



Improving lives **together**



Norfolk and Waveney Integrated Care System

Addressing health inequalities through engagement with people and communities

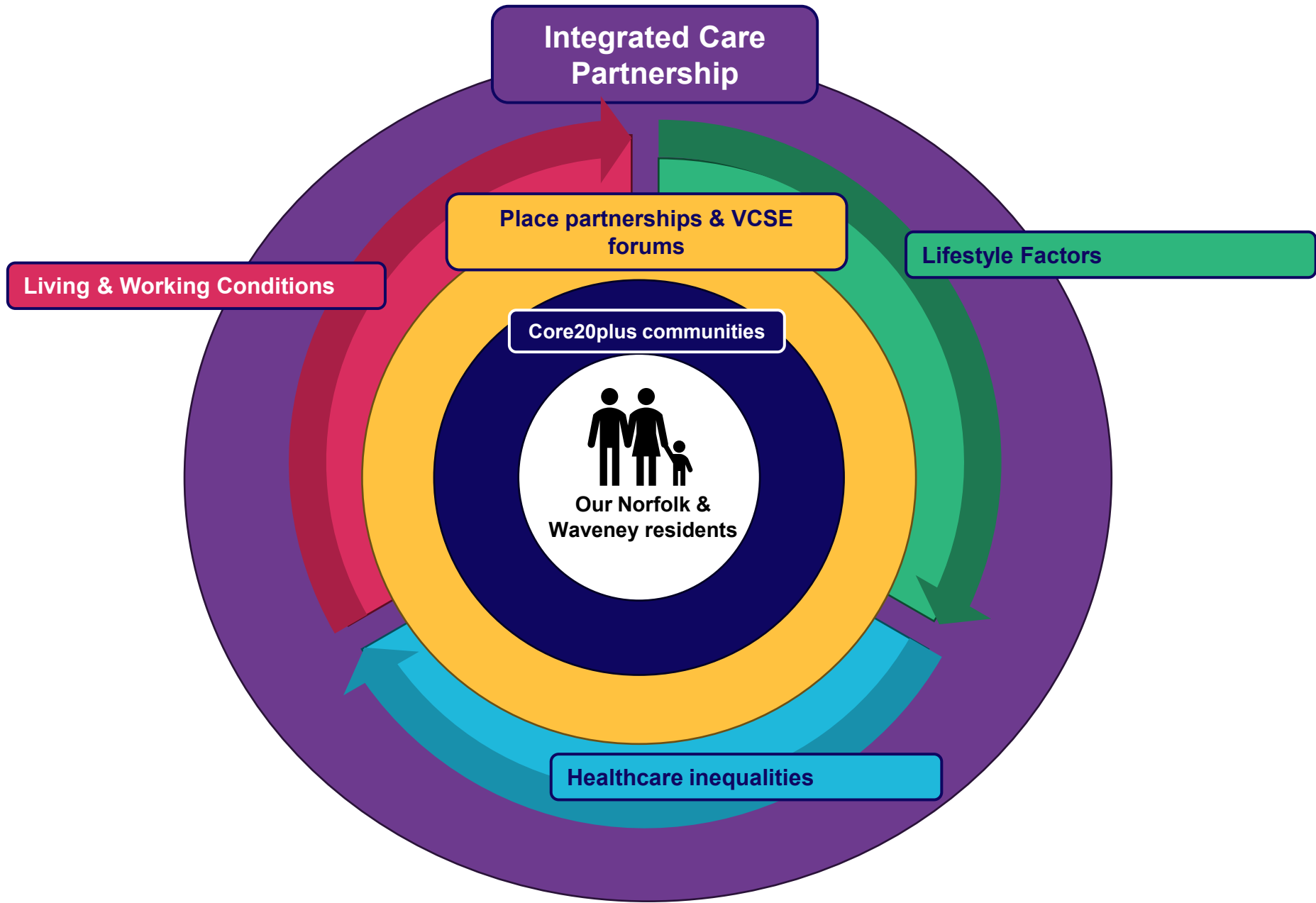
Norfolk and Waveney Integrated Care System

Health Inequalities Strategic Framework for Action

2024 - 2034



How we organise ourselves



Lead your organisation to
act and address health
inequalities

Connect with communities

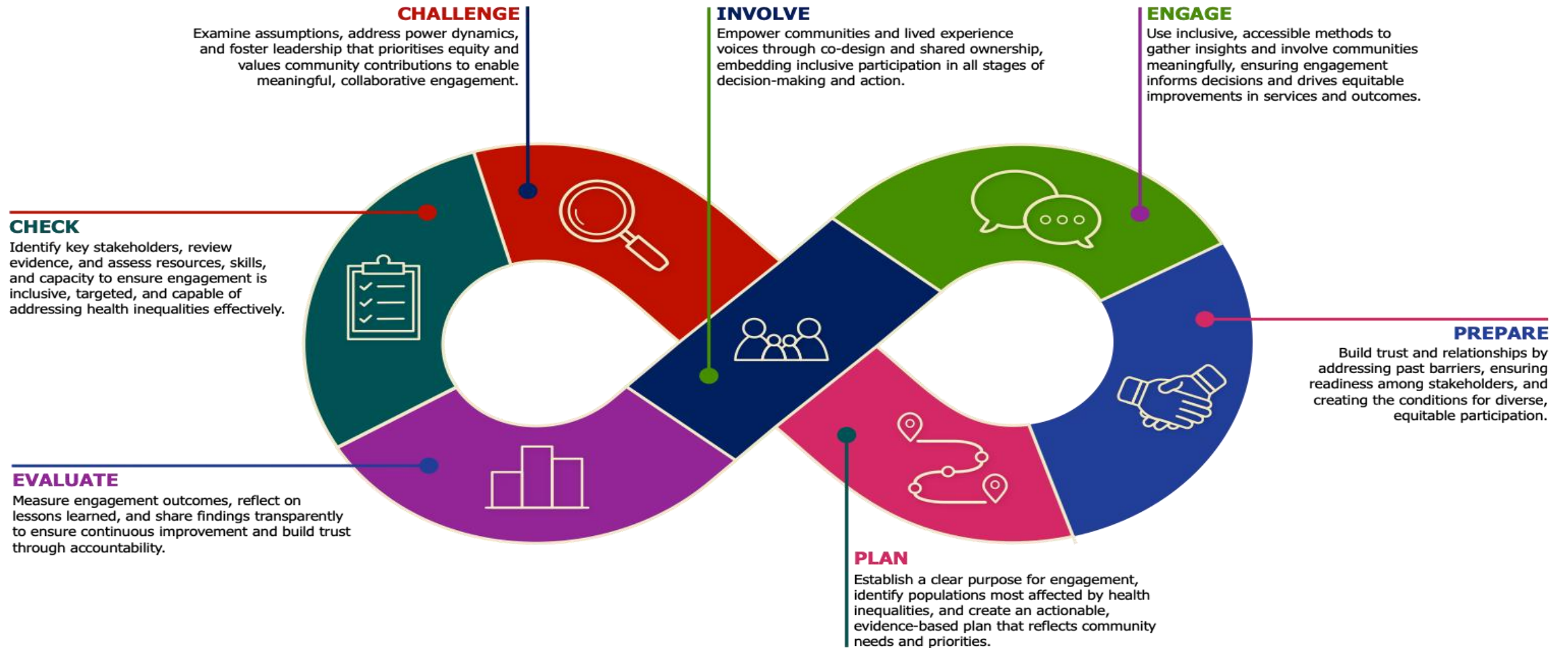


Health Inequalities Commitments

Equip teams and services
to be accessible for all

Embed addressing health
inequalities in all you do

Where are we?



Every citizen will enjoy their best possible health and wellbeing.



A perspective from the VCSE sector

Please rate how strongly you agree with the following statements

Our Integrated Care System prioritises meaningful engagement with communities affected by health inequalities

22

Our Integrated Care System routinely involves people and communities in planning and decision making

19

Our Integrated Care system allocates sufficient resources (money, time and people) to engage people and communities

17

Our Integrated Care System works across agencies to engage people and communities and we share our insights with each other

23

The insights collected by our Integrated Care System drive meaningful change

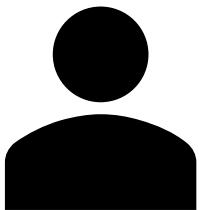
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Strongly disagree

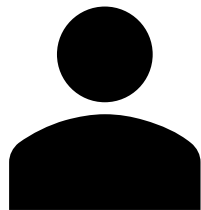
Strongly agree

Feedback

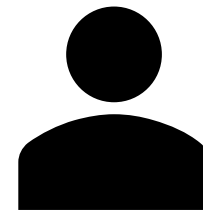
“Across the system there is a mix of engagement. There could be more impact if partners worked together better”



“Broader engagement can still feel inconsistent and sometimes tokenistic. Voices, especially those from marginalised groups, aren't always reflected in decision making in a meaningful way”



“ICS engagement with communities and individuals is not strong, despite some pockets of good practice. We need to move beyond engagement and into empowerment if we are to achieve sustainable system change”



A perspective from the ICS Conference

Please rate how strongly you agree with the following statements



Community Voices



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.

What we do

Hold conversations with communities that have significant health inequalities about their experiences and what matters to them.

Listen



Why we do it

To ensure that seldom heard voices are heard by health services.

Provide high quality advice, guidance and information that promotes health and wellbeing.

Respond



To share insight and learning across the Integrated Care System, and give communities a role in shaping service design and delivery.

Help community based organisations develop strong networks, relationships and trust, which helps people to help themselves and prevent ill health.

Enable



To empower trusted communicators and communities to use existing assets and identify local action that will increase health and wellbeing.

Record insights from the conversations that help build a picture about health and wellbeing within a place or community.

Capture



To better understand community and individual health priorities, concerns and assets.

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.



Community Voices Network



Facilitated by The Shoebox Enterprises CIC, the Community Voices Network serves as a collaborative platform for trusted communicators, community champions, and connectors to:



Share best practices and insights



Address challenges collaboratively



Identify training and development needs



Access Community Voices Insights data



Co-ordinate engagement

Achievements to date include:



Data Sharing: Making inputted organisational data available to participating CV project partners for improved transparency and collaboration.



Plain Language Reports: Producing plain language reports for completed projects, which are shared with organisations and communities to ensure clarity and accessibility of information.



Closing the Loop: Organising webinars/meetings with commissioners to close the loop on feedback, ensuring ongoing dialogue between all stakeholders



In-Person Networking Events: Strengthening collaboration through locally held REN2 events.

Development feedback suggests:

- Consider frequency and length of meetings
- Value of inputting into developing projects and opportunity to expand
- Move to in-person events
- Opportunity to inform training development
- Increased skills and development opportunities

Evolution into community of practice?

- Potential to make this a broader community of practices with wider VCSE engagement.
- Become the first point of call for engagement

Any other suggestions?



- Developed in response to staff survey on EHIAAs highlighting need for improved understanding of barriers to health and poorer health outcomes for Inclusion Health groups and people with protected characteristics.
- Builds on the foundations and principles of **Community Voices**, amplifying lived experience to tackle health inequalities.
- Pilot of 3 sessions will be reviewed to inform next steps.



Sessions Completed

Carers Voice

- Barriers carers face accessing healthcare.
- Role of co-production and Carers Identity Passport.
- Lived experience stories.

Gypsy, Roma, Traveller Communities

- Health inequalities and cultural barriers.
- Themes: access, communication, engagement.
- Insights from VCSE partners and lived experience.



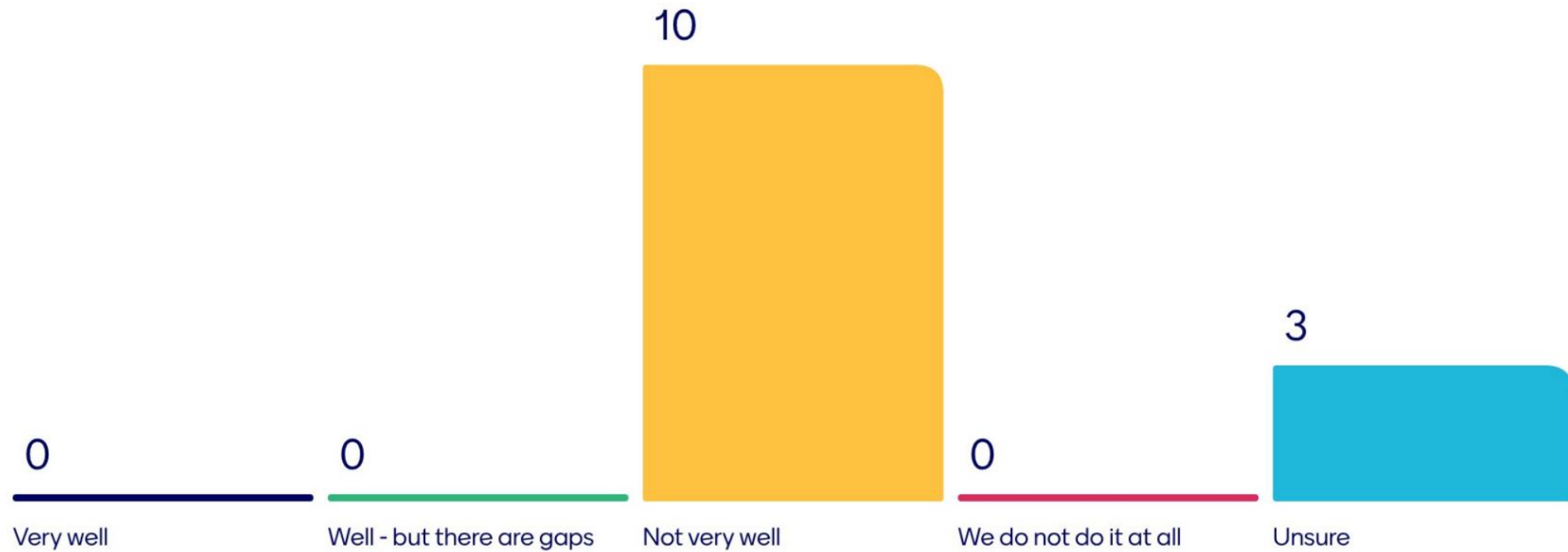
Upcoming Session

Armed Forces Community – Transition to Civilian Life

- Challenges in mental health, housing, employment, and healthcare access.
- Delivered with Armed Forces charities and lived experience input.

Menti

How well do we include voices from diverse and seldom-heard communities in decision-making?



Menti

How can we improve inclusivity/representation in decision making through better partnering?

Connect with smaller VCSEs and grassroots groups to engage with marginalised groups & capture local differentiation

I think the conversations can take place within trusted organisations or with trusted voices

also include engagement with people in the communities not in any groups

Don't always assume the host position in the conversation

Recognise the time investment of VCSEs through reimbursement for attending meetings

Targeted and focused communication with VCSE organisations.

validation & agency, timing of meetings, long term relationships, trust = competency, capability, compassion, follow up.

Champion the need for a Norfolk wide community research network to bring together shared community insights and better promote how decision making has been influenced by communities

Make sure that the "why" is really clear - so that people can see if their input is worthwhile

Better transparency about the decision making process and at what point the engagement will be considered and how

Identifying who the under-represented groups are and talk to specific agencies that are in contact with those people. Ensure relevance of the questions to those people - e.g. benefit to them

More realistic timelines which ensure we have time to engage with the communities we work with, their insight and experience can then be fed in to ensure voices are heard.