Improving lives **together**

Norfolk and Waveney Integrated Care System

Norfolk and Waveney Integrated Care System

Joint Forward Plan 2024-2028/29

Part 2: Legal duties and other content

Contents

Describing the health services for which the ICB proposes to make arrangements

Our Joint Forward Plan (JFP) sets-out how we will meet the physical and mental health needs of the population and how we will transform services over the next five years.

The plan sets-out eight ambitions, aligned to the priorities in the transitional Integrated Care Strategy for Norfolk and Waveney, which is also our Joint Health and Well-Being Strategy.

Our eight ambitions for improvement

1. Population Health Management, Reducing Inequalities and Supporting Prevention
2. Primary Care Resilience and Transformation
3. Improving services for Babies, Children and Young People (BCYP) and developing our Local Maternity and Neonatal System (LMNS)
4. Transforming Mental Health services
5. Transforming care in later life
6. Improving Urgent and Emergency Care
7. Elective Recovery and Improvement
8. Improving Productivity and Efficiency

The eight ambitions are explained in detail in the JFP, including clear objectives, trajectories and milestones.

Over the next five years we will provide more preventative care. We will better use data to identify people who could benefit from a particular course of treatment or support, and then contact them before problems arise or their condition worsens. We will proactively reach out to people with support and information about health conditions and importantly other issues, like debt and housing, which really affect people's health and wellbeing.

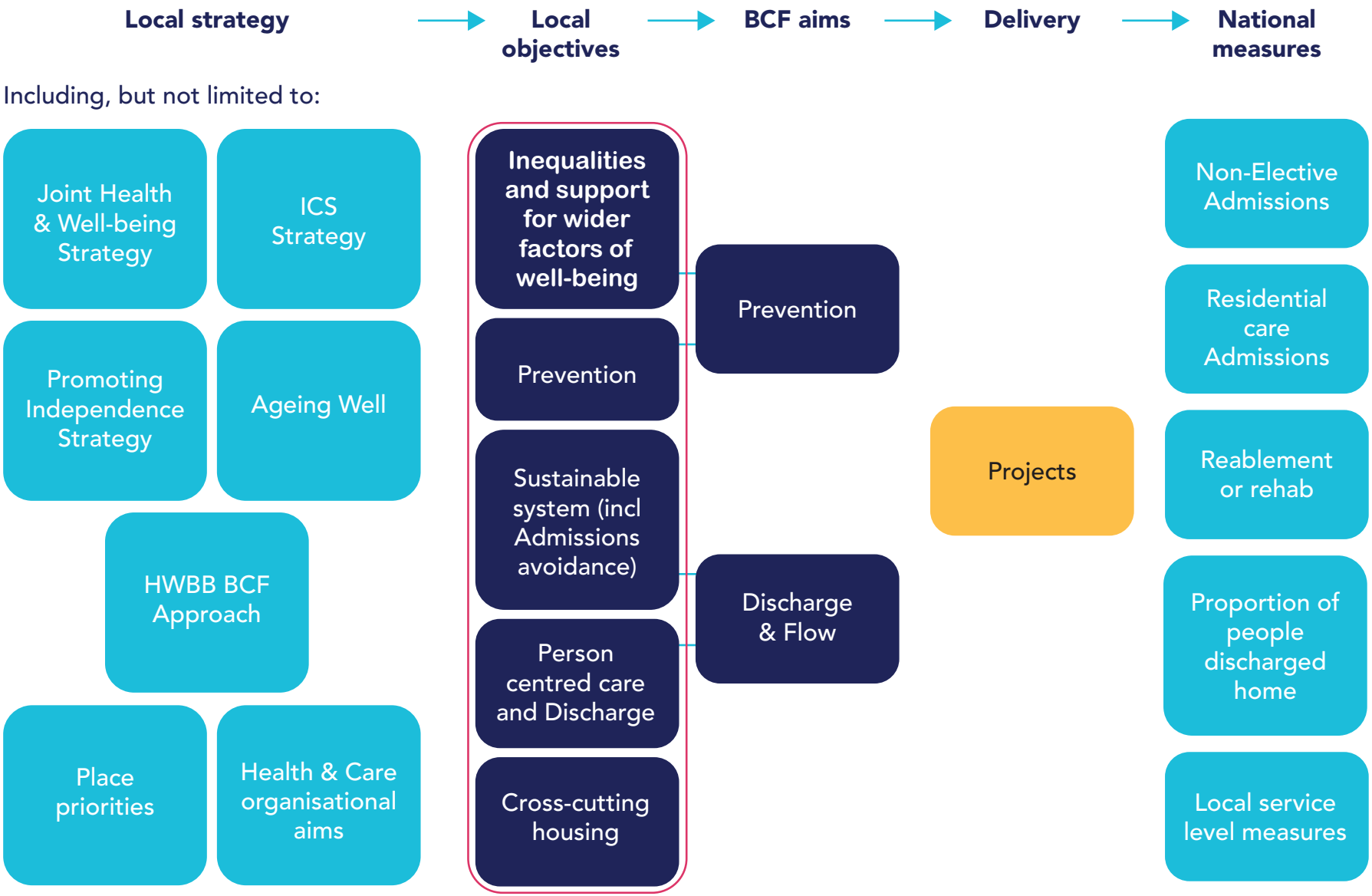
Duty to promote integration

Norfolk and Waveney is committed to integrated working and joint commissioning across the health and social care system. This is reflected in the local approach to the Better Care Fund (BCF) – a nationally mandated programme with the aim of joining up health and care services, so that people can manage their own health and wellbeing and live independently. The BCF is executed through three programmes of work under the BCF 'banner':

- Core BCF – bringing Local Authority and NHS partners together to agree integrated priorities, pool funding and jointly agree spending plans.
- Disabled Facilities Grant (DFG) – Help towards the costs of making changes to a person's home so they continue to live there, led by District, Borough and City Councils in Norfolk.
- iBCF – Available social care funds for meeting adult social care needs, ensuring that the social care provider market is supported, and reducing pressures on the NHS.

Locally the BCF is focused on the following priorities that reflect the wider strategic aims of our system and reinforce the importance of subsidiarity, where we are all working towards the same things:

- Prevention, including admission avoidance
- Sustainable systems
- Person-centred care and discharge
- Inequalities and support for the wider factors of wellbeing
- Housing, DFGs and overarching pieces of work.


Local strategy
Local objectives
BCF aims
Delivery
National measures
Including, but not limited to:
Joint Health & Well-being Strategy
ICS Strategy
Promoting Independence Strategy
Ageing Well
HWBB BCF Approach
Place priorities
Health & Care organisational aims
Inequalities and support for wider factors of well-being
Prevention
Prevention
Sustainable system (incl Admissions avoidance)
Person centred care and Discharge
Discharge & Flow
Cross-cutting housing
Projects
Non-Elective Admissions
Residential care Admissions
Reablement or rehab
Proportion of people discharged home
Local service level measures

The Norfolk BCF now acts as a delivery arm for integrated working across the system and supports Place-based priorities. Norfolk is aiming to increasingly align the BCF Plan with its Places and support important local areas of joint health and care working. Place-based working is also enabling the Norfolk and Waveney system to use the Core BCF guidance to involve and empower NHS Trusts, social care providers, voluntary and community service partners and other system partners in the development of the BCF. Funding through Norfolk's annual BCF uplift has been utilised to support delivery of the priorities at Place, with collaborative proposals developed that best support the delivery of the BCF metrics / aims at a more local level.

The development of the BCF approach, plan and submission brings Local Authority and ICB leaders with wider ICS partners in the Health and Wellbeing Board to make integrated financial and commissioning decisions, engaging with partners across the health and care system in those decisions. System partners in Norfolk have utilised the BCF to fund and develop critical services that support the health and wellbeing of our population, including care from the provider market, key health and care operational teams, and community-based support from the VCSE sector. Many of the BCF services are jointly funded and commissioned, including:

- A Social Impact Bond for Carers – support carers with information, advice, support and Carers Assessments to improve their wellbeing and help them maintain their caring role. This is joint funded by NCC and NHS N&W, with joint membership at the Strategic Board.
- Norfolk Advice Network and Advocacy Partnership – this is a new service jointly funded by NCC and NHS N&W, which aims to provide a single point of contact for information, advice and advocacy in Norfolk.
- Intermediate Care – NCC and NHS N&W are working together to deliver appropriate, integrated intermediate care both preventing hospital admission and supporting discharge.

In addition to service development as part of the BCF our system is also working collaboratively on a number of other integrated programmes between health and social care, including a collaborative review of the Nursing Care Market; an Integrated Care Market Quality Improvement Programme; and the development of an All Age Carers Strategy. The ICS is committed to delivering an effective, integrated oversight of key integrated arrangements, including the BCF and other arrangements for pooling, sharing resources and joint commissioning.

Duty to have regard to wider effect of decisions

The triple aim requires NHS bodies to consider the effects of their decisions on:

- people's health and wellbeing (including inequalities in that health and wellbeing)
- the quality of services
- the sustainable and efficient use of resources.

Here is a summary of how we developed our plan in line with the triple aim and how the triple aim will be accounted for in ongoing decision-making and evaluation processes:

People's health and wellbeing:

- Our two local Joint Strategic Needs Assessments (JSNAs) and a case for change have provided the foundation for ensuring that our Integrated Care Strategy and this plan are evidence-based, as set-out in the 'Why are we doing this?' section of this JFP.
- The case for change supports us to prioritise the actions we will take over the next five years to improve people's health and wellbeing, resulting in our eight ambitions and the clear objectives that sit underneath each ambition.
- We use a wide range of mechanisms to help us measure our progress with improving the health and wellbeing of local people, to understand the effectiveness of the decisions we have made and to help us decide what we need to do next. These will include future JSNAs, our quality objectives and processes, and the work of the ICB's committees including the ICB's Patients and Communities Committee which supports us to ensure we understand the views of local people and communities. Importantly, this includes our progress with reducing health inequalities.

The quality of services:

- This plan has been developed in line with our quality objectives and processes, which are detailed in our Quality Strategy and outlined in the quality section of these legal duties plan. The system approvedgreed an implementation plan for our Quality Strategy in 2023/24, which sets-out the actions we will take in 2024/25 and beyond.
- Alongside this, the CQC's assessments of individual providers / services and our Integrated Care System, will help us to collectively understand and drive improvement in the quality of local health and care services.

The sustainable and efficient use of resources:

- This plan has been developed in line with our Medium-Term Financial Plan to ensure that it is costed and affordable, and that it supports our system to achieve our duty to deliver financial balance.
- Our Medium-Term Financial Plan sets-out how we will create more efficient services through integration, innovation, and better use of data to improve productivity, ensuring that we spend every pound effectively.
- We have a Chief Finance Officer forum which ensures that our planning is coordinated, and our progress is measured together, helping us to really understand where we can drive efficiencies and avoid cost-shunting between organisations.

In addition, all ICB Board and committee reports are required to set out the implications and risks of decisions on a range of aspects. Reports include the impact on clinical outcomes and the quality of care, delivery of the NHS Constitution, financial and performance implications and environmental and equalities impacts.

Overall, the duty aims to foster collaboration between local health and care organisations in the interests of the populations they serve. To achieve this, we have effective governance arrangements and clear processes in place. We continue to work on the cultural change needed, and as outlined in this plan, we have a significant organisational development programme to accomplish this.

Financial duties

The ICB and its NHS partner organisations have collective local accountability and responsibility for delivering NHS services within the financial resources available.

The 'Revenue finance and contracting guidance for 2024/25 (Draft)' sets out that each ICB and its partner trusts must exercise their functions in respect of each financial year with a "Collective duty to act with a view to ensuring that":

- the capital resource use limit set by NHS England is not exceeded
- the revenue resource use limit set by NHS England is not exceeded

Capital resources describe the funds assigned to improve the infrastructure of the NHS, for example replacing large pieces of medical equipment or building a new hospital and health and social care facilities. Revenue funding is for the ongoing provision of healthcare services on an annual basis, for example paying the salaries of NHS staff and the consumable items such as needles and dressings.

Capital resource planning and approvals

Capital resources are distributed via the Norfolk and Waveney Strategic Capital Board (SCB), which includes representatives of all NHS providers, as well as speciality experts in digital and estates. All parties across the system identify their priorities and the SCB considers these. Examples of high priority investment programmes could be those where the CQC has reported that an area or location is now unfit for modern patient care, or national priorities and ring-fenced money for elective recovery, such as Diagnostic Assessment Centres.

Once the SCB has determined the priorities it makes a recommendation to the Finance Committee and the ICB Board for approval. ICBs and their partner NHS trusts and NHS foundation trusts are also required to share their joint capital resource use plans and any revisions with each relevant Health and Wellbeing Board and NHS England.

Once approved, organisations have the authority to proceed and spend the capital resource on the agreed schemes and this is monitored and reviewed by the SCB and ICB Finance Committee. Any in-year negotiations on under or potential over-spends and redistribution of capital resources are considered by the SCB and reported to the ICB Finance Committee in the same way.

In addition, capital performance is also reviewed at the Chief Finance Officers forum (chaired by the ICB Chief Finance Officer) which comprise the Directors of Finance from each of the NHS partners, together with any subject matter experts.

Revenue resource planning and approvals

The majority of the Norfolk and Waveney revenue resource is already committed to hospitals and services, since running these services is an ongoing commitment. From the annual planning perspective, each NHS organisation is required to produce a financial, activity and workforce plan that delivers the overall objectives set out in the annual planning guidance.

To determine the final annual revenue plan, each organisation considers and prepares its financial position with regard to the allocations and requirements as set out in the annual Revenue Finance and Contracting Guidance documents. These documents indicate specific factors such as tariff changes, growth funding, efficiency and convergence requirements which are managed through the annual planning round.

The Chief Finance Officer forum is the initial place where organisational and system wide revenue financial plans are assessed, scrutinised and challenged with peers. The process is collaborative; system wide transformation schemes and other strategic system wide investments and disinvestments are included to create the complete annual revenue plan. The plan is then considered across a range of groups including with the NHS partners themselves, at the ICS Executive Management Team and with the chief operating officers and workforce

leads. Once individual NHS provider boards and the ICB Board are satisfied that the NHS Norfolk and Waveney system revenue plan is complete, it is then submitted to NHS England for final approval.

During the year operational delivery of the plan and achievement of financial objectives are manged via the Chief Finance Officer forum and the ICB Finance Committee, both meet and review progress on a monthly basis.

For a number of years the system has operated with an underlying financial deficit, this means that overall annual expenditure on health and social care services is greater than the resources available. This has been managed by utilising alternative sources of opportunistic funding to maintain the financial performance. The consequence of this is that whilst it can deliver financial balance on an annual basis, it is unstainable for future years.

To address this challenge the system is undertaking a more structured and system wide approach to the identification of service areas and expenditure where cost efficiencies can be considered. The "Model Health System" is the repository of data where organisations can compare themselves to others and then focus attention on areas where it seems efficiency opportunities could be realised. Once identified these opportunities, ideas and proposals are constantly part of our continued system working, drawing on our collective expertise to maintain quality services and achieve our financial duties. Ambition 8 is focussed on productivity and efficiency and all the ambitions within the JFP include a statement about their affordability so we ensure they are aligned with the Medium Term Financial Plan.

Where financial plans are not being delivered or are at risk of not being delivered, the first action is to review within the organisation and across the system collectively. We are working to a system control total, so the accountability for the under or overspend is shared and collective decisions have to be made as to how to manage this through risk/investment sharing.

Reviewing all current areas of expenditure spend would be an immediate priority to see what can be paused or stopped. However, the overriding management approach is to set a robust budget from the outset, with realistic transformation opportunities profiled across the year, with mitigations, escalation and ongoing dialogue so there is transparency and visibility of any emerging divergence from plan.

Ratification for any subsequent decisions or changes to the plan would be via the ICB Finance Committee and the ICB Board, working with NHS England during this time.

Delegated commissioning responsibilities from NHS England

The commissioning functions for primary, medical, pharmaceutical, ophthalmic and dental services were delegated to ICB's in 2023/24 and the roadmap of delegation continues in 2024/25 with the delegation of 59 specialised services. The six ICB's in the east of England have agreed a collaborative endeavour to collectively manage the commissioning of delegated specialised services in conjunction with the NHSE regional office. The details of financial arrangements and any risk sharing are set out in the agreement and will be executed through a Joint Commissioning Consortium (JCC). The Consortium is not a committee of the Board and decisions taken by the Consortium will only be those that are already within the delegated authority of the individual members.

Duty to improve quality of services

The Norfolk and Waveney ICS Quality Strategy 2022-25 which you can read here outlines our quality priorities and makes a commitment to the people of Norfolk and Waveney to deliver quality care, based on what matters most to the people using our services and the friends and family who support them.

The ICS Quality Strategy is underpinned by continuous development of the ICS model for clinical leadership, quality governance, management and assurance, and research, evaluation and innovation. It is championed and led by the ICB Executive Director of Nursing, as executive lead for Quality and Safety, working closely with the wider Executive Management Team and the system's Chief Nurse Network.

Well-led through a culture of compassionate leadership

There is clear evidence that compassionate leadership results in more engaged and motivated staff with higher levels of wellbeing, which in turn results in higher quality care.

For leadership to be compassionate, it must also be inclusive; promoting belonging, trust, understanding and mutual support across our system. This needs to be delivered by a compassionate culture that underpins these values and develops people into effective leadership roles. From a quality perspective this means that we will support and empower people to work in a way that is transparent, accountable, and reflective.

Norfolk and Waveney Allied Healthcare Professional (AHP) Council and Faculty provides a system platform for the development of AHP leadership skills, as well as a scaled-up coordination and delivery arm for Health Education England opportunities for AHP skills, training and leadership development.

Norfolk & Waveney Clinical and Care Professional (CCP) Leadership Framework puts CCP leadership at the heart of our discussions at every level of our system so that it becomes integral to our culture and how we work together. This is described in the section on People and Culture in the JFP.

The regional East of England Clinical Senate also provides opportunities for collaboration and clinical leadership through cross-system working and strategic alliances, bringing together health and social care leaders, professionals, and patient representatives to provide independent advice and guidance to commissioners and providers on specific transformational work.

The emerging Norfolk and Waveney Health and Social Care Senate is being developed.

Alongside developing leadership skills across our system, we are building system structures that allow us to identify and grow leadership talent across our clinical and non-clinical staff groups and provide a platform for clinical and non-clinical workforce voices, ideas and skills for collaborative quality improvement.

Improving Care Quality and Outcomes

Quality Management Approach
While ownership of quality within services, networks, and organisations needs to start internally, the system will be able to facilitate quality management at scale when required, to improve safety, health and wellbeing for the local population and share learning and good practice. Clear and transparent accountability and decision-making for and by system partners is essential, particularly when serious quality concerns are identified.

Our key partners in quality include people and communities and carers, professionals and staff, provider organisations, commissioners and funders (including NHS England), CQC and other regulators, Healthwatch, research and innovation partners and the voluntary, community, and social enterprise (VCSE) sector.

The **ICS Quality Management Approach Hub** brings system partners together to share insight and good practice in quality improvement (QI). Staff from across the ICS can access shared QI training and resources via the Hub to support cross-organisational and system-wide QI. The Hub has led on the development and roll-out of a prioritisation matrix to support the system with quality planning and is supporting co-production of QI programmes across the ICS.

Being people-centred is a key part of our quality journey and culture of improvement, acknowledging the value of people's lived experiences as a powerful driver for change. If our co-production work is effective, our people, communities and ICS partners will be able to see that:

"The voices of our people and communities are looked for early, when planning, designing and evaluating services."

"People feel listened to and empowered. They can see the difference their views and insight have made"

Healthwatch Norfolk and Suffolk are key partners in designing, facilitating and reporting on coproduction, offering expert independent advice and developing coproduction skills and confidence. Co-production is referenced in Section 6.6 within the JFP.

Quality and addressing Health Inequalities

There is a strong relationship between service quality, including a service users experience of, and equity of access to, health and care with the underlying health needs of our population. Quality supports key elements of our populations' health and longer term health outcomes by enabling the delivery of safe, timely, accessible and evidence-based care and support. Further a joined-up approach to quality allows the system to:

- Look at what influences quality and length of life across the whole life course.
- Understand people's health behaviours and improve patient experiences of care.
- Support a healthy standard of living for all, whilst also understanding the 'social gradient' and working to reduce disparities in health outcomes.
- Understand the impact of health conditions on the demand and need for healthcare and the role of high-quality treatment and support as a prevention for further illness.

One of our eight ambitions is Population Health Management, Reducing Inequalities and Supporting Prevention and we set ourselves an objective last year to develop a Health Inequalities Strategic Framework for Action, which includes our approach to CORE20PLUS5 health inequality improvement framework for both Adults, Children and Young People. We are on target to achieve this and it is referenced in the legal duty to reduce inequalities within this Part 2 of the JFP. Coordination of the implementation of this framework will ensure that we take a robust, joined up, evidence based approach in addressing health inequalities.

Quality continues to be central to our approach to responding to the Core20PLUS5 healthcare inequalities improvement framework and our systems workstreams through quality improvement and innovation, service user engagement and workforce skills development. We have some specific objectives in our JFP that respond to these such as an initial focus on asthma and epilepsy in children, reducing smoking rates in pregnancy and targeted lung health checks. The quality assurance and improvement approach will be key to the delivery of these objectives.

Safe System

Defining and Measuring Quality and Patient Safety

We continue to develop and refine our Quality Dashboard. Metrics align to the local objectives of the ICS Quality Strategy as well as the overarching NHSE Oversight Framework, ICB statutory duties and CQC Quality Statements.

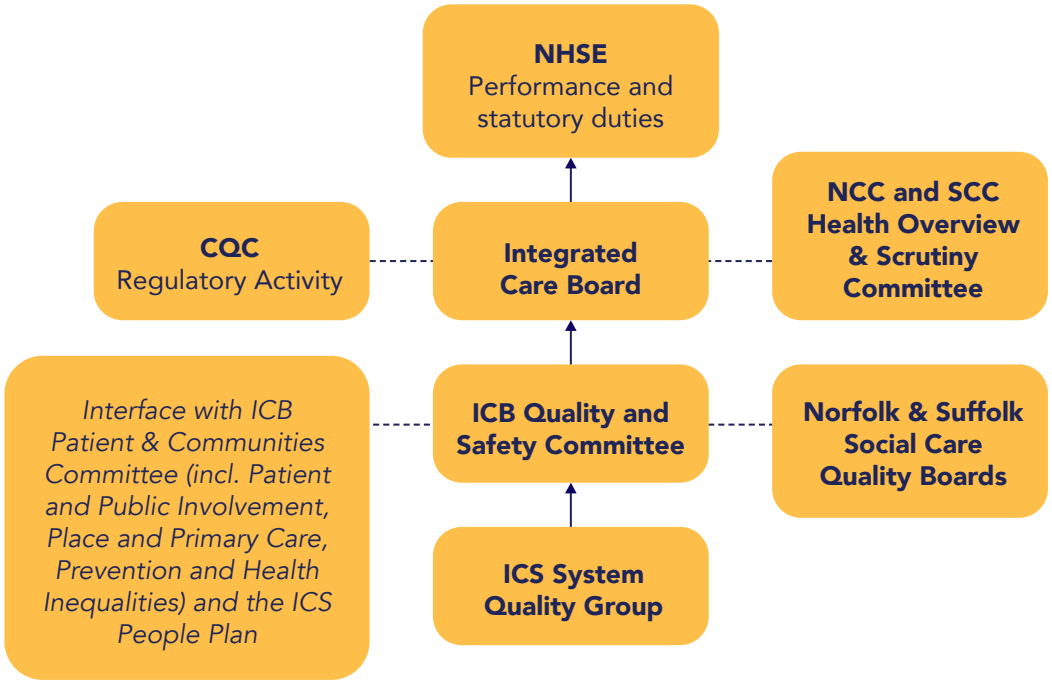
The dashboard will continue to evolve with a focus on ensuring that the way we measure impact of the strategy reflects patient and staff voices and what matters most to people living and working in Norfolk and Waveney. This will also include collaborative work with the local authorities to develop shared metrics around social care quality and Flourish outcomes for children, young people and families.

Patient Safety Incident Response Framework

The ICB continues to facilitate local adoption of the national framework, which represents a significant shift in the way the NHS responds to and learns from patient safety incidents. Local implementation is a major step towards establishing a joined-up approach to safety management across our system, in line with the NHS Patient Safety Strategy.

Quality Governance and Escalation

Governance and escalation arrangements for quality oversight are developing across our system, linked to regional quality oversight arrangements:



In addition to and alongside the ICS System Quality Group, the following portfolios also report into the ICB Quality and Safety Committee:

- Safeguarding Partnerships
- Local Maternity and Neonatal System
- ICS Learning from Deaths Group
- ICS Medical Examiners
- ICS Infection Prevention & Control and Antimicrobial Stewardship Partnership
- Health Protection Assurance Board
- ICB Research and Evaluation Team
- ICS Quality Management Approach Hub
- ICS transformation Programme Boards, including Urgent and Emergency Care, Mental Health, Children and Young People and Learning Disabilities & Autism

The **ICS System Quality Group** enables routine and systematic triangulation of intelligence and insight across the system, to identify ICS quality concerns and risks. It provides a forum to develop actions to enable improvement, mitigate risk and measure impact and facilitates the testing of new ideas, sharing learning and celebrating best practice.

The **ICB Quality and Safety Committee** has accountability for scrutiny and assurance of quality governance and the internal controls that support the ICB to effectively deliver its statutory duties and strategic objectives to provide sustainable, high-quality care. The committee also has delegated authority to approve ICB arrangements and policies to minimise clinical risk, maximise patient safety and to secure continuous improvement in quality and patient outcomes. This includes arrangements for discharging statutory duty associated with its commissioning functions to act with a view to securing continuous improvements to the quality of services. Its membership has expanded over the past year to invite a broader range of senior leadership perspectives, including all provider Chief Nurses. Representation from all the providers enables a partner overview of quality and safety risks, to ensure they are addressed and that improvement plans are having the desired effect.

Sustainable System

As a system we recognise the impact of social and environmental challenges, including carbon footprint, within healthcare. Sustainability continues to be a theme running through quality improvement and innovation, service user engagement and workforce skills development. There is more about our Net Zero Green plan later in these legal duties.

Improving Pharmacy, Optometry and Dental services

Since we have assumed delegated responsibility for pharmaceutical, ophthalmic, and dental services, we have additional oversight of access, quality and outcomes relating to these elements of primary care. We are working alongside service providers to support and facilitate cross-system working to deliver transformation and continuous improvement. This will be extended to specialised services from April 2024 when these are also delegated to ICB's.

Duty to reduce inequalities

We are already taking action to reduce health inequalities across Norfolk and Waveney, but we want and need to do more. This is reflected in our 'Population Health Management, Reducing Inequalities and Supporting Prevention' JFP Ambition 1.

We have recently developed a Health Inequalities Strategic Framework for Action, in collaboration with our partners across the ICS. This Frameworks sets out how we plan to organise ourselves, what we will focus on, and our first steps we plan to take to embed a whole-system approach to tackling health inequalities.

The scope is broad, considering the action required to address healthcare inequalities, as well as the wider determinants of health including lifestyle factors and living and working conditions.

Our Framework will include our approach to reducing healthcare inequalities, including implementation of the NHSE Health Inequalities Improvement Framework 'Core20plus5' approach for adults and children. We will be aligning this with our ICS clinical strategy which you can read here and the FLOURISH children and young people framework which you can read here.

As part of the Framework we will be developing detailed action plans in the next 12 months for each of our three building blocks of living and working conditions, lifestyle factors and healthcare inequalities, ensuring that we strengthen our foundation to create the conditions for success.

Using data to identify the needs of communities experiencing inequalities

We use local data to identify the needs of communities experiencing inequalities in access, experience and outcomes. Part 1 of our JFP refers to this in the context of a life course approach.

In addition to the people living in the 20% most deprived communities in Norfolk and Waveney (The "Core20" in the Core20Plus5 NHS approach to reducing health inequalities), we have identified the following "Plus" groups of people who also experience poorer health outcomes and for whom we will focus our programmes of work:

- People living with a learning disability and autistic people.
- People from Minority Ethnic groups, such as Eastern European Communities.
- Inclusion Health groups (including people experiencing homelessness, drug and alcohol dependence, Asylum seekers and vulnerable migrants, Gypsy, Roma and Traveller communities, sex workers, people in contact with the justice system, victims of modern slavery and other socially excluded groups).
- Coastal and rural communities where there are areas of deprivation hidden amongst relative affluence.
- Young carers and looked after children/care leavers.
- Armed forces communities.

As part of the system commitment to improving quality and outcomes through the learning from deaths process, we will continue to contribute to the Learning Disabilities Mortality Review Programme (LeDeR), to ensure that health improvements can be targeted to those areas which will have the biggest impact. Working as a system, we will aim to meet emerging need early.

Individuals with Autistic Spectrum Disorder (ASD) and Learning Disability (LD) face significant health inequalities compared with the rest of the population. The NHS Long Term Plan states a commitment for the NHS to do more to ensure that all people with a learning disability, autism, or both can live happier, healthier, longer lives. This means that we must provide timely support to

people and their families and ensure health and care services are accessible and make reasonable adjustments. Through our system transforming care plan, we will continue work to improve diagnostic pathways for autism and prevent admission for at risk groups.

We continue to work with system partners to;

- Build a collaborative approach to supporting neurodiversity
- Expand alternative care and support community models across the system to help prevent avoidable admissions to inpatient hospital services.
- Increase the number of annual health checks and health action plans being delivered by Primary Care
- Roll out the national Oliver McGowan training for staff on learning disabilities and autism to improve services and health and wellbeing outcomes.

This is alongside the "5" clinical areas of focus for adults (maternity, severe mental illness, chronic respiratory disease, early cancer diagnosis and hypertension case-finding and optimal management and lipid optimal management) and the "5" clinical areas of focus for children and young people in the Core20Plus5 approach (asthma, diabetes, epilepsy, oral health and mental health). NHS England » Core20PLUS5 – An approach to reducing health inequalities for children and young people

A number of these are reflected within specific objectives in this plan, for example a focus on mental health, asthma and epilepsy for children and young people and reducing the rates of smoking in pregnancy and at time of delivery. This will complement the established work that is already ongoing within the system in relation to diabetes, respiratory disease and medicines management, together with the Protect NoW approach that is described in the Population Health management section.

Working with and listening to people experiencing inequalities

It is vital that alongside using data, local people and communities inform our decision-making and the development of services. Section 6.6 of our JFP sets-out our approach to working with local people and communities, including our "Community Voices" programme and how we will work with and listen to people who experience health inequalities.

The five strategic priorities for healthcare inequalities

There are five national priorities for reducing healthcare inequalities. Here is a summary of the work we are doing against these:

Priority 1: Restore NHS services inclusively

- Continuing to review inequalities data as part of elective recovery programme and ambition
- Developing an Equalities Impact Assessment and action plan for the elective recovery programme

Priority 2: Mitigate against digital exclusion

- Implementing our digital transformation strategic plan and roadmap that is referenced within the digital and data content of these legal duties. Alongside our core digital initiatives, we will implement a set of underpinning system-wide enablers that include digital and data skills and inclusion

Priority 3: Ensure datasets are complete and timely

- Improving recording of ethnicity data and other protected characteristics, to allow better analysis of health inequalities and targeting of interventions. This is detailed in our PHM section with the development of our data hub.
- We will be developing a dashboard to support our requirement under NHS England's Statement on Information on Health Inequalities (duty under section 13SA of the National Health Service Act 2006), which we will undertake collaboratively with our NHS trusts. This new requirement was published in November 2023 and identifies key information on health inequalities. We are required to evidence our response through our annual reports.

Priority 4: Accelerating preventative programmes (including Core20PLUS5 approach)

- **Vaccine inequalities** – a programme to improve the uptake of vaccines, including flu and COVID-19 – including data analysis, using local and national data resources; a roving model has been developed to target and achieve positive outcomes for underserved communities; development of Wellness Hubs to make every contact count and to offer a wider range of immunisations to local children and young people.
- **Core 20 PLUS 5** – co-ordination and monitoring of progress against all Core 20 Plus 5 programmes, including data analysis and dashboard development.
- **Clinically focussed projects including:** Cancer – addressing inequalities in screening uptake; Cardiovascular disease, NHS Health Checks; Smoking and Physical Activity.

Priority 5: Strengthening leadership and accountability

The Health Inequalities Strategic Framework for Action includes a clear governance and accountability structure for our ICS to lead our efforts to reduce inequalities. This includes a Population Health & Inequalities Board to provide oversight to our Healthcare Inequalities priorities.
The Population Health & Inequalities Board will oversee:

- The implementation of the actions articulated in the Health Inequalities Strategic Framework for Action for the next 12 months
- Further developing our JSNA's to expand our analysis on health outcomes and inequalities and evidence how to address them
- Our inclusion health work, including implementation of the NHSE national framework for action on inclusion health
- Community Voices, which builds capacity in our VCSE sector to have conversations about health and care in communities of interest through trusted communicators, providing a mechanism for insights to be gathered to inform future strategy, planning and decision making and improve access to services.
- Developing our Core20plus5 programme, which includes developing key leaders across the system as Core20 ambassadors to support the implementation of the Core20plus5 health improvement frameworks.
- Continuing to develop projects relating to the NHS role as an Anchor Institution. The legal duty in relation to social and economic development also refers to this.
- Implementation of the NHSE Statement on Information on Health Inequalities through the formation of a NHS body health inequalities working group, as referred to in Priority 3 above.

Duty to promote involvement of each patient

Norfolk and Waveney Integrated Care System (ICS) supports the delivery of the Universal Personalised Care Model, building on current developments and existing local good practice, particularly around social prescribing, personal health budgets, shared decision making and personalised care and support plans, addressing health inequalities and promoting preventative health and wellbeing models through personalised care. In turn, supporting people to stay well for longer, utilising and encouraging the use of the expertise, capacity and potential of people, families and communities in delivering better health and wellbeing outcomes and experiences, focussing on population health, one individual at a time.

Norfolk and Waveney ICS is fostering a new relationship between people, professionals and the health and care system. This change shifts the power and decision making to enable people to feel informed and empowered to have a voice by working in partnership, connected to being focussed on a positive patient experience through their local communities having choice on control of health and wellbeing outcomes that are important to them.

Norfolk and Waveney ICS strives to involve patients, their families and carers in all decisions regarding their physical, mental and wellbeing health outcomes and shape individualised personalisation. Our aim is for personalised conversations around someone's health and wellbeing to happen at all ages and in all parts of the health and care system, working together with equal voice and influence to achieve the individual's vision and goals.

Our GP practices work together in Primary Care Networks and provide a social prescribing service to patients, in addition, many employ other personalised care roles, such as care coordinators. These Additional Roles Reimbursement Staff (ARRS)-funded Personalised Care roles support and promote the involvement and activation of individuals, their wider families and carers to make informed decisions and take action to address their non-clinical health needs and wider determinants of health.

The strength of personalised approaches is demonstrated through current good practice in maternity services and with our carers as demonstrated in the case study example below, where shared decision-making discussions are documented on a Personalised Care and Support Plan with all the vital information of 'what matters to you' conversation being entered.

Personalisation for carers

When a person goes into hospital, it can be a challenging time for their carer. Many carers want to be involved, informed, and continue to provide care. Carers are real experts and know the person they care for well, including complex conditions, learning or communication difficulties or memory loss. They often know about medication, side-effects and how the patient wishes to be cared for.

In 2022, Norfolk and Waveney acknowledged a gap in communication and provision of carers support. A thorough and wide-ranging process of co-production commenced comprising of carers, system engagement leads and chaired by a carers organisation "Carers Voice". A 'Carers Identity Passport' was launched on Carers Rights day (24th November 2022), including 'Carer Awareness training' which has also been developed with experts by experience involved in design and delivery. A clinician in relations who was part of the co-production work said, *"Thank you to everyone for sharing their experiences, highlighting things that have not gone so well and letting us listen and learn and improve."*

Norfolk and Waveney is making good progress in personalisation and will continue to grow and expand in promoting personalised care with patients, their families and carers at the centre of all discussions about them. Local health and care intelligence highlights there is still work to do in supporting people to self-manage their conditions and non-clinical concerns no matter where they are in a demographic. As a system we will come together to understand how our population would like to do this ensuring supported self-management and shared decision-making being first option people choose. This will include giving people the right skills and knowledge to do so, through coaching, peer support and educating through collaborative and partnership approach, with patient's voice being heard in decision making and having more choice and control about their health and wellbeing needs.

Duty to involve the public

Norfolk and Waveney ICS is passionate about working with people and communities to ensure we all live longer, happier, and healthier lives. The only way we can do this is by working together.

The overarching vision for working with people and communities in Norfolk and Waveney is that all partner organisations will consistently work together, with the public, to share insight and learning. This will maximise resources and ensure that the voice of local people, especially some of our quieter voices and underserved communities that do not always engage with health and social care services, are heard and shared as widely as possible.

Our approach to Working with People and Communities is available on our dedicated webpage, including as an Easy Read summary. It has been tested with our local people and partners and will continue to develop and adapt as a working draft, to reflect local aspirations as needed. The original draft received very positive feedback from NHS England when assessed in 2022 and singles us out as a national exemplar for our work with inclusion health groups. You can read the full feedback from NHS England here. Plans are underway to engage with local communities to refresh the People and Communities approach alongside involvement surrounding the refresh of the JFP.

At system level, partners who are working in Communications and Engagement or communities' functions are coming together regularly to join as a system. The Norfolk and Waveney ICS Communications and Engagement Group meets face to face quarterly and is proving a useful forum for joint working and sharing of insight. Alongside this, the Norfolk and Waveney Patient Experience and Engagement Leads meetings have been taking place weekly for several years and give an opportunity for people working in NHS provider trusts to meet and share practice across the system. They have been a vital opportunity to begin to test and develop the idea of the 'wider team' working with people and communities across the ICS to listen to and involve patient experience feedback in quality and wider commissioning.

The ICS website has become a vital focal point for communications and engagement activity since the ICS was formed in July 2022. It is well designed, easy to navigate and is becoming 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. It includes live projects from across the system that give local people the opportunity to participate, and helped promote some high level engagement on our priorities for our Joint Forward Plan. The You Said, We Did/We Will/We Can't section is designed to feed back on the difference participation has made, and will be a useful focal point for engagement and co-production around the Joint Forward Plan as it develops. The Co-production Hub aims to offer the system a place to showcase and shared examples of good practice in using true co-production techniques.

The promotion of health equality is a high priority for Norfolk and Waveney, and so communications and engagement links have been developed over the last couple of years with our Health Inclusion Group. This 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. They help us access the views of some of our quietest voices, such as refugees and asylum seekers, sex workers and homeless and rough sleepers, i.e. people who do not usually come forward to share their views.

Work is currently underway to develop a Health Inequalities Strategic Framework for Action which includes the Norfolk and Waveney Community Voices (NWCV) Programme. NWCV 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 learnt 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.

To ensure that the voices of people and communities are at the centre of decision making and governance, at every level of the ICS,a Director of Patients and Communities oversees the all the work with our people and communities. The Director is a participant in ICB Board meetings and is a member of the Executive Management Team.

The ICB Communications and Engagement Team supports the People and Communities work as well as offering professional support and guidance for the day to day and transformational work undertaken by the ICB staff. The Patients and Communities Committee has been meeting for a year, every other month in public. This committee also reports into the ICB Board and works closely with the Communications and Engagement Team to ensure all duties to involve are discharged. The Committee will include lived experience members. A recruitment pack is being developed in partnership with local people and system partners to ensure it is as accessible and open as possible. Lived experience members will then be recruited to the committee which will regularly review and update the ICB's People and Communities approach. This committee will apply the 'so what' principle to the insight received by the ICB to ensure it leads to change. It will also play a key part in monitoring the on-going participation that will take place surrounding the JFP as it is planned and delivered. The ICB is currently developing a Rewards and Recognitions Policy that supports people from all walks to life to take part in working with the ICB to effect change, including supporting people to understand documents and help with working whilst being in receipt of benefits.

Duty as to patient choice

Norfolk and Waveney ICS is committed to ensuring that the patient has the right to choice of GP and provider, is provided with the necessary information to ensure that they are choosing the most appropriate organisation for their specific needs and requirements, and that they are able to take an active part in the decision making process about their care.

The ICB patient choice policy can be found here and information about patient choice at the point of referral is on our ICS website.

Our demographics mean it is very important that we provide realistic options for enabling patient choice, for example for people living in areas of deprivation and in rural areas with limited public transport. We must take this into account when commissioning new services. This means that the location of new services such as Community Diagnostic Centres and community dermatology clinics for example need to be easy for patients to access with extended opening hours, and that a wider range of services can be delivered closer to home, or, by maximising use of new technology, in the patient's home. The use of Equality Impact Statements when designing new services or reviewing existing ones helps to focus attention on the needs of different patient groups and how best to deliver services that are inclusive and accessible to all.

The ICS is transforming the knowledge repository used by professionals and patients when making a referral or deciding on the next stage of treatment. The new website to be delivered in April 2024 will provide more information in Accessible Information Standard formats and in different languages. Updating this will help to ensure that a wider range of patients, and carers, have access to the information that they need to help them make an informed choice about their care.

The knowledge repository also contains details of all the services in the ICS, including community services, voluntary services, and independent sector providers. This is used as the central source for all referral forms, clinical pathway information, and patient information leaflets etc. The updated search facility will make it quicker, and easier for GPs, and patients, to identify the best service for their needs and have the right information available to help patients make an informed choice about their care and treatment.

Some services are not able to offer choice of provider at source, for example, high street optometrists. To ensure that the patient still has informed choice, the ICS commissions a cataract triage service for optometrist referrals. Patients are provided with information such as waiting times, location, opening times, transport options and if there are any clinical restrictions which might limit choice of provider. Patients are contacted by telephone and offered choice of provider and interpreter services used where appropriate. The call handers are also able to identify if patients can use services virtually, and flag to the providers if this is not an option.

Not all patients can access digital technology which means they may not be able to access services such as virtual outpatients or virtual wards. The ICS continues to work with partners to reduce the impact of digital exclusion by ensuring that patients still have a choice to access services on a face-to-face basis and promoting use of "Connect" pilots with the Library Service to support digital access.

Elective recovery is one of our eight ambitions and reducing the variation on waiting times across the ICS is part of that objective, through a single waiting list. Many patients may be unaware that they have the right to choose an alternative hospital if the waiting time for treatment is longer than 18-weeks. We are using a variety of social media platforms to share information about right to choose and GP practices have been provided with resources to support the offer of informed choice. The ICS has taken a proactive approach by contacting long wait patients to identify if treatment is still required and if the patient would like the opportunity to be seen elsewhere. Specialist call handlers are in place to provide additional support to those patients who require additional assistance with completing the questionnaires or require further information. The same team will also contact patients who have requested to transfer to an alternative provider via the national PIDMAS (patient initiated digital mutual aid system) programme thereby ensuring that all residents of Norfolk and Waveney have a choice of where to be treated with the aim of reducing overall waiting times for treatment.

Duty to obtain appropriate advice

The ICB and its partner NHS trusts and foundation trusts have strong relationships with and significant involvement from clinical and care professionals, including public health colleagues, which enable the organisations to obtain appropriate advice to effectively discharge their responsibilities. This involvement is evident in our JFP, which is based on evidence provided by public health and shaped by the knowledge and experience of a wide range of clinical and care professionals.
Membership of the ICB Board includes the director of nursing, medical director, a member nominated by primary care (currently a GP) and the Director of Public Health for Suffolk (the Director of Public Health for Norfolk is also a participant in Board meetings).

In addition to the ICB Board, clinical and care professionals are involved in the ICB's committees, the boards of our trusts and foundation trusts, our Integrated Care Partnership, Health and Wellbeing boards, Place-based arrangements, the system's Executive Management Team, and in projects and programmes of work.

We have a comprehensive Clinical and Care Professional Leadership Programme to further develop our approach. This is explained in more detail in section 6.5. As part of this, the ICB has conducted a review of its clinical advisors to ensure the organisation has the right expert advice to effectively discharge its functions effectively.

All of our work with professionals is complemented by research, co-production, engagement, consultation and co-production with local people – this includes the involvement of experts by experience.

Introduction to duties to promote research and innovation

Research and innovation can transform how people receive health and care services. The ICS Research and Innovation Strategy. developed with system partners, describes four principles:

- Focused on our communities
- Driven by a confident and capable workforce
- Collaborative and coordinated
- Embedded in everything we do

These underpin our approach to research and innovation.

Action plans are being developed for each principle. These will describe the key activities, timeframes and outcome measures which we will collectively implement so that research and innovation contributes to our population leading happier and healthier lives. The ICS research leadership group will ensure Board level awareness and support for the strategy within their respective organisations, including all NHS providers, recognising this is key to further build and embed a pro-research and innovation health and care environment. In doing so we will capitalise on our fantastic assets, including the University of East Anglia (UEA) which has a large Faculty of Medicine and Health Sciences and a health and care workforce of over 55,000 people.

Duty to promote research

Norfolk and Waveney ICS is committed to embedding a culture of research and evidence use for the benefit of our communities and workforce. Health and care research is fundamental to our health and wellbeing. It provides the evidence base for how services are designed and delivered and helps us to tackle unequal health and care outcomes.

Our workforce benefit from opportunities to become involved in research, including those provided by national and regional infrastructure such as the National Institute for Health and Care Research (NIHR) and the Clinical Research Network East of England (CRN EoE). Locally developed schemes such as the Embedded Research, Evaluation and Quality Improvement Scholarship, co-delivered by the James Paget University Hospital (JPUH) and the NICHE anchor institute at UEA, and the joint Norfolk and Norwich University Hospital (NNUH)-UEA Clinical Associate Professor scheme demonstrate the commitment to supporting our workforce. We will continue to embed and support these schemes and we will use the insights gathered as part of the strategy action plan development to ensure any future local schemes reflect the needs of our workforce. We plan to align these locally and nationally developed opportunities with local workforce planning to make research opportunities accessible and to the health and care workforce.

Alongside the CRN EoE, and through the transition to the Regional Research Delivery Network (RRDN), we will work collaboratively to ensure commercial research opportunities are available to our workforce and our population. This will directly support the national vision to increase clinical trial activity in the UK, embed national initiatives such as National Contract Value Review (NCVR) and maximise opportunities to build on our existing infrastructure through, for example, the NIHR capital investment calls. The N&W vaccine hubwill support the delivery of the national vaccine innovation pathway and the NIHR vaccine enablement fund. We are also committed to working with the East of England Shared Data Environment (SDE) team to ensure strategic alignment between Norfolk and Waveney ICS strategic data infrastructure initiatives and the SDE.

Working with NHS partners, VCSE organisations and the CRN we have received Research Engagement Network (REN) Development funding from NHSE to deliver three projects to increase the diversity of those taking part in and engaging with research. Training about research has enabled trusted communicators to talk to communities so we can hear what matters to them. Their views have been used to shape research funding applications and we are committed to an ongoing feedback loop so communities understand how the information they provide is used in research planning. We will continue to support robust engagement with communities when research teams are developing their funding applications and our dedicated community engagement coordinator will continue to work with system partners including the Citizen's Academy at UEA and VCSE organisations.

Norfolk and Waveney ICB established the Evidence and Evaluation hub to address increased demand to support decision making. The Hub will continue to ensure that research evidence is used by decision makers by producing bespoke, accessible evidence briefings. The Hub team will also continue to support and conduct evaluations, the results of which help understand intended or unintended outcomes and identify areas for improvement.

Duty to promote innovation

Innovation is central to addressing the challenges facing our health and care system. Innovation is a broad term, and to us, means new ways of doing things which could be a new technology or treatment, a new service, or an existing service in a new setting. The ICB has a statutory duty to promote innovation in the provision of health and care services.

We know that innovation can greatly improve healthcare and can lead to services being more cost-effective. It is useful to champion new ways of working to ensure our services are more reflective of the changing needs of our local population.

Innovation is a cross-cutting theme, and we aspire for it to be integral to everything we do. We wish to ensure that the opportunities for receiving innovative services are equitable across the ICS and we aim to support the adoption, evaluation and spread of innovations.

We have appointed a new Head of Innovation, jointly funded by Health Innovation East (HIE) whose role it is to help the ICB to meet the statutory duty to promote innovation across the ICS. In collaboration with HIE and by being selected by the NHSE funded Clinical Entrepreneurship Innovation Sites (InSites) as a 2024 InSite, we will support the system to optimise innovation culture, readiness, selection, implementation, spread and sustainment.

We will host and facilitate a regular innovation network of stakeholders and provide innovation learning opportunities to support collaboration and sharing of innovation needs, solutions and projects across teams. The aim of this network is to accelerate the use of innovation equitably across the ICS through partnership working, focussed on our local priorities as identified by community voices, JSNA's, our JFP and other strategies and frameworks. The network will also encourage and grow local innovation/innovators by supporting them to access support from Health Innovation Networks and identify funding opportunities. We also aim to establish further links with industry to support the use of innovations to overcome local healthcare challenges.

We will support teams to identify innovation needs alongside local communities (through initiatives such as community voices) and work with partners such as HIE and the NHS InSites programme to scope and match innovations that are of value and support the needs of our local population. We work with teams to support them to implement, evaluate, adopt, and spread innovations. We understand that identifying innovation needs, matching them to suitable innovations that are safe, equitable and impactful to our local population and then implementing these, can be a complex process. By working together, we can match innovations to the identified needs. We will emphasise the importance of evidence, cost-effectiveness, safety, impact and reducing health inequalities in our selection of innovations. We will support due diligence and procurement processes to ensure that innovations are implemented as effectively and safely as possible.

Implementation of science principles and strategies will be used to support the adoption, evaluation, spread and sustainment of innovations into practice where these are deemed safe, impactful and provide value to our local population and the system.

We will also work with programme teams and commissioning teams to ensure that innovation scoping / horizon scanning informs commissioning, planning, and contracting activities. We have already started to work with colleagues within the ICB Programme Management Office (PMO) to plan the integration of innovation activities into future planning rounds and local prioritisation processes.

Duty to promote education and training, and other information about our workforce plans

#WeCareTogether, the Norfolk and Waveney People Plan

#WeCareTogether, the Norfolk and Waveney People Plan for 2020-2025, sets-out our ambition for the Norfolk and Waveney system to be best place to work. Following the pandemic, it was recognised that a refresh of the strategy would be required considering learning and experiences from Covid19. Since then we have also seen nationally a number of new policies and strategies relating to NHS and Social Care workforce which need to be implemented locally including the NHS Long Term Workforce Plan (June 2023) and the Future of HR and OD report (Nov 2021). Our intention is to review our approach to a refresh following the completion of the ICBs Change Programme to ensure that our strategic intent is fully aligned.

#WeCareTogether refresh

We know that the vacancies, staff absence and turnover rates for people working in health and care have remained the same or worsened for some areas since 2020. Our refresh of #WeCareTogether will take a structured and collaborative system approach to build capacity, capability, competencies, career structures and the infrastructure towards creating a 'One Workforce' approach across our ICS where we can maximise collaboration, resources and streamline the ways in which we work. Our provider partners have or will be refreshing their local people plans, and through our People Board infrastructure and networks, we will utilise the principle of subsidiarity to streamline transformation at the right place and at the right time.

A priority focus in 2024/25 will be to continue to build on existing work underway and incorporate these activities into the broader strategic priorities for the ICB and ICS. This includes our commitment to systems culture and inclusion, education commissioning and modernising the HR profession to improve employment practices and wellbeing for staff. We will ensure our plan is evidence-based and closely aligned to finance and activity planning as set out in our operational planning submissions and JFP.

The 10 ICS People Function Outcomes

The 10 ICS People Function Outcomes are set-out in 'Building strong integrated care systems everywhere: guidance on the ICS people function'. In all areas of transformation, we will take a long-term view using evidence-based modelling to re-design routes into careers. This will help to create a workforce who are trained not just clinically, but who also have a greater understanding of population health and inequalities, so that staff treat the whole person with compassion and care.

This work will include updating the way we attract and retain staff, refreshing education programmes (including lifelong learning and quality improvement), changing the shape of existing services and developing new ones, and using technology to take over tasks (not jobs) to release capacity. The activities below will form a key part of the delivery plan to achieving an integrated workforce across health and social care, and will be incorporated into the #WeCareTogether refresh.

Here is a summary of how we are working towards the 10 ICS People Function Outcomes:

Supporting the health and wellbeing of all staff

We know that if people feel safe and supported with their physical and mental wellbeing, they are better able to deliver excellent health and care. Over the last three years, individual employers and as a system, we have supported the physical and mental health of our staff, as well as the social and financial wellbeing needs of our workforce. The national restoration requirements for the NHS and more recently industrial action mean that, alongside our current workforce vacancy levels and system flow challenges, people's wellbeing continues to be impacted. Low morale, attrition from learners, burn out and moral injury are growing challenges which we must recognise and address openly across health and social care.

We know there is an urgent need to do more for our people and as such, our People Board endorsed an ICS wide Health and Wellbeing Plan in December 2023 which will continue to challenge, innovate and promote equitable offers for our whole workforce. Data and analysis has driven the creation of the system wide Health and Wellbeing plan, leaning into the staff survey results, Workforce Race Equality Standards (WRES) and DES data and the qualitative analysis of the Health and Wellbeing Framework diagnostic in each NHS organisation. In recent years we have also worked with partners to update policies, procedures and access for health and wellbeing support; embraced a culture of flexible working arrangements; initiated financial support schemes through Vivup and offered trauma based coaching programmes for front line leaders. System support has included the establishment of a Mental Health Hub and COVID-19 service for our health, social care and VCSE workforce.

A number of cultural Health and Wellbeing Initiatives have already been implemented across the systemusing the share, standardise and scale approach reflected throughout the ICS Health and Wellbeing Plan. The key areas are building and embedding a Restorative and Just Culture (RJC), further developing compassionate and transformational leadership with a collective resilience approach and becoming a menopause friendly employer.

A system wide approach and plan to RJC has been agreed and a training package developed, which will be digitised and scaled to ensure a wide reach over the coming year. We are collaborating, engaging and learning as system partners to establish a restorative just culture and by promoting civil and respectful behaviours. This can create a feeling of a compassionate and inclusive culture, leading to psychological safety and retention of our valuable staff. Organisations are subscribed to regular monitoring of the approach to ensure effectiveness of the programme is measured on a regular basis.

The Norfolk & Waveney system became a menopause friendly employer during 2023 with wide reaching initiatives, policies and resources put in place for staff. 80 members of staff trained as menopause advocates and a support network is in place across all organisations.

Growing the workforce for the future and enabling adequate workforce supply

Our integrated workforce planning approach is multi-faceted and relies on each of the 10 People Function outcomes converging. Working with health and social care partners to 'check and challenge' plans, we will identify system level opportunities and challenges, streamline our approaches to recruitment and retention, develop an at scale attraction plan for core roles such as nurses, allied health professionals and learners, to ensure education pathways are fully subscribed and talent retained in our system. Our role as an anchor institution will focus on widening participation, recruiting for values and experience, and supporting people to develop core skills and competencies 'on the job'.

Supporting inclusion and belonging for all, and creating a great experience for staff

The Norfolk and Waveney culture for inclusion continues to develop, but we recognise there is much more to do over the coming years so that our people may thrive and develop in compassionate and inclusive environments. The last Workforce Race Equality Standard (WRES) report for the ICS has highlighted significant challenges for our staff from ethnic minority backgrounds, centring around harassment, bullying or abuse from patients, relatives, the public and other staff. It also highlights higher than average levels of discrimination for these staff from a manager/team leader or other colleagues in last 12 months. The WRES does also highlight areas of best performance being career progression in non-clinical roles (lower to middle to upper levels).

Anti-racism

Over the last 12 months we have worked as system to deliver the NHS East of England Anti-Racism plan. We have a working group with NHS Providers aiming to refresh recruitment practices to remove bias and widen participation from applicants, we have developed and matured staff networks across protected characteristics and increased our approach to education and knowledge through the launch of our Equality, Diversity and Inclusion Resource Hub, which is open to both the workforce and the public. We launched our 'Stop the abuse' anti-bullying campaign in May2023.

Widening our EDI lens

We recognise that in addition to racism, the ICS needs to focus this year in particular on women, age and the impact of inequalities for our coastal populations. Our ambition is to bring together the pillars of health inequalities, population health management and workforce so that we can consider this cultural transformation holistically. This will form part our ICB Change

Programme, so that we ensure as an organisation, our infrastructure enables us to work with system partners and our local communities to tackle some of our biggest challenges, including racism and inequalities. Our Equality Diversity System (EDS2) submission was published in January 2024.

Creating a great experience

The NHS staff survey has highlighted three key themes of safety, recognition and compassion. Staff experience is an organisational responsibility but as an ICS we are committed to ensure that our 'one workforce' ambition allows us to work with partner organisations to agree some core principles for staff experience. The staff survey reports that we need to focus more on safety, recognition, and compassion, and we will work though our networks to identify opportunities for collaborative ways to improve in these areas.

Valuing and supporting leadership at all levels, and lifelong learning

We will continue to invest in leadership and management development programmes, mentorship opportunities and other initiatives to support the growth and development of our staff right across the ICS, particularly to ensure our leaders are representative of the workforce and population we serve. The health and wellbeing of our leaders will be a core thread of all programmes to ensure people have the tools and support to remain resilient.

A systems-wide approach to Leadership Development is in construction to remove duplication of effort and costs across the ICS and provide a more efficient delivery of training. Common leadership standards and shared learning across the ICS will strengthen delivery of a "One Workforce" culture. Higher quality leadership will directly improve system working and organisational cultures as measured by: CQC "Well-led" scores for example, and indirectly improve recruitment, retention, and patient care.

Leading workforce transformation and new ways of working

Our strategy and planning is informed by the work the system has completed with a range of organisations in recent years. Insights and recommendations from Viridian and Newton Europe have recommended a focus on efficiencies, particularly for reducing how much we spend on bank and agency staff. The Improving Lives Together programme has a lens on a review of corporate HR services and will similarly aim to improve quality and the experience for our workforce, whilst also making sure we use the system's resources efficiently. This is Ambition 8, Improving Productivity and Efficiency.

Alongside the ICS Digital strategy, this will enable service redesign through new ways of working, making the most of people's skills and time, and the better use of technology.

Educating, training and developing people, and managing talent

In line with the Long Term workforce Plan, the Norfolk and Waveney education strategy aims to provides the roadmap and ambitions to train, retain and reform our workforce.

Train: significantly increasing education and training to record levels, as well as increasing apprenticeships and alternative routes into professional roles to deliver more doctors and dentists, more nurses and midwives and more of other professional groups, including new roles designed to better meet the changing needs of patients and support the ongoing transformation of care.

Retain: ensuring that we keep more of the staff we have within the health service by better supporting people throughout their careers, boosting the flexibilities we offer our staff to work in ways that suit them and work for patients, and continuing to improve the culture and leadership across NHS organisations.

Reform: improving productivity by working and training in different ways, building broader teams with flexible skills, changing education and training to deliver more staff in roles and services where they are needed most, and ensuring staff have the right skills to take advantage of new technology that frees up clinicians' time to care, increases flexibility in deployment, and provides the care patients need more effectively and efficiently.

Education is key to developing our staff and equipping the workforce for now and in the future. Examples of best practice are being recognised by NHS England as ways to ensure largest numbers of individuals are upskilled. Development of new roles is key to support education and workforce plans. Education is recognised by Norfolk and Waveney as a key driver to support staff to provide quality care now and in the future.

Driving and supporting broader social and economic development

As the largest "employer brand", our health and social care organisations collectively employ the largest number of staff in Norfolk and Waveney. As such the ICS takes its responsibility as the largest employer seriously to create a vibrant local labour market, promote local social and economic growth, and to work to address the wider determinants of health and inequalities. Investment in Anchor Institutions locally provides us with unique opportunities to accelerate this ambition over the next few years. Working with UEA, we are taking a research-led focus on recruitment, retention and continuous development of our clinical workforce. Working with East Coast College we are actively co-designing as a system a holistic offer to local residents to widen participation into health, social care and voluntary sector roles.

Transforming people services and supporting the people profession

Upscaling HR services will support the delivery of Norfolk & Waveney ICS "Improving Lives Together" programme through delivering more efficient and effective HR services, improving staff experience at work and releasing clinical time to care. Upscaling HR services also supports delivery of the 2030 vision for "The future of NHS human resources and organisational development" by refocussing HR effort from transactional to higher value transformational activities, notably Organisational Development (OD) and workforce transformation. We successfully developed an outline business case which was approved by NHS England in December 2023. The business case builds on Newton Europe's findings, analysing in greater detail the opportunities identified in their "HR Case for Change" to improve HR productivity across the ICS which is part of Ambition 8 in the JFP.

The key drivers of the improvement in productivity are:

- Upscaling recruitment and "core HR" transactional processes by simplifying and standardising them prior to investing in digital automation.
- Outsourcing the management of the collaborative bank at scale.
- Scaling-up the procurement of outsourced HR services through consolidating existing contracts.

Leading coordinated workforce planning using analysis and intelligence

Our annual workforce planning submissions illustrate the ambition for workforce growth and to deliver operational priorities aligned to finance and activity. Plans are ambitious and centre on significant growth in the number of staff in post in registered nursing and those roles providing support to clinical staff.

We recognise that annual submissions of plans in isolation is not enough, and as such during 2023 we implemented an evidence-based, integrated and inclusive workforce planning approach. Working with our partner organisations we review of progress against plans and through the additional lens of education commissioning, look forward to workforce supply routes. Feedback to date has been positive with partners welcoming the regular opportunity to review how we commission education programmes, the importance of retention and career development for our medical and non-medical learners and challenge our ambition to reduce agency and bank spend. We also recognise that providing our workforce with the training and opportunities to take part in, and engage with research contributes to job satisfaction, enhances recruitment and retention and that research active organisations provide better quality health outcomes. As such we will work with our ICB Research and Innovation team, provider research teams and education providers to ensure local and nationally developed research schemes are incorporated into and align with workforce planning.

We have identified several workforce priorities for the next five years, such as 'over recruiting' to key roles at system level to achieve greater month by month net gains, growing the assistant and associate roles, and acting fast to build a pipeline of younger people (18 years plus) coming into health and care roles.

We note that whilst work is underway to support the 'one workforce' agenda, there are distinct differences across health and social care which need to be acknowledged and navigated, as these can act as a barrier to fully integrated working. For example, the number of small to medium sized enterprises in the social care market makes the transformation at scale seen in the NHS much harder, and so we will continue to work in partnership with Norfolk and Suffolk County Councils to promote opportunities to attract and retain our ICS workforce.

Supporting system design and development

Our approach to delivering this outcome is set out in section 6.5 of our Joint Forward Plan about people and culture.

Duty as to climate change

Climate change poses an existential threat to the whole planet and Norfolk and Waveney is not immune from its consequences. Taking decisive action to reduce our contribution to climate change will save lives, improve people's health and benefit health services.

The organisations responsible for health and care in Norfolk and Waveney have made significant steps towards more sustainable ways of operating. Our system's Green Plans take this further, establishing the bedrock for achieving Net Zero, and meeting the commitment set out in the Climate Change Act 2008 and the Environment Act 2021.

Our Green Plan for the Norfolk and Waveney Integrated Care System sets out how the NHS will work together and with system partners towards Net Zero, by sharing best practice, collaborating and holding each other to account. By working together to deliver our Green Plans, we will deliver against the targets and actions in the 'Delivering a Net Zero NHS' report, as well as the four core purposes of an ICS by:

- **Improving outcomes in population health and healthcare:** Adopting activities and interventions which slow the associated health impacts of climate change will help to improve population health.
- **Tackling inequalities in outcomes, experience and access:** Supporting action to address poor air quality, which disproportionally affects vulnerable and deprived communities through higher prevalence of respiratory illnesses, will help to tackle health inequalities.
- **Enhancing productivity and value for money:** Improving energy efficiency and using renewable energy sources across the ICS estate footprint will reduce long-term energy bills for the NHS and local councils.
- **Helping the NHS support broader social and economic development:** Ensuring all NHS procurements include a minimum 10% net zero and social value weighting will help to achieve this, as will adhering to future requirements set out in the NHS Net Zero Supplier Roadmap. Council procurements similarly place emphasis on reducing scope 3 carbon emissions and both the NHS and county councils require that bidders for contracts valued at over £5m per annum have a carbon reduction plan in place.

Governance

Our system ensures that appropriate board-level oversight and accountability of priorities are clearly stated in the Green Plan. The ICS Green Plan is co-ordinated through the ICS Estates team and delivered by the ICS Green Plan Delivery Group. The group membership is made up of focus area subject matter experts from across the ICS and ICB, and Green Plan leads from member organisations.

The system's Green Plan meets the requirements for ICSs as set out by the NHS. Significant engagement with public sector colleagues is bringing the system's Net Zero process into alignment with the wider work of the Norfolk Climate Change Partnership and the Suffolk Climate Change Partnership, to create close collaboration on the net zero.

The ICS Net Zero green plan delivery group's role is to maintain the plan through working with member organisations, ensuring Government, NHS and local Net Zero ambitions are met.

Monitoring of progress against the system action plan and objectives is co-ordinated by the ICS Estates team, with regular input from focus area leads, subject matter experts and member organisation leads. Progress reports are provided via frequent updates and data collections and are monitored via the ICS Green Plan Delivery Group. These feed into ICS Programme Board meetings and Executive Management Teams accordingly. Each county council reports progress on its respective climate commitments to its elected members.

Annual reporting (introduced from 2023) identifies movement in carbon emissions, programme progress and our journey towards Net Zero the plan and action required. The update of the operating plan highlights the planned focus and deliverables for the upcoming 12-month period. Both county councils have published dashboards showing their progress in reducing carbon emissions.

We will utilise all national data collections, and build on local benchmarking and analysis practices, to measure and report our success to stakeholders.

Collaboration

Our system's Net Zero Green Plan provides the ICS with a co-ordinated and strategic approach to the net zero programme and sets out how we embed, respond to, and deliver the NHS net zero ambition. The plan sits alongside, and complements individual organisations' plans and focuses on enabling without duplicating, achievement of Net Zero together. The plan identifies key areas to focus on over the next three years, and initiates action around what we will do, and are already doing, to respond to the environment and climate emergency.

The system works with partners to reduce system-wide emissions, including local authorities and the voluntary, community and social enterprise (VCSE) sector, patients and the public. The Norfolk Climate Change Partnership and the Suffolk Climate Change Partnership support local government in Norfolk and Waveney to deliver Net Zero objectives and their objectives align well with the NHS Net Zero ambitions. This programme of work is integral to our forward plan to reduce impacts on the environment and embed a 'one public estate' approach that positively impacts our journey toward net zero.

Workforce and Resources

We cannot deliver our Net Zero ambitions without our workforce. It is therefore vital that the system continues to inform, mobilise and train our staff so that they have the knowledge and skills required to help us on our journey. Net Zero is a priority and, accordingly, is led at Board level by the Director of Finance.

The system is engaged with the regional Greener NHS team and neighbouring ICSs to learn and share ideas and best practice. Through the green plan delivery group work the subject matter experts and sustainability leads collaborate to develop enable ICS Green Plan and Operating plan delivery. Existing pilot programmes for green initiatives are captured to harness their benefit to enhance positively, impacts on climate change and the environment.

The system has recruited resource to lead the delivery of ICS and organisations' Green Plans. These leads work collaboratively in the development and scaling of pilots and programmes that enable our net zero ambitions.

An ambitious programme of training has been identified to upskill the workforce at all levels, through use of best practice carbon literacy, to grow the knowledge and capacity to address the climate emergency. The ICB and Norfolk County Council have agreed to pursue joint carbon literacy training for senior executives across the system.

Adapting to the impact of climate change

There is a time lag between cause and effect in the climate system, which means that we will continue to be affected by past emissions for years to come. Consequently, adapting to the impacts of climate change is important for business continuity. Strategies to adapt to climate change are therefore part of local planning and decision making, bringing multiple benefits to the physical and mental health of the Norfolk and Waveney population.

Taking action on adaptation will improve the resilience of our services and the communities they serve, lessen the burden of illness and disease, and reduce health inequalities. Adaptation also means developing positive networks and sound communication between organisations and local communities, encouraging self-service and the resilience of local communities. Local action on adaptation will support requirements of the Public Health Outcomes Framework.

Norfolk and Waveney already experiences the effects of considerable coastal erosion and is subject to many flood areas associated with increases in sea levels. Many of the impacts of climate change, including those for health, will be felt locally. Therefore, the system needs to develop responses which encompass national guidance and yet are specific to our local circumstances. The system's Green Plan sets out the approach to mitigating climate change emissions from our activities and ensuring business continuity in a changing climate and includes a focus on increased readiness for changing times.

Both county councils have broader responsibilities for adaptation. These include steps to promote nature recovery, mitigate flooding and support sustainable development.

Addressing the particular needs of children and young people

Leadership has been identified in health and social care to drive forward the agenda and to ensure that the voice of children, young people and families is represented at the most senior level. The Children and Young People's Strategic Alliance Board provides oversight and assurance and is underpinned by thematic sub-groups leading on priority workstreams.

The voice of babies, children, young people (BCYP) and their families

We have invested in a participation and recovery model to ensure that transformation of services is co-produced and enables children and young people to hold us to account through strong and well-established forums. This enables children and young people to be heard by those who commission and deliver services in both Norfolk and Suffolk. We also have well-established parent carer forums to ensure the voices and needs of parents and carers are included in our planning and delivery of support.

Next steps will be to increase our reach into communities who are seldom heard to ensure that the experience of all our communities are captured and help to shape the future support to ensure the best start in life.

Data and insight

Our system approach, and the ongoing monitoring of its delivery, will be increasingly informed by data and evidence. We are developing a systematic whole-partnership monitoring framework alongside the FLOURISH outcomes, to enable the Strategic Alliance to track progress against each outcome, and as a whole, using data and evidence.

This will enable system understanding and oversight of where babies, children and young people are waiting to access care and support, and to inform our focus areas for recovery including access to mental health support, diagnostic delays, workforce information and an ability to focus system resource to the greatest areas of need.

Reducing health inequalities

The CORE20Plus5 approach (described in the **Duty to Reduce Inequalities** section) will support us to ensure that healthcare inequalities improvement is built into our strategies, policies, initiatives and programmes.

In addition to those areas identified within Core20PLUS5, our Flourish strategy Flourishing in Norfolk: A Children and Young People Partnership Strategy – Norfolk County Council identifies four priority areas for system focus:

- Prevention and early help
- Mental health and emotional wellbeing
- Special Educational Needs and Disabilities (SEND)
- Addressing gaps in learning following the pandemic

Family Hubs

Norfolk and Waveney system partners are implementing a Family Hub model and this is an objective within Ambition 3 Improving Services for Babies, Children and Young People.

Safeguarding

All systems have a statutory duty to safeguard. The Designated Safeguarding and Looked After Children teams influence, advise and support us to ensure it accords with the principles of the Children Act 1989 and is aligned to the Norfolk and Suffolk Safeguarding Children Partnership and priorities. The Teams ensure health and care services meet the statutory requirements of Section 11 of the Children Act 2004. Working Together to Safeguard Children 2023 has refreshed the principles of the multi agency safeguarding arrangements. N&W ICB continues to be one of the three statutory partners working with a clear vision to safeguard babies' children and young people. The designated safeguarding children team ensure effective participation in the Norfolk Safeguarding Children Partnership on behalf of the ICB and will continue to support local safeguarding arrangements with the update of this legislation. The priority continues to ensure 'safeguarding is everyone's business' and remains at the heart of service delivery.

Our safeguarding teams work in collaboration with all partners in N&W in the early identification of children at risk, including risk of exploitation and serious youth violence and recognition of all types of abuse and non-accidental injury promoting the needs of looked after children, those within the youth justice system and unaccompanied asylum seekers. Integrated working will support colleagues to work and communicate effectively across organisational boundaries, to ensure safety and provide child-centred care.

The Safeguarding Team provides training to primary care colleagues on how to recognise clinical presentations that are safeguarding relevant. This will assist GPs to prioritise safeguarding meetings, and to efficiently complete requested reports. This will be further strengthened by the development of Family Hubs and will be vital in the development of early intervention and prevention.

Going forward our teams will drive greater integration through matrix working and multi-agency collaboration. Digital solutions to enable safeguarding information to be disseminated will be further developed and sharing data will be integral to the partnership approach.

Safeguarding professionals will advocate for BCYP, and champion early intervention and prevention services to avoid long term damage that has implications across society. We aspire to be a trauma informed system, recognising the importance of the early days of a child's life and development, and impact of adverse childhood experience on long term health and economy.

Serious youth violence is an increasing concern amongst the multi-agency safeguarding system and partners contribute to the ongoing planning and implementation of strategies alongside and through the serious violence duty to try and mitigate the risks to the young people, their families and networks.

Continuing care for children and young people, including palliative and end of life care

The Council for Disabled Children describes a vision of a society in which "children's needs are met, aspirations supported, their rights respected, and life chances assured" (https://councilfordisabledchildren.org.uk/about-us). This underpins the work of our Children and Young People's Continuing Care Team where the aim is to achieve "gloriously ordinary" lives for the BCYP.

Continuing care packages are required "when a child or young person has needs arising from a disability, accident or illness that cannot be met by existing universal or specialist services alone" (National Service Framework for Children and Young People's (CYP) Continuing Care 2016, p5). Unlike adult continuing healthcare packages, which are entirely NHS funded, these packages can be jointly funded with education and social care and are very complex.

Norfolk and Waveney ICB currently offer two main approaches to the provision of continuing care – either a personal health budget (PHB) or a commissioned package of care, delivered by agencies procured specifically for care of children.

Palliative care is a low volume, but significant part of the care delivered to BCYP with continuing care needs. Our fast-track system complies with statutory guidance.

Partners have developed joint commissioning and quality oversight arrangements to ensure that all agencies are working together to meet the holistic needs of BCYP and their families. We collaborate with regard to quality assurance and improvement and work together to develop provision closer to home.

Special Educational Needs and Disabilities (SEND)

The Children and Families Act 2014 is a statutory framework for the integration and personalisation of services for children and young people that require education, health, and care services. To fulfil this statutory duty, we work collaboratively with children and young people with SEND and their families, alongside education and social care services to provide the right support. This must be using the key principle of co-production and be person centred.

This includes identification of children and young people with SEND and to enable them to access everyday activities with the right support and adjustments. We share support and resources across agencies for those on NHS waiting lists and skilling-up those working with children and young with key neurodevelopment difficulties, such as autism. We are committed to developing the wider workforce on key areas of SEND and to support workers to understand their duties and responsibilities. Children and young people with SEND are a vulnerable group and work will continue to drive equity of services and resources by raising awareness of the need and duty on services to make reasonable adjustments.

There will be key contact points across the health system to provide communication and support for children, young people and their families on health pathways. This will ensure families, young people and those working in education and the care system know where to go to get NHS health advice and resources.

We will continue to ensure that there are opportunities for children, young people and their families to contribute to service development and to ensure their lived experience is heard and understood.

There is a programme to review and improve health pathways. Publications on local websites and Just One Norfolk will also be reviewed and improved.

Working with local authorities and wider stakeholders, we will further develop the SEND annual survey, increase the survey response rate and disseminate the learning to further influence commissioning.

Joint quality assurance visits will take place into complex needs schools to further strengthen quality improvement and build confidence within settings to manage heath/medical needs.

Work continues to strengthen the use of shared data and analysis to inform commissioning of services for children and young people with SEND.

We aim to have a multi-agency SEND training platform that is accessible to all stakeholders, including children, young people and their families. We will develop a shared understanding and vision across children, young people and adult commissioning to ensure SEND is seen as everyone's business.

Partnership working will be strengthened through the SEND Partnership boards, multi-agency working, and we will feed in regional and national systems to develop innovations and initiatives.

System partners will work together to develop high quality information and support for children and young people with SEND, so that they know what can be accessed, what they can do to self-serve and to signpost to the most appropriate service when it is needed.

We will work as a system to become needs led and not medical and diagnostic driven and we will build confidence in the services and resources available by celebrating difference and individuality.

Please refer to duty to reduce inequalities regarding system work for Autistic children and adults and people with a Learning Disability (LD).

Children and young people's mental health

We aim to prevent mental illness, early identification of need and the promotion of initiatives that increase resilience to ensure children and young people are supported earlier around their wellbeing needs and reduce the burden on specialist mental health services in the future. Priority areas of focus include:

- Increasing access to mental health services through the Talking Therapies Collaborative to deliver an integrated service offer from VCSE sector and independent partners, where therapeutic care can be accessed from a range of providers.
- Providing early support in schools through Mental Health Support Teams
- By 2030 we aim to have 100% coverage of mental health support teams across all schools in Norfolk and Waveney and we will adopt a whole family approach to meeting mental health needs across Norfolk and Waveney, with a focus on communities and primary care.
- Providing 24/7 assessment and care to children and young people presenting in a crisis through an Integrated Practice Model, bringing together system partners to support children and young people with complex needs that present in crisis.
- To support early intervention and prevention, we will develop an all-age social prescribing offer ensuring that access to positive activities that improve wellbeing is tailored and accessible to all.
- Building on the use of the digital platforms, we will ensure all CYP have access to self-help resources and information about resources and support within Norfolk and Waveney.
- Working with the Anna Freud Centre, The Charlie Waller Trust, The National Children's Bureau and NHS England, we will co-produce, deliver and evaluate a whole system mental health training offer for the wider children's workforce.

Through the Strategic Alliance, decisions are made at a system level and challenges within the system are discussed and resolved in collaboration. To support the integration of services we are launching an integrated front door for all emotional wellbeing and mental health services, providing a trusted assessment and onward referral to the most appropriate service. The integrated front door is an objective within Ambition 4, the Transforming Mental Health Services.

Local Maternity and Neonatal System (LMNS)

The LMNS brings together the NHS, local authorities and other local partners with the aim of ensuring women and their families receive seamless care, including when moving between maternity or neonatal services or to other services such as primary care or health visiting.

Alongside this, NHS England published a single delivery plan (SDP) for maternity and neonatal services in April 2023 and we are implementing the four themes.

We will continue to focus on addressing exclusion and inequalities. The Local Maternity and Neonatal System has undertaken analysis of the needs and characteristics of its communities and has published an action plan to address these **(Norfolk and Waveney Maternity Equity and Equality action plan)**.

The LMNS will continue to put in place the infrastructure needed to enable rollout of Midwifery Continuity of Carer, so it is the default model for all women and so that 75% of women of Black, Asian and Mixed ethnicity and from the most deprived neighbourhoods are placed on pathways.

Addressing the particular needs of victims of abuse

Partners across N&W consider the needs of and provide support to victims of abuse (including victims of domestic abuse and sexual abuse, both children and adults).

We have important arrangements in place in N&W for partnership working on this agenda:

- The ICB is an active member of our two local Community Safety Partnerships:
  - Norfolk County Community Safety Partnership (NCCSP), which sits under the jurisdiction of the Office of the Police and Crime Commissioner for Norfolk (OPCCN).
  - East Suffolk Community Partnership (ESCSP), which is hosted by the Suffolk County Council.
- The new Serious Violence Duty (SVD) has been scoped through these partnerships, with both strategies published in January 2024. As part of this work, funds have been secured to place two Independent Domestic Abuse Advocates on fixed term contracts, into the acute hospital setting for two of the trusts. This will enable the individual needs of those subject to domestic and sexual violence, to be met, providing vital expertise and support from the earliest opportunity.
- The ICB Safeguarding teams currently support the 3 acute hospital trusts to meet their responsibilities to supply anonymised assault data to the Community Safety Partnerships. With the SVD now live, this reporting stream will be enhanced to meet the new responsibilities.
- The ICB is represented on the Norfolk Domestic Abuse and Sexual Violence Group (DASVG) by the designated safeguarding professionals (who represent the health sector).
- The deputy designated safeguarding professionals from both Adult and Children teams chair the Norfolk and Waveney Domestic Abuse and Sexual Violence Health Action Forum subgroup of the DASVG. Within this forum, health provider organisations are joined by colleagues from specialist domestic abuse and sexual abuse agencies, as well as from Public Health and mental health services. The forum ensures that the health system is sighted on all the available support services and resources to be able to meet their responsibilities in these areas of work.
- The ICB is represented by the Safeguarding Teams at the DASVG's Adult and Children's sub-groups and has strong links with the OPCCN and the Norfolk Integrated Domestic Abuse Service.

Here are some examples of the work we are doing as a system in N&W, and ways in which the ICB is delivering against its duty to address the particular needs of victims of abuse:

- The ICB actively participated in agreeing priorities and finalising the two SVD Partnership strategies which were published in January 2024. There is further detail and links to the strategies in the legal duty to address the particular needs of victims of abuse.
- The ICB joined other key system partners in signing up to the White-Ribbon pledge championed by the Office of the Police and Crime Commissioner for Norfolk. This is a commitment to a zero tolerance of domestic abuse and unacceptable behaviours by our workforce and towards the development of a strategy where there is a particular focus on addressing and working to prevent men's violence towards women and girls.
- The ICB will be leading a programme to ensure that the services it commissions are aware of the NHSE Sexual Safety Charter and will be supporting them to sign this important pledge.

- The ICB Safeguarding Named GPs continue to provide resources and are liaising with colleagues in specialist DA and SV roles to deliver training and learning from Domestic Homicide Reviews (DHR).
- The ICB has nominated a Domestic Abuse and Sexual Violence (DASV) Lead who is engaging in the newly formed national network workshops.
- The ICB is actively engaging and preparing for the DHR Scutiny process.
- The ICB has conducted an internal domestic abuse survey where over 150 respondents provided answers to questions that will now shape how the safeguarding teams, and Human Resources can support staff to identify, acknowledge and report cases of domestic abuse.
- The ICB DASV Lead has close working ties with the NHSE commissioned sexual assault referral centre Lead and both work together in a number of forums, including the police led: Rape and Serious Sexual Offences scrutiny panel.
- The ICB commissions a range of health specific pathways within a portfolio designed to support children and young people who are victim to serious violence. This includes but is not limited to: talking therapies for victims of and witnesses to sexual violence, trauma informed mental health provision and targeted support for children exposed to and at risk of displaying harmful sexual behaviours.
- The ICB also engages with relevant Suffolk workstreams, with NHS Suffolk and North East Essex ICB safeguarding leads.

The Serious Violence Duty (SVD)

In December 2022, guidance on the Serious Violence Duty was published by the Home Office. The 'lead' authority for meeting the Serious Violence Duty in Norfolk is the Office of Police and Crime Commissioner, while in Suffolk it is the county council. Each lead agency has convened a partnership group that the ICB attends through its Safeguarding Adult and Children and Young People's Teams.

The ICB actively and fully engaged with the two Serious Violence Duty Partnerships, helping shape the local definitions of serious violence, undertaking a strategic needs analysis of the health sector and contributed to and signed off on the resultant strategies, prior to their publication in January 2024.

You can find the strategies here:

Norfolk: https://www.norfolk-pcc.gov.uk/assets/Norfolk-Serious-Violence-Duty-Strategy-January-2024.pdf

Suffolk: https://www.suffolk.gov.uk/asset-library/suffolk-serious-violence-strategy-2024-27.pdf

The requirement to support NHS trusts to provide enhanced data will inform the wider response to tackling serious violence. The new Indepedent Domestic Violence Advisor roles will improve this data capture, whilst providing the most appropriate response to victims of domestic abuse and sexual violence. Creating these new specialist roles will also enable victims to access the most appropriate services, have equal access whilst considering their unique experience and outcome wishes.

Implementing any joint local health and wellbeing strategy

The N&W ICS covers the whole of Norfolk and part of Suffolk. As upper-tier local authorities, Norfolk and Suffolk each have their own joint health and wellbeing strategy:

- Norfolk's Joint Health and Wellbeing Strategy (which is also the Integrated Care Strategy for Norfolk and Waveney): https://www.norfolk.gov.uk/what-we-do-and-how-we-work/policy-performance-and-partnerships/partnerships/health-partnerships/health-and-wellbeing-board/strategy
- Suffolk's Joint Health and Wellbeing Strategy: https://www.suffolk.gov.uk/asset-library/imported/HWS-Strategy2023-HIGH.pdf

There is close alignment between the priorities in the Norfolk strategy and the cross-cutting themes in the Suffolk strategy:

Norfolk priority	Suffolk cross-cutting themes
Driving integration	Greater collaboration and system working
Prioritising prevention	Prevention: stabilising need and demand
Addressing inequalities	Reducing inequalities
Enabling resilient communities	Connected, resilient and thriving communities

The JFP is a delivery mechanism for these local health and wellbeing strategies and the Norfolk and Waveney Integrated Care Strategy is specifically referred to in section 1.2 of the JFP.

We are committed to supporting the implementation of both strategies and the JFP sets-out how health services in Norfolk and Waveney will do this.

We will continue to involve the health and wellbeing boards through the annual refreshing of our JFP (and if we choose to update the plan mid-year), and publication of their respective opinion on the JFP. As part of the development of the ICB's Annual Report, the organisation reports to the health and wellbeing boards how they contributed to delivering the priorities in each joint health and wellbeing strategy.

Digital and data

We are committed to investing in and using technology to improve people's health, wellbeing and care. Our Digital Transformation Strategic Plan and Roadmap sets-out how we will digitise services and connect them to support integration. This will enable new ways of working that can increase efficiency, improve patient experience and outcomes, plus reduce workforce burdens, and help to address health inequalities.

The plan and roadmap are in line with national guidance, such as the NHS Long Term Plan and the NHSX What Good Looks Like framework, as well as the Digital Health and Social Care Plan.

The digital plan and roadmap are a key enabler to the delivery of the eight ambitions in the JFP. Each ambition is co-dependent with digital and our plans for improvement are consistent so we can ensure all our efforts are joined up and focused in the right areas. You can read more about this in Section 6.3.

This diagram sets-out our vision and strategic priorities for Norfolk and Waveney:

Vision: our overarching aim
A digitally-enabled Norfolk and Waveney where access to information, services and support make it easy to deliver high quality health and care for and with our citizens.

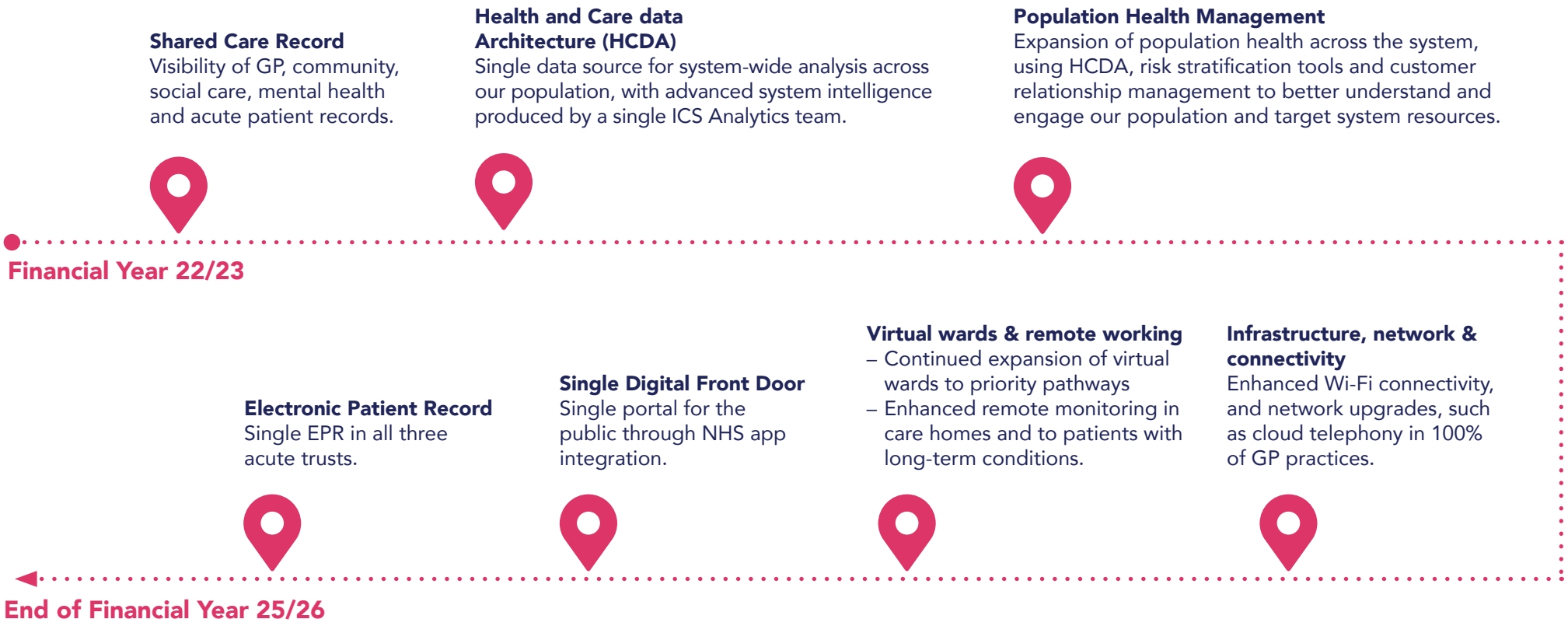
To realise our strategic vision, we have developed five strategic objectives for the next three years.

Using digital systems, we will:

- Enable people to access their health and care records securely, quickly and when they want to see information or data.
- Support clinical and strategic decision making through technology, providing health and social care organisations who deliver care access to relevant, accurate and up-to-date information.
- Improve system wide IT services to increase safety and people's health and care experiences, whilst reducing duplication and waste.
- Support and empower people to maintain their health and wellbeing through digital solutions.
- Enable health and care staff and services to provide the best care in all settings, particularly via the use of mobile technology.
- Ensure personal health and care information is kept safe and secure.
- Invest in the infrastructure and technologies needed to help drive improvements to services and provide better care.

Digital Transformation Strategic Roadmap

Our roadmap details the key milestones:
Digital will enable transformation across all care settings, including outpatients.



In this last year, work to roll out the ICS wide Softwar Defined Wide Area Network (SD-WAN) to all GP Practice premises has begun, supported by funding from the NHSE Future Connectivity Programme. This ambitious infrastructure programme will also see full fibre broadband provided to practice premises to support staff and patients in accessing online apps and health information. GP Practices are embracing full cloud technology, with installations of modern telephony systems underway and improving access through navigation, queues and call back facilities.

Over 80% of Norfolk & Waveney's 555 Social Care Providers have been supported to implement a Digital Social Care Record (DSCR). This is bringing benefits to service users and staff in provider organisations, and will benefit the wider system once the DSCRs are joined up with the Shared Care Record. With over 150,000 patient records accessed, this is already delivering information to front line staff and ensuring that people need tell their story only once. In 24/25, the Shared Care Record will be delivered to VCSE organisations to support social prescribing and help to integrate health and care.

51% of eligible Norfolk & Waveney citizens are making use of the NHS App. 104/105 GP Practices have enabled Access to Records, and there have been 650,000 views of these by citizens in the first three months of live operation. GP Practices also offer online access via dedicated systems available on practice websites and over a million requests were submitted last year.

Remote access technology has been delivered to 40 care homes, with a further 40 planned for this year. Together with GP Connect, this is giving clinicians in Out of Hours services better information to support clinical decisions and is enabling people to stay in their own homes and receive care there. A new community based Virtual Ward is also enabling people to stay at home with support and monitoring which supports Ambition 6, Improving Urgent & Emergency Care.

The data hub is now live (this used to be called Health Care Data Architecture or HCDA in the digital roadmap), which has the capability to link data sets together, giving us the capability to look at trends at a population level. There is anonymous, aggregated and identifiable data, which can be mapped for different purposes. This is a key enabler to support Ambition 1 in the JFP, Population Health Management, Reducing Inequalities and supporting prevention and is a really useful tool.

Implementation of the digital road map is in step with the JFP and other ICS strategies. It provides some of the infrastructure to enable the delivery of Ambitions across all the areas, and many of these are cross-cutting.

Estates

Our Estates Strategy sets-out how we will create stronger, greener buildings, enable smarter, better health and care infrastructure, and use system resources fairly and more efficiently. It is based on extensive engagement, and a review of clinical strategies and investment requirements across the ICS.

Our vision and overarching aim is to provide estate that allows delivery of the right care in the right place, enables better patient outcomes, and empowers health, social care and third sector staff to provide the best possible care.

To realise our strategic vision, we have developed four strategic estate objectives:

- **Improving Access** – Ensuring that the right services are delivered in the right place, matching demand and capacity, delivering multi-disciplinary working in 'Places' and 'PCNs'.
- **Improving Quality and Condition** – Providing safe, flexible, modern, and fit-for-purpose estate and supporting services for our patients, visitors, and staff.
- **Improving Sustainabilit**y – Implementing interventions to decarbonise our estate and reduce carbon emissions arising from our buildings, infrastructure, and services.
- **Improving Efficiency** – Providing a right sized estate and supporting services that deliver value for money and long-term financial sustainability.

Systemwide, Person-Centred Estate

We have a significant part to play in supporting and enabling the delivery of a system-wide person-centred estate that serves the needs of all its users, enhancing both patient and staff experience.

We will enable the integrated care strategy through our estate objectives by:

- Developing a collaborative approach across the NHS to estates and facilities service provision, ensuring our assets enable integrated accessible services.
- Ensuring our estate supports the provision of preventative models of care.
- Working with local planning authorities and public health to ensure their programmes of work and ours are linked and we cooperatively help people live in healthy places, promote healthy lifestyles, prevent ill-health and reduce health inequalities.
- Support delivery of specialist housing programmes that enable people to remain independent and reduce demand on services.
- Enabling relocation of services closer to areas of high need, where clinically appropriate, and supported by investment decisions.
- Delivering our Net Zero Green Plan to reduce our carbon footprint and emissions and tackle the negative impact this has on health and our communities.

Managing the Estate Portfolio

The Estates Programme Board is an enabling service function within the ICS. It brings key system partners together to develop and deliver the strategic estates vision and objectives that support the Norfolk and Waveney ICS to realise its vision, purpose, goals, and deliver upon its priorities. Through our system wide estates collaboration we inform investment decisions for the benefit of the Norfolk and Waveney population.

To help manage our estate portfolio we have developed a complete inventory of estate that enables us to assess the location, ownership, capacity and utilisation, age and condition, value and running cost, and the energy performance of our occupied estate. This has allowed us to pinpoint specific metrics and rate performance against our objectives, such as areas of backlog maintenance and critical infrastructure risk, non-functionally suitable estate, underutilised estate, and high running costs.

The core, flex and tail framework (see page 34 of the estates strategy) has also been applied. Identifying what assets are core, flex, and tail forms a basis for investment planning and operational service planning. It will enable us to direct the use of resources, scheduling activities and so on. We will then be able to rationalise estate where there is tail estate to be disposed of.

Empowered and Skilled Estates Workforce

In order to provide an effective, safe, and efficient service, now and in the future, we need to have the right estates and facilities resource and expertise available. The ICS Estates workstream aligns its plans with the Norfolk and Waveney People Plan, as well as the national estates and facilities workforce strategies.

Net Zero Estate

Our Net Zero Green Plan is described in the Legal Duty as to climate change.

Emissions resulting from NHS building energy, water, and waste account for 11% of our total emissions, and 55% of the emissions we control directly. The Estates 'Net Zero' Carbon Delivery Plan provides a managed approach that will embed and enable the decarbonisation of the estate across the ICS.

Working through the ICS Green Plan delivery group, we will explore and implement interventions to decarbonise our estate and reduce carbon emissions arising from our buildings, infrastructure, and services.

Adapting to Climate Change

Climate change adaptation means responding to both the projected and current impacts of climate change and adverse weather events. Adaptation for our health and care estate is two-fold:

Health and Wellbeing:

- Investing in and managing estate that avoids negatively impacting the physical and mental health and wellbeing of our population.
- Flexibly managing our estate so that our health and care system can respond to different volumes and patterns of demand.

Operational delivery:

- The system infrastructure (such as buildings and transport) and supply chain (for example fuel, food and care supplies) need to be prepared for and resilient to weather events and other crises.

Transformed Models of Care

Transforming through the national New Hospital Programme
The New Hospital Programme delivers Government investment in the replacement of aged NHS hospital estate across the NHS. Norfolk and Waveney have been successful in securing funding that will see the planned rebuilding of the James Paget and Queen Elizabeth Hospitals. These investments will transform patient experience, providing innovative and modern and highly equipped hospitals from which our clinical services will continue to go from strength to strength.

Transforming through digital infrastructure and SMART buildings
The use of digital infrastructure and technology is important in delivering our vision and objectives. Digital innovation and enhanced infrastructure, devices, and information systems will help form SMART buildings that advance the experiences of our building users, improve sustainability, and drive financial efficiency.

SMART buildings will monitor, measure, and manage key aspects of a building's fabric and operational use, providing the data and knowledge to drive improvement. Good estates and facilities management can be ensured through the ongoing monitoring of maintenance, operations, and utilisation data generated by SMART building technology.

Digital infrastructure and platforms will include proactive use of digital systems to improve the performance, reliability, quality, and productivity of our estate, and reduce reactive and backlog maintenance costs. This is consistent with our Digital Strategy and Roadmap.

Infrastructure Design and Investment

Improving integration through One Public Estate
One Public Estate (OPE) is an established national programme delivered in partnership by the Office of Government Property and the Local Government Association. We have been an integral part of this programme for a number of years and we will continue this work. The OPE Board provides practical and technical support and funding to councils and other public organisations to deliver ambitious, property-focused programmes in collaboration with central government and other public sector partners.

We will continue to work with our partners through One Public Estate to design and deliver integrated infrastructure solutions that serve the needs of both health and care.

Procurement / supply chain

The Norfolk and Waveney Procurement Collaborative (NWPC) continues to synchronise purchasing under a formal agreement to buy in common wherever possible. As our frontline teams work more flexibly across different locations, this has helped us improve clinical effectiveness through use of standard equipment and products across all our sites.

This collaboration delivered over £5m of procurement savings in 2023/24 and will continue to ensure we get the very best value from our non-pay spend. Reviewed and updated category strategies for each of our key spend areas will identify a programme of product range consolidation, volume aggregation and commitment to strategic supplier partnerships across the system to support the development of integrated patient pathways. We will work closely with clinical networks and the clinically led, system wide Clinical Product Evaluation Group to ensure purchasing decisions take every opportunity for standardisation across Norfolk and Waveney where appropriate.

We will also continue to ensure we leverage NHS influence and scale at levels to secure the best commercial deals for Norfolk and Waveney. We will collaborate regionally with partners across the East of England where this makes sense and are already starting to purchase at increased scale where we have joined clinical networks such as the Eastern Diagnostics Imaging Network and East Coast Pathology Alliance. We will continue our support for the NHS England strategy of using NHS Supply Chain wherever possible, so that nationally there is the greatest opportunity for the NHS as a whole to leverage its national buying power.

We are fully engaged with NHS England's Strategic Framework for the NHS Commercial sector and will ensure our procurement services are assessed and showing improvement against the UK Government's Commercial Continuing Improvement Assessment Framework. The NNUH and joint NCHC / NSFT procurement teams were both accredited as 'better' (level 3 out of 4) in 2023 and QEHKL as 'good' (level 2 out of 4). The ambition is for all procurement teams to reach the level of better or best (the top level) by 2027.

NWPC has been a national leader in deploying the NHS's single commercial system known as Atamis. All contract information is now shared across the system's providers and wider with spend analytics analyse where we can further improve our spend efficiency. We will continue to use this intelligence to prioritise our procurement resources effectively as we align our contracts and we will extend our use of other digital and transparency functionality to improve contract and supply chain management.

The Health Care Services (Provider Selection Regime) Regulations 2023 came into force on 1 January 2024 and we expect the Procurement Act 2023 to go live in October 2024. Both of these provide opportunities to make procurement decisions that prioritise patients across the system and we will review how we work to ensure we take full advantage whist maintaining focus on securing value for money. With this comes a commitment to improve the visibility of how we select suppliers and engage with the supplier community including small to medium enterprises and VCSE organisations.

We will continue to deliver on our value and sustainability commitments. For all contracts over £5m per annum, we require the supplier to provide a carbon reduction plan. We will also ensure our procurement tender activity supports UK government social value targets, the Greener NHS Programme to deliver a net zero health service and the drive to eliminate modern day slavery. This is consistent with our Net Zero Green Plan which is within the legal duty as to climate change.

We have skilled and experienced commercial professionals available across the NWPC partners, with a number of MCIPS (Member of the Chartered Institute of Procurement Supply) qualified staff which is the gold standard for procurement. We will continue to invest in increasing commercial skills of our people across the organisation, not just procurement, as commercial acumen is a growing key strategic competence required across the NHS.

The ICB continues to directly host its own procurement function. This manages predominantly procurements for healthcare and non-healthcare services, reflecting the commissioning responsibilities of the ICB. The focus of the ICB procurement team is to ensure that the ICB complies with the legal requirements for awarding service contracts that deliver the best services for patients at the best value for the system. The Provider Selection Regime introduction means that the ICB is making changes to its processes for procurement to reflect the new requirements. The new regime is intended to deliver greater flexibility to support collaboration in the delivery of services in the Norfolk and Waveney system.

As separate legal entities and to reflect the different obligations of commissioning and provider organisations, to date the ICB and provider collaborative procurement functions have operated independently. These teams are however in regular dialogue and work together to identify the most efficient and effective routes to complying with our responsibilities under legislation to the benefit of the whole system. As the system continues to develop, the way in which procurement activities are undertaken and responsibilities for specific programmes of work will continue to be reviewed to ensure that the procurement function is being delivered in the most effective way.

Population Health Management

Population Health Management (PHM) is a way of working, using joined-up local data and information to better understand the health and care needs of our local people and proactively put in place new models of care to deliver improvements in health and wellbeing.

Our ICS Population Health and Inequalities Board is leading the implementation of a new strategy for PHM. This is a specific objective within Ambition 1 of the JFP: PHM, Reducing Inequalities and Supporting Prevention.

The new strategy sets out our ambitions in relation to the delivery of population health management, our priorities and plans for a system level programme and our approaches for all partners within the system to take forward their own programmes of PHM, focussing on local communities.

By focussing on prevention and health inequalities, and by partners working together to identify new things that can really help to improve health, the strategy supports people to live as healthy a life as possible. It impacts on the way we plan, prioritise and deliver care. The PHM approach is a way we can act together to improve health and wellbeing, making the best use of the resources we have available to us, removing barriers and supporting integrated working across our system.

The strategy sets out our approaches to use joined up data and information to better identify and understand the health and care needs of our population, to identify opportunities for improvements and put in place targeted interventions to support these.

We are aspiring to a reduction in the differences in outcomes we currently experience in terms of accessing services and improvements in the health care processes for our most deprived populations.

We are also seeking to prioritise prevention activities, particularly relating to smoking, alcohol, diet and physical activity and uptake of cancer screening and immunisations.

Our approach is also driven by the needs of local communities and interventions designed to support them. We will support Place-led projects to deliver local priorities and to support working with wider partners to develop joint initiatives to address the wider determinants of health, such as housing.

Our strategy includes the need for evaluation to measure progress and impact. Progress reports will be received by the Population Health and Inequalities Board, led by our Executive Medical Director, which has a broad membership of ICS representatives, including county council, adult social care and Children's Services, Public Health, NHS providers, and place board and health and wellbeing partnership representatives.

We have identified initial PHM priorities at a system level to address health inequalities and meet the Core20PLUS5 priorities, which will have the greatest impact and where we know there are opportunities to improve. These are:

- Smoking, especially smoking in pregnancy
- Serious Mental Illness
- Chronic conditions – cancer (including earlier diagnosis), cardiovascular and respiratory.

Our ICB PHM team have achieved a number of improvements as part of our "Protect NoW" programme of work. This programme is a collaboration between NHS organisations, local authorities, the voluntary sector and independent partners working across Norfolk and Waveney. It comprises a growing number of projects, each focused on optimising physical and/or mental health and wellbeing. Alongside clinical leadership, our PHM digital supplier provides the bespoke data analysis, technical solutions and digital platforms that underpin the "Protect NoW" projects.

Projects to date have included topics such as:

- **COVID-19 vaccination uptake** – Increasing vaccine uptake and gaining insight into how we can support people to take up the vaccine offer.
- **Falls prevention** – Engaging with people who are vulnerable to having a fall or waiting for a hip or knee operation and assessing if any adaptations or equipment are required, in partnership with the Local Authority Home Adaptations team.
- **Pain management** – Triaging patients on the pain waiting list so that those suffering the most pain are prioritised.
- **Improving Access to Psychological Therapies (IAPT) uptake** – Increasing referrals to the wellbeing service and addressing clinical variation.
- **Cervical screening uptake** – Increasing the uptake of Cervical Cancer Screening – reducing inequalities and unwarranted clinical variation.
- **Long Covid clinic design** – Gaining insight from those with lived experience of Long Covid to inform design of service specification for commissioning Long Covid clinics from the community provider.
- **Diabetes prevention** – Increasing referrals into the National Diabetes Prevention Programme to prevent / reverse type 2 diabetes and address clinical variation.
- **Priority Patient Review** – Reducing hospital admissions through primary care risk alerts relating to six biomedical markers. The pilot is seeking to demonstrate that the proactive management of patients with reversible risk across six clinical pathways will result in reduced hospital admissions.
- **ActiveNOW** – focused on supporting health and care professionals to quickly and easily refer patients into suitable physical activities based on their needs.
- **Digital Weight Management Programme** – increasing the numbers of people referred to this national programme, to improve healthy weight in people with diabetes and hypertension.

In order to better understand the health needs of our population and plan and deliver the PHM programme in an integrated way, we need to further develop our infrastructure that underpins it. The development of this infrastructure is closely linked to our ICS digital strategy.

At the moment, data is mostly held within separate organisations and this limits the ability to see the bigger picture. PHM will be optimised when we can join up data sources (including hospital, general practice and social care) to analyse need and plan care at a population level. This includes accessing linked-up data across our system using the ICS's new data hub. More details about how we are doing this can be found in our Digital Transformation Strategic Plan and Roadmap.

Clear and robust information governance systems and agreements enable us to share and analyse data safely and appropriately. As we develop our PHM programme, we will be ensuring that our cross-system information governance systems and safe access controls are clear and communicated to all partners and break down existing barriers to sharing data.

Access to such data will allow us to undertake sophisticated analysis, modelling future demand, and using techniques known as "population segmentation", "risk stratification" and "financial risk modelling"– identifying where we can make the most impact and supporting more personalised care. We will be supported to do this by skilled analytical support from our ICS-wide intelligence function. We will also be training our wider workforce to interpret the available information and identify their own, more local, priorities for action.

System Development

To create the change that we want to see and to make the most of the opportunity arising from the transition to an ICS, it is vital that we look at and understand what needs changing in our governance, processes, leadership and culture.

Information about our plans for developing and strengthening how our system works can be found in the following sections of this plan:

- **Neighbourhood level working**: Working at this very local level is a theme throughout our ambitions and underpinning objectives which are about ensuring provision is very accessible, is what our population needs, and finding out what matters most so it can be delivered as effectively as possible. The continued development of our integrated neighbourhood teams is an important part of this and our plans for developing these teams are set out in section 4.0 of our Joint Forward Plan, under Ambition 2: Primary Care Resilience and Transformation.
- **Place level working**: Our place-based approach is set out in Section 6.1 of our JFP.
- **Closer working between providers of health and care services**: Our plans for working collaboratively are set out in Section 6.2 of our JFP.
- **Working with the Voluntary, Community and Social Enterprise (VCSE) sector**: Our plans for developing how we work with the sector, including through our VCSE Assembly, are set out in Section 6.7 of our JFP.
- **Improving the quality of care**: Our plans for how our system will build our capability to identify and address quality challenges are set out in the section about quality of services, included in these legal duties.
- **Our financial performance**: Our plans for how our system will build our capability to identify and address financial challenges are set out in our financial duties, included in these legal duties.

Our Integrated Care Partnership (ICP) was built on the well-established Norfolk Health and Wellbeing Board, incorporating additional members from Suffolk to cover the Waveney part of our system and the chairs of our place boards to further strengthen the relationships and links between system and place level.

A significant amount of work was done in 2023/24 on the ICB's organisational review. The new structure will enable the ICB to better support system working and collaboration. The structure takes account of the organisation's new functions and role as a convener of the system, as well as what we have collectively learnt since the organisation was formed in July 2022. While the review was challenging for the organisation and hard for staff, the benefits to the system and to local people will be felt in 2024/25 and beyond.

For Norfolk and Waveney to be a really thriving system, staff need to be supported to work in different ways and this is why we have put in place a comprehensive organisational development programme for our system and for staff at all levels. Specific programmes of work have been developed for the ICB Board, the ICB's senior managers and the system's Executive Management Team, along with training packages and support for the wider workforce, all of which is complemented by the Clinical and Care Professionals' Leadership Programme.

This organisational development work started well before the Health and Care Act (2022) came into force and has played an important role as our system has moved towards greater collaboration over the past few years. The work will continue as our system develops and matures.

Supporting wider social and economic development

We recognise our role as anchor institutions to explore opportunities to collaborate to influence the wider determinants of health within the heart of communities. This ranges from creating opportunities to listen and hear the voice of citizens, sharing data to alleviate respiratory conditions and improve the quality of housing, to accessing and signposting to partners' skills, training and employment pathways in order to grow our system's workforce and create a vibrant local employment market.

Our newly developed Health Inequalities Strategic Framework for Action describes the role of the wider determinants of health in supporting health and wellbeing outcomes. It recognises the role of Anchor organisations, and there is a clear action for our ICS to undertake a baselining exercise so that we may better understand our current position and where we need to make improvements.

We will utilise the 'How Strong is Your Anchor' toolkit developed by University College London partners to undertake this baselining exercising and utilise this to develop a local Anchor Charter and Improvement Plan.

Working collaboratively with our partners in Public Health will be building leadership capacity through the 'WorkWell' programme to establish an ICS work and health partnership and develop a 3-tiered plan focusing on worklessness, workplace and workforce. This Partnership will include local authorities, Department of Work & Pensions, VCSE organisations, employers, GPs and the primary care system and the wider NHS.

We will utilise tools such as the Community Voices programme to listen to communities and empower them to be their own agents for change, utilising their insights to influence the services and interventions we develop.

Our eight Health and Wellbeing Partnerships (HWPs) play a significant role in supporting decision making that reflects community need, assets and strengths, and are referenced in 6.1 of Part 1 of the JFP. They provide a platform to engage a wide range of partners at a local level, that can support the design and transformation of health and care services, whilst ensuring connectivity to other services that can support their wider needs. These HWPs will provide the vital infrastructure, expertise and reach to support development and delivery of the proposed system Health Inequalities and PHM strategies.

Through our HWPs and Place Boards strong equitable relationships exist with local government. Working together we can influence, support and add value to a wide range of programmes that seek to improve access to green spaces, provide access to our collective facilities to support health and wellbeing, support local regeneration and generally provide opportunities for residents to improve their own health and wellbeing. An example of this is the adoption by Norfolk's seven Local Planning Authorities of the 'Norfolk Planning in Health Protocol' (2019).