

Our partners' plans and existing ICS plans

A key principle of the JFP is that it builds on existing local strategies and plans, and this section shows how we are doing this by making connections between different pieces of work. By lining up our efforts and doing a few key things well, once, at system level and in a co-ordinated way with partners, ensures we are using these strategies to best effect.

➤ Partners' plans

It is only by working together we can build system resources to address our ambitions and objectives in **section 4** to overcome some of the biggest barriers we face, achieve improvements in productivity and efficiency and the deliver our ambitions across every organisation and every service. Local Authorities play a central role in providing local leadership for health improvement, arranging public health services locally, and influencing local action to address the wider determinants of health and health inequalities for both physical and mental health. The alignment in our shared ambitions is demonstrated below.

Norfolk County Council's [Better Together for Norfolk](#) highlights the need to work collaboratively and aims to ensure our residents are living healthy, fulfilling, independent lives with a focus on prevention, early help and levelling up health through provision of better local services. Improving access and integration also aligns with the aim of the core ambitions for Adult Social Services and the Public Health Strategic Plan. [Flourishing in Norfolk: A Children and Young People Partnership Strategy – Norfolk County Council](#) supports our work to embed the Thrive model and ensure resources work around the child, with the child at the centre, enabling them to Flourish.

Suffolk County Council's [Corporate Strategy 2022-26](#) addresses their work with the NHS, district and borough councils, and other partners to prioritise the physical and mental health of all people in Suffolk to enable residents to lead healthier, active lives and address health inequalities, including working to combat isolation and loneliness and tackling obesity. [Preparing for the Future](#) supports the prioritisation of vulnerable children and young people, including delivery of further improvements in services for children and young people with SEND in Waveney.

Norfolk and Norwich University Hospital NHS Foundation Trust's [Caring with PRIDE](#) centres around [multiple work](#) programmes to deliver equitable patient access and experience, engagement and co-production, workforce development, integrated working with local providers, service transformation, estates and facilities.

James Paget University Hospitals NHS Foundation Trust's [JPUH-Trust-Strategy-2023-28](#) focuses on empowering patient choice and reducing health inequalities, promoting compassion and staff wellbeing, effective partnership working and ensuring services and finances are sustainable.

Queen Elizabeth Hospital Kings Lynn NHS Foundation Trust's [Queen Elizabeth Hospital strategy](#) is focused on equity of access and provision of timely care with an initial focus on emergency care, cancer services and elective recovery alongside a commitment to become a centre of excellence within the specialties of frailty and stroke.

Norfolk and Suffolk NHS Foundation Trust's [Our Trust Strategy | Norfolk and Suffolk NHS \(nsft.nhs.uk\)](#) centres on collaboration within our local system, early intervention to reduce inequalities and improve outcomes and experiences of patients alongside an ongoing improvement programme.

East Of England Ambulance Service NHS Trust's [East of England Ambulance Service NHS Trust strategy](#) is consistent with our hospitals' shared objective of care closer to home and will collaborate with primary care networks to ensure provision of care at home or in the community where possible, avoiding unnecessary admissions to hospital achieved through integrated partnership working and finding innovative ways to deliver the best possible care.

Norfolk Community Health and Care NHS Hospital Trust's [NCH&C strategy](#) aims to deliver seamless health and social care that creates healthier futures for everyone by developing partner integration, attracting and developing brilliant and fulfilled teams, continually improving standards of excellence and advancing the use of data and technology.

East Coast Community Healthcare's (ECCH) vision and strategy [ECCH strategy](#) proactively contribute to the delivery of the three ICS goals. ECCH has six ambitions that underpin service delivery, quality improvement and transformation activity which are informed, and driven, by the eight ambitions as we work in partnership at place and at system level. We also evidence how the eight ambitions are supported by published ICS strategies. These provide enabling infrastructure to support the transformation.

➤ **[Our Health and Wellbeing Strategies and our Integrated Care Strategy](#)**

Norfolk Joint Health and Wellbeing Strategy and the Integrated Care Strategy for Norfolk and Waveney [Norfolk's Joint Health and Wellbeing Strategy](#) focuses on:

Driving Integration by mobilising MH collaboratives and the delivery of people-centred care; by working together as a system to ensure people receive the right care, in the right place, at the right time and reducing LoS; by using and sharing data and evidence to inform planning; by working in partnership to ensure people age well.

Prioritising Prevention with a MH collaborative and shared resources, supporting people to be resilient throughout life; by early diagnosis and reducing waiting times therefore preventing, reducing and delaying need; by delivering the three prevention objectives in ambition 6 and promoting healthy lifestyles; through a systematic approach to preventing ill health from birth through early years and a focus on early intervention and prevention.

Addressing inequalities by improving accessibility and reducing ambulance wait times; by providing support for those who are most vulnerable using a collaborative approach to develop pathways; targeting interventions to those that need it the most and by improving care for people most at risk of falls.

Enabling Resilient Communities by supporting people with complex needs to remain independent whenever possible through promotion of early support and recovery; by supporting people to return back to their communities by reducing LoS and expanding virtual ward services; by supporting the population to live independent healthy lives in their communities for as long as possible, and by building a local resilient multi-skilled professional workforce.

Suffolk transitional Joint Health and Wellbeing Strategy 2022-23, Preparing for the Future [Suffolk's Joint Health and Wellbeing Strategy](#) champions greater collaboration, system-working, developing shared priorities and power resource sharing including:

Strengthen protective public factors and lessen the impact of factors that adversely impact mental health, such as unemployment, loneliness, social isolation, crime, migration, unsafe environments, and poor housing. Promote healthy workplaces, listen to the voices coming from employers, have conversations that support mental health and wellbeing.

Ensure that children and young people in Suffolk have the **best start in life**, enjoy good mental health, are resilient and productive, enjoy positive and happy relationships, and achieve their full potential, tackle the impacts of child poverty; to ensure equal access to education and other opportunities; and to ensure that children's and young people's interests are recognised in the decisions that affect their lives.

A good quality of life for **Suffolk's older people** is a priority. Working with partners to tackle loneliness and isolation, promote active participation in daily life, support greater opportunities for volunteering, and support the development of healthy and sustainable communities where people can live their best lives.

Reducing inequalities is a cross-cutting theme, with actions aiming to improve people's access to good jobs, raising incomes, and tackling the effects of poverty on families and children.

➤ Our existing ICS strategies

Norfolk and Waveney ICS strategies have been through wide consultation and are agreed with system partners. The JFP ambitions lean into the infrastructure that these 'enablers' are developing, particularly the role of digital, workforce and estates.

Digital Transformation Strategic Plan and Roadmap

Nationally, data has become an increasingly vital part of health and care delivery. It supports the insight we can have into what is happening, which leads to better decisions earlier, and better outcomes. We have invested in a 'Data Hub' driven by new, national data standards as well as regional and local requirements. We will simplify, standardise, collate and link the data sets, providing the capability to connect what the data tells us, and aggregate it for strategic and tactical analysis, decision making and reporting to enable us to achieve our goals, drive quality improvements and to support front line services in the delivery of safe, effective, and person-centred care.

This strategy will enable electronic patient records across health and care settings, delivery of a single waiting list, sharing information and deliver the technology to support patient preparation for their planned treatment and operations and enable delivery of virtual wards. Across primary care there will be integrated infrastructure such as wi-fi connectivity and cloud telephony. Digital workforce tools and fully integrated infrastructure and connectivity will have a direct benefit to productivity as they are linked to the HR/People and Digital changes that we intend to make through the Improving Lives Together change programme. Artificial Intelligence and automation will also increase productivity. Our PHM, HI and prevention ambitions will be underpinned by a specific PHM data-driven approach so we can undertake work in a targeted way, much earlier.

You can read the Digital Transformation Strategic Plan and Roadmap [here](#)

People Plan

Our People Plan is being refreshed and we know that our local workforce and our volunteers are a critical enabler as we adapt and change to deliver our services.

We are developing the workforce to integrate new MH roles such as MH Practitioners, Pharmacists, and recovery workers into GP practices which will make services more accessible. We will continue to build psychological therapy skills in our workforce recognising the importance of giving people the resources they need to recover from poor mental health and build the skills and insights to maintain recovery. In Primary Care, we will support workforce planning, recruitment, and retention, providing opportunities to all for education, training, and development of the whole workforce.

Several programmes are being delivered to improve efficiency and productivity across the system. Our 'One-Workforce' programme is looking at how to streamline back-office HR and workforce functions to reduce duplication. A reduction in agency spend is required to meet national efficiency targets and integrated workforce plans across providers and working with the VCSE sectors will be developed at system level to align with the JFP ambitions. Multi professional educational and training investment plans with sufficient clinical placement capacity are required to maintain education and training pipelines.

You can read the People Plan [here](#)

Estates

In order to provide integrated 'out-of-hospital care,' with a focus on prevention, self-care and supporting people to live well at home for longer, our community-based providers are working with PCNs to develop their integrated service models and PCN estate strategies, influencing the size and type of wider community estate. Our community providers will relocate service activity to primary care, or proposed community care located in hub and spoke models, retaining core estate to provide more specialist and focussed care. We are investing in health hubs, formed from new and existing community-located assets across the area, which will have modern technologies. As demand increases post-pandemic our estates strategy recognises that more support is needed for communities, focussed on children and young people in the areas of prevention, early help, and health inequalities to promote healthier lifestyles and emotional wellbeing, and this is part of our JFP.

Development of ICS estate aligns with the expected increase in an ageing population, and we liaise with developers to identify schemes that deliver stronger health outcomes to our residents. At the same time, we are implementing interventions to decarbonise our estate and reduce carbon emissions from our buildings, infrastructure, and services. Significant investment in new hospital sites will enable us to care for our population in modern and well-equipped environments, securing better health outcomes and this includes supporting mobile service provision.

You can read the Estates strategy [here](#)

Net Zero Green Plan

The NWICS Green Plan drives our journey toward achieving the Net Zero NHS between 2040-2045 through actions such as:

- Supporting Primary Care Network (PCN) development in ways that promote integrated services, closer to home
- Developing Family hubs
- Primary Care Hub projects
- Community Diagnostic Centres
- An expanding virtual ward service enabling patients to recover and be monitored at home

Other parts of our Green plan include digital transformation such as our electronic patient record programme, optimising medicines to minimise impacts on the environment such as our inhalers programme and changing to inhaler types that exclude harmful propellants. We also use our programme for Nature Connection and Biodiversity to coordinate investment in our built environment to provide spaces that promote health and aid wellbeing.

You can read the Net Zero Green Plan [here](#)

Quality Strategy:

Our Quality Strategy provides a clear focus on improving care quality and outcomes, using insights around health inequalities and population health to ensure services are safe and sustainable for future generations, underpinned by continuous development of clinical leadership, quality governance, management and assurance, research, evaluation and innovation. Quality is a key theme throughout the delivery of the objectives.

You can read the Quality Strategy [here](#)

Clinical Strategy

Each of the clinical strategy objectives can be clearly mapped against the JFP ambitions and we have adopted this approach to maximise inter-dependencies. The ICS clinical strategy, digital roadmap, the Estates strategy and Net Zero Green Plan are equally inter-dependent and refer to each other which gives the JFP a good foundation to build upon. The six clinical strategy objectives weave their way into the ambitions and objectives through 'seeing me as a whole person'. Delivery of high-quality resilient and reliable services relates to our ambition of Improving Productivity and Efficiency, there are direct links between reducing long waiting times and the ambition around Elective Recovery and Improvement. Acting early to improve health supports several of our prevention objectives, and the objective of tackling health inequalities is supported through the commitment to develop a HI strategy.

You can read the Clinical Strategy [here](#)

Research and Innovation

Our recently published Research and Innovation (R&I) strategy has four principles

Principle 1 - will be focused on our communities. By working with our population, we can understand needs and identify gaps to target research and innovation to improve experience of care, quality of services and health outcomes. For example, we can drive the development of research which addresses the needs of people in later life and identify innovations which could enable more personalised care.

Principle 2 - will be driven by a confident and capable workforce by equipping our workforce with the skills and confidence to identify where an innovation could help to reduce waiting lists.

Principle 3 - will be collaborative and co-ordinated by working together as a system we can make sure that R&I is championed and embedded across primary care. We can ensure new research projects are designed with people at the centre, so more research takes place closer to home.

Principle 4 - will embed everything we do using evidence from across our system when designing services, evaluating innovation and new ways of working, for example the impact of unplanned care hubs.

R&I can transform how we deliver care and support better use of resources to address differences in life expectancy, health outcomes and preventable causes of disease. Evidence from national research projects, as well as local evaluations and quality improvement projects from our system, can help us choose the best services and ways of working to address unequal health outcomes.

You can read the Research and Innovation Strategy [here](#).