

Our Approach to Working with People and Communities in Norfolk & Waveney

Working DRAFT v11 April 2024



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V9	23 June 2022	Rebecca Champion	Working Draft	Draft updated to reflect new map & changes to names and structures for inclusion in the governance handbook
V10	23 January 2023	Rebecca Champion	Working Draft	Updated to reflect feedback from public engagement & system developments. Submitted to Patients & Communities Committee
V11	02 April 2024	Rebecca Champion	Working Draft	Updated to reflect system changes and ICB reorganisation. This draft will be submitted to the Patients and Communities Committee & engaged on alongside the JFP Refresh later in 2024.

This is a working draft which describes an approach to working with people and communities in Norfolk and Waveney. This document and the design of the approach are still under development as local discussions continue, as it is recognised that this approach will take time to fully develop and embed. A version of this document was shared with NHS England as a working draft on 27 May 2022 as part of the strategic assurance around working with people and communities.

It received [very positive feedback](#) as well as some suggestions for improvement that have been reflected in subsequent versions.

Key Definitions:

[Integrated Care System \(ICS\)](#) - new partnerships between the organisations that meet health and care needs across an area, to coordinate services and to plan in a way that improves population health and reduces inequalities between different groups.

[Integrated Care Board \(ICB\)](#) - an organisation with responsibility for NHS functions and budgets. Membership of the board includes 'partner' members drawn from local authorities, NHS trusts/foundation trusts and primary care

Integrated Care Partnership (ICP) - a statutory committee bringing together all system partners to produce a health and care strategy. Representatives include voluntary, community and social enterprise (VCSE) organisations and health and care organisations, and representatives from the ICB board.

Health and Wellbeing Partnerships (HWP) - are local place-based partnerships work on addressing the wider determinants of health, reducing health inequalities and aligning NHS and local government services and commissioning.

Lived experience - knowledge gained by people as they live their lives, through direct involvement with everyday events. It is also the impact that social issues can have on people, such as experiences of being ill, accessing care, living with debt etc.

More definitions are included in our short [glossary](#) in Appendix 2 and in our comprehensive version online <https://improvinglivesnw.org.uk/about-us/website-glossary-of-terms/>.

Norfolk and Waveney Integrated Care System

What is integrated care?



Integrated care involves partnerships between the NHS, local authority, and VCSE sector as they come together to plan and deliver joined up health and care services to improve the lives of people in their area.

Our mission

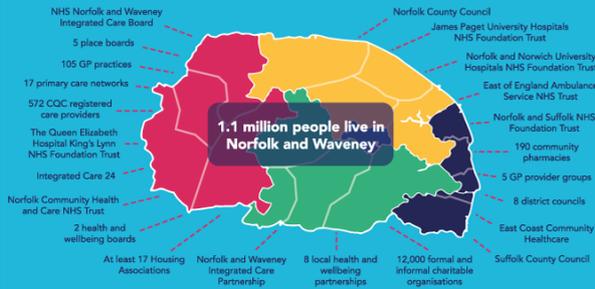


To help the people of Norfolk and Waveney live longer, healthier, and happier lives.

Our ICS includes:



Our geographical area:



Our goals

- To make sure that people can live as healthy a life as possible.
- To make sure that you only have to tell your story once.
- To make Norfolk and Waveney the best place to work in health and care.

We will work to:



Improve outcomes in population health and healthcare.

Tackle inequalities in outcomes, experience and access.



Enhance productivity and value for money

Support broader social and economic development.



Summary – What is this document saying?

People with lived experience tell their story once and it is heard across the ICS

Integrated Care Systems were created to help everyone involved in supporting health and care work together better. Listening to the lived experience of the people and communities in Norfolk and Waveney is vital in helping people live longer, healthier and happier lives. It also helps us make sure that the care and support offered in Norfolk and Waveney is designed around our population.



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

We want to build on the existing engagement and insight that happens across all our system partners and find ways of working together to share and learn from this insight.

Working together will also mean we can pool our resources and work more efficiently across the ICS.

We learnt during the COVID-19 pandemic that we need to get better at listening to what really matters to our people and communities, especially if we are going to address health inequalities. A really effective way to do that is to use trusted communicators, people who are part of the local community – ‘people like me’. A good way to do that is by working with Voluntary, Community & Social Enterprise (VCSE) organisations who already have long standing relationships and networks throughout Norfolk and Waveney.

We recognise that to do all this we will need to use good quality, innovative communications, that are accessible for everyone and available in a range of formats. Whilst we see the value of offering lots of digital opportunities in a large rural area like Norfolk and Waveney, we are also aware that not everyone has a good mobile signal or access to broadband connections and that some people just are not able to access information online. We will all use a range of methods of going out to our people and communities so we can move forward as an ICS together.

NHS Norfolk & Waveney ICB oversees and works with ICS partners to make sure that we constantly listen to and engage with people and communities – as one whole system. That is why this document sometimes refers to structures and processes in the ICB. Our glossary at the end of this document is designed to help with the new terms and language used.

We hope you enjoy reading about our approach to working with people and communities in Norfolk and Waveney!

Introduction

[Integrated Care Systems \(ICSs\)](#) are partnerships between the organisations that meet health and care needs across an area. These partnerships will help to coordinate services and to plan in a way that improves the health of people and communities and reduces inequalities between different groups.

The purpose of this document is to outline the strategic approach being undertaken in Norfolk and Waveney ICS to working with people and communities, so that we can achieve the ambition laid out in the [guidance](#) that partners in an integrated care system (ICS) should work together to listen consistently to, and collectively act on, the experience and aspirations of local people and communities. This includes supporting people to sustain and improve their health and wellbeing, as well as involving people and communities in developing plans and priorities, and continually improving services.



This strategic approach will follow the recommendations of the [NHS Confederation in 'Building Common Purpose'](#). It will give us a way of working with all our partners to ensure that how we work with people and communities, how we respond to their views and experiences, and how we identify and share the impact of what we learn, are aligned.

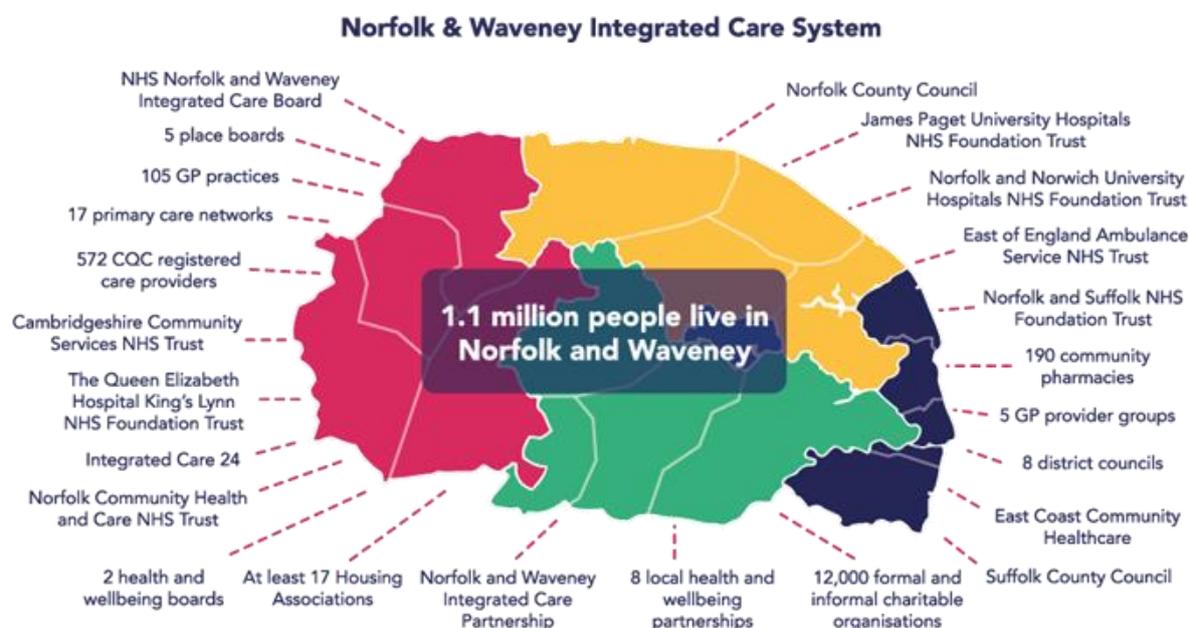
Building on learning during the COVID-19 pandemic, our vision is to improve our collective ability to listen to what people are saying across Norfolk and Waveney about what matters to them. We can do this by going out to the communities we serve, and by building on existing community engagement assets among our ICS partners including the VCSE sector. Feedback and insight can be joined up across ICS partners and channelled into decision making structures, so that insight shared in one part of the ICS is gathered and heard by other partners across the system.

Some aspects of the approach described in this document already exist, some are under development and others are still at an early, visionary stage. It will be made clear how far each area is developed. We are taking an evolving approach which is being designed together, with ICS partners and with the people and communities we serve.

It will take time to fully achieve our vision - it's a huge task – but we are starting from a good place as there's lots of good work and enthusiasm in Norfolk and Waveney already. The COVID-19 pandemic has strengthened existing relationships and helped us forge new ones, so we work together to consistently give our people and communities a voice across the ICS.

Our ICS

The Norfolk and Waveney Integrated Care System is made-up of a wide range of partner organisations, working together to help people lead longer, healthier and happier lives. From 1 July 2022, our Integrated Care System will include the following organisations:



[Appendix 1](#) has a more detailed overview of our population.

Over and above everything else we want to achieve; we've set ourselves three goals:

1. To make sure that people can live as healthy a life as possible.

This means preventing avoidable illness and tackling the root causes of poor health. We know the health and wellbeing of people living in some parts of Norfolk and Waveney is significantly poorer – how healthy you are should not depend on where you live. This is something we must change.

2. To make sure that you only have to tell your story once.

Too often people have to explain to different health and care professionals what has happened in their lives, why they need help, the health conditions they have and which medication they are on. Services have to work better together.

3. To make Norfolk & Waveney the best place to work in health & care.

Having the best staff, and supporting them to work well together, will improve the working lives of our staff, and mean people get high quality, personalised and compassionate care.

Like all Integrated Care Systems in England, we will work to:

- improve outcomes in population health and healthcare
- tackle inequalities in outcomes, experience and access
- enhance productivity and value for money
- help the NHS support broader social and economic development.

Aims and principles

The overarching vision for working with people and communities in Norfolk and Waveney is that all ICS partners will consistently collaborate to share insight and learning. This will maximise resources and ensure that the voice of local people, especially from inclusion groups, is shared as widely as possible.

We will work towards the following [10 principles from national ICS guidance](#) when working with people and communities at neighbourhood, place and system level. These will be tested with local people as this approach develops and adapted to reflect local aspirations and our [5-Year Joint Forward Plan](#) as needed.



This is where we are currently with our work towards delivering the ten principles:

- 1. Put the voices of people and communities at the centre of decision-making and governance, at every level of the ICS.**
 - **We have** appointed a Director of Patients and Communities to oversee the all the work with our people and communities. Our [Patients and Communities Committee](#) meets in public every other month and will soon include two lived experience members. It is chaired by [a non-executive member](#) of the ICB Board.
 - **We will** continue work to align communications & engagement resources at place level with local system partners to co-produce shared plans and continue to develop the ICB structures to ensure voice of people and communities reflected at all tiers.

- 2. Start engagement early when developing plans and feed back to people and communities how their engagement has influenced activities and decisions.**
 - **We have** created a systemwide communications & engagement group to work together as a system wherever possible in planning and feeding back. We have a '[You Said, We Did](#)' section on our [people and communities hub](#).
 - **We will** continue to develop our communications and engagement toolkit for ICB staff to underline the importance of working with people and communities, and system partners as early as possible in developing plans, and of feeding back the difference this has made.

- 3. Understand your community's needs, experience and aspirations for health and care, using engagement to find out if change is having the desired effect.**
 - **We have** developed [population health management](#) and data review processes in partnership across the system, for example [Protect NoW](#).
 - **We will** continue to develop the insight bank as part of the [Norfolk & Waveney Community Voices Programme](#) to systematically record qualitative data collected by system partners to build a 3-dimensional picture of lived experience and improve our ability to listen to informal feedback for example by using social media monitoring tools.

- 4. Build relationships with excluded groups, especially those affected by inequalities.**
 - **We have** made strong links with the Health Inclusion Group chaired by Public Health Norfolk about how they can support this approach to working with people and communities. Our Health Inequalities Oversight Group (HIOG) monitors our emerging Health Inequalities Framework for the ICS for engaging communities that experience health inequalities, to enable their voice and support access to our services.
 - **We will** look for specific opportunities to develop better relationships with specific communities with quieter voices, for example working across the ICS to support our [armed forces community](#) and their families and carers.

- 5. Work with Healthwatch and the voluntary, community and social enterprise (VCSE) sector as key partners.**
 - **We have** already developed good working relationships with Healthwatch Norfolk and Healthwatch Suffolk who are both members of our Patients and Communities Committee, and with the VCSE partners involved in the Norfolk & Waveney Community Voices Programme.
 - **We will** continue to invest in the VCSE Assembly and with VCSE partners at Place Board in working with people and communities.

6. **Provide clear and accessible public information about vision, plans and progress, to build understanding and trust.**
 - **We have** developed a website for the ICS which includes accessible information available in a range of innovative and accessible formats. It includes the [people and communities' engagement hub](#) and contains information about the [Norfolk and Waveney 5-Year Joint Forward Plan](#).
 - **We will** continue to work with our partners to use every available network to reach people who do not or cannot access information online. Much of this will build on partnership work during the COVID-19 pandemic, such as the Great Yarmouth Community Champions and working with our local library service.
7. **Use community development approaches that empower people and communities, making connections to social action.**
 - **We have** learnt a great deal from the COVID-19 pandemic which has led to the [Norfolk & Waveney Community Voices Programme](#).
 - **We will** build on the relationships with our district councils and system partners to empower our people and communities using community development approaches through our [Health and Wellbeing Partnerships](#).
8. **Use co-production, insight, and engagement to achieve accountable health and care services.**
 - **We have** many examples of good practice in working with experts by experience within Norfolk and Waveney as showcased on our [Co-production Hub](#). A new Patient Experience team in the ICB Corporate Affairs Directorate will develop the use of insight from complaints across the system.
 - **We will** work towards an ICS model of co-production using a set of co-produced principles and standards, building on & learning from examples of best practice currently operating within the system.
9. **Co-produce and redesign services and tackle system priorities in partnership with people and communities.**
 - **We have** worked with system partners on a [carers co-production project](#) to tackle issues for informal unpaid carers around discharge from hospital settings and to promote personalisation and carer awareness training. We are supporting the development of a [Mental Health Co-production Strategy](#) and interactive toolkit for system partners to use when developing services.
 - **We will** use this approach to tackle other system priorities including urgent and emergency care, and quality improvement.
10. **Learn from what works and build on the assets of all ICS partners – networks, relationships, activity in local places.**
 - **We have** based our entire approach to working with people and communities on this principle as we are aware that all our system partners listen to and gather insight from the people they support every day.
 - **We will** continue to look for different digital and non-digital ways to develop this idea.

Listening to ‘Quieter Voices’ in Norfolk & Waveney - How we think working with people and communities can tackle health inequalities

Norfolk and Waveney ICS is working to draw together the various sources of data available within the system. Building on existing [Public Health guidance](#), this will drive much of the ICS activity and will go a long way towards identifying need. Through working with people and communities we want to use the people’s voice to test and assure the data is reflecting what matters to local people. This will enable us to move beyond information about ‘treatment’ & ‘services’ to hear people’s whole lived experience.



Health Inequalities Conversation – Developing a Health Inequalities Strategic Framework

In July 2023 Norfolk and Waveney ICS started an on-going ‘Health Inequalities Conversation’ with stakeholders and people and communities from across the system. The initial engagement gave a strong steer that a Strategic Framework for Action should be produced.

Our Health Inequalities Conversation has reached all parts of the system and has included conversations with the eight Health and Wellbeing Partnerships, the five Place Boards, numerous VCSE led forums, as well as focused engagement with our ICS organisations. The Community Voices programme, which works with trusted communicators in our VCSE sector, has asked some of our most vulnerable and underserved communities what matters to them, and we have engaged with people with lived experience.

As a system we have shaped a high-level vision, a set of guiding principles and our ‘building blocks’ for action – creating clarity of purpose and a sense of shared ambition.

The vision for the Health Inequalities Strategic Framework is that the system will come together to tackle unfair and avoidable differences in health outcomes between residents. We will do this by listening to communities, prioritising prevention, and taking action together, making health inequalities everybody’s business.

It will adhere to the following guiding principles:

- ✓ Everyone needs something, some people need more.
- ✓ Enabling communities to have a voice is key and requires creativity and persistence.
- ✓ We will work as close to people and communities as possible.
- ✓ We want to achieve the right person, the right action, at the right time.
- ✓ We strive for accessible services for those in greatest need.
- ✓ We know we can make a difference, and this is a long-term commitment.
- ✓ Leading for change requires shared responsibility and enduring focus.
- ✓ Understanding who is accessing our services, who isn’t and why in order to act.
- ✓ Recognising the building blocks for good health & wellbeing are not just in health services.
- ✓ Building fairer services means supporting change in our organisations.

The Framework will act as a catalyst for change; it includes a clear call to action to come together and take collaborative, as well as organisational level action. It also includes actions that can support and empower communities to take action themselves. These actions include considerations around community voice and coproduction, taking intelligence & data led action, and ensuring we have the policies, processes and procedures in place to tackle

health inequalities in everything that we do. the Framework requires a whole-system commitment, we must continue our Health Inequalities Conversation, and drive further action.

The organisations involved in the development of the HI Strategic Framework have agreed the following four building blocks for action. Firstly, we have to build the foundations and create the **conditions for success**. This will prepare us to act on the agreed building blocks for good health: **living and working conditions**, **lifestyle factors** and **health & care services**. As this is a long-term commitment, our actions may change and respond to need.



Building on existing good work

The following are examples of how the ICS has already developed new ways of addressing health inequalities that are built around insight from local people:



[Norfolk and Waveney Community Voices \(NWCV\) Programme](#) – Norfolk and Waveney has many different communities of interest often living alongside and merging with each other. This can make talking and listening to the different people very challenging. We are aware that although they still provide useful insight, the more traditional methods of engaging tend to have a ‘response bias’ where it is more likely you will hear from people if they are better educated, older, wealthier and white British.

During the COVID-19 pandemic we learnt that to reach people who are less likely to engage with us we had to use trusted communicators at very local levels, often street by street or

village by village. We learnt we have to focus on the hardest to hear, underserved and more vulnerable groups and actively go to them to find out what their priorities are.

NWICB is working with District Councils and the local Voluntary, Community and Social Enterprise (VCSE) sector to develop and deliver a new engagement programme to help us listen to our communities and better understand experiences and opinions of accessing healthcare. It started during the COVID-19 pandemic to help us understand vaccine uptake but has since looked at a range of services such as bowel cancer screening and stop smoking.

Community Voices, works with trusted communicators to speak with communities who may not already engage with the NHS and other statutory bodies to hear what is important to them. We have learned that when talking to people about health services they also talk about a range of other issues that affect their health and wellbeing, such as housing and employment. We are designing ways to capture all this insight and make sure it is shared with people who design and deliver a range of services across Norfolk and Waveney. We expect to hear about the challenges faced by local people in accessing services, and about the issues that prevent wellbeing across a range of factors, including those outside the direct health sphere such as housing, employment and finances.

Norfolk and Waveney Insight Bank – All the qualitative data we collect as part of the NWCV programme is being stored in an ‘insight bank’. This is currently a survey collection tool but the vision is that it will be developed into a much wider bank of insight for use across the ICS housed within a robust data platform. The qualitative data is already being shared with ICB staff through a Power BI platform, however it is envisaged that it will eventually provide anonymised information useful for all ICS partners giving insight on a street, neighbourhood, place and system level which will be useful for health and care planning and other services too.

Our vision

Norfolk and Waveney Community Voices aims to ensure that people who experience disadvantage because of where they live or who they are can be empowered to understand and act on their health, have a place to share their views, and can help shape how health services are designed and delivered.

How we do it

- By facilitating the right training and providing an infrastructure which works well – with networks, access to good quality resources and time to reflect on good practice.
- By building good quality insight data that can be shared appropriately across partner agencies
- By evaluating the effectiveness of what we do, why we do it and how we do it.
- In partnership with good governance and support from all the sectors involved.
- By recognising that good health is influenced by a range of factors.



Case Study – Norfolk and Waveney Community Voices

Discovering People's Experiences of Smoking & Quitting Smoking in Areas of Deprivation

From August to the end of September 2023, Community Connectors ventured out into local 'bumping spaces', pubs and community spaces in some of Norwich's most deprived communities to have conversations with residents about their experiences of smoking and quitting smoking. They were recruited and supported to do this by [The Shoebox Enterprises CiC](#).

The Connectors had received Community Voices training and smoking cessation training to help equip them with the knowledge needed to hold community conversations with residents on this topic. Their flexible approach means they can reach people where they are instead of expecting people to come to them.

The Connectors had over 100 conversations in their neighbourhoods with a wide range of people aged 18 and over who considered themselves occasional or regular smokers as well as those who had quit smoking. The conversations undertaken by Connectors through the Community Voices programme demonstrates how they can reach people who are often overlooked in communities and who typically may not engage with traditional surveys or focus groups. By operating in a non-judgemental way and just listening and being curious about people's experiences the Connectors have been able to obtain rich insights into people's realities and their complex relationships with smoking and experiences of attempting to quit.

To find out what they learned and hear from the connectors about what its like to reach out to people in this way, read the full case study on the Community Connectors website:



<https://www.communityconversations.info/project-information/stories-of-impact/exploring-experiences-of-smoking>

Working with people and communities at 'place'- level - how all the different voices of our people & communities can be part of local decision-making - The vision is to create a thriving environment for conversations with our people & communities using a spectrum of opportunities. Conversations about 'the place where I live' are often much richer.

By joining up and sharing insight gathered across the system we can hear the voice of people from all over the ICS alongside data on Place Boards, and to support the work of the [Health and Wellbeing Partnerships](#). We have the opportunity to use new sources of insight from different ICS partners, with the ambition to develop a platform(s) to enable the insight to be searchable by themes, postcode etc.

The pandemic helped all partners across Norfolk and Waveney better reach out to and hear from our more vulnerable, marginalized, underserved communities, who are better reached at place and neighbourhood level. This is especially the case if the conversations are facilitated by trusted intermediaries as referenced in the NWCV project above.

Communications and engagement resources from across the ICS are being brought together at place level to ensure the right people and communities are working in partnership to improve local health and wellbeing.

Protect NoW - The [Protect NoW programme of work](#) uses data-led, [population health management](#) approaches and comprises a growing number of distinct projects, each focused on a common cause of mental and/or physical ill health. It uses behavioural and Public Health insight to establish specific population needs and develop effective interventions through co-production with clinicians, system partners, wider stakeholders, patients and service-users.

Norfolk and Waveney Health Inclusion Group – is a multi-agency group that builds on partnership working during the COVID-19 pandemic and includes many ICS partners outside the NHS. Professionals from statutory and VCSE organisations come together to hear the voice of and understand the needs of vulnerable and health inclusion groups and align services accordingly. This group offers grassroots support to work with health inclusion groups to understand what matters to them as part of the people and communities work in Norfolk and Waveney.

Equality Impact Assessments (EIAs) – we will continue to support the production of EIAs for projects and transformation within the engagement function of NHS Norfolk & Waveney Integrated Care Board (ICB). These have been recognised as key to reference that due thought has been given to protected characteristics and communities of interest, and also to highlight areas where the voice of people and communities is missing. They will be a key part of the Health Inequalities Strategic Framework, and are reviewed and monitored by the Health Inequalities Oversight Group (HIOG).

Listening to the voice of people in or leaving prison - it's important that we recognise that the population of Norfolk and Waveney includes a significant number of prisoners. These are vulnerable people who have very little control over how their health appointments are managed outside of the prison. They experience inequality related to prison transfers which can disrupt planned care, they cannot control when or where their appointments take place, their appointment always depends on the prison being able to provide escort staff and so are regularly cancelled causing delays, and appointments are often not confidential due to escort staff having to be present.

Accessing care and support outside the prison is a really different and difficult experience for them, so it is important that we find a way for their voice to be heard in a meaningful way. Patient engagement and experience leads are working with healthcare provider representatives from the prisons in Norfolk and Waveney to improve communications channels between local health services and the prison population.

The importance of accessible and good quality communications



The local health system recognises that good communications is at the heart of everything we do. It helps build confidence with local services and care professionals. It is essential for effective partnership working and will help build trust. It provides patients with the information that they need to be empowered and so make positive choices and take control of their health.

Good communications involves:

- fostering a culture of good two-way communication, engagement and involvement;
- informing and empowering key stakeholders;
- being honest and realistic;
- recognising and meeting the different information needs of groups and individuals;
- working with other agencies to co-ordinate communication.

We live our lives and communicate online as well as through more traditional media. In Norfolk and Waveney, it is recognised that not everyone is able to, or wishes to, use digital platforms and we will continue to use traditional routes of communication such as newsletters, partner newsletters, leaflets and posters.

However, the digital space offers enormous reach and value for money. The ICS will therefore champion digital platforms to help patients interact with services or obtain the information they require. [The ICS website](#) is well designed, easy to navigate and a trusted source for information or links to information. This website now hosts the [people and communities hub for Norfolk and Waveney](#), which aims to develop and maintain a shared vision in listening to and working with local people across the ICS. The ICB communications & engagement team includes a post focusing on digital transformation which will help staff, people and communities understand how advancements in digital technology can help improve health and care experiences.

NHS Norfolk and Waveney ICB, as well as the wider ICS, will use social media such as Twitter, Facebook and other online platforms, to help communicate with local people, and where appropriate, as an engagement tool to stimulate discussion and feedback. A social media policy has been developed which makes clear how social media can be used effectively to contribute to the work of the local health system and to help staff participate online in a respectful, professional and meaningful way that protects the image and reputation of the health system when they are using social media on a personal basis. This has been done in line with similar policies for ICS partner organisations.

Good external communications will be vital in informing and empowering people about Norfolk and Waveney ICS, how public money is spent and how we are working with people and communities in the development of local healthcare services.

It is essential in an ever-changing NHS that patients and the public are able to

navigate their way through the services available to them. The ICB will be the custodian of the NHS brand locally, and our communications will support this. When producing any material for publication, the ICB will take account of the NHS Branding and Accessibility Guidelines to make sure that all our information is accessible to a wide variety of audiences. This includes use of our websites and any social media we may develop, and the need to produce our literature in a range of formats as required.

NHS Norfolk and Waveney ICB is striving to meet the [Accessible Information Standard](#) in all its communications and engagement. We are working with [Healthwatch Norfolk](#) and [Healthwatch Suffolk](#) to support the national accessible information campaign.

As a health and care system, it is also important to develop a local brand for the NHS in Norfolk and Waveney. This will help local people understand the role of the ICS and our work with our partners. It is important that the health and care system creates and maintains a reputation for delivering high-quality, safe and responsive care and support to our people and communities. This will be built by the experiences of its stakeholders through direct and indirect contact with the ICS, and how we are portrayed in the media.

A good reputation can be earned by having a clear, locally agreed vision and set of values that is communicated in a clear and positive way. How an organisation behaves also contributes to this and clear communications can help explain why decisions are made. Having a good reputation can help staff morale, and generate local support for change, especially over difficult and contentious issues. It is also an important metric for how NHS bodies and healthcare staff are measured in terms of performance.

The media can influence people's opinions of public services. Many are seen as independent and credible and are influencers nationally and locally. For this reason, good strong relationships with, in particular, the local and regional media, are important. Our local media can be helpful in promoting the work of the ICS and the transformational service changes and improved health and wellbeing outcomes we are seeking to deliver for local people. And helps hold us to account to our local people and communities, increasing our openness and transparency.

How this ICS approach to working with people and communities will support the NHS ICB legal duties on public involvement

The Health and Care Act 2022 created a very different health and care landscape with a particular emphasis on integration and collaboration. It continued the S.14Z45 – Duty of public involvement and consultation, and this document reflects the new statutory guidance around how NHS organisations should work effectively with people and communities. This is laid out in our [Constitution](#).

The approach Norfolk and Waveney takes will:

- ✓ Maximise existing conversations taking place every day with people across the system, starting with the current mapping exercise
- ✓ Involve groups and people we have not been good at listening to before
- ✓ Ensure this information is fed into decision-making structures as they develop
- ✓ Promote the ICB Communications and engagement team as system leaders encouraging trust with ICS partners and local people through the People and Communities Engagement Hub
- ✓ Develop the wider 'system team' of staff in public sector and VCSE organisations who are already working with people and communities and gathering insight

- ✓ Promote methodologies such as Making Every Contact Count (MECC), What Matters to You and Always Events
- ✓ Promote Co-production & Co-design models as part of a wider spectrum of engagement
- ✓ Promote a support programme to encourage thriving patient engagement around primary care

A spectrum of opportunities will be recognised and encouraged by the ICB when working with people and communities within the ICS. All feedback has value and adds to our understanding of the people and communities in Norfolk and Waveney.



A toolkit has been developed to help CCG staff with planning communications and engagement activity in line with our people and communities' approach, and to ensure due regard is given to all necessary internal and external processes. This includes a communications and engagement template to ensure that due consideration is given to working with people and communities from the earliest possible stages of planning to feeding back at the end.

When ensuring that legal duties to consult and involve are met, all approaches undertaken will be fair, proportionate and will have due regard to equalities as described above, to ensure that no one is excluded, and all relevant groups can take part. They will be mindful of how people live their lives, and where possible delivered in partnership with trusted communicators.

ICBs are now subject to the new 'triple aim' duty in the Health and Care Act 2022. Effective working with people and communities is essential to deliver the triple aim which requires them to have regard to 'all likely effects' of their decisions in relation to three areas:

1. health and wellbeing for people, including its effects in relation to inequalities.
2. quality of health services for all individuals, including the effects of inequalities in relation to the benefits that people can obtain from those services.
3. the sustainable use of NHS resources.

Co-production

Co-production refers to a process of shared power to effect change. The term co-production is generally used to mean an end-to-end process where people with lived experience work with those who design services and projects in an equal partnership, sharing power and often involving a significant commitment and where involvement fees or other forms of reciprocity are offered alongside expenses. Think Personal Act Local (TLAP) is held as an exemplar in promoting co-production and they include a comparison of the various definitions on their [website](#).

Examples of co-production do exist in Norfolk and Waveney and work is underway within the system to align existing work and develop a shared approach. A [co-production hub](#) has been developed as part of our people and communities hub to share examples from the system, to promote co-production principles and to signpost to support materials.

- A new Norfolk and Waveney Co-production Network has been established to co-ordinate and promote co-production among the Health and Wellbeing Partnerships at local councils across Norfolk and Waveney
- The ICB is a member of the Adult Social Services Department (ASSD) Engagement and Co-production Group which is promoting [co-production at Norfolk County Council](#)
- The ICB is now represented, alongside Norfolk County Council, on the Norfolk [Making It Real \(MiR\)](#) steering group which promotes co-production particularly for people with lived experience of physical and learning disabilities
- Named Communications and Engagement representatives are working with system partners at Place and Partnership level to promote and support co-production
- Supporting various NHS England funded initiatives to promote co-production
- Co-production as an integral part of [designing research projects](#)
- Exploring ideas around the development of some system-wide shared principles around co-production for Norfolk and Waveney

Rethink Mental Illness Co-production – Norfolk and Waveney has a substantial and unique approach to ensuring that mental health transformation is informed as a system by lived experience. Rethink Mental Illness is a national charity for people severely affected by mental illness. They are facilitating coproduction in a number of Integrated Care Systems across England.

The Norfolk and Waveney Health and Care Partnership commissioned Rethink's co-production team [to bring the views, skills and experience of people living with mental health needs](#) and carers together with those of people whose jobs are to plan and deliver services - so they can work together. Experts by experience have been recruited to various steering and reference groups to work alongside the programme. Paid Experts by Experience are now also sitting on the Norfolk and Waveney Mental Health Partnership Board, working closely with the Mental Health Trust CEO and the Executive Director of Adult Social Services in the delivery of the programme.

Rethink Mental Illness' coproduction team have been supporting Adult Mental Health Transformation in Norfolk and Waveney. They are facilitating the coproduction of [a draft strategy on behalf of NHS Norfolk and Waveney ICB](#) as well as a [Mental Health Co-production Toolkit](#) to enable and support people to use co-production techniques in the development of mental health services.

Better mental health outcomes for the people of Norfolk and Waveney will happen when services meet needs in the most effective ways possible. To do this lived experience of care

and support needs to be valued equally to other expertise in the Integrated Care System. Coproducing mental health care and support in Norfolk and Waveney will help the ICS reach its goals as a system.

Case Study – Coproduction in Norfolk and Waveney

Co-production of the Carers Identity Passport and Carers Awareness Training

During lockdown in 2021 the three acute hospitals in Norfolk and Waveney worked with Carers Voice Norfolk and Waveney and the ICB to hold an online conference for unpaid Carers. Due to visiting restrictions many unpaid Carers were not able to be with their cared for person during conversations about their care, which often made the discharge processes increasingly difficult. Carers wanted to be identified in their caring role and suggested a [Carers Identity Passport](#) so they are recognised, valued and respected. An initial workshop was followed by a Co-production Steering Group.



[Carers Voice Norfolk and Waveney](#) led the co-production project to design and develop the Carers Identity Passport with local Carers, including Parent Carers and Young Carers. The Carers Identity Passport was launched on Carers Rights Day in November 2022. In the first 18 months just under 3000 Passports have been issued. Carer Awareness training was also suggested to promote understanding of the importance of the Carer as a care partner and included information on how to identify unpaid Carers and how to signpost to the Carers Identity Passport. This is delivered across Norfolk and Waveney by [Caring Together](#).

A '[Carers Identity Passport, Education Pack for Young Carers](#)' has also been co-produced and contains information for Young Carers about being recognised and being included in conversations about the person they look after as well as signposting to support available.

More information about the conferences and co-production is available on the [Norfolk and Waveney ICS website](#).



Thriving Patient Engagement Around Primary Care

General Practice - There are 105 GP practices in Norfolk and Waveney. Most of them have patient groups, often referred to as Patient Participation Groups (PPGs). They offer members of the public the opportunity to become more involved in how the practice runs. This could be about the physical building, waiting times, services offered or wider healthcare issues.

We have 17 primary care networks (PCNs) – this is where GP practices work together with community, mental health, social care, pharmacy, hospital and voluntary services in their local areas in groups of practices known as PCNs.

We are working with patient representatives, practices and our local Healthwatch's to develop a programme of strategic support to local PPGs and practices so that the voice of people and communities can be reflected more locally. The ICB commissioned Healthwatch Norfolk to engage with local practices and PPGs to find out what support would be most useful.

The ICB is now working to deliver the key recommendations from [the report](#). A [webpage](#) is now in place which features case studies including examples that promote different models of patient engagement. There is also other information and links to resources including a [toolkit](#) produced by Healthwatch Norfolk following the period of engagement which aims to give practices and PPGs a step by step guide.

Care Quality Commission (CQC) – [CQC](#) is the independent regulator of health and adult social care in England. They make sure health and social care services provide people with safe, effective, compassionate, high-quality care and they encourage care services to improve, including General Practice. The ICB talked to CQC about practices being able to try new approaches to involving patients as well as the traditional PPG model so they updated their [mythbuster](#) to encourage and reassure practices.

Other primary care providers – ICBs have taken on more responsibility around other primary care services from April 2023 onwards. Other providers include pharmacies, dentists and optometrists. This can provide an opportunity to explore supporting other primary care providers to work with people & communities in a similar way to that already well developed within general practice.

The screenshot shows the website for the Norfolk and Waveney Integrated Care System. The header includes the logo 'Improving lives together' and navigation links: ABOUT US, OUR WORK, GET INVOLVED, PUBLICATIONS, HEALTH & CARE CAREERS, MEDIA HUB, CONTACT. The main heading is 'Patient Participation Groups (PPGs)'. The content includes: 'There are 105 GP practices across Norfolk and Waveney. Most of them have patient groups, often referred to as Patient Participation Groups (PPGs)'. 'PPGs work in partnership with their GP practice and are vital in ensuring that the patient voice is heard. We are keen to hear about different models for hearing the patient voice in primary care and will be developing this alongside our current patient groups.' 'PPGs work in different ways, some meet in person, others communicate with their practice online – all are keen to welcome and involve new members.' 'PPGs provide an opportunity for local people to get involved with their practice and influence the provision of local health services. Members contribute their views, make suggestions and provide feedback on services they may have used. Groups can also get involved with supporting local health initiatives and can engage with a wider range of health and care professionals.' 'Norfolk and Waveney ICB is working to develop a programme of support to local PPGs and practices.' 'We have worked with Healthwatch Norfolk to conduct an evaluation of Patient Participation Groups across Norfolk and Waveney and gather feedback to develop an understanding of what additional support the ICB can provide to help PPGs and practices be the most successful and develop further.' 'This has led to the development of a new PPG Toolkit that aims to help groups establish and run a successful PPG. You can read the report and download the toolkit below.' A 'Resources' section lists: 'PPG Toolkit', 'Norfolk and Waveney PPG Evaluation report'. A 'Social Media Managed Service' section states: 'The ICB Digital team has commissioned a paid for social media service managed by Redmoor Health, initially for one year, to help interested practices develop active and positive social media channels. This includes establishing channels where needed and posting positive health improvement messages on behalf of the practices involved. There are currently over forty practices signed up in Norfolk and Waveney.' 'Having an active account also encourages communications with the practices around a wide variety of topics including promoting their PPGs and hearing feedback on services. The ICB Communications and Engagement team are supporting this initiative by working together with Digital to provide additional social media content over and above the commissioned service. The team are supporting the promotion of this service as a recognition of the future benefits to practices of using social media to work in partnership with their populations.' 'You can find out more about different PPG activities and projects below.' 'If you are interested in finding out more about your own PPG, talk to your practice reception team or contact us at melb.hayhouse@nris.net.' A 'PPG Case Studies' section features two cards: 'Patient Voice in Aldborough' (Aldborough Surgery is situated in a rural area 7 miles from the coast of North Norfolk. It serves a population of approximately 2,700 spread across numerous parishes between Cromer to Aylsham and Edgfield to North Walsham, Aldbor...) and 'Sheringham PPG' (Sheringham Patient Participation Group (PPG) was formed in 2008 with membership consisting of patients and some practice staff. The group meet monthly in the GP surgery and over the years managed to raise funds for the practice and waiting room equip...).

How will we know this work is helping people and communities?

If this work is effective, our people, communities and ICS partners will be able to see that:

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



Governance structures within the ICB and ICS are now in place, and the need to monitor and evaluate the impact of the people and communities work is acknowledged.

The [Patients and Communities Committee](#) provides NHS Norfolk and Waveney with assurance that it is delivering its functions in a way that meets the needs of our patients and communities across Norfolk and Waveney. That is based on engagement and feedback from local people and groups.

The Committee also specifically focusses on how NHS Norfolk and Waveney and the wider Integrated Care System is actively addressing and reducing health inequalities experienced by individuals and communities. Key to the Patients and Communities Committee will be two Committee members with lived experience, providing vital input, feedback and challenge to support our work as an organisation and the wider ICS. Recruitment for these members is due to start in 2024.

The Committee will also receive insight, make sure it is gathered appropriately, and monitor progress to ensure that change is happening. It will also constantly refer back to the 'so what' question – what this means for our people and communities.

The People and Communities Engagement Hub described above also gives a measurable focal point to engagement activity undertaken by the ICB as part of its legal duties. Specific projects and opportunities for working with people and communities are being advertised, and '[You said, We did/We can't](#)' reports detailing the results of the feedback and any improvements that resulted are being uploaded.

All ICB people and communities activity is being included in [regular systemwide briefings](#) that are widely shared within the ICB and across the ICS. All system partners are also being encouraged to input into the briefing so that it can become a Norfolk and Waveney resource for the promotion of work with people and communities.

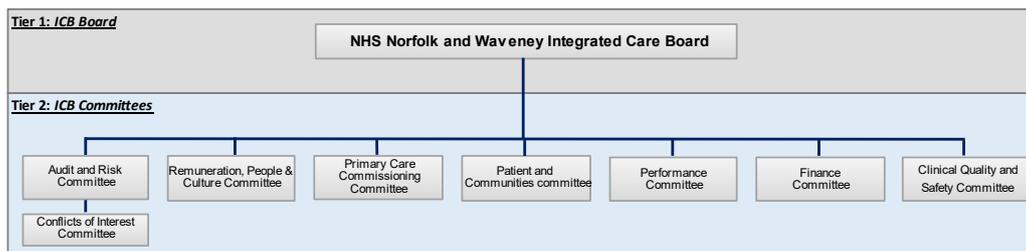
We will use all the existing networks of people and stakeholders to regularly monitor our success in working with people and communities.

People and communities in ICB Governance

NHS Norfolk and Waveney ICB is committed to embedding the voice of people and communities so that the ICB can listen to and act on the concerns and aspirations of residents. The Patients and Communities Committee will act as a focal point for overseeing how this will happen, led by our Director of Patients and Communities, as laid out in the

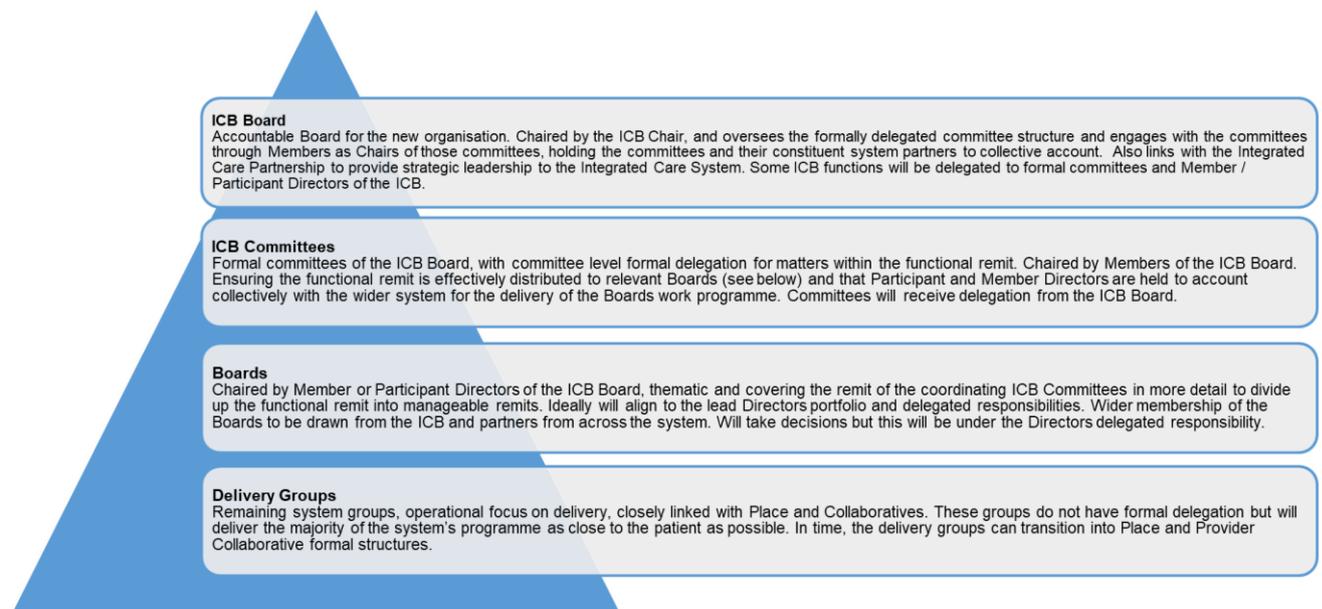
[Terms of Reference](#). The committee is chaired by the chief officer of a local VCSE organisation. [Meeting papers](#) are made available a week in advance and meetings are held in public. Our duty to consult and involve is clearly laid out in our [constitution](#) and in our [Governance Handbook](#).

The ICB Board also includes a programme of [learning from our staff, people and communities](#) at all meetings in public to underline that people are at the centre of strategic decision-making. The programme of stories is being developed as much as possible in partnership with local NHS trusts, local authorities and wider system partners to complement stories they also use at board level and to highlight the stories across the ICS.



The ICB Board receives its assurance via the Committees and Executive Management Team (EMT). Scope of assurance for each Committee is set out in the [ICB Governance Handbook](#)

As described above, communications and engagement activity also happens at [Place](#) and [Health and Wellbeing Partnership](#) levels, to focus on working with people and communities at a much more local level, and to draw on insight from across all ICS partners including trusted communicators in VCSE organisations.



We will continue to build on our good working relationship with Healthwatch Norfolk and Suffolk. The ICB Communications and Engagement Team meets with both Healthwatch organisations regularly, and they are valued members of the Norfolk and Waveney ICS Communications and Engagement Group and the Patients and Communities Committee. Healthwatch also play a key role in the overall assurance and oversight both for the ICB and for the work with people and communities in the wider ICS.

Norfolk and Waveney ICB will also continue the positive and proactive relationship it enjoys with the Norfolk and Waveney Health Overview and Scrutiny Committee (HOSC), through:

- ✓ regular informal meetings with the Chair and Vice-Chair
- ✓ including proactive information about changes to services and working with people and communities in the members briefings
- ✓ supporting and attending meetings held in public

Equality Impact Assessments (EIAs) have been embedded within the ICB to ensure the voice of underserved communities is given due regard in planning services and in any transformational work. It also highlights areas where more work with particular people and communities would be beneficial to understanding their needs, and links can then made with the communications and engagement team.

The future

The aspirations and ambitions in this document clearly demonstrate a journey to improve communications and engagement with people and communities across Norfolk and Waveney by building on existing structures and processes where possible. Whilst a lot of work has taken place since July 2022 to work together much more closely, it is vital this work continues, at pace, to ensure that all partners across the system work together to share resource, intelligence, insight and feedback.

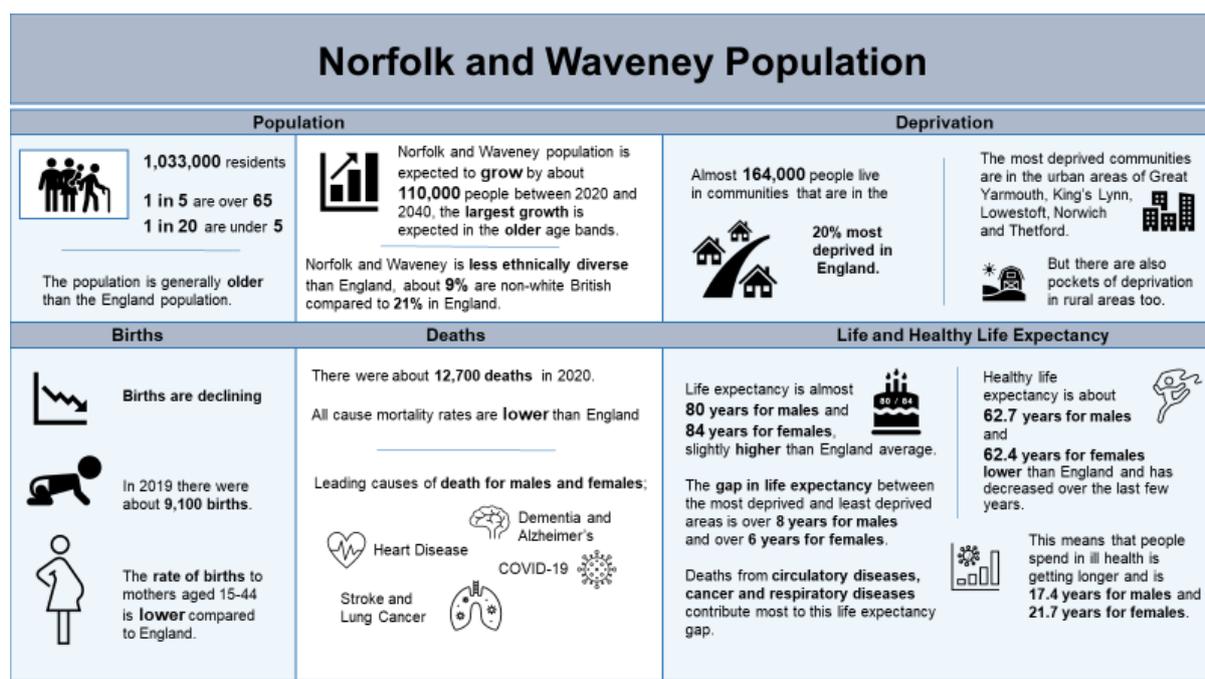
Our collective focus will be to always ensure that the voice, views and feedback of people and communities across Norfolk and Waveney is heard at every opportunity.

The transformation journey ahead will be evaluated at every possible point.

Appendix 1

An overview of the people and communities in Norfolk & Waveney ICS

The [Joint Strategic Needs Assessments](#) (JSNAs) available for Norfolk and Waveney have a wealth of information about the local area. Norfolk and Waveney is a large rural area made up of many villages and rural hamlets, market towns and urban areas in Norwich, Kings Lynn, Great Yarmouth, Lowestoft and Thetford. Numerous people move to the area to retire and there are many second and holiday homes. Norfolk and Waveney has many affluent areas that often sit alongside pockets of deprivation, especially in the rural areas.



Age - Norfolk and Waveney has one of the oldest populations in England. About 1 in 4 of the population (25%) is aged 65 and over and about 1 in 30 is aged 85 and over. This makes it the 4th oldest ICS area in the country. The proportion is likely to rise to 28% by 2029. Norwich is the youngest population and North Norfolk the oldest. This has remained the case over the last 10 years.

In 2020 the estimated population was as follows:

- **0–4 years** - 49,700 = **4.8%** of the total population.
- **5-11 years** - 80,200 = **7.8%** of the total population.
- **12-15 years** - 44,300 = **4.3%** of the total population.
- **16-64 years** - 600,600 = **58.2%** of the total population.
- **65+ years** - 257,900 = **25%** of the total population.

More than half of people under 50 live in the areas of Norfolk and Waveney classified as urban city and town, whereas people aged over 50 are more likely to live in more rural areas.

Between 2020 and 2040 there will be a projected increase of almost 110,000 people living in Norfolk and Waveney. The population is projected to increase by approximately 6.7% between 2019 and 2029, which equates to approximately 68,880 spread over the next ten years. 48,100 of this increase is in the population over 65.

Total live births in Norfolk and Waveney have been just below 70,000 between 2013 and 2019, decreasing from just over 10,000 to just over 9,000 births per year over that period. The most live births have been in Norwich, and the fewest in North Norfolk.

The general fertility rate is the number of live births per 1,000 women aged 15-44 years old. In Norfolk and Waveney this has declined from just over 61 births per 1,000 to just over 54 births per 1,000 from 2013-2019. Rates in Norfolk and Waveney have been lower than the England rates since 2013

Ethnicity - The Norfolk and Waveney population are less ethnically diverse than average in England. Norfolk & Waveney's ethnic make-up was 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 most diverse areas across Norfolk and Waveney are Norwich, Great Yarmouth and Breckland. There are around 160 languages spoken in Norfolk & Waveney. English is not the first language of around 12,400 school children in the county.

INTRAN is the non-profit-making partnership that commissions and manages interpreting and translation services on behalf of public-facing organisations throughout the East of England. According to INTRAN the top 10 languages requested are:

- Swahili (Kiswahili)
- Slovakian (Slovensky)
- Romanian (Română)
- Lithuanian (Lietuvis)
- Portuguese (Português)
- Latvian (Latvietis)
- Kurdish Sorani (Kurdî)
- Farsi Persian (فارسی)
- Chinese 普通话 ; 國語
- Russian (русский)

During the COVID-19 pandemic the following languages were also frequently requested:

- Turkish (Türkçe)
- Spanish (Español)
- Polish (Język Polski)
- Arabic (Al Arabiya) العربية
- Bulgarian (български)
- Czech (čeština / český jazyk)

Information in Ukrainian (український) was also included to support those relocated during the conflict between Ukraine and Russia.

Disability - Based on the NHS population and person insight dashboard about 1.2% of the registered population has a disability. This is about 13,200 people and includes people with a physical disability, a learning disability and autism. The information might be an underestimate as it is based mainly on national NHS data returns.

Informal Unpaid Carers – are described by [NHS England](#) as 'anyone, including children and adults who looks after a family member, partner or friend who needs help because of their illness, frailty, disability, a mental health problem or an addiction and cannot cope without their support. The care they give is unpaid.' They are also known as Family Carers, Companion Carers, Primary Unpaid Carers or Support Companions.

The 2011 UK census reported there are 5712 carers aged between 0 and 24, providing unpaid care in Norfolk. Of these 1,752 were aged 15 or under. The total number of carers reported in Norfolk was over 94,000 and more than 13,000 in Waveney. Both these figures had risen by more than 10% since the 2001 census.

As of February 2022, Carers Matter Norfolk (CMN) have approximately 7,000 adult carers registered with the service, showing there are many unpaid informal carers who do not come forward for help or do not recognise themselves as carers.

Appendix 2

Glossary of acronyms and phrases

Acronym	Full Title	Meaning / Definition
ICS	Integrated Care Systems	New partnerships between the organisations that meet health and care needs across an area, to coordinate services and to plan in a way that improves population health and reduces inequalities between different groups.
ICB	Integrated Care Board	Each Integrated Care System (ICS) will have an Integrated Care Board (ICB), a statutory organisation bringing the NHS together locally to improve population health and establish shared strategic priorities within the NHS.
ICP	Integrated care partnerships	(ICPs) are alliances of NHS providers that work together to deliver care by agreeing to collaborate rather than compete. These providers include hospitals, community services, mental health services and GPs.
VCSE	Voluntary Community and Social Enterprise	Any organisation working with social purpose that is independent of government and are constitutionally self-governing. They exist for the good of the community, to promote social, economic, environmental or cultural objectives to benefit society as a whole, or particular groups within it. Ranging from small community-based groups/schemes to larger registered Charities.
	Primary care	Primary care is the first point of contact for healthcare for most people. It is mainly provided by GPs (general practitioners), but community pharmacists, opticians, dentists and other community services are also primary healthcare providers.
PCN	Primary care networks	GP practices are working together with community, mental health, social care, pharmacy, hospital and voluntary services in their local areas in groups of practices known as primary care networks (PCNs) to meet the needs of the local populations.
	Population health	The collection of patient data across multiple health information technology systems. This data is then analysed into a single, actionable patient record. Care providers can improve both clinical and financial outcomes using this data.
PHM	Population Health Management	Our health and care needs are changing: our lifestyles are increasing our risk of preventable disease and are affecting our wellbeing, we are living longer with more multiple long-term conditions like asthma, diabetes and heart disease – and the health inequality gap is increasing.
CEO	Chief Executive Officer	The chief executive officer (CEO) is the highest-ranking person in an organisation.
HWP	Health & Wellbeing Partnerships	HWPs are Local health and wellbeing partnerships work on addressing the wider determinants of health, reducing health inequalities and aligning NHS and local government services and commissioning.
LTP	NHS Long Term Plan	The NHS LTP was published in 2019 setting out key ambitions for the service over the next 10 years.
	Local Authority	Generally, this is just another word for a local council, but it can refer to any administrative organisation in local government.
LGA	Local Government Association	The Local Government Association is the national membership body for local authorities. Its core membership is made up of 339 English councils and the 22 Welsh councils through the Welsh Local Government Association. The LGA is politically-led and cross-party.
	Provider collaboratives	Provider collaboratives bring NHS providers together across one or more ICSs, working with clinical networks, alliances and other partners, to benefit from working at scale.

	Place-based partnerships	Place-based partnerships will bring together the NHS, local councils and voluntary organisations, residents, people who access services, carers and families. These partnerships will lead design and delivery of integrated services in their local area.
	Health and wellbeing partnerships	Health and wellbeing partnerships will bring together colleagues from county and district councils, health services, wider voluntary, community and social enterprise sector organisations and other partners. They will focus on the local population's health and wellbeing by addressing the wider determinants of health to avoid health crises.
DHSC	Department of Health and Social Care	Support ministers in leading the nation's health and social care to help people live more independent, healthier lives for longer.
	Acute care	Acute care providers are emergency services and general medical and surgical treatment for acute disorders rather than long-term residential care for chronic illness
	Commissioning	Identifying health needs of local people, planning and purchasing health services which respond to their needs. CCGs are responsible for deciding what services their local residents need from the NHS and buy these services with public money from the most appropriate providers.
	Care Pathway	The care and treatment a patient receives from start to finish for a particular illness or condition. This usually includes several parts of the health service and social care. For example, a care pathway can involve support from a GP, a specialist doctor, home care and a district nurse.
	CQC	Independent regulator of health and social care in England – including hospitals, care homes and other provider organisations.
	FOI	The Freedom of Information Act 2000 provides public access to information held by public authorities.
	Place	The geographical level below an Integrated Care System (ICS) at which most of the work to join up budgets, planning and service delivery for routine health and care services (particularly community-based services) will happen. The Norfolk and Waveney ICS will comprise five places.
	Place-based Working	This is the new way of working set out as part of integrated care systems. It involves bringing together all the health and care organisations that sit within that place area, such as the hospitals, councils, care providers and voluntary groups, to work together as local partners. Their knowledge of the local people's needs means all of these organisations can work together to make sure health and care services meet the needs of the people who live there.
	Neighbourhood	Within each 'place' there are several neighbourhoods, which cover a smaller population size of roughly 30,000 to 50,000 people. They often focus on integrating primary, community and social care through multidisciplinary teams and joint working arrangements. Neighbourhoods are therefore key to the NHS's commitment to deliver more care as close to home as possible.
	System	In relation to integrated care systems (ICS), this refers to the level of the ICS. Key functions at the system level include setting and leading overall strategy, managing collective resources and performance, identifying and sharing best practice to reduce unwarranted variations in care, and leading changes that benefit from working at a larger scale such as digital, estates and workforce transformation.
	Place Boards	A forum that brings together colleagues from health and care to integrate services and focus on effective operational delivery and improving people's care.
JFP	Joint Forward Plan	This is our plan for the next five years setting out how we are going to improve health and care services for our local population, their families and carers.

Appendix 3

Norfolk and Waveney ICS – People and Communities
Easy Read version can be found on our website:

<https://improvinglivesnw.org.uk/~documents/documents/edi-resource-hub/easy-read/norfolk-and-waveney-ics-people-and-communities-easy-read-summary-060622>



Working with people and communities

Norfolk and Waveney Integrated Care System

