

Five-Year Joint Forward Plan Engagement Feedback Report May 2023

Background

Norfolk and Waveney Integrated Care System (ICS) has published its [Integrated Care Strategy](#), which sets the overall direction for how we will help people in Norfolk and Waveney to live longer, healthier and happier lives. The strategy builds on what we have already been told over the last four years about what matters to local people and communities, and how they would like to see local health and care services develop in the future. A summary of this can be seen in **Appendix 2**.

NHS Norfolk and Waveney Integrated Care Board (ICB), working with partner organisations is now developing a five-year plan for health and care services in Norfolk and Waveney, that will set out in more detail how the local NHS and care services will implement our Integrated Care Strategy. It will also address more immediate priorities around improving urgent and emergency care, primary care and mental health services, reduce waits for planned treatments, surgery and care, as well as improving the financial position.

The ICB considered it important to check whether the feedback given over the last few years still holds true, or whether because of the COVID-19 pandemic and everything else that has happened over the past few years, that what people considered important and what they wanted the ICB to focus on has changed. To do this the ICB undertook an online engagement exercise to give staff, partner organisations, people and communities across Norfolk and Waveney the opportunity to have their say at an early stage on what is important to them and what they would like to see in the plan.

Methodology

An online consultation was developed which ran for six weeks between Friday 16th December 2022 and 27th January 2023.

A dedicated engagement page was established within the Live Projects section of the ICS website. It contained background information, including a summary of the feedback gathered during 2018-2022 about what matters to local people relating to integrated care.

The page also included a link to the survey, an easy read version of the survey and a link to the national animation explaining ICSs. The survey was also presented as a pdf for translation into various languages using the Reachdeck software on the website. Paper copies of the survey, including large print, were available on request.

Those who took part were asked to comment on our immediate priorities for health and care services for the next two years. The questions related specifically to whether they agreed or disagreed that the priorities were still correct, and what they would like to see in our five-year plan for health and care services? What matters most to them? The immediate priorities are:

- **Urgent and emergency care** – when you are unwell, these services provide support and care and can involve your local doctor or hospital services for more urgent issues such as a stroke, heart attacks, severe blood loss and severe respiratory illness
- **Primary care** – this is your local doctor, sometimes known as general practice. Other services that make up primary care are local pharmacies, dentists and opticians
- **Elective recovery** – over the last two years in particular, as a result of the COVID-19 pandemic, many people have had to wait for surgery, procedure or treatment. Reducing our waiting lists is a big priority.
- **Improving mental health services** – across Norfolk and Waveney, we want people to have safe, effective and efficient mental health services that they deserve. Part of this programme is about supporting improvements across specialist mental health provision, as well as ensuring there are more services in local communities to help keep people emotionally well.

- **Improving our financial position** – health and care services cost a lot of money but we are determined to continue to make improvements to health and care services across Norfolk and Waveney. This might mean that some services have to reduce, whilst others increase. Above all, we need to make sure that we can provide the right care for people at the right time and right place. And doing so, we need to make sure we stay within the budget we have allocated.

Promotion

The survey was repeatedly advertised on social media and to over a 1000 local people and stakeholders on our weekly ICS Update newsletter with the request to share widely. A communications toolkit was also shared with communications and engagement colleagues across the system that included social media assets and newsletter copy.



The Norfolk and Waveney Health Overview and Scrutiny Committee (HOSC) at Norfolk County Council were briefed before the online engagement began, and were given a verbal update on the progress and emerging themes at their [meeting in public on January 19th](#).

Analysis and Reporting

Every response regardless of length is important to us and has been read in detail to establish the range of people's opinions and identify any repeated or consistently expressed views.

When summarising the feedback to the open questions we have selected quotations to help illustrate the key themes emerging from the feedback, but these should not be taken to reflect the entirety of opinion. These quotes faithfully reflect an individual's articulation of that theme, and as such all quotations are given verbatim.

The online survey received **700** responses in total – 592 completed and 108 partially completed. Almost 99% have responded as individuals. Demographic information and details about the reach of our social media are available in **Appendix 1**.

➤ **Summary of feedback to Question 1 - To what extent do you agree or disagree that these are the right priorities?**

505 people out of **585** who responded (just over 86%) strongly agree or agree that we have chosen the right priorities. **249** people also left free text comments covering issues summarised here and analysed with examples below:

- The absence of **social care** as an ICB priority was highlighted by some
- Perception that **GP access** needs improving
- More **NHS dentistry** needed
- Issues highlighted around **older and other vulnerable people being in hospital beds** due to lack of flow through the system, or disconnected services
- Concerns raised about **finances** – how staying within budget will impact services, and how all the priorities are to be afforded
- Emphasis on **community care**, including **end of life and palliative**, as well as primary care
- Someone who disagreed said that **early help and prevention was missing**
- Concerns about **out of county mental health provision**, and lack of **early and preventative mental health** provision especially for **children and young people** and people with **Autism**
- Issues raised about **recruitment and retention of staff**, including social care
- Some comments that the priorities do not reflect the future aspirations of an ICs and are '**stuck in the past**'.
- Access to services for **people with extra needs** e.g. Learning Disabilities & Autism, deaf/hearing impaired
- Improved **digital connectivity** between services, alongside the recognition that some people are **digitally excluded**

Table 1: Analysis of free text feedback to the question “To what extent do you agree or disagree that these are the right priorities?”

Key themes	Illustrative quotes (verbatim)
<p>Social Care not mentioned</p>	<p>“A properly funded system should mean that all health and social care needs are met.”</p> <p>“Social care, community hospitals, integrated IT these are the priorities”</p> <p>“Improving social care should be the priority and this would in turn improve all of the other services. It needs more money, particularly to pay the staff more, for recruitment and retention, even if that means less money for health.”</p> <p>“The current crisis shows that social care is crucial in being able to deliver health care”</p> <p>“Social care also needs consideration as it is the key to freeing hospital bed space and making a trip to hospital less necessary if intervention is timely.”</p> <p>“I am disappointed that there is no mention of social care and its link with healthcare”</p> <p>“Improving social care should also be a priority in it's own right.”</p> <p>“Need to prioritise good social care. Invest in carers, train carers, value carers. this has been the bottleneck in the pathway for the 23 years I have worked for the NHS.”</p>
	<p>“Primary care needs to be top of the list. People are attending A&E because they cannot see a GP, that needs transforming first. It's been the same for years”</p> <p>“Preventing and managing ill health starts in primary.”</p>

<p>More emphasis needed on Primary Care, including dentists and pharmacies</p>	<p>“Primary care needs urgently addressing. We can not get dental care in King's Lynn unless it is private and the costs are prohibitive to having work done so we suffer. Trying to get a doctors appointment (with a doctor and in person) is like trying to find hens teeth, especially for us that work between 9 and 5.”</p> <p>“We need access to Primary care prioritised so that it reduces pressure on A and E and other services. Investment in GPs and advanced practitioners. Investment in NHS dental services especially for children and young people as priorities. We need investment in more early home from hospital especially for those who will have ongoing need.”</p> <p>“NHS dentistry should be a priority within the primary care focus”</p> <p>“For me personally, primary care and specifically the GP surgery is the key priority. I believe that all the other priorities are heavily dependent on the performance of GP surgeries.”</p> <p>“Think priority should be GP access as many people including myself have to go to AE to get help as GP impossible to get through to”</p> <p>“Easier access to GPs and pharmacists would be helpful. Frustrating how many pharmacies are closed during normal opening hours.”</p> <p>“No mention of dentists under urgent care. There is still a lack of NHS local urgent dental care being provided. Care should also be accessible especially where travel can be difficult due to the rurality of the area.”</p>
	<p>“Talking about cuts PLEASE don't rob from mental health it's on its knees”</p> <p>“Mental health services are not providing the help people need in a timely manner.”</p> <p>“I think it's appalling that a mental health hospital wards are being use to take over flow from the jph when there are no mental health beds and people are still being sent out of county”</p>

<p>Comments about mental health services, including autism</p>	<p>“Mental health services quickly available for young people, there are many children at junior schools suffering from anxiety. Addressing issues at a younger age & helping them develop coping mechanisms would surely help them through life”</p> <p>“Provision for Mental Health patients who should not be managed in an ED as it’s not appropriate space for them”</p> <p>“Mental health services have always been the Cinderella service and this must change!”</p> <p>“Definitely need more community mental health provision”</p> <p>“Improve mental health services for people with autism especially children & young people.”</p> <p>“Drs are not trained enough about autism one sent my autistic granddaughter to refer herself to Wellbeing service did not recognise she is in crises and we are now going to have to pay to see a psychiatrist we need help now !! You need to be talking to people like us who have much experience in being failed by the system”</p> <p>“Care for Adult Autistic people appears to be non-existent. This is due to trained social work availability. This needs to be sorted urgently and as a matter of priority”</p> <p>“Prioritise dementia care which is currently appalling. These poor folk are currently dumped on a scrap heap”</p>
	<p>“Bringing community hospitals back into focus to offer back up care respite to bed blocking in hospitals”</p> <p>“The needs of a joined-up end to end integrated community care service is absolutely paramount.”</p> <p>“Primary and COMMUNITY care should be a priority. Community care support both primary care and front and back door of acute sector.”</p>

<p>Comments about the importance of community Care including palliative & end of life care</p>	<p>“However more care in the community - rehab/re enablement for the elderly before they are able to go home. this is where health and ss really join together. Stop community services being poor cousin.”</p> <p>“A priority for me would be to support community nursing/ health visiting, and health care providers in nursing and residential homes. It may be that these services are not within your sphere of influence, but any approach you can bring to bear on the government's review of funding of social care must be beneficial to primary and secondary care.”</p> <p>“Never any mention of helping people to die well. Community support to help patients leave hospital when they no longer need an acute bed”</p> <p>“Primary care has got to include therapy staff to provide a more rehabilitative approach and to empower and equip people to better self-manage long term and palliative conditions”</p> <p>“Where is end of life care in this? Where have the wonderful Marie Curie nurses gone? When my husband died I had a terrible experience one that no wife should have to go through.”</p> <p>“End of life care affects everyone so it definitely should be on the list”</p> <p>“Person centered care should include far more services ie physiotherapy but not just a drawing of exercise but a proper regular support, various forms of counselling, proper consultation with the GP, not waiting for ages to speak to somebody on the phone etc etc. I definitely would never call the care that the above organisation offers a Person Centered Care. Many years ago, yes, but now, not really”</p>
	<p>“Disagree because I think you have overlooked early help and prevention actions. Unless the NHS seriously invests in community-based services, the acute hospitals will always face unmet demand - because there is no other choice for people.”</p> <p>“Prevention needs to be a priority. Agree with above priorities, however without prior using prevention, you won't save money”</p>

<p>The importance of prevention and early help in keeping people well or helping them to recover</p>	<p>“There should be more emphasis on prevention rather than cure”</p> <p>“There needs to be a focus on preventative care and support services. For example, health visitors, school nurses for early years. Comprehensive support for people with new diagnosis and attempts to avoid duplication/dilution of impact of services like OT/Physio where care is fragmented, and patients end up repeating same issues and lose benefit of valuable service.”</p> <p>“Preventative screening needs to be prioritised too.”</p> <p>“Bereavement support services are missing here”</p> <p>“Health checks should be offered to people on a regular basis. E.g. a friend told me that she had a very good health check from her GP surgery when she turned 70. When I turned 70 I had to ask for the check-up.”</p>
<p>Comments both for and against on the use of digital communications, technology and online services</p>	<p>“1. Stronger digital connection between healthcare organisations. 2. More investment in diagnostic workforce and equipment that supports all of the pathways”</p> <p>“Make more use of technology, especially email to communicate between primary care, hospitals, therapists and ECCH to speed up information transfer.”</p> <p>“Emphasis must be on doctors actually seeing patients face to face also not reliant on online forms and services you must be able to speak to someone physically to make appointments ask advice etc as not everyone online Also GP phone system needs improvement waiting over 40 mins to get through is ridiculous”</p> <p>“I believe we need to see GP’s seeing patients face to face and making it easier for people to book appointments instead of being told it can only be done online. Being able to see the receptionist and book an appointment helps people to feel seen and listened to.”</p>

	<p>“The introduction of on-line forms, video and telephone calls was needed for everyone to be safe during covid, and still have access to primary care. However this doesn't feel sustainable long term and in reaching all age groups, social backgrounds, environmental and financial differences thinking that all will have the technology to access good primary care in this new format. Does this create a bigger problem for the NHS as more people don't/can't because they haven't the resources and can't as all conventional routes are blocked in favour of on-line format. In which intervention at a primary care level is missed and can potentially cost the NHS more in terms of money and resources.”</p>
<p>Workforce recruitment and retention is a key priority for the system</p>	<p>“I think a top priority should be recruitment. With a skeleton workforce the reality of achieving the reduction of the waiting list, provision of aftercare and provision of emergency response is futile. It is not about pay; it is about workforce and workplace environment.”</p> <p>“Finance should not be a priority. Recruitment and retention of staff should be.”</p> <p>“Lots of good words Where are the staff and funding to deliver any of them?”</p> <p>“Increasing pressure because of lack of personnel within NHS.”</p> <p>“Making care at home a more attractive job financially to ease the pressure on hospitals.”</p>
	<p>“This should have been happening now. However I cannot see this working without the financial support it will need.”</p> <p>“Where is the wording that identifies the need to ensure that it encompasses Health and Social Care - joint funding and less duplication of services is required moving forward. Without this there will be no change.”</p> <p>“The NHS doesn't need more cuts! But more funding in the right places!”</p>

<p>Importance of funding services appropriately but finance should not be top priority</p>	<p>“These are mostly good priorities, but we also need to prioritise early diagnosis of conditions. I am concerned that finance is coming in as a priority and that as a result some services might be cut. Surely there is an argument for saying the amount of money on offer is insufficient to serve the needs of the people of Norfolk and Waveney. I am also concerned that there is no mention made of a workforce plan, and a plan to reduce bed blocking that is currently causing long delays in ambulance hand-overs.”</p> <p>“These services need adequate funding. Robbing Peter to pay Paul should not be part of the solution. A stable, robust workforce and good, emotionally intelligent management should be in your priorities.”</p> <p>“Stop wastage and more scrutiny of spending by agencies. These agencies are earning big bucks whilst home carers, who deserve more money do all the work.”</p> <p>“Social care is at the heart of the problem and its underfunding backs up the whole system. Improving it should be priority. More expenditure is imperative, so the tax system must be drastically reformed. This is a rich country with gross inequalities”</p>
<p>Importance of issues effecting equalities and vulnerable people</p>	<p>“Access to communication support and greater sensory awareness for providers, frontline staff and admin staff.”</p> <p>“Why there is no mention of improving care for people with learning disabilities?”</p> <p>“Access for Deaf patients who use sign language. It is not consistent and still a battle to get an interpreter.”</p> <p>“My hearing loss has gone down over many years. I am an unpaid carer for my mother and feel that I shouldn't have had such a lengthy wait to get an appointment to be issued with hearing aids.”</p> <p>“It's about the 'how'. How are mental health services going to be supported? Nothing is mentioned about accessibility. We live in an area with a large older population, they may find technologies more difficult to deal with, if at all.”</p>

Much of the free text feedback contained several themes and ideas. An example that cuts across all of the key themes is given verbatim below:

“The first three priorities are the same - improving access to primary care and hospital services. An integrated care system is about more than that. It’s about improving social care provision, understanding public health variants, and using that data to prevent people being ill in the first place. It’s about working with local councils to improve social conditions and with police to reduce the impact of crime on health. You do not mention any investment in technological improvements that will improve care at home. You do not mention the obvious need for a workforce strategy to reduce the burden on staff and provide safe services. In fact, staff, you most important resource is not mentioned at all. You also do not mention working with charities and others in improving wider elects of care. Your priorities are stuck in the past, built on a system that was/is in conflict with other parts of the care system. You have an opportunity in your 5-year plan to really demonstrate this is a different more expansive care system and not the fragmented service we are currently saddled with.”

➤ **Summary of feedback to Question 2 - What would you like to see in our five-year plan for health and care services? What matters to you most?**

537 people out of 592 who completed surveys (just over 90%) responded to **What matters most to you?** Many of the points listed under question 1 above were repeated. Other issues raised are summarised here and analysed with examples below:

- Knowing an ambulance will come if I need it
- Getting help with caring responsibilities
- Palliative and end of life care, and bereavement services
- Working with VCSE and community organisations
- Simple ways of getting help – a single front door
- Joined up services, better collaboration and integration, services under one roof, continuity of care
- More help for people to help themselves
- Support for vulnerable people – homeless, CYP, families and older people
- Getting an appointment especially with a GP – some like face to face some online
- Shorter waiting times

- Some comments about better communications, and campaigns about using services and self help
- Health and care services aimed at men, and delivered by male staff
- Increase funding for prevention services, including physical and talking therapies, and public education and awareness raising
- The role Oral Health has to play in promoting and protecting general health & wellbeing from childhood, through adult and later life
- Developing and supporting our workforce to help retention
- Several comments about the Walk-in Centre in Norwich and the need for a new hospital in Kings Lynn

Table 2: Analysis of free text feedback to the question “What would you like to see in our five-year plan for health and care services? What matters to you most?”	
Key themes	Illustrative quotes (verbatim)
Knowing an ambulance is available if needed	<p>“Getting an ambulance if needed and being treated quickly once at the hospital. Being able to get a doctor's appointment.”</p> <p>“Reduced waiting times in ambulances - long waiting times because of bed shortages just add to any anxiety a patient might have”</p> <p>“A proper cancer pathway. Not having to be held in an ambulance for nearly a whole day, waiting for access to A and E.”</p> <p>“I would like to know that if I fall ill and need an ambulance that one will be able to come. At the moment I am seriously concerned that, living alone, I could be left for hours and potentially die unnecessarily. I cannot help but feel that this is not improving my mental health!”</p> <p>“Quicker response to 999 calls with a fast response paramedic weaning out not urgent cases and in some cases folks being told to make their own way to hospital.”</p>

	<p>“Collaborative working with both primary and emergency care. Involve other services such as the ambulance service when making your 5 year plan as when all the other services fail it’s always the ambulance service picking up the pieces”</p>
<p>Having enough affordable social care</p>	<p>“The social care system needs investment to enable speedy discharges from hospital to free up beds, prevent long delays for A&E admissions and allow ambulances to help those in need. We need more community based rehab to enable timely discharges and to prevent readmission.”</p> <p>“There needs to be a vast improvement in Social Care so that hospital beds can be freed up for patients requiring them which in turn should alleviate delays in A & E.”</p> <p>“The joining-up of social care to the NHS. Far too easy for each to blame the other for protracted stays in hospital. I speak from experience; funding agreed for discharge but no social care available. Took up a bed for 2 weeks longer than necessary.”</p> <p>“Better social care provision more integrated with health care. Preventative is always cheapest. It is much cheaper to provide care in peoples homes but social care is always the poor relation”</p> <p>“As I am in my 80's I would like to see enough social care available when leaving hospital so that bed blocking can be avoided.”</p> <p>“Social care is pivotal in this. We have and will continue to have an ageing demographic and I have been advocating addressing this for 39 years!”</p> <p>“Better social care resources. Fewer companies making huge profits out of our vulnerable people at the cost of the tax payer.”</p> <p>“There needs to be more cohesion between the NHS and social care. My mother was in hospital for 10 weeks last year - 8 of them being spent on the discharge ward while a suitable place in a care home was found for her.”</p>

	<p>“Enabling the forever-talked-about ‘bringing agencies together to work and deliver together to talk to each other and deliver as team’. Ensuring that social care is there and delivers the quality-of-life people have a right to expect.”</p>
<p>Having more services in the community including palliative & end of life</p>	<p>“Improving patient flow - investment in community beds. Providing services at home is fantastic when you have enough staff to cover such a large geographical area as Norfolk. Next best thing is more rehab beds for step down patients who do not require an acute bed but are simply not well enough to be at home independently. Virtual wards, harnessing digital technologies, will be a huge help. Really investing in digital health is crucial to ensure joined up, continuity of care”</p> <p>“Easier access to Primary Care services Closer to home services in the community to prevent hospital admission or facilitate early discharge home from hospital Improved integrated working with social care to help with hospital avoidance and care at home”</p> <p>“Provision of excellent and equitable palliative care offered early to help prepare people and reduce need for crisis intervention by specialist services. Better provision of social care particularly reablement services to support people to regain independence, but also to acknowledge that care needs will increase for individuals at some point and this care needs to be available particularly for end-of-life care at home.”</p> <p>“Access to subsidised social care, more respite facilities, especially for non-paid home carers.”</p> <p>“A smooth transferring of people across the differing levels of services. Better access to GP and community health settings. For instance the immediate difficulty in getting regular physio appointments without having to constantly call and refer in. Elderly people need easy access to these services.”</p> <p>“Lack of community beds which has a huge impact on acute patients length of stay. Norfolk has an aging population- palliative care seems to be lacking. Many distressed relatives with negative feedback from a loved ones death Bereavement support is needed more than ever yet it has been reduced. A post code lottery it seems in terms of care/ GP input and specialist support at end of life. I</p>

	<p>understand there are new structures within palliative care including a 24/7 number. But what use is that if a nurse or trained member of staff cannot visit”</p>
<p>Having more primary care available when I need it including general practice, dentists and pharmacies</p>	<p>“I know it’s not easy but improved primary care provision is important as this is the gateway to further help if necessary”</p> <p>“Getting an appointment with my GP”</p> <p>“Community pharmacies get the help, funding and support they need so they don't shut down”</p> <p>“Primary care is very important in the wider community and dental services need much improvement as many people are unable to find an NHS dentist.”</p> <p>“Dentists should be a particular priority for primary care because of the lack of NHS dentists (for example, I haven't been able to have a dentist appointment since March 2021 due to appointments being postponed and my dentist has now become private anyway). Primary care should be a top priority because of the lack of connection and, sometimes, communication between GP surgeries and hospitals.”</p> <p>“Good well-funded primary care. Staff vacancies filled and greater retention of staff. Primary care is the foundation of the NHS and needs to be sorted first. Then all the many other problems in NHS can be looked at after.”</p> <p>“Primary Care - more nurse practitioners.”</p> <p>“Diagnostic training for primary care on long term/ chronic conditions so that there is better diagnosis and prescribing which will reduce costs in the long term and reduce secondary referrals.”</p> <p>“Responsive GP practice that offers a one stop shop for all aspects of medical care. Being able to see an appropriate clinician for the appropriate illness. Not being asked to go to A and E for petty illnesses”</p>

	<p>“Improving access to GP’s and Dentists and more awareness of the limitations of 111 who are under immense pressure due to everyone being directed to them, and the expectations of what they can do need to be explained to the public.”</p> <p>“More GP surgeries to cope with ever increasing population and NHS dentists - we have no NHS dentists now across Norfolk who are taking on patients. Even those of us who were with an NHS dentist, have been told to go private”</p>
<p>Knowing that care will be integrated and as joined up as possible</p>	<p>“A fully integrated medical and social care all under the NHS budget”</p> <p>“Tackling ambulance handover delays. This does not mean “handover units” or other strategies to increase queue capacity. This requires real action for patients who are medically fit for discharge, and sorting out social care. Also better access to primary care and really educating people on what services to use when”</p> <p>“Collaborative working with both primary and emergency care. Involve other services such as the ambulance service when making your 5 year plan as when all the other services fail it’s always the ambulance service picking up the pieces”</p> <p>“More integration between health & social care - sharing knowledge with carers and supporting them to help people to access health and social services appropriately with ONE referral route. True integration between Acute, Mental Health and Community Services - financed appropriately - no duplication of services.”</p> <p>“A focus on how to integrate care more widely. Hubs for more " one stop" care, physical and mental, especially for the elderly. Social care needs funding and focus.”</p> <p>“Integrating services across health and social care better - only telling your story once!”</p>

	<p>“Joined up health and social care. Better mental health provision, including being able to provide services to people under community mental health teams who are currently without a lead care professional”</p> <p>“Being able to see a GP face to face & mental health services need to be upgraded as this will also have an effect on the amount of police officers that are needed in the community but can't be because they spend so many hours dealing with mental health patients because there is no help for them.”</p> <p>“Collaboration with NHS and community car services to help with non-hospital transport to help free up beds which are occupied unnecessarily because of shortage of ambulances.”</p> <p>“A community based, therapy led, pain management service that is integrated with secondary care.”</p> <p>“Putting patients first. Face to face apps, more dentists and joined up health care across ALL services, doctors, dentists, hospitals, care homes, district nurses.”</p> <p>“Investment and improvement in mental health services, social care, pharmacies and community nursing is essential in order to take pressure off GPs, paramedics and hospitals.”</p>
<p>Shorter waiting times</p>	<p>“Reduced waiting times for urgent surgery for things that are not necessarily life threatening, but which have a massively detrimental effect on our ability to hold down a job, function at a basic level, and live independently without the need to constantly rely on people for support”</p> <p>“Access to care, dentists and mental health services, without delays in service provision, such as mental health waiting lists”</p> <p>“Reduced waiting times in ambulances - long waiting times because of bed shortages just add to any anxiety a patient might have”</p>

	<p>“Reduce waiting times for GP/primary care services and hospital care, and link this to appropriate social care; ditto emergency services.”</p> <p>“Reduced waiting times for acute care and primary care. More staff in these settings.”</p> <p>“Child mental health waiting lists are unacceptable Outpatient waiting lists”</p> <p>“Extremely long waiting lists for children’s mental health services cause a massive decline in mental health. A child whose needs are not met will grow into an adult with massive baggage, relating to physical and mental health. You’re literally creating adults with mental health issues!”</p>
<p>More services that support prevention and enable self help</p>	<p>“Personalised healthcare to help me stay well”</p> <p>“Improved social care to help people to leave hospital sooner and to enable people to live at home safely. Also more on preventative measures, paying for people to do exercise classes, yoga, dancing etc would keep people healthier for longer.”</p> <p>“Investment in mental health services- a focus on helping people lose weight and stop smoking”</p> <p>“Increase in resource and training and an increase in workforce in all providers; acute, primary care and community to help to really get on top of the problems we are having with diabetes and CVD/ heart failure. There is not adequate resource in this area. To add context, we have 5,500 people with type 1 diabetes, 63,000 people known to have type 2 diabetes (there are many more not yet diagnosed) and 77,000 people with pre diabetes in Norfolk and Waveney. Prior to Covid the Norfolk and Waveney system were performing poorly in the area of diabetes care. As a result of covid and the previously low bar, we are struggling to improve the situation.”</p> <p>“Focusing on early intervention and prevention by broadening opportunities for roles such as social prescribing and community health workers - providing holistic support to divert demand and in doing so, building capacity in our communities”</p>

	<p>“Preventative proactive healthcare in the community. Education in relation to self-care and responsibility for health.”</p> <p>“More help with managing long term conditions. Free advice and interventions that are affordable. Support for people on waiting lists”</p>
<p>Having enough staff that are supported to do their job well</p>	<p>“Future planning for anticipated service growth: what do population changes mean for services for the future? Workforce planning: what staff (especially social care staff) do we need to provide anticipated service growth? If we can't do it all within the money, honesty about what are we not going to do?”</p> <p>“A review of salaries. Students need a salary, not a bursary -providing there is a three year commitment post qualification to practice in the NHS. Should finances overtake calling? I believe care assistants in health and social care should receive a decent living wage to ensure quality of care and commitment. Do senior workers need salaries of over £70,000 per annum? - at what level will the ceiling close in 5 years' time?”</p> <p>“A proper workforce strategy that delivers the numbers of health & social care staff with the skills they need to cope with the expected volume of care.”</p> <p>“Recruitment and retention of care staff in the community by improving career pathways, better training and rewards, realistic expectations according to resources. Ensuring there are enough Primary care staff in place to meet needs otherwise you are setting up to fail.”</p> <p>“Drs are a limited commodity - use what is available but do not forget the basics in care. continuity and good leadership. Support for clients and workforce.”</p> <p>“The GP practices and the inability to recruit and RETAIN GP's. Nurse Practitioners have improved health care provision but cannot replace a GP.”</p>

<p style="text-align: center;">Inequalities and vulnerable people, including rurality</p>	<p>“Support for Child and Young people with Learning Disabilities and autism/social care for elderly to reduce acute admissions”</p> <p>“Access to the right care pathway and improved social care for dementia and Alzheimer’s.”</p> <p>“A reflection of our rural, coastal geography that means Norfolk & Waveney's strategy needs to be different to any other ICS in the country. Because of our rural, coastal geography then what are our unique workforce needs? Because of our rural, coastal geography and demographic, what are our unique care (at home or in care home) needs?”</p> <p>“Improved Mental health services for young people especially those with autism or who have literally got no one fighting their corner. Improved peer support services in mental health, not 1:1 or befriending (very hit and miss) but groups run by trained facilitators with no time limits or conditions. More support for those with long term health conditions, I am yet to see any positive outcomes from active Norfolk surveys etc. Support groups and exercise groups needed and no more 50+ Old people groups!! Mental health services specifically for the neurodiverse community where has been proved CBT to not work as well.”</p> <p>“Tackling Obesity in children and adults Dementia care More doctors in primary care”</p> <p>“Good GP coverage in rural areas. Emergency coverage in rural areas. Care/ convalescent home in rural areas (loss of Southwold and Halesworth hospitals disastrous) Transport for elderly without their own cars in rural areas.”</p> <p>“Access to GP Mental health services improved and made safe (too many deaths) Older/frail people kept well at home Children’s health prioritised That services are targeted where there is greatest risk/need”</p>

One survey was completed using the paper version and shared via email.

As above much of the free text feedback contained several themes and ideas. An example that cuts across all of the key themes is given verbatim below:

“A new hospital for West Norfolk. Improvement of community services, eg care homes, nursing homes, carers at home to enable the elderly and chronically ill to get home / out of hospital in a timely fashion thus helping to prevent bed blocking. More communication is also needed between hospital and community on discharge. As a chronically sick person myself I know how lack of communication between disciplines can leave you feeling like you’ve no idea what’s going on with your own care. More education is needed so that people use the right area of the health service for their needs which in turn I would hope will help reduce the horrendous amount of people going thro ED, it may prevent more people going to see the GP when actually they don’t need to they could have popped to the pharmacy and finally when they should and shouldn’t call for an ambulance. I think there should be some sort of ongoing program because it seems to me that there are many people who need reminding.”

Next steps

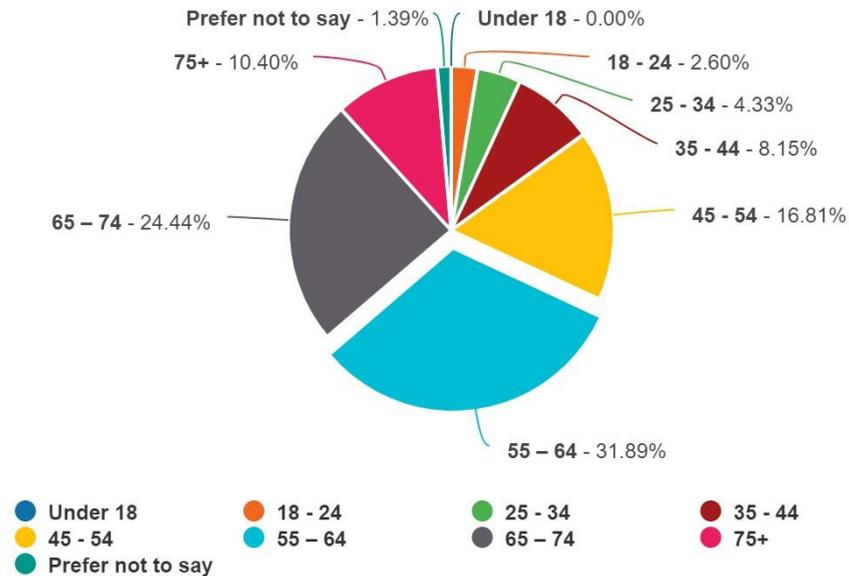
- NHS Norfolk and Waveney ICB will provide a **response to the feedback** we have received and detail the changes we will make as a result of what we have been told. Where we are not able to make the changes in the short term or feel that those changes are not possible, we will make this clear and explain our reasoning. This will be published on our website and shared widely.
- An **online social media event** is being planned to present the survey results and give an opportunity for our staff, stakeholders and people and communities to interact with representatives from the ICS about the future of local services.
- **216** people have left email contact details so they can keep in touch with the work of the ICS. They have already been contacted with a message of thanks and have been added to our weekly ICS Update distribution list. An **ongoing programme of participation** will be developed as delivery of the 5-year plan unfolds. This would include a range of participation methods as identified in the spectrum diagram in **Appendix 3**. Related communications materials will include a graphic or stamp as a form of branding.

Appendix 1

Who took part in our online survey? What was our reach on social media?

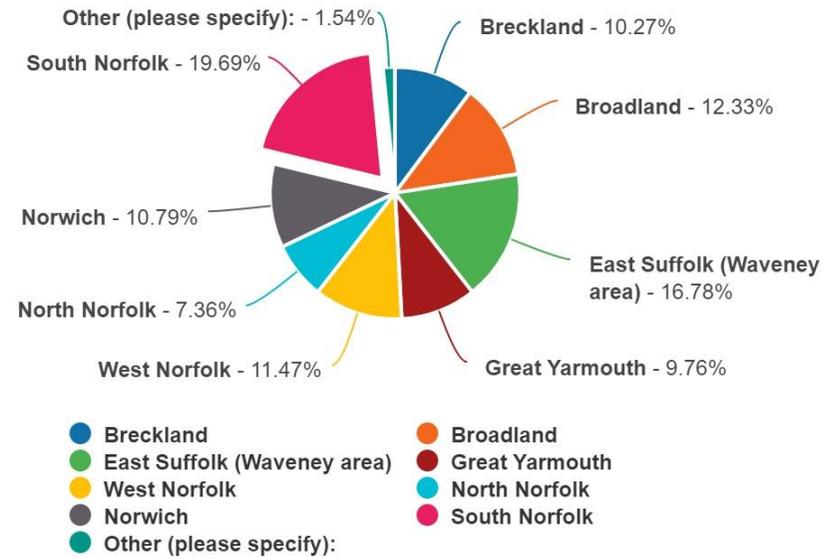
80% of respondents (466 individuals) identify as female, just under 17% (97 individuals) identify as male and just under 3% (16 individuals) preferred not to say. One person identified as non-binary. There was a fairly reasonable spread of ages but no one under the age of 18 completed the survey, and over half of respondents fell into the 55-74 age groups:

What is your age?

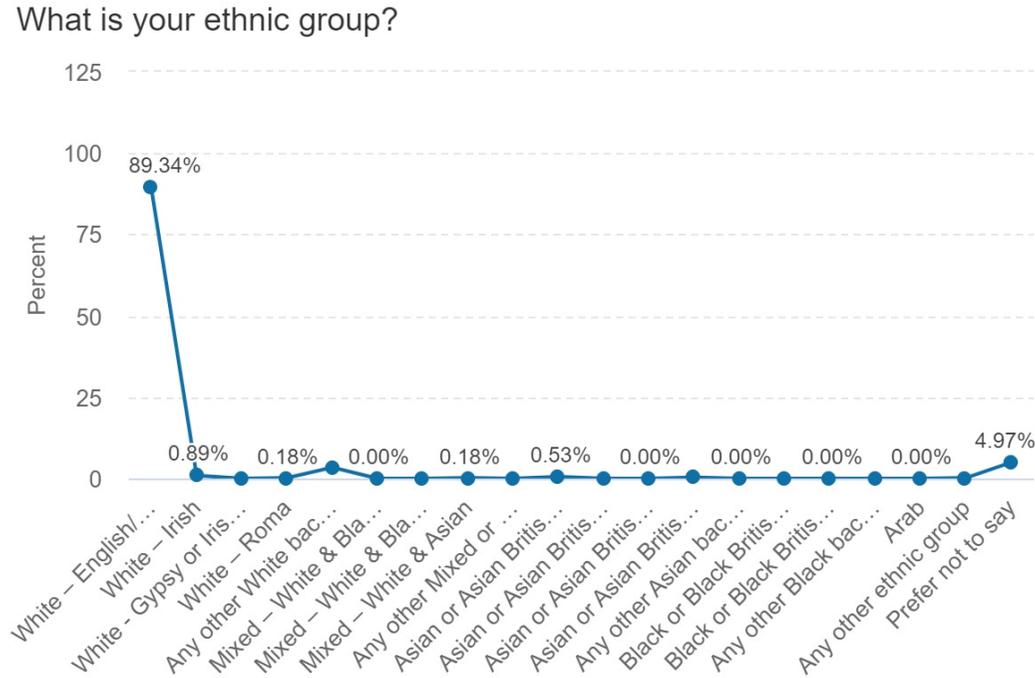


There was also a fairly even spread of geography in terms of where people live:

In which of the following areas do you live? (usually where you pay your council tax)



There was not a high level of ethnic diversity among the respondents:

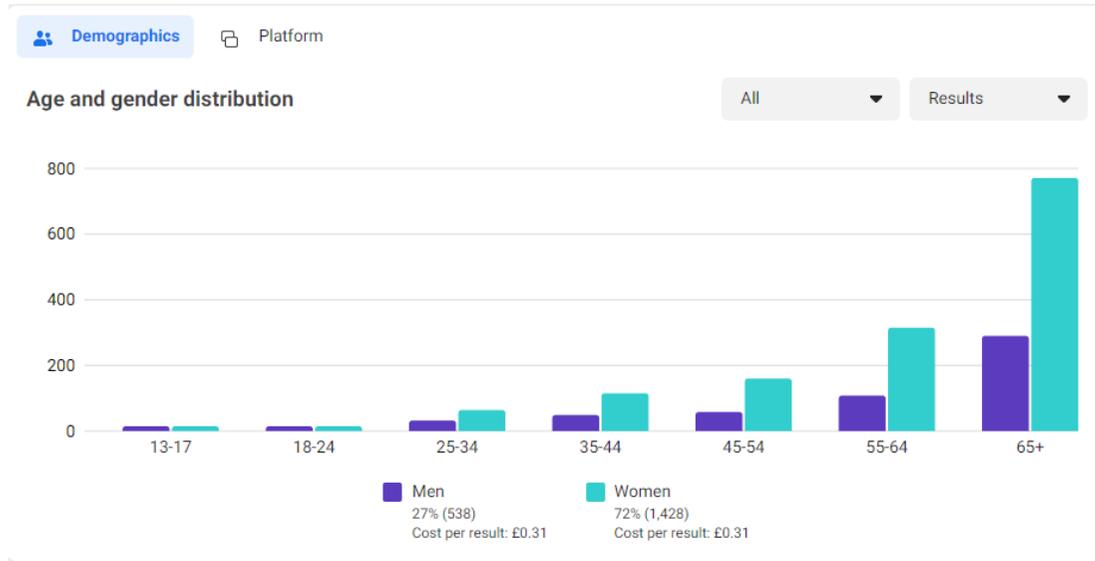


However, this is broadly reflective of the ethnic diversity of the Norfolk and Waveney as described in the [JSNA](#). The Norfolk and Waveney population are less ethnically diverse than average in England. Norfolk & Waveney's ethnic make-up is characterised by a predominantly White, 940,607 people (96.7%). The proportion of people with an ethnic group other than White was 3.3%.

The online survey was advertised using social media. The reach and impressions achieved are outlined below:

Campaign	Results	Reach	Impressions
Joint Forward Plan CYP	678 link clicks	20,996	124,988
Joint Forward Plan Plan Ads	1990 link clicks	69,841	274,974

The age distribution of the ad plans are detailed below:



Appendix 2



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

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

Developing our system clinical strategy June 2021

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

The key findings were:

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

We were particularly interested to find out:

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

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

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

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

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

- **People don't want to have to repeatedly tell their story to different health and care professionals.** They want their care to be better coordinated by the different professionals and services supporting them, and they want us to make quicker progress with joining-up how health and care services work together.
- **We should do more to keep people healthy and well, and prevent people from getting ill.** "The earlier you deal with issues, the cheaper and more effective it is". Our approach to prevention should have a focus on children and young people, together with support for parents and carers, on building active and involved communities, as well as addressing the wider determinants of health, such as housing.
- **We need to make the most of the opportunities that new technology offers to improve people's care.** If we invest in technology it will help to reduce the pressure on our services. If we don't or get our approach wrong, it has the potential to undermine everything else we want to achieve. We should focus on digital transformation and with real pace.
- **Recruiting more people to work in health and care, and supporting our workforce must be a priority.** To provide the high quality, compassionate and person-centred care we want we need to recruit new people to work in the health and care sector, as well as do much more to retain our existing NHS and social care workforce.

- **People have mixed experiences of being able to get an appointment at their GP surgery.** On the whole people can get an appointment at their GP surgery in an emergency, but for some getting more routine appointments is a problem. Many people are happy to see different professionals, but being able to see a named GP or the same nurse is particularly important for those with long-term conditions.
- **Getting different health and care professionals to work together in teams is a real opportunity to improve people's care.** We need to invest more in primary and community care to improve the quality of care people receive, prevent people from unnecessarily going to hospital and to help take pressure off others parts of the system.
- **Improving mental health care is a priority area for Norfolk and Waveney.** People of all ages should be able to get the help and support they need quickly and easily, so that their mental health needs are treated early. We should increase our focus on prevention and wellbeing, provide appropriate support for people in crisis and effective inpatient care.
- **People generally like going to their local hospital for simple procedures and treatments, and attending other hospitals for more complex procedures.** For example people receive more routine cancer care at the Queen Elizabeth and James Paget hospitals, but travel to the Norfolk and Norwich University Hospital for more specialist treatment, such as robotic surgery.
- **We should work more closely with local community groups, voluntary organisations and faith groups.** The NHS can't cure everything, we need to work in partnership to keep people healthy, well and active, to support people when they're ill and care for people when they need help.
- **It's important we consider travel and transport to and from health services and activities which keep people healthy and well.** The rural nature of parts of Norfolk and Waveney, and the cost transport can be barriers to people getting to services and living healthy lifestyles.

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

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

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

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

Our key findings are:

1. People's experiences of the COVID-19 pandemic and lockdown were very mixed. Whilst most experienced ups and downs, there was agreement that it has been tough for people managing their physical and mental health and wellbeing since the start of the pandemic.
2. Health services were felt to have managed reasonably well in the pandemic, given the pressures they are under. Many people had engaged with health services during the outbreak, with most reporting positive experiences.

3. People's experience of receiving adult social care during the pandemic were more mixed. For some people, the changes in how they received their care made them feel anxious or more isolated, while others said they enjoyed the changes and the use of technology to provide tailored online support and social activities.
4. Looking to the future, the three goals of the Norfolk and Waveney Health and Care Partnership were felt to be cohesive and comprehensive, and sensible areas of focus. More broadly, people wanted to see the partnership prioritising support for those with mental health conditions, as well as focussing on the delivery of social care.

[Read the full report.](#)

Developing our Adult Mental Health Strategy for Norfolk and Waveney

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

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

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

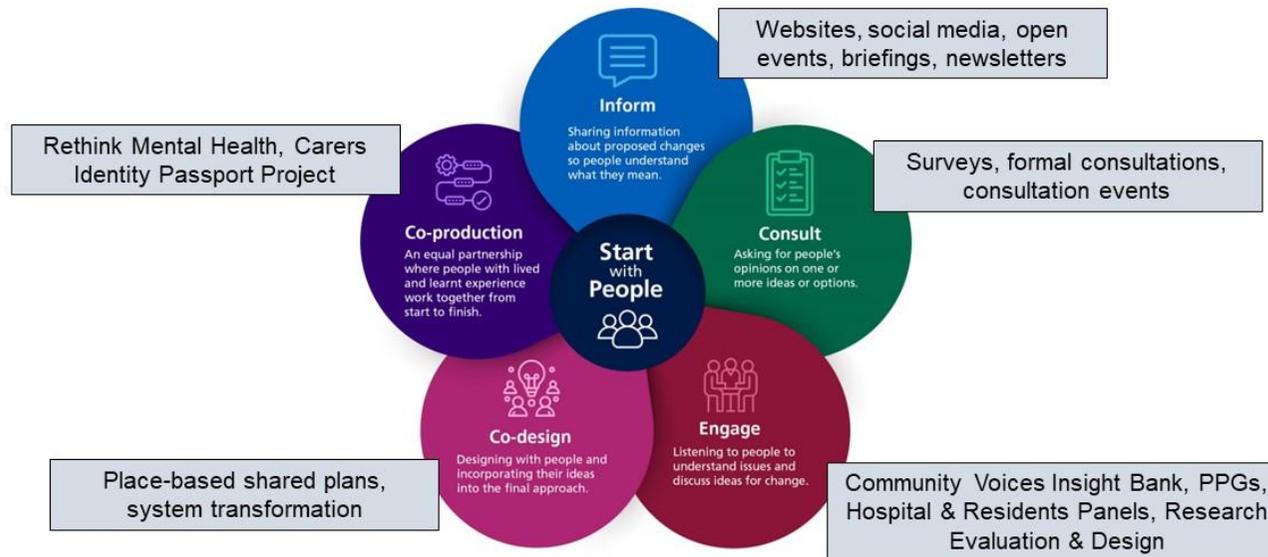
1. To increase our focus on prevention and wellbeing
2. To make the routes into and through mental health services clearer and easier to understand for everyone
3. To support the management of mental health issues in primary care settings (such as within your GP practice)
4. To provide appropriate support for those people who are in crisis
5. To ensure effective in-patient care for those that need it most (that being beds in hospitals are other care facilities)
6. To ensure the whole system is focused on working in an integrated way to care for patients

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

Appendix 3

All feedback from participation in Norfolk and Waveney has value. It is important to recognise the different levels and understand the scope of participation in each.

Spectrum of engagement: working with people and communities in Norfolk & Waveney All feedback has value



Graphic reproduced from guidance produced by NHS England