





Norfolk & Waveney 5 Year Joint Forward Plan

April 2024 - March 2025 Update



- The JFP is a statutory requirement of the Health and Care Act 2022 and in June 2024 we published our refreshed JFP in accordance with national timescales.
- Our JFP has two timescales, the immediate priorities that Norfolk and Waveney ICS confirmed to NHS England to meet national NHS planning requirements, and the longer-term improvements captured in our eight ambitions for 2024/25 - 2028/9.
- System partners continue to deliver against the agreed 8 ambitions and 21 objectives, and the report below provides an update on what has been achieved in the six months between April and September 2024.
- Some key outcomes that are improving experience for patients are:
 - The opening of three new facilities that are providing additional capacity
 - Fewer patients have fallen due to the intervention of the Unscheduled Community Care Hub
 - Fewer patients were conveyed by ambulance and more patients were seen through the Hear & Treat telephone service
 - A flowchart of anti-depressant prescriptions has been introduced in primary care to ensure we are not over-prescribing and patients being regularly reviewed and offered alternatives, for example, access to Talking Therapies.
 - A draft pathway has been agreed for patients who have a mental health and substance use disorder simultaneously (known as dual diagnosis)
 - A clinical frailty scoring tool is being piloted at the Queen Elizabeth Hospital in King's Lynn.

-  1. Population Health Management, Reducing Inequalities and Supporting Prevention
-  2. Primary Care Resilience and Transformation
-  3. Improving services for Babies, Children and Young People 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

Ambitions 1 & 2: April 2024 – March 2025 Update

	Ambition	Ambition Title	How will we know when objective is met	Comments	Completion Status
Population Health Management, Reducing Inequalities & Supporting Prevention	1a	Development and delivery of two strategic pieces of work to support prevention: A Norfolk and Waveney Health Inequalities (HI) Strategic Framework for Action and a Population Health Management (PHM) Strategy	Publication of action plans to reduce health inequalities and develop our PHM approach over the next 5-10 years and the improvement we expect to see. Develop a programme of evaluation based on the best available data and insight to measure progress.	HI strategic framework embedded across the ICS including approval of NWICB Health Inequalities Improvement Plan. Year 2 actions agreed by Strategic Steering Group. PHM strategy implementation plan for Year 1 completed, refresh for Year 2 under development.	On Track
	1b	Smoking during pregnancy - Develop and provide a maternity led stop smoking service for pregnant women and people	Reduction in the percentage of women in Norfolk and Waveney who are smoking at time of delivery, from 12 % towards the national average of 9% by March 2026 and reduce further to 6% by March 2028.	It is difficult to highlight improvements due to the data lag, however, November 2024 data shows a 0.4% improvement from 2023 data. The smoking in pregnancy service is now embedded in all 3 of our acute hospitals and has supported 89 quits and 52 smokefree deliveries. NWICB has worked with Public Health to provide free vapes through the 'Swap to Stop' scheme and to promote smoke-free homes by working with partners and family members.	On Track
	1c	Early Cancer Diagnosis - Targeted Lung Health check programme	Continue to deliver the TLHC's to people between the ages of 55 and 75 who are current or former smokers, tracking the number of invitations, uptake and CT scans against agreed trajectory. Target to September 2024 is 40%.	TLHC are difficult to measure due to process of bulk invitations followed by 3 x follow-ups over a period of time. Movement of the project to a new GP during Q2 has seen an overall improvement through Q3 and Q4. Across 2024/2025 update on average was 41% which is an improvement on the 2023/2024 baseline but does fall short of the 2025/2026 target.	Underperformance
	1d	Cardiovascular Disease (CVD) Prevention - develop a programme of population health management interventions targeting High Blood Pressure and Cholesterol	Identify patients with high blood pressure and offer low intensity statins to those that would benefit from this treatment. The aim is a 5% improvement in each of the hypertension metrics 6 months after the reporting tools have gone live.	Procurement is underway for a Clinical Pharmacist provider for optimisation work across Hypertension and Lipid Management. However delays in this process have pushed back attainment of CVD targets into the 2025/2026 financial year. Norfolk & Waveney is the fourth best system nationally for Hypertension control. Recurrent funding has been secured for CVD-R Prevention projects from 2025/2026 onwards.	Delayed
Primary Care Resilience & Transformation	2a	Developing our vision for providing accessible enhanced primary care, improving patient outcomes and experience.	Develop a rolling programme of targeted actions to respond to people's experience of poor access to primary care services. Utilise feedback to understand any increased awareness and confidence in use of digital tools across primary care and our communities (e.g. NHS App). Development of a roadmap for protecting the provision of core primary care services, locally as they are now, whilst supporting a transition to a more sustainable integrated neighbourhood model of care.	Following the retirement of the national PCARP (Primary Care Access Recovery Programme), work is being undertaken to ensure Primary Care focus on understanding population needs to improve experience of access and outcomes. 559,008 patients have registered for the NHS App placing Norfolk & Waveney broadly in line with national average of 60%. A Strategic Framework for Primary Care has been developed and is expected to be considered at the Primary Care Commission Committee in June. This will support development of the long-terms plans.	On Track
	2b	Stabilise dental services through increasing dental capacity short term and setting a strategic direction for the next five years	Publish our Long-Term Plan for dentistry by Spring 2024, informed by strong public engagement and using data to meet the needs of our population. Improve access for our population including for children and young people.	The long-term plan for dentistry has been approved and will be refreshed to reflect national operational planning guidance. Between July 2024 and February 2025, 17,720 urgent appointments have been provided and the ICB has increased activity from February 2025 to between 2400 and 2500 appointments per month. This is an increase on the original target of 1900 per month. A child focused 'dental practice' pathway mobilised March 2025 with 6 practices working together with community dental services. We are investing £1.5m to improve access for new patients.	On Track

Ambition 3: April 2024 – March 2025 update

Improving Services for Babies, Children, Young People (BCYP) and developing our Local Maternity and Neonatal System (LMNS)	3a	Successful implementation of Norfolk's Start for Life (SfL) and Family Hubs (FH) approach	Working with the DfE/DHSC to develop an evaluation process for the national FH and SfL programme as well as developing a dashboard to measure performance.	7 physical family hub sites have been developed with a core family hub workforce of over 190 staff across multiple organisations. With a 4th year of funding secured we an 'impact analysis officer' is to be appointed to fully evaluate the programme and consider next steps/sustainability. A minimum viable project dashboard has been developed with refinements to be included through 2025/2026.	On Track
	3b	Continued development of our Local Maternity and Neonatal System (LMNS), including the Three-Year Maternity Delivery Plan	We will see the maternity workforce vacancies reduce and retention improve, with clear evidence of future leaders ready to drive forward maternity improvement. As at May 2023 the vacancy rate is 9% which will be our baseline position to measure improvement against.	Focus in this area has meant that we have been able to stabilise our maternity workforce. When we posted our 6 month update, our rate was 2.5% at December 2024 it was 0.52. This is well below the target of 9% and shows a sustained reduction through the last 12 months.	Completed
	3c	Implementation of asthma and epilepsy recommendations, for Children and Young People	Decreased hospital admissions for asthma for young people aged 10-18. Decreased hospital admissions for epilepsy for children and young people aged 0-19.	A 12-month (non-recurrent) extension to an Epilepsy Psychological support service in all 3 Acute Trusts has been confirmed, along with a 12-month (non-recurrent) extension to the recruitment of an additional Epilepsy Specialist Nurse. NHS England are in the process of refreshing the Asthma bundle, the new iteration was due in the Spring of 2025/2026 but has been delayed until late Summer. Until this is published, we do not know what the target is. Decreased hospital admissions for asthma in young people aged between 10-18 and for epilepsy for children and young people aged 0-19 are on track.	On Track
	3d	Develop an improved and appropriate offer for Neurodiversity	We want to see improved patient experience evidenced through feedback with families, a reduction in waits to specialist services, an increase in 'appropriate' referrals to services, a reduction in complaints regarding barriers to accessing care and an increase in the number of unique users of the digital library.	A second year of funding for the Partnership for Neurodiversity in Schools (PINS) has been confirmed with high engagement with schools and across system. Early gains seen in improved awareness of Neurodiversity. Despite high and consistent engagement in the neurodiversity system collaborative working groups, pace for task and finish groups across the 5 workstreams was slower than anticipated.	On Track

Ambition 4: April 2024 – March 2025 update

Transforming Mental Health Services	4a	Enable our population to develop skills and knowledge to support wellbeing and improve mental health; and deliver a refreshed suicide prevention strategy.	There will be a measurable change in self-reported mental wellbeing including the number of people reporting high anxiety, low happiness and low worthwhile scores. Rates of suicide and self-harm will decrease.	Mental health literacy framework funding secured however, securing resource to support development of the dashboard means this is delayed. However, monitoring of rates of suicide and self-harm is on track.	Delayed
	4b	Mobilise an adult mental health collaborative and a children and young people's collaborative so that partners work as one to deliver better health outcomes for our people and communities	Access to support is streamlined, responsive and coordinated for adults with mental health needs, as well as children or young persons with emotional wellbeing, mental and physical health needs.	Development of Adult MH collaborative proved challenging during this period, and therefore we are moving to integrate the wider Adult MH programme of work and associated governance into existing oversight structures. This will also support our ability to explore alternative approaches for mental health.	On Track
	4c	Establish a Children and Young People's (0-25 years) Emotional Wellbeing and Mental Health 'integrated front door' so all requests for advice, guidance and help are accepted, and the appropriate level of support is given to ensure that needs are met	We will be able to measure an increase in the number of children and young people accessing the right support to meet their emotional wellbeing and mental health needs.	The establishment of a Children and Young People's (0-25 years) Emotional Wellbeing and Mental Health 'integrated front door' now named "Mental Health Advice, Support and Access" is driving quality improvement and health equity by reducing waiting times and increasing access to appropriate support, with measurable gains in service use and resulting in increased access for children and young people and improved service efficiency. A key challenge has been delays in scoping and implementing additional support services with system partners, and in refining the digital referral process, impacting the pace of improvement and highlighting the complexity of co-ordinating system-wide change. However, despite these challenges, we have supported 15,962 children, the national target was 13,426.	Completed
	4d	We will see the whole person for who they are, developing pathways that support engagement, treatment and promote recovery for people living with multiple and complex needs, with a focus on dual diagnosis and Complex Emotional Needs (CEN)	Complex Emotional Needs 300 additional staff trained per year in Knowledge and Understanding Framework, Dialectical Behavioural Therapy, or psychologically informed approaches system-wide. An Increase in numbers of service users able to access a psychologically informed intervention outside of NHS Talking Therapies and secondary care and a reduction in presentations to Emergency Departments for patients with Personality Disorder Dual Diagnosis Achieve an increased number of referrals (as per Y1 plans and trajectory) accepted via the dual diagnosis pathway and a reduction in presentations to emergency departments for service users with mental health needs and drug or alcohol problems.	Together for Mental Health, who are supporting experts by experience to inform the dual diagnosis pathway programme, have now joined the fortnightly focus group. We have developed additional provision for people with personality disorder in the gap between primary care and Community Mental Health Teams (CMHT). This includes the new interface psychology team, a new offer for people with a history of sexual assault and abuse, and pathway integration roles (psychology roles embedded within VCSE provider). A key challenge during this period has been the NWICB and NSFT organisational restructure programmes spanning throughout 2024 and entering 2025. This has impacted senior operational leadership within NSFT. The personality disorder pathway has not been able to grow its workforce due to financial constraints and changes to models of delivery in primary care. However, despite this, 547 additional staff have now been trained which is close to double the 300 target. We have also supported 245 service users in accessing a psychologically informed intervention again, this is double the 122 target. For ED attendances for patients with a personality disorder, and our dual diagnosis objectives, the targets are currently being defined and will commence this year.	On Track

Ambitions 5 & 6: April 2024 – March 2025 Update

Transforming Care in later life	5a	To have health, carer and support services that are fit for our ageing population - supporting people as they age, to lead longer, healthier, happier lives	Reduced unplanned admissions from care homes and a better understanding and coding of our population with frailty, enabling specific support to be put in place. All providers signed up to the dementia charter and feedback from people with dementia and those who care for them that this is improving their experience.	<p>All statutory organisation within the Norfolk & Waveney Integrated Care System have agreed to the Dementia Charter and completed self-assessment tools.</p> <p>The Rockwood Clinical Frailty Scale has been agreed as the unified tool for assessing across our system and is now live at NNUH and QEH. JPUH and our community providers are due to roll out during 2025/2026.</p> <p>QEH and NCHC have successfully implemented a Virtual Ward for Frailty, providing Advance Care Planning oversight, remote monitoring, and support for frail patients for up to 14 days, enabling care at home or in care homes instead of hospitals.</p> <p>Successful work with quality in care, UEC and Unscheduled Care Co-ordination Hub (UCCH) teams to identify Care Homes with highest 999 call out and conveyance rates with regular communication established to improve quality of care for people with frailty in their usual place of residence and to reduce preventable admissions. Also supported UEC and UCCH teams to redesign the emergency pathway for people with frailty who experience falls or head injuries.</p> <p>Key challenges have been the lack of integrated digital systems between secondary care and other providers to aid communication of frailty scores, and the lack of quality data to inform decision making process around the provision of services for patients living with dementia, their families and carers.</p>	Completed
Improving UEC	6a	Improve emergency ambulance response times	Category 2 response times to average no more than 30 minutes across 2024/25 and consistent 30 minute ambulance handover at hospital	Emergency admissions are at their lowest level since 2023, along with decreases in ambulance dispatches resulting in less people going to hospital and being treated within the community. However, hospital flow continues to be challenged with high bed occupancy impacts performance at the emergency department. This has meant we have fallen slightly short of our average 30 minute target at 33 minutes, with 72% being within 30 minutes or under.	Underperformance
	6b	Expand virtual ward services	We will have achieved and be sustaining 202 virtual ward beds by March 2025.	Our objectives to expand the specialities Virtual Ward can support and reviewing opportunities for integration of a community step-up with acute step-down services to allow patients to move seamlessly through the virtual ward services remains on track. Maintaining the target of 202 beds has proved challenging and at March 2025 capacity was 170.	Underperformance
	6c	Delivery of the RightCareNow programme to reduce length of stay (LOS) in hospitals	Achieving or exceeding the national target to reduce hospital occupancy to 92% or less.	<p>As previously mentioned, hospital flow remains challenging with high bed occupancy and discharge delays impacting patient flow and bed occupancy. March 2025 shows 97% against a target of 92%. However, our Unscheduled Care Co-ordination Hub (UCCH) has increased hear and treat rates within Norfolk and Waveney which are at 14%, this exceeds the 10% target. The three UEC alliances have plans for 2025/2026 which continue to work on improving performance and patient outcomes within their areas.</p> <p>Work on our objectives to ensure delivery of our RightCareNow to reduce length of stay in hospitals remain on track for March 2026.</p>	Underperformance

Ambitions 7 & 8: April 2024 – March 2025 Update

Elective Recovery & Improvement	7a	Effectively utilise capacity across all health system partners	<p>Elective Eliminate waits of over 65 week for planned treatment as soon as possible and by September 2024.</p> <p>Diagnostics Increase the % of patients that receive a diagnostic test within 6 weeks in line with the March 2025 ambition.</p> <p>Cancer Improve performance against the 62 day standard and the 28 day faster diagnosis standard by March 2025.</p>	<p>Between October 2024 and February 2025, the number of people waiting over 65 weeks for elective care fell by 50%, and those waiting over 52 weeks reduced by 20% despite significant operational pressures. Since June 2024, the proportion of patients receiving diagnostic tests within six weeks has improved by 6.5 percentage points, demonstrating positive momentum in addressing the diagnostics backlog. However, despite this improvement, we fell short of the March 2025 national target.</p> <p>Community Diagnostic Centre sites are now operational at all three acute trusts, with each providing a range of diagnostic services including imaging, closer to home for the Norfolk and Waveney population. Sites are working to maximise estate capacity through approaches such as working 7 days per week.</p> <p>Cancer Faster Diagnosis Standard (FDS) continues to improve since October 2024 though not all providers are meeting their 28 and 62-day trajectories as planned.</p>	Underperformance
	7b	Implement digital technology to enable elective recovery	We will look at how many patients have been offered an alternative site for their treatment, how many chose to take up this offer and how many chose to wait for their preferred treatment location.	We are still offering alternative sites to patients for their elective procedures and monitoring uptake. As well as this offer, we are working hard to support patients to attend their imaging appointments, to help reduce DNAs. A recent pilot saw volunteers contact over 4,000 patients. Feedback from acute trusts advised this approach helped patients to attend their appointments, reduced missed appointments and alleviated pressures on the radiology service.	On Track
Improving Productivity & Efficiency	8a	Improve the services we provide by enhancing productivity and value for money, embracing digital innovation and delivering services together where it makes sense to do so	Undertake post implementation review for changes led through our Improving Lives Together Programme and use national benchmarking data to measure our improvement.	<p>As reported in the first six months of 2024/2025, the focus of this Ambition changed from the Improving Lives Together (ILT) workstream, to a productivity focus within the Financial Recovery Board (FRB). This was a conscious decision as it was about pace and deliverables in the short-term. So, whilst these objectives have not been pursued as described in the JFP, other relevant and associated work has been progressed as part of financial recovery.</p> <p>The Model Health System corporate benchmarking function is being used by all NHS Providers to target internal cost improvement plans and transformation and is being deployed to good effect.</p> <p>A key challenge is that EPR delivery is the digital priority for this year and next, which will impact on resources available for other projects.</p>	No Longer Applicable