detail of change | timeline |
|---|---|-------------------|--|---|----------------------|
| Change to referral / request for help process for NDD assessments | <p>Requests for support through parents, carers, early years and schools and other professionals.</p> <p>GP's will no longer have to refer into NDS, these referrals will come in from schools.</p> | ICB, NCHC, JPUH | All CYP, considered eligible for clinical assessment | Currently, referrals for assessment are facilitated by GPs. This project intends to enable all professionals, in particular schools, to make requests for help directly with neurodevelopmental services. | April 2024 onwards |
| NDD transition project group | Onward transfer of young people turning 18, whilst waiting for an assessment | NCHC, ICB | Adults on paediatric pathways (c.250) | Adults are contacted and offered choice of onward destination for ASD and ADHD assessment | May 2023 – June 2024 |
| Development of Norfolk and Waveney approach for treatment of ADHD in children | Guideline for prescribing written for primary care with improvement to shared care protocol. This will include a non-clinical treatment offer in the future | ICB | Children with a confirmed diagnosis of ADHD | CYP have access to medical and non-medical interventions to support ADHD needs | Jan 24-Jan 25 |

Existing pilots and new interventions

| Project | Description | Lead organisation | Cohort impacted | Detail of change | timeline |
|---|---|-------------------|---|--|----------------------------|
| Just One Number (JON) MH Access 0-25 | Access to all (non-crisis) mental health support for children and young people | ICB | Norfolk and Waveney CYP 0-25 | Increase in scope of service from Healthy Child Programme and Speech and Language to include mental health access. Development of digitalised request for support portal, clinical triage and needs led response | April 2 nd 2024 |
| JON request for support process | Turning off referral pathways for MH and replacing with request for support process | ICB, CCS | Initially MH requests now extended to all CCS N&W processes | Replacing referral pathways with needs led response at the earliest opportunity/contact | April 2024 |

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Any questions



Parker, Rachael
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Agenda item: 7

| | |
|----------------------|---|
| Subject: | Involving people with lived experience in the work of the ICB and the Patients and Communities Committee |
| Presented by: | Karen Baker, Executive Director of Corporate Affairs and ICS Development Hayley Charman, Communications and Engagement Manager |
| Prepared by: | Hayley Charman, Communications and Engagement Manager |
| Submitted to: | Patients and Communities Committee |
| Date: | 22 July 2024 |

Purpose of paper:

To advise and offer recommendation for involving people with lived experience in the work of the ICB and the People and Communities Committee, adhering to national guidelines and best practice.

Executive Summary:

Following a discussion at the ICB's last Patients and Communities Committee meeting about the recruitment of lived experience representatives and the challenges around this, the committee agreed to further explore how best to involve people with lived experience in the work of the ICB.

The approach suggested in this paper would see the ICB utilise existing groups and structures to strategically involve lived experience representation in our work. A more fair and meaningful way to hear from people with lived experience, would be to work more strategically with our local Healthwatch, patient groups and partners to look at our forward plan of work and involve people with lived experience in a way that is planned and creates better outcomes for local people.

This approach would mirror that of our neighbours at Suffolk and North East Essex ICB, who work in a similar way with Healthwatch and local groups to hear from people with lived experience.

Report

1. Background:

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Listening to the lived experience of the people and communities in Norfolk and Waveney is vital in helping people live longer, healthier and happier lives. It also helps us make sure that the care and support offered in Norfolk and Waveney is designed around our population.

All the partners in our ICS are talking and listening to people and communities every day. Our vision is that people would tell their story of lived experience once and it's heard by everyone in the ICS. We want to develop on-going relationships with communities to learn what matters to them, and work together to address waiting times, improve access to services and support people to live the healthiest life possible.

Following a discussion at the last Patients and Communities Committee meeting about the recruitment of lived experience representatives and the challenges around this, the committee agreed to move forward by further exploring an alternative approach to involving people with lived experience, by better utilising existing groups and structures.

It is proposed that a more fair and meaningful way to hear from people with lived experience would be to work more strategically with our local Healthwatch, patient groups and partners to look at our forward plan of work and involve people with lived experience in a way that is planned and creates better outcomes for local people.

2. Working with Healthwatch to improve lived experience representation

Healthwatch Norfolk and Healthwatch Suffolk have a key role in supporting the work of the ICB, which is underpinned by the new Health and Care Act 2022. This role draws on the excellent networks that both organisations have across their counties and their combined considerable expertise in:

- collating and sharing existing insight about people's experience of health and care services
- undertaking additional research and engagement in support of development or delivery of the strategy to gather the views and experiences of local people, including those from marginalised groups who are seldom heard
- providing advice and expertise to support the integrated care partnership to undertake and commission community engagement to a high standard
- supporting and collaborating with people with lived experience of inequality to carry out monitoring processes.

This approach would build on our existing relationships with our local Healthwatch groups and organisations, to hear from people with lived experience and where possible, to forward plan opportunities to involve people with lived experience and meaningfully inform the work of the ICB and wider system.

3. Existing groups and lived experience across Norfolk and Waveney

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These are some examples of the existing local support groups and organisations across Norfolk and Waveney that we already work closely with, to support co-production and engagement activities, as well as hearing from people with lived experience.

- **Norfolk and Waveney Community Voices (NWCV) Programme** – NWICB is working with District Councils and the local Voluntary, Community and Social Enterprise (VCSE) sector to develop and deliver a new engagement programme to help us listen to our communities and better understand experiences and opinions of accessing healthcare. Community Voices, works with trusted communicators to speak with communities who may not already engage with the NHS and other statutory bodies to hear what is important to them.

We have learned that when talking to people about health services they also talk about a range of other issues that affect their health and wellbeing, such as housing and employment. We are designing ways to capture all this insight and make sure it is shared with people who design and deliver a range of services across Norfolk and Waveney.

- **Norfolk and Waveney VCSE sector** and VCSE Assembly - We learnt during the COVID-19 pandemic that we need to get better at listening to what really matters to our people and communities, especially if we are going to address health inequalities. A really effective way to do that is to use trusted communicators and by working with Voluntary, Community and Social Enterprise (VCSE) organisations who already have long standing relationships and networks throughout Norfolk and Waveney.
- **Norfolk County Council** commissions several co-production and engagement forums that the ICB is either a member of or involved in where appropriate, this includes the **Adult Social Services Department (ASSD) Engagement and Co-production Group** and the **Norfolk Making It Real (MiR)** steering group which promotes co-production particularly for people with lived experience of physical and learning disabilities.
- **Rethink Mental Illness** – Norfolk and Waveney has a substantial and unique approach to ensuring that mental health transformation is informed as a system by lived experience. Rethink Mental Illness is a national charity for people severely affected by mental illness. They are facilitating coproduction in a number of Integrated Care Systems across England.

Experts by experience have been recruited to various steering and reference groups to work alongside the programme. Paid Experts by Experience are now also sitting on the Norfolk and Waveney Mental Health Partnership

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Board. Rethink Mental Illness' coproduction team have been supporting Adult Mental Health Transformation in Norfolk and Waveney.

- **Carers Voice Norfolk and Waveney** - Carers Voice is an independent charity representing Carers in Norfolk and Waveney and working in partnership with the ICB, led the co-production project to design and develop the Carers Identity Passport with local Carers, including Parent Carers and Young Carers. They also work with Carers Ambassadors, who have personal lived experience of caring and they recognise the value of Carers being involved in Services. They are members of Carers Voice Norfolk and Waveney and regularly contribute to the development and design of services used by Carers within health and social care.
- **Access Community Trust** provides homelessness support and a range of mental health and wellbeing assistance for vulnerable people of all ages. They also host Lived Experience Advisory Forums (LEAF) across Norfolk and Suffolk and work closely with statutory services, including Norfolk and Waveney ICB and Suffolk and North East Essex ICB, to ensure diverse voices are heard and valued in decision making processes.

4. Proposed approach for involving people with lived experience in the work of the ICB and Patients and Communities Committee

Our approach below sets out how we can involve people with lived experience in the work of the ICB and Patients and Communities Committee. It builds on our existing relationships with our ICS partners, to involve people with lived experience in a more fair and meaningful way. Our approach sets out to:

- To work more strategically with our local Healthwatch, support groups and organisations to hear from people with lived experience and to, where possible, forward plan opportunities to involve people with lived experience and meaningfully inform the work of the ICB and wider system.
- To have a dedicated item on the Patients and Communities Committee agenda once every quarter for lived voice representation. This could be by inviting a person or people with lived experience, about a specific subject matter, to the committee meeting or by an alternative method, such as a written paper or voice recording.
- We will also add to the agenda a “learning from people, staff and communities” video for each Committee meeting, where possible. We are already working closely with Healthwatch Norfolk to source and create a forward plan of videos. This will document the lived experience of people accessing health and care services. These are currently presented at the Norfolk and Waveney ICB Board meetings and we are recommending that

Parker Rachael
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they also be shared and discussed in the Patients and Communities Committee.

Recommendation to the Board:

To consider the information set out in the paper and agree the proposed approach for involving people with lived experience in the work of the ICB and Patients and Communities Committee.

| 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) | Patients and Communities Committee |
|---|------------------------------------|

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Great Yarmouth and Waveney Place

**Update for the Patient and Communities Committee
July 2024**

Parker Rachael
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What GY&W wants to achieve for Place?



- Place working means that the plans and decisions about health and care take place closer to and are **made together, with local people**.
- GY&W has a strong ethos to address **health inequalities** and we are continually looking at new ways to bring health & care services and support together, to help our local patients.



- Our ambition is to support people to live healthy, resilient and independent lives, with easy access to support and care when needed, and as close to home as possible.
- Together with partners, we will organise care with and for, the people living in our communities so that they **experience optimal health and wellbeing outcomes that matter to them**.



- Achieving our ambition also relies on an effective engagement process. We want to make sure we hear what is important to local people & stakeholders through effective ways to listen to thoughts and ideas from the communities we serve.

Great Yarmouth & Waveney Place

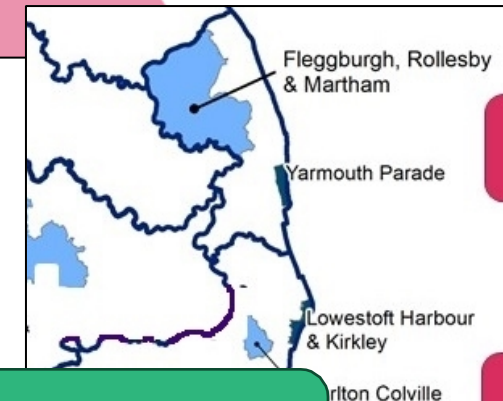
- Our GYW Place Board recognises the need to mature our place arrangements, and must be guided by the 'form follows function' rule.
- The opportunities for Place partners to collaborate further around shared ambitions is substantial and we continue seek out new ways to integrate and work together as partners.
- Further clarity on role and function of Place, as part of a systemwide 'operating framework' is required. Our level of maturity as both a Place and Place Board, is not straightforward to demonstrate as no benchmarking or expectations has been agreed.
- To make progress, our Place Board Partners have co-developed a work programme structure that reflects national & local priorities, including those within the ICP strategy.
- Our Place Board priorities led by designated SROs from across our local system, are:-
 - **UEC Transformation & Resilience** (SRO – Adele Madin, Exec Director Ops. ECCH)
 - **Mental Health Community Transformation** (SRO TBC)
 - **Prevention & Health Inequalities** (SRO - Nick Khan & Paula Boyce, Director's at Local Councils)
 - **PCN Development** (SRO – Dr McConnell – GY&W Clinical Advisor & GP)
 - **Place-led transformation – which supports all four priorities and focuses on enablers and ways of working.** (SRO – TBC, Associate Director ICB)
- A shared reporting structure and impact measurement, is under development for our priorities, with SROs accountable to the Board.

BRIEFING:

Developing our 'Place' - Great Yarmouth
and Waveney

February 2023

We produced our first partner briefing, (with support from JPUH Head of Comms) in Feb 23, now with regularly updates



Great Yarmouth
8.6 years
difference

Waveney
8.8 years
difference

Tacking Health inequalities & a focus on the Core20plus5, is core to Place-led activity

Work required to ensure 'Place' can flourish.....

1. Define the remit and responsibilities of Place – inline with principle of subsidiarity.

For example: develop our operating model at 'System & Place'

2. Consider alignment of ICB expertise and capacity to Place, underpinned by a compelling ICS strategic narrative of Place & our ICS approach.

For example: PHM strategy, finance & BI resource & drive a culture change.

3. Introduce mechanisms for agile & effective Place governance/decision making & delegation.

For example: Sign off place accountability and governance framework

4. Recognise Place partnerships as enablers to NHSE 'left-shift' transformation ambitions

For example: Dermatology/fracture clinic etc

5. Build on the impartiality of Place with an effective Place operating model (eg similar to an 'alliance agreement').

NB - Place benefits at risk if place function is aligned to one provider.

6. ICB to complete a talent-based approach to identify 'Place' capability & skills & extensive workload delivery managed by place teams.

For example: workforce review of Place skill & workforce gaps

"We want to progress our Place collaboration to enable people-centred care through services that are joined up, consistent and make sense to those who use them".

N&W ICP Strategy commitment

Spotlight: GY&W Place-led programmes

We would like to take the opportunity to highlight a few key Place programme of work, which are unique to Great Yarmouth and Waveney. These are examples of how through integrated working, our Place partners are supporting local system resilience; improving outcomes for residents; and capitalise on both strong local assets and our working relationships to meet our overarching objectives.

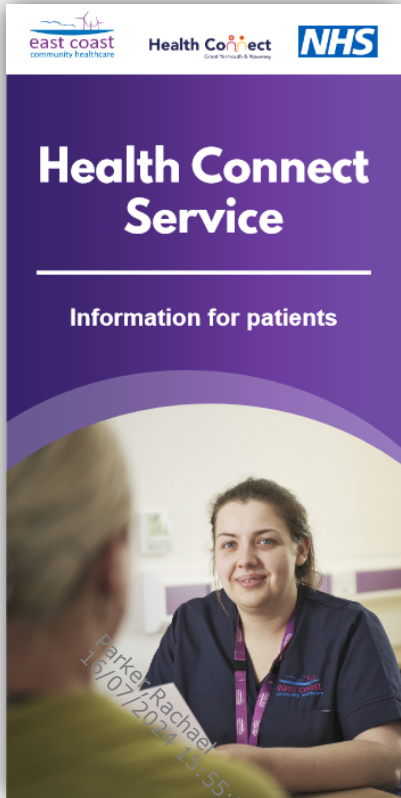


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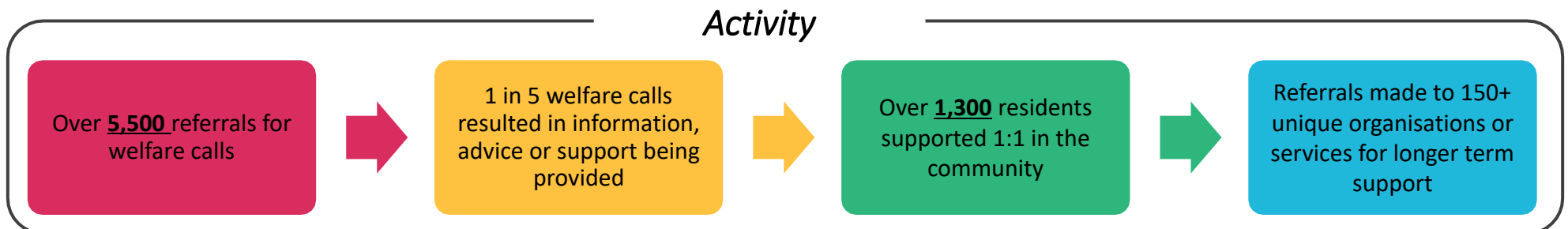
1. Health Connect

Great Yarmouth
& Waveney

Health Connect helps residents in Great Yarmouth and Waveney recover faster and avoid hospital admission by offering them practical and emotional support in their own homes, as well as connecting them to wider health, social and community services.



- Health Connect is a collaborative programme of work developed and steered at Place by the NHS, local borough, district and county councils.
- This is a targeted service created to support patients recently discharged from hospital, those who've used community health care, and residents accessing services whose health and wellbeing is affected by wider determinants of health.
- The service is delivered by a team of trained connectors, hosted by East Coast Community Healthcare, who contact patients by phone shortly after referral and assess their needs and preferences.
- This may include problem solving, basic health observations, equipment provision, condition specific assessments, or co-ordination with GP, community health or social care.
- A key outcome of the Health Connect service is to match the resident with suitable services and opportunities in their area, such as social groups, clubs, classes, events, volunteering, or counselling.



2. Transfer of Care (ToC) Hub

Great Yarmouth
& Waveney

Programme Lead - **Rich Goodhew**, Integrated TOC Lead

Based at the JPUH, the Transfer of Care Hub provides integrated solutions for patients leaving hospital. Via the Hub, place partners work in collaboration to improve the effectiveness, safety, efficiency, timeliness, and equity of support for discharges and transfers from hospital. Vitally the Hub Team provide personal and positive experience to enable people to recover, re-able, and maximise their independence. The hub was established in XX following a commitment of health and care partners to enable a more integrated solutions.



Integration

partnership working and relationships across place partners and stakeholders.



Demand & Capacity

Using soft & hard intelligence to inform commissioning & innovation, to transform ToC & outcomes for GYW residents



Performance

Improving access to data to support planning, and to add value to the system.



Quality – working to improve patient experience, safety, audit, education and training and the patient voice.

The Hub Team has a dedicated team inc. an Integrated Transfer of Care Performance and Development Manager, Quality Senior Sister, and 3x Transfer of Care Coordinators. The Hub also provides a collaborative opportunity for integration with partners inc. NCC, SCC, JPUH, Housing, ECCH, who regularly attending the Hub. Plans in place to extend membership to VCSE and NSFT staff.

The Integrated Transfer of Care Team and Transformation Programme successes include:

- Establishing a comprehensive ToC transformation programme, with the support of a monthly programme Board and risk log/reporting to provide governance Development and introduction of formal daily reporting in line with National and local performance requirements and monthly quality report.
- Coordinating a weekly multidisciplinary team meeting for - pathway 2 into care homes; reducing length of stay; and resource optimisation.
- Supporting the successful delivery of SystmOne, and the planned roll-out of Optica at JPUH.
- Supporting Demand and Capacity planning and seasonal resilience.
- Pro-active engagement with wider Care/Residential/Nursing homes, and home care providers, to support complex discharges and improve and outcomes.
- Frequent audit and patient journey deep-dives to share learning, improve outcomes, and inform the Transformation Programme.

3. Lowestoft Healthy Hearts

Lead - **Dr Jeptepkeny Ronoh**, Suffolk Public Health and SRO for LHH

- Project aim: to address health inequalities in Lowestoft with a focus on cardiovascular disease (CVD)
- Norfolk & Waveney “Community Voices” approach adopted to understand what is important to Lowestoft residents and to inform the design of a ‘Lowestoft Healthy Hearts’ Programme
- £ 140K project funding from Suffolk Public Health & Communities Control Outbreak Management Fund (COMF).
- Data shows that in Lowestoft, emergency hospital admissions for CVD related health conditions and premature deaths from CVD related conditions are significantly higher than the national average and higher than the rest of Waveney.
- CVD Prevent data highlights Lowestoft PCN as an outlier for hypertension diagnosis and management in N&W ICB.
- High blood pressure (hypertension) is the largest single known risk factor for cardiovascular disease and related disability
- Hypertension is a ‘doorway’ to address underlying risk factors and wider determinants of health, further reducing CVD risk

Parker Raphael
16/07/2024 15:55:35

Lowestoft Health Hearts overview

Underpinned by Community Voices

PREVENT

- Hypertension media campaign (social media, GP screens, posters, bus stops, billboards)
- Feel Good Suffolk Advisors for LHH and CVD focus (behaviour change support & signposting)
- Self help resources

DETECT

- Public health detection/launch event
- SiSU machine (X1)
- *@Home BP tests (X1000 monitors)*
- *Community Pharmacy Hypertension Case Finding Scheme*
- *Primary care system code cleansing (Interface Clinical Services)*
- Primary care hypertension training/education on protocol/pathway (wider workforce included)

PROTECT

- *Eclipse Live searches*
- Lowestoft PCN patient texts for @home BP monitoring to be explored
- ExpertCare medicine optimisation review, agreed by the PCN



Programme is also aligned to CVD activity planned by the ICB, NHS Health Checks & wider patient pathways

Patient pathway

Project Launch is planned for Sept 2024 to coincide with Know Your Numbers week

4. Complete Care Community Programme



LOWESTOFT PRIMARY CARE NETWORK
Working together toward better healthcare

CCCP – 65 sites nationally, 3 phases (LPCN phase 3), covering 3 million patients, led by Professor James Kingsland

Complete Care Community Programme (Year2 23/24) – The CCCP is a national programme which supports PCN's to identify and narrow health inequalities in their local area. The Programme encourages local networks to adopt a systematic approach to addressing the wider determinants of health inequalities including using data to inform action.

The Programme supports Core20PLUS5, the national NHSE approach to reducing health inequalities. LPCN completed an EOI to join phase 3 as a demonstrator site which was successful enabling the continuation. Development and evolution of the initial Optum Programme. This programme provides monthly support, advice and mentorship as part of a national learning network.

Working with Suffolk Public Health and the Waveney Health and Wellbeing Partnership a new cohort of patients has been identified.

Initial focus has been on the design, development and implementation of an IT platform to support those delivering interventions. This has been done with ICB PHM colleagues in partnership with PSL and now forms part of NHS Pathways (Eclipse). This crucially supports practitioners at the point of delivery and enables tracking of activity, outcomes, impact including some key financial metrics (demo available)

Currently Health & Wellbeing Coaches & Care Coordinators have commenced contacting the current cohort of patients with the focus remaining on health inequalities, tackling the wider determinates of health, positive engagement with health providers, trust, relationships, partnership

NB – The complete care community programme 23/24 prospectus can be viewed here [viewed here](#).
The CCCP landing page can be viewed at <https://www.ardengemcsu.nhs.uk/ccp>

CCCP - What we are Learning



LOWESTOFT PRIMARY CARE NETWORK

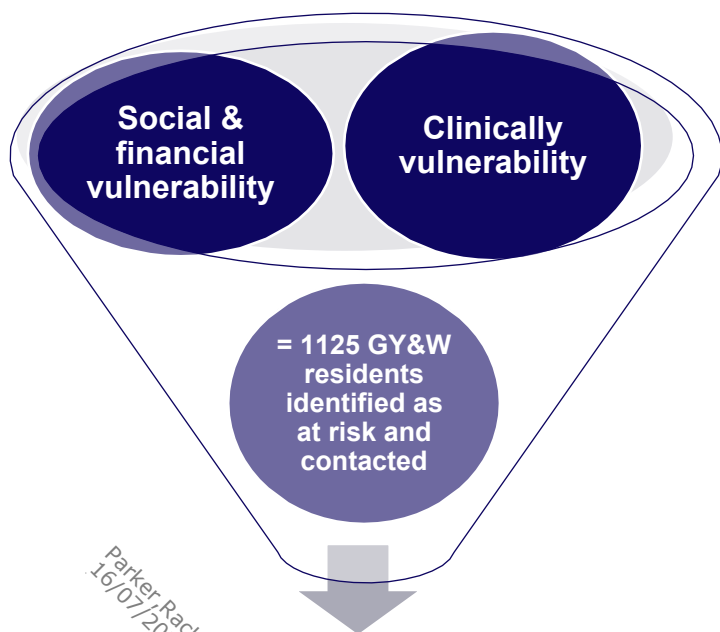
Working together toward better healthcare

- The approach has provided real drive and purpose for the HWB coaches and Care Coordinators across LPCN
- The co creation has developed a sense of ownership, responsibility and pride within the team
- Working across LPCN has provided clarity of role, a team mentality and the feeling this is a visionary and proactive approach
- It has been the catalyst for improved partnership work across Lowestoft (SAMS Café, Thin Ice)
- “It makes sense” with the team involved feeling it is a quality investment in future of the network
- Need to establish a more robust mechanism for recording activity, interventions and outcomes
- Transitioning from patient contact to patient casework – is this the right approach for the NHS
- Balancing priorities in primary care
- Investment in ARRS – supervision, accommodation, training, support
- N&W ICB BI capacity and capability (we have however found our PHM team who have been fantastic)
- The need to Improve communication at practice level to support buy in and engagement
- The need to assess and support training required for individual HWB & CC’s due to different levels of skills and experience
- Tackling Health Inequalities takes persistence
- Is there a need/place for non-clinical patient facing primary care hub in Lowestoft?

16/07/2024 13:55:11
Rachael Parker

GYW Warm Homes Project

A targeted PHM approach identifying clinically and socially vulnerable residents that may be eligible for welfare and financial support based on the understanding of the impacts of living in cold, damp conditions and being at risk of fuel poverty having an impact on respiratory illness and the likelihood of a hospital admission. The project demonstrates the benefits to linking health and local authority data sets to identify specific vulnerable households to receive non-clinical support to improve their health.



Critical enablers for success:

- Ø Opportunity to link data and share workforce
- Ø Shared Place priorities
- Ø Protect NoW workforce & local authority team capacity
- Ø Data Security & Protection Toolkit & appropriate Information Governance (inc. Use Case & DIPA's).
- Ø Agreement to proactively case-find to distribute the Household Support Fund
- Ø Adaptability of staff in navigating different pathways for support

What's next?

- ü Continue to work together and plan how population health data can support proactive engagement - currently working with East Suffolk Housing team to support access to HUG2 housing grants for those with clinical vulnerabilities.

*Parker Rachael
16/07/2024 15:55:34*

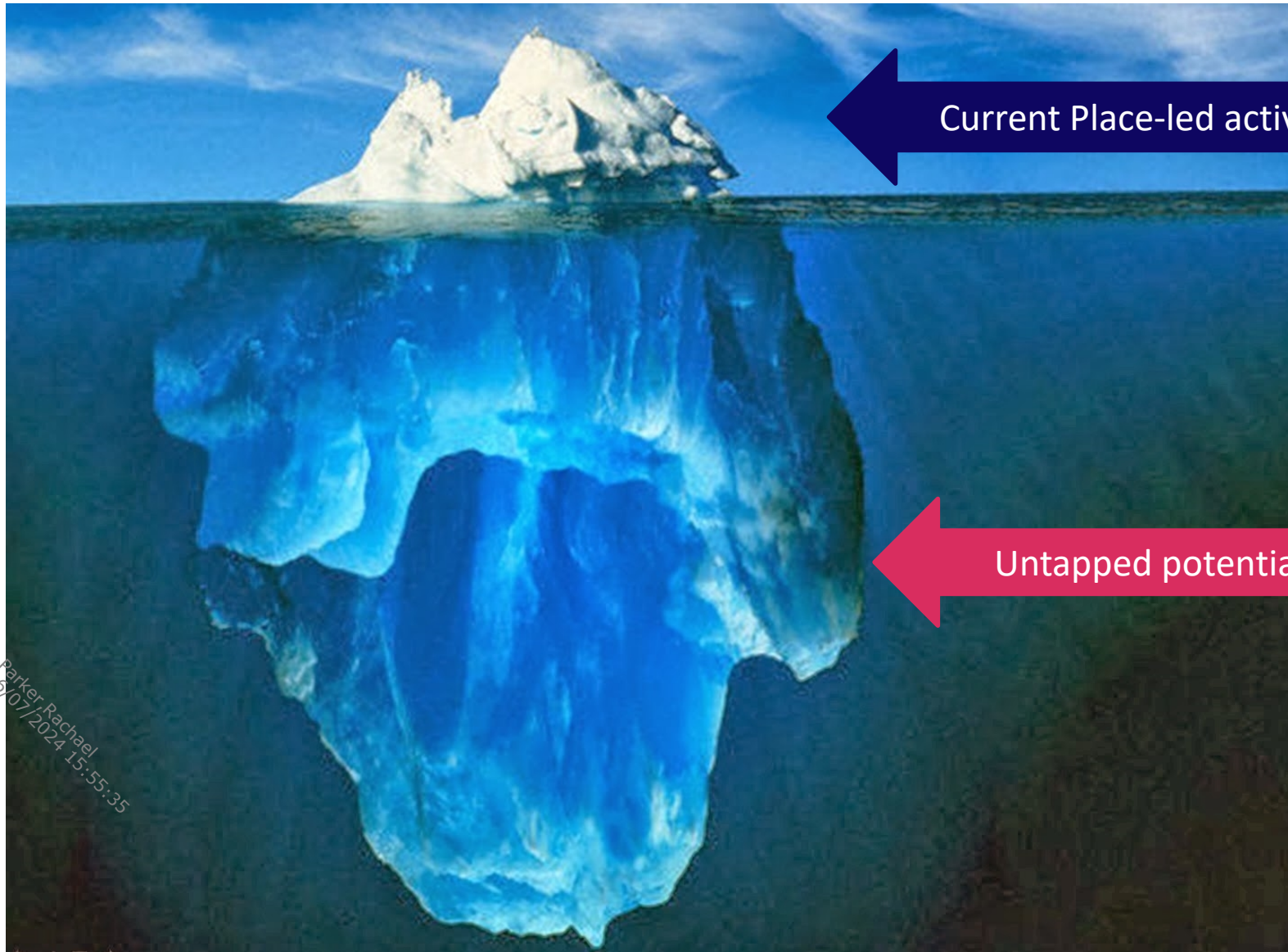
739 patient households reached across GYW following initial letter

183 patients referred to local authority for financial and welfare support

138 received support (financial reward, brief advice or onward referral)

104 patients referred for further support to 13 different VCSE & statutory services

Tip of the 'place' iceberg of opportunity



Current Place-led activity

Examples described are just the start of what Place can achieve, if enabled

Untapped potential

Enablers for change:

- Agreed delegation and accountability.
- Clarity of Place function within the ICB & ICS operating model
- Maximising the benefits of place as described with strategic plans, such as PHM & Health Inequalities Strategic Framework for Action; Primary care Strategy

Parker Rachael
16/07/2024 15:55:35

Thank you

Parker, Rachael
16/07/2024 15:55:35

Agenda item: 10

| | |
|----------------------|---|
| Subject: | Complaints and Enquiries activity – summary of Q4 2023-24 and Q1 2024-25 |
| Presented by: | Jon Punt, Patient Experience Senior Manager |
| Prepared by: | Jon Punt, Patient Experience Senior Manager, and Charlene Roberts, Senior Patient Experience Officer |
| Submitted to: | N&W ICB Patients and Communities Committee |
| Date: | 22 July 2024 |

Purpose of paper:

This paper provides further detail on the formal complaints and informal concerns/queries that the ICB has received during Q4 of 2023/24 and Q1 of 2024/25 (up to the end of June 2024)

Executive Summary:

The ICB continues to experience an overall upturn in volumes of complaints and general contacts. This report looks at how the ICB is performing against its own key performance indicators and the themes and lessons learned behind complaints.

Volumes

Compared to the same period across 2023 (January to June 2023) volumes of complaints and enquiries have increased dramatically. However, this is almost all due to the full delegation of handling complaints and concerns regarding primary care from NHS England to ICBs, which occurred fully in July 2023 (and in shadow form from April 2023).

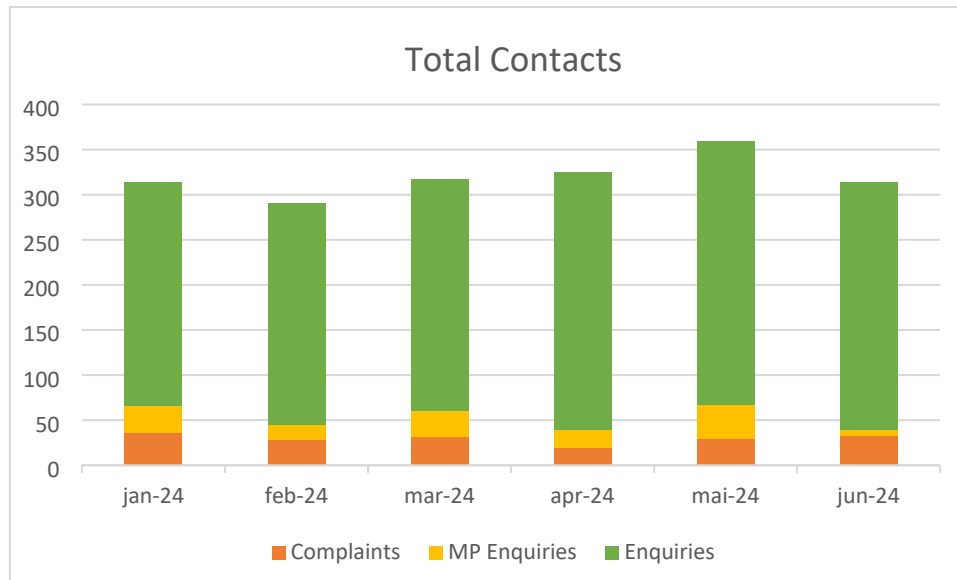
Therefore, the primary care complaints and enquiries were not being handled by the ICB in 2023 for the comparable reporting period and a better year-on-year comparison will be available in the next report.

However, based on the data available the total contacts rose by 156% (from 789 in 2023 to 2023 in 2024), with formal complaints increasing by 478% (31 to 179) and

Parker Michael
16/07/2024 14:55:35

enquiries by 147% (649 to 1602). MP enquiries reduced by 21% (139 to 109), however this was mainly due to the fact parliament was dissolved in the latter part of May 2024.

The total volume of contacts received monthly is displayed in the graph below.



Performance against KPIs

Acknowledgements - of the 179 formal complaints received, 175 (97.7 percent) were acknowledged within the target timescale of three working days.

Response times - of the 138 complaints which have been closed so far, 81 have been responded to within the target timescale the ICB sets of 30 working days.

At the time of writing, 21 were sent after the 30 working days, while the remaining 36 cases were closed either due to consent not being received, insufficient detail available to proceed with the complaint, or an alternative means of resolution was found.

Therefore, of the applicable cases responded to, 79.4 percent were within the target timescale.

The team currently have an open caseload of 41 complaints, 10 of which have already gone beyond the 30-working day target timescale and are not included in the figures above.

There are no specific target timescales for the ICB to handle informal enquiries or queries from Members of Parliament.

The team look to resolve these as swiftly as possible and at the time of writing 1582 of the 1603 enquiries received during the reporting period had been resolved.

Parker, R
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In addition, of the 133 MP queries received, 130 have been responded to, with the remaining being live matters.

Trends and themes

General Practice - There was an overall theme of people being dissatisfied with the care and treatment they had received from their GP, in particular concerns as to the clinical diagnosis provided, patients feeling they were not given the right treatment/medication, or delays to treatment.

The Complaints and Enquiries team look to signpost many of these enquiries directly to the practice, to allow for more prompt local resolution. When looking at formal complaints, similar themes presented but of note, complainants felt there was a lack of concern or professional curiosity from their GPs.

Access to dentistry - Access to NHS dentistry continues to be one of the main issues reported. An ICB response has been formulated detailing the long-term plan and ways in which patients can make further enquiries to try to obtain an NHS dentist.

The Complaints and Enquiries team continue to liaise closely with the Dental Commissioning team in seeing that matters are resolved as quickly as possible, and individual circumstances are reviewed further if necessary.

Secondary to registration is accessing dental appointments for emergency dental treatment. A number of cases have seen the Dental Commissioning team assist in directly contacting providers to obtain emergency treatment for patients, while reminders have been provided to NHS 111 about the need for correct contact details to be provided, which was an issue also highlighted.

Pharmacy – There continues to be additional pressures placed on community pharmacies, which is reflected in the nature of the complaints received.

Complainants detailed the condition of premises, with one case citing a branch as being dirty, with boxes on the shop floor and personal identifiable details visible. Other cases reference long queues and concerns with staff attitudes.

The Complaints and Enquiries team liaise with the ICBs Quality Assurance Pharmacist in monitoring and managing the performance of community pharmacies.

Acute Hospitals – Concerns regarding the Norfolk and Norwich University Hospital made up the majority of all contacts received regarding the acute hospitals within Norfolk and Waveney. This is to be expected given the comparative size of the hospitals.

Many of the formal complaints received spanned across multiple providers, requiring a system response to be coordinated by the ICB. Delays in receiving treatment and discharges were a regular issue highlighted. In addition, some contacts queried clinical decision making.

Parker, P.
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Diabetes funding – The ICB has started to see an influx of contacts regarding prescribing of devices in secondary care to help diabetic patients manage their condition. This has often resulted in patients being passed from provider to commissioner, as the funding positions for both parties appeared to differ.

As a result of this feedback, a joint system position on prescribing is being sought, to provide better clarity for patients and avoid these types of issues moving forward.

Learning from complaints

Some pertinent examples of learning gleaned from formal complaints can be found below:

General Practice - A medical certificate of cause of death (MCCD) was not issued due to GP having not seen patient within 28 days preceding death, inaccurate certification issued to medical examiner and a delay registering death within five days of its occurrence.

It has been acknowledged that there was a delay in communicating to the family an update regarding the MCCD process, and incorrect information was given to the family by a practice receptionist.

Feedback has been given to GP involved and along with their trainer, they have reflected on the importance of effective communication. The receptionist has subsequently received further training and a reminder has been sent to all staff to correctly manage patient expectations.

Community Dental Service – A neurodiverse patient had a poor experience at the Community Dental Services, in which there was a preference for the dental clinician to not wear gloves and to not use cold metal instruments.

The patient's regular clinician avoids having gloves on display and waits until the patient is comfortable before putting them on. This reasonable adjustment of gradual introduction of gloves is to be displayed more prominently on the patient's records.

The use of plastic instruments is declining due to their environmental impact. However, their use for this patient is a reasonable adjustment the practice will support. They will ensure all their clinics carry a stock of plastic instruments.

Primary care multi-agency – The ICB has received a complaint in which a patient transferred between GP practices and concerns were raised regarding the general care and treatment prior to their death.

The practices felt that a more joined up approach as the patient transferred from one GP practice to another could have been made and will ensure they look at patients moving from one to the other going forward, to ascertain if there are any concerns. It is believed that this may have helped bring patient's case to their attention more quickly.

Parker
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Transfer of medical records – A patient experienced difficulties in transferring their medical records to current GP practice, stating there were missing entries, omissions that should have been included and incorrect information about their children. In addition, concerns regarding the difficulties experienced in being able to discuss these matters with the Practice Manager.

The transition of notes from practice to practice is a complex procedure, sometimes helped with being able to complete an electronic transfer which is quicker and more efficient. However in this case, historical notes still being held in paper form are sent from the old practice to Primary Care Support England, who send them on to the new practice, thus causing a delay.

There will be the necessity for the Complaints and Enquiries team to contact not only the practices involved, but in some instances Primary Care Support England. In this particular case the issues around process could have been identified sooner and was a learning point for the teams concerned.

Electronic Prescribing – issues around failures of process were identified as a result of a complaint when issuing a patient prescription. As a result, the dispensing practice put in additional safeguards in place to avoid a recurrence of this in the future.

NHS Continuing Healthcare Appeals – as a result of patient and carer feedback, the Continuing Healthcare team has put in additional resource to help clear the backlog of retrospective appeals. This should reduce delays that people were experiencing.

Future developments

As indicated in this report, the Patient Experience team have experienced unprecedented and unexpected volumes of contacts, which we expect to continue moving forward based on the available data.

Therefore, it has not been possible to start fully progressing the wider patient experience work across the Integrated Care System, as there has not been the available capacity to do so, although some discussions have taken place with selected providers.

However, some slight modifications are being finalised for the structure of the Patient Experience, which once recruited to should allow for the ICB to:

- Create and implement a ICB Patient Experience Strategy
- Establish more formalised arrangements for sharing of complaints and informal patient insights between providers and commissioners
- Better triangulation of information held across the ICB and ICS, including patient engagement work, complaints, compliments, Friends and Family Tests, informal enquiries, PSIRF processes and provider-to-provider feedback. This would see the Patient Experience Team creating regular touchpoints with colleagues across the ICB

Parker Rachael
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- Developing a consistent way data is scrutinised for the purposes of system improvement, creating a platform that shares themes, stories and learning from Trusts across the ICS
- Work with Patient Experience/Complaints Teams across the system to share complaints information and outcomes, to understand complaints/informal concerns at a system level, providing better understanding of the whole patient experience and not just part of the system. This approach will also provide a bigger and more representative sample of patient voices
- Working across the Patient Experience and Communications & Engagement Team to help understand the impact of the work of the ICB and how to better focus engagement work around this.

Recommendation to the Committee:

To note the contents of the report

| Key Risks | |
|--|-----|
| Clinical and Quality: | N/A |
| Finance and Performance: | N/A |
| Impact Assessment (environmental and equalities): | N/A |
| Reputation: | N/A |
| Legal: | N/A |
| Information Governance: | N/A |

Parker, Rachel
16/07/2023 15:55:32

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| 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

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| Process/Committee approval with date(s) (as appropriate) | |
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Parker Rachael
16/07/2024 15:55:35

Agenda item: 11

| | |
|----------------------|---|
| Subject: | Population Health & Inequalities (PH&I) Board – 18/06/2024 – Assurance & Escalation Report |
| Presented by: | Dr Frankie Swords, Executive Medical Director |
| Prepared by: | Dr Frankie Swords, Executive Medical Director |
| Submitted to: | N&W ICB Patients and Communities Committee |
| Date: | 22 July 2024 |

Purpose of paper:

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

Executive Summary:

The Population Health & Inequalities Board (PH&I) Board meets bi monthly and was last held on Tuesday 18 June 2024. The report details points of assurance and escalation as well as a high level risk overview summary.

Report

Please find attached document.

Recommendation to the Committee:

To review points for assurance.

Key Risks

Clinical and Quality:

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

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

Governance

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| Process/Committee approval with date(s) (as appropriate) | |
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Parker Rachael
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Population Health & Inequalities (PH&I) Board - Points of Assurance / Escalation [18/06/2024]

| Item No. | Meeting Name | Date of meeting where item was first raised | Details of Item for Escalation | Requested Outcome/Support | Financial Implication (if any) | Is item recorded on Risk Register | "EXAMPLE" Board Decision | Fed back to Meeting Group Date |
|----------|--------------|---|--|--|--------------------------------|-----------------------------------|--------------------------|--------------------------------|
| 10. | PH&I Board | 10/10/2023 | ICS PHM Strategy & HI Framework for Action | Update : PHM Strategy and HI Strategic Framework for Action now both fully approved, published and implementation and communications plans being progressed. | N/A | N/A | For assurance | |
| 19. | PH&I Board | 20/02/2024 | PHM software procurement | Update: Procurement advert live 30/05/2024. | N/A | No | For assurance | |
| 27. | PH&I Board | 18/06/2024 | HI & VCSE governance changes | New governance arrangements, structure & oversight of HI & VCSE programmes approved. HIOG to oversee health care inequalities work. VCSE oversight to come through this board. | N/A | HI04 | For assurance | |
| 28. | PH&I Board | 18/06/2024 | Ongoing PHM projects: Diabetes education Programme | 27,000 texts sent to eligible people living with diabetes to increase access to structured education to date. Project ongoing. | N/A | N/A | For assurance | |
| 29. | PH&I Board | 18/06/2024 | Ongoing PHM projects: Lowestoft PCN | Project to address HI experienced by people living with multimorbidity and largely housebound in neighbourhoods with high indicators of deprivation developed, with local health and wellbeing partnerships to improve clinical reviews and screening. | N/A | N/A | For assurance | |

Parker Rachael
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Population Health & Inequalities (PH&I) Board - Points of Assurance / Escalation [18/06/2024]

| Item No. | Meeting Name | Date of meeting where item was first raised | Details of Item for Escalation | Requested Outcome/Support | Financial Implication (if any) | Is item recorded on Risk Register | "EXAMPLE" Board Decision | Fed back to Meeting Group Date |
|----------|--------------|---|---|--|--------------------------------|-----------------------------------|--------------------------|--------------------------------|
| 30. | PH&I Board | 18/06/2024 | Completed PHM projects: Digital Weight Management and Warm Homes Initiative | Outcomes of warm homes initiative to identify clinically and socially vulnerable residents eligible for financial support and wider non-clinical intervention analysed. Highly successful impact of project to improve referrals to digital weight management shared. Applicability of Protect NoW virtual support team for other established programmes noted to explore further in line with strategy. | N/A | N/A | For assurance | |
| 31. | PH&I Board | 18/06/2024 | Head of Health Inequalities & VCSE Partnering for NHS Norfolk & Waveney ICB | Successful appointment of substantive staff member to this position. | N/A | N/A | For assurance | |
| 32. | PH&I Board | 18/06/2024 | HI projects | Planned use of community voices to support target lung health checks. | N/A | N/A | For assurance | |
| 33. | PH&I Board | 18/06/2024 | Equality impact assessments | Progress to improve Equality Impact Assessments ongoing with PMO support. | N/A | N/A | For assurance | |

Parker Rachael
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Programme Risks as of 18/06/2024 – PH&I Board

The PHM and HI May2024 versions of risk registers were reviewed at this meeting.

The overarching BAF06 PHM &HI risk, was updated and continues to score at 12.

The PHM team reported 2 risks, no new risks were added, no risks scored above 15.

‘PHMI09 Procurement of PHM System – Lack of ICB Resource’ reduced from a risk score of 9 to 6 as procurement process is now live (advert published 30/05/2024)

‘PHMI18 Lack of allocated PHM Budget. Impacting PHM projects and Protect NoW VST team’ risk score remains at 10. Options paper being produced.

The HI team reported 7 risks, no new risks were added.

1 risk scored above 15:

‘HI05 No HI ring fencing of NHSE funding allocations’ remains at a risk score of 16. This was previously escalated to the Patient & Communities Committee and continues to be an escalation.

3 risk scores reduced:

‘HI01 Not completing HI Strategy as per JFP ambition/objective’ risk score reduced from a risk score of 6 to 1 as this has now been published. Risk to be archived.

‘HI04 Risk of not delivering against NHSE directives e.g Core20plus5 health inequalities improvement framework for adults and CYP, anchor institutions’ reduced from a risk score of 12 to 9. (Assurance report 27 update)

‘HI06 No PMO process for Equality Impact Assessments (EIAs)’ reduced from a risk score of 9 to 6 as this item is continuing to be progressed.

3 risk scores remain the same:

‘HI02 Incomplete data picture for health inequalities’ risk score 6.

‘HI03 Lack of coordination of HI workstreams’ risk score 12.

‘HI07 Lack of Place resources to support HI strategy development & implementation’ risk score 12.

Parker Rachael
16/07/2024 15:55:35

Agenda item: 12i

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|----------------------|--|
| Subject: | Update on the work of the Ageing Well Programme and Dementia Workstream |
| Presented by: | Janice Shirley (Head of System Clinical Transformation Programmes) |
| Prepared by: | Stephanie Dibley (Clinical Programme Manager) |
| Submitted to: | N&W ICB Patients and Communities Committee |
| Date: | 22nd July 2024 |

Purpose of paper:

To provide an update to the Patients and Communities Committee on the work of the Norfolk and Waveney Ageing Well Programme with specific focus on the Dementia Workstream.

Executive Summary:

The Ageing Well Programme is currently focussing on 4 priority workstreams: Frailty Attuned Acute Care, Prevention, Dementia, Care Homes & Housing with Care.

The Dementia Workstream was previously led by the Mental Health Collaborative and has recently been brought into the Ageing Well Programme. A dementia charter was produced through the collaborative, based on a set of best practice principles and person-centred system outcomes developed by the Alzheimer’s society.

Since moving across to the ageing well programme, 6 of our system providers have signed up to the charter, and 7 have identified an organisational dementia lead to date.

The Dementia Working Group has also had an initial meeting and colleagues are working to complete a self-assessment in relation to Dementia Services provided across the system. The Dementia Workplan is currently being drafted, in the light of the findings of a recent Healthwatch Suffolk Key Learning Report. Seven areas of need have been identified which need to be reviewed by the Dementia Working Group before being taken to the Ageing Well Programme Board for approval.

Parker, J
 16/07/2024 17:55:35

Recommendation to the Committee:

To note the content of the report.

| Key Risks | |
|--|---|
| Clinical and Quality: | N/A |
| Finance and Performance: | N/A |
| Impact Assessment (environmental and equalities): | N/A |
| Reputation: | N/A |
| Legal: | N/A |
| Information Governance: | N/A |
| Resource Required: | N/A |
| Reference document(s): | <ol style="list-style-type: none"> 1. Norfolk and Waveney Dementia Charter 2. Healthwatch Suffolk Key Learning Report 3. Healthwatch Suffolk Full Report 4. Suffolk Dementia Strategy |
| NHS Constitution: | N/A |
| Conflicts of Interest: | N/A |
| Reference to relevant risk on the Board Assurance Framework | N/A |

Governance

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| Process/Committee approval with date(s) (as appropriate) | N/A |
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Parker Michael
16/07/2024 15:55:35

Report - Update on the work of the Ageing Well Programme and Dementia Workstream

1. Ageing Well Programme Update

As detailed in the Ageing Well Programme report to the Patients and Communities Committee dated 20th May 2024, the Ageing Well Programme initially focusing on a service review and the development of a service matrix, allowing for the identification of gaps in service areas and potential areas for improvement.

The Ageing Well Programme consists of 4 confirmed workstreams with partners across the ICS working in a system wide, collaborative manner to make improvements for our Norfolk and Waveney population. The programme workstreams are as follows: Frailty Attuned Acute Care, Prevention, Dementia, Care Homes & Housing with Care. The Board also receives regular updates from the Palliative and End of Life Care and the Medicines Optimisation programme boards to ensure coordination of areas of overlap.

Strong links have been made with the VCSE, in particular the Later Life Network, and a variety of colleagues are attending the workstream meetings to provide support and key voluntary sector feedback.

A presentation at the last Ageing Well programme board from the N&W ICB Head of Innovation has also allowed the workstream leads to look for transformational opportunities within their areas.

2. Dementia Workstream - progress

The Dementia workstream has recently been realigned from the Mental Health Programme to the Ageing Well Programme. The initial focus was on 3 areas: long term leadership, education and upskilling and a data dashboard. In line with those areas of focus, the handover to the ageing well programme (referred to as phase 1) included the Dementia Charter¹, proposals around a Primary Care training package and information in relation to the development of a dementia activity/data dashboard.

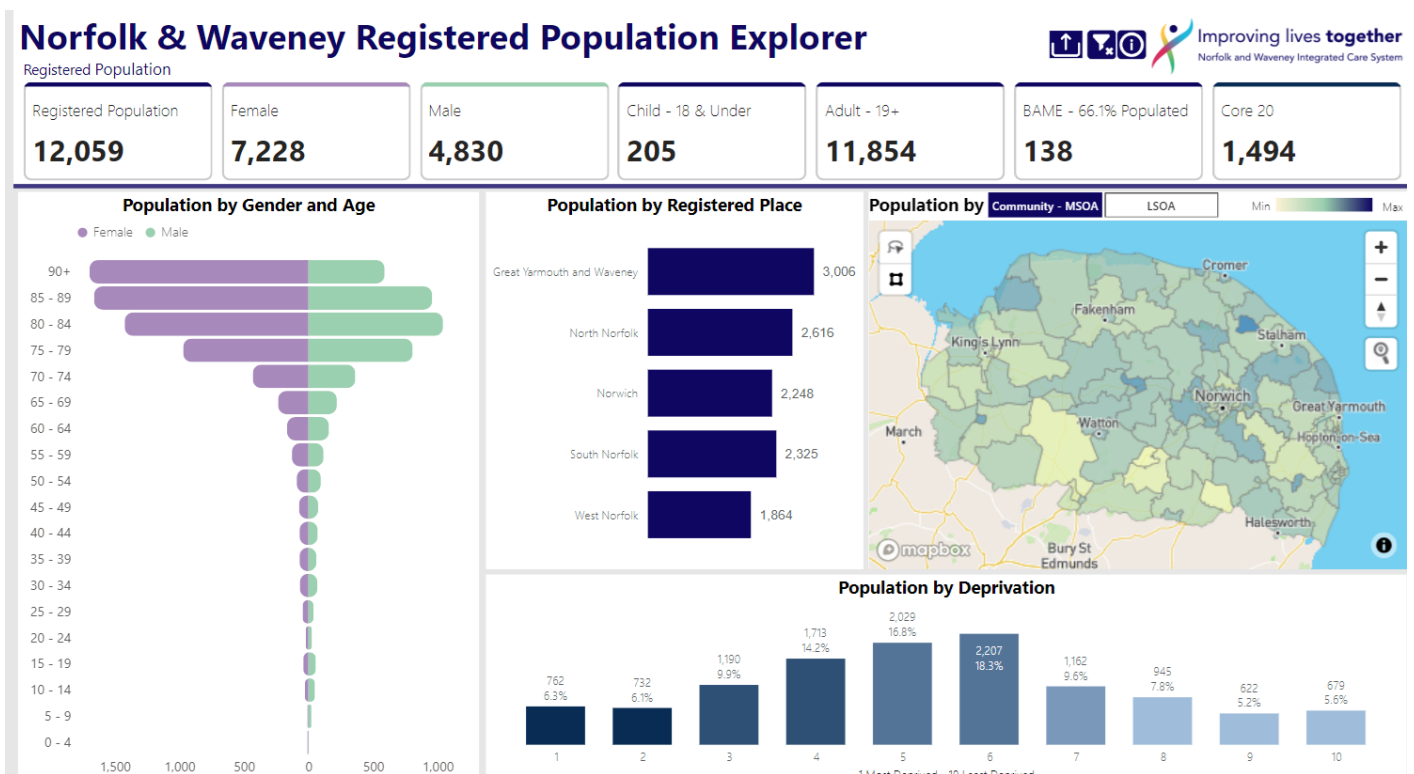
The Dementia Charter was developed collaboratively and was distributed to CEOs across the system in March 2024. The Charter provides a set of best practice principles and key actions to agree and focus the delivery of services for people living with dementia in Norfolk and Waveney, including the identification of a Dementia Lead for each organisation. The identified Dementia Leads for each organisation now form the representatives attending the Dementia Working Group (details below). To date the Dementia Charter has been signed by Norfolk and Waveney Integrated Care Board, the Norfolk and Norwich University Hospital, the Queen Elizabeth Hospital, Norfolk and Suffolk NHS Foundation Trust, Norfolk Community Health and Care Trust, East Coast Community Healthcare CIC, and Suffolk County Council.

The handover also included recommendations for a Dementia training package for Primary Care colleagues across the system. This training package has been

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developed and will be provided by the Alzheimer’s Society over a 12-week period with dates starting from 10th July 2024. The training, which is CPD certified, will cover: recognising some of the behaviours and communication difficulties that a person with dementia may experience; identifying practical ways you can support people affected by dementia; and listing the benefits that a timely assessment and diagnosis of dementia can have for a person and their family.

Discussions are ongoing with colleagues from NSFT and other providers in relation to the development of a Dementia activity/data dashboard. Data available, as of 10th July 2024, indicates 12,059 patients with a dementia diagnosis in Norfolk and Waveney.



3. Dementia Workstream 2024/25 work plan

Since moving to the Ageing Well Programme of work, the Healthwatch Suffolk key learning report² has been published and reviewed by the group. The full report is available in the appendix³. This recommends 7 areas of need to improve the lives of people living with dementia:

1. Pre-diagnosis and preventative measures
2. Diagnosis
3. Post-diagnosis support – living well
4. Support from Health Professionals
5. Social Care Support
6. Hospital Care
7. Services Working Together

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A draft list of proposed projects identified so far (referred to as phase 2) has been separated into the 7 areas detailed above and will be prioritised and completed over the next 5 years. The Dementia Working Group have been tasked with completing an action plan and self-assessment form and any additional transformation ideas identified from this assessment will be included in one of the most appropriate areas. Following the initial working group meeting additional projects in relation to sight and hearing loss, digital flagging of a dementia diagnosis, staff training for Down's Syndrome patients diagnosed with Dementia, and increasing/standardising use of Additional Roles Reimbursement Scheme (ARRS) have been added to the draft workplan. The board is currently collating these schemes as well as the analysis of existing services and pilots from across our system in order to produce an appropriate workplan for this year.

The programme team are working to ensure a collaborative, joined up approach for the workstream and linking the work that is already being done across the system in relation to dementia. Discussions with the North Place Team and attendance at the North Norfolk Dementia Working Group, which has a strong non-clinical representation and focus, have been invaluable to the programme team and have been key in the development of the proposed workplan.

The programme team are also working closely with Suffolk County Council and have confirmed alignment between the Norfolk and Waveney Dementia Charter and the Suffolk Dementia Strategy⁴.

4. Dementia Working Group

The Dementia Working Group met for the first time Monday 8th July and was well attended by colleagues from across the system. Discussions were focused on the governance for the workstream, how the workstream advances the Ageing Well Strategic Framework, potential transformation projects and collaboration with additional system colleagues (including Place Teams, Primary Care and VCSE). The working group is currently developing a work plan including a selection of task and finish groups to progress the agreed transformational projects, with progress reports supplied to the Ageing Well Programme Board on a regular basis. Further representation is required at this group from primary care, VCSE colleagues and "experts by experience".

Norfolk and Waveney ICB has also recruited two specialty advisors for the Ageing Well and Dementia work, due to start August 2024: Dr's Katie Honney and James Casson. These individuals have a strong interest and track record in improving the care of people with dementia and frailty respectively, who will further drive this programme of work.

5. Conclusions

The Dementia Workstream will form a key plank of the Ageing Well Programme and will build on the work done as part of the Mental Health Collaborative. However, this

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is in its very early stages. A Dementia Working Group has been set up and an agreed workplan is in development.

6. Recommendations

To note the content of the report.

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Appendix

1. Dementia Charter

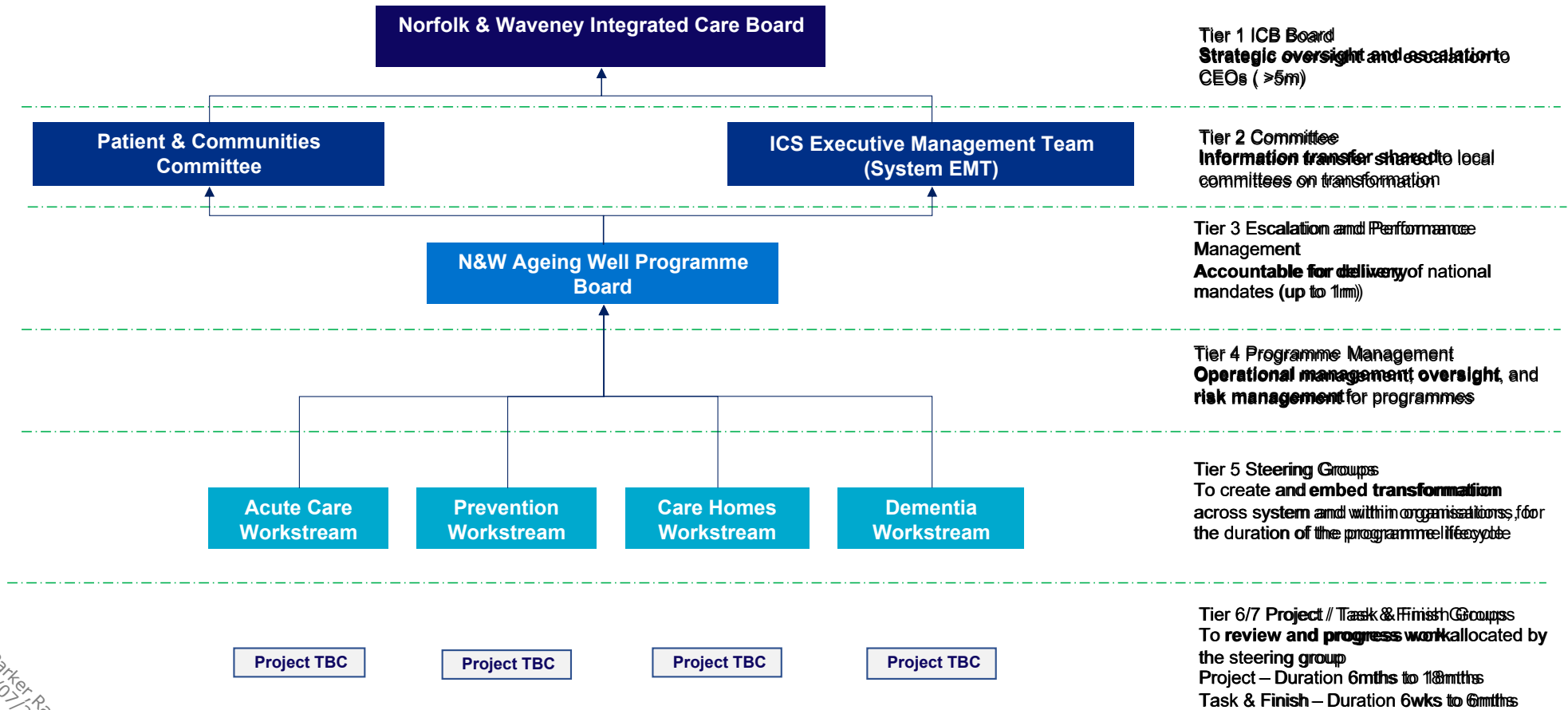


Norfolk & Waveney
Dementia Charter v0

2. Healthwatch Suffolk Key Learning Report - <https://acrobat.adobe.com/id/urn:aaid:sc:EU:de0cd226-244f-4f32-a960-d78aa5a6791f>
3. Healthwatch Suffolk Full Report - [Healthwatch-Suffolk_Dementia-report-2023.pdf \(healthwatchesuffolk.co.uk\)](#)
4. Suffolk Dementia Strategy - [Suffolk Dementia Strategy 2024-2029 - Suffolk County Council](#)

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N&W Ageing Well Programme Governance Structure Current Structure



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