NHS
Norfolk and Waveney

NHS Norfolk and Waveney Annual Report

1 April - 31 March 2023-24

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PERFORMANCE REPORT

Performance overview

The purpose of this overview is to provide sufficient information to understand the organisation, its purpose, the key risks to the achievement of its objectives, and how it has performed during the year.

There is further detail in the Performance Analysis, Accountability Report, and Accounts sections.

Chief Executive Officer and Chair's statement

Welcome to our Annual Report and Accounts for 2023/24. This report sets-out our achievements and the performance of the organisation over the past year, as well as the challenges we've faced and what we need to focus on next.

Of course, in an Integrated Care System, our achievements belong to the whole health and care system, and the challenges we face can and will only be tackled by us working collaboratively with partner organisations.

The way the system has worked together over the past year has been very positive, however we have always said that our success should be judged on whether we are making a real difference to people's lives, and over the past year we have had some important successes. For example:

We have worked as a system to improve ambulance handovers and response times: As a result of changes introduced at our hospitals, patients are now spending much less time waiting in ambulances when they arrive at one of our hospitals. This in turn is enabling our ambulances to quickly get back on the road and to the next person who needs help.

We have made changes to help ensure people are getting the right care, at the right time and by the right person: RightCareNoW is a programme of work that has helped improve the way people are discharged from hospital back into the community, and reduced the number of people in our hospitals who have no medical reason to be there and could be better cared for in their own home or another setting.

We have made it easier for people to get support for their mental health and wellbeing in their community: There are now seven family hubs in place to support parents and children, as well as ten mental health support teams working in our schools. To support adults, we now have five wellbeing hubs across Norfolk and Waveney, and mental health practitioners and recovery workers working alongside GPs so people can be seen and get help quicker.

We have taken action to keep people healthier, to prevent problems and to treat conditions early: For example, we have increased the number of people receiving targeted lung health checks, to help identify and treat lung cancer earlier. We have also increased support and set-up a new service at our three hospitals to reduce smoking during pregnancy, as this helps to reduce the chance of miscarriage, stillbirth, low birthweight and other conditions.

We are making a difference and there are many more examples of where we have made progress described in the annual report. Our progress is being recognised by others too, including by NHS England, as demonstrated by their decision to move Norfolk and Waveney into segment three of the National Oversight Framework and out of the Recovery Support Programme, or what was formerly known as "special measures".

While this is of course positive, we know we have a lot to do as a system to ensure we are consistently providing the right the level of care. The next year will have its own challenges, there's more we need and will be doing to improve the quality of and access to care, to prevent people getting ill and to intervene early when they do, and to support and grow our workforce, all of which we will need to do while living within our means.

We want to thank everyone who works for the ICB for everything they have done over the past twelve months to improve the health, wellbeing and care of local people. We know it has been a challenging year with our organisational review and restructure; we appreciate the professionalism and continued dedication that colleagues have shown throughout.

More widely, we wish to extend our gratitude to health and care staff and our voluntary sector colleagues across Norfolk and Waveney for their hard work and resilience over the past year, particularly during periods of industrial action and heightened demand for services.

We look forward to the year ahead and to continuing to make progress against our mission: to help the people of Norfolk and Waveney to lead longer, healthier and happier lives.

Rt Hon. Patricia Hewitt
Chair of NHS Norfolk and Waveney

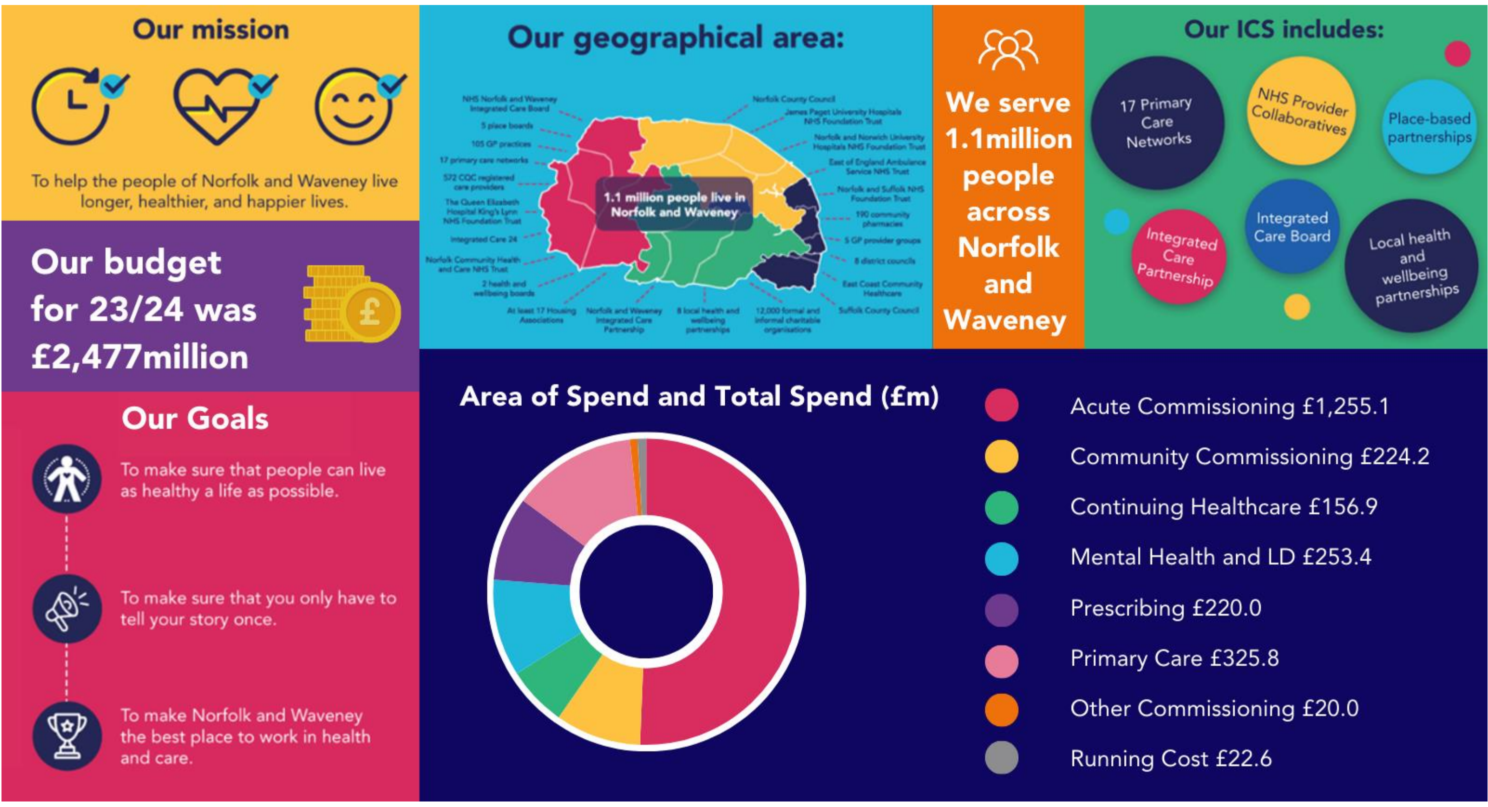
Tracey Bleakley
Chief Executive Officer
NHS Norfolk and Waveney

Purpose and activities of the organisation

NHS Norfolk and Waveney is responsible for planning and buying safe, high quality health services. NHS Norfolk and Waveney agreed and administers contracts with hospitals, community services, the mental health trust, GP practices, dentistry, pharmacy, optometry, the ambulance trust, and other organisations who provide care and treatment services, and monitored the performance of the delivery of these services.

As a result of the Health and Care Act 2022, NHS Norfolk and Waveney is responsible for the budget for the whole of the NHS landscape across Norfolk and Waveney.

2023-24 At a glance



Structure of NHS Norfolk and Waveney

NHS Norfolk and Waveney plans and buys healthcare services for local people and communities. We are accountable for the performance and finances of the NHS across Norfolk and Waveney – a total budget of £2 billion a year. We work with local people, health and care professionals, and partner organisations to improve the health and wellbeing of our population.

The organisation is part of the Norfolk and Waveney Integrated Care System. A system dedicated to working with partners in local government, the voluntary sector and others and helping the NHS to support broader social and economic development and to tackle inequalities in health outcomes. There are four pillars of our ICS which broadly bring organisations together:

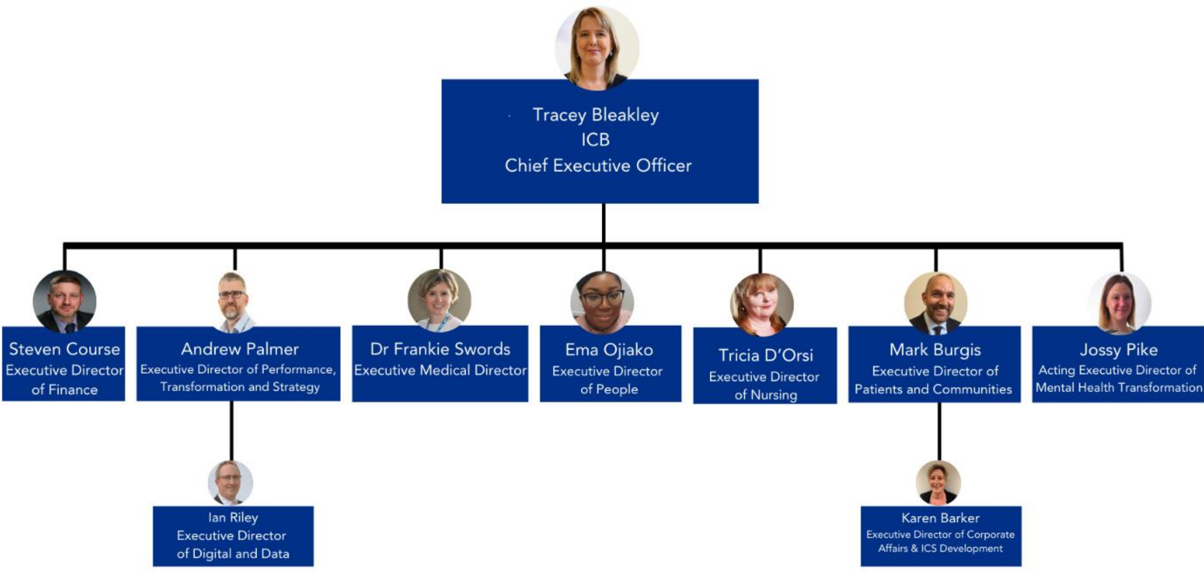
- NHS
- Local Government
- Social Care Providers and Voluntary, Community and Social Enterprise (VCSE)
- Our staff, people and communities

Integrated care is about giving people the support they need, joined up across local councils, the NHS, and other partners including social care providers, voluntary and community groups, social enterprises, charities and local communities. Integrated care involves partnerships of organisations that come together to plan and deliver joined up health and care services to improve the lives of people in their area.

NHS Norfolk and Waveney also supports 105 Member Practices, grouped into Primary Care Networks (PCNs) (see map above), and more information on PCNs is available at Primary Care Networks - Norfolk and Waveney.

Operationally, NHS Norfolk and Waveney is led by the Chief Executive Officer and a team of Executive Directors who, along with other senior colleagues, meet regularly as an Executive Management Team.

A diagram of the Executive Management Team is below. The organisation is also supported by a number of other colleagues, officers and Non-Executive Members (NEMs) who support decision making across our organisation. These roles can be found on in the Accountability Report.



Integrated Care Partnerships. Locally these two elements perform the following core functions:

- The **Integrated Care Board** (ICB) is responsible for the strategic development, funding, and health commissioning activities for the partnership.
- The **Integrated Care Partnership** (ICP) is responsible for integrating the care system with the wider public and charitable sector and has statutory responsibility for developing the strategy to address health inequalities. An overview of the ICP and links to the early Integrated Care Strategy can be found later in this report.

NHS Norfolk and Waveney, along with its wider system partners have a clear vision and set of common goals for improving the health, wellbeing and care of people living locally, and has developed the right relationships between the different parts of the health and care system to enable the ambitions of the ICS to be realised.

More information can be found at Norfolk and Waveney Integrated Care System (ICS).

The diagram below provides an overview of the Norfolk and Waveney ICS and describes how each component links and works together.

The Norfolk and Waveney Integrated Care System - Bringing all partners together to help the people of Norfolk and Waveney live longer, healthier and happier lives.

The **Integrated Care Board (ICB)**
Statutory NHS Body (replaced the CCG but has wider duties). Responsible for NHS performance and finances across Norfolk and Waveney.

The **Integrated Care Partnership (ICP)** and **Health and Wellbeing Board (HWB)**
Brings together the NHS, Local Government, Healthwatch and other public and community sector partners, as equal partners. The ICP does not replace the HWB but will have same membership. The ICP is a statutory committee of the ICB and Norfolk and Suffolk County Councils. Focusing on prevention, wider determinants, health inequalities and the VCSE.

5 Place Boards – Functions:

- Integrate and co-ordinate the delivery of local health services
- Delivery of local aspects of the integrated care strategy and other system strategies and plans
- Using local intelligence to plan and respond to operational challenges, including health and care performance, outcomes and quality
- Engagement with local people about their experience of health and care services

8 Local Health and Wellbeing Partnerships – Functions:

- Align planning and commissioning of health and wellbeing between NHS, local government, VCSE and other public sector
- Shape local implementation of the integrated care strategy and inform system strategies and plans with an overview of local delivery
- Using local intelligence, plan how to address the causes of health inequalities
- Engagement with local people about the wider issues that impact on their health and wellbeing

The goals of the Norfolk and Waveney ICS

The ICS has three overarching goals:

1. **To make sure that people can live as healthy a life as possible** - Preventing avoidable illness and tackling the root causes of poor health to reduce health inequalities across our area.
2. **To make sure that you only have to tell your story once** - Services must work better together so that key information doesn't have to be repeated to every health and care professional.
3. **To make Norfolk and Waveney the best place to work in health and care –** Supporting staff development and wellbeing will improve the working lives of our staff, and mean people get high quality, personalised and compassionate care.

The ICS vision is to help ensure that our staff, people and communities across Norfolk and Waveney can lead longer, healthier and happier lives.

To help drive this vision, in November 2022, the Norfolk and Waveney Integrated Care Partnership agreed its first Integrated Care Strategy. The strategy is an important high-level framework for the system and has four themes: Driving integration, prioritising prevention, addressing inequalities and enabling resilient communities.

It sets out the challenges and opportunities which can best be overseen by the Integrated Care System and looks beyond traditional organisational boundaries at complex, long-term issues which need collaborative approaches to succeed.

The strategy is designed to influence the strategies in our Health and Care system, including the Integrated Care Board five-year Joint Forward Plan as well as Place Boards and Health and Wellbeing Partnerships.

Also embedded within our decision making and a fundamentally important part of our ICS is working with our VCSE sector. Norfolk and Waveney has an established VCSE Assembly, which is Chaired by Emma Ratzer. Emma sits on the Board of NHS Norfolk and Waveney and works with us and the wider VCSE sector to ensure we work together at every opportunity.

Linked to the goals and ambitions of the Norfolk and Waveney Integrated Care System are eight ambitions, which can be found in the Performance Analysis section of this report.

In summary, our system goals, themes and ambitions are interlinked as follows:

3 Goals for Norfolk and Waveney

1. Live as healthy life as possible
2. Tell your story only once
3. Be the best place to work in Health and Care

4 Key themes to drive improvement

1. Drive integration
2. Prioritise prevention
3. Address inequalities
4. Enable resilient communities

8 System wide priorities

1. Population Health Management, Reducing Inequalities, 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

Key Risks and Issues

NHS Norfolk and Waveney was proactive in identifying and managing risks and issues that might adversely affect its plans or business.

Key risks to performance were formally logged on the NHS Norfolk and Waveney Board Assurance Framework (BAF) document, which was reviewed by the NHS Norfolk and Waveney management teams and committees and was reported to The Board of NHS Norfolk and Waveney at each meeting. The latest BAF can be found on page 367 of the March 2024 NHS Norfolk and Waveney Board papers.

For each risk identified there are mitigating actions identified and provided to the Board of NHS Norfolk and Waveney with assurance that they are being managed.

During 2023-24, several key issues and risks recorded on the Board Assurance Framework (BAF). These included:

- System Urgent and Emergency Care pressures risk impacting on patient assessment and care, timely discharge from hospital and ambulance congestion.
- The risk that East of England Ambulance Trust (EEAST) response times could potentially lead to significant risk of patient harm.
- Potential structural (RAAC roof and wall plank) failure at the Queen Elizabeth Hospital (King's Lynn) and James Paget Hospital (Great Yarmouth).
- Financial pressures risk impacting on ability to deliver current levels of service in 2023-24.
- The risk that mental health services provided by Norfolk and Suffolk NHS Foundation Trust (NSFT) do not meet the required standards, leading to risk of poor patient experience, delays in treatment or services, and clinical harm.
- The impact of the pandemic and cost of living crisis has created unprecedented demand for mental health services with current system capacity and models of care being very challenged.
- Risks linked to timely cancer diagnosis and treatment.

Performance summary

The following section provides a summary of the Performance Analysis. Further details about performance and a more detailed look at the work of NHS Norfolk and Waveney can be found from page 8.

NHS England announced in March 2024 that the Norfolk and Waveney ICB is no longer under the oversight of the NHS Oversight Framework (NOF) segment 4 and has been successfully removed from the Recovery Support Programme (RSP), previously known as "special measures".

The Norfolk and Waveney ICB was placed into the national RSP in August 2021 due to challenges in quality, performance, and finances. This programme offers a collaborative, system-focused approach to support providers and systems facing significant difficulties.

Following a sustained period of improvement, NHS England has endorsed the decision to transition the ICB from segment 4 (mandated intensive support) to segment 3 (mandated regional support). This transition reflects notable progress in quality, urgent and emergency care (UEC) performance, and financial stability. However, it's acknowledged that there remains ongoing work to embed these advancements and ensure their sustainability.

The following performance analysis provides a snapshot of some of the key issues, challenges and achievements that have been made, along with a summary of programmes of work that will continue into 2024-25.

Performance analysis

NHS England has a legal duty, as set out in the Health and Care Act 2022, to undertake an annual assessment of Integrated Care Board (ICB) performance. NHS Norfolk and Waveney ICB's Annual Assessment for 2022/23 noted significant evidence of the ICB having put in place the foundations of leadership, partnership working, governance and delivery focus to deliver against its core functions with substantial progress already being made across many responsibilities.

This annual report goes into detail about the issues and challenges NHS Norfolk and Waveney, along with the wider ICS face, but also, a great deal of progress that has been made over the last 12 months.

Performance of NHS services

Information about the overall performance of services is contained in the table and information below.

The table below shows an overall RAG (Red / Amber / Green) performance against constitutional targets, based on an average summary of monthly performance during 2023/24.

Green indicates that all targets were achieved, Amber that some targets were achieved, and Red that no targets were achieved.

A detailed summary of performance of these indicators is provided under each ambition area of this report.

Constitutional Area	23/24 Performance RAG	Unknown Metrics * *See Detailed tab*
Cancer Waiting Times	0 / 3	
Diagnostics Waiting Times	0 / 1	
Referral to Treatment Waiting Times	0 / 3	
A&E Waits	0 / 2	
Ambulance Response Times	0 / 6	
Ambulance Handovers	0 / 3	1
Mixed Sex Accommodation	0 / 1	
Cancelled Operations	0 / 1	1
Mental Health	4 / 6	
Patient Safety	0 / 3	3
Community	1 / 1	

NHS Norfolk and Waveney, along with ICS partners is working to deliver eight core Ambitions which are those that are in our published Joint Forward Plan.

Services within NHS Norfolk and Waveney are grouped under these ambitions. The performance analysis for NHS Norfolk and Waveney aims to showcase how services performed in alignment with the priorities.

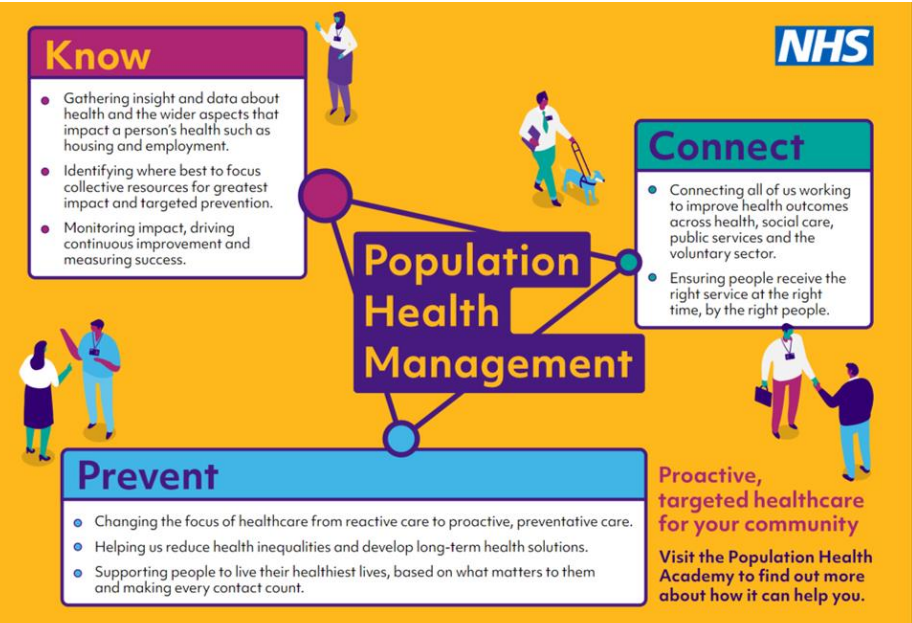
Ambition one – Population Health Management, Reducing Inequalities and Supporting Prevention

Population Health Management
In 2023/24 NHS Norfolk and Waveney developed a new Population Health Management (PHM) Strategy, informed through a series of stakeholder engagement events. This document can be found on our ICS website here.

This strategy sets out our approach to use joined-up data and information to identify and understand the health and care needs of our population. This approach will lead to opportunities for improvements and establish targeted interventions to support these.

Through a prevention lens, the strategy prioritises health inequalities and collaborative working to improve health outcomes and empower professionals to help people live well.

Figure 1: Population Health Management – Know, Connect, Prevent
Source: FutureNHS. HM messaging framework 2023



Over the past year, the PHM team have supported several improvements as part of the Protect NoW programme of work. Protect NoW is a collaboration between NHS organisations, local authorities, the voluntary sector and independent partners. It comprises of a growing number of projects, each focused on proactively optimising physical and/or mental health and wellbeing.

Key PHM projects for 2023/24 have included:

Priority Patient Review
The Priority Patient Review initiative aimed to address rising unplanned hospital admissions and pressure on primary care by targeting patients with the highest reversible risk of admission. Implemented from November 2022 to March 2024, the pilot project collaborated with multiple General Practices. Three clinical pathways were identified based on high-risk data, utilising primary care information and risk stratification techniques to identify patients who would benefit from specific tests or care processes. General Practices received regular reports on their most at-risk patients to facilitate proactive reviews and action plans aimed at improving patient care and reducing adverse outcomes. Evaluation of the pilot project is ongoing.

Diabetes Digital Structured Education
Working with the ICB Planned Care diabetes team, this pilot project commenced in January 2024 in the Great Yarmouth and Waveney area. It involved reaching out to people diagnosed with type 2 diabetes via an SMS text message. Patients were given the offer of a digital pathway where they can self-manage their condition and reduce the risk of future complications. Due to the success of this initial pilot, which demonstrated significant uptake in engagement with digital education, this pilot is now being rolled out across Norfolk and Waveney and will be extended to include people with type 1 diabetes.

Diabetes Digital Weight Management Programme
The Diabetes Digital Weight Management Programme (DWMP) offered support to adults living with obesity who also have diabetes and/or hypertension, to manage their weight and improve their health. Commissioned by NHSE and working with the ICB Planned Care team, 32 General Practices took part in the project between June 2023 and March 2024. The Protect NoW team promoted the DWMP initiative to eligible patients via letter, SMS text messages and motivational interviewing via phone. This work resulted in an eight-fold increase in people participating in the DWMP and, in terms of national benchmarking, has seen NHS Norfolk and Waveney moving from the bottom quartile to the highest performing ICS by a considerable margin.

Other PHM projects supported in 2023/24 included:

- **Active NoW Phase 2 – West Norfolk-** a project to increase physical activity for patients at risk of diabetes and hypertension through referral to the Active NoW programme.
- **Dementia - North Norfolk –** supporting people affected by dementia, raising awareness of services they can access, including offering contact with authority partners relating to Housing support, benefits and finance advice, equipment, social activities, mental and physical health support, and carers support.
- **Warm Homes - Great Yarmouth and Waveney-** to reduce the impact of cold homes and fuel poverty on vulnerable people (60 plus or under 10) who have chronic respiratory ill-health.
- **NHS Talking Therapies (IAPT) Phase 2 –** proactively identifying people who would benefit from this support, including people aged over 65 years and people vulnerable to falls.
- **Lowestoft PCN -** proactively identifying people with mental health and other health conditions to increase resilience and self-care, involving health and wellbeing coaches/care coordinators.

More information about these projects and others are available on the NHS Norfolk and Waveney website.

The development of the new PHM strategy and the ongoing programme of work has been led by a Clinical Steering Group and overseen by the PHM Oversight Group (PHMOG), reporting to the Population Health and Inequalities (PHI) Board. The multi-agency membership of these groups is overseeing the implementation of the PHM strategy and the establishment of the infrastructure needed to deliver it.

Reducing Health Inequalities

NHS Norfolk and Waveney is committed to reducing health inequalities and supporting equality and inclusion. It recognises and has implemented all legislation relevant to its role and functions including the Equality Act 2010, meeting statutory Human Rights legislation; the Equality Delivery System EDS); the Workplace Race Equality Standard (WRES); the Modern Day Slavery Act; and the Equality Impact Assessments (EIAs) and Equality Analysis.

In November 2023 NHS England's statement on information on health inequalities (duty under section 13SA of the National Health Service Act 2006) was published. You can read the statement here.

Good progress has been made towards publication of key information on health inequalities and we are developing a Norfolk & Waveney Health Inequalities Dashboard that aligns with the statement data requirements and our Health Inequalities Strategic Framework for Action. This has been undertaken with support from our colleagues in Business Intelligence and Population Health Management, using our extensive data hub which provides an excellent range of resources. We have worked closely with NHSE and other ICB's in our region when developing our response to the statement. This is to ensure that we are aligned with the data NHSE will request to enable the ICB's to look at regional patterns and trends, together with data that is bespoke to Norfolk and Waveney and important for our local decision making, especially at Place level. Oversight of the statement will be through the Population Health and Health Inequalities Board and through the programme of work in collaboration with all our NHS providers in Norfolk and Waveney that will come together in our Health Care Inequalities actions as we implement our Health Inequalities Strategic Framework for Action.

Health Inequalities Strategic Framework for Action

In 2023/24 the whole system worked together to develop our ICS Health Inequalities Strategic Framework for Action. An extensive engagement programme was developed and implemented which ensured over 100 organisations across the system were part of our 'Health Inequalities Conversation' and had the opportunity to input and help shape the Framework.

Through attendance at Place Boards, Health and Wellbeing Partnerships and numerous VCSE forums, as well as via a number of system workshops and engagement events, the Framework was co-developed with local government, VCSE and NHS partners. The Community Voices programme, which works with trusted communicators in our VCSE sector, also asked some of our most vulnerable and underserved communities what matters to them, and we engaged with people with lived experience.

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

It will adhere to the following guiding principles:

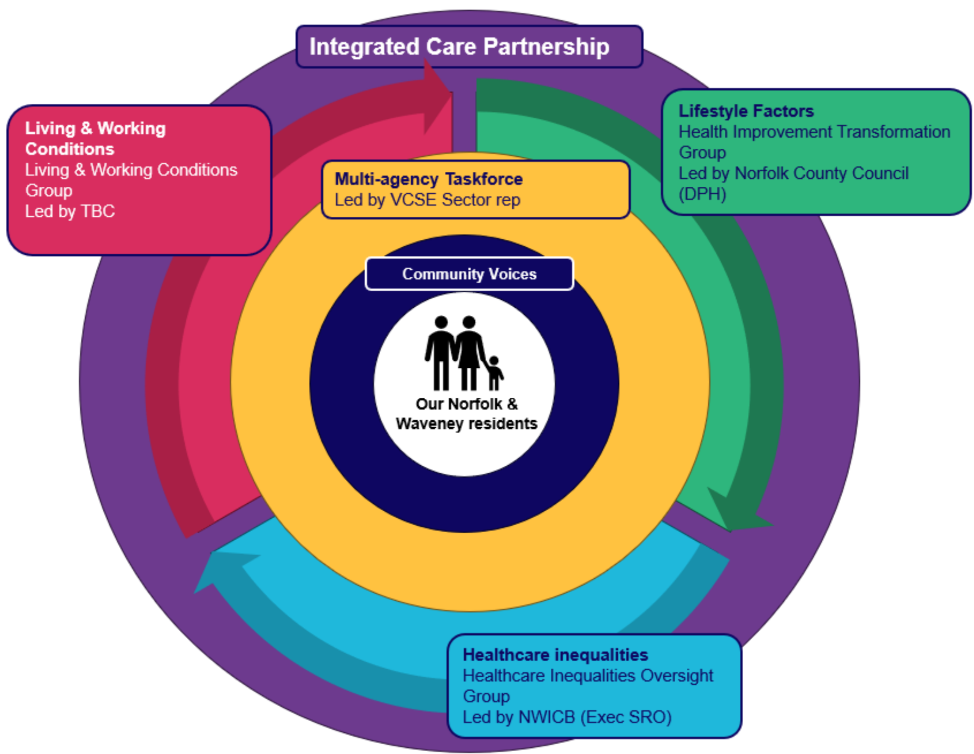
- ✓ Everyone needs something, some people need more.
- ✓ Enabling communities to have a voice is key and requires creativity and persistence.
- ✓ We will work as close to people and communities as possible.
- ✓ We want to achieve the right person, the right action, at the right time.
- ✓ We strive for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

The Framework will act as a catalyst for change; it includes a clear call to action to come together and take collaborative, as well as organisational level action. It also includes actions that can support and empower communities to take action themselves. These actions include considerations around community voice and coproduction, taking intelligence and data led action, and ensuring we have the policies, processes and procedures in place to tackle health inequalities in everything that we do. the Framework requires a whole-system commitment, we must continue our Health Inequalities Conversation, and drive further action.

In order to develop the Framework we defined a clear scope, recognising the wider determinants of health, and have defined the Core20plus population groups for Norfolk and Waveney.

The Framework commits the ICS to a focus on **3 building blocks for action** as well as strengthening our foundation to **create the conditions for success,** as described in the image below**.**

An initial 10 actions have been identified in the Framework, which will be overseen by a multi-agency Taskforce. Each building block has its own governance arrangements, with the ICB leading the action around Healthcare Inequalities via the Health Inequalities Oversight Group (HIOG) reporting to the PHI Board.



HIOG continues to meet and has overseen the development of the Framework, as well as continuing to oversee existing work programmes that seek to deliver on key local and national strategic objectives, such as Core20plus5, the NHSE five urgent actions, and ensuring compliance with the NHSE Statement on Information on Health Inequalities.

Some examples of health inequalities work are included below:

Community Voices

The Community Voices programme works with trusted communicators in the VCSE sector and local government organisations to engage communities that experience health inequalities. Initiated during the pandemic, this programme seeks to improve access to services with a focus on the 5 clinical priorities of the Core20plus5 health improvement frameworks. Through training of trusted communicators, we improve health literacy in communities, and we record and analyse the insights gathered around barriers and enablers to influence and support future service design and strategic decision making via a central insight bank. In the last 12 months Community Voices has:

- Delivered 8 projects, including bowel cancer screening, smoking cessation, refugee and asylum seeker health, asthma in children and young people, healthy hearts (CVD) and on focusing on diversity in research participation aligned with the Research Engagement Network (REN) programme).
- Gained insights from over 1,500 residents that experience significant health inequalities and recorded these on the central insight bank.
- Worked in partnership with 40+ VCSE and local government organisations.
- Provided training to 52 trusted communicators, such as Making Every Contact Count (MECC) and behaviour change, COM-B and smoking, asthma risk and management, CVD and cancer signs, symptoms and screening.
- Read a Community Voices case study

Wellness on Wheels (WoW)

Access to vaccination was identified as a barrier to increasing uptake in areas of deprivation and for inclusion health groups. Therefore, the WoW bus operates across Norfolk and Waveney supporting underserved communities and Core20plus populations access health interventions/screening. This is supported via access and inequalities funding by the vaccine team.

The bus provides services such as Stop Smoking support, sexual health self-testing kits, seasonal vaccinations, NHS Health checks and much more.

The WoW programme works in partnership with the voluntary sector and district councils in all places/localities to meet the needs of the local population, taking a Population Health Management (PHM) approach and making every contact count.

Partnering was essential to increase engagement and trust with communities that have a historical mistrust of the NHS and other governmental organisations. This bus provides an opportunity to reach into those communities that do not access health and care in more traditional ways or who are underserved by fixed delivery models. Sites have included local supermarkets, market events and other local community events. There have been Winter wellness neighbourhood events in Norwich and in coastal towns such as Great Yarmouth there have been family themed events.

Inclusion Health

Inclusion Health is a priority for Norfolk and Waveney ICB as these communities are a key part of the Core20plus NHS England approach to reduce Health Inequalities. Over the last year the number of asylum seekers and refugee communities in the ICS has increased due to the number of contingency hotels and growing number of dispersal properties, the majority of which are within the Norwich boundary. These asylum seekers and refugees are all registered at a local GP surgery, but also receive support from a number of other organisations and projects such as the Asylum Seeker Healthcare team and offer of Measles, Mumps and Rubella (MMR) vaccinations on the Wellness on Wheels bus.

Since the beginning of 2024, the ICS has been working with statutory organisations supporting Gypsy, Roma and Traveller communities to bring the WoW bus to a number of sites across Norfolk

and Waveney. There have been a range of identified areas of need such as access to MMR vaccinations, Mental Wellbeing support and will be developing the variety of services offered as the knowledge of the community requirements improves. This is an ongoing project which is recognised that it will take time to fully engage with these groups but there is a longer-term agenda to build a trusted relationship whilst improving outcomes for these communities.

Wellness Hubs development

Castle Quarter Wellness Hub has been part of the National Complete Care Community Programme (CCCP) which is a national learning programme. There has been engagement with the Norwich PCN and Norwich Health and Wellbeing Partnership to build an integrated offer to the local community. Initially the hub offered COVID-19 vaccinations providing over 32,000 vaccines and has also been offering a range of services to support access to wider health support, lifestyle, and wellbeing advice along with welfare support which also includes NHS Health Checks and MMR vaccinations.

A second Wellness Hub has been established in partnership with ICB Immunisation Team and the Queen Elizabeth Hospital based in Conduit Street Kings Lynn. This was launched November 2023 and has given over 24,000 COVID Vaccines. They also offer a range of services to support access to wider health support, lifestyle, and wellbeing advice as well as welfare support including NHS Health Checks

Place-based approaches to reducing health inequalities

In **Great Yarmouth** the Warm Homes project identified clinically and socially vulnerable residents that may be eligible for welfare and financial support through the Household Support fund. Its aim was to positively impact on exacerbations of chronic respiratory ill health caused by living in cold homes and fuel poverty. The ICB Protect NoW team proactively sent out 720 letters and followed up with telephone calls. They signposted to key links on wider welfare and health support and made appropriate referrals to the Community Hub at Great Yarmouth Borough Council (GYBC). 115 referrals made to GYBC Community Hub for Household Support fund and welfare support.

In **West Norfolk** a place has been secured on the Marmot Place Programme. A 'Marmot Place' is a place which has a significant commitment to tackle health inequalities through action on the social determinants of health. The Institute of Health Equity[1], established by Professor Sir Michael Marmot, has supported over 40 Local Authorities to become 'Marmot Places', through a process of analysis, reporting and implementing recommendations, that typically runs over a two-year period. Being part of the programme enables access to expert advice and guidance, mentoring and facilitation in developing partnerships that are better equipped to face the complex challenges associated with tackling health inequalities, supporting a culture shift that means that health inequalities is part of everybody's business and learning from an ever-growing network of Marmot Places that provide peer support.

In **Norwich,** as part of seasonal planning, a Winter Wellness on Wheels campaign took place visiting GP surgeries, community venues and schools in our most deprived neighbourhoods between Nov 2023 and March 2024 offering a range of advice and support to help people impacted by the cost-of-living crisis. With its focus on reducing inequalities, the INTERACT service continues to provide integrated support for people whose housing or home environment is negatively impacting on their health and wellbeing alongside Safe and Habitable Homes, the tenure neutral offer for people who are experiencing hoarding and/or self-neglect. Hosted by Norwich City Council, both projects are delivered by cross -sector, multi-agency teams including housing, health, social care and VCSE partners.

In **North Norfolk** a partnership programme is underway to further understand the impact of coastal erosion on health and wellbeing. RIPPLE, which is funded by UEA Health and Social Care Partners,

[1] Institute of Health Equity information accessible here

works alongside the Community Voices programme and Community Connectors in North Norfolk district council to engage communities and give voice to coastal communities, one of our Core20plus population groups. These insights will be utilised to support the development of future intervention.

Supporting prevention

Active NoW

Active NoW is a multi-agency partnership programme that works with partners in the Active Partnerships (Active Norfolk and Active Suffolk), Public Health, all 8 district councils and the VCSE sector to provide a single point of access to physical activity for health professionals.

The programme is targeted at Core20 plus populations who are inactive and at risk of, or living with, long term conditions. Initially focus has been on integrating the programme into diabetes, CVD, falls and SMI pathways with work now underway to align with Musculoskeletal (MSK) transformation.

Launching in January 2023 the programme has received over 4000 referrals in its first year, a quarter of which reside in our Core20 most deprived populations and 27% of participants reporting to have a disability. Main reasons for referral include MSK, hypertension, diabetes, obesity and mental health. Of those who took up physical activity (70%) a total of 69% report an increase in physical activity levels after 6 months. 92% reported increases in fitness, 86% increases in health, 78% increases in condition management, 80% increases in wellbeing and 44% increase in socialising.

Vaccines

NHS Norfolk and Waveney Immunisation Team has continued to lead the roll out of the vaccination programme across the health and care system during 2023-24, working with partner organisations across the Norfolk and Waveney ICS, there has continued to be a focus on vaccine inequalities with a population health management approach to improve take up in our most underserved communities.

The NHS COVID-19 vaccination programme facilitated a local transformative approach whilst engaging with communities. The ICB and the wider health and care system have continued to deliver holistic, person-centred, preventative care, via flexible teams that span primary, community, pharmacy, hospital hubs and wellness centres. This approach has enabled our system to meet the needs of our whole populations, including adults and children that may be underserved by current services, and use vaccination to help address health inequalities and inclusion health.

As of 11 March 2024, more than 3.26 million vaccinations have been given across Norfolk and Waveney since the beginning of and since the pandemic.

Norfolk and Waveney have continued to excel in the delivery of this COVID-19 programme with some of the highest vaccine uptake figures in the country, remaining first within the East of England and third nationally, receiving regional and national recognition for the performance of the vaccination programme. Indeed, the vaccination programme and the development of the Wellness on Wheels (WoW) bus was presented as a success story in the NHSE national strategy 'Shaping the Future Delivery of NHS vaccination service December 2023.

In 2023/24 we have delivered over 432,000 COVID-19 vaccines. This has included partners across the system:

- 106 GP Practices
- 33 Community Pharmacies
- 17 Primary Care Networks
- 2 large scale vaccination sites
- 5 Hospital Sites
- 1 Wellness on Wheels (WOW) bus
- 1 ICB Immunisation Team

The ICB continues to have oversight and maintain a record of clinical incidents reported by PCN and community pharmacy sites. Since April 2023, a new Clinical Assurance Dashboard has been available from NHSE. This highlights vaccination instances which appear to deviate from agreed guidelines. The Vaccination Team have taken a proactive approach to the use of this dashboard with every instance being investigated. Most instances have been recording errors, which are then corrected by the sites- ensuring accurate patient records. The ICBs work in this area has been recognised by the regional team and was presented as an exemplar, to the other systems in the region.

A supportive, team approach has been deployed with sites which has resulted in a positive culture whereby sites are open and honest and keen to engage with the ICB to establish the root cause of any incidents and put steps in place to prevent reoccurrence. Quality assurance site visits have been undertaken to provide support.

The recent Autumn/Winter campaign despite delivering the largest number of vaccinations in the region, Norfolk and Waveney had the lowest number of instances on the dashboard - indicative of the governance and oversight which has been put in place.

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

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

Ambition two – Primary Care Resilience and Transformation

Primary Care (Community Pharmacy, Dentistry, General Practice, Optometry)

In Norfolk and Waveney, General Practice is at the forefront of a transformative journey to improve healthcare accessibility and quality for everyone. Guided by the NHSE plan, we have embarked on a comprehensive strategy to improve access to services, enhance the overall patient experience, and gain a deeper understanding of healthcare demand within our communities.

Central to our approach is collaboration, with practices across the region uniting as Primary Care Networks. Through this collective effort, we have extended services beyond traditional working hours, offering over 1,000 additional hours of appointments every week, including weekday evenings and Saturdays. This initiative helps services to be readily available to our population, which stands at 1,124,979 as of 1 January 2024. The result is over 67,440 minutes of Enhanced Access Hours appointments provided weekly, demonstrating our commitment to timely access for essential healthcare services.

Our dedication to education and training remains paramount, with 86% of General Practices approved as training grounds for medical students in primary care settings. This commitment to nurturing the next generation of healthcare professionals has been further underscored by our recognition nationally for retaining young General Practitioners (GPs). Through targeted workforce retention programmes, we have successfully secured 25 ST3 placements within our region, ensuring a steady pipeline of skilled healthcare professionals for the future. Additionally, we have witnessed a 20% increase in the number of Tier 3 Educators for ST1-3 placements, highlighting our ongoing efforts to strengthen our educational infrastructure and support the development of future healthcare leaders.

In recognition of our commitment to addressing local health inequalities, we were honoured to receive the prestigious ENHANCE Generalist Programme and the Coastal and Rural Programme. These initiatives aim to bolster educational resources and support sustainable workforce planning, which helps pave the way for a more equitable and inclusive healthcare system. By focusing on community-centric care, we are not only addressing the unique healthcare challenges faced by underserved populations, but also developing a culture of collaboration and inclusivity within our healthcare system.

Within dentistry, we have undertaken a comprehensive short-term plan aimed at improving access to dental services and enhancing oral health outcomes across the region. This multifaceted approach encompasses various strategies, including the mobilisation of urgent treatment services, recruitment of 18 new dentists, and expansion of training practices. Additionally, our community pharmacy sector has experienced significant growth, with dedicated teams working hard to enhance accessibility and quality.

Data from our urgent dental treatment pilot scheme shows progress, with 1,779 appointments offered per month and 5,300 patients seen in the first three months alone. Moreover, the scheme has achieved a 'did not attend' rate of 0.02%, highlighting its demand and effectiveness in addressing unmet dental needs within the area.

Within primary care workforce, Norfolk and Waveney participated in the inaugural General Practice NHS Staff Survey, marking a milestone as the sole ICB in the East of England to engage in this endeavour.

Highlights of our participation include:

- A commendable return rate of 45.9%, surpassing the national average of 40.2%.
- Noteworthy performance in several areas such as working flexibility, health and safety, and recognition and rewards.
- Identified areas for improvement include fostering a culture of voice, compassion, and inclusivity within our team.

In response to the findings, we have taken proactive steps to welcome a Health and Wellbeing Fellow for Primary Care to our team, and we are currently seeking applicants for an Equality and Diversity Fellow position.

Furthermore, we have initiated a 12-month 'Working Well' programme aimed at supporting all primary care staff in areas such as stress management, harassment prevention, work-life balance, and leadership development.

Looking ahead, we acknowledge that significant challenges remain, particularly around ongoing workforce shortages and funding constraints.

Ambition three – Improving services for Babies, Children and Young People (BCYP) and developing our Local Maternity and Neonatal System (LMNS)

Commissioning and Transformation

Over the past year in the Commissioning and Transformation team have focused efforts on enhancing communication within our community. We have devised and distributed a comprehensive reasonable adjustment resource pack for families navigating lengthy pathways, emphasising inclusivity and support. Collaborating with the all-age stakeholder group for neurodiversity, our team has tailored advice and guidance to assist parents/carers seeking independent assessments for their children. Our widely circulated Children and Young People (CYP) newsletter continues to serve as a beacon, illuminating key priorities, information, and avenues for support across the system.

We are proud of a variety of achievements which demonstrate our commitment to actionable change and inclusive practices. We secured a successful expression of interest for Wave 4 of the Core20plus5 Community Connectors Programme, fostering a network of community influencers dedicated to health improvement and equity. Notable initiatives include the commissioning of Sensory Training for Special Educational Needs Coordinators (SENCOs) to bolster sensory processing and well-being in schools, and Sensory Profiling for Transforming Care (TC) Navigator teams to cater to the needs of the most vulnerable. Our procurement endeavours, such as the Neurodevelopmental Disorder (NDD) provider framework, further exemplify our strategic investments in comprehensive care pathways.

Service enhancements are evident across various domains, from the Children's Community Nursing Team (CCNT) service review to the establishment of recognised pathways for CYP utilising special medical devices (SMDs). We have also initiated vital training programmes, including ventilator competencies and calibration sessions, fortifying our system's clinical skills.

Collaborative efforts extend beyond service provision to strategic alignment, as demonstrated by the joint commissioning strategy with Norfolk County Council (NCC) defining our approach to Occupational Therapy (OT) commissioning. The distribution of an OT handbook to educational settings and the launch of an OT digital library show our commitment to resource accessibility and knowledge dissemination. Additionally, our engagement with families through initiatives like the Mental Health Navigators service and the creation of neurodiversity (NDS) fact sheets highlights our increased focus on holistic support and empowering people and families.

Engagement with patients, people, and communities remains central to our principles, with ongoing co-production efforts shaping programme implementations. Face-to-face interactions with parents, carers, and young people have been instrumental in refining our initiatives, ensuring they resonate with diverse needs and experiences. Our involvement in professional networks continues to yield tangible outcomes, informing priority areas such as Palliative and End of Life Care (PEoLC) and asthma management.

Despite our achievements, challenges persist, especially concerning workforce shortages and the continued impact of COVID-19 on service delivery. Limited investment funding poses additional hurdles, necessitating careful resource allocation and strategic planning in the coming months.

In assessing our targets, we are proud of our achievements such as the successful implementation of the TC Navigator and Mental Health Navigator programmes, along with the launch of OT universal services. However, we acknowledge areas where further progress is needed, including post-diagnostic support for autistic individuals and the optimisation of critical pathways amid resource constraints.

Maternity

Significant progress has been made in enhancing maternity and neonatal services in Norfolk and Waveney. This progress is deeply rooted in the Three-Year Delivery Plan for Maternity and Neonatal services, which was created to address critical areas identified through safety reports, input from maternity staff, and the voices of women and pregnant individuals. This plan, unveiled in March 2023, outlines four main themes:

1. Listening to Women and Families with Compassion:
   Maternity and Neonatal Voice Partnerships (MNVPs) have been established to ensure active engagement with service users. National guidance aligns with the MNVP model in Norfolk and Waveney, with a robust governance structure in place. The Perinatal Pelvic Health Service (PPHS) was mainstreamed in April 2024 following a successful two-year pilot. This service addresses pelvic floor dysfunction, a prevalent issue among women and birthing individuals.

2. Growing, Retaining, and Supporting the Workforce:

Recruitment efforts, including the integration of student midwives, have contributed to a reduction in midwifery vacancies. Training initiatives, such as the implementation of the national core competency training framework and Neonatal Life Support Training, have bolstered staff competencies.

3. Developing and Sustaining a Culture of Safety, Learning, and Support:
Pre-hospital Obstetric Emergency Training (POET) sessions have empowered staff with essential skills, leading to increased confidence in handling emergency situations. Regular Local Learning Events (LLEs) have facilitated knowledge sharing and continuous improvement across the system, addressing various topics relevant to maternity and neonatal care.

4. Standards and Structures Underpinning Safer, More Personalised, and More Equitable Care:
Personalised Care and Support Plans (PCSPs) have been introduced to ensure individualised care for pregnant individuals, supported by a systemwide project involving key stakeholders. Efforts to promote breastfeeding and achieve UNICEF Baby Friendly Initiative (BFI) accreditation by 2027 have been supported through investments in breastfeeding mentoring services.

Despite achievements, there remain persistent challenges in the realm of maternity healthcare that demand ongoing attention and concerted efforts.

CQC Inspections revealed a mixed landscape across Norfolk and Waveney's healthcare providers. While the Norfolk and Norwich University Hospital (NNUH) and Queen Elizabeth Hospital (QEH) garnered favourable ratings, the James Paget University Hospital (JPUH) faced challenges. Consequently, a comprehensive Maternity Improvement Plan has been initiated to address areas of concern within JPUH's maternity services.

Tobacco Dependency and Health Inequalities continue to pose significant hurdles in the region's healthcare landscape. Smoking remains a prevalent risk factor during pregnancy, with 11.6% of the birthing population in Norfolk and Waveney being smokers at delivery. Initiatives, such as the introduction of a Maternity Tobacco Dependence Treatment Service, aim to mitigate this issue. Additionally, health inequalities, particularly affecting communities in areas of high deprivation, exert profound impacts on maternal and neonatal outcomes. Consequently, targeted interventions and support programmes are necessary to address these disparities.

Digital Access and Transformation present both opportunities and challenges in the delivery of maternity care. While advancements in digital technology hold promise for enhancing healthcare delivery, digital exclusion remains a significant barrier, particularly for marginalised communities often associated with deprivation. Efforts to mitigate this issue are underway, exemplified by initiatives like the Maternity Digital Hub project, which seek to bridge the digital divide and ensure equitable access to healthcare services.

Despite these challenges, the LMNS remains committed to its corporate priorities and targets outlined in the Three-Year Delivery Plan, ensuring the continuous improvement of maternity and neonatal services in Norfolk and Waveney.

Special Educational Needs and/or Disabilities (SEND)

The Designated Clinical Officer's (DCO) team for SEND has actively engaged in regular meetings, both virtual and face to face, with education, health, and care plan (EHCP) teams in Norfolk and Suffolk. This collaborative effort has led to heightened awareness and strengthened relationships, facilitating increased knowledge in NHS provision and enhancements in EHCPs. EHCP panels have undergone thorough review and improvements, resulting in clearer identification and streamlined sharing of information. A SEND training platform, hosted on Just One Norfolk (JON), was co-produced with stakeholders and launched in October 2023, providing a centralised resource for SEND training accessible to individuals working with CYP with SEND. Additionally, content related to SEND and associated services/resources on JON and SEND Local Offer websites in Norfolk and Suffolk has been enhanced.

Efforts to improve oversight of SEND tribunals have been bolstered by established systems with both Norfolk and Suffolk local authorities. Strong connections with CYP and their parents in Norfolk have been forged, evidenced by improvements made to the Norfolk SEND survey and increased response rates. Furthermore, Norfolk has advanced its SEND quality assurance framework with the DCO playing a pivotal role. Working links have been re-established between EHCP teams and Children's Continuing Care (CC) teams in Norfolk, aligning EHCPs and CC CYP reviews and assessments. Suffolk has followed Norfolk's lead in adopting an electronic/web-based approach to early identification and notification processes as of January 2024.

The DCO team now receives working draft EHCPs from coordinators in Suffolk, including NHS health needs and provisions, which are subsequently endorsed as needed by the DCO team on behalf of the ICB. Regular meetings have been initiated with both Norfolk and Suffolk teams for CYP with EHCP transfers into the ICB area, facilitating access to required health services through advice and coordination with key health services.

In Norfolk, the DCO and Senior SEND Advisor have developed SEND multi-agency writing good advice training, which has received positive evaluations following sessions held across the system. The SEND Training Working Group collaboratively produced the SEND training platform for professionals on the JON platform, consolidating access to SEND e-learning training in one location. The successful transfer of CYP with EHCPs in and out of the area has been achieved.

Regular meetings are held with stakeholders and parent/carer groups, alongside active participation in SEND forums, local events, and conferences attended by CYP with SEND and their parents across Norfolk and Suffolk. The DCO chairs the SENDIASS steering group, facilitating the incorporation of key information and reporting from parents, carers, and young people with SEND into the system.

Following the Suffolk SEND area inspection in November 2023, further challenges have emerged, necessitating the development of a priority action plan to address identified systemic concerns. There is an ongoing effort to shift towards a needs-led approach rather than one driven solely by medical and diagnostic considerations. The aim is to build confidence in available services and resources by embracing diversity and individuality.

Challenges persist regarding the consistent reporting of SEND health data outcomes and performance dashboards within the wider system, exacerbated by the volume of work and time pressures on statutory responsibilities in both Norfolk and Suffolk. Addressing competing demands and streamlining agendas remain essential, considering the overarching nature of SEND across various domains such as TC, LDA, mental health, medical needs, physical health, safeguarding, MCA, and DOL.

Quality assurance of EHCP health advice for needs assessment has shown improvement, albeit with inconsistent progress in effectively incorporating the voices of CYP. Efforts to enhance workforce awareness and build trusting professional relationships have had positive outcomes, although challenges remain in obtaining consistent reporting evidence on statutory health advice from providers.

Learning Disabilities and Autism (LDA)

Significant progress has been made within Learning Disabilities and Autism (LDA). The Transforming Care (TC) Navigator team is now operating at full capacity, a significant milestone in our efforts. Work on prescribing guidance and the ongoing refresh of the Stopping Over Medication of People with a learning disability, autism or both (STOMP) guidance are in progress, ensuring that best practices are consistently updated and applied.

Another notable achievement is the establishment of a section 117 (S117) register, with plans for further development in the coming year. A dedicated working group, inclusive of parent/carer

representation, has initiated a review of processes post a working diagnosis of Global Developmental Delay (GDD), aided by the development of a diagnostic tool.

Key achievements over the past year include the positive movement observed in the dynamic support register (DSR), with a notable decrease in the number of CYP on the register from 30 in April 2023 to 14 in February 2024. Efforts in admission avoidance are evident through various initiatives such as community care, education, and treatment reviews (CETRs), local area emergency protocols (LAEPs), and participation in NHSE England (NHSE) inpatient CETRs.

The sixth Learning from Lives and Deaths – People with a Learning Disability and People with Autism (LeDeR) Annual Report was published in Norfolk and Waveney and the ICB continues to ensure that people living with learning disabilities and/or autism live well. We recognise that this work must be informed by the learning identified within the report, using lived experiences to help identify opportunities to improve services and support.

The acquisition of the Wellness on Wheels (WOW) bus for SENDFest 2024 marks a significant step forward in community engagement. Additionally, robust engagement in neurodevelopmental stakeholder meetings and the inclusion of Norfolk and Waveney ICB services in the Suffolk autistic spectrum disorder (ASD) strategy highlight our commitment to collaborative efforts.

Engagement with patients, individuals, and communities remains a priority, with regular feedback mechanisms in place and active participation observed across all working groups. Highlights include the creation of training materials co-produced with individuals who have lived experience, and the filming of a reasonable adjustments video.

There are challenges ahead, particularly within a busy system experiencing financial and workforce constraints. However, progress has been made in implementing policies related to DSR and CETR, with ongoing work to meet Annual Health Check targets and maintain consistency in mental health inpatient numbers.

In summary, while this area has many challenges, the dedication and collaborative spirit within the LDA sector have paved the way for significant progress and promising initiatives in the year ahead.

Continuing Care (CC)

Over the past year, Continuing Care (CC) has made improvements within its services. Since April 2023, the team has processed 48 new referrals, with 30 of these undergoing full assessments. Currently, there are 76 children on the caseload, with 62 in Norfolk and 14 in Waveney. Notably, the evolving complexity of needs, especially concerning challenging behaviours among BCYP, has been a focal point. The team has been adept at identifying cases meeting CC criteria, particularly in psychological and emotional domains.

Efforts to address gaps in training regarding personal health budgets (PHBs) have been underway, with bespoke arrangements tailored through various providers. Collaboration with school transport staff has enabled safe travel for young people on ventilators. Moreover, joint funding initiatives with Norfolk and Suffolk County Councils have ensured comprehensive support packages.

Key achievements include maintaining holistic support for families, facilitating smooth transitions into adult services, and securing funding for additional Specialist Nurses to cater to complex care requirements. Successful transitions into out-of-county placements have also been facilitated, resulting in positive outcomes for individuals. Furthermore, close collaboration with the Clinical Mental Capacity Act (MCA) Lead has enabled the identification of children requiring community deprivation of liberty (DOL).

Engagement efforts have been robust, including feedback collection from families receiving care, monthly meetings with parent partnerships, and active participation in regional CC groups.

Collaboration with NHSE and educational initiatives regarding the role of CC have also been highlighted.

Challenges persist, including a rising number of new referrals, a national shortage of paediatric nurses affecting care delivery, and sourcing appropriate care packages for individuals with extreme challenging behaviour. Addressing complex safeguarding issues and ensuring smooth transitions into and out of hospitals remain priorities. Alignment of CC reviews with Education, Health and Care Plans (EHCPs) is an ongoing effort to streamline processes for families.

While targets regarding new assessments and annual reviews align with national guidance, challenges remain in meeting the increasing demand for services and addressing staffing shortages.

Designated Safeguarding Children Team (DSCT)

NHS Norfolk and Waveney ICB has followed the statutory assurance processes set out in the Safeguarding Accountability and Assurance Framework. Over the past year, our Designated Safeguarding Children Team (DSCT) has been committed to highlighting the importance of safeguarding within the ICB and across the ICS. Ensuring that safeguarding remains woven into the fabric of our processes, from procurement to quality assessment, and commissioning for the ICB, has been a primary focus. Additionally, the DSCT has taken proactive steps in establishing partnerships and initiatives aimed at tackling serious youth violence and transitional safeguarding, particularly within our ICS.

One significant development has been the formation of the Serious Youth Violence and Transitional Safeguarding group, spearheaded by the DSCT on behalf of the ICS. This collaborative effort is instrumental in addressing exploitation issues within our county. Moreover, our involvement in leading the Family Community and Network priority for the Norfolk Safeguarding Children Partnership (NSCP) underscores our commitment to holistic safeguarding measures, including initiatives targeting family dynamics and the involvement of invisible fathers. The NSCP's Local Plan for Multi-Agency Safeguarding Arrangements can be found here.

In response to health-related school absences, our team has played a pivotal role in the system's management, highlighting our focus on safeguarding children across various contexts. Furthermore, the establishment of an all-age safeguarding team emphasises our comprehensive approach to safeguarding efforts.

Among our key achievements, the DSCT has embarked on the critical task of reviewing smaller contracts on behalf of the ICB, in collaboration with our Adult Safeguarding Team. This ensures that safeguarding considerations are embedded in all aspects of service provision. Additionally, our joint efforts with Adult Safeguarding Team in overseeing podiatry, optometry, and dentistry services within Norfolk reflect our commitment to safeguarding across the lifespan.

We've also been actively engaged in broader community initiatives, such as our partnership membership with the NSCP, further amplifying collaborative safeguarding efforts.

Looking ahead, safeguarding children and maintaining a family-centric approach will continue to be the guiding principles for the ICB. Challenges exist in ensuring the rapid review of all deaths requiring a joint agency response and providing timely feedback to families.

More information about how we work with our ICS partners to safeguard children can be found on our website. The latest copy of NSCP's annual report can also be found here.

Looked After Children

Progress over the past year has seen the reintroduction of peer audit reviews for initial and review health assessments, ensuring consistently high quality amidst staff turnover. The Designated Looked After Children (LAC) team's multi-agency efforts have refined the Strengths and Difficulties

Questionnaire pathway, enhancing emotional support for LAC. Annual audits identify areas for improvement.

Key achievements include the resolution of backlogs in initial and review health assessments, facilitated by collaboration between the Designated LAC Team and providers. Workshops conducted over the Summer showcased best practices, elevating the profile of the ICB nationally.

Engagement efforts involve the Designated Nurse for LAC gathering input from children in care and care leavers to shape future assessment protocols. Bi-monthly joint focus group meetings allow providers to address feedback from LAC and carers, driving actionable plans. Positive feedback from care leavers underscores the value of extended services.

Challenges persist, notably the rising numbers of LAC aged 15 and above, often with complex needs requiring tailored placements. High volumes of Unaccompanied Asylum-Seeking Children (UASC) strain local resources, complicating timely service delivery. Fluctuating caseloads hinder consistent appointment availability for statutory health assessments. Sustaining the Care Leavers Nursing Service remains uncertain due to resource constraints, compounded by vacancies within the Designated LAC Team affecting strategic planning.

Child Death Review Team

The Child Death Review Teams (CDRT) in Norfolk and Suffolk stand as pillars of support and improvement in child welfare. Since their inception, they've been instrumental in enhancing the quality and effectiveness of our practices.

The CDRTs play a pivotal role in the review process, ensuring that families' concerns are heard and addressed. They facilitate open and frank discussions among staff regarding the care provided to each child. Moreover, they provide support to families in need, acting as key workers when no other support is available.

Similarly, the Child Death Overview Panels (CDOP) serve a fundamental function in identifying actionable steps to mitigate modifiable risk factors contributing to child deaths. From local initiatives to national advocacy, CDOP utilise collaboration to promote change and save lives. As detailed in their latest annual report, recurring themes in child welfare emphasised the importance of clear communication, information sharing and record-keeping, which have been areas of focus for the team over this period.

The report noted challenges arise from lack of shared records and a reluctance to share information, while parental behaviours such as smoking and neglect can impact a child's well-being. Other key notes included the importance of safe sleep environments, staff training and dedication to listening to parents and carers.

Using this information, the CDRT in Norfolk focused their work in these area over the past year. Efforts were made to enhance communication with tertiary units, deliver comprehensive training to partner agencies, and emphasise the importance of face-to-face meetings between families and medical teams. Additionally, the development of feedback mechanisms ensures ongoing refinement of services.

Every family receives dedicated support, ensuring that the bereaved child remains at the heart of the process. Collaborative efforts have led to tangible improvements in service delivery within the acute sector. Comprehensive training packages have been developed and disseminated, fostering a culture of awareness and competence among staff. Importantly, feedback from families continues to drive service improvement initiatives, ensuring that their voices are heard and valued.

Ambition four – Transforming Mental Health services

Adult Mental Health

Detailed summary of performance indicators – referred to on page 9.

Mental Health

Metric ID	Short Description	Values	Target	Mar-24	AVG 23/24	Trend *(Most Recent vs AVG 23/24)*	Mar-23
EBS3	Inpatients followed up within 72 hours of discharge	%	80%	94.9%	91.1%	↑	88.9%
EH4	MH - EIP 2 week treatment	%	60%	73.7%	74.5%	→	67.3%
EH1	MH - IAPT 6 week waits (entered treatment in month)	%	75%	98.7%	97.9%	↑	96.4%
EH2	MH - IAPT 18week waits (entered treatment in month)	%	95%	100.0%	100.0%	↑	100.0%
EH10	MH - CYP ED Routine 4 weeks	%	95%	87.5%	82.4%	↑	88.9%
EH11	MH - CYP ED Urgent 1 week	%	95%	71.4%	80.4%	↓	77.8%

Financial Years	2022-23	2023-24
Mental Health Spend	£182.0m*	£199.4m**
ICB Programme Allocation	£2,209.9m	£2,455.4m
ICB Programme Allocation (net of Pharmacy, Ophthalmology and Dentistry introduced in 2023-24)***		£2,355.3m
Mental Health Spend as a proportion of ICB Programme Allocation	8.2%	8.5%

*Figure from audited Mental Health Investment Standard Compliance Statement 2022-23
**Figure to be audited for 2023424
*** First year of delegation in 2023-24, therefore removed to provide normalised comparator

NHS Norfolk and Waveney set ambitions for mental health, requiring partners to work together to enable:

- Greater focus on prevention and early support, aiming to prevent crisis where possible.
- A network of services that work together and are responsive to need, ensuring people reach the right service first time.
- More accessible community-based services that support the management of mental health issues closer to home, such as in GP surgeries and well-being hubs.

Since April 1, 2023, progress has been made in these areas:

- Mental Health Collaborative: A new setup where providers team up to improve mental health care quality, efficiency, and sustainability. Year one focused on Dementia, Delirium, and Depression in older people, continuing with a partnership through the Ageing Well programme. More improvements are planned from April 2024.
- Support for Mental Health Crises: More short stay recovery houses have been set up, increasing from 1 to 3, covering Central, East, and West areas, to support people during acute mental health crises.
- Working Well Service: Collaborative efforts with Norfolk County Council resulted in launching the Working Well service, which integrates with other programmes supporting employment for people with mental health challenges.

- Early Psychosis Support: A new service will be fully operational in 2024 to support those showing early signs of psychosis, allowing for prompt intervention and better chances of recovery.

- Support for Rough Sleepers: A pilot service launched in Great Yarmouth aims to support rough sleepers with severe mental health needs or at risk of homelessness.
- Recovery Centre for Complex Emotional Needs: A new recovery centre has opened to provide community-based interventions for those with Complex Emotional Needs, in collaboration with Norfolk and Waveney Mind and Norfolk and Suffolk Foundation Trust.

Key achievements in 2023/24:

- There are two national targets that act as warning signs, usually signalling capacity problems in the crisis pathway; work has focused on a number of initiatives that reduced in year both the number of people waiting longer than 12 hours in AandE, as well as the number of people being treated in hospital wards outside of Norfolk and Waveney (called out of area placements) which has halved from July 2023 to March 2024.
- The number of people with a diagnosis of dementia recorded in their GP records has increased from 59.7% in July 2023 to 61.4% in January 2024. This is an additional 400 people on registers, moving our system closer to the national standard of 66.7%.
- More people than ever before have accessed treatment in the NHS Talking Therapies service, with (on average) an additional 350 people every month accessing the service compared to last year. This has been accompanied by a consistent decline in the 'in-service' waiting time, which achieved national targets in December 2023.
- The Primary Care Mental Health model in Norfolk and Waveney was short-listed for an award in the 2023 General Practice awards for '*Clinical Improvement; Mental Health'*.
- 460 people have so far been referred (as of January 2024) to a new specialist service to support people living with severe mental illness to quit smoking tobacco (national early adopter site for this initiative).
- 15% more people supported by the specialist employment support service for people living with severe mental illness (Individual Placement Support) compared to the previous year. This service supports people with severe mental illness to remain in or access employment.
- The Mental Health Joint Response Car is run in partnership by the ambulance service and mental health services; more than 75% of people supported by this service do not need to attend the Accident and Emergency department.
- The Admission Prevention Service, provided by Julian Support (a VCSE partner), has been expanded county-wide and succeeded in supporting more than 80% of people to avoid a hospital admission.
- The response time to calls made to the 111 Mental Health option service (support for people experiencing crisis) has improved and is now an average of 6 minutes.
- Norfolk and Waveney ICB continue to champion work that joins up services and enables people to recover from mental ill-health in a way that considers all areas of life, including promoting physical health. One example of this is investing in the Active NoW programme, supporting people living with mental ill-health to access physical activity that meets their needs.

In terms of engagement, the Adult Mental Health Team conducted extensive public and stakeholder engagement throughout 2023 to revamp the delivery of NHS Talking Therapies, a service aimed at individuals with depression and anxiety-based needs. This effort resulted in the publication of a summary document by the ICB.

Experts by experience, engaged through a partnership with Rethink Mental Illness, played a pivotal role in leading the reference group for mental health transformation, aiding in the development of the ICS prevention and wellbeing programme, and contributing to projects focused on urgent and emergency mental health care.

A partnership with Rethink Mental Illness also led to the formation of an ICS-wide working group, supported by the Norfolk and Waveney Mental Health Provider Forum. This collaboration facilitated the development of a draft Integrated Care System Mental Health Coproduction Strategy and an associated online coproduction toolkit, scheduled for publication by March 31, 2024.

System-wide workshops were also held in alignment with commitments outlined in the Joint Forward Plan, focusing on further developing pathways for individuals with dual diagnosis (mental health needs alongside substance misuse) and those with complex emotional needs.

Looking ahead, several challenges remain within the Norfolk and Waveney mental health landscape. Ensuring a stable and resilient workforce is in place is paramount to delivering timely and effective services, yet recruitment and retention hurdles persist locally, regionally, and nationally. Collaborative efforts with service providers and workforce leaders are ongoing to tackle this issue. Moreover, the rising prevalence and complexity of mental health presentations pose a continuous strain on the system's capacity to meet growing demands.

Additionally, an increasing number of individuals seeking assistance with neurodiversity-related issues adds further complexity, demanding workforce support for diagnosis and ongoing care.

Addressing these challenges will be important for mental health services to effectively serve the population's mental health needs in the coming year.

Children and Young People's Mental Health

The launch of the CYP System Collaborative in April 2023 signalled a further development in the way partners across the system are committed to working together. Building on the CYP Strategic Alliance, the System Collaborative is led by five key system partners (NSFT, ICB, Norfolk County Council, CCS and NCHC) and is striving to improve integrated working practices for CYP and their families. Initially, two priorities will be emotional wellbeing and mental health, and neurodiversity, with key working groups established to lead projects. For mental health key considerations include a focus on 'place-based provision' around school and community offers, the alignment of integrated front doors, and a new way of working for CYP with the most complex needs (known as the integrated practice model).

Prevention/Wellbeing and Community Transformation

- Implemented 10 Mental Health Support Teams across Norfolk and Waveney, with plans for an 11th team by 2024/25, covering 55% of the area.
- Conducted 'Flourish Schools Survey' in partnership with local authority to understand needs of school-aged children.
- Expanded pilot training for pastoral staff to provide parent-led CBT (Working on Worries) in 114 primary schools.
- Recognised the need for single session interventions in therapeutic pathways, with trainer identified.
- Provided trauma-informed training across the system at three levels.
- Commissioned MAP for community youth work in four Primary Care Network sites, with plans for expansion.
- Established primary care integration group to support those under 18 years.
- Sustained TALK Centre and MH Champion Training to train staff working with CYP.
- Progressed Family Hub programme focusing on perinatal mental health, parent-infant relationships, and parenting support.
- Procured NHS Talking Therapies service considering needs of the 16-25 age group.
- Continued funding for Better Sleep Programme and other adaptation projects.
- The Professional Therapeutic Pathway accepted 185 requests for support for CYP.
- Extended VCSE provision to support MH system waiting lists.
- Integrated Front Door for CYP MH processed over 3800 requests with 98% processed within 5 days.
- Developed CYP MH Charter Implementation Toolkit for commissioned providers.
- Procured an all-age gender identity service for support and advice.

CYP Mental Health Urgent and Emergency Care

- The alternative to admission team (CATAT) has successfully supported CYP at home instead of inpatient admission.
- Embedded Senior Mental Health and Assistant Mental Health Practitioners in paediatric wards for crisis support and early discharge, reducing lengths of stay.
- Increased clinical leadership roles in CAIST to handle complex cases and improve recruitment.
- Progressing Castle Green proposal for Intensive Day Service and 72-hour respite for CYP in mental health crisis.
- Launched Integrated Practice Model to support CYP with complex Health and Social Care needs during mental health crisis.
- Recruited a project manager and team manager for Mental Health Navigator service, set to begin in July 2024, to support CYP and families with complex MH needs and reduce crisis presentations and admissions.

Eating Disorders

- Established 'The Lighthouse' intensive day treatment service for CYP with severe eating disorders, offering admission avoidance and education.
- Commissioned counselling service for CYP with mild to moderate disordered eating to prevent the development of diagnosable eating disorders.
- Learning from Cambridgeshire and Peterborough, establishing parent/carer peer support group in Norfolk as a commissioned service.
- Established Avoidant Restrictive Food Intake Disorder (ARFID) service in July 2023, with approximately 50% of users being neurodiverse.

Key achievements and outcomes of the 2023/24 period:

MHSTs Project Management:

- Achieved full establishment recruitment despite national challenges.
- Quadrupled referrals in Q4 of 2023/24 compared to Q3.
- On track to meet the goal of supporting 500 CYP per team per year.

Integrated Front Door (IFD):

- Processed 3800 requests for support with 98% within 5 working days.
- Positive feedback received for service quality.
- 40% of requests closed with advice only, reducing repeat referrals.
- Improved relationships and triage process enhancing support accessibility.

16+ Wellbeing Service Enhancements:

- Increased referrals and improved engagement for young people.
- Enhanced recovery outcomes for this age group.

Professional Therapeutic Pathway:

- Praised by partners for increased support capacity.
- Supported 185 CYP and families with complex mental health needs.

Perinatal Mental Health and Parent-Infant Relationship Workstream:

- Recognised nationally for innovative practices.
- Engaged various partners for comprehensive support.

Service Specifications and Procurement:

- Developed specifications and completed eight successful procurement exercises.
- Focused on mild-moderate mental health pathways and awarded to voluntary sector organisations.

Building Relationships in Primary Care:

- Embedded youth work roles across four PCN sites.
- Primary care teams engaged in expanding support roles.

Reduction in VCSE Provider Waiting Lists:

- Reduced waiting lists, particularly for child and families and CBT-informed therapeutic contracts.
- Aiming for 18-week referral to treatment standard.

CYP Crisis Team (CAIST) Support:
- Transitioned CAIST team into Integrated Practice Model with Social Care and Care.
- Maintained core services while developing new models.

All-age Eating Disorder Strategy Implementation:
- Established Intensive Day Service as an alternative to admission.
- Recognised regionally and being replicated in East of England.
- ARFID pathway addressing previously unmet needs.

Gender Identity Service Expansion:
- Commissioned an all-age service with positive feedback.
- Reduced mental health needs in supported individuals.

Effective Management of Contracts:
- Managed contracts efficiently, redirecting underspend to increase capacity and pilot new services.

In our ongoing efforts to transform mental health services for CYP and their families, we have prioritised their voices and experiences by undertaking many engagement opportunities over the past year.

The 'Youth in Mind' initiative, a systemwide 0-25 Participation model, reflects our commitment to incorporating the perspectives of CYP and their families. Through this model, we have focused on addressing unmet needs, particularly among under 11s and those with physical health requirements. This approach has been instrumental in shaping our recruitment processes, service specifications, and key procurements.

Steering groups, inclusive of school staff, parents/carers, and local service representatives, have provided valuable feedback on Mental Health Support Teams (MHSTs). We use this insight to adapt and tailor services according to local needs, ensuring inclusivity and effectiveness.

In other areas of engagement, young people have actively contributed to the development of the Integrated Front Door (IFD) through focus groups and surveys. Their input has influenced the refinement of support request processes and the creation of digital platforms like the 'FYI' website, enhancing accessibility and relevance.

Although significant progress has been made across CYP mental health, challenges persist, particularly regarding workforce recruitment and retention, leading to extended waiting times. Despite improvements in the VCSE sector, long waits for specialist therapeutic support remain a concern.

Our transformation agenda aligns with broader mental health priorities, emphasising early intervention and equitable provision across age groups. Efforts are underway to further embed MHSTs in schools, strengthen partnerships with primary care, and enhance the IFD to streamline access and improve outcomes.

Key milestones such as the implementation of MHSTs across the region and surpassing planned access targets for mental health support are good news. However, challenges remain in meeting intervention targets due to workforce constraints, though quality improvement initiatives are underway.

Efforts are directed towards addressing specific service gaps, such as eating disorder referrals, with improvements noted in treatment timelines. Despite challenges, the crisis support team is transitioning to full operational capacity, ensuring 24/7 coverage.

While providers are still adjusting to new information systems, efforts are being made to demonstrate improved outcomes through the Mental Health Services Data Set (MHSDS), with workshops facilitating knowledge sharing and best practices.

Despite challenges, our commitment to transforming mental health services for CYP remains strong, prioritising inclusivity, early intervention, and partnership working.

Ambition five – Transforming care in Later Life

Within Transforming Care in Later Life, one of the most notable developments has been the establishment of the Ageing Well Programme Board, which convenes every two months with representation from various sectors including Trusts, providers, and VCSE organisations. The Board has outlined five primary workstreams to concentrate on Frailty Attuned Acute Care, Dementia, Prevention, Care Homes and Housing with Care, and Education.

Additionally, an Ageing Well Strategic Framework has been drafted, finalised, and made publicly available. A supporting strategic framework matrix outlining the ICS 9 key objectives across the three ageing well life phases was also approved. In tandem with this framework, a Dementia Charter has been developed and disseminated to all providers, emphasising a commitment to addressing dementia-related challenges comprehensively.

Furthermore, the establishment of the Norfolk and Waveney Clinical Ageing Network stands as a significant milestone which draws clinical experts from across the system. The network has committed to convene bi-monthly, with an initial focus on standardising a frailty tool across the system, marking a crucial step toward enhancing care delivery.

Among the achievements since April 2023, the collaborative approach to the Ageing Well Programme at a system-wide level stands out. This concerted effort emphasises our commitment to addressing the multifaceted challenges associated with ageing populations.

In terms of engaging with patients, individuals, and communities, the Transforming Care in Later Life team has actively sought input and feedback to shape and refine services. This engagement was particularly evident in the development of the Ageing Well Strategic Framework and strategic matrix, where patient representatives were integral in providing insights, intelligence, and valuable feedback to ensure that services are tailored to meet the diverse needs of our communities.

Ambition six – Improving Urgent and Emergency Care (UEC)

Detailed summary of performance indicators – referred to on page 9.

Emergency

Metric ID	Short Description	Values	Target	Mar-24	AVG 23/24	Trend (Most Recent vs AVG 23/24)	Mar-23
EB5	A&E attendance seen <4 hrs	%	76%	77.0%	72.6%	↑	70.9%
EBS5	Proportion of Service Users attending A&E who wait more than 12 hours from arrival to discharge, admission or transfer	%	2%	5.3%	6.0%	↑	7.7%
	Ambulance - Cat 1 7min mean	Min	7	10	10	⇨	11
	Ambulance - Cat 1 15min 90th centile	Min	15	18	19	↑	21
	Ambulance - Cat 2 30min mean	Min	30	41	47	↑	66
	Ambulance - Cat 2 40min 90th centile	Min	40	91	105	↑	152
	Ambulance - Cat 3 120min 90th centile	Min	120	269	301	↑	386
	Ambulance - Cat 4 180min 90th centile	Min	180	225	424	↑	605
EBS7a	Ambulance - Arrival to handover <15mins	%	65%	37.5%	30.1%	↑	14.5%
EBS7b	Ambulance - Arrival to handover <30mins	%	95%	63.1%	53.7%	↑	33.5%
EBS7c	Ambulance - Arrival to handover <60mins	%	100%	78.9%	69.7%	↑	49.9%
EBS8a	Ambulance - Handover to Clear >30mins	#	0			⇨	

Summary of performance

- AandE <4hrs performance has seen moderate improvement over the course of the year because of all the work done by system partners to improve ambulance handover, prioritise admissions avoidance and increase Virtual Ward capacity.
- Ambulance Response times across Norfolk and Waveney have been challenged, in part due to rurality of Norfolk and Waveney, but they have also been impacted by delays in ambulance handover at our acute hospitals.

- Operational flow pressure remained within the ICS during 2023-24, driven by the need to balance UEC activity and elective recovery against an increasing length of stay within hospitals (including an increase in patients with no criteria to reside) and the impact of Industrial Action.
- Discharge pathway capacity reduced in line with the non-recurrent seasonal funding allocation as we exited Winter 2022-23. This created a reduction in capacity as a longer-term plan for intermediate care is developed.
- Norfolk and Waveney has been in the Tier 1 national UEC recovery programme and this has also identified other areas impacting patient flow and performance. These areas are admissions avoidance, front door operating practices, effective use of data and leadership/culture.
- Through the annual planning process the ICS is developing programmes of work to improve flow that are aligned to the National UEC Recovery Plan.

Community urgent response

Community

Metric ID	Short Description	Values	Target	Mar-24	AVG 23/24	Trend *(Most Recent vs AVG 23/24)*	Mar-23
	Community health services two hour urgent response standard	%	70%	68.9%	74.7%	↓	70.2%

Summary of performance

- Activity within the service has seen a notable increase, with year-to-date referrals rising by 10% compared to 2022/23. However, this surge has placed strain on the service's ability to maintain its targeted 70% performance rate, as capacity hasn't expanded proportionately to meet the heightened demand.
- This uptick in activity stems from a concerted effort to ensure individuals receive timely and suitable care, aligning with the principle of 'right care, right place, right time.' Consequently, more individuals who might have traditionally sought care in Emergency Departments are now being directed to more appropriate services. We are working to bolster alternative urgent care services within the community, which will cater to patients whose needs are better suited to community-based care rather than emergency services.

Despite targets not being achieved, over the past 12 months urgent and emergency care in Norfolk and Waveney has continued to make considerable progress to improve patient flow, reduce ambulance handover delays and continue with important work, communications and engagement activity to help signpost alternative services.

Progress has been made in the following areas:

- Ambulance handovers: Significant reductions in delays have been achieved across our three acute hospitals through rapid triage, enabling ambulance crews to quickly respond to critical cases in the community.
- Virtual Ward: A community ‘step up’ virtual ward has been established, using remote monitoring technology to facilitate seamless transitions between acute and community care, allowing for earlier discharges and safe home care.
- Care Coordination: The establishment of a Norfolk and Waveney-wide ‘Care Coordination Hub’ supports complex elderly patients, directing them away from Emergency Departments towards community-based alternatives for better outcomes.
- Same Day Emergency Care (SDEC): Expansion of direct referrals to SDEC units via 111 pathways and increased support for ambulance crews to divert patients to more appropriate care services.

Mary's story below is a good example of how the system is working together:

Mary's story

Mary's husband, Jim, a palliative care patient on chemotherapy, fell and broke his femur, affecting his mobility. Their main concern was Jim's ongoing abdominal pain, which had persisted for three days. After contacting the Acute Oncology Service (AOS), they were advised to call 111.

A telephone assessment with the UCCH GP determined the need for an in-person evaluation to decide if Jim could stay home or needed direct admission to AOS, bypassing long ED waits. An Urgent Care ACP from EEAST was dispatched to assess Jim, and a video assessment was conducted with the GP.

A plan was agreed upon by the paramedic, family, and GP, allowing Jim to stay home.

The GP prescribed remotely, and a secondary care appointment was scheduled for that afternoon, with the family arranging transportation.

The landscape of urgent healthcare is slowly evolving, with shifts in how and where urgent activity manifests. However, hospitals remain a bottleneck in the system due to high occupancy levels, prolonged lengths of stay, and delays in discharge transitions. These bottlenecks affect the ambulance service's ability to promptly reach critically ill patients in the community.

Efforts to enhance community-based capacity and capabilities have yielded successes in reducing dispatched ambulances and conveyances to hospitals. Consequently, the growth in ED attendances and hospital admissions has been slower than expected, especially considering population and demographic trends, indicating more effective community management of patients.

Despite these improvements, hospitals continue to experience congestion and lengthy stays, highlighting the ongoing need to enhance in-hospital flow and discharge processes. Although new Virtual Ward capabilities have been introduced in the community, current capacity remains limited. However, with ongoing workforce recruitment and training throughout 2024/25, fewer patients will require hospital conveyance, as more can be safely managed in the community.

Our urgent and emergency care priorities for 2024-25 are to:

- Reduce length of stay across all care settings (hospital and community beds).
- Expand and integrate our Virtual Ward capacity.
- Build on the work we have done in care coordination - ensuring our patients 'get the right care, in the right place, whenever they need it'.
- Increase the number of patients who can access SDEC services where the skills and capability of our EDs are not needed. This will help us protect the EDs for our sickest patients who are experiencing life threatening and/or life changing emergencies.
- Recover ambulance category 2 response times by reducing, and then eradicating avoidable handover delays at our hospitals. Through support to crews and better care coordination, we will reduce the time they spend on scene when a conveyance to hospital is not required.

These priorities align with the national asks set out in the NHS England Urgent and Emergency Care Recovery Plan and the 2024/25 Planning guidance.

Central Norfolk Intermediate Care Bed (ICB) Model

In response to the demand for reablement and recovery services, the Central Norfolk Intermediate Care Bed (ICB) Model has been instrumental in addressing the needs of people with varying levels of cognitive impairment, including Dementia. Commissioned with non-recurrent funding, up to 42 ICB beds were distributed across seven residential homes for the Winter of 2023/24. This initiative aimed to bridge the capacity gap and facilitate discharges from NNUH.

A hallmark of the ICB Model is the integrated approach involving a multidisciplinary team (MDT) providing in-reaching support. This team comprises of Primary Care professionals, physiotherapists, occupational therapists, social workers, and exercise instructors, ensuring comprehensive care for clients. Weekly MDT meetings, overseen by designated heads, foster collaboration and facilitate effective decision-making.

Several key achievements and outcomes have been attained with this area of work. The rapid mobilisation of schemes was realised through robust collaborative relationships with system partners. The consistent Multi-Disciplinary Team (MDT) resource has transitioned into a cohesive unit, contributing significantly to a marked reduction in the length of stay. Additionally, the implementation of the HomeFirst Therapy model has provided resilience and a governance structure, facilitating successful recruitment and retention of temporary staff. Despite recruitment challenges for agency social care staff, a rolling recruitment program and supportive management approach have resulted in successful retention and applications for substantive positions. Ring-fenced social worker resources and discharge-to-assess pathways have enabled a reduction in the length of stay for clients, including those with complex needs. Moreover, seamless integration with existing contracts for equipment delivery and transport has optimised service delivery.

Residential home providers have expressed appreciation for the integrated MDT approach, citing timely issue resolution and visible progress in discharge plans, encouraging a sense of inclusion and collaboration.

Challenges ahead include the issue of funding sustainability as the current non-recurrent funding model is scheduled to conclude by March 2024. Efforts are imperative to secure recurrent funding and seamlessly integrate the model into broader bedded capacity oversight. Additionally, ongoing optimisation of the Multi-Disciplinary Team (MDT) offer remains important to maximise patient outcomes in bedded discharge capacity. Lastly, effective planning for Winter resilience is essential, encompassing timely fund allocation and staff recruitment to ensure the smooth mobilisation of schemes during the challenging months.

Ambition seven – Elective Recovery and Improvement

Detailed summary of performance indicators – referred to on page 9.

Waiting Times

Metric ID	Short Description	Values	Target	Mar-24	AVG 23/24	Trend (Most Recent vs AVG 23/24)	Mar-23
EB4	Diagnostics completed <6 weeks	%	99%	71.4%	66.1%	↑	67.4%
EB3	RTT - Incomplete Pathways	%	92%	51.4%	52.5%	→	52.9%
EBS4	RTT - Incomplete pathways > 78 weeks	#	0	531	670	↑	328
EBS4	RTT - Incomplete pathways > 65 weeks	#	0	3,385	4,013	↑	3,531

Cancelled Operations

Metric ID	Short Description	Values	Target	Mar-24	AVG 23/24	Trend (Most Recent vs AVG 23/24)	Mar-23
EBS2	Number of patients not treated within 28 days of last minute ele	#	0	85	88.5	↑	87
EBS6	No urgent operation should be cancelled for a second time	#	0			→	

Planned Care

Key progress and milestones achieved during 2023/24 include:

- The start of construction on the Diagnostic Assessment Centres (DACs) based at the three acute hospitals in Norfolk and Waveney.
- Approval received to build a Community Diagnostic Centre in East Norfolk.
- A new paediatric theatre complex opened at NNUH in December 2023 releasing theatre capacity for gynaecology and urology cases.
- The second phase of the new orthopaedic elective hub at the NNUH (NaNOC) was approved in February 2024. The centre, due to open Summer 2024, will provide capacity for an additional 2,500 cases per year with 2 additional theatres and 21 beds.
- Building work started in March 2024 for the new orthopaedic elective hub at JPUH. The hub is due to open in October 2024 and will operate 7-days per week with an additional 1400 theatre sessions per year.
- Significant steps were taken towards achieving zero 78-week and 65-week wait patients by the end of March 2024, however delivery was impacted by the industrial action in January and February 2024.

Within Elective Recovery, significant progress has been made to enhance accessibility and quality of care. This includes commissioning new services from both NHS and Independent Sector Providers (ISP), with over 1000 patients successfully transferred to these new ISP facilities since April 2023. Vigilant management of ISP performance remains a priority, alongside active participation in the national Patient Initiated Digital Mutual Aid System (PIDMAS) programme and the implementation of Women's Health Hubs.

Within the Clinical Policy Development Group, a comprehensive review and approval process for Individual Funding requests has been established. This group also spearheads the development of new policies, ensuring all are up-to-date and accurate, while also engaging in horizon scanning initiatives and overseeing the Clinical Threshold Policy.

Referral Management efforts have been robust, focusing on supporting primary care staff in utilising e-Referral Systems effectively, optimising referrals, designing new referral forms and clinical pathways, and championing the Patient Choice agenda. The diligent management of patient complaints and queries regarding waiting times remains a priority.

Reflecting on challenges, industrial action by clinical staff severely impacted elective recovery and looking ahead, it remains the biggest risk to performance as we move into the new financial year.

National Clinical Programmes:

NHS Diabetes Prevention Programme
Under the NHS Diabetes Prevention Programme, remarkable achievements have been reached, surpassing NHSE targets with a 144% increase in referrals and a 175% increase in new starters. Noteworthy improvements have also been observed in diabetes management processes and treatment targets. Over the past year, a range of actions have taken place to enhance diabetes care including pilot programs, technological advancements, and educational outreach efforts.

Respiratory Disease
Efforts in respiratory care have resulted in the delivery of 10,000 additional appointments for acute respiratory infections via local hubs, with ongoing improvements in service models and care pathways. In particular, the Pulmonary Rehabilitation service has witnessed substantial enhancement, with a significant reduction in waiting lists observed. Moreover, progress has been made in improving access to accurate standardised respiratory diagnostics.

Cardiology / Stroke
Investments in heart failure projects and stroke community catalyst projects demonstrate a commitment to enhancing cardiovascular health across our communities. Notable actions include the development of integrated community stroke service models, and the rollout of Personal Stroke Records across acute facilities in collaboration with the Stroke Association.

System Clinical Programmes:

Initiatives such as Women's Health Hubs aim to improve access to crucial services while enhancing staff training and patient education. In Eye Care, the implementation of standardised pathways and service specifications across providers reflects a commitment to quality and regulatory compliance. Similarly, efforts in MSK care emphasise pathway standardisation and optimisation of referral processes.

In Palliative and End of Life Care, a rigorous review process has informed the development of an operational plan to address key priorities, ensuring alignment with statutory duties. The Dermatology domain sees proactive steps in refining pathways and piloting innovative teledermatology solutions to enhance service delivery.

By focusing on these core areas, we continue to advance accessibility, quality, and efficiency across our healthcare system, ensuring the well-being of our communities remains paramount.

Cancer

Detailed summary of performance indicators – referred to on page 9.

Cancer

Metric ID	Short Description	Values	Target	Mar-24	AVG 23/24	Trend *(Most Recent vs AVG 22/23)*	Mar-23
EB27	Cancer - 28 days Faster Diagnosis Standard	%	75%	73.9%	60.8%	↑	69.8%
EB8	Cancer - 31 days	%	96%	86.0%	87.5%	→	90.9%
EB12	Cancer - 62 days	%	85%	60.9%	55.3%	↑	61.9%

* Cancer metrics updated to new standards issued October 2023

The Cancer Service Area, housed within the ICB, facilitates the System Cancer Transformation Team. This team is dedicated to realising the objectives outlined in the System Cancer Transformation Programme, delivered in collaboration with the ICS. The goals set from April 2023 were aligned with national directives, focusing on reducing cancer backlogs and meeting long-term cancer plan objectives.

Over the past year, progress towards these aims has been significant but partial. Efforts have been concentrated on reducing patient waiting times, with advancements in clearing backlogs. However, two Trusts are enrolled in the National Tiering programme for their Cancer Waiting Time (CWT) performance, indicating room for improvement. While improvements have been made in implementing nationally defined best practice pathways and personalised care, full integration across all cancer tumour site pathways remains incomplete due to diagnostic delays.

In terms of Long-Term Plan Objectives for Cancer, data from Norfolk and Waveney demonstrates improvements in survival rates over the past decade. Notably, 74% of individuals diagnosed with cancer in this region survive more than one year, with 56% surviving beyond five years. Furthermore, staging data analysis indicates a rise in early-stage diagnoses, from 53.4% to 57% since the inception of the transformation programme.

During the 2023/24 period, several nationally led cancer innovations have been successfully piloted in Norfolk and Waveney, including the Targeted Lung Health Checks programme, teledermatology, colon capsule, capsule sponge, and the National GRAIL trial. These initiatives aim to enhance early detection and streamline diagnostic processes, ultimately improving patient outcomes.

The programme actively engages patients and communities through various projects and partnerships, such as initiatives with Opening Doors to address barriers faced by the learning disability community, collaborations with the Academic Health Science Network (AHSN) to raise awareness of bowel screening, and partnerships with the Big C Cancer Charity to promote cancer awareness.

Despite progress, challenges remain in meeting Cancer Waiting Time targets. Trusts have not yet achieved agreed performance metrics for the Faster Diagnosis Standard (FDS), indicating the need for continued efforts amidst operational pressures and workforce challenges.

While there have been achievements, ongoing dedication is essential to address remaining challenges and meet targets within the Cancer Service Area. Additional funding and collaborative efforts will further support service recovery and ensure the delivery of quality care to cancer patients within Norfolk and Waveney.

Ambition eight – Improving Productivity and Efficiency

System Transformation

For NHS Norfolk and Waveney and the wider ICS, health and care transformation is vital.

The role of the Transformation Board during 2023/24 has been to co-ordinate the delivery of strategic transformation at system level, acknowledging that moving forward, more of the transformation may happen locally and within provider collaboratives.

Some of the remit and responsibilities of the Transformation Board will migrate into the Commissioning and Performance Committee in May 2024 as part of the ICB governance review, and the Transformation Board met for the last time in February 2024. This will support decision making as close to patients as possible, and the new Committee has the authority to make financial decisions.

Our key areas of transformation focus have been in the following areas:

a) Joint Forward Plan 2023/24

Our first Joint Forward Plan (JFP) was published on 30 June 2023.

The JFP is one of delivery mechanisms for the Health and Wellbeing Strategies for Norfolk and Suffolk and aims to describe the key work that can only be achieved by working in partnership together. It is not a work plan for all our deliverables, or a response to the NHS Long Term Plan.

Part two of the Joint Forward Plan sets out the ICB's response to our legal duties and Financial Duties are set out on page 9.

Within this section we explain how capital and revenue sources are assigned and managed. The transformation described within the JFP is aligned to our medium-term financial plan and capital plan and the 21 objectives within the eight Ambitions each have a bespoke section describing 'How are we going to afford to do this?'.

The Transformation Board has been monitoring implementation of the 2023/24 JFP and has had a role to support, escalate and unblock any emerging issues. Reports were received in October 2023 and January 2024, supported by the ICB PMO team, with a year-end report due in April 2024. A summary of 2023/24 JFP achievements will be published on the JFP webpage during April/May 2024.

The reporting format was piloted before being rolled out and aligns with the published JFP. It reports on what we are going to do, how we are going to do it, how we are going to afford it, key dates for delivery, and how we will know we are achieving our objectives.

The eight ambitions and the 21 underpinning objectives are tracked according to what has been completed, is in progress and delayed.

Summary to the end of January 2024:

There were no specific escalations in January in terms of entire Ambitions or Objectives being at risk of non-delivery or withdrawn, but some delays against the original timescales were reported for Ambition 2 Primary Care Resilience and Transformation, Ambition 4 Transforming Mental Health Services, Ambition 6 Improving Urgent and Emergency Care and Ambition 7 Elective Recovery and Improvement.

Within the context of the ICB restructure and Industrial Action this is a fair appraisal of realistic and achievable progress, particularly in relation to Ambitions 6 and 7 which are linked. The elective programme of work is affected when the demand for urgent and emergency care increases, and procedures have been postponed as a result of the industrial action. All eight Ambitions reported a number of measures of success and evidenced progress within the most recent quarter.

The 2023/24 JFP was the first to be published so a number of the Ambitions focused on co-ordinating the efforts at system level so there was a clear common purpose and ensuring we had a plan of action. As a result of this there were four plans:

- Health Inequalities Strategic Framework for Action
- Population Health Strategy
- Ageing Well Strategic Framework
- Short Term Plan for Dentistry

The other seventeen objectives are delivering projects or specific workstreams and include prevention work such as targeted lung checks to detect cancer early, smoking cessation work with the hospitals to support pregnant women, and initiatives in primary care to detect and prevent cardiovascular disease.

There is specific and joint work in both mental health and with CYP, including implementing the Norfolk Start for Life initiative, and an Integrated Front Door to ensure people are not passed between organisations and that they only have to tell their story once. The Children's Occupational Therapy (OT) work (Objective 3d) has been concluded and will become part of business as usual from now on, with the publication of a school's OT handbook and an OT digital library resource. These resources are designed to empower families, care givers and educators with the knowledge and tools

to best support children and young people. This has been welcomed by schools and paediatric matrons.

Work continues to stabilise dental services but there is still much to do, and there is a focus on Integrated Neighbourhood teams, with services being accessible through one route and in one place.

We have worked as a system to improve ambulance handovers and response times. As a result of changes introduced at our hospitals, patients are now spending less time waiting in ambulances when they arrive at one of our hospitals. This in turn is enabling our ambulances to quickly get back on the road and to the next person who needs help. We have also made changes to help ensure people are getting the right care, at the right time and by the right person. RightCareNoW is a programme of work that has helped improve the way people are discharged from hospital back into the community, and reduced the number of people in our hospitals that have no medical reason to be there and who could be better cared for in their own home or another setting.

Patients waiting for operations are supported while they wait. Hospitals share their waiting lists with each other, and patients are asked if they are able to be seen at different locations if the wait would be shorter for them.

A lot of work is being undertaken to progress the Transforming Care in Later Life Ambition and there is a clear drive to make change so that patients can be supported if they need to be in hospital but that the wrap around services are developed.

2024/25 JFP Guidance was received on 22 December 2023 and can be found here. It was very similar to 2023/24, noting that revised plans are expected to reflect a continuation of the priorities set out in the previous year's JFP. The revised 2024/25 JFP was approved by the ICB Board in March 2024 and is available to view on our website.

b) Clinical Strategy alignment

Linked to the JFP is a parallel workstream of system strategy alignment.

In particular the Transformation Board has been coordinating the delivery of the ICS Clinical Strategy.

The clinical strategy outlined six key objectives, which was that my NHS in Norfolk and Waveney would:

- Tackle health inequalities
- See me as a whole person
- Be one service
- Reduce long waiting times
- Act early to improve health
- To be reliable.

We published a progress report against Year 1 in July 2023. We undertook a huge array of work in Year 1, with 34 actions overall. The six themes within the Clinical Strategy remain current, but the learning from Year 1 was that this was overly complicated. Our ambitions for Year 2 were agreed through the Transformation Board and we have been explicit about which of the Year 1 actions have now been completed, are no longer relevant, have been built into business as usual for our teams or have been carried over into Year 2. Each of the six Objectives will also have a specific focus for Year 2, which includes 10 actions carried over from Year 1 and aligned with overlapping work already being monitored through the JFP.

This approach has been supported by our Clinical and Care Professional Assembly and by Norfolk and Suffolk Healthwatch.

The six areas of focus for Year 2 are:

Objective	Year two proposed focus
1 See me as a Whole Person	People with MH needs
2 Be one high quality resilient service	Primary care, including dentistry, and clinical care for CYP
3 Reduce Long Waiting Times	Elective care including cancer care and care closer to home
4 Act Early to Improve Health	PHM, prevention and care for older people
5 Be reliable	Emergency care
6 Tackle Health Inequalities	Health Inequalities

Within the six themes are 19 new actions and 22 that are already part of our JFP.
We will publish progress updates at six-monthly intervals.

c) Improving Lives Together (ILT) programme

This is the System's principal joint transformation workstream and is referred to within Ambitions 6 and 8 in the JFP. The Transformation Board was involved in the determination of the three priority areas, driven by data, and these are Human Resources (HR), Digital Services and Improving Discharge from Hospital (RightCareNoW). Three Cases for Change have been received into the System, and now formally passed on to the individual Programme Delivery Groups to take forward.

There is an expectation of releasing savings and increasing productivity from these workstreams. *In summary the scale of the opportunity (including both cash releasing and non-cash releasing savings) was identified as:*

	£ million
HR	6.6
RightCareNoW	10-17
Digital	3.1

The governance for the ILT programme has now progressed from a single system project team overseeing the diagnostic phase and production of the Cases for Change, to three workstreams that will lead each programme. Each is being led operationally via the three existing local delivery groups which are the system's HR Directors, Digital Strategy Steering Group (DSSG), and the Discharge Board, respectively. This is our most challenging piece of work, interlinked with our change culture and appetite for risk.

Each delivery group will need to consider with partners whether formal business cases requiring internal sign off by a partner are necessary.

Delivery of these workstreams will remain challenging in the context of other work, but the three individual projects remain agreed as a priority by the system.

d) Transition of the commissioning of specialised services from NHSE to the ICB

From April 2024 the six ICB's in the East of England are coming together to commission what are called 'specialised services', legally taking on the delegated responsibility for these from NHS England with support from the existing staff. The rationale for delegating the commissioning is to enable population based, end-to-end commissioning of services with decisions made closer to communities, and care provision is better joined up for the benefit of the local population.

Specialised services are typically (but not exclusively) those that fewer numbers of the population need to access as they are for more complex care. Some of them are provided locally but some are in specialist hospitals such as Great Ormond Street, Papworth or Moorfields for example. The ICB took on responsibility for commissioning pharmaceutical, ophthalmic and dentistry services in 2023 and these additional 59 specialised services follow the roadmap of delegation, with more services expected to follow in future years. 2024/25 will be a transition year but the six ICB's and partners are working together to develop a work plan and longer-term strategy for the eastern region which is consistent.

In the short term the Transformation Board has overseen what needs to be in place for the safe transition of the services and strategy development on day one. Post transition this work would move into the proposed new commissioning team at the ICB, but NHSE resource will be available for all the functions as it is now, through the hosted team.

BLMK ICB will be the lead/host ICB for the NHSE Commissioning Team but all six ICB's are working closely together to develop principles of collaboration which are reflected in a signed a Collaboration Agreement, setting out how we will plan services together and make collective decisions for example about budgets and prioritisation of transformation work.

Strategic Transformation (Community Services Transformation)

A review of Community Services was undertaken to identify the optimal model needed to meet current and future need across Norfolk and Waveney.

An engagement process was undertaken involving:

- Resident engagement
- >50 individual and group interviews with key leaders
- 2 dedicated system workshops, and attendance at numerous system meetings.

Good practice from the King's Fund and activity and financial data from comparable CCGs was reviewed, testing and challenging models and assumptions.

The result of the engagement process was the creation of a framework to guide future planning, commissioning, and the delivery infrastructure of community health services in Norfolk and Waveney.

This framework revolves around four Strategic Impacts:

1. Proactive and personalised support from integrated teams
2. Delivering more specialist care in the community
3. Enabling healthy communities
4. Meeting local urgent and emergency care needs.

The engagement process included a series of five online workshops to share progress about the Community Services Review with residents and communities and gather their views about the vision and areas requiring service improvement.

An online survey was conducted which mirrored the content of the sessions with residents. Both activities were promoted heavily by partner organisations and as part of the community outreach undertaken by staff onboard the Wellness on Wheels (WOW) bus.

73 people who either live or work in the region registered for the five workshops and 92 people completed the online survey.

The workshops and survey complemented wider engagement with residents – Joint Forward Plan and Community Voices Project.

We now enter the implementation phase. This is planned through learning from a series of agreed 'prototypes' testing new ways of working and in some cases, new models of care.

We are developing new collaborative approaches to Community Service transformation in the East, West and Central parts of the ICS building on existing arrangements to give greater focus on delivering our four Strategic Impacts. The first task for these Community Services Alliances will be to develop clarity on their purpose, ways of working and their priorities and plans for delivering our new community service model.

Our community services model has integrated teams at all levels of Norfolk and Waveney at its heart. Integrated Neighbourhood Teams provide the essential foundation for supporting primary care resilience and delivering community care across Norfolk and Waveney.

Integrated Neighbourhood Teams bring together people to meet the needs of the local neighbourhood populations, usually based around 30-50,000 people. Their aim is to provide personalised and proactive care as close to people's homes as possible and to enable people to look after their own health. There is a gradual integrating of how GP practice and community staff work on a day-to-day basis. Other services can be added as relationships and trust develops. Integrated Neighbourhood Teams will look different as they seek to meet the diverse needs of local populations they serve.

The transformation of community health services can make an important operational and strategic contribution to delivery of the Joint Forward Plan, system outcomes and a much desired 'left shift'. This means strategically focusing on 'downstream' prevention and integrated local primary and community care to reduce unnecessary hospital referrals and enhance continuity of care. This moves the overall burden of care out of hospitals and residential care. By doing so, this approach promotes system productivity, better patient outcomes, and improved well-being.

Digital Transformation

A wave of digital transformation continues to revolutionise the way we care for people and communities across Norfolk and Waveney.

The Shared Care Record has united the three acute hospitals, community services, the Mental Health Trust, Norfolk County Council, and GP Practices under one digital umbrella. Over 5,000 dedicated health and care professionals have embraced this tool, impacting the lives of 150,000 patients. The days of repetitive storytelling are fading as the Shared Care Record gives health and care staff a holistic view of important records, meaning people receive better and quicker care.

Over 80% of Norfolk and Waveney's social care providers have embraced the Digital Social Care Record, bringing newfound efficiency and effectiveness to their services. This digital leap forward not only benefits service users and staff, but promises greater synergy once integrated with the Shared Care Record.

Progress has been made with remote monitoring as 40 care homes in the region now have real-time access to critical patient information, enabling individuals to receive care in the comfort of their own homes. Furthermore, the introduction of community-based Virtual Wards has encouraged people to live well independently yet safely.

The Norfolk and Waveney Acute Hospital Collaborative's Electronic Patient Record (EPR) Programme has continued to evolve over the past year. After a rigorous procurement process during the Summer, MEDITECH, a world leader in integrated digital systems, was selected as the supplier for the new EPR system. The new EPR for the collaborative, formed of NNUH, JPUH, and QEH, is poised to elevate staff and patient experiences, transforming acute hospital healthcare by storing patient information electronically and streamlining communication between patients and staff. The EPR will introduce time-saving features and facilitate safer, more personalised care, ultimately enhancing the overall quality of care provided by the three Trusts. The EPR Full Business Case is currently in its final approval processes with implementation scheduled to start in Autumn 2024 and a final go-live in 2026.

More people are using the NHS App where they can easily connect with their health information, receive messages from their GP Practice, and even manage prescriptions with a barcode scan. With information about appointments readily available, the ability to manage their own health is in reach via a smartphone.

Full-fibre connections, cloud technology, and ubiquitous Wi-Fi are transforming GP practices into hubs of modernity and efficiency. This new infrastructure not only enhances connectivity but also paves the way for seamless information exchange, ensuring that healthcare professionals have the data they need, precisely when they need it.

Progress has been made with cloud-based telephony and GP practices. Improved signposting, call-back functions, and enhanced queue details have helped interactions become more streamlined and efficient. Furthermore, the exploration of automation in GP practices promises to unlock new capacities, from patient registrations to prescription processing, freeing up valuable time for caregivers to focus providing the best care.

Looking ahead, engaging with patients, communities, and stakeholders remains paramount. Through direct engagement events, partnerships with Healthwatch, and ongoing feedback mechanisms, we strive to bridge the gap and ensure that every voice is heard. Challenges persist, from increasing NHS App adoption in hard-to-reach community groups, to enhancing information flow across the system.

Research, Evaluation and Innovation

The ICB Research and Evaluation Team plays a crucial role in spearheading research, evidence utilisation, evaluation, and innovation within the realms of primary and community care across Norfolk and Waveney. Our mission is centred on enhancing the quality and safety of services accessible to our local population. Through collaborations and partnerships, we aim to catalyse advancements that positively impact the healthcare landscape.

In May 2023, we released the comprehensive Norfolk and Waveney ICS Research and Innovation Strategy, a strategic blueprint designed to guide our collective efforts. Embracing four foundational principles – a community-centric approach, fostering a confident and capable workforce, promoting collaboration and coordination, and integrating research and innovation seamlessly into our operational framework – this strategy serves as a roadmap for initiatives.

To ensure the effective execution of the strategy, a leadership forum has been established, comprising of system partners dedicated to driving its implementation forward. Acknowledging our statutory obligation to nurture innovation, we've appointed a Head of Innovation, jointly funded with Health Innovation East (HIE). This pivotal role is instrumental in steering innovation initiatives and aligning them with our Joint Forward Plan objectives.

Our collaborative working extends beyond organisational boundaries, encompassing partnerships with higher education institutions and key National Institute for Health Research (NIHR) teams.

As part of our plan to embed research and innovation principles, we've initiated a monthly programme of lunchtime learning sessions since May 2023. Delivered by the Evidence and Evaluation (EE) Hub, these sessions offer a platform for ICB colleagues to deepen their understanding of evidence-based practices, and explore avenues for incorporating research and evaluation into service design and delivery.

In terms of research funding, we've secured 11 NIHR research grants totalling nearly £18 million, addressing diverse areas such as the impact of diet on long-term health, and the development of tailored care plans for individuals with dementia. Additionally, for 2023-24 we received £535,047 in Research Capability Funding (RCF), aimed at fortifying our research capacity through project grants, early career fellowships, and primary care network awards.

Commercial research activities serve as another avenue for innovation and revenue generation within the healthcare sector. Recognising the benefits of such initiatives, we actively explore opportunities for collaboration and knowledge sharing, with the aim of growing a culture of innovation across the system.

Our involvement in national initiatives, such as the Clinical Entrepreneurship Innovation Sites (InSites), demonstrate our commitment to an innovation-driven health and care system. We have been chosen as a 2024 InSite receiving £200,000 in funding, which will jumpstart our efforts to enhance our innovation culture, readiness, selection, implementation, spread, and sustainability.

With this support, we've developed an initial system-wide innovation vision and principles. Collaborating with ICS partners, we're refining objectives and have created draft innovation and governance processes to identify, match, and select innovations in partnership with various organisations.

Amidst our progress within research, challenges persist. We're keenly aware of the need to instil a deeper appreciation for research and innovation within healthcare organisations. Looking ahead, we hope to expand the reach and inclusivity of research activities, ensuring that all members of our community have equitable access to opportunities for participation and engagement.

Services which support delivery of all priorities

Adult Safeguarding

As an organisation, we are designated by the government to address serious violence issues, working closely with the Norfolk and Suffolk Serious Violence partnerships. Our main responsibilities include assessing health needs, developing strategies, and implementing action plans to combat violence and ultimately help people live longer and healthier lives.

We regularly meet with safeguarding teams at the Police Commissioner's Office and collaborate with various services to ensure effective coordination. Attending safeguarding meetings and promoting our new internal website for safeguarding information are some of the activities we have taken part in this year.

Chairing the Norfolk Safeguarding Adults Board is an important commitment for us, as is ongoing work to secure funds to support victims of domestic abuse. We are dedicated to promoting awareness through initiatives like the White Ribbon accreditation.

Over the past year, we have actively participated in workshops and events aimed at improving safeguarding practices, such as Safeguarding Week. By merging safeguarding teams to cover all ages, we aim to engage with diverse groups, including universities and family networks, to raise awareness of safeguarding issues. A highlight has been working with the University of East Anglia Allied Health Practitioners and medics to support their professional development and compliance with the requirements of the Mental Capacity Act (MCA)

Our team have worked with various Carers and family networks raising awareness of MCA including presentations at a Local Family Justice Board and the Palliative Care and End of Life conference. This work led to engagement with young people who have experienced care and we gathered insightful feedback from these activities.

Following a number of audits/surveys of MCA knowledge, confidence and application in practice the ICB were invited to coproduce and deliver a number of programmes alongside the NSAB regarding MCA improvement work across Norfolk system, including the creation of discussion groups for small providers and members of the VCSE.

As a team, we've observed an increase in adult reviews, which helps us identify areas for improvement in services. Ensuring that recommendations from these reviews are acted upon and regularly revisited is a priority for us.

Supporting health services in meeting their safeguarding duties is fundamental. We've expanded our reach to include pharmacy, optometry, and dentistry services, and have supported new initiatives like Right Care, Right Person in Suffolk.

Lastly, we're proud to report that we have consistently met deadlines for reports and reviews related to safeguarding, including Domestic Homicide Reviews and Safeguarding Adult Reviews.

Estates

In our ongoing efforts to enhance healthcare infrastructure and services, we are proud to announce the merger of two dedicated teams: ICS Strategic Estates and Primary Care Estates. Together, we have formed a unified Estates team, aimed at bolstering the provision of estate and infrastructure to facilitate collaborative healthcare delivery.

Our Estates team is intricately linked to corporate priorities, serving as a backbone for transformation, integration, and the facilitation of 'out of hospital care'. We also support the relocation of service activities and develop infrastructure to enable effective commissioning.

We've secured national approval for business cases for four Wave 4b Primary Care Hubs, representing a significant £25.2 million investment in the primary care estate. The implementation of the PCN Service and Estates Toolkit Programme has been successful, resulting in the generation of Estate Strategies for the majority of PCNs. These strategies highlight the opportunities and challenges facing primary care estates.

We secured £1,283,000 in Community Infrastructure Levy funding to support premises extension and improvements at Bungay Medical Centre. Land has been secured through Section 106 to support the construction of a new Bridge Road Surgery in Oulton. Additional funding of £508,540 via Breckland District Council and £157,550 via North Norfolk District Council has been secured to support infrastructure expansion and improvements at various medical practices. Our collaboration with Local Authority colleagues has been effective, with ongoing discussions to scope new healthcare premises in Taverham, Hethersett, and Diss.

Two landlord-funded schemes have been approved, paving the way for extensions to surgery premises in Long Stratton and Drayton.

Over the past year our service has actively engaged with patients, people, and communities through various initiatives. Steering and Engagement Groups, inclusive of patient representatives and community groups, have provided invaluable support to the Wave 4b Primary Care Hubs. Their input has been instrumental in the options appraisal for each scheme and continues to guide ongoing developments.

We recognise the challenges faced by many primary care colleagues in accommodating a growing workforce and increased registration list demand due to population growth. National policies and funding for investment in primary care estate are crucial in addressing these challenges and ensuring quality healthcare services for all.

Local Commissioning

Catheters Quality Improvement Project

In collaboration with the ICB Quality team, the catheters improvement project aimed to decrease the unnecessary use of urinary catheters across community and acute healthcare settings within the ICS.

The primary objective was to mitigate catheter-associated urinary tract infections (CAUTIs) and minimise patient harm, such as bloodstream infections and prolonged hospital stays.

Our focus was on fostering a culture of StopThink: No Catheter, ensuring consistent implementation of best practices across the system. We have engaged Heads of Quality Improvement from Trusts and nursing colleagues, emphasising collaboration.

Through extensive fact-finding and discussions, we gathered insights to inform the project. A system-wide audit of catheters in situ was conducted, with providers testing audit tools in both inpatient and community settings. Continuous engagement with all providers has been maintained, offering support and gaining enthusiasm throughout the project.

As of January 2024, audits have been conducted, leading to the identification of quality initiatives and the development of action plans by some Trusts. Knowledge-sharing sessions have been organised, and inappropriate catheters have been successfully removed, showcasing tangible progress. New workstreams, including catheter home packs and policy development, have been identified.

Primary Care In-Reach Services for Intermediate Care Beds

The seamless transfer of Primary Care In-Reach Services from One Norwich Practices to another GP Practice ensured uninterrupted care for patients in Intermediate Care Beds. Under the new provider's oversight, patients now benefit from a comprehensive Multi-Disciplinary Team (MDT) approach, optimising outcomes and facilitating their return home.

Looking ahead, while historically reliant on short-term Winter payments from NHS England, a sustainable, long-term commissioning strategy is needed to ensure continued provision of Intermediate Care Beds and associated services. This strategic approach is important for meeting the ongoing healthcare needs of our community effectively.

Lymphoedema

Following the closure of One Norwich Practices, the Lymphoedema service they previously offered transitioned to a new provider, Norfolk Community Health and Care (NCHC). Our priority throughout the transition was to ensure minimal disruption to patients and this goal successfully achieved.

Under the management of NCHC, the Lymphoedema service now operates from a new, purpose-built clinic space, ensuring that patients continue to receive high-quality care in a comfortable environment.

Looking ahead, the next 12 months present opportunities for further enhancement of the Central Norfolk service in collaboration with NCHC's existing services in West Norfolk. Additionally, we are exploring possibilities for optimising our prescribing formulary, which could lead to increased efficiencies and potential cost savings.

Wound Care

In response to updated wound care guidelines, this year we launched a pioneering project prioritising early intervention. Key achievements include developing two clinical pathways and a training video to standardise practices.

Over 100 staff members from NCHC and East Coast Community Healthcare (ECCH) have received specialised training. Contracts and specifications have been updated to integrate the new pathways, now accessible on the Knowledge NoW website.

Noteworthy progress has been made in wound care data recording, addressing national shortcomings. The project has drastically reduced waiting times for non-ambulatory patients from 140 to 25 days.

Previously unmet CQUIN targets have been surpassed, with ECCH achieving a remarkable increase from 1.7% to 31.25%. The accessible early intervention video has been widely distributed, benefiting staff across care settings. This initiative not only fortifies primary and community care but also alleviates pressure on urgent care facilities.

Learning Disabilities and Autism (LDandA)

In the past year, our Transforming Care Partnership has made significant progress in our mission to provide exemplary care for individuals with learning disabilities and autism in Norfolk and Waveney. Our efforts have produced tangible results, with inpatient discharges from hospitals increasing to 14 individuals, including those who have experienced hospital stays exceeding 3 years. This uptick in discharges not only reflects our commitment to facilitating smoother transitions from inpatient care, but also signifies our dedication to ensuring individuals receive appropriate care in the most suitable setting.

One of the cornerstones of our success has been our investment in training for local staff. By expanding the qualifications and skills of the workforce in LDandA care, we have bolstered our capacity to meet the diverse needs of service users. Through comprehensive training initiatives, we have equipped health and social care staff with the necessary tools and knowledge to provide compassionate and effective support.

Moreover, our LDandA Dashboard has proven to be an invaluable tool in our efforts to monitor and enhance the quality of care. This dashboard tracks vital metrics, including inpatient admissions and discharge rates, autism diagnostic waiting lists, annual health checks, and more. By analysing this data, we can identify trends, pinpoint areas for improvement, and take prompt action to address any quality issues that may arise.

Despite these achievements, we recognise there is still work to be done. We are currently outside the NHSE trajectory for the number of people in inpatient beds, with 31 individuals compared to the trajectory of 23. Additionally, we are striving to meet the 18-week target for adult autism assessments in Norfolk, a mission that requires concerted effort and strategic planning.

To address these challenges head-on, we have implemented a series of targeted initiatives aimed at driving meaningful change. We are introducing a new Autism community service in collaboration with NSFT which will provide psychological interventions tailored to the unique needs of autistic individuals, with the overarching goal of reducing admissions and re-admissions to inpatient services.

Furthermore, we have commissioned an Autism Diagnostic pathway in Waveney, which has already demonstrated success in meeting the 18-week target. Building on this achievement, we are extending similar efforts to reduce waiting lists for autism assessments in Norfolk, ensuring timely access to essential services for individuals in need.

Looking ahead, we remain steadfast in our commitment to transformative action. By April 2025, we aim to redevelop LD health services in line with NHSE service models, fostering a more integrated and person-centred approach to care delivery. Additionally, we are enhancing our Dynamic Support Register (DSR) and Care and treatment Review (CTR) processes to reduce inpatient numbers and improve the overall quality of care provided.

In conclusion, while our journey towards comprehensive and inclusive care is ongoing, our progress so far is encouraging. Together with our partners, we will continue to strive towards our shared goal of delivering high-quality care for individuals with learning disabilities and autism, ensuring they are supported to live fulfilling and meaningful lives within our communities.

Pharmacy and Medicines Optimisation

Over the past year there has been a particular focus in this area to develop strong collaborative relationships with stakeholders across the ICS, Associate Commissioners, and Interagency Clinical Boards. Regular meetings with local Trusts have been established to address interface prescribing challenges, facilitate resolutions, and effectively manage the introduction of new medications within the local health economy.

Active participation in clinical working groups has been instrumental in advancing various projects and supporting pathway development, particularly focusing on adopting a best value approach to treatment options within Trust directorates. Additionally, the development of a Therapeutic Advisory Group has taken place, aimed at promoting engagement from all system partners.

Progress has been made towards standardising prescribing and medicines optimisation practices across the region, with a focus on encouraging the utilisation of biosimilar drugs in local Trusts to align with NHSE priorities and ensure effective management of long-term conditions.

Key achievements during 2023/24 include transitioning from Knowledge Anglia to the new Knowledge NoW platform, a move that involved the review and update of over 200 documents. Furthermore, timely commissioning of National Institute for Health and Care Excellence (NICE) Technology Appraisals (TAs) has facilitated access to a broader range of treatment options for patients with complex needs.

Implementation of Blueteq automation has significantly reduced administrative burdens for consultants in secondary care, thereby enhancing capacity for patient consultations. Notably, initiatives such as the opioid de-prescribing project have provided essential tools and resources to support practices in optimising patient pain management.

A key focus of the Medicines Optimisation Team is to ensure that the local health economy gets the best value from our spend on medicines and devices. A collection of tools for GPs has been produced to help reduce demand and spend on items of low value to the NHS, such as medicines that are available over the counter or with little evidence of benefit.

A prescribing quality scheme and a suite of low risk and cost-effective switches have also supported financial recovery through reduced spend and increased quality in prescribing.

The team continue to support practices with CQC preparation around medicines management processes and procedures. They also support practices needing support around medicines following CQC visits.

Additionally, collaborative efforts have led to the production of documents aimed at supporting prescribers in both primary and secondary care settings, such as guidance on Methadone in pain management.

Looking ahead, challenges remain in ensuring adequate staff allocation to prioritise key commissioning areas for the benefit of patients in the local health economy. Additionally, maintaining focus on national medicines optimisation opportunities identified by NHSE beyond 2023/24 is crucial for achieving the overarching objectives, which include improving outcomes in population health and healthcare, addressing inequalities, enhancing productivity, and supporting broader social and economic development.

Place Development

Place Boards, in West Norfolk, North Norfolk, South Norfolk, Norwich and Great Yarmouth and Waveney, have progressed and continue to recognise and influence local arrangements for local people. Bringing together colleagues from health and care to integrate services with a focus on effective operational delivery and improving people's care.

The work of the Boards, include:

a) Identifying local health and care priorities and deliverables, using data and intelligence, that focus on addressing the health and wellbeing needs of the Place population together with local Health and Wellbeing Partnerships.
b) Using a system-wide perspective when considering how to integrate health and care services.
c) Providing oversight and assurance to the ICB; developing a shared Place Plan made up of the ICS strategic objectives/ICS strategy and local need.
d) Ensuring effective operational delivery within existing local resources to improve people's care at Place.
e) Supporting the delivery of national and system priorities and commitments.

Specific examples of work are outlined below:

West Norfolk

In West Norfolk, the Place Board has fostered strong relationships with local system partners, focusing on Urgent and Emergency Care (UEC) and System Integration. A notable achievement is the successful implementation of the 2023/24 Winter Plan, supported by significant investment. This included the establishment of an Acute Respiratory Infection Hub and improvements in Non-Emergency Patient Transport. Additionally, community services have been bolstered, such as the Out of Hours Palliative Care Response, reducing unnecessary hospital admissions and receiving positive patient feedback. Challenges ahead include further workforce development and ensuring sustainability of initiatives.

North Norfolk

The North Norfolk Place Board has prioritised better collaboration to meet population needs, exemplified by initiatives like the Integrated Neighbourhood Teams and the Dementia Working Group. Significant milestones include successful delivery of objectives within the Dementia Working Group and ongoing support for Health and Wellbeing Partnerships. Challenges include managing demand versus capacity and enhancing community engagement to address mental health challenges in coastal communities.

South Norfolk

South Norfolk Place Board has forged trusted partnerships to deliver innovative services, such as the deployment of Community Health and Wellbeing Workers addressing health inequalities in the CORE20 area. Achievements include generating numerous referrals for health and welfare interventions, indicating hidden needs in the community. Challenges ahead involve further integration of services and sustaining positive engagement with residents.

Norwich

Norwich's Place Board has focused on building local foundations for integrated care, exemplified by initiatives like CHESS, offering complex health and social support. Notably, consultation with stakeholders led to the decision to keep the Norwich Walk-in Centre open, reflecting community desires. Challenges include adapting to changing health and care landscapes and ensuring equitable access to services.

Great Yarmouth and Waveney

Health Connect, a partnership initiative, has provided targeted support to residents, aiding in faster recovery and avoiding hospital admissions. Notable achievements include extending service reach

and collaboration with Public Health Suffolk to address respiratory conditions. Challenges include managing increasing demand and ensuring sustained funding for vital services.

Each Place Board has actively engaged with stakeholders, utilising feedback to shape services. Examples include falls prevention projects in West Norfolk, mental health initiatives in North Norfolk, stroke survivor support in South Norfolk, consultation on service provision in Norwich, and community feedback initiatives in Great Yarmouth and Waveney.

Key achievements include successful delivery of various initiatives, such as the Winter Plan in West Norfolk, Dementia Working Group in North Norfolk, Community Health and Wellbeing Workers in South Norfolk, CHESS in Norwich, and Health Connect in Great Yarmouth and Waveney. Challenges ahead include further workforce development, sustaining initiatives, and managing increasing demand.

Common challenges across the regions include managing demand, workforce issues, and patient understanding of evolving health services. The work of Place Boards aligns with corporate priorities, contributing to Primary Care, Urgent and Emergency Care, Mental Health Transformation, Planned and Elective Recovery, and Financial Recovery initiatives.

Environmental matters

NHS Norfolk & Waveney has a vital role to play in relation to environmental matters and sustainable development. Whilst utilising public funds for the delivery of health and care services NHS Norfolk and Waveney also has the opportunity, and obligation, to spend public funds in ways that generate positive effects on the natural environment we all reside in.

Sustainability in this context means spending public money efficiently on our services but also minimising the impact on the natural world with our use of resources. By making the most of social, environmental, and economic assets we can improve population health.

Spending money well and considering the social and environmental impacts is enshrined in the Public Services (Social Value) Act (2012).

Climate change presents a profound and growing threat to people's health. Taking action to reduce harmful carbon emissions will save lives and improve health now, and for future generations. As one of the top ten largest employers in the world, contributing almost 5% of UK carbon emissions, the NHS has a real opportunity, responsibility, and interest in tackling this threat head on.

In October 2020 the NHS set the ambition to be the first 'net zero' health service in the world, in recognition of the global 'climate emergency which is also a health emergency'. It committed to two challenging targets:

- To reach net-zero by 2040, for the carbon emissions we control directly (the NHS Carbon Footprint), and
- To reach net-zero by 2045 for the broader emissions we can influence.

NHS Norfolk and Waveney acknowledged this responsibility to our patients, local communities, and the environment by working hard to minimise our carbon footprint.

Working together, the ICS Green Plan Delivery Group worked developed and published an ICS Green Plan for 2022-2025. The first three-year phase of the ICS Green Plan was developed with National Greener NHS guidance, with a focus on coordinating and enabling health and care providers and commissioners to assess their Net Zero maturity and outlining plans to reduce carbon emissions over directly commissioned health and care services.

Building on the progress made in 2022/23, 2023/24 has been a year of creating structures and process to enable our system partners to work together in a more systematic and integrated way.

Work is ongoing across the Norfolk and Waveney ICS to reduce our carbon footprint, examples of which are extending the use of virtual outpatient appointments to minimise patient journeys, and enhancing the virtual ward.

Specific actions from the ICB include the Digital Team's 'Think Green, Go Digital' initiative which encourages all staff to rethink how they use existing and emerging digital technologies to benefit the environment.

Task force on climate-related financial disclosures (TCFD)

The Group Accounting Manual has adopted a phased approach to incorporating the TCFD recommended disclosures as part of sustainability annual reporting requirements for NHS bodies, stemming from HM Treasury's TCFD aligned disclosure guidance for public sector annual reports. TCFD recommended disclosures as interpreted and adapted for the public sector by the HM Treasury TCFD aligned disclosure application guidance, will be implemented in sustainability reporting requirements on a phased basis up to the 2025-26 financial year. Local NHS bodies are not required to disclose 1,2 and 3 greenhouse gas emissions under TCFD requirements as these are computed nationally by NHS England.

The phased approach incorporates the disclosure requirements of the governance pillar 2023-24. These disclosures have not been provided because these are still in the early stages of identifying requirements.

Improve quality

Detailed summary of performance indicators – referred to on page 9.

Mixed Sex Accommodation Breaches

Metric ID	Short Description	Values	Target	Jan-24	AVG 23/24	Trend (Most Recent vs AVG 23/24)	Mar-23
EBS1	Mixed-sex accommodation breach	#	0	7	14	↑	16

Patient Safety

Metric ID	Short Description	Values	Target	Mar-24	AVG 23/24	Trend (Most Recent vs AVG 23/24)	Mar-23
EAS4	MRSA	#	0	1	0.5	↓	1
EAS5	CDiff	#	27	28	29	↑	30
	Minimise rates of gram-negative bloodstream infections (NHS Ti	#	79	111	93	↓	85
	VTE risk assessment: all inpatient Service Users undergoing risk assessment for VTE	%	95%			→	
	Proportion of Service Users presenting as emergencies who undergo sepsis screening and who, where screening is positive, receive IV antibiotic treatment within one hour of diagnosis	%	90%			→	
	Proportion of Service User inpatients who undergo sepsis screening and who, where screening is positive, receive IV antibiotic treatment within one hour of diagnosis	%	90%			→	

A number of important projects have taken place to improve patient experience and increase our focus specifically on improving quality, both internally in the NHS Norfolk and Waveney and across the health and care system.

Priority projects and programmes are highlighted below:

Supporting and improving Urgent and Emergency Care

- The NHS Norfolk and Waveney Nursing and Quality Team continue to facilitate the System UEC Serious Incident Tactical Group, which brings together Norfolk and Waveney providers

to share and review learning from adverse incidents and, where appropriate, make shared recommendations, that inform system resilience and transformation plans, as well as broader quality improvement work around patient flow, including pre-hospital community-based interventions and discharge to assess. The group, which started in March 2022, has noted a positive downturn in harms occurring as a result of ambulance delays.

- The team has provided operational support to our three Acute Hospitals, with focussed periods of on-site input. This has provided additional operational support to provider colleagues as well as enabling NHS Norfolk and Waveney to actively reflect on the impact that quality improvement and transformation work is having on the delivery of frontline care.

- The team continues to work closely with provider organisations to identify and support the planning and implementation of quality improvement opportunities that will support pathways and improve patient experience, including actively partaking in supportive quality visits as a critical friend and at the invitation of provider organisations.

System Infection Prevention and Control (IPC) Partnership

- The NHS Norfolk and Waveney IPC Team has embedded a system workstream focusing on reducing the inappropriate use of gloves within healthcare settings. This reinforces good hand hygiene practice and feeds into the wider 'green' sustainability agenda. This is now being implemented in primary care, dentistry, and social care settings.

- The UK Health Security Agency (UKHSA) declared a national incident for Measles in January 2024 and called for immediate action to boost the uptake of the MMR vaccine in areas where the uptake was low. In response, we set up a system wide preparedness meeting, chaired by the Deputy Director of Public Health, with attendance from a wide and representative group of stakeholders across the ICS. There has been ongoing work to increase vaccine uptake and raise awareness of Measles locally.

- IPC Leads across the system are engaged in implementing recommendations from the national Tuberculosis Action Plan (2021-2026) published jointly by UKHSA and NHS England, with key priorities around prevention, detection, and control of active disease and transmission. The ICB IPC Team is supporting the commissioning of a new children's BCG vaccination service, a review of Occupational Health TB screening for new healthcare staff and working with provider teams to ensure there is resilience within teams. We are also currently exploring new commissioning options for Directly Observed and Video Observed Therapies.

Right Care NoW

- The Norfolk and Waveney System remains committed to supporting patients out of hospital as quickly as possible once they have recovered enough to leave. We are working collaboratively with our system partners in Local Authorities and community providers to ensure that once patients are discharged we have appropriate provisions of care that offer the individual the best opportunities for recovery and reablement and to promote independence as much as possible.

- We continue to develop our discharge to assess models in conjunction with National Discharge Guidance and aligned to legal frameworks and legislation. We are committed as a system that no patient will be assessed for their long-term needs in an acute hospital and as a system are striving to support same day/next day discharges where at all possible. There has and continues to be significant investment and efforts into the discharge workspace and as a local system have seen significant improvements in collaborative working right across Norfolk and Waveney.

Patient Safety Incident Response Framework

- The ICB Patient Safety Specialist has led local roll out of key elements of the national NHS Patient Safety Strategy, coordinating implementation of the new Patient Safety Incident Response Framework (PSIRF), linking with regional and national teams, and working closely with provider organisation Patient Safety Specialists to deliver key milestones.

- NHS Norfolk and Waveney continues to develop its risk management procedures internally, to ensure that mitigations, controls and assurances are in place to manage risk and identify improvement opportunities. System Quality Group provides a forum to bring partners together and identify and share risks early, as a collective, and develop system solutions.

Learning from Deaths

- The NHS Norfolk and Waveney Nursing and Quality Team continues to work closely with the Executive Medical Director to embed the bi-monthly Learning from Deaths Forum which commenced in February 2023 with representation from system partners. The Forum collates information and learning from a system-wide view of mortality in Norfolk and Waveney and provides a forum to discuss the multiple strands of mortality with the aim of supporting improvement and sharing learning.

- This includes learning from Medical Examiner findings, Safeguarding Practice Reviews, Child Death Overview Panel and learning from the lives and deaths of people with a learning disability and autistic people (LeDeR).

Resilience in Primary Care

- Ensuring we support a resilient integrated model across place and primary care is key. We continue to provide support to practices ‘at risk’ or experiencing resilience issues. This involves senior clinical input to help practice teams to develop and strengthen their clinical and operational governance processes and support staff wellbeing and development. We have developed our team this year to include dedicated roles to lead the quality assurance of community pharmacy, optometry and dentistry, following delegation of commissioning from NHS England.

Supporting and improving Mental Health Services

- The ICB Nursing and Quality Team continues to play a key role in supporting Norfolk and Suffolk NHS Foundation Trust in their improvement journey, with senior NHS Norfolk and Waveney clinicians providing external check and challenge via Trust internal Governance forums, supporting the Trust to review their quality assurance, and working with teams to identify quality improvement opportunities that will support transformation and improve patient experience.

- The ICB Nursing and Quality Team plays an integral part in the quality and safety review (QSR) schedule of visits, both to internal teams and out of area placements. These visits fulfil the ‘critical friend’ role to identify improvements and areas for further development via an action plan. Links are maintained with Norfolk County Council regarding local authority commissioned services and public health suicide surveillance data. This information is triangulated with the new mortality and learning from deaths processes in NSFT. Work continues to utilise learning from deaths and incidents to inform pathway redesign as part of mental health transformation Further information on mental health transformation can be found in the mental health section of this report.

ICS Quality Strategy

- Development of the first systemwide ICS Quality Strategy and its approach to measuring and monitoring improvement, has been an extensive piece of work over the last year. Engagement from staff across teams and organisations has been invaluable and every contribution has counted and helped steer the plan.

- We still have more work to do to ensure 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. As we move forward with delivering the strategy, across the system, there will be lots of opportunities for people to get involved and be part of quality improvement.

- This Strategy does not replace existing quality assurance and improvement strategies developed by partners, including provider organisations and local authorities, but highlights the importance of quality within our wider system working and how we can more seamlessly ensure a robust approach to quality and safety across all our services.

Key achievements and outcomes for 2023/34 include:

- **Supporting and improving Urgent and Emergency Care**
  The System UEC Serious Incident Tactical Group has provided a forum to collectively identify and take forward actions to improve safety and resilience within the local urgent and emergency care system, including work to align and optimise processes across the three Acute Hospitals and ambulance service, around ambulance handover, cohort care, interfacility transfers and the Norfolk and Waveney combined approach to Recommended Summary Plan for Emergency Care and Treatment ReSPECT documentation, feeding in to the appropriate groups to take this work forward at a system level. We continue to champion staff wellbeing and raise awareness of the impact of moral injury on staff working within sustained periods of high pressure. Recently, we have had support from Tricordent with a system collective resilience offer which was trialled with the group.

- **Clinical Harm Review Group**
  A new system clinical harm review group has been established to share learning and reduce variation in clinical harm review processes across the ICS. Initially this will focus on the elective waiting lists within the acute trusts, then expand out to other providers once more established. The principles of this group are to share learning across the system, achieve consistency with clinical harm processes, review and implement National guidance and identify trending themes in relation to clinical harm. The group will also highlight specific pathways to the Elective Recovery Board for review when themes of harm or an increasing trend of harm is identified, so that provider organisations can review those pathways collectively to mitigate risk for future patients.

- **System Infection Prevention and Control Partnership**
  We were successful in receiving national funding to represent the East of England region to deliver a hydration pilot in eight Care Homes in Norfolk over the last year. The aim of the pilot was to monitor the impact of hydration interventions on urinary tract infection (UTI) and subsequent hospital admissions for UTI and falls. The ICB Evidence and Evaluation Team undertook a local evaluation on the pilot using a range of qualitative and quantitative data. The data showed improved hydration practices, increased staff awareness, and enhanced resident and staff wellbeing. However, it did not indicate significant clinical impact during the 12-month intervention period. Data will continue to be collected for the first 6 months of the post intervention period to allow learning to embed in practice and look for impact over a longer timeframe. A final report and findings will be published April 2024.

- **NHS Patient Safety Strategy Implementation**
  The NHS Norfolk and Waveney Nursing and Quality Team and the ICB's Patient Safety Specialist continues to embed the national NHS Patient Safety Strategy (2019). This has included implementing the new Patient Safety Incident Response Framework (PSIRF) across the Integrated Care System commencing 01 September 2023. The PSIRF sets out the NHS's approach to developing and maintaining effective systems and processes for responding to patient safety incidents for the purpose of learning and improving patient safety and prioritises compassionate engagement with those affected by patient safety incidents.

- **Supporting a resilient and integrated model of Primary Care**
  This year we have extended the expertise and skills within our team to build a primary care quality assurance team that covers general practice, community pharmacy, optometry and dentistry, following delegation of commissioning from NHS England. Sector leads are focussing on risk stratification so that a risk-based approach can be taken to quality assurance and support and coproducing a quality approach with local committees and ICB Commissioning Teams.

  We have also launched a health inclusion quality improvement initiative, that supports seldom heard service users, predominantly homeless people, to access primary care by developing a digital tool that can help communicate individuals' stories to health and care professionals. By working in partnership with Norwich Vulnerable Adult Service and a local housing trust, this initiative will enable opportunities for individuals to have an audible voice and to develop trusting relationships with GPs and primary care teams, to return for health interventions and monitor and promote wellbeing.

- **Acute Hospital Surge and Decompression**
  In November 2023 Norfolk and Waveney moved to a new process across the three acute hospital sites, to minimise waiting times and reduce the risk of harm to patients within the community. Significant improvements have been noted; however, this has increased the need for escalation areas and additional patients cared for in ward areas, moving some of the risk to patient experience and quality of care into hospitals. The Nursing and Quality Team continue to support the acute Trusts, carrying out regular quality assurance visits, monitoring risk and providing recommendations to maintain patient safety and quality of care whilst recognising the challenging conditions that both patients and staff are experiencing.

- **Delegation of Specialist Commissioning**
  Specialist services have historically been commissioned centrally by NHS England for people with rare and highly specialised conditions that require cutting-edge care and treatment, including rare cancers, genetic disorders and complex medical or surgical conditions. From 1 April 2024, the responsibility for commissioning fifty-nine of these service lines will delegate from NHS England to local Integrated Care Boards. This is a significant delegation of commissioning responsibilities, with longer term opportunities to develop specialised care pathways, both locally and across the country. We will work closely with Bedfordshire, Luton and Milton Keynes (BLMK) ICB as the host organisation in the East of England, to deliver quality oversight, assurance, and improvement within existing resources at a local level. The current Specialised Commissioning Team will transfer to BLMK ICB, to continue to support the commissioning and quality oversight of the delegated services in conjunction with the local ICBs, whilst continuing to work with NHS England for those services which will be retained nationally.

- **Independent Providers and Small Contracts**
  The NHS Norfolk and Waveney Nursing and Quality Team continue to support our third sector providers attending both contract and quality meetings to ensure the provision of services is of a good quality and is safe. This methodology also enables us to support our providers to optimise delivery of services and offer alternative provision to support with current waiting lists by providing alternative referral routes. There has been significant progress with the

introduction of Patient Safety Incident Response Framework (PSIRF) with several independent providers engaging in the implementation of this new framework.

Norfolk and Waveney ICB commission the British Pregnancy Advisory Service to deliver termination of pregnancy services. During the last year the organisation has gone through considerable changes to strengthen its governance and operational structure and processes. We are engaged with this national project and supporting the provider's local site.

Over the last 12 months, the nursing and quality team has engaged with partners, stakeholders, staff, people and communities in its work to improve nursing and quality.

Despite progress and a shift forward in many areas, several challenges remain. In particular, the recovery of local elective care pathway performance, community and hospital flow and decompression and continued mitigation of harm to patients is an area of intense scrutiny.

NHS Continuing Healthcare

The NHS Continuing Healthcare (CHC) function for NHS Norfolk and Waveney continues to be delivered by an in-housed model. The team have delivered 87% of assessing new referrals for CHC to conclusion within 28 days during 2023-24. This surpasses the target which is set nationally at 80%. During the last financial year, no individuals were assessed for CHC in an acute hospital setting.

There remains a challenge in staff recruitment for clinicians across the NHS, no less in CHC, where the ICB is recruiting to vacant positions and, following the organisational restructure in 2023/24, there are some posts still to be filled. The revised structure will give the ICB the improved capacity to deliver CHC services to patients and families across Norfolk and Waveney.

Three month and annual reviews are in focus. We continue to work with Liaison Care, an independent CHC provider, who will complete reviews over an annual period through to October 2024 whilst newly recruited staff become competent in roles. There is an ambition for us to deliver both assessments and review within our team as recruitment allows.

We continue to work closely with Norfolk County Council with an integrated post supplied by them. This role provides the essential component of linking social and health led joint assessments.

A revised, robust programme of work is in place for all staff to participate in during 2024/25 to ensure they have the necessary skills in place to deliver the NHSE framework for CHC.

Engaging our staff, people and communities

NHS National Staff Survey

NHS Norfolk and Waveney is committed to improving staff experiences across the NHS and takes part in the National Staff Survey (NSS) annually. NHS Norfolk and Waveney participated in the annual NHS National Staff Survey. This opened for responses in October 2023 and closed December 2023.

The response rate for NHS Norfolk and Waveney was 67% (489 responses) which was slightly lower than our comparator average of 72%. Nationally in 2023 the overall results for the NHS declined for a third year, however NHS Norfolk and Waveney results told us a slightly different story. Our comparator group includes 41 organisations.

On the whole the organisation faired above our comparator average in every domain of the People Promise, and in some areas, we improved on our 2021 results. We will be focusing on improving learning and development opportunities for our staff and given the workload pressures and challenges we face; we will continue to prioritise health and wellbeing.

Our staff engagement score was 6.61 which is the same as our comparator average. The motivation factors include questions on involvement in decision-making, motivation and advocacy i.e. would they recommend this organisation as a place to work. Our staff morale score was 5.83 which was higher that the comparator average of 5.74. The moral element includes questions relating to thinking of leaving, work pressure and stressors. All results are summarised against the NHS People Promise, which we as an ICB are committed to delivering for our staff. The seven elements are;

People Promise Domain	Norfolk and Waveney ICB Score	Comparator Average Score
We are compassionate and inclusive	7.40	7.38
We are recognised and rewarded	6.68	6.51
We each have a voice that counts	6.82	6.71
We are safe and healthy	6.26	6.34
We are always learning	5.17	5.10
We work flexibly	7.26	7.26
We are a team	7.15	7.03
Staff Engagement	6.61	6.61
Staff Morale	5.83	5.74

Our 2023 ICB results include:

- above our comparator average for all 7 People Promise themes.
- above our comparator average for staff engagement and morale.
- areas showing most improvement include flexible working opportunities and bullying/harassment at work by patients/service users.
- a significant improvement in managers encouraging staff, involving them in decisions, supporting with wellbeing, and valuing work.
- areas showing a decline since our 2022 survey (in line with a national deterioration in these areas) include teams not working together to achieve objectives, feeling unwell because of work-related stress and staff reporting feeling worn out.

Our full results can be found here National results across the NHS in England.

Feedback into Action

NHS Norfolk and Waveney will continue to seek feedback from our staff through participation in quarterly 'People Pulse' surveys and participation in the annual national survey. NHS Norfolk and Waveney works positively with our Staff Involvement Group to continually look for ways to improve staff experience and to respond to their feedback.

The survey's strength is in providing a national picture alongside local detail. It captures how people experience their working lives and is aligned to the NHS People Promise. The National Staff Survey is a snapshot in time with the information gathered at the same time each year. It helps us to understand how staff are feeling and to help us to learn from their experience. The results are used to improve local working conditions and ultimately to improve patient care.

Staff experience is incredibly important to us at the ICB and across Norfolk and Waveney as a system, and we are committed to continue to listen to what our staff are saying and feeling so that we can make improvements where necessary. We are focused on being a great place to work as we want to recruit and retain the best people in our bid to continually provide outstanding care for our communities.

Following our organisational restructure, we have a plan to shape a culture that actively seeks the collaboration, inclusion, and voice of all our people, aligned to our Forward Plan to meet existing and future opportunities and challenges.

Our aim as an ICB is to co-create solutions with our staff to improve on the issues raised in the feedback from the survey and to move the organisation forwards.

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

Listening to the lived experience of the people and communities in Norfolk and Waveney is vital in helping people live longer, healthier and happier lives. It also helps us make sure that the care and support offered in Norfolk and Waveney is designed around our population.

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

We want to build on the existing engagement and insight that happens across all our system partners and find ways of working together to share and learn from this insight. Working together will also mean we can pool our resources and work more efficiently across the ICS.

We have developed a Working with People and Communities Strategy which is currently being refreshed following engagement feedback.

People and Communities Hub

The ICS website hosts a dedicated people and communities hub for Norfolk and Waveney, which aims to develop and maintain a shared vision in listening to and working with local people across the ICS.

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

Patient Engagement Around Primary Care

General Practice

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

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

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

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

Consultation on the Norwich Walk-in Centre

The ICB ran a consultation from 24 January – 26 March 2023 on plans for general practice services in the Norwich area when the contract for the Norwich Walk-in Centre (WiC), Vulnerable Adults Service – Inclusion Health Hub (VAS) and GP Practice at Rouen Road expired in March 2024.

A range of methods and formats were employed to seek feedback during the consultation, using a mix of face-to-face, digital, and postal engagement opportunities, as well as qualitative interviews with organisations supporting vulnerable adults, at-risk adults, adults with additional needs, and children and young people.

The consultation closed with over 3,000 responses which were received through an online survey and in writing.

The ICB recommended to the Primary Care Commissioning Committee in May 2023 that the WiC remain open. In addition, and further to feedback received, the ICB recommended that wider general practice capacity could be increased by reviewing a release of resources from the Norwich Practice Health Centre which could be channelled into increasing Enhanced Access appointment activity in early mornings, evenings and weekends in the Norwich area.

Targeted Patient Engagement – Norwich Practices Health Centre

Following the Norwich Walk-in Centre (WiC) consultation, a period of targeted patient engagement with patients registered at Norwich Practices Health Centre (NPHC) ran from 31 May – 28 June 2023.

Through this engagement, NHS Norfolk and Waveney investigated what capacity could potentially be released by reducing the opening hours of NPHC that fell outside of core opening hours (8am – 6.30pm, Monday – Friday), to create additional patient capacity at the WiC. NHS Norfolk and Waveney proposed changing the hours of NPHC to 8am – 6.30pm, Monday – Friday. This would free up 31.5 hours of funding per week that could be used to pay for additional medical services at the nearby WiC.

A total of 210 responses were received. Following a review of the feedback received by patients and staff, the ICB recommended taking a middle ground in reducing the opening hours outside of core hours. The ICB recommended for NPHC to be contracted to remain open for a minimum of 8am - 7pm on two nights during the week, and for a minimum of a 3-hour session on Saturdays. This released 27.5 hours of capacity for reinvestment into the WiC.

Engagement on priorities for NHS dental service commissioning

From 24 January – 21 February 2024, the ICB asked public, patients and healthcare stakeholders to share their feedback on our planned priorities for commissioning NHS dental services for the next two years. People were able to share their views through an online survey and paper copies of the survey returned to the ICB.

The dental engagement survey included a summary of our priorities for oral health and dental care services for the next two years. These include urgent care; developing capacity in our dental teams; improving access for children and young people and with a focus on reducing health inequalities; and promoting good oral health.

We asked for people's views on what priorities for dental services they want us to consider in our five-year long-term plans. Additionally, we also asked for feedback from those who've used the Urgent Treatment Service to inform future development of that service.
Over 2,000 people responded to the online survey and in writing. The feedback received will help develop the ICB's longer-term plans for dental services commissioning and to support development of the Urgent Treatment Service.

Norfolk and Waveney Community Voices (NWCV) Programme

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

During the COVID-19 pandemic we learnt that to reach people who are less likely to engage with us we had to use trusted communicators at very local levels, often street by street or village by village. We must focus on the hardest to hear, underserved and more vulnerable groups and actively go to them to find out what their priorities are.

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

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

Norfolk and Waveney Insight Bank

All the qualitative data we collect as part of the NWCV programme is being stored in an 'insight bank'. This is currently a survey collection tool but the vision is that it will be developed into a much wider

bank of insight for use across the ICS housed within a robust data platform. The qualitative data is already being shared with ICB staff through a Power BI platform, however it is envisaged that it will eventually provide anonymised information useful for all ICS partners giving insight on a street, neighbourhood, place and system level which will be useful for health and care planning and other services too.

Our vision

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

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

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

Enable

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

How we do it

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

Case Study – Norfolk and Waveney Community Voices

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

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

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

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

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

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

Working with people and communities at 'place'- level - how all the different voices of our people and communities can be part of local decision-making

The vision is to create a thriving environment for conversations with our people and communities using a spectrum of opportunities. Conversations about 'the place where I live' are often much richer.

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

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

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

Protect NoW

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

Norfolk and Waveney Health Inclusion Group

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

Equality Impact Assessments (EIAs)

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

Listening to the voice of people in or leaving prison

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

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

The Patients and Communities Committee

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

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

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

Equality Diversity Inclusion (EDI)

We're continuously work to enhance resources for our staff and communities across Norfolk and Waveney to support EDI. Some of this work includes:

- The ongoing development of the EDI Resource Hub, promoting best practices and fostering an inclusive workplace culture.
- Implementing local portals for anonymous reporting of micro-aggressions.
- Continuing to develop and promote de-biasing recruitment and retention tools.
- Supporting the 'Stop the Abuse' anti-bullying and harassment campaign.
- Establishing Freedom to Speak Up Guardians to encourage a culture of open communication.

Our continued focus for 2023/24 was on the EDI Improvement Plan, prioritising actions to address discrimination and bias. We've been aligning with NHS values and the People Promise, implementing measurable objectives for leaders and Board members.

Leadership support programmes and mentoring/coaching opportunities are in place, alongside efforts for consistency across all provider organisations within the ICS. This includes:

- Just and Restorative Culture training
- Schwartz Rounds for empathy and compassionate care
- Support for staff network groups and psychological safety spaces.

As an organisation, we are committed to supporting initiatives like 'Let's Talk Menopause' and the Antiracism Strategy. Our aim continues to be to create environments where our workforce feels valued, respected, and motivated.

The ICB's EDI group continues to meet every two months to support and empower all staff to achieve their potential through creating positive change. The overall goal is to increase the level of knowledge, skills and understanding of issues surrounding equality, diversity and inclusion within the ICB.

We promote EDI awareness through various channels and provide Employee Assistance Programmes. Our focus areas include de-biasing policies, empowering staff voices, and enhancing education on EDI.

All of this work takes place to foster a culture of inclusion where everyone can thrive, leading to improved wellbeing and improved services for our staff, people and communities in Norfolk and Waveney.

Joint Health and Wellbeing Strategies

NHS Norfolk and Waveney ICB is an active member of both the Norfolk and Suffolk Health and Wellbeing Boards. The ICB has worked to support the four priorities in Norfolk's Joint Health and Wellbeing Strategy, as well as the cross-cutting themes in Suffolk's strategy. This section of our Annual Report summarises how the ICB has contributed to the priorities of our two local health and wellbeing strategies. Drafts of this section were shared with both Norfolk and Suffolk Health and Wellbeing Boards for their comments. In addition, the Norfolk board discussed the draft text at their meeting on 6 March 2024.

<table>
<tr><th>Norfolk priority: Driving integration
Suffolk cross-cutting theme: Greater collaboration and system working</th></tr>
<tr><td>The ICB has continued to work with partners to develop and strengthen our Integrated Care System over the past year. Notably, we agreed our first Joint Forward Plan in June 2023, which sets out how the local NHS and care services will implement our Integrated Care Strategy / the Norfolk Joint Health and Wellbeing Strategy. The plan has subsequently been refreshed for 2024/25, taking account of what had been delivered and to incorporate new projects.

As a system, we have delivered and made progress with a wide range of projects and changes that have and will improve the health, wellbeing and care of local people. The ICB has played an important role as a convenor, bringing together partners from across the system and providing skills and expertise, data and insight to enable us transform how we care for local people. Examples include:
Working as a system to improve ambulance handovers and response times: As a result of changes introduced at our hospitals, patients are now spending less time waiting in ambulances when they arrive at one of our hospitals. This in turn is enabling our ambulances to quickly get back on the road and to the next person who needs help.
Making changes to help ensure people are getting the right care, at the right time and by the right person: RightCareNoW is a programme of work that has helped improve the way people are discharged from hospital back into the community, and reduced the number of people in our hospitals that have no medical reason to be there and who could be better cared for in their own home or another setting.</td></tr>
</table>

- **Sharing data better to make it easier for frontline health and care professionals to understand people's conditions and to treat them:** For example, the Norfolk and Waveney Shared Care Record can now be accessed by appropriate staff from general practice, our acute hospital trusts, the mental health trust, community services, Norfolk's Adult Social Services and Children's Services and Integrated Care 24. We have also developed and approved the Full Business Case for the Electronic Patient Record, which will see our three acute hospital trusts move from paper-based records to electronic ones. The plan is for the system to go live in March 2026.

While our Integrated Care System is not fundamentally about structures and governance, to achieve our mission and to deliver more projects and changes like these, it is vital that we have the right foundations and ways of working in place. A significant amount of work was done in 2023/24 on the ICB's organisational review. The ICB's new structure and operating model will enable greater collaboration and support system working, as well as deliver a reduction in the organisation's running costs. The structure takes account of the organisation's new functions and its role as a convener of the system. While this change has been challenging for the organisation and hard for staff this year, the benefits to the system will be felt in 2024/25.

As a system, we are strengthening integration at all levels. The ICB has:

- continued to support the development of our 17 PCNs and integrating our workforce.
- worked with partners to develop our five Place Boards, which bring together colleagues from across health and care to integrate services at a more local level.
- been an active partner in the eight local health and wellbeing partnerships, working with district councils, VCSE organisations and others to address the wider determinants of health.
- continued to contribute to the development of our Integrated Care Partnership and both Norfolk and Suffolk's Health and Wellbeing Boards.
- supported greater collaboration between providers, including through the Norfolk and Waveney Acute Hospital Collaborative and the development of two mental health collaboratives (one for adults and one for children and young people).

Norfolk priority: Prioritising prevention
Suffolk cross-cutting theme: Prevention: stabilising need and demand

The ICB has worked with a wide range of partners to make real progress with the prevention agenda, both through the use of population health management techniques and by commissioning services. Examples include:

- **Building on the success of Protect Norfolk and Waveney:** Protect NoW has continued to make strong progress and delivered a range of population health management projects over the past year. This is helping our system to provide more anticipatory and preventative care.
- **Joining-up primary care services:** On 1 April 2023, the ICB became responsible for pharmaceutical services, primary care optometry services and dental services, in addition to general practice, which we were already responsible for. This provides us with a real opportunity to commission services differently now that we are responsible for the whole of primary care. We want to use this opportunity to join-up services and to improve preventative care and the health of the population.

Norfolk priority: Addressing inequalities
Suffolk cross-cutting theme: Reducing inequalities

As a system, we are committed to working together to tackle unfair and avoidable differences in health outcomes between residents. We do this by listening to communities, prioritising prevention, and taking action together, making health inequalities everybody's business.

The ICB works with partners to reduce health inequalities by:

- using population health management techniques.
- improving access to services.
- collaborating through our place boards and local health and wellbeing partnerships
- having a Patients and Communities Committee, whose remit includes examining how the ICB is reducing health inequalities.

A key step we have taken this year is to develop our Norfolk and Waveney Health Inequalities Strategic Framework for Action, which sets out the actions we want to take as a system to tackle health inequalities.
Norfolk priority: Enabling resilient communities **Suffolk cross-cutting theme: Connected, resilient and thriving communities**
The ICB is committed to supporting people to live independent healthy lives in their community for as long as possible, through promotion of self-care, early intervention and digital technology where appropriate. As set out above, we are using population health management techniques to provide more anticipatory care and early intervention. We are also using technology to empower people to manage their health and wellbeing better, for example by giving people greater visibility and control over their treatment and care journeys. Vital to creating more resilient communities is building capacity in the voluntary, community, faith and social enterprise sector. The ICB values the work of the sector and wants to work with the sector as a trusted partner. The ICB has worked with both the sector and other partners to establish the VCSE Assembly, as well as to involve colleagues from the sector in the governance of the ICB, including by having a VCSE member on the ICB Board.

Financial review

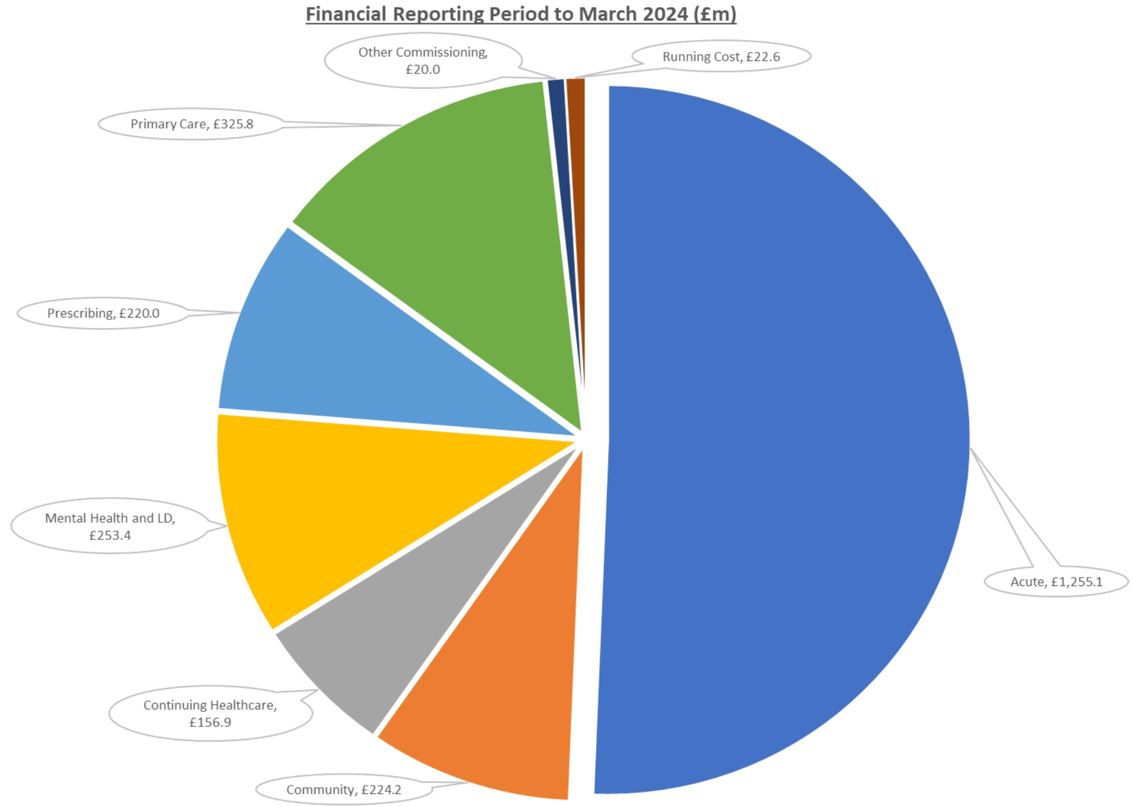
The introduction of NHS Norfolk and Waveney on 1 July 2022 brought about the cessation of Clinical Commissioning Groups (CCGs) and inception of Integrated Care Boards (ICBs). Therefore, the financial year 2023/24 represents the first full 12-month reporting period for ICBs.

The following information reflects to the twelve-month accounting period for the ICB to 31 March 2024.

- The total allocation for the accounting period was £2,477m.
- This was split between Commissioning Health Services (£2,455m) and Running Costs (£22.6m).

The following table and chart provide a further breakdown by category of how the allocation was spent:

Area of spend	Total spend (£m)
Acute	£1,255.1
Community	£224.2
Continuing Healthcare	£156.9
Mental Health and LD	£253.4
Prescribing	£220.0
Primary Care	£325.8
Other Commissioning	£20.0
Running Cost	£22.6



For 2023/24 Financial year, NHS Norfolk and Waveney delivered its statutory duty to breakeven, with the final reported position being a £57,000 underspend.

Within this underspend, NHS Norfolk and Waveney also remained within the allocated running cost budget and therefore delivered on all financial duties as reported in note 19 'Financial Performance Targets' of the Annual Accounts.

A key contributor to the achievement of the overall financial position was successful delivery of £39.4m of efficiencies. The main areas of delivery were:

- Prescribing (£9.7m)
- Continuing Health Care (£6.5m)
- Corporate (£8.6m) – this included the in-housing of the support services, rationalisation of corporate estate, non-recurrent benefits of phased recruitment and resolution of a long-standing dispute over invoices with NCC.
- Non-recurrent savings (£14.6m) – these included slippage on investments, contractual management and spend reviews.

The above efficiency delivery has enabled NHS Norfolk and Waveney to deliver its statutory financial duty, whilst simultaneously providing additional resources to support the ICS during a period of sustained operational pressure.

Further financial information is included in the Annual Accounts section.

SIGNED

Tracey Bleakley
Chief Executive Officer
26 June 2024

ACCOUNTABILITY REPORT

The Accountability Report describes how we meet key accountability requirements and embody best practice to comply with corporate governance norms and regulations.

It comprises three sections:

The **Corporate Governance Report** sets out how we have governed the organisation during the period 1 April 2023 to 31 March 2024, including membership and organisation of our governance structures and how they supported the achievement of our objectives.

The **Remuneration and Staff Report** describes our remuneration polices for executive and non-executive directors, including salary and pension liability information. It also provides further information on our workforce, remuneration and staff policies.

The **Parliamentary Accountability and Audit Report** brings together key information to support accountability, including a summary of fees and charges, remote contingent liabilities, and an audit report and certificate.

Corporate Governance Report

NHS Norfolk and Waveney became a statutory body on 1 July 2022 in accordance with the Health and Care Act 2022 and following the dissolution of the NHS Norfolk and Waveney Clinical Commissioning Group on 30 June 2022.

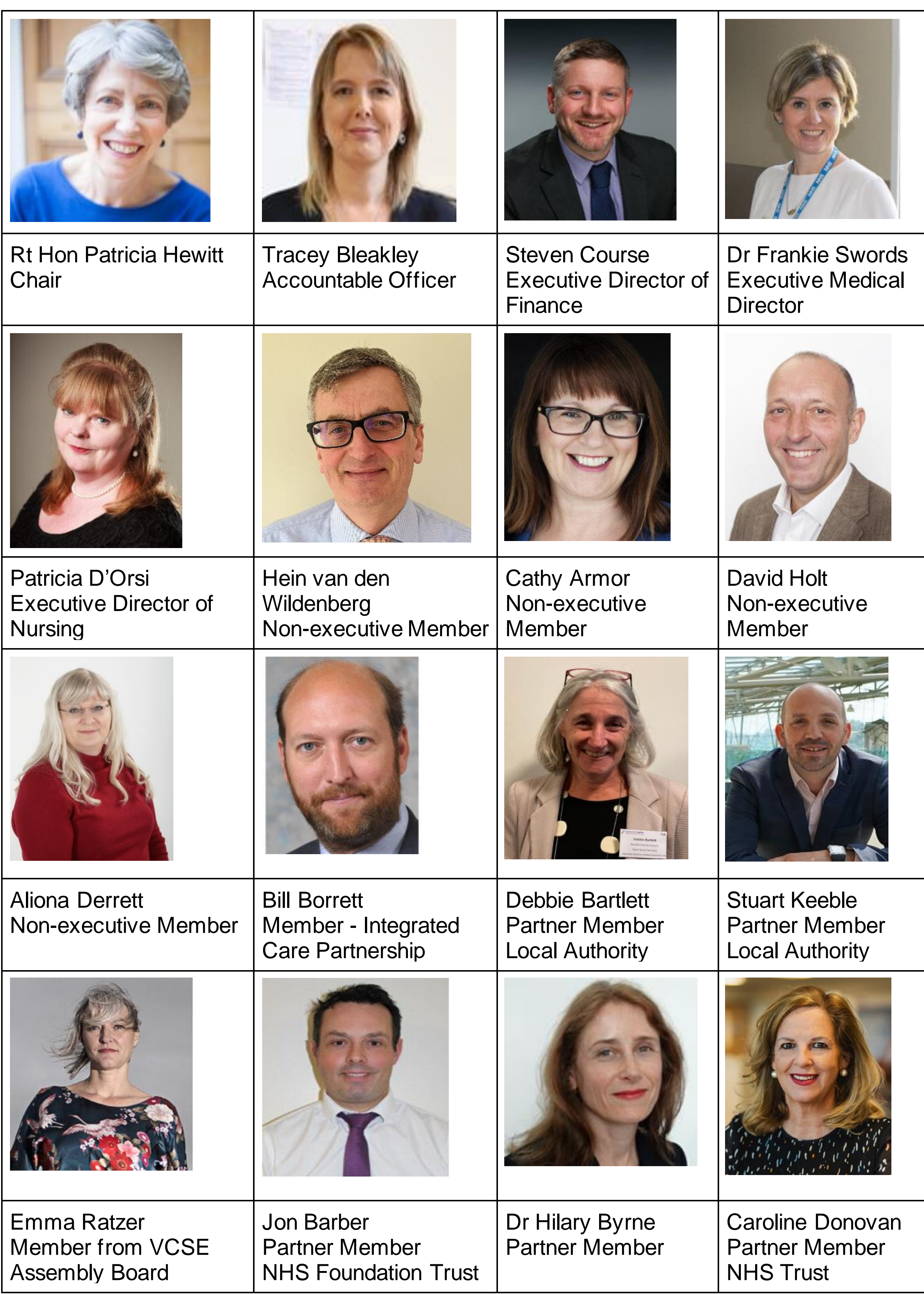
Members' report

NHS Norfolk and Waveney's Constitution came into effect on 1 July 2022. The Chair of NHS Norfolk and Waveney is the Right Honourable Patricia Hewitt and the Chief Executive Officer is Tracey Bleakley.

Member profiles and practice

NHS Norfolk and Waveney has 105 member GP practices in Norfolk and Waveney grouped into 17 Primary Care Networks (PCNs). More information on PCNs can be found in the Performance Report.

Composition of Board – the members of the Board are:



Rt Hon Patricia Hewitt Chair	Tracey Bleakley Accountable Officer	Steven Course Executive Director of Finance	Dr Frankie Swords Executive Medical Director
Patricia D'Orsi Executive Director of Nursing	Hein van den Wildenberg Non-executive Member	Cathy Armor Non-executive Member	David Holt Non-executive Member
Aliona Derrett Non-executive Member	Bill Borrett Member - Integrated Care Partnership	Debbie Bartlett Partner Member Local Authority	Stuart Keeble Partner Member Local Authority
Emma Ratzer Member from VCSE Assembly Board	Jon Barber Partner Member NHS Foundation Trust	Dr Hilary Byrne Partner Member	Caroline Donovan Partner Member NHS Trust

Committees, including Audit and Risk Committee
Please see the Annual Governance Statement page 79 for details of the Audit and Risk Committee and all other Board Committees.

Register of Interests
The Register of Board Interests can be found here: https://improvinglivesnw.org.uk/about-us/our-nhs-integrated-care-board-icb/conflicts-of-interest/. More information on how NHS Norfolk and Waveney manages interests can be found in the Annual Audit of Conflicts of Interest Management section on page 97.

Personal data related incidents
During the period 1 April 2023 to 31 March 2024 and up to the submission of the Annual Report and Accounts there was one data security breach reported to the Information Commissioner's Office (ICO). The ICO confirmed they would not be taking any action, provided general feedback to the ICB and confirmed the case was closed.

Modern Slavery Act
NHS Norfolk and Waveney ICB fully supports the Government's objectives to eradicate modern slavery and human trafficking but does not meet the requirements for producing an annual Slavery and Human Trafficking Statement as set out in the Modern Slavery Act 2015.

SIGNED

Tracey Bleakley
Accountable Officer
26 June 2024

Statement of Accountable Officer's Responsibilities

Under the National Health Service Act 2006 (as amended), NHS England has directed each Integrated Care Board to prepare for each financial year a statement of accounts in the form and on the basis set out in the Accounts Direction. The accounts are prepared on an accruals basis and must give a true and fair view of the state of affairs of the NHS Norfolk and Waveney ICB and of its income and expenditure, Statement of Financial Position and cash flows for the financial year.

In preparing the accounts, the Accountable Officer is required to comply with the requirements of the Government Financial Reporting Manual and in particular to:

- Observe the Accounts Direction issued by NHS England, including the relevant accounting and disclosure requirements, and apply suitable accounting policies on a consistent basis;
- Make judgements and estimates on a reasonable basis;
- State whether applicable accounting standards as set out in the Government Financial Reporting Manual have been followed, and disclose and explain any material departures in the accounts; and,
- Prepare the accounts on a going concern basis; and
- Confirm that the Annual Report and Accounts as a whole is fair, balanced and understandable and take personal responsibility for the Annual Report and Accounts and the judgements required for determining that it is fair, balanced and understandable.

The National Health Service Act 2006 (as amended) states that each Integrated Care Board shall have an Accountable Officer and that Officer shall be appointed by NHS England.

NHS England has appointed the Chief Executive Officer to be the Accountable Officer of NHS Norfolk and Waveney Integrated Care Board (the ICB). The responsibilities of an Accountable Officer, including responsibility for the propriety and regularity of the public finances for which the Accountable Officer is answerable, for keeping proper accounting records (which disclose with reasonable accuracy at any time the financial position of the ICB and enable them to ensure that the accounts comply with the requirements of the Accounts Direction), and for safeguarding the NHS Norfolk and Waveney ICB's assets (and hence for taking reasonable steps for the prevention and detection of fraud and other irregularities), are set out in the Accountable Officer Appointment Letter, the National Health Service Act 2006 (as amended), and Managing Public Money published by the Treasury.

As the Accountable Officer, I have taken all the steps that I ought to have taken to make myself aware of any relevant audit information and to establish that NHS Norfolk and Waveney ICB's auditors are aware of that information. So far as I am aware, there is no relevant audit information of which the auditors are unaware.

SIGNED

Tracey Bleakley
Accountable Officer
26 June 2024

Governance Statement

Introduction and context

NHS Norfolk and Waveney Integrated Care Board (NHS Norfolk and Waveney) is a body corporate established by NHS England on 1 July 2022 under the National Health Service Act 2006 (as amended).

NHS Norfolk and Waveney's statutory functions are set out under the National Health Service Act 2006 (as amended).

NHS Norfolk and Waveney's general function is arranging the provision of services for persons for the purposes of the health service in England. The ICB is, in particular, required to arrange for the provision of certain health services to such extent as it considers necessary to meet the reasonable requirements of its population.

Between 1 April 2023 and 31 March 2024, the Integrated Care Board was not subject to any directions from NHS England issued under Section 14Z61 of the of the National Health Service Act 2006 (as amended).

Scope of responsibility
As Accountable Officer, I have responsibility for maintaining a sound system of internal control that supports the achievement of the NHS Norfolk and Waveney Integrated Care Board's policies, aims and objectives, whilst safeguarding the public funds and assets for which I am personally responsible, in accordance with the responsibilities assigned to me in Managing Public Money. I also acknowledge my responsibilities as set out under the National Health Service Act 2006 (as amended) and in the NHS Norfolk and Waveney Integrated Care Board's Accountable Officer Appointment Letter.

I am responsible for ensuring that NHS Norfolk and Waveney is administered prudently and economically and that resources are applied efficiently and effectively, safeguarding financial propriety and regularity. I also have responsibility for reviewing the effectiveness of the system of internal control within NHS Norfolk and Waveney as set out in this governance statement.

Governance arrangements and effectiveness
The main function of the Board is to ensure that the group has made appropriate arrangements for ensuring that it exercises its functions effectively, efficiently and economically and complies with such generally accepted principles of good governance as are relevant to it.

NHS Norfolk and Waveney Governance Framework

NHS Norfolk and Waveney's Constitution and Governance Handbook

NHS Norfolk and Waveney's Constitution is based on the Integrated Care Board Model Constitution produced by NHS England in May 2022

The Constitution sets out NHS Norfolk and Waveney Board membership, the appointment process for Board as well as the organisation's governance arrangements and includes the standing financial instructions. It also sets out how NHS Norfolk and Waveney discharges its statutory functions via its governing structure.

This is supported by NHS Norfolk and Waveney's Governance Handbook which includes the terms of reference for each of NHS Norfolk and Waveney's committees as well as the scheme of reservation and delegation, conflicts of interest policy and standards of business conduct policy.

Board

The Board is comprised of 16 members; the chair, chief executive officer, four non-executive members, five partner members from local NHS trusts, foundation trusts, primary medical services and Norfolk County Council and Suffolk County Council, an executive director of finance, an executive medical director and executive director of nursing, a member from the VCSE Assembly Board and a member from the Integrated Care Partnership Board.

The quorum for the Board is 10 members and needs to include either the chief executive officer or the executive director of finance and either the executive medical director or the executive nursing director and at least one independent member which can include the chair and at least one partner member.

There have been three changes to the membership of the Board during the reporting period as follows:

- Stephen Collman, Chief Executive of Norfolk Community Health and Care NHS Trust stood down in November 2023 and Caroline Donovan, Chief Executive of Norfolk and Suffolk NHS Foundation Trust was appointed to the role in November 2023.
- James Bullion, Executive Director of Adult Social Services of Norfolk County Council stood down as a Partner Member in June 2023 and Debbie Bartlett, Interim Executive Director Adult Social Services was appointed to the role in June 2023.
- Sue Cook stood down in July 2023 and Stuart Keeble, Director of Public Health at Suffolk County Council was appointed to the role in October 2023.

Meetings

NHS Norfolk and Waveney held six Board meetings in public between 1 April 2023 and 31 March 2024.

Details of how members of the public are able to attend public meetings in person or join virtually, access meeting papers and minutes from previous meetings can be found on NHS Norfolk and Waveney website: https://improvinglivesnw.org.uk/about-us/our-nhs-integrated-care-board-icb/our-icb-meetings-and-events/. Members of the public are also able to raise questions with the Board by submitting questions to: nwicb.contactus@nhs.net.

Each meeting had been well attended and quorate. Members of the Executive Management Team also routinely attended meetings.

Membership and 'voting' attendance is recorded in the table below:

Name	Member	Attendance
Patricia Hewitt	Chair	6 out of 6 meetings 100%
Tracey Bleakley	Chief Executive Officer	6 out of 6 meetings 100%
Steven Course	Executive Director of Finance	6 out of 6 meetings 100%
Dr Frankie Swords	Executive Medical Director	4 out of 6 meetings 67%

Patricia D'Orsi (deputy Karen Watts attended 1 meeting)	Executive Director of Nursing Nursing Director, nominated deputy for Executive Director of Nursing	6 out of 6 meetings 100%
Hein Van Den Wildenberg	Non-Executive Member	6 out of 6 meetings 100%
Cathy Armor	Non-Executive Member	6 out of 6 meetings 100%
David Holt	Non-Executive Member	4 out of 6 meetings 67%
Aliona Derrett	Non-Executive Member	6 out of 6 meetings 100%
Dr Hilary Byrne	Partner Member Primary Medical Services	6 out of 6 meetings 100%
Bill Borrett	Member from Integrated Care Partnership	6 out of 6 meetings 100%
James Bullion *Until 02/06/2023*	Partner Member Local Authorities, Norfolk County Council	1 out of 1 meeting 100%
Debbie Bartlett *From 15/06/2023*	Partner Member Local Authorities, Norfolk County Council	5 out of 5 meetings 100%
Sue Cook *Until 31 July 2023*	Partner Member Local Authorities, Suffolk County Council	1 out of 1 meeting 100%
Stuart Keeble *From 10 October 2023*	Partner Member Local Authorities, Suffolk County Council	3 out of 3 meetings 100%
Emma Ratzer	Member from the VCSE Assembly Board	3 out of 6 meetings 50%
Jonathan Barber	Partner Member NHS Trusts and Foundation Trusts	6 out of 6 meetings 100%
Stephen Collman *Until 5/11/2023*	Partner Member – NHS Trusts (Mental Health and Community Services)	2 out of 3 meetings 67%
Caroline Donovan *From 28/11/2023*	Partner Member – NHS Trusts (Mental Health and Community Services)	1 out of 3 meetings 33%

Additional private meetings were held throughout the year for Board development and to discuss matters where the wider public interest or commercial confidentiality clearly required it.

The Board approved the Constitution and Governance Handbook at its inaugural meeting on 1 July 2022. The Governance Handbook has been updated regularly since then with updates approved by the Board in May, November 2023 and January and March 2024.

The Board has a number of functions conferred on it by the Health and Social Care Act 2012 (the "Act"). The main function is to ensure that NHS Norfolk and Waveney has appropriate arrangements in place to exercise its functions effectively, efficiently and economically and in accordance with good governance. The Board also leads on setting the vision and strategy of the organisation. The Board has established a Remuneration, People, Culture Committee to determine the remuneration, fees and

other allowances payable to employees or other persons providing services to NHS Norfolk and Waveney.

NHS Norfolk and Waveney's Constitution sets out the responsibilities delegated to the Board. These include providing assurance of strategic risks, ensuring registers of interest are reviewed regularly, and that financial reports including details about allocation and financial variances against plan are reviewed. These matters are standing agenda items at each Board meeting.

The following topics are frequently discussed by the Board at its meetings:

- System pressures
- Elective recovery
- Clinical threshold policy recommendations
- Financial reporting
- Risk reporting
- Reports from Committees

The Board completed a self-evaluation of its own performance and effectiveness in May 2024. This was discussed at a Board meeting on 22 May 2024 and the findings from the self-evaluation were that the Board was effective. However, areas were identified where actions could be taken to support the continued improvement and development of the Board. In addition, the Board continues to undertake a programme of development and regularly meets to focus on this work.

Board Joint Committee – Integrated Care Partnership

The Integrated Care Partnership (ICP) Committee is a joint statutory committee of NHS Norfolk and Waveney ICB, Norfolk County Council and Suffolk County Council. Councillor Bill Borrett is the Chair of this joint committee, and the ICB's chair, Rt Hon. Patricia Hewitt, is one of the Vice-Chairs.

The role of the Committee is to promote the close collaboration of the health and care system. It builds on the existing Norfolk Health and Wellbeing Board, with the expanded geography to include Waveney, to ensure better health and care outcomes for all our residents.

The Committee provides a forum for stakeholders to come together as equal partners to discuss and resolve crosscutting issues. The Committee has a central role in the planning and improvement of health and care in Norfolk and Waveney. Details of the ICP and its meetings can be found here: https://improvinglivesnw.org.uk/about-us/our-integrated-care-partnership/.

Since 1 April 2023 and up to 31 March 2024 the Committee met four times. Meeting attendance was good and all meetings were quorate.

The work of the committee during the reporting period 1 April 2023 to 31 March 2024 included:

- Pharmacy, ophthalmology and dental services
- Mental Health System Collaboratives
- Childrens Social Care reforms, SEND and Alternative Provision Improvement Plan
- Public Health Prevention: Cardiovascular Disease, Respiratory Disease, Cancer and Mental Health
- CQC Local Authority and Integrated Care System Assessments
- Ageing Well Priorities
- Right Care, Right Person – Norfolk and Waveney Implementation
- Integrated Winter Plan for 2023/24
- Driving Integration Through Digital, Data and Technology

- Norfolk and Waveney Health Inequalities Strategic Framework for Action
- LeDeR Annual Report and Learning Disabilities Plan
- Public Health Strategic Plan
- Department for Education Families First for Children Pathfinder Update
- Driving Integration through system wide training opportunities
- Norfolk and Waveney NHS System Capital Distribution for 2024/25
- Norfolk and Waveney Integrated Care System Suicide Prevention Strategy 2023-28

Board Committees

The Board appointed eight committees, and these are detailed below.

Primary Care Commissioning Committee

The role of this Committee is to carry out the functions relating to the commissioning of primary care matters under the terms of Delegation Agreements with NHS England. This includes the functions relating to the commissioning of primary medical services (except those that relate to individual GP performer list concerns which have been reserved to NHS England) and also from 1 April 2023 responsibility for pharmaceutical, general ophthalmic and dental (primary, community and secondary care) services.

The Committee reviewed its terms of reference during the reporting period in line with its terms of reference and these were approved by the Board.

Membership of the Committee comprises:

- A local authority partner member from NHS Norfolk and Waveney Board (Chair)
- Non-Executive Member (Vice Chair)
- Executive Director of Nursing or their nominated deputy
- Executive Director of Finance or their nominated deputy

Since 1 April 2023 and up to 31 March 2024 the Committee met 12 times.

Membership of the Primary Care Commissioning Committee together with the attendance record is provided in the table below

Name	Member	Attendance
Debbie Bartlett From July 2023	Chair, Local Authority (Norfolk) Partner Member from the Board	8 out of 9 meetings 89%
James Bullion Until April 2023	Chair, Local Authority (Norfolk) Partner Member from the Board	1 out of 1 meetings 100%
Hein Van Den Wildenberg	Deputy Chair, Non-Executive Member	11 out of 12 meetings
Steven Course (or nominated deputy)	Executive Director of Finance	12 out of 12 meetings 100%
Patricia D'Orsi (or nominated deputy)	Executive Director of Nursing	12 out of 12 meetings 100%

Highlights of the work of the committee during April 2023 to March 2024 include:

- Understanding of responsibilities for contractual, commissioning and quality matters for all primary care services: medical including PCN contracting matters, dental, optometry and community pharmacy.
- Strategic leadership, challenge and support to the primary care system drive improvement in primary care
- Performance review and monitoring of activity and finance across all primary care including transformation, workforce, digital and estates budgets to manage risk and provide assurance
- Oversight and development of new governance structures for managing responsibilities for all four primary care contractor groups through the establishment of two new delivery groups for dental and general practice, to ensure robust decision making, assurance and escalation processes are in place
- Review, monitoring and assurance of Primary Care Risk including work to improve the interface between primary and secondary care, and measures taken to improve resilience of all primary care services and establishment of practice visit programmes

  Overseeing achievement against national primary care priorities such as the uptake and quality of learning disability health checks and severe mental illness health checks
- Considered individual general practice resilience issues and approving action plans, including the approval of section 96 funding support in exceptional circumstances
- Made decisions in relation to complex or reputational contractual and resilience matters thereby ensuring continuity of patient care for the local population
- Approval of programmes and strategic plans, such as primary care workforce development and transformation, access and improvement and primary care ambitions in the Joint Forward Plan including the ICB's Short Term Dental Plan and Primary Care Access and Recovery Plan
- Drive improvement in quality of primary care services including the oversight of CQC inspections, understanding the challenges emerging and the actions being taken by practices and ICB support needed
- Receiving regular reports on GP practice prescribing especially in relation to opiates and dependence forming drugs, monitoring progress to meet national benchmarks
- Receive regular reports on primary care estates plans and progress in digital developments to support general practice and PCN plans
- Approve plans for the commissioning of Locally Commissioned Services
- Receive reports from the Pharmaceutical Services Regulations Committee to provide assurance and oversight of decision making
- Receive reports on optometry contractual and commissioning matters and make decisions as required
- Represent primary care matters in the wider system and at Board level

Audit and Risk Committee

The Audit and Risk Committee provides the Board with an independent and objective view of NHS Norfolk and Waveney's assurance processes. This is achieved by reviewing financial systems, the risk management structure and ensuring compliance with the laws, regulations and directions that govern NHS Norfolk and Waveney.

The Audit and Risk Committee is comprised of:

- Non-Executive member with a lead for Audit and Risk, who is also the Chair;

- A minimum of one further ICB Board Non-Executive member in addition to the Chair
- Any further members of the Committee need not be ICB Board members

The Chair of the Audit and Risk Committee is David Holt who is the Non-Executive member with a lead for Audit and Risk and also NHS Norfolk and Waveney's Conflicts of Interest Guardian.

The Committee reviewed its terms of reference and membership during the reporting period. The Committee proposed changing the membership beyond Non Executive members and the Board approved this amendment at its meeting in November 2023.

During the reporting period the Audit and Risk Committee met 5 times. Each meeting was well attended and quorate.

Membership of the Audit and Risk Committee together with the attendance record is provided in the table below:

Member	Name	Attendance
David Holt	Chair, Non-Executive Member	5 out of 5 meetings 100%
Cathy Amor	Non-Executive Member	3 out of 5 meetings 60%
Hein Van Den Wildenberg *(stepped down October 2023)*	Non-Executive Member	3 out of 3 meetings 100%
Emma Ratzer *(From November 2023*	Partner Member	2 out of 2 meetings 100%

The Committee was supported by regular attendance of NHS Norfolk and Waveney's Executive Director of Finance, Executive Director of Corporate Affairs and ICS Development, Director of Financial Management and Director of Commissioning Finance.

The primary role of the Audit and Risk Committee is to review the establishment and maintenance of an effective system of integrated governance, risk management and internal control across NHS Norfolk and Waveney's activities supporting the achievement of NHS Norfolk and Waveney's objectives.

The Audit and Risk Committee reviewed the adequacy and effectiveness of:

- Internal control systems;
- Risk and control related disclosure statements prior to endorsement by NHS Norfolk and Waveney;
- Principal risks and policies for ensuring compliance with regard to regulatory, legal, code of conduct requirements and self-certification;
- Policies and procedures for work related to fraud and corruption and information governance.

The Committee primarily utilises the work of Internal Audit and External Audit but is not limited to these sources. It also seeks reports and assurances from directors and managers as appropriate. The Committee concentrates on the overarching systems of integrated governance, risk management and internal control.

The Audit and Risk Committee is also responsible for ensuring that arrangements are in place for countering fraud and reviews the work of the counter-fraud specialist.

The Committee has undertaken a series of deep dives that have focused on key strategic risks that could potentially impact the organisation. These deep dives have included a review into the transition of specialist commissioning services from NHS England, risk management, the staff reorganisation and an update on the impact of the ending of the Control of Patient Information regulations by the Executive Director of Digital and Data. Each of these deep dives has stimulated discussion and review of key areas of strategic risk for NHS Norfolk and Waveney and have helped inform the work of the Committee as well as provide assurance on work being undertaken to address and mitigate risks.

Other key areas of work of the Audit and Risk Committee during the reporting period includes:

- Reviewing the Risk Management Framework and Board Assurance Framework providing assurance to the Board
- Reviewing the Annual Report and Accounts
- Reviewing reports on internal controls and counter fraud
- Discussion on delegation of responsibility for specialised commissioning from NHS England to NHS Norfolk and Waveney

The Audit and Risk Committee Chair has also met with system audit Chairs to review system effectiveness. Meetings have discussed the Joint Forward Plan and financial environment as well as system risk registers and risk appetite. Risk registers are shared between partners to ensure a system wide understanding of key issues.

Conflicts of Interest Committee Sub Committee

This committee is a sub-committee of the Audit and Risk Committee. It contributes to the overall delivery of NHS Norfolk and Waveney objectives by providing oversight and assurance to the Audit and Risk Committee on the adequacy and effectiveness of conflict of interest processes within NHS Norfolk and Waveney. The committee is authorised to make decisions on behalf of the Board about issues which could not be decided by the Board due to conflicts of interest and thus acts independently and provides a space to deliberate matters of interest.

Membership of the committee consisted of the following:

- Non-Executive Member (Chair)
- At least one further Non-Executive Member from the Board
- Executive Director of Finance (Deputy Chair)
- Executive Medical Director

The committee reviewed its terms of reference to ensure that it has the appropriate level of responsibility to discuss and decide upon possible breaches of NHS Norfolk and Waveney's Conflicts of interest Policy. The committee also reviewed the refreshed the Conflicts of Interest Policy.

The Committee met three times during the reporting period of 1 April 2023 to 31 March 2024. The membership of the Conflicts of Interest Committee together with the attendance record is provided in the table below:

Name	Member	Attendance
David Holt	Chair, Non-Executive Member	3 out of 3 meetings 100%
Hein Van Den Wildenberg	Non-Executive Member	3 out of 3 meetings 100%
Dr Frankie Swords	Executive Medical Director	2 out of 3 meetings 67%
Steven Course	Executive Finance Director	3 out of 3 meetings 100%

Key areas of the work for the committee include:

- Committee's terms of reference
- Review of refreshed Conflicts of Interest Policy
- Review of process

Remuneration, People and Culture Committee

The Remuneration, People and Culture Committee is accountable to the Board. This Committee contributes to the overall delivery of NHS Norfolk and Waveney objectives by providing oversight and assurance to the Board on the strategic people and culture agenda as well as determining pay arrangements.

The members of the Part 1 and Part 2 Remuneration, People and Culture Committee are:

- Three non-executive members of NHS Norfolk and Waveney who are not the Chair of the Audit and Risk Committee.

In addition, the following are members of the Part 1 section of the meeting only:

- One other member appointed from the wider Norfolk and Waveney System with the relevant experience as to people and culture.
- Executive Nursing Director or nominated deputy.

The Committee's terms of reference were reviewed during the reporting period, but no changes were made.

From 1 April 2023 to 31 March 2024 the Part 1 section of the Remuneration, People and Culture Committee met 3 times. Part 1 meetings were supported by the Executive Director of People or nominated deputy. This section of the meeting contributes to the overall delivery of NHS Norfolk and Waveney objectives by providing oversight and assurance to the Board on the strategy people and culture agenda for NHS Norfolk and Waveney and its partner constituents. It scrutinises the delivery of the strategic people priorities in order to provide assurance to the Board that risks to the delivery of the people agenda are being managed appropriately. The Executive Nursing Director became a member of the Committee during the year, but an internal error did not enable attendance. This has been corrected for forthcoming meetings. The member for the wider Norfolk and Waveney System was invited to attend meetings and appointed from February 2024.

Membership of the Part 1 section of the Committee together with the attendance record is provided in the table below:

Name	Member	Attendance
Cathy Armor (Chair)	Non-Executive member	3 out of 3 meetings 100%
Hein van den Wildenberg	Non-Executive member	3 out of 3 meetings 100%
Aliona Derrett	Non-Executive member	3 out of 3 meetings 100%
Tricia D'Orsi (or nominated deputy)	Executive Director of Nursing	0 out of 3 meetings 0%
Njoki Yaxley *(From 19 February 2024)*	NCHC Non-Executive Member	1 out of 1 meetings 100%

The Part 1 Remuneration, People and Culture Committee's work during the reporting period included:

- Review and oversight of the strategic People agenda across the Integrated Care System including system workforce transformation programmes to scale people services, work force planning and system performance against core metrics.

From 1 April 2023 to 31 March 2024 the Part 2 section of the Committee met 9 times. Part 2 meetings were supported by the Executive Director of Corporate Affairs and ICS Development or nominated deputy and the Executive Director of People or nominated deputy.

The Part 2 meeting determines the pay and remuneration for the Chief Executive, Members of the Board and other Very Senior Managers as well as termination of employment and other contractual terms and non-contractual terms. In addition, it determines NHS Norfolk and Waveney pay policy for staff including contractual arrangements and termination arrangements taking into account national guidance as appropriate. NHS Norfolk and Waveney is supported in its work by specialty advisors and the Committee is responsible for determining their pay and overseeing contractual arrangements. This section of the meeting also reviews HR policies and is responsible for providing assurance in relation to ICB statutory duties including the Fit and Proper Person Regulations.

Membership of the Part 2 section of the Committee together with the attendance record is provided in the table below:

Name	Member	Attendance
Cathy Armor (Chair)	Non-Executive member	9 out of 9 meetings 100%
Hein van den Wildenberg	Non-Executive member	8 out of 9 meetings 89%
Aliona Derrett	Non-Executive member	9 out of 9 meetings 100%

The Part 2 Remuneration, People and Culture Committee's work during the reporting period included:

- Reviewing and determining executive and Board level pay
- Reviewing and approval of HR policies for the Integrated Care Board
- Oversight of the ICB's organisational change programme including voluntary redundancy scheme
- Review and approval of Fit and Proper Persons Test Policy

- Review and approval of national pay increase for Very Senior Managers

Patients and Communities Committee

This Committee provides NHS Norfolk and Waveney with assurance that it is delivering its functions in a way that meets the needs of patients and communities. This is based on engagement and feedback from local people and groups and takes account of and reduces the health inequalities experienced by individuals and communities. The committee exists to scrutinise the robustness of, and gain, and provide assurance to NHS Norfolk and Waveney that there is an effective system of internal control that supports it to effectively deliver its strategic objectives and provide sustainable, high-quality care.

The Committee reviewed its terms of reference and membership during the reporting period and amendments were reviewed and approved by the Board at its meeting on 30 May 2023.

Since 1 April 2023 and up to 31 March 2024 the Committee met 6 times. Membership of the Committee together with the attendance record is provided in the table below:

Name	Member	Attendance
Aliona Derrett	Non-Executive Member of NHS Norfolk and Waveney Board (Chair)	6 out of 6 meetings 100%
Cathy Amor	Non- Executive Member of NHS Norfolk and Waveney Board	5 out of 6 meetings 83%
Emma Ratzer	VCSE Board Member on NHS Norfolk and Waveney Board	2 out of 6 meetings 33%
Mark Burgis	Executive Director Patients and Communities, ICB	5 out of 6 meetings 83%
Dr Frankie Swords	Executive Medical Director	4 out of 6 meetings 67%
Karin Bryant *(from September 2023)*	A representative from Commissioning, ICB	3 out of 4 meetings 75%
Suzanne Meredith	Senior Public Health Officer Norfolk County Council	6 out of 6 meetings 100%
Tracy Williams	A representative from the Place Boards and Health Inequalities advisor	6 out of 6 meetings 100%
Paula Boyce	A representative from the Health and Wellbeing Partnerships	5 out of 6 meetings 83%
Alex Stewart or deputy	A representative from Healthwatch Norfolk	4 out of 6 meetings 67%
Andy Yacoub	A representative from Healthwatch Suffolk	3 out of 6 meetings 50%

Quality and Safety Committee

The Quality and Safety Committee is accountable to the Board. The Committee provides the Board with assurance in relation to the quality and safety of its commissioned services and NHS Norfolk and Waveney's internal processes to support safe, effective, and continuous improvement in services.

A key role of the Committee is to monitor the quality and safety of care. The Committee identifies risks and issues and provides assurance to NHS Norfolk and Waveney ICB Board. The Committee receives, and reviews quality and safety focussed reports and agrees any recommended actions to fully understand and work towards mitigation of potential and known clinical risks. It ensures all such risks are documented within the directorate or risk register for the Committee and where relevant, escalated to the Board Assurance Framework. The Committee identifies learning and improvement opportunities and communicates and shares them appropriately. Where appropriate it provides reports to external bodies.

The Non-Executive Member Deputy Chair remained a member of the Committee during the year but an internal error did not enable attendance. This has been corrected for forthcoming meetings. The Committee reviewed its terms of reference during the year to ensure they were fit for purpose.

From 1 April 2023 to 31 March 2024 the Quality and Safety Committee met eleven times.

The membership of the Committee together with the attendance record is provided in the table below:

Name	Member	Attendance
Aliona Derrett (Chair)	Non-Executive Member	11 out of 11 Meetings, 100%
Cathy Armor (deputy Chair)	Non-Executive Member	0 out of 11 Meetings, 0%
Patricia D'Orsi	Executive Director of Nursing	10 out of 11 Meetings 91%
Dr Frankie Swords	Executive Medical Director	8 out of 11 Meetings 73%
Dr Hilary Byrne	Partner Member Primary Medical Services	6 out of 11 Meetings 55%
Sue Cook until July 2023/ Stuart Keeble *From October 2023*	Partner Member, Local Authorities Suffolk County Council	2 out of 11 Meetings 18%
Nancy Fontaine / Rachael Cocker from March 2024	Acute provider representation, Director of Nursing - NNUH	8 out of 11 Meetings 73%
Diane Hull / Tumi Banda from September 2023	Mental health lead, Chief Nurse – NSFT	5 out of 11 Meetings 45%
Carolyn Fowler	Community provider representation, Director of Nursing - NCHC	8 out of 11 Meetings 73%

The Quality and Safety Committee provides constructive feedback on ICB policies and reports that impact on clinical quality and patient safety. Documents that have been reviewed and ratified by the Committee during the reporting period include:

- New ICB Patient Safety Incident Response Framework Policy
- New ICB Patient Choice Policy
- New ICB Safeguarding Supervision Policy
- New ICB Quality Visit Protocol
- New ICB Fabricated or Induced Illness Policy
- Annual Update to ICB Adult Safeguarding Policy
- Annual Update to ICB Safeguarding Children Policy
- Child Death Overview Panel Annual Report
- Learning from Lives and Deaths (LeDeR) Annual Report
- ICS Research & Innovation Strategy (prior to Board Approval)
- ICS Infection Prevention & Control Strategy (prior to Board Approval)
- ICS Quality Strategy (prior to Board Approval)
- ICS Learning Disabilities and Autism Plan (prior to Board Approval)

Finance Committee

The Finance Committee supports the Board in scrutinising and tracking delivery of key financial priorities, plans and targets from both a system perspective, as well as NHS Norfolk and Waveney as a stand-alone entity, as specified in NHS Norfolk and Waveney's Strategic and Operational Plans. The Committee submits information as appropriate to the Audit and Risk Committee and makes recommendations to the Board on strategic financial matters.

The membership of the Finance Committee comprises of:

- Non-Executive Member with the lead for Finance (Chair)
- Non-Executive Member (vice-Chair)
- Executive Director of Finance
- Executive Director of Performance, Transformation and Strategy
- Acute Chief Finance Officer (a serving Norfolk & Waveney Chief Finance Officer with current experience in an acute NHS provider setting)
- Non-acute Chief Finance Officer (a serving Norfolk & Waveney Chief Finance Officer with current experience in a non-acute NHS provider setting)
- Non-Executive Director (from NHS provider organisation)
- A clinical person with primary care experience.
- A finance lead from Local Authority
- A person with financial expertise from the VCSE or wider community.

The Finance Committee met 11 times from 1 April 2023 to 31 March 2024 including an extraordinary meeting in November 2023. Each meeting was well attended and quorate. Membership of the Finance Committee together with the attendance record is provided in the table below:

Name	Member	Attendance
Hein van den Wildenberg	Chair, Non-Executive Member	11 out of 11 meetings 100%
Cathy Amor	Non-Executive Member	8 out of 11 meetings 73%
Steven Course	Executive Director of Finance	11 out of 11 meetings 100%

Andrew Palmer	Executive Director of Performance, Transformation and Strategy – Deputy Chief Executive	7 out of 11 meetings 64%
Roy Clarke (or nominated deputy)	Acute Chief Finance Officer	9 out of 9 meetings 100%
Andrew Hopkins	Non acute Chief Finance Officer	8 out of 11 meetings 73%
Dr Imran Ahmed *(from July 2023)*	Person with primary care experience	8 out of 9 meetings 89%
Graham Ward	Non-executive director from NHS provider organisation	10 out of 11 meetings 91%
Andrew Jamieson	Finance lead from local authority	6 out of 11 meetings 55%
Lucy De Las Casas	Person with financial expertise from the VCSE or wider community	7 out of 11 meetings 64%

Key pieces of work undertaken to secure assurance include:

- Review of the membership, terms of reference, and remit of the Committee;
- Review annual budgets, medium term financial plans and detailed plans for approval by the Board;
- Monitor NHS Norfolk and Waveney's financial standing in-year and recommend corrective action to the Board should year-end forecasts suggest that the financial plan will not be achieved. For much of the financial year, the system was in a so-called 'double lock', placing additional controls on expenditures above a certain threshold
- Monitor the financial standing and financial risk profile in-year of NHS organisations in the N&W system and keep Board and other stakeholder apprised in case of financial plan not being achieved.
- Receive detailed reports at each meeting concerning the financial performance of all 6 NHS organisations in the N&W system, to incorporate narrative relating to key variances from plan;
- Receive in-depth insights into area requiring specific attention of the committee.
    - During this financial year, the committee received updates from the CFOs of NHS Norfolk and Waveney, Queen Elizabeth Hospital King's Lynn, Norfolk and Norwich University Hospital, James Paget University Hospital, Norfolk Community Health and Care Trust, East of England Ambulance Trust , respectively, as part of a rolling financial update to the committee from NHS providers and NHS Norfolk and Waveney. A similar session for Norfolk and Suffolk Foundation Trust will be held in April 2024.
    - The committee received deeper insight through briefings about and by VCSE and Norfolk County Council.
    - The committee also received updates, including financial implications, on the following topics: Mental Health Investment Standard, Discharge to Assess, Continuing Health Care, Elective Recovery Fund, Better Care Fund, Primary Care and Medicines Prescribing, ICB efficiency schemes.
- Scrutinise NHS Norfolk and Waveney's Strategic Financial Risk Register;
- Monitor implementation of any recommendations arising from the internal audit of finance functions;

The committee's work dovetailed with that of the Audit and Risk Committee in order to provide assurance to the Board that robust management of finance was in place.

Performance Committee

The Performance Committee has been established to provide NHS Norfolk and Waveney with assurance that it is delivering its functions in a way that ensures a high performing system. The Committee exists to scrutinise the robustness of and gain and provide assurance to NHS Norfolk and Waveney regarding the delivery of key performance standards by commissioned providers, performance of the system against the NHS Outcomes Framework and progress with improving wider population health outcome measures.

The membership of the Performance Committee comprises of:

- ICB Board Partner Member, Primary Medical Services (Chair)
- Executive Director of Performance, Transformation and Strategy (Deputy Chair)
- Non- Executive Member
- Executive Director of Nursing or nominated deputy
- Executive Director Patient and Communities or nominated deputy
- NHSEI Director or nominated deputy (to discharge NHSEI's statutory responsibilities in relation to provider undertakings or other SOF requirements, from time to time the NHSEI Director may need to chair an extraordinary part 2 of the committee)

Other attendees include provider Chief Executives, County Council representatives and ICB functional leads. The Committee reviewed its terms of reference during the reporting period.

The Performance committee met 6 times from 1 April 2023 to 31 March 2024. Each meeting was well attended and quorate. Membership of the Performance Committee together with the attendance record is provided in the table below:

Member	Name	Attendance
Dr Hilary Byrne	Chair, ICB Board Member, Primary Medical Services	5 out of 6 meetings 83%
Andrew Palmer	Deputy Chair, Executive Director of Performance, Transformation and Strategy	6 out of 6 meetings 100%
Hein Van Den Wildenberg	Non-Executive Member	6 out of 6 meetings 100%
Patricia D'Orsi (or nominated deputy)	Executive Director of Nursing	4 out of 6 meetings 67%
Mark Burgis	Executive Director Patient and Communities or nominated deputy	4 out of 6 meetings 67%
Adam Cayley, Helen Geall	NHSE Director and/or NHSE Director nominated deputy	6 out of 6 meetings 100%

Key pieces of work undertake to secure assurance include:

- Regular review of activity, performance, issues and risks from key areas of:
    - Urgent and Emergency Care
    - Elective Recovery

  - Cancer services
  - Diagnostic services
  - Mental Health services
  - Children, Young People and Maternity services
  - Learning Disability and Autism programme
- Oversee the performance and improvement against the NHS Oversight Framework.
- Oversee the development of the Integrated Performance Reporting system, which will be used by system partners review progress against activity and performance measures and highlight where further action may be needed.
- Consider areas for an in-depth review, to seek greater assurance of service delivery, access and transformations being undertaken to improve performance.

The Committee held its last meeting in March 2024 as the meeting is being refocused to become the Commissioning and Performance Committee. Refreshed terms of reference have been approved by the Board and its first meeting has taken place in May 2024.

Freedom to Speak Up (Whistleblowing)

NHS Norfolk and Waveney is keen to ensure that staff can speak up about any concerns that relate to within the workplace or externally, in relation to danger, risk, malpractice or wrong doing which affects others. Speaking up plays a vital role in protecting patients and ensuring their safety and also improves the lives of workers.

NHS Norfolk and Waveney has adopted the 'standard integrated policy' as recommended by Sir Robert Francis following his review into whistleblowing in the NHS aimed at improving the experience of whistleblowing in the NHS; this policy has been further updated with the strengthened arrangements set out by NHS England in 2022. We have adopted this policy which is produced by NHS England as a minimum standard to help to normalise the raising of concerns for the benefit of NHS staff and patients so that staff can speak up about anything that affects patient safety or affects their working life. This can be something that doesn't feel right such as not following a process, feeling discriminated or where the behaviour of others is affecting the wellbeing of patients or colleagues.

NHS Norfolk and Waveney has a Non-Executive Board Member as sponsor for Freedom to Speak Up and has an interim guardian in place while actively recruiting to substantively cover the vacant Freedom to Speak Up Guardian role. In addition, NHS Norfolk and Waveney has Freedom to Speak Up Champions who raise awareness and promote speaking up. NHS Norfolk and Waveney also includes as mandatory training for all staff 'Speak Up' and 'Listen Up'. 'Follow Up' training for senior managers is being rolled out in 2024. The three modules are cumulative and managers and senior staff were required to complete the requisite number of modules.

Executive Management Team Meeting

The Executive Management Team (EMT) is an ICB meeting comprising the Accountable Officer, Executive Director of Finance and the Executive Directors of NHS Norfolk and Waveney (as set out in the Remuneration report) as well as other senior representation. It is the operational forum for exercising the Accountable Officer and Executive Director of Finance's authority under NHS Norfolk and Waveney's Scheme of Reservation and Delegation. It is not, however, a formal committee of the Board.

The EMT meets weekly and monitors the operational discharge of statutory duties, approves corporate contracts and oversees HR and organisational development and establishment control and monitors budgets. The EMT also regularly reviews the Board Assurance Framework. The EMT report relevant items to the Board via the Accountable Officer's report.

In addition, an ICS EMT meets fortnightly. This meeting is attended by all the system Chief Executives and ICB Executive Directors. The aim of this meeting is to provide a forum to discuss system issues including system pressures, and financial matters.

Joint Senior Leaders Meeting (JSL)

The Joint Senior Leaders (JSL) meeting is a forum for the ICB's senior managers, including EMT members, to meet and discuss a range of ICB issues. The meeting facilitates the sharing and communication of key matters. The JSL meets monthly and has no formal decision-making authority. It is chaired by the Chief Executive and topics discussed during the year include general updates from members, the staff reorganisation, the ICB's budget and financial updates, and commissioning intentions.

NHS Arden & Greater East Midlands Commissioning Support Unit (AGEM CSU)

NHS Norfolk and Waveney is supported in its work by a range of outsourced support services by AGEM CSU. These services are transactional HR support, GPIT, DSCRO and Data Services, Procurement and Freedom of Information Request services from AGEM CSU.

UK Corporate Governance Code
NHS Bodies are not required to comply with the UK Code of Corporate Governance.

Discharge of Statutory Functions
NHS Norfolk and Waveney Integrated Care Board (NHS Norfolk and Waveney) has reviewed all of the statutory duties and powers conferred on it by the National Health Service Act 2006 (as amended) and other associated legislation and regulations. As a result, I can confirm that NHS Norfolk and Waveney is clear about the legislative requirements associated with each of the statutory functions for which it is responsible, including any restrictions on delegation of those functions.

Responsibility for each duty and power has been clearly allocated to a lead Director. Directorates have confirmed that their structures provide the necessary capability and capacity to undertake all of NHS Norfolk and Waveney's statutory duties.

Risk management arrangements and effectiveness
NHS Norfolk and Waveney's integrated risk management strategy and framework sets out NHS Norfolk and Waveney's approach to risk management.

In accordance with the framework, risks are evaluated in terms of the likelihood and consequence using an organisational risk matrix. Scores for likelihood and consequence are given out of 5 and multiplied together. The results give one of four categories of risk grading as follows:

Serious risk - immediate action required by a director
High risk – urgent senior management attention needed with action plan
Moderate risk - responsibility for assessment and action planning allocated to a named individual
Low risk – normal risks which can be managed by routine procedures

NHS Norfolk and Waveney developed a Risk Management process to ensure that risks were identified throughout the organisation. This is supported by a staff handbook to ensure that the process is clearly understood.

The Audit and Risk Committee reviews the risk management framework. Risk is reviewed regularly by the Executive Management Team with risks assessed, rated and agreed for either escalation or removal from the Board Assurance Framework (BAF). The Audit and Risk Committee reviews the risk register to ensure that matters are appropriately reported and that action plans are robust and progress is being made. Through these mechanisms NHS Norfolk and Waveney's risk appetite is assessed and regulated.

The Board meets in public every other month. Members of the public are able to see Board papers including the BAF ahead of the meetings and they are able to ask questions at the meeting or raise queries via the website in advance.

NHS Norfolk and Waveney has various controls to address its risks and identifies both internal and external assurances on these controls. These are set out clearly for each risk in the assurance framework. In addition, consideration is given to any gaps in controls or assurances so that they are considered and factored into decision making.

NHS Norfolk and Waveney's control mechanisms are used to protect financial assets, operational systems and ensure that important laws and regulations are complied with. The table below sets out some of the internal controls used and the benefits they provide:

Management of current risks	ICB Board Assurance Framework; Regular assurance and finance reports to the Board. This year a key aspect of assurance reporting focussed on the vaccination programme. Identification of risks associated with the provision of services to patients. These are mitigated though the work of the quality team and contract management of provider contracts via the contract with the CSU and in house commissioning staff; A robust programme of counter fraud and anti-bribery activity supported by the Counter Fraud Specialist whose annual plan is scrutinised by the Audit and Risk Committee.
Prevention of Risk	Through the processes mentioned above NHS Norfolk and Waveney regularly horizon scans to identify potential areas of risk. In addition, NHS Norfolk and Waveney uses its experience of and learning from adverse events to ensure that lessons are learnt. Preventative measures include: • Policy development; • Identifying and ensuring that staff comply with mandatory training requirements; • Establishing risk-sharing agreements; • Root cause analysis of incidents; • Mandating limits to decision making authority; and • Ensuring secure access to IT systems.
Deterrent to risks arising	Developing risks are managed through a number of systems and include: • Risk review by Committee and Board meetings as well as executive management team meetings; • Finance reports to the Board; • Robust programme of counter fraud and anti-bribery supported by the Counter Fraud Specialist.

Capacity to Handle Risk

NHS Norfolk and Waveney's Integrated Risk Management Strategy and Framework supports a positive staff attitude to risk management, encouraging staff to identify, assess, manage and report risks. Staff are clear about their personal accountability and responsibilities through the Risk Management Staff Handbook, appraisal, induction and on-going training. Support is given to risk owners by the Corporate Affairs Team.

As set out above Board Assurance Framework risks are reviewed monthly by the senior management including the Executive Management Team (EMT). At these meetings risks are further discussed and escalated as appropriate on to the Board Assurance Framework. This ensures that changes to risk registers are debated and agreed at the EMT before being put on to the BAF.

To provide further assurance the Audit and Risk Committee reviews the overarching Risk Management Framework which incorporates the Integrated Risk Management Strategy and Framework and the Staff Handbook, this having been approved by the Board.

In addition, work is underway to look at risks across the system as a whole to better inform and direct the work of NHS Norfolk and Waveney. This work is reviewed by a meeting of system audit committee chairs.

NHS Norfolk and Waveney continues to develop its approach to risk management, drawing on best practice and recommendations from the internal auditors. The internal audit assurance rating for risk management in May 2024 is a split opinion with reasonable assurance for the design of controls and supporting documentation and limited assurance for the level that risk is embedded across the organisations. More detail on the limited assurance findings is set out in the Control Issues section on page 102.

Risk Assessment

Risk is assessed using a standardised organisational risk matrix, looking at risk based on likelihood and consequence. Guidance in the form of a staff handbook has been produced setting out a formal process for risk identification and evaluation.
The key risks identified as part of this process with an average risk rating of 16 or above include:

System Urgent & Emergency Care (UEC) Pressures

There is a risk that the Norfolk and Waveney health and social care system does not have sufficient resilience or capacity to meet the urgent and emergency care needs of the population whenever a need arises. This can result in longer than acceptable response times to receive treatment, delays in being discharged from hospital and as a result potentially poorer outcomes for our patients with associated clinical harms.

The above risk manifests itself as worsening ambulance response times for patients with a life threatening and / or life changing condition and an increasing number of patients remaining in hospital when they no longer meet the nationally prescribed 'criteria to reside', The associated increase in longer lengths of stay and higher occupancy levels in all acute and community hospitals results in delays in admitting patients from our emergency departments (EDs) into a bed, this in turn congests the EDs slowing down ambulance handover leading to more crews outside hospital who are unable to be released to respond to 999 calls.

Mitigation to this risk is provided by strategic oversight by the Urgent and Emergency Care Programme Board. This meeting oversees non-elective flow and monitors a system wide transformation programme to improve the responsiveness of our urgent and emergency care pathways. In addition, there is a System Control Centre and East of England Ambulance Service

System Oversight Cell. These work alongside providers to coordinate operational responsiveness when individual or multiple providers are unable to meet patient demand in a timely and safe way.

Barriers to Full Delivery of Mental Health Transformation Programme (CYP)

There is a risk that during a period of unprecedented mental health demand and acuity of need current system capacity and models of care are not sufficient to meet demand. If this happens individual need will not be met at the earliest opportunity, by the right service or by the most appropriate person and need will escalate. This may lead to worsening inequality and health outcomes, increased demand on other services and reputational risk.

There is a system approach to increasing knowledge, skills and expertise across agencies and an effective system wide governance framework. As well as these mitigations there is a commitment from system partners to adopting Thrive approach which recognises that mental health needs to be considered and addressed in wider health and social care settings.

Providers in CQC Special Measures (NSFT)

There is a risk that services provided by Norfolk & Suffolk Foundation Trust (NSFT) do not meet the required standards in a timely and responsive way. If this happens, people who use our services will not receive access to services and care that meets the required quality standard. This may lead to clinical harm, poor patient experience and delays in treatment or services.

Mitigations in place for this risk include an Improvement Plan that is overseen by an Improvement Board, high level oversight of Grant Thornton actions, and the Trust continuing to receiving enhanced support from NHS England to sustain improvements. The Trust was reinspected and a report published in February 2023 that increased the overall rating from 'inadequate' to 'requires improvement'.

Underlying Deficit Position

If the ICB underpins its financial position via non-recurrent funding, then, this provides a risk to future years financial sustainability due to lower allocations based on historic expenditure.

This risk is being mitigated with the development of a detailed medium-term financial model that will highlight the key drivers of the deteriorating underlying deficit. In addition, key lines of enquiries have been reviewed and provide assurances as to strong financial governance and best practice adoption.

Continuing Health Care

There is a risk that NHS Continuing Healthcare (CHC) funded packages will not be filled by the provider either due to the complexity of the care required and/or their capacity or the proposed cost of care. If this happens significant pressures will be placed on the CHC nurses to source a package of care. Staff vacancies and absences may increase and the infrastructure to support provision of safe and effective care packages will be compromised. This may lead to increased financial cost to secure a care package, could impact on hospital discharges and admissions and poor outcomes for people requiring NHS funded care in the community.

There are a number of controls in place to mitigate this risk. These include but are not limited to recruiting to vacant posts within the CHC team, linking with local authority workforce teams to support care providers in additional training and support required, monitoring of time taken to secure complex care packages and escalation process for the CHC team if unable to source.

Elective recovery

The number of patients waiting for elective treatment in Norfolk and Waveney grew significantly during the pandemic. There is a risk that this cannot be reduced quickly enough to a level that meets NHS Constitutional commitments. This would also contribute to poor patient experience and may lead to an increased clinical harms for individual patients resulting from prolonged waits for treatment.

The controls and mitigations for this risk include a bi-weekly Elective Recovery Board that oversees all workstreams to improve performance and reduce harm, waiting list validation completed by each provider so that all patients are clinically prioritised, and workstreams in place to expand capacity, share learning, maximise efficiency and reduce variation in waiting times between different providers.

RAAC Planks

There is a risk of failure of the current roofing structures at two Norfolk and Waveney Acute Trusts due to their composition with RAAC Planks which are now significantly beyond their initial intended lifespan.

This could affect the safety of patients and staff. The rolling programme of inspections and remedial work to detect and mitigate this also presents a risk to the system through the requirement to close areas for remedial work, further impacting patient and staff experience as well as the ability to deliver timely urgent, emergency and elective care to our patients.

A regional RAAC response plan has been established and there is a region-wide scoping piece commissioned to look at ongoing service transition and recovery. Trusts have robust plans to manage a possible incident, however, these only cover immediate evacuation and not reprovision.

EEAST Response Time and Patient Harms

Clinical risks to patients awaiting ambulances in community. There are four categories of calls with category 1 being the most serious and category 4 the least serious. Category 1 and Category 2 response times including inability to undertake rapid release of ambulances. System-wide pressures continue affecting ambulance handover and inter-facility transfers resulting in patient harms.

This risk is managed with daily situation reports to ensure that NHS Norfolk and Waveney is sighted on real-time demand and resource. This includes pre-alert drop and go processes in place with safety netting for patients waiting to be seen. In addition, there are proactive public communications to promote the use of NHS service options reinforced by seasonal campaigns.

Right Care Now

There is an increased risk to patients no longer meeting the 'Criteria to Reside' in both acute and community hospitals, numbers of which continue to fluctuate. The cause is insufficient pathway 2 and 3 beds for people needing onward care, particularly for people with complex needs, as the local care market is not designed to meet current acuity and care requirements. This risk was previously name 'Discharge from inpatient settings' but has been renamed to align with the new programme.

Grant Thornton Mortality Review

Grant Thornton was commissioned by Norfolk and Waveney and Suffolk and North East Essex Integrated Care Boards to review the collection, processing and reporting of data. This found the processes to be unclear and rely on multiple systems to record and produce the data with inconsistencies in the categorising and grouping of expected and unexpected deaths and unclear and inconsistent decision making and reporting of community deaths. There is a risk that the Integrated Care System fails to learn from the tragic events reported in the review. This could potentially lead to

missed opportunities for prevention of future deaths which could lead to further distress of bereaved families, friends and carers who lose trust and confidence in the service. There is a significant risk of reputational damage and national media interest.

NHS Norfolk and Suffolk Foundation Trust have formulated an Action Plan to address recommendations with senior staff and responsible officers aligned to specific actions. The Trust has also developed a Standard Operating Procedure to manage data recording and validation with an auditable trail.

System Failure to meet access standards for cancer diagnosis and treatment

There is a risk that patients will come to harm due to the failure to meet access standards for cancer diagnosis and treatment.

The system Cancer Programme Board works in partnership with the regional cancer screening and immunisation team and North East of England Cancer alliance to optimise uptake and coverage of screening and support system transformation projects to expand diagnostic and treatment capacity to transform how care is delivered to improve timeliness and efficiency.

Other sources of assurance
Internal Control Framework

A system of internal control is the set of processes and procedures in place in NHS Norfolk and Waveney to ensure it delivers its policies, aims and objectives. It is designed to identify and prioritise the risks, to evaluate the likelihood of those risks being realised and the impact should they be realised, and to manage them efficiently, effectively and economically.

The system of internal control allows risk to be managed to a reasonable level rather than eliminating all risk; it can therefore only provide reasonable and not absolute assurance of effectiveness.

The Board assures itself that the organisation has effective control via regular reporting of the highest red rated risks to the Board and delegating to its Audit and Risk Committee the review of the assurance framework. In addition, the Audit and Risk Committee has the role of reviewing the establishment and maintenance of an effective system of integrated governance, risk management and internal control across NHS Norfolk and Waveney's activities.

NHS Norfolk and Waveney established the Quality and Safety Committee to seek assurance that robust clinical quality is in place. This Committee regularly reports to the Board.

Internal Audit provides regular reports to the Audit and Risk Committee on key areas as set out in its audit plan. This plan was reviewed and agreed by the Audit and Risk Committee in March 2024 for 2024/25.

NHS Norfolk and Waveney's External Auditor is Ernst and Young who were appointed by NHS Norfolk and Waveney's predecessor organisation in January 2021. Other control mechanisms include:

- Financial Plan and Reporting;
- The Serious Incident (SI) process for reporting and investigating serious incidents
- Adoption and review of various policies
- The Quality and Safety Committee monitors provider serious incidents and risks
- The Finance Committee reviews finance performance and risk
- The Information Governance team including the Senior Information Risk Owner, Data Protection Officer and Caldicott Guardian, review data protection and confidentiality compliance, implementation of privacy by design and default, information and cyber security, management of

information risk, which is evidenced by NHS Norfolk and Waveney's annual Data Security Protection Toolkit submission.
- The work of the Counter Fraud Specialist

Annual audit of conflicts of interest management

The revised statutory guidance on managing conflicts of interest (published June 2016) requires commissioners to undertake an annual internal audit of conflicts of interest management. To support ICBs to undertake this task, NHS England has published a template audit framework.

NHS Norfolk and Waveney's Internal Auditors completed the conflicts of interest audit in March 2024. The audit reviewed business interests and secondary employment policy and compliance. It also assessed the adequacy of the process for declaration and approval of business interests', recording, monitoring, reporting and reviewing of business interests.

The finding from this audit was that reasonable assurance could be provided to NHS Norfolk and Waveney's management of conflicts of interest. The audit found three routine recommendations, one important recommendation, but no urgent recommendations. The important recommendation concerned the need for regular activity and sickness absence reviews are undertaken on staff with a business interest to ensure it is not impacting on performance.

As part of conflicts of interest management, NHS Norfolk and Waveney maintains Registers of Interests for Board and Committee members and all staff.

Declarations of interest are a standing item on all ICB Committee agendas. A Declaration of Interest form is also completed by all candidates as part of the recruitment process, and by all parties involved in any procurement evaluation process. Parties involved in procurement evaluation processes are those people (typically only ICB employees) that are part of the evaluation team. Evaluation team members will typically be requested to contribute to evaluating specific aspects of a proposal or tender based on their area of expertise such as finance, quality etc.

NHS Norfolk and Waveney also ensures that staff and Board members complete mandatory conflicts of interest training. The ICB uses a training module produced by NHS England for this purpose which is a mandatory requirement for all ICB staff and Board members to complete.

NHS Norfolk and Waveney's Conflicts of Interest Guardian is David Holt, the Non-Executive Member for governance and audit and who is also the Audit and Risk Committee Chair and the Conflicts of Interest Committee Chair.

Data Quality

NHS Norfolk and Waveney recognises the need to provide accurate, timely and clear information. Papers for the board are provided one week in advance of the meeting. This gives members time to read and adequately prepare in advance of the meeting so that they can fully contribute to it. Papers are also reviewed by senior management prior to distribution to ensure that they are clear and complete.

The Board also considered the following statement in relation to the quality of data as part of their annual self-evaluation in May 2024 as follows:

- Are agendas, minutes, actions and reports circulated in good time for Board Members to give them due consideration?

All Board Members responding to this question answered 'yes'. It is noted that some comments also included that papers were long and that whilst the software used to circulate Board papers was appreciated it would be helpful to have the ability to print directly from the system.

Information Governance
The Data Protection Act 2018 and UK General Data Protection Regulation (UK GDPR) sets the legal framework by which the organisation handles information about patients and employees, in particular personal identifiable information. This is supported by the Data Security & Protection Toolkit (DSPT). The annual submission process provides assurances to the ICB, other organisations and to individuals, that personal information is dealt with legally, securely, efficiently, and effectively.

NHS Norfolk and Waveney ICB places high importance on ensuring there are robust information governance systems and processes in place to help protect patient and corporate information. NHS Norfolk and Waveney ICB has established an information governance strategy and framework and has information governance policies, processes, and procedures in place, in line with the DSPT. The DSPT is an online self-assessment tool that enables organisations to measure their performance against the National Data Guardian's 10 data security standards.

The national submission deadline for the DSPT is 30 June 2024. An initial internal audit was completed in March 2024 with the second part of the audit completed in May 2024. An overall assessment will be provided in June 2024 and included as part of the ICB's DSPT submission.

NHS Norfolk and Waveney ICB ensures that staff undertake annual information governance training, which is enhanced by additional in-house IG awareness sessions and bespoke training for teams. NHS Norfolk and Waveney ICB has implemented a suite of information governance policies and guidance to ensure staff are aware of their roles and responsibilities in relation to information governance. IG awareness is also promoted through staff briefings as well as via a dedicated IG intranet site where all staff have access to a comprehensive package of resources and learning.

NHS Norfolk and Waveney ICB has processes in place for incident reporting and investigation of serious incidents. NHS Norfolk and Waveney ICB confirms that there was one data security breach reported to the Information Commissioner's Office (ICO) during the period 1 April 2023 to 30 June 2024. This was a breach of confidentiality relating to one staff member. The ICO confirmed they would not be taking any action, provided general feedback to the ICB and confirmed the case was closed.

To demonstrate best practice and ensure that staff learn from the management of incidents, NHS Norfolk and Waveney ICB records low level or near miss incidents within an IG Incident Log, which is reported regularly to NHS Norfolk and Waveney ICB's IG Working Group. The learning from incidents is used to inform staff awareness bulletins, policy revisions and training.

The IG Team continue to embed a culture of "privacy by design and default" across the organisation which helps the ICB to identify and document its information risk profile and manage its risk appetite. In addition, NHS Norfolk and Waveney ICB has an Information Risk Management Policy in place to ensure that its processing activities are closely monitored, and any information risks are captured within an Information Risk Register. The Risk Register is reviewed regularly by NHS Norfolk and Waveney ICB's IG Working Group which is chaired by NHS Norfolk and Waveney ICB's Senior Information Risk Owner.

The key risks identified are:

1. Ransomware
2. Lack of user awareness
3. Phishing/Social Engineering

These risks are controlled by the management of NHS Norfolk and Waveney ICB's IT Estate through consistent patching, deployment of anti-virus, encryption of all portable endpoint devices and removable media, and Multi-Factor Authentication for all ICB staff. Devices are also protected by Microsoft Defender Enterprise which is monitored both locally and nationally by the National Cyber Security Operations Centre. All inbound emails are scanned by centralised systems managed by the NHSmail team, which includes Microsoft Safe Links and Attachments as an additional control layer. Annual penetration tests of both NHS Norfolk and Waveney ICB's network infrastructure and internet facing systems are conducted. All staff complete Cyber Security training and are regularly reminded of

Cyber risks through a dedicated Cyber Awareness channel in NHS Norfolk and Waveney ICB's MS Teams system.

The security and integrity of corporate data held with the ICB's N365 environment has received assurance via an NHS Digital report detailing the controls that are in place in relation to data stored within the N365 environment, which confirms that it complies with the principles of the NCSC recommendations for data storage in the cloud.

The Information Risk Register and associated policy mirrors NHS Norfolk and Waveney's Risk Management Assurance Framework, which facilitates a process for escalation and de-escalation of risks where necessary.

A key focus for NHS Norfolk and Waveney ICB in 2024-25 is the continued management of its information assets to ensure that they are managed in accordance with the latest information security standards, best practice and Records Management Code of Practice for Health and Social Care 2023 and the use of digital solutions to support integration across the Integrated Care System.

Business Critical Models

In line with best practice recommendations of the 2013 MacPherson review into the quality assurance of analytical models, confirm that an appropriate framework and environment is in place to provide quality assurance of business-critical models.

Third party assurances

NHS Norfolk and Waveney relies on third party providers for a number of services. Assurances are provided in the form of Service Auditor Reports (SARs). The following SARS have been provided to NHS Norfolk and Waveney:

Provider and Services Delivered	Comment
NHS Business Services Authority Prescription Payments Process SAR for the period 1 April 2023 to 31 March 2024	*Reasonable Assurance*
NHS Shared Business Services: Finance and Accounting SAR for the period 1 April 2023 to 31 March 2024	*Reasonable Assurance*
Capita – Primary Care Support England Services to NHS England and delegated ICBs	*Qualified Opinion*
AGEM CSU Accounts Payable, Accounts Receivable, Financial Ledger, Financial Reporting Treasury & Cash Management, Payroll	*Reasonable Assurance*
NHS England: GP Payments to providers of General Practice services in England SAR	*Qualified Opinion*
National Calculating Quality Reporting Service is an approvals, reporting calculation system for GP practices and supports the CCG's delegated functions	*Reasonable Assurance*
NHS Electronic Staff Record Programme SAR provides NHS organisations with integrated payroll and HR service system	*Reasonable Assurance*
NHS Business Services Authority Dental Payments Process SAR for the period 1 April 2023 to 31 March 2024	*Reasonable Assurance*

The ICB receives payroll services from Whittington NHS Trust which received a reasonable assurance opinion on the internal audit of payroll in March 2024.

Control Issues

The control issues identified by NHS Norfolk and Waveney and the mitigating actions are:

Quality and Performance – Accident and Emergency

Pressures across the Norfolk and Waveney Urgent and Emergency care pathways continued during 2023. All acute hospitals oscillated between Operational Pressures Escalation Levels (OPEL) 3 and 4, regularly utilising Full Capacity Protocols. During this period there has been a commitment by system leaders, especially acute hospitals, on progressing with a zero tolerance to ambulance handover delays commencing with a reduction to 30mins. This commitment has resulted in a drastic reduction in handover times. The focus has shifted towards continuing with UEC improvements plans, both ICB and providers to deliver the nationally required 76% Emergency Department flow metric. All the work to support reduction in handover delays links directly to improving the 4hr ED performance standard.

Mitigations and actions in place include:

- Escalation approach in line with new OPEL framework including on site senior support to accelerate discharges to provide additional flow.
- Executive leadership to non-criteria to reside patient review meetings, including complex discharges and closer working with local authority.
- Development of a system wide unscheduled care coordination hub bringing together ambulance access to the stack, urgent community response and 111 in order to support to assist with signposting and flow alternatively to ED.
- Development of Same Day Emergency Care units as an alternative to Emergency Department with further specialities and pathways being developed.
- Support from ECIST through tier 1 to develop areas of improvement against identified areas of front door and flow.
- System Control Centre established and embedded 7 days per week 8am - 8pm to support system resilience
- Acute improvement plans focus on capacity, flow processes, ways of working and discharge focus before 12:00.

Quality and Performance – Ambulance Services

There has been a significant effort to improve ambulance handover times at our three acute hospitals. This has resulted in a knock on improvement to C1 and C2 response times as ambulances are available to respond. Overall ambulance conveyances have not experienced the same year on year activity increase as a result of development of urgent care hubs and admission avoidance pathways.
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- IC24 validate low acuity ambulance dispositions to reduce referrals to EEAST
- Increased availability of community pathways to avoid need for ambulance despatch e.g. IC24 care home support and increased virtual ward step up capacity
- Implementation of 'call before convey' initiatives - frailty phone lines
- Establishment of Unscheduled Care Hub for improved access to alternative community pathways to decrease need for conveyance to hospital including direct review of C3 and C4 patients waiting on the ambulance stack by community provider. Further work ongoing to enable segmented C2s to be triaged as well.
- Local EEAST Norfolk and Waveney System Oversight Cell to support localised decision making on conveyances
- Hospital Ambulance Liaison Officers at all acutes

- Actions above for ED support front door flow and ambulance off loading.

These are discussed as a focused risk item at the ICB Quality and Safety Committee on a monthly basis, highlighting the number of system wide serious incident and harm categorisation, from moderate to catastrophic harm. The is captured on the system risk register and ICB Board Assurance Framework.

Quality and Performance – Mental Health and Dementia

The Norfolk and Suffolk Mental Health Trust (NSFT) is our main statutory mental health provider and is currently in special measures. There is a risk that services do not meet the required standards in a timely and responsive way. If this happens, people who use our services will not receive access to services and care that meets the required quality standard. This may lead to clinical harm, poor patient experience and delays in treatment or services. A number of areas requiring mitigation, to support NSFT alongside the wider programme of work in mental health are:

- Workforce pressures. Staff sickness and absence combined with unfilled vacancies and difficulties recruiting to key posts. Impact of CQC rating on staff recruitment, retention, wellbeing and morale. Mitigation: Workforce plan being developed to address staffing vacancies. Trust appointed Director of People to work on organisational development plan for the trust.

- 12hr 'decision to admit' breaches reported for patients presenting to hospital Emergency Departments, who require a Mental Health bed, which requires a systemwide health and social care solution. Current position is that we have significantly reduced 12 h DTA's and further work is ongoing to support further improvement. Introduction of a Mental Health Operational Performance and Escalation Level framework is helping to identify and monitor operational flow metrics for our Mental Health provider. Better oversight is possible because of automated digital reporting of near live operational data and establishment of dedicated operational flow teams to coordinate bed allocation and balancing of clinical risk across acute and community admission pathways.

- Dementia prevalence is forecast to increase with aging population, whilst mental health providers have limited financed capacity to meet demand due to restrictions placed on the use of MHIS . Mitigation: through the initial work of the adult mental health collaborative a plan to improve Dementia awareness and management has been developed. Acknowledging Dementia is not a mental health condition, the programme of work will now move to the wider Aging Well programme within the ICB for implementation and ongoing review.

- ADHD wait lists are high due to significant increase in referrals for assessments, this is not an isolated Norfolk and Waveney system issue but is also noted across most areas. To provide mitigation for this a provider framework is being developed and there is a wait list initiative is in place and reducing waits.

- There are long waits to access mental health support for children and young people. Historically demand in Norfolk and Waveney has been higher than national average but there have been recent indications of a reduction in requests for support to NSFT. Mitigations in place are; a rapid improvement plan within the Trust and an increase in commissioned provision from wider system partners to further reduce referrals to NSFT, bespoke offers of support for cyp with additional complexity and need, transforming care navigators, mental health navigator pilot, NSFT is developing a recovery trajectory, the System Integrated Front

Door is further reducing demand, CYP System Collaboratives are in place in Norfolk and Waveney supporting an holistic approach to meeting need and Collaborative partners are exploring the potential use of single session intervention to make more effective use of capacity and resource

Quality and Performance – Referral to Treatment (RTT)/52 week wait

There has been a significant impact on RTT/52 week waits. To mitigate this Elective Recovery is overseen by the ICS's Elective Recovery Board (ERB) which is chaired by an acute hospital Chief Executive and meets fortnightly. Reporting into this are workstreams on clinical harm review and prioritisation, diagnostics, and models of care (each led by a Medical Director), performance, theatres and unified waiting list management (each led by Chief Operating Officer), workforce, inequalities and outpatient transformation (each led by a director). There is a workstream looking at the particular needs for children and young people with a system wide commitment to adopt the use of the CHART tool to understand priorities and potential harms. Additionally, we have commissioned a number of community-based schemes aimed at providing appropriate alternative pathways to hospital care, and optimising health for patients waiting for outpatient appointments or procedures.

The ICB has maintained performance against 104 week waits and is on track to eliminate 78 week waits by April 2023. However, this has been particularly challenged due to: additional unexpected theatre closures at one trust due to (reinforced autoclaved aerated concrete (RAAC) plank issues, impact of BMA rate card and NHS pension changes leading to a loss of staff willingness to undertake additional theatre and clinic lists, loss of elective capacity due to the impact of Urgent and Emergency Care (UEC) pressures leading to very high bed occupancy and the opening of escalation areas (requiring the diversion of physical and staff resources to UEC patients, which would otherwise have supported elective capacity).

In addition to ERB oversight and performance monitoring, the Nursing and Quality Team sit within both provider and system forums to gain further oversight into patient safety and quality concerns. This includes the clinical harm review process of patients on waiting lists, for which the team have recently undertaken a scoping exercise into each Trust's processes around the monitoring and review of patients, including their prioritisation and escalation procedures. A System Clinical Harms Group has recently been established to reduce variation of these processes and to ensure shared learning and risk monitoring is undertaken at a system level. This group will report into ERB and the System Quality Group. The Nursing and Quality Team continue to have oversight of patient safety incidents, associated with waiting times in alignment with the Patient Safety Incident Response Framework.

In addition, the ICB has identified capacity and long wait times for assessments of neurodevelopmental conditions in children and young people as a concern. There has been an increase in capacity to undertake assessments, but demand has increased three-fold over the past three years. In addition to the funded increase in capacity the following mitigations have been established

- Development of a provider framework to create additional trusted capacity for assessment and diagnosis. This can be utilized when additional funding is available.
- Established clear guidance around choice including an ICSB policy and guidance information for parents/carers and professionals.
- Established as priority area for partnership focus through Children and Young People System Collaborative and Joint Forward Plan – working group in place and developing proposals for pathway transformation.

- Pre-diagnostic service in place to support families while awaiting assessment
- Successful bid for Partnership for Inclusion in education funding.

The ICB received a 'limited assurance' opinion for the Primary Care Delegated Commissioning internal audit. The areas of weakness are listed below:

- The ICB Integrated Performance Report nor the papers considered at the Performance Committee contain any metrics by which the Primary Care Performance and Activity is triangulated with other system metrics.
- Within monitoring of primary care performance there is work being undertaken that is not formally documented, work that is planned for which there isn't sufficient capacity and no overarching process by which the outputs from the monitoring are collaged and reported.
- The Primary Care Commissioning Committee does not provide measures of success or assurance over primary care performance to the Board.

The ICB received a split opinion of 'limited assurance' and 'reasonable assurance' for the Risk Management and Board Assurance Framework (BAF). Reasonable assurance was provided for design of controls whilst limited assurance was the finding for the level that risk management is embedded across the organisation. Areas of weakness included:

- The design of controls underpinning policies and procedures was found to be in place with some improvement matters identified, however, the operational effectiveness i.e. compliance with processes and controls highlighted that there are significant improvement matters and these were the key drivers for limited assurance opinion.
- The BAF has not been revised to reflect the ICB's current strategic goals. It is therefore not supporting decision-making, committees are not effective in review of assurances over those risks and executive management are not overseeing management of those risks.
- The Risk Management Framework does not distinguish between the operational role of executive directors and the assurance role of Non-Executive members.

Review of economy, efficiency & effectiveness of the use of resources

The financial year of 2023/24 has seen the continuation of a planned and controlled use of NHS Norfolk and Waveney's financial allocation in line with guidance from NHS England and aligned to its strategy and operational plans. Services have been procured through robust processes in line with relevant guidance and contract management has taken place in-year where appropriate. The Board received reports of financial position and forecasts each month. The Executive Director of Finance was responsible for ensuring that proper procedures were in place to enable regular checking of the adequacy and effectiveness of the control environment, in line with the fiscal responsibilities of NHS Norfolk and Waveney and national guidance. The Finance Committee scrutinised the financial reports and held the Executive Director of Finance to account for financial performance on a monthly basis. This committee conveyed to the Board it's assuredness on the accuracy and transparency of the reported financial position.

The NHS oversight framework encapsulated NHS England's method of oversight of ICBs and trusts. This framework outlines NHS England's approach to NHS oversight and is aligned with the ambitions set out in the NHS Long Term Plan and the NHS operational planning and contracting guidance. This framework assigns a system to one of four support segments (NOF 1 to 4). The segmentation decision

indicates the scale and general nature of support needs for the system as a whole. During the financial year 2023/24, NHS Norfolk and Waveney ICS exited NOF4 and progressed to NOF3, as a result of an improvement in the clinical, operational and financial performance. Further details and the segmentation assessment can be found here: NHS England » NHS oversight framework 2022/23.

External Audit provides an independent opinion on the Annual Accounts, which incorporates the Value for Money opinion. Internal Audit conducts audits and provides opinions on various aspects of business as directed by the work plan, which is set by the Audit and Risk Committee as part of its delegated functions.

NHS Norfolk and Waveney ICB has delivered (a pre-audit) surplus of £57,000, against a breakeven target, for the financial year ending on 31 March 2024. Despite a well-documented challenging financial environment, NHS Norfolk and Waveney ICB continues to use the system wide transformation and efficiency processes to identify opportunities to achieve economy, efficiency and effectiveness via the NHS Norfolk and Waveney Programme Management Office (PMO). The PMO team are also embedded within the system planning and transformation team undertaking wider reviews and benchmarking for best practices.

The central management costs for NHS Norfolk and Waveney ICB were £22.6m, representing circa 0.9% of the total ICB expenditure, which is consistent to the share reported in last year’s position. On 2 March 2023, NHS England published further mandated efficiency targets for these costs of 20% in 2024/25 and a further 10% in 2025/26. This direction and accompanied reduction in allocations led the ICB to undertake an Organisational Change Programme during 2023/24 in order that these financial targets are delivered recurrently in subsequential financial years.

The challenging financial environment continued to have a profound effect on the 2024/25 planning within NHS Norfolk and Waveney ICB and the wider ICS’s plan containing inherent risks. These included significant risks such as not fully delivering the efficiency plan, our reliance on non-recurrent measures to address recurrent expenditure increases, the scale of the elective recovery programme, the high volumes of patients classified as No-Criteria-to Reside impacting on patient flow and requiring additional bed capacity, the requirement to deliver a 20% reduction in central management costs in-year and the significant and deteriorating underlying deficit as a result of non-recurrent mitigations.

All of these risks continue into the next financial year and are being addressed as an organisation and system priority through a Financial Recovery Board to ensure that we do not breach the statutory Break-Even duty nor the Financial Targets, or impact the Value for Money opinion in 2024/25, all whilst ensuring that patient care is not adversely impacted. This emphasises the need for the continuation of efficiency delivery at a system level with a recurrent nature, effective financial governance and reporting and scrutiny processes via NHS Norfolk and Waveney Finance Team and Finance Committee respectively.

Budgets were reviewed by the Finance Committee and recommendations made to the Board as to their approval. Day-to-day financial management and responsibility was delegated to appropriate levels on assigned strategic or operational delegated roles, in accordance with the Detailed Delegated Financial Limits policy. These reviews were in addition to monthly senior finance reviews of variances to maintain a firm grip on NHS Norfolk and Waveney’s ICBs financial management, risks and mitigations.

Delegation of functions

NHS Norfolk and Waveney delegates functions internally. In particular:

The **Board** delegated to committees of the Board responsibility for ensuring NHS Norfolk and Waveney exercised its functions effectively, efficiently and economically and adhered to generally accepted principles of good governance:

- the **Audit and Risk Committee** assures the Board that effective systems of integrated governance, risk management and internal control were in place across the whole of NHS Norfolk and Waveney's activities; both internal and external auditors attended these meetings;

- the **Finance Committee** monitors delivery of the Financial Plan and provided assurance to the Board on NHS Norfolk and Waveney's financial performance as well as the system financial performance of ICS NHS parties;

- the **Quality and Safety Committee** assures the Board concerning the safety and quality of NHS Norfolk and Waveney's commissioned services;

- the **Remuneration, People and Culture Committee** scrutinises proposals for the remuneration of employees and other people who provided services to NHS Norfolk and Waveney and made determinations taking into account national and local guidance;

- the **Conflicts of Interest Sub Committee** was established to determine matters where the Board was conflicted in commissioning decisions and to ensure the issue would be dealt with in a consistent and transparent way, avoiding conflicts of interest; and

- the **Primary Care Commissioning Committee** was established to carry out the functions relating to the commissioning of primary medical services which included receiving regular reports on GP practice prescribing especially in relation to opiates and dependence forming drugs.

- the **Performance Committee** was established to provide NHS Norfolk and Waveney with assurance that it is delivering its functions in a way that ensures a high performing system.

- the **Patients and Communities Committee** scrutinises the robustness of and provides assurance to NHS Norfolk and Waveney that it is delivering its functions in a way that meets the needs of patients and communities that is based on engagement and feedback form local people and groups.

The Chair of each Committee reported to the Board on the work of their respective Committees, both generally as part of the meeting and as necessary to provide further detail on Committee work.

NHS Norfolk and Waveney contracted with Arden and Greater East Midlands Commissioning Support Unit (AGEM CSU) for the delivery of certain functions. These functions were subject to both service auditor reporting and internal audit review. NHS Norfolk and Waveney's internal owners of functions are held to account by the Audit and Risk Committee for the resolution of adverse findings.

The Executive Director of Finance was responsible for the overall contract and associated performance discussions with the AGEM CSU, including scrutiny of budgetary performance.

Counter fraud arrangements

NHS Norfolk and Waveney is required under the terms of the Standard NHS Contract and in accordance with the new Government Functional Standard GovS 013: Counter Fraud - to ensure that appropriate counter fraud measures are in place.

NHS Norfolk and Waveney has a robust programme of counter fraud and anti-bribery activity, supported by the appointment of an accredited Local Counter Fraud Specialist (LCFS) whose annual proportionate proactive work plan to address identified risks is monitored by the Executive Director of Finance and the Audit and Risk Committee. The member of the executive board who is responsible for tackling fraud, bribery and corruption is the Executive Director of Finance. The Executive Director

of Finance is the first point of contact for any issues to be raised by the Local Counter Fraud Specialist. Online Fraud, Corruption and Bribery Act awareness training is mandatory for all ICB staff.

Counter fraud material including NHSCFA Fraud Prevention Notices is disseminated to staff through the intranet and email. Details of all policies, procedures and key documents reviewed are reported to the Audit and Risk Committee.

The LCFS attends ICB Audit and Risk Committee meetings regularly to provide progress reports and updates, as well as providing an Annual Report of the Counter Fraud Work undertaken. The Counter Fraud Functional Standard Return (CFFSR) for 2023-24 was completed by the LCFS and reported to the Audit and Risk Committee in May 2024. It received an overall rating of 'Green' for its CFFSR submission.

The NHS Counter Fraud Authority (NHSCFA) is a health authority charged with identifying, investigating, and preventing fraud and other economic crime within the NHS and the wider health group. As a health authority focused entirely on counter fraud work, the NHSCFA is independent from other NHS bodies and directly accountable to the Department of Health and Social Care. Appropriate action is taken regarding any NHS Counter Fraud Authority (NHSCFA) quality assurance recommendations.

Head of Internal Audit Opinion

Following completion of the planned audit work for the period 1 April 2023 to 31 March 2024 for NHS Norfolk and Waveney, the Head of Internal Audit issued an independent and objective opinion on the adequacy and effectiveness of NHS Norfolk and Waveney's system of risk management, governance and internal control. The Head of Internal Audit concluded that:

1. **Reasonable** assurance can be given that there is a generally sound system of internal control, designed to meet the organisation's objectives, and that controls are generally being applied consistently. However, some weakness in the design and/or inconsistent application of controls, put the achievement of particular objectives at risk.
2. The basis for forming my opinion is as follows:
    i. An assessment of the design and operation of the underpinning Assurance Framework and supporting processes; and
    ii. An assessment of the range of individual opinions arising from risk-based audit assignments, contained within internal audit risk-based plans that have been reported throughout the year. This assessment has taken account of the relative materiality of these areas and management's progress in respect of addressing control weaknesses.

   Additional areas of work that may support the opinion will be determined locally but are not required for NHS England and Improvement purposes e.g. any reliance that is being placed upon Third Party Assurances.

3. There are no matters to bring to your attention which have had an impact on the Head of Internal Audit Opinion.

During the period, Internal Audit issued the following audit reports:

Area of Audit	Level of Assurance Given
Core Financial Systems	Substantial

Financial Management	Substantial
Delivery of Strategies in relation to elective recovery	Reasonable
Contract Management and Performance	Reasonable
Clinical Quality and Patient Safety Reporting	Reasonable
Business Interests, Secondary Employment and Declaration of Interests	Reasonable
Health Inequalities	Reasonable
Efficiency Savings	Reasonable
Risk Management and Board Assurance Framework*	Split opinion – Reasonable Assurance and Limited Assurance
Primary Care Delegated Commissioning*	Limited Assurance

* *Detail on these audits is provided in the Control Issues section above*

Review of the effectiveness of governance, risk management and internal control

My review of the effectiveness of the system of internal control is informed by the work of the internal auditors, executive managers and clinical leads within NHS Norfolk and Waveney who have responsibility for the development and maintenance of the internal control framework. I have drawn on performance information available to me. My review is also informed by comments made by the external auditors in their annual audit letter and other reports.

Our assurance framework provides me with evidence that the effectiveness of controls that manage risks to NHS Norfolk and Waveney achieving its principles objectives have been reviewed.
I have been advised on the implications of the result of this review by:

- The Board who reviewed the BAF regularly at meetings in public and sought assurances on the effectiveness of controls from senior managers. This was supplemented by regular review at the Executive Management Team meetings;
- The Audit and Risk Committee who scrutinised the underpinning processes behind the BAF and sought assurances on the effectiveness of controls from senior managers;
- Internal Audit as it provided an independent, objective opinion on systems of internal control as described above;
- The Finance Committee that scrutinised annual budgets and medium-term financial plans prior to agreement by the Board and monitored delivery of financial standing in-year, including delivery of the productivity plan, to ensure that NHS Norfolk and Waveney met its financial statutory duties;
- The Quality and Safety Committee that scrutinised processes for holding providers to account for the quality and safety of their contracted services and utilised reports from regulatory bodies as appropriate;
- Reliance where possible was placed on third party assurance (Service Auditor Reports) as described above;

- The work of the Health Overview & Scrutiny Committee that provided an independent view of ICB performance; and
- Patient and public engagement events and feedback through a variety of mechanisms including complaints and compliments which provided insight into provider services.

Conclusion

With the exception of the internal control issues that I have outlined in the Annual Governance Statement, to which appropriate actions have been or are being taken, my review confirms that a sound system of internal control was in place in NHS Norfolk and Waveney ICB for the period ended 31 March 2024 and up to the date of approval of the Annual Report and Accounts.

SIGNED

Tracey Bleakley
Accountable Officer
26 June 2024

Remuneration and Staff Report

Remuneration report

Introduction

This report gives details of NHS Norfolk and Waveney ICBs (NHS Norfolk and Waveney) Remuneration, People and Culture Committee and its policies in relation to the remuneration of its senior managers which the Board defined as Executive Directors and members of the Board.

Details of remuneration payable to the senior managers of NHS Norfolk and Waveney in respect of their services during the period 1 April 2023 to 31 March 2024 (the reporting period) are given in the tables within this report.

This Remuneration and Staff Report is not subject to audit with the exception of those sections specifically marked as such.

Remuneration, People and Culture Committee

The Remuneration, People and Culture Committee is a committee of the Board and has responsibility, under its Terms of Reference for making determinations for the remuneration, terms of service and benefit arrangements for all staff (including the Accountable Officer and Executive Directors). The Committee also has responsibility for agreeing remuneration payable to speciality advisors that support the work of NHS Norfolk and Waveney.

The Remuneration, People and Culture Committee is chaired by Cathy Armor, a Non-Executive Member of the Board. The Committee's other members are Hein van den Wildenberg, and Aliona Derrett who are both Non-Executive Members of the Board. In addition, Tricia D'Orsi or nominated deputy, Executive Director of Nursing and Njokey Yaxley, NCHC Non- Executive Member complete the membership of the Part 1 section of the meeting. Further details of the Committee are available in the Governance Statement on page 71.

Policy on the remuneration of Executive Directors

The salaries for the Chief Executive Officer (CEO) and the Executive Director of Finance (EDOF) of NHS Norfolk and Waveney are determined by the Remuneration, People and Culture Committee and covered by the guidance issued by the NHS England which are informed by and consistent with the principles set out in the Hutton Fair Pay Review. Further, additional consideration of the pay and employment conditions of other employees is taken into account when determining senior managers' remuneration. No bonus payments were made to any Executive Director during the reporting period.

Direction for determining notice periods for the Chief Executive Officer and the Executive Directors were laid out in the NHS Bodies Employment Contracts (Notice Periods) Directions 2008. The contractual notice period for the termination of the Chief Executive Officer and all other Executive Directors of NHS Norfolk and Waveney is six months on either side.

Executive Directors are, subject to eligibility, able to participate in the NHS Pension Scheme which provides salary-related pension benefits on a defined benefit basis.

NHS Norfolk and Waveney did not apply any performance conditions or assessment methods associated with senior staff/Board member reward.

All Executive Directors have rolling service contracts; the table below discloses contract start and end dates for NHS Norfolk and Waveney:

Executive Directors in post 2023-24	Role	Position start date	Position end date
Tracey Bleakley	Chief Executive Officer	01/07/2022	N/a
Steven Course	Executive Director of Finance	01/07/2022	N/a
Patricia D'Orsi	Executive Director of Nursing	01/07/2022	N/a
Dr Frankie Swords	Executive Medical Director	01/07/2022	N/a
Mark Burgis	Executive Director of Primary & Community Care	01/07/2022	N/a
Jocelyn Pike	Acting Executive Director of Mental Health Transformation	01/07/2022	N/a
Karen Barker	Executive Director of Corporate Affairs & ICS Development	01/07/2022	N/a
Andrew Palmer	Executive Director of Performance, Transformation and Strategy – Deputy Chief Executive	01/07/2022 & 16/01/2023	N/a
Ema Ojiako	Executive Director of People	07/11/2022	N/a
Ian Riley	Executive Director of Digital and Data	01/11/2022	N/a

Board Remuneration Policy (excluding executive and partner members remunerated by partner organisations)

Remuneration for the Non-Executive Members consists of a fee that reflects the commitment and time required to fulfil their obligations effectively. They are also eligible to be reimbursed for out-of-pocket expenses incurred on ICB business. Non-Executive Members are not eligible to participate in the NHS Pension Scheme.

The Partner Member for Primary Medical Services is eligible to participate in the GP Solo pension scheme.

Board members (excluding executive members and those partner members remunerated by partner organisations) during the reporting period were as follows:

Board Members	Role	Start date	End date
Patricia Hewitt	Chair	01/07/2022	N/a
Hein van den Wildenberg	Non-Executive Member	01/07/2022	N/a
Aliona Derrett	Non-Executive Member	24/10/2022	N/a
David Holt	Non-Executive Member	01/07/2022	N/a
Catherine Amor	Non-Executive Member	01/07/2022	N/a
Dr Hilary Byrne	Partner Member - Primary Medical Services	01/07/2022	N/a

Percentage change in remuneration of highest paid director

	Salary and allowances	Performance pay and bonuses
The percentage change from the previous financial year in respect of the highest paid director	4%	0%
The average percentage change from the previous financial year in respect of employees of the entity, taken as a whole	10%	0%

The average percentage change in respect of employees includes a non-consolidated payment for employees relating to 2022-23 paid in June 2023.

For 2023 to 2024, the government has given Agenda for Change staff a 5% consolidated increase in pay, worth at least £1,065.

Pay ratio information (subject to audit)

Reporting bodies are required to disclose the relationship between the total remuneration of the highest-paid director/member in Norfolk & Waveney ICB against the 25th percentile, median and 75th percentile of remuneration of the organisation's workforce. Total remuneration of the employee at the 25th percentile, median and 75th percentile is further broken down to disclose the salary component.

The banded remuneration of the highest paid director/Member in Norfolk and Waveney ICB in the reporting period 1 April 2023 and 31 March 2024 was £205,000 to £210,000. ICB prior year is for 9 months only (1 July 2022 to 31 March 2023).

The relationship to the remuneration of the organisation's workforce is disclosed in the below table.

2023-24	25th percentile	Median	75th Percentile
Total remuneration (£)	34,581	45,996	58,972
Salary component of total remuneration (£)	34,581	45,996	58,972
Pay ratio information	6.0:1	4.5:1	3.5:1
2022-23 (for the period 1 July 2022 to 31 March 2023)			
Total remuneration (£)	32,934	41,659	56,164

Salary component of total remuneration (£)	32,934	41,659	56,164
Pay ratio information	6.0:1	4.7:1	3.5:1

During the reporting period 2023-24, no employees received remuneration in excess of the highest-paid director/member (2022-23: none previous year comparator for ICBs is 9 months). Remuneration ranged from £16,608 to £205,485 (2022-23 £16,000 to £195,700 previous year comparator for ICBs is 9 months).

Total remuneration includes salary, non-consolidated performance-related pay, benefits-in-kind, but not severance payments. It does not include employer pension contributions and the cash equivalent transfer value of pensions.

No performance pay or bonuses were paid during the reporting period.

Remuneration increased in line with the 2023-24 Agenda for Change pay award.

Remuneration of Very Senior Managers

Details of remuneration payable to the senior managers of NHS Norfolk and Waveney ICB in respect of their services during the reporting period are given in the table below. 3 Senior managers were paid more than £150,000 per annum.

The salaries for these posts are in accordance with NHS guidance issued in April 2023 and developed and agreed with the Department of Health and Social Care for ICBs with a population size of 1 – 1.5 million. The salaries for these posts have also been approved by NHS England (NHSE).

All very senior manager salaries for ICB roles have been agreed by NHS Norfolk and Waveney's Remuneration, People and Culture Committee having been considered appropriate in line with NHSE guidance.

Senior manager remuneration (including salary and pension entitlements) (subject to audit)

Name and Title	1 April 2023 to 31 March 2024					
	(a) Salary (bands of £5,000)	**(b) Expense payments (taxable) to nearest £100****	**(c) Performance pay and bonuses (bands of £5,000)**	**(d) Long term performance pay and bonuses (bands of £5,000)**	**(e) All pension-related benefits (bands of £2,500)**	**(f) TOTAL (a to e) (bands of £5,000)**
	£000	**£**	**£000**	**£000**	**£000**	**£000**
Tracey Bleakley - Chief Executive Officer	205-210	0	0	0	47.5-50	255-260
Dr Frankie Swords - Executive Medical Director	195-200	0	0	0	0	180-185
Patricia D'Orsi - Executive Director of Nursing	140-145	0	0	0	0	55-60

Name and Title	1 April 2023 to 31 March 2024					
	(a) Salary (bands of £5,000)	**(b) Expense payments (taxable) to nearest £100****	**(c) Performance pay and bonuses (bands of £5,000)**	**(d) Long term performance pay and bonuses (bands of £5,000)**	**(e) All pension-related benefits (bands of £2,500)**	**(f) TOTAL (a to e) (bands of £5,000)**
	£000	**£**	**£000**	**£000**	**£000**	**£000**
Mark Burgis - Executive Director of Patients and Communities	125-130	0	0	0	7.5-10	135-140
Steven Course - Executive Director of Finance	170-175	0	0	0	0	0
Jocelyn Pike – Acting Executive Director of Mental Health Transformation	120-125	0	0	0	0	20-25
Karen Barker - Executive Director of Corporate Affairs & ICS Development	120-125	0	0	0	25-27.5	145-150
Andrew Palmer – Executive Director of Performance, Transformation & Strategy and Deputy Chief Executive Officer	140-145	0	0	0	0	30-35
Ema Ojiako - Executive Director of People	125-130	0	0	0	32.5-35	155-160
Ian Riley - Executive Director of Digital and Data	135-140	0	0	0	0	35-40
Hein van den Wildenberg - Non Executive Member	15-20	0	0	0	0	15-20
Aliona Derrett - Non Executive Member	15-20	0	0	0	0	15-20
David Holt - Non Executive Member	15-20	0	0	0	0	15-20

Name and Title	1 April 2023 to 31 March 2024					
	(a) Salary (bands of £5,000)	**(b) Expense payments (taxable) to nearest £100****	**(c) Performance pay and bonuses (bands of £5,000)**	**(d) Long term performance pay and bonuses (bands of £5,000)**	**(e) All pension-related benefits (bands of £2,500)**	**(f) TOTAL (a to e) (bands of £5,000)**
	£000	**£**	**£000**	**£000**	**£000**	**£000**
Catherine Armor - Non Executive Member	15-20	0	0	0	0	15-20
Patricia Hewitt - Non Executive ICS Chair	60-65	0	0	0	0	60-65
Dr Hilary Byrne - Partner Member - Primary Medical Services	25-30	0	0	0	0	25-30

The pension 2023-24 figures are affected by the Public Service Pensions Remedy, McCloud, with membership between 1 April 2015 and 31 March 2022 moved back into the 1995/2008 Scheme on 1 October 2023 which resulted in some pension values presenting as negative. Negative values are not disclosed in this table but are substituted with a zero. For more detail see Pension Table note.

***Note: Taxable expenses and benefits in kind are expressed to the nearest £100.*

Name and Title	1 July 2022 to 31 March 2023					
	(a) Salary (bands of £5,000)	**(b) Expense payments (taxable) to nearest £100****	**(c) Performance pay and bonuses (bands of £5,000)**	**(d) Long term performance pay and bonuses (bands of £5,000)**	**(e) All pension-related benefits (bands of £2,500)**	**(f) TOTAL (a to e) (bands of £5,000)**
	£000	**£**	**£000**	**£000**	**£000**	**£000**
Tracey Bleakley - Chief Executive Officer	145-150	0	0	0	52.5-55	200-205
Dr Frankie Swords - Executive Medical Director	125-130	0	0	0	0	125-130
Patricia D'Orsi - Executive Director of Nursing	100-105	0	0	0	55-57.5	155-160

Name and Title	1 July 2022 to 31 March 2023					
	(a) Salary (bands of £5,000)	**(b) Expense payments (taxable) to nearest £100****	**(c) Performance pay and bonuses (bands of £5,000)**	**(d) Long term performance pay and bonuses (bands of £5,000)**	**(e) All pension-related benefits (bands of £2,500)**	**(f) TOTAL (a to e) (bands of £5,000)**
	£000	**£**	**£000**	**£000**	**£000**	**£000**
Howard Martin – Executive Director for Population Health Management & Health Inequalities to 31 October 2022 *	35-40	0	0	0	20-22.5	60-65
Mark Burgis - Executive Director of Patients and Communities	90-95	0	0	0	50-52.5	145-150
Steven Course - Executive Director of Finance	125-130	0	0	0	105-107.5	230-235
Jocelyn Pike – Acting Executive Director of Mental Health Transformation	90-95	0	0	0	60-62.5	150-155
Karen Barker -– Executive Director of Corporate Affairs & ICS Development	85-90	0	0	0	35-37.5	120-125
Andrew Palmer – Executive Director of Performance, Transformation & Strategy and Deputy Chief Executive Officer	95-100	0	0	0	55-57.5	150-155
Ema Ojiako - Executive Director of People from 07 November 2022	45-50	0	0	0	42.5-45	90-95
Ian Riley - Executive Director of Digital and Data from 01 November 2022	55-60	0	0	0	57.5-60	110-115

Name and Title	1 July 2022 to 31 March 2023					
	(a) Salary (bands of £5,000)	**(b) Expense payments (taxable) to nearest £100****	**(c) Performance pay and bonuses (bands of £5,000)**	**(d) Long term performance pay and bonuses (bands of £5,000)**	**(e) All pension-related benefits (bands of £2,500)**	**(f) TOTAL (a to e) (bands of £5,000)**
	£000	**£**	**£000**	**£000**	**£000**	**£000**
Hein van den Wildenberg - Non Executive Member	10-15	0	0	0	0	10-15
Aliona Derrett - Non Executive Member from 24 October 2022	5-10	0	0	0	0	5-10
David Holt - Non Executive Member	10-15	0	0	0	0	10-15
Catherine Armor - Non Executive Member	10-15	0	0	0	0	10-15
Patricia Hewitt - Non Executive ICS Chair	45-50	0	0	0	0	45-50
Dr Hilary Byrne - Partner Member - Primary Medical Services	20-25	0	0	0	0	20-25

The figures in the table above represent the actual payments made in year rather than full year salaries. The value of pension benefits accrued during the year is calculated as the real increase in pension multiplied by 20, less, the contributions made by the individual.

The real increase excludes increases due to inflation or any increase or decrease due to a transfer of pension rights. This value does not represent an amount that will be received by the individual. It is a calculation that is intended to convey to the reader of the accounts an estimation of the benefit that being a member of the pension scheme could provide.

Pension benefits as at 31 March 2024 (subject to audit)

Name and Title	(a) Real increase in pension at pension age (bands of £2,500)	(b) Real increase in pension lump sum at pension age (bands of £2,500)	(c) Total accrued pension at pension age at 31 March 2024 (bands of £5,000)	(d) Lump sum at pension age related to accrued pension at 31 March 2024 (bands of £5,000)	(e) Cash Equiv-alent Transfer Value at 1 April 2023	(f) Real Increase in Cash Equivalent Transfer Value	(g) Cash Equiv-alent Transfer Value at 31 March 2024	(h) Employers Contribution to stakeholder pension
	£000	£000	£000	£000	£000	£000	£000	£000
Tracey Bleakley - Chief Executive Officer	2.5-5	0-2.5	5-10	0-5	54	38	125	0
Francesca Swords - Executive Medical Director	0	52.5-55	70-75	205-210	1244	296	1681	0
Patricia D'Orsi - Executive Director of Nursing	0	22.5-25	40-45	110-115	867	79	1053	0
Mark Burgis - Executive Director of Patients and Communities	0-2.5	0-2.5	30-35	0-5	341	100	493	0
Steven Course - Executive Director of Finance	0	32.5-35	55-60	145-150	906	122	1142	0
Jocelyn Pike – Acting Executive Director of Mental Health Transformation	0	27.5-30	30-35	80-85	527	82	679	0
Karen Barker – Executive Director of Corporate Affairs & ICS Development	0-2.5	0-2.5	25-30	0-5	224	94	357	0
Andrew Palmer – Executive Director of Performance, Transformation & Strategy	0	25-27.5	40-45	110-115	690	111	879	0

Ema Ojiako - Executive Director of People	0-2.5	0-2.5	20-25	0-5	180	54	269	0
Ian Riley - Executive Director of Digital and Data	0	35-37.5	35-40	100-105	593	142	814	0

On 1 April 2015, the government made changes to public service pension schemes which treated members differently based on their age. The public service pensions remedy puts this right and removes the age discrimination for the remedy period, between 1 April 2015 and 31 March 2022. Part 1 of the remedy closed the 1995/2008 Scheme on 31 March 2022, with active members becoming members of the 2015 Scheme on 1 April 2022. For Part 2 of the remedy, eligible members had their membership during the remedy period in the 2015 Scheme moved back into the 1995/2008 Scheme on 1 October 2023. This is called 'rollback'.

Where a member who is a senior manager is affected by rollback the benefits in respect of their pensionable service during the remedy period are valued as being in the 1995/2008 Scheme. This means you may notice a difference between the benefits and Cash Equivalent Transfer Value (CETV) we quote for this year as compared to the benefits and CETV we quoted for year ending 2023.

Francesca Swords, Patricia D'Orsi, Mark Burgis, Steven Course, Jocelyn Pike, Karen Barker, Andrew Palmer and Ian Riley are affected by the public service pensions remedy and their membership between 1 April 2015 and 31 March 2022 was moved back into the 1995/2008 Scheme on 1 October 2023. Negative values are not disclosed in this table but are substituted with a zero.

In accordance with the Disclosure of Senior Managers' Remuneration (Greenbury) 2020 guidance, no CETV will be shown for pensioners and senior managers over normal pension age (NPA).

The declaration of pension contributions in this report is made in accordance with the guidelines issued under the Greenbury Report.

The details contained in the above tables relate to those members of the Board and Senior Management Team for whom pension details were available. Those not included where:

- Non-Executive Members whose remuneration is not pensionable.
- GPs on the Board who were not members of the normal NHS Pension Scheme but did contribute to the NHS GP Solo Pension Scheme. The GP Solo Pension Scheme benefits are not included in the above table as we are unable to identify which part of that scheme relates to their work as Board Members.

Cash equivalent transfer values

A cash equivalent transfer value (CETV) is the actuarially assessed capital value of the pension scheme benefits accrued by a member at a particular point in time. The benefits valued are the member's accrued benefits and any contingent spouse's (or other allowable beneficiary's) pension payable from the scheme.

A CETV is a payment made by a pension scheme or arrangement to secure pension benefits in another pension scheme or arrangement when the member leaves a scheme and chooses to transfer the benefits accrued in their former scheme. The pension figures shown relate to the benefits that the individual has accrued as a consequence of their total membership of the pension scheme, not just their service in a senior capacity to which disclosure applies.

The CETV figures and the other pension details include the value of any pension benefits in another scheme or arrangement which the individual has transferred to the NHS pension scheme. They also include any additional pension benefit accrued to the member as a result of their purchasing additional

years of pension service in the scheme at their own cost. CETVs are calculated within the guidelines and framework prescribed by the Institute and Faculty of Actuaries.

Real increase in CETV
This reflects the increase in CETV that is funded by the employer. It does not include the increase in accrued pension due to inflation or contributions paid by the employee (including the value of any benefits transferred from another scheme or arrangement).

Compensation on early retirement or for loss of office (subject to audit)

No compensation was paid on early retirement or for loss of office.

Payments to past directors (subject to audit)
There were no payments made by NHS Norfolk and Waveney to past senior managers for services rendered or compensation due either in this or the previous financial year.

Staff Report

NHS Norfolk and Waveney has a highly skilled, motivated and experienced workforce of commissioning managers and support staff. During the reporting period the average workforce was 711.1 WTE (whole time equivalent). In addition to employed staff, NHS Norfolk and Waveney engaged with general practitioners and nurses from across the Norfolk and Waveney area to provide clinical expertise and input into its decision making and actively supporting the organisation in aspiring for better health, better care and better value for the population.

Staff numbers and composition (subject to audit)

As an employer we adopt the National Agenda for Change (AfC) pay framework and the following tables show the breakdown of functional categories and gender as at year end:

The staff headcount is of all staff employed by NHS Norfolk and Waveney as at 31 March 2024.

Staff Composition by Occupational Code (headcount)	Female	Male	Total
Chair & Non-Executive Board Members	5	2	7
Clerical and Administrative	278	67	345
Clinical Members	17	11	28
Managers	96	59	155
Nursing Professionals	96	9	105
Scientific, Therapeutic & Technical Professionals	33	3	36
Senior Managers	20	16	36
Other - Non AfC non-ICB shared posts	8	3	11
Other - Seconded/Agency staff	43	10	53
Total	596	180	776

NHS Occupational codes presented above reflect the nature of the role undertaken, this may show a difference to the roles in the table below. For example, Board Members where occupational codes consider these as Nursing or Clinical.

Staff Composition by band (headcount)	Female	Male	Total
VSM	7	4	11
Chair & Non-Executive Board Members	5	2	7
Other - Non AfC ICB members	18	14	32
Band 9	6	3	9
Band 8d	12	9	21
Band 8c	38	12	50
Band 8b	44	24	68
Band 8a	77	32	109
Band 7	91	35	126
Band 6	105	19	124
Band 5	65	14	79
Band 4	66	6	72
Band 3	54	3	57
NCC Recharges	8	3	11
Total	596	180	776

Whilst these tables detail the breakdown of staffing by banding from a gender perspective, other metrics are monitored including the Workforce Race Equality Standard (WRES) which reflects career progression and personal perceptions of black and minority ethnic staff treatment by colleagues. The progress against workplans are reviewed by both the workforce team and the staff Equality, Diversity and Inclusion Group.

NHS Norfolk and Waveney also recognises that individuals may identify themselves outside of female or male categories however these tables capture NHS Norfolk and Waveney's workforce.

Employee benefits (subject to audit)

For reporting period 1 April 2022 to 31 March 2023	Permanent Employees	Other	2023-24 Total
Employee benefits	**£000's**	**£000's**	**£000's**
Salaries and wages	34,501	2,487	36,988
Social security costs	3,825	154	3,979
Employer Contributions to NHS Pension scheme	6,354	168	6,523
Other pension costs	5	0	5
Apprenticeship Levy	153	0	153
Termination benefits	1,369	0	1,369
Gross employee benefits expenditure	**46,207**	**2,810**	**49,017**

PY Comparison	Permanent Employees	Other	2022-23
Employee benefits	**£000's**	**£000's**	**£000's**
Salaries and wages	23,974	2,236	26,210
Social security costs	2,470	161	2,631
Employer Contributions to NHS Pension scheme	3,900	185	4,085
Other pension costs	10	0	10
Apprenticeship Levy	97	0	97
Termination benefits	211	0	211
Gross employee benefits expenditure	**30,662**	**2,582**	**33,244**

Note the previous year comparator for the ICB is 9 months.

Sickness absence data

Department of Health & Social Care (DHSC) has taken the decision to not commission the data production exercise for NHS bodies. The link to the latest NHS Digital publication series is as follows:

https://www.gov.uk/government/statistics/nhs-sickness-absence-rates-january-2024

Staff Turnover

For the reporting period to 31 March 2024 the staff turnover for NWICB stood at 17.94%

Staff engagement percentages

NHS Norfolk and Waveney is committed to improving staff experiences across the NHS and takes part in the National Staff Survey (NSS) annually.

The response rate for the ICB was 67% which was slightly lower than our comparator average of 68% (41 ICBs participated in the 2023 survey).

Our 2022 response was 68% so not statistically significantly different, however the comparator average deteriorated from 2022 when the response rate was 73%

Our staff engagement score was 6.61 which is higher than the comparator average of 6.49 (out of a maximum score of 10)

The motivation factors include questions on involvement in decision-making, motivation and advocacy i.e. would they recommend this organisation as a place to work..

Our staff morale score was 5.83 which was higher that the comparator average of 5.60 (out of a maximum score of 10)

The moral element includes questions relating to thinking of leaving, work pressure and stressors.

Nationally in 2023 the overall results for the NHS declined for a third year, however our ICB results are on average above our comparable group average across the seven People Promise themes. We are committed to listening to our staff and improving their experience of working in the ICB, our results highlight areas that we want to specifically concentrate on. In response to feedback, and working in collaboration with our staff we will be focusing on key actions including; appraisals linked to development needs to support new ways of working, leadership and management development and we will continue to prioritise health and wellbeing, in particular on factors highlighted in our results.

Feedback into Action
NHS Norfolk and Waveney will continue to seek feedback from our staff through participation in quarterly 'People Pulse' surveys and participation in the annual national survey.

NHS Norfolk and Waveney works positively with our Staff Involvement Group to continually look for ways to improve staff experience and to respond to their feedback.

The survey's strength is in providing a national picture alongside local detail. It captures how people experience their working lives and is aligned to the NHS People Promise. The National Staff Survey is a snapshot in time with the information gathered at the same time each year. It helps us to understand how staff are feeling and to help us to learn from their experience. The results are used to improve local working conditions and ultimately to improve patient care.

Staff policies
NHS ICB HR policies are based on NHS Business Services Authority policies and as such have been agreed by Trade Unions. HR policies are reviewed and agreed at our People, Culture and Remuneration committee and where relevant HR personnel engage with trade unions to support good working relationships.

HS Norfolk and Waveney follows an Equality, Diversity and Inclusion Policy and is committed to equality of opportunity for all employees. This is about giving fair consideration to applications for employment from groups of people with particular characteristics who may otherwise face discrimination. The nine protected characteristics are age, disability, ethnic origin and race, gender reassignment, marriage or civil partnership, pregnancy and maternity, race, religion or belief, sex and sexual orientation.

NHS Norfolk and Waveney is committed to improving equality of opportunity to disabled people and gives full and fair consideration to applications for employment made by disabled persons and promotes the provision of training and guidance and the impartial application of all employment policies and procedures. Occupational health advice and support is available to all staff and specialist advice sought for disabled employees.

More information on NHS Norfolk and Waveney's approach to equality and inclusion can be found under 'Other employee matters' below.

Trade Union Facility Time Reporting Requirements

The Trade Union (Facility Time Publication Requirements) regulations 2017, requires relevant public sector organisations to report on trade union facility time in their organisations. Facility time is paid time off for union representatives to carry out trade union activities.

Table 1 - Relevant union officials
Total number of employees who were relevant union officials during 2023-24:

Number of employees who were relevant union officials during 2023-24	Full-time equivalent employee number
1	1

Table 2 - Percentage of time spent on facility time
Percentage of working time spent on facility time by employees who were relevant union officials employed during 2023-24:

Percentage of time	Number of employees
0%	0
1-50%	1
51-99%	0
100%	0

Table 3 - Percentage of pay bill spent on facility time
Percentage of total pay bill spent on paying employees who were relevant union officials for facility time during 2023-24:

Total cost of facility time	£
Provide the total cost of facility time	5,932
Total pay bill	49,017,324
Percentage of the total pay bill spent on facility time	0.01%

Table 4 - Paid trade union activities

Percentage of total paid facility time hours spent by employees who were relevant union officials during 2023-24 on paid trade union activities:

Time spent on paid trade union activities as a percentage of total paid facility time hours	3%

Other employee matters

Equality, Diversity and Inclusion

NHS Norfolk and Waveney has due regard to the three aims of the public sector equality duty under the Equality Act 2010 to:

- Eliminate unlawful discrimination, harassment, victimisation and any other conduct prohibited by the Act
- Advance the equality of opportunity between people who share a protected characteristic and people who do not share it, and
- Foster good relations between people who share a protected characteristic and people who do not share it.

Diversity is viewed positively, we recognise that everyone is different and value the unique contribution that everyone's experience, knowledge and skills can make. Equality and inclusion are stated objectives.

The promotion of equality, diversity and inclusion is pursued through policies that ensure employees receive fair, equitable and consistent treatment and existing and potential employees are not subject to any form of discrimination. Enabling employees to work in an environment where they can give their best. NHS Norfolk and Waveney's Equality, Diversity and Inclusion Policy seeks to meet and exceed our responsibilities as a public-sector employer under the Equality Act 2010.

To support this work an Equality, Inclusion and Diversity Lead has been appointed by NHS Norfolk and Waveney and NHS Norfolk and Waveney has established an Equality, Inclusion and Diversity Group to ensure that NHS Norfolk and Waveney continues to develop opportunities for all employees. More information can be found on our website here : https://improvinglivesnw.org.uk/about-us/our-nhs-integrated-care-board-icb/equality-and-inclusion/

Health and Safety
NHS Norfolk and Waveney is committed to ensuring the health, safety and welfare of its employees and of course others who may be affected by ICB activities. NHS Norfolk and Waveney takes all reasonably practicable steps to achieve this commitment and to comply with statutory obligations and

to promote a positive health and safety culture throughout the organisation. Health and safety training is provided via e-learning for all staff. This mandatory training covers the core requirements for a low risk office environment and each module contains an assessment that must be passed by staff.

Pension

Employees of NHS Norfolk and Waveney are covered by the provisions of the NHS Pension Scheme.

For information as to how pension liabilities were treated, please refer to accounting policy 3.4. In respect of senior managers in NHS Norfolk and Waveney, pension entitlements are disclosed within this Remuneration Report.

Expenditure on consultancy

Where NHS Norfolk and Waveney does not have the requisite skills or capacity within the organisation to deliver specific aspects of its obligations or to develop further the services that it would wish to provide it relies on external organisations and individuals to provide those skills or capacity.

During the reporting period NHS Norfolk and Waveney spent £683,436 on consultancy services as outlined below. (1 July 2022 to 31 March 2023, 9-month reporting period £1,647,474).

Consultancy service	**Cost £'s**
Human Resource, Training & Education Consultancy	103,203
Strategy Consultancy	164,870
IT/IS Consultancy	415,363
Total	683,436

Off-payroll engagements

Table 1: Off-payroll engagements longer than 6 months

For all off-payroll engagements as at 31 March 2024 for more than £245* per day

	Number
Number of existing engagements as of 31 March 2024	20
Of which, the number that have existed:	
for less than one year at the time of reporting	11
for between one and two years at the time of reporting	8
for between 2 and 3 years at the time of reporting	0
for between 3 and 4 years at the time of reporting	0
for 4 or more years at the time of reporting	0

*The £245 threshold is set to approximate the minimum point of the pay scale for a Senior Civil Servant.

The ICB can provide assurance that all existing off-payroll engagements have at some point been subject to a risk-based assessment as to whether assurance is required that the individual is paying the right amount of tax and, where necessary.

Table 2: Off-payroll workers engaged at any point during the financial year
For all off-payroll engagements between 1 April 2023 and 31 March 2024, for more than £245[(1)] per day:

	Number
No. of temporary off-payroll workers engaged between 1 April 2023 and 31 March 2024	30
Of which:	
No. not subject to off-payroll legislation [(2)]	23
No. subject to off-payroll legislation and determined as in-scope of IR35[(2)]	0
No. subject to off-payroll legislation and determined as out of scope of IR35[(2)]	7
the number of engagements reassessed for compliance or assurance purposes during the year	1
Of which: no. of engagements that saw a change to IR35 status following review	0

[(1)] The £245 threshold is set to approximate the minimum point of the pay scale for a Senior Civil Servant.
[(2)] A worker that provides their services through their own limited company or another type of intermediary to the client will be subject to off-payroll legislation and the Department must undertake an assessment to determine whether that worker is in-scope of Intermediaries legislation (IR35) or out-of-scope for tax purposes.

Table 3: Off-payroll engagements / senior official engagements
For any off-payroll engagements of Board members and / or senior officials with significant financial responsibility, between 1 April 2023 and 31 March 2024

Number of off-payroll engagements of board members, and/or senior officers with significant financial responsibility, during the financial year	0
Total no. of individuals on payroll and off-payroll that have been deemed “board members, and/or, senior officials with significant financial responsibility”, during the financial year. This figure should include both on payroll and off-payroll engagements.	2

Exit packages, including special (non-contractual) payments (subject to audit)
Table 1: Exit Packages

Exit package cost band (inc. any special payment element	Number of compulsory redundancies	Cost of compulsory redundancies	Number of other departures agreed	Cost of other departures agreed	Total number of exit packages	Total cost of exit packages	Number of departures where special payments have been made	Cost of special payment element included in exit packages
	WHOLE NUMBERS ONLY	£s	WHOLE NUMBERS ONLY	£s	WHOLE NUMBERS ONLY	£s	WHOLE NUMBERS ONLY	£s
Less than £10,000			1	8,112	1	8,112		
£10,001 - £25,000	2	32,443	5	95,568	7	128,011		
£25,001 - £50,000	1	25,516	6	205,470	7	230,986		
£50,001 - £100,000			7	537,862	7	537,862		
£100,001 - £150,000			2	215,544	2	215,544		
£150,001 - £200,000			1	160,000	1	160,000		
TOTALS	3	57,959	22	1,222,556	25	1,280,515		

Redundancy and other departure cost have been paid in accordance with the provisions of the NHS Pension Scheme. Exit costs in this note are the full costs of departures agreed in year. Note: the expense associated with these departures may have been recognised in part or in full in a previous period. Where NHS Norfolk and Waveney has agreed early retirements, the additional costs are met by NHS Norfolk and Waveney and not by the NHS Pensions Scheme. Ill-health retirement costs are met by the NHS Pensions Scheme and are not included in the table (£Nil).

Table 2: Analysis of Other Departures

	Agreements	**Total Value of agreements**
	Number	**£000s**
Voluntary redundancies including early retirement contractual costs	22	1,188
Mutually agreed resignations (MARS) contractual costs	0	0
Early retirements in the efficiency of the service contractual costs	0	0

Contractual payments in lieu of notice*	9	35
Exit payments following Employment Tribunals or court orders	0	0
Non-contractual payments requiring HMT approval**	0	0
TOTAL	31	1,223

As a single exit package can be made up of several components each of which will be counted separately in this Note, the total number above will not necessarily match the total numbers in Note 3 which will be the number of individuals.

*any non-contractual payments in lieu of notice are disclosed under "non-contracted payments requiring HMT approval" below.
**includes any non-contractual severance payment made following judicial mediation, relating to non-contractual payments in lieu of notice. None paid in 2023-24.

No non-contractual payments were made to individuals where the payment value was more than 12 months' of their annual salary. The Remuneration Report includes disclosure of exit packages payable to individuals named in that Report.

SIGNED

Tracey Bleakley
Accountable Officer
26 June 2024

Parliamentary accountability and audit report

NHS Norfolk and Waveney Integrated Care Board is not required to produce a Parliamentary Accountability and Audit Report. Disclosures on remote contingent liabilities, losses and special payments, gifts, and fees and charges are included as notes in the Financial Statements of this report. An audit certificate and report is also included in this Annual Report at page 165.

ANNUAL ACCOUNTS

Financial Statement and Notes

NHS Norfolk & Waveney ICB - Annual Accounts 31 March 2024

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Statement of Comprehensive Net Expenditure for the year ended 31 March 2024

	Note	31 March 2024 £'000	9 Months to 31 March 2023 £'000
Income from sale of goods and services	2	(57,059)	(16,062)
Other operating income	2	-	(56)
Total operating income		**(57,059)**	**(16,118)**
Staff costs	3	49,017	33,244
Purchase of goods and services	4	2,474,850	1,690,063
Depreciation and impairment charges	4	192	134
Provision expense	4	8,054	(2,938)
Other operating expenditure	4	2,833	3,556
Total operating expenditure		**2,534,946**	**1,724,059**
Net operating expenditure		**2,477,887**	**1,707,941**
Finance expense	6	7	6
Net expenditure for the year		**2,477,894**	**1,707,947**
Comprehensive expenditure for the year		**2,477,894**	**1,707,947**

NHS Norfolk & Waveney ICB was formed on 1 July 2022 and as a result of this, all comparatives within these accounts relate to a 9 month period up to 31 March 2023.

Notes on pages 131 to 161 form part of this statement.

Statement of Financial Position as at 31 March 2024

	Note	31 March 2024 £'000	31 March 2023 £'000
Non-current assets:			
Right-of-use assets	8	673	1,005
Total non-current assets		**673**	**1,005**
Current assets:			
Trade and other receivables	9	23,673	8,676
Cash and cash equivalents	10	376	1,649
Total current assets		**24,049**	**10,325**
Total assets		**24,722**	**11,330**
Current liabilities:			
Trade and other payables	11	(174,924)	(225,918)
Lease liabilities	8	(218)	(219)
Provisions	12	(12,413)	(4,408)
Total current liabilities		**(187,555)**	**(230,545)**
Total assets less current liabilities		**(162,833)**	**(219,215)**
Non-current liabilities:			
Trade and other payables	11	(820)	(686)
Lease liabilities	8	(472)	(775)
Provisions	12	(373)	(324)
Total non-current liabilities		**(1,665)**	**(1,785)**
Assets less liabilities		**(164,498)**	**(221,000)**
Financed by taxpayers' equity:			
General fund		(164,498)	(221,000)
Total taxpayers' equity		**(164,498)**	**(221,000)**

The notes on pages 131 to 161 form part of this statement.

The financial statements on pages 127 to 130 were approved by the Board on 26 June 2024 and signed on its behalf by:

SIGNED

Tracey Bleakley
Chief Executive Officer
26 June 2024

Statement of Changes In Taxpayers' Equity for the year ended 31 March 2024

	Note	31 March 2024 General fund £'000	9 Months to 31 March 2023 General fund £'000
Changes in taxpayers' equity for 31 March 2024			
Balance at 01 April 2023		(221,000)	-
Transfers by modified absorption to (from) other bodies	7	-	(166,402)
Changes in NHS ICB taxpayers' equity for 31 March 2024			
Net expenditure for the financial year	SoCNE	(2,477,894)	(1,707,947)
Net recognised NHS ICB expenditure for the financial year		**(2,477,894)**	**(1,874,349)**
Net funding	SoCF	2,534,396	1,653,349
Balance at 31 March 2024		**(164,498)**	**(221,000)**

The notes on pages 131 to 161 form part of this statement.

Statement of Cash Flows for the year ended 31 March 2024

	Note	31 March 2024 £'000	9 Months to 31 March 2023 £'000
Cash flows from operating activities			
Net expenditure for the financial year		(2,477,894)	(1,707,947)
Depreciation and amortisation	4	192	134
Movement due to transfer by modified absorption		-	(158,732)
(Increase)/decrease in trade & other receivables	9	(14,997)	(8,676)
Increase/(decrease) in trade & other payables	11	(50,860)	226,604
Increase/(decrease) in provisions	12	8,054	(2,938)
Net cash inflow (outflow) from operating activities		**(2,535,505)**	**(1,651,555)**
Cash flows from investing activities			
Interest paid	6	7	6
Net cash inflow (outflow) from investing activities		**7**	**6**
Cash flows from financing activities			
Net funding received		2,534,396	1,653,349
Repayment of lease liabilities	8	(171)	(151)
Net cash inflow (outflow) from financing activities		**2,534,225**	**1,653,198**
Net increase (decrease) in cash & cash equivalents	10	**(1,273)**	**1,649**
Cash & cash equivalents at the beginning of the financial year	10	**1,649**	**-**
Cash & cash equivalents at the end of the financial year	10	**376**	**1,649**

The notes on pages 131 to 161 form part of this statement.

Notes to the financial statements

1 Accounting Policies

NHS England has directed that the financial statements of Integrated Care Boards (ICB's) shall meet the accounting requirements of the Group Accounting Manual issued by the Department of Health and Social Care. Consequently, the following financial statements have been prepared in accordance with the Group Accounting Manual 2023-24 issued by the Department of Health and Social Care. The accounting policies contained in the Group Accounting Manual follow International Financial Reporting Standards to the extent that they are meaningful and appropriate to ICB's, as determined by HM Treasury, which is advised by the Financial Reporting Advisory Board. Where the Group Accounting Manual permits a choice of accounting policy, the accounting policy which is judged to be most appropriate to the particular circumstances of the ICB for the purpose of giving a true and fair view has been selected. The particular policies adopted by the ICB are described below. They have been applied consistently in dealing with items considered material in relation to the accounts.

1.1 Going Concern

These accounts have been prepared on a going concern basis.

Public sector bodies are assumed to be a going concern where the continuation of the provision of a service in the future is anticipated, as evidenced by inclusion of financial provision for that service in published documents.

The financial statements for ICB's are prepared on a Going Concern basis as they will continue to provide the services in the future.

1.2 Accounting Convention

These accounts have been prepared under the historical cost convention.

1.3 Movement of Assets within the Department of Health and Social Care Group

NHS Norfolk & Waveney ICB was approved by NHS England to operate from 1 July 2022 and was created from the transfer of NHS Norfolk & Waveney Clinical Commissioning Group (CCG). The transfer of balances is detailed in note 7 of these accounts.

As Public Sector Bodies are deemed to operate under common control, business reconfigurations within the Department of Health and Social Care Group are outside the scope of IFRS 3 Business Combinations. Where functions transfer between two public sector bodies, the Department of Health and Social Care Group Accounting Manual requires the application of absorption accounting. Absorption accounting requires that entities account for their transactions in the period in which they took place, with no restatement of performance required when functions transfer within the public sector. Where assets and liabilities transfer, the gain or loss resulting is recognised in the Statement of Comprehensive Net Expenditure, and is disclosed separately from operating costs.

Other transfers of assets and liabilities within the Department of Health and Social Care Group are accounted for in line with IAS 20 and similarly give rise to income and expenditure entries.

1.4 **Pooled Budgets**

The ICB has entered into separate pooled budget arrangements with both Norfolk County Council and Suffolk County Council in accordance with section 75 of the NHS Act 2006. Under these arrangements, funds are pooled to jointly commission or deliver health and social care, known as the Better Care Fund.
The pools are hosted by Norfolk County Council and Suffolk County Council respectively. The ICB accounts for its share of the assets, liabilities, income and expenditure arising from the activities of the pooled budget, identified in accordance with the pooled budget agreement.
The ICB has exercised judgement on the accounting for pooled budgets, further details are included in note 16.

1.5 **Revenue**

The main source of funding for the ICBs is from NHS England. This is drawn down and credited to the general fund. Funding is recognised in the period in which it is received.

Revenue in respect of services provided is recognised when (or as) performance obligations are satisfied by transferring promised services to the customer, and is measured at the amount of the transaction price allocated to that performance obligation. Payment terms are standard reflecting cross government principles.

1.6 **Employee Benefits**

1.6.1 **Short-term Employee Benefits**

Salaries, wages and employment-related payments, including payments arising from the apprenticeship levy, are recognised in the period in which the service is received from employees, including bonuses earned but not yet taken.

1.6.2 **Retirement Benefit Costs**

Past and present employees are covered by the provisions of the two NHS Pension Schemes. Details of the benefits payable and rules of the Schemes can be found on the NHS Pensions website at www.nhsbsa.nhs.uk/pensions. Both are unfunded defined benefit schemes that cover NHS employers, GP practices and other bodies, allowed under the direction of the Secretary of State for Health and Social Care in England and Wales. They are not designed to be run in a way that would enable NHS bodies to identify their share of the underlying scheme assets and liabilities. Therefore, each scheme is accounted for as if it were a defined contribution scheme: the cost to the NHS body of participating in each scheme is taken as equal to the contributions payable to that scheme for the accounting period.
For early retirements other than those due to ill health the additional pension liabilities are not funded by the scheme. The full amount of the liability for the additional costs is charged to expenditure at the time the ICB commits itself to the retirement, regardless of the method of payment.
The schemes are subject to a full actuarial valuation every four years and an accounting valuation every year.

1.7 **Grants Payable**

Where grant funding is not intended to be directly related to activity undertaken by a grant recipient in a specific period, the ICB recognises the expenditure in the period in which the grant is paid. All other grants are accounted for on an accruals basis.

1.8 **Other Expenses**

Other operating expenses are recognised when, and to the extent that, the goods or services have been received. They are measured at the fair value of the consideration payable.

1.9 **Cash & Cash Equivalents**

Cash is cash in hand and deposits with any financial institution repayable without penalty on notice of not more than 24 hours. Cash equivalents are investments that mature in 3 months or less from the date of acquisition and that are readily convertible to known amounts of cash with insignificant risk of change in value.

In the Statement of Cash Flows, cash and cash equivalents are shown net of bank overdrafts that are repayable on demand and that form an integral part of the ICB's cash management.

1.10 Financial Assets

Financial assets are recognised when the ICB becomes party to the financial instrument contract or, in the case of trade receivables, when the goods or services have been delivered. Financial assets are derecognised when the contractual rights have expired or the asset has been transferred.
All financial assets are recorded at amortised cost.

1.10.1 Financial Assets at Amortised cost

Financial assets measured at amortised cost are those held within a business model whose objective is achieved by collecting contractual cash flows and where the cash flows are solely payments of principal and interest. This includes most trade receivables and other simple debt instruments. After initial recognition these financial assets are measured at amortised cost using the effective interest method less any impairment. The effective interest rate is the rate that exactly discounts estimated future cash receipts through the life of the financial asset to the gross carrying amount of the financial asset.

1.11 Financial Liabilities

Financial liabilities are recognised on the statement of financial position when the ICB becomes party to the contractual provisions of the financial instrument or, in the case of trade payables, when the goods or services have been received. Financial liabilities are de-recognised when the liability has been discharged, that is, the liability has been paid or has expired.
Financial liabilities are initially recognised at fair value.

After initial recognition, all other financial liabilities are measured at amortised cost using the effective interest method, except for loans from Department of Health and Social Care, which are carried at historic cost. The effective interest rate is the rate that exactly discounts estimated future cash payments through the life of the asset, to the net carrying amount of the financial liability. Interest is recognised using the effective interest method.

1.12 Critical Accounting Judgements and Key Sources of Estimation Uncertainty

In the application of the ICB's accounting policies, management is required to make various judgements, estimates and assumptions about the carrying amounts of assets and liabilities that are not readily apparent from other sources. The estimates and associated assumptions are based on historical experience and other factors that are considered to be relevant. Actual results may differ from those estimates and the estimates and underlying assumptions are continually reviewed. Revisions to accounting estimates are recognised in the period in which the estimate is revised if the revision affects only that period or in the period of the revision and future periods if the revision affects both current and future periods.

1.12.1 Critical accounting judgements in applying accounting policies

The following are the judgements, apart from those involving estimations, that management has made in the process of applying the ICB's accounting policies and that have the most significant effect on the amounts recognised in the financial statements.

Better Care Fund

The ICB has entered into a partnership agreement and a pooled budget with both Norfolk County Council and Suffolk County Council in respect of the Better Care Fund (BCF). From 2022-23 this includes the addendum of the Adult Social Care Discharge Fund. The BCF is a national policy initiative and the funds involved are material in the ICB accounts. Having reviewed the terms of the partnership agreement the Department of Health and Social Care Group Accounting Manual (DHSC GAM) and the appropriate financial reporting standards the ICB has determined that there are three elements to the BCF and they are accounted for as follows:

(1) The major part is controlled by both Norfolk County Council and Suffolk County Council

which commissions services from various non-NHS providers. Whilst the services are determined in partnership the risks and rewards of the contracts remain wholly with the council. The ICB accounts for this on a lead commissioner basis as healthcare expenditure with the local authority.

(2) The second part is controlled by the ICB which commissions various services from NHS and non-NHS providers. The risks and rewards of these contracts are the responsibility of the ICB which considers itself to be acting as a lead commissioner for those services on behalf of the partnership. The ICB accounts for these costs as healthcare purchased from NHS and non-NHS providers.

(3) The final part of the BCF is an integrated community equipment store. Norfolk County Council acts as the host body for this service which is provided by a third party. Each partner is however wholly responsible for their own share of the expenditure, and this is accounted for as a joint operation. Otherwise, there were no critical judgements apart from those involving estimations (see below) that management has made in the process of applying the ICB's accounting policies that have the most significant effect on the amounts recognised in the financial statements.

1.12.2 **Sources of estimation uncertainty**

The following are assumptions about the future and other major sources of estimation uncertainty that have a significant risk of resulting in a material adjustment to the carrying amounts of assets and liabilities within the next financial year.

Prescribing Liabilities

NHS England actions monthly cash charges to the ICB for prescribing contracts. These are issued approximately 6 weeks in arrears. The ICB uses information provided by the NHS Business Authority as part of the estimate for period expenditure. For the year ended 31 March 2024 an accrual of £35,163,570 (2022-23 £ 34,639,526) was included for February and March anticipated expenditure, this figure is not believed to represent a significant level of uncertainty.

Dental Clawback

NHS Business Services Authority process the monthly cash charges for the ICB's Dental Contracts. Contractual payments are made monthly, with an adjustment for under/over performance occurring 6 months after year end. The ICB uses information provided by the NHS Business Services Authority as part of the estimate for performance adjustments. For the year ended 31 March 2024 a claw back value of £16,658,047 (2022-23 £Nil - as ICB delegation commenced 1 April 2023) was included for the delivery adjustment, this figure is not believed to represent a significant level of uncertainty.

1.13 **Provisions**

Provisions are recognised when the ICB has a present legal or constructive obligation as a result of a past event, it is probable that the ICB will be required to settle the obligation, and a reliable estimate can be made of the amount of the obligation. The amount recognised as a provision is the best estimate of the expenditure required to settle the obligation at the end of the reporting period, taking into account the risks and uncertainties.

In March 2023 NHS England wrote to all Integrated Care Boards in England directing them to make a real-term running cost reduction of 30% by 2025-26, with at least 20% to be delivered in 2024-25. This direction has precipitated a restructure process within the ICB, resulting in a redundancy provision.

1.14 **Contingent Liabilities**

A contingent liability is a possible obligation that arises from past events and whose existence will be confirmed only by the occurrence or non-occurrence of one or more uncertain future events not wholly within the control of the ICB, or a present obligation that is not recognised because it is not probable that a payment will be required to settle the obligation or the amount of the obligation cannot be measured sufficiently reliably. A contingent liability is disclosed unless the possibility of a payment is remote.

1.15 **Leases**

A lease is a contract, or part of a contract, that conveys the right to control the use of an asset for a period of time in exchange for consideration.
The ICB assesses whether a contract is or contains a lease, at inception of the contract.

1.15.1 **The ICB as Lessee**

A right-of-use asset and a corresponding lease liability are recognised at commencement of the lease.
The lease liability is initially measured at the present value of the future lease payments, discounted by using the rate implicit in the lease. If this rate cannot be readily determined, the prescribed HM Treasury discount rates are used as the incremental borrowing rate to discount future lease payments.
The HM Treasury incremental borrowing rate of 3.51% is applied for leases commencing, transitioning or being remeasured in the 2023 calendar year; and 4.72% to new leases commencing in 2024 under IFRS 16.
Lease payments included in the measurement of the lease liability comprise
- Fixed payments;
- Variable lease payments dependent on an index or rate, initially measured using the index or rate at commencement;
- The amount expected to be payable under residual value guarantees;
- The exercise price of purchase options, if it is reasonably certain the option will be exercised; and
- Payments of penalties for terminating the lease, if the lease term reflects the exercise of an option to terminate the lease.

Variable rents that do not depend on an index or rate are not included in the measurement the lease liability and are recognised as an expense in the period in which the event or condition that triggers those payments occurs.
The lease liability is subsequently measured by increasing the carrying amount for interest incurred using the effective interest method and decreasing the carrying amount to reflect the lease payments made. The lease liability is remeasured, with a corresponding adjustment to the right-of-use asset, to reflect any reassessment of or modification made to the lease.
The right-of-use asset is initially measured at an amount equal to the initial lease liability adjusted for any lease prepayments or incentives, initial direct costs or an estimate of any dismantling, removal or restoring costs relating to either restoring the location of the asset or restoring the underlying asset itself, unless costs are incurred to produce inventories.
The subsequent measurement of the right-of-use asset is consistent with the principles for subsequent measurement of property, plant and equipment. Accordingly, right-of-use assets that are held for their service potential and are in use are subsequently measured at their current value in existing use.
Right-of-use assets for leases that are low value or short term and for which current value in use is not expected to fluctuate significantly due to changes in market prices and conditions are valued at depreciated historical cost as a proxy for current value in existing use.
Other than leases for assets under construction and investment property, the right-of-use asset is subsequently depreciated on a straight-line basis over the shorter of the lease term or the useful life of the underlying asset. The right-of-use asset is tested for impairment if there are any indicators of impairment and impairment losses are accounted for as described in the 'Depreciation, amortisation and impairments' policy.
Peppercorn leases are defined as leases for which the consideration paid is nil or nominal (that is, significantly below market value). Peppercorn leases are in the scope of IFRS 16 if they meet the definition of a lease in all aspects apart from containing consideration.
For peppercorn leases a right-of-use asset is recognised and initially measured at current value in existing use. The lease liability is measured in accordance with the above policy. Any difference between the carrying amount of the right-of-use asset and the lease liability is recognised as income as required by IAS 20 as interpreted by the FReM.

Leases of low value assets (value when new less than £5,000) and short-term leases of 12 months or less are recognised as an expense on a straight-line basis over the term of the lease.

1.16 Losses & Special Payments

Losses and special payments are items that Parliament would not have contemplated when it agreed funds for the health service or passed legislation. By their nature they are items that ideally should not arise. They are therefore subject to special control procedures compared with the generality of payments. They are divided into different categories, which govern the way that individual cases are handled.

The ICB has written off £615,426 in the year to 31 March 2024 (2022-23 £Nil) in relation to historic legacy debt that was brought forward into the organisation as part of the absorption transfer on incorporation on 1 July 2022. This write off was fully provided for under the ICB's Bad Debt policy terms.
There were no Special Payments in the year ended 2023-24.

For the period ended 31 March 2023 a value of £83,333 has been incurred as part of the ICB's share of a payment relating to the abandonment of an East of England hosted procurement process. This Special Payment followed the ICB financial governance process.

Losses and special payments are charged to the relevant functional headings in expenditure on an accrual's basis.

1.17 New and revised IFRS Standards in issue but not yet effective

The Department of Health and Social Care GAM does not require the following IFRS Standard and Interpretation to be applied for the year ended 31 March 2024. IFRS14 is not applicable to the ICB as it has not been endorsed in the UK. IFRS 17 is still subject to HM Treasury FReM adoption.

- IFRS 14 Regulatory Deferral Accounts – Not UK-endorsed. Applies to first time adopters of IFRS after 1 January 2016. Therefore, not applicable to DHSC group bodies.
- IFRS 17 Insurance Contracts – Application required for accounting periods beginning on or after 1 January 2021. Standard is not yet adopted by the FReM which is expected to be April 2025: early adoption is not therefore permitted.

The application of IFRS 14 and IFRS 17 is not anticipated to have a material impact on the accounts.

2. Other operating revenue

	31 March 2024 Total	9 Months to 31 March 2023 Total
	£'000	£'000
Income from sale of goods and services (contracts)		
Education, training and research	2	1
Non-patient care services to other bodies	16,402	4,182
Prescription fees and charges *	12,124	-
Dental fees and charges *	12,982	-
Other contract income	15,549	11,879
Total income from sale of goods and services	**57,059**	**16,062**
Other operating income		
Charitable and other contributions to revenue expenditure: non-NHS	-	56
Total other operating income	**-**	**56**
Total operating income	**57,059**	**16,118**

* As part of the delegation on 1 April 2023 from NHS England to ICB's for the management of Pharmacy, Dentistry and Ophthalmology services, the ICB is reporting 2023-24 income associated with these services for the first time. The income is as follows:

- Income from the NHS prescription charges to eligible patients of £12,124,000
- Income from NHS charges for dentistry to eligible patients of £12,982,000

2.1 Disaggregation of Income - Income from sale of good and services (contracts)

	Education, training and research	Non-patient care services to other bodies	Prescription fees and charges	Dental fees and charges	Other Contract income
	£'000	£'000	£'000	£'000	£'000
Source of Revenue					
NHS	-	2,955	-	-	9,546
Non NHS	2	13,447	12,124	12,981	6,003
Total	**2**	**16,402**	**12,124**	**12,981**	**15,549**

	Education, training and research	Non-patient care services to other bodies	Prescription fees and charges	Dental fees and charges	Other Contract income
	£'000	£'000	£'000	£'000	£'000
Timing of Revenue					
Point in time	-	-	12,124	12,981	-
Over time	2	16,402	-	-	15,549
Total	**2**	**16,402**	**12,124**	**12,981**	**15,549**

In line with the 2023-24 GAM both the prescription and dental fees and corresponding charges have been classified as being at a point in time whereas the remainder of the income derived by the ICB is classified as over time.

3. Employee benefits and staff numbers

3.1 Employee benefits

			31 March 2024
	Permanent Employees	Other	Total
	£'000	£'000	£'000
Employee benefits			
Salaries and wages	34,501	2,487	36,988
Social security costs	3,825	154	3,979
Employer contributions to NHS Pension scheme	6,354	169	6,523
Other pension costs	5	-	5
Apprenticeship levy	153	-	153
Termination benefits	1,369	-	1,369
Net employee benefits excluding capitalised costs	**46,207**	**2,810**	**49,017**

Further analysis of employee benefits is shown in the remuneration and staff report on pages 105 to 124

			9 Months to 31 March 2023
	Permanent Employees	Other	Total
	£'000	£'000	£'000
Employee benefits			
Salaries and wages	23,974	2,236	26,210
Social security costs	2,470	161	2,631
Employer contributions to NHS Pension scheme	3,900	185	4,085
Other pension costs	10	-	10
Apprenticeship levy	97	-	97
Termination benefits	211	-	211
Net employee benefits excluding capitalised costs	**30,662**	**2,582**	**33,244**

Further analysis of employee benefits is shown in the remuneration and staff report on pages 105 to 124.

3.2 Average number of people employed

	31 March 2024			9 Months to 31 March 2023		
	Permanently Employed	Other	Total	Permanently Employed	Other	Total
	Number	Number	Number	Number	Number	Number
Total	672	39	711	612	38	650

Further information in respect of staff numbers is included from page 119 to 120 of the annual report.

3.3 Exit packages agreed in the financial year

	31 March 2024 Compulsory redundancies		31 March 2024 Other agreed departures		31 March 2024 Total	
	Number	£	Number	£	Number	£
Less than £10,000	-	-	1	8,112	1	8,112
£10,001 to £25,000	2	32,443	5	95,568	7	128,011
£25,001 to £50,000	1	25,516	6	205,470	7	230,986
£50,001 to £100,000	-	-	7	537,862	7	537,862
£100,001 to £150,000	-	-	2	215,544	2	215,544
£150,001 to £200,000	-	-	1	160,000	1	160,000
Total	**3**	**57,959**	**22**	**1,222,556**	**25**	**1,280,515**

	9 Months to 31 March 2023 Compulsory redundancies		9 Months to 31 March 2023 Other agreed departures		9 Months to 31 March 2023 Total	
	Number	**£**	**Number**	**£**	**Number**	**£**
Less than £10,000	2	9,271	-	-	2	9,271
£10,001 to £25,000	-	-	-	-	-	-
£25,001 to £50,000	1	30,000	-	-	1	30,000
£50,001 to £100,000	-	-	-	-	-	-
£100,001 to £150,000	-	-	-	-	-	-
£150,001 to £200,000	1	153,334	-	-	1	153,334
Total	**4**	**192,605**	**-**	**-**	**4**	**192,605**

Analysis of other agreed departures

	31 March 2024 Other agreed departures		9 Months to 31 March 2023 Other agreed departures	
	Number	**£**	**Number**	**£**
Voluntary redundancies including early retirement contractual costs	22	1,187,683	-	-
Contractual payments in lieu of notice	9	34,873	-	-
Total	**31**	**1,222,556**	**-**	**-**

This table reports the number and value of exit packages agreed in the year. The expense associated with this departure may have been recognised in part or in full in a previous period.

Redundancy and other departure costs have been paid in accordance with the provisions and conditions of Agenda for Change.

Exit costs are accounted for in accordance with relevant accounting standards in full at the year of agreement.

In March 2023 NHS England wrote to all Integrated Care Boards in England directing them to make a real-term running cost reduction of 30% by 2025-26, with at least 20% to be delivered in 2024-25. This direction has precipitated a restructure process within the ICB, resulting in some of the exit packages noted above in 2023-24 contributing towards the overall running cost reduction.

3.4 Pension costs

Past and present employees are covered by the provisions of the two NHS Pension Schemes. Details of the benefits payable and rules of the Schemes can be found on the NHS Pensions website at www.nhsbsa.nhs.uk/pensions.

Both the 1995/2008 and 2015 schemes are accounted for, and the scheme liability valued, as a single combined scheme. Both are unfunded defined benefit schemes that cover NHS employers, GP practices and other bodies, allowed under the direction of the Secretary of State for Health and Social Care in England and Wales. They are not designed to be run in a way that would enable NHS bodies to identify their share of the underlying scheme assets and liabilities.

Therefore, each scheme is accounted for as if it were a defined contribution scheme: the cost to the NHS body of participating in each scheme is taken as equal to the contributions payable to that scheme for the accounting period.

In order that the defined benefit obligations recognised in the financial statements do not differ materially from those that would be determined at the reporting date by a formal actuarial valuation, the FReM requires that “the period between formal valuations shall be four years, with approximate assessments in intervening years”. An outline of these follows:

The employer contribution rate was 20.6% in 2023-24 and 2022-23.

3.4.1 Accounting valuation

A valuation of scheme liability is carried out annually by the scheme actuary (currently the Government Actuary’s Department) as at the end of the reporting period. This utilises an actuarial assessment for the previous accounting period in conjunction with updated membership and financial data for the current reporting period, and is accepted as providing suitably robust figures for financial reporting purposes. The valuation of the scheme liability as at 31 March 2024, is based on valuation data as at 31 March 2023, updated to 31 March 2024 with summary global member and accounting data. In undertaking this actuarial assessment, the methodology prescribed in IAS 19, relevant FReM interpretations, and the discount rate prescribed by HM Treasury have also been used.

The latest assessment of the liabilities of the scheme is contained in the report of the scheme actuary, which forms part of the annual NHS Pension Scheme Accounts. These accounts can be viewed on the NHS Pensions website and are published annually. Copies can also be obtained from The Stationery Office.

3.4.2 Full actuarial (funding) valuation

The purpose of this valuation is to assess the level of liability in respect of the benefits due under the schemes (taking into account recent demographic experience), and to recommend contribution rates payable by employees and employers.

The latest actuarial valuation undertaken for the NHS Pension Scheme was completed as at 31 March 2020. The results of this valuation set the employer contribution rate payable from April 2024. The Department of Health and Social Care has recently laid Scheme Regulations confirming the employer contribution rate will increase to 23.7% from 1 April 2024 (previously 20.6%).

For the year ended 31 March 2024 employers’ contributions of £6,523,000 (2022-23 £4,085,000) were payable to the NHS Pensions Scheme at the rate of 20.6% of pensionable pay.

4. Operating expenses

	31 March 2024 Total £'000	9 Months to 31 March 2023 Total £'000
Purchase of goods and services		
Services from other ICB's and NHS England	4,098	5,644
Services from foundation trusts	1,339,116	927,462
Services from other NHS trusts	201,828	136,729
Services from other WGA bodies	103	80
Purchase of healthcare from non-NHS bodies	313,601	226,413
Purchase of social care	13,945	11,169
General dental services and personal dental services*	44,777	-
Prescribing costs	214,872	156,611
Pharmaceutical services *	34,494	-
General ophthalmic services *	10,935	-
GPMS/APMS and PCTMS	233,460	163,872
Supplies and services – clinical	2,386	1,201
Supplies and services – general	34,563	37,144
Consultancy services	674	1,638
Establishment	6,074	8,867
Transport	11,465	8,507
Premises	2,704	2,137
Audit fees	386	288
Other professional fees	1,004	743
Legal fees	600	251
Education, training and conferences	3,765	1,307
Total purchase of goods and services	**2,474,850**	**1,690,063**
Depreciation and impairment charges		
Depreciation	192	134
Total depreciation and impairment charges	**192**	**134**
Provision expense		
Provisions	8,054	(2,938)
Total provision expense	**8,054**	**(2,938)**
Other operating expenditure		
Chair and Non Executive Members	185	181
Grants to other bodies	730	1,283
Research and development (excluding staff costs)	2,866	1,999
Expected credit loss on receivables	(975)	-
Other expenditure	27	93
Total other operating expenditure	**2,833**	**3,556**
Total operating expenditure	**2,485,929**	**1,690,815**

* As part of the delegation on 1 April 2023 from NHS England to ICB's for the management of Pharmacy, Dentistry and Ophthalmology services, the ICB is reporting 2023-24 expenditure associated with these services for the first time. The expenditure is as follows:

- Delegated Pharmacy Services - £34,494,000
- Delegated Dental Services - £44,777,000
- Delegated Ophthalmology Services - £10,935,000

4.1 Limitation on Auditor's liability

The limitation on auditors' liability for external audit work is £2m.

5. Better Payment Practice Code

Measure of compliance	31 March 2024 Number	31 March 2024 £'000	9 Months to 31 March 2023 Number	9 Months to 31 March 2023 £'000
Non-NHS Payables				
Total Non-NHS trade invoices paid in the year	84,878	724,775	55,951	455,692
Total Non-NHS trade Invoices paid within target	83,957	715,209	54,502	446,610
Percentage of Non-NHS trade invoices paid within target	**98.91%**	**98.68%**	**97.41%**	**98.01%**
NHS Payables				
Total NHS trade invoices paid in the year	1,968	1,578,090	1,074	1,068,580
Total NHS trade invoices paid within target	1,881	1,574,186	994	1,067,248
Percentage of NHS trade invoices paid within target	**95.58%**	**99.75%**	**92.55%**	**99.88%**
Total Payables				
Total trade invoices paid in the year	86,846	2,302,864	57,025	1,524,272
Total trade invoices paid within target	85,838	2,289,395	55,496	1,513,858
Percentage of all trade invoices paid within target	**98.84%**	**99.42%**	**97.32%**	**99.32%**

The Better Payment Practice Code requires the ICB to aim to pay all valid invoices by the due date or within 30 days of receipt of a valid invoice. Target performance against these categories is at 95%.

In the year ended 31 March 2024 this target delivery was achieved in all categories.

6. Finance costs

	31 March 2024	9 Months to 31 March 2023
	£'000	£'000
Interest		
Interest on lease liabilities	7	6
Total interest	**7**	**6**
Total finance costs	**7**	**6**

7. Net gain/(loss) on transfer by absorption

Transfers as part of a reorganisation fall to be accounted for by use of absorption accounting in line with the Government Financial Reporting Manual, issued by HM Treasury. The Government Financial Reporting Manual does not require retrospective adoption, so prior year transactions (which have been accounted for under merger accounting) have not been restated. Absorption accounting requires that entities account for their transactions in the period in which they took place, with no restatement of performance required when functions transfer within the public sector. Where assets and liabilities transfer, the gain or loss resulting is recognised in the Statement of Comprehensive Net Expenditure, and is disclosed separately from operating costs.

For transfers of assets and liabilities from those bodies that closed on 30 June 2022 a modified absorption approach was applied. For these transactions only gains and losses are recognised in reserves rather than the Statement of Comprehensive Net Expenditure.

The ICB received balances on 1 July 2022 from NHS Norfolk & Waveney CCG.

	31 March 2024	9 Months to 31 March 2023
	NHS England Group Entities (non-parent) Total	NHS England Group Entities (non-parent) Total
	£'000	£'000
Transfer of Right of Use assets	-	53
Transfer of cash and cash equivalents	-	395
Transfer of receivables	-	5,236
Transfer of payables	-	(164,363)
Transfer of provisions	-	(7,670)
Transfer of Right of Use liabilities	-	(53)
Net loss on transfers by absorption	**-**	**(166,402)**

8. Leases

8.1 Right-of-use assets

	31 March 2024	31 March 2023
	Buildings excluding dwellings	Buildings excluding dwellings
	£'000	£'000
Cost or valuation at 01 April 2023	1,152	-
IFRS 16 Transition Adjustment	-	156
Additions	-	930
Disposals on expiry of lease term	(147)	-
Transfer (to) from other public sector body	-	66
Cost/Valuation at 31 March 2024	**1,005**	**1,152**
Depreciation 01 April 2023	147	-
Charged during the year	192	134
Disposals on expiry of lease term	(7)	-
Transfer (to) from other public sector body	-	13
Depreciation at 31 March 2024	**332**	**147**
Net Book Value at 31 March 2024	**673**	**1,005**

8.2 Lease liabilities

	31 March 2024	31 March 2023
	£'000	£'000
Lease liabilities at 01 April 2023	(994)	-
IFRS 16 Transition Adjustment	-	(53)
Additions purchased	-	(1,086)
Interest expense relating to lease liabilities	(7)	(6)
Repayment of lease liabilities (including interest)	171	151
Disposals on expiry of lease term	140	-
Lease liabilities at 31 March 2024	**(690)**	**(994)**

The accounts comparative show no opening balances as at 1 July 2022, as the opening assets and liabilities positions were transferred in via modified absorption accounting.

8.3 Lease liabilities - Maturity analysis of undiscounted future lease payments

	31 March 2024 £'000	31 March 2023 £'000
Within one year	(218)	(219)
Between one and five years	(472)	(769)
After five years	-	(6)
Balance at 31 March 2024	**(690)**	**(994)**

8.4 Amounts recognised in Statement of Comprehensive Net Expenditure

	31 March 2024 £'000	31 March 2023 £'000
Depreciation expense on right-of-use assets	192	134
Interest expense on lease liabilities	7	6
	199	**140**

8.5 Amounts recognised in Statement of Cash Flows

	31 March 2024 £'000	31 March 2023 £'000
Total cash outflow on leases under IFRS 16	171	151

8.6 Nature of lessee's leasing activities

The ICB has disclosed all lease liabilities under IFRS 16 in Note 8.2. This is for properties that the organisation occupies in order to carry out it's provision of Healthcare Commissioning. The ICB has entered into no further leases which would have been capitalised under IFRS 16, however there were two properties which the ICB occupied in the year which have been treated as rental agreements. These are owned by NHS Property Services.

9.1 Trade and other receivables

	31 March 2024 Current £'000	31 March 2023 Current £'000
NHS receivables: Revenue	2,857	4,857
NHS prepayments	26	4
NHS accrued income	816	258
Non-NHS and Other WGA receivables: Revenue	2,537	2,744
Non-NHS and Other WGA prepayments	395	1,031
Non-NHS and Other WGA accrued income	605	1,359
Non-NHS and Other WGA Contract Receivable not yet invoiced/non-invoice *	16,658	-
Expected credit loss allowance - receivables	(301)	(1,891)
VAT	80	306
Other receivables and accruals	-	8
Total trade & other receivables	**23,673**	**8,676**
	-	
Total current and non current	**23,673**	**8,676**

* As part of the delegation on 1 April 2023 from NHS England to ICB's for the management of Pharmacy, Dentistry and Ophthalmology services, the ICB is reporting an adjustment for under delivery in dental of £16,658,047 this is included in the above Non-NHS receivable balance.

9.2 Receivables past their due date but not impaired

	31 March 2024 DHSC Group Bodies £'000	31 March 2024 Non DHSC Group Bodies £'000	31 March 2023 DHSC Group Bodies £'000	31 March 2023 Non DHSC Group Bodies £'000
By up to three months	1,417	1,339	2,454	123
By three to six months	32	7	29	27
By more than six months	57	17	29	1,739
Total	**1,506**	**1,363**	**2,512**	**1,889**

9.3 Loss allowance on asset classes

	31 March 2024 Trade and other receivables - Non DHSC Group Bodies £'000	9 Months to 31 March 2023 Trade and other receivables - Non DHSC Group Bodies £'000
Balance at 01 April 2023	**(1,891)**	-
Lifetime expected credit losses on trade and other receivables-Stage 2	975	664
Amounts written off	615	-
Transfer by Absorption from other entity	-	(2,555)
Total	**(301)**	**(1,891)**

10. Cash and cash equivalents

	31 March 2024 £'000	31 March 2023 £'000
Balance at 01 April 2023	1,649	-
Net change in year	(1,273)	1,649
Balance at 31 March 2024	**376**	**1,649**
Made up of:		
Cash with the Government Banking Service	376	1,649
Balance at 31 March 2024	**376**	**1,649**

The accounts comparative show no opening cash balance as at 1 July 2022, as the opening asset position was transferred in via modified absorption accounting.

11. Trade and other payables

	31 March 2024 Current £'000	31 March 2024 Non-current £'000	31 March 2023 Current £'000	31 March 2023 Non-current £'000
NHS payables: Revenue	7,868	-	16,175	-
NHS accruals	4,057	-	14,038	-
NHS deferred income	492	331	1,039	-
Non-NHS and Other WGA payables: Revenue	21,086	-	41,812	-
Non-NHS and Other WGA accruals	122,682	-	124,834	-
Non-NHS and Other WGA deferred income	10,815	489	13,581	686
Social security costs	454	-	464	-
Tax	468	-	438	-
Other payables and accruals *	7,002	-	13,537	-
Total trade & other payables	**174,924**	**820**	**225,918**	**686**
Total current and non-current	**175,744**		**226,604**	

* Other payables include £1,886,000 (2022-23 £1,809,000) outstanding pension contributions at 31 March 2024.

12. Provisions

	31 March 2024 Current £'000	31 March 2024 Non-current £'000	31 March 2023 Current £'000	31 March 2023 Non-current £'000
Redundancy	1,728	-	-	-
Legal claims	1,012	-	941	-
Other	9,673	373	3,467	324
Total	**12,413**	**373**	**4,408**	**324**
Total current and non-current	**12,786**		**4,732**	

	Redundancy £'000	Legal Claims £'000	Other* £'000	Total £'000
Balance at 01 April 2023	**-**	**941**	**3,791**	**4,732**
Arising during the year	1,728	850	9,046	**11,624**
Reversed unused	-	(779)	(2,791)	**(3,570)**
Balance at 31 March 2024	**1,728**	**1,012**	**10,046**	**12,786**
Expected timing of cash flows:				
Within one year	1,728	1,012	9,673	**12,413**
Between one and five years	-	-	373	**373**
Balance at 31 March 2024	**1,728**	**1,012**	**10,046**	**12,786**

* Other Provisions include estates, standard staffing costs and elective recovery funding conditions.

All provisions made satisfy the ICB's Accounting Policy in recognition of a present obligation from a past event with a reliable estimate for a probable expenditure.

13. Contingencies

	31 March 2024 £'000	31 March 2023 £'000
Contingent liabilities		
Legal Claim	200	200
Net value of contingent liabilities	**200**	**200**

The contingent liability relates to ongoing employment and other legal cases where financial risks remain, but the certainty of the value or the outcome is unknown.

14. Financial instruments

14.1 Financial risk management

Financial reporting standard IFRS 7 requires disclosure of the role that financial instruments have had during the period in creating or changing the risks a body faces in undertaking its activities.

Because the NHS ICB is financed through parliamentary funding, it is not exposed to the degree of financial risk faced by business entities. Also, financial instruments play a much more limited role in creating or changing risk than would be typical of listed companies, to which the financial reporting standards mainly apply. The ICB has limited powers to borrow or invest surplus funds and financial assets and liabilities are generated by day-to-day operational activities rather than being held to change the risks facing the ICB in undertaking its activities.

Treasury management operations are carried out by the finance department, within parameters defined formally within the NHS ICB standing financial instructions and policies agreed by the Governing Body. Treasury activity is subject to review by the NHS ICB and internal auditors.

14.1.2 Credit risk

Because the majority of the ICB revenue comes parliamentary funding, NHS ICB has low exposure to credit risk. The maximum exposures as at the end of the financial year are in receivables from customers, as disclosed in the trade and other receivables note.

14.1.3 Liquidity risk

The ICB is required to operate within revenue and capital resource limits, which are financed from resources voted annually by Parliament. The ICB draws down cash to cover expenditure, as the need arises. The ICB is not, therefore, exposed to significant liquidity risks.

14.1.4 Financial Instruments

As the cash requirements of NHS England are met through the estimate process, financial instruments play a more limited role in creating and managing risk than would apply to a non-public sector body. The majority of financial instruments relate to contracts to buy non-financial items in line with NHS England's expected purchase and usage requirements and NHS England is therefore exposed to little credit, liquidity or market risk.

14.2 Financial assets

	Financial Assets measured at amortised cost 31 March 2024 £'000
Trade and other receivables with NHSE bodies	2,166
Trade and other receivables with other DHSC group bodies	2,246
Trade and other receivables with external bodies	19,061
Cash and cash equivalents	376
Total at 31 March 2024	**23,849**

14.3 Financial liabilities

	Financial Liabilities measured at amortised cost 31 March 2024 £'000
Trade and other payables with NHSE bodies	439
Trade and other payables with other DHSC group bodies	11,489
Trade and other payables with external bodies	151,458
Total at 31 March 2024	**163,386**

15. Operating segments

The ICB consider they only have one Operating Segment, being the provision of Commissioning of Healthcare Services.

16. Joint arrangements - interests in joint operations

ICB's should disclose information in relation to joint arrangements in line with the requirements in IFRS 12 - Disclosure of interests in other entities.

16.1 Interests in joint operations

			Amounts recognised in Entities books ONLY				Amounts recognised in Entities books ONLY			
			As At 31 March 2024		31 March 2024		As At 31 March 2023		9 Months to 31 March 2023	
Name of arrangement	Parties to the arrangement	Description of principal activities	Assets	Liabilities	Income	Expenditure	Assets	Liabilities	Income	Expenditure
			£'000	£'000	£'000	£'000	£'000	£'000	£'000	£'000
Norfolk County Council Better Care Fund	NHS Norfolk and Waveney ICB and Norfolk County Council	Joint Commissioning of Care services, hosted by Norfolk County Council, net accounting adopted	-	-	-	82,607	-	1,931	-	60,542
Suffolk County Council Better Care Fund	NHS Norfolk and Waveney ICB and Suffolk County Council	Joint Commissioning of Care services, hosted by Suffolk County Council, net accounting adopted	-	-	-	10,533	-	-	-	7,768
Suffolk County Council Mental Health Services	NHS Norfolk and Waveney ICB and Suffolk County Council	Joint provision of mental health services	-	-	-	224	-	9	-	158

Children and Young People's Alliance Agreement	NHS Norfolk and Waveney ICB, Norfolk County Council, Suffolk County Council, Norfolk and Suffolk NHS Foundation Trust, Ormiston Families, Mancroft Advice Project, Cambridgeshire Community Services NHS Trust, James Paget University Hospitals NHS Foundation Trust, East Coast Community Healthcare CIC and Norfolk Community Health and Care NHS Trust	Alliance agreement for Children and Young People	-	-	1,389	2,726	1,028	334	690	1,920

17. Related party transactions

Details of related party transactions with individuals are as follows:

	31 March 2024		As at 31 March 2024		9 Months to 31 March 2023		As at 31 March 2023	
	Payments to Related Party £'000	Receipts from Related Party £'000	Amounts owed to Related Party £'000	Amounts due from Related Party £'000	Payments to Related Party £'000	Receipts from Related Party £'000	Amounts owed to Related Party £'000	Amounts due from Related Party £'000
Dr Hilary Byrne, South Norfolk Health Improvement Partnership (Clinical Director)	2,459	-	-	-	522	-	-	-
Dr Hilary Byrne, Attleborough Surgery (GP Partner at Attleborough Surgeries)	2,956	-	-	-	2,170	-	-	-
Aliona Derrett, Hear for Norfolk (Chief Executive)	801	-	-	-	397	-	-	-
David Holt, Tavistock and Portman NHS Foundation Trust (Senior Independent Director - Now ceased)	-	-	-	-	3	-	-	-
Bill Borrett, Broadland District Council (Elected Member of Broadland District Council, Upper Wensum Ward)	202	5	60	-	-	-	-	-
Emma Ratzer, Access Community Trust (Chief Executive Officer)	658	-	8	-	551	-	-	-

The payments to related parties for Dr Hilary Byrne for South Norfolk Health Improvement Partnership are significantly increased from 2022-23 to 2023-24. This is due primarily to Primary Care Network payments being made in 2022-23 to another lead practice. The payments in 2023-24 were paid directly to South Norfolk Health Improvement Partnership.

The Department of Health and Social Care is regarded as a related party. During the period the ICB has had a significant number of material transactions with entities for which the Department is regarded as the parent. The entities with whom the value of transactions exceed £500,000 are listed below:

- Bedfordshire Hospital NHS Foundation Trust
- Cambridge University Hospital NHS Foundation Trust
- Cambridge and Peterborough NHS Foundation Trust
- Cambridge Community Services NHS Trust
- Community Health Partnerships

- East of England Ambulance Service NHS Trust
- East Suffolk and North East Essex NHS Foundation Trust
- Essex Partnership University NHS Foundation Trust
- Guy's & St Thomas' NHS Foundation Trust
- Hertfordshire Partnership University NHS Foundation Trust
- James Paget University Hospital NHS Foundation Trust
- NHS Arden & Greater East Midlands Commissioning Support Unit
- NHS England
- NHS Property Services
- Norfolk Community Health and Care NHS Trust
- Norfolk & Norwich University Hospital NHS Foundation Trust
- Norfolk & Suffolk NHS Foundation Trust
- North West Anglia NHS Foundation Trust
- Royal Papworth Hospital NHS Foundation Trust
- The Queen Elizabeth Hospital NHS Foundation Trust
- University College London Hospital NHS Foundation Trust
- West Suffolk NHS Foundation Trust

In addition, there have been further material transactions in the ordinary course of the ICB's business with a number of other government departments, central and local government bodies as follows:

- Norfolk County Council
- Suffolk County Council

18. Events after the end of the reporting period

There are no other events between the end of the reporting period and 26 June 2024 which will have a material effect on the financial statements of the ICB.

19. Financial performance targets

NHS Norfolk & Waveney ICB has a number of financial duties under the NHS Act 2006 (as amended). Performance against those duties was as follows:

	NHS Act Section	Duty Achieved?	31 March 2024 Target £'000	31 March 2024 Performance £'000	9 Months to 31 March 2023 Target £'000	9 Months to 31 March 2023 Performance £'000
Expenditure not to exceed income	223H(1)	Yes	2,535,010	2,534,953	1,724,273	1,724,065
Revenue resource use does not exceed the amount specified in Directions	223I(3)	Yes	2,477,951	2,477,894	1,708,155	1,707,947
Revenue administration resource use does not exceed the amount specified in Directions	223J(3)	Yes	22,619	22,618	17,652	17,496

20. Losses and special payments

20.1 Losses

The total number of NHS ICB losses and special payments cases, and their total value, was as follows:

	31 March 2024 Total Number of Cases	31 March 2024 Total Value of Cases	9 Months to 31 March 2023 Total Number of Cases	9 Months to 31 March 2023 Total Value of Cases
	Number	£'000	Number	£'000
Administrative write-offs	178	615	-	-
Total	**178**	**615**	**-**	**-**

The ICB has written off 178 transactions totalling £615,426 in the year to 31 March 2024 in relation to historic legacy debt transactions that were brought forward into the organisation as part of the absorption transfer on incorporation on 1 July 2022. This write off was fully provided for under the ICB's Bad Debt policy terms.

20.2 Special payments

	31 March 2024 Total Number of Cases	31 March 2024 Total Value of Cases	9 Months to 31 March 2023 Total Number of Cases	9 Months to 31 March 2023 Total Value of Cases
	Number	£'000	Number	£'000
Ex Gratia Payments	-	-	1	83
Total	**-**	**-**	**1**	**83**

INDEPENDENT AUDITOR'S REPORT TO THE MEMBERS OF THE GOVERNING BODY OF NHS NORFOLK & WAVENEY INTEGRATED CARE BOARD

Opinion

We have audited the financial statements of NHS Norfolk & Waveney Integrated Care Board NHS Norfolk & Waveney Integrated Care Board ("the ICB") for the year ended 31 March 2024 which comprise the Statement of Comprehensive Net Expenditure, the Statement of Financial Position, the Statement of Changes in Taxpayers' Equity, the Statement of Cash Flows and the related notes 1 to 20, including a summary of significant accounting policies.

The financial reporting framework that has been applied in their preparation is applicable law and UK adopted international accounting standards as interpreted and adapted by the HM Treasury's Financial Reporting Manual: 2023-24 as contained in the Department of Health and Social Care Group Accounting Manual 2023 to 2024, and the Accounts Direction issued by NHS England in accordance with the National Health Service Act 2006.

In our opinion the financial statements:

- give a true and fair view of the financial position of NHS Norfolk & Waveney Integrated Care Board as at 31 March 2024 and of its net expenditure for the year then ended;
- have been properly prepared in accordance with the Department of Health and Social Care Group Accounting Manual 2023 to 2024; and
- have been properly prepared in accordance with the National Health Service Act 2006, as amended by the Health and Social Care Act 2022.

Basis for opinion

We conducted our audit in accordance with International Standards on Auditing (UK) (ISAs (UK)) and applicable law. Our responsibilities under those standards are further described in the Auditor's responsibilities for the audit of the financial statements section of our report. We are independent of the ICB in accordance with the ethical requirements that are relevant to our audit of the financial statements in the UK, including the FRC's Ethical Standard and the Comptroller and Auditor General's AGN01 and we have fulfilled our other ethical responsibilities in accordance with these requirements.

We believe that the audit evidence we have obtained is sufficient and appropriate to provide a basis for our opinion.

Conclusions relating to going concern

In auditing the financial statements, we have concluded that the Accountable Officer's use of the going concern basis of accounting in the preparation of the financial statements is appropriate.

Based on the work we have performed, we have not identified any material uncertainties relating to events or conditions that, individually or collectively, may cast significant doubt on the ICB's ability to continue as a going concern for a period of 12 months from when the financial statements are authorised for issue.

Our responsibilities and the responsibilities of the Accountable Officer with respect to going concern are described in the relevant sections of this report. However, because not all future events or conditions can be predicted, this statement is not a guarantee as to the ICB's ability to continue as a going concern.

Other information

The other information comprises the information included in the Annual report, other than the financial statements and our auditor's report thereon. The Accountable Officer is responsible for the other information contained within the Annual report.

Our opinion on the financial statements does not cover the other information and, except to the extent otherwise explicitly stated in this report, we do not express any form of assurance conclusion thereon.

Our responsibility is to read the other information and, in doing so, consider whether the other information is materially inconsistent with the financial statements, or our knowledge obtained in the course of the audit or otherwise appears to be materially misstated. If we identify such material inconsistencies or apparent material misstatements, we are required to determine whether there is a material misstatement in the financial statements themselves. If, based on the work we have performed, we conclude that there is a material misstatement of the other information, we are required to report that fact.

We have nothing to report in this regard.

Opinion on other matters prescribed by the Code of Audit Practice

In our opinion:

- other information published together with the audited financial statements is consistent with the financial statements; and
- the parts of the Remuneration and Staff Report to be audited have been properly prepared in accordance with the Department of Health and Social Care Group Accounting Manual 2023 to 2024.

Matters on which we are required to report by exception

We are required to report to you if:

- we issue a report in the public interest under section 24 and schedule 7 of the Local Audit and Accountability Act 2014 (as amended); or

- we make a written recommendation to the ICB under section 24 and schedule 7 of the Local Audit and Accountability Act 2014 (as amended); or

- we refer a matter to the Secretary of State under section 30 of the Local Audit and Accountability Act 2014 (as amended) because we have reason to believe that the ICB, or an officer of the ICB, is about to make, or has made, a decision which involves or would involve the body incurring unlawful expenditure, or is about to take, or has begun to take a course of action which, if followed to its conclusion, would be unlawful and likely to cause a loss or deficiency; or

- we are not satisfied that the ICB has made proper arrangements for securing economy, efficiency and effectiveness in its use of resources for the year ended 31 March 2024; or

- in our opinion the governance statement does not comply with the guidance issued in the Department of Health and Social Care Group Accounting Manual 2023 to 2024.

We have nothing to report in these respects.

Responsibilities of the Accountable Officer

As explained more fully in the '*Statement of Accountable Officer's Responsibilities*', set out on page 70, the Accountable Officer is responsible for the preparation of the financial statements and for being satisfied that they give a true and fair view and for such internal control as the Accountable Officer determines is necessary to enable the preparation of financial statements that are free from material misstatement, whether due to fraud or error. The Accountable Officer is also responsible for ensuring the regularity of expenditure and income.

In preparing the financial statements, the Accountable Officer is responsible for assessing the ICB's ability to continue as a going concern, disclosing, as applicable, matters related to going concern and using the going concern basis of accounting unless the Accountable Officer either intends to cease operations, or has no realistic alternative but to do so.

As explained in the '*Governance Statement*' on page 71, the Accountable Officer is responsible for the arrangements to secure economy, efficiency and effectiveness in the use of the ICB's resources.

Auditor's responsibility for the audit of the financial statements

Our objectives are to obtain reasonable assurance about whether the financial statements as a whole are free from material misstatement, whether due to fraud or error, and to issue an auditor's report that includes our opinion. Reasonable assurance is a high level of assurance but is not a guarantee that an audit conducted in accordance with ISAs (UK) will always detect a material misstatement when it exists. Misstatements can arise from fraud or error and are considered material if, individually or in the aggregate, they could reasonably be expected to influence the economic decisions of users taken on the basis of these financial statements.

Explanation as to what extent the audit was considered capable of detecting irregularities, including fraud

Irregularities, including fraud, are instances of non-compliance with laws and regulations. We design procedures in line with our responsibilities, outlined above, to detect irregularities, including fraud. The risk of not detecting a material misstatement due to fraud is higher than the risk of not detecting one resulting from error, as fraud may involve deliberate concealment by, for example, forgery or intentional misrepresentations, or through collusion. The extent to which our procedures are capable of detecting irregularities, including fraud is detailed below. However, the primary responsibility for the prevention and detection of fraud rests with both those charged with governance of the entity and management.

We obtained an understanding of the legal and regulatory frameworks that are applicable to the ICB and determined that the most significant are the National Health Service Act 2006, Health and Social Care Act 2012 and Health and Care Act 2022, and other legislation governing NHS ICBs, as well as relevant employment laws of the United Kingdom. In addition, the ICB has to comply with laws and regulations in the areas of anti-bribery and corruption and data protection.

We understood how the ICB is complying with those frameworks by understanding the incentive, opportunities and motives for non-compliance, including inquiring of management, the Head of Internal Audit, the Local Counter Fraud Specialist and those charged with governance and obtaining and reviewing documentation relating to the procedures in place to identify, evaluate and comply with laws and regulations, and whether they are aware of instances of non-compliance.

We assessed the susceptibility of the ICB's financial statements to material misstatement, including how fraud might occur by planning and executing a journal testing strategy and testing the appropriateness of relevant entries and adjustments. We have considered whether judgements made are indicative of potential bias and considered whether the ICB is engaging in any transactions outside the usual course of business. We identified two specific fraud risks, relating to the risk of fraud in expenditure recognition through key estimates/judgements and misstatements due to fraud or error in relation to the classification of Admin and Programme costs.

Based on this understanding we designed our audit procedures to identify noncompliance with such laws and regulations. Our procedures involved enquiry of management, the Head of Internal Audit, the Local Counter Fraud Specialist and those charged with governance, reading and reviewing relevant meeting minutes of those charged with governance and the Governing Body and understanding the internal controls in place to mitigate risks related to fraud and non-compliance with laws and regulations.

We addressed our fraud risks related to management override through implementation of a journal entry testing strategy, assessing accounting estimates for evidence of management bias and evaluating the business rationale for significant unusual transactions. This included testing the appropriateness of the each journal selected and that it was accounted for appropriately.

To address our fraud risk of fraud in expenditure recognition, we tested the appropriateness of expenditure recognition accounting policies and tested that they had been applied correctly during our detailed testing, tested the appropriateness of journal entries recorded in the general ledger and other adjustments made in the preparation of the financial statements, reviewed accounting for evidence of management bias, tested a sample of accruals based on our established testing threshold for reasonableness, performed cut-off testing of transactions both before and after year-end to ensure that they were accounted for in the correct year, reviewed the Department of Health (DoH) agreement of balances data and investigated significant differences (outside of DoH tolerances), considered the completeness of liabilities included in the financial statements by performing unrecorded liability testing.

To address our fraud risk in relation to the classification of Admin and Programme costs we reviewed accounting estimates for evidence of management bias, evaluated the business rationale for significant unusual transactions, considered the results of our work on revenue and expenditure recognition as set out above, specifically considering any instances of management bias and
tested judgements made by management on the classification of programme and admin expenditure, ensuing the classification is compliant with relevant guidance.

A further description of our responsibilities for the audit of the financial statements is located on the Financial Reporting Council's website at https://www.frc.org.uk/auditorsresponsibilities. This description forms part of our auditor's report.

Scope of the review of arrangements for securing economy, efficiency and effectiveness in the use of resources

We have undertaken our review in accordance with the Code of Audit Practice 2020, having regard to the guidance on the specified reporting criteria issued by the Comptroller and Auditor General in May 2024 as to whether the ICB had proper arrangements for financial sustainability, governance and improving economy, efficiency and effectiveness. The Comptroller and Auditor General determined these criteria as that necessary for us to consider under the Code of Audit Practice in satisfying ourselves whether the ICB put in place proper arrangements for securing economy, efficiency and effectiveness in its use of resources for the year ended 31 March 2024.

We planned our work in accordance with the Code of Audit Practice. Based on our risk assessment, we undertook such work as we considered necessary to form a view on whether, in all significant respects, the ICB had put in place proper arrangements to secure economy, efficiency and effectiveness in its use of resources.

We are required under Section 21(1)(c) of the Local Audit and Accountability Act 2014 (as amended) to be satisfied that the ICB has made proper arrangements for securing economy, efficiency and effectiveness in its use of resources. Section 21(5)(b) of the Local Audit and Accountability Act 2014 (as amended) requires that our report must not contain our opinion if we are satisfied that proper arrangements are in place.

We are not required to consider, nor have we considered, whether all aspects of the ICB's arrangements for securing economy, efficiency and effectiveness in its use of resources are operating effectively.

Report on Other Legal and Regulatory Requirements

Regularity opinion

We are responsible for giving an opinion on the regularity of expenditure and income in accordance with the Code of Audit Practice prepared by the Comptroller and Auditor General as required by the Local Audit and Accountability Act 2014 (as amended) (the "Code of Audit Practice").

We are required to obtain evidence sufficient to give an opinion on whether in all material respects the expenditure and income recorded in the financial statements have been applied to the purposes intended by Parliament and the financial transactions conform to the authorities which govern them.

In our opinion, in all material respects the expenditure and income reflected in the financial statements have been applied to the purposes intended by Parliament and the financial transactions conform to the authorities which govern them.

Certificate

We certify that we have completed the audit of the accounts of NHS Norfolk & Waveney Integrated Care Board in accordance with the requirements of the Local Audit and Accountability Act 2014 (as amended) and the Code of Audit Practice.

Use of our report

This report is made solely to the members of the Governing Body of NHS Norfolk & Waveney Integrated Care Board in accordance with Part 5 of the Local Audit and Accountability Act 2014 (as amended) and for no other purpose. Our audit work has been undertaken so that we might state to the members of the Governing Body of the ICB those matters we are required to state to them in an auditor's report and for no other purpose. To the fullest extent permitted by law, we do not accept or assume responsibility to anyone other than the members as a body, for our audit work, for this report, or for the opinions we have formed.

Mark Hodgson

Ernst & Young LLP

.... **Date:** 27th June 2024.

Mark Hodgson (Key Audit Partner)
Ernst & Young LLP (Local Auditor)
Cambridge