Patients and Communities Committee (Part One)

Mon 23 September 2024, 14:30 - 16:30

Virtual

Agenda

14:30 - 14:30
0 min

Meeting Agenda

00. Patients and Communities Committee - Agenda 23.9.24 - FINAL.pdf (2 pages)

14:30 - 14:30
0 min

1. Chairs welcome and apologies for absence

Aliona Derrett

14:30 - 14:30
0 min

2. Declarations of interest

Information *Aliona Derrett*

02 P&COM ROI - Sept 24.pdf (3 pages)

14:30 - 14:30
0 min

3. Minutes from the previous meeting (22.7.24) and matters arising

Approval *Aliona Derrett*

03 NW ICB PC Committee Minutes 22.07.24 Part One - DRAFT.pdf (11 pages)

14:30 - 14:30
0 min

4. Action Log

Information and update *Aliona Derrett*

04. Patients and Communities Committee - Action Log MASTER 2.pdf (1 pages)

14:30 - 14:30
0 min

5. Risk Register

Information *Mark Burgis*

05i Risk Register cover sheet Sept 2024.pdf (2 pages)
05ii Appendix 1 - P&CC Risks - Sept 2024.pdf (4 pages)

14:30 - 14:30
0 min

6. Spotlight on: Dementia

6.1. Dementia - Carer perspective

Information *Liz Withington*

6.2. Healthwatch Perspective

Information *Alex Stewart, Andy Yacoub, Susan Balaam*

6.3. Ageing Well Programme Board - Dementia Workstream

Information *Janice Shirley*

06c Dementia Presentation (PCC) v1.2 Sep 24.pdf (8 pages)

6.4. Place Based Dementia Focus

Information *Heather Farley*

06d Patient and Communities Dementia September 2024.pdf (8 pages)

14:30 - 14:30
0 min

7. Place Base Report: South Norfolk

Information *Dr Olga Tsirogianni*

07a PCC_South Norfolk Place Board Update_September 2024.pdf (9 pages)
07b PCC_South Norfolk Place Board Update_presentation_Sept 2024.pdf (12 pages)

14:30 - 14:30
0 min

8. VCSE Assembly Update

Information *Emma Ratzer*

08a Report cover sheet Assembly Minutes Sept 2024.pdf (2 pages)
08b Minutes - Assembly Board - 01.08.24.pdf (5 pages)

14:30 - 14:30
0 min

9. Healthwatch Suffolk Annual Report

Information *Andy Yacoub*

NB: The full report can be found in appendix one at the end of the meeting papers

09 Healthwatch Suffolk_Sept 2024-nc.pdf (9 pages)

14:30 - 14:30
0 min

10. Healthwatch Norfolk Update

Information *Alex Stewart*

10a Healthwatch Norfolk update.pdf (2 pages)
10b 2024 Pride Short Report_pre-accessibility check.pdf (12 pages)
10c Wells SEND Event Report November 2023.pdf (3 pages)
10d Swaffham 24 Event.pdf (1 pages)

14:30 - 14:30
0 min

11. Population Health and Inequalities Board Update

Information *Dr Frankie Swords*

11a 2024.08.20_PHI Board Report Cover Sheetv2.pdf (2 pages)
11b 2024.08.20_PHI Board Assurance-Escalations- v3.pdf (3 pages)
11c PHI Board Terms of Reference v6.2.pdf (10 pages)

14:30 - 14:30
0 min

12. Ageing Well Programme Board Update

Information *James Allen*

12 N&W Ageing Well Programme Progress Report (PCC Sep-24).pdf (7 pages)

14:30 - 14:30
0 min

13. Any Other Business

Aliona Derrett

14:30 - 14:30
0 min

Appendix one - Healthwatch Suffolk Annual Report

Annual-report-2023_24-Healthwatch-Suffolk.pdf (102 pages)

NHS
Norfolk and Waveney
Integrated Care Board

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

Monday 23 September 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	14:30-14:40	**Chair's welcome and apologies for absence**	Chair
2		**Declarations of Interest**	Chair
3		**Minutes from previous meeting and matters arising**	Chair
4		**Action log**	Chair
5	14:40	**Risk Register**	Mark Burgis
6	14:50	**Spotlight on: Dementia** • (a) Dementia – Carer Perspective • (b) Healthwatch Perspective • (c) Ageing Well Programme Board – Dementia Workstream • (d) Place Based Dementia Focus	Liz Withington Alex Stewart / Andy Yacoub Janice Shirley Heather Farley
7	15:20	Place Board Report: South Norfolk	Dr Olga Tsirogianni
8	15:35	VCSE Assembly Update	Emma Ratzer / Shelley Ames
		Standing Items	
9	15:45	Healthwatch Suffolk Annual Report	Andy Yacoub

10	15:55	Healthwatch Norfolk Update	Alex Stewart
11	16:05	Population Health and Inequalities Board Update	Dr Frankie Swords
12	16:15	Ageing Well Programme Board Update	Janice Shirley
13	16:25	**Any Other Business and Reflections on the Meeting**	Chair
Date, time and venue of next meeting: Monday 25 November 2024, 14:30-16:30hrs via MS Teams			
Any queries or items for the next agenda please contact: rachael.parker9@nhs.net			

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

Declared interests of the Patients and Communities Committee

Name	Role	Declared Interest- (Name of the organisation and nature of business)	Type of Interest			Is the interest direct or indirect?	Nature of Interest	Date of Interest		Action taken to mitigate risk
			Financial Interests	Non-Financial Professional Interests	Non-Financial Personal Interests			From	To	
Aliona Derrett	Non-Executive Member, Norfolk and Waveney ICB	Norfolk and Norwich University 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.
		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	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
		MIND				Indirect	My husband, Robin Derrett, is the HR Director at Norfolk & Waveney MIND. MIND holds contracts with the N&W ICB	2021	Present	In the interests of collaboration and system working, risks will be considered by the ICB Chair, supported by the Conflicts Lead and managed in the public interest.
		MoldovaDAR Ltd	X			Direct	I am Director of MoldovaDAR Ltd	2019	Present	Low risk. In the unlikely event that a risk arises I will discuss and agree any appropriate steps which need to be taken with the ICB Chair
		St Stephen's Gate Medical Practice			X	Direct	Patient at a Norfolk and Waveney GP Practice	Ongoing		To be raised at all relevant meetings where discussions/decisions relate to the conflict declared
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
		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		To be raised at all relevant meetings where discussions/decisions relate to the conflict declared
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	
Cath Byford	Deputy CEO and Chief People Officer	Nothing to Declare				N/A				N/A
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
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.
		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		To be raised at all relevant meetings where discussions/decisions relate to the conflict declared
Emma Ratzer	Partner Member - VCSE	Norfolk & Wavaney Integrated Care Board	X			Direct	My employing organisation 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
		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	
		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

NHS Norfolk and Waveney Integrated Care Board

DRAFT Minutes of the Patients and Communities Committee meeting

Held on Monday 22 July 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
- Cathy Armor (CA), Non-Executive Director and Deputy Chair of the Patients and Communities Committee, NHS Norfolk and Waveney Integrated Care Board
- Mark Burgis (MB), Executive Director of Patients and Communities, NHS Norfolk and Waveney Integrated Care Board
- Suzanne Meredith (SM), Associate Director of Population Health Management, NHS Norfolk and Waveney Integrated Care Board, and Deputy 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
- 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
- Alex Stewart, (AS), Chief Executive, Healthwatch Norfolk
- Tricia D'Orsi (TD), Executive Director of Nursing, NHS Norfolk and Waveney Integrated Care Board

Participants and observers in attendance:

- Karen Watts (KW), Director of Nursing and Quality, NHS Norfolk and Waveney Integrated Care Board
- Rebecca Hulme (ReH), Director – Children, Young People and Maternity, NHS Norfolk and Waveney Integrated Care Board, for item 6
- Karen Barker (KB), Executive Director of Corporate Affairs and ICS Development, NHS Norfolk and Waveney Integrated Care Board, for item 7
- Hayley Charman (HS), Communications and Engagement Manager, NHS Norfolk and Waveney Integrated Care Board, for item 7
- Jon Barber (JB), Deputy Chief Executive, James Paget University Hospitals NHS Foundation Trust and Chair of the Great Yarmouth and Waveney Place Board, for item 9
- Rachel Hunt (RaH), Head of Partnership and Integration, NHS Norfolk and Waveney Integrated Care Board, for item 9
- Jon Punt (JP), Complaints and Enquiries Manager, NHS Norfolk and Waveney Integrated Care Board, for item 10
- Janice Shirley (JS), Head of System Clinical Transformation Programmes, NHS Norfolk and Waveney Integrated Care Board, for item 12
- James Allen(JS), Clinical Programmes Senior Manager, NHS Norfolk and Waveney Integrated Care Board, for item 12
- Liz Withington (LW), carer for a relative with Dementia, for item 12

Attending to support the meeting:

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

1.	**Chairs welcome and apologies for absence**	
	Aliona Derrett (AD) began by welcoming everyone to the Patients and Communities Committee. Apologies for absence had been received from: • Karin Bryant, Associate Director of Local Commissioning, NHS Norfolk and Waveney Integrated Care Board • Paula Boyce, Executive Director – People, Great Yarmouth Borough Council	
2.	**Declarations of Interest**	
	None declared.	
3.	**Agree Minutes from the Previous meeting and Matters Arising**	
	The minutes of the previous meeting were approved as an accurate record. **Matters Arising** **i. Knowledge Anglia Website** AD sought clarification regarding the website going live and how this would be communicated to the public. Dr Frankie Swords (FS) advised the Knowledge Anglia website is not a specific resource aimed at the public; it is largely aimed at health and care professionals. Specific patient and communities facing material is held on the ICB website.	
4.	**Action Log**	
	The action log was reviewed and updated accordingly.	
5.	**Risk Register**	
	Mark Burgis (MB) highlighted the two risks which the committee is asked by the ICB Board to have oversight of and report on: • BAF01 – Health Inequalities and Population Health Management • BAF06 – Increasing numbers and complexity of the ageing population in Norfolk and Waveney MB also advised there is currently a refresh taking place of how the ICB manages its risks, both business assurance framework (BAF) risks as well as operational risks (ORR). More detail will be presented to the committee at future meetings and certainly by September's meeting more details around the operational risks will have been captured. MB added it's also important to know and capture what our patients and communities are worried about, and to have the opportunity to review those concerns as a committee. Questions and comments from committee members:	

	• FS added this was part of a wider refresh of the whole board assurance and to align it with the Joint Forward Plan (JFP). • AD remarked that presumably there would be a threshold of how many operational risks will come to the committee, and it will primarily be the risks which are giving the most concern. • In relation to BAF01, TW highlighted there are two oversight groups linked to the Population Health and Inequalities Board – the Health Inequalities Oversight Group, and the Population Health Management Oversight Group. These groups independently manage subsequent risks and escalate to the Board where necessary. TW is reviewing with Suzanne Meredith (SM) the changing processes for risk. In respect of health inequalities, TW said there will be some changes as the health inequalities oversight group is focussing on healthcare inequalities particularly, so there will be some reflective changes in due course which will come to this committee. • AD asked for some insights into the scoring of BAF01, and what the shortcomings are in terms of the ICB not meeting its statutory requirements to reduce health inequalities. MB responded that there is a lot of good data which indicates where the gaps are, and the areas which need strengthening. The new risk format will ensure there is a tight grip of this and look at the actions required to try and address and mitigate risks. In terms of the risk scoring, FS explained that as health inequalities was one of the eight priorities in the JFP whatever its risk score it would still be on the BAF. It was noted the target score for BAF01 was a four. The report was noted.	
6.	**Update on CYP and Flourish Including Neurodiverse Provision**	
	Rebecca Hulme (ReH) presented an update on both FLOURISH, the overarching system ambition for all children and young people in Norfolk, and also on Neurodevelopmental Disorder (NDD) provision in Norfolk and Waveney which included an overview of existing commissioned services, and pilots and new interventions for neurodiversity. ReH highlighted the following points: • Everyone who is working with children and young people is signed up to the FLOURISH framework which is very much at the forefront when designing and commissioning services. • The Joint Forward Plan (JFP) includes some specific ambitions for babies, children, and young people, and a specific workstream has been added to the JFP this year around neurodiverse provision. • There is also a specific Core20PLUS5 ambition for children and young people, and there is a real focus on NDD and SEND and what can be achieved, and this has been chosen as a PLUS5 ambition. • A system collaborative has been developed between the ICB, Norfolk County Council, NCHC and NSFT. There is real commitment to work together for CYP. Key areas of focus include needs associated with neurodiversity and mental health. • For NDD there are lots of different workstreams pulling together to understand what the opportunities are and how can they be delivered, or what the barriers are. Task and finish groups are working to identify a system approach to supporting neurodiverse children. Other areas of work include looking at what is being commissioned already, and what is required to make it work more effectively for our CYP.	

- The diagnostic backlog is a challenge, but it is important to remember it's not just about a 'diagnosis'. We need to move away from the very medicalised approach where we talk about a diagnosis. ReH is encouraging people to use the word 'confirmation', this is a young person's view of how they are in the world and how they place themselves - their presentation. It's not a disease. There is a lot of pre- and post- diagnostic support available, and a digital library is also being developed. ReH highlighted a pilot project 'Partnership for Inclusion of Neurodiversity in Schools' is working with some primary schools in Norfolk and Waveney.

Questions and comments from committee members:

- Cathy Armor (CA) asked in relation to the long waiting list for diagnosis, how much education and understanding is required from parents during this time. ReH responded that for families on the waiting list for a diagnosis it does become a focus but there is a need to shift to understanding what the young person's needs are because the diagnosis won't change the young person's needs. This is a need led service and it can be helpful to some families. If a young person has a confirmed neurodiversity this will allow them some support that they wouldn't necessarily be able to access without that confirmation. There is still a perception that education settings cannot meet the needs unless a young person has a confirmation or Education Health and Care Plan. Part of the case for change is looking at how do we as a system understand how we communicate with families, what language should we be using, and with schools, it's a big challenge to work with those education settings.
- Tricia Dorsi (TD) who is the ICB Senior Responsible Officer for Children and Young People felt the committee should also be aware of the work ongoing with local authority partners, adding the children services provider has been second to none in the spirit of collaboration, but it is recognised there is so much more to do particularly for those CYP on waiting lists. It's important to ensure people are being referred appropriately and not having to wait a disproportionate amount of time, and the waiting well piece is something which the collaborative is considering. The CYP team have also been undertaking excellent work with regards signposting and advice for families with regard to how to manage some of the challenges families on the waiting list may be experiencing.
- TD shared details on another collaborative with the police, local authority, and health, and the commitment to include colleagues from education too and to develop this relationship over the next year to improve the health responses into those environments.
- AD asked how we are ensuring that on the ground, children and families receive the experience we want them to receive based on all the work that is ongoing. ReH responded that it was dogged determination, and understanding there isn't one single environment that fits every young person and being prepared to understand and deal with young people as individuals. ReH did not think there would be a point where there was no longer the need to keep repeating the need to individualise things.
- Tracy Williams (TW) commented on the vast amount of work underway and although the waits are very long still, there's such a lot of progress and support in place. In relation to health inequalities, TW asked if any of the Core20PLUS5 work underway is looking at health inequalities or anything specifically around the other wider determinants. ReH responded that health inequalities was being addressed in all work and it has been great to

	start thinking about inequalities and the Youth Justice Service as well which is an area that sits within the CYP team. The youth justice space will have a higher percentage of young people with neurodiversity and with speech and language difficulties who've been looked after children, and work is ongoing around what can be done for looked after children who are another group that experience inequality. • ReH felt another important area to think about is transition. ReH had mentioned youth justice as an example, but we must also think about continuing health care children who might one day be exploited, and the next day become a perpetrator just because they hit their 18th birthday. We all need to have that in our minds - what are we thinking about in that very fragile age between 18 and 25 to do things differently for young people. It's quite important to remember that transition including transition from working age to older people is a really challenging time, so transition needs careful consideration. The report was noted.	
7.	**Lived Experience Representation Proposal**	
	Karen Barker (KB) and Hayley Charman (HC) presented a proposal which would see the ICB utilise existing groups and structures to strategically involve lived experience representation in the ICBs work. Furthermore, to work more strategically with the local Healthwatch's patient groups and partners, to look at the committee's forward planner 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 the Suffolk and North East Essex ICB, who work in a similar way with Healthwatch and local groups to hear from people with lived experience. Questions and comments from committee members: • AD raised two points. The first was a suggestion to work more closely with the VCSE Assembly and the forums that link with that, which will also help to complement the engagement with Healthwatch. The second was linked to deep dive topics and having patients or communities experience of those topics either in person or via a video clip, to hear firsthand experience. • MB supported the proposals and recommendations in the papers adding what will be important is demonstrating that the committee has listened, and what has changed as a result. • TW agreed, adding the engagement needs to be meaningful, and the inclusion of lived experience representatives in deep dives and the early stages of coproduction and having that voice throughout the commissioning cycle will be key. • TD added it can't be tokenistic involvement; there is a real opportunity to think about the cohesiveness between this committee and the ICB Board, making recommendations to the Board about what could be done differently as a result. • AD asked HC to clarify the connection to the people and communities approach which the committee received updates on, to ensure they are connected and referenced. HC confirmed this will be updated as this approach develops. The paper was noted.	

	Agreed: The Patients and Communities Committee: • Approved the proposed approach for involving people with lived experience in the work of the ICB and Patients and Communities Committee.	
8.	**Healthwatch Updates**	
	i. Healthwatch Norfolk Annual Report Alex Stewart (AS) shared a video that gave a snapshot of Healthwatch Norfolk's work over the past year. The video can be viewed here: https://www.dropbox.com/scl/fi/i3fvpyom1v2cx9xk2viwm/Healthwatch-Norfolk-Review-of-Year.mp4?rlkey=okpfx4zg3jdjh3a7vqkdf5zo0&st=q8bswc4d&dl=0 Questions and comments from committee members: • AD remarked on the volume of work being undertaken and asked AS for reassurance that HWN had the right links to healthcare leaders to pass its information to to ensure it is taken into account and changes happen. AS confirmed the appropriate links were in place and AS had recently been in contact with the larger providers who had been involved with HWN projects in the past to ask what had been done with the recommendations HWN had made in its reports. It was pleasing to learn that many recommendations had been actioned as a result. • CA queried some of the numbers provided in both HWN and Heathwatch Suffolk's (HWS) annual report as they are vastly different and were both organisations recording the numbers differently. AS explained HWN figure is based on the number of 'hits' the website receives each day multiplied by 52weeks. However, it was not yet possible to identify how many of those 'hits' stay on the site or just 'stumble' across it and leave after a few seconds. For HWS, Andy Yacoub (AY) explained its number (1006) related to the number of people who made contact either by email, telephone, or by letter and required signposting. AY added this is a legal statutory requirement of a local Healthwatch to provide such a service. The other larger numbers (e.g. 25,000+) relate to the number of research respondents associated with various HWS projects. **ii. Healthwatch Suffolk Update** AY provided the following update *(taken from the meeting chat)*: Latest news from Healthwatch Suffolk, that is focussed on or involves Waveney: • Following Kerry Overton's move from Healthwatch Suffolk, Elizabeth Storer has been building relationships in the area, and attended the following recently: • Hungate Coffee morning • Beccles library spoke to staff and provided literature for display. • Citizens Advice in Beccles spoke to staff and provided literature • Meeting with Alice Vickers NWICB regarding the WOW Bus attendance. • Waveney Disability Forum.	

	• SPCF event in Carlton Colville Healthwatch Suffolk Projects soon to launch (that include Waveney): Ageing in Suffolk – working with Suffolk's Public Health and Communities team, Healthwatch Suffolk will explore people's views about getting older in the county to shape and inform this year's annual public health report. Look out for this project launching very soon, and please share it widely if you can throughout the summer. Spinal care in Suffolk – working with the East of England Spinal Network, this project will explore people's experiences of accessing help and services for back, neck and spinal issues and conditions in Suffolk. Data collection will launch soon and run to the end of 2024/25. Please contact Healthwatch Suffolk if you can support this work (info@healthwatchsuffolk.co.uk). Elective care and support in Suffolk – Healthwatch Suffolk will explore people's experiences of waiting for elective care and support in Suffolk. The project will be supported by the James Paget University Hospital to reach as many people waiting for care as possible and follows previous research in 2022. It is possible for people to participate in the co-production of this research now: https://healthwatchsuffolk.co.uk/news/electivecare-copro/ Dementia support in Suffolk – Find out how people's experiences are shaping future support, including the development of a countywide strategy and future services: https://healthwatchsuffolk.co.uk/news/dementia-update/ Questions and comments from committee members: • AD asked AY if HWS had clear links within Norfolk and Waveney system partners of where it should take information relating to Waveney, so it can help influence any thinking based on what the population is telling us. AY said that wasn't always the case and was dependent on subject matter e.g. if there is a theme coming out of a specific project which hasn't previously been covered and as such HWS might need to seek out with some individuals, but HWS knows where to go to find out who those individuals are.	
9.	**Spotlight on: Great Yarmouth & Waveney (GYW) Place Board**	
	Jon Barber (JB) and Rachel Hunt (RaH) presented the update from the GYW Place Board. JB explained he was chair of the GYW Place Board, and the vice chair is Sheila Oxtoby who is Chief Executive of Great Yarmouth Borough Council. The board has good representation from all strategic partners, with EEAST being the most recent system partner to join the board. The board has a very clear ambition which is underpinned and driven by a robust understanding of GYW health inequalities. The board has some key work streams e.g. urgent and emergency care, transformation, mental health prevention, health equalities, and primary care network development. Although resources and capacity are tight the board has a group of willing volunteers to focus on the workstreams. JB shared some examples of projects the board is working on, the first relating to smoking cessation, in particular building on some of the work the James Paget Hospital is doing as a national pilot site for smoking cessation in pregnant people	

	and patients. In addition to this, research funding has been secured to look at the issue of vaping in underage people, working with a local school and Great Yarmouth Borough Council. Finally, the board is working closely with Sport England to support the high levels of inactivity amongst the GYW population which could be a substantial investment to help the GYW population be more active. RaH also highlighted a couple of examples of activity the board is leading on. The Health Connect Service which support individuals to recover following a hospital admission and to prevent a readmission. It's a holistic service which has been operational for just over a year and seeks to understand what matters to individuals rather than what is the matter with people. The second example related to Lowestoft Healthy Hearts programme which was developed from some evidence-based work in Bradford. The focus is on cardiovascular disease (CVD) and healthy hearts, with a focus on hypertension. Lowestoft was identified as having some very poor health outcomes, particularly around cardiovascular disease. JB ended the presentation by challenging the committee to find a way for the ICB to lean more on place, to clarify the place direction of travel, and what it's responsibilities and accountabilities are. Otherwise, JB fears the goodwill the boards currently work on may start to run out of steam. Questions and comments from committee members: • AD commented the Healthy Hearts project, which was based on Community Voices findings, was a very good example of where we have engaged with people and done something about it. • MB warmly and wholeheartedly welcomed JB challenge regarding place direction of travel, adding the new ICB structure should be in place shortly and it has been put in place to answer some of those questions. • Suzanne Meredith (SM) was pleased to see the way the GYW place board had embraced prevention and addressing health inequalities in a way SM had not seen at any of the other place boards. SM felt there is a lot more that can be done in the future in terms of refining and helping place boards look at their opportunities for impact, and this is something the PHM team need to be helping too. The update was noted.	
10.	**Complaints Report**	
	Jon Punt (JP) presented the update. JP explained the complaints and enquiries team had been renamed as the Patient Experience Team. JP highlighted a few points from the paper around the continued trend of high volume the team had experienced, which is higher than in previous financial years, but was no surprise give the delegation of pharmacy, optometry and dentistry (POD) complaints from July 2023. However, from July 2024 there should be a much better handle on year-on-year comparisons. JP explained that given the upturn in volume has predominantly been around primary care complaints, many of the trends highlighted in the report are within primary care settings. JP highlighted dentistry as an example and complaints are	

	now more about access to routine dentistry as the impact of the urgent treatment service is being felt across the system, and there are much fewer contacts from people in urgent need of assistance. An area JP was particularly keen to highlight was diabetes funding and the new technologies being rolled out. JP felt this is an area the ICB is going to receive more contacts around moving forward as the progress of technology and systems being prescribed differ across the country. JPs report also covered more detail in terms of individualised learnings, and the future of the patient experience team and working better with system partners to better triangulate the information available. Although it was acknowledged that it may be more difficult to capture primary care intelligence and put it into something meaningful due to the number of GP and dental practices, and pharmacies across Norfolk and Waveney. Questions and comments from committee members: • AD asked how the complaints compare for the same period to last year. JP said this was difficult to answer overall but it was broadly similar if primary care complaints were removed. • AD asked JP if there was anything the committee could do to support the work of the team in terms of engaging with practices, or taking anything through the Primary Care Commissioning Committee to help them address some of the issues patients or members of the community are highlighting. JP did not consider this was necessary as he was engaging with the LMC and attending an event in October with practice managers (and hosted by the LMC) which will be a good introduction, and will hopefully be an opening into the primary care networks. The update was noted.	
11.	**Population Health and Inequalities Board Update**	
	Dr Frankie Swords (FS) began by noting there were no new escalations or risks this month. Points for assurance included: • The strategic framework for action and the population health management strategy which had now been fully published and were in the implementation phase. • The procurement of the population health management software was well underway. Six suppliers had expressed an interest, and the formal process is ongoing. • Shelley Ames had been appointed as the Head of Health Inequalities and VCSE Partnering, which FS felt would strengthen VCSE working. FS also highlighted to the committee the changes to the governance around how the VSCE is included in the N&W system. • FS highlighted that the PHM update for the committee included a few examples which she hoped demonstrated the scale and scope of the projects, including 27,000 texts which have been sent as part of the diabetes education programme, the Lowestoft Healthy Hearts programme, the warm homes initiative, and the weight management initiative. Some very disparate pieces of work but all very much tackling health inequalities and improving the health of our population.	

	Questions and comments from the committee: • AD asked whether there had been any progress regarding equality impact assessments, and a target date to have the process in place. Tracy Williams (TW) confirmed she was due to meet the PMO team later in the week to finalise this. The PMO team had been supporting with the internal process. TW explained the equality impact assessments and quality impact assessments had been combined. TW is planning to take a paper to the Population Health and Inequalities Board to update and share the process. The update was noted.	
12.	**Ageing Well Programme Board Update**	
	FS introduced Janice Shirley (JS) who attended to provide an update on the ageing well programme with a particular focus on the dementia aspects. JS introduced James Allen (JA) who had recently joined the ICB as a Clinical Programme Manager for Ageing Well and Palliative End of Life. JS highlight some key points from the report that had been circulated in advance of the meeting. • There has been strong VCSE support for the programme including good representation from the Later Life Network at each of the workstreams. The first dementia workstream was held on 8 July with good representation from across N&W. • Specialty advisors have now been appointed for ageing well, dementia, and frailty. With regards the dementia workstream, it is important to note this is a long-term project spanning five years. There are seven areas which will be key areas of focus and JS will be linking more with carers, patients, patients with dementia, and key stakeholders to identify what their key priorities are. The current focus is the Dementia Charter and sign up from all organisations. Each organisation is completing the self-assessment tool to identify what the gaps are, and then training and education development can be prioritised accordingly to improve care for patients. Questions and comments from the committee: • Karen Watts (KW) commented it was pleasing to see the level of detail but for her, one of the things she is most happy about is the carer involvement because without carer engagement it's going to limit somebody's independence at home, and just having simple guidance and advice makes a difference between being able to carry on or not. • Cathy Armor (CA) asked JS what the uptake of training is from the Alzheimer Society. JS and JA did not have the information available but agreed to take an action to find out and report back to the committee. • In relation to CA point above, FS highlighted that although people are keen to receive education, one organisation has not signed up to the Charter because they are worried about the time commitment it would take for their staff to complete the recommended training, even though we would argue it	

	is vital and by investing time now will save time, and clearly improve the quality of patient and care experience later. • In relation to the Charter and concerns about the time commitment for the training, TD asked whether it might be worth considering a few key areas as a starter for ten and then go for a wider roll out. FS confirmed the Charter doesn't make the expectation that everything will be completed in one day, it's a commitment over time to the principles within it. JS added that although the organisation hadn't signed the charter it had provided representation at the group and is fully on board with delivering best practice principles, it's just the adherence to the training which is the issue. • AD sought clarification that as the charter was predominantly signed by statutory providers, was there a reason why the voluntary sector was not expected to sign up to the charter. FS explained it had been decided to start with the statutory providers, but she was keen for other providers to sign up. AD suggested taking the charter to the Later Life Provider Network and asking members to consider signing up to it. FS felt this was an excellent idea. JS said it could also be included in contract negotiation rounds and can be one of the key documents included in contract packs for all providers. • Liz Withington (LW) commented on the dementia work she had been involved in as part of the North Norfolk Dementia Working Group. LW felt the most significant thing was the identification of a pathway and what input is needed by both statutory and VCSE organisations along the pathway ensuring carers can understand the pathway too, so they know where to go at different stages in their journey. The update was noted. **Action: J Shirley / J Allen to confirm the uptake numbers for Dementia Awareness training being delivered by the Alzheimer Society.**	**JS/JA**
13.	**Any Other Business**	
	No AOB items were raised.	
Date, time, and venue of next meeting: Monday 23 September 2024, 14:30-16:30hrs via MS Teams		

Minutes agreed as accurate record of meeting:

Signed: …… Date: ……...
Chair

Parker Rachael
23/09/2024 10:38:17

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

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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
24	22.7.24	Dementia Awareness Training	J Allen / J Shirley	Confirm the uptake numbers for Dementia Awareness training being delivered by the Alzheimer Society	12.8.24: Update provided as follows: *-5 sessions have been delivered in N&W to date with 36 attendees in total -7 sessions remain with 24 attendees booked so far (as of 11/08) A list of training dates is provided below for information. Date Day Time 10/07/2024Wednesday 14:30 23/07/2024Tuesday 11:00 31/07/2024Wednesday09:00 06/08/2024Tuesday15:30 15/08/2024Thursday13:00 23/08/2024Friday 11:00 29/08/2024Thursday 14:00 04/09/2024Wednesday 15:30 12/09/2024Thursday10:30 18/09/2024Wednesday 09:30 23/09/2024Monday 14:30	23.9.24		

Norfolk and Waveney
Integrated Care Board

Agenda item: 05

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:	**23 September 2024**

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, these are linked to our system ambitions in the joint forward plan:

BAF01 – Health Inequalities and Population Health Management: 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.

BAF05 – 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:

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

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

Norfolk and Waveney Integrated Care Board

NHS Norfolk and Waveney ICB – Board Assurance Framework

Version	V1	Date last updated:	11 Sept 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**	**12**	**12**							
Ambition 5: Transforming Care in Later Life																		
BAF05 (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**	**15**	**15**	**15**						

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

BAF01 (Inphase ref 00000008)				
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/ Tracy Williams/ Shelley Ames	**01/07/2022**	**31/03/2025**

Risk Scores

Unmitigated			Mitigated			Target		
Likelihood	Consequence	Total	Likelihood	Consequence	Total	Likelihood	Consequence	Total
4	**4**	**16**	**3**	**4**	**12**	**1**	**4**	**4**

Risk appetite:		**Risk tolerance:**	

Controls	Assurances on controls
• The HI Strategic Framework for action and the PHM strategy have been published. Implementation plans under development. • Specialty advisors are leading on HI, PHM.and the Core20Plus5 clinical areas. • ICP supported proposals for a strategic group and co-ordination group to formally overs delivery of the Health Inequalities Framework for action. Co-ordinating multi-partner health inequalities group now in place.SROs established for Lifestyle factors and Healthcare Inequalities • Health Inequalities & VCSE Partnering team appointed to lead health inequalities work programme development. • 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. • Refresh of the VCSE Assembly and partnership working reporting into the PH&I Board	**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. NHSE reporting of NHS Inequalities Improvement Frameworks and annual reporting against NHS statement on Information for health Inequalities. Elective Recovery Board receive regular reporting on waiting lists per decile of deprivation index **External**: Integrated Care Partnership Board Health Inequalities governance structure including a strategic steering group and co-ordination group.

Gaps in controls or assurances
• 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. • Dashboard of indicators to monitor progress for PHM and HI under development as part of ICB datahub

Updates on actions and progress			
Date opened	**Action / update**	**BRAG**	**Target completion**
29/08/24	For Healthcare Inequalities, one of the priority areas of the framework, working groups established for NHS Anchors, Core20Plus5, and a refresh of the Inclusion Health network group. PH&I Board approved the refreshed terms of reference for the Board, HIOG and PHMOG, to reflect the implementation plans for the PHM Strategy and the HI Framework for action.	**G**	31/10/2024

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

Objective 5: Transforming care in later life

BAF05 (Inphase re 00000031)

Risk Title	Increasing numbers of older people with complex health needs in Norfolk and Waveney
Risk Description	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: a) services will be unable to continue to meet the increasing demand and needs of our ageing population with complex health needs. 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.

Risk Owner	Responsible Committee	Operational Lead	Date Risk Identified	Target Delivery Date
Dr Frankie Swords	People & Communities Committee	Sheila Glenn	20/06/24	**31/03/28**

Risk Scores

Unmitigated			Mitigated			Target		
Likelihood	Consequence	Total	Likelihood	Consequence	Total	Likelihood	Consequence	Total
5	**4**	**20**	**5**	**3**	**15**	**4**	**3**	**12**
Risk appetite:					**Risk tolerance:**			

Controls	Assurances on controls
• Ageing Well Programme Board with substantive programme manager • Increased focus upon early intervention (identify and intervene) • Increased focus upon upstream prevention and remaining active	**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. **External**: Integrated Care Partnership Board

Gaps in controls or assurances

- 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	Dementia workstream now met, workforce education sessions delivered, work plan under development against 7 areas of need. Self assessment underway of available dementia services, Clinical ageing network has agreed unified frailty scoring for use across system. Population data analysis complete, social isolation and loneliness and falls prevention JSNAs groups established es	**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	15	15	15						
Change			NEW	→	→	→						

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Ageing Well Programme

Dementia Workstream

Patients & Communities Committee: 23rd September 2024

Ageing Well Programme Summary
Headline Scope and Priorities 6th Sept 2024

Programme	**Ageing Well Programme** **Dementia Workstream**	**SRO**	**Ian Hutchison**	**Overall Prog RAG**
		Programme Lead	**Dr Katie Honney & Dr James Casson**	

What have we achieved since last report

- Dr Katie Honney and Dr James Casson formally appointed as Clinical Specialty Advisors for Dementia and Frailty
- Dementia Charter signed by 6 organisations (awaiting NCC) and confirmation of 10 leads and deputies for Dementia across organisations
- Initial Working Group met on 8th July 2024, further meeting scheduled 20th September 2024 and recurrence to be bi-monthly
- Core findings from initial meeting are: further primary care representation needed and priorities should focus around earlier diagnosis and prevention - to be agreed
- Further representation for Working Group identified for VCSE and Memory Assessment Service
- Initial exploration into Disease Modifying Treatments (DMT)
- Discussions with acute and VCSE colleagues to identify metrics currently available
- Initial discussions with Carers Voice around ICS Carers Strategy
- Further communications to primary care colleagues around training offer – over 50 attendees as of Aug-24, end 23rd September
- Scheduled in-person Dementia Round Table Event for 25th September, representation from Acute, Community, Primary, Social Services and other organisations

Activities planned for next reporting period

- Review of data and identification of next steps re service provision. scope the existing data sets across the system (Emergency Care Data Set, Primary Care activity, Community services, Urgent and unplanned care) for existing or ability to add a Dementia pivot, so the same data can be seen for the general population compared with those with Dementia
- Develop appropriate data reporting via Dashboard
- Develop system-wide Dementia Strategy for 2025/26

Key Programme Milestones (for this time period)

- Dementia Working Group established (Jul-24) **COMPLETE**
- Ensure practice level Dementia Diagnosis Rate data is used alongside the presumed dementia prevalence (from NHSE) is available to use in practices **IN PROGRESS**

Workstream Objectives

1. System Wide Leadership
2. Education & Upskilling
3. Data Dashboard developed

Innovation Ideas/Projects

UEA Screening Software for Cognitive Decline,
Use of ARRS scheme for roles focused on Dementia prevention

Ageing Well Programme Summary
Headline Scope and Priorities 6th Sept 2024

Programme	**Ageing Well Programme** **Dementia Workstream**	**SRO**	**Ian Hutchison**	**Overall Prog RAG**
		Programme Lead	**Dr Katie Honney & Dr James Casson**	

Key Programme Risks (Description)	Mitigation Action	Issues to be escalated	RAG
Lack of identified funding will cause the dementia programme to stop progress in relation to education and upskilling work	Identification of funding or use of existing educational material		AMBER
Capacity - Focus on new ways of working takes capacity away from service delivery.	Regular Ageing Well Programme Board meetings to oversee workstream progress. Any highlighted areas of concern will be explored collaboratively, potential solutions identified, and actions agreed.		AMBER
Workforce appetite - Concern that current staff may feel concerned about their future impacting on their wellbeing and/or resulting in their leaving to find alternative employment. This has a further unintended consequence of negatively impacting on service delivery and patient outcomes.	Clear communication and an open dialogue with staff to ensure continuity of service is maintained and concern over the 'future state' is minimised.		AMBER
Data - Lack of quality data to inform decision making around the provision of services for people living with dementia, their families and carers	Established data workstream to identify the root causes and recommend actions to address the lack of quality data to track the use of resources across the ICS by people living with dementia, their families and carers. Work with the regional team at NHSE to understand the available data at a regional and national level that can be applied to our local situation.		AMBER

Decisions to be made/ escalated to board

- None at present

Dementia Charter Status and purpose

- This Charter aims to provide 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.
- These principles are based on strategy recommendations from the Alzheimer's Society and apply to all areas of our health and social care system.
- The "We Statements," developed by the Alzheimer's Society, provide an inclusive set of aspirations for services to meet the needs of people living with dementia.
- All organisations who are signatory to the Charter agree that:
  - They will sign up to the commitments within the Charter and deliverables.
  - They will identify a dementia lead to implement change, with sufficient resources to deliver the commitments.
  - They will audit their services in line with the Charter.
  - They will develop an action plan to improve services for people living with dementia, their families, and carers and, where appropriate, make care environments as inclusive as possible.

https://www.alzheimers.org.uk/dementia-professionals/resources-professionals/10-point-plan Alzheimer's Society, 2023

The Dementia “We Statements”

1. We have the right to be recognised as who we are, to make choices about our lives including taking risks, and to contribute to society. Our diagnosis should not define us, nor should we be ashamed of it.
2. We have the right to continue with day to day and family life, without discrimination or unfair cost, to be accepted and included in our communities and not live in isolation or loneliness.
3. We have the right to an early and accurate diagnosis, and to receive evidence-based, appropriate, compassionate and properly funded care and treatment, from trained people who understand us and how dementia affects us. This must meet our needs, wherever we live.
4. We have the right to be respected, and recognised as partners in care, provided with education, support, services, and training which enables us to plan and make decisions about the future.
5. We have the right to know about and decide if we want to be involved in research that looks at cause, cure and care for dementia and be supported to take part.

- From the Alzheimer’s Society **The Dementia Statements and rights-based approaches**

Charter Signatures

Organisation	Signed by	Dementia Lead
Norfolk and Waveney ICB	Tracey Bleakley, Chief Executive	Dr Katie Honney/ Dr James Casson
East Coast Community Healthcare CIC	Ian Hutchison, Chief Executive	Cheryl Topper
Norfolk Community Health & Care	Matthew Winn, Chief Executive	Carolyn Fowler, Sarah Watling
The Queen Elizabeth Hospital, Kings Lynn, NHS Foundation Trust	Alice Webster, Chief Executive	Dr Katie Honney, Francesca Carman
Norfolk and Norwich University Hospital NHS Foundation Trust	Professor Lesley Dwyer, Chief Executive	Liz Yaxley
Norfolk and Suffolk Foundation Trust	Caroline Donovan, Chief Executive	Dr Yasir Hameed
Norfolk County Council	tbc	Nick Pryke, Ed Fraser
Suffolk County Council	Sarah Perrin, Assistant Director Service Development	Sarah Perrin

Dementia Workstream: Proposed Project Areas x7

Area	Area
1. Pre-diagnosis and preventative measures • Disease Modifying Treatments for Early Symptomatic Alzheimer's Disease	5. Social care support • Increasing carer support for those caring for a patient with dementia
2. Diagnosis • Increasing and standardising the dementia diagnosis rates across Norfolk & Waveney and unserved cohorts • Increasing the completion of advance care plans for patients diagnosed with dementia	6. Hospital care • Acute staff education re identification, interaction, care of dementia patients
3. Post-diagnosis support – living well • Education around patient behaviour and unpicking communication cues	7. Services working together • Development of a Norfolk & Waveney Dementia Toolkit
4. Support from health professionals • Alzheimer's Society Dementia Training Offer for Primary Care • Implementation/education of the Newcastle Model within care home settings - how therapeutic communication can reduce distress in people with dementia	

Project Milestones 2024/25

Jan - Mar	Apr – Jun	Jul – Oct	Nov - Jan
• Distribution of dementia charter • Charter signatures received • Confirmation of dementia leads	• Secure funding for dementia training • Confirmation of training offer for primary care • Circulate self-assessment forms • Dementia resource page on Knowledge NoW	• Hold first dementia workstream • Run CDPG accredited training packages (x12) • Complete self-assessments and gap analysis • Commence work on Charter Action plans • Agree actions & objectives • Develop a dementia dashboard & reporting process. • Develop a dementia toolkit of services	• Performance and monitoring metrics in place • Publication of a dementia toolkit • Costed review of gap analysis outcomes, integration and efficiency opportunities • Standardising education offer across the ICS • Upskilling of workforce • Start review of service specifications and contracts for 2025/26. • Yearly assessment

North Norfolk Place Board

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North Norfolk Dementia Working Group Update

Developing a community where these affected by dementia feel welcome, heard, understood and supported

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Dementia Data

NHS
Norfolk and Waveney

Rates of dementia are growing; dementias (including those caused by Alzheimer's disease) are already the biggest driver of mortality after coronavirus in England, and place significant burden across NHS services. For example:

•25% of acute hospital beds are occupied by people with dementia
•People with dementia stay in hospital twice as long as other people over age 65

•90% of people with dementia found admission to hospital frightening and confusing

•43% of people with dementia in hospital were due to urinary tract and chest infections (treatable in the community)

•25% of people with dementia living in their own homes were admitted to hospital with a potentially treatable condition over a one-year period

01.02.2024 www.england.nhs.uk/long-read/dementia-programme-and-preparation-for-new-alzheimers-disease-modifying-treatments/

LSE Projections of older people living with dementia and the costs of dementia care in the United Kingdom, 2019 NORFOLK	2019	2020	2025	2030	% growth
Projected number of older people aged 65 and over living with dementia (persons)	16,330	16,770	19,420	22,370	37%
Projected total costs of dementia (in £million, 2015 prices)	625	660	830	1045	67.4%
Projected prevalence rates of dementia in old age (65 and over)	7.31%	7.40%	7.89%	8.22%	12.5%

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Norfolk and Waveney Integrated Care System

NHS
Norfolk and Waveney

About us - Our Aim

Bringing together dementia support advocates from across North Norfolk with a focus on identifying, mapping, promoting and maximising effective, equitable and sustainable dementia support services; for those living with dementia and those that care for them.

Terms of Reference

Membership

- ICB North Norfolk Locality Lead
- ICS Strategic Lead
- University of East Anglia
- Dementia Consultant
- Community Action Norfolk- Norfolk based engagement charity
- Caring Together- Charity supporting Carers across East Anglia
- Carers Voice- Representing Carers in Norfolk and Waveney
- North Norfolk Community Transport
- North Norfolk District Council
- Dementia Advocate/Lived experience
- Norfolk and Suffolk Foundation Trust- Mental Health teams (inc. Care Homes)
- Adult Social Care- Carers Matter, Mental Health and Integrated Care
- Healthwatch Norfolk
- Broadland District Council
- North Norfolk District Councillor
- Alzheimer's Society- Dementia Support Service
- Active Norfolk- Development of sport and physical activity in Norfolk
- GP- Birchwood Medical Practice
- Norfolk Community Health and Care- Integrated Care
- Integrated Care Coordinators - Norfolk County Council
- Admiral Nurses- Norfolk and Waveney Dementia Support Service
- So……providing help and support to younger people with dementia and their carers
- Holt and District Dementia Support- Local Group

North Norfolk Place Board

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- Recruited Dementia Fellow Dr Amer Sana
- Delivered a two-hour dementia awareness training session to 100 delegates including social prescribers, community connectors and health coaches. (Trainer- Dr Zena Aldridge)
- Developed the North Norfolk Dementia Leaflet North Norfolk Dementia Leaflet
-
- Developed the North Norfolk Infographic North Norfolk Dementia Infographic
- Reinstated the GP referral form to enable one referral form to be shared with both NSFT and Alzheimer's Society.
- Supported the Education and Upskilling Workstream, newly established in the Integrated Care System
- Commenced the Protect Now Pro-active dementia support project. To date 753 have received contact with 152 requests for support. Total Budget £3000 for stamps!

North Norfolk Place Board

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Next Steps

1. **Members want the North Norfolk Dementia Working Group to continue**
2. **Members want the North Norfolk Dementia Working to continue to report to the North Norfolk Place Board, led by the ICB**
3. **Members would like support to work on the following actions/outcomes**

- To engage with the SPENDID project, identifying and supporting a North Norfolk Practice as a research site
- Support development of a dementia information area/s on Knowledge Now which can be updated and links with partner websites.
- To seek GP Practice agreement for patients and carers to be given NN Dementia Leaflet and Infographic at the point of NSFT referral
- ICS Dementia Charter To develop a “North Norfolk Place Dementia Charter” based on pro-active support for those living with dementia and those supporting them (paid and unpaid).
- To complete the Protect Now project and publish an evaluation report .
- To link with the Community Voice Insights Bank to ensure all feedback is recorded.
- Further consider the role of a “Dementia Co-ordinator” or potential for a single point of access. Step up/step down approach, fully utilising available resources.
- Ensure links with ICS Ageing Well and Age Friendly North Norfolk
- Produce local professional contact list and keep up to date.

North Norfolk Place Board

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Members Comments

Parker Rachael 23/09/2024 10:39:17

North Norfolk Place Board

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Members Feedback to the Wider System

- Develop a greater understanding of the impact of dementia support on other health and social care agendas. Dementia appears to be siloed.
- The majority of care and support those living with dementia need is non-clinical. This needs to be acknowledged and funded. Without unpaid carer and patient (resident) support, health and social care would be under even greater pressure. Estimated saving of £2.4 billion per annum.
- The Healthier Sheringham and Healthier North Walsham websites are useful- could the ICB support development of websites at North Norfolk and then town level. This makes the information useful and manageable.
- Norfolk County Council offer supports network development.
- We have demonstrated if you listen to your local community and have realistic goals, we can deliver against local and regional strategy/ies.
- Networking is key.
- It's all about the people.
- Listen to your voluntary sector please, yes it's about funding, but it's also about planning, consistency and longevity.
- Constant new projects and pilots confuse patients, carers and colleagues.
- Get the fundamentals in place.
- What those living with dementia need is not complicated, the system makes it complicated.

North Norfolk Place Board

Improving lives together
Norfolk and Waveney Integrated Care System

Final Thoughts…..

"One of the many achievements of the North Norfolk Dementia Working Group is that it's a truly collaborative space where professionals with clinical knowledge of dementia have really listened to the voices of people with lived experience – people living with a dementia diagnosis and their Carers. Really listening and learning has crystallised the human impact dementia has on individuals, families, friends and the community.

The symptoms of dementia are varied and there's no "one size fits all" description for how the disease will affect someone and their loved ones.

Support and guidance from medical professionals is important. Overridingly, though people with a dementia diagnosis and their loved ones seek information and support from their community and charities. With all diagnoses, but in particular complex diseases like dementia, it's paramount to offer holistic support. The importance of the support and experience provided by loved ones and the community should never be underestimated or undervalued".

"It's possible at a local level"

"This is a doing group, we say and we do"

"The group gets things done"

"This meeting as developed into our dementia network"

Norfolk and Waveney
Integrated Care Board

Agenda item: 07

Subject:	**South Norfolk Place Board**
Presented by:	**Dr Olga Tsiorgianni, Acting Associate Director of South Norfolk Place**
Prepared by:	**Anique Liiv, Development & Partnerships Manager, N&W ICB**
Submitted to:	**N&W ICB Patients and Communities Committee**
Date:	**23 September 2024**

Purpose of paper:

To update the Patient and Communities Committee regarding place-based work in South Norfolk and to seek input about further developments at Place.

Executive Summary:

This report provides a summary of the following:

- An introduction to South Norfolk as a 'Place', both in terms of the population that we serve as well as the different stakeholders within it.
- A summary of the work we have undertaken in the two years since the Place Board was created, and which ICS objectives they contribute to
- A recommendation for how we can better harness place-based working to contribute to wider ICS objectives and build on the progress made in place-based working so far.

Slides will be presented at the meeting to highlight key points for the Committee's information and consideration.

Report

1. Introduction

South Norfolk Place condenses the broader Integrated Care System (ICS) to focus on a smaller population of 240,000 residents. Its purpose mirrors that of the ICS—ensuring people can lead healthy lives, that services work cohesively, and that the workforce is supported in delivering high-quality care. Although geographically based, it is an organising framework that addresses specific community needs by coordinating the efforts of various partners. This collaborative approach aims to leverage the expertise and resources of each partner, ensuring healthcare is tailored to local requirements and improves health outcomes at a more localised level.

2. What is South Norfolk as a 'Place'?

South Norfolk Place is a large rural area, covering all the way from Norwich to Thetford and across to Harleston. Like most parts of Norfolk, we have a growing aging population. In 2021, South Norfolk had a population of 241,000, with 1 in 4 residents over the age of 65 and 1 in 20 under the age of 5. The population in this area is expected to grow by 44,000 between 2020 and 2040, with the largest increase anticipated among older age groups. Around 12,000 people in South Norfolk live in areas ranked among the 20% most deprived in England. Thetford, Watton and Dereham all have LSOAs scoring in highest 20% deprivation This deprivation is reflected in the gap in life expectancy, with a difference of 4.4 years for females and 6.4 years for males between the most and least deprived areas. Healthy life expectancy in Norfolk is about 62.9 years for males and 63.9 years for females, similar to the national average. However, over the last decade, the trend shows people in Norfolk are spending more time in ill health, with an average of 17.1 years for males and 20 years for females between 2018 and 2020.

The South Norfolk Place Board was established in autumn 2022 and includes a range of partners such as healthcare providers (NCHC, NNUH, NSFT, PCNs, WSH), councils, social care, public health, and the locality team. It collaborates with two Health and Wellbeing Partnerships (HWPs) and is also part of the central band, covering North, Norwich, and South Norfolk. South Norfolk also serves patients near the Suffolk border, particularly in Diss and Thetford, who often use services from both Norfolk and Suffolk. This means there are many stakeholders and overlapping health interests to consider within our work.

However, Place is not about governance per se; it is ultimately about fostering collaboration between people in different organisations to deliver improvements together. Place, and place-based working, is not only the remit of NHS providers, rather a way of conceptualising the way we work together in an integrated way. Place teams in the ICB are a shared resource that can bring partners around the table in a collaborative way, and are a resource to be used flexibly. Projects usually sit under Place Board or Health and Wellbeing partnerships to ensure direct accountability within the system. Funding for projects comes from a variety of sources and is overseen by the relevant board/partnership.

3. What have we been working on?

Place partners began coming to our Place Board because they were hopeful that it would be a forum where they could work better together, put the patient at the centre of services, and influence decisions at a meaningful level. Through the joint work contact between stakeholders has shifted from formal correspondence to more informal interactions. NCHC attendance at our PCN meetings has improved cooperation. Councils are hosting social prescribers for PCNs, creating operational links for shared populations, while closer relationships have been developed between ICB, PCNs, and WSH to address cross-border issues. District councils are also working together where interests overlap. Furthermore, partnerships like NCHC, councils, and the voluntary sector have shared information through projects such as Stroke Reach, demonstrating tangible benefits for those involved.

Projects and funding necessarily sit within a particular board or partnership, although the same stakeholders are involved in sharing issues, developing ideas and implementing projects. Projects are often co-funded between different stakeholders. Collaborating partners can initiate conversations about complex issues they see in their work, and utilising resources flexibly across partners to address these challenges. At this level, Place projects serve as a microcosm of the larger system, contributing to various strategic priorities such as the Joint Strategic Needs Assessment (JSNA), Joint Forward Plans (JFP), and ICS/ICB strategies. This integrated approach not only addresses some immediate needs but also ensures that our work supports the long-term objectives of the entire system. Table 1 below shows where each piece of work has contributed to these objectives. Descriptions of the projects are attached in Appendix 1.

Table 1: South Norfolk projects and system priorities

System priorities:	**Driving integration**	**Prioritising prevention**	**Addressing inequalities**	**Enabling communities**	**Reducing unplanned workload**	**Bringing care closer to home**
1. Joint funded roles	X	X	X	X	X	
2. Project management	X	X	X	X	X	X
3. Community Mental Health Team caseload review	X				X	X
4. Seasonal vaccination uptake		X	X		X	
5. Winter 22: Proactive calls		X	X	X	X	X
6. Match funding leadership in community 23/24	X		X	X	X	X
7. B6 Physio & B4 Therapy Assistant in community		X			X	X
8. Winter 23: Early Reviews		X	X	X	X	X
9. Care Homes	X	X			X	X
10. Match funding leadership in community 24/25	X		X	X	X	X

System priorities:	Driving integration	Prioritising prevention	Addressing inequalities	Enabling communities	Reducing unplanned workload	Bringing care closer to home
11. B6 Diabetes Nurse & B4 Nurse in community		X			X	X
12. Social Prescribing in Secondary Care	X	X			X	X
13. Community Health and Wellbeing Workers	X	X	X	X	X	X
14. Stroke Reach	X			X	X	X
Upcoming work						
15. Engaging with Diss development	X	X	X	X	X	X
16. Breckland Local Plan	X	X	X	X		X

4. What has changed?

Over the past two years, partners have built strong coalitions and come together to address some local issues. We have done this by undertaking small pilots together, increasing our touchpoints with partners and creating integrated roles at place level. Enhanced relationships among partners have facilitated quicker and more effective problem-solving, allowing them to address challenges promptly outside of the formal Board structure. Establishing integrated roles that combine health and council responsibilities has been crucial in driving some of our projects. Additionally, adopting a test-and-learn approach in our pilots, supported by increased trust, has empowered us to innovate and take calculated risks, fostering a culture of continuous improvement and collaboration.

However, several challenges continue to shape our work. Data sharing, while essential for project success, can be time-consuming and complex, although it is much improved as we have developed processes with each project. Competing priorities make it difficult for partners to consistently engage, as they often focus on maintaining day-to-day operations. Workforce shortages, exacerbated by multiple system restructures and provider pressures, further hinder collaborative efforts. Limited resources at the place level constrain the ability to implement large-scale improvements and broader system transformations. Additionally, power dynamics, such as asymmetry in partner size and resources, affect the efficacy of collaboration. Finally, an institutional emphasis on immediate service delivery often limits the focus on long-term preventive measures, challenging the board's capacity to achieve sustained health and well-being outcomes.

5. Next Steps – building on our progress

The South Norfolk Place Board has made significant progress in fostering integrated relationships with its partners, resulting in work that aligns with the strategic goals of the broader system. Through collaboration, we have seen tangible outcomes, from more responsive community support to better UCR response times in the community. However, we now find ourselves at a critical juncture. Our partners are eager to take on larger, more impactful projects and are restless to see greater progress on the pressing issues that affect us all. Without the ability to take bolder actions, we risk losing the momentum and enthusiasm that have been so carefully built.

To move forward, we need the Place Board to be given a larger remit with clear outcomes outlined by the ICS to guide our work. Our Place partners will then be able to deploy all the means available at the local level to achieve the required progress. Establishing stronger representation of Place, and all that it is capable of, within the ICBs strategic programmes will also ensure that the strengths and innovations of local partnerships can be effectively harnessed to meet the ICS's overarching goals. This approach will not only empower place-based work but will also ensure the role of the Place Board as a driving force for system-wide change is harnessed to deliver on the promise of place-based working, which is to work together to deliver better services with the patient at the centre.

Recommendation to the Committee:

The Committee is asked to note the report and consider how the potential in place-based working can be harnessed to contribute to wider strategic objectives through clear outcomes from the system and stronger engagement with strategic programmes.

Appendix 1 – South Norfolk Place based projects:

1. Jointly funded integrated roles between ICB and District Councils (22/24)

- These roles are a shared resource to undertake project management of complex projects, ensuring speed and joint ownership of the work.
- These integrated roles have been integral to the implementation of projects initiated either in the Place Boards or the Health and Wellbeing Partnerships.

2. Provided substantial project management and project support through the locality team

- It is not always easy for organisations to undertake transformation work without extra project resource.
- The locality team has provided leadership, project management and project support in multiple projects through the years.

3. Community Mental Health Team caseload review (22/23)

- Initiated in response to severe staff shortages in the South Norfolk CMHT. Partners from the Place Board, including the locality team, MH commissioning, NSFT, primary care and district councils came together.
- The team reviewed the extensive caseload list with a view to identify patients that could be effectively and appropriately diverted to social prescribing services in their area.

4. Increasing seasonal vaccine uptake (winter 22/23)

- Thetford and Watton had historically low uptake of flu vaccinations.
- The Place Board identified vaccinations as a cost-effective area to contribute to system efforts to reduce demand over the winter. A project to focus on increasing vaccination for known respiratory patients was funded.
- This project achieved a 27% uptake in successfully contacted patients that were previously unvaccinated, and the lessons learned from this small test and learn project were used by the PCN in subsequent years

5. 2022/23 Winter: PCN projects proactively contacting newly discharged patients

- Using discharge lists from NNUH, practices were proactively contacting discharged patients from hospital to check whether they required any clinical input.
- Project to include patients not already being contacted as part of the proactive LCS
- If necessary, these patients should be offered further follow with a clinician (GP, LTC Nurse, pharmacist etc) and/or referral to other support services as appropriate (i.e. social prescriber).

6. Match funding leadership resource within the community team (23/24)

- Community transformation funding was allocated to jointly fund a Band 7 clinical to support the coordination of the flu campaign, facilitate the communication of projects with the partners, lead the diabetes project/engagement with specialist services and practices, provide senior clinical oversight at point of referral, release time from the PCN clinical leads to increase PCN facing interactions.

7. Funded 1 B6 Physio and 0.6 WTE B4 Therapy Assistant (23/24)

- Enhanced Therapy cover on Foxley ward to support the surge beds to improve discharge and flow.
- Supported patients from the waiting well project on the orthopaedic waiting list to prevent deterioration.

8. 2023/24 Winter: Early annual reviews for patients at risk of emergency admission

- Practices chose to focus on respiratory and housebound patients most at risk of emergency admission.
- To better prepare patients by identifying risk factors and agreeing care plan.
- Support patients with social prescribing and care coordination if appropriate
- Accelerated long term condition reviews during year funded at 50% oncost staff rate

9. Care Homes – Urgent demand (2023/2024)

- South Norfolk Healthcare worked with care homes that had a higher ratio of emergency admissions to reduce demand on care home staff, GP practice and urgent care services.
- Through PDSA cycles they assessed and improved processes for urgent and non-urgent queries from care homes to the practices e.g. verification of death scenarios.
- Reviewed reasons for low rates of coding of patients under palliative care and/or Gold Standards Framework (GSF).

10. Match funding leadership resource within the community team (24/25)

- Community transformation funding was allocated to jointly fund a Band 7 clinical to support the coordination of the flu campaign, facilitate the communication of projects with the partners, lead the diabetes project/engagement with specialist services and practices, provide senior clinical oversight at point of referral, release time from the PCN clinical leads to increase PCN facing interactions.

11. Funding recruitment of B6 Diabetes Nurse and B4 Nurse (24/25)

- Community transformation funding was allocated to support recruitment nurses to support a diabetes project to engage with specialist services and practices, with the goal of reducing the number of patients requiring a visit for the purposes of administering insulin.
- The B4 nurse also supports UCR work, and the leg ulcer doppler clinic which has been experiencing increased demand.

12. Social Prescribing in Secondary Care (SPSC)

- Agreed across **five Health and Wellbeing Partnerships,** a team of Social Prescribers based at NNUH support patients to improve their health outcomes where the patient is being adversely affected by societal factors such as deprivation, poor housing, relationship difficulties etc.
- Information governance was identified as one of the largest challenges in implementation and was successfully agreed. Learning from this process will be useful as more projects are developed within the central alliance footprint.
- 330 patients referred to the service from secondary care, including 132 (41%) from discharge and 83 (26%) from pre-op. The steady stream of referral tailed off without in-person sessions with hospital to promote the project.

13. Watton Community Health & Wellbeing Workers (CHWWs)

- CHWs have been proactively reaching out to residents on health and wellbeing, with a focus on early intervention/preventative offers, such as vaccinations and screening, smoking cessation, and wellbeing.
- Visits began in February 2023 and the team quickly began to impact residents with their ability to identify and address challenges before they reach a crisis point.
- An initial evaluation demonstrated benefits in the community, as well as health and council services. Vaccination rates have increased, unplanned demand at the surgery has reduced and the practice has seen a strong improvement in QOF scores.
- Further evaluation has been commissioned by the HWP, and the ICB has signed off the role within the ARRS

14. Stroke Reach

- Initiated in the South Norfolk Health and Wellbeing Partnership, the project began by co-designing the stroke pathway with a person with lived experience has meant gaps experienced by stroke patients are being filled through increasingly coordinated care.
- As of May 2024, 34 have completed the Health Coach Programme with 2 in progress 13 have completed the Broadly Active programme with 16 currently participating, and the others are completing Leisure Centre referrals, EXI, Community Connectors, Help Hub, and wider support services.
- The majority of referrals have opted for exercise support (84%) but we know that people ask for and access wider wrap-around support further down the line

☐ IPAQ looks at various levels of physical activity and time spent sitting- the results show that from start to finish there were improvements in all domains and a reduction in time sitting down.

Key Risks	
Clinical and Quality:	Clinicians are present on the Board and ensure clinical risk are considered, where there is more detailed input required it is included within each project.
Finance and Performance:	Each project is monitored to ensure they remain within budget. Performance is monitored appropriately in line with the complexity of the project, particularly to ensure any learning is being fed back to place partners.
Impact Assessment (environmental and equalities):	No environmental risks have been identified. Equality impacts are considered for each project.
Reputation:	Successful Place Boards will aid in service improvement for patients, which will in turn enhance the reputation of our organization with our population and our partners. Equally, failure to fully embrace place-based integration will undermine our reputation for collaboration and make it more challenging to achieve our aims of improving our services.
Legal:	None identified.
Information Governance:	Assessment undertaken for each project.
Resource Required:	
Reference document(s):	Insight and Analytics, Norfolk County Council (2023), '*South Norfolk Place Board Population Overview*', *https://www.norfolkinsight.org.uk/wp-content/uploads/2023/11/SN_Place.html* (Accessed: 16/09/24) Norfolk & Waveney ICS, (2024) *Norfolk and Waveney Integrated Care Strategy and Norfolk Joint Health and Wellbeing Strategy* https://improvinglivesnw.org.uk/wp-content/uploads/2024/06/Integrated-Care-Strategy-2024-.pdfNorfolk & Waveney ICS, (2024) *Norfolk and Waveney Integrated Care Strategy and Norfolk Joint Health and Wellbeing Strategy* https://improvinglivesnw.org.uk/wp-content/uploads/2024/06/Integrated-Care-Strategy-2024-.pdf (Accessed: 16/09/24) Norfolk and Waveney Integrated Care System (2024), '*Norfolk and Waveney 5-year Joint Forward Plan* ', https://improvinglivesnw.org.uk/norfolk-and-waveney-5-year-joint-forward-plan/ (Accessed: 16/09/24)
NHS Constitution:	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:	None identified
Reference to relevant risk on the Board Assurance Framework	

Governance

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

Improving lives **together**

Norfolk and Waveney Integrated Care System

South Norfolk Place Board

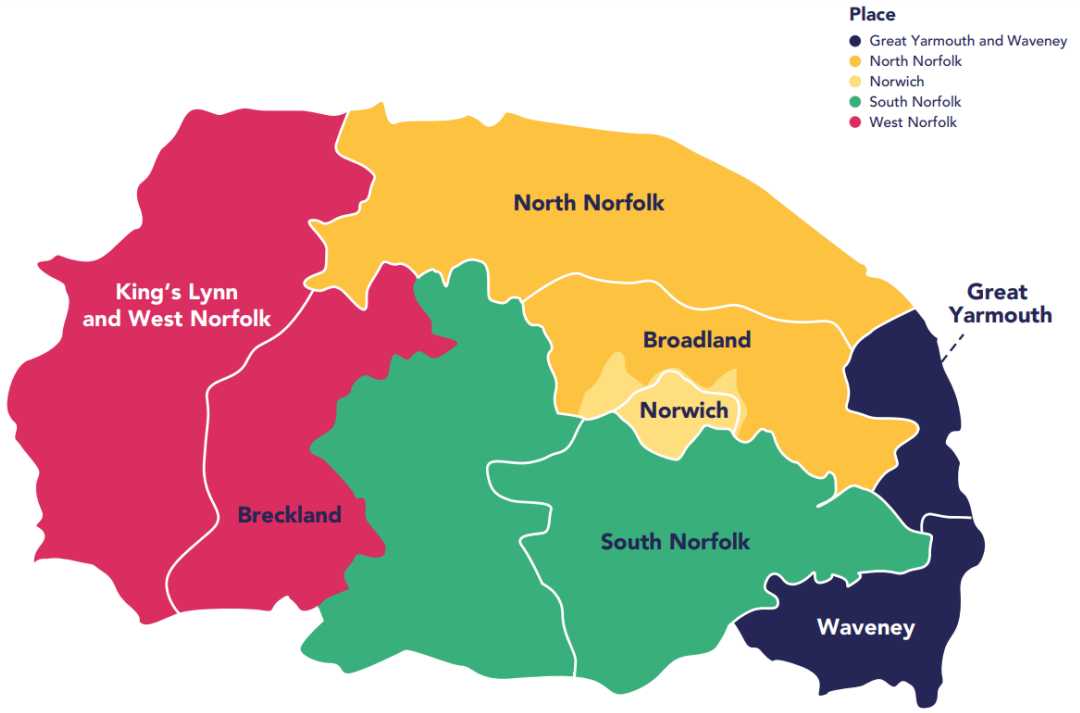
Update for Patients and Communities Committee

Dr Olga Tsirogianni, Acting Associate Director - South Norfolk

September 2024

What is South Norfolk Place?

- South Norfolk Place is the system condensed to a smaller footprint, covering a population of 240,000 instead of 1.1m.
- South Norfolk Place Board constituted in Autumn 2022, including NCHC, NNUH, NSFT, PCNs, WSH, councils, social care and public health, as well as the locality team.
- Place level structures overlap: South Norfolk Place Board partners with two Health and Wellbeing Partnerships (HWPs), as well as sitting within the ICB's central band of North, Norwich and South Norfolk localities.
- Our Place shares a border with Suffolk, with patients in Diss and Thetford often using services in Suffolk as well as in Norfolk.
- The aim is to improve health outcomes by leveraging the unique resources and expertise of each partner at the more local level, ensuring that the care provided is tailored to the community's needs.



Place is not about governance per se; it is ultimately about fostering collaboration between people in different organisations to deliver together.

What are the issues in South Norfolk?

Population

- 241,000 residents in South Norfolk in 2021.
- 1 in 4 were over 65 in 2021.
- 1 in 20 were under 5 in 2021.
- The population in the South Norfolk Place Board area is expected to grow by about 44,000 people between 2020 and 2040; the largest growth is expected in the older age bands.

Deprivation

- Around 12,000 people in South Norfolk live in areas that are among the 20% most deprived in England.
- The gap in life expectancy at birth between the most deprived 10% and least deprived 10% of areas within South Norfolk is 4.4 years for females and 6.4 years for males.

Life and Healthy Life Expectancy in Norfolk and Waveney

Parker Rachael 23/09/2024 10:38:17

- Healthy life expectancy in Norfolk is about 62.9 years for males and 63.9 years for females; similar to England and has generally been staying the same over the last few years.
- The trend over the last decade is for people in Norfolk to spend more time in ill health, which was 17.1 years for males and 20 years for females in 2018-20.

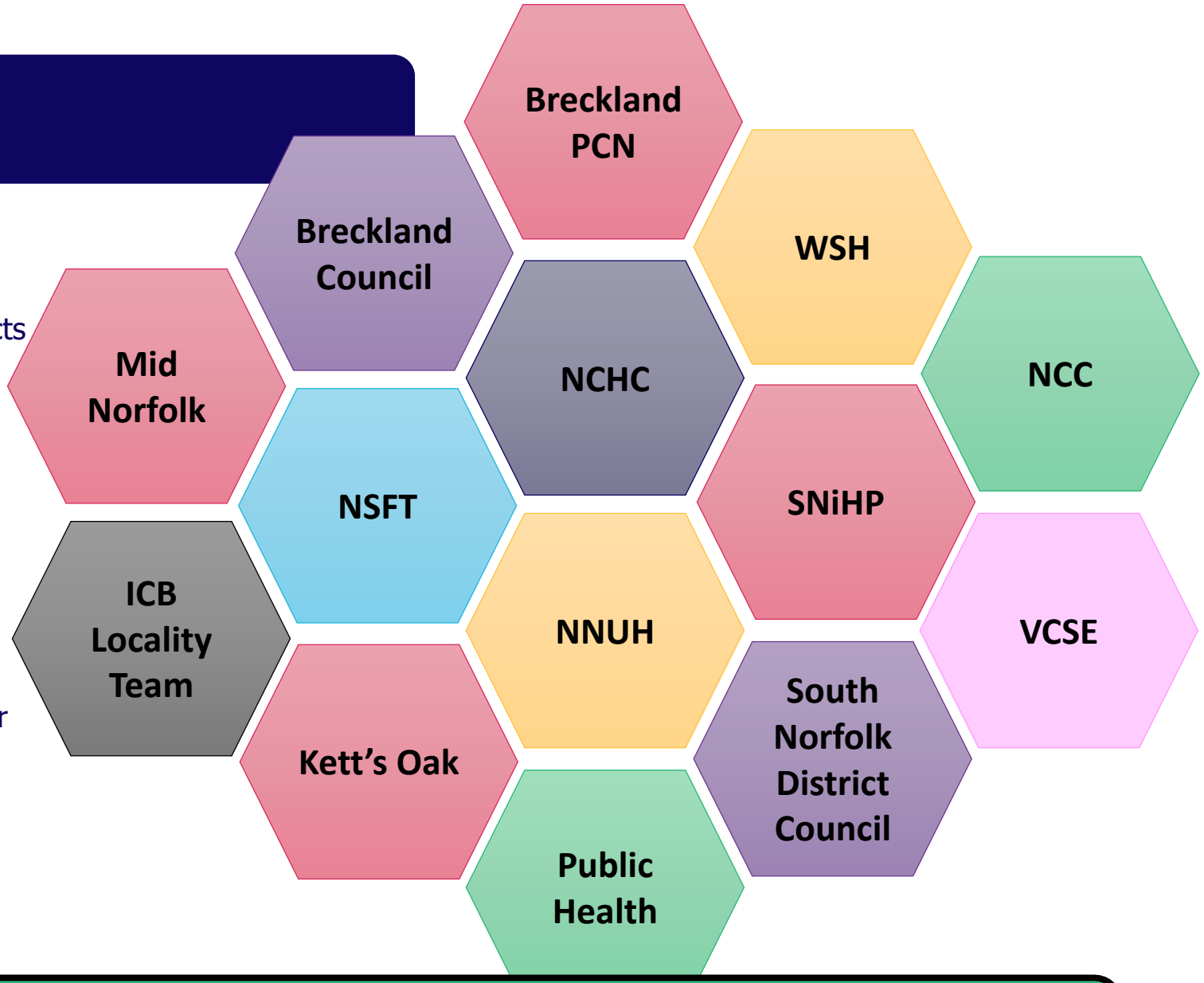
Large rural geography

CORE20 LSOAs in Thetford, Dereham and Watton

Growing ageing population

What has changed?

- Relationships moved away from formal correspondence to informal conversations/calls
- Joint posts have facilitated health/wellbeing projects in place
- NCHC attendance in PCN meetings has resulted in better working together
- Councils hosting SPs for PCNs created a close operational link for a shared population
- ICB locality, PCNs and WSH have developed closer links to work on cross border issues
- District councils have been working closer together where interests overlap
- NCHC, councils and VCSE – sharing information across Stroke Reach project
- The members who have engaged have seen the benefits



"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

What have we done in the last 2 years? (1)

Place Board

Projects and funding necessarily sit within a particular board or partnership, although the same stakeholders are involved in sharing issues, developing ideas and implementing projects. Projects are often co-funded between different stakeholders and boards.

1. Jointly funded integrated roles between ICB and District Councils (22/24)

- These roles are a shared resource to undertake project management of complex projects, ensuring speed and joint ownership of the work.
- These integrated roles have been integral to the implementation of projects initiated either in the Place Boards or the Health and Wellbeing Partnerships.

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- It is not always easy for organisations to undertake transformation work without extra project resource.
- The locality team has provided leadership, project management and project support in multiple projects through the years.

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- Initiated in response to severe staff shortages in the South Norfolk CMHT. Partners from the Place Board, including the locality team, MH commissioning, NSFT, primary care and district councils came together.
- The team reviewed the extensive caseload list with a view to identify patients that could be effectively and appropriately diverted to social prescribing services in their area.

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- Thetford and Watton had historically low uptake of flu vaccinations.
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5. 2022/23 Winter: PCN projects proactively contacting newly discharged patients

- Using discharge lists from NNUH, practices were proactively contacting discharged patients from hospital to check whether they required any clinical input.
- Project to include patients not already being contacted as part of the proactive LCS
- If necessary, these patients should be offered further follow with a clinician (GP, LTC Nurse, pharmacist etc) and/or referral to other support services as appropriate (i.e. social prescriber).

What have we done in the last 2 years? (2)

Place Board

6. Match funding leadership resource within the community team (23/24)

- Community transformation funding was allocated to jointly fund a Band 7 clinical to support the coordination of the flu campaign, facilitate the communication of projects with the partners, lead the diabetes project/engagement with specialist services and practices, provide senior clinical oversight at point of referral, release time from the PCN clinical leads to increase PCN facing interactions.

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- Accelerated long term condition reviews during year funded at 50% oncost staff rate

Projects and funding necessarily sit within a particular board or partnership, although the same stakeholders are involved in sharing issues, developing ideas and implementing projects. Projects are often co-funded between different stakeholders and boards.

9. Care Homes – Urgent demand (2023/2024)

- South Norfolk Healthcare worked with care homes that had a higher ratio of emergency admissions to reduce demand on care home staff, GP practice and urgent care services.
- Through PDSA cycles they assessed and improved processes for urgent and non-urgent queries from care homes to the practices e.g. verification of death scenarios.
- Reviewed reasons for low rates of coding of patients under palliative care and/or Gold Standards Framework (GSF).

10. Match funding leadership resource within the community team (24/25)

- Community transformation funding was allocated to jointly fund a Band 7 clinical to support the coordination of the flu campaign, facilitate the communication of projects with the partners, lead the diabetes project/engagement with specialist services and practices, provide senior clinical oversight at point of referral, release time from the PCN clinical leads to increase PCN facing interactions.

11. Funding recruitment of B6 Diabetes Nurse and B4 Nurse (24/25)

- Community transformation funding was allocated to support recruitment nurses to support a diabetes project to engage with specialist services and practices, with the goal of reducing the number of patients requiring a visit for the purposes of administering insulin.
- The B4 nurse also supports UCR work, and the leg ulcer doppler clinic which has been experiencing increased demand.

What have we done in the last 2 years?

Health & Wellbeing Partnerships

Projects and funding necessarily sit within a particular board or partnership, although the same stakeholders are involved in sharing issues, developing ideas and implementing projects. Projects are often co-funded between different stakeholders

12. Social Prescribing in Secondary Care (SPSC)

- Agreed across **five Health and Wellbeing Partnerships,** a team of Social Prescribers based at NNUH support patients to improve their health outcomes where the patient is being adversely affected by societal factors such as deprivation, poor housing, relationship difficulties etc.
- Information governance was identified as one of the largest challenges in implementation and was successfully agreed. Learning from this process will be useful as more projects are developed within the central alliance footprint.
- 330 patients referred to the service from secondary care, including 132 (41%) from discharge and 83 (26%) from pre-op. The steady stream of referral tailed off without in-person sessions with hospital to promote the project.

13. Watton Community Health & Wellbeing Workers (CHWWs)

- CHWs have been proactively reaching out to residents on health and wellbeing, with a focus on early intervention/preventative offers, such as vaccinations and screening, smoking cessation, and wellbeing.
- Visits began in February 2023 and the team quickly began to impact residents with their ability to identify and address challenges before they reach a crisis point.
- An initial evaluation demonstrated benefits in the community, as well as health and council services. Vaccination rates have increased, unplanned demand at the surgery has reduced and the practice has seen a strong improvement in QOF scores.
- Further evaluation has been commissioned by the HWP, and the ICB has signed off the role within the ARRS

14. Stroke Reach

- Initiated in the South Norfolk Health and Wellbeing Partnership, the project began by co-designing the post rehab stroke pathway with a patient with lived experience. The aim was to identify and address gaps through an enhanced offer.
- As of May 2024, 34 have completed the Health Coach Programme with 2 in progress 13 have completed the Broadly Active programme with 16 currently participating, and the others are completing Leisure Centre referrals, EXI, Community Connectors, Help Hub, and wider support services.
- The Broadly Active part was funded by the BCF and the Health Coaches from the ICB.

Where does this fit in the system?

Each piece of work contributes to the wider system priorities of driving integration, prioritising prevention, addressing inequalities, and enabling communities to live more healthily – essentially the left-shift of resources.

In addition to this, these projects have aimed to reduce unplanned workload, moving care closer to home, supporting efforts to reduce UEC demand and improve primary care resilience, some key ambitions for the ICS.

System priorities:	Driving integration	Prioritising prevention	Addressing inequalities	Enabling communities	Reducing unplanned workload	Bringing care closer to home
1. Joint funded roles	X	X	X	X	X	
2. Project management	X	X	X	X	X	X
3. Community Mental Health Team caseload review	X				X	X
4. Seasonal vax uptake		X	X		X	
5. Winter 22: Proactive calls		X	X	X	X	X
6. Match funding leadership in community 23/24	X		X	X	X	X
7. B6 Physio & B4 Therapy Assistant in community		X			X	X
8. Winter 23: Early Reviews		X	X	X	X	X
9. Care Homes	X	X			X	X
10. Match funding leadership in community 24/25	X		X	X	X	X
11. B6 Diabetes Nurse & B4 Nurse in community		X			X	X
12. Social Prescribing in Secondary Care	X	X			X	X
13. Community Health and Wellbeing Workers	X	X	X	X	X	X
14. Stroke Reach	X			X	X	X
Upcoming work						
15. Engaging with Diss development	X	X	X	X	X	X
16. Breckland Local Plan	X	X	X	X		X

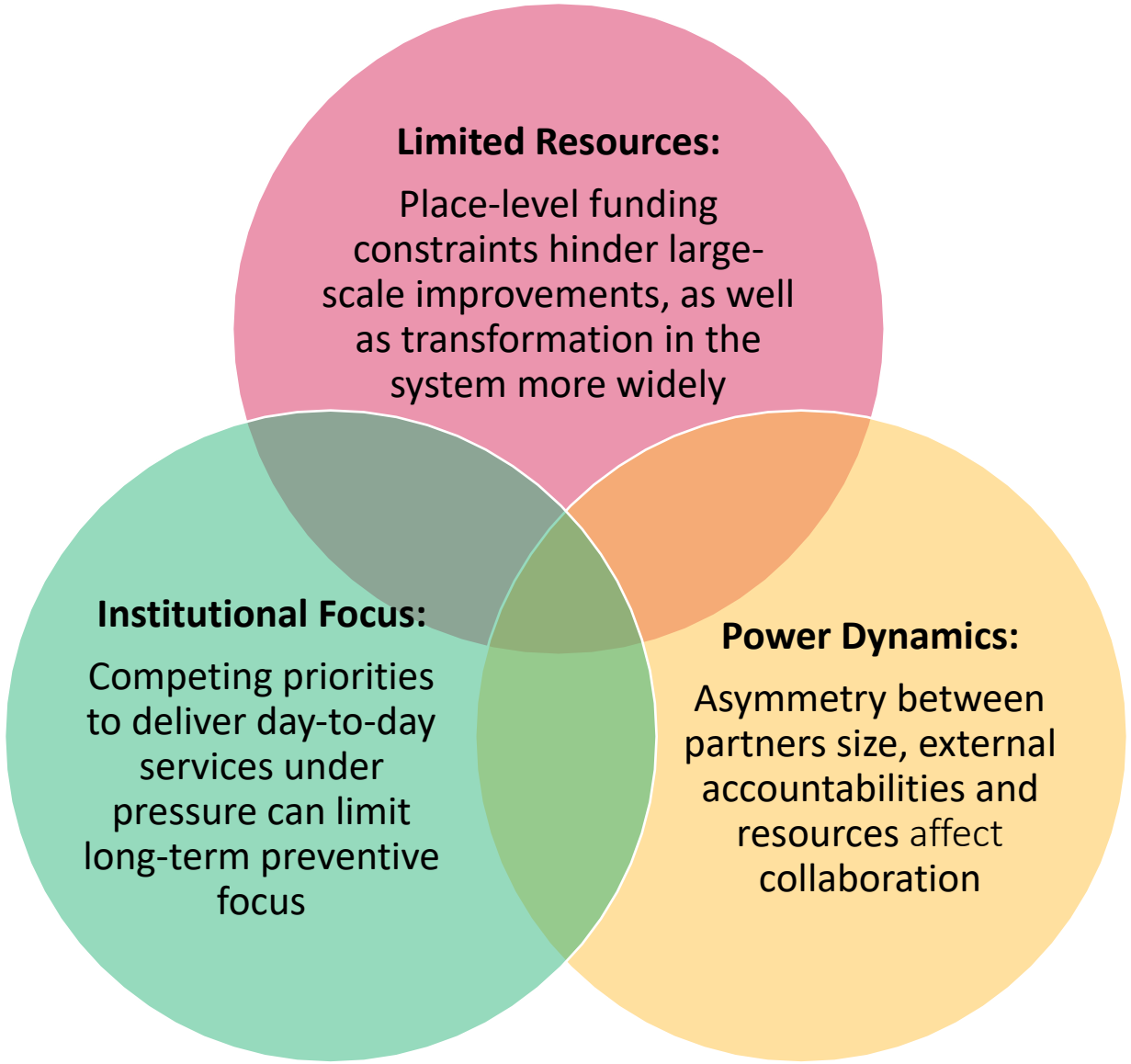
What have we learned?

Building Coalitions: Aligning organisations around shared goals at place level	Initiating a project often hinges on securing key supporters who can drive the necessary actions within their own organizations.	This sometimes requires persuading colleagues to undertake tasks outside their usual remit, and aligning each organization with the project's goals can take time.	When all partners back an integrated project and resources are committed, the benefits to both the population and service delivery are clear, often exceeding the sum of the individual efforts.	There is strong support for this collaborative culture amongst partners.
Integrated Roles: Joint health and council roles driving local health initiatives	Jointly funded roles dedicated to integrated projects within Place have proven to be key enablers of progress at the operational level.	Such roles with our DCs have been instrumental in developing and delivering integrated health and wellbeing projects.	This collaboration has ensured that there is a dedicated focus on the aims of integration and health improvement at the implementation level	
Quick Problem-Solving: Stronger relationships enable faster responses to challenges	Improved relationships among stakeholders have enhanced the ability to respond swiftly to unforeseen challenges as they arise	This is beyond the formal activities of the Place Board	Quick and personal communication has enabled partners to address issues promptly, either by developing solutions independently or offering assistance where needed.	e.g. The relationships at place level meant that we were able to facilitate a caseload review between the social prescribing team at SN&B, primary care and the community mental health team.
Test and Learn Approach: Better trust means leaders more willing to take a risk to innovate	This approach demands leaders who can navigate elevated levels of risk and relies on a high degree of trust between partners to take these risks together.	There is willingness among partners to embrace a test-and-learn approach, exploring new ideas and evaluating their potential to achieve the desired outcomes.	Absence of clear mechanisms to secure support for scaling up successful initiatives means we haven't seen the full impact of our work.	The CHWWs are an award winning example of creating new integrated services.

What are our challenges?

Data Sharing Challenges: Time-consuming but critical for project success	Sharing data between organisations in the system is a relatively new way of working.	While system-level agreements help frame these discussions, staff are often cautious, leading to potential delays if there is insufficient capacity to handle data-sharing processes.	Repeated efforts may be needed to align agreements, particularly when there are changes in personnel within any organization.	e.g. Staff in the hospital were unfamiliar with the security of @x.gov.uk addresses and had to be formally reassured of their safety ahead of referring patients.
Competing priorities: Partners can find it hard to engage consistently as required to focus on delivering BAU	Organisations under pressure often focus on delivering business as usual, with less capacity for exploratory work on integration and improvement.	Individual organisational priorities, such as specific accountabilities and financial constraints, often take precedence over long term goals focused on prevention	This can be limiting when trying to take advantage of opportunities for broader systemic improvements, even when benefits are clear.	e.g. Individual providers still need to balance their books not just as an ICS
Workforce Shortages: Multiple restructures across the system and workforce pressures in providers	Staff shortages, organizational restructures can make it hard to know the right person to engage with, and for them to have time to engage	There are strong relationships between teams and individuals in partner organisations	This progress can feel fragile, as staff and roles have changed over time.	

Key factors shaping place-based working



Next Steps

Place partners are eager to be tasked with addressing bigger, impactful challenges within a broader vision for the system

Place needs to be meaningfully represented within strategic programmes in the ICB/ICS to ensure their potential is fully utilised in meeting wider system aims

"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

Norfolk and Waveney
Integrated Care Board

Agenda item: 08

Subject:	**VCSE Assembly Meeting Minutes**
Presented by:	**Emma Ratzer, VCSE Assembly Chair**
Prepared by:	**Emma Ratzer, VCSE Assembly Chair**
Submitted to:	**N&W ICB Patients and Communities Committee**
Date:	**23 September 2024**

Purpose of paper:

Information and updates

Executive Summary:

Copy of minutes from last Assembly Meeting for information and reporting into the Patients and Communities Committee

Report

Minutes of Assembly Meeting

.

Recommendation to the Committee:

For information only

Key Risks	
Clinical and Quality:	
Finance and Performance:	

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

Governance

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

MINUTES OF THE ASSEMBLY BOARD MEETING HELD ON 1ST AUGUST 2024

ATTENDEES: Ashley Bunn, Dan Mobbs, Daniel Skipper, Daniel Williams, Emma Ratzer, Lucy Hogg, Mark Burgis, Mark Hitchcock, Shelley Ames

WELCOME & INTRODUCTIONS: completed.

HEALTH INEQUALITIES & VCSE PARTNERSHIP TEAM

Mark and Shelley provided an update on the staffing restructure. The majority of posts are filled, including the ICB Executive Team. There are one or two posts yet to be filled and these are hoped to be in place by the end of August. Interviews took place last week for the Executive Director of Commissioning & Performance, and a formal offer has been made.

Mark took members through the updated Patient & Communities Senior Leadership Team:

- Karen Barker; Executive Director of Corporate Affairs & ICS development
- Sadie Parker; Director of Primary Care
- Ross Collett; Director of Urgent & Emergency Care
- TBC; Director of Place (Norfolk & Waveney)

Shelley reports to the Director of Primary Care as there is an element of work around healthcare and inequalities that will fit with primary care and the team works across the whole organisation. How this will work is currently being determined, as well as how Shelley will sit amongst the other heads and associate directors that report directly into Sadie.

The HI & VCSE team structure was also shared, which consists of 4 posts, one of whom is Amrita Kulkarni who has been working on the Community Voices programme (this is a fixed term until March 2026). There are also two Senior Programme Managers; Alice Vickers and Philippa Gregory. A volunteering portfolio is also part of the team and this is managed by Jules Anderson and is now a broader remit. Tracy Williams is the Clinical Lead for health inequalities and inclusion health. There is also a Creative Health Associate looking at social prescribing (fixed term). Staff timelines vary due to other commitments, so the team continues to form.

Shelley provided a summary of deliverables, which includes:

- Providing systems leadership and drive implementation of the ICS Health Inequalities Strategic Framework for actions;
- Leading action around healthcare inequalities, which the HI & VCSE team will support and enable working closely with Place and strategic teams;
- Supporting the integration of the VCSE sector into ICB and wider ICS ways of working in line with the NHSE VCSE Partnering Guidance;
- Further developing the volunteering programme of work in support of NHS Taskforce recommendations and the People Plan, as well as developing and supporting system volunteering strategies aligned with Core20plus ambitions.

Shelley referred to the 10 actions agreed in the HI Framework, the four objectives in the VCSE Integration Programme Proposal, Healthcare Inequalities deliverables and the work of volunteering, including the Volunteering for Health programme funding.

Two VCSE posts elsewhere in the ICB restructure was also referred to; one in the Children Young People's team (the VCSE Optimization Lead) and the VCSE Commissioning Lead within the Commissioning & Performance Team, both posts of which Shelley will link in with.

Finally, Shelley outlined the internal governance arranges and confirmed that the VCSE Assembly reports directly into the Patient & Communities Committee. It will be necessary to set up a form of strategic group to help drive the work on a "doing" basis that will go into the Population Health & Inequalities Board, so sector involvement is needed in this.

All posts should have a responsibility to feed into the Assembly and this is the intention of the Strategy Group, which will meet more regularly. VCSE leads will be brought together with the sector and County colleagues to have conversations about how we work and what our works programme looks like. It is intended that all VCSE roles across the ICB strengthen communications.

Dan Mobbs reiterated the need to ensure the correct language is used; this has been a long process and whilst we aim to be a critical, influential partner, VCSE are sadly not an equal partner at present. Shelley pointed out that the language of equal partnering used throughout the proposal, which was developed together, so whilst happy to reflect on language we all need to be consistent and in agreement.

Mark Hitchcock then reiterated that there is much commitment in the room and the need to understand the reality and move forward together is key. There is great capability to do something significant and re-start the VCSE Assembly. It is important to question absolutely everything and ensure the right conversations are taking place.

Shelley was then asked to provide an update on the appointment of the new Chair, which is hoped to go live from next week. It is intended to run the advert for 5-6 weeks prior to shortlisting with the intention of interviewing provisionally on 26th September. It is necessary to identify sector representatives to be on the panel; the suggestion was in total the panel should be three ICB representatives and three Assembly representatives. This was ***agreed*** and Shelley will be provided with location and panel member details. Members were asked to actively help promote the advert. A shared-inbox has been created to respond to queries about the role.

It was noted that if Board members do not have confidence in those being interviewed, then the post should be re-advertised to ensure a suitable appointment is made.

PORTFOLIO LEAD UPDATE

Emma updated members that Lucy de La Casas has now left Voluntary Norfolk and has also stepped down from her role as the portfolio lead on the Finance Committee. It was noted that the post should be replaced like-for-like, as funding is in place for this. Emma will confirm the recruitment process. The need to ensure the postholder works alongside us to develop the commissioning strategy was noted.

A new opportunity has arisen through the newly established Innovation Network, who were looking for voluntary sector representation. A subsequent Champion Network, has also been

established, which will have a remunerated champion position. They are keen to have a champion who can support connectivity within the wider sector. Following a community innovation event a colleague at Norfolk Community Foundation has expressed an interest in being the Innovation Champion, it was agreed that Shelley should continue this conversation whilst other Board members reached out to other potential interested parties.

It was noted that there are many opportunities around innovation and it needs to be driven by a service delivery perspective. Lucy Hogg offered to volunteer for the role, if needed. Daniel Williams drew attention to a publication by the NCF on useful insights into the needs of the communities, which is through the lens of a small grant funding provider, rather than a holistic sector perspective.

Discussions evidenced a clear need for sector representation to influence the direction of travel for the Innovation Network. ***Emma undertook to raise this with the Board and would follow-up with Shelley***.

Dan Skipper provided an update and confirmed that the Aging Well Programme continues and there are six workstreams; representatives from the Later Life Provider Network sit on each workstream (Frailty, Dementia Prevention, Care Homes, Education and Independent Programmes). Representatives will report back into the wider group and there will be two-way intelligence on how best to feed into the ICB programme.

Mark Hitchcock raised concern about the direction of travel on the living and working conditions piece in the health inequalities, but felt that the general direction of travel is very good. He also noted ICP and the need to ensure understanding of who is looking after the living well and living and working conditions in Norfolk.

Emma clarified that conversations have continued at district level because the Chairs of the eight health and wellbeing partnerships meet. Shelley advised that the ICB was invited to one of the meetings to discuss the Health Inequalities Framework. Shelley would be leading on workshops tomorrow and would seek to strengthen collaboration channels.

Daniel Williams advised that terms of reference for the place lead based on around 7 strategic principals as to how we want to connect place and assembly. Conversations have been taking place with the ICB and it is felt that the appointment of the new Director is doing to be key in helping shape and coordinate themes. ***Daniel and Ash will seek to pull feedback from the consultation process together and bring it back to the Assembly***.

The wider health and wellbeing partnership piece was also discussed, including the challenges and issues that are arising. Daniel has begun to map VCSE representation on the health and wellbeing partnership and is asking questions around accountability and feedback, with the aim to secure accountable representation. Ash interjected that part of the success will be unpicking some of the challenging environments.

Dan Mobbs provided an update from Children and Young People, which has now moved to a co-chair model. Dan represents the voluntary sector on the Children and Young People's Strategic Alliance, which is working incredibly well. Priorities focus around prevention and early help.

Lucy talked about empowering communities and advised that the majority of work has focused on the Norfolk vision for volunteering, the success of the ICB-led bid and volunteering for health. They are keen to ensure that the work of the two workstreams don't duplicate and that they're able to communicate effectively. The key focus is to establish some sort of vision of volunteering in the county to establish a baseline in terms of numbers of volunteers across various organisations (voluntary and statutory), and also employer supported volunteering. There is also focus on improving the volunteering experience, including onboarding to retention and recognition. There has been positive engagement with the Steering Group.

Lucy confirmed that the empowering communities programme has been extended through to the end of the financial year, which is a six-month extension. Consideration about how this works effectively with the Assembly is required.

Key activities that are being worked on at the moment in light of recommissioning is a state of the sector survey, which is currently live. Members were asked if they could promote this, as it is key to determining priorities for the sector, but also a health check around the resilience of the sector at this time.

It was noted that Lucy runs a leadership network, which re-launched around one year ago; the group meets quarterly and has about 25 attendees. They last met in the summer and held a session with economic development, which was very much consultation around the economic strategy and some of the opportunities around devolution. The group will be looking forward at opportunities in terms of Government changes and also an economic strategy.

The group has been working closely with the County Council around their understanding of the VCSE.

Shelley indicated that there is an opportunity to go to the Finance Committee in November to provide a summary of the health inequalities and challenges faced; this is an opportunity to raise voluntary sector challenges and steps that could be taken to put solutions in place. Many conversations appear to be taking place about the health of the sector; there appears to be disjointed work, but opportunities to pull that work together and take it to decision makers. It is important to understanding what is currently happening and where there are gaps so that a baseline picture can be pulled together as we move forward.

Dan Skipper suggested that back office services needs to be considered as a strategy across all the infrastructure organisations and how they dovetail to each other. Dan also highlighted the need for an education piece with people who are making decisions.

RISK AREAS

Mark Hitchcock raised concern about a grant agreement, which is currently under significant question. This pays for all of the CAB offices across the county and volunteer teams; without it they would not be able to run any longer than 12 months maximum. They are currently at 21,000 people (being supported) capacity this year and have grown by 50% since the bottom of Covid, and are operating across 90% of the county. There are concerns about how this

would be covered if the grant funding was to cease in March 2025. This would be added to the risk register.

He then mentioned that the Living Well Partnership, that ran social prescribing in Norwich until March, changed into a number of provisions within the PCN's across Norwich from April. Age UK and N&N Citizens Advice chose to exit the central PCN social prescribing contract in the last few months. They came out as they felt their staff wellbeing was at risk.

Dan Skipper suggested that the payment risk needs to remain on the risk register, as there are still issues.

Dan Mobbs highlighted a significant risk in the Children Young People's sector with mental health services; they are picking up more and more, but there is still failing mental health services for children and young people and funding is very limited.

ANY OTHER BUSINESS

Mark Burgis drew attention to the health-owned facility in North Norfolk and Cromer, Benjamin Court. A public meeting took place recently to seek suggestions about what the facility could be used for. Members were invited to put forward suggestions outside of the meeting.

healthwatch Suffolk

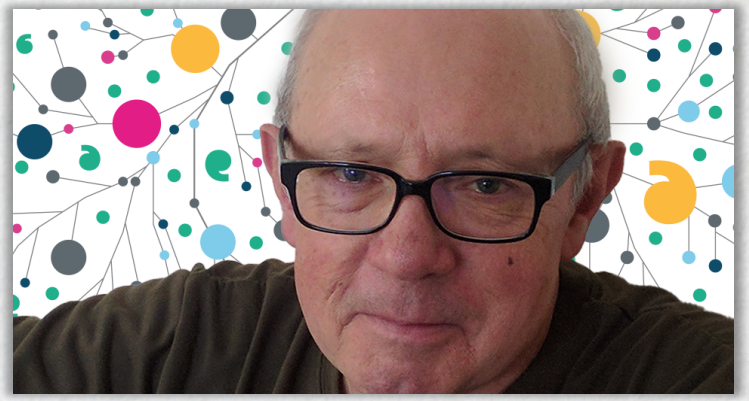
10 Years+1 of achieving change

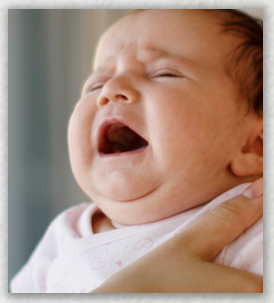
Michael Ogden (Communication and Information Services Manager)

Young people's wellbeing

Elective care proposals in west Suffolk

Living with COPD in Suffol





Children and young people's asthma care and support

All of Suffolk and north east Essex

Children's asthma support

Smoking, vaping and using tobacco

Tackling Poverty Together in Suffolk

And many more trusted insights from Healthwatch Suffolk CIC

Feedback 2013/14 – 2023/24

The Feedback Centre

The Feedback Centre (www.healthwatchsuffolk.co.uk/services) holds in excess of 23,250 reviews of 500+ services and almost 2,000 responses from local services.

Last year, and overall, we ranked within the top three local Healthwatch for Feedback Centre reviews nationally.

155,000 (minimum) & counting individual comments and research responses since 2013.

Five ways we influence local care

How we influence

1. **Sharing insights –** specific research projects and feedback systems.
2. **Co-production –** Encouraging & supporting services to co-produce.
3. **Partnerships/collaboration –** Working with, and supporting, system/VCFSE partners.
4. **Community engagement –** Engaging communities and helping services (e.g., GP practices) improve.
5. **Information & signposting delivery –** helping people find their way through services.

Impact achieved 2023/24

- **Strategic influence –** informing/shaping system strategies.
- **Changing services –** new services or updates to existing practice/design.
- **Personal change –** impacts for individuals in touch with our service/projects (e.g., from signposting or personal growth in projects).
- **Cultural change/co-production –** cultural change by encouraging services to embrace co-production.
- **Supporting service scrutiny & sharing insights –** sharing intelligence with regulators/HOSC and government.
- **National influence –** work with our national network and more.

Strategic change to improve support

Living with dementia in Suffolk

- Insights shaped first-of-its-kind co-produced Suffolk dementia strategy.
- Learning embedded into the specification for procuring a new pre and post diagnostic service.
- Used by CQC to develop a national strategy regarding dementia care.

"The report remains a pivotal document, with its key recommendations embedded throughout the co-produced Suffolk Dementia Strategy… and action plan." - Gail Cardy (Dementia Strategy Development & Implementation Lead)

POD service engagement

- Encouraged ICB to engage people about this service change and independently analysed over 10,000 comments from 2,000+ people.
- ICB has made supporting vulnerable and digitally excluded patients a priority.
- A small team and helpline was in place to support people to access alternative services over the summer of 2024.
- From September 2024, a new team to support the whole of primary care across Norfolk and Waveney manage and improve repeat prescribing processes.

Young people's wellbeing

MHoF 2023 – young people's wellbeing

- 13,000 responses from young people (more than 66,000 over years).
- Multi-year feedback about improved approaches to student wellbeing in schools/colleges.
- Cross-sector use of data to inform commissioning strategies, decisions and conversations.
- Supports funding bids for new NHS/VCFSE services and more.

"…enables schools to tailor approaches and work out what needs changing to support young people."

"The feedback gathered over the past few years has enabled us to listen, reflect, learn and ensure our plans for delivering mental health services are in line with what our CYP need…"

"an integral part of our planning… an insight into the issues our students are facing and more importantly the support they need."

Elective hospital care in Suffolk

We began to plan a significant research project…

- Tens of thousands are waiting for care, making this a critical issue for the wellbeing of Suffolk residents.
- We have co-produced our research tools with hospitals and patients waiting for care.
- The project will help systems and providers to know more about people's experiences of their wait for care, the support they have received to 'wait well', and what would help people to cope with their ongoing wait for treatment.

Launching October 2024.

How you can help us

- **Find, use and refer to our work and insights -** most reports (now organised across **more than 30 topics/service areas A-Z**) can be found at https://healthwatchsuffolk.co.uk/ourresearch/

- **Follow our updates to be notified about the latest insights and opportunities -** https://healthwatchsuffolk.co.uk/sign-up/

- **Ask us to support your work** – our team is experienced in engagement, co-production, accessible research, evaluation and more.

- **Help people to find us –** share our opportunities for people and communities to join in our work and make sure all services help people to know how they can feedback to their local Healthwatch – it's their right.

- **Tell us if you have used the insights we've shared -** it helps us demonstrate impact and means we can help people to know how their experiences lead to local change.

Explore our work

www.healthwatchsuffolk.co.uk/annualreport24

info@healthwatchsuffolk.co.uk
www.healthwatchsuffolk.co.uk

Norfolk and Waveney
Integrated Care Board

Agenda item: 10

Subject:	**Healthwatch Norfolk Update**
Presented by:	**Alex Stewart, Chief Executive Officer – Healthwatch Norfolk**
Prepared by:	**Alex Stewart, Chief Executive Officer – Healthwatch Norfolk**
Submitted to:	**N&W ICB Patients and Communities Committee**
Date:	**23 September 2024**

Purpose of paper:

To provide members of the committee with a general oversight in relation to two issues that have recently been dealt with by Healthwatch Norfolk

There are three parts to this report:

1. Views and concerns expressed by the LGBTQ+ Community at the two Pride Events held in Norfolk within the last few weeks
2. Reports two and three relate to Healthwatch attendance at two SEND Events – the first being Wells, the second being Swaffham

All reports highlight issues that respective groups of people find trying in relation to the provision and ability to access services across Norfolk.

Recommendation to the Committee:

That the committee notes the comments and any associated recommendations in the report.

Key Risks	
Clinical and Quality:	
Finance and Performance:	
Impact Assessment (environmental and equalities):	
Reputation:	

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

Governance

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

‘Do you feel that being part of the LBTQIA+ community affects your health care?’

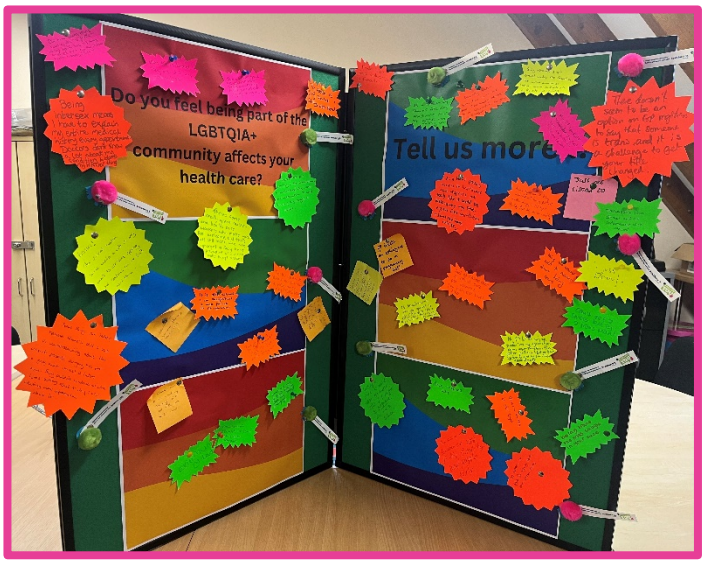
A short report based on engagement gathered from the 2024 Norwich and King's Lynn Pride events

Contents

Background

In July and August, Healthwatch Norfolk attended Norwich Pride and King's Lynn Pride to engage with members of the LGBTQIA+ community about their experience of health care.

More specifically, people were asked in an open setting: "Do you feel that being part of the LBTQIA+ community affects your health care?" by members of the Healthwatch Norfolk team- people could cast a 'yes' or 'no' counter in a collection box and were given the opportunity to elaborate on their experience of healthcare. The information collected was further analysed to draw deeper meaning. For a theme to be considered, it had to be referenced in at least three responses. At the end of each event the counters were tallied and recorded.



We received 164 responses to the initial question of 'Do you feel that being part of the LBTQIA+ community affects your health care?' in the 'Yes/No' format. We also received 36 qualitative responses from the event where people had elaborated on their experience of healthcare as a member of the LGBTQIA+ community (these responses can be found at the end of this report). For these extended responses, some demographic data was collected. The average age of respondents

was 26 years old and 30 of the 36 respondents self-identified as 'White-British'. The only other ethnic group represented in the data was 'White-Other', which was selected by one person. The remaining responses did not include demographic information. In terms of gender identity, the largest subgroup was 'Female', of which 12 people (39%) identified themselves as. While this demographic data suggests that the findings of the survey will not be generalisable with the wider Norfolk population due to disproportionality and sample size, it can still provide a valuable insight into LBTGQIA+ healthcare in Norfolk. The findings can also be used as the basis of future work.

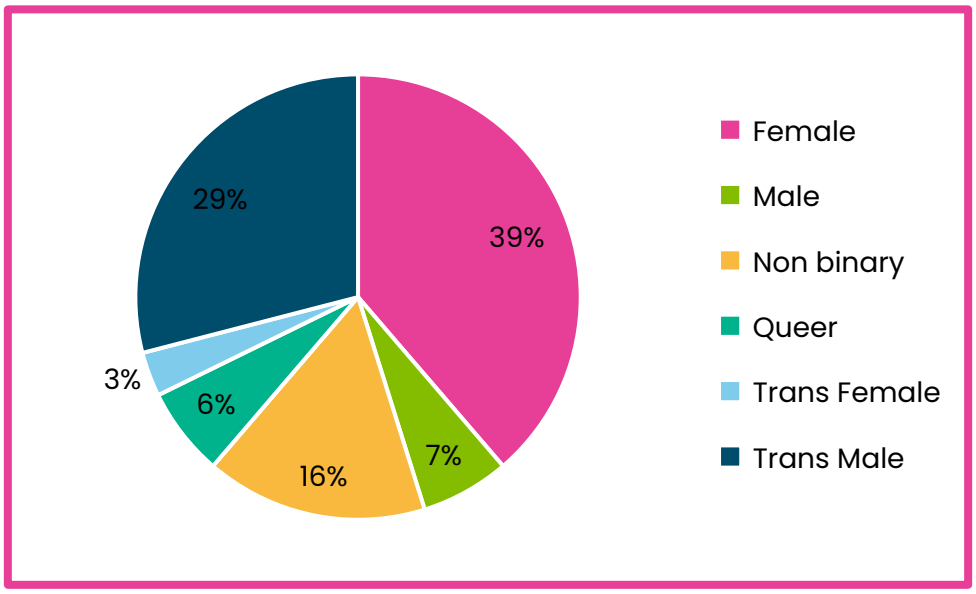


Figure 1 Pie chart depicting sexuality of respondents as percentages. Number of respondents for this question totalled 30.

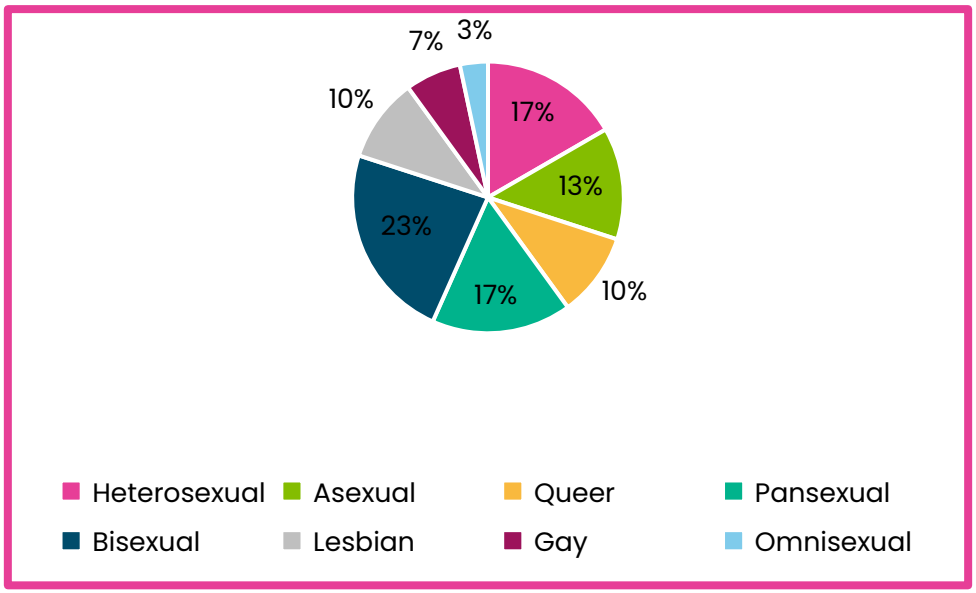


Figure 2 Pie chart depicting the gender of respondents as percentages. Number of respondents for this question totalled 31.

Findings

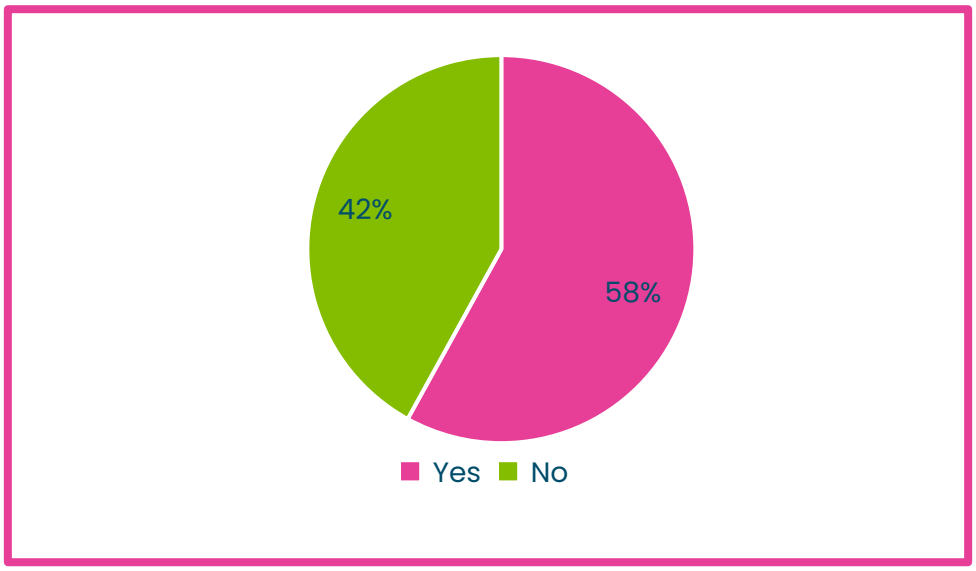


Figure 3 Pie chart depicting percentage of users who answered, 'yes' or 'no' to the question 'Do you feel that being part of the LBTQIA+ community affects your health care?'. Total number of responses numbered 162.

From the 'Yes/No' responses to the question 'Do you feel that being part of the LBTQIA+ community affects your health care?', Healthwatch Norfolk received 94 'Yes' responses (58%) while 68 people answered

'No' (42%). From the 36 in-depth responses that were given, the majority were of a negative sentiment, with just four people providing positive accounts of the healthcare they receive. Several themes were identified from these responses that had been shared by multiple people. The most common theme being that people felt that there was a lack of understanding/consideration for a patient's sexuality and gender when it came to their treatment. This included issues around gender stereotyping and lack of awareness around transgender issues. One respondent described:

> My title/pronouns often get ignored by the GP surgery. When talking about trans issues they look at me like I'm crazy.

Another person described similar issues with their GP practice:

> My GP repeatedly misgenders me and isn't even trained in trans issues.

Within the same theme, people expressed frustration at the questions and procedures they were required to engage with by health staff. These included issues surrounding pregnancy tests and contraception being offered/required of those who did not feel that it was relevant to them. The opposite of this was also expressed, in which people were being denied services or information they required due to their gender identity and/or sexuality:

> You can't get a smear test as a trans man.

> Getting a smear is weird when the nurse asks if I might be pregnant! No, I'm a lesbian!

Another person expressed that:

> Some things are better, however there's still a lack of understanding about the impact of prostate surgery has for a gay man versus a hetero man. They couldn't understand what I was talking about or why I was wanting more information about it.

While many people had issues with the level of understanding and consideration that was given to them by medical staff, there were instances where adjustments had been made based on their sexuality and gender. For example:

> Positive! The sexual health clinic made a note on my chart to not keep offering me condoms as we don't need them.

While others experienced some success but were hindered by infrastructure and computer systems:

> My GP let me put no gender on my registration form, unfortunately this option isn't available on their system to find my file/book appointments.

Other minor themes within the response data related to wait times being too long for transgender health clinics and services, with three

people expressing such. One individual had been waiting five years to access a transgender clinic.

Several people mentioned feeling that their mental health concerns were either brushed aside because of, or attributed to, their gender transition.

> Due to me being trans I was given no further mental health help as they accredited most of my mental health problems to being trans.

Next Steps

It is apparent that most people within the sample feel that being part of the LGBTQIA+ community affects their health care, with almost 60% of respondents believing that to be the case. From the thematic analysis of 36 in-depth responses to the question, Healthwatch Norfolk identified a key theme of people experiencing a lack of understanding/consideration from medical staff for a patient's sexuality and gender when it came to their treatment. There needs to be a greater awareness and consideration for members of the LGBTQIA+ community when it comes to both their access to health care and their lived experience, to foster a more positive environment.

As this sample size was small, there is merit in conducting further research in this area in collaboration with other key partners, e.g. The Norfolk LGBT Project.

Respondent Number	Feedback
1	There doesn't seem to be an option on GP registers to say that someone is trans and it is a challenge to get your title changed.
2	Being asexual is not covered under the equality act. We are counted as 'other' which pushes us to the side. No rights.
3	As a trans person access to healthcare that respects me feels like it could be taken away at any time e.g. the NHS constitution and same sex care rulings.
4	Just not listened to.
5	Lack of consideration in uterus care for lesbians, let them get their tubes tied.
6	My GP insists on me doing a pregnancy test.
7	Being too scared to talk to the nurse about being trans.
8	Can't get a smear test as a trans man.

9	Having issues ignored by bias, gender stereotyping, reproductive rights, birth control.
10	My GP let me put 'no gender' on my registration form, unfortunately this option isn't available on their system to find my file/book appointments.
11	Conversion therapy is still legal.
12	My doctor is gay so he slays so hard.
13	Being intersex means I have to explain my entire medical history every appointment. Doctors don't know a lot about my condition and blame my HRT for things.
14	Positive! The sexual health clinic made a note on my chart to not keep offering me condoms as we don't need them.
15	There's some really great nurses and health care workers who make you feel welcome but there are still many who are ignorant or may have prejudice which can make things harder.
16	Doctors take far too long in the conversation to understand why I don't need contraception. It would be nice if they caught on quicker!
17	A doctor tried to blame my chronic depression on my transition.

18	It is often assumed I am straight/have a male partner at GP appointments.
19	Trans health care, suicide rates, hormone therapy saves lives.
20	Getting a smear is weird when the nurse asks if I might be pregnant! No, I'm a lesbian!
21	I have been fortunate to get great physical and mental health support from my GP.
22	I shouldn't have to lie about my sexuality to get the care I need.
23	Some things are better, however there's still a lack of understanding about the impact that prostate surgery has for a gay man versus a hetero man. They couldn't understand what I was talking about or why I was wanting more information about it.
24	My GP repeatedly misgenders me and isn't even trained in trans issues.
25	Trans healthcare is being restricted and becoming political. Conversion therapy is still legal. Why stop people being who they want to be?
26	Just assume I am straight and cis and unwanted. I feel unheard
27	As a transgender parent I feel very disappointed about the support and waiting times.

28	My title/pronouns often get ignored by the GP surgery. When talking about trans issues they look at me like I'm crazy.
29	Being trans the NSH laughs in your face
30	No support in place for young people going through puberty.
31	I am treated the same because most of the time they treat people fairly.
32	Due to me being trans I was given no further mental health help as they accredited most of my mental health to being trans.
33	When I tell I'm bisexual, they ask which way more inclined.
34	Being a lesbian means any question about sexual activity requires me to out myself to my doctor.
35	Five year wait for the transgender clinic. I've had a really long wait.
36	Waiting times for trans health care are really damaging.

Wells-next-the-Sea SEND Event Feedback

Healthwatch Norfolk works to capture the patient's voice in regards to health and social care experiences. Helping people to share and tell their stories about accessing health and social care services gives us a deeper understanding of the emerging trends and issues. Lately, we've been hearing more complex and wide-ranging stories from patients and service users in Norfolk. We attended a SEND event in Wells-next-the-Sea on the 22nd of November and heard the following stories.

"I have an 18 year old daughter who has never been formally diagnosed and a 17 year old daughter who was just diagnosed this year. It took 10 years for us to get her diagnosed. Due to the long wait for help, my daughters have had a build up of issues that have gone untreated. They've dealt with self-harm, eating disorders, claustrophobia and agoraphobia. My youngest daughter was admitted to hospital several times due to an eating disorder and has finally been diagnosed with autism spectrum disorder and now we are getting help with the eating disorder and self-harm. Once we got the diagnosis, we had an appointment with Dr Summers who is a clinical psychologist. Once we saw her everything clicked into place and we've been given all the help we need for my daughter and all the issues she's been struggling with. I just wish we'd got to this point sooner."

"We couldn't wait for years and years to get my son diagnosed, so we paid and went privately. It happened really fast and now we are waiting for his finalised report. The GP has referred us to occupational health, sleep clinic and mental health services. We've been told it will be at least 18 months before we see any of them. We had some communication to say that we'd been triaged and then referred to Ormiston, but they 'can't say when you will be seen.' It feels like we got the diagnosis and then were just sent off with nothing and no support. Apparently, we are also on the waiting list for the community paediatrician and that could take 4 years!"

Wells-next-the-Sea SEND Event Feedback

"My son is adopted and he has additional needs. We knew he needed an ASD assessment and were told we'd be on the waiting list for at least 3 years. We could not wait 3 years for help, we just couldn't. We were lucky enough to be able to pay to get a private diagnosis. Once we went down the private route the diagnosis happened quickly. After the diagnosis we were given an appointment with a Community Paediatrician. It was not a pleasant appointment, she seemed put out by the fact that we'd gone down the private route for diagnosis. Before the appointment I had researched the medicines used for treatment so I went to the appointment prepared with questions. Those were not well received and I felt shut down. We were given very little information about the 4 medicines my son was prescribed. They gave us a list of websites and just sent us off. The medications have also been hard to find. The last few times I've had to go to at least 4 different chemists to get all the medications. I am very thankful for Adoption Services, they've been giving us the most support and have been so helpful."

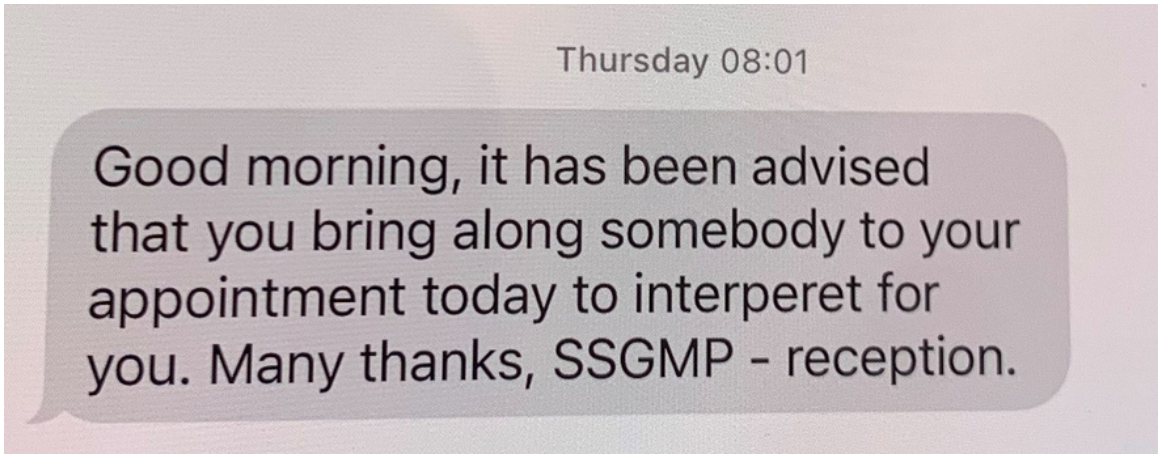
"I've contacted Just One Norfolk quite a lot and find that it can be hard to get through to the person you need to talk to. I know exactly who I need to speak to, but it's never easy to get through to that person. It can be quite frustrating. I've lost my NHS dentist, the dentist has left and now I'm without one. I know it's hopeless trying to get a new one."

"My son has additional needs and is signed up at the special needs dentist in King's Lynn. It's been over two years since his last routine check up. I keep calling to ask for an appointment for him and they either don't answer or they say they will call me back and don't. I can't just take him to a regular dentist, he has to see a special one."

"I have three children. My eldest was diagnosed 18 years ago and from start to finish the process took less than 6 months and he got excellent support. About 5 years ago my middle child received a diagnosis that took about 18 months to complete. Now my youngest is going through the process and we've been told it will be a 4+ years wait. Even after diagnosis there's not really much help offered. My middle child gets a phone call with the paediatrician once a year and that's it."

Wells-next-the-Sea SEND Event Feedback

"I am a patient at St Stephens Gate practice and I communicate using BSL and the surgery is aware of this. If I book an appointment in advance, then usually they get an interpreter for me. I attended an appointment last week that had been scheduled 2 weeks prior. I contacted the practice a few days before to make sure they had an interpreter scheduled for me. They reassured me that they would have one at my appointment. The morning of the day of my appointment I received the following text from my practice:



I then had to quickly try and find someone who could come along and interpret for me at very short notice. The doctor asked me if I could lip read and I said yes, but that does not help me to communicate with the doctor, it's only works one way and I'm left unable to communicate or ask them questions."

We would like to thank the SEND event attendees for taking the time to share their stories with us. We will be sharing this report with the organisers of the event and with the services mentioned here.

Swaffham SEND Event Feedback

My 10-year-old son has been waiting 4 years for a case worker and there is still no diagnosis. We had an initial assessment over 2 years ago and we have had no help or support in the classroom. I first noticed something was different when my son was 18 months old. At 6 years he was then on a waiting list

My 8 year old son is waiting for a diagnosis and there has been no communication letting us know how much longer we may need to wait.

. The gist of it is that her daughter has elements of autism and ADHD and also some feeding issues meaning she uses a PEG bag. Services on both sides have hesitated to really engage in care because of the expertise needed of the other side (if that makes sense). The lady felt her GP wasn't supportive enough, having already made the referrals to the other services, and not willing to get involved to push things along. On a positive note the child now receives a weekly mental health support session provided by the Benjamin Foundation

NHS
Norfolk and Waveney
Integrated Care Board

Agenda item: 11

Subject:	**Population Health & Inequalities (PH&I) Board – 20/08/2024 – Assurance & Escalation Report**
Presented by:	**Dr Frankie Swords**
Prepared by:	**Dr Frankie Swords**
Submitted to:	**N&W ICB Patients and Communities Committee**
Date:	**23 September 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 20 August 2024. The report details points of assurance and escalation as well as a high level risk overview summary.

The Committee is also asked to approve the attached updated terms of reference for the PH&I Board following review at the board. The key changes are to reflect the board's role in overseeing the implementation of the recently approved PHM strategy and HI strategic framework for action, and to oversee the development and implementation of the VCSE integration work programme.

Report

Please find attached document.

Recommendation to the Committee:

To note the contents of the report.

To approve the updated Terms of Reference.

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 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:	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 01 (Previously BAF 06)

Governance

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

Population Health & Inequalities (PH&I) Board - Points of Assurance / Escalation [20/08/2024]

Improving lives **together**
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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
34.	PH&I Board	20/08/2024	ICS PHM Strategy & HI Framework for Action Implementation Plans	Draft implementation plans discussed. Final plans & detailed annual programmes of work to be presented to PH&I Board on 15/10/2024.	N/A	N/A	For assurance	
19.	PH&I Board	20/02/2024	PHM software procurement	**Update:** Bidding, scoring and moderation panel phases completed. Contract winner to be announced after the 2-week standstill phase.	N/A	PHMI09	For assurance	
35.	PH&I Board	20/08/2024	PH&I Board Terms of Reference	Oversight groups ToR under review. PH&I Board ToR amended to reflect HI&VCSE governance changes as well as updates to membership – recommended for approval. **For escalation: Committee to approve PH&I Board ToR**	N/A	N/A	For escalation	
36.	PH&I Board	20/08/2024	New PHM projects: CVD Prevent and Cambridge & Peterborough VST Support	Protect NoW Virtual Support Team (VST) commissioned to support Cambridge & Peterborough ICB to improve their CVD Prevent (30,000 patient contacts per year for 2y). Income will support future N&W projects. Local CVD project also in planning phase.	N/A	PHMI18	For assurance	
37.	PH&I Board	20/08/2024	Ongoing PHM projects: Health Checks	Protect NoW contacting patients who have been invited but not attended a health check. So successful, had to pause as overwhelmed health check provider capacity (VST completed 277 bookings within 2 days).	N/A	N/A	For assurance	
38.	PH&I Board	20/08/2024	Completed PHM projects: Priority Patient Review Evaluation	Evaluation confirmed that we can identify reversible risks and that defined interventions did reduce acute care costs. However, delivery of interventions severely limited in primary care despite incentivisation due to lack of capacity. Recommendations: centralise risk strat and delivery of interventions unless practices have sufficient resources to complete.	N/A	N/A	For escalation	

Population Health & Inequalities (PH&I) Board - Points of Assurance / Escalation [20/08/2024]

Improving lives together
Norfolk and Waveney Integrated Care System

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
39.	PH&I Board	20/08/2024	ICB HI Programme team	Head of HI & VCSE and 2 Senior Programme Managers appointed, team working towards full capacity by Sept 24. Work plan in development and scoping of key programmes of work (NHS Anchors & Core 20 Plus Group). Champions launch event October	N/A	HI03	For assurance	
33.	PH&I Board	18/06/2024	Equality impact assessments	**Update**: EHIA process agreed and aligned with QIA process. Launching with PMO and Quality team support to ensure compliance with the new ICB's business rules.	N/A	HI06	For assurance	
40.	PH&I Board	20/08/2024	HI & PHM Risk Register	HI & PHM teams meeting with ICB's governance team to complete a full review of the Risk register and to ensure alignment with new groups terms of reference & governance.	N/A	BAF01	For assurance	
41.	PH&I Board	20/08/2024	Wellness on Wheels (Wow) Bus and Community Voices (enabling programmes)- governance arrangements	The PH&I Board approved the following: Review current evidence base and cost effectiveness of outreach models. Develop a business case and seek system commitment for WoW bus and Community Voices for April 2025.	N/A	N/A	For assurance	
42	PH&I Board	20/08/2024	Wellness on Wheels (Wow) Bus and Community Voices (enabling programmes)- governance arrangements	The PH&I Board recommends to the SRO for the vaccination programme to consider Integration of Community Voices and WoW bus into one 'outreach programme' managed by HI & VCSE team via one steering group reporting to HIOG. Will need approval and P&CC.	N/A	N/A	For escalation	

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PH&I Board - New Risks [20/08/2024]

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Programme Risks as of 20/08/2024 – PH&I Board

The PHM July 2024 and HI August 2024 versions of risk registers were reviewed at this meeting.

The overarching BAF01 (previously BAG06) 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' remains at risk score of 6. Expected to close, once procurement exercise has been finalised.
- 'PHMI18 Lack of allocated PHM Budget. Impacting PHM projects and Protect NoW VST team' reduced from a risk score of 10 to 8. Reduced due to income generation from Cambridgeshire & Peterborough VST support project.

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.

2 risks reduced:

- 'HI03 Lack of coordination of HI workstreams' reduced from a risk score of 12 to 6. Reduced due to HI programme team appointments & work programme governance/ structure developments.
- '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 9 to 6. Reduced due to governance/structure developments and establishment of HIOG working groups.

4 risk scores remain the same:

- 'HI01 Not completing HI Strategy as per JFP ambition/objective' risk score 1 (risk will be archived following risk register update)
- 'HI02 Incomplete data picture for health inequalities' risk score 6.
- 'HI06 No PMO process for Equality Impact Assessments (EIAs)' risk score 6.
- 'HI07 Lack of Place resources to support HI strategy development & implementation' risk score 12.

The PHM & HI team are meeting with ICB's governance team to complete a full review of the PHM & HI Risk register and to ensure alignment with new groups terms of reference & governance.

Norfolk and Waveney ICB

Population Health and Inequalities (PH&I) Board

Terms of Reference

Document Control Sheet

This document can only be considered valid when viewed via the ICB's intranet. If this document is printed into hard copy or saved to another location, you must check that the version number on your copy matches that of the one online.

Approved documents are valid for use after their approval date and remain in force beyond any expiry of their review date until a new version is available.

Name of document	NWICB Population Health and Inequalities Board (PH&I) Board - Terms of Reference
Version	6.2
Date of this version	September 2024
Produced by	NWICB PHM & HI programme teams
What is it for?	Terms of Reference for NWICB PH&I Board
Evidence base	N/A
Who is it aimed at and which settings?	NWICB Board has representation from key stakeholders/representatives across NW ICS
Consultation	NWICB PH&I Board Members
Impact Assessment:	N/A
Other relevant approved documents	See below in references
References:	Supporting appendices (currently being reviewed through appropriate groups) Appendix B - Health Inequalities Oversight Group (HIOG) - Terms of Reference Appendix C - Population Health Management Oversight Group (PHMOG) - Terms of Reference Appendix D – VCSE Oversight Group – Terms of Reference
Monitoring and Evaluation	Every 12 months
Training and competences	N/A
Reviewed by:	NWICB PH&I Board 20/08/2024
Approved by:	
Date approved:	
Signed:	
Dissemination:	
Date disseminated:	
Review Date:	
Contact for Review:	NWICB PH&I Board

Version Control

Revision History	Summary of changes	Author(s)	Version Number
September 2024	Document reviewed by NWICB Corporate Governance. Amendments to terminology, naming and quoracy	Amanda Brown – N&W ICB	6.2
September 2024	Additional job title amendments	*PHM & HI programme teams	6.1
August 2024	Key changes to reflect the PH&I Board's role in overseeing the implementation of the recently approved PHM strategy and HI strategic framework for action, and to oversee the development and implementation of the VCSE integration work programme. Aswell as job title amendments	*PHM & HI programme team	6.0
October 2023	6-month review – PH&I Board 10/10/2023. Key change, deputy chair amendment	*PHM & HI programme teams	5.0
June 2023	Amendments to document following initial review at PH&I Board on 18/04/2023 (including membership & sharing of papers)	*PHM & HI programme teams	4.0
April 2023	Initial version of document presented for approval at first PH&I Board – 18/04/2023	*PHM & HI programme teams	3.4
January – March 2023	Working versions of the terms of reference	*PHM & HI programme teams	1.0-3.3
*PHM & HI programme teams Dr Frankie Swords, Mark Burgis, Shelley Ames, Shawn Haney Suzanne Meredith, Tracy Williams			

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Population Health and Inequalities Board (PH&I Board)
Terms of Reference v6.2~~5~~ (Final)

1. Introduction

1.1. The Population Health and Inequalities ~~(PH&I)~~ Board (the PH&I Board) brings together system partners to oversee the delivery of the Integrated Care System (ICS) Population Health Management (PHM) programme and to oversee system-wide action to reduce health and care inequalities across Norfolk and Waveney.

The purpose of the PH&I Board is to:

- Provide leadership for system actions to reduce health and care inequalities, ~~focusing on priority ICS workstreams~~in line with the ICS Health Inequalities Strategic Framework for Action. This includes providing a central 'home' for the Core ~~-~~20 ~~P~~plus ~~-~~5 agenda.
- ~~Oversee the development and implementation of the ICS Health Inequality Strategy~~
- Oversee the development and implementation of the ICS Population Health Management Strategy, to identify priorities to proactively improve health outcomes, reduce unwarranted variation and health and care inequalities.
- ~~Oversee the delivery of the ICS Population Health Management programme (the PHM roadmap).~~
- Oversee the development and implementation of the VCSE integration work programme.
- Support shared learning across Health and Wellbeing Partnerships, Place Boards and system level programmes- reducing duplication and optimising project delivery and championing subsidiarity and the role of "place".
- Champion a greater understanding and commitment to improving population health and addressing health and care inequalities across Norfolk & Waveney (N&W).
- Ensure alignment to the other key areas of focus outlined in the ICS Health Inequalities Strategic Framework for Action – Living & Working Conditions, Lifestyle Factors and Creating the Conditions for Success.
- To support the ICB in its statutory duty regarding reducing inequalities in the exercise of functions.

Parker Rachael 23/09/2024 10:39:17

1.2. The PH&I Board will be accountable to the Patients and Communities Committee.

1.3. The operational delivery of the work of the PH&I Board will be driven by threewo groups – the Health Inequalities Oversight Group (HIOG), and the Population Health Management Oversight Group (PHMOG) and the VCSE Strategy Oversight Group (VSOG) – (Terms of reference at Appendices B, C and DC). The work of both all groups will be closely aligned.

2. Membership

2.1. Core PinciplesPrinciples.The Core Principles

2.1. *The ICB's Executive Medical Director and the Executive Director of Patients and Communities are the Executive Leads and Senior Responsible Officers for Population Health Management and Health and Care Inequalities respectively. Both will be present or represented at all meetings. The Board will have the power of approval in relation to the functions set out in section 3, except in cases where these are explicitly restricted to specific other committees or individuals elsewhere in the Integrated Care Board's scheme of governance, in which case it will provide approval in principle.

*Subject to confirmation in the scheme of delegation

Where a system partner is not represented at the meeting, they may field a representative with delegated responsibility. Further members may be co-opted as the group develops.

2.2. The PH&I Board is comprised of the following core members:

- N&W ICB Executive Medical Director - Population Health Management Executive Lead (Chair)
- N&W ICB Executive Director of Patients and Communities – Health and Care Inequalities Executive Lead (Deputy Chair)
- Deputy Director of Public Health, Norfolk County Council
- N&W ICB Clinical LeadSpecialty Advisor for Health Inequalities and Inclusion Health
- N&W ICB Acting Associate Director of Immunisations and Health InclusionHead of Health Inequalities & VCSE Partnering
- N&W Health and Wellbeing Partnerships - nominated representative (s)
- N&W Place Board nominated representative (s)
- N&W Director of Nursing and Quality
- N&W ICB/NCC AD for CYP and Maternity
- Suffolk County Council Public Health representative
- Healthwatch Norfolk & Suffolk Representatives
- VCSE Assembly Chair

Other staff invited to attend but not core members

- N&W NHS Provider representation / Executive Leads for Health Inequalities
- Representatives from Norfolk and Suffolk County Councils - Adult and Children Social Care

- N&W ICB ~~Clinical~~ Speciality Advisor for Population Health Management (ProtectNow) x1
- N&W ICB AD for Insight and Analytics
- N&W ICB AD for Research and ~~Evaluation~~Innovation
- Any other NW ICS members to attend when relevant

The membership will be reviewed at regular intervals to ensure it reflects the remit and responsibilities of the Board.

The Board will draw on specific subject expertise from other ICS groups/experts as necessary.

The representation of public/patient voice will be considered at the next review of the Terms of Reference, ~~,~~ aligned to the ICB's agreed policy/process being overseen by the patient and communities committee.

2.3. The PH ~~&~~ I Board~~OARD~~ meetings will also be attended by those with a supporting function, including:

- N&W ICB Senior Lead for Population Health Management Development ~~Manager~~
- N&W ICB Lead for Equality, Diversity and Inclusion
- N&W ICB PMO/Admin support

2.4. Membership will be reviewed as part of the annual review of the terms of reference.

2.5. All members must have a role or interest in improving health outcomes and addressing health and care inequalities.

2.6. There shall be an administrator to the PH&I Board and they will attend to take notes of the meetings, maintain an action log and a risk log and provide appropriate support to the Chair and members. The meeting will be administered by the ICB Population Health Management and Inequalities Team.

2.7. The Terms of Reference for the workstreams reporting to the HIOG and the PHMOG will be prepared by the workstreams and agreed by the PH&I Board.

2.8. ~~-~~The agenda and minutes of each PH&I Board to be shared with the five Place Boards and eight Health and Wellbeing Partnerships to ensure that information from the Board is disseminated to all our Places while not requiring them all to send a representative each time.

3. Remit and Responsibilities of the Population Health and Inequalities Board

3.1. Be accountable to the Norfolk and Waveney ICB

3.2. Work with partners to co-ordinate and deliver the commitments to address Health and Care Inequalities, particularly ensuring the achievement of strategic "must do's". These include the NHS Long Term Plan, 5 urgent actions for addressing

inequalities in ICS guidance and Core20PLUS5, the N&W ICS Clinical Strategy, the N&W Integrated Health and Care Strategy, the N&W Quality Strategy, and the N&W Joint Forward plan.

3.3. Oversee the work of the PHM, HI and VCSE~~HI~~ oversight groups (which in turn oversee the work of the groups listed in appendix A, draft terms of reference included as appendices B, C and D~~C~~) to develop and implement the ICS Population Health Management and Health and Care Inequality strategies.

3.4. Agree key system-level priorities relating to the programme, aiming to maximise the impact and return on investment and oversee the plans developed to deliver against these priorities.

3.5. Receive data and population insight to identify variation and disparities, monitor progress in improving health and addressing health and care inequalities and the ongoing evaluation of specific projects and interventions.

3.6. Work to align system resources, targeting the areas with the greatest need.

3.7. Support inward investment into the system, overseeing the sign-off of funding applications.

3.8. Provide oversight for the coordination and escalation of Information Governance (IG) issues related to delivery of Population Health Management ~~(see appendix D)~~.

3.9. Oversee the best practice use of Equality Health Impact Assessments (EHIAs).

3.10. Oversee the work of the ICB in respect to the Armed Forces Covenant and duties of due regard.~~-~~

3.11. Influence wider system priorities to ensure consideration of inequalities, bringing system-wide work programmes together, identifying opportunities for alignment and collaboration and remove barriers to new ways of working.

3.12. Support whole system leadership development in health and care inequalities ~~and~~, population health management and VCSE integration.~~-~~

3.13. Support shared learning across Health and Wellbeing Partnerships, Place Boards and System level programmes- reducing duplication and optimising project delivery and championing subsidiarity and the role of “place”.

3.14. The PH&I Board will receive reports, requests for support and issues raised by exception from the HIOG, PHMOG, ~~ICS Health Intelligence group~~VSOG and associated workstreams.

3.15. The PH&I Board will report to the ICS EMT ~~,~~ and provide assurance to the ICB Patients and Communities Committee.

3.~~15~~16. It will also provide the Integrated Care Partnership (ICP) with formal reports as required in respect of healthcare inequalities programmes of work and will contribute towards any regional/national reporting as requested. Updates from the ICP will be included in the PH&I agenda.

4. Meetings of the Population Health and Inequalities Board

4.1. Meetings will be held bi-monthly.

4.2. The meeting will be held in private.

4.3. Meeting dates will be set at least 4 weeks in advance and 6 weeks wherever possible, taking account of the optimal day and time to support the greatest attendance.

4.4. Meetings in addition to those referred to at 4.1 above can be called by the Chair at any time outside of the usual meetings in consultation with the membership.

4.5. Agenda, supporting papers and business to be transacted

4.5.1 Items of business to be transacted for inclusion on the agenda of a meeting need to be notified to the administrator at least 10 working days (i.e. excluding weekends and bank holidays) before the meeting takes place.

4.5.2 Agendas and papers for the PH&I Board – including details about meeting dates, times and venues - will be provided by email.

4.5.3 Papers will be distributed 5 working days prior to the meeting.

4.5.4 Formal minutes will be taken, and an action log maintained.

4.5.5 A risk log will be prepared and reviewed at each meeting.

4.5.6 An assurance and escalation report will be provided to the Patients and Communities Committee after every meeting

4.6. Chair of the Population Health and Inequalities Board

4.6.1 The chair of the PH&I Board will be the ICB Executive Medical Director. The ~~joint~~ deputy chair~~s~~ will be the ~~Deputy Director of Public Health, Norfolk County Council and the ICB Clinical Lead for Health Inequalities~~Executive Director of Patient and Communities.

4.6.2 At any meeting of the PH&I Board the Chair of the Board, if present, shall preside. If the chair is absent from the meeting, the deputy chair~~s~~, if any and if present, shall preside.

4.6.3 If the chair is absent temporarily on the grounds of a declared conflict of interest the deputy chair~~s~~, if present, shall preside. If both the chair and deputy chair~~s~~ are absent, or are disqualified from participating, or there is neither a chair nor deputy present, another member shall be chosen by the members present, or by a majority of them, and shall preside at that meeting.

4.7. Quorum and Decision Making

4.7.1 Quoracy is defined as 6~~50% of~~ core members including either the Executive Medical Director or the Executive Director of Patients and Communities~~, and~~

at least one of the deputy chairs. . Consensus will be used to agree actions and decisions within the ICB scheme of delegation.

4.7.2 *The ICB's Executive Medical Director and the Executive Director of Patients and Communities are the Executive Leads for Population Health Management and Health and Care Inequalities respectively. They have delegated authority as set out in the ICB Scheme of Reservation and Delegation which may be amended from time to time.* The PH&I Board will have the power of approval in relation to the functions set out in section 3, within this authority, except in cases where these are explicitly restricted to specific other committees or individuals elsewhere in the Integrated Care Board's scheme of governance, in which case it will provide approval in principle.

5. Policy and best practice

5.1. The PH&I Board will apply best practice in the decision-making process for example by following Conflicts of Interest guidance published by NHS England.

6. Conduct of the Population Health and Inequalities Board

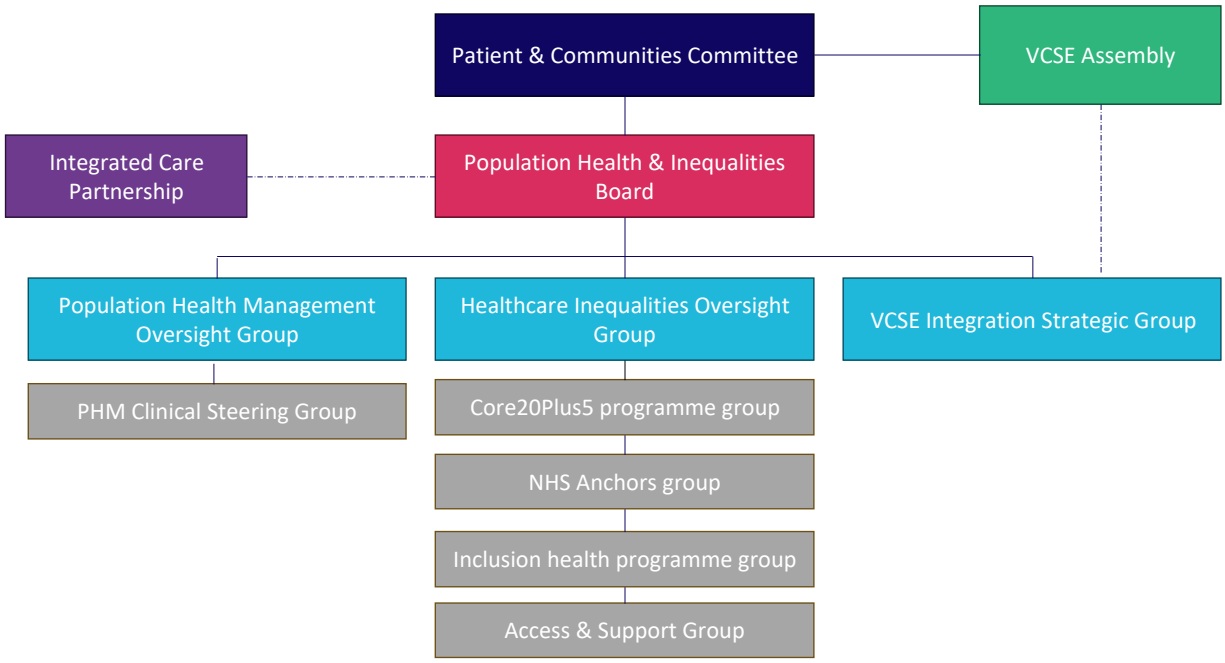
6.1. The PH&I Board shall conduct its business in accordance with national guidance and relevant codes of conduct and good governance practice, including the Nolan Principles, managing conflicts of interest and standards of business conduct policies.

6.2. The PH&I Board will assess its performance, membership and terms of reference annually or sooner if required and draw up its own plans for improvement. The Integrated Care Board Patient and Communities Committee shall consider approving any amendments proposed to these terms of reference and will have final approval.

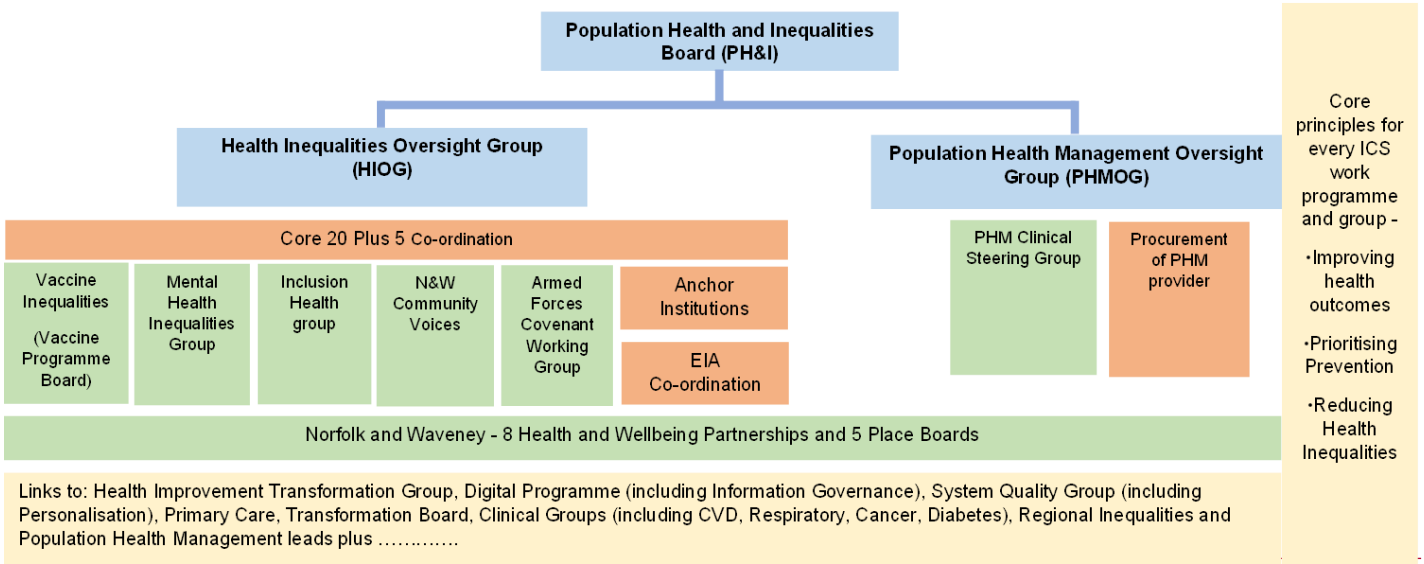
Agreed by Population Health and Inequalities Board members: 18/04/2023 (V5)
Agreed by ICS EMT: dd/mm/yyyy
(as Patient and Communities CCommittee: not yet established):
For review by 06/2024

Appendix A
Working groups proposed to be overseen by the HIOG:
Vaccine inequalities
Mental Health inequalities
Inclusion Health group
Armed Forces Covenant working group
N&W Community Voices
Core20PLUS5 coordination

Working groups overseen by the PHOG:
PHM Clinical Steering Group
PHM provider procurement group



Appendix A – Proposed Structure



PMO
Project Management across Norfolk and Waveney

Improving lives **together**
Norfolk and Waveney Integrated Care System

N&W Ageing Well Programme Progress Report

Patients & Communities Committee
23rd September 2024

PMO
Project Management across Norfolk and Waveney

Improving lives **together**
Norfolk and Waveney Integrated Care System

Ageing Well Programme

Frailty Attuned Acute Care Workstream
Progress Report

PMO
Project Management across Norfolk and Waveney

Ageing Well Programme Summary
Headline Scope and Priorities 6th Sept 2024

Improving lives together
Norfolk and Waveney Integrated Care System

Programme	**Ageing Well Programme** **Frailty Attuned Acute Care Workstream**	**SRO**	**Ian Hutchison**	**Overall Prog RAG**
		Programme Lead	**Dr Katie Honney & Dr James Casson**	

What have we achieved since last report

- Clinical Ageing Network (CAN) took place 19th August 2024, next meeting due 21st October 2024
- Frailty Dementia Advisors Dr Katie Honney and Dr James Casson formally commenced in post 20th August 2024
- QEH pilot of Rockwood clinical frailty scoring commenced 2nd September 2024

Activities planned for next reporting period

- Consideration in relation to frailty education (CPD accredited)
- Consideration in relation to identification and standardisation of pathways, processes, documentation re older people's care
- Look to standardise the care offered based around ages. (70+)
- Implement clinical network toolkit, as developed by the Acute Collaborative team

Key Workstream Milestones (for this time period)

Set up of N&W Clinical Ageing Network
COMPLETE

Assessment of current state of acute of frailty attuned acute care across QE, NNUH & JPUH IN PROGRESS

Develop a collaborative plan across the acutes to address gaps in FAC
IN PROGRESS

Workstream Objectives

1. Undertake a survey of frailty services and assessment tools across the 3 Trusts
2. Create and run a Clinical Ageing Network
3. Agree upon a system wide definition of Frailty and single assessment tool
4. Lead on frailty attuned acute care

Innovation Ideas/Projects

- Implementation of 111 option 3 to triage frailty calls
- Standardise the care offered based around ages 70+

Key Programme Risks (Description)	Mitigation Action	Issues to be escalated	RAG
Capacity of colleagues within the acute setting to support Ageing Well Programme work	Acute organisations to confirm protected time for engagement with Ageing Well Programme.	None at present	AMBER
Engagement with primary care given both capacity and incentives relating to frailty identification.	Investment in primary care engagement/incentive in frailty community care. Link with Primary Care representatives (Clinical Advisors) for support	None at present	AMBER

Decisions to be made/ escalated to board

None at present

PMO
Project Management across Norfolk and Waveney

Improving lives together
Norfolk and Waveney Integrated Care System

Ageing Well Programme

Prevention Workstream
Progress Report

PMO
Project Management across Norfolk and Waveney

Ageing Well Programme Summary
Headline Scope and Priorities 9th September '24

Improving lives together
Norfolk and Waveney Integrated Care System

Programme	**Ageing Well Programme** **Prevention Workstream**	**SRO**	**Ian Hutchison**	**Overall Prog RAG**
		Programme Lead	**Lee Watson**	

What have we achieved since last report (time period)

- Social Isolation and Loneliness JSNA approaching completion to inform systemwide work and NCC commissioning for 2025.
- Falls prevention JSNA working group established, epidemiological data collected and analysed, service data collection in progress
- Stakeholder engagement started with 6/7 HWP's having had an agenda item for discussion- further workshops for HWP's arranged.
- Communications and Engagement plan in development for winter 2024 in collaboration with ICB and NCC Hardship Board.

Activities planned for next reporting period

- Finalise recommendations and action plan.
- Finalise JSNA for social isolation and loneliness and Falls
- Communications and engagement plan for remainder of 24/25 and planning for 25/26

Key Programme Milestones (for this time period)

Development of a communications and engagement approach for winter 2022/23 IN PROGRESS

Finalise JSNA for social isolation and loneliness IN PROGRESS

Workstream Objectives

1. To define public health approach to healthy ageing in Norfolk
2. To understand current position of preventative commissioned and non-commissioned services
3. To make evidence-based recommendations for future preventative activity.

Innovation Ideas/Projects

Falls prevention JSNA working group includes Tim Clarke to support identification of innovation opportunities.

Key Programme Risks (Description)	Mitigation Action	Issues to be escalated	RAG
Alignment with wider ICS programme	Regular catch up with ICB colleagues, updates to Ageing Well programme board, stakeholder engagement	None	AMBER

Decisions to be made/ escalated to board

How do prevention success measures feed into wider system success measures for healthy ageing?
How can we build a more effective cross-workstream approach to prevention?

PMO
Project Management across Norfolk and Waveney

Improving lives together
Norfolk and Waveney Integrated Care System

Ageing Well Programme

Care Homes & Housing with Care Workstream Progress Report

Ageing Well Programme Summary
Headline Scope and Priorities 6th Sept 2024

PMO Project Management across Norfolk and Waveney

Improving lives together
Norfolk and Waveney Integrated Care System

Programme	**Ageing Well Programme** **Care Homes & Housing with Care Workstream**	**SRO**	**Ian Hutchison**
		Programme Lead	**Paul Benton**
		Provider Leads	**Quality Improvement Nurses (QINS)**

Overall Prog RAG

What have we achieved since last report (time period)

- Exploring In reach/outreach model evaluation from GT Yarmouth with review to extend to other localities.
- Successful appointment of the vacant posts for the Quality Improvement Team.
- Planned commencement of role 1st October.
- Champions network group meeting arranged and venu confirmed to discuss Nutrition and Hydration week.
- Joint Care home support with providers across the system has now commenced.

Activities planned for next reporting period

- Utilisation of Digital technology supporting the care market, virtual assessments, increasing uptake of virtual ward using Advanced Care Practitioner roles at NCHC evaluation continues.
- Venu now confirmed and planning in place for Malnutrition week in November to bring providers together. The champions network will commence in October

Key Programme Milestones (for this time period)

Successful appointment of posts to the Quality Improvement Team

1st and 2nd Joint Care home support group started including wider stakeholders.

(HVSU) Triangulation of data has commenced with targeted work with those providers who are frequent callers.
Successful continuation for Urgent Care hub.

Workstream Objectives

1. Reduction in inappropriate conveyance from care market to the acute
2. Support the promotion of healthy living across the care market
3. Supporting providers/EEAST to sign post to clinical pathways
4. Support development of pathway redesign to support care at home

Innovation Ideas/Projects

TBC

Key Programme Risks (Description)	Mitigation Action	Issues to be escalated	RAG
EEAST data has now been shared	Work is ongoing to summarise the needs of the market and identify those providers in need of most support.		AMBER
Homes still not likely to invest in training or education if not profitable	The team will proactively engage with the providers to encourage appropriate levels of training and education, supported by visits and monitoring Continuous engagement with the providers on improving quality, nutrition and hydration		AMBER

None at this time.

Trusted insights matter

Annual report 2023/24

Published June 2024

healthwatch Suffolk

Trusted Insights

Contents

We've included some features that can help you to navigate this report. Look out for hyperlinks (they'll be in pink), or select this icon (↖) to explore more about our work. You can also select this icon (≡) at the top of the page to return to our contents page.

"Healthwatch Suffolk has collaborated with Public Health and Communities Suffolk for many years. Their partnerships with community and voluntary sectors provide insights into local opinions, facilitate ongoing conversations with residents and local workers about service needs. This enables us to co-develop services for our communities which are accessible and help them achieve and maintain healthy lifestyles."

Stuart Keeble (Director of Public Health, Public Health and Communities Suffolk)

Making trusted insights matter

Our report is deliberately called 'Trusted Insights Matter', a sharp reminder and call to action for a national health and social care system facing ongoing challenges.

Wendy Herber
Independent Chair

Andy Yacoub
Chief Executive

We live in times fraught with change: changes in the way that the health and care system is organised and governed, changes in funding and the cost of living, and ever-increasing pressure on services, captured so clearly in the media almost on a daily basis.

The hard thing about being a local Healthwatch is scale. Our role is to seek out, encourage, collect, collate and share people's experiences of the whole health and care system, including education. It's a big system, and that's a tough call for a small charitable organisation, especially in the face of ongoing funding cuts. But the wonderful thing about being a local Healthwatch is that, like our population, we get to see the whole system in a way that those delivering individual services just can't.

We know that to make a real difference, it's vital to know what matters to people, not just what the matter is with them. To understand that, to gain insight about what really matters, it's vital to reach out proactively.

Our work takes us to local GP surgeries, community events and forums, schools and colleges, phlebotomy, physiotherapy and respiratory clinics, to our amazing libraries, community groups and foodbanks, to our charity and community sector partners, to pharmacies and hospitals, to care homes and day care centres. We constantly seek to reach people, asking for their lived experiences of the care they receive and when we pull it all together, we start the tough work of ensuring that it's all heard.

"We have built trust with those who manage our health and care services through consistently delivering robust intelligence in a way that is as constructive as possible. Understanding and navigating the local care system to get that evidence to the right places takes experience, sensitivity and local knowledge. Building a reputation for authenticity and influence takes time, and we work hard to maintain it."

Andy Yacoub (Chief Executive, Healthwatch Suffolk) and Wendy Herber (Independent Chair, Healthwatch Suffolk)

Our organisation's independence and commitment to co-production and tackling inequalities ensure that we listen to what people want to tell us and don't just ask for the answers we want to hear.

At Healthwatch Suffolk, we passionately believe that the only way to shape effective health and care services is with those who use them. This is not about ideology; it's about practicality. Health and social care services are so often delivered in silos, tackling one symptom or issue at a time. Lives are not lived like that. Only those who use and move between services see what helps, what hurts, what's wasted, and what's missing. When we listen and act on that evidence, we have the chance to shape kinder, more cost-effective services so that we really tackle what matters and leave no one behind.

Last year, we celebrated our tenth birthday, and our report then captured our work in that time and the impact we had achieved. Since then, we've continued to reflect on what we do well, what we could do better, what matters and what we can leave behind to ensure that we increase our influence for those that trust us with their lived experience. Our trusted insights matter – both to those who need and use our health and social care services and to those who seek to create a system that meets everyone's needs.

Trust has suffered in many ways in recent years, yet it is absolutely vital to our understanding of what matters to people. As a local organisation, after eleven years, our relationships allow us to reach people across our county and our communities. People know and trust that it's worth sharing stories that can otherwise be very difficult for them to speak about.

Trust is also vital in being heard and influencing change.

We have built trust with those who manage our health and care services through consistently delivering robust intelligence in a way that is as constructive as possible. Understanding and navigating the local care system to get that evidence to the right places takes experience, sensitivity and local knowledge. Building a reputation for authenticity and influence takes time, and we work hard to maintain it. The Insights we take to system leaders must be robust, evidenced and co-produced, inclusive and forward-thinking if we really want to challenge the status quo and shape better services. We owe that to the people who trust us with their experiences.

We know that trust and local knowledge can be overlooked in a national system that reinvents continually, always under pressure to look for innovation. But experience has shown us that time, independence and relationships matter if we want to deliver the kind of co-production, proactive engagement, rigorous research and clear communications that deliver real insight for our local and, at times, regional or even national health and care system.

Trusted insights matter. We want to ensure that insights from lived experience have influence and that our health and care system makes progress and does not just build costly process. As we look at ways to amplify the voice of lived experience and ensure that it brings meaningful change, we want to thank everyone who has trusted us with their experiences, good, indifferent and bad, and all those who have helped us gather them.

Trust builds robust evidence. That evidence gives insight into what matters and how we deliver that without waste. We all need that insight now more than ever.

Who we are & what we do

We are Healthwatch Suffolk C.I.C. - a social enterprise delivering insight and co-production to shape health and social care services. We gather your experiences, and we use them to influence and improve standards of local care and support.

We passionately believe that listening and responding to your lived experience is vital to create health and social care services that meet people's needs.

"Healthwatch Suffolk is an outstanding organisation and a thought leader in our integrated care system. They provide a moral compass, huge industry and represent the community with integrity and authenticity. I am particularly excited about the approach to co-production that they are supporting the ICB with on women's health. This promises to be groundbreaking nationally."

Dr Ed Garratt OBE (Chief Executive, Suffolk and North East Essex Integrated Care Board)

Eleven years of insight

With more than eleven years of experience behind us, we have built a successful, trusted and influential local Healthwatch. As a social enterprise, we have grown to achieve more than the funding for local Healthwatch allows; delivering change, social value and influence across numerous commissioned research, engagement and co-production projects.

We want everyone to be a part of our work

This is our inclusivity statement:

> Our differences are not always visible, and we embrace them all with respect and kindness. Healthwatch Suffolk wants everybody to feel equally valued, listened to, seen and heard.

Developed in co-production, it is our promise to include all people and communities in our work. They're not just words - we take them seriously, in all aspects of our work. From talking to people in communities, to planning our research, we strive to make sure no one is excluded from being a part of our work.

Our purpose and values

Our core purpose is to...

collect and share lived experience to influence better standards of health and social care.

We live and breathe...

co-production in everything possible. We are inclusive, transparent, accessible, and accountable.

Find out how we are inclusive.

Our strategy and priorities

We have published a strategy about our priorities. It will help us to make sure we are using our funding to achieve the biggest impact for local people. You can learn more about our strategy, and why we chose our priorities, by visiting:
www.healthwatchsuffolk.co.uk/about-us/ourstrategy/

Highlights from our year

Find examples of how we influenced local health and care in 2023/24.

"We continue to have a positive and constructive relationship with Healthwatch Suffolk and one which is based on trust and an appreciation of the value Healthwatch adds to the work of the Integrated Care Board (ICB). On a personal level, I have found them to be a go-to partner, and one that always responds positively when I need help and support with a piece of work or challenge.

"During the last financial year, we have commissioned Healthwatch Suffolk to support us in a number of areas, and their research and engagement with people with lived experience is always of a high quality and influential in how we commission services across Suffolk and North East Essex. The most recent example of this is the work Healthwatch Suffolk has done on looking into childhood asthma for which the ICB is now developing an investment plan to respond to the recommendations of the report."

Richard Watson (Deputy Chief Executive and Director of Strategy and Transformation, Suffolk and North East Essex Integrated Care Board)

Five ways to achieve change

One

Community engagement

Our team encourages people to speak out about their care. We also support services to connect with their local community, and to communicate about service change.

Click to read more.

Two

Research and insight

We complete research, liaise with partners and encourage feedback on our website to capture people's experiences of using local services and accessing support. Our insights are shape strategies and improve services.

Click to read more.

Three

Co-production

Our team works with services and commissioners to help them embrace co-production as a culture, involving people as equal partners in planning and delivering services.

Click to read more.

Four

Information and signposting

We help people to find their way to information, advice and support. We use insights from our service to influence change, and to make improvements for others.

Click to read more.

Five

Working with others

We work in partnership with local people, partners and networks to improve services and support. We also share intelligence with other organisations that can make a difference.

Click to read more.

Our 2023/24 - a quick overview

Throughout this report, you'll find examples of how we've made trusted insights matter. Here are just a few of the ways we've been including people and communities in the design and delivery of local care and support.

Your views into health and social care

More than 25,500 people

shared their experiences with us across our projects, and online. Our Feedback Centre now holds nearly **23,000** reviews of local NHS and social care services.

20+ reports and briefings

were published to include people's experiences in the design and delivery of local health and social care.

Help to find support

1,006 people

contacted us for clear advice and information about topics such as mental health, accessing dental care, and the cost-of-living crisis.

75,000 pageviews

were recorded from people visiting our online information about services and support.

Engaging in local communities

100+ engagement visits to local GP practices

Our team helped services to make improvements, whilst also supporting them to communicate about service pressures.

2,000+ comments were gathered and logged in communities by our team

The feedback is helping us in a variety of ways (e.g., to respond to the media, or to inform service scrutiny).

Working in co-production

12 Co-production Ambassadors support us

Ambassadors help us to improve the culture of local services and participate in our work and projects. Read more about this from page 63.

25 partners are tackling poverty with us

People from organisations and communities have helped us to explore experiences of poverty in Suffolk, and will explore solutions to key issues. Read more about this from page 70.

Just a few examples of our impact in 2023/24

Dementia support

Our research has been core to the progression of a first-of-its-kind Suffolk Dementia Strategy.

See page 32.

Maternity care

We've supported improvements in care across maternity services in the county.

See page 48.

Young people's wellbeing

Our 'My Health, Our Future' project continues to shape local support for all young people.

See page 36.

Informing service change

We helped to make sure vulnerable people were still able to access help with prescription ordering during a process of service change.

As a result of our insights, the Norfolk and Waveney Integrated Care Board developed a new service to support people as it transitioned away from delivery of a unique local service.

See page 52.

Smoking and tobacco

Our insights will help leaders to tackle the prevalence of smoking and vaping in Suffolk.

See page 44.

We received and analysed **2,608** reviews about local NHS and social care services on our website. Find out how they were used this year from page 23.

GP practices

We visited GP practices and they made changes to their services to improve people's experiences.

See page 17.

Digital health and care

Our work continues to influence digital approaches to delivering health, care and support.

See page 56.

Accessible care and support

We helped people to learn more about their rights, and challenged services to improve.

See page 49.

Medication updates

Responding to feedback, a practice will better inform patients about their medication.

See page 18.

Children's asthma

Systems are investing in better local support for children, young people and families.

See page 40.

Home care in Suffolk

We helped the Council to learn more about the quality of its services and to improve support.

See page 46.

Health Coaching

Our research has helped the team at West Suffolk Foundation Trust to improve its approach.

See page 43.

Service scrutiny

We've shared people's experiences at important local debates and meetings.

See page 76.

"Healthwatch continues to be an excellent Alliance partner – sharing feedback from the people we serve on the issues which matter to them most, to inform commissioning decisions.

"Their engagement in our committees and working groups, provides a healthy and most professional check and challenge."

Parker Rachael 23/09/2024 10:38:17

Ipswich and East Suffolk Alliance Director (Suffolk and North East Essex Integrated Care Board)

1. Where you are - engaging in communities

By reaching out to local communities, we're encouraging more people to feedback about services. We're also supporting services to communicate about service change, and helping people to find their way to support.

"I can comment on the invaluable support that Healthwatch continues to provide to practices, which we find extremely useful. Patients open up to Healthwatch and provide real time feedback on their ability to access the service and interactions they have had. This is vital feedback for us and allows us to look at where processes and procedures can be improved. It is also very helpful that Healthwatch actually explains to patients the pressure that general practice is under at the moment so that they have a greater understanding of how difficult it can be to meet all their expectations."

Scott Burley (Practice Manager, Rookery Medical Centre in Newmarket)

Engagement & communties (ECO) team

The ECO team has an important role to include people in our work by visiting local communities, and representing us in various groups and forums.

They do this by:

- recording people's feedback about NHS and social care services;
- delivering a signposting service within the community;
- connecting us with local partners supporting people in communities;
- helping services to engage communities about service change;
- offering local groups and networks a way to be heard by services and commissioners;
- attending local groups and forums to feed in people's experiences.

This year, the team completed hundreds of engagement activities across Suffolk, gathering almost 2,000 comments about people's experiences in health and care services. They have been used in many ways to respond to local issues, and influence standards of care and support (see our work to share these insights from page 22).

From homeless drop-ins, Women's Aid groups, Memory Cafés, and various coffee mornings - to church groups, d/Deaf and hard of hearing support networks, and visits to rural communities, our team has engaged thousands of people from all communities.

Our engagement (e.g., at groups managed by Ipswich Community Media) has supported us to highlight some of the key challenges faced by multi-ethnic communities accessing care. This has helped us to encourage action on service accessibility (e.g., by encouraging improvements in services and raising awareness of people's rights if they need communication support). It has also helped us to improve how we work to engage people for their views.

How our team supports our work

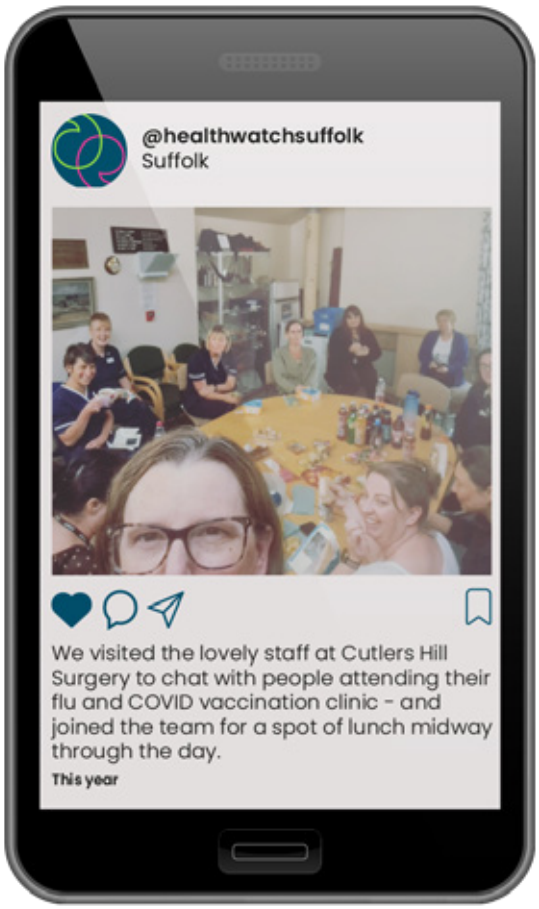
Here are some of the key ways the ECO team contributed to our work in 2023/24. They have also helped and supported many projects featured in this report with engagement activity, for example, by including people in our research (see page 30).

1. Our visits

More than 600 visits

to services were completed in the year. This included more than 100 visits to GP practices, where we had the opportunity to engage people about their experiences of all services.

See from page 17 for more detail.



2. Encouraging people to feedback

Nearly 2,000 reviews

were gathered by our team and uploaded to the Healthwatch Suffolk Feedback Centre. The reviews are used in many ways to influence local care. See from page 22 to find out how.

3. Helping people to find their way to support

38% of people signposted by our teams

were recorded by our engagement and communities team. The team has helped more than 600 people to find their ways to services, help and support.

It is possible to read more about our information and signposting activity from page 84.

Find out how people views of maternity services (many of which were gathered in communities and services) are supporting NHS maternity improvement programmes from page 24.

Visits to services

In the last year, more than 100 visits were completed to local GP practices and other NHS services.

These engagement visits:

- helped services to communicate about change with patients and the public;
- supported people to find information and support through signposting;
- increased local understanding about how practices operate, and the pressures they have been facing;
- helped practices to respond to feedback and make informed changes.

Following visits, practice managers received a summary of the things people told us. This means they could be responsive to patient feedback and understand more about the impact of any changes they may be making to services. They can also understand changes that have been welcomed by patients and build on positive feedback.

This year, feedback has helped practices to raise the morale of their teams and to respond to patient experience issues. For example, one practice implemented changes to make sure patients are better informed about changes to their medication (see our quote overleaf).

In addition, when visiting services, our team is also helping people to resolve issues like those highlighted in the comment below.

"I have not had my COPD review in ages (last two years at least). I understand about COVID, but it should have been done by now. I've not had my annual health check either. I am going to flag these up whilst here today because I was encouraged by Healthwatch to do so. As a result, I now have an appointment for the COPD review and they are getting in touch with me for the annual health check."

Parker, Rachael 23/09/2024 10:38:17

More examples of impact

- A local GP practice amended its website following patient feedback about misleading content.
- Rookery Medical Centre in Newmarket purchased high backed chairs with arm rests for their waiting area and are in the process of purchasing additional chairs for patients who find it more difficult to mobilise from normal seats. The practice also reviewed content on its website to ensure information about opening hours was clearer for patients.
- The team helped to ensure top tips and resources from work exploring the experiences of d/Deaf and hard of hearing people using services in Suffolk were added to a 'training hub' for GPs across Suffolk and north east Essex.
- Initial concerns recorded by our team helped to ensure communities were engaged about a decision to close a prescription ordering support service in Waveney (see more on page 52).
- Suffolk and North East Essex promised to increase awareness amongst clinicians about how to help people to access services if their first language was not English. This was in response to feedback from our team that some people were struggling to communicate with local GP practices.

"Thank you as always for attending the practice to speak with our patients and thank you for your informative and balanced feedback. Your independence is of significant value for both ourselves and our patients, and the feedback you have documented after every visit is value added. On behalf of the practice I am very grateful that you have spent time with our patients."

Stewart Fountain (Practice Business Manager, Hardwicke House Group)

"Allowing patients to review and feedback via Healthwatch has been invaluable to all sites at Suffolk Primary Care. We have been able to learn from the reviews and change our practices accordingly. As an example, one patient described how it was frustrating for them that their medication had changed manufacturer and this has not been explained to them. Due to the feedback, the nursing team were made aware and now ensure they highlight the changes to the patients so they are expecting it and understand the reasons for the change. We can also learn what we are doing right when a patient leaves a positive review about services. We can continue to build on this feedback, ensuring that we continually improve our services."

Nic Carter (CQC Governance and Complaints Manager, Suffolk Primary Care)

"I would like to thank you for the support and feedback Healthwatch has provided following engagement with our patients. The information has been invaluable and has helped me to implement change in several areas.

"Some common themes emerged, including a lack of patient information in our waiting rooms, frustrations with the telephone system and call queue lengths, being unable to book an appointment in advance, no online booking facilities and an out dated website.

"Over the past year, I have addressed all of these issues. We have television screens with patient information at both sites, we increased the call queue on our telephone system to allow for better access, introduced online appointments, and we have just launched our new website. We have also published our patient leaflet in the local parish magazine.

"I believe, by sitting with and listening to our patients, you have gained a real insight into how they feel. This is something that is difficult to measure through feedback forms and patient surveys. Furthermore, you have been professional and understanding of the difficulties that challenge primary care, providing patients with an understanding of the pressures we face on a daily basis."

Lorna Bacon (Practice Manager, Holbrook and Shotley Practice)

Visits to other services

In addition to GP practice visits, the team has also visited other services to gather and share people's experiences, including phlebotomy services at West Suffolk Foundation Trust, and physiotherapy services provided by Allied Health Professionals Suffolk (AHPS).

The feedback has helped these services to consider what is working well, and how people's experiences could be improved.

For example, patients attending local clinics for physiotherapy told us they had experienced issues related to digital contact with AHPS. The service said it would review the issues raised by our team with its digital systems user group and patient experience team and implement improvement where possible.

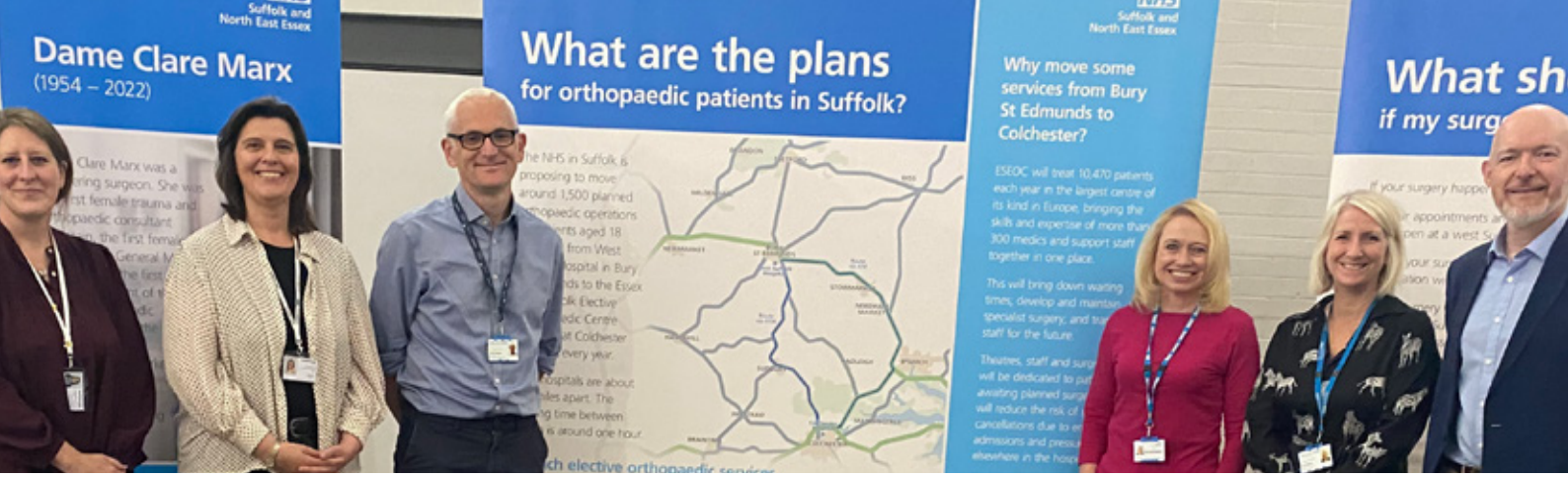
Associate Clinical Director for AHPS, Joseph Russell, said:

> *"Working with Healthwatch Suffolk for the last few years has enabled our patients to provide independent feedback both online and during their site visits in a manner that would be difficult otherwise.*
>
> *"We have taken patient feedback from these visits, and other sources, and used it to inform service developments to both our online and in-person services."*

Look out for our team in services and communities across Suffolk throughout 2024/25.

"Healthwatch delivers a consistently clear voice for the population of Suffolk, seeking views across a wide spectrum to review and advise on key topics. Their presence and contribution to key strategic discussions is vital to keep lived experience and the patient and carer perspective at the centre of the conversation. My contact with Healthwatch Suffolk over the past five years has shaped and guided my understanding of the needs and challenges of individuals and groups and the team contribute with professionalism and integrity."

Ruth Bushaway (Medical Director, Suffolk GP Federation)



Looking ahead – Elective orthopaedic care in west Suffolk

At the end of 2023/24, we began work to independently support the Suffolk and North East Essex Integrated Care Board to engage people about plans for the future of orthopaedic surgery in west Suffolk.

In March 2024, NHS leaders announced plans to move a majority of orthopaedic surgery from the West Suffolk Foundation Trust to a new facility in Colchester (the Essex and Suffolk Elective Orthopaedic Centre - or ESEOC).

Trusted insight and independence really matters...

People in communities need to know that their views will be considered fairly, and reported on without bias. But those insights from local views need to be brought to systems and leaders in a credible and trusted way - and that is the value of our involvement.

The NHS asked us to independently run an anonymous survey to collect people's views about these plans and how they will affect local lives. The feedback received will help the NHS make the best decisions about the future of orthopaedic services.

Since the news was announced, the Healthwatch Suffolk team has:

- helped to shape plans for the engagement to make sure views from all communities are included;
- co-produced a method for people to share their experiences (an online web form and alternative formats);
- supported communication to make sure people know about the opportunity to share their views (including the development of posters and flyers for sharing in communities and the hospital);
- challenged leaders to be transparent about patient choice;
- created an easy read format of the survey to ensure the tool is accessible.

Engagement and community officers will be attending 'touring exhibition' events across Suffolk to support independent capture of people's views on the plans, and to help people take part.

More details can be found on www.healthwatchsuffolk.co.uk/elective. Expect to find our public report listed on this page later in the summer of 2024.

2. Our Trusted Insights

We have established systems and methods in place to effectively gather and evidence the experiences of people using health and social care services across Suffolk.

In this section, you can find out how we have gathered, shared and acted on insights across a broad spectrum of topical issues.

This is how we make trusted insights matter in Suffolk.

"We would highly recommend that other organisations, eager to learn and apply health-based insight, lean on Healthwatch Suffolk's skill in gaining a rich understanding of the health challenges that Suffolk residents face. It certainly helped us!"

A statement from the Behavioural Science Team in Suffolk's Public Health and Communities Team following our work together to gather people's experiences of smoking, vaping and using tobacco locally.

Read more about this project from page 44.

Feedback Centre

The Feedback Centre supports tens of thousands of people each year to find information about services, see what others have said about them, and to leave feedback. We use this data to improve local care.

With **22,829** (**2,608** in 2023/24) items of feedback now featured across hundreds of service listings, the Feedback Centre offers insights people can use to make informed decisions about local care.

Amongst other examples, Feedback Centre reviews supported us to:

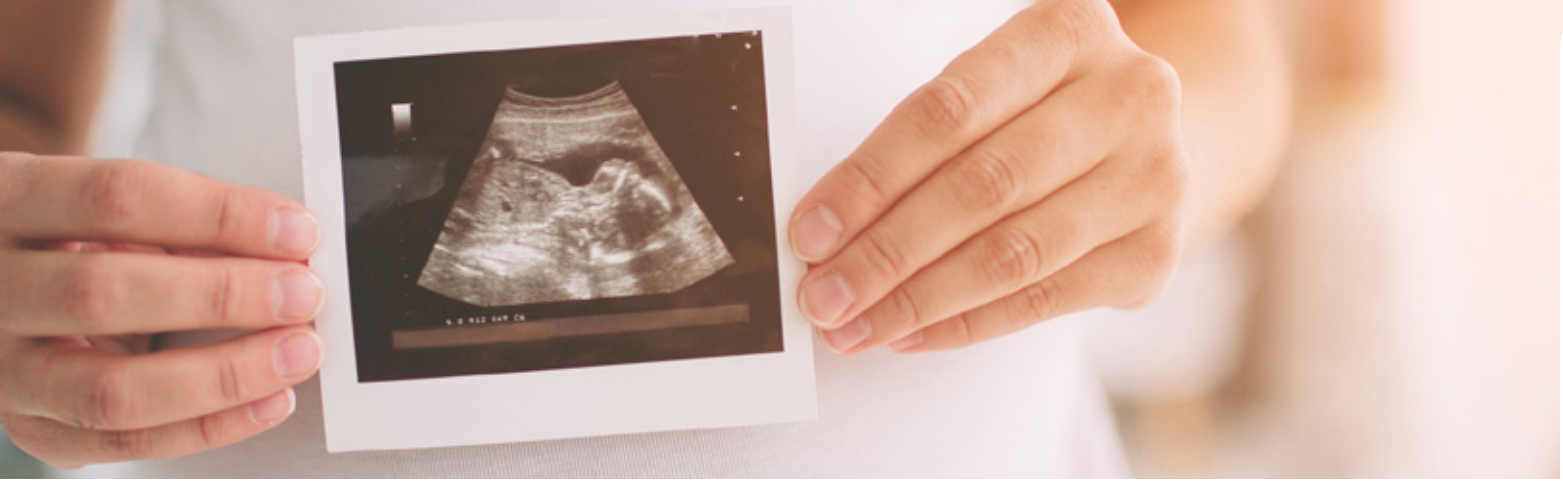
- share information about people's experiences with the Suffolk Health Scrutiny Committee, Care Quality Commission and other similar bodies (see page 76);
- respond to at least **73** media features on a range of topics;
- include people's experiences of in our research and briefings;
- respond to Quality Accounts produced by some NHS providers - it's a way to inform the service quality priorities of local NHS services.

Providers can use the Feedback Centre to update patients on action they have taken in response to reviews.

"I am sorry to hear there has been some confusion when you've used AskMyGP. You should be able to request any appointment via the system. However, we have had a few new staff recently, and I wonder if the confusion has come from this. I shall ensure that staff receive further training, which I hope will help resolve this for you in the future."

Practice Operations Manager (Debenham Group Practice)

See what people told us on www.healthwatchsuffolk.co.uk/services



Maternity care and support in Suffolk

Hundreds of Feedback Centre comments about maternity care have supported NHS leaders to focus improvement on areas that mattered most to new parents and families.

Between 2020 and 2024, many people shared their feedback with us, revealing how local experiences of maternity care had been severely impacted by service pressures brought by the pandemic and staff shortages.

Together with the local maternity and neonatal system (LMNS), we determined four pillars of maternity experience that have since been adopted to improve people's experiences. They were:

1. Postnatal care and support
2. Involvement in care and decision-making
3. Staff capacity in services
4. Staff attitude and approach

The LMNS five year strategy (2022-2025) was based on these pillars and this means people's experiences have helped leaders to align improvement programmes to the things people valued most about their care and support.

The themes were also included within the outcome statements on which the strategy will be assessed by the LMNS. This included that most families (by 2025) will be able to report receiving high quality and safe care; and, importantly, that people would know what was happening throughout their care (including that people felt heard, trusted their care givers, and were involved in all decisions).

Through the statements, the LMNS strategy has outlined a clear standard that maternity care must be tailored to people's individual needs, culture and circumstances, and that care must be provided by care givers who are kind, and who explain everything in language that is easily understood (reflecting our challenge to systems regarding accessibility in all services).

Our latest maternity feedback revealed a change in levels of negativity associated with key aspects of people's experiences. This included four specific areas we know have been targeted for improvement because of our work to share people's experiences, and supporting feedback gathered by the local maternity and neonatal system.

Making sure people feel included in their care

Comments revealed how many had not been included in decision-making about their maternity care, or informed about particular aspects of their experiences. At times, it was clear this had consequences for people's wellbeing.

The LMNS has therefore progressed work to train more staff in delivering personalised care and established a workstream to lead on improvement. A co-produced personalised care and support plan has been developed by the workstream to support women to be able to make informed decisions about their wishes. It is expected to launch within 2024.

Action aligned to our pillars of feedback

Here are just some of the ways the NHS in Suffolk and north east Essex has responded to our pillars of patient experience.

Pillar one: Postnatal care and support

NHS leaders have been working on a multi-agency infant feeding strategy to ensure that women receive good quality information and consistent advice no matter which professional they see within the system. They have also collaborated with the Breast Feeding Network to train peer feeding supporters to work within the hospitals under the supervision of the infant feeding midwife. The peer supporters sit with women and help them with early breast feeding, giving them the time they require.

In addition, and responding to our project about maternal mental health support, a pre-appointment checklist is being trialled in a selection of local GP practices.

The aim is to help women to prepare for their six to eight week postnatal check-up, and to make the most of their appointment. That includes a specific focus on the wellbeing of new mums. You can read more about on page 48.

There has also been action to ensure women can gain quicker access to specialist physiotherapy advice and assessment if they are suffering from pelvic pain, incontinence, sexual dysfunction, or perineal healing difficulties. Since launching, a new single point of access service has provided treatment to 3,885 women.

We know that people value the opportunity for their partner to remain on postnatal wards after the birth, but rules in hospitals can mean that this is not possible. The West Suffolk Foundation Trust has therefore recently begun a pilot scheme where a ‘supporter role’ (e.g., partner, parent, trusted friend) can stay with the birthing person for the first 24 hours after giving birth. The Trust has also introduced a discharge co-ordinator role who spends time with the family going through everything they need to know about aftercare and how to manage in the first few days at home.

Responding to continued feedback about postnatal support, the LMNS has recognised the need for further improvement in postnatal support (at home or in hospitals) and has established a task group to explore the issue in 2024/25.

Pillar two: Information about treatment and feeling involved

The local maternity system has offered personalised care training schemes and embedded a ‘clinical workstream’ to help maternity staff provide the best possible personalised care. The workstream has co-produced a new personalised care and support plan (to be launched in 2024) to support women to be able to make informed decisions about their wishes with staff.

Maternity leaders have also recently launched a new website that aims to be a source of important evidence-based information for birthing people and partners. It explores many aspects of people’s care, including people’s choices, wellbeing, and what to do when people first find out that they are pregnant.

Postnatal tongue tie service (West Suffolk) - a lasting legacy of impact from patient experience

Tongue-tie is where the strip of skin connecting a baby’s tongue to the floor of their mouth is shorter than usual. It can restrict the tongue’s movement, making it harder to breastfeed. If feeding is affected, treatment involves a procedure called a frenulotomy.

In 2018, together with a local Maternity and Neonatal Voices Partnership, we shared stories about the challenges people had faced getting a tongue-tie diagnosis for their baby, and how this had impacted people’s lives.

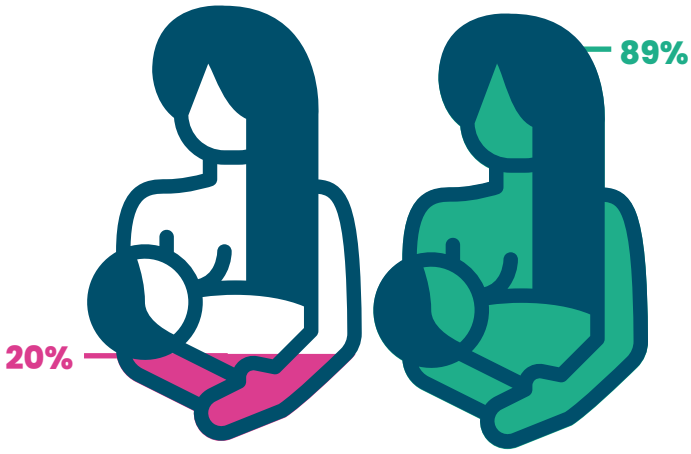
Responding to the experiences, the LMNS worked with the West Suffolk Foundation Trust to establish a Restricted Lingual Frenulum (RLF) clinic. This meant that babies born at the hospital, or those receiving postnatal care from midwives, could be referred for the release of both anterior and posterior tongue restrictions.

How it's made a difference

Since it was established, the service has helped hundreds of families each year. Babies are generally seen within two weeks by the RLF Specialist Midwife. Complex cases, and babies of 12 weeks to six months are treated by a Consultant Paediatrician.

A total of 45 minutes are available for each appointment, and this enables staff to offer time for feeding support to parents. All babies receive a follow-up to gain feedback about whether the treatment has made a difference to feeding.

Feeding 'Very good' or 'Good' before and after treatment



Recent patient feedback showed that the number of parents rating their babies feeding as 'Very good' or 'Good' increased considerably after their contact with the service.

The RLF Specialist Midwife also completes training with midwives and Maternity Support Workers to ensure better detection of tongue tie. An additional midwife has also been trained to perform divisions, which will improve access to the service for new parents in the future.

Data and comments gathered by the service reveal a continued positive impact for babies and families.

> **"This clinic has been a lifesaver. Our sons have both required the procedure and the first boy was exclusively breast fed for two years."**

> **"Unable to breastfeed before division. Feeding very good post division."**

Survey responses show that up to 48% of parents rated their babies feeding as 'poor' or 'very poor' prior to treatment. Whereas, between October and December 2023, none of the parents said this after their baby had received the treatment. In addition, up to 30% more parents said their baby was exclusively breastfeeding after the procedure.

Overall, this has been a highly positive example of how patient feedback can lead to a better provision of local care with benefits for the health and wellbeing of babies, and their care givers. Prior to this service, people experienced significant delays in diagnosis, and faced extensive waits for treatment outside of Suffolk. Many paid privately to get help for their baby.

Pillar three – Staff Capacity

Nationally, there has been a shortage of midwives and this has been a significant focus of NHS England, hospitals and NHS maternity leaders. They want to train new midwives and retain an experienced local workforce.

A number of schemes have been taken forward, including one-to-one clinical coaching for staff, flexible working arrangements, training and development, new roles and ways of working. This has strengthened the number of qualified midwives in post locally and significantly reduced vacancy and sickness rates amongst staff.

Although people still comment about staff capacity, it is clear the quantity of such feedback has reduced since 2022.

Pillar four – Staff attitude and approach

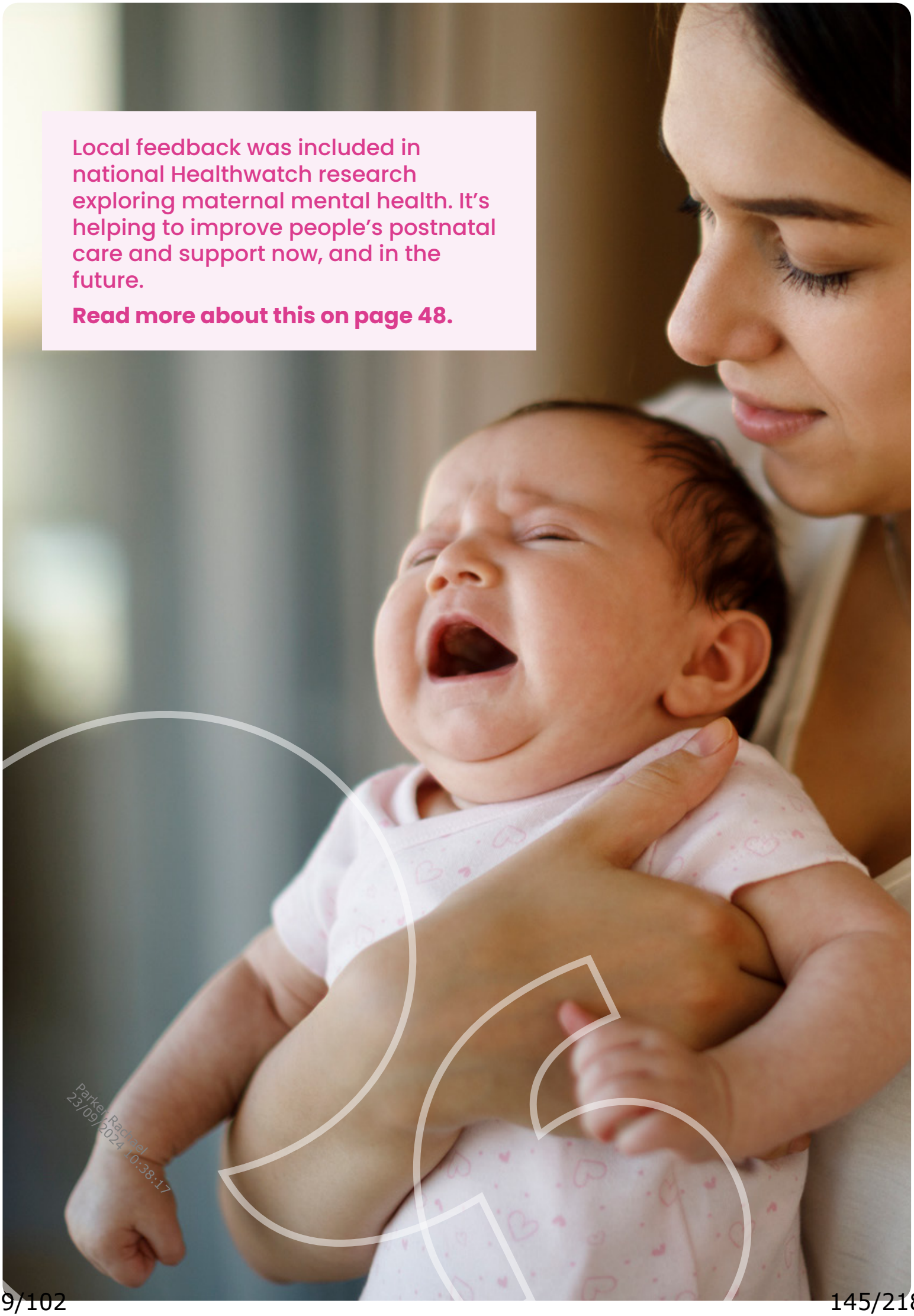
Previous feedback (2020-2022) told us that interaction with maternity staff had become a critical issue in our maternity system. The approach of staff is often the very first thing people consider when sharing their feedback, and just one negative experience can deeply affect a person's overall perception of their care and support.

Therefore, positive interaction with maternity staff is an important factor in ensuring trust between staff and families. However, during the COVID-19 pandemic, the emotional wellbeing of key workers was significantly affected, and it is recognised that this could impact their level of compassion and work satisfaction.

To address this, the maternity system in Suffolk and north east Essex ensured maternity staff were able to attend emotional resilience training and one-to-one clinical coaching. This has helped staff to explore their wellbeing, to recognise compassion fatigue in themselves and others and ways of addressing it, and also to regain better work/life balance.

The trusts have also supported team members to access flexible working, provided additional professional development opportunities, and put mechanisms in place to check on their welfare.

Most recently, people told us that this activity appears to have made a significant impact, with many people describing their interaction with staff in positive ways. This included that staff were approachable, and had shown compassion and empathy in people's care.



Local feedback was included in national Healthwatch research exploring maternal mental health. It's helping to improve people's postnatal care and support now, and in the future.

Read more about this on page 48.

Research and insight

Health and care services should be designed on a foundation of reliable evidence. That's why we do research. There have been tens of thousands of responses to our projects, and they help to keep decision-makers grounded in people's experiences.

Our approach

Through a combination of surveys, interviews and other methods, we bring people's experiences together in an impactful way, and share them with people who can make change happen.

We make sure nobody is excluded from taking part in our research by engaging the right people and partners, making sure there are multiple ways for people to take part and being prepared to respond when people tell us we can do better.

Who took part?

- Nearly 20% of research participants reported an ethnicity other than White or White British.
- Just over half of respondents were female, 46% were male and 2% preferred to describe their gender another way.
- 97% of research participants were aged between 10 and 18. However, 335 people were aged between 25 and 85.
- People identified with a range of vulnerabilities in our research, including nuerodevelopmental disorders (1,989), physical disability (1,404), long-term conditions (404) or mental health difficulties (1,519).

Our approach to data protection and data minimisation means demographic information is not available from all projects. We will only gather this category of data (anonymous or otherwise) with consent, and where it will meet specific project objectives.

A quick overview of research impact

Insight projects aim to shape and influence local decision making about NHS and social care support in Suffolk. Here are just a few examples of how we've done that in 2023/24, but you'll find many more across the following pages.

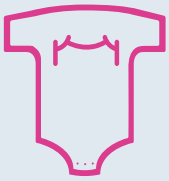
25,591 research participants

20+ insight projects

Four ways we're inspiring change

Learn more from pg. 32

People's experiences of living with dementia in Suffolk are central to a first-of-its-kind Suffolk Dementia Strategy and other national and local service improvements (such as those made by local hospitals).

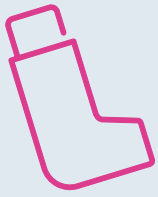


Learn more from pg. 48

A checklist for new mums will be tested and launched in response to our work on maternal mental health. It means new mums will benefit from better conversations with their GP at postnatal checks.

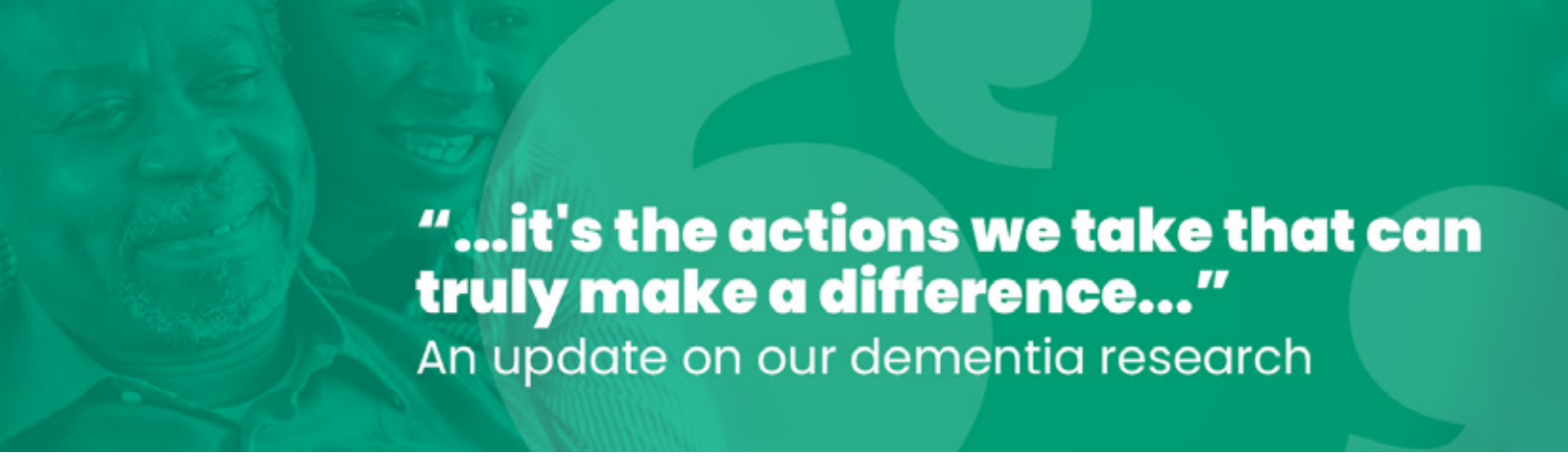
Learn more from pg. 36

Our My Health, Our Future research continues to shape cross-sector action and decision-making to improve the health and wellbeing of young people across Suffolk.



Learn more from pg. 40

Suffolk and North East Essex Integrated Care Board has developed an investment plan to respond to the key learning from our project exploring support for children and young people with asthma across Suffolk..



Improving dementia support in Suffolk

The experiences of more than 100 people with dementia and their carers have informed national and local approaches to improving dementia support. Here is how this research has been helping to prioritise local dementia policy and decision-making.

Local health and care decision-makers published a first-of-its-kind dementia strategy for Suffolk. It has been truly co-produced to respond to the experiences people shared with us last year and feedback gathered at other co-production meetings and events.

We know the strategy has been strongly influenced by the experiences we gathered and the key learning statements we shared. They are quoted throughout the document and mapped against the co-produced priorities and outcomes.

The strategy is important because it will inform the planning and commissioning of services that support people in Suffolk and how integrated care systems will respond to the challenges brought by this devastating illness.

In addition to the strategy, the key learning from this project has also been embedded into the specification for the procurement of the new Suffolk pre and post diagnostic service. It is also an integral part of terms of reference of the newly formed Strategic Dementia Group and existing Suffolk Dementia Forum, ensuring that the voice of those with lived experiences is at the heart of all system-wide development of services and ways of working.

"The Healthwatch report continues to remain a pivotal document, with its key recommendations embedded throughout the co-produced Suffolk Dementia Strategy. It will also be vital in the further co production of the strategic action plan. I thank the team at Healthwatch Suffolk for the incredible support, advice and kindness they have offered throughout the development of the strategy."

Gail Cardy (Dementia Strategy Development and Implementation Lead for Suffolk)

To learn more about how our work has been mapped to the strategy priorities and outcomes, please visit the Suffolk County Council website.

The CQC Public Engagement and Insights Team told us:

"CQC values the contribution from Healthwatch Suffolk in developing our dementia strategy. This will help us to use our regulatory powers to improve people's experiences when using health and care services and throughout the entire dementia pathway.

"Using reports and case studies from Healthwatch Suffolk on dementia, we can build a picture of what good care looks like and design our strategy together with people who are living with dementia and their carers. Case studies from people with lived experience bring the topic of dementia to life and help us to understand how people in a rural community are at more risk of experiencing health inequalities as they navigate the pathway for a diagnosis and support with dementia."

National influence

The insights from our work have had a strong influence locally, but we know they have also been used nationally. For example, the Care Quality Commission has used our work to shape its national approach to dementia. Ultimately, this will help it to use its regulatory powers for the benefit of all people living with dementia in England.

We have even connected the national CQC team with Peter and Teresa, who kindly featured in one of our short videos about people's experiences. They will help CQC understand more about what it is like to live with early-onset dementia in rural communities.

The research has also helped us to respond to a national consultation that will inform the development of the government's Major Conditions Strategy.

An enduring commitment to local change?

Having a strategy is important, but it's the actions we take that can truly make a difference for people living with dementia, and their families or carers. That is why we will continue to challenge local leaders to rethink dementia support and consider why we do not treat it like any other illness.

In the months ahead, we will contribute to a process of co-production that will ultimately shape the action plan associated with the strategy. We believe this is an important opportunity for our local systems to be a national leader in the development of better dementia care.

Look out for more updates on the strategy action plan as we publish them later in the year.

Other local impact from this work

The James Paget University Hospitals NHS Foundation Trust told us its dementia team had completed a gap analysis regarding its approach to supporting people with dementia and their families or carers. It has mapped service improvement activity against our key learning and recommendations.

This has included action to improve access to helpful information and signposting (in the hospital and the community) as well as plans to recruit additional befrienders and mealtime volunteers (to support people whilst they are under the care of the hospital). The hospital has also ensured staff have access to regular training regarding dementia care and is working in

partnership with other services to ensure people have access to the support they need and do not bounce between services.

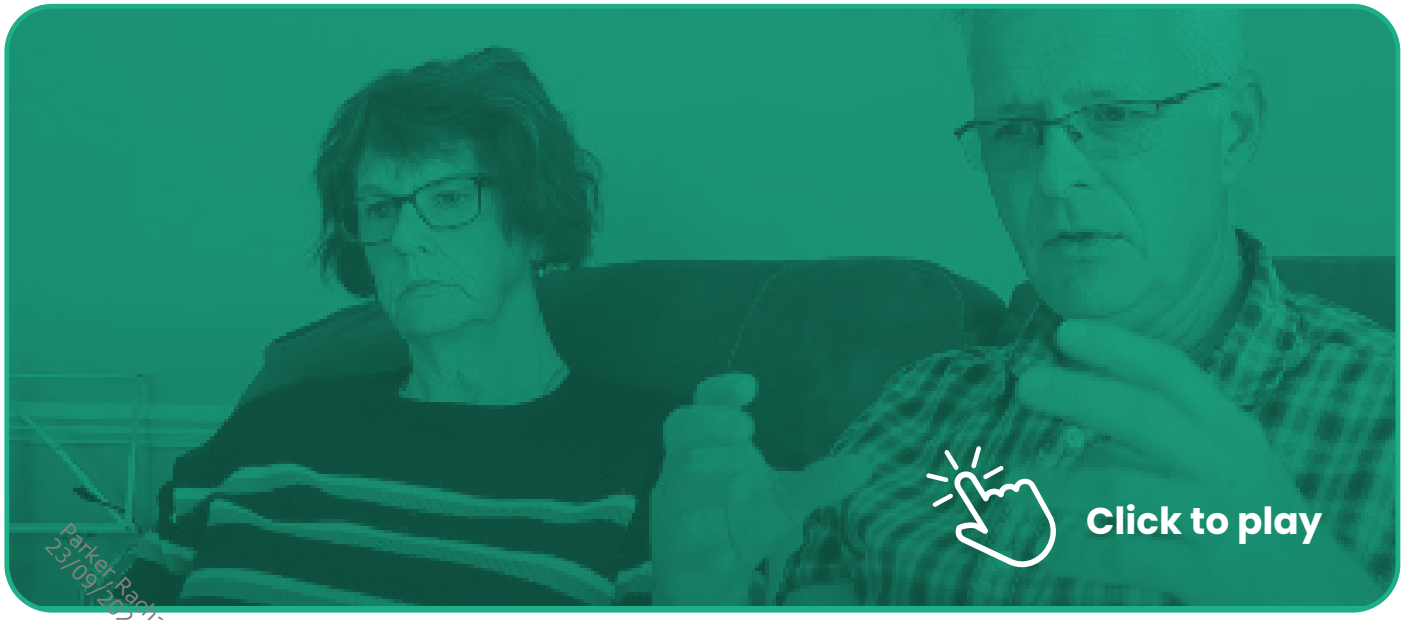
The Trust will also re-introduce the care home 'red bag scheme'. The bags, which contain key paperwork, medication and personal items like glasses, slippers and dentures, are handed to ambulance crews by carers and travel with patients to hospital where they are then handed to the doctor.

The Trust told us it will be continuing to work on incorporating the outcomes and recommendations from our research into its actions on dementia support over the coming year. Sarah Hay, dementia lead within the James Paget University Hospitals NHS Foundation Trust Safeguarding Team told us:

> *"Healthwatch Suffolk's report on dementia has been a pivotal part in informing an analysis of where we can improve the care we provide for patients who have dementia at our hospital, and the support we provide to families and carers. The report provides invaluable insight from experiences across Suffolk which can transfer to how we shape care at our hospital, both through the support provided directly by healthcare professionals for patients that have dementia, and within the hospital's role in supporting people experiencing pre and post diagnosis of dementia."*

> *"As an acute provider, we recognise our role in providing the link between services that support people with dementia outside of a hospital setting, as it is articulated through the research that underpins the report. This will help guide the preventative support we provide in conjunction with our Early Intervention Team of therapists to reduce admissions for people with dementia, as well as continue to embed involvement of families and carers of people with dementia in discharge planning."*

The West Suffolk NHS Foundation Trust



Our inspiring video of Peter and Teresa has been used at various local and national strategic events and meetings to raise awareness of the needs of people with dementia and to inspire change.

said it had used our research to inform plans for the development of dementia support across its services. Chelsie Nice, Lead Nurse for Dementia and Delirium at West Suffolk NHS Foundation Trust, said:

"This research has been an opportunity to understand the support that people with dementia and carers need from West Suffolk NHS Foundation Trust's services. It includes a number of important sets of key learning from people's experiences, and we have already begun to consider them within our plans for dementia care. Alongside other sources of national and local feedback, and under the guidance of our 'Dementia, Delirium and Frailty Transformation Group', this research will help us to make strategic decisions as a Trust. The group is a driver of local action to improve the care that people with dementia and carers receive from our services, and from the wider health and care system."

Our research - what change do people want to see?

- **Before a diagnosis –** People wanted information about symptoms, and how to find help without a diagnosis.
- **At diagnosis –** People wanted concerns taken seriously. They want services to be better at communicating with each other.
- **After a diagnosis –** People wanted to be guided through the system with practical and emotional support.
- **Ongoing support –** People wanted annual reviews to adapt support.
- **Social care –** People wanted to understand more about how social care can help.
- **In hospital –** People wanted to avoid admissions though better preventative support and staff to be better trained to support people with dementia.

For more information:
https://healthwatchsuffolk.co.uk/ourresearch/dementia/

"Carers need someone knowledgeable... who will walk with them through the maze. Whilst it can be good to have someone just listen, it is more helpful to have someone stay with you and guide one through the health and care systems."

Explore our research (select an option below)

Find our full report about what people told us, and explore other project materials.

Take a tour through a few of the key findings by reading our online summary.

My Health, Our Future

Phase seven (2023/24)

Improving young people's wellbeing

My Health, Our Future continues to influence local standards of support for all young people in Suffolk.

What's 'MHoF' and how does it help young people?

MHoF has been exploring the wellbeing of young people in Suffolk since 2017. We've recorded tens of thousands of responses from young people on topics like self-harm, body image, self-esteem, and much more.

MHoF data has shaped local NHS and social care strategies, informed the Joint Strategic Needs Assessment for Suffolk, supported funding bids for new services managed by the NHS and local community organisations, informed national political debate, and shaped commissioning decisions related to support for young people.

In addition, across all years of the MHoF programme, our reports have helped schools and colleges to identify where additional support could help to improve the wellbeing of students. This has included specific initiatives like peer support groups, updates to their PHSE curriculum, parent workshops, mental health first aid training for young people, targeted support, wellbeing spaces in schools and much more.

Each participating school or college receives a bespoke report about the wellbeing of their students. This year, education leaders have continued to reflect on the impact of the MHoF programme:

More than 13,000 young people took part from 27 schools and colleges.

From witnessing sexual harassment, to worries about the cost of living, and reasons for vaping, the results of our survey help to improve understanding about how different factors are impacting the lives of young people across Suffolk.

- Sir John Leman High School introduced trained 'Student Mental Health Champions' who have used our report in their discussions.
- Mildenhall College has used the survey results to build its curriculum for Years 7 to 13.

  "It is an important part of our student voice for Skills for Life (PSHE)."

- Northgate High School embedded the results into its 'school improvement plan'.
- Claydon High School used the survey to identify new trends and areas that students want support with and

MHoF is a unique, and established, programme of research in Suffolk. Commissioners are using our data to understand how young people's wellbeing has changed over time, and to focus their investment plans, commissioning decisions and strategies.

"The annual MHOF survey has been a great source of insight for us as an ICB when looking at the current trends around children and young peoples wellbeing. It provides us with detailed analysis of what is impacting on our young population and has helped us develop dedicated training programmes for schools and families, a good example would be the new NDD resource pack introduced during 2023. We consider the survey a vital component in gathering the voice of young people and we will continue to do so."

Garry Joyce (Deputy Director of Transformation – Children and Young People, Suffolk and North East Essex Integrated Care Board)

"The MHoF programme enables our school to benchmark how our students are doing compared with others in Suffolk.

"It enables the Leadership Team to understand what our strengths are and our areas for focus. It also enables the Designated Mental Health Leader to know where to best to deploy our limited resources."

Beverly Tucker (Deputy Headteacher, King Edward VI High School)

developed targeted approaches to student wellbeing as a result.

- King Edward VI High School said its designated mental health lead was using the survey results to understand how best to deploy limited resources to improve student wellbeing.
- West Suffolk College has used its data to examine specific student needs and to measure this against the region.

See what more schools and colleges have told us about the impact of MHoF on https://healthwatchsuffolk.co.uk/mhof/schoolimpact/.

"Claydon has taken part in the Healthwatch study for a number of years now. It has allowed us to identify new trends and areas that students want support with. This has helped with planning our targeted approach to student wellbeing to enable students to receive more of the support they need in the way they would like it.

"It offers an insight into the challenges affecting young people in a way which enables schools to tailor approaches and work out what has been successful and what needs changing to support young people".

Ian Harris (Assistant Headteacher, Claydon High School)

"We have taken part in this survey for several years now. We find the well-structured analysis of the results invaluable. We used them to examine the specific needs within our colleges and to measure this against the region. We can target additional support in the areas where it is most needed. We also find that the students benefit from the survey process. They ask questions whilst completing it and it can provoke good discussions amongst groups whilst getting them to think seriously about issues that affect them. We are happy to take part in this survey and will continue to do so."

Cathy Durrant (Group Head of Pastoral Support and Administration West Suffolk College)

MHoF has a cross-sector appeal to leaders and services directly involved in work to support young people locally. Across the programme we have recorded examples of how insights from MHoF have enabled commissioners to develop new initiatives and services and provided the evidence base needed for voluntary and community organisations to secure funding to support their work.

A few examples this year...

The voluntary Chair of the Haverhill Voluntary and Statutory Partnership (VASP) told us:

> *"The Haverhill MHoF report has been shared with Haverhill VASP and Haverhill Youth Advisory Group (YAG). It has promoted discussions around supporting young people to have a toolkit to support other young people who may be experiencing mental health and wellbeing issues."*

Community Action Suffolk shared our insights with youth workers to inform their practice, facilitated through its Youth Focus Suffolk programme of work. Our local data was included within the training delivered by a Mental Health Nurse associated with the project to more than 30 youth workers in the county.

"We have introduced student mental health champions who have had training and will be able to utilise the report in their future discussions.

"I have also shared our bespoke report with staff and school committees previously. The report has been useful in raising awareness and arguing that we need more support".

Ruth Gurney (Deputy Headteacher, Sir John Leman High School)

Feedback from the training lead included that the inclusion of recent data and publications specific to the Suffolk region had been 'very well received and gave delegates the opportunity to fully understand the demographic with which they support and work'.

Suffolk's Public Health and Communities team has used our insights regarding healthy lifestyles and vaping to inform its work and strategies. The MHoF programme is acknowledged within Suffolk's Children's Health Weight strategy:

> "...the [MHoF] project has informed the strategy with key information about

young people's mental health and wellbeing. Additional questions were incorporated into the 2023 survey to build the voice of young people into the strategy and action plan."

Insights from female students have also been included within the development of NHS Suffolk and North East Essex Integrated Care Board plans to address women's health in Suffolk. Our insights, summarised in this report, will be used to include young voices within the development of a local 'women's health hub'.

'A big step in the right direction'

For the first time, we included questions that have offered new insight into the extent to which young people may be vulnerable to peer-on-peer sexual harassment at school or college Responding to the findings, Fiona Ellis OBE (Co-Founder and CEO of local charity Survivors in Transition) said:

"From our service provision we have seen the numbers of young people needing support around sexual violence, especially peer on peer harassment increasing year on year.

"In order to be able to respond effectively and provide the kind of support young people need, when they need it we need to open up the conversation and allow young people a safe and supportive platform to talk about what's happening – and this is a big step in the right direction. We hope that these stark findings will inform a different kind of conversation and that as a system we begin to acknowledge the knock-on effect this abuse will have on these young people in years to come, and how we support them and challenge these behaviours in our schools and communities."

Watch: NHS transformation lead for young people, Jaime Hawkins, talks about the impact of MHoF.

Find more examples of impact

Explore the impact of MHoF - visit: https://healthwatchsuffolk.co.uk/mhof/mhofimpact/

Explore our reports

- All students
- LGBT*Q+ young people
- Young people with special educational needs and disabilities
- Student ethnicity breakdown

"Suffolk's My Health, Our Future survey not only provides us a detailed report on the issues and concerns our students have but via this report we are able to ascertain our students needs, what information they need and how they would like to receive information."

Sue Calvino (Head of Pastoral Care Suffolk One)

Children's asthma care and support

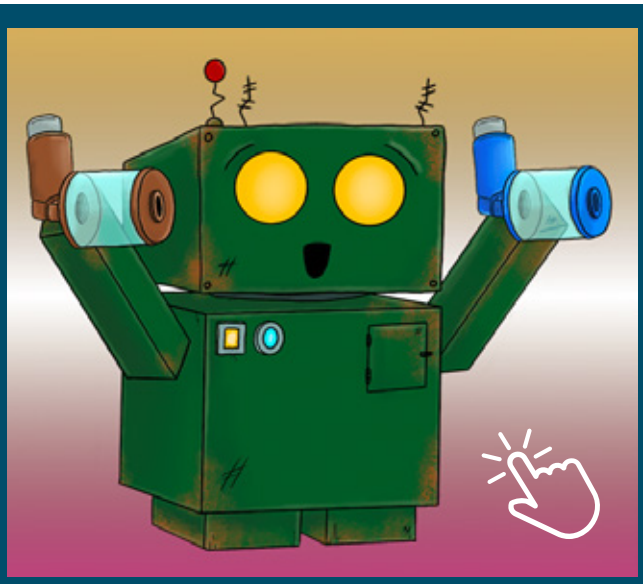
Families across Suffolk (and north east Essex) helped us to show where changes could be made to improve asthma care for children and young people. The findings are helping the local NHS to invest in additional community support for children with asthma.

This research was funded by the NHS to support better planning of asthma care, now and in the future. The project was co-produced and developed by Healthwatch Suffolk and Healthwatch Essex together (with an extension of the project into Waveney, led by Healthwatch Suffolk).

What was the key learning?

The feedback showed how people's experiences were not consistent across Suffolk, and how people's experiences of support could be improved.

The research highlighted why having an asthma plan in place is so important for every child or young person, and we would like to see systems and services promoting them much more. The conversation about having an asthma plan should start at the point of diagnosis, with patients and families fully informed about why having a plan in place is so important – ultimately, to keep children and young people out of hospital.

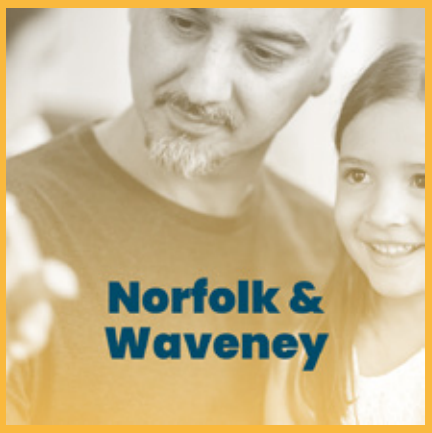


Our project has helped people find information and advice about supporting children and young people. Every participant was signposted to our dedicated support page, which was also promoted to local partners.

With thanks to Suffolk County Council's Children and Young People's Engagement Hub and JG Mind Doodles, we were able to include Jot the Robot in our signposting campaign.

Click on Jot to find our information and signposting page. It includes links to local and national organisations and services, tools to support parents and families with asthma planning, as well as age-appropriate information that can help young people to manage their condition.

Select an option to download our reports for Suffolk and North East Essex and Norfolk and Waveney ICBs.



"We'd have loved to have had that asthma action plan a little bit earlier in his life, because that's the important thing. I think as a parent, and as a child, to start to understand what good looks like… and when you go away from good, what do you need to do and when."

A parent, carer or guardian of a child with asthma in Suffolk

The reports also included other key areas of learning, such as improvements that could be made to increase people's confidence around managing asthma attacks, and to support better awareness of how professionals and families can work toward easier diagnosis.

The response from Integrated Care Boards

The Suffolk and North East Essex Integrated Care Board told us it was developing an investment plan to respond to the recommendations of the report. Its Deputy Director of Transformation for Children and Young People, Garry Joyce, told us:

"We greatly appreciate the input given by all the children and young people and their families and carers. This report provides valuable insight and will help us and our partners further develop the right support services so young people living with asthma can live happy and healthy lives."

"This project has been used to secure additional funding to invest in community support for children and young people with asthma."

In 2014, an important national review of asthma-related deaths by the Royal College of Physicians highlighted how many people did not have a personal asthma action plan. Subsequently, there has been a drive to ensure every child or young person with asthma has an annual review and is provided with a personal asthma action plan that they are helped to use. Yet, only 65% of young people with asthma in our survey felt they had an asthma action plan in place, and only 60% fully understood how to use it.

Commenting on the findings, Raman Lakshman (NHS lead for children and young people's asthma in Suffolk and north east Essex, and Consultant Paediatrician) said:

"The survey highlighted a number of ways we could improve care of children and young people with asthma, and support the confidence of parents and families in self management.

"Reassuringly, parents were clear that where an asthma plan was in place, it had made a huge difference to their confidence in managing their child's asthma. We will therefore look more closely at possible ways to make asthma plans more accessible to CYP, parents and guardians, including digital apps with asthma plans.

"It was also helpful to understand about asthma reviews in primary care - if they are happening reliably for all children and young people and if there are families where children have simply not had a review or an asthma plan provided. The survey showed that many felt there had not been adequate and regular monitoring.

"This research makes the case for an audit involving all primary care practices in SNEE, asking if they have an asthma nurse, what percentage of CYP actually had face-to-face annual asthma reviews, and how they produce and share the asthma plans. I will take this forward with the SNEE ICB."

Norfolk and Waveney Integrated Care Board said its report had helped to strengthen evidence for improved access to asthma nursing in local communities and highlighted the value of training, school-based learning and access to good quality, and accessible, information for children and families.

A statement from the ICB reads:

"This valuable feedback will be used to develop simple accessible information for professionals and families on how to access clinical advice. We are also developing plans to upskill the wider workforce in asthma care and treatment, and working with colleagues to design better diagnostic services for children and young people.

"This feedback further demonstrates the need and positive impact that early intervention and support in schools, will have on children and families and we are grateful to all those individuals who participated in this survey."

"Using this evidence, together with the priorities within our Joint Forward Plan, the ICB will continue to prioritise improvement in Asthma care for all children and young people, across the whole of Norfolk and Waveney."

"The report is a must read for all professionals looking after children and young people with asthma. It has improved my understanding and changed my practice. I am sure it will do the same for others."

Raman Lakshman (Lead for children and young people's asthma in Suffolk and north east Essex and Consultant Paediatrician, West Suffolk Foundation Trust)

Health Coaching in Suffolk (Update)

The West Suffolk Foundation Trust (WSFT) is training professionals in how to use 'health coaching' (an approach to delivering personalised care). It asked us to gather data that would develop the training programme, and improve health coaching interventions in practice.

Jessica Hulbert (Public Health Manager, WSFT) told us about the influence of this work in 2023/24. They have:

- re-framed previous CPD sessions as 'refresher' sessions, and increased the availability and marketing of these alongside the two-day skills training. The numbers attending has increased and we are finding success in offering bespoke team refresher sessions, allowing for tailoring of content to best meet the needs of the team and their service.
- observed that the two-day skills training is better suited to mixed professional groups, but refresher training seems most valuable to teams with common challenges and goals.
- reached out to, and worked directly with, more team leads and supervisors. It has been invaluable for leaders to demonstrate that this approach is integral to providing high quality personalised care and must be 'business as usual'.
- scoped how to integrate health coaching into working practices and electronic patient records more systematically and robustly based on 'what matters to me'. We will continue to work on this throughout 2024/25 and explore how it can support further evaluation.
- continued to measure the impact of the training using an experience and outcomes-based measure, with the data gathered aligning with the Healthwatch findings. In 2024/25, we are planning to use a 'clinician activation measure' to understand change because of training. This will assess practitioner knowledge, skills, and confidence in supporting service users with self-management pre and post training.

Jessica said:

"We continue to strive to improve our training quality and respond to the findings, along with the views of those the training impacts."

Explore this work

Visit: www.healthwatchsuffolk.co.uk/news/healthcoaching/

Smoking, vaping and using tobacco in Suffolk

Shaping local decision-making and strategy about tobacco control

"This incredibly detailed and insightful report has captured people's experience of smoking and vaping in Suffolk in a new way. It is clear that a wide range of attitudes and views about smoking and vaping exist locally, many of which are complex, and that providing support to people to stop smoking, and in some cases to stop vaping, needs to carefully take account of these views. There is no one simple way to stop smoking, even when people are highly motivated to do so. Therefore, the ways in which we support people to stop smoking, in the interests of their own health and the health of those around them, need to reflect that.

"This research will be used extensively as we develop and adapt the support we are able to offer people to stop smoking in Suffolk over time. I would like to thank everyone who has so generously shared their knowledge and experience with us during the process of writing this report, and Healthwatch Suffolk for conducting the research and producing such a clear and engaging report."

Anna Crispe (Consultant in Public Health and Assistant Director, Knowledge, Intelligence & Evidence, Suffolk County Council)

Working with Suffolk's Public Health and Communities Team, this project gathered and shared people's stories of smoking. vaping and using tobacco in Suffolk.

This report will shape a local Health Needs Assessment (a part of Suffolk's Joint Strategic Needs Assessment, or JSNA). The JSNA brings together insight to improve the health and wellbeing of people throughout the county.

The Public Health and Communities (PH&C) team said:

- The work has supported a deeper understanding of smoking and vaping in Suffolk as well as drivers for quitting. It has informed the evidence base for the smoking and vaping health needs assessment for Suffolk.
- Suffolk's County Council's Behavioural Science Team used our research data from interviews and survey responses, to develop a behavioural systems map. This created a visual

representation of the behavioural influences associated with smoking and vaping - a first for the Suffolk JSNA that could not have happened have happened without our report.

- Our findings were presented to the wider PH&C directorate, prompting good discussion about opportunities that could be leveraged through future qualitative engagement.

The research will also shape the development of a Tobacco Control Strategic Delivery Plan, future commissioning decisions regarding support to stop smoking, and the work of the Suffolk Health and Wellbeing Board.

"Healthwatch Suffolk's (HWS) report provided the raw data by which to understand the experiences of Suffolk residents' smoking and vaping habits through a behavioural lens. Because of HWS's work, the Behavioural Science Team in Suffolk's Public Health and Communities were able to include a behavioural systems map into the smoking and vaping health needs assessment (HNA) – a first for the Suffolk JSNA. Illustrating the behavioural influences associated with smoking and vaping, via a map, better informs us on the factors we should be focusing on for intervention. Importantly, mapping behaviours that result in many health risks, such as smoking, heightens our ability to refine any intervention implementation that emerges from a HNA.

"In the same way that 'great food requires fresh ingredients', the Healthwatch report provided the active ingredients needed to enhance our own insight on a challenging topic – namely, smoking and vaping. We would highly recommend that other organisations, eager to learn and apply health-based insight, lean on Healthwatch Suffolk's skill in gaining a rich understanding of the health challenges that Suffolk residents face. It certainly helped us!"

A statement from the Behavioural Science Team in Suffolk's Public Health and Communities Team

My Care at Home 2023/24 – shaping standards of local care

People's experiences of using home care services in Suffolk have been shared to influence standards of local care and support. This project is the most comprehensive local review of people's home care experiences.

This project has:

- supported Suffolk County Council (SCC) to monitor the quality of home care provision in Suffolk;
- provided an ongoing assessment about whether care is meeting people's needs;
- gathered insight into the experiences of people delivering home care to understand the issues and challenges they face;
- shaped a local social care workforce strategy produced by Suffolk County Council.

The data updates local understanding of people's experiences further to our My Care at Home project in 2018, which influenced the development of new models of home care provision at the time. Plans to revisit people's experiences were delayed because of the COVID pandemic.

Our reports

Our reports feature the views and experiences of:

- **1,007** home care customers or their relatives who completed a postal survey;
- **10** home care customers, or their relatives, who completed a detailed interview;
- **168** home care staff who completed an online survey.

Reports were shared with Suffolk County Council to inform its home care workforce strategy and decision-making regarding home care services throughout the year.

To read a summary of our findings across all reports, please visit www.healthwatchsuffolk.co.uk/homecare-summary.

Learn more about this project

Find our reports on: www.healthwatchsuffolk.co.uk/homecare/

"Suffolk County Council commissioned Healthwatch Suffolk in 2023 to obtain and collate people's experience of receiving care in their own home and the carer's experience of delivering care to the people of Suffolk. We strive to continually improve care services and use feedback to inform the development of future home care plans and strategies.

"Healthwatch has delivered several surveys followed up with some face-to-face interviews with people willing to share their experiences, and giving valuable insight into additional services they would like to access.

"The Council will evaluate the information obtained and develop an action plan that will seek to influence the ongoing provision of care to people at home and the support and training for the care staff. The key findings will be shared with the home care market, through individual contact by their allocated Contract Manager and through provider forums to obtain their views on the issues raised. We will be working with other key partners, such as Community Health, to develop training that addresses current and future care needs such as care for people with a higher level of need, alongside support to new carers in the industry.

"Healthwatch has been able to secure information in a way that has enabled people to feel safe in sharing their experiences, and the Council will ensure that we use the information to continue to build on the good quality care already available, keeping people very much at the heart of everything we do."

A statement from Adult and Community Services, Suffolk County Council

Maternal mental health care and support

This project has helped to ensure the NHS prioritises mental health support for new parents (locally and nationally).

The research showed how birthing parents felt six-week postnatal checks – required of GPs – were failing many new mothers.

- A quarter were not satisfied with the time their GP had spent talking about their mental health.
- Almost half said their GP had not asked about their mental health.

How is this project leading to change?

A pre-appointment checklist for the six to eight week postnatal GP check appointment has been co-produced to help women make the most of their appointment.

The checklist is being tested in five Suffolk and north east Essex GP practices. It will help women to prepare for their check and support better conversations with their GP (including about wellbeing). The checklist also contains signposting information for self-help before the appointment.

One practice in north east Essex increased appointment times to accommodate the pilot. The Practice Manager said:

> "Following the introduction of the six to eight week checklist, our GPs have requested that the time for mum and baby is increased from 20 to 30 minutes to allow for discussion of any topics that mum wishes to raise noted on the checklist."

The checklist will be amended in response to feedback from clinicians and women who have used it. It will be available to all GP practices in SNEE summer 2024.

National influence

Responses in Suffolk added to more than 2,500 recorded by Healthwatch England that have informed a national NHS maternity delivery plan.

CEO of Healthwatch England, Louise Ansari, said:

> *"We're pleased to see that the new maternity delivery plan sets out improvements in line with several of our recommendations.*
>
> *"With mental health affecting up to a third of new and expectant mums, those checks are key to assessing their wellbeing after birth."*

Learn more about this project

Find our report on:
www.healthwatchsuffolk.co.uk/news/maternal-mental-health/

Your Care, Your Way (YCYW) - promoting accessibility in health & care

The YCYW campaign is increasing awareness of people's rights to accessible support from NHS and social care services, and challenging services to improve.

We have:

- developed new ways for people to share their experiences;
- improved awareness of people's rights;
- made sure people have a voice to influence NHS policy on accessibility (nationally and locally).

d/Deaf and hard of hearing people's experiences

The focus of YCYW in 2023/24 has been on helping decision-makers to know how the experiences of d/Deaf and hard of hearing people could be improved in services. And, in response to our work, the West Suffolk Foundation Trust said it would review the accessibility of its services. Its Head of Patient Experience and Engagement, Cassia Nice, said:

> *"As a Trust we are constantly looking at ways to improve access for d/Deaf and hard of hearing people using our services. We acknowledge Healthwatch Suffolk's review and the resulting findings. In response, we will conduct a review of our patient-facing reception areas as well as promoting the provision of interpreters and how they can be requested.*
>
> *"Furthermore, we are looking to invest in lipreading awareness training for staff and considering reasonable adjustments such as allowing more time for appointments, the use of British Sign Language (BSL) interpreters and providing easily-accessible information, to improve peoples' experience within our Trust."*
>
> *"We will continue to engage with local groups such as the Bury Deaf*

> **"I felt frustrated, stressed, and incredulous that, in this day and age of 'inclusivity and diversity', that hearing loss and deafness awareness and accessibility is so badly lacking or non-existent."**
>
> A person who is d/Deaf or hard of hearing

Association to get their feedback as well as signposting service users to our variety of professional interpreting services that are on offer in person and via video."

Prompted by YCYW, the Trust has continued to work on actions to improve the experience of d/Deaf and hard of hearing people in west Suffolk. It told us:

- d/Deaf volunteers gave feedback on a new digital check-in system in the Outpatients Department. Their views enabled changes to be made to make the system more user-friendly for d/Deaf and hard of hearing people
- A review of flags on records is progressing to improve automatic booking of BSL interpreters.
- members of the Bury Deaf Association shared key points regarding lip-reading that staff need to be aware of when communicating with d/Deaf and hard of hearing people during Deaf Awareness Week.
- Work is ongoing regarding a Reasonable Adjustments policy and provision of accessible information.
- Communication books to aid people with a communication difficulty when they come into hospital already exist on wards but are being duplicated so that they are more readily available for those who may need them.
- The Trust is exploring the use of an accessibility tool on the WiFi Spark entertainment system for patients.

Other services have also made changes to improve people's experiences. For example, Grove Medical Centre took action to address feedback from hard of hearing patients by updating the tone of its patient alert system.

"Following the discussions you had with some of our patients about the call bell alert, we decided to change the sound. The feedback you gave was that patients found the 'tone' of the beep difficult to hear. We have changed it to a louder, low-pitched noise which appears to be working well for patients. So, thank you for providing feedback to us on this subject.

Eileen, a project ambassador for this work from the d/Deaf community, said:

Find top tips & resources

Visit our campaign page to find:

- Top tips for services to improve access.
- Information and posters about people's rights to accessible information and support from local services.
- Links to our reports about people's experiences.
- Our BSL feedback form and other accessible ways to share feedback.

Visit our campaign page

"This project has shown that many people from the d/Deaf and hard of hearing community are struggling to communicate with health and care staff, and that should be a real concern for our local services. It's not just about being able to book an appointment, it is much more than that. It's about being able to understand your condition, treatment options and what is likely to happen to you in a service.

"This work, and the practical suggestions Healthwatch is making, can really help to make life much easier for people trying to access services and treatment. I hope, and I urge, local services to take note of them and to take steps to improve their approach wherever possible."

Our data has also helped Healthwatch England to influence a review of the Accessible Information Standard (AIS) by NHS England. This has helped to make sure services will be required to do more to help people with communication needs. Organisations will be asked to check annually that they're complying with the standard and offering support to all patients the standard covers.

We hope to share more news about this in the year, and to raise awareness amongst local providers and commissioners.

Learn more and find our resources

We have developed and promoted resources to help people to know their rights to accessible information and support from NHS and social care services.

You can explore more about the YCYW campaign, and find out what people have told us, by visiting: www.healthwatchsuffolk.co.uk/your-care-your-way/

Next up for YCYW...

When NHS England publishes its review of the Accessible Information Standard (expected 2024/25), we will support our network to raise awareness of people's rights and encourage local services to respond to any updated requirements.

Prescription Ordering Direct (Waveney)

NHS leaders in Norfolk and Waveney revealed plans for a limited service to support the most vulnerable and digitally excluded patients with repeat medication requests.

The move to develop the service followed public feedback from people who had previously used the Prescription Ordering Direct (POD) service, which the ICB will close in the summer of 2024.

We advised the ICB to engage the public before making decisions about this service change. Our challenge led to this important opportunity for people to have their say, and our team independently processed more than 10,000 comments from over 2,000 people who responded to the ICB survey.

The current POD team will be closed from 30 June 2024 and replaced by a smaller roving team of expert pharmacy technical staff who will support GP surgeries with prescription ordering across the whole of Norfolk and Waveney.

You can explore more about this work, and read our statement, on www.healthwatchsuffolk.co.uk/news/podserviceclosure/

"We are very grateful to Healthwatch Suffolk for their support with the analysis of the feedback from the public survey and the report. We listened very carefully to people who use the POD service, their families and carers. We heard clearly about the difficulties faced by those who are vulnerable, such as those who are housebound, have limited mobility or access needs, those with learning disabilities and language and literacy needs and those who are digitally excluded. We heard that these groups who currently use the POD service would need more support to manage their medication requests moving forwards.

"We want to prioritise support for the most vulnerable and digitally excluded patients in our communities across Norfolk and Waveney to manage their repeat prescription requests. Our next steps will be to undertake detailed work with local authority digital exclusion teams and other local partners to develop a new service to support repeat prescription management for these groups moving forwards."

Dr Frankie Swords (Executive Medical Director, NHS Norfolk and Waveney ICB)

Community Voices in Health Research Programme evaluation

Our evaluation will support improved inclusion of people from all communities in health research.

The Community Voices in Health Research Programme aims to improve the diversity of communities engaged in health and care research. It is funded jointly by NHS England and the Department of Health and Social Care (DHSC).

Together with Healthwatch Essex, we implemented an approach to evaluation across the programme. That included feedback about barriers to inclusion from trained voluntary, community, faith and social enterprise organisations engaging in communities, and also the community recipients of those engagement activities.

The information will inform the development of a local research network based on newly established principles for involving diverse communities in research.

"Healthwatch Suffolk has been invaluable in evaluating our programme, which aims to widen involvement in research by diverse and marginalised communities through conversations to understand and overcome barriers to participation.

"Healthwatch Suffolk attended peer network meetings to co-produce the data collection methods with the voluntary sector organisations having conversations with their communities, so that it met their needs and was easy to complete. The evaluation gave us a really clear understanding of the information people shared, and provided valuable recommendations supported by participant quotes which have directly informed the principles we are developing to create more inclusive research in Suffolk and North East Essex.

"Because of the evaluation, as one of our partners commented, the issues are now known, 'the genie is out of the box' and as a system we now need to take action in response. We are very grateful to Healthwatch Suffolk for giving us the evidence we need to inform the way forward to develop inclusive research, and ultimately to benefit the people that we serve through better care, treatments and services."

Sharon Rodie (Strategy and Equalities Programme Manager, Suffolk and North East Essex Integrated Care Partnership)

Developing Skills in Health and Social Care

European Union
European Social Fund

This evaluation of a local authority programme has helped the development of a new team within Norfolk County Council that will offer providers and current social care workers a range of workforce support opportunities and raise the profile of social care and as a career.

Part funded by the European Social Fund, the Developing Skills in Health and Social Care (DSHSC) project was developed to address persistent recruitment, retention and workforce challenges within health and social care services. It aimed to support skills development by providing fully funded accredited training to staff who live and work in Norfolk and Suffolk.

The benefits for health and care staff included:

- free access to funded accredited training
- increased knowledge, skills and confidence
- opportunities for career progression and higher earning potential

The benefits for services included:

- fully funded training for staff that will provide them with more skills and knowledge
- investment in staff to help with employee retention
- enabling staff to provide higher quality, person-centred care

Ultimately, the DSHSC programme supported a more sustainable health and care workforce, and therefore also improvements to the quality of services across Norfolk and Suffolk. Our evaluation supported the DSHSC team and Steering Group to:

- review the impact and effectiveness of the project;
- create an action plan that supported improvements within the project;
- understand more about the different perspectives of project partners;
- identify how people working in health and social care services could be encouraged to take up the offer of education and to remain engaged in learning;
- communicate about project outcomes, and areas of future development.

Low staff capacity within services is often noted as having a negative impact on

people's experience of care and support. By supporting the development of this project (and future health and care workforce programmes), we have helped to tackle one of the most significant contributors to health and care system pressures.

The legacy of our evaluation, including a project development model we created to share learning from the project, is helping to support health and social care workforce programmes now, and in the future.

We hope the DSHSC evaluation will support a more sustainable care market in the future by ensuring similar projects are established with the learning from this large-scale programme embedded from the start.

"We worked with Healthwatch Suffolk in 2022 and 2023 to complete two annual cycles of evaluation on our European Social Fund match-funded programme Developing Skills in Health and Social Care (DSHSC). The work was invaluable, not only during the programme itself to make improvements and to report to the Department of Work and Pensions as the Managing Authority, but also to inform our next steps in establishing the Norfolk Care Careers team within our wider Commissioning and Care Market directorate.

"Healthwatch Suffolk's final report to us came with a programme development cycle that recommended clear steps to undertake when designing a programme of work, based on the findings from DSHSC. The aim of the Norfolk Care Careers team is to offer providers and current social care workers with a range of workforce support opportunities and raise the profile of social care and as a career. The programme development cycle Healthwatch designed was therefore very relevant and we were able to use their recommendations across design and initiation, communication and engagement, evaluation and review and delivery to design to inform the implementation of our initial programme of work.

"We particularly appreciated the approach taken Healthwatch in making our work a partnership. Healthwatch staff attended our monthly Steering Group meetings, which meant they were informed about the latest developments, successes and challenges and also became trusted colleagues to all stakeholders. As a project team we had regular meetings to enable us to work collaboratively on developments and have timely updates on incoming data to facilitate ongoing review of the programme.

"I particularly appreciated the accessible nature in which information was reported back to us – quarterly presentations to Steering Group were clear and insightful, and our annual reports were easy to read and informative, with clear findings and recommendations."

Barbara Herring (Project Manager in Adult Social Services, Norfolk County Council)

Supporting digital inclusion

Almost £250,000 of funding was announced in 2023/24 to reduce the number of people excluded from using digital technology. We participated in an event to launch the 'Digital Inclusion Fund', which was an opportunity to reflect on the value of our work that helped to inspire this initiative.

Evidence suggests that by not having the skills or the means to use online services, people are at risk of poorer health, reduced income and even a lower life expectancy. That includes everything from accessing information about your health through services, to seeking advice online or doing your shopping.

That is why, in 2021, we co-produced a set of 'Guiding Principles' for people commissioning digital care. They were developed following our extensive research into people's experiences of using digital services, and what is needed to make sure everyone is still able to access care long into the future.

You can read about our research, and download the 'Guiding Principles' on www.healthwatchsuffolk.co.uk/digitalhealthandcare/.

Following our work (in 2022), a Suffolk County Council Policy Development Panel recommended a series of actions to reduce digital poverty and its effects in Suffolk (including the adoption of our principles into digital service planning and policy). This fund has come as a direct result of those recommendations to the Cabinet of Suffolk County Council.

At the time, a spokesperson told us:

> *"Our 'Digital Inclusion Policy Development Panel' considered the 'Guiding Principles' as a part of their work, and were very impressed by their simplicity and clarity. The Panel considered how they could support, and further strengthen, the Council's own approach to 'Digital by Design'…"*

> *"This led to the recommendation to adopt the 'Guiding Principles', and account for them in the design of our future services. The 'Guiding Principles' will act as a useful framework for service designers and developers at the County Council. The Cabinet were keen to adopt them, and the Leader of the Council singled them out as a significant contribution to supporting digital inclusion in Suffolk…"*

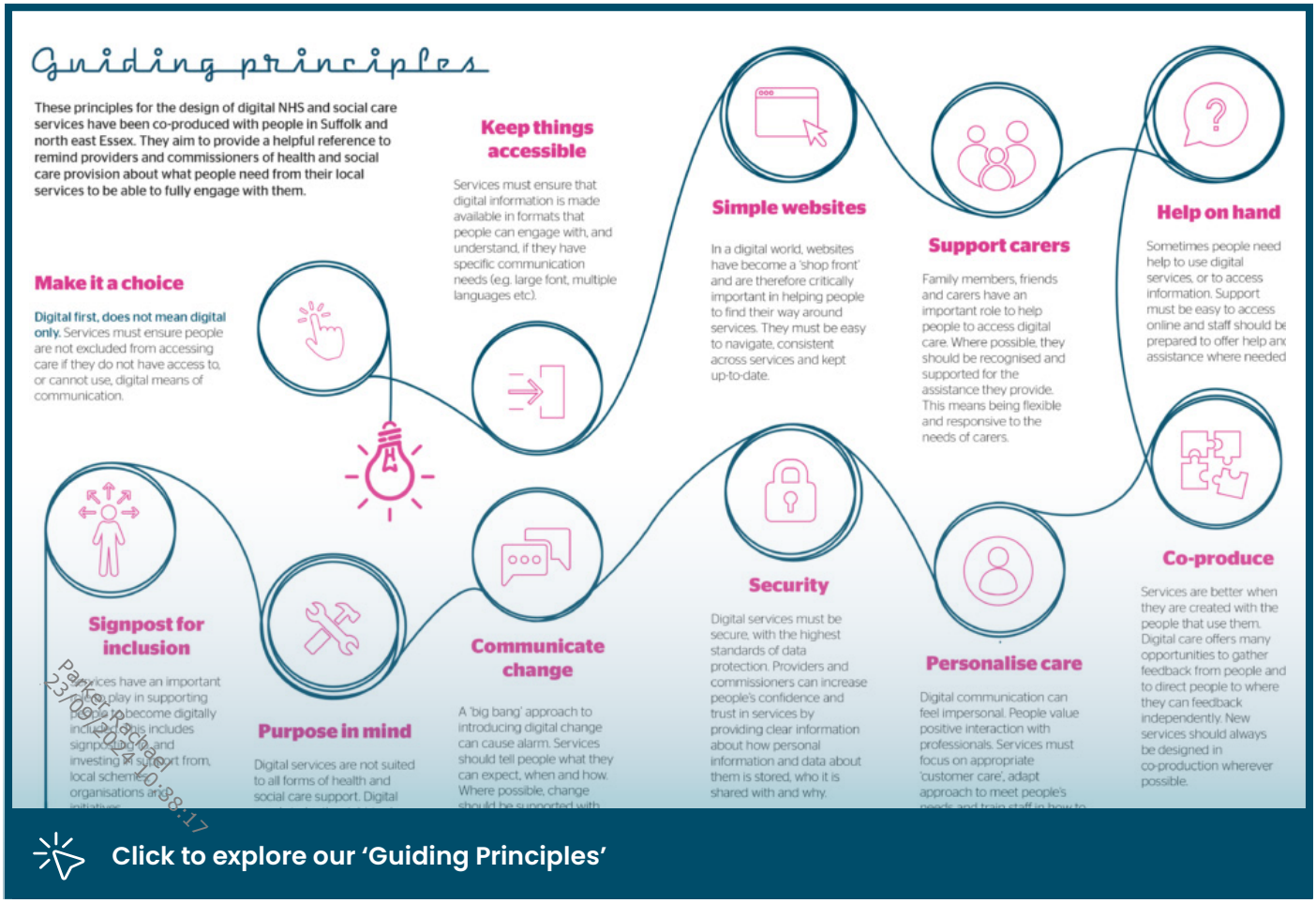
Councillor Philip Faircloth-Mutton, Deputy Cabinet Member for Transformation, who led the 2022 Policy Development Panel, said:

> *"The fund launch is a fantastic example of putting recommendations into action. The Policy Development Panel wanted to supply the impetus for local projects to make increased digital inclusion a reality, by offering funding to organisations and groups who know their communities best."*

We attended the launch event to participate in a panel, and we included 'Community Partners' from our 'Tackling Poverty Together' (TPT) project who shared their lived experience.

Romeo Mustata, Founder of Ipswich Romanian Community and TPT Community Partner, said:

> *"Digital exclusion can harm people's wellbeing by limiting access to information, healthcare, and social connections. It also reduces life chances by hindering education, job opportunities, and access to government services.*
>
> *"I am totally with the importance of addressing digital exclusion and its impact on people's wellbeing. It's a critical issue that touches on access to essential resources and opportunities, and we're grateful for the opportunity to be part of the conversation."*



Research: Looking ahead

Here's a brief summary of research we're currently working on, and information about the impact we hope to achieve.

COPD and You

We're supporting our local Public Health and Communities team to explore people's experiences of living with Chronic obstructive pulmonary disease.

Our findings will assist NHS and other decision-makers in planning better local care, especially in winter when people are at a higher risk of hospital admission.

Stuart Keeble (Director of Public Health for Suffolk) said:

> *"This project with Healthwatch Suffolk will help us to understand the challenges faced by people with COPD and hear your views about how we can better support you. Without a doubt, your insights will help to improve health and wellbeing for people living with COPD in Suffolk."*

Look out for our report later in the summer of 2024.

Explore this work

My Health, Our Future (Phase Eight)

Our project focused on young people's health and wellbeing continues in 2024/25. The survey has been co-produced to explore new areas of interest to decision-makers across sectors and to generate actionable insights for schools and colleges.

We're already beginning to share reports with local schools and colleges that have helped to distribute the survey in 2024, and our countywide analysis (featuring insights on new topics) will follow in the autumn.

Year on year, MHoF is helping schools, colleges, the NHS, Suffolk County Council, voluntary and community sector organisations and other decision-makers to shape local support for young people. You can learn more about the impact of this work on www.healthwatchsuffolk.co.uk/mhof/mhofimpact/.

Elective orthopaedic care in west Suffolk

NHS leaders are planning to move around 1,500 orthopaedic operations for people over the age of 18 (such as hip, knee, foot and ankle surgery) each year from West Suffolk Hospital to the Essex and Suffolk Elective Orthopaedic Centre (ESEOC). ESEOC is on the Colchester Hospital site in Essex, a new centre opening in summer 2024.

We are independently running an anonymous survey on behalf of the NHS to collect views about these plans and how they will affect local lives. The feedback will help the NHS to make the best decisions about the future of orthopaedic services. Furthermore, our independence has helped to make sure this important local engagement has been transparent about patient rights and choice, and that people's thoughts about the plan have been interpreted without bias.

Look out for our final report later in summer 2024. More information will be available on www.healthwatchsuffolk.co.uk/elective/.

Explore this work

East of England Spinal Network

Through engagement with people involved in the delivery of spinal care and support across Suffolk, and patients/carers using the services, we will support the East of England Spinal Network to develop a better understanding of people's experiences. The insights gathered will help the network to shape its engagement priorities, and build an informed approach to understanding people's needs.

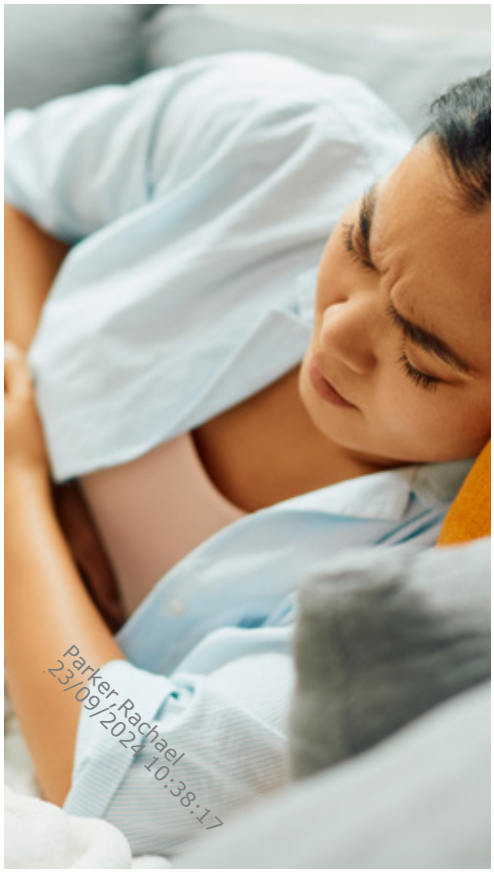
Ultimately, this project will meaningfully involve people in conversations about patient engagement to ensure services are considering the wishes, wants and needs of their patients and carers. Look out for more information on our website throughout the year.

Virtual wards in Suffolk

Virtual wards have been operating in Suffolk for a couple of years.

Once referred, a patients' vital signs are recorded and monitored in real-time at a hospital's virtual ward hub through the technology provided to them. Wearable monitoring devices measure vital signs, such as blood pressure, heart rate and oxygen levels and people receive care through home visits and remote monitoring.

Later in 2024/25, we'll be working with the Suffolk and North East Essex NHS Digital Data and Technology Strategy and Assurance Team to explore people's experiences of this digital approach to providing healthcare (including staff and family carers).



Elective care and support (2024)

From the summer of 2024, we'll be working together with local hospitals to contact people about their experiences of waiting for hospital treatment or care (elective care).

The progression of this work follows an initial endorsement of the approach by the Suffolk Health and Wellbeing Board at its meeting on in November 2023 and leaders working across the elective care programme in Suffolk and north east Essex.

We hope to support our health and care systems to understand more about how people's experiences have changed since our previous elective care project in 2022. The findings will help people to know how what is working well to improve people's experiences, and where additional support could help people to stay well whilst they are waiting.

Look out for more details about this project in late Summer 2024.

Why are we re-visiting elective care experience in Suffolk?

With tens of thousands of people waiting extensive periods of time for elective operations and procedures each year, this remains a critical issue for people across the county.

Our project follows our previous work with our national network in 2022. We showed how people's lives were being impacted by their wait for care, often seriously, and why people needed more support whilst they were waiting (e.g., regarding relationships, mental health, caring responsibilities and pain management, for example).

The project helped local NHS leaders and services to think differently about what people need whilst they are waiting for hospital care and to introduce changes. For example, the data has been used to inform important decisions about the management of elective care programmes in Suffolk (such as recent NHS plans to tackle waiting times for orthopaedic operations). It has also helped hospitals to establish trials of new approaches to communication with people whilst they are waiting.

The project will be co-produced together with our local hospitals and people with lived experience of waiting for hospital care in Suffolk. This will ensure that the insights gathered can have a meaningful impact on how our local health and care systems continue to address this critical issue.

Learn more about the impact of our work to address elective care backlogs in Suffolk on:
www.healthwatchsuffolk.co.uk/electivecareimpact/

Co-production in Suffolk

What is co-production?

Co-production is when people work equally with professionals and decision-makers to design, evaluate, and improve health and social care services. It is a cultural shift, offering huge potential for innovative change in the way that people, and communities, are supported.

Our team has worked to establish a culture of co-production in Suffolk, ensuring that professionals are working with local people and communities to plan and deliver care whenever possible.

The team provides support, guidance, workshops and training to embed co-production as an approach to delivering, and evaluating, services. The team is supported by 12 Co-production Ambassadors who bring a wealth of lived experience of services, and of co-production.

Together, we help people and services to:

- explore the challenges that are hindering a truly co-productive approach;
- define an achievable approach;
- plan and design working-tools to support and embed the culture and learning required.

"Co-pro is a great way to create an environment where voices are heard, processes are discussed and those who use health and social care benefit from improving the outcomes, not only for themselves but other members of society.

"For me it gave me purpose. It helped restore trust and, most importantly, it helped me to feel like I was apart of something once again."

Nat (Co-production Ambassador)

Co-production Ambassadors







A team of 12 volunteer Co-production Ambassadors has been working hard to support health, care and community organisations to embed co-production.

The ambassador role is adaptable and flexible, requiring no specific experience, time or skills. The direction of the role is dependant on the individual's needs, aspirations and availability.

Ambassadors support our work in a variety of ways. For example, they helped us to shape our research projects and engaged professionals in discussions about people's lived experiences.

One ambassador (Claire) helped to inform our process of including young people and parents in interviews about local asthma care. As a parent of a child with asthma, Claire also helped presented our project to an audience of more than 60 local clinical leads across Suffolk and north east Essex.

You can find further information and examples about how ambassadors have supported our work this year across the following pages (see our 'Commit to Co-production' campaign offer for example).

"I felt truly listened to. I was asked questions about our experiences and had wonderful conversations with attendees. This felt like true co-production. Service users (me) and providers, all in the same room, discussing what could be improved to provide better outcomes for everyone."

Claire (Co-production Ambassador)

"The chance to be an Ambassador for Healthwatch Suffolk is a true blessing. As a person who struggles with his mental health, the opportunity to support others, and services, like Medequip is a fantastic opportunity to get involved. And particularly with co-production, a chance to offer up suggestions and work with them and others to improve services for everyone, thereby giving me purpose.

"It is an honour to be an HWS ambassador, for which I will be forever thankful for being given a chance to make a real difference... thank you folks."

Roy (Co-production Ambassador)

The Transgender, Non-binary and Gender-questioning Network

Commissioned by the NHS Suffolk and North East Essex Integrated Care Board, this network was established in 2023/24 for people who want to improve health and care for transgender and non-binary people and those exploring their gender identity.

The network has 40 members who are transgender, non-binary or people questioning their gender identity, or health and care professionals interested in shaping local support. We have good representation in the network from both of these groups.

The aim has been to explore changes that could be made to services, and to create a cultural shift that will allow the genuine involvement of people with lived experience in shaping their support.

Our network has been extensively supported by a co-facilitator from the community who is transgender, Joni Bendall. Joni is also a Healthwatch Suffolk 'Co-production Ambassador' and has supported us to ensure our organisation and communications are accessible to transgender and non-binary people and those exploring their gender identity in Suffolk.

"I'm really excited to start working towards helping to develop better healthcare outcomes for my community with the team here. It's really refreshing to work with a team who not only get it, but are also curious to listen and learn more from those with lived experiences. I can't wait to listen and learn myself!"

Joni Bendall (Co-production Ambassador

The network aims to include people in the planning of local care, and is supporting professionals to increase their confidence in supporting the community.

Drawing on learning from the network, our team is also contributing to a working group of GPs, commissioners and NHS leaders to co-produce a pilot for a developing local 'enhanced service'.

Look out for more information about this network across the year ahead.

Commit to co-production - our campaign and support offer

Will you commit to co-production? That's the question we're asking local NHS and social care services through our ongoing co-production campaign - 'Commit to co-pro'.

The campaign is helping local networks, organisations and services to show how they are empowering people to participate in their services.

For those who sign up, our offer includes two 60-minute sessions with our co-production team and the support of two ambassadors to explore opportunities for co-production in services.

Who is committed?

South Norfolk and Broadland Health and Wellbeing Partnerships

Health and wellbeing partnerships bring together representatives from county and district councils, health services, voluntary, community, faith, and social enterprise sector organisations, and other partners to focus on their local population's health and wellbeing and address inequality.

Co-production ambassadors are supporting the partnerships to develop their 'Resilient and Healthy Communities Priority Delivery Group', beginning with the development of 'World Cafe's'. They aim to be a starting point for the Partnerships to open conversations and develop relationships with communities.

Leading Lives

Leading Lives provides social care support for people with learning disabilities, autism and complex needs in both the home and community.

Following a series of co-production training workshops with our team, decision-makers at Leading Lives have begun to explore how to develop co-production within their organisation.

Co-production ambassadors are facilitating initial sessions with customers, carers, and staff. Their initial focus will be on improving the organisation's compliments and complaints policy.

Director of Operations for Professional Services at Leading Lives, Helen Herbert, said:

> *"Co production has been a real eye opener for me. Not only has it been really enjoyable to get out and meet new people but it has been humbling to be a part of a process that is so inclusive. Everyone in the group is equal and their opinion is valued. It has been*

great to hear people reflect on their own experiences to help us develop a process that is simple but effective."

Our Co-production Ambassador, Sharon, has been supporting Leading Lives to make its commitment to co-production.

"As an Ambassador for Healthwatch Suffolk working alongside the Leading Lives team, their parent/carers and their clients, it has been very empowering to follow and be part of their co-production journey.

"It has opened up a new way of working together for them all. They have embraced this journey so far with courage and understanding to ensure all voices are heard and enable things to be accessible to all. "

Visit our website to expore more commitments to co-production from local organisations and services.

www.healthwatchsuffolk.co.uk/co-production/committocopro/

Medequip Suffolk

Medequip provides community equipment services in Suffolk. In 2021, we provided co-production training to groups of its staff. Since then, it has progressed co-production in the UK and embedded our workshops into its national staff induction programme.

Once Medequip staff realised how the ethos of co-production could help improve their work with the public, they fully embraced it. And, together with our co-production ambassadors, Medequip Suffolk has been working on an action plan regarding its commitment to co-production. It has included more involvement of people in how its services are provided and increased employment opportunities for disabled people. The service also appointed a Co-production Champion within its Suffolk Depot.

This year, we've continued to work together as the service has sought to establish a service user forum to support its work.

"This year, Medequip made the decision to formalise our work with Healthwatch by in-vesting in a paid partnership, and the results have been significant. We have the opportunity for involvement regularly with all aspects of decision-making and process writing, which gives us vital additional perspective to enhance the service we run for the people of Suffolk.

"The sessions on co-production provided by Healthwatch for new Medequip team members provide an excellent introduction to the concept, increasing awareness, interest and buy-in on the importance of being involved in developing our service and working together to benefit our local community."

Andrea Clifton (Account Manager, Medequip Suffolk)

The Integrated Care Academy (ICA)

The ICA is a partnership between the University of Suffolk, the Suffolk and North East Essex Integrated Care System, Suffolk County Council and Healthwatch Suffolk. Through education, research, leadership, workforce development, and digital technologies, it aspires to promote the best possible integrated care in systems.

Since we helped to establish the ICA as a founding partner, the ICA has introduced course content in integrated care for university students, and established new courses and programmes, such as the One Team Programme and Integrated Care Fellows Development Programme.

Our Co-production Coordinator supported the ICA Co-production Hub to uphold co-production as an operating principle within the ICA, support and advise education, leadership and research, and to support other organisations and communities who wish to improve co-production activities.

The hub has co-delivered training development days and sessions for people working within integrated care systems. It has also introduced co-production seminars into courses for students of health and social care to help them to learn about the importance of co-production at the earliest stage of their careers.

Through the ICA, our Co-production Coordinator is completing PhD research into co-production within integrated care. It has involved a multi-case study of ongoing co-production within SNEE, and a published paper in the International Journal of Integrated Care.

You can read more about this on www.healthwatchsuffolk.co.uk/co-production/co-production-reflections-from-phd/

A co-production 'network of networks' has been established by the ICA for people to collaborate more easily (see www.integratedcareacademy.org.uk/be-part-of-it/).

"Co-production is the means by which we can work with our citizens and populations as equal partners in the development and improvement of the services we provide. It is a golden thread in the way in which the Integrated Care Academy has been created and wishes to enable the best integrated care, accessible to all.

"Healthwatch Suffolk has supported the Academy in the promotion of and training in co-production through their Ambassador Network. We are very grateful for their help and our Integrated Care Fellows learned so much about not only why co-production is so important in getting our services fit, but what steps they can take to make what may seem a daunting task a very simple and rewarding one."

Dr Mark Shenton (Professor of Integrated Care at the Integrated Care Academy)

A new women's health offer in Suffolk and north east Essex (SNEE)

We're helping the Suffolk and North East Essex Integrated Care System to co-produce a better women's healthcare offer that will improve the health of all who use women's services.

This engagement has been part of a local response to a Department of Health and Social Care 10-year ambition for boosting the health and wellbeing of women and girls (from puberty).

Lizzie Mapplebeck (Associate Director of Strategic Change, SNEE ICB) said:

> *"SNEE ICB entered into a co-production partnership with Healthwatch Suffolk to lead the local implementation of the National 10-Year Women's Health Strategy. The partnership between the ICB and Healthwatch Suffolk has built a trusting model and safe space, which has enabled and encouraged 168 participants from a variety of organisations and groups to join the co-production journey and represent the voices of their communities.*
>
> *"The partnership has empowered new and different ideas to be developed and has enabled the sharing of responsibilities and supported meaningful conversations. I have no doubt this partnership will drive the implementation of a women's health offer that is the best fit for our population and accessible to all our communities."*

To support this work, we created a briefing featuring 98 reviews logged to our Feedback Centre about topics and services such as maternity services, gynaecological care, menopause support, breast clinics and more.

We also included relevant research projects we've completed, such as those focused on maternity care, menopause and perimenopause and information about what thousands of young female students told us about their mental health and wellbeing (see 'My Health, Our Future' from page 36).

The information, together with the feedback generated from the co-production programme, is helping to shape the support that will be offered to women across Suffolk and northeast Essex.

Go to our briefing

How we supported the women's health programme in SNEE

We helped to set up an 'Insight and Oversight Group' to co-produce the programme with local community and partner organisations. Nearly 70 organisations, and over 160 individuals joined the group to be part of the journey of developing new services.

This work led to a co-produced engagement exercise that over 1,200 people participated in. The process is feeding into a 12-month programme of development that will ensure women's health services meet the needs of the SNEE population, are inclusive and accessible.

Tackling Poverty Together

We want to discover the answer to the question: 'What if people who struggled against poverty could help to make decisions about tackling poverty? Read on to find out how we've continued working to tackle local poverty with people and leaders.

With the cost of living on the rise, increasing numbers of Suffolk residents are experiencing poverty or struggling with low incomes and high housing costs. Action is needed to address this growing problem - but, for change to happen, it has been important to bring people with lived experience and local decision-makers together to work on shared solutions.

This project is modelled on the 'Poverty Truth Commission' approach, which aims to help people to listen to each other, share wisdom and build empathy. In doing so, it is hoped that trusting relationships are formed that empower people and decision-makers to find a way forward. You can learn more about this on the Poverty Truth Network website, which supports those delivering work inspired by the approach, on its website. See www.povertytruthnetwork.org.

Sharing stories and building trust

We began by recruiting 27 project partners. They included 12 'Community Partners (people with lived experience) and 15 'Civic Partners' (professionals working within various organisations across Suffolk). The partners have supported us in understanding the nature of poverty in Suffolk and consider creative ways to address the issues that lead to it.

Reflecting on the relationships between partners in the project, our TPT Project Coordinator said:

> *"In the first stages of the project, it was important for our partners to spend time developing a trusting relationship*

"I am several years into recovery from 28 years of drink, drugs, crime, broken relationships and anti-social behaviour, which began when I was just 16 years old. For 15 of those 28 years I was homeless. I can empathise with the kind of problems some people face every day.

"It was a complete shock to be asked and I felt honoured that my experiences would benefit the project. Since my enrolment, I have been involved in a variety of initiatives and workshops, most notably Tackling Poverty Together, and despite niggling health issues have enjoyed every minute. Being part of the Healthwatch team has not only expanded my interests and social skills but has played a key part in some of the Outreach work I am involved with, and for that, I am truly grateful. It is nice to be valued."

Jay (Community Partner and Co-production Ambassador)

Jay is one of **12 community partners** supporting our project to tackle local poverty.

with each other. This was critical to people being able to share their lived experience at our launch event without fear of judgement."

More than 60 people attended the event to listen to our 'Community Partners' as they shared their lived experience of poverty or just about managing - and their hopes for what our project can achieve and why they wanted to become involved.

Finding solutions and sharing insight

Since the event, our partners have been working together to explore key themes in people's lived experiences, with a particular focus on three areas:

- **Access and Navigating Systems:** Partners are passionate about finding their way through systems to get the right level of support, they wish to be more empowered to make their own choices in certain situations.

"It shows how a group divided can come together and start a journey into the unknown as strangers and come together as a team around a table."

Community Partner

- **Health:** This includes finding a way to provide a more holistic journey of care for people in poverty, supporting services to work better together. This requires services to acknowledge a need for more face-to-face and out of hours support.
- **Housing:** The recognition of the homelessness to hostel cycle that people find hard to break as well as the importance of clear and accessible language to help people make informed choices about their housing options.

The outcome of discussions (including other themes identified by partners) in the project was shared with Suffolk County

Council, which has used the information to shape the forward plan associated with its strategy to tackle poverty in the County.

Next up

Our partners continue to work together across several working groups that will consider recommendations and action to tackle local poverty. We will also support partners in writing other recommendations that are important to them, either in groups or individually.

The project will close at a celebration event in September. It will be an opportunity to reflect on the impact of the work and what has been achieved. Look for more details about the event on our website later in 2024.

How this project has been making a difference

From the very start, we've seen some amazing things happen among our partners. They've been sharing resources and building strong relationships, creating a real sense of community.

Two of our Community Partners lead community groups that are now collaborating to plan a workshop where people can do art and crafts together. The goal is to help those who feel isolated, bring communities closer, and provide important information for people in need.

One of our partners has become involved directly with the Poverty Truth Network (PTN) by becoming a Charity Member, and also joining the PTN Amplify Group. The Amplify group gathers commissioners from all over the country to address national issues and challenges.

"Being with such a range of diverse viewpoints and experiences has been invaluable and makes me feel positive about the future."

Civic Partner

"It's been great to see how relationships develop between Community and Civic Partners."

Civic Partner

"Until you know how you are broken you can't possibly stand a chance of fixing it"

Community Partner

'A group of diverse people with one sincere aim- to find solutions to difficult problems.'

Community Partner

"I had the privilege of spending time with the co-production team to discuss the issues relating to poverty. Their thought and consideration on this topic was informed and considered. Working with people who are equally passionate about ensuring the views and experiences of people experiencing poverty help inform service change is fulfilling."

Gemma Levi (Senior Manager, Community Infrastructure, Healthy Behaviours, Children and Families Team, Suffolk County Council)

Our community partners have also identified a variety of other ways the project has helped them to find new confidence and skills.

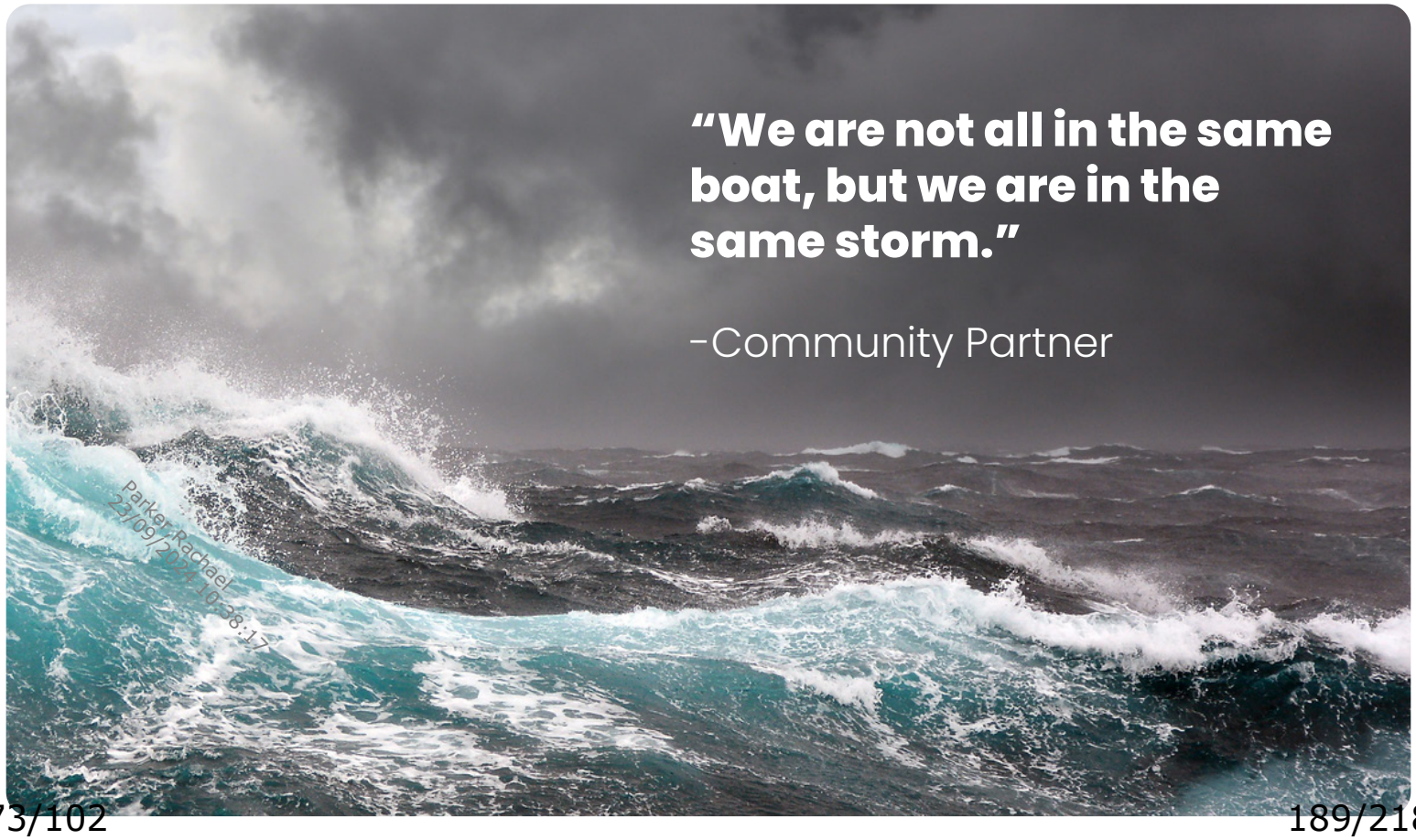
- Partners have presented their personal lived experience at our launch event and a national Poverty Truth Network event. For some, it had been a first experience of speaking to an audience.
- The project is helping people to develop new connections and friendships. The WhatsApp group for the project has become a place to share information about the project, but it is also where people share personal successes and issues, encourage each other, celebrate one another, and offer support.
- Partners feel empowered to make a difference and are finding commonality amongst a diversity of people with different lived experience to share.

> *"We are not all in the same boat, but we are in the same storm." (Community Partner)*

> *"I realised how important people with lived experience are to solving these problems/issues." (Community Partner)*

- Having worked together in the project, some Civic and Community partners now meet with each other outside of the TPT project. This has helped people to explore new opportunities.

> *"I found the session VERY POSITIVE and it has led to a couple of meeting with the CAB and another agency associated with the CAB that would not have happened if I had not had opportunity to sit and chat with the other partners and let a few things unfold. That is the gift of slow conversation."*



Our network for young people (Youthwatch) aims to be a catalyst for young people to work in co-production with decision-makers in Suffolk. Our influence will ensure young people have a strong voice, and that things they say can engender real change.

About Youthwatch

Our goal is to:

- give young people an independent voice in health and care systems;
- help young people to develop new skills;
- generate opportunities for young people to work with different organisations;
- ensure young people are represented in our work and decision-making.

Youthwatch is managed by a project officer. They help to coordinate a core group of members and a wider virtual network of young people who participate based upon their interest in topics. Youthwatch is structured into the governance of Healthwatch Suffolk through the inclusion of a representative on the Healthwatch Suffolk Board. They have been provided with training and a mentor on the Board.

This year, Youthwatch members have been planning an event that will help us recruit more young people to the network, whilst also supporting them to find local opportunies (e.g., careers and olunteering). They were also invited to be on the panel of the Suffolk and north east Essex Can Do Health and Care awards, judging Youth Champion nominees.

For more information

You can learn more about our event overleaf, or visit www.healthwatchsuffolk.co.uk/youthwatch to learn more about the network.

YOUTH opportunity event

In July 2024, we'll be partnering with the University of Suffolk, Volunteering Matters and the local NHS on an exciting event for young people to explore opportunities in Suffolk.

Hosted by our Youthwatch network, this event will help young people aged 15 and above to explore Suffolk's youth-focused community groups, charities, and services, as well as volunteering opportunities, higher education options, work experience, and career prospects in the health and care sector.

The event will feature:

- Inspiring speakers, including writer, academic and women's rights activist, Professor Helen Pankhurst.
- Stalls featuring more than 30 local organisations for young people in Suffolk.
- Tours of the University of Suffolk (including the new Health and Wellbeing Centre and Arts Centre)
- The Inflatapod - a video booth where young people will be able to share and capture their views about health, care and wellbeing.

The event aims to recruit more young people to the Youthwatch network and to engage them in conversations about local NHS and social care support.

3. Working with partners

A collaborative approach is the best way to reach people for their views, and to achieve lasting change in health and care. In this section, discover some of the ways we've been working with others to include people in the scrutiny, design and delivery of local health and social care services.

"Healthwatch Essex have always had a good working partnership with Healthwatch Suffolk. Over the past several years, we have worked on several commissioned projects and leaned on the expertise of each individual organisation and team member to achieve the greatest outcome for the citizens of SNEE.

"Having a trusted partner enables us to spread our limited capacity across the Suffolk and North East Essex area as we have aligned priorities and communicate together well. We look forward to continuing this collaborative relationship to deepen the impact for our local citizens."

Samantha Glover (Chief Executive, Healthwatch Essex)

Our network

Healthwatch England

The influence of the Healthwatch network extends beyond our local borders through work with Healthwatch England.

In the last year, national priorities have helped us to include people in shaping NHS policy.

- Hundreds of people from Suffolk shared their experiences of accessible care (see 'Your Care, Your Way' from page 49). Healthwatch England has used the feedback from local areas to challenge NHS England as it reviews a national standard on accessible care and support. It should mean people can expect higher standards of accessible support from services in the future.
- Forty-five people in Suffolk took part in a national survey about maternal mental health care. It is informing national NHS plans and improvements to postnatal checks locally (see more about this from page 48).
- We completed interviews (commissioned by Healthwatch England) to provide evidence about people's contact with social care and pharmaceutical services and support national recommendations.

Supporting network development

The great thing about being a network is that there are so many opportunities for shared learning and development.

This year, our team helped to facilitate a national workshop focused on engaging young people about their health, care and wellbeing. It was an opportunity to share insights from 'My Health, Our Future' (see page 36), and to help other local Healthwatch to explore the inclusion of young people in their work and projects.

It was amazing to hear about how other local Healthwatch had been inspired to progress work with young people because of the work we have delivered here in Suffolk.

> **"Healthwatch Suffolk exemplifies a commitment to bringing focus to youth mental health. Their impactful work and collaborative approach, demonstrated by sharing insights and methods with 25 other local Healthwatch organisations and Healthwatch England, empowering the network for positive change.**
>
> André Benham (Volunteering and London Regional Network Manager, Healthwatch England)

Local service scrutiny

Other national and local bodies have a role to influence standards of health and care too, and we work with them to make sure local views and experiences are included in their work.

Suffolk Health Scrutiny Committee

Suffolk County Council has a role to complete local government scrutiny of health and wellbeing services and support. It has established a Committee for this purpose (the Suffolk Health Scrutiny Committee).

The committee may review and scrutinise any matter relating to the planning, provision and operation of health services in the County and it uses our insights to inform its priorities and meetings.

Briefings on dental access, pharmaceutical support and maternity services were created to inform local scrutiny of health and wellbeing support in Suffolk.

The briefings featured hundreds of comments and records from our website Feedback Centre and signposting service, including:

263 comments about pharmaceutical services and support in Suffolk from our Feedback Centre.

180 anonymous case summaries of contact with our signposting service regarding access to NHS dental treatment and support.

"The Healthwatch Suffolk Chief Executive, as our Healthwatch representative, contributes essential insight into the County Council Health Scrutiny process, and I am grateful to receive their frank and helpful comments on the experiences of health service users through both participation at meetings and our regular briefings. The reports prepared by Healthwatch are also highly valuable to health scrutiny and Healthwatch Suffolk is diligent in ensuring we are aware of the most recent and relevant available."

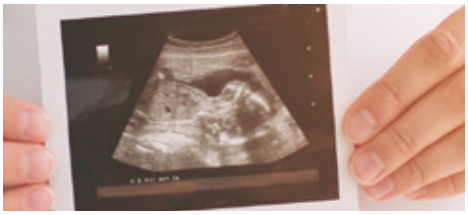
County Councillor Jessica Fleming (Chair, Suffolk Health Scrutiny Committee)

Find our briefings for the committee

Go to briefing

Pharmaceutical care and support

This briefing features 263 comments regarding pharmacy services, dispensary services and prescription management in primary care. Our data reveals that people have faced several key issues when trying to get prescription medication, but 30% of the feedback was positive overall.



Go to briefing

Maternity care and support in Suffolk

In total, we recorded 122 comments about people's experiences of local maternity and neonatal care to update our understanding of people's current experiences. The feedback has been considered by maternity leaders at an NHS strategic group with a number of actions generated regarding improvement.

Go to briefing

Access to NHS dental treatment in Suffolk

We shared 180 anonymous case summaries from contact with our information and signposting service. Although the volume of enquiries has fallen slightly over previous years, many still could not find the treatment, care or information they needed; even when they are in excruciating pain.

Mortality reporting by Norfolk and Suffolk NHS Foundation Trust

In 2023, reviews of mortality reporting highlighted the desperate need for improvements to be made to how deaths are recorded by our local mental health provider. It has become a major focus of health scrutiny in the year.

Our Board has become increasingly concerned that the response of local leaders to these issues has lacked important principles of accountability, openness, independence and authenticity. Therefore, at a Health Scrutiny Committee meeting in January 2024, our Chief Executive read a statement prepared by our Board to Councillors, representatives of NSFT, and NHS leaders present at the meeting. It includes details of our position regarding the progress of commissioners and NSFT toward addressing the outcomes of the original review.

The submission of such a statement is unusual (a first submission of its kind from us to a local scrutiny committee). **Click here** to find it on our website. Our statement was minuted, and the committee made recommendations to the Trust and NHS leaders regarding future working with Healthwatch Suffolk.

Suffolk VASP

The Voluntary and Statutory Partnership (Suffolk VASP) brings people together to talk about mental health and wellbeing, pool resources, reduce stigma and identify gaps in services.

The network has a membership of more than 2,000 people across the voluntary and statutory sectors. We facilitate the VASP network by employing the Coordinator, and providing support with the administration of finances and office space.

VASP members received regular news updates (45 in 2023/24) from the VASP Coordinator throughout the year, with details of local services and events. These weekly updates enable VASP members to direct local people to services at grass roots, and to access information and support when they need it.

The Suffolk VASP hosts quarterly themed 'County VASP' meetings, featuring speakers sharing their lived experience. The March 2024 County VASP meeting, for example, was joined by nearly 90 people to engage in discussion about men's mental health and wellbeing and to learn about resources available locally.

The topical meeting included a talk about the Men's Sheds initiative, which originated in Australia and is now available in Suffolk, and a further talk about living with Borderline Personality Disorder.

"We appreciate the support that Healthwatch Suffolk gives us both technically and in promoting our network. Healthwatch Suffolk hosts our VASP Coordinator and is very supportive of the VASP, promoting both the network itself and what we do within the county."

"Healthwatch team members regularly attend locality VASP meetings, learning more about grassroots community groups and organisations, sharing their research results, and assisting with health and care signposting. Their Community and Engagement Manager also attends the quarterly strategic County VASP meetings when she kindly co-chairs our Sudbury Locality VASP."

Gill Jones (County VASP Chair)

As part of the Suffolk Mental Health Friends programme, our VASP coordinator invited friends and colleagues to discuss their enjoyment of exercise, its benefits to their mental and physical health, and some of the challenges they have experienced along the way in Suffolk.

In this video, for example, Nat discusses the positive impact walking with his dog, Flinty, has on his life as someone with Asperger's. Due to seizures in 2023, he no longer drives, making walking essential for reaching places (including public transport) in his rural area. He shares how this simple activity helps him process the world as a neurodivergent individual.

Regular 'Locality VASP' groups have also met at least quarterly this year, across seven Locality VASP areas, thanks to the invaluable support of their voluntary Chairs. Every Locality VASP group offers open news sharing and networking meetings and their findings and any themes are reported back into the County VASP to help improve overall service provision across the county.

The VASP Coordinator has continued to support the 'Suffolk Mental Health Friends initiative', which aims to support better mental health in Suffolk in three ways.

- Visiting and talking together with local people in groups countywide.
- Filming conversations with services about the support they offer to people, and sharing those films widely with VASP followers. This year, three films were made on the topic of exercise benefits, challenges and accessibility.
- Providing 'Happy to Chat' bench signs across Suffolk to address social isolation.

Topical discussions enable people and professionals to offer better grass roots support to those who need it

Themed County VASP meetings help people to share news and information about support across Suffolk.

This year, a County VASP meeting on men's mental health and wellbeing was attended by nearly 90 people, enabling better awareness of support and resources.

Trusted partnerships

This year, we strengthened partnerships with organisations and networks supporting people in communities.

We aim to develop both informal and formal partnerships.

Informal partnership agreements

A total of **61** informal partnership agreements are now in place with local organisations and services. They outline ways of working, and are intended to form a foundation for working together, including:

- gathering and sharing the views of local people accessing care services;
- promoting shared opportunities for people to influence local care;
- the opportunity for organisations to be represented in our activities and research.

Partnerships help us to make sure people are included in our work, and offer opportunities for professional advice and guidance about how to engage local communities.

To view the full list of signed agreements, visit our website. You can find them on: www.healthwatchsuffolk.co.uk/about-us/our-partnerships/

Formal agreements

This year has seen progress toward the establishment of Memorandum of Understanding agreements (MOUs) with several partners. They are an expression of a more formal commitment to work together on matters of mutual interest and understanding.

By the end of 2023/24, two such MOUs were in place with Healthwatch Essex and the Integrated Care Academy (of which we are one of the co-founding partners). In the months ahead, we expect to agree four additional MOUs with local Integrated Care Partnerships, the ambulance service, the University of Suffolk and the newly developed dental community interest company in Suffolk.

Each MOU will have a set of objectives and outcomes. They will increase influence and ensure the strongest possible means through which we can support improvement for the public we represent.

Building stronger partnerships for Suffolk people

Several of our partners came together in October 2023 to explore opportunities for

working together, and how we can include all communities in our work.

Attendees agreed that partnership and collaboration needed to be built and work both ways. Future partnership working requires good facilitation and targeted sessions because working together helps to establish and find a collective voice.

In the year ahead, we hope to continue to explore opportunities with partners across key themes identified at the event. Partnerships were strengthened, wider networks were developed and access to spaces, resources and training increased.

Formal partnerships strengthen our influence over systems and services. They support effective working relationships and address specific issues that matter to people and services.

Feedback from local partners

"We were delighted to work with Healthwatch Suffolk and were pleased to have its Community and Engagement Officer join our activity in the woods. Their presence allowed them to connect with our participants in a setting where they felt truly at ease. This comfort enabled us to gain deeper insights into what our participants value most about Green Light Trust, as well as to have candid discussions on areas for improvement to enhance their experience and support their recovery journey.

"The experience proved to be incredibly valuable, leading us to implement several operational improvements and also receive some outstanding feedback too. It was a win-win for everyone involved! Something we will continue to do moving forward."

Lauren Shand (Chief Executive, Green Light Trust)

"I'm new to Cancer Campaign in Suffolk, but already I can see the benefits of us all working together more to share ideas. Throughout my career with the BBC, I prided myself on partnerships and I'd certainly like to continue that path in my new role. I think we can all learn something from each other, and collaboration can lead to all sorts of great things happening.

I see Healthwatch Suffolk very much as a partner organisation and I hope to be working closely with them for a very long time to come. At CCiS, our door is always open to new ideas and ways of thinking to help more clients with a cancer diagnosis.

Mark Murphy MBE (Chief Executive, Cancer Campaign in Suffolk Community Cancer Wellbeing Hub)

Working in systems

Here are some more ways we have supported people and services across our local health and social care systems.

Suffolk and North East Essex Integrated Care System (SNEE ICS)

Strategy and system ambitions

The SNEE system has a Joint Forward Plan in place that sets out a five-year delivery plan for the NHS. It is a plan for how the NHS in SNEE will work toward collective ambitions in the ICS to improve the health and wellbeing of the one million people who live locally.

The Joint Forward Plan for the SNEE system specifically identifies local Healthwatch as 'the system's lead on public involvement and engagement', and includes commitments to work with us to make sure lived experience is core to decision-making in the SNEE ICS.

This year, we have continued to inform the work of the SNEE ICS through commissioned projects featured in this report, but also by contributing to decision-making meetings and forums across the system.

This includefull support of new programmes that aim to address long-standing issues regarding inequality in the SNEE ICS. For example, our Independent Chair and Chief Executive contributed to ICS events that aimed to address twelve 'uncomfortable truths' about culture and standards of care in the ICS. More information about this can be found on the ICS website. Visit www.sneeics.org.uk/uncomfortable-truths/

It has also been important to support the Integrated Care Partnership (ICP) strategic ambition of 'enabling a resilient voluntary, community, faith and social enterprise sector (VCFSE) sector', which led to the development of the SNEE ICS VCFSE Resilience Charter (the launch of which is pictured at the top of this page). We will continue to promote the charter and champion the value brought by VCFSE partners to our health and care systems.

Championing success

Our position in the system has helped us to highlight how NHS leaders have worked successfully with Healthwatch to include lived experience in decision-making at a national level.

NHS leaders in the east of England held a conference in London to explore the progression of national investment in new hospital builds and repair programmes.

We were invited to run one of the workshops at the event, and this was an opportunity to share information about how we had helped to ensure a major programme to build new NHS hospital facilities in west Suffolk has been informed by a process of co-production with professionals, leaders and communities.

Gary Norgate is Programme Manager for West Suffolk Foundation Trust. He reflected on the continued value of this co-production:

> *"Healthwatch have played a highly important role in shaping the way in which we have, and continue to, design our new hospital. Initially Healthwatch facilitated the co-production of the guiding strategic principles that align our stakeholders. The principles of co-production have endured throughout the development of our project and Healthwatch remain at our side as a re-assuring, critical friend, ensuring the voice of the patient is not only heard but fully reflected."*

Our Chief Executive (Andy Yacoub) and Nat Clarkson (Co-production Ambassador) attended a national event to champion the value of co-production in major NHS hospital development programmes.

The Care Quality Commission

All local Healthwatch have an important role to make sure regulators and other bodies responsible for monitoring the quality of local care, are aware of people's experience of services.

Our team regularly shares feedback and insight with CQC to inform its inspections in primary care. But we also know local feedback is supporting national CQC strategy (see our dementia research from page 32).

Our views and reports were also included within CQCs pilot assessment of Suffolk County Councils adult social care provision. It aimed to help CQC develop a new model of inspection to assess councils against the requirements of the Care Act. Learn more about this on the CQC website.

"During quarterly catch-up meetings with both Suffolk and Essex Healthwatch teams, I share recent inspections and assessments I have carried out. We discuss any concerns or issues encountered and positive points. It is also an opportunity for Healthwatch colleagues to share any concerns or communications they have with the public and GP practices.

"Prior to carrying out a GP inspection, I contact Healthwatch colleagues to ask if they have received any concerns or public comments."

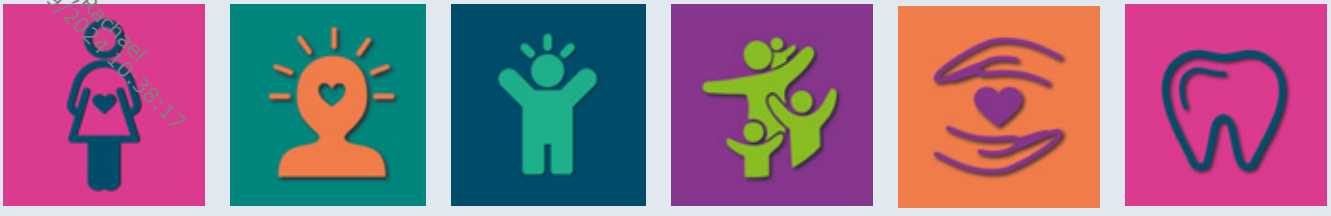
Linda Withers (Inspector, Care Quality Commission)

4. Help to find support

If people feel lost and don't know where to turn, we're here for them. In times of worry or stress, we can provide confidential support and free information to help people understand their options and get the help they need. From finding an NHS dentist, to making a complaint or finding mental health and wellbeing support, our team is here to help.

In this section, explore our signposting in numbers, read some examples of how we have helped people, and learn more about how data from our signposting is used.

There were almost **5,000** pageviews (of **140,000** across our site) of topical signposting web pages in 2023/24. Visit **www.healthwatchsuffolk.co.uk/signposting** to find them all.



The information & signposting service

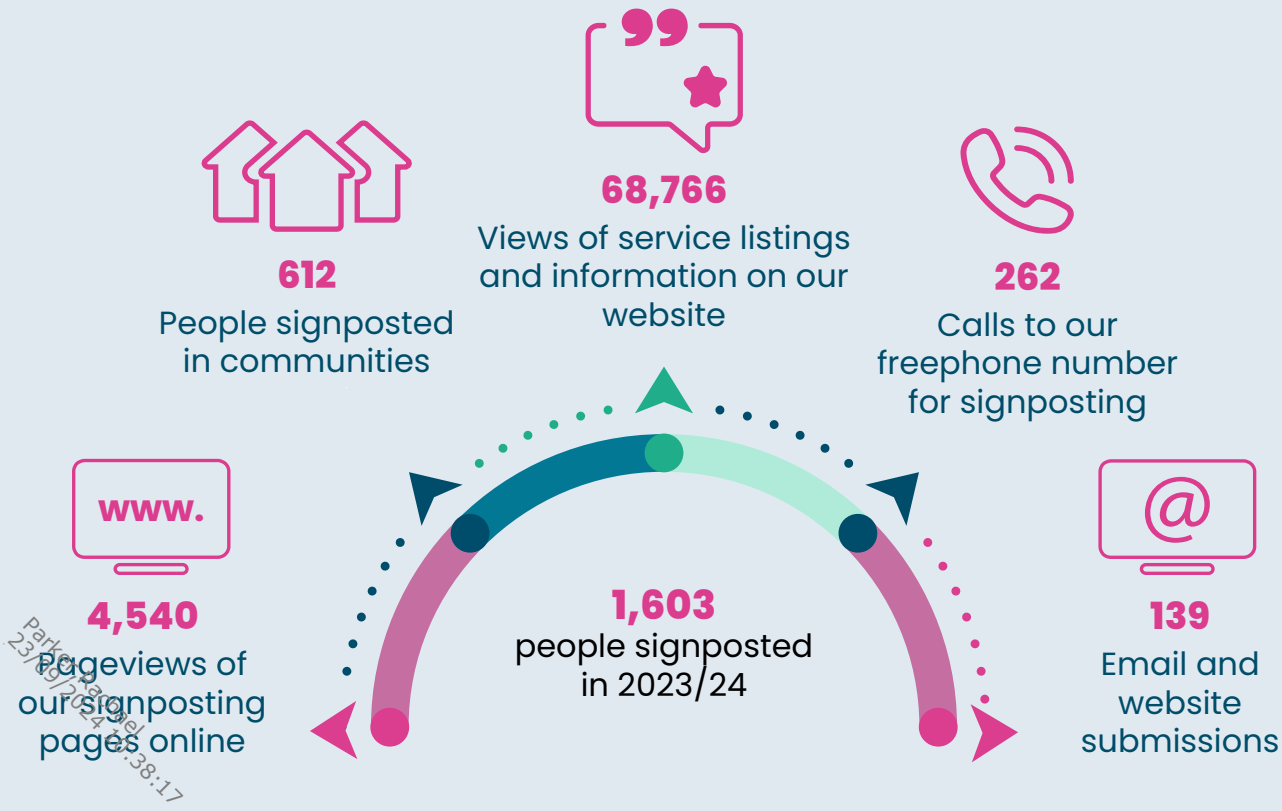
We help people to find their way to information, advice and support regarding their health, care and wellbeing.

Here's a few examples of how we've helped people this year:

- We provided up-to-date information people can trust about local services and support, including ensuring more than 25,000 people engaged in our research and insight projects had the opportunity to final topical support pages on our website.
- We helped people access the services they need or to understand more about how local services work through direct engagement and contact with our team.
- Supporting people to look after their health during the cost-of-living crisis through signposting activity and contact with our Tackling Poverty Together project.

Our service in numbers

There are several specific ways people find information, help and signposting from our team, including through contact with staff in communities, email, website or telephone enquiries. We also share information about services on specific signposting pages on our website.



What did people ask us about?

People asked for information and signposting regarding an array of topics and services. We directed people to more than 105 services and sources of further information and guidance.

The top five reasons for contact this year are shown in the graphic (right), but here are a few more:

- Help to find mental health care and support **(7% / 100 enquiries)**
- Social care support, such as help at home or to find residential or nursing care **(4% / 65 enquiries)**
- Information and support related to living with dementia in Suffolk **(3% / 47 enquiries)**
- Information about pharmaceutical care or sourcing medication **(2% / 32 enquiries)**
- Support for living with a disability in Suffolk and people's rights **(2% / 25 enquiries)**
- Emotional wellbeing support for children, young people and families **(1% / 20 enquiries)**

And many other enquiry types.

Frequent enquiries 2023/24

Here are the top five reason's people contact us this year.

1. **Dental services and support (14%)**

We helped people to understand options for accessing dental care.

2. **Help to complain to a service (9%)**

We shared information about making complaints and local advocacy support.

3. **Help from GP practices in Suffolk (9%)**

We helped people to know more about accessing care from their practice.

4. **Help to contact a health or care service (8%)**

We helped people to know how they could contact services for help and support.

5. **Support for family carers (7%)**

We helped family carers to support their loved ones and to find support.

A case example - dental access for children

We helped a local foster carer to find dental treatment children in their care could access. They had been unable to source dental support for some time, and did not know how to find information about their rights. Local commissioners helped to ensure the children would receive care from a practice providing the Dental Priority Access and Stabilisation Service (DPASS).

"NHS Suffolk and North East Essex Integrated Care Board (ICB) launched an 18 month Dental Priority Access and Stabilisation Service (DPASS) pilot at the beginning of April 2024 and have 14 practices offering the service, with more in the pipeline. So far, over 1,000 DPASS appointments have been offered and work continues with various teams to raise awareness of the service for our most vulnerable and in need populations, which includes looked after children. Appointments for the service can be accessed through 111 or by contacting the practice directly.

"Healthwatch recently contacted the ICB seeking assistance for a foster carer whose children required a dental appointment in Suffolk. The ICB were able to support Healthwatch and the Foster Carer to identify a local practice offering this service and, through communication directly with the practice, appointments were offered for the children to be reviewed. Without DPASS appointments, the Foster Carer would likely have needed to travel hundreds of miles for the children to be reviewed at their usual dental practice due to the limited dental appointment availability within Suffolk and North East Essex. Healthwatch are now also aware of the service and can either direct eligible people to the service through 111 or to the ICB for assistance."

Becky Turner (Dental Contracts and Transformation Manager, Suffolk and North East Essex Integrated Care Board)

A case example - mental health support for a local family

We were able to make a positive difference for a person struggling to access support for their child who was in mental health crisis. We supported the person to reconnect with services in order that they could resolve the issues they were facing. It was clear our contact had helped them to feel heard within the service.

"I have spoken with [the person] and they asked me to pass on their thanks. They were extremely thankful they had been able to speak to [Healthwatch Suffolk] and, without having done that, they did not feel they would be in the position they are now."

Anonymous service reply

5. Governance, volunteers and decision-making

In this part of the report, learn more about the function of our Board of Directors, and how we make decisions.

How we make decisions

Like all organisations, we make decisions about our work daily. This might include strategic decisions about priorities, as well as things like taking on new work. In all aspects of our decision making, we aim to be guided by your feedback.

You can expect our decision-making to be guided by effective policies and processes, and to be informed by the right levels of oversight and assurance. You can also expect us to be transparent, and able to adjust to new advice.

Here are just a few examples of things that influence our decision making:

- staff and volunteer policies
- independent advice from our human resources and data protection advisors
- co-production of our projects with local people and communities
- the opportunity for people to ask questions at our public meetings

We dedicate time and space to reflect on the decisions we have made, and how they have affected our work. This occurs at all levels of our organisation.

Robust decision-making is extremely important if we are to maintain our credibility as a trusted champion and custodian of people's views. Our decision-making process ensures accountability, transparency and openness in everything that we do and say.

Relevant decisions

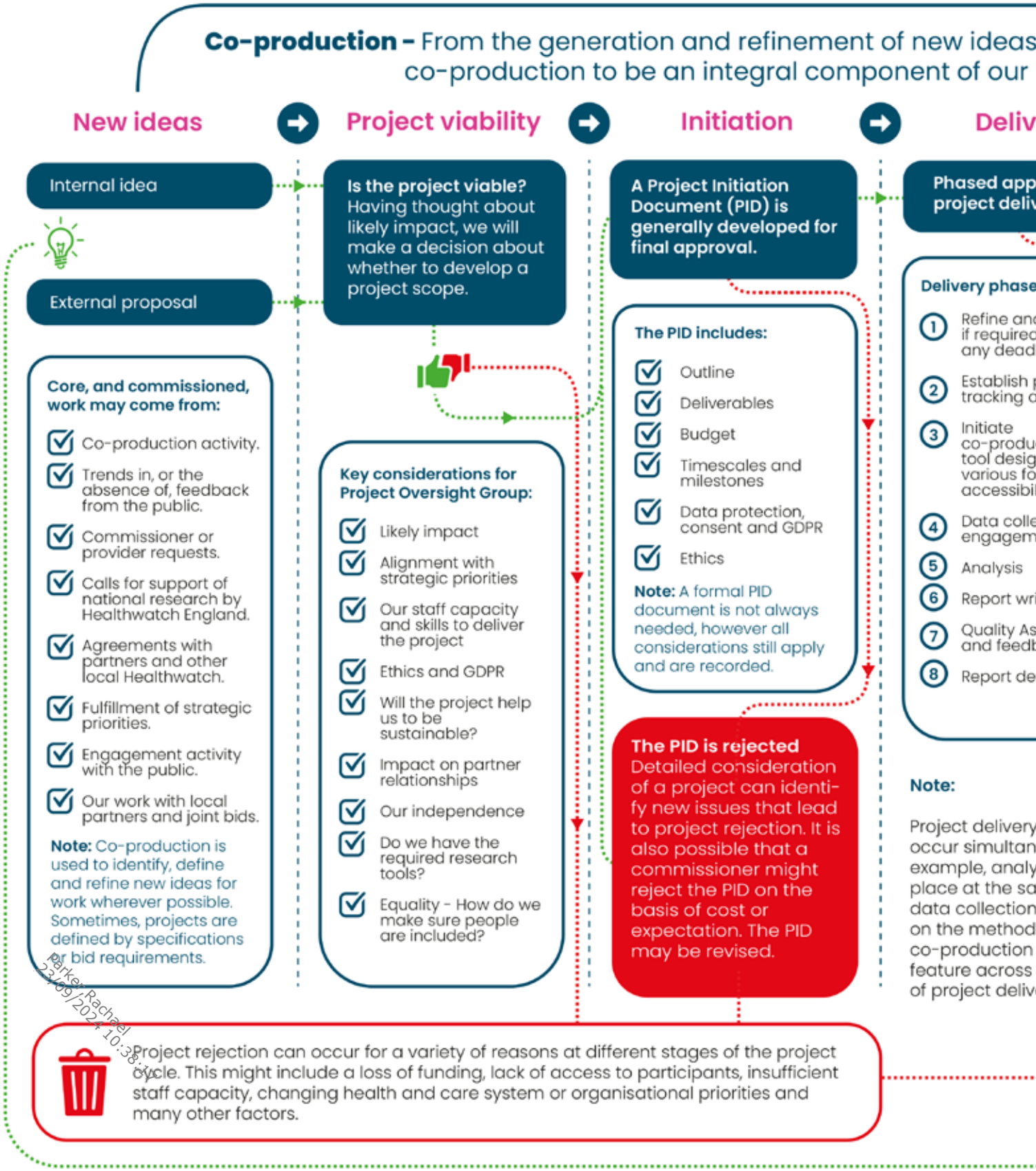
Relevant decisions are those that carry a risk to the independence, capacity or reputation of Healthwatch Suffolk. The Healthwatch Suffolk Board is responsible for making relevant decisions, guided by our priorities and policies.

Our Board will consider whether the proposed decisions about our work fit with our organisational role and responsibilities. It will also assess how much change Healthwatch Suffolk can bring about from the decision, and whether that change needs to come from Healthwatch Suffolk.

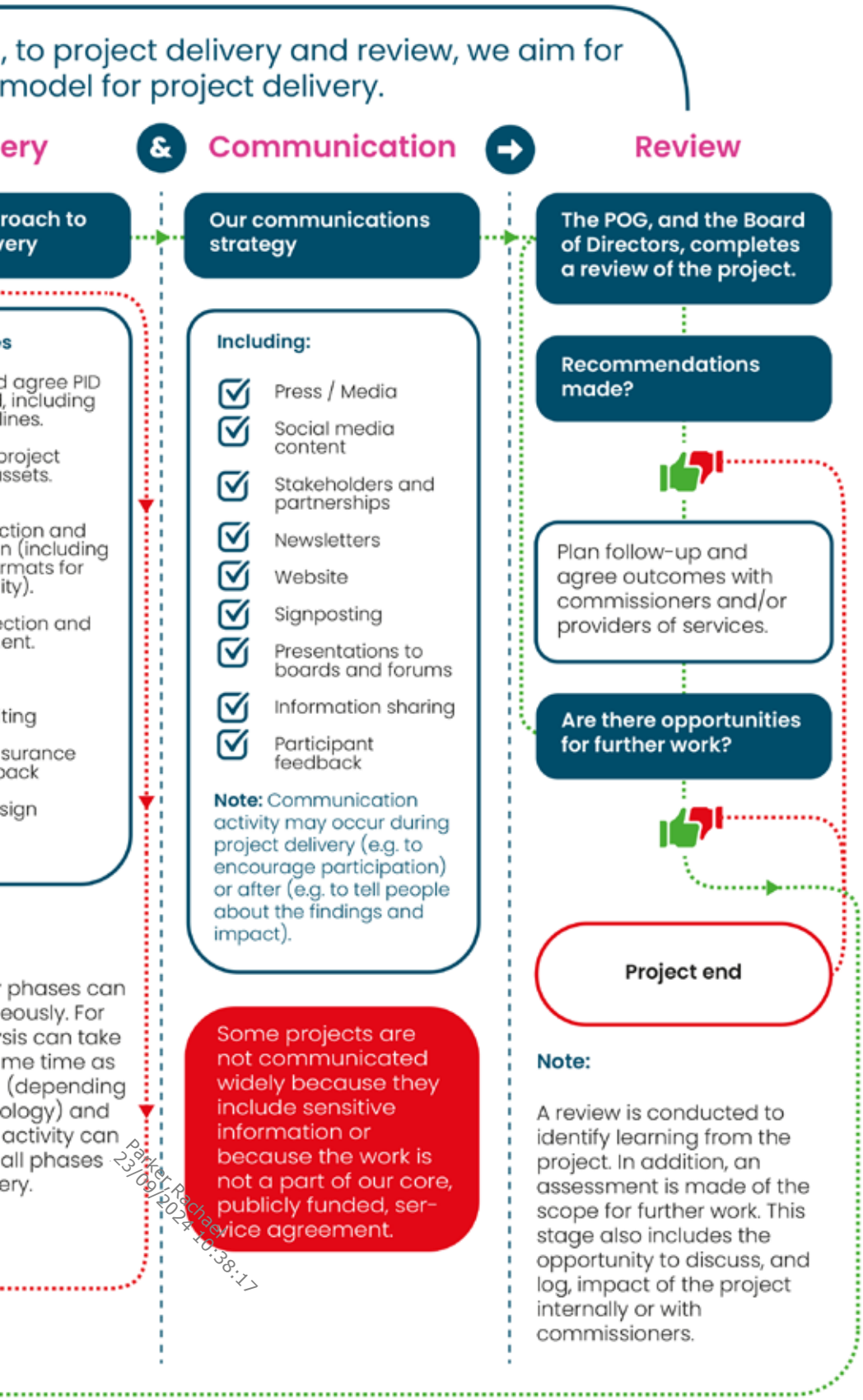
You can find more information about how we make decisions in the project flow chart overleaf. You can also contact us (email info@healthwatchsuffolk.co.uk or call freephone 0800 448 8234).

Our project cycle

We follow a robust process to inform our decisions about projects and work pric
Board. Our project cycle accounts for a range of factors, some of which are high
align with our business objectives, statutory priorities and adhere to our values



orities, facilitated by our management team, Project Oversight Group and hlighted in the flow diagram below. Projects are scrutinised to make sure they concerning transparency, co-production, accessibility and more.



Co-production in project work

Here are some of the ways co-production helped to inform our projects in 2023/24:

- We gathered people's experiences to inform the development of our projects (e.g., by recruiting co-production participants with lived experience of specific issues or conditions or running surveys to identify priority topics).
- People tested our surveys and research tools to make sure they were accessible.
- Co-production participants helped us to interpret people's experiences and to make recommendations to services and commissioners.

The Healthwatch Suffolk Board

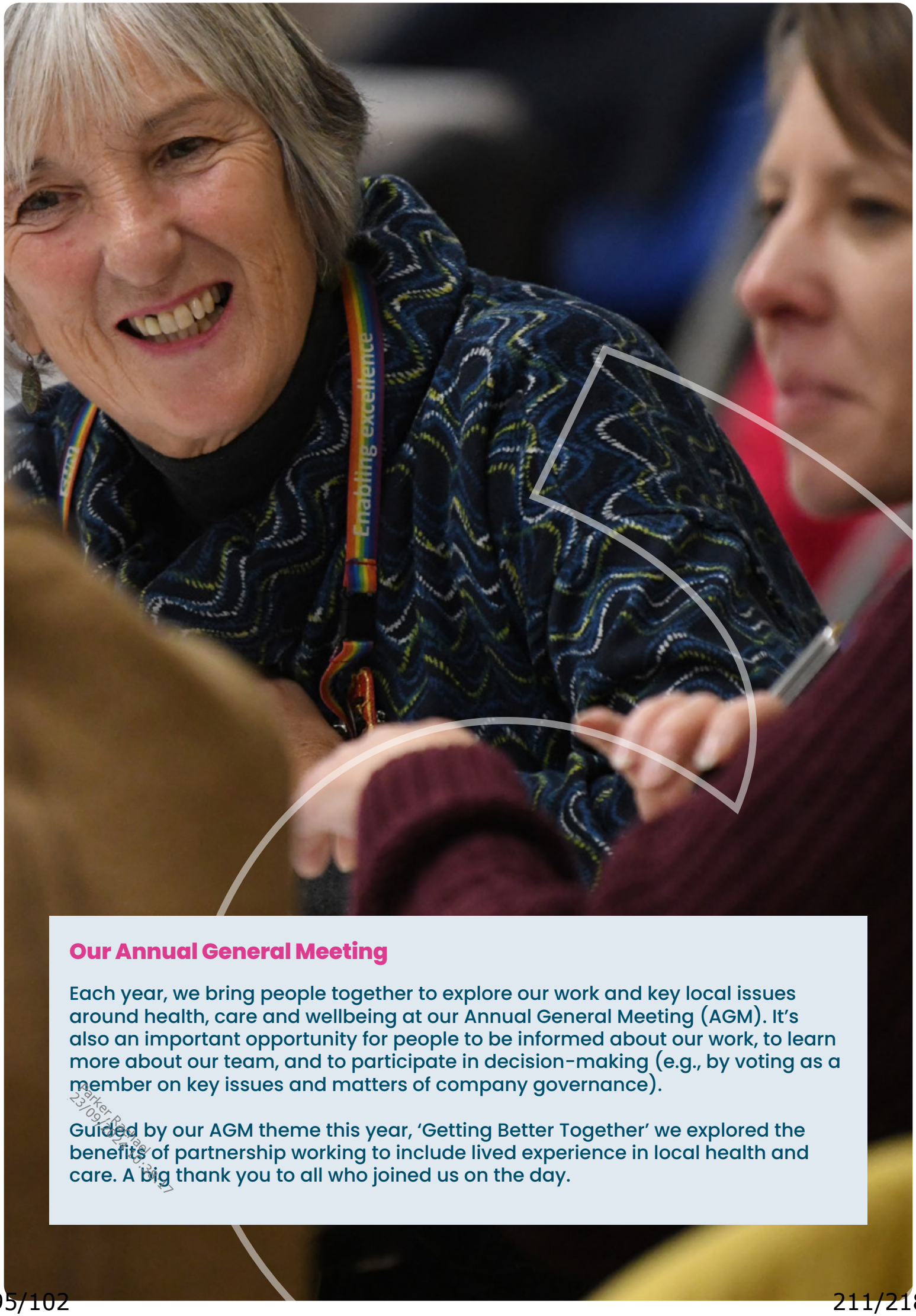
The Healthwatch Suffolk Board is comprised of volunteer Directors, our Independent Chair and our Chief Executive. It is our governing body, and oversees our strategic decision-making and operational activities.

Directors are responsible for ensuring that we are meeting our statutory and other obligations. The Board:

- establishes our vision, mission and values
- sets company policy, strategy and structure
- monitors progress towards achieving our objectives
- seeks assurance that systems are robust and reliable
- promotes a positive culture within our organisation

Our Directors 2022/23

Wendy Herber	Independent Chair
Andy Yacoub	Chief Executive and Director
Bal Kaur Howard	Director
Ben Miller	Director
Charlotte Clarke	Director
Gill Jones	Ex-officio
Grace Pearson	Director
Karen Tew	Director (Joined 2023/24)
Liz Whitby	Director (Resigned 2023/24)
Dr Penny Newman	Director
Sue Hughes	Director
Steve Pitt	Director



Our Annual General Meeting

Each year, we bring people together to explore our work and key local issues around health, care and wellbeing at our Annual General Meeting (AGM). It's also an important opportunity for people to be informed about our work, to learn more about our team, and to participate in decision-making (e.g., by voting as a member on key issues and matters of company governance).

Guided by our AGM theme this year, 'Getting Better Together' we explored the benefits of partnership working to include lived experience in local health and care. A big thank you to all who joined us on the day.

Statutory statements and ways of working

The main statutory functions of a local Healthwatch are to:

- Obtain the views of people about their needs and experience of local health and social care services.
- Make people's views known to those involved in the commissioning and scrutiny of health and care services.
- Make reports and recommendations about how health and social care services could or should be improved.
- Promote and support the involvement of people in the monitoring, commissioning and provision of local health and social care services.
- Provide information and advice to the public about accessing health and social care services and the options available to them.
- Make the views and experiences of people known to Healthwatch England, helping it to deliver on its role as national champion.

In this report, we have highlighted five ways that we deliver our service to meet these objectives and achieve change. They were by:

1. **Community engagement** - gathering and sharing views in local communities.
2. **Research and insight** - insights and reports, with recommendations, about people's lived experience of health, care and wellbeing services or support.
3. **Co-production activity** - projects that aim to achieve culture change within services, whilst ensuring people are at the centre of service planning and decision-making.
4. **Information and signposting** - helping the public to find services, information and support. Sometimes achieving change for those who contact us, and others using services.
5. **Working with partners and stakeholders** - working in systems and with key partners to shape standards of local care and support.

In addition, please note the following statements.

Inclusive methods and systems to obtain people's experiences

We use a wide range of approaches to ensure that as many people as possible can provide us with insight into their experience of using services.

During 2023/24, we have been available by phone, and email, provided a web

Find our BSL feedback form

Last year, we worked with one of our Co-production Ambassadors to create a BSL format of our Feedback Centre. It makes our general feedback form about people's experiences of health and care services accessible to more people.

Find it on www.healthwatchsuffolk.co.uk/bsl-feedback/

Committed to inclusivity - we continue to offer SignLive as a way for people to share their experiences with us if they use British Sign Language (BSL). Learn more on: **www.healthwatchsuffolk.co.uk/feedback/**

form on our website and through social media, as well as attending meetings of community groups and forums.
Our aim is to make sure communities are not excluded from being able to share their experiences, or from being a part of shaping local standards of care.

You can visit our website to find all of the accessible ways to feedback to us (www.healthwatchsuffolk.co.uk/feedback/). This includes translated feedback forms in Polish, Portuguese and Romanian, and details about how people can use SignLive, or our dedicated webform, to feedback in British Sign Language. An easy read format of our standard feedback form was also made available in the year.

For more information about how we aim to be an inclusive organisations, please visit www.healthwatchsuffolk.co.uk/inclusivity.

Involvement of people and volunteers in our organisation

Our Healthwatch Board consists of 11 members who work on a voluntary basis

to provide direction, oversight and scrutiny of our activities. Our Board ensures that decisions about priority areas of work reflect the concerns and interests of our diverse local community.

Throughout 2023/24, the Board met on a bi-monthly basis and made key decisions concerning our policies, business planning, staffing and strategy. We ensure wider public involvement in deciding our work priorities (e.g., by consulting local partners, involving members in decisions about our governance at the AGM and ensuring our priorities are aligned to themes in local feedback).

In addition, Co-production Ambassadors (see page 63) have supported a variety of work and projects and have represented us in local groups, forums and at public events. Other voluntary roles are being developed for 2024/25 (e.g., to support our research and public engagement activities).

Responses to recommendations

In this report, we have demonstrated how we have gathered and shared reports, recommendations, key learning and insight about people's experiences of health and social care services.

No providers or commissioners failed to respond to requests for information or recommendations in the year. There were no issues or recommendations escalated by us to the Healthwatch England Committee and therefore no resulting reviews or investigations.

We did not complete any activity to enter and view local services this year.

Taking people's experiences to decision-makers

We have a seat to influence decision-making at key health and social care boards, committees and events. In the year, this has included:

- Suffolk and North East Essex Integrated Care Partnership Board
- Suffolk Health and Wellbeing Board - where we have presented our research and contributed to discussion and action on topics like tackling dementia in Suffolk.
- Suffolk Safeguarding Partnership Board - building on our co-production work that led to the development and publication of 'openness principles'. They are helping the Partnership to share its business and the work it does to give the public confidence and assurance regarding safeguarding.

In addition, we attend many other decision-making groups and forums in health and care to present our work, and to make sure people's experiences are included (e.g., strategic groups and executive/management Boards or committees).

We ensure that this annual report is made available to as many members of the public and partner organisations as possible. We will publish it on our website and share it widely with leaders and decision-makers across sectors (including NHS England, Healthwatch England, local partners and many other stakeholders). The report will also be made available to members of the Suffolk Health Scrutiny Committee and Health and Wellbeing Board.

A summary will be available online.

"Healthwatch Suffolk are a vital partner. It plays an absolutely critical role in enabling us to hear the voice of our population and to use that voice to make sure we can meet the needs of the people of West Suffolk as closely as possible."

Dr Ewen Cameron (Chief Executive Officer, West Suffolk Foundation Trust)

6. Our money

Details of our abbreviated accounts.

Our full accounts are available on request.

Please see our abbreviated accounts below. The figures are correct at the time of publication and are subject to auditors inspection. Our full accounts will be available on request.

Please call 01449 703949 or send an email to info@healthwatchsuffolk.co.uk.

Turnover	£534,379
Cost of sales	-
GROSS SURPLUS	£534,379
Administrative expenses	£684,055
	(£149,676)
Other operating income	£169,527
OPERATING (DEFICIT)/SURPLUS	£19,851
Interest receivable and similar income	£24,859
	£44,710
Interest payable and similar expenses	£222
SURPLUS BEFORE TAXATION	£44,488

Our accounts will also be presented at our Annual General Meeting (AGM). Please see our website and newsletters for more information, and to book your space.

We will be making this annual report publicly available by publishing it on our website and circulating it to Healthwatch England, the Care Quality Commission, NHS England, Suffolk Clinical Commissioning Groups, the Suffolk Health and Overview Scrutiny Committee, the Suffolk Health and Wellbeing Board and our local authority (Suffolk County Council).

We confirm that we are using the Healthwatch Trademark (which covers the logo and Healthwatch brand) when undertaking work on our statutory activities as covered by the licence agreement.

If you require this report in an alternative format, or language, please contact us on 01449 703949 or by email to info@healthwatchsuffolk. co.uk

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