

Meeting of the Board of Norfolk and Waveney Integrated Care Board

Wed 17 July 2024, 13:30 - 15:30

Agenda

13:30 - 13:30 Meeting agenda

0 min

 00. 2024.07.17 NW ICB Public Meeting Agenda.pdf (3 pages)

13:30 - 13:30 1. Welcome and introductions - Apologies for absence.

0 min


13:30 - 13:30 2. Minutes from previous meeting and matters arising.

0 min

 02. DRAFT NW ICB Board Part 1 Minutes 22052024.pdf (8 pages)

13:30 - 13:30 3. Declarations of interest

0 min

 03. Board Register of Interests.pdf (4 pages)

13:30 - 13:30 4. Chair's Action Log

0 min

 04. Chairs Action Log July 2024.pdf (1 pages)

13:30 - 13:30 5. Action log – things we have said we will do

0 min

 05. ICB Board Action Log July 2024.pdf (1 pages)

13:30 - 13:30 6. Chair and Chief Executive's Report

0 min

 06. 2024-07-17 - Chair and Chief Executive's Board report - Final.pdf (5 pages)


13:30 - 13:30 7. Learning from People, Staff, and Communities

0 min

We will hear the lived experience of a patients in Norfolk and Waveney who have had support of palliative and end of life services. We will also hear from local providers and NHS staff who provide the essential care services to support end of life in NWICS

13:30 - 13:30 8. Update on the work of the Norfolk and Waveney Palliative and End of Life Care (PEoLC) Programme

0 min

 08. ICB Board Paper 17.07.2024 - NW PEoLC Report v0.2.pdf (8 pages)

Daily Mail
17/07/2024 16:30:35

13:30 - 13:30
0 min

9. Improving the health of the population using population health management approaches

- 09. 2022-06-10 - ICB Board Report Improving the Health of the Population- PHM.pdf (4 pages)
- 09.1 Improving the health of the population using population health management ICB Board 1.0.pdf (19 pages)

13:30 - 13:30
0 min

10. ICP update and report

- 10. ICB Committee Report to Board template. ICP Chair brief docx.pdf (52 pages)

13:30 - 13:30
0 min

11. Financial Report for Month 2

- 11. ICB Finance Report - Month 02 202425 - Board.pdf (10 pages)

13:30 - 13:30
0 min

12. Board Assurance Framework

- 12. Board Assurance Framework - Board Part 1.pdf (6 pages)
- 12.1 Appendix 1 - Board Assurance Framework V1.pdf (19 pages)

13:30 - 13:30
0 min

13. Report from the Quality and Safety Committee

- 13. Quality and Safety Committee Report to Board v2.0.pdf (6 pages)

13:30 - 13:30
0 min

14. Report from the Finance Committee

- 14. Fin Com Chair Report to July24 Board.pdf (4 pages)

13:30 - 13:30
0 min

15. Report from the Primary Care Commissioning Committee

- 15. PCCC paper for Board.pdf (5 pages)

13:30 - 13:30
0 min

16. Report from the Commissioning and Performance Committee

- 16. 17-07-24 - C&P Committee Report to Board.pdf (5 pages)

13:30 - 13:30
0 min

17. Report from Patients and Communities

- 17. ICB Board - Patients and Communities Committee Update July 2024 v1.pdf (5 pages)

13:30 - 13:30
0 min

18. Report from the Remuneration, People and Culture Committee

- 18. Remuneration People and Culture Committee Part 1.pdf (4 pages)

13:30 - 13:30
0 min

19. Questions from the Public

Davey Heidi
15/07/2024 16:50:35

13:30 - 13:30 **20. Any other business**
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Davey, Heidi
15/07/2024 16:50:35

Meeting of the Board of NHS Norfolk and Waveney Integrated Care Board (ICB)

Wednesday, 17 July 2024 1.30pm – 3.30pm

Priscilla Bacon Lodge, Century Place, Colney, Norwich, NR4 7YA (Conference Room)

Our mission: To help the people of Norfolk and Waveney live longer, healthier, and happier lives.

Our goals:

- 1. To make sure that people can live as healthy a life as possible.**
- 2. To make sure that you only have to tell your story once.**
- 3. To make Norfolk and Waveney the best place to work in health and care.**

Chair: Rt Hon. Patricia Hewitt

| Item | Time | Agenda Item | Lead |
|-------------|-------------|--|---------------------------|
| 1. | 1.30 | Welcome and introductions - Apologies for absence | Chair |
| 2. | | Minutes from previous meeting and matters arising To approve the part 1 public minutes of the previous Board meeting. | Chair |
| 3. | | Declarations of interest To declare any interests that board members may have specific to agenda items that could influence the decisions they make. Declarations made by members of the ICB Board are listed in the ICB's Register of Interests. The Register is available via the ICB's website. | Chair |
| 4. | | Chair's Action Log To receive an update from the Chair on actions taken since the last meeting. | Chair |
| 5. | | Action log – things we have said we will do To make sure the ICB completes all the actions it agrees are needed. There are no outstanding actions from the last meeting held in public. | Chair |
| 6. | 1.35 | Chair and Chief Executive's Report To note an update from the Chair and the Chief Executive of the ICB about the work the ICB has done since the last meeting. | Chair and Tracey Bleakley |

*Davey Heidi
15/07/2024 16:50:35*

| Item | Time | Agenda Item | Lead |
|---|------|---|---|
| Learning from People, Staff, and Communities | | | |
| 7. | 1.45 | Palliative care support for people in Norfolk and Waveney. We will hear the lived experience of a patient in Norfolk and Waveney who has been supported by local Palliative Care Services. | Tricia D'Orsi |
| Items for Sharing and Board Consideration | | | |
| 8. | 2.05 | Update on the work of the Norfolk and Waveney Palliative and End of Life Care (PEoLC) Programme To provide an update to the ICB Board on the work of the Norfolk and Waveney Palliative and End of Life Care (PEoLC) Programme. | Dr Frankie Swords Dr Caroline Barry, Stephanie Dibley |
| 9. | 2.20 | Improving the health of the population using population health management approaches To provide the ICB Board with examples of recent work being undertaken using Population Health Management across the system. | Suzanne Meredith Joseph Crowe |
| 10. | 2.35 | ICP update and report To provide the Integrated Care Board with an update on the work of the Health and Wellbeing Board and Integrated Care Partnership. | Cllr Bill Borrett |
| Finance and Corporate Affairs | | | |
| 11. | 2.45 | Financial Report for Month 2 To receive a summary of the financial position as at month 11 | Steven Course |
| 12. | 3.00 | Board Assurance Framework A review of the risks (things that might go wrong and how we can alleviate them) within the Integrated Care system. | Karen Barker |
| Committees Updates and Questions from the Public | | | |
| 13. | 3.10 | Report from the Quality and Safety Committee | Aliona Derrett |
| 14. | | Report from the Finance Committee | Hein Van Den Wildenberg |
| 15. | | Report from the Primary Care Commissioning Committee | Debbie Bartlett |
| 16. | | Report from the Commissioning and Performance Committee | Hein Van Den Wildenberg |
| 17. | | Report from Patients and Communities | Aliona Derrett |
| 18. | | Report from the Remuneration, People and Culture Committee | Cathy Armor |
| 19. | | Report from the Audit and Risk Committee There is no report from the Committee this month as full papers supporting approval of the Annual Report and Accounts will be shared at the September Board meeting. | David Holt |
| 20. | | Questions from the Public. Where questions in advance relate to items on the agenda. | Chair |
| 21. | | Any other business | Chair |

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 15/10/2024 16:50:35

| Item | Time | Agenda Item | Lead |
|--|------|-------------|------|
| Date, time, and venue of next meeting: 1.30pm – 3.30pm Wednesday 25 September 2024 virtually via Microsoft teams. | | | |
| Any queries or items for the next agenda please contact: nwicb.corporateaffairs@nhs.net | | | |

Some explanations of terms used in this Agenda.

Please see further terms defined on our website www.improvinglivesnw.org.uk

Integrated Care System (ICS) - new partnerships between the organisations that meet health and care needs across an area, to coordinate services and to plan in a way that improves population health and reduces inequalities between different groups.

Integrated Care Board (ICB) - an organisation with responsibility for NHS functions and budgets. Membership of the board includes 'partner' members drawn from local authorities, NHS trusts/foundation trusts and primary care.

Clinical Commissioning Group (CCG) – NHS bodies that will be replaced by ICBs on 1st July 2022.

Integrated Care Partnership (ICP) - a statutory committee bringing together all system partners to produce a health and care strategy. Representatives include voluntary, community and social enterprise (VCSE) organisations and health and care organisations, and representatives from the ICB board.

Health and Wellbeing Partnerships (HWP) - are local place-based partnerships work on addressing the wider determinants of health, reducing health inequalities, and aligning NHS and local government services and commissioning.

Lived experience - knowledge gained by people as they live their lives, through direct involvement with everyday events. It is also the impact that social issues can have on people, such as experiences of being ill, accessing care, living with debt etc.

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NHS Norfolk and Waveney Integrated Care Board
DRAFT Minutes of the meeting on Wednesday, 22 May 2024

PART 1 – Meeting in public

Board members present:

- Rt Hon. Patricia Hewitt (PH), Chair, NHS Norfolk and Waveney ICB
- Tracey Bleakley (TB), Chief Executive, NHS Norfolk and Waveney ICB
- Steven Course (SC), Executive Director of Finance, NHS Norfolk and Waveney ICB
- Dr Frankie Swords (FS), Executive Medical Director, NHS Norfolk and Waveney ICB
- Hein Van Den Wildenberg (HvdW), Non-Executive Member, NHS Norfolk and Waveney ICB
- David Holt (DH), Non-Executive Member, NHS Norfolk and Waveney ICB
- Cathy Armor (CA), Non-Executive Member, NHS Norfolk and Waveney ICB
- Cllr Bill Borett (BB), Chair, Norfolk Health and Wellbeing Board, and Chair, Norfolk and Waveney ICP
- Jonathan Barber (JBa), Partner Member – NHS Trusts (Acutes)
- Caroline Donovan (CD), Partner Member – NHS Trusts
- Stuart Keeble (SK), Local Authority Partner Member
- Emma Ratzer (ER), Voluntary, Community and Social Enterprise Sector Board Member

Participants and observers in attendance:

- Andrew Palmer (AP), Executive Director of Performance, Transformation and Strategy, and Deputy Chief Executive, NHS Norfolk and Waveney ICB
- Karen Barker (KB), Executive Director of Corporate Affairs and ICS Development, NHS Norfolk and Waveney ICB
- Mark Burgis (MB), Executive Director of Patients and Communities, NHS Norfolk and Waveney ICB
- Jocelyn Pike (JP), Acting Executive Director of Mental Health Transformation, NHS Norfolk and Waveney ICB
- Ian Riley (IR), Executive Director of Digital and Data, NHS Norfolk and Waveney ICB
- Ema Ojiako (EO), Executive Director of People, NHS Norfolk and Waveney ICB
- Stuart Lines (SL), Director of Public Health, Norfolk County Council
- Judith Sharpe (JS), Deputy Chief Executive, Healthwatch Norfolk

Attending to support the meeting:

- Karen Watts (KW), Director of Nursing and Quality, NHS Norfolk and Waveney ICB
- Tracy Williams (TWi), Clinical Lead Health for Inequalities and Inclusion Health, NHS Norfolk and Waveney ICB (for item 7)
- Karen Dures (KD), Strategic Business Lead – Autism, Norfolk County Council (for item 8)
- Tracey Walton (TWa), Autism Commissioning Manager, Norfolk County Council and NHS Norfolk and Waveney ICB (for item 8)
- Jo Yellon (JY), Director of Learning Disabilities and Autism, NHS Norfolk and Waveney ICB (for item 9)
- Sadie Parker (SP), Director of Primary Care, NHS Norfolk and Waveney ICB (for item 10)

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| | <ul style="list-style-type: none"> Naomi Woodhouse (NW), Chief Executive, Norfolk and Waveney Local Medical Committee (for item 10) Chris Williams (CW), Head of the Chief Executive’s Office, NHS Norfolk and Waveney ICB (Minutes) | |
| 1. | Welcome and introductions - apologies for absence | |
| | <p>The Chair welcomed everyone to the meeting.</p> <p>The Chair highlighted that the report from the Infected Blood Inquiry had recently been published and that the Board and the NHS in Norfolk and Waveney would like to join the apology made by Amanda Pritchard, Chief Executive of NHS England, on behalf of the NHS.</p> <p>She confirmed that the ICB’s Quality and Safety Committee and the wider system would reflect on the report, learn lessons and take action, adding that a paper would be presented to a future meeting of the ICB Board.</p> <p>Apologies were received from the following Board members:</p> <ul style="list-style-type: none"> Patricia D’Orsi (PD’O), Executive Director of Nursing, NHS Norfolk and Waveney ICB Aliona Derrett (AD), Non-Executive Member, NHS Norfolk and Waveney ICB Debbie Bartlett (DB), Local Authority Partner Member Dr Hilary Byrne (HB), Partner Member – NHS Primary Medical Services | |
| 2. | Minutes from previous meeting and matters arising | |
| | <p>Agreed:</p> <p>The draft minutes from the meeting held on 26 March 2024 were approved as an accurate record of the meeting.</p> | |
| 3. | Declarations of interest | |
| | <p>The Chair noted that declarations of interest were kept up-to-date and were available on the ICS’s website.</p> | |
| 4. | Chair’s action log | |
| | <p>The Chair noted she had taken three actions since the last Board meeting, these were to:</p> <ul style="list-style-type: none"> Approve the ICB’s 2024/25 Operating Plan submissions. Approve the system’s 2024/25 Operating Plan submissions. Approve a letter of support for the Full Business Case for the Norfolk and Waveney Acute Trusts’ Electronic Patient Record. <p>The Chair noted that the Chief Executive was also present at the meeting when these were discussed and also agreed the actions.</p> | |
| 5. | Action log | |
| | <p>The report was noted.</p> <p>It was agreed PD’O would provide an update on action 25 at the July 2024 meeting of the Board.</p> | |

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| | BB and HvdW joined at 1.38pm | |
| 6. | Chair and Chief Executive's Report | |
| | <p>The Chair commented that she had also recently visited the health inclusion hub, and with FS, met with the consultants' committee at the Norfolk and Norwich University Hospitals NHS Foundation Trust to discuss the role of the ICB and opportunities for the integrated care system.</p> <p>TB introduced the item by highlighting key points from the report, including that the system had broken-even for 2023/24 and that final sign-off for 2024/25 plans was expected in June. She noted that she was pleased to see the doubling of the locations where the new talking therapies contract would be delivered from and encouraged people to respond to the engagement exercise regarding Benjamin Court.</p> <p>DH joined at 1.44pm</p> <p>Questions and comments from Board members:</p> <ul style="list-style-type: none"> • BB commented that he was pleased with the Long-Term Dental Plan, recognised the progress that had been made so far and noted there was more to do. • CD endorsed TB's comments regarding the new talking therapies contract and welcomed the expansion of community services and the wider partnership with the voluntary sector. <p>The report was noted.</p> | |
| Items for Sharing and Board Consideration | | |
| 7. | Health Inequalities Strategy | |
| | <p>MB, TWi and SL introduced the item by highlighting key points from the report.</p> <p>Questions and comments from Board members:</p> <ul style="list-style-type: none"> • The Chair highlighted that the strategy felt like a really good piece of partnership working and welcomed the very vivid and visual way it was presented. • CD commented that it was good to see the ICB undertaking the Board self-assessment and suggested the wider system should be encouraged to do so as well. She added that place should be at the heart of the strategy and asked if there was an opportunity to consider people with Serious Mental Illness as a 'plus group' given the health inequalities they experience. • SK asked how the system could start to bring in metrics about access, experience and outcomes around health, noting that colleagues across the country were thinking about this. • ER explained that the new VCSE Assembly structure included a health inequalities lead and highlighted that it felt like the VCSE sector was really represented in the strategy. | |

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| | <ul style="list-style-type: none"> • JB agreed that all NHS trust boards should complete the self-assessment. • BB explained that the strategy would be presented to the next meeting of the Integrated Care Partnership on 12 June, where it was hoped buy-in would be secured from the wider system. He added that place was important. • MB explained that the system would work with regional and national colleagues on the metrics. • TWi noted that the Community Voices project does capture some qualitative data, and that there's the Population Health Management Strategy and work too. • The Chair explained that the ICB would strongly urge partner boards to undertake the self-assessment. <p>Action: TWi to work with Public Health colleagues to look at the evidence around people with Serious Mental Illness and whether they should be added to the list of 'plus groups'.</p> <p>Agreed: The ICB Board:</p> <ul style="list-style-type: none"> • Endorsed the Health Inequalities Strategic Framework for Action. • Agreed to support its implementation by undertaking the health inequalities board assessment by the end of July 2024. | |
| <p>8.</p> | <p>Norfolk All Age Autism Strategy for 2024-29</p> | |
| | <p>KW introduced the item by highlighting key points from the report.</p> <p>Questions and comments from Board members:</p> <ul style="list-style-type: none"> • HvdW noted that the delivery plan was to follow and that it would be helpful for the Board to understand how that was going and where help was needed. • DH asked about the wait times for services at the moment. • KW explained that there were significant challenges with capacity and that the ICB was working with partners to improve productivity and streamline processes. She added that pre-diagnostic information was available and that work was underway to procure increased capacity. • KD noted that there would be an easyread format and other versions of the strategy too, including potentially an animation, and that the strategy would be presented to the Norfolk Health and Wellbeing Board / Integrated Care Partnership. • SK commented that capacity was a challenge, but that some people may not need a diagnosis or lots of services if we had a more inclusive society. | |

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| | <ul style="list-style-type: none"> • CA highlighted the issues around employment set-out in the strategy and asked if work was being done to address them and if there were systems leading the way that we could learn from. • TWa explained that addressing the issues around employment would form part of the delivery plan. <p>Action: ER and KW to discuss the VCSE Assembly’s role in supporting the delivery of the All Age Autism Strategy.</p> <p>Agreed: The ICB Board:</p> <ul style="list-style-type: none"> • Endorsed the refreshed Norfolk All Age Autism Strategy for 2024 to 2029. • Agreed that the ICB would work with the Norfolk Autism Partnership Board to develop a delivery plan. | |
| <p>9.</p> | <p>Norfolk Learning Disability and Autism Review: Tricordant Report</p> | |
| | <p>KW introduced the item by highlighting key points from the report.</p> <p>Questions and comments from Board members:</p> <ul style="list-style-type: none"> • BB highlighted that he supported the reset from a Norfolk County Council position and that the proposal was the best way to make a real difference to people’s lives. • The Chair commented that it was good to see the collaboration between organisations, as well as the openness and honesty about what has not been good enough in the past and our determination to improve services. <p>Agreed: The ICB Board approved the recommendations in the Tricordant Report.</p> | |
| <p>10.</p> | <p>Primary Care Recovery Plan Report</p> | |
| | <p>MB and SP introduced the item by highlighting key points from the report, including the pressure on primary care, concerns about resilience, preparation for potential industrial action, ongoing interface work with secondary care and areas of progress.</p> <p>The Chair recognised the significant increase in work being done by general practice and invited NW to comment on the report.</p> <p>NW commented that it was heartening to hear from the ICB the acknowledgement of the pressure on general practice. She highlighted that workforce, workload and funding were the biggest issues, adding that the interface with secondary care was also a significant problem. She noted that there was now a system in place like the OPEL framework used by secondary care which was showing the pressure on general practice and commented that if general practice was destabilised it would impact on the whole system.</p> | |

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| | <p>Questions and comments from Board members:</p> <ul style="list-style-type: none"> FS highlighted the scale of the work being undertaken by primary care and the work being done with the Local Medical Committee to support general practice. She added that 77% of appointments with general practice were face-to-face, which was higher than the national average, and 57% of appointments were on the day or the next day. <p>Agreed: The ICB Board noted:</p> <ul style="list-style-type: none"> The progress, and challenges, against the ambitions of the Delivery Plan for Recovering Access to Primary Care and General Practice and Secondary Care: Working better Together. The focus on year two of the delivery plan against key targets would continue to follow the key themes of: <ul style="list-style-type: none"> Empowering patients Implementing modern general practice access Building capacity Cutting bureaucracy | |
| Finance and Corporate Affairs | | |
| 11. | Financial Report for Month 11 | |
| | <p>SC introduced the item, noting that the forecast outturn position for the ICB for the year remained a break-even position in line with our plan.</p> <p>The report was noted.</p> | |
| 12. | New financial year plan approval 2024/25 | |
| | <p>SC introduced the item by noting that planning for 2024/25 was ongoing and that the latest draft plans had been submitted on 2 May with a £36m deficit for the NHS part of system, including 6.1% (£176m) of efficiencies. He added that the system had an underlying deficit of £228.4m. He noted that there was a high level of risk in the plan which was being mitigated down through the planning process and throughout the year.</p> <p>SC explained that NHS England had set the system a target to get to a planned deficit of £30m for 2024/25 and that work was ongoing with partners to look at the options for how this could be achieved. He also confirmed that the system would be in NHS England's 'triple lock process' as the system was planning a deficit for 2024/25.</p> <p>Questions and comments from Board members:</p> <ul style="list-style-type: none"> CD highlighted there was a significant risk with delivering the financial plans of organisations across the system. <p>The report was noted.</p> | |
| 13. | Board Assurance Framework | |
| | <p>KB introduced the item by highlighting key points from the report.</p> | |

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| | <p>Questions and comments from Board members:</p> <ul style="list-style-type: none"> • HvdW commented that the Board should acknowledge the risk related to the resilience of general practice. • CD questioned if the financial risk should be higher. • DH highlighted that the system was operating in an environment where there was an increasing level of risk and that this was a common theme across the country. • ER noted that the voluntary, community and social enterprise (VCSE) sector was mentioned in some risks and that she could foresee a time when there may need to be a risk just about the sector, adding that this was not related to ICB funding of the sector. <p>The Board received and reviewed the risks presented on the Board Assurance Framework.</p> <p>AP left at 14.52pm</p> | |
| Committees update and questions from the public | | |
| 14. | Report from the Quality and Safety Committee | |
| | <p>KW noted that the committee had discussed the Quality Strategy and oversight dashboard, children and young people’s neurodevelopmental services, Right Care Right Person, the mental health trust’s mortality action plan, the David Fuller inquiry, ambulance response times and the reasonable adjustments flag.</p> <p>The report was noted.</p> | |
| 15. | Report from the Finance Committee | |
| | <p>HvdW noted that the committee would look at risks to the 2024/25 plan and he highlighted concerns about the system’s underlying deficit.</p> <p>The report was noted.</p> | |
| 16. | Report from the Primary Care Commissioning Committee | |
| | <p>HvdW noted that the committee had approved the ICB’s Long-Term Dental Plan, as well as Holt Medical Practice’s application to close Blakeney Surgery, with a request there would be a local medicines collection service.</p> <p>The Chair thanked Healthwatch colleagues for support with the engagement around Blakeney Surgery.</p> <p>The report was noted.</p> | |
| 17. | Report from the Commissioning and Performance Committee | |
| <p style="transform: rotate(-45deg); opacity: 0.5; font-size: small;">Davex Jidi 15/07/2024 14:00:35</p> | <p>HvdW noted that it was the first meeting of the new committee and that it was not just an assurance committee, but it would have some decision-making powers too.</p> <p>The report was noted.</p> | |

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| 18. | Report from the Patients and Communities Committee | |
| | MB noted that the committee had discussed complaints received by the ICB and had held a deep dive in the Great Yarmouth and Waveney area. The report was noted. | |
| 19. | Report from the Remuneration, People and Culture Committee | |
| | CA noted that the committee had discussed the ICB's organisational review and restructure, the system's workforce plan submitted to NHS England on 2 May, and the work being done to reduce bank and agency spend. The report was noted. | |
| 20. | Report from the Conflicts of Interest Committee | |
| | DH noted that there had been no reported breaches of conflicts of interest during the year, and that the organisation took this matter very seriously in what is a complex environment involving many partners. The report was noted. DH also noted there had been a very recent meeting of the Audit and Risk Committee too, which had discussed year-end and the annual report and accounts, as well as a deep dive into Continuing Healthcare. | |
| 21. | Questions from the public | |
| | There were no questions from the public. | |
| 22. | Any other business | |
| | No other business was raised. | |
| Date, time and venue of next meeting: Wednesday, 17 July 2024, 1.30pm – 3.30pm, Priscilla Bacon Lodge, Century Place, Colney, Norwich, NR4 7YA (Conference Room) | | |
| Any queries or items for the next agenda please contact: nwicb.corporateaffairs@nhs.net | | |

Minutes agreed as accurate record of meeting:

Signed:
Chair

Date:

Davey Heidi
15/07/2024 16:50:35

ICB Board Meeting 22/05/2024

NHS Norfolk and Waveney Integrated Care Board (ICB)

Register of Interests

Declared interests of the Board

| Name | Role | Declared Interest- (Name of the organisation and nature of business) | Type of Interest | | | | Nature of Interest | Date of Interest | | Action taken to mitigate risk |
|-----------------|---|--|---------------------|--------------------------------------|----------------------------------|-------------------------------------|---|------------------|---------|--|
| | | | Financial Interests | Non-Financial Professional Interests | Non-Financial Personal Interests | Is the interest direct or indirect? | | From | To | |
| Patricia Hewitt | Chair, Norfolk and Waveney ICB | FTI Consulting | X | | | Direct | Senior advisor, FTI Consulting | 2015 | Present | Since January 2022 I have not undertaken any work on healthcare or life sciences. Will declare at relevant meetings if a risk arises. |
| | | Newnham College Cambridge | | | X | Direct | Honorary Associate, Newnham College Cambridge | 2018 | Present | No conflicts have arisen or foreseen |
| | | Oxford India Centre for Sustainable Development | | | X | Direct | Chair, Oxford India Centre for Sustainable Development | 2018 | Present | No conflicts have arisen or foreseen |
| | | ORA Choral Ensemble | | | X | Direct | Chair, trustees, ORA Choral Ensemble | 2020 | Present | No conflicts have arisen or foreseen |
| | | Age UK Norfolk | | | X | Direct | Volunteer, Age UK Norfolk | 2020 | Present | Declaration of interest made in any relevant conversation |
| | | Future Public Services Taskforce | | | X | Direct | Member, advisory board, Future Public Services Taskforce, Demos | Sep-23 | Present | No conflicts have arisen or foreseen |
| Catherine Armor | Non-Executive Member, Norfolk and Waveney ICB | Educational Association | | | X | Direct | Trustee, Workers' Educational Association | Dec-23 | Present | Low risk. In the unlikely event that a risk arises I will discuss and agree any appropriate steps which need to be taken with the ICB Chair |
| | | Norwich University of the Arts | | | X | Direct | Deputy Chair of Council, Norwich University of the Arts | 2019 | Present | |
| | | Evolution Academy Trust | | | X | Direct | Trustee, Evolution Academy Trust | 2022 | Present | |
| | | Cambridge University Press Pension Schemes | | X | | Direct | Trustee, Cambridge University Press Pension Schemes | 2018 | Present | |
| | | East of England Ambulance Service NHS Trust | | | | Indirect | Daughter-in-law is Technician for East of England Ambulance Service NHS Trust | | Present | |
| | | Brundall Medical Practice | | | X | Direct | Patient at a Norfolk and Waveney GP Practice | Ongoing | | To be raised at all relevant meetings where discussions/decisions relate to the |
| Jon Barber | Partner Member - Acute, Norfolk and Waveney ICB | Broadland St Benedicts | | | X | Direct | Non-executive Director of Broadland St Benedicts – the property development subsidiary of Broadland housing Group | 2020 | Present | Although risks are minimal this will always be declared as with Trust Board declaration of interests |
| | | James Paget University Hospitals | | X | | Direct | Deputy CEO of James Paget University Hospitals NHS FT | 2022 | Present | In the interests of collaboration and system working, risks will be considered by the ICB Chair, supported by the Conflicts Lead and managed in the public interest. |
| | | Great Yarmouth & Waveney | | X | | Direct | GY&W Place Chair | Ongoing | | |
| | | Acle GP Partnership | | | X | Direct | Patient at a Norfolk and Waveney GP Practice | Ongoing | | Withdrawal from any discussions and decision making in which the Practice might have an interest |
| Debbie Bartlett | Partner Member - Local Authority (Norfolk), Norfolk and Waveney ICB | Norfolk County Council | | X | | Direct | Interim Executive Director Adult Social Services, Norfolk County Council | Ongoing | | In the interests of collaboration and system working, risks will be considered by the ICB Chair, supported by the Conflicts Lead and managed in the public interest. |
| | | Diss Parish Fields | | | X | Direct | Patient at a Norfolk and Waveney GP Practice | Ongoing | | Withdrawal from any discussions and decision making in which the Practice might have an interest |

NHS Norfolk and Waveney Integrated Care Board (ICB)

Register of Interests

Declared interests of the Board

| Name | Role | Declared Interest- (Name of the organisation and nature of business) | Type of Interest | | | | Nature of Interest | Date of Interest | | Action taken to mitigate risk |
|-----------------|--|--|---------------------|--------------------------------------|----------------------------------|-------------------------------------|--|---|---------|---|
| | | | Financial Interests | Non-Financial Professional Interests | Non-Financial Personal Interests | Is the interest direct or indirect? | | From | To | |
| Tracey Bleakley | Chief Executive Officer, Norfolk and Waveney ICB | Drayton & St Faiths Medical Practice | | | X | Direct | Patient at a Norfolk and Waveney GP Practice | Ongoing | | Withdrawal from any discussions and decision making in which the Practice might have an interest |
| Bill Borrett | Norfolk Health & Wellbeing Board Chair | North Elmham Surgery | | | X | Direct | Registered patient at a Norfolk and Waveney GP Practice | Ongoing | | Withdrawal from any discussions and decision making in which the Practice might have an interest |
| | | Norfolk County Council | X | | | Direct | Elected Member of Norfolk County Council, Elmham and Mattishall Division | Ongoing | | Low risk. In attendance as a representative of the Local Authority. Chair will have overall responsibility for deciding whether I be excluded from any particular decision or discussion. |
| | | Norfolk County Council | X | | | Direct | Cabinet Member for Adult Social Care and Public Health | Ongoing | | |
| | | Norfolk County Council | X | | | Direct | Chair of Norfolk Health and Wellbeing Board | Ongoing | | |
| | | Breckland District Council | X | | | Direct | Elected Member of Breckland District Council, Upper Wensum Ward | Ongoing | | |
| | | Norfolk County Council | X | | | Direct | Chair of Governance and Audit Committee | Ongoing | | |
| Manor Farm | X | | | Direct | Farmer within Dereham patch | Ongoing | | Low risk. If there is an issue it will be raised at the time. | | |
| Dr Hilary Byrne | Partner Member - Primary Medical Services | Attleborough Surgeries | | | | Direct | GP Partner at Attleborough Surgeries | 2001 | Present | To be raised at all meetings to discuss prescribing or similar subject. Risk to be discussed on an individual basis. Individual to be prepared to leave the meeting if necessary. |
| | | MPT Healthcare Ltd | X | | | Direct | Director of MPT Healthcare Ltd | 2020 | Present | In the interests of collaboration and system working, risks will be considered by the ICB Chair, supported by the Conflicts Lead and managed in the public interest. |
| | | Norfolk Community Health and Care Trust (NCH&C) | | | | Indirect | Spouse is employee of NCH&C (Improvement Manager) | 2021 | Present | |
| | | South Norfolk PCN | | | | Indirect | Clinical Director of SNHIP Primary Care Network | 2022 | Present | |
| Steven Course | Executive Director of Finance, Norfolk and Waveney ICB | March Physiotherapy Clinic Limited | | | | Indirect | Wife is a Physiotherapist for March Physiotherapy Clinic Limited | 2015 | Present | Will not have an active role in any decision or discussion relating to activity, delivery of services or future provision of services in regards March Physiotherapy Clinic Limited |
| Aliona Derrett | Non-Executive Member, Norfolk and Waveney ICB | Norfolk and Norwich University Hospitals NHS FT | | | | Indirect | My son-in-law, Richard Wharton, is a consultant surgeon at NNUHFT | 2004 | Present | In the interests of collaboration and system working, risks will be considered by the ICB Chair, supported by the Conflicts Lead and managed in the public interest. |
| | | Hear for Norfolk | X | | | Direct | I am the Chief Executive of Hear for Norfolk (Norfolk Deaf Association). The charity holds contracts with the N&W ICB. | 2010 | Present | |
| | | Derrett Consultancy Ltd | X | | | Direct | I am the Director of Derrett Consultancy Ltd. | 2018 | Present | Low risk. In the unlikely event that a risk arises I will discuss and agree any appropriate steps which need to be taken with the ICB Chair |

Davey Heidi
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NHS Norfolk and Waveney Integrated Care Board (ICB)

Register of Interests

Declared interests of the Board

| Name | Role | Declared Interest- (Name of the organisation and nature of business) | Type of Interest | | | | Nature of Interest | Date of Interest | | Action taken to mitigate risk |
|------------------|---|--|---------------------|--------------------------------------|----------------------------------|-------------------------------------|--|------------------|---------|---|
| | | | Financial Interests | Non-Financial Professional Interests | Non-Financial Personal Interests | Is the interest direct or indirect? | | From | To | |
| | | Norfolk and Waveney MIND | | | | Indirect | My husband, Robin Derrett, is the HR Director at Norfolk & Waveney MIND. MIND holds contracts with the N&W ICB | 2021 | Present | In the interests of collaboration and system working, risks will be considered by the ICB Chair, supported by the Conflicts Lead and managed in the public interest. |
| | | MoldovaDAR Ltd | X | | | Direct | I am Director of MoldovaDAR Ltd | Ongoing | | Low risk. In the unlikely event that a risk arises I will discuss and agree any appropriate steps which need to be taken with the ICB Chair |
| | | St Stephen's Gate Medical Practice | | | X | Direct | Patient at a Norfolk and Waveney GP Practice | Ongoing | | Withdrawal from any discussions and decision making in which the Practice |
| Caroline Donovan | Partner Member - Mental Health and Community | Norfolk and Suffolk NHS Foundation Trust | X | | | Direct | Chief Executive Officer, Norfolk and Suffolk NHS Foundation Trust | 2023 | Present | In the interests of collaboration and system working, risks will be considered by the ICB Chair, supported by the Conflicts Lead and managed in the public interest. |
| | | CMD - Health | X | | | Direct | Director CMD - Health | 2023 | 2023 | Previous role in consultancy with no activity from October 2023 |
| Patricia D'Orsi | Executive Director of Nursing, Norfolk and Waveney ICB | Royal College of Nursing | | X | | Direct | Member of Royal College of Nursing | Ongoing | | Inform Chair and will not take part in any discussions or decisions relating to RCN |
| David Holt | Non-Executive Member, Norfolk and Waveney ICB | Solebay Health Centre | | | X | Direct | Patient at a Norfolk and Waveney GP Practice | Ongoing | | Withdrawal from any discussions and decision making in which the Practice might have an interest |
| | | Ministry of Defence | X | | | Direct | Non Executive Director, Audit and Risk Assurance Committee, Ministry of Defence | 2022 | Present | In the unlikely event that a decision having an impact on either of the declared parties arises, a decision will be made with the relevant chair to assess the risks. Appropriate action will be taken accordingly. |
| | | Newberry Clinic | | | | Indirect | Wife is Consultant Community Paediatrician, Newberry Clinic (Great Yarmouth) | Ongoing | | Appropriate action will be taken accordingly. |
| Stuart Keeble | Director of Public Health and Communities for Suffolk and member elect of Norfolk and Waveney ICB | Nothing to Declare | | | | | N/A | | | N/A |
| Andrew Palmer | Deputy Chief Executive Officer, Norfolk and Waveney ICB | James Paget University Hospitals | | | | Indirect | My wife works at the JPUH, in a non-decision making role | Ongoing | | Any decision relating specifically to the JPUH should ideally be made by the ICB's CEO. However, in their absence the |
| Emma Ratzer | Partner Member - VCSE | Access Community Trust | X | | | Direct | I am the Chief Executive Officer of Access Community Trust, an organisation which holds contracts with NWICB | 2009 | Present | Will not have an active role in any decision or discussion relating to activity, delivery of services or future provision of services in regards Community Access Trust |

NHS Norfolk and Waveney Integrated Care Board (ICB)

Register of Interests

Declared interests of the Board

| Name | Role | Declared Interest- (Name of the organisation and nature of business) | Type of Interest | | | | Nature of Interest | Date of Interest | | Action taken to mitigate risk |
|-------------------------|---|--|---------------------|--------------------------------------|----------------------------------|-------------------------------------|--|---|---------|--|
| | | | Financial Interests | Non-Financial Professional Interests | Non-Financial Personal Interests | Is the interest direct or indirect? | | From | To | |
| | | VCSE Assembly | | | X | Direct | I am CEO of a voluntary sector organisation operating in NWCCG and Independent Chair of NWVCSE Assembly | 2021 | Present | In the interests of collaboration and system working, risks will be considered by the ICB Chair, supported by the Conflicts Lead and managed in the public interest. |
| | | High Street Surgery, Lowestoft | | | X | Direct | Patient at a Norfolk and Waveney GP Practice | Ongoing | | Withdrawal from any discussions and decision making in which the Practice might have an interest |
| Dr Frankie Swords | Executive Medical Director, Norfolk and Waveney ICB | Norfolk and Norwich University Hospitals NHS FT | | X | | Direct | Honorary Consultant Physician and Endocrinologist at Norfolk and Norwich University Hospitals NHS FT (1 day a week) | 2008 | Present | In the interests of collaboration and system working, risks will be considered by the ICB Chair, supported by the Conflicts Lead and managed in the public interest. |
| | | Multiple patient charities | | | X | Direct | Ad-hoc Clinical Advisor of multiple patient charities - Addison Self Help Group - Pituitary Patient Support Group - Turner syndrome Society | 2008 | Present | |
| | | Long Stratton Medical Partnership | | | X | Direct | Patient at a Norfolk and Waveney GP Practice | Ongoing | | Withdrawal from any discussions and decision making in which the Practice might have an interest |
| | | University of East Anglia (UEA) | | X | | Direct | Honorary Associate Professor at UEA | Ongoing | | Inform Chair and will not take part in any discussions or decisions relating to UEA |
| | | British Medical Association | | X | | Direct | Member of the BMA | 1999 | Present | Inform Chair and will not take part in any discussions or decisions relating to BMA |
| | | Emerging Futures and St Martin's Housing Trust | | | | | Indirect | Husband is a mental health counsellor and undertakes private work as well as voluntary work with N&W VCSE provider Emerging Futures | Sep-22 | Present |
| Hein van den Wildenberg | Non-Executive Member, Norfolk and Waveney ICB | Lakenham Surgery | | | X | Direct | Patient at a Norfolk and Waveney GP Practice | Ongoing | | Withdrawal from any discussions and decision making in which the Practice might have an interest |
| | | Broadland Housing Association | X | | | Direct | Non-Executive Director and Board Member for Broadland Housing Association | 2024 | Present | Will excuse myself from any decisions relating to Broadland Housing Association |
| | | College of West Anglia | | | X | Direct | Governor at College of West Anglia (Note: the College hosts the School of Nursing, in partnership with QEHKL and borough council) | 2021 | Present | Low risk. If there is an issue it will be raised at the time. |

NORFOLK & WAVENEY ICB Chairs Action Log - Wednesday 17 July 2024

| Date | Matter | Details of discussion | Decision | Date Reported to ICB Board |
|--------|---|---|---|----------------------------|
| 26-jun | Final approval of ICB annual report. To receive and approve: •Audit and Risk Committee Annual Report •Summary Cover Paper – Annual Report •Annual Report and Accounts | The ICB Board was not quorate with only nine members present, therefore under section 4.9.4 of the Standing Orders set-out in the Constitution, the Chair took the following actions: •Noted the contents of the Audit and Risk Committee's Annual Report. •Approved the ICB Annual Report and Accounts for signature by the Chief Executive Officer for submission to NHS England. The full annual report and accounts will be shared in public at the September Board in line with national deadlines and requirements. | The Deputy Chief Executive and the Executive Director of Finance were also present at the meeting and agreed the actions. | 17-jul-24 |

Davey, Heidi
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NORFOLK & WAVENEY ICB Action Log Part 1 - Wednesday 17 July 2024

| No: | Date of Meeting | Description | | RESP | Due Date | ACTION / UPDATE | Status |
|-----|-----------------|---|--|------|----------|---|---------------------------|
| 24 | 23-jan-24 | Information about system benchmarking against the EDS2 and WRES. | EO to provide the Board with information about system benchmarking against the EDS2 and WRES. | EO | jul-24 | Following the EDI board deep dive we will incorporate this action in to a broader action to progress an ICS EDI plan and delivery of the NHSE High Impact Actions. This will come back in Quarter 2. Action to be updated at the meeting 17.07.24. | Open |
| 25 | 26-mar-24 | Freedom to Speak Up in the context of the quality agenda. | PD'O to discuss freedom to speak up with DH in the context of the quality agenda, the implications of Martha's rule and the Lucy Letby case. | PD'O | mai-24 | Arrangements are at the scoping stage for this item and conversations for support are underway. | Propose closure of action |
| 26 | 22-mai-24 | TWi to work with Public Health colleagues to look at the evidence around people with Serious Mental Illness and whether they should be added to the list of 'plus groups' | | TWi | jul-24 | The plus groups are reviewed on an annual basis and the commitment to this action is that the discussion will be captured and fed into the October 2024 review. | Propose closure of action |
| 27 | 22-mai-24 | VCSE Assembly's role in supporting the delivery of the All Age Autism Strategy. | ER and KW to discuss the VCSE Assembly's role in supporting the delivery of the All Age Autism Strategy. | KW | jul-24 | This conversation has begun. The ICB Quality team are leading this discussion forward. | Propose closure of action |

Davey, Heidi
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Agenda item: 6

| | |
|----------------------|--|
| Subject: | Chair and Chief Executive's report |
| Presented by: | Rt Hon. Patricia Hewitt, Chair, NHS Norfolk and Waveney ICB Tracey Bleakley, Chief Executive, NHS Norfolk and Waveney ICB |
| Prepared by: | Rt Hon. Patricia Hewitt, Chair, NHS Norfolk and Waveney ICB Tracey Bleakley, Chief Executive, NHS Norfolk and Waveney ICB |
| Submitted to: | ICB Board |
| Date: | 17 July 2024 |

Purpose of paper:

To update members of the Board on the work of the ICB.

Executive Summary:

The report covers the following:

- A. The year ahead
- B. Delivering our clinical strategy for Norfolk and Waveney
- C. Benjamin Court
- D. The election
- E. Meetings and visits

Davey, Heidi
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Report

A. The year ahead

Since the last Board meeting we have agreed our system operating plan for 2024/25. We would like to thank ICB and partner colleagues for all the work that has been done to develop it. Attached to our report is a letter from NHS England that includes a summary of the key elements of our plan that we have committed to deliver as a system.

Commitments include tangible improvements that people will notice when they need care, such as improving how quickly we treat people when they go to A&E or when they need an appointment with their GP practice. We have also committed to doing more to prevent problems from arising or people's conditions worsening, for example by improving how we care for people with hypertension and cardiovascular disease.

Following the election, the ICB and wider system will of course need to respond to the new Government's plans for the NHS and for improving people's health and wellbeing. The new Secretary of State has started work on some immediate priorities; over the coming weeks and months the Government will be setting out further details about how it plans to deliver its mission to 'Build an NHS fit for the future', and we will need to adapt our plans accordingly.

This financial year will be incredibly challenging. It's important to recognise that there is significant pressure on the budgets of our partners too, including local authorities and the voluntary sector, with the NHS having had relatively larger increases than they have had in recent years. The Government has been clear about its fiscal rules, and while there will be investment to deliver a reduction in waiting lists, the NHS will need to transform care while also delivering efficiencies and productivity increases.

We can do this. Last year we broke-even while also making significant improvements to services, for example the improvements to ambulance handovers and response times. We must continue to do this and ensure we are using every pound we have as effectively as possible. It won't be easy, we are likely to have some difficult choices to make. What is clear is that only by working together will the NHS and the wider public sector be able to deliver the required efficiencies and productivity increases, whilst also maintaining and improving outcomes. We have built strong foundations for our partnership working that will support us to do this.

B. Delivering our clinical strategy for Norfolk and Waveney

In July 2022 we published our clinical strategy following extensive engagement. The six statements below describe what our plan is working to achieve.

In Norfolk and Waveney My NHS will:

- See me as a whole person
- Be one high quality, resilient service
- Reduce long waiting times



Davey Heidi
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- Act early to improve health
- Be reliable
- Tackle health inequalities

Each year we agree a set of actions that will help us to deliver our strategy, and we publish an update on progress using a 'You said, We did' format every six months on our website. Here are a few examples of what we have delivered recently:

You said: We should focus on mental health just as much as physical health needs.

We did: We have made a series of investments in and changes to mental health services, including developing ten mental health support teams working in schools, establishing five wellbeing hubs and having mental health practitioners and recovery workers working alongside GPs. As part of the clinical strategy, we have commissioned a personality disorder pathway to improve support for people living with a personality disorder.

You said: We want to be able to get through to GPs easily.

We did: We have agreed Access Improvement Plans for all 20 of our primary care networks. All practices now have cloud-based telephony in place, or a confirmed plan to have this in place. The telephony service makes it easier for people to get through to their GP practice, and it includes a call back facility, so you don't have to wait for them to answer your call if there is a queue.

You said: We want quicker response times to 999 calls.

We did: We have dramatically reduced the delays with ambulance handovers at our hospitals over the past year and improved ambulance response times.

Find out more about the actions we are taking and the progress we have made over the past year by visiting: <https://improvinglivesnw.org.uk/clinical-strategy-year-2-you-said-we-did/>.

C. Benjamin Court

As the Board will know from previous reports, Benjamin Court in Cromer has been used to provide a range of health and care services in the past. It is made-up of two buildings, however one of these has largely been empty since June 2023, when Norfolk County Council decided to change how it provided care and support to people needing short-term rehabilitation. To enable them to care for more people, Norfolk County Council decided to care for people in their own homes, instead of at Benjamin Court.

We are considering what should happen with the building that is largely empty and as part of this we are currently asking people to share their ideas about how it could be used in future. Due to the election, we extended the duration of the engagement exercise, so it now ends on 17 July. Healthwatch Norfolk will then analyse all of the feedback and produce a report for the ICB – the report will also be published online.

Davey
15/07/2024 1:30pm

The ICB will review the report and the ideas put forward and then take a decision about what to do next.

D. The election

Following the election we have written to all of our local MPs, congratulating them and inviting them to a briefing in Westminster before recess. This will provide us with an opportunity to hear from them about their priorities and what they've heard from local people during the election campaign, as well as give us a chance to share our plans for the future. We have also written to the new Secretary of State for Health and Social Care, inviting him to make an early visit to Norfolk and Waveney, as well as to the new ministers in the DHSC.

E. Meetings and visits

We wanted to highlight some of the meetings we've attended and visits we've made to interesting local organisations.

As Chair, meetings and visits have included:

- We had our quarterly review meeting with NHS England that I attended along with Tracey, members of our executive management team and colleagues from UEA, Cambridgeshire Community Services and Public Health. There were some excellent examples of collaboration and interesting discussions about how we work as system.
- I met with Aaron Mills, Head of Public Health System Engagement at NHS England, to discuss prevention and what can be done to support ICBs in their endeavours to improve population health outcomes at system level. I also met with John Deanfield CBE, Professor of Cardiology at University College London. He is working with others to develop and strengthen the economic case for prevention.
- I spoke at the CIPFA Public Finance Live 2024 conference about prevention and financial reform of the NHS. I highlighted that we need to a triple shift in how we care for people – from hospital to home, from treatment at a late stage to prevention and early intervention, and from analogue to digital. If we keep pouring money into an old model of care, we will never have enough money, enough staff or enough hospital beds to care for a rapidly ageing and increasingly ill population. Moreover, if we are to change the model of care - and we must - then we have to change the model of financing as well.
- We held a briefing for councillors about our Long Term Dental Plan that Tracey and I were part of. It was excellent to have so many councillors engaged – we need to work as a system to address the challenges we face with dentistry and to improve people's oral health.
- I met with Professor James Kingsland OBE to discuss the Complete Care Community Programme (CCCP), which includes some of our GP practices in Norfolk and Waveney. The programme, about to enter its fourth year, is focused on addressing health inequalities and population health management. Over the coming year James and colleagues are planning to work with a small

Davey Heidi
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number of ICBs to help apply the learning from the last three years more widely.

- It is vital that we have a stronger voice for general practice and primary care more widely, and I have been involved in a number of meetings looking at how we could do this better.
- We held a leadership event for ICB and NHS trust board members, together with a couple of representatives of primary care. There was a strong sense of common purpose and commitment to improve outcomes and services for our residents, working in partnership to make best possible use of the resources we have. I would like to thank colleagues for their time, creativity and commitment to deepening our partnership working and enhancing collaboration.

As Chief Executive, meetings and visits have included:

- I have continued to meet with NHS England, trust chief executives and others about the support we are receiving to improve urgent and emergency care as a 'Tier one' system. We have made strong progress and we are in a very different place to a year ago, with our performance in Norfolk and Waveney for some aspects now in the top half and even top quartile.
- Both as an ICB and as a system we have a focus on identifying and delivering a programme of efficiencies and productivity improvements, and I have attended a range of meetings that will help us build a more sustainable system and ensure we are using every pound we have wisely.
- I attended the NHS Confed and spoke as part of a panel about the role of the voluntary sector and how community projects are tackling some of the biggest challenges the NHS faces by supporting the health and wellbeing of people in their community. On a related note, we are looking forward to welcoming Matthew Taylor, Chief Executive of the Confed, to Norfolk and Waveney in the autumn.
- There have been a range of system, regional and national meetings about financial and operational planning for 2024/25 that I and other executive colleagues have attended.
- I continue to meet with regional NHS England colleagues to discuss progress with and next steps for the New Hospitals Programme.

Davey, Heidi
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Agenda item: 8

| | |
|----------------------|--|
| Subject: | Update on the work of the Norfolk and Waveney Palliative and End of Life Care (PEoLC) Programme |
| Presented by: | Dr Frankie Swords, ICB Executive Medical Director |
| Prepared by: | Caroline Barry, Clinical Advisor Stephanie Dibley, Transformation Programme Manager |
| Submitted to: | ICB Board |
| Date: | 17 July 2024 |

Purpose of paper:

To provide an update to the ICB Board on the work of the Norfolk and Waveney Palliative and End of Life Care (PEoLC) Programme.

Executive Summary:

- The Palliative and End of Life Care (PEoLC) Programme has been developed following statutory guidance and informed by the findings of an internally conducted review.
- Nine urgent objectives were identified following the review, alongside six medium-to-longer term objectives. These now form the basis of the operational plan for PEoLC in Norfolk and Waveney.
- The programme has been structured around 4 workstreams each managing specific objectives as detailed in the operational plan:
 1. Medicines Optimisation
 2. Education
 3. Data and Digital
 4. Clinical strategy, transformation and inequalities.

The refreshed PEoLC Programme Board reports through the Planned Care Clinical Transformation Board to the Commissioning and Performance Committee, with quality aspects escalating to the Quality and Safety Committee. The

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programme also has significant interdependency with the work of the Ageing Well Programme. To ensure optimal coordination of the two programmes, these are supported by the same operational team, and the PEOLC Programme Board also provides a 6 monthly report to the Ageing Well Board.

- The aims of the programme are to bring about system wide transformational change in line with the N&W PEOLC Strategy (2019-2024)⁴ and the PEOLC Operational Plan (2023-2025)⁵.

Recommendation to the Board:

To note the content of the report.

Davey, Heidi
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| Key Risks | |
|--|--|
| Clinical and Quality: | There is a risk that people living in some areas of N&W will not be able to access specialist or general palliative care as quickly or easily as those in other areas and there is a risk that the quality of the care provided is less good for some areas. |
| Finance and Performance: | N/A |
| Impact Assessment (environmental and equalities): | N/A |
| Reputation: | N/A |
| Legal: | N/A |
| Information Governance: | N/A |
| Resource Required: | N/A |
| Reference document(s): | <ol style="list-style-type: none"> Health-and-care-act-2022-summary-and-additional-measures-impact-assessment.pdf (publishing.service.gov.uk) Palliative-and-End-of-Life-Care-Statutory-Guidance-for-Integrated-Care-Boards-ICBs-September-2022.pdf (england.nhs.uk) Ambitions-for-palliative-and-end-of-life-care-2nd-edition.pdf (england.nhs.uk) <div style="text-align: center;">  2022.05.04 NW STP Palliative and End of </div> <ol style="list-style-type: none"> LIVE-PEoLC Operational Plan 20 <div style="text-align: center;">  Palliative & End of Life Care Prog Bluep </div> |
| NHS Constitution: | N/A |
| Conflicts of Interest: | N/A |
| Reference to relevant risk on the Board Assurance Framework | N/A |

Governance

| | |
|---|-----|
| Process/Committee approval with date(s) (as appropriate) | N/A |
|---|-----|

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Report – Update on the work of the Norfolk and Waveney Palliative and End of Life Care (PEoLC) Programme

1. Statutory Duties and Guidance

Integrated Care Boards (ICBs) in England have a legal responsibility to commission palliative care services, as outlined in the Health and Care Act (2022)¹. Statutory guidance for ICBs in relation to Palliative and End of Life Care² was released in September 2022, informed by the Ambitions for Palliative and End of Life Care: A national framework for local action 2021-2026³.

The table below details the NHS England National Delivery Plan actions and delivery asks of ICBs.

| Priority | Action | Delivery ask of ICB |
|--------------------------|--|--|
| Improving Access | People are identified as likely to be in the last 12 months of life and are offer PCSP | <ul style="list-style-type: none"> Palliative care registers across primary and secondary care in place, for timely PCSP Identification tools implemented to increase identification of people in the last year of life Full implementation of EPACS |
| | Staff, patients and carers can access the care and advice they need, whatever time of day | <ul style="list-style-type: none"> All patients with PEOLC needs, including those not listed on palliative care register can access appropriate advice and signposting Collaborative working to achieve seamless transition between care settings |
| Improving Quality | High Quality PEOLC for all, irrespective of condition or diagnosis | <ul style="list-style-type: none"> Collaborate with system-level networks e.g. CYP, Dementia, Frailty, Cancer to ensure high quality personalised PEOLC for all, in all settings |
| | A confident workforce with the knowledge, skills and capability to deliver high quality PEOLC | <ul style="list-style-type: none"> Roll out training for staff in terms of personalised PEOLC, including PCSP, e.g. QoF Qi, E-eLCA, and personalised care institute |
| | High Quality PEOLC across all systems | <ul style="list-style-type: none"> Adopt a QI methodology for PEOLC, at system level engage with local quality improvement leads, in acute and community settings to ensure an outstanding CQC rating is achieved consistently across the ICS |
| Improving Sustainability | PEOLC is sustainably commissioned | <ul style="list-style-type: none"> ICB plans have PEOLC as a strategic priority. PEOLC service specification, contracting arrangements against investment framework and data collection methodologies. Sustainability of CYP PEOLC through CYP match funding and CYP hospice grant |
| | The PEOLC workforce is fit for purpose, now and in the future | <ul style="list-style-type: none"> Future workforce evidence in ICB generic workforce plans Implementable specialist palliative care workforce plan, progress in implementing that plan and utilising the regional mapping tool |
| | Personalised and community approaches are fundamental to improving PEOLC experience | <ul style="list-style-type: none"> Personalised and community centres approaches across ICS, place and PCNs |

2. PEoLC Operational Plan, Blueprint & Workstreams

Following the statutory requirements detailed above, Norfolk & Waveney ICB commissioned a review to establish the extent to which the statutory duties were being fulfilled, together with identification of areas where Norfolk & Waveney residents were not accessing the highest quality of palliative and end of life care, as well as identification of actions needed to address the shortcomings.

Nine urgent objectives were identified following the review, alongside six medium-to-longer term objectives and these now form the basis of the operational plan for PEoLC in Norfolk and Waveney.

Unfortunately, the work recommended in the operational plan was initially unable to progress at pace due to a lack of dedicated programme resource. This situation has now been improved by the appointment of a Macmillan Palliative and End of Life Transformation Lead and a Clinical Programme Manager, with support from Dr

David
 15/07/2024
 14:54:05

Caroline Barry, Specialty Advisor for PEOLC, and Sheila Glenn, Director of Planned Care and Cancer, who is the Senior Responsible Officer (SRO) for the PEOLC Programme.

All objectives detailed in the operational plan have been reviewed by the current programme team and realigned to a set of four workstreams: Medicines Optimisation, Education, Data & Digital and Clinical Strategy, Transformation and Inequalities. Each workstream consists of specific projects aimed at improving PEOLC for Norfolk and Waveney as per the operational plan. The programme team have recently finalised a blueprint to support the PEOLC programme⁶. Whilst the operational plan identifies what needs to be done, the blueprint contains details in relation to the scope of the projects, timelines, any project interdependencies and how we will achieve each of the objectives.

Medicines Optimisation

This workstream is currently looking into the standardisation of prescribing and transcribing policies, alongside improving the patient experience in relation to syringe drivers.

Education

The education workstream reviews current provision for education in relation to specialist palliative and end of life care across the system, including within our hospices. Identifying areas of improvement and developing education/training to ensure our staff have the necessary knowledge and confidence to be effective when assisting patients identified as being in the last year of life and their families/carers. The workstream has been successful in securing resource from the CPD top slice fund to develop specific education aligned to the palliative care operational plan. Over the next year the workstream will be developing the following:

- a) System wide education around syringe pump prescribing and transcribing
- b) "Expect ReSPECT" public education campaign
- c) Level 2 and 3 Communication Skills in relation to PEOLC
- d) "No Barriers Here" Facilitator Training
- e) Development of PEOLC education best practice approach

Data & Digital

Live projects within this workstream include:

- a) Development of a System Wide Palliative and End of Life Care Dashboard
- b) Compassionate Communities Treasure Mapping

Additionally, the programme team are collating details around potential projects including the implementation of an Electronic Palliative Care Coordinating System (EPaCCS); integration of ReSPECT / Advance care plans into the Electronic Patient Record (EPR) and the Shared Care Record.

Work has already been completed in relation to the development of PEOLC information pages for both the general public and clinical staff, which are now live on the Knowledge NoW website (nwknowledgenow.nhs.uk).

Davey
15/07/2024 11:50:35

Clinical Strategy, Transformation & Inequalities

This workstream is currently in preliminary stages but aims to address inequity of access and variability of services currently in place within our system. This will involve a review/redesign of specialist palliative care service specifications across the system.

System colleagues have, over the past 2 months, worked collaboratively to complete three self-assessments against the Ambitions for Palliative and End of Life Care. This provides a benchmark position for each locality around key palliative care services, such as access to 24/7 specialist advice. A task and finish group will review the collated information, identifying best practice and areas where improvements can be made.

3. Refreshed Governance and the PEoLC Programme Board

A survey was undertaken by the programme team in February 2024, in relation to past and present PEoLC system meetings to better understand the requirements/objectives of such meetings moving forward. Responses to the survey led to the decision to refresh the PEoLC Programme Board, with appropriate membership from across the system and a definitive view as to the role of the Board. Terms of reference for the refreshed PEoLC Programme Board have been developed and are due to be approved in the coming weeks.

Progress made in relation to the projects detailed above is managed by the appropriate working group aligned to each of the four workstreams. With the working groups then required to report overall workstream progress to the refreshed PEoLC Programme Board on a regular basis.

Reporting processes and escalation routes for the PEoLC Programme Board have been reestablished, with regular reporting sent to the Planned Care Clinical Transformation Board, the Quality and Safety Committee and to the Ageing Well Programme Board.

Identified interdependencies of the PEoLC Programme include the Ageing Well Programme, Urgent and Emergency Care (UEC) Programme, Medicines Management Programme and Population Health Management Programme, as well “Place” based initiatives. These interdependencies are recorded and managed on the programme interdependencies matrix. A key interdependent programme to note is the Babies, Children and Young People (BCYP) PEoLC Programme, in which work supporting the expansion of transition services is currently being managed.

Robust governance structures for the PEoLC Programme will ensure collaborative system working, a reduction in the risk of duplication, appropriate risk management and escalation, as well as opportunities for publicising the programme of work.

Of note, the current 5-year palliative care strategy runs from 2019 – 2024, and only concerns palliative care for adults. In line with the national steer for an “all age” approach to palliative care, a new strategy covering 2024-2029, will address this,

Davey Health
15/07/2024 10:50 AM

with specific consideration of the challenges of transition between children's and adult services.

4. Current Service Provision

At present palliative and end of life care services in Norfolk and Waveney are available at:

- The three acute trusts (the Queen Elizabeth Hospital, the Norfolk and Norwich University Hospital, and the James Paget University Hospital).
- Community providers (Norfolk Community Health & Care NHS Trust and East Coast Community Healthcare); and
- Hospice providers (The Norfolk Hospice Tapping House, Priscilla Bacon Lodge and St Elizabeth's Hospice, Swaffham and Litcham Hospice).

There is significant variation in funding, contractual and service arrangements between providers.

5. Conclusions

Work on The PEOLC Programme had not progressed as planned during 2023-2024 due to lack of a dedicated team. However now, with the programme team in place, progress can be made in relation to the objectives detailed in the operational plan, supported by a robust governance structure.

6. Recommendations

To note the content of the report.

Davey, Heidi
15/07/2024 16:50:35

Appendix

- 1) Health-and-care-act-2022-summary-and-additional-measures-impact-assessment.pdf (publishing.service.gov.uk)
- 2) Palliative-and-End-of-Life-Care-Statutory-Guidance-for-Integrated-Care-Boards-ICBs-September-2022.pdf (england.nhs.uk)
- 3) Ambitions-for-palliative-and-end-of-life-care-2nd-edition.pdf (england.nhs.uk)



- 4) 2022.05.04 NW STP
Palliative and End of



- 5) LIVE-PEoLC
Operational Plan 20



- 6) Palliative & End of
Life Care Prog Bluep

Davey, Heidi
15/07/2024 16:50:35

Agenda item: 09

| | |
|----------------------|--|
| Subject: | Improving the health of the population using population health management approaches |
| Presented by: | Dr Frankie Swords, Executive Medical Director, N&W ICB Suzanne Meredith, Associate Director of PHM (N&W ICB), Deputy Director Public Health (Norfolk County Council) Joseph Crowe, Clinical Programmes Senior Manager, N&W ICB |
| Prepared by: | Suzanne Meredith, Associate Director of PHM (N&W ICB), Deputy Director Public Health (Norfolk County Council) Shawn Haney, Senior lead for PHM Development Joseph Crowe, Clinical Programmes Senior Manager Chris Bean, Head of National Clinical Transformation Programmes |
| Submitted to: | ICB Board |
| Date: | 17 July 2024 |

Purpose of paper: To provide the ICB Board with examples of recent work being undertaken using Population Health Management across the system and the plans to develop “at scale” initiatives using PHM approaches to support the prevention of Coronary vascular disease (CVD) in-line with the priorities in the Joint Forward Plan and PHM strategic priorities.

Executive Summary:

Ambition 1 in the Norfolk and Waveney Joint Forward Plan is “Population health management, reducing inequalities and supporting prevention”. Plans to deliver this ambition include an objective to develop and deliver a Population Health Management Strategy and, in addition, three specific Prevention work programmes, one of which is designed to prevent cardiovascular disease (CVD).

This paper highlights the recently published ICS Population Health Management (PHM) Strategy and provides examples of some of the recent work undertaken by the ICB’s ProtectNoW team, which uses PHM approaches to deliver targeted proactive care aimed at preventing of ill-health.

The paper also highlights new plans being developed to prevent cardiovascular disease, using the same PHM approaches, to offer preventive, proactive care to people most at risk of developing cardiovascular disease. This approach is evidence-based and it is estimated this will prevent a significant number of adverse outcomes for people living in Norfolk and Waveney.

Davy Health
 15/07/2024
 15:35

1. Introduction

Ambition 1 in the Norfolk and Waveney Joint Forward Plan is “Population health management, reducing inequalities and supporting prevention”. Plans to deliver this ambition include an objective to develop and deliver a Population Health Management Strategy and, in addition, three specific prevention work programmes, one of which is designed to prevent Cardiovascular Disease (CVD).

2. Population Health Management (PHM) strategy

The Norfolk and Waveney ICS Population Health Management Strategy was developed through a series of consultation events with a wide range of stakeholders and is now published on the ICB website - [Population Health Management Strategy - final designed version.pdf \(improvinglivesnw.org.uk\)](https://www.improvinglivesnw.org.uk)

The PHM vision is to keep people well by “**delivering proactive, targeted care and support to help people and communities live healthier lives**”

The focus is on prevention and addressing health inequalities and delivering projects at scale, as the ultimate aim to make the biggest impact possible. The PHM strategy sets out five PHM priorities and the plans to develop the infrastructure needed to deliver them (see Appendix A).

3. Protect Norfolk & Waveney (ProtecNoW) - Using risk stratification for proactive care, to ensure effective care and improving access and capacity

Protect NoW began during the covid-19 pandemic to enable people, particularly the most vulnerable, to access health and social support when they needed it the most. An evaluation found that there was an association between this support and improved clinical outcomes. The success of the first project has resulted in many more projects where tens of thousands of people have been contacted to support them to optimise their mental and/or physical health and wellbeing.

The ProtecNoW team works with partners across the Integrated Care System to identify people who are most likely to benefit from a range of interventions to prevent ill-health and improve health outcomes. It engages with these people via text messages and letters to signpost them to access a patient engagement digital platform, which provides targeted information relating to their needs. This is backed up by follow up telephone calls, if needed.

More details on the work of ProtecNow are available at [Population Health Management - Protect NoW - Norfolk and Waveney ICS \(improvinglivesnw.org.uk\)](https://www.improvinglivesnw.org.uk)

Appendix A provides details of three recent successful ProtecNoW projects:

- Talking Therapies (previously IAPT)
- Digital Weight Management Programme (DWMP)
- Diabetes Structured Education Programmes - Patient Engagement Project

Davey Heidi
15/07/2024 16:50:35

4. Cardiovascular Disease Prevention

An ambitious plan has been developed to deliver improvements in the case-finding and subsequent management of people who would benefit from treatment for high blood pressure (hypertension) or to manage raised cholesterol, using the tried and tested PHM strategic approach. This is an evidence-based approach to reducing the risk of developing cardiovascular disease and associated outcomes such as heart attacks or strokes.

It is planned to use risk-stratification software to identify tens of thousands of at-risk patients (see Appendix A) who will be contacted via text message from the Protect NoW team, with links to a specific tailored patient engagement platform containing a suite of information relevant to the patient, ranging from lifestyle advice, the importance of medication adherence, and the need for prompt action to prevent disease.

Furthermore, the ICB will seek to procure central Clinical Pharmacist provision to support with clinical advice, prescribing, and optimisation. The Pharmacist provision will help lessen the burden on Primary Care through targeted interventions with those specific patients who need it.

The ICB also plans to purchase a significant number of blood pressure monitors, which will be distributed to General Practices to aid in the diagnosis and monitoring of the specific patients identified via the case finding searches.

This approach will be able to target patients with a substantial degree of accuracy, ensuring that our impact has maximum effectiveness.

It is estimated that if only 3000 more eligible patients in N&W start Lipid Lowering Therapy – 22 lives can be saved and 186 strokes prevented. £2m+ saved in expense to the Health System. These numbers increase rapidly as more eligible patients are treated.

If 8000 more patients have their blood pressure controlled – 39 lives are saved. 48 heart attacks are prevented. 72 strokes are prevented. £1.4m is saved.

These numbers represent only part of the aim of the project (see Appendix A).

Recommendation to the Board:

To note the report, the examples of recent successful PHM projects and the plans to apply this approach to a large-scale programme aimed at preventing cardiovascular disease, heart attacks and strokes.

| Key Risks | |
|---|-----|
| Clinical and Quality: | N/A |
| Finance and Performance: | N/A |
| Impact Assessment (environmental and equalities): | N/A |
| Reputation: | N/A |

| | |
|--|---|
| | |
| Legal: | N/A |
| Information Governance: | N/A |
| Resource Required: | N/A |
| Reference document(s): | improvinglivesnw.org.uk/~documents/route%3A/download/1040/Norfolk and Waveney ICS – Population Health management Strategy available at Population Health Management Strategy - final designed version.pdf (improvinglivesnw.org.uk) Population Health Management - Norfolk & Waveney Integrated Care System (ICS (improvinglivesnw.org.uk) |
| NHS Constitution: | N/A |
| Conflicts of Interest: | N/A |
| Reference to relevant risk on the Board Assurance Framework | New BAF 01 (was BAF06) . PHM, reducing inequalities and supporting prevention |

Governance

| | |
|---|-----|
| Process/Committee approval with date(s) (as appropriate) | N/A |
|---|-----|

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Improving the health of the population using population health management approaches

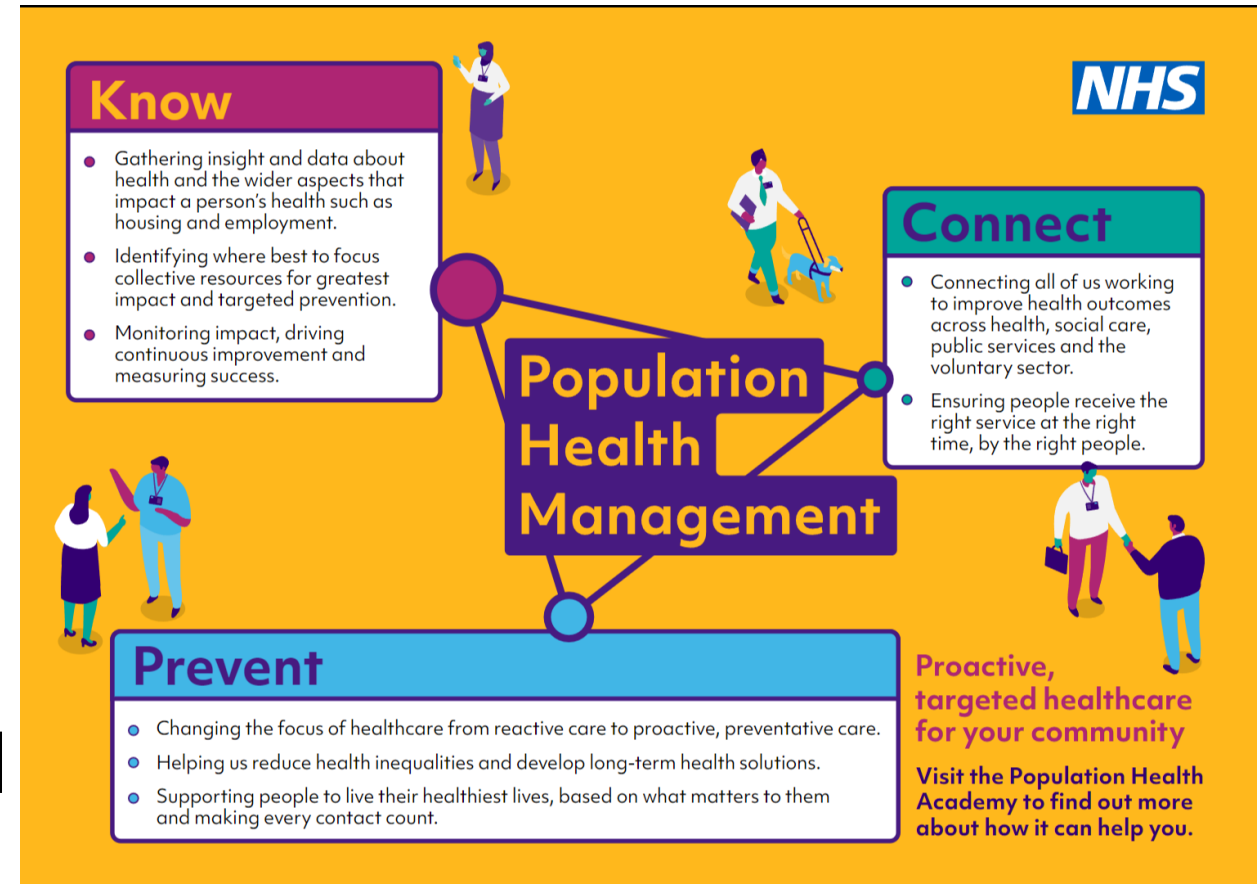
- Norfolk and Waveney PHM strategy
- Showcasing PHM projects in N&W
- CVD Prevention programme

Davey Heidi
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Our PHM Vision

To keep people well by delivering proactive, targeted care and support to help people live healthier lives

Our focus is on prevention and addressing health inequalities, being data driven and delivering projects at scale



[Population Health Management Strategy - final designed version.pdf \(improvinglivesnw.org.uk\)](#)

Framework for identifying initial PHM priorities

Starting point was assessing the key drivers of health inequalities

Where we understand the logic of how PHM interventions will help achieve the long-term goal.

Five key clinical areas of health inequalities identified by NHS England: cardiovascular disease, early cancer diagnosis, respiratory disease, severe mental illness and maternity.

Areas with potential impact on system pressure e.g. stopping smoking reduces likelihood of emergency admissions for CVD and respiratory conditions.

Whether the outcome for Norfolk and Waveney is an opportunity for improvement and reducing unwarranted variation.

Things we can influence (e.g. through supporting behaviour change or clinical care).

Acknowledgement: Dr Tim Winters and Joshua Robotham

Davey, Heidi
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Smoking & smoking in pregnancy

- 9,640 fewer smokers if Norfolk & Waveney (N&W) met England average prevalence.
- National ambition to be 'smokefree' (prevalence <5%) by 2030.
- 245 fewer mothers smoking at the end of pregnancy per year if N&W met England average rates.
- ICS ambition to reduce smoking in pregnancy from 12% to 9% by 2026 and then 6% by 2028.

Serious mental illness

- 660 more people with SMI with a comprehensive care plan in place if N&W met England average rates, reducing risk of self-harm.
- People with SMI also in the most deprived 20% of the population have 6,090 more unplanned acute hospital admissions compared to the ICB average.

Cardiovascular disease, diabetes & respiratory

- 330 more people with AF would have their stroke risk better managed if N&W met England average rates.
- Lowering blood pressure, detecting and managing AF, and better management of COPD and asthma, reduces likelihood of emergency admissions for CVD and respiratory conditions.
- ICS ambition to improve identification and treatment of hypertension by 5% in the 6 months after the CVD PREVENT reporting tools have gone live. Identify and offer high risk patients low intensity statins.

Early cancer diagnosis

- 31 more people with earlier diagnosis per year if N&W met England average rates.
- 20% of the life expectancy gap between most and least deprived communities is due to cancer, and those in the most deprived areas are less likely to be referred as an urgent referral for suspected cancer.
- Screening uptake is lower in more deprived communities.

Children & young people

- CORE20PLUS5 for Children & Young People key clinical areas of health inequalities: asthma, diabetes, epilepsy, oral health, mental health.
- Addressing excess weight in reception children to alter worsening trend.
- More need compared to England average in children's social and emotional health and school absences.
- Vaccination & immunisation.

Protect Norfolk & Waveney (NoW)

Using Risk Stratification for Proactive care, to Ensure Effective Care and Improving Access and Capacity

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Project 1 Example - Talking Therapies (previously IAPT)

Phase 1. December 2021-2022

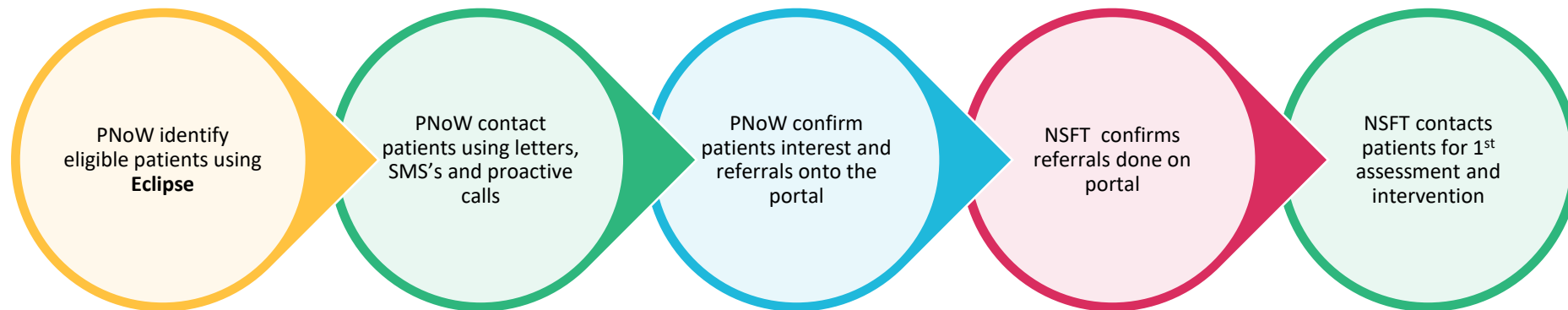
Phase 2. February 2023 – August 2023 December 2023 – Ongoing (Slight amendment to patient cohort)

Key Project Partners. Norfolk & Waveney ICB, Primary Care, NSFT

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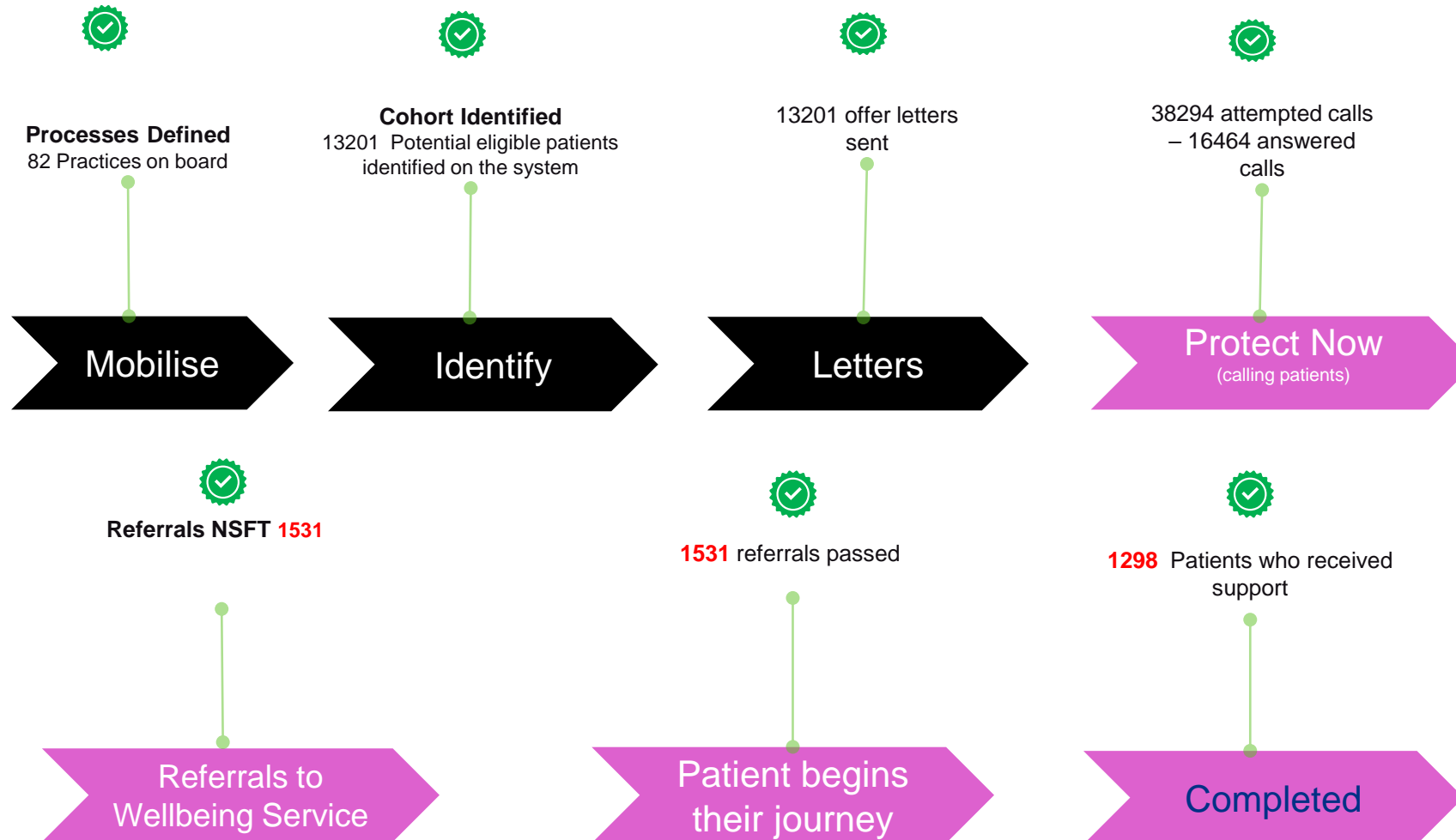
Project Aim / Scope & How it works

- **Aim:** Increase referrals to Wellbeing Service and address clinical variation.
- **Scope – Phase 1 & Phase 2.1:** Patients prescribed medication for depression / anxiety but not accessing talking therapies . All participating practices across N&W starting with practices that refer least and concentrating on older patients and those from deprived areas.
- **Scope – Phase 2:** Same as above, plus patients who are anxious after a fall and specifically an over 65 years of age cohort.



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Summary of overall delivery since start Phase 2: Feb'23 to 09 May 2024



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Project 2 Example - Digital Weight Management Programme (DWMP)

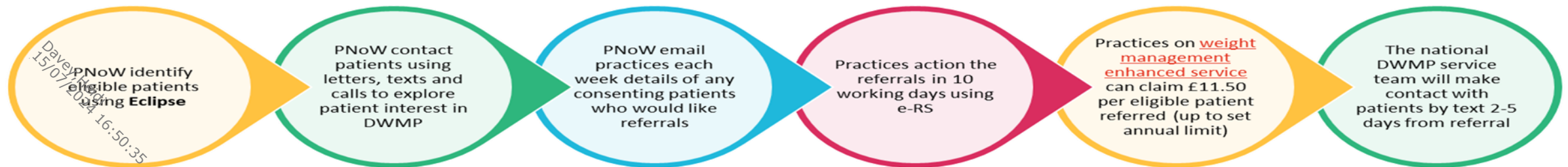
June 2023 – March 2024

Key Project Partners. Norfolk & Waveney ICB, Primary Care, NHS England

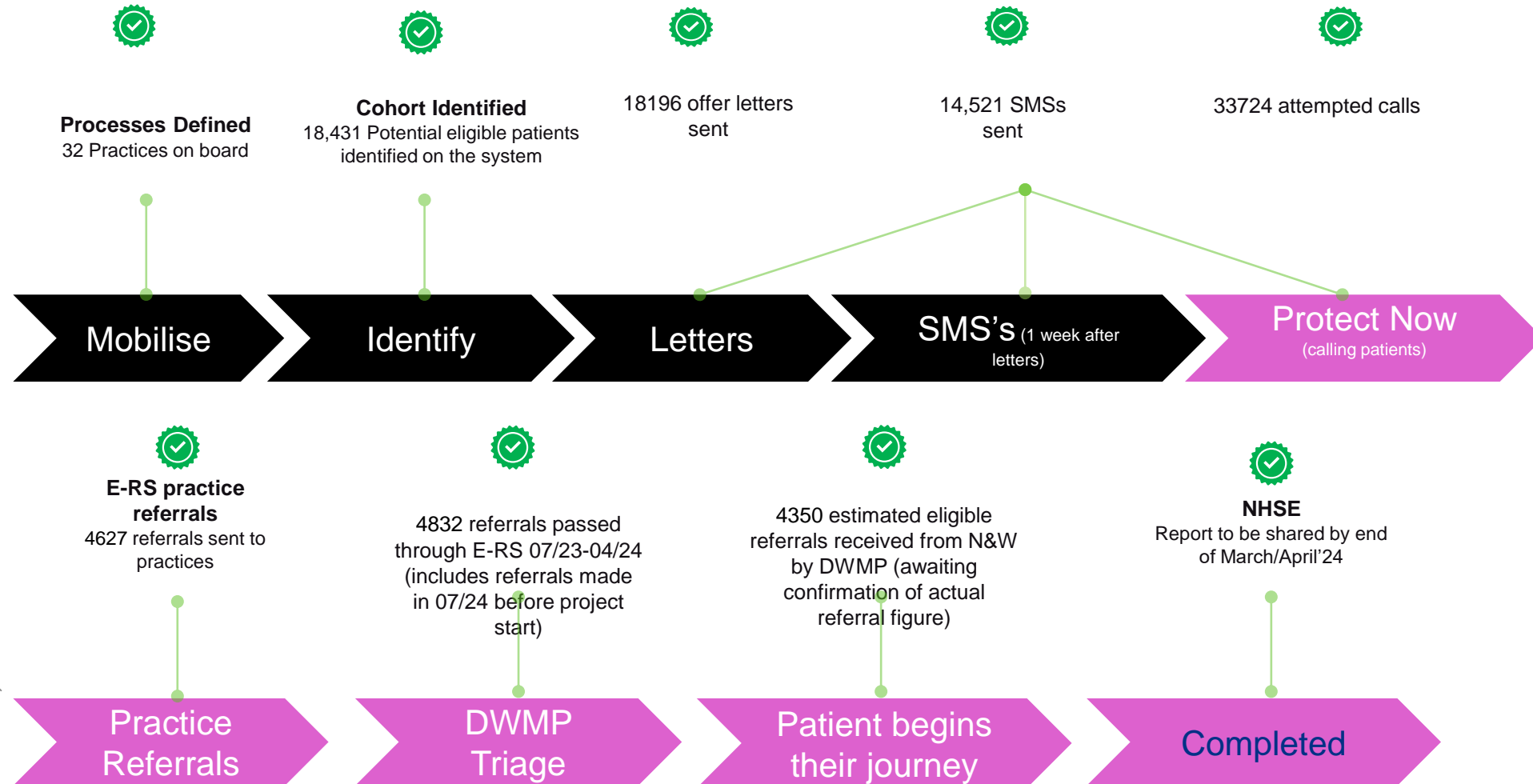
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Project Aim / Scope & How it worked

- **Aim:** Increase uptake of the Digital Weight Management Programme (DWMP) in Norfolk and Waveney over 12 months. Contracted to make 31,200 patient contact attempts to promote the benefits of DWMP.
- **Scope:** To support adults living with obesity who also have a diagnosis of diabetes, hypertension or both to manage their weight and improve their health. Patient contact data to be sourced based on eligibility criteria and sorted to focus on a) practices making lower levels of DWMP referrals in 22/23 b) most deprived areas. Practice project participation currently based on practices opting into the programme.



Summary of overall delivery (since start of project 07.07.23 to 31.03.24)



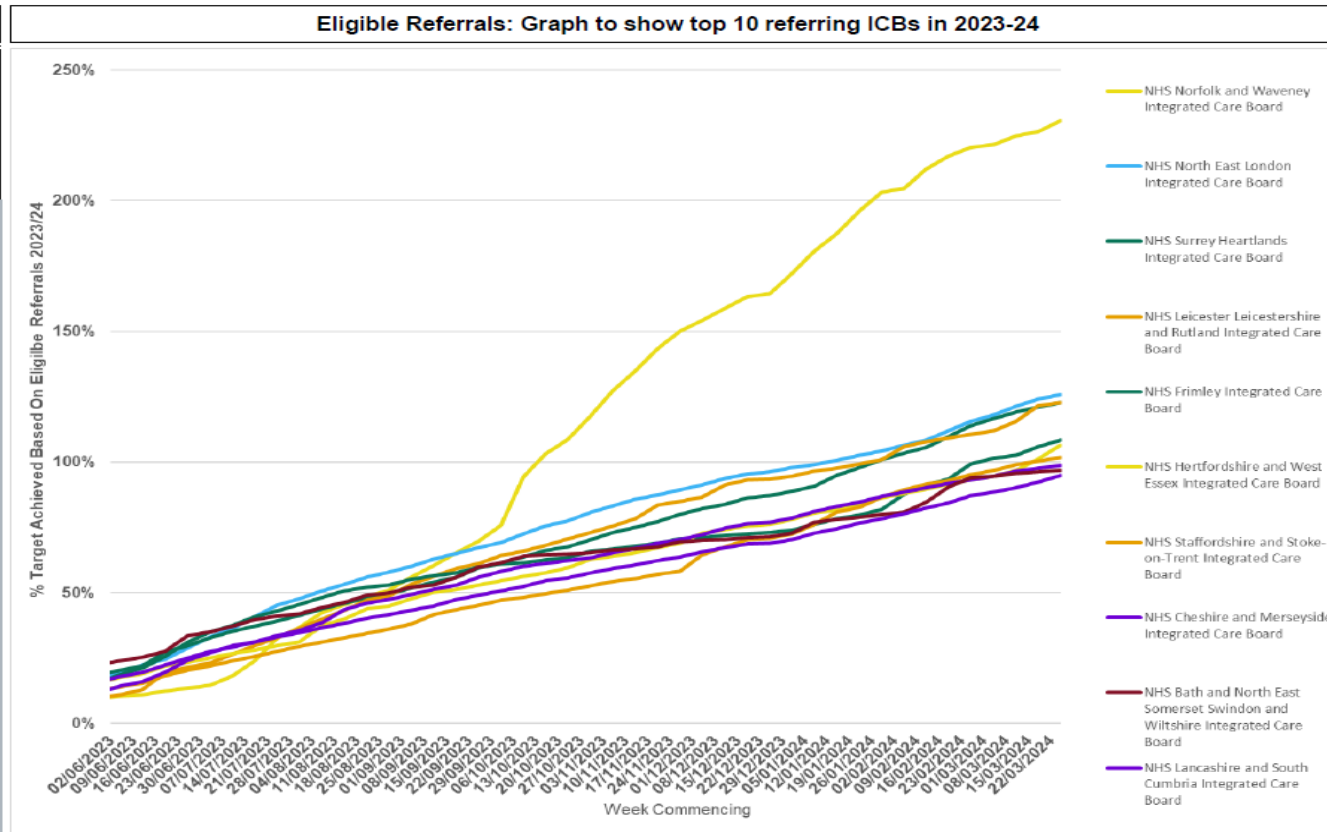
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Norfolk and Waveney final position on NHSE Top 10 – March'24

Top 10 ICBs: Eligible GP referrals



| Eligible Referrals: Top 10 referring ICBs March 2024 | | | |
|--|--|---|--|
| Region | ICB | Total no. of eligible GP referrals in 2023-24 | % Target achieved (using eligible referrals) |
| East of England | NHS Norfolk and Waveney ICB | 5492 | 231% |
| London | NHS North East London ICB | 6078 | 126% |
| South East | NHS Surrey Heartlands ICB | 2565 | 123% |
| Midlands | NHS Leicester Leicestershire and Rutland ICB | 2944 | 123% |
| South East | NHS Frimley ICB | 1646 | 108% |
| East of England | NHS Hertfordshire and West Essex ICB | 3129 | 106% |
| Midlands | NHS Staffordshire and Stoke-on-Trent ICB | 2784 | 102% |
| North West | NHS Cheshire and Merseyside ICB | 5834 | 99% |
| South West | NHS Bath and North East Somerset Swindon and Wiltshire ICB | 1812 | 97% |
| North West | NHS Lancashire and South Cumbria ICB | 3794 | 95% |



NHS Digital Weight Management Programme

(Achievement against system target in 2022/23 was 22%)



Project 3 Example - Diabetes Structured Education Programmes - Patient Engagement Project

November 2023 – June 2024

Key Project Partners. Norfolk & Waveney ICB, Primary Care, NHS England

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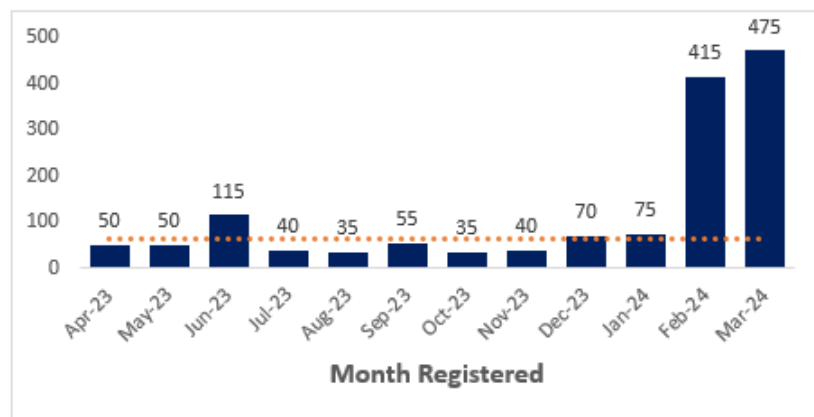
Project Aim / Scope & How it worked

- **Aim:** To increase engagement of people living with diabetes in NHS digital structured education programmes via SMS.
- **Scope:** Contact patients through SMS, direct them to an engagement landing page, track their interaction and subsequent self-referrals to and patient engagement with the relevant digital programme.

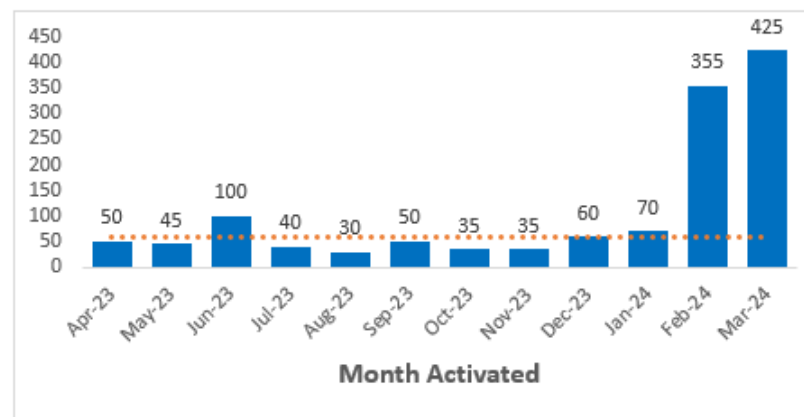
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NHSE NW referral and activity data for the T2D Healthy Living programme

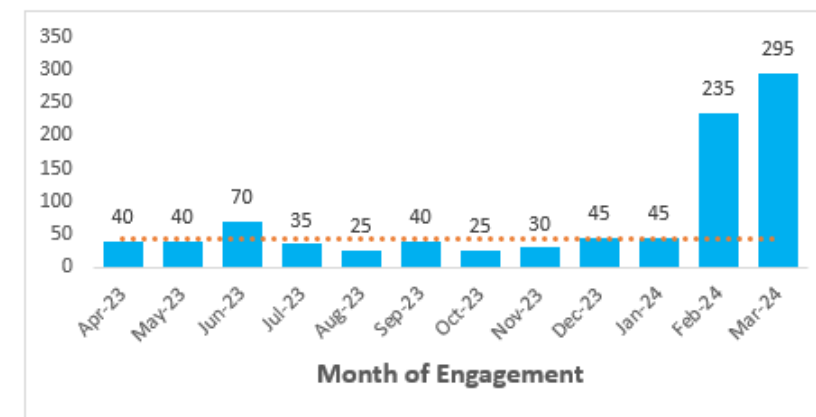
***Please note that the first batches of SMS's were sent throughout Feb and March 2024. The second batches were sent towards the end of May 2024, we therefore envisage seeing an increase in Healthy Living (T2D) accounts registered in June and July 2024.**



1,815 Accounts registered in total 475 Last Month 65 Monthly Average



1,605 Accounts activated in total 425 Last Month 58 Monthly Average



1,165 Users have engaged at least once 295 Last Month 42 Monthly Average

100% of users were invited to activate

88.2% of users activated their account

64.0% of users engaged at least once

*Data is N&W ICB only

The average monthly self-referral rate has increased by 787% (from 56 to 445)

The average engagement rate has increased by 540% (from 40 to 256)



CVD – Hypertension and Lipids Management in N&W

Joseph Crowe

Clinical Programmes Senior Manager

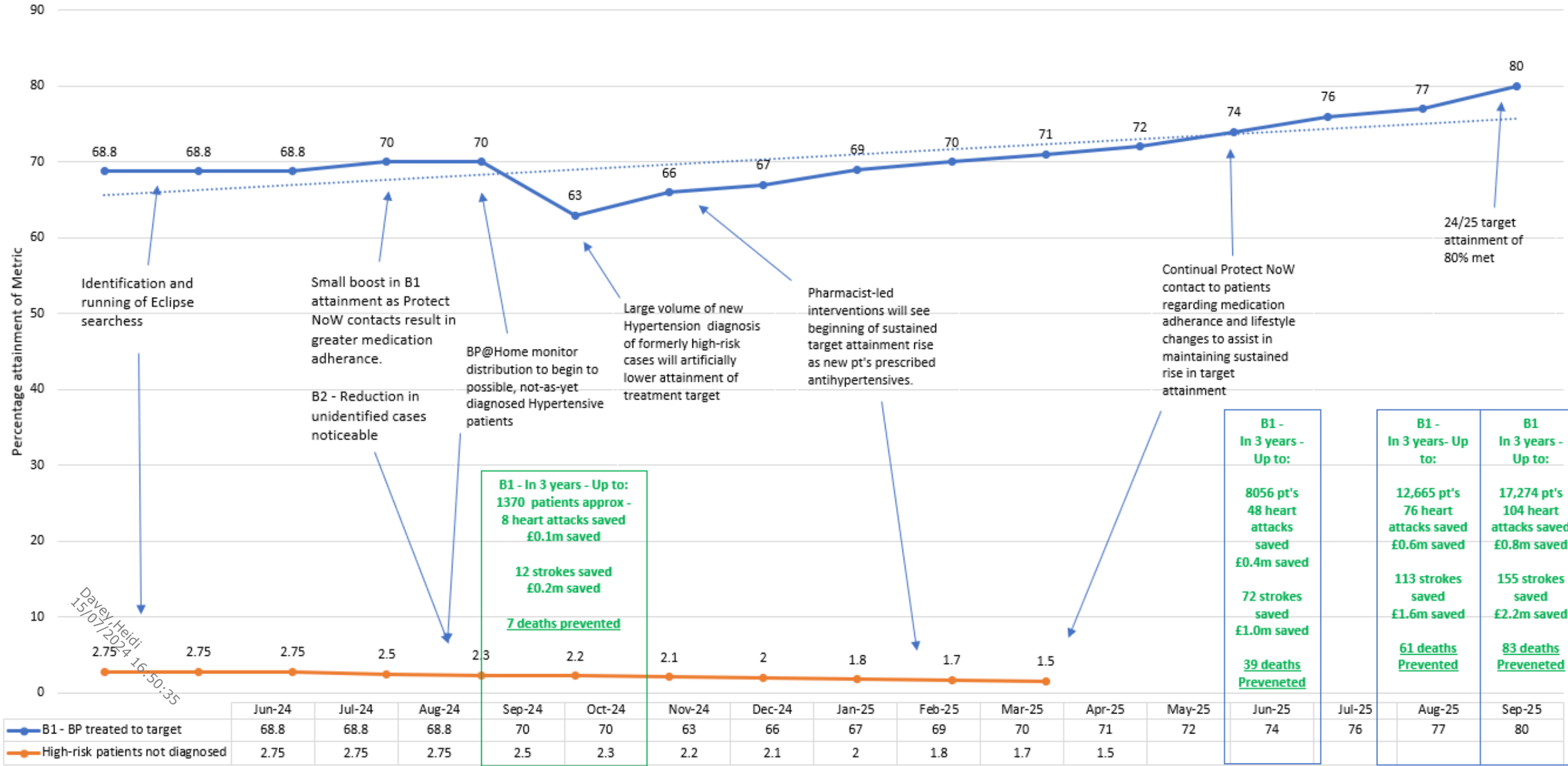
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Introduction to the CVD PHM Project

- N&W has developed an ambitious plan to deliver improvements in the case-finding and subsequent management of its Hypertensive and Lipids patients, using its tried and tested PHM strategic approach.
- N&W will utilise real-time patient identification and risk-stratification software which links in with Practice IT systems to identify tens of *thousands* of at-risk patients:
 - Patients in whom their latest BP reading (within the last 12 months) puts them in the at-risk range for Hypertension, but with no diagnosis of Hypertension made.
 - Patients with diagnosed Hypertension in whom the latest BP reading is >135/85 who are not taking anti-hypertensives.
 - Patients with diagnosed CVD but not on LLT.
 - Patients with prescribed LLT but who are not adhering to their medication schedule.
 - Patients with prescribed LLT but treatment ineffective.
- Patients will be contacted via text message from the N&W Protect NoW team, with links to a specific tailored landing page containing a suite of information relevant to the patient, ranging from lifestyle advice, the importance of medication adherence, and the need for prompt action to prevent disease.
- Further, the ICB will seek to procure a provider for central Clinical Pharmacist provision to support with clinical advice, prescribing, and optimisation. The Pharmacist pool will help lessen the burden on Primary Care through targeted interventions with those specific patients who need it.
- The ICB will purchase a significant number of blood pressure monitors, which will be distributed to Practices to aid in the diagnosis and monitoring of the specific patients identified via the case finding searches.
- The project will be able to target patients with a substantial degree of specificity, ensuring that our impact has maximum effectiveness.
- If only 3000 more eligible patients in N&W start LLT – 22 lives can be saved. 186 strokes prevented. £2m+ saved in expense to the Health System. These numbers increase rapidly as more eligible patients are treated.
- If 8000 more patients have their blood pressure controlled – 39 lives are saved. 48 heart attacks are prevented. 72 strokes are prevented. £1.4m is saved.
- These numbers represent only *part* of the aim of the project.

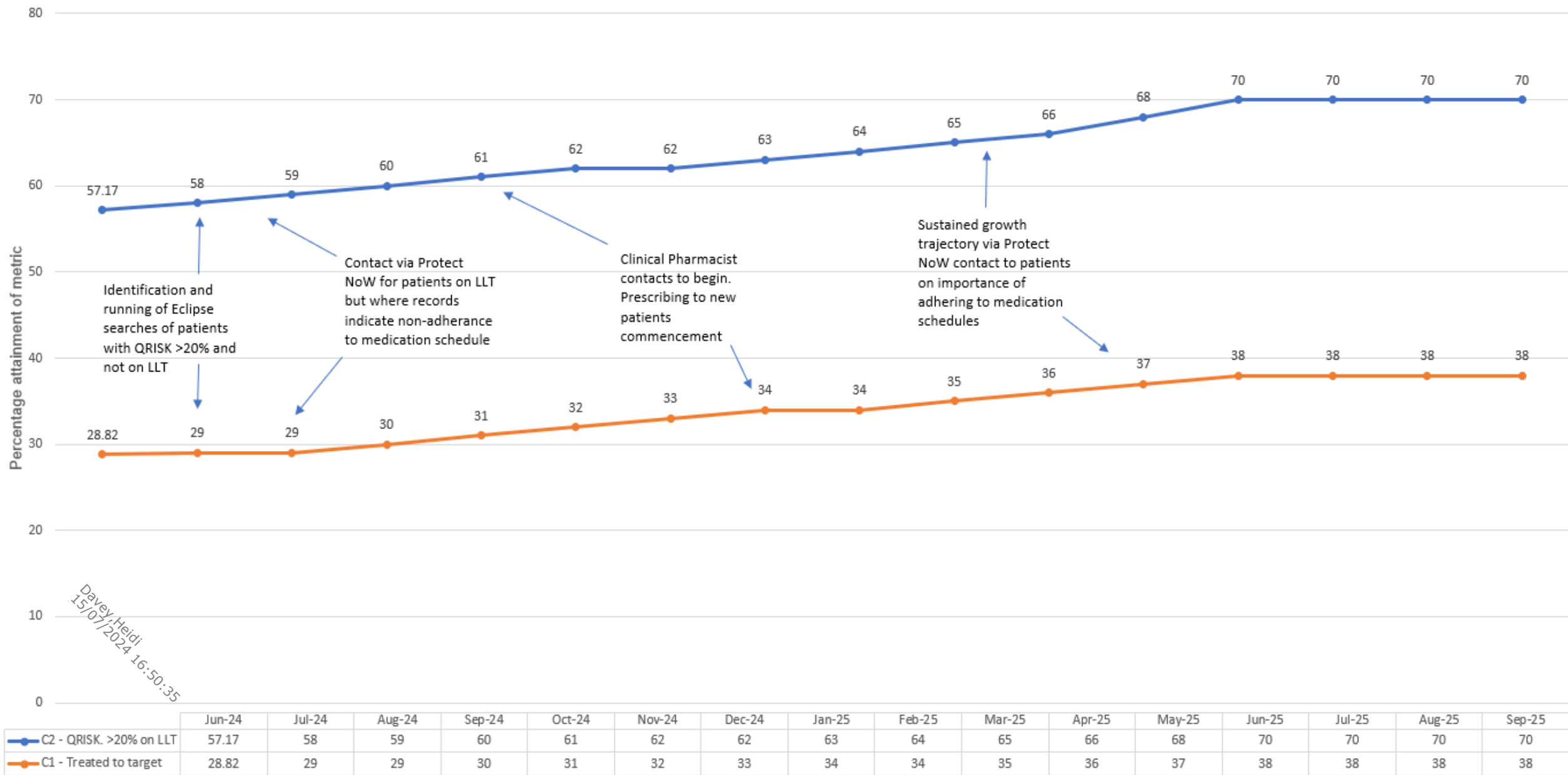
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Hypertension - Trajectory Chart (B1 and B2)



Month and Milestone target attainment by %

Lipids - Trajectory Chart (C1 & C2)



*Davey Heidi
15/07/2024 16:50:35*

Month and Milestone target attainment by %

Agenda item: 10

| | |
|----------------------|--|
| Subject: | Health and Wellbeing Board and Integrated Care Partnership Committee Report |
| Presented by: | Cllr Bill Borrett - Chair ICP/HWB |
| Prepared by: | Steph Butcher |
| Submitted to: | Integrated Care Board – Board Meeting |
| Date: | 17 July 2024 |

Purpose of paper:

A report from the Chair to provide the Integrated Care Board with an update on the work of the Health and Wellbeing Board and Integrated Care Partnership from the meeting held on 12th June 2024.

| | |
|--|---|
| Committee: | Health and Wellbeing Board and Integrated Care Partnership |
| Committee Chair: | Cllr Bill Borrett |
| Meetings since the previous update on | N/A |
| Overall objectives of the committee: | The Health and Wellbeing Board (HWB) and Integrated Care Partnership (ICP) plays a key role to promote the close collaboration of the health and care systems across Norfolk and Waveney – by bringing together health and social care providers, local government, the voluntary, community and social enterprise (VCSE) sector, and other partners. It drives and enhances integrated approaches to address challenges that the health and care system cannot address alone. This includes prioritising prevention, reducing health inequalities, and addressing the wider social and economic factors affecting our communities. The ICP is also responsible for coordinating the development of an Integrated Care Strategy for Norfolk and Waveney . This document is the key strategy for the whole Integrated Care System and its partners. It sets out the challenges and opportunities to improving short- and long-term health and care outcomes. |
| Main purpose of meeting: | The meeting held on 12 th June is one of the quarterly meetings of the HWB and ICP to discuss key areas of work for our Integrated Care System. |

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Key items for assurance/noting :

Health and Wellbeing Board

New members

We welcomed new members to the meeting - Allan Petchey, Place Board Chair South Norfolk; Heather Farley, Place Board North Norfolk; Cllr Brenda Jones, Chair of HOSC; Davina Howes, Executive Director of Communities & Housing Norwich City Council supporting Cllr Claire Kidman, Norwich City Council.

Retirement

You may be aware that Alan Hopley from Voluntary Norfolk who was one of our Voluntary Sector representatives has now retired. Unfortunately, the timings were such that we were unable to say thank you and goodbye to Alan in person. So, I would like to minute from the HWB and ICP partners an acknowledgement and thanks of Alans contribution to the Norfolk and Waveney system over the years and wish him well for his retirement.

Election of Vice Chairs for the Health and Wellbeing Board

The election of Vice Chairs took place. Rt Hon Patricia Hewitt and Cllr Emma Flaxman-Taylor were appointed for a second year.

Norfolk Joint Health and Wellbeing Strategy and Norfolk and Waveney Integrated Care Strategy Progress and Joint Forward Plan update

This item updated members on the combined Integrated Care Strategy for Norfolk and Waveney and the Joint Health and Wellbeing Strategy for Norfolk and highlighted some of the progress made against our system priorities to date. In addition, the report took the opportunity to request an opinion from the Norfolk Health and Wellbeing Board on the proposed refreshed 2024/25 Joint Forward Plan (JFP). It also mentioned the intention to undertake further joint consultation with our local population during the latter part of 2024/25 to sense check the priorities within both the Strategy and the JFP, ready for 2025/26.

Members were complementary about the partnership work and the four key priorities in the strategy would be relevant to all partners own organisational priorities and that they could not be delivered without working together.

The Board agreed the refreshed combined Integrated Care Strategy for Norfolk and Waveney and the Joint Health and Wellbeing Strategy for Norfolk; that it will be kept as a live document and updated as required as our system progresses; and acknowledge the system breadth of progress made so far against the priorities.

They also agreed, in the coming year, to sense check the priorities within the strategy and the Joint Forward Plan with people who live and work in our area and look to establish high level measures we

Davey Heidi
15/07/2024 16:50:35

will hold ourselves accountable for as a system against our Strategic aims.

The updated strategy can be found [here](#) and the refreshed joint forward plan can be found [here](#).

An update on system progress against our system priorities can be found as **Appendix A** below.

Better Care Fund Report - Review of Core Schemes

The paper outlined the findings and recommendations from a review of the Norfolk BCF that was requested by the HWB. The key purposes of the review were to ensure that the BCF schemes were aligned to current system priorities, to understand whether the current BCF schemes suitably address the inequalities and to understand how the BCF was used at Place and across the Health and Wellbeing Partnerships. The review built off the 2021/2022 review and was a joint approach between the ICB and NCC. One of the key findings from the review was that the variation in size and nature of projects made it difficult to quantify strategic ambitions and evidence impact. Other findings which included outcomes and reporting, a dashboard for better oversight and reporting, strengthening governance, and establishing priority themes.

The board heard that any current schemes that do not align with the BCF priorities would not necessarily be defunded. They would go through the commissioning process and impact assessments where it may be possible for schemes to receive alternative funding just not through the BCF scheme. There was a keenness for clarity about what the BCF was funding and to ensure that it was funding schemes that met the priority themes.

It was confirmed that housing remained a key priority within the wider BCF through the Disabled Facilities Grant (DFG) but that the DFG was not funded through the core BCF, and thus, was not in the scope of the review.

The Health and Wellbeing Board agreed to move to a refined BCF model, refreshing the Norfolk BCF priorities to fit wider strategic ambitions under the following themes: Place Based Initiatives, Prevention & Community Support, Admission Avoidance, Discharge and Recovery, Enablers for Integration and Mental Health, Learning Disabilities and Autism. Within these six themes there will be a focus on core integrated schemes that operate at scale across the county and require joint commissioning and oversight.

They also agreed to document a process for on/offboarding schemes and all schemes that do not align to the six proposed themes and/or do not operate at scale will be reviewed following this process to identify if they should continue to draw down funding through the BCF.

The Board agreed to the work with partners across the system to map activity against the new High Impact Change Model for

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Transfers of Care, identifying areas of development with the support of the Regional BCF Team.

Joint Strategic Needs Assessment Work Programme 2024 – 25

The Board heard an overview of the JSNA, and the work planned for the coming year. Norfolk's JSNA website ([Go to norfolkinsight.org.uk to access the JSNA resources](https://norfolkinsight.org.uk)) is centred around three key themes population; health inequalities and healthcare evaluations. It offers a variety of resources such as needs assessments, topic-based reports, interactive data reports, audits, health and wellbeing profiles and data analysis.

It was highlighted that the work on the JSNA was aligned with local work on population health management; the Norfolk and Waveney ICB Population Health Management Strategy is available to view [here](#)

There was a keenness to understand the needs of the population and locate any gaps that exist; the gaps would inform the recommendation and the action plan. The additional depth of understanding could also be used as a valuable tool for commissioners and bid writing.

The JSNA steering Group highlights areas and issues that may need a needs assessment. Members were encouraged to share anything that they felt was important and that ought to be considered to this group.

Members generally welcomed the refresh and areas of focus. A member felt that it should be an aspiration of the JSNA to follow through with support that has been provided to children into adulthood. This aspiration was agreed and should be taken away by the public health team. A member shared that they felt that some areas were missing from the Core20 Plus Groups of Focus, namely adults and maternity, and children and young people with long-term conditions. In response, it was noted that these were not currently an area of focus but that the steering group would be able to offer direction about where the focus should be placed on this.

The voluntary sector was keen to be involved with the JSNA work.

Norfolk All Age Autism Strategy 2024 to 2029

There is a requirement under the Autism Act 2009 for local areas to develop and implement an autism strategy. Through a co-produced approach, the Norfolk Autism Partnership Board (NAPB) has refreshed the Norfolk All Age Autism Strategy. The NAPB reports to the Norfolk Health and Wellbeing Board (HWB) as part of its governance arrangements. The Norfolk Autism Partnership Board (NAPB) set up an Autism Strategy Reference Group. This group included autistic people, members of the NAPB, and statutory bodies working together to oversee the refresh of the strategy.

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The NAPB will publish the final version of the strategy from July 2024 and will start to work with partners to develop the plan under this. The plan will set out the key actions that partner organisations will take towards achieving the priorities of the strategy. It will be updated each year from 2025 to 2029 and will be monitored by the NAPB. By January 2029, the NAPB will start work to refresh this strategy for 2030 onwards.

It was highlighted that the NAPB would produce alternative formats of the strategy such as Easy Read.

The Board agreed to adopt the refreshed Norfolk All Age Autism Strategy for 2024 to 2029 and that individual organisations represented on the Board will work with the NAPB to develop a delivery plan.

Integrated Care Partnership

Election of Chair and Vice Chairs

I was re-elected as Chair for the Integrated Care Partnership and the Rt Hon Patricia Hewitt and Cllr Emma Flaxman-Taylor were both duly re-elected as Vice-Chair of the Integrated Care Partnership for the coming year.

Revision of Terms of Reference (ToRs)

There have been recent changes to the membership of the ICP with the inclusion of the University of East Anglia representative with voting rights and the Chair of the Health Overview and Scrutiny committee with non-voting rights, so it has become necessary to make amendments to add the new members to the list contained within the ICP ToRs. It is also good Governance to review the ToRs yearly and the ToRs have been reviewed with an amendment to Section 12 to include the reference to Steering Groups to enable future system work to be taken forward together. The revised ToRs are at **Appendix B** to this report.

Health Inequalities Strategic Framework for Action

The Partnership received the final Norfolk and Waveney ICS Health Inequalities Framework for Action for agreement and was provided with a progress update and agreed a governance approach to provide overall oversight to implement the Framework. [You can view the Health Inequalities Framework for Action in detail on improvinglivesnw.org.](https://www.improvinglivesnw.org)

The overall Framework and initial 10 actions are to be overseen by a Strategic Steering Group which is now being created as a working group reporting to the ICP. This will be supported by a partnership Coordination Group who will develop and provide the tools to the system to support implementation.

The Health Inequalities Oversight Group (HIOG), which is led by the ICB, is to lead the Healthcare Inequalities action plan development, alongside the five Place Boards.

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The Health Improvement Transformation Group (HITG), which is led by NCC Public Health, is to lead the Lifestyle Factors action plan development, alongside the eight Health and Wellbeing Partnerships.

A new leadership group is to be established by the ICP to lead the Living and Working Conditions action plan development. All partners, including VCSE partners, are to lead the development of the Living and Working Conditions Group and provide an update on progress at the ICP in September 2024.

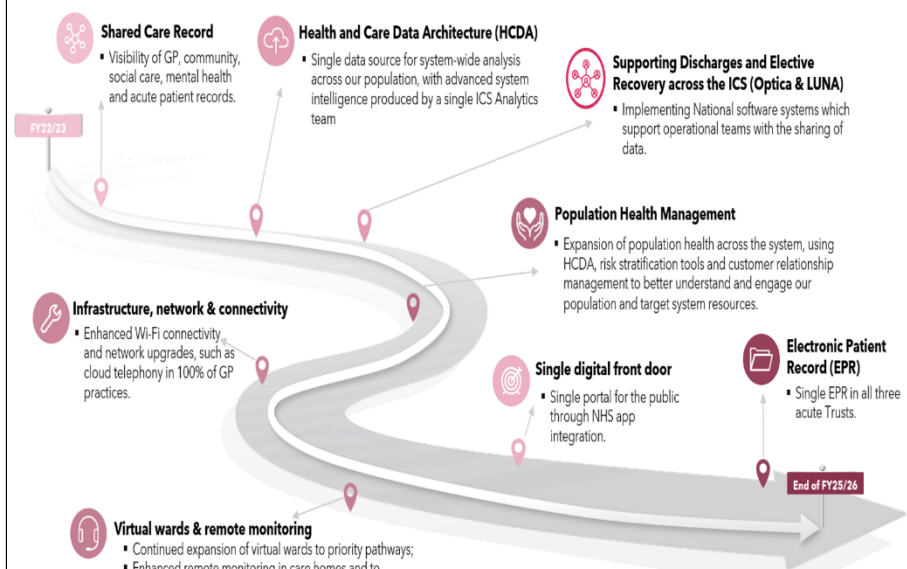
Driving Integration Through Digital, Data and Technology including the Impact and potential risks in respect of the landline to digital switchover and 3G switch off.

This paper was brought to the ICP to update on how we are working collaboratively as a system to enable data sharing and what we are doing to drive integration through our digital, data and technology systems (DDaT). It also gave an update on how we are communicating with staff, customers, and residents of Norfolk about the digital switch in light of the UK’s telephone network being upgraded over the next year and a half. Old analogue copper telephone landline network will be switched to digital, meaning that all phone calls will go through the internet, and everyone will require broadband to make landline phone calls. This means that people who use technology and who are reliant on analogue telephone connections may need to upgrade their devices.

Digital Road Map: Norfolk and Waveney continue to deliver the agreed ICS Digital roadmap. This sets out the delivery of a number of significant projects and programmes and this takes us (currently) through to the end of 2025/26. The Digital strategy and roadmap will be refreshed in the Autumn of 2024 to continuously reflect the changing system transformation priorities and available funding levels.

Digital Transformation Strategic Roadmap

Digital will enable transformation across all care settings, including outpatients.



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The Norfolk & Waveney Shared Care Record roll out phases 1 and 2 are complete, with the record now accessible in Norfolk County Council, all three Acute Hospitals, the community providers, Norfolk & Suffolk Foundation Trust, NHS 111, GP Practices and Out of Hours services. All of these organisations, apart from the community providers, are also contributing data to the record, which is being accessed by an average of 4,000 staff a week for 30,000 citizens.

A Social Prescribing system, Joy, has been purchased and will be rolled out across Norfolk & Waveney. This will enable delivery of the Shared Care Record to the VCSE sector, as well as improving the uptake of social prescribing pathways and ultimately improving people's lives. The project is currently in discovery phase and the team are actively working with PCNs and social prescribing partners on baseline work, such as populating directories of service.

Remote observation technology has been rolled out to 40 care homes in Norfolk & Waveney and is being expanded to 40 more. The ability for remote observations gives clinicians at the GP Practice or in the 111 or Out of Hours setting, better information to assist decision making and means that residents can receive care at home where appropriate. We are also exploring ways of flowing data from the Adult Digital Social Care Record to be available to system partners.

The data hub (formerly HCDA) provides a system wide platform for the linkage and sharing of data across all ICS partner organisations. We recognise that a citizen's story is told across multiple organisations, and it is therefore the intention that the data hub will bring them together, linking them into a single story. This will allow systems and providers access to better intelligence.

Landline to Digital Switch: By the start of 2027, the old analogue copper telephone landline network will be switched to digital, meaning that all phone calls will go through the internet, and everyone will require broadband to make landline phone calls. The migration process is already underway and effecting Norfolk residents. The mobile providers have also decided to switch off their 3G networks to make room for the more advanced 4G and 5G services, giving customers faster and more reliable access. Work will be completed by 2024. The majority of mobile phones in use will be unaffected, however if an older device is used that doesn't have 4G or 5G signal then this will need to be replaced as they will no longer work for data. They will still however be able to make and receive phone calls and text messages using the 2G network.

There is a potential risk to a resident that uses a service that relies on a landline connection as they may be impacted. These are services such as Telecare Services, Fire, Burglar and Personal alarms.

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| | <p>Norfolk County Council have been promoting these changes to its residents and staff as part of a wider communications campaign and although the switchover date has very recently changed from 2025 to 2027, we will continue with our communications campaign.</p> <p>An article about both of these changes was in the spring 2024 'Your Norfolk' magazines which goes to all of our residents. It informed them of what the changes were, when it was happening, what they needed to do and where to find further information about this.</p> <p>A Data Sharing Agreement is now in place with BT to ensure that we can provide information regarding vulnerable people and meetings with other suppliers will take place over the coming months.</p> <p>Information is shared regularly with our partners from Health, Local Authorities and the VCSE via the Digital Inclusion Programme board.</p> <p>Full copies of the all the Papers and Minutes can be found here.</p> <p>Dates for your diaries: -</p> <p>The next formal meeting of the Norfolk Health and Wellbeing Board and Integrated Care Partnership will be at 09:30 am Wednesday 4th September 2024, this meeting is livestreamed on YouTube on the Norfolk County Council channel, or you can watch from the public gallery if you are not a member. All are welcome.</p> |
| Items for escalation to Board: | N/A |
| Items requiring approval: | The amendments to the terms of reference for the ICP require approval by the ICB Board. These should then be included in the ICB's governance handbook. |

| Key Risks | |
|--|-----|
| Clinical and Quality: | N/A |
| Finance and Performance: | N/A |
| Impact Assessment (environmental and equalities): | N/A |
| Reputation: | N/A |
| Legal: | N/A |

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| Information Governance: | N/A |
| Resource Required: | N/A |
| Reference document(s): | N/A |
| NHS Constitution: | N/A |
| Conflicts of Interest: | N/A |

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Integrated Care Strategy Progress

| JFP Ambitions/Objectives | Key work strands - Description and Outcomes | Driving Integration | Prioritising Prevention | Addressing Inequalities | Enabling Resilient Communities |
|--------------------------|--|---------------------|-------------------------|-------------------------|--------------------------------|
| <p>Ambition 1</p> | <p>Population Health Management, Reducing Inequalities and supporting prevention.</p> <ul style="list-style-type: none"> • The N&W ICS Population Health Management Strategy (2024 -2029) has been published. It describes a proactive way of working and data driven priorities for action to improve health and reduce health inequalities. • The N&W ICS Health Inequalities Strategic Framework for Action (2024 – 2034) is on today’s agenda for final approval. The Framework has been developed through our Health Inequalities Conversation across multiple partners and sectors across Norfolk & Waveney. 10 initial actions have been identified that will be implemented this first year of the strategic framework to lay the foundations for future years. • A new maternity led stop smoking service has been developed and is being delivered by Norfolk's three acute hospitals with system partners. NCC led a pilot Smoking in Pregnancy Incentive Scheme which is being evaluated. • A programme of lung checks is being rolled out in the Great Yarmouth and Lowestoft area, with the aim of diagnosing cancer earlier. Uptake levels are slowly increasing. • A programme is underway to identify patients with high blood pressure and cholesterol and to act early in primary care and community settings. The work has | <p>✓</p> | <p>✓</p> | <p>✓</p> | <p>✓</p> |

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| | started but further training and support is needed for GP practices. | | | | |
| Ambition 2 | <p>Primary Care Resilience and Transformation</p> <ul style="list-style-type: none"> • There has been a delay to the development to strategic planning for general practice due to the need to focus on operational day to day resilience and new work such as the roll out of Pharmacy First. This objective continues in 2024/25. • The long-term dental plan is agreed and being published. Delivery of the short-term dental plan published in September 2023 is underway. We have mobilised an urgent dental treatment service to improve access for any individual in dental pain through a new pilot scheme. 18 new dentists recruited, there is a 25% increase of approved foundation dental training practices and 66% increase of approved dental supervisors across the system. | ✓ | ✓ | ✓ | |
| Ambition 3 | <p>Improving services for Babies, Children and Young People (BCYP) and developing our Local Maternity and Neonatal System (LMNS)</p> <ul style="list-style-type: none"> • 7 Family hub sites are operational, including an alternative virtual offer. Additional services have been aligned to hubs. • Our LMNS continues to develop. The LMNS dashboard has been published. The maternity vacancy rate has reduced and improved to 7% (Sept 2023 figures). • We are implementing the national asthma and epilepsy recommendations, for Children and Young People. There has been excellent engagement across the system with successful campaigns in place to raise awareness of Asthma. | ✓ | ✓ | ✓ | ✓ |

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| | <ul style="list-style-type: none"> An improved and appropriate offer for Children’s Occupational Therapy has been delivered. The co-designed website and handbook for schools and training packages for professionals have all been published and rolled out. The parent page has been published and recruitment of additional therapists is underway. | | | | |
| <p>Ambition 4</p> <p><i>Davey, Heidi 15/07/2024 16:50:35</i></p> | <p>Transforming Mental Health Services</p> <ul style="list-style-type: none"> We are working together to increase awareness of mental health; to enable our population to develop skills and knowledge to support wellbeing and improve mental health. The refreshed Suicide Prevention strategy has been developed with stakeholders and is in final stages before being published. Adult and Children and Young People Mental Health Collaboratives were launched April 2023 and projects undertaken. The Integrated front door service has been launched and the number of children and young people accessing the right support to meet their emotional wellbeing and mental health needs has increased. We want to see the whole person for who they are and have targeted some specific improvements in the areas of complex emotional needs (CEN) and dual diagnosis. 300 additional staff have been trained in CEN approaches in 2023/24 and therapies is part of the wider community transformation work. Dual Diagnosis workshop took place 23/01/2024 - feedback and comments have been collated and translated into a new five-year JFP workplan | ✓ | ✓ | ✓ | ✓ |

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| Ambition 5 | Transforming Care in Later Life <ul style="list-style-type: none"> Stakeholder workshop held December 2023 and Ageing Well Strategic Framework published. 5 workstreams identified: (Frailty Focussed Acute Care; Prevention; Care Home and Housing with Care; Dementia; and Education). Links established with other key interdependent programme areas (Palliative and End of Life Care, Urgent & Emergency Care, Population Health Management, Medicines Management) Inaugural meeting of Norfolk & Waveney Clinical Ageing Network Finalised Dementia Charter and shared across the system. Development of N&W Ageing Well news bulletin | ✓ | ✓ | ✓ | ✓ |
| Ambition 6 | Improving Urgent and Emergency Care <ul style="list-style-type: none"> This is core business. Ambition is managed through an Urgent & Emergency Care Board. The improvement trajectories are part of national monitoring and tracking processes. The pressure remains within the operational element of urgent and emergency care. This has been compounded by industrial action reducing capacity for transformation. Areas of improvement have continued, albeit slower than anticipated. Successes include a reduction in demand, the number of patients awaiting discharge from hospital, the unscheduled care coordination hub now includes support to ambulance crews on scene and there is support for mental health patients who are ringing 999. Focus of partners is to address root causes of issues affecting ambulance handover. | ✓ | | ✓ | |

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| Ambition 7 | Elective Recovery and Improvement This Ambition is managed through an Elective Recovery Board. The improvements trajectories are part of national monitoring and tracking processes. As per UEC, progress against the headlines has been challenging and reducing the number of long waiting patients remains a key priority in 2024/25. <ul style="list-style-type: none"> We are using capacity across health system partners to reduce waiting times and deliver care locally. 742 patients chose to be treated elsewhere in 2023/24 to reduce their waiting time. The NNUH Paediatric Centre opened in January 2024 which increased capacity for elective care. The three Diagnostics Centres are all on track to open in 2024/25, and the Elective Orthopaedic Hub at the JPUH will be open in October 2024 The number of patients waiting 63 or more days after referral from a cancer patient tracking list continues to decrease. In March 2024, all three trusts achieved a noticeable improvement in the Faster Diagnosis Standard with the NNUH achieving over 75%. | ✓ | | ✓ | |
| Ambition 8 | Improving Productivity and Improvement <ul style="list-style-type: none"> Three cases for Change to improve productivity were delivered. These were in the areas of Human Resources, Digital and reducing the length of stay in hospital. | ✓ | | | |
| Health and Wellbeing Partnerships - Programme/Project | Key Work strands -Description and Outcomes | Driving Integration | Prioritising Prevention | Addressing Inequalities | Enabling Resilient Communities |

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| Shadowing Programme | <p>Run a match making service for staff within the system to shadow others. This is with the intention of raising awareness of different motivations, remits, and barriers to enhance understanding of how to best work together increasingly collaboratively.</p> <p>Outcomes:</p> <ul style="list-style-type: none"> • 21 people have expressed an interest in the programme. • 7 placements complete (100% would recommend this programme to someone else). <p>Feedback from placements have been overwhelmingly positive, comments on what they will do differently following the placements includes: <i>"I'll be more confident with my referrals and will know how each team within Children's Services will be able to deal with my referral. Sharing best practice has also been really useful."</i> <i>"[I] speak with greater knowledge and confidence, [and will] involve DWP in more conversations which are relevant to them."</i></p> | ✓ | | | |
| Great Yarmouth Community Hub | <p>The Great Yarmouth Community Hub currently has 343 professional partners from 41 organisations. Partners of the Community Hub attend bi-weekly meetings which are an opportunity to discuss cases and encourage the provision of multi-agency wrap around support.</p> <p>Community Marshals and Case Workers work within the Hub supporting residents with wider welfare and social needs.</p> <p>Outcomes:</p> <ul style="list-style-type: none"> • Oct 2022 – March 2024, Community Marshalls: • 8458 residents engaged with service, • 1492 residents spoke foreign language, • 721 Case Work, • 142 Diabetic Risk calculation, • 1175 Home visits. | ✓ | ✓ | ✓ | ✓ |

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| All To Play For | <p>Using football to engage with men with mental health concerns. Improve social support network, physical activity. Provide information & advice on alcohol, drugs, health checks & men's issues.</p> <p>Outcomes:</p> <ul style="list-style-type: none"> • To date, the project has supported 110 men across Norwich sessions. The funding has also enabled 70 men who were already engaged in the project to remain supported. • During this time, the project had engaged with 29 support services. • 75% reported an increase in weekly physical activity levels with 55% also reporting improved fitness. • 59% reported making friends. • 64% reported feeling less anxious and stressed as a result of attending All To Play For. • 41% reported improved mood. • 36% reported they were better able to manage their health. • Of the participants taking medication for their mental health, 50% saw a reduction in medication at 3 months, whilst the other 50% reported no change to their medication intake. • The project has facilitated better connectivity internally within NHS services and supporting better integration of voluntary sector and the role it can play in helping the strain on the NHS. | ✓ | ✓ | ✓ | ✓ |
| Stroke Reach | <p>Co-developed pathway of support across Norfolk & Waveney for stroke survivors post discharge from stroke wards. Wrap-around support includes exercise provision (provided through AgeUK's Health Coaches, Broadly Active, and others), Help</p> | ✓ | | | |

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| | <p>Hub support, Headway’s ABI Connections Programme, and more depending on locality. This project uses Active NoW as one referral point into these services and has taken over 290 referrals since beginning.</p> <p>Outcomes</p> <ul style="list-style-type: none"> • 81% take-up demonstrates the need for wrap-around support such as this. • Increased trust between clinical and non-clinical services to deliver the right support at the right time. • Feedback from an individual supported by Health Coaches: “You have given me the confidence to carry on exercising and thinking positively about the future.” | | | | |
| <p>PositiviTea events</p> | <p>A series of informal events for people to seek support and signposting regarding financial issues, physical and mental health problems, or simply for a reassuring chat and refreshments.</p> <p>Outcomes:</p> <ul style="list-style-type: none"> • Adult Social Care attendee said: “...PositiviTea events have assisted me to do my role as I have very limited hours to get out into the community. The information shared enables me to provide better information to vulnerable individuals...” • Matthew Project attendee said: “The events they hold in more remote parts of North Norfolk ... enable us to promote our own services to people in those communities and other local organisations.” • North Norfolk Council attendee said: “The events were a really great place to take the opportunity to put right any preconceived ideas people may have about claiming benefits and making sure they have the real facts so they’re able to claim what they’re entitled to.” | ✓ | ✓ | | ✓ |

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| | <ul style="list-style-type: none"> Healthwatch attendee said: "...we've been able to make new connections with local groups and spent time furthering existing relationships." | | | | |
| Falls Prevention Initiatives | <p>A range of initiatives developed by the partnership workstream to prevent falls and reduce admission to hospital and up skill the local workforce for system sustainability. These include: Community Exercise sessions delivered by Your Health Norfolk and Dance to Health, Trusted Assessor Training, Physical Activity Training, Equipment purchase for communal room cross the borough for community providers to use, slipper swap event in libraries, and a decluttering service.</p> <p>Outcomes:</p> <ul style="list-style-type: none"> Your Health Norfolk 12-week exercise classes 159 participant (Jan 2024). Dance 2 Health in progress. Level 3 & 4 Trusted Assessor Training. L3 – 12, L4 in development. Equipment available and easy to access by community groups in 4 / 5 community rooms across the borough. Decluttering service for ½ day house clearance for referrals from Community Hub and James Paget Hospital. | ✓ | ✓ | | |
| Our Day Out | <p>Creative activities focused on wellbeing, using dance, music, and movement to reduce loneliness & social isolation. For people with dementia, LTC's, long covid and their carers & bereaved.</p> <p>Outcomes:</p> <ul style="list-style-type: none"> 80% of participants experienced increased wellbeing, 97% have increased social connections, 91% experience a sense of belonging. | | ✓ | ✓ | ✓ |

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| <p>Box Up</p> | <p>In a first in the UK, 'Box Up' is coming to Lowestoft this spring!</p> <p>Box Up is a modular system of storage boxes, placed in public areas like parks, playing fields or beaches, which hold a range of sports and leisure items. These could include a rounders bat and ball, football, frisbee, cricket bat, ball and stumps or litter picking equipment.</p> <p>Residents can use the items free of charge by registering on the App and using this to open and close the boxes. The boxes are solar panel controlled and only Bluetooth is required to use the App, which can record key information about usage, what equipment is popular, how long it was loaned for, user ages and home location (to check reach into our most deprived communities). The boxes can be relocated, or the equipment changed, if the data shows low usage in any given area.</p> <p>The project has been developed by the Lowestoft and Northern Parishes Community Partnership, with the aim of increasing sport and leisure participation and supporting positive mental health and wellbeing. As most activities require others to join in, it is hoped that using the equipment could also help reduce social isolation and loneliness in the target areas.</p> | | ✓ | ✓ | ✓ |
| <p>Community Alcohol Partnership, Youth Health Champion Training</p> | <p>Youth Health Champion training around alcohol delivered in schools. Education provided by Royal Society for Public Health Level 2 qualification.</p> <p>Anticipated outcomes:</p> <ul style="list-style-type: none"> • Enable 30 disadvantaged young people to obtain a Level 2 qualification. | | ✓ | ✓ | ✓ |

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| | <ul style="list-style-type: none"> • Support and enable young people to develop a health improvement message on an issue that matters to them and share with their peers. • Take part in their local CAP and develop further social action campaigns. • Form a group of Young Health Champions across West Norfolk who can provide views on health and wellbeing issues affecting young people and share ideas for social action. | | | | |
| Healthy Hearts | <p>Data shows that in Lowestoft, emergency hospital admissions for cardiovascular (CVD) related health conditions and premature deaths are significantly higher than the national average. So, this project aims to address health inequalities in Lowestoft with a focus on CVD. It has three main elements: Community engagement (Community Voices), Lowestoft Health Hearts, Community-led interventions.</p> <p>Anticipated outcomes:</p> <ul style="list-style-type: none"> • Increase diagnosis of hypertension and optimise hypertension management. • Reduce health inequalities by reducing morbidity and mortality from CVD in most deprived communities. • Reduce barriers to accessing healthcare and empower Lowestoft residents to make healthy behaviour choices which have an impact on heart health. | | ✓ | ✓ | ✓ |
| PitStop | <p>Drop-in/social support/workshop spaces for men with a focus on mental health, wellbeing, alcohol & CVD. Swaffham, Watton, Dereham, Thetford. Led by health champions to deliver low level health check and positive activities.</p> <p>Outcomes:</p> | | ✓ | ✓ | ✓ |

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| | <ul style="list-style-type: none"> • 84 individuals signed-up, 86% maintained engagement (Breckland). • 60 individuals signed up, 78% maintained engagement (West Norfolk). • Activities included visual arts, fishing, ceramics, card, and board games, walking groups, woodland project, and many more. • “MensCraft has helped me to be able to leave my house and meet people which is something I have not been able to do for a lot of years.” <p>“It has helped with my anxiety meeting new people.”</p> | | | | |
| <p>Food for Thought/Lily</p> | <p>Cooking classes, budgeting, and referrals to other Lily services.</p> <p>Outcomes:</p> <ul style="list-style-type: none"> • Round 3: 201 attendees. • Round 4: 168 attendees. • Attendees signposted from local services including: Pandora Project, Harbour Centre, Boudica Court Accommodation, Targeted Youth Support Service (Momentum). • 100% agreed Food for Thought helped increase their knowledge and understanding of the importance of eating healthy and having an intake of basic nutrition. • 100% agreed Food for thought helped improve or maintain current health condition. • Attendee consumption of fruit and vegetables per week increased from 0 to 3 consuming 10+ a week. • 100% agreed Food for Thought increased confidence in household budgeting. | | ✓ | ✓ | ✓ |

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| Community Health Workers | Recruit community health workers to proactively engage with households in a set area in Watton to provide universal, comprehensive, and continuous support to residents. Outcomes: <ul style="list-style-type: none"> • 15% reduction in A&E attendance. • Watton had its best year in flu jab uptake on record in 2023. • 404 onward referrals for basic needs (food, finance, housing, adult social services). | | ✓ | | ✓ |
| Waveney Health and Wellbeing Partnership | Brings Partners together including the three Community Partnerships and the physical and mental health networks that sit underneath the partnership. Key projects are: <ul style="list-style-type: none"> • Lowestoft Health Hearts Programme. • Winter Warmth Warm Homes pilot in partnership with ICB. • Inclusive Communities Programme. • Invested more than £100k in a wide range of community led projects ranging from dance for fitness classes, mental wellbeing courses and an ‘Community Soup’ seed funding programme to oral health projects for primary school children. • ESC Ease the Squeeze programme - including funding for Warm Welcomes, Field to Fork Growing Spaces, Cooking on a Budget classes, Community Pantries, low energy cooking equipment, Field to Fork Growing kits and Uniform Banks. • Community Help Hub Team has taken almost 2,000 referrals for help with money, accessing food, social care, mental wellbeing, and a wide range of practical needs ranging from baby equipment to furniture. | ✓ | ✓ | ✓ | ✓ |

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| | <ul style="list-style-type: none"> • Feel Good Suffolk programme which helps people with weight management. | | | | |
| Norwich Health Justice Partnership | <p>Scaling up an existing initiative: Help Through Crisis: delivered by Norfolk Citizens Advice and MAP, Health @ Home: delivered by Age UK Norwich. Norfolk Community Law Service: legal help on family/domestic abuse/wider social welfare legal matters, Equal Lives: advice and increased opening hours of Shopmobility site, The Bridge Plus: help with complex needs through intensive one to one information, advice and advocacy support, Shelter, access to specialist legal help and representation for clients facing housing crises.</p> <p>Outcomes:</p> <ul style="list-style-type: none"> • Supported 1833 clients to access relevant advice in 2022/23. • Total amount of debt written off/re-negotiated for Norwich clients: £1,212,262.86. | | ✓ | ✓ | ✓ |
| Migrant Digital Support | <p>Deliver digital training and provide devices to migrant community using a mixture of approaches.</p> <p>Outcomes:</p> <ul style="list-style-type: none"> • The Digital Skills Coach supported 21 people via Hanseatic Union Sessions, alongside further work done by Hanseatic Union. • Case study: A woman struggling with English has now received a laptop and help to use it as she was finding it difficult to apply for jobs on her phone. She also received food vouchers from Hanseatic Union and is now having intensive support as she faces homelessness from her landlord selling the house she lives in. Without Hanseatic Union and Tech Skills for Life working together, she would not have known where to access support. | | | ✓ | ✓ |

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| Warm Homes Project | <p>Identifying clinically and socially vulnerable residents by overlaying health and council data sets to proactively target financial support to reduces exacerbations of living in a cold / damp home.</p> <p>Outcomes:</p> <ul style="list-style-type: none"> • The project demonstrated the benefits to linking health and local authority data sets to identify specific vulnerable households to receive non-clinical support to improve their health. • 720 residents in Great Yarmouth were identified and received a letter and call to discuss financial vulnerability and further information about keeping warm and where wider support is available, e.g. energy providers, local warm spaces, financial assistance schemes. • 115 referrals made to GYBC Community Hub for Household Support Fund and welfare support. | ✓ | ✓ | ✓ | ✓ |
| Mindful Towns and Villages | <p>Delivering free wellbeing and mental health awareness training though NSFT and mental health champion training to local community groups, businesses, shops, pubs, etc. This is to raise awareness of mental health and wellbeing issues at the most local level and build a genuinely available group of people in local communities who can provide support and a 'listening ear'.</p> <p>Outcomes:</p> <ul style="list-style-type: none"> • 19 courses delivered. • 170 people have received training and have joined the Wellbeing Champion Network receiving regular updates to support in wellbeing conversations. | | | | ✓ |

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| | <ul style="list-style-type: none"> 8 areas awarded 'Mindful Town/Village' status which is dependent on number of wellbeing champions compared to overall population size. | | | | |
| Safe and Habitable Homes | <p>A self-neglect and hoarding service, delivered as an extension to the existing INTERACT (Integrated Anticipatory Care Team) service. INTERACT is a multi-agency service which was established to tackle housing issues that are negatively affecting health and wellbeing. It is preventative and supports individuals to remain independent in their homes and reduce their risk of needing input from health, social care, or other support services and to prevent the possibility of formal eviction proceedings.</p> <p>Outcomes:</p> <ul style="list-style-type: none"> Significant numbers of people needing support with clutter, hoarding and/or self-neglect – often exceeding the offer from INTERACT. A multi-agency team bringing together colleagues already working in this area such as social workers, housing colleagues, fire, and rescue service. Uncovering a hidden issue – working with or have supported around 60 people in Norwich, but now aware of over 130 more people who need our support. Working long-term with clients as a wrap-around service to build rapport, declutter at their own pace, and provide support to approach the underlying causes of the client's self-neglect and hoarding behaviours. | | ✓ | ✓ | ✓ |
| Age Friendly Communities | <p>Age-friendly Communities commit to following the World Health Organisation's Age-friendly Communities Framework. This includes looking at the areas of the built and social</p> | | | ✓ | ✓ |

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| | <p>environment which, when acted upon, can help to address barriers to ageing well.</p> <p>Outcomes:</p> <ul style="list-style-type: none"> • North Norfolk have become an Age Friendly Community in 2024. Further outcomes to follow. | | | | |
| Community Engagement Van | <p>The van is a mobile space that will be used to visit towns and parishes across South Norfolk and Broadland, to provide support and advice to residents. The van will be parked in convenient and accessible locations, where residents can come along to talk to a member of the Help Hub team. Partners will be able to borrow the van for the purposes of community engagement as well as join the Help Hub Team on their regular weekly visits. This will help bring services together to meet the needs of our residents and promote collaborative working as services can get to know each other and understand opportunities for joint working.</p> <p>Outcomes:</p> <ul style="list-style-type: none"> • The van made its debut visit to Coltishall Village Hall on 12th March 2024 and will be visiting weekly for 8 weeks. • Van will be visiting 5 locations in South Norfolk & Broadland between March 2024 and February 2025. • Outcomes from early visits will follow soon. | ✓ | | | ✓ |
| FLOURISH | Key work strands -Description and Outcomes | Driving Integration | Prioritising Prevention | Addressing Inequalities | Enabling Resilient Communities |
| Children and young people's system collaborative | <p>In April 2023, a children and young people's system collaborative was established between Cambridgeshire Community Services NHS Trust, Norfolk County Council, Norfolk & Suffolk NHS Foundation Trust, and the Norfolk & Waveney Integrated Care Board, with an initial focus on multi-disciplinary community-based delivery models for</p> | ✓ | ✓ | ✓ | ✓ |

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| | <p>children and young people with mental health needs. It presents an extremely powerful opportunity to realise our ambition that all children flourish in Norfolk, through a focus on early intervention and prevention, 'place', looking holistically at needs, and a move away from a clinical model to one rooted in community-led early help. Recent developments have included greater integration of front door services, development of joint practice models, mental health support teams in schools and the introduction of School and Community zones.</p> | | | | |
| <p>School and community zones</p> | <p>The adoption of 15 school and community zones, each with an average of 26 schools and around 40 early years settings or childminders, and approximately 11,500 children and young people, is allowing us to deploy resources and services locally. With schools, settings, and colleges at the heart of the work that we do, the aim is to make it easier for them to access support and enable collaboration at a community level.</p> <p>Through the Local First Inclusion programme, Children's Services have been able to invest in new school and community teams which are now operating within each zone, with an initial focus on children with SEND and other emerging needs, to support their inclusion in mainstream settings. Working in this way, alongside our community and partnerships teams and local community organisations, is helping to identify and meet children's needs earlier, prevent escalation and the need for more specialist services.</p> | ✓ | ✓ | ✓ | ✓ |
| <p>Local First Inclusion programme</p> | <p>The Local First Inclusion programme commenced in April 2023 as a six year plan to deliver additional investment and changes as part of adopting a system-wide local first inclusion</p> | | ✓ | ✓ | |

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| | <p>approach to help intervene early and more holistically to prevent escalation of need, focusing on how we incentivise and increase mainstream inclusion practice. The programme is being led by Children's Services and delivered through 5 workstreams and over 80 individual projects. These projects span the full range of support for Special Educational Needs & Disabilities, and Alternative Provision, with the primary focus on local mainstream inclusion through 'SEN Support', alongside building more specialist resource bases (hosted by mainstream schools) and expanding state funded special schools.</p> | | | | |
| <p>Start for Life and family hubs programme</p> | <p>Following Central Government's announcement in April 2022 that Norfolk was one of 75 local authority areas in England pre-selected to be part of the Start for Life and family hubs programme, as a partnership we have signed up to the programme given that it supports our shared Flourish ambition and therefore is integral to our wider partnership work to strengthen our prevention and early help offer for families. As a result, the County Council is receiving up to £6.4m of transformation funding for the period up to 31 March 2025, to enable the development of a Start for Life and family hubs approach that supports families with children aged 0-19 (25 with SEND).</p> <p>In line with our existing partnership Prevention and Early Help Strategy, it is an approach grounded in community engagement and partnership, working closely with local organisations and agencies to provide a wider range of joined-up services tailored to the needs of families in their area, in places that families already access. District Family Hub Partnership Groups have been established and are enabling us to assess local needs and identify local priorities</p> | | ✓ | ✓ | ✓ |

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| | for families, with parents and carers playing a pivotal role in planning, decision making, quality assurance and evaluation of services including via a new Parent and Carer Panel. Reporting into the Children and Young People Strategic Alliance via the Prevention and Early Help Board, it is a significant and complex project which is being led by Children's Services as a partnership transformation programme with excellent ongoing support from colleagues across the Council, the ICB, partner agencies and providers. | | | | |
| Digital and Data Programme/Project | Key work strands | Driving Integration | Prioritising Prevention | Addressing Inequalities | Enabling Resilient Communities |
| Norfolk and Waveney Shared Care Record | Phases 1 and 2 are complete, with the record now accessible in Norfolk County Council, all three Acute Hospitals, the community providers, Norfolk & Suffolk Foundation Trust, NHS 111, GP Practices and Out of Hours services. All of these organisations, apart from the community providers, are also contributing data to the record, which is being accessed by an average of 4,000 staff a week for 30,000 citizens. | ✓ | | | |
| Social Prescribing system | A Social Prescribing system, Joy, has been purchased and will be rolled out across Norfolk & Waveney. This will enable delivery of the Shared Care Record to the VCSE sector, as well as improving the uptake of social prescribing pathways and ultimately improving people's lives, and saving time in primary care. An initial engagement session was held with VCSE sector representatives. | ✓ | ✓ | ✓ | ✓ |
| Digital Champions and NHS App Ambassadors | A network of Digital Champions and NHS App Ambassadors has been established through GP Practice Patient Participation Groups and other community groups. Champions and Ambassadors have access to a range of | ✓ | | | |

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| | resources to run NHS App events or provide access to digital skills training. | | | | |
| Cloud based telephony | Cloud based telephony is being rolled out to all GP Practices in Norfolk & Waveney. These telephony systems will have call back functionality, which addresses an issue identified whereby people were using significant sums of mobile phone credit whilst waiting for their call to be answered. Calls will now be automatically answered and callers can then select the option to receive a call back when they reach the front of the queue. | ✓ | ✓ | | |
| Remote observation technology | Remote observation technology has been rolled out to 40 care homes in Norfolk & Waveney and is being expanded to 40 more. The ability for remote observations gives clinicians at the GP Practice or in the 111 or Out of Hours setting, better information to assist decision making and means that residents can receive care at home where appropriate, avoiding a trip to A&E. | | ✓ | ✓ | ✓ |
| Wi-fi | Reliable and resilient wi-fi is being rolled out to all GP Practice sites in Norfolk & Waveney. This will be available in all areas of the practice, which will mean that patients can use it to access services and information whilst in the waiting areas. 30 sites will be live in the next few weeks and the rest will follow. | | | | ✓ |
| Access to records | Access to records has been enabled for Norfolk & Waveney citizens, accessible via the NHS App. This includes access to letters, GP consultations and test results. The Wayfinder project is extending this to secondary care referrals and outpatient appointments, and all hospitals in the area are signed up to this. This gives citizens better access to their | | | | ✓ |

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| | data and reduces follow up queries to practices and hospitals. | | | | |
| Digital Inclusion | <ul style="list-style-type: none"> Digital Inclusion Programme set up in 2022 tackling Digital Exclusion through working in partnership, enabling universal access to connectivity, supporting access to devices and equipment, and increasing digital skills and confidence in the community and finally developing the digital skills of all of our staff to enable them to better exploit technology and support residents. We have been able to refurbish and distribute (to the community) 1342 devices this financial year and loan 860 laptops through the libraries laptop loaning scheme which launched in August. We have also supported over 3300 learners with digital skills courses over the last 2 years and rolled out an ambitious staff training scheme consisting of a basic digital skills training course for all new starters at council. Collaborative bids enabled over £280k of inward investment for Digital inclusion work in 2023/24 and £574k worth of investment from DHSC through the Accelerating Reform Fund. We have an innovative proof of concept pilot which we launched in West Norfolk in July 2023 to provide a wraparound tech support service in the local community. Community Tech Coaches provide support with devices, connectivity, skills, and confidence using a trusted place, trusted person approach. This will be rolled out even further in 24/24 with an emphasis on unpaid carers. | | | ✓ | ✓ |

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| Digital Switch | <ul style="list-style-type: none"> From 2025 the old analogue copper telephone landline network will be switched to digital, meaning that all phone calls will go through the internet, and everyone will require broadband to make landline phone calls. We are actively promoting the ongoing landline to digital phone switchover as well as the 3G switch off. We have included an article in Your Norfolk. There is a potential risk if a resident uses a service that relies on a landline connection as they may be impacted. These are services such as Telecare Services, Fire, Burglar and Personal alarms. We have added this piece of work to our Digital Inclusion Programme and we are providing advice and guidance on the landline telephone switchover to digital and the 3G switch off. This advice and guidance is for all of our citizens, staff, and members. The council's website contains information about the Landline Telephone Digital Switchover as well as 3G switch off. There was an article in the March edition of Your Norfolk focussing on the changes and the potential impacts as well as where people can find further information and support. We will also be providing advice and guidance for our staff who may be working with customers who are at risk as well as promoting internally. We will be sharing this advice and guidance with our partners in health, the Districts and VCSE. | | | | ✓ |
| SHREWD Resilience system | This project sits within the Norfolk and Waveney Integrated Care Board Urgent and Emergency Care Directorate. SHREWD Resilience provides real-time intelligence, creating a whole-system view of our services, to inform decision-making and | ✓ | | | |

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| | <p>the operational management of escalating pressures, and patient flow blockages. Some of the benefits we expect to see are:</p> <ul style="list-style-type: none"> • Significantly reduced time spent on conference calls, due to the availability of shared real-time operational data on an at-a-glance dashboard • Faster response to whole-system pressure through early warnings and collaborative actions to encourage mutual aid • Reduced time spent on operational reporting • Improved collaborative approach to managing patient-flow and minimizing blockages across organisational boundaries • Improved cross-provider collaborative response, as well as internal responses, to minimise escalation • Improved system calls, utilising the dashboard to focus discussion on actions and proactive planning | | | | |
| <p>Workforce Programme/Project</p> | <p>Key work strands</p> | <p>Driving Integration</p> | <p>Prioritising Prevention</p> | <p>Addressing Inequalities</p> | <p>Enabling Resilient Communities</p> |
| <p>Norfolk and Waveney International Recruitment Hub</p> | <p>From an international recruitment perspective, the collaboration has yielded:</p> <ul style="list-style-type: none"> • The creation of the Norfolk and Waveney International Recruitment Hub, providing international recruitment and OSCE education services for partners in the Norfolk and Waveney ICS. • Over 850 internationally educated nurses recruited in 3 years. • Expansion of international recruitment from the 3 Acute providers to MH and Community Providers. | <p>✓</p> | <p>✓</p> | <p>✓</p> | <p>✓</p> |

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| | <ul style="list-style-type: none"> Created a ground-breaking NHS/ Social Care Partnership which has seen NHS staff working with social care providers to recruit internationally trained healthcare support workers. Created a Strategic partnership for recruitment of nurses and healthcare staff from Sri Lanka. Supporting each of the 3 Acute providers to reduce their expenditure with Recruitment Agencies for international recruitment. | | | | |
| Support Workers Programme | <p>The Large Scale Recruitment of Support Workers programme has brought NHS and representatives of the social care market together too, and resulted in:</p> <ul style="list-style-type: none"> Promotion of NHS and Social Care Careers at events in King's Lynn (twice), Norwich (twice) and across 13 other market towns in Norfolk and Waveney Hosted on-line training sessions for over 300 individuals looking to work in care in Norfolk and Waveney, with over 80 of these going on to be referred to providers as potential recruits. Developed a Development and Pastoral Support Programme for Care Support Workers across Health and Social Care, hosted on a virtual learning platform. | ✓ | ✓ | ✓ | ✓ |
| Careers Engagement Leads | <p>Bringing together NHS providers, social care, HEIs and some of the local authority agencies who are engaged in supporting people into work.</p> <p>Whilst the Careers Engagement Leads Group is still forming, there is a belief that bringing organisations together to</p> | ✓ | | ✓ | ✓ |

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| | discuss and collaborate on opportunities to promote health and care careers will be advantageous. | | | | |
| Norfolk and Waveney Health and Care Academy | <p>The original aim of Health and Care Academies, as identified by NHSE/ HEE, was “to give young people the opportunity to see some of the things that healthcare professionals do, to learn some essential life skills, work as a team, solve problems and find out more about what they are interested in”. The Academy offers local students at Year 10, Year 12, and Year 13 the opportunity to engage in a programme that will strengthen their insight and understanding into the health and social care sector, the roles and careers that are available and how to pursue those opportunities.</p> <p>It undertakes outreach work, engaging with local schools and FE colleges to attract interest from students in participating with the programmes. Students are invited to participate having expressed their interest in doing so through their place of education. Each of the selected year groups has a cohort per year, with cohorts spaced throughout the year. The programmes are a mix of face to face and virtual sessions.</p> <p>Since the inception of the N&W Health and Care Academy, over 350 young people have participated in a programme, with a number now working locally as registered health and care professionals or progressing to complete apprenticeship programmes with providers. This programme is currently having a relaunch to widen its offering to more individuals across Norfolk and Waveney , aiming to encourage them into roles in health and social care. This programme works with all partners and aims to further expand, increasing understanding of roles and functions in different areas.</p> | ✓ | | ✓ | ✓ |

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| Education and training across health and social care | Coordinated education study sessions for staff across Norfolk and Waveney, sharing expertise and expanding knowledge. The aim of these sessions is to upskill staff and increase confidence on a range of topics benefitting many across Norfolk and Waveney. | ✓ | | | |
| Health Inequalities Clinical Professional Development | <p>In 2022/23 we agreed to ‘top-slice’ the ICB CPD budget, 22% of the overall Primary Care allocation was provided to the ICS Workforce Team. Pooling our CPD funding with local NHS providers supports partnership working across health, local authority, social care and VCSE, provides joined-up solutions to shared challenges and maximises opportunities to have an impact on specific target groups where inequalities may exist. In particular, the continuation of the ICS Crisis Prevention programme and in addition, we would support using CPD top slicing for:</p> <ul style="list-style-type: none"> • Population Health Management - Reducing Inequalities and Supporting Prevention. • Transforming Care for Older People. <p>A training needs analysis was carried out to determine the key clinical training educational elements needed for front facing general practice staff. The results allowed us to see the training needs grouped by category and linked to the ‘Joint Forward Plan’ Priorities and ‘Core20PLUS5’</p> | ✓ | ✓ | ✓ | ✓ |
| Estates Project/Programme | Key work strands | Driving Integration | Prioritising Prevention | Addressing Inequalities | Enabling Resilient Communities |
| New Hospital Programme | JPUH and QEH are both part of the New Hospital Programme which will see them both rebuilt by 2030 with government funding from over £20 billion infrastructure investment as | ✓ | ✓ | ✓ | ✓ |

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| | part of the government's Health Infrastructure Plan. These new hospitals will help transform services and deliver against national and local policy and priorities, as well as accommodate for the expanding population in these areas of Norfolk and Waveney. | | | | | |
| Diagnostic Centres | <p>Creation of new outpatient diagnostic centres adjacent to the acute hospital trust sites as part of £85.9 million regional capital investment, to include:</p> <ul style="list-style-type: none"> • JPUH – 1 MRI, 1 CT, 2 Ultrasound and 1 X-ray room. • NNUH – 5 MRI, 4 CT, 2 Ultrasound and 2 X-ray rooms. • QEH – 1 MRI, 1 CT, 2 Ultrasound and 1 X-ray room. <p>Building work commenced during Summer 2023. The JPUH and QEH Diagnostic Centre buildings are planned to be operational by Summer 2024 and the NNUH Diagnostic Centre building will be operational early in 2025.</p> <p>It is hoped that these new facilities will help to: improve waiting times; patient health outcomes with earlier diagnoses; experience of staff & patients with the setting up of modern, state-of-the-art equipment; and standardise practices & collaborative working across regional imaging services.</p> <p>Once complete, these facilities will deliver over 281,000 tests, scans, and checks to patients across N&W per year.</p> | | | ✓ | ✓ | ✓ |
| Hellesdon Hospital – The Rivers Centre | £49.7m NSFT project providing 3 new acute mental health wards, gym and hub building at the Hellesdon Hospital Site. | | | ✓ | | ✓ |
| NCHC – Willow Ward | £19.3m new 48 bedded ward located on the NCHC Norwich Community Hospital site, Bowthorpe Road. | | ✓ | | | ✓ |

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| | Willow Therapy Unit will be a state-of-the-art, therapy-led centre providing a supportive and comfortable environment for 48 patients. It will enable patients to make steady, step-by-step improvements and gain independence as they prepare to return to the community. | | | | |
| NNUH – New Theatres | <p>Orthopaedic Surgical Hub</p> <ul style="list-style-type: none"> • Due to open in summer 2024, this is a new twin theatre and 20 bedded standalone unit. • Orthopaedic patients currently have some of the longest waiting times. • The hub will be ring-fenced for elective orthopaedic surgery which will protect capacity. This will help to address wait times by performing 2,500 procedures a year for patients who need ankle, foot, hip, knee, or shoulder operations. <p>New paediatric theatres</p> <ul style="list-style-type: none"> • Two new Paediatric Theatres. These will provide a more appropriate environment for children and young people as they will be located within the Jenny Lind Children’s Hospital. • In addition, their creation frees up two theatres in the hospitals main (adult) theatre complex. | | | ✓ | ✓ |
| Healthcare Hubs | <p>Kings Lynn Healthcare hub based in South Lynn, on Nar Ouse Way. The new site will deliver a range of health and care services, including:</p> <ul style="list-style-type: none"> ○ Maternity and Neo Natal Services (provided by QEH). | ✓ | ✓ | ✓ | ✓ |

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| <p style="transform: rotate(-45deg); transform-origin: left top;">Davey, Heidi 15/07/2024 16:50:35</p> | <ul style="list-style-type: none"> ○ Rehabilitation Services (provided by QEH). ○ General medical services delivered by the NHS Norfolk and Waveney Primary Care Network team (e.g., nursing, clinical pharmacy, social prescribing, paramedic, etc.). <p><u>Rackheath</u> New build healthcare hub based in Rackheath</p> <ul style="list-style-type: none"> • The new site will deliver a range of health and care services, including: <ul style="list-style-type: none"> ○ General medical services (delivered by Hoveton and Wroxham Medical Practice) ○ General medical services delivered by the NHS Norfolk and Waveney Primary Care Network team (e.g., nursing, clinical pharmacy, social prescribing, paramedic, etc.) ○ Community care (provided by NCH&C) <p><u>Thetford</u> Refurbishment of the Thetford Healthy Living Centre.</p> <ul style="list-style-type: none"> ○ The works are spread across two floors but the largest element of the project will see 14 new clinical rooms created via conversion of existing void admin space. ○ It will be a modern, fully accessible, and digitally enabled facility where local people can access a range of health and care services in a central location. ○ The addition of a second lift within the building and expansion of the existing car park will improve patient experience and access to services. <p><u>Sprowston</u> Refurbishment at Sprowston will help to transform the delivery of primary care and provide additional space for delivery of general medical services provided by the existing</p> | | | | |
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| | provider, East Norwich Medical Partnership. It will be a modern, fully accessible, and digitally enabled facility where local people can access a range of health and care services in a central location. | | | | |
| JFP Ambitions/Objectives | Key work strands - Description and Outcomes | Driving Integration | Prioritising Prevention | Addressing Inequalities | Enabling Resilient Communities |
| Ambition 1 | <p>Population Health Management, Reducing Inequalities and supporting prevention.</p> <ul style="list-style-type: none"> • The N&W ICS Population Health Management Strategy (2024 -2029) has been published. It describes a proactive way of working and data driven priorities for action to improve health and reduce health inequalities. • The N&W ICS Health Inequalities Strategic Framework for Action (2024 – 2034) is on today’s agenda for final approval. The Framework has been developed through our Health Inequalities Conversation across multiple partners and sectors across Norfolk & Waveney. 10 initial actions have been identified that will be implemented this first year of the strategic framework to lay the foundations for future years. • A new maternity led stop smoking service has been developed and is being delivered by Norfolk's three acute hospitals with system partners. NCC led a pilot Smoking in Pregnancy Incentive Scheme which is being evaluated. • A programme of lung checks is being rolled out in the Great Yarmouth and Lowestoft area, with the aim of diagnosing cancer earlier. Uptake levels are slowly increasing. • A programme is underway to identify patients with high blood pressure and cholesterol and to act early in primary care and community settings. The work has | ✓ | ✓ | ✓ | ✓ |

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| | started but further training and support is needed for GP practices. | | | | |
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CASE STUDIES

Community Connectors (North Norfolk):

"I can't thank you enough for all the help... I know of at least two random calls you made to me, when I was quite happy to end my life and get free of this burden, where just having a chat with you made a world of difference..."

PitStop:

"I'm a woman, a wife and a mother and I have benefited from MensCraft's work. I supported my husband to reach out to MensCraft after he expressed thoughts of taking his own life. He received one-to-one phone calls, support and still attends Pit Stops. He is very open now to talking to others about how he felt at the time and how having this and peer support has helped him socially, emotionally and to not feel alone in those thoughts. I now have a different husband; I have a more emotionally in-tune husband, a more attentive husband, a more understanding, tolerant and engaged-in-us and family-life husband. A man that is not afraid to be him. That is real. Our boys have an engaging Dad, a man that plans and a father that is present. My husband is in a very different place now; it took a while, but he sees a future and we are forever grateful for the role MensCraft played in that journey".

Caring Together Counselling Service:

"When my dad passed away 8 months ago, I felt like someone had thrown a hand grenade in the room and smashed my life to smithereens. My mum had undiagnosed dementia and I left my partner to move in and look after her. I begged and pleaded with all the local authorities to help me but as my mum was deemed to have full mental capacity until her official mental health assessment nobody would help or listen to me. I was at my wits end. When I was offered counselling with Caring Together, I grabbed it with both hands.

My Caring Together counsellor was the only person who listened to me. She was amazing. She guided me through the hardest and darkest days of my life, and I can't thank her enough. Without my counsellor I don't think I would still be here. Since the end of the counselling my mother has had 2 strokes, and I would give anything to continue my counselling. I know this isn't possible and hopefully I have the strength to carry on and see this through. Without this support I would still be stuck in a very dark tunnel."

Safe and Habitable Homes:

Background:

A couple (both in their 80s) have been living in a private owned property. Over the years there have been concerns about the property, but they were unwilling to engage with any services, distrusting the local authority after a compulsory purchase of a family member's properties previously. The property was discovered in a state of despair, hoarded and dirty with a significant rodent infestation present. In November, one of the individuals was admitted to hospital with a long-term mental illness. She was discharged to a residential setting as care could not be delivered safely at home. She does not require or want residential care.

- The van made its debut visit to Coltishall Village Hall on 12 March 2024 and will be visiting weekly for 8 weeks.*
- The van will be visiting 5 locations in South Norfolk & Broadland between March 2024 and February 2025.*
- Outcomes from early visits will follow soon.*

What the project enabled:

- Regular MDTs arranged by the Safe & Habitable Homes team including Norwich City Council's Independent Living Manager, Environmental Protection and Home Improvement team, and allocated social workers from Norfolk County Council ASSD.*
- ASSD built rapport with the couple enabling them to agree to the work and temporarily move into the residential home whilst it is completed.*
- Obtained quote from a local deep cleaning and decluttering provider on shared provider framework.*
- Environmental Protection arranged and completed treatment of the rat infestation and completed an HHSRS assessment identifying 6 x Category 1 hazards and 6 x Category 2 hazards in the property.*
- Home Improvement Team case worker clarifying works needed to improve the property, grants, and charitable funding options.*

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15/07/2024 16:50:35*

Norfolk and Waveney Integrated Care Partnership (ICP) Terms of Reference and Procedure Rules

1. Context and Role of the Integrated Care Partnership

The role of the Integrated Care Partnership (ICP) in Norfolk and Waveney is to promote the close collaboration of the health and care system, building on the existing Norfolk Health and Wellbeing Board and other partnerships with the expanded geography that includes Waveney, to ensure better health and care outcomes for all our residents. It provides a forum for stakeholders to come together as equal partners to discuss and resolve crosscutting issues. The ICP is a statutory committee of both the Integrated Care Board and Norfolk and Suffolk County Council's under the Health and Care Act 2022, it plays a central role in the planning and improvement of health and care in Norfolk and Waveney and will support place-based partnerships.

It drives and enhances integrated approaches and collaborative behaviours at every level and promotes an ethos of working in partnership with people and communities, and between organisations to address challenges that the health and care system cannot address alone.

Together, the ICP will generate an Integrated Care Strategy to improve health and care outcomes and experiences for our residents, for which all partners will be accountable.

2. Principles

The Norfolk and Waveney ICP will operate under these guiding principles:

1. Partnership of equals – to find consensus and make decisions including working through difficult issues, where appropriate.
2. Collective model of accountability – partners hold each other mutually accountable for shared and individual organisational contributions to objectives.
3. Improving outcomes for communities – including improving health and wellbeing, supporting people to live more independent lives, reducing health inequalities, and tackling the underlying social determinants.
4. Collaboration and integration – a culture of broad collaborations and integration at every level of the system to improve outcomes and reduce duplication and inefficiency.
5. Co-production and inclusivity – create a learning system which makes decisions based on evidence and insight.

3. Membership

The Membership of the ICP mirrors the existing Norfolk Health and Wellbeing Board, with additional membership to consider Waveney and place partnerships. Whilst it is important for the ICP to engage with a wide range of stakeholders and understand the differing viewpoints across the system and communities, membership will be kept to a productive level.

The membership for the Norfolk and Waveney ICP is attached at appendix A.

4. Appointment of Chair

The Chair of the ICP will be selected from among the members of the ICP and agreed jointly by the ICB, and Norfolk and Suffolk Local Authorities.

This appointment process will take place at the start of the meeting with an officer informing members of the need to elect a chair. Nominations will then be called and then seconded. If more than one nomination is received this will be dealt with by way of a majority vote of those present. If only one nomination is forthcoming the officer will then ask for any objections. If objections are received, a vote will take place which will be carried by a majority vote by those present. Once this process takes place and the nomination is passed, the Chair then commences the meeting. If the nomination is rejected, the whole process will commence again until agreement by majority of those present is reached.

The Chair will be appointed at the first meeting of the ICP and annually at a meeting of the ICP thereafter.

The Chair will be expected to:

- be able to build and foster strong relationships in the system
- have a collaborative leadership style
- be committed to innovation and transformation
- have expertise in delivery of health and care outcomes
- be able to influence and drive delivery and change

The ICP will appoint three Vice Chairs drawn from its membership. These will also be appointed at the first meeting of the ICP and annually thereafter.

5. Duties and Responsibilities

The ICP is a core part of the Norfolk and Waveney Integrated Care System, driving their direction and priorities.

The ICP will be rooted in the needs of people, communities, and places.

The ICP will help to develop and oversee population health strategies to improve health outcomes and experiences.

The ICP will support integrated approaches and subsidiarity.

The ICP will take an open and inclusive approach to strategy development and leadership, involving communities and partners to utilise local data and insights.

The ICP will work to embed safeguarding as everyday business across the Norfolk and Waveney Integrated Care System.

The ICP will develop an Integrated Care Strategy which the ICB, Norfolk and Suffolk County Council's will be required by law to have regard to when making decisions, commissioning, and delivering services.

The ICP is expected to highlight where coordination is needed on health and care issues and challenge partners to deliver the action required. These include, but are not limited to, helping people live more independent, healthier lives and safer lives for longer, free from abuse and harm, taking a holistic view of people's interactions with services across the system and the different pathways within it, addressing inequalities in health and wellbeing outcomes; experiences and access to health services; improving the wider social determinants that drive these inequalities, including employment, housing, education environment, safeguarding, and reducing offending; improving the life chances and health outcomes of babies, children and young people, and improving people's overall wellbeing and preventing ill-health.

The ICP will provide a forum for agreeing collective objectives, enable place-based partnerships and delivery to thrive alongside opportunities for connected scaled activity to address population health challenges.

The ICP will set the strategic directions and workplans for organisational, financial, clinical, and informational integration, as well as other types.

6. Authority, Accountability, Reporting and Voting Arrangements

The ICP is tasked with developing a strategy to address the Health, Social Care and Public Health needs of their system, and of being a forum to support partnership working. The ICB and Local Authorities will have regard to ICP Strategies when making decisions. The ICP has no executive powers, other than those specifically delegated in these terms of reference. Individual members will be able to act with the level of authority and the powers granted to them by way of their constituent bodies' policies and make decisions on that basis. The ICP is able to discuss and agree recommendations for approval by the constituent members' statutory bodies. Its role is primarily one of oversight and collective co-ordination.

The aim will be for decisions of the ICP to be achieved by consensus decision making. Voting will not be used, except as a tool to measure support, or otherwise, for a proposal. In such a case, a vote in favour would be non-binding. The Chair will work to establish unanimity as the basis for all decisions.

Meetings of the ICP will be open to the public unless the matter falls within one of the categories of information, outlined in Appendix B. In this instance, the ICP may determine public participation will be withdrawn for that item.

Meetings will be live streamed and recorded, to be made available to the public afterwards.

Minutes of the meeting will be taken and approved at the next meeting of the ICP.

Final minutes will be made available on the websites of the ICB, Norfolk and Suffolk County Councils.

By Heidi
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7. Attendance

Members are expected to attend 75% of meetings held each year. It is expected that members will prioritise these meetings.

Where it is not possible for a member to attend, they may nominate a named deputy to attend meetings in their absence and must notify the Secretariat, at norfolkandwaveneyicp@norfolk.gov.uk, who that person will be.

Members and those presenting must attend meetings in person.

The quorum, as described at section 8, must be adhered to for all meetings, including urgent meetings.

Attendance will be recorded within the minutes of each meeting and monitored annually.

8. Quorum

A quorum will be reached when at least the Chair and four members from different partnership organisations are present.

If the quorum has not been reached, then the meeting may proceed if those attending agree, but no recommendations for decision by the constituent member bodies may be taken.

In the unlikely event that a member has been disqualified from participating in the discussion of an item on the agenda, for example by reason of a declaration of a conflict of interest, then that individual shall no longer count towards the quorum.

Nominated deputies attending a meeting on behalf of a member may count towards the quorum.

9. Notice and Frequency of Meeting

Generally, meetings will be held four times a year but more frequently if required for specific matters.

As a matter of routine, an annual schedule of meetings will be prepared and distributed to all members. In other specific instances, or in cases where the date or time of a meeting needs to be changed, notice shall be sent electronically to members at least five working days before the meeting. Exceptions to this would be in the case of emergencies or the need to conduct urgent business.

An agenda and any supporting papers specifying the business proposed to be transacted shall be delivered to each member and made available to the public five working days before the meeting, potential exception being in the case of emergencies or the need to conduct urgent business. Supporting papers, shall accompany the agenda.

Secretariat support to the ICP will be provided by Norfolk County Council.

10. Public Questions

The public are entitled to ask questions at meetings of the ICP and questions should be put in writing and sent by email at least three working days before the meeting. If the question relates to urgent matters, and it has the consent of the Chair to whom the question is to be put, this should be sent by 4pm on the day before the meeting.

Questions should be sent to the Chair, at norfolkandwaveneyicp@norfolk.gov.uk, and will be answered as appropriate, either at the meeting or in writing.

The Chair on behalf of the ICP may reject a question if it:

- a) is not about a matter for which the ICP has collective responsibility or particularly affects the ICP; or
- b) is defamatory, frivolous, or offensive or has been the subject of a similar question in the last six months or the same as one already submitted under this provision.

Who may ask a question and about what

A person resident in Norfolk and Waveney, or who is a non-domestic ratepayer in Norfolk and Waveney, or who pays Council Tax in Norfolk and Waveney, may ask at a public meeting of the ICP through the Chair any question within the terms of reference of the ICP about a matter for which the ICP has collective responsibility or particularly affects the ICP. This does not include questions for individual ICP members where responsibility for the matter sits with the individual organisation.

Rules about questions:

Number of questions – At any public ICP meeting, the number of questions which can be asked will be limited to one question per person plus a supplementary. No more than one question plus a supplementary may be asked on behalf of any one organisation. No person shall be entitled to ask in total under this provision more than one question, and a supplementary, to the ICP in any six-month period.

Other restrictions – Questions are subject to a maximum word limit of 110 words. Questions that are in excess of 110 words will be disqualified. The total time for public questions will be limited to 15 minutes. Questions will be put in the order in which they are received.

Supplementary questions – One supplementary question may be asked without notice and should be brief (fewer than 75 words and take less than 20 seconds to put). It should relate directly to the original question or the reply. The Chair may reject any supplementary question which s/he does not consider compliant with this requirement.

Rules about responses:

The Chair shall exercise his/her discretion as to the response given to the question and any supplementary.

Not attending – If the person asking the question indicates they will not be attending the ICP meeting, a written response will be sent to the questioner.

Attending – If the person asking the question has indicated they will attend, response to the questions will be made available at the start of the meeting and copies of the questions and answers will be available to all in attendance. The responses to questions will not be read out at the meeting.

Supplementary questions – The Chair may give an oral response to a supplementary question or may require another Member of the ICP or Officer in attendance to answer it. If an oral answer cannot be conveniently given, a written response will be sent to the questioner within seven working days of the meeting.

Written response – If the person who has given notice of the question is not present at the meeting, or if any questions remain unanswered within the 15 minutes allowed for questions, a written response will be sent within seven working days of the meeting.

Rejection of a question

A question may be rejected if it:

- a) is not about a matter for which the ICP has collective responsibility or particularly affects the ICP; or
- b) is defamatory, frivolous, or offensive or has been the subject of a similar question in the last six months or the same as one already submitted under this provision; or
- c) requires the disclosure of confidential or exempt information, as defined in the Access to Information Procedure Rules.

11. Managing Conflicts of Interest

A conflict of interest may be defined as “a set of circumstances by which a reasonable person would consider that an individual’s ability to apply judgement or act, in the context of delivering, commissioning, or assuring taxpayer funded health and care services is, or could be, impaired or influenced by another interest they hold”.

The ICP specifically recognises and acknowledges that its members have legal responsibilities to the organisations which they represent and that this may give rise to conflicts of interest being present. However, discussions at the meetings are to be focussed on the needs of the Norfolk and Waveney population and health and care. Therefore, members will not be excluded from engaging in discussions that will benefit the system as a whole.

Members of the ICP shall adopt the following approach for managing any actual or potential material conflicts of interest:

- To operate in line with their organisational governance framework for managing conflicts of interest/probity and decision making.
- For the Chair to take overall responsibility for managing conflicts of interest within meetings as they arise.

- To work in line with the ICS system objectives, principles, and behaviours.
- Members are to ensure they advise of instances where the register of members interest for the Norfolk and Waveney system requires updating in relation to any interests that they have.

In advance of every ICP meeting consideration will be given as to whether conflicts of interest are likely to arise in relation to any agenda item and how they should be managed. This action will be led by the Chair with support from their governance advisor.

At the beginning of each meeting of the ICP, members and attendees will be required to declare any interests that relate specifically to a particular item under consideration. If the existence of an interest becomes apparent during a meeting, this must be declared at the point at which it arises. Any such declaration will be formally recorded in the minutes for the meeting.

Elected members will be bound by their own codes of conduct and provisions for declaration of interests.

12. Steering and Working groups

To assist with performing its role and responsibilities, the ICP is authorised to establish steering or working groups and to determine the membership, role, and remit for each steering or working group. Any steering or working group established by the ICP will report directly to it.

13. Other Boards

As a key part of the health and care system the ICP will seek active engagement and collaboration with the Norfolk and Waveney ICB, Norfolk and Suffolk Health and Wellbeing Boards, Place Boards, Health and Wellbeing Partnerships, Safeguarding Adults Boards, Safeguarding Childrens Partnerships, County Community Safety Partnerships, Autism Partnership Boards, and the Learning Disabilities Partnership Boards.

14. Review

The ICP will review these terms of reference at least annually or more regularly if needed, considering policy changes in respect of the Integrated Care System.

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Appendix A

Membership of the Integrated Care Partnership

1. Borough Council of King's Lynn & West Norfolk
2. Breckland District Council
3. Broadland District Council
4. Cambridgeshire Community Services NHS Trust
5. Chair of the Voluntary Sector Assembly
6. East Coast Community Healthcare CIC
7. East of England Ambulance Trust
8. East Suffolk Council
9. Great Yarmouth Borough Council
10. Healthwatch
11. James Paget University Hospital NHS Trust
12. Norfolk Care Association
13. Norfolk Community Health & Care NHS Trust
14. Norfolk Constabulary
15. Norfolk County Council, Cabinet member for Adult Social Care
16. Norfolk County Council, Cabinet Member for Public Health, and Wellbeing
17. Norfolk County Council, Cabinet member for Childrens Services and Education
18. Norfolk County Council, Director of Public Health
19. Norfolk County Council, Executive Director Adult Social Services
20. Norfolk County Council, Executive Director Children's Services
21. Norfolk County Council, Chief Executive Officer (nominee)
22. Norfolk & Norwich University Hospital NHS Trust
23. Norfolk & Suffolk NHS Foundation Trust
24. Norfolk & Waveney ICB, Chair
25. Norfolk & Waveney ICB, Chief Executive Officer
26. North Norfolk District Council
27. Norwich City Council
28. Police and Crime Commissioner
29. Place Board Chairs for each Place Board area
30. Primary Care representatives (1)
31. Primary Care representatives (2)

David Heald
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32. Primary Care representatives (3)
33. Primary Care representatives (4)
34. Primary Care representatives (5)
35. Queen Elizabeth Hospital NHS Trust
36. South Norfolk District Council
37. Suffolk County Council, Cabinet Member for Adult Care
38. Suffolk County Council, officer representative
39. Voluntary sector representatives (1)
40. Voluntary sector representatives (2)
41. University of East Anglia representative
42. Chair of Health Overview and Scrutiny committee (non-voting rights)

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Appendix B

Categories of Information

Information relating to any individual.

Information which is likely to reveal the identity of an individual.

Information relating to financial or business affairs of any particular person (including the authority holding that information).

Information relating to any consultations or negotiations, or contemplated consultations or negotiations, in connection with any labour relations matter arising.

Information relating to any action taken or to be taken in connection with the prevention, investigation, or prosecution of crime.

Davey, Heidi
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Improving lives **together**

Norfolk and Waveney Integrated Care System

Integrated Care Board Finance Report

July 2024

(Month 02, 2023-24)

ICB Board – Part One: 17th July 2024

Davey, Heidi
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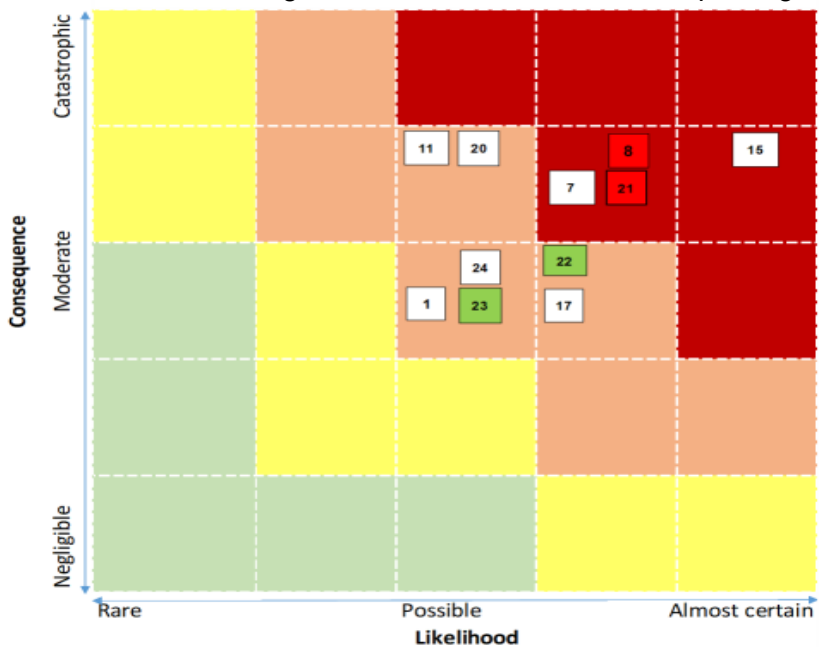
1. Executive Highlights

- The following report is based on the May 2nd, 2024, financial plan submitted to NHSE with a Break-Even Financial position. Subsequent to this, a further submission was made to NHS England on 12 June 2024 which revises the Break-Even position to a small profit as a result of rounded-down allowable deficits. The final figures are as yet confirmed due to system partner impacts within our ICS. Future financial reports will be based on the latest submitted plan from M03 onwards.
- This report represents the May 2024 year-to-date position of the ICB as part of the 2024/25 Financial Year.
- The ICB has reported a **Year-to-Date break-even position**, which is in line with the plan submission
- The **Forecast out-turn position is break-even**, in line with plan, but includes some offsetting variances and other forecast assumptions, the major items being:
 - The assumed delivery of the efficiency plan. The efficiency plan currently has £15.7m of unidentified efficiencies
 - £(1.2)m Continuing HealthCare (CHC) pressures as result of increases in High Costs Learning Disability packages and Fast Track packages
 - £1.4m of combined smaller variances to include prior year, contract negotiations and other planning benefits.
- The **2024/25 Financial Plan included £51.3m of unmitigated risks** in-line with NHSE guidance relating to efficiency delivery, investment slippage, service demand, inflationary pressures beyond funding, and corporate pay costs for the Re-Organisation.
- As at M02 the £51.3m planning risk was reassessed for all aspects equating to £52.8m net risk on a probability basis, which is excluded from the forecast.
Total net risks including new risks over planning risks total £53.2m

2. Strategic Financial Risk Register

This risk dashboard categorises the key financial strategic risks by their impact and likelihood to help the strategic focus to be on those that will cause the ICB the greatest issues.

Key: ■ = Worsening Risk = Stable risk ■ = Improving risk



| Financial Strategic Risks | Ref. | Details | Tolerated Risk appetite | Jan-24 | Feb-24 | Mar-24 | Apr-24 | |
|---------------------------|------|--|-------------------------|-------------|--------|--------|--------|----|
| Achievement of Plan | 1 | Achieve the 2023/24 financial plan (BAF 11) | 12 | 12 | 12 | 12 | 12 | |
| | 15 | Underlying deficit position (BAF 11A) | 12 | 20 | 20 | 20 | 20 | |
| | 17 | Inflationary pressures | 9 | 12 | 12 | 12 | 12 | |
| | 20 | Impact of new prescribing guidance | 8 | 12 | 12 | 12 | 12 | |
| | 21 | Impact of Direct Commissioning transfer | 9 | 12 | 12 | 12 | 16 | |
| | 22 | Re-Organisation: Running Costs Reduction, Increased Pay Costs and Cost of Delivery | 9 | 16 | 16 | 16 | 12 | |
| | 23 | Debt and Working Capital Management (NCC) | 6 | 12 | 12 | 12 | 9 | |
| Demand and Capacity | 7 | Continuing Health Care demand growth | 9 | 16 | 16 | 16 | 16 | |
| | 11 | ERF: RTT backlog and Acute demand management | 9 | 12 | 12 | 12 | 12 | |
| | 24 | Patient Choice (Learning Disabilities & Autism) | 9 | 9 | 9 | 9 | 9 | |
| Efficiency | 8 | Efficiency, transformation development/delivery | 8 | 12 | 12 | 12 | 16 | |
| | | | | Extreme | 3 | 3 | 3 | 4 |
| | | | | High | 8 | 8 | 8 | 7 |
| | | | | Moderate | 0 | 0 | 0 | 0 |
| | | | | Low | 0 | 0 | 0 | 0 |
| | | | | Total Risks | 11 | 11 | 11 | 11 |

As at M02 (May), 11 Key Financial Risks remain open of which 4 are considered Extreme relating to the ICB Underlying Deficit, Impact of Direct Commissioning transfer, CHC Demand Growth and the Efficiency programme.

There have been four changes to the levels of risks reported since March 2024 recognising the new year financial plans and ongoing activity and price issues as follows;

- **Risk 8 Efficiencies.** The ICB has an increased Efficiency Programme equating to 6.2% / £54.1m. At M02, £15.7m (31% of total programme) remains unidentified resulting in this risk increasing to Extreme (12-16).
- **Risk 21 Direct Commissioning Transfers.** Specialised Commissioning transferred to the ICB on 1st April; reserves previously held at regional level for unawarded growth and increased activity have either been removed at a national level or being retained regionally for future mitigations which may exist beyond our system. Financial Planning had assumed the use and benefit of these mitigations increasing the risk to Extreme (12-16).
- **Risk 22 Re-Organisation:** The ICB is delayed in its implementation of the new organisation structure with exits being financially assumed as having concluded by March 31st. The ICB is currently able to cover these financial pressures through greater vacancies, this along with a much-reduced plan targeting completion by the end of June has reduced the risk to High (16-12).
- **Risk 23 Debt and Working Capital:** The ICB has been able to greatly reduce the debt owed by NHS England. The remaining ongoing issues with NCC regards Legacy Working Capital exist further compounded by additional material charges raised in relation to periods prior to the agreement. This risk remains in place for this issue but has reduced to High (12-9).

3. Statement of Financial Position (SOFP)

The Statement of Financial Position presents the aggregate closing position of the ICB as at 31st May 2024.

Non Current assets

IFRS16 was implemented in April 2022. The non-current assets balance includes the right of use assets for the lease of the premises at King's Lynn and Norfolk County Council. Corresponding entries are also included in both current and non-current Lease Liabilities.

Current assets

Total current assets have increased since March 2024. The £19.4m balance is made up of aged debtors of £1.1m (including NCC £0.4m), net of a provision against this balance of £0.3m, prepayments & accrued income of £2.5m and dental under delivery of £16.1m. Trade debtors are subject to a quarterly review of bad debt for provision or write off, which are presented to the Audit Committee.

Current liabilities

Total current liabilities has decreased by £16m since March 2024, driven principally by ICB and system invoice accrual timing. The £159m balance is made up of trade creditors of £1m, Prescription Pricing Authority accruals of £22m, dental accruals of £4m, payroll costs including GP pensions of £3m, deferred income of £7m prior year accruals of £69m and ICB and system invoice accruals of £53m. Provisions include redundancy, legal claims, estates, standard staffing costs and elective recovery funding conditions.

As part of the improvement in working capital with Norfolk County Council, outstanding non-PO transactions stand at £10.8m.

Long Term liabilities

The non-current payables balance is the deferred income relating to research & development which are funded in advance.

General Fund

This ICB is directly funded by NHSE with cash allocated on a monthly basis. Any future commitments to balance the general fund shortfall will be supported by the next months cash request from NHSE. This will however continue to remain negative as the NHSE principle is that cash should only be drawn based upon one months commitment at a time.

| NHS NORFOLK & WAVENEY ICB STATEMENT OF FINANCIAL POSITION | Position as at 31/03/24 | Position as at 31/05/24 |
|--|----------------------------|----------------------------|
| ASSETS EMPLOYED | | |
| Non-Current assets | | |
| Right-of-use Assets | 1,005 | 1,005 |
| Accumulated Depreciation | (332) | (364) |
| Total non-current assets | 673 | 641 |
| Current assets | | |
| Trade and Other Receivables | 23,673 | 19,429 |
| Cash and Cash Equivalents | 376 | 6,727 |
| Total current assets | 24,049 | 26,156 |
| Current liabilities | | |
| Trade and Other Payables | (174,924) | (158,630) |
| Lease Liabilities | (218) | (192) |
| Provisions for liabilities and charges (including non-current) | (12,786) | (12,786) |
| Total current liabilities | (187,928) | (171,608) |
| Long Term liabilities | | |
| Non-Current Payables | (820) | (422) |
| Non-Current Lease Liabilities | (472) | (423) |
| Total non-current liabilities | (1,292) | (845) |
| Net assets employed | (164,498) | (145,656) |
| FINANCED BY TAXPAYERS EQUITY | | |
| General fund | (164,498) | (145,656) |
| Total taxpayers equity | (164,498) | (145,656) |

4. ICS Financial Summary: Revenue

Due to the extended Financial Planning for 2024/25 national guidance removed the requirement for full year forecasts at Month 2. These will be reported from Month 3 onwards.

- The N&W ICS system financial performance is extracted from the IFR submitted to NHSE.

| Revenue surplus/(deficit) £m | Month 2 YTD | | |
|------------------------------|---------------|---------------|--------------|
| Organisation | Plan | Actual | Variance |
| JPUH | (4.3) | (4.8) | (0.5) |
| NNUH | (4.5) | (4.6) | (0.1) |
| QEH | (5.6) | (6.8) | (1.2) |
| NSFT | 0.5 | 0.5 | 0.0 |
| NCH&C | (0.3) | (0.3) | 0.0 |
| Provider Subtotal | (14.2) | (15.9) | (1.8) |
| ICB | 0.0 | 0.0 | 0.0 |
| N&W System Total | (14.2) | (15.9) | (1.8) |

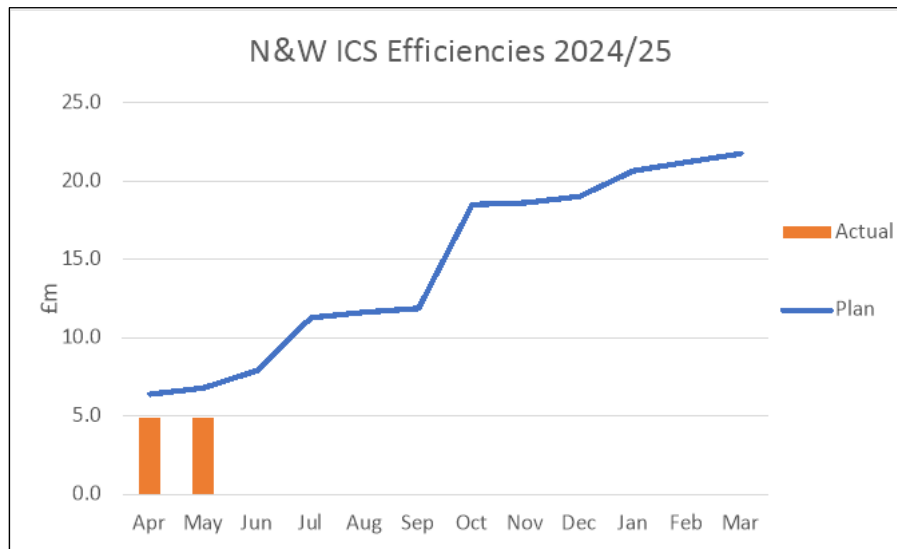
- The position M2 YTD is a £15.9m deficit, against a plan of £14.2m deficit. £1.8m adverse variance to plan.
- The adverse variance is mainly due to QEH who are £1.2m adverse to plan. This is mainly due to a pay overspend of £0.9m from higher than planned sickness levels and a high level of vacancies, therefore using high-rate bank staff to maintain additional unfunded capacity. There is also a £0.3m pressure within drugs.
- The £0.5m adverse variance at JPUH is due to the under delivery of workforce efficiencies.

5. ICS Financial Summary: Efficiency & Transformation

Due to the extended Financial Planning for 2024/25 national guidance removed the requirement for full year forecasts at Month 2. These will be reported from Month 3 onwards.

- The N&W ICS system efficiency performance is extracted from the IFR submitted to NHSE.

| System Efficiencies £m | Month 2 YTD | | |
|-----------------------------|-------------|------------|--------------------|
| | Plan | Actual | Variance fav/(adv) |
| Organisation | | | |
| JPUH | 2.3 | 1.5 | (0.8) |
| NNUH | 4.0 | 2.8 | (1.2) |
| QEH | 0.8 | 0.5 | (0.3) |
| NSFT | 2.8 | 2.1 | (0.7) |
| NCH&C | 0.9 | 1.0 | 0.1 |
| Provider Subtotal | 10.9 | 7.9 | (3.0) |
| ICB | 2.4 | 1.9 | (0.5) |
| N&W System Total | 13.2 | 9.8 | (3.4) |



N&W ICS efficiency plan (2nd May) for 2024/25 is to deliver £175.9m of efficiencies.

M2 Year-to-date:

- The efficiency position M2 YTD is an adverse variance to plan of £3.4m.
- The NNUH adverse variance of £1.2m is influencing the overall YTD variance, alongside adverse variances at JPUH of £0.8m and NSFT of £0.7m.
- The NNUH adverse variance is mainly due to a lower opportunity of savings within both pay and non-pay service re-design.
- The JPUH adverse variance is mainly due to the under delivery of workforce efficiencies.
- The NSFT adverse variance is mainly due to an ambitious non-recurrent efficiency target in Q1 not being met, however this is expected to over deliver for FY.

6. ICS Financial Summary: Capital

- The N&W ICS system Capital Delegated Expenditure Limit (CDEL) position is from the Financial Plan submitted to NHSE 12th June.

| System CDEL £m | Month 2 YTD | | | Forecast Outturn | | |
|--------------------------------|--------------|------------|------------|------------------|-------------|------------|
| Organisation | Plan | Actual | Variance | Plan | Actual | Variance |
| | (Under)/Over | | | (Under)/Over | | |
| Excluding RAAC | | | | | | |
| JPUH | 0.8 | 0.8 | 0.0 | 9.1 | 9.1 | 0.0 |
| NNUH | 0.7 | 0.7 | 0.0 | 15.8 | 15.8 | 0.0 |
| QEH | 3.0 | 3.0 | 0.0 | 10.7 | 10.7 | 0.0 |
| NSFT | 0.4 | 0.4 | 0.0 | 9.7 | 9.7 | 0.0 |
| NCH&C | 0.9 | 0.9 | 0.0 | 4.6 | 4.6 | 0.0 |
| Subtotal excluding RAAC | 5.9 | 5.9 | 0.0 | 49.9 | 49.9 | 0.0 |
| RAAC | | | | | | |
| JPUH | 0.3 | 0.3 | 0.0 | 7.2 | 7.2 | 0.0 |
| QEH | 1.6 | 1.6 | 0.0 | 25.0 | 25.0 | 0.0 |
| Subtotal RAAC | 1.9 | 1.9 | 0.0 | 32.2 | 32.2 | 0.0 |
| N&W System Total | 7.8 | 7.8 | 0.0 | 82.1 | 82.1 | 0.0 |

Total Charge against Capital Allocation (before impact of IFRS 16)

- Currently systems and providers in aggregate, are assessed for compliance against their system capital envelopes using the charge against capital envelopes **before IFRS16**.
- No CDEL has been allocated within the 24/25 system operational capital allocations in respect of IFRS16. (Provider returns will continue to collect information on IFRS16).
- At M2 YTD £7.8m has been spent of a full year plan of £82.1m.

Glossary of terms (1)

| Term | Description |
|---|---|
| BCF: Better Care Fund | A programme which supports local systems to successfully deliver the integration of health and social care in a way that supports person-centred care, sustainability and better outcomes for people and carers. |
| BPPC: Better Payment Practice Code | The NHS national payments code for good practice with associated mandated reporting. Sets a target of 95% compliance of paying suppliers within 30 days. |
| Cat M: Category M drugs | Part of the Drug Tariff which is used to set the reimbursement prices of over 500 medicines. It is the principal price adjustment mechanism to ensure delivery of the retained margin guaranteed as part of the contractual framework, using information gathered from manufacturers on volumes and prices of products sold plus information from the Pricing Authority on dispensing volumes to set prices each quarter. |
| CIP: Cost Improvement Programme | A <u>provider</u> measure of Efficiency and Productivity. |
| CHC: Continuing Health Care | A package of care for adults aged 18 or over which is arranged and funded solely by the NHS. In order to receive funding individuals have to be assessed according to a legally prescribed decision making process to determine whether the individual has a 'primary health need'. |
| GIRFT: Get It Right First Time | A national programme designed to improve the treatment and care of patients by reviewing health services. The programme undertakes clinically-led reviews of specialties, combining wide-ranging data analysis with the input and professional knowledge of senior clinicians to examine how things are currently being done and how they could be improved. |
| GMS: General Medical Services | Contract which forms the basis of the relationship between the NHS and its GP contractors. The current contract came into force on 1 April 2004 and has been negotiated and updated annually between NHS Employers and the British Medical Association (BMA) since then. It is based upon a multi faceted formula which identifies spend and applies specific ratios resulting in an overall annual percentage pay award for each practice. |
| GPFV: General Practice Forward View | National development programme of investment in workforce, technology and estates designed to speed up transformation of General Practice services. |
| HDP: Hospital Discharge Programme | National funding stream to enable earlier discharge increasing flow in the system and release capacity in the acute hospitals. |
| LCS / LES: Locally Commissioned Services or Locally Enhanced Services | Services provided by GP practices that are either enhanced or additional to the core services offered. These are generally commissioned to meet a local need based on either deprivation or proximity to existing services. Includes services such as phlebotomy, anti-coagulation, atrial fibrillation and care homes. They can reduce onward referrals to Acute settings and funding is separate to practices core contracts. |
| Model Hospital | An NHS digital information service designed to help the NHS improve productivity, quality and efficiency. Enables health systems and trusts to compare their productivity and quality, and identify opportunities to improve. |

Glossary of terms (2)

| Term | Description |
|--|---|
| MHIS: Mental Health Investment Standard | The nationally set requirement for ICBs to increase investment in Mental Health services in line with their overall increase in allocation each year. This is subject to separate external audit on an annual basis to confirm compliance. |
| NCSO: No Cheaper Stock Obtainable | Items for which in the opinion of the Secretary of State for Health there is no product available to contractors at the price in Part VIII of the Drug Tariff, generally resulting in a higher priced product having to be used. |
| PHM: Population Health Management | An approach that aims to improve physical and mental health outcomes, promote wellbeing and reduce health inequalities across an entire population by focusing on the wider determinants of health by using data to design new models of proactive care and deliver improvements in health and wellbeing which make best use of the collective resources. |
| PLICS: Patient Level Information and Costing Systems | Costing system which brings together healthcare activity information with financial information in one place. PLICS provides detailed information about how resources are used at patient-level, for example, staff, drugs, and diagnostic tests and combined with other data sources, provides trusts with a rich source of information to help understand their patients and their services. |
| PMS: Personal Medical Services | Voluntary option for GPs and other NHS staff to enter into locally negotiated contracts. PMS contracts offer local flexibility compared to the nationally negotiated GMS contracts by offering variation in the range of services which may be provided by the practice, the financial arrangements for those services and the provider structure (who can hold a contract). |
| QIPP: Quality, Innovation, Productivity and Prevention | The collective measure of system transformation efficiencies and productivity. |
| QOF: Quality and Outcomes Framework payments | This is a voluntary annual reward and incentive programme for all GP practices in England, detailing practice achievement results. It is not about performance management but resourcing and rewarding good practice. |
| Rightcare | Teams who work locally with systems to present a diagnosis of data and evidence across that population, working collaboratively with systems to look at the evidence to identify opportunities and potential threats. They use nationally collected robust data to complete delivery plans on a continuous basis, to evaluate the system and establish a base plan to maximise opportunities and turnaround issues. |
| Running costs / Programme costs | Running costs represent the costs of administering the ICB and the work it carries out / Programme costs represent the costs of services commissioned by the ICB. |
| s.117: Section 117 of Mental Health Act 1983 | Entitlement to free after-care if a patient has been in hospital under specific sections of the Mental Health Act 1983. It meets the needs that a patient has because of the mental health condition that caused them to be detained and is designed to reduce the chance of the condition getting worse so avoiding a return to hospital. |

| | |
|----------------------|--|
| Subject: | Board Assurance Framework |
| Presented by: | Karen Barker, Executive Director of Corporate Affairs and ICS Development |
| Prepared by: | Nikki Bartrum, Corporate Governance Senior Manager |
| Submitted to: | Integrated Care Board - Board Meeting – Part 1 |
| Date: | 17 July 2024 |

Purpose of paper:

For approval.

Executive Summary:

The Board Assurance Framework (BAF) is a tool to support the Board in focussing on the key risks that may compromise achievement of the organisation’s strategic aims. The BAF maps out the key controls which are in place to help mitigate each risk.

A significant piece of work has been undertaken to update the BAF, including realigning risks to the eight ambitions within the Norfolk and Waveney [Joint Forward Plan](#). This Plan is the Integrated Care System’s rolling plan for the next five years - setting out what we will do, and where and how we are going to improve health and care services.

The eight ambitions are:

- 1 Population Health Management, Reducing Inequalities and supporting Prevention
- 2 Primary Care Resilience and Transformation
- 3 Improving series for Babies, Children and Young People and developing our Local Maternity and Neonatal System
- 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

Nine strategic risks from the previous Board Assurance Framework (last presented to the Board in May 2024) that have been aligned to these ambitions now form the new Board Assurance Framework (see Appendix 1). Each risk is assigned to a committee and owned by an Executive Director and Operational Lead. Risks are scored against the grading matrix and these are set out in a risk visual in [Appendix 2](#).

The remaining sixteen risks (from the previous BAF) are significant risks but don’t align with a strategic ambition. These risks will now form a new Operational Risk Register (ORR).

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The ORR will be owned by the Executive Management Team. Work is currently in progress to fully review these risks and create the ORR. This will be presented to the Audit and Risk Committee and the Board in September 2024, along with the ICB's revised Risk Management Framework document.

[Appendix 3](#) sets out all of the risks and where they have been realigned to.

The Board is asked to approve the format of the new BAF, with risks aligned to the eight ambitions.

In addition to the above the following two risks are new risks identified since the BAF was last presented to the Board on 22 May 2024:

- **BAF25 (now BAF 6): Increasing numbers and complexity of the ageing population in Norfolk & Waveney** – this is a new risk relating to the increased demand and costs associated with care of our ageing population.
- **BAF26 (now ORR 17): Neuro-Developmental Service (NDS) Children and Young People (CYP)** – this is a new risk relating to increasing requests for assessment and substantial delays in access to services for children and young people.

Both risks have been approved by EMT for transfer to the BAF and the ORR respectively.

The roll out of Inphase, the electronic risk management system, has been delayed due to staff changes in relation to the recent restructure. However, we are confident that rollout will now be completed by early September. Inphase will significantly reduce the current administrative burden in maintaining various risk registers and improve the quality and timeliness of risk reporting.

Recommendation to Board:

The Board are asked to approve the following:

- Realignment of BAF risks to the eight JFP ambitions.
- The addition of two new risks BAF06 to the BAF and ORR 17.
- The creation of a new Operational Risk Register for significant risks. Noting that the Executive Management team will further work on the ORR in the coming weeks and a finalised version will come to the September Board for approval.

| Key Risks | |
|--|---|
| Clinical and Quality: | None |
| Finance and Performance: | None |
| Impact Assessment (environmental and equalities): | None |
| Reputation: | It is important the Board is apprised of the key risks in the organisation currently. |
| Legal: | N/A |
| Information Governance: | N/A |
| Resource Required: | Corporate Affairs risk management resource |
| Reference document(s): | None |
| NHS Constitution: | N/A |
| Conflicts of Interest: | N/A |

Reference to relevant risk on the Board Assurance Framework

See table.

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APPENDIX 2: RISK VISUAL

| | | Likelihood | | | | |
|-------------|-------------------|------------|---------------|----------------------------------|----------------------------|---------------------|
| | | 1 Rare | 2 Unlikely | 3 Possible | 4 Likely | 5 Almost Certain |
| Consequence | 1 Negligible | 1 | 2 | 3 | 4 | 5 |
| | 2 Minor | 2 | 4 | 6 | 8 | 10 |
| | 3 Moderate | 3 | 6 | 9 | 12 | 15 BAF06 |
| | 4 Major | 4 | 8 | 12 BAF01 BAF05 BAF08 BAF09 | 16 BAF02 BAF03 BAF07 | 20 |
| | 5 Catastrophic | 5 | 10 | 15 | 20 BAF04 | 25 |

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Appendix 3: Risk tracking

The following tables show the 23 previous and 2 new BAF risks and how they have been realigned to across the new BAF and ORR.

| NEW - BOARD ASSURANCE FRAMEWORK | | | | |
|---|----------------|-------------------------|--|-----------------|
| Ambition | New ref | Previous BAF ref | Risk Title | Comments |
| 1: Population Health Management, reducing inequalities and supporting prevention | BAF01 | BAF06 | Health inequalities and Population Health Management | |
| 2: Primary care resilience and transformation | BAF02 | BAF16 | The resilience of general practice | |
| 3: Improving services for babies, children and young people and developing our Local Maternity and Neonatal System | BAF03 | BAF05b | Barriers to Full Delivery of the Mental Health Transformation Programme | New Risk |
| 4: Transforming Mental Health services | BAF04 | BAF05a | Barriers to Full Delivery of the Mental Health Transformation Programme (Adult) | |
| 5: Transforming care in later life | BAF05 | BAF25 | Increasing numbers and complexity of the ageing population in N&W | New Risk |
| 6: Improving urgent and emergency care | BAF06 | BAF02 | System Urgent & Emergency Care (UEC) Pressures | |
| 7: Elective recovery and improvement | BAF07 | BAF08 | Elective Recovery | |
| 8: Improving productivity and efficiency | BAF08 | BAF11 | Achieve the 2023/24 financial plan | |

| NEW - OPERATIONAL RISK REGISTER | | | | |
|--|-------------------------|---|-------------------------------|--|
| New ref | Previous BAF ref | Risk Title | Comments | |
| ORR01 | BAF03 | Providers in CQC 'Inadequate' Special Measures (NSFT) | To be incorporated into BAF05 | |
| ORR02 | BAF09 | NHS Continuing Healthcare | | |
| ORR03 | BAF10 | EEAST Response Time and Patient Harms | | |
| ORR04 | BAF19 | Right Care Now Programme | To be incorporated into BAF07 | |
| ORR05 | BAF21 | Mortality Action Plan NSFT | | |
| ORR06 | BAF23 | System failure to meet access standards for cancer diagnosis and treatment | To be incorporated into BAF08 | |
| ORR07 | BAF07 | RAAC Planks | | |
| ORR08 | BAF11a | Underlying deficit position | | |
| ORR09 | BAF24 | Secondary care dental services (Oral Surgery and Maxillo Facial Services, Orthodontic Services) | | |
| ORR10 | BAF18 | Resilience of NHS General Dental Services in Norfolk and Waveney | | |
| ORR11 | BAF12a | Impact on Business Continuity in the event of a large-scale Cyber Attack on N365 National Tenant | | |
| ORR12 | BAF12b | Impact on Business Continuity in the event of a Cyber Attack on the ICB | | |

| | | | |
|--------------|-------|--|----------|
| ORR13 | BAF13 | Personal data | |
| ORR14 | BAF14 | #WeCareTogether People Plan | |
| ORR15 | BAF15 | Staff burnout | |
| ORR16 | BAF20 | Industrial Action | |
| ORR17 | BAF26 | Neuro-Developmental Service (NDS) Children and Young People | New Risk |

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NHS Norfolk and Waveney ICB – Board Assurance Framework

| | | | |
|---------|----|--------------------|--------------|
| Version | V2 | Date last updated: | 11 July 2024 |
|---------|----|--------------------|--------------|

Board Assurance Framework – Summary Page

| Ref | Risk title | Executive lead | Committee | Date risk identified | Target delivery date | Score at target delivery | 2024/25 monthly risk rating | | | | | | | | | | | | | | | | | | |
|---|---|----------------|-----------------------------|----------------------|----------------------|--------------------------|-----------------------------|----|--------|---|---|---|---|---|---|----|----|----|--|--|--|--|--|--|--|
| | | | | | | | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 | 11 | 12 | | | | | | | |
| Ambition 1: Population Health Management, Reducing Inequalities and Supporting Prevention | | | | | | | | | | | | | | | | | | | | | | | | | |
| BAF01 (was BAF06) | Health Inequalities and Population Management | Mark Burgis | Patients & Communities | 01/07/22 | 31/03/25 | 4 | 12 | 12 | 12 | | | | | | | | | | | | | | | | |
| Ambition 2: Primary Care Resilience and Transformation | | | | | | | | | | | | | | | | | | | | | | | | | |
| BAF02 (was BAF16) | The resilience of general practice | Mark Burgis | Primary Care Commissioning | 01/09/20 | 31/03/26 | 12 | 16 | 16 | 16 | | | | | | | | | | | | | | | | |
| Ambition 3: Improving Services for Babies, Children and Young People and Developing Our Local Maternity and Neonatal System (LMNS) | | | | | | | | | | | | | | | | | | | | | | | | | |
| BAF03 (was BAF05b) | Barriers to Full Delivery of the Mental Health Transformation Programme (CYP) | Tricia D’Orsi | Commissioning & Performance | 01/07/22 | 30/11/24 | 8 | 16 | 16 | 16 | | | | | | | | | | | | | | | | |
| Ambition 4: Transforming Mental Health Services | | | | | | | | | | | | | | | | | | | | | | | | | |
| BAF05 (was BAF05a) | Barriers to Full Delivery of the Mental Health Transformation Programme (Adult) | Jocelyn Pike | Commissioning & Performance | 01/07/22 | 31/03/25 | 8 | 16 | 16 | 12 | | | | | | | | | | | | | | | | |
| Ambition 5: Transforming Care in Later Life | | | | | | | | | | | | | | | | | | | | | | | | | |
| BAF06 (was BAF25) | Increasing numbers and complexity of the ageing population in Norfolk & Waveney | Frankie Swords | People and Communities | 20/06/204 | 31/03/28 | 12 | | | New 15 | | | | | | | | | | | | | | | | |

| Ref | Risk title | Executive lead | Committee | Date risk identified | Target delivery date | Score at target delivery | 2024/25 monthly risk rating | | | | | | | | | | | | | | | | | | |
|--|--|----------------|-----------------------------|----------------------|----------------------|--------------------------|-----------------------------|----|----|---|---|---|---|---|---|----|----|----|--|--|--|--|--|--|--|
| | | | | | | | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 | 11 | 12 | | | | | | | |
| Ambition 6: Improving Urgent and Emergency Care | | | | | | | | | | | | | | | | | | | | | | | | | |
| BAF07 (was BAF02) | System / Urgent & Emergency Care (UEC) Pressures | Mark Burgis | Commissioning & Performance | 01/07/22 | 31/03/25 | 12 | 16 | 16 | 16 | | | | | | | | | | | | | | | | |
| Ambition 7: Elective Recovery and Improvement | | | | | | | | | | | | | | | | | | | | | | | | | |
| BAF08 | Elective Recovery | Frankie Swords | Quality & Safety | 01/12/22 | 31/03/25 | 12 | 12 | 12 | 12 | | | | | | | | | | | | | | | | |
| Ambition 8: Improving Productivity and Efficiency | | | | | | | | | | | | | | | | | | | | | | | | | |
| BAF09 (was BAF11) | Achieve the 2024/25 Financial Plan | Steven Course | Finance | 10/05/22 | 31/03/25 | 12 | 12 | 12 | | | | | | | | | | | | | | | | | |

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Ambition 1: Population Health Management, reducing inequalities and supporting prevention

| BAF01 (previously BAF06) | | | | | | | | |
|--|--|---|------------|------------------|--|---------------------------------|-------------------|-------|
| Risk Title | | Health inequalities and Population Health Management | | | | | | |
| Risk Description | | There is a risk that the ICB will not meet its statutory requirements to reduce HI or use PHM techniques to their full potential in line with the PHM strategy and HI strategic framework for action. If this happens, specific groups of people will experience poor outcomes which could have been prevented. | | | | | | |
| Risk Owner | | Responsible Committee | | Operational Lead | Date Risk Identified | Target Delivery Date | | |
| Mark Burgis / Dr Frankie Swords | | Patients and Communities | | Suzanne Meredith | 01/07/2022 | 31/03/2025 | | |
| Risk Scores | | | | | | | | |
| Unmitigated | | | Mitigated | | | Tolerated (Target in 12 months) | | |
| Likelihood | Consequence | Total | Likelihood | Consequence | Total | Likelihood | Consequence | Total |
| 4 | 4 | 16 | 3 | 4 | 12 | 1 | 4 | 4 |
| Controls | | | | | Assurances on controls | | | |
| <ul style="list-style-type: none"> The HI Strategic Framework for action and the PHM strategy have been published. Implementation plans will be developed 2024/25. Specialty advisors are leading on HI, PHM and the Core20Plus5 clinical areas. The NCC deputy DPH is leading the PHM team reporting to the ICB Medical Director working closely with the HI Clinical Lead and SRO. The Health Improvement Transformation Group (HITG) focusses on Primary Prevention: smoking, physical activity and Healthy weight, report to ICP. Community Voices gathering insights into HI and connecting with local communities to help address. ICS groups set up for Inclusion health groups, vaccines inequalities, Core20plus5 programme group, NHS Anchors group, access and support programme group, reporting to HIOG Datahub Population Health dashboards in place to support reporting and health oversight. Health and wellbeing partnerships and place boards overseeing local work programmes. External factors that impact on "Plus groups" (such as the moving of hotels for asylum seekers which impacts on the services they receive) are raised by the HI team to be managed across the ICP. | | | | | <p>Internal: PHM and addressing HI has been identified as a priority in our JFP. Progress against key national delivery timelines reported and led by appropriate governance structures: Health Inequalities Oversight Group (HIOG), PHM Oversight Group (PHMOG) and PH and Inequalities Board with assurance reporting to Patients and Communities Committee.</p> <p>NHSE reporting of NHS Inequalities Improvement Frameworks and annual reporting against NHS statement on Information for health Inequalities.</p> <p>Elective Recovery Board receive monthly report on waiting lists per decile of deprivation index</p> <p>External: Integrated Care Partnership Board</p> | | | |
| Gaps in controls or assurances | | | | | | | | |
| <ul style="list-style-type: none"> Embedding resources at Place level to co-ordinate the mechanisms needed to address HI and deliver PHM Further work required to develop the data hub and dashboards. NHSE HI funding not ring-fenced to support emerging work programmes and respond to system priorities. Agreed governance for Equality health impact assessments but uniform process not yet established | | | | | | | | |
| Updates on actions and progress | | | | | | | | |
| Date opened | Action / update | | | | | BRAG | Target completion | |
| 14/06/24 | Co-ordinating multi-partner health inequalities group has met & is preparing terms of reference and implementation plan to go to the ICP June meeting and other governance structures. | | | | | G | | |

| Visual Risk Score Tracker – 2024/25 | | | | | | | | | | | | |
|-------------------------------------|----|----|----|---|---|---|---|---|---|----|----|----|
| Month | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 | 11 | 12 |
| Score | 12 | 12 | 12 | | | | | | | | | |
| Change | → | → | → | | | | | | | | | |

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Ambition 2: Primary care resilience and transformation

| BAF02 (previously BAF16) | | | | | | | | |
|--|--|------------------|----------------------|----------------------|---|---------------------------------|-------------|-------|
| Risk Title | The resilience of general practice | | | | | | | |
| Risk Description | <ul style="list-style-type: none"> There is a risk to the resilience of general practice due to several factors including workforce pressures and increasing workload (including workload associated with secondary care interface issues). There is also evidence of increasing poor behaviour from patients towards practice staff, leading to retention and recruitment issues. There is an increasing risk of industrial action following the BMA referendum where the GP contract and associated uplift was rejected. The national GP contract price uplift does not cover the required increase in meeting the minimum wage. The LMC has written to practices to cease uncommissioned work associated with MGUS monitoring and Advice and Guidance. Further communications are likely. Individual practices could see their ability to deliver care to patients impacted through lack of capacity and the infrastructure to provide safe and responsive services will be compromised. This will have a wider impact as neighbouring practices and other health service partners take on additional workload which in turn affects their resilience. This may lead to delays in accessing care, increased clinical harm because of delays in accessing services, failure to deliver the recovery of services adversely affected, and poor outcomes for patients due to pressured general practice services. | | | | | | | |
| Risk Owner | Responsible Committee | Operational Lead | Date Risk Identified | Target Delivery Date | | | | |
| Mark Burgis | Primary Care | Sadie Parker | 01/09/2020 | 31/03/2026 | | | | |
| Risk Scores | | | | | | | | |
| Unmitigated | | | Mitigated | | | Tolerated (Target in 12 months) | | |
| Likelihood | Consequence | Total | Likelihood | Consequence | Total | Likelihood | Consequence | Total |
| 5 | 4 | 20 | 4 | 4 | 16 | 3 | 4 | 12 |
| Controls | | | | | Assurances on controls | | | |
| <ul style="list-style-type: none"> Locality teams and strategic primary care teams structured around supporting the resilience of general practice. All practices have previously been supported to review business continuity plans. PCN ARRS (additional roles reimbursement scheme) funding has provided additional capacity but has not grown in this contract year. Primary care workforce and training team working closely with locality teams to ensure training available to support practices and PCNs in setting up and maintaining services. System interface group with representation from primary, community and secondary care system partners established. Standard contract requirements on interface – gap analysis and action plans, including monitoring being reviewed by contracts team. New national requirement for providers to self-assess using national toolkit 6-monthly Commencement of LMC General Practice Alert System sitreps | | | | | <p>Internal: Executive Management Team, workforce steering group, primary care strategic planning meetings, establishment of new general practice and community pharmacy delivery group, Primary Care Commissioning Committee, risk is on the Board Assurance Framework</p> <p>External: NHS England via delegation agreement and assurance framework, Health Education England, Norfolk and Waveney Local Medical Committee, Health Overview and Scrutiny Committee meetings</p> | | | |

Gaps in controls or assurances

- Practice visit programme, CQC inspections focused on where there is a significant risk or concern.
- Significant number of vacancies within primary care commissioning, workforce, quality, and locality teams impacts the level of support which can be provided to practices. Organisational change is impacting on support available due to vacancy controls.
- Continued reports of poor patient behaviour across practices, decrease in patient satisfaction with general practice through GP patient survey, consistent with national position.
- Progress on interface action planning process across Trusts impacted by ongoing pressures and national strike action.
- Reporting process for inappropriate transfers of workload from community and secondary care providers to general practice not fully utilised by practices, leading to under-reporting of issues. Alternative approaches being considered with the LMC.
- 50% overall response rate to LMC General Practice Alert System, meaning full picture is not available.
- Workforce and capacity shortages across community pharmacy and dental practices, and ongoing drug shortages, are having an impact on general practice and the rest of the system.
- Pressure on and unavailability of primary care budgets due to the ICB's financial position impacting on our ability to support resilience and transformation in general practice.
- Resilience policy in development, which will link into any bids for section 96 support.
- Five-year Primary Care Strategy has expired, new strategic framework in development.
- Primary care dashboard/ delivery report remains in development, leading to a lack of integrated performance oversight.

Updates on actions and progress

| Date opened | Action / update | BRAG | Target completion |
|---------------|--|----------|------------------------------|
| Jan 24 | <ul style="list-style-type: none"> • £750k further winter funding for general practice was released in January, along with a further investment of £750k in ARI (acute respiratory infection) hubs. This funding remains available for investment during quarter 4. • A significant number of practices have reported challenges with the annual health checks requirement for people with a learning disability and have requested additional support. Appropriate support has been agreed with respective practices. • The LMC has launched their General Practice Alert System, designed to monitor the resilience of general practice in a similar way to the Opel system. Anonymous sitreps are being provided to the primary care team. • Work remains underway to improve the issues caused at the interface between primary and secondary care. A new reporting form is proposed for implementation to automate the process and reduce administrative burden for all providers, LMC and the ICB. QEH has launched ICE requesting for pathology and radiology and a working group has been set up at the NNUH to seek to progress the project there, including colleagues from JPUH. A plan will be developed for 2024/25 and agreed through the interface group. The additional Interface task and finish groups continue and are reported against on a monthly basis in terms of progress. • The primary care and locality teams continue to work with individual practices at resilience risk to support them to stabilise. | B | 31/03/24 Complete |
| Feb 24 | <ul style="list-style-type: none"> • Good progress has been made with the practice visiting programme and, the first practice visit to Magdalene in Norwich was successfully completed in January 2024. Plans are underway for the next visit, which will take place in West Norfolk and dates are currently being discussed. There were no resilience concerns identified or reported at Magdalene practice during the visit. The practice benefits from stable partnership arrangements, stable workforce, and experienced practice manager. • An additional £357k resilience funding has been made available to practices. As a result, practices have submitted request for extra | B | 31/03/24 Complete |

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| | <p>clinics including but not limited to enhancing support for learning disability annual health checks and asthma clinics.</p> <ul style="list-style-type: none"> • Despite the changes in contractual arrangements in Norwich recently, the ICB continues to work with the new medical service provider to ensure continuity of service provision for patients. A proposal to change the current network arrangements has been received from Norwich practices, the ICB is working closely with PCN leadership to understand the proposal and the risk associated with the changes. • In February 38 practices requested and received Transition Cover Funding totalling £305,089 spread across the practices. Transition Cover Funding is available to support practices in moving into delivering via the Modern General Practice Access Model and N&W ICB are encouraging all practices to access this support. • The other 67 practices have been individually contacted with information on how to access the funding and how much is available to them. Practices must request this funding by the 11th of March to allow for payment before the end of March. • N&W ICB had 8 practices sign up to the final cohort of the GP Intermediate Support Programme run nationally – bringing our total practices who have engaged in the current phase of the GP improvement programme to 23 to date. • LD HC support to practices to improve the uptake and the quality of the annual LD HC continues with specific support with complex cases. • The GP contract letter was published on 28 February which is detailed on the March agenda. The financial settlement will be challenging for practices and we may well see further resilience issues as a result. | | |
| <p>April 2024</p> | <ul style="list-style-type: none"> • New interface monitoring tool released nationally, with expectation Trusts will review their baseline for submission in late April, and monitor progress six-monthly. • GP contract uplift has caused resilience concern among practices, with national BMA vote overwhelmingly in favour of rejecting the contract. Next steps are awaited but some form of industrial action is expected. In the meantime, the LMC has written to practices advising them to cease provided MGUS monitoring, due to it being uncommissioned. • Joint Forward Plan ambition for primary care updated. Work has commenced on developing our engagement approach to inform how we develop our vision and principles for primary care, and then our long-term strategic framework for general practice to underpin our approach to supporting development in future and to guide investment in primary care. • Locally commissioned services (x3) have been refreshed for 2024/25, however due to delays in confirmation of funding, this has delayed implementation in general practice and potentially affected patient services by leaving a service gap. • One further application for section 96 funding has been received from a practice. • Two branch surgery closure applications are being considered by the Committee. | <p>B</p> | <p>30/04/24 Complete</p> |

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|-----------------|---|----------|-----------------|
| May 2024 | <ul style="list-style-type: none"> All provider trusts completed the new interface monitoring tool and this was submitted to NHS England. National data appears to be in line with our local reporting. The new ICB interface manager role is currently being advertised internally. This role will provide additional capacity into the system to develop the work programme and coordinate work across the system. The BMA is going out to ballot for industrial action with a closing date of 29 July. We are modelling the potential impact of this on the system. It is thought interface areas (nationally thought to make up 20% of practice workload) will form part of the action. 8 vacancies in the primary care commissioning team are currently being internally advertised as part of the ICB's restructure process. This will bring in valuable additional capacity to the team. The issue of private referrals to Trusts has now been agreed and the Trusts' joint access policy updated. Trusts are working through the implementation of this policy update, noting this has been raised as an issue by the LMC for some years, due to the associated workload for GPs in having to pass on the referrals. <p>ICE ordering of tests for non-medical staff has been implemented in QEH and has been agreed in principle in JPUH and NNUH, which are now working through an implementation plan. Funding the additional capacity required is a particular issue to work through. The LMC has provided significant support to the task and finish group in this area.</p> | A | 31/08/24 |
|-----------------|---|----------|-----------------|

| Visual Risk Score Tracker – 2024/25 | | | | | | | | | | | | |
|-------------------------------------|----|----|----|---|---|---|---|---|---|----|----|----|
| Month | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 | 11 | 12 |
| Score | 16 | 16 | 16 | | | | | | | | | |
| Change | → | → | → | | | | | | | | | |

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Ambition 3: Improving service for babies, children and young people and developing our Local Maternity and Neonatal System (LMNS)

| BAF03 (previously BAF05b) | | | | | | | | |
|---|-------------|--|------------|------------------|--|---------------------------------|-------------|-------|
| Risk Title | | Barriers to full delivery of the Mental health transformation programme (CYP) | | | | | | |
| Risk Description | | 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 | | | | | | |
| Risk Owner | | Responsible Committee | | Operational Lead | Date Risk Identified | Target Delivery Date | | |
| Tricia D'Orsi | | Quality & Safety | | Rebecca Hulme | 01/07/2022 | 30/11/24 | | |
| Risk Scores | | | | | | | | |
| Unmitigated | | | Mitigated | | | Tolerated (Target in 12 months) | | |
| Likelihood | Consequence | Total | Likelihood | Consequence | Total | Likelihood | Consequence | Total |
| 4 | 4 | 16 | 4 | 4 | 16 | 2 | 4 | 8 |
| Controls | | | | | Assurances on controls | | | |
| <ul style="list-style-type: none"> Dedicated CYP strategic commissioning team now in place Effective System wide governance framework Collaboration with system partners to understand demand and capacity has begun and the shared resource is better understood. Development of robust understanding of the financial envelope available to drive the transformation, and investment necessary, including appropriate measures to reconcile these is still in process. System approach to increasing knowledge skills and expertise across agencies and developing additional capacity through use of digital. Greatly assisted by digital appointing a digital lead. Digital workstream initiated. Financial slippage is being mitigated against protecting our ability to maintain MHIS investment. Implementation of system wide transformation programme Commitment from system partners to adopting Thrive approach – mental health needs being considered and addressed in wider health and social care settings. Additional partnership working with VCSE. All age Eating Disorder Strategy Established Children and Young Peoples System Collaboratives in Norfolk and Suffolk Working in partnership with Norfolk and Suffolk Constabularies to implement a system wide collaborative approach to Right Care Right Person Intensive day support unit now open for eating disorders and parent support offer in place. Professional Therapeutic Pathway in place Integrated Front Door phase one in place. Enhanced support offers for 18–25-year-olds in wellbeing hubs. Gender Identity Service in place | | | | | <p>Internal: SMT, EMT, Integrated Care Board, Finance Committee, Quality Committee,</p> <p>External: CYPMH Executive Management Group, CYP Strategic Alliance Board, HWBs Norfolk and Suffolk, NW Health and Care partnership MH Board, NHSE/I Regional MH Board and subgroups, HOSC Norfolk and Suffolk, System Improvement and Assurance Group, Children and Young People's System Collaborative</p> | | | |

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Gaps in controls or assurances

- Capacity and commitment within providers to support transformation and collaboration impacted by increased demand and historical backlog.
- Capacity within the substantive CYP integrated commissioning team to deliver on the scale of transformation required.
- Conflicting priorities across complex system transformation agenda
Intra-system Electronic Patient Record connectivity, especially at the interface of primary/secondary/social care and third sector provision, remains a challenge and priority to address.
- Lack of clarity regarding workforce capacity to deliver support at required levels.
- Ability to recruit, retain and train a viable number of staff to enable service expansion and meet the MH and well-being needs of the N&W population.

Updates on actions and progress

| Date opened | Action / update | BRAG | Target completion |
|-------------|---|------|------------------------------|
| 06/11/22 | Recruitment remains challenging in core secondary care services. New staff in post but staff leavers nullifying effect. Requirement to address urgent presentations and increased community acuity reducing routine capacity to reduce waiting times. Update 02/01/2024. Recruitment remains problematic. Workforce information requested from NSFT through newly re-established SPQRG | R | 30/11/24 |
| 25/08/23 | Waiting list size within main provider continues to increase. Staff vacancies within central youth team critical. Proposal from provider to declare business continuity. Trust undergoing organisational restructure so delays to replacing key leadership roles. Plan to escalate to NSFT Executive. Update 19/06/24 referrals to NSFT reducing following introduction of Integrated Front Door. No corresponding reduction in waiting list to date. NSFT have developed a recovery plan for referral to assessment and are developing a similar plan for referral treatment. Exploring opportunities to utilise additional capacity. | R | 30/11/24 |
| 08/11/23 | Castle Green Integrated Intensive Day Support/Short Breaks Unit paper presentation and prioritisation matrix complete. Risks identified regarding financial implications. Presented to deliberation panel – scoring ratified and funding identified. Awaiting next steps. Need to confirm with NHSE due to capital funding allocation. Update 19/06/24 funding approved, next steps meeting with NCC to mobilise plan. | A | 31/03/25 |
| 08/11/23 | CYP Collaborative continues to develop. System workshop scheduled for 15/12/23 to progress system working and opportunities for stakeholders to align resource. Workshop completed 15/12/2023. Priorities for workstreams proposed and will be established within January 2024 Update 19/06/24 workstreams established and scoping vision for priority areas. | A | 30/09/24 |
| 02/01/24 | Additional capacity within Professional Therapeutic Pathway identified using winter funding. Monitor impact through waiting list updates. | B | 31/03/24 Complete |
| 02/01/24 | Integrated Front Door further role out to include NSFT direct referrals scheduled to commence April 2024 | B | 31/03/24 Completed |
| 02/01/24 | Recruitment to mental health care navigator team commenced. Some delays due to organisational restructure – Project Manager in post, recruiting to programme lead role. | G | 31/07/24 |

Visual Risk Score Tracker – 2024/25

| Month | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 | 11 | 12 |
|--------|----|----|----|---|---|---|---|---|---|----|----|----|
| Score | 16 | 16 | 16 | | | | | | | | | |
| Change | ➔ | ➔ | ➔ | | | | | | | | | |

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Ambition 4: Transforming Mental Health Services

| BAF05 (previously BAF05a) | | | | | | | | |
|---|--|------------------|----------------------|--|-----------|---------------------------------|-------------------|----------|
| Risk Title | Barriers to full delivery of the Mental health transformation programme (Adults) | | | | | | | |
| Risk Description | 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 the need. 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 | | | | | | | |
| Risk Owner | Responsible Committee | Operational Lead | Date Risk Identified | Target Delivery Date | | | | |
| Jocelyn Pike | Commissioning & Performance | Emma Willey | 01/07/2022 | 31/03/2025 | | | | |
| Risk Scores | | | | | | | | |
| Unmitigated | | | Mitigated | | | Tolerated (Target in 12 months) | | |
| Likelihood | Consequence | Total | Likelihood | Consequence | Total | Likelihood | Consequence | Total |
| 4 | 4 | 16 | 3 | 4 | 12 | 2 | 4 | 8 |
| Controls | | | | Assurances on controls | | | | |
| <ul style="list-style-type: none"> System wide governance framework in situ Finance & Planning working group meet monthly to drive robust financial arrangements and deliver planned MHIS investment. Ongoing work with Population health management team to proactively contact and offer support/ physical health assessment and vaccination. Working in partnership with Norfolk and Suffolk Constabularies to implement a system wide collaborative approach to Right Care Right Person | | | | <p>Internal: SMT, EMT, Board</p> <p>External: N&W MH Strategic Oversight Board, HWBs Norfolk and Suffolk, NW Health and Care partnership MH Forum, HOSC, Norfolk and Suffolk NHSE/I Regional MH Board and subgroups, NHSEI System Improvement and Assurance Group,</p> | | | | |
| Gaps in controls or assurances | | | | | | | | |
| <ul style="list-style-type: none"> Impact of pandemic and cost of living crisis on mental health and well-being of population leading to increased need for support and adding to capacity pressures and resilience of providers Organisational development required to drive forward internal cultural change. Cultural shift required as a system to enable successful transformation and ensure mental health is better understood and regarded as 'everyone's business.' Cultural, digital and operational collaboration to enable access and easily navigable mental health services, is at an early stage of development. Conflicting priorities across complex system transformation agenda Intra-system Electronic Patient Record connectivity, especially at the interface of primary/secondary/social care and third sector provision, remains a challenge and priority to address. Ability to recruit, retain and train a viable number of staff to enable service expansion and meet the MH and well-being needs of the N&W population. Limited influence on alternative provision within a tightly prescribed talking therapies model – National NHSEI and HEE guidance is restrictive and does not allow local flexibility. The ICB restructure commenced July 2023 impacting on team capacity. | | | | | | | | |
| Updates on actions and progress | | | | | | | | |
| Date opened | Action / update | | | | | BRAG | Target completion | |
| 29/04/22 | Phase 1 of the N&W MH Transformation Programme Plan completed 31/03/24. Phase 2 with focus on integration of new services and pathway development. Continued co-production with partners and Experts by Experience and Clinical Reference Group is central to sustaining and embedding positive change. | | | | | G | 31/03/25 | |

| | | | |
|----------|---|---|----------|
| 29/04/22 | MH Workforce; Paper presented to Strategic Oversight board and action agreed to review workforce oversight and set up a MH workforce group. Progress delayed due to restructure, date for completion extended. Met with Workforce Lead 17/10/24, lack of organisational capacity and operational readiness currently to progress this action. Plan to review with SRO support. | A | 31/10/24 |
| 29/04/22 | National MH KPI achievement; developed Oversight Plans with support from NHSEI to work towards recovery of trajectories for the following: Physical Health in Severe Mental Illness, improving Dementia Diagnosis and reducing Out of Area Placement OAP). Rated amber to reflect difficulties reducing use of OAP beds and eradicating 12-hour breaches during a time of extraordinary demand and pathway pressures. Work continues to increase Physical Health checks for people with severe mental illness and dementia diagnosis, trajectory submitted to achieve over a longer 2 year period in recognition of primary care capacity and QOF challenges. | A | 31/03/25 |
| 20/10/22 | Community Transformation: Stocktake of Community Transformation underway to understand current position regarding recruitment, activity and spend against original transformation ambition and plans. Working with NSFT to strengthen and embed the model going into 24/25. Timeline extended to accommodate totality of work. Delayed engagement is a risk | A | 31/03/25 |
| 29/08/23 | Right Care, Right Person (RCRP); ICB Leads working in partnership with Norfolk and Suffolk Constabularies. RCRP launched in Norfolk in early June. Suffolk Police went live October 2023. All workstreams have gone live with daily meetings to review any issues and learning. No significant issues reported to date. | G | 31/03/25 |
| 22/03/24 | Working through contractual changes and arrangements to monitor impact with VCSE organisations impacted by requirement to pay increased Living and Minimal Wage increases to understand impact and proposed mitigations, including reduced services. | A | 31/07/24 |

Visual Risk Score Tracker – 2024/25

| Month | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 | 11 | 12 |
|--------|----|----|----|---|---|---|---|---|---|----|----|----|
| Score | 16 | 16 | 12 | | | | | | | | | |
| Change | → | → | ↓ | | | | | | | | | |

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Objective 5: Transforming care in later life

BAF06 (previously BAF25)

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|--|--|-------|------------------|-------------------------|-------|---|-------------|-----------------------------|--------------------------|----|----|----|
| Risk Title | Increasing numbers and complexity of the ageing population in Norfolk and Waveney | | | | | | | | | | | |
| Risk Description | <p>Across Norfolk and Waveney life expectancy is longer than the average across England and is currently 80 years for males and 84 years for females. Furthermore, the healthy life expectancy across Norfolk is lower than the average for England at about 62.7 years for males and about 62.4 years for females and this figure has decreased over the last few years. This means that the period that older people spend in ill health in Norfolk is getting longer. Older people are already more likely to be living with multiple and complex health conditions. Common conditions that are more prevalent in older age include dementia, heart disease, hypertension (high blood pressure), respiratory disease, mental health conditions such as depression, cerebrovascular disease, joint problems, diabetes, and sensory impairment.</p> <p>The risks are that:</p> <ol style="list-style-type: none"> services will be unable to continue to meet the increasing demand and needs of our ageing population. costs associated with care of this population will increase significantly adding to financial pressures. quality of care for older people may decline if a) and b) are not suitably mitigated. | | | | | | | | | | | |
| Risk Owner | Responsible Committee | | | Operational Lead | | Date Risk Identified | | Target Delivery Date | | | | |
| Dr Frankie Swords | People & Communities Committee | | | Sheila Glenn | | 20/06/24 | | 31/03/28 | | | | |
| Risk Scores | | | | | | | | | | | | |
| Unmitigated | | | Mitigated | | | Tolerated (Target in 12 months) | | | | | | |
| Likelihood | Consequence | Total | Likelihood | Consequence | Total | Likelihood | Consequence | Total | | | | |
| 5 | 4 | 20 | 5 | 3 | 15 | 4 | 3 | 12 | | | | |
| Controls | | | | | | Assurances on controls | | | | | | |
| <ul style="list-style-type: none"> Ageing Well Programme Board with substantive programme manager Increased focus upon early intervention (identify and intervene) Increased focus upon upstream prevention and remaining active | | | | | | <p>Internal: Transforming care in later life has been identified as a priority in our JFP. Progress against key national delivery timelines reported and led by appropriate governance structures: System Ageing well board reporting to Patients and Communities Committee.</p> <p>External: Integrated Care Partnership Board</p> | | | | | | |
| Gaps in controls or assurances | | | | | | | | | | | | |
| <ul style="list-style-type: none"> Embedding resources at Place level to co-ordinate the mechanisms needed to deliver Ageing Well Strategic Framework Further work required to develop the data hub and dashboards to monitor medium / long term impacts. No specific budget allocated to the Ageing Well Programme to support emerging work and respond to system priorities. | | | | | | | | | | | | |
| Updates on actions and progress | | | | | | | | | | | | |
| Date opened | Action / update | | | | | | | BRAG | Target completion | | | |
| 01/07/24 | Recruit to vacant Specialist Advisor role for Older People and Dementia (July 24). | | | | | | | G | 30/07/24 | | | |
| 01/07/24 | Progress the programme plan through the workstreams. | | | | | | | G | Ongoing | | | |
| 01/07/24 | Clarify scope , priorities and determine new objectives for the Dementia workstream. | | | | | | | G | 19/07/24 | | | |
| Visual Risk Score Tracker – 2024/25 | | | | | | | | | | | | |
| Month | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 | 11 | 12 |
| Score | | | 15 | | | | | | | | | |
| Change | | | New | | | | | | | | | |

Objective 6: Improving urgent and emergency care

BAF07 (previously BAF02)

| Risk Title | System / Urgent & Emergency Care (UEC) Pressures | | | | | | | |
|--|--|-------------------------|-----------------------------|-----------------------------|--|---------------------------------|-------------|-------|
| Risk Description | <p>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.</p> <p>This could lead to 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. In turn, this congests the EDs slowing down ambulance handover leading to more crews outside hospital who are unable to be released to respond to 999 calls.</p> | | | | | | | |
| Risk Owner | Responsible Committee | Operational Lead | Date Risk Identified | Target Delivery Date | | | | |
| Mark Burgis | Patients and Communities Quality and Safety | Ross Collett | 01/07/2022 | 31/03/2025 | | | | |
| Risk Scores | | | | | | | | |
| Unmitigated | | | Mitigated | | | Tolerated (Target in 12 months) | | |
| Likelihood | Consequence | Total | Likelihood | Consequence | Total | Likelihood | Consequence | Total |
| 4 | 5 | 20 | 4 | 4 | 16 | 3 | 4 | 12 |
| Controls | | | | | Assurances on controls | | | |
| <ul style="list-style-type: none"> Strategic Oversight: UEC Programme Board oversees non-elective flow and monitors a system wide transformation programme to improve the responsiveness of our Urgent and Emergency Care pathways to ensure patients receive the right treatment in the right place at the right time; that timely discharge for non-elective patients from inpatient hospital and community beds takes place and that appropriate discharge capacity is available to meet the discharge demand from health settings. Business Continuity: <ul style="list-style-type: none"> All Trusts, including community, 111 and primary care have business continuity plans in place to manage the operational response to in-year peaks in demand and periods where demand exceeds 'business as usual' levels. A seven-day System Control Centre (SCC) and East of England Ambulance Service (EEAST) System Oversight Cell (SOC) are in place. The SCC and SOC work alongside Providers to coordinate operational responsiveness when individual or multiple providers are unable to meet demand in a timely and safe way and to escalate to appropriate levels of management when decisions to mobilise additional resources are needed. <p>Specific controls to appropriately manage urgent and emergency care demand ensuring patient's needs are met:</p> <ul style="list-style-type: none"> Hospital 'Admissions Avoidance': A range of 'Admissions Avoidance' schemes are in place across N&W to ensure that patients who have an 'urgent' care need are seen in a timely way in the right care setting, the core services are: <ul style="list-style-type: none"> 111 / GP led Clinical Advice Service (CAS): This service provides advice to healthcare professionals and the public triaging and referring patients to the most appropriate service and setting that will best meet their needs. Unscheduled Care Coordination Hub (SPoA): The UCCH has been established since October 2023 as a single point of access for urgent care. The UCCH reviews | | | | | <p>Internal: ICB Executive Management Team; Norfolk and Waveney UEC Programme Board; Three UEC Alliances aligned to each acute hospital system; System Control Centre (SCC)</p> <p>External: ICS Executive Management Team (CEOs Group); Trust Boards; NHSE Regional Strategic Oversight</p> | | | |

the 999 and 111 staff coordinating the most appropriate response based on the patients' needs. The UCCH focusses on some of our most vulnerable and frail elderly patients to ensure only those that need a hospital admission or the service provided by an ED are conveyed. The UCCH also supports ambulance crews en-route and on scene with additional clinical support via the MDT and will release crews from scene within 30 minutes taking responsibility for patients who require alternative urgent care services such as Virtual Ward and UCR.

- **Urgent Community Response (UCR):** Patients that have been triaged can be referred to this service which provides a face-to-face response within 2 hours for those patients that need this 'urgent' intervention who would otherwise be at risk of admission to hospital. This community led service is underpinned by a plethora of discrete services across each 'place' that the UCR team can access to ensure the immediate need is met and that patients are referred onto appropriate health or social care services that can provide support to prevent or reduce the risk of further exacerbation.
- **GP Streaming (ED Front Door):** is in place at all three acute hospitals to reduce the urgent care (minors) demand flowing through our EDs by providing a primary care led service to patients who walk-in to our EDs as well as redirecting them to other appropriate services in the community.
- **Same Day Emergency Care (SDEC):** All three acute hospitals have SDECs in place. These are being further developed to include a wider range of symptom groups and referral routes to increase their effectiveness in avoiding 'avoidable' admissions to hospital.
- **Virtual Ward:** Virtual Ward Project established in Q3 22/23. The project intends to increase the level of acuity of patients that can safely be managed in the community by increasing community capability in a "step up" model. See "discharge" for further information on VW project and "step down."
- **Creation of surge / escalation capacity:**
 - **Cohorting:** A range of cohorting measures are available at acutes to provide ED surge capacity and reduce waiting to handover at hospital.
 - **Rapid Ambulance Offload:** Arrangements in each ED enable a limited number of additional rapid ambulance handovers to release waiting ambulance crews to attend very urgent community calls where there is an extreme risk of adverse clinical outcome from delay.
 - **Escalation / Surge Beds:** Acute and community providers have created additional escalation / surge beds through internal operational changes and using some winter funding. This additional capacity has been maintained in to 24/25.
 - All acute hospitals have ambulance handover plans to improve handover performance and accommodate surges in demand.
- **Specific controls to improve discharge (cross-reference with BAF19):**
 - Discharge Director is supporting Trusts to ensure best practice is in place via a 30,60,90-day plan and 100-day discharge challenge.
 - Capacity and Demand modelling work is taking place and funding made available to support an increase in capacity using non-recurrent winter funding.

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| <ul style="list-style-type: none"> o Circa 210 beds and 190 domiciliary packages of care equivalent to an acute bed have been mobilised across N&W until 31st March 2023. • Position continues to improve with a reduction in escalation beds at the Acute hospitals and improvement in C1 and C2 ambulance response times. Ambulance handover into ED is shown signs of improvement, however this needs to embed and sustain before further risk reduction. | |
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Gaps in controls or assurances

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| <ul style="list-style-type: none"> • Clearly defined cross-reference to PHM Strategy that will reduce latent demand for urgent and emergency care through better long-term conditions management reducing condition exacerbation. • Limited alignment with Mental Health non-elective strategy and plans including the mitigation of the impact of Covid 19 which in turn will reduce latent demand on acute hospital EDs. • Central 'Winter Funding' ends on 31st March 2023 and mobilised bed stock and domiciliary care provision will reduce leading to delayed discharges from in-patient hospital and community beds, resulting in an adverse impact on flow and reduction in responsiveness of the community to meet urgent and emergency care needs. • Winter Director secondment has ended and the Discharge support from NOF4 is due to end in Q1 of 24/25 leaving a gap in system level capacity whilst UEC structure is reviewed post ICB restructure. • Assumptions made by our acute hospitals in the current round of operational planning highlights capacity in wider community (primary care, community, 111/CAS, 999) will be unable to meet the pre-hospital and discharge needs of our population accessing the non-elective pathways. • Insufficient capacity in social care to meet the needs of our population who require timely discharge to complete their onward care journey |
|--|

Updates on actions and progress

| Date opened | Action / update | BRAG | Target completion |
|-------------|--|------|-------------------|
| 16/03/23 | National UEC Recovery Strategy - Reduce LoS in inpatient settings. This is a core action in the Joint Forward Plan (JFP) to rebalance system flow and meet operational planning target of 78% A&E 4-hour performance. Baseline average LoS is currently 8.1days for non-elective pathway. | A | 31/03/25 |
| 16/03/23 | National UEC Recovery Strategy – Recover Ambulance category 2 response time to minimum 30mins. This is a core action in the Joint Forward Plan (JFP). Recovering to this performance will be underpinned by a range of Admissions Avoidance and Discharge initiatives to ensure we have the capacity to release ambulances to respond to category 2 calls. | A | 31/03/25 |
| 16/03/23 | National UEC Recovery Strategy – This is a core action in the Joint Forward Plan (JFP) Meet our Virtual ambition to achieve 40 beds per 100,000 population (368 beds). This initiative will support Admissions Avoidance and Early Supported Discharge to meet the 76% A&E 4-hour target. | A | 31/03/25 |

| Visual Risk Score Tracker – 2023/24 | | | | | | | | | | | | |
|-------------------------------------|----|----|----|---|---|---|---|---|---|----|----|----|
| Month | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 | 11 | 12 |
| Score | 16 | 16 | 16 | | | | | | | | | |
| Change | → | → | → | | | | | | | | | |

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Objective 7: Elective recovery and improvement

| BAF08 | | | | | | | | | |
|--|-------------|--|------------|------------------|-------|---|-------------|----------------------|--|
| Risk Title | | Elective Recovery | | | | | | | |
| Risk Description | | 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 harm for individual patients resulting from prolonged waits for treatment, including waits for diagnostic tests and for cancer care. | | | | | | | |
| Risk Owner | | Responsible Committee | | Operational Lead | | Date Risk Identified | | Target Delivery Date | |
| Dr Frankie Swords | | Quality & Safety | | Sheila Glenn | | 01/12/2022 | | 31/03/2025 | |
| Risk Scores | | | | | | | | | |
| Unmitigated | | | Mitigated | | | Tolerated (Target in 12 months) | | | |
| Likelihood | Consequence | Total | Likelihood | Consequence | Total | Likelihood | Consequence | Total | |
| 5 | 4 | 20 | 3 | 4 | 12 | 3 | 4 | 12 | |
| Controls | | | | | | Assurances on controls | | | |
| <ul style="list-style-type: none"> The Elective Recovery Board meets bi-weekly to oversee all workstreams to improve performance and reduce harm. Each Provider has completed waiting list validation, all patients clinically prioritised. Unified process of clinical harm review and prioritisation in line with national guidance. Workstreams in place to expand capacity, share learning, maximise efficiency and reduce variation in waiting times, including through mutual aid, and to transform care pathways to accelerate elective recovery, each led by a chief operating officer or medical director. EoE funding secured for mutual aid administrative support to contact long wait patients to confirm availability, signpost to While You Wait website and confirm if transfer to alternative provider via mutual aid. EMT agreement to commission elective capacity through independent sector providers. Introduction of national PIDMAS system to assist with offering alternative choice of provider to long wait patients with non-recurrent funding allocated to assist with travel costs. Extending the use of insourcing and outsourcing opportunities to create capacity. New theatre capacity opened at NNUH in December 23. Additional orthopaedic capacity at NNUH and JPUH due summer/autumn 2024 | | | | | | <p><u>Trusts are expected to ensure zero 52+ week waits by end of March 2025.</u></p> <p>QEH de-escalated from Tier 2 to non-tier in Feb 2023. JPUH escalated to Tier 2 in June. NNUH remains on Tier 1 Internal: Weekly and monthly performance metrics for each workstream scrutinised at biweekly elective recovery board.</p> <p>External: Trust Board Governance processes and returns to NHSEI, National contract monitoring by NHSEI and Elective Recovery Board.</p> <p>Weekly Tiering KLOE return from Trusts to system, region, and national teams, monitored through fortnightly Tiering meetings.</p> | | | |
| Gaps in controls or assurances | | | | | | | | | |
| <ul style="list-style-type: none"> Cessation/ reduction of elective activity due to RAAC plank works at JPUH and QEH. Impact of industrial action in the acute and primary care sectors on elective recovery and administrative resources to support validation and booking processes. Critical incidents declared at trusts due to intense pressure on emergency capacity. Staffing challenges at the Trusts with consultant sickness and vacancies, particularly in oncology teams. Limited Trust resource to undertake clinical and administrative validation of PIDMAS requests. Limited capacity within the ICS and East of England to accommodate PIDMAS requests within timescales. | | | | | | | | | |

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| Updates on actions and progress | | | | | | | | | | | | |
|-------------------------------------|--|----|----|---|---|---|---|---|---|----|------|-------------------|
| Date opened | Action / update | | | | | | | | | | BRAG | Target completion |
| 22/04/24 | <ul style="list-style-type: none"> All trusts submitted zero 104-week waits for end of March 2024 529 78-week breaches reported for end of March with x11 at the QEH, x242 at JPUH and x276 at NNUH. NNUH is planning to clear 65 week waits by December 2024, with JPUH and QEH planning to clear by September 2025 (national target) Trusts continuing to use ICB staff to contact patients and make arrangements to transfer patients to alternative providers including ISPs. New elective orthopaedic theatre capacity will come onstream at the JPUH in October 2024. The NNUH orthopaedic centre (NANOC) is due to open in summer 2024. Recommend maintain risk rating due to steady decrease in number of 52-week breaches, clearance plans in place and opportunities for new capacity coming on stream over the summer. | | | | | | | | | | A | 31/03/25 |
| Visual Risk Score Tracker – 2024/25 | | | | | | | | | | | | |
| Month | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 | 11 | 12 |
| Score | 12 | 12 | 12 | | | | | | | | | |
| Change | ↓ | → | → | | | | | | | | | |

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Objective 8: Improving productivity and efficiency

| BAF09 (previously BAF11) | | | | | | | | | | | | |
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| Risk Title | | Achieve the 2023/24 financial plan | | | | | | | | | | |
| Risk Description | | If the ICB does not deliver the 2023/24 Financial Plan of a break-even position, then the ICB may not be able to maintain spending on current levels of service, or to continue with plans for further investment. This may lead to a reduction in the levels of services available to patients. | | | | | | | | | | |
| Risk Owner | | Responsible Committee | | Operational Lead | | Date Risk Identified | | Target Delivery Date | | | | |
| Steven Course | | Finance | | Emma Kriehn Morris | | 10/05/2022 | | 31/03/2025 | | | | |
| Risk Scores | | | | | | | | | | | | |
| Unmitigated | | | Mitigated | | | Tolerated (Target in 12 months) | | | | | | |
| Likelihood | Consequence | Total | Likelihood | Consequence | Total | Likelihood | Consequence | Total | | | | |
| 5 | 4 | 20 | 3 | 4 | 12 | 3 | 4 | 12 | | | | |
| Controls | | | | | Assurances on controls | | | | | | | |
| <ul style="list-style-type: none"> Monthly monitoring of risks and mitigations, reported to NHSE/I. Detailed plan for 2023/24 approved by Board and submitted to NHSE/I as part of the break-even system plan. Monthly Finance Report presented to Finance Committee and Board. | | | | | <p>Internal: Board Reports and Minutes, Audit Committee reports and Internal Audit work plan, Finance Committee reports, Executive Management Dashboards, Delegated Budget manager review, Internal monthly review of Risks & Mitigations.</p> <p>External: ICB assurance process, early flagging of risk with NHSE/I and Protocol conditions.</p> | | | | | | | |
| Gaps in controls or assurances | | | | | | | | | | | | |
| <ul style="list-style-type: none"> No contingency reserve in plan; £51m of unmitigated risks against the plan at the point of final submission; As at M02 (May 2024) the £51m planning risks have been re-assessed to £51.7m on a probability basis. In addition to the revised £51.7m Planning Assumption Risks a further £0.1m of Net Risks have been noted resulting in a Total net risk of £53.2m | | | | | | | | | | | | |
| Updates on actions and progress | | | | | | | | | | | | |
| Date opened | Action / update | | | | | | BRAG | Target completion | | | | |
| 01/04/24 | Review of monthly year to date performances and assess forecast out-turn evaluated risks and mitigations. | | | | | | G | Monthly to 31/03/25 | | | | |
| Visual Risk Score Tracker – 2024/25 | | | | | | | | | | | | |
| Month | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 | 11 | 12 |
| Score | 12 | 12 | | | | | | | | | | |
| Change | → | → | | | | | | | | | | |

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Agenda item: 13

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| Subject: | Quality and Safety Committee Report |
| Presented by: | Aliona Derrett, Quality and Safety Committee Chair Tricia D’Orsi, Executive Director of Nursing |
| Prepared by: | Evelyn Kelly, Quality Governance & Delivery Manager |
| Submitted to: | Integrated Care Board Meeting |
| Date: | 17 July 2024 |

Purpose of Paper

To provide the Board with an update on the work of the Quality and Safety Committee for the period of 22 May 2024 to 17 July 2024.

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| Committee: | Quality and Safety |
| Committee Chair: | Aliona Derrett (Hein van den Wildenberg deputised for the June Meeting) |
| Meetings since the previous update: | 06 June 2024, 14:00 – 17:00 04 July 2024, 14:00 – 17:00 |
| Overall objectives of the committee: | |
| <p>To seek assurance that the Norfolk and Waveney system has a unified approach to quality governance and internal controls that support it to effectively deliver its strategic objectives and provide sustainable, high-quality care and to have oversight of local implementation of the NHS National Patient Safety Strategy. To be assured that these structures operate effectively, that timely action is taken to address areas of concern, and to respond to lessons learned from all relevant sources including national standards, regulatory changes, and best practice.</p> <p>To oversee and monitor delivery of the ICB key statutory requirements, including scrutiny of the robustness and effectiveness of its arrangements for safeguarding adults and children, infection prevention and control, medicines optimisation and safety, and equality and diversity. To ensure that patient outcomes from care are collected and measured, to inform outcomes-based commissioning for quality.</p> <p>To review and monitor those risks on the BAF and Corporate Risk Register which relate to quality, and the delivery of safe, timely, effective, and equitable care. To consider the effectiveness of proposed mitigations and to escalate concerns to risk owners and operational leads/forums as agreed by Committee Members.</p> <p>To approve ICB arrangements, including supporting policies, to minimise clinical risk, maximise patient safety and secure continuous improvement in quality. To seek assurance that commissioning functions act with a view to supporting quality improvement; developing local services that promote wellbeing and prevent adverse health outcomes, equitably, across all patients and communities in Norfolk and Waveney.</p> | |

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| <p>Main purpose of meeting:</p> | <p>06 June 2024: regular meeting of the Committee covering all standing items plus the following focus areas:</p> <ul style="list-style-type: none"> • Quality Dashboard and Strategy Oversight • Community Mental Health update • Learning from Adverse Events and Complaints • Population Health Management • Assurance Report from Local Maternity & Neonatal System • <i>Part 2 Discussion of a Confidential Internal Matter</i> <p>04 July 2024: regular meeting of the Committee covering all standing items plus the following focus areas:</p> <ul style="list-style-type: none"> • Quality Dashboard and Strategy Oversight • Babies, Children, Young People and Families Update • Research and Evaluation Update • Primary Care Delegated Commissioning Committee Update • Martha's Rule • Assurance Visit to Spire Hospital |
| <p>BAF and any significant risks relevant / aligned to this Committee:</p> | <p>Quality and Safety Committee BAF and Significant Risks: BAF03: Providers in CQC 'Inadequate' Special Measures BAF05a: Mental Health Transformation Programme BAF05b: CYP Mental Health Transformation Programme BAF09: NHS Continuing Healthcare BAF10: EEAST Response Time and Patient Harms BAF19: Discharge from Inpatient Settings BAF20: Industrial Action BAF21: Grant Thornton Mortality Review (NSFT) BAF23: Failure to Meet Cancer Access Standards SR04: Surge Capacity to Support Local Acute Trusts SR05: Workforce Absence and Moral Injury SR06: Public Trust and Reputational Damage SR10: Care Provider Capacity System-Wide Impact SR13: Neuro-Developmental Service Provision SR14: CYP Mental Health (Allocation of Case Managers) SR16: CYP Mental Health Waiting Lists SR19: CYP Podiatry Provision in Central Norfolk SR20: CYP Speech and Language Therapy Provision SR43: Tuberculosis Service Capacity SR46: 12hr Decision to Admit Breaches: Patient Experience SR47: Familial Hypercholesterolemia Services SR48: Lynch Syndrome Pathway (Cancer) SR49: Equitable Access to End of Life Care SR50: E3 Maternity Information System SR52: Industrial Action Clinical Impact SR54: CYP Responsible and Approved Clinicians in NSFT SR55: CYP Staff Competences in NSFT LC001: Community Epilepsy Commissioning</p> <p>Closed to Committee and de-escalated to Team oversight: BAF08: Elective Recovery and SR12: Elective Long Waits SR26: Deconditioning and Hospital Acquired Infections</p> |

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Key items for assurance/noting:

06 June 2024

Quality Dashboard and Strategy Oversight

Committee received the second report from the new developing Quality Dashboard which provided narrative against each reported metric and described ongoing work with the ICB BI Team to review the quality and accuracy of each existing metric and bring new metrics online. Key areas highlighted to Committee, included Right Care NoW and Optica roll-out, Ambulance handover and C1/C2 response time improvements, de-escalation of Acute Hospital flow pressures and the improvements made for access to Talking Therapies which are now consistently exceeding national targets.

Learning from Adverse Events and Complaints

Committee received an update on the Patient Safety Incident Response Framework (PSIRF) which has replaced the old Serious Incident Management approach, noting that most of our system partners having transitioned to the new process successfully in 2023. EEAST were in attendance and took an action to share learning from their recent thematic review on cardiac care as an example of the local approach being taken forward in the spirit of the new framework which takes a more proportionate approach to responding to patient safety incidents and more focus on learning, improving and compassionate engagement.

A report on complaints was shared, noting that the most common theme of complaints received by the ICB relate to primary care access and quality. Learning is shared with commissioners to help inform resilience and transformation work.

Population Health Management

Committee received an update on the recently published ICS Population Health Management (PHM) Strategy which has been developed through a consultation and feedback process, alongside a significant review of the existing literature and relevant local and national strategies. It was agreed that the PHM approach has the potential to be a key enabler to support quality assurance and improvement across place. Committee discussed the value of the PHM work, emphasising the importance of understanding the overview of the population and using techniques to drill down into the populations that need interventions the most.

Assurance Report from Local Maternity & Neonatal System

Committee was updated on the work of the LMNS undertaken on behalf of the ICS to ensure safety and quality oversight of maternity and neonatal services and details of LMNS Maternity Transformation Programme risks and mitigating actions. Committee noted the strategic 'refresh' of the local blueprint to continue to support delivery of the national three-year delivery plan for Maternity and Neonatal Services. The LMNS Lead Midwife also provided an overview of the local prevention workstream which brings together a number of pre-conception health promotion initiatives focused on maternity risk factors such as smoking and weight management. The launch of the ICS maternity-led Smoking in Pregnancy Pathway in April 2024 is a

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key enabler for the system ambition to move closer to the national average of women smoking at time of delivery.

Committee received an update on the LMNS Equity Strategy which runs through all programmes and projects to achieve fair maternity outcomes for all people. Committee noted that all three local Acute Hospitals passed last year's Maternity Incentive Scheme and are working well into year three.

04 July 2024

Quality Dashboard and Strategy Oversight

Committee received the third report from the new developing Quality Dashboard. Discussion focused on the development of the strategy metrics going forward with plans to refine and focus reporting and support Committee's access to the full dashboard through Power BI. Committee fed back on the current dataset and identified opportunities to strengthen and develop the existing metrics in collaboration across partners. The identification of BI support to take this work forward was commended and noted as an important enabler for both quality assurance and quality improvement.

Babies, Children, Young People and Families Update

The Norfolk and Waveney Long Term Plan details specific ambition for babies, children, and young people and Committee received an update on collaborative working across system partners to promote the importance of a strong start in life for children and young people (CYP). Partners continue to focus on Special Educational Needs and Disabilities (SEND), delivering the Suffolk Priority Action Plan and planning for the publication of the Norfolk inspection.

Collaborative work is being undertaken to ensure a consistent local response to refreshed Working Together safeguarding guidance and significant progress has been made with Looked After Children's Annual Health Checks with the two local providers addressing the backlog and delivering checks against statutory timescales.

The ICB has noted that requests for CYP Continuing Healthcare are rising which potentially reflects the socio-economic pressures faced by families. The Norfolk and Waveney CYP Collaborative continues to bring together partners to take forward collective improvements, which include a focus on children's mental health, neurodiversity, and improved access to the support offer for families.

Research and Evaluation Update

The ICB Research and Innovation Team continue to broaden research participation across the system, working with colleagues across the region to support the coordination and management of primary care research and research within wider community settings such as care homes, schools, and hospices. Committee noted that 87% of general practices in Norfolk and Waveney were involved in research in 2023/24, which is an excellent outcome for staff and patients.

Committee noted that the ICB successfully applied to become one of 18 NHS England funded Innovation Sites (InSites) commencing in

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December 2023, and we have been awarded £200k to accelerate our local innovation objectives as part of this initiative to build innovation capability and share learning and opportunities across systems.

An update was provided on the ICB Evidence and Evaluation Hub which supports the ICB with its statutory duty to use evidence in decision making. The Annual Report illustrated that this is well embedded and has a key role in steering ICB service development. Committee noted that community engagement and public and patient involvement was threaded throughout the report and supported the ambition of the year ahead to continue to embed a culture of evidence use, evaluation and innovation, supporting quality across the ICS.

Primary Care Delegated Commissioning Committee Update

Committee received a report which provided an overview of practices receiving enhanced support to improve the quality of care and treatment for our local population, as well as the assessment of quality of care from a regulatory inspection perspective and themes emerging from patient complaints. Committee noted that there are currently no general practice providers rated as 'inadequate' by the CQC in Norfolk and Waveney and reflected on the hard work and resilience of primary care professionals working within the system. Joined up working across the ICB, CQC and Local Medical Committee to support practices was noted, alongside a briefing on the new risk based CQC continuous assessment model. Committee highlighted the shift in the ICB's way of working to a more 'place' and pathway approach which was felt to be the right move to better support and empower primary care colleagues.

Martha's Rule

Committee received an update on progress with [Martha's Rule](#), with the three Norfolk and Waveney Acute Hospitals joining the first phase of roll-out during 2024/25 which will focus on the agreement of a standardised approach to all three elements of Martha's Rule, ahead of scale up to the remaining sites in England.

Committee supported the proposed system workshop, to take place in September 2024, bringing together Chief Nurses, Medical Directors and specialty Lead Clinicians to steer the collective approach, share learning, unblock barriers and coordinate a system communications plan to ensure that the local launch of Martha's Rule has a high public profile and a strong message around its importance and value.

Assurance Visit to Spire Hospital

The ICB undertook a quality assurance visit to the Spire Hospital in Norwich, which is an independent hospital that sees private patients as well as providing sub-contracted support for NHS elective care caseloads. The visit was undertaken in response to two deaths reviewed by the Norfolk Coroner, where there was learning around the transfer of private patients to an appropriate critical care facility, in the event of an emergency. The ICB shared the outcomes of the visit and the engagement from the provider, both locally and through their national Director of Nursing. EEAST shared an update on a broader piece of work around the governance underpinning interfacility ambulance transfers in Norfolk and Waveney. The ICB Nursing &

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| | Quality Team continues to monitor independent hospital activity and transfers, from a supportive position. |
| Items for escalation to Board: | <ul style="list-style-type: none"> • Board to approve de-escalation of risk BAF08: Elective Recovery. • Board to ratify the Norfolk and Waveney 2023/24 LeDeR Annual Report as recommended by the Quality and Safety Committee. |
| Items requiring approval: | <p>June 2024: ICB Domestic Abuse and Sexual Violence Policy Update</p> <p>July 2024: Suffolk Section 11 Safeguarding Self-Assessment</p> <p>July 2024: Norfolk and Waveney 2023/24 LeDeR Annual Report</p> |
| Confirmation that the meeting was quorate: | Quoracy (as per Governance Handbook): there will be a minimum of one Non-Executive Board Member, plus at least the Director of Nursing or Medical Director. The June and July 2024 meetings were quorate, as defined above. |

| Key Risks | |
|--|---|
| Clinical and Quality: | This report highlights clinical quality and patient safety risks and mitigating actions. |
| Finance and Performance: | Finance and performance are intrinsically linked to quality, in relation to safe, effective, and sustainable commissioned services. |
| Impact Assessment (environmental and equalities): | N/A |
| Reputation: | See above. |
| Legal: | N/A |
| Information Governance: | N/A |
| Resource Required: | N/A |
| Reference document(s): | N/A |
| NHS Constitution: | The report supports the clinical quality and patient safety elements of the NHS Constitution. |
| Conflicts of Interest: | Committee member's interests are documented and managed according to ICB policy. |

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Agenda item: 14

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| Subject: | Finance Committee Report |
| Presented by: | Hein van den Wildenberg, Non-executive Member, Finance Committee Chair |
| Prepared by: | Emma Kriehn-Morris, Director of Commissioning Finance |
| Submitted to: | Integrated Care Board – Board Meeting |
| Date: | 17 July 2024 |

Purpose of paper:

To provide the Board with an update on the work of the Finance Committee up to including the 17 July 2024

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| Committee: | Finance Committee |
| Committee Chair: | Hein van den Wildenberg |
| Meetings since the previous update | Last update provided: 15.05.2024 Subsequent Meetings: 28.05.2024; 25.06.24 |
| Overall objectives of the committee: | The objective of the committee is to contribute to the overall delivery of the ICS objectives by providing oversight and assurance to the Board in the development and delivery of a robust, viable and sustainable system financial plan and strategy, consistent with the ICS Strategic Plan and its operational deliverables. |
| Main purpose of meeting: | To gain assurance on the financial position of the NHS entities in the ICS, and ICB respectively. |
| BAF and any significant risks relevant / aligned to this Committee: | BAF 11 – Achieve the 2024/25 financial plan BAF 11A – Underlying deficit position |
| Key items for assurance/noting: | The main items discussed at the Finance Committee were as follows: <ul style="list-style-type: none"> - Reconfirmation of a break-even financial delivery for both ICB and the NHS entities in the ICS for the financial year 2023-24, further to financial audits having taken place. - Underlying deficit exiting 2023/24 for NHS entities in the ICS is £228m, of which the ICB’s part is £102m. |

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- A deep-dive into the latest changes made to the financial plan for 2024-25. A submission on June 12th saw the NHS entities in the ICS in aggregate show a financial deficit of £21m. This has placed a further stretch of £6m to the N&W system, compared to the previous submission on May 2nd.
- This plan foresees £179m, of efficiency delivery for NHS entities in the system, of which the ICB part is £51m. At the time of the last committee, the identified efficiencies were c.£140m.
- The committee assessed the risk of delivering this deficit financial plan for the NHS entities in the system with a rating of 16 (likelihood score of 4 x impact score of 4). Part 2 of the committee reviewed the ICB financial plan, and its risks to delivery in some detail.
- The system remains in triple-lock, creating additional scrutiny on investments outside the plan parameters, with the ICB targeting expenditure at values lower than the guidance required.
- This plan submission means will however see no improvement in the underlying deficit, which remains the strategic financial challenge for the system.
- The business as usual capital allocation to NHS entities in the system for 2024/25 is c. £ 84m. In addition c.£128m is being invested through central capital for schemes such as Diagnostic Assessment Centres, Electronic Patient Record, Elective Recovery investment.
- The committee received assurance reports from the Financial Recovery Board (FRB) in both meetings. The FRB is chaired by the NNUH CEO, and brings finance, operational and clinical staff together. Its near-term focus is to find measures to address the £ 6m planning stretch. Whilst the committee received reassurances that this has high priority, it could not be assured that measures had been identified yet to address the stretch. Its medium-term focus is to help drive down the underlying deficit in the years ahead.
- The committee received an update on the financial implication of the specialised commissioning activities delegated to all 6 systems in the East of England region, including Norfolk & Waveney. The allocation for our system is c. £190m for 2024/25.

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- The committee reviewed the 2023/24 self-assessment scores and commentaries. In considering whether the Finance Committee had been 'Effective during 2023/24' the following responses were noted:

| Responses | Chair & Members | Attendees | Total | Total % |
|------------------|-----------------|-----------|-----------|-------------|
| Strongly Agreed | 2 | 2 | 4 | 25% |
| Agreed | 6 | 4 | 10 | 63% |
| Unable to Answer | 1 | 0 | 1 | 6% |
| No Response | 1 | 0 | 1 | 6% |
| Total | 10 | 6 | 16 | 100% |

The Committee has sufficient time and is well balanced for priority issues. Members are comfortable to ask questions on areas where they are not subject matter experts, and input is actively encouraged. Area of attention is activity reporting, to provide context to financial performance.

- The committee reviewed its Terms of Reference, and proposed changes. These changes were supported and will be presented to the next Board meeting.
- Part 2 of the committee looked at the Primary Care and Prescribing activities through a financial lens, as well as key risks to delivery.

Items for escalation to Board:

1. The plan submission on June 12th had the following key financial parameters

| Financial Plan submission to NHS England (June 12 th , 2024) | NHS entities in N&W ICS, including ICB | N&W ICB |
|---|--|--|
| Reported Plan Deficit | Deficit (£21m) with significant risk to delivery (risk rating of 16) | Balanced Plan, with significant risk to delivery |
| Underlying Plan Deficit | £228m | £102m |

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| | <table border="1"> <tr> <td>Efficiency delivery assumed in Plan</td> <td>£179m</td> <td>£51m</td> </tr> </table> | Efficiency delivery assumed in Plan | £179m | £51m |
| Efficiency delivery assumed in Plan | £179m | £51m | | |
| | 2. Financial Recovery Board providing assurance reports to the committee. | | | |
| Items requiring approval: | None | | | |
| Confirmation that the meeting was quorate: | Confirmed that both meetings were quorate. | | | |

| Key Risks | |
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| Clinical and Quality: | Not applicable |
| Finance and Performance: | It is important that there is scrutiny of financial management of the ICB and the collective of NHS entities in the ICS, and this function is performed by the Finance Committee. |
| Impact Assessment (environmental and equalities): | Not applicable |
| Reputation: | Ensuring effective committees and order of business essential for maintaining the financial reputation of the NHS entities in the ICS, including the ICB |
| Legal: | Finance Committee is a committee of the ICB. |
| Information Governance: | Not applicable. |
| Resource Required: | None. |
| Reference document(s): | Not applicable. |
| NHS Constitution: | Not applicable. |
| Conflicts of Interest: | Not applicable. |

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Agenda item: 15

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| Subject: | Primary Care Commissioning Committee Report |
| Presented by: | Debbie Bartlett, Local Authority Member and Chair of PCCC |
| Prepared by: | Sadie Parker, Director of Primary Care |
| Submitted to: | Integrated Care Board – Board Meeting |
| Date: | 17 July 2024 |

Purpose of paper:

To provide the Board with an update on the work of the Primary Care Commissioning Committee for the June committee meeting.

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| Committee: | Primary Care Commissioning Committee |
| Committee Chair: | Debbie Bartlett, Local Authority Member |
| Meetings since the previous update on 22 May 2024 | 11 June 2024. (There was no meeting in April 2024. The meetings have been moved to quarterly going forward with the next meeting on 11 June) |
| Overall objectives of the committee: | The role of the Committee shall be to carry out the functions relating to the commissioning of primary medical services under section 83 of the NHS Act, and since 1 April 2023 the commissioning of dental, pharmaceutical and optometry services under a Delegation Agreement with NHS England. All committee papers can be found here . |
| Main purpose of meeting: | To contribute to the overall delivery of the ICB's objectives to create opportunities for the benefit of local residents, to support Health and Wellbeing, to bring care closer to home and to improve and transform services by providing oversight and assurance to the ICB Board on the exercise of the ICB's delegated primary care commissioning functions and any resources received for investment in primary care. |

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| <p>BAF and any significant risks relevant / aligned to this Committee:</p> | <p>BAF16 – the resilience of general practice Current mitigated score – 4x4=16</p> <ul style="list-style-type: none"> • There is a risk to the resilience of general practice due to several factors including workforce pressures and increasing workload (including workload associated with secondary care interface issues). • There is also evidence of increasing poor behaviour from patients towards practice staff, leading to retention and recruitment issues. • There is an increasing risk of industrial action following the BMA referendum where the GP contract and associated uplift was rejected. • The national GP contract price uplift does not cover the required increase in meeting the minimum wage. • The LMC has written to practices to cease uncommissioned work associated with MGUS monitoring and Advice and Guidance. Further communications are likely. • Individual practices could see their ability to deliver care to patients impacted through lack of capacity and the infrastructure to provide safe and responsive services will be compromised. • This will have a wider impact as neighbouring practices and other health service partners take on additional workload which in turn affects their resilience. • This may lead to delays in accessing care, increased clinical harm because of delays in accessing services, failure to deliver the recovery of services adversely affected, and poor outcomes for patients due to pressured general practice services. <p>BAF18 – the resilience of NHS dental services in Norfolk and Waveney Current mitigated score – 5x4=20</p> <p>Primary care services became the responsibility of the Integrated Care Board from 1st April 2023; the risk is the resilience, stability and quality of dental services, and critical challenges relating to the recruitment and retention of dentists and dental care professionals and the limitations of the national dental contract, leading to a poor patient experience for our local population with a lack of access to NHS general dental services and Level 2 dental services.</p> |
| <p>Key items for assurance/noting:</p> | <p>11 June 2024</p> |

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| | <ul style="list-style-type: none"> • A strategic Care Quality Commission report was noted for both primary medical services and primary dental services. Dental services do not receive a rating in the same way as general practice, however the quality team provides support to all practices. Officers were asked to map system CQC ratings for all providers to inform future system resilience work. • A delivery report with metrics for the primary care operational planning requirements was presented. The aim was to develop this further and include further indicators once we have a dashboard in place. Members were keen the report should include benchmarking information for other ICS areas. • Committee noted an update report on the numbers and themes of complaints and contacts being received by the ICB for primary care. The largest number of complaints relate to general practice (care and treatment) and dentistry (access) and continue to exceed the activity estimates provided by NHS England at the point of delegation. • The committee noted reports from the Pharmaceutical Services Regulation Committee and the Ophthalmic Service Quarter-End; both functions are hosted on all regional ICBs' behalf by the Hertfordshire and West Essex ICB. • The year-end Strategic Finance Report was noted, including the £18m underspend in dental services, and the £8.7m overspend in GP prescribing. There was increased activity in optometry resulting in a £0.78m overspend. At the end of the year, the overall budget underspend was £9.78m against a total budget of £556m. • The Strategic Prescribing Report was noted, including the team's focus on supporting structured medical reviews to be undertaken by PCN pharmacists to reduce polypharmacy where clinically appropriate. |
| <p>Items for escalation to Board:</p> | <p>The resilience of general practice, summarised in BAF16 continues to be of concern in the system, despite the significant activity being undertaken. The ICB's progress on its plan to recover access to primary care and address interface issues will be brought to the ICB Board in May.</p> <p>The British Medical Association (General Practitioners Committee) has written to all ICBs advising them to add the risk of industrial action in general practice to their</p> |

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| | <p>risk registers. This has been incorporated into the overall general practice resilience risk in the Board Assurance Framework.</p> <p>The resilience of dental services, summarised in BAF18 is of grave concern, with the short-term plan in implementation. The financial claw back of underperformance process has the potential to place struggling contractors at further resilience risk.</p> <p>The impact of ongoing vacancies on capacity in the locality and primary care teams due to the organisational change process is leading to delays in key areas of strategic work and necessitating a focus on short term resilience issues.</p> |
| <p>Items requiring approval:</p> | <ul style="list-style-type: none"> • A new dental risk was approved, with a mitigated score of 16 - Secondary care dental services (Oral Surgery and Maxillo Facial Services, Orthodontic Services). The description of this risk is as follows : Primary care services, and secondary care dental services, became the responsibility of the Integrated Care Board from 1st April 2023, the risk is the unknown resilience, stability and quality of secondary care dental services, and critical challenges relating to the recruitment and retention of professionals and waiting lists, and resources within the ICB primary care team to implement the recommendations from the East of England NHSE report lack of resources to monitor and manage 3 secondary care contracts. This risk will now go through the relevant ICB processes to determine if it should be added to the Board Assurance Framework. • Members approved a proposal to designate the Community Health and Wellbeing Worker role as suitable for reimbursement through the PCN Additional Roles Reimbursement Scheme (following the successful pilot of the role in Watton). This means, subject to funding, PCNs may now recruit to this role from their ARRS allocations. |
| <p>Confirmation that the meeting was quorate:</p> | <p>There are four voting members and three are required to be quorate. The meeting was quorate with the following attendance:</p> <p>11 June 2024</p> <p>Debbie Bartlett, ICB Board local authority partner member and chair of the committee</p> |

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| | <p>Steven Course, executive director of finance, ICB</p> <p>Karen Watts, Director of Nursing and Quality (deputising for Patricia D’Orsi, executive director of nursing, ICB)</p> <p>Hein van den Wildenberg, ICB Board non-executive member</p> |
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| Key Risks | |
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| Clinical and Quality: | Care Quality Commission inspection reports are regularly reviewed. Quality responsibilities have been clarified in the revised Terms of Reference. |
| Finance and Performance: | Finance reports are noted monthly, detailed performance reports are reviewed on prescribing, learning disability and severe mental illness health checks uptake. Access data is reviewed annually through the GP Patient Survey report. The annual contractual e-declaration requirement for practices is reported. A primary care dashboard is being developed and a delivery report is a standing item. |
| Impact Assessment (environmental and equalities): | All papers considered include consideration of the ICB’s duty to reduce health inequalities. |
| Reputation: | The committee meeting is held in public and includes attendance from the Local Representative Committees, Healthwatch Norfolk and Suffolk and the Health and Wellbeing Boards in Norfolk and Suffolk |
| Legal: | Terms of reference, primary medical services contracts, premises directions and policy guidance manual, ICB general duties. |
| Information Governance: | Any confidential or sensitive information is heard in private |
| Resource Required: | Primary care commissioning, quality, finance, primary care estates, primary care workforce, primary care digital, prescribing, locality and BI teams |
| Reference document(s): | Primary care services regulations, statement of financial entitlements, premises directions and policy guidance manual, delegation agreement with NHS England |
| NHS Constitution: | N/A |
| Conflicts of Interest: | Arrangements are in place to manage conflicts of interest |

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Agenda item: 16

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| Subject: | Commissioning & Performance Committee Report |
| Presented by: | Hein van den Wildenberg |
| Prepared by: | Liz Joyce, Head of System Transformation |
| Submitted to: | Integrated Care Board – Board Meeting |
| Date: | 17 July 2024 |

Purpose of paper:

To provide the Board with an update on the work of the Commissioning and Performance Committee for the period 22 May to 9 July 2024.

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| Committee: | Commissioning and Performance |
| Committee Chair: | Dr Hilary Byrne, Deputy Chair Hein van den Wildenberg |
| Meetings since the previous update on 22nd May 2024 | Meeting held 27 June 2024 0900 – 1100 via MS Teams, in private. |
| Overall objectives of the committee: | <p>To make financial decisions / recommendations about business cases for commissioning and decommissioning, within the value of its delegated responsibilities as set out in the terms of reference. This forum is where decisions will be made about commissioning, other than for primary care which has its own committee.</p> <p>To consider and make decisions on clinical policies as recommended by the Clinical Policy Development Group.</p> <p>To consider and make decisions on recommendations from the medicines optimisation programme board.</p> <p>To oversee and gain assurance on the operational arrangements that support the commissioning of services.</p> |

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| | <p>Oversee the process of any further delegation of commissioning responsibilities from NHS to the ICB.</p> <p>Provide oversight to the Individual Funding Request panel.</p> <p>Conduct and lead the oversight of NHS system and commissioned provider performance, directing improvement resources and ensuring learning is implemented. This includes coordinating with regulators where formal improvement is required.</p> <p>Ensure that innovation, best practice, evidence and evaluation and the impact on health inequalities consistently informs our commissioning decisions.</p> <p>Approve the application of the Provider Selection Regime process for the procurement of any business cases that it approves under its delegation.</p> |
| <p>Main purpose of meeting:</p> | <p>The Committee exists to provide assurance and oversight and make decisions (within its delegations) on the commissioning and performance of services to ensure better outcomes for the population of Norfolk and Waveney. It will also consider the management of risk in all its work.</p> |
| <p>BAF and any significant risks relevant / aligned to this Committee:</p> | <ul style="list-style-type: none"> • BAF05 – Barriers to Full Delivery of the Mental Health Transformation Programme (Adults) • BAF07 System Urgent & Emergency Care (UEC) Pressures • BAF08 – Elective Recovery <p>At the meeting on 27 June the relevant BAF risks were requested for visibility.</p> |
| <p>Key items for assurance/noting:</p> | <ol style="list-style-type: none"> 1. The finalised ToR for the Committee are almost complete and will be brought to the September ICB Board for approval. The groups that report to this Committee for assurance are being worked through as there are changes, but it was confirmed that a new Scheduled Care Board will have a reporting line to the Committee. 2. The Committee reviewed the Performance Dashboard. This will focus on the national standards set out in the 2024/25 planning guidance or similar. The aim is to provide a high level view of key metrics, with the ability to drill down into more detail, but the detail is owned by feeder groups who are leading in these areas, managing trajectories for improvement and |

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delivery. It was agreed that a narrative analysis to accompany the performance report would be useful. It was acknowledged there are other forums where performance is also discussed e.g. tiering meetings so we need to be mindful of duplication.

3. The current areas of concern are elective, cancer diagnostics and urgent care which remain ongoing, and at the time of the meeting there was a further period of industrial action by the junior doctors. Histopathology turnaround times that support the Cancer Faster Diagnosis Standard remain a concern at both Addenbrookes (for west Norfolk patients) and at the NNUH (for central/east Norfolk & Waveney patients). Resourcing options are actively being considered to improve performance. The Committee acknowledged the link between performance and wider clinical transformation plans, and this will form part of future agendas.
4. The NHSE package to support the system now we have exited from the Recovery Support Programme(RSP) was shared. This is available for five specific areas, each of which have SMART objectives. The RSP offer was accepted by the Committee but members asked that the impact from any extraordinary factors such as industrial action be taken into account in the final assessment of achieving the objectives. A formal reply was subsequently sent to NHSE to this effect, with the Commissioning & Performance Committee as the named Committee with oversight of the delivery of the SMART objectives.
5. The Committee was introduced to Simon Griffith, Head of Acute Commissioning at the Specialised Commissioning Team. Simon is our Norfolk & Waveney link person for specialised services, which were delegated to the ICBs in the eastern region on 1 April 2024. The Committee received the Integrated Performance Reports for the first time, which are high level, covering six ICBs. There were no specific N&W issues for escalation. The Committee also received the Joint Commissioning Committee risk log which includes a risk to providing 24/7 mechanical thrombectomy services. It was noted that there is a second tranche of specialised services to be delegated from April 2025 but no further details at this time. There was also a letter that sets out

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| | <p>current commitments in regard to specialised services. Specialised Commissioning will be a regular agenda item at the Committee.</p> <p>6. An update was provided on the piloting of a lighter touch decommissioning checklist for lower impact services.</p> <p>7. The Committee received the prioritisation outcome report to March 2024. The main discussion focussed on Green services which are a priority, but are unfunded and cannot be progressed at the current time.</p> <p>8. Four reports from feeder groups were received in lieu of the Scheduled Care Board: Planned Care and Cancer, Medicines Management, the IFR panel and Clinical Policy Development Group. The main areas of escalation were a Single Point of Access for ophthalmology, Termination of Pregnancy services which requires a procurement, the COVID medicines unit, a patient safety alert for the drug Valproate, and pathology requesting which is undertaken through the Integrated Clinical Environment (ICE) system. These are all being managed in other groups or off-line.</p> <p>9. The Committee noted the content of the 12th June final planning submission.</p> <p>10. The MH & LD&A teams attended the Committee and presented the Inpatient Transformation Plan. The plan has been collaboratively produced with all inpatient providers, and experts by experience and is part of the re-design theme within the national programme of transformation, aligning inpatient care to What Good Looks Like. There were some helpful suggestions from members of the Committee, and the plan was noted and supported.</p> |
| Items for escalation to Board: | None |
| Items requiring approval: | None |
| Confirmation that the meeting was quorate: | Yes The Deputy Chair chaired this meeting. |

| Key Risks | |
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| Clinical and Quality: | None |
| Finance and Performance: | None |

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| Impact Assessment (environmental and equalities): | Not completed |
| Reputation: | None |
| Legal: | None |
| Information Governance: | None |
| Resource Required: | Not discussed |
| Reference document(s): | N/A |
| NHS Constitution: | None |
| Conflicts of Interest: | None |

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Agenda item: 17

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| Subject: | Patients and Communities Committee Report |
| Presented by: | Aliona Derrett, Chair of the Patients and Communities Committee |
| Prepared by: | Rachael Parker, Executive Assistant - Norfolk and Waveney ICB |
| Submitted to: | Integrated Care Board – Board Meeting |
| Date: | 17 July 2024 |

Purpose of paper:

To provide the Board with an update on the work of the Patients and Communities Committee for the period to 17 July 2024

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| Committee: | Patients and Communities Committee |
| Committee Chair: | Aliona Derrett, Non-Executive Director |
| Meetings since the previous update on 30 May 2023 | Monday 20 May 2024 |
| Overall objectives of the committee: | <ul style="list-style-type: none"> Monitoring and coming back to the ‘so what’ conversation question during meetings As part of the deep dive sessions – all presentations and presenters must include – as a result of doing this, what has changed, including experience, outcomes and access. This will be a core focus of the Committee to scrutinise these metrics. How many people are we reaching/connecting with as part of engagement and co-production activities? What evidence is there to identify how health inequalities are reducing? |
| Main purpose of meeting: | To provide the ICB with assurance that it is delivering its functions in a way that meets the needs of patients and communities, that is based on engagement and feedback from local people and groups, and that takes account of and reduces the health inequalities experienced by individuals and communities. |

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| | <p>To scrutinise the robustness of, and gain and provide assurance to the ICB, that there is an effective system of internal control that supports it to effectively deliver its strategic objectives and provide sustainable, high-quality care.</p> |
| <p>BAF and any significant risks relevant / aligned to this Committee:</p> | <p>NA</p> |
| <p>Key items for assurance/noting:</p> | <p>Lived Experience Representation: The committee received and discussed a proposal regarding lived experience representation at the Patients and Communities Committee, whereby people with lived experience of the topics on the committee forward planner would be invited to the meetings. Representatives would be identified via the VCSE Assembly, Healthwatch Norfolk, and Healthwatch Suffolk and would be paid expenses for their time. The committee heard how service user feedback is obtained in Suffolk and Waveney and how service users attend meetings with the appropriate support, so they don't feel intimidated.</p> <p>The committee asked a small working group to be set up to identify how best to utilise the ICS existing infrastructures to ensure user engagement in a much more meaningful way. An update is expected at July's meeting.</p> <p>ICB Long Term Dental Plan 2024-2029: The committee received a presentation on the dental plan and some of the initiatives that had been introduced since the ICB took over responsibility for dentistry in 2023. In particular the emergency dental service via 111 which commenced in October 2023, and also incentives for practices if they would accept new patients for onward treatment and stabilisation.</p> <p>The committee heard from Healthwatch Norfolk about how the emergency dental appointments had made a huge difference for patients. Healthwatch Suffolk made a very significant point that in about 12 years' time there will be school leavers who may well have never seen a dentist since their birth.</p> <p>VCSE Integration Programme and Assembly Update: The committee received and endorsed the VCSE Development Proposal which builds on the work to date, and integration and next steps. It was noted the proposed changes to separate the role of the Assembly Chair and VCSE partner member on the ICP along with other changes to the structure which had made it slicker and more focused.</p> <p>People and Communities Approach Refresh The committee received and endorsed the People and Communities Approach Refresh which is Norfolk and Waveney's approach to working with its people and communities. The committee heard that it was a live document which is regularly</p> |

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reviewed and acts as a guide to meeting statutory requirements for engaging with our people and communities. The committee agreed the document was straightforward and easy to understand.

North Norfolk Place Board Update:

The committee heard about some of the challenges in North Norfolk such as it's rural geography and limited transport options which made solutions such as hubs, walk in centres, and working at scale less straightforward, and increased pressure on the community and primary care services that are available. The committee heard about the Boards areas of focus over the past year which included the Dementia Working Group, Waiting Well Models, Mundesley End of Life Project, and the Integrated Neighbourhood Teams, and how reduced funding this year will increase emphasis on sustainable transformation and integrated working, and building on what is already in place.

The committee was pleased to hear about what was happening on the ground and to see the work in action, particularly the dementia work. The committee reflected on the importance of Place, and the need to support Place Boards to deliver what is being asked of them.

Population Health and Inequalities Board Update:

The committee received the update and noted the points of assurance and escalation. The committee was pleased to hear about the impact the Community Voices programme is having to 'listen, capture, respond and enable' people, and the need to track the impact and use the intelligence gained to inform service planning. Other points noted include the population health and inequalities dashboard going 'live' and publication of the Population Health Management Strategy and a communication and implementation plan was in development.

The committee noted that although funding for Community Voices has been secured for the next phase, there was currently no funding commitment beyond the next phase because of financial pressures. The risk around the long-term funding of the programme would therefore remain on the risk register.

Ageing Well Programme Board Update:

The committee noted that the Ageing Well workstreams were running well and the fantastic support which had been received from the ICB and ICS network. An invitation would also be extended to VCSE community teams to attend individual programme boards. The committee noted the biggest challenges experienced by the workstreams are the time and resource commitment from system partners.

Healthwatch Norfolk Update:

The committee noted that Healthwatch Norfolk is hearing from the public about challenges with not being able to book routine GP appointments for even three- or four-weeks' time. Dentistry continued to be an area of concern and it was noted that

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| | <p>Healthwatch Norfolk is holding a Dental Summit on 19 September which will provide the opportunity to take a detailed look at the issues around dentistry in the county.</p> <p>The committee heard about a programme of engagement with some Norfolk care homes and it was pleasing to hear that most people feel the care they receive is good. Healthwatch Norfolk is working with the ICB on the Benjamin Court engagement, and with the Queen Elizabeth Hospital to establish a youth council which should be in place from October onwards.</p> <p>Norfolk and Waveney Health Inequalities Strategic Framework for Action:</p> <p>The committee received the framework which was an ambition of the joint forward plan. There are ten clear actions in the framework which will be implemented in the first 12 months. The committee offered its appreciation to all those who have contributed to the framework, and the importance of developing it based on the feedback that was received from many different people and organisations.</p> <p>The committee sought assurance that there was an implementation plan and a framework to measure how the actions are being achieved. The committee endorsed the framework.</p> |
| Items for escalation to Board: | None |
| Items requiring approval: | None |
| Confirmation that the meeting was quorate: | Yes |

| Key Risks | |
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| Clinical and Quality: | The Committee's Chair is also the Chair of the Quality and Safety Committee so can bring oversight and awareness of both agendas to each Committee as required. |
| Finance and Performance: | The committee has attendees from the Integrated Commissioning Team to input in relation to provider performance. |
| Impact Assessment (environmental and equalities): | N/A |
| Reputation: | The committee is held bi-monthly in public and includes membership from: <ul style="list-style-type: none"> - Healthwatch Norfolk and Suffolk - VCSE |

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| | <ul style="list-style-type: none"> - Health and Wellbeing Boards in Norfolk and Suffolk - Public Health - Primary Care - Place - Health Inequalities <p>Recruitment of Lived Experience representation is in progress</p> |
| Legal: | N/A |
| Information Governance: | N/A |
| Resource Required: | N/A |
| Reference document(s): | N/A |
| NHS Constitution: | The report supports the Patient and Communities elements of the NHS Constitution. |
| Conflicts of Interest: | Committee member's interests are documented and managed according to ICB policy. |

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Agenda item: 18

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| Subject: | Remuneration, People and Culture Committee Report |
| Presented by: | Cathy Armor, Non-Executive Member and Chair of the Remuneration, People Culture Committee |
| Prepared by: | Andrew Jones – Deputy Director of People |
| Submitted to: | Integrated Care Board – Board Meeting |
| Date: | 17 July 2024 |

Purpose of paper:

To provide the Board with an update on the work of the Workforce directorate with regards to it works across its People functions, organisational developments, workforce transformation and efficiency and productivity for the period June 2024.

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| Committee: | Remuneration, Culture and People Committee |
| Committee Chair: | Cathy Amor |
| Meetings since the previous update on 26th March 2024 | 24 June 2024 |
| Overall objectives of the committee: | <p>The Committee’s main purpose is to exercise the functions of the ICB relating to paragraphs 17 to 19 of Schedule 1B to the NHS Act 2006. In summary:</p> <ul style="list-style-type: none"> • Confirm the ICB Pay Policy including adoption of any pay frameworks for all employees including staff on very senior managers grade, including all board members, excluding the Chair and Non-Executive Members. <p>The ICB Board has also delegated the following functions to the Committee:</p> <p>The Committee will hold a part 1 meeting to cover issues as to system people and culture priorities only. This section of the meeting will contribute to the overall delivery of the ICB objectives by providing oversight and</p> |

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assurance to the Board on the strategic People and culture agenda for the ICB and its partner constituents.

It will do this by scrutinising the delivery of the strategic people priorities in order to provide assurance to the ICB Board that risks to the delivery of the people agenda are being managed appropriately. The committee will receive relevant risks from the Board Assurance Framework (namely those relating to People and Culture agenda) to review assurance on risk mitigation and controls including any gaps in control for the risks allocated to the Committee;

The Committee will also have oversight and provide assurance to the Board that the ICS is delivering against the ten outcomes-based functions with their partners in the ICS against an agreed set of Key Performance Indicators: namely:

1. Supporting the health and wellbeing of all staff
2. Growing the workforce for the future and enabling adequate workforce supply:
3. Supporting inclusion and belonging for all, and creating a great experience for staff
4. Valuing and supporting leadership at all levels, and lifelong learning.
5. Leading workforce transformation and new ways of working
6. Educating, training, and developing people, and managing talent
7. Driving and supporting broader social and economic development
8. Transforming people services and supporting the people profession
9. Leading coordinated workforce planning using analysis and intelligence
10. Supporting system design and development:

It will also play a key role in ensuring that NHS partner organisations meet expectations in relation to the system people and culture strategic priorities and committee will ensure compliance against any obligations outlined in the NHS People Plan.

The part 1 duties of the Committee will be driven by the system's objectives, performance, and the associated risks. An annual programme of business will be agreed before the start of the financial year; however, this will be flexible to new and emerging priorities and risks.

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| Main purpose of meeting: | <p>To provide an update on key actions relating to the ICS workforce over the previous 1-month period. Specifically:</p> <ul style="list-style-type: none"> • National Staff Survey • ICB Change Management Programme • ICS Workforce Plan • Improving Lives Together Programme |
| BAF and any significant risks relevant / aligned to this Committee: | <p>N/A.</p> |
| Key items for assurance/noting: | <p>ICS Freedom to Speak Up (FTSU)</p> <ul style="list-style-type: none"> • Information gathered from organisations across the patch, thematic analysis to follow • Thematic analysis and actions/next steps to be discussed at forthcoming CNO/CPO forum • Organisations have agreed to adopt consistent reporting format based on JPUH <p>ICS Workforce Report / Plan</p> <ul style="list-style-type: none"> • Revised system workforce submitted 12th June • Bank and agency spend was high in February and March (Months 11 & 12) – will be an area of challenge to meet 24/5 workforce plan • Off-framework agency must be eliminated from 1st July onwards • Sickness absence shows continued improvement • Longer term challenge to support workforce growth in the NHS Long-Term Workforce Plan, whilst in the short term the system is financial deficit and showing a small net reduction in workforce numbers <p>System Efficiencies</p> <ul style="list-style-type: none"> • Currently reviewing ideas/opportunities for workforce efficiencies through a number of forums & routes • Improving Lives Together programmes has revised savings opportunity of circa £4.8m across four workstreams • Important to be clear which opportunities are cost avoidance, which are cash releasing savings, and avoid double counting going forward <p>Planning Guidance and System Workforce Priorities</p> <ul style="list-style-type: none"> • National planning guidance has been published. • A short paper proposing 24/25 workforce priorities has been shared with HRDs for input • Updates to the forward plan, and system workforce strategy will be developed and published over next 2-3 months |

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| Items for escalation to Board: | N/a |
| Items requiring approval: | N/a |
| Confirmation that the meeting was quorate: | Yes |

| Key Risks | |
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| Clinical and Quality: | N/a |
| Finance and Performance: | ICS Workforce plan includes large reduction in agency and bank costs required to meet the system finance plan |
| Impact Assessment (environmental and equalities): | N/a |
| Reputation: | N/a |
| Legal: | N/a |
| Information Governance: | N/a |
| Resource Required: | N/a |
| Reference document(s): | N/a |
| NHS Constitution: | N/a |
| Conflicts of Interest: | N/a |

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