



Improving lives **together**

Norfolk and Waveney Integrated Care System

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Joint Forward Plan 2025/26-2029/30

Part 2: Legal duties and other content

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Describing the health services for which the Norfolk and Wavney ICB proposes to make arrangements

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

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

Our eight ambitions for improvement

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

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

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

Duty to promote integration

Collaboration

Our approach to collaboration more broadly, enables and supports our duty to promote integration. Chapter 6.0 of Part 1 of the JFP describes this, including our place-based approach, working with VCSE partners and the Assembly model, as well as how our statutory partners are collaborating with each other more formally in their work.

One example from Great Yarmouth and Waveney Place is Community Collaboration which is a health and care forum. This programme of work builds on the existing Great Yarmouth & Waveney Primary Care Homes (PCH) team model which is made up of nurses, therapists and social care staff who work together to support clusters of GPs (Primary Care Networks). There are four PCH teams across Great Yarmouth & Waveney. Achievements to-date include the development of aims and principles for future integrated neighbourhood working. This will further bring together community health, social care and mental health services together at a neighbourhood level, building on the PCH model with links to District and Borough Councils and the VCSE sector.

Better Care Fund (BCF)

The BCF is a nationally mandated programme with the aim of joining up health and care services, so that people can manage their own health and wellbeing and live independently. The policy framework was updated in January 2025 to reflect the government's commitment to reform via a shift from sickness to prevention and from hospital to home, by supporting people to live independently. The guidance can be found here: [Better Care Fund policy framework 2025 to 2026 - GOV.UK](#).

The BCF has been nationally aligned to the Operational Planning submission, so BCF funded service developments are integrated with other health and adult social care services. How the BCF has been spent in previous years has been reviewed in readiness for 2025/2026 and will support the work to align with these two refreshed policy objectives in our submissions. Reducing average length of discharge delay is a key focus and this is one of the JFP Objectives within Ambition 6, Improving Urgent and Emergency Care.

Joint Posts

There are joint posts within the system that work across local authorities and health, for example in the Children and Young people team.

Delegated Commissioning

Within Chapter 4.0 of Part 1 of the JFP we describe the transition of services from NHSE. The first tranche was primary care services and has extended to specialised services, with more services to follow. The rationale for delegation is to enable end to end commissioning of services and that care provision is better joined up. Ambition 2 Primary Care Resilience and Transformation is working up joint delivery plans for dental and primary care services and is one example of this duty in action.

Duty to have regard to wider effect of decisions

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

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

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

People's health and wellbeing:

- Our two local Joint Strategic Needs Assessments (JSNAs) and a case for change have provided the foundation for ensuring that our Integrated Care Strategy and this plan are evidence-based, as set-out in the 'Why are we doing this?' section of this JFP.
- The case for change supports us to prioritise the actions we will take over the next five years to improve people's health and wellbeing, resulting in our eight ambitions and the clear objectives that sit underneath each ambition. The life course diagram in Part 1 of the JFP provides a visual of where we are making progress and where there is more to do.
- We use a wide range of mechanisms to help us measure our progress with improving the health and wellbeing of local people, to understand the effectiveness of the decisions we have made and to help us decide what we need to do next. These will include future JSNAs, our quality objectives and processes, and the work of the ICB's committees including the ICB's Patients and Communities Committee which supports us to ensure we understand the views of local people and communities.

- The newly formed ICS Health Inequalities Steering Group is accountable to our Integrated Care Partnership (rather than the ICB) which, demonstrates the buy in to this work from across all partners. This supports a wider approach to the effect of decisions. The work we have been doing is described in the legal duty to reduce inequalities.

The quality of services:

- This plan has been developed in line with our quality objectives and processes, which are detailed in our Quality Strategy and outlined in the legal duty to improve quality of services. One example of how the wider impact of decisions has been brought together is through a refresh and review of our ICB Quality Impact Assessment and Equality and Health Inequalities Assessment approach, which brings both considerations in parallel.
- Alongside this, the CQC's assessments of individual providers / services and our Integrated Care System, will help us to collectively understand and drive improvement in the quality of local health and care services.

The sustainable and efficient use of resources:

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

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

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

Financial duties

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

The revenue finance and contracting guidance sets out that each ICB and its partner trusts must exercise their functions in respect of each financial year with a “Collective duty to act with a view to ensuring that”:

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

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

Capital resource planning and approvals

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

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

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

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

Revenue resource planning and approvals

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

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

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

that the NHS Norfolk and Waveney system revenue plan is complete, it is then submitted to NHS England for final approval.

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

For a number of years the system has operated with an underlying financial deficit, which means that overall annual expenditure on health and social care services is greater than the resources available. This has been managed by utilising in-year underspends to maintain the financial performance. The consequence of this is that whilst it may be able to deliver financial balance on an annual basis, it is unsustainable for future years.

Where financial plans are not being delivered or are at risk of not being delivered, the first action is to review within the organisation and across the system collectively. We are working to a system control total, so the accountability for the under or overspend is shared and collective decisions have to be made as to how to manage this through risk/investment sharing. The overriding management approach is to set a robust budget from the outset, with realistic transformation opportunities profiled across the year, with mitigations, escalation and ongoing dialogue so there is transparency and visibility of any emerging divergence from plan.

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

Due to the financial pressure experienced in 2024/2025, NHS England has placed the Norfolk & Waveney system into the Investigation and Intervention (I&I) regime. The purpose of this additional regulatory oversight is to support the ICS deliver improvements to the system's financial sustainability. A number of actions have been undertaken including the creation of a system wide Financial Recovery Board to support the delivery of proposed expenditure reductions. To ensure only essential expenditure occurs, all requests more than £15k are referred to "triple lock". The "triple lock" process consists of three tiers of panel: individual organisation, then ICS, then NHSE. These triple lock panels scrutinise pay and non-pay expenditure requests to ensure the system is receiving the best value for money and that all expenditure is necessary.

External consultancies have also been engaged with a brief to generate rapid expenditure reductions for 2025/2026 as well as other transformation opportunity that can impact on the longer term over the next five years.

Ambition 8 is focused on productivity and efficiency and all the ambitions within the JFP include a statement about their affordability to ensure they are aligned with the Medium-Term Financial Plan.

Duty to improve quality of services

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

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

The implementation plan for the strategy is progressing with defined objectives for the year ahead. Socialisation across the system has taken place with ICB Board approval.

Well-led through a culture of compassionate leadership

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

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

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

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

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

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

Improving Care Quality and Outcomes

Quality Management Approach

While ownership of quality within services, networks, and organisations needs to start internally, the system will be able to facilitate quality management at scale when required, to improve safety, health and wellbeing for the local population and share learning and good practice. Clear and transparent accountability and decision-making for and by system partners is essential, particularly when serious quality concerns are identified. A new framework has been developed to clearly set out the ICB approach to identify and respond to emerging quality concerns across pathways, organisations and systems. The Deteriorating Quality framework highlights the link between high quality care and robust and effective strategy, workforce engagement and financial management. This framework will provide a reference point for the continuous development of our shared system approach to quality oversight, assurance, and support across partners and is currently being socialised and integrated across the wider system.

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

The **ICS Quality Faculty** brings system partners together to share insight and good practice in quality improvement (QI). The forum enables colleagues from across the system to share projects and obtain support from a network of QI professionals. Staff from across the ICS can access QI training within their organisation. The ICB is developing its own QI training programme that will be accessible to all system partners (including the VCSE). In its system convening role, the ICB also co-ordinates and supports the sharing of cross-organisation QI projects to ensure that improvements are spread across the system.

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

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

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

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

Quality and addressing Health Inequalities

Quality supports key elements of our populations' health and longer-term health outcomes by enabling the delivery of safe, timely, accessible and evidence-based care and support. A Population Health Management approach within quality also prompts us to:

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

An example of where quality improvement and reducing health inequalities work has been brought together by the ICB over the past year is the refresh and review of our ICB Quality Impact Assessment and Equality and Health Inequalities Assessment approach. Robust and action-focused impact assessments are key to ensuring that quality and equity are central to ICB decision making and bringing together the two elements streamlines governance and enables quality and health inequalities considerations to be made in parallel, with clear recommendations to support sustainable commissioning. These impact assessments are supported by organisational policy and report into the ICB Quality and Safety Committee.

Further information on Population Health Management, Reducing Inequalities and Supporting Prevention can be found in the legal duty to reduce inequalities.

Safe System

Defining and Measuring Quality and Patient Safety

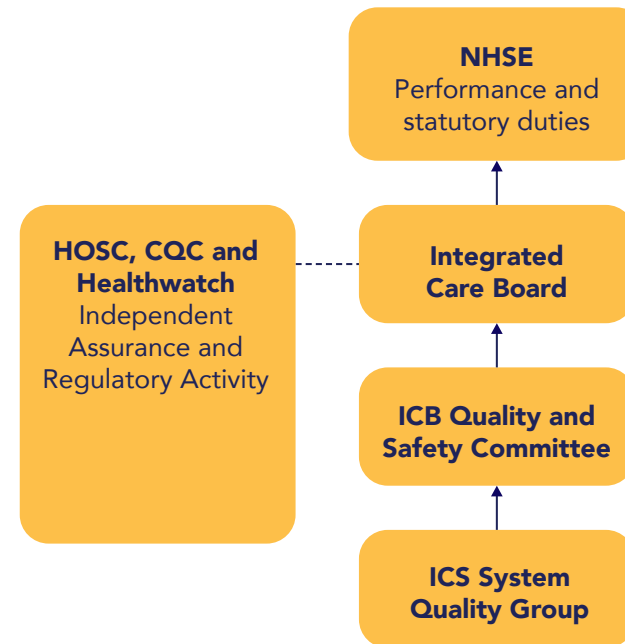
We continue to develop and refine our Quality Dashboard as part of a wider review of our Integrated Performance Report and reporting structure. The dashboard will continue to evolve with a focus on ensuring that the way we measure impact of the strategy reflects patient and staff voices and what matters most to people living and working in Norfolk and Waveney. We will work with our local authorities to ensure we have a consistent approach to data and insights as they relate to shared priorities, including social care quality and Flourish outcomes for children, young people and families.

NHS Patient Safety Incident Response Framework

The ICB continues to work closely with system partners to deliver the principles and functions of the national framework, which outlines the way the NHS responds to and learns from patient safety incidents. This work underpins the development of a joined-up approach to safety management across our system, in line with the [NHS Patient Safety Strategy](#). We continue to support opportunities for partners to work together collectively and share learning, as well as reaching out to the independent and VCSE sector, building on successful NHS Trust implementation last year.

Quality Governance and Escalation

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



The **ICS System Quality Group** enables routine and systematic triangulation of intelligence and insight across the system, to identify ICS quality concerns and risks. It provides a forum to develop actions to enable improvement, mitigate risk, measure impact, and facilitate the testing of new ideas, sharing learning and celebrating best practice. It is part of an escalation structure that goes up to the National Quality Group and its form and function aligns with National Quality Board guidance.

The **ICB Quality and Safety Committee** has accountability for scrutiny and assurance of quality governance and the internal controls that support the ICB to effectively deliver its statutory duties and strategic objectives to provide sustainable, high-quality care. The Committee also has delegated authority to approve ICB arrangements and policies to minimise clinical risk, maximise patient safety and to secure continuous improvement in quality and patient outcomes. This includes arrangements for discharging statutory duty associated with its commissioning functions to act with a view to securing continuous improvements to the quality of services. Representation from system partners enables a collective overview of quality and safety risks, to ensure they are addressed and that improvement plans are having the desired effect.

The following portfolios report into the Quality and Safety Committee on a regular basis:

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

Sustainable System

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

Improving Pharmacy, Optometry and Dental services

Over the past year we have continued to embed and develop the way we work with our community pharmacy, optical, and dental partners, to ensure that we have robust oversight of access, quality and outcomes relating to these elements of primary care. We are working alongside service providers to support and facilitate cross-system working to deliver transformation and continuous improvement; driven by local, regional and national priorities and initiatives.

Delegation of Specialised Service Quality Oversight

Within Part 1 of the Joint Forward Plan we describe the transfer of the commissioning responsibility for specialised services. Within our region, we have a centralised team hosted by Bedford, Luton and Milton Keynes ICB who have an overarching view of these pathways across regional boundaries and lead on day-to-day quality assurance activities on behalf of all ICBs. As an ICB we are part of the collective oversight, with our regional colleagues, to ensure that we can focus on the quality and safety of care, as it relates to specialised services delivered in Norfolk and Waveney, as well as ensuring that specialised care delivered elsewhere in the region is accessible and meets the needs of our Norfolk and Waveney population. Transfer of responsibilities will enable greater opportunities for the management of patient pathways and collaboration between quality and commissioning of the entire pathway.

Duty to reduce inequalities

We are already taking action to reduce health inequalities across Norfolk and Waveney, but we want and need to do more. This is reflected in our 'Population Health Management, Reducing Inequalities and Supporting Prevention' JFP Ambition 1. We have met the initial objective of developing a Health Inequalities Framework, collaborating widely across the Integrated Care System (ICS).

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

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

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

As part of the Framework we have been developing detailed action plans for the next 12 months for each of our three building blocks of living and working conditions, lifestyle factors and healthcare inequalities, ensuring that we strengthen our foundation to create the conditions for success and deliver our strategic ambitions over the next 10 years.

We have strengthened the leadership and governance within our system, establishing an ICS Health Inequalities Steering Group accountable to our Integrated Care Partnership. Three leadership groups have been established, alongside a VCSE Assembly, to develop and implement action plans for each of the building blocks.

Using data to identify the needs of communities experiencing inequalities

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

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

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

We have recently reviewed and launched a refreshed Equality and Health Inequality Impact Assessment process, which underpins all decision making and is overseen by an expert panel. This process systematically assesses the impacts on populations experiencing inequalities, and we are supporting our workforce through drop-in sessions and the development of a training and advocacy programme and support delivery of our duties under the Equality Act. This is cross referenced in the legal duty to improve quality of services.

We are developing our Network for NHSE Core20 Ambassadors across the Norfolk and Waveney system, with 40+ Ambassadors identified for the recent third cohort, alongside approximately 30 Ambassadors that are part of the alumni programme.

We have established a Core20Plus5 programme group to oversee and implement our approach to both the adult and children and young people's health inequality improvement framework and have developed a data dashboard to understand variation across our system and places. To support our ability to use data to inform our decisions we are implementing a data quality project, with an initial emphasis on improving the recording of ethnicity data in primary care.

We have established a NHS Anchors Leadership Group, bringing together the health inequalities leads from our NHS providers to develop our organisational and NHS Anchor Improvement Plans, having undertaken NHS Provider Health Inequalities Board Maturity Assessments. We are sharing good practice and understanding common challenges so that we might collaborate on solutions.

Working with and listening to people experiencing inequalities

It is vital that alongside using data, local people and under-served communities inform our decision-making and the development of services. Section 6 of our JFP sets-out our approach to working with local people and communities, including our "Community Voices" programme and how we will work with and listen to people who experience health inequalities.

The five strategic priorities for healthcare inequalities

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

Priority 1: Restore NHS services inclusively

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

Priority 2: Mitigate against digital exclusion

- Implementing our digital transformation strategic plan and roadmap that is referenced within the digital and data content of these legal duties. Alongside our core digital initiatives, we will implement a set of underpinning system-wide enablers that include digital and data skills and inclusion, supporting health literacy for all and working closely with colleagues in local government.

Priority 3: Ensure datasets are complete and timely

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

Priority 4: Accelerating preventative programmes (including Core20PLUS5 approach)

- **Vaccine inequalities** – a programme to improve the uptake of vaccines, including flu and COVID-19 including data analysis, using local and national data resources; a roving model has been developed to target and achieve positive outcomes for underserved communities; development of Wellness Hubs to make every contact count and to offer a wider range of immunisations to local children and young people.
- **Core20PLUS5** – co-ordination and monitoring of progress against all Core20Plus5 programmes, including data analysis and dashboard development.
- **Clinically focused projects** including: addressing inequalities in cancer screening uptake in our most at risk communities; Cardiovascular disease, NHS Health Checks; Smoking and Physical Activity.

Priority 5: Strengthening leadership and accountability

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

The Population Health & Inequalities Board oversees:

- The implementation of our healthcare inequalities work programme, including our action to implement the Core20Plus5 and Inclusion Health framework, NHS Anchors work programme and development of our outreach models.
- Ensure compliance and evidence of impact/reporting related to the Public Sector Equality Duty, Equality Delivery System and NHSE Statement on Information on Health Inequalities.

- Community Voices, which builds capacity in our VCSE sector to have conversations about health and care in communities of interest through trusted communicators, providing a mechanism for insights to be gathered to inform future strategy, planning and decision making and improve access to services.

It is important that we recognise the role of the five Place Boards and eight HWP's across Norfolk and Waveney in identifying and addressing health inequalities, including the wider determinants of health. This role will be reflected in our Framework and work programmes, with a focus on providing the infrastructure to enable and empower the place-based approach.

Duty to promote involvement of each patient

The Norfolk & Waveney Integrated Care System (ICS) supports the delivery of the [Universal Personalised Care Model](#). It champions current developments and existing local good practice in personal health budgets, shared decision making and personalised care and support plans, as well as social prescribing. Our ethos is to support people to stay well for longer. We do this by utilising and encouraging the use of the expertise, capacity and potential of people, families and communities in delivering better health and wellbeing outcomes and experiences, focusing on population health, one individual at a time.

Norfolk & Waveney ICS is encouraging a new relationship between people, professionals and the health and care system. Our focus is to ensure the health and wellbeing of the population in Norfolk and Waveney by involvement in their own care. This is achieved through appropriate care pathways, having access to the relevant support mechanisms and ensuring that the link to these is seamless. This shifts the power and decision making so people feel informed and empowered to have a voice, and control of health and wellbeing outcomes that are important to them.

Norfolk & Waveney ICS strives to involve patients, their families and carers in all decisions regarding their physical, mental and wellbeing health outcomes and shape individualised personalisation. Our aim is for personalised conversations around someone's health and wellbeing to happen at all ages and in all parts of the health and care system, to achieve the individual's vision and goals. In addition, to ensure all our partner organisations across the system involve patients and their families to shape, improve and develop services. Norfolk & Waveney ICS has recognised the positive impact of place-based care on patient experience and focuses on expanding place-based care within communities.

Navigating the local health system can be complex for patients, so we will work with our GP practices in Primary Care Networks to promote conversations and discussions where patients can access the relevant support mechanisms that promote mental and physical health for our residents. We will ensure that the patient has access to all services through one conversation to avoid unnecessary burden for our residents. By having a single pathway or source, this will allow our patients to be in receipt of joined-up care at the first point of contact without duplication. Alongside this, social prescribing within Primary

Care is recognised as a valuable resource to patients and their families and carers, which supports informed decisions and enables them to take action to address their non-clinical health needs and wider determinants of health.

The Joy Social Prescribing system is being rolled out to VCSE providers who are commissioned by PCNs under the social prescribing programme. This will enable information to be shared securely between VCSE organisations and GP practices and will provide VCSE organisations with more access to information to enable them to deliver services. It is planned that the Joy system will in time provide a link to the Shared Care Record (please refer to the Legal Duty about Digital and Data).

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

Personalisation for carers

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

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

Duty to involve the public

Our mission is to help the people of Norfolk and Waveney to live longer, healthier and happier lives. We are passionate about working with people and communities to achieve this.

Our approach to Working with People and Communities [is available on our website](#), including as an [Easy Read summary](#). It has been [tested with our local people and partners](#) and continues to develop and adapt over time, as needed. The original draft received very positive feedback from NHS England when assessed in 2022 and singles us out as a national exemplar for our work with inclusion health groups. You can read the [full feedback from NHS England here](#).

In Norfolk and Waveney, our approach is for partner organisations to work together, with the public, to share insight and learning. This makes the best use of our resources and ensures that the voices of local people, especially some of our quieter voices and underserved communities, are heard and shared as widely as possible.

One way we achieve this is for patient experience and engagement leads to meet regularly, as they have done for several years. This provides an opportunity for people working in NHS provider trusts to meet and share practice across the system. The meetings are also a chance to test and develop the idea of the 'wider team' working with people and communities across the ICS to listen to and involve patient experience feedback in quality and wider commissioning.

[The ICS website](#) has become a focal point for communications and engagement activity since the ICS was formed in July 2022. It is well designed, easy to navigate and is becoming a trusted source for information or links to information.

The website now hosts the [people and communities hub](#) for Norfolk and Waveney, which aims to develop and maintain a shared vision in listening to and working with local people across the ICS. It includes [live projects](#) from

across the system that give local people the opportunity to participate, and it previously helped promote engagement on our priorities for our Joint Forward Plan. The [You Said, We Did/We Will/We Can't](#) section is designed to feed back on the difference participation has made, and the [Co-production Hub](#) provides a place to showcase and share examples of good practice in using co-production techniques.

[Our Norfolk and Waveney Community Voices \(NWCV\) Programme](#) works with trusted communicators to speak with communities who may not already engage with the NHS and other statutory bodies, to hear what is important to them. We have learned that when talking to people about health services they also talk about a range of other issues that affect their health and wellbeing, such as housing and employment. We are designing ways to capture all this insight and make sure it is shared with people who design and deliver a range of services across Norfolk and Waveney.

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

The ICB's Communications and Engagement Team supports the people and communities work and offers professional support and guidance for the day-to-day and transformational work undertaken by ICB staff.

The Patients and Communities Committee has been meets every other month in public. The committee reports into the ICB Board and works closely with the Communications and Engagement Team to ensure all duties to involve are discharged. The committee applies the 'so what' principle to the insight received by the ICB to ensure it leads to change.

Duty as to patient choice

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

[Information about patient choice at the point of referral is on the Norfolk & Waveney ICS website.](#)

It is essential to provide realistic options that enable patient choice, particularly for individuals living in areas of deprivation or rural locations with limited public transport. This must be a priority when commissioning new services. For instance, the placement of new facilities like Community Diagnostic Centres should prioritise accessibility, featuring convenient locations and extended operating hours.

Additionally, expanding the range of services available closer to patients' homes or leveraging technology to deliver care remotely can greatly enhance accessibility. Equality Impact Statements play a vital role in this process by helping to identify and address the specific needs of diverse patient groups. These statements ensure that services are designed to be inclusive and accessible, ultimately enabling equitable healthcare delivery for all.

The ICB introduced a new knowledge repository, Knowledge NoW, in April 2024. The website is available to healthcare professionals and the public and contains details of all the services available in the Norfolk and Waveney, including community services, voluntary services, and independent sector providers. The repository is used as the central source for all referral forms, clinical pathway information, waiting times and patient information leaflets etc. The updated search facility will make it quicker, and easier for GPs, clinicians and patients, to identify the best service for their needs and have the right information available to help patients make an informed choice about their care and treatment. The website meets the Accessible Information Standard formats with a wide range of documents available in different languages.

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

Elective recovery is one of our eight ambitions, and reducing variation in waiting times across the ICS is a key part of this, supported by a single waiting list approach. This includes a reduction in the variation of waiting times across Norfolk and Waveney. The aim is to address this by developing a single waiting list for the three acute hospitals NNUH, JPUH, QEHL.

Many patients may not be aware that they have the right to choose an alternative hospital if their wait for treatment exceeds 18 weeks. We are using a range of social media platforms to raise awareness about this right, and GP practices have been provided with resources to support the offer of informed choice. The ICS has also taken a proactive approach by contacting patients who have been waiting a long time to confirm if treatment is still needed and to offer the option of being seen elsewhere.

Our ICB patient choice coordinators work closely with Acute Hospitals and Independent Sector Providers to help patients access faster care through alternative providers. This approach ensures that all residents of Norfolk and Waveney have a choice of where they are treated, with the aim of reducing overall waiting times.

Duty to obtain appropriate advice

The ICB and its partner NHS trusts and foundation trusts have strong relationships with and significant involvement from clinical and care professionals, including public health colleagues, which enable the organisations to obtain appropriate advice to effectively discharge their responsibilities. This involvement is evident in our JFP, which is based on evidence provided by public health and shaped by the knowledge and experience of a wide range of clinical and care professionals.

Membership of the ICB Board includes the Director of Nursing, the Medical Director, a member nominated by primary care (currently a GP), representation from the VCSE sector, the Director of Adult Social Services for Norfolk and the Director of Public Health for Suffolk (the Director of Public Health for Norfolk is also a participant in Board meetings).

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

We have a comprehensive [Clinical and Care Professional Leadership Programme](#) to further develop our approach. This is explained in more detail in section 6. As part of this, the ICB has conducted a review of its clinical advisors to ensure the organisation has the right expert advice to effectively discharge its functions effectively.

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

Introduction to duties to promote research and innovation

Research and innovation can transform how people receive health and care services. The Norfolk & Waveney Integrated Care System (ICS) [Research and Innovation Strategy](#), developed with system partners, describes four principles:

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

These underpin our approach to research and innovation.

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

Duty to promote research

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

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

Alongside the Regional Research Delivery Network (RRDN), we will work collaboratively to ensure commercial research opportunities are available to our workforce and our population. This will directly support the national vision to increase clinical trial activity in the UK, embed national initiatives such as National Contract Value Review (NCVR) and maximise opportunities to build on our existing infrastructure through, for example, the NIHR capital investment calls.

The Norfolk and Waveney vaccine hub will support the delivery of the national vaccine innovation pathway. We are also committed to working with the East of England Shared Data Environment (SDE) team to ensure strategic alignment between Norfolk and Waveney ICS strategic data infrastructure initiatives and the SDE.

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

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

Duty to promote innovation

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

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

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

Our Head of Innovation, jointly funded by [Health Innovation East \(HIE\)](#) continues to help the ICB to meet the statutory duty to promote innovation across the ICS. In collaboration with HIE and our continued status as a [NHSE funded Clinical Entrepreneurship Innovation Sites \(InSites\)](#), we will support the system to optimise innovation culture, readiness, selection, implementation, spread and sustainment. We will continue to host and facilitate a regular innovation network of stakeholders and provide innovation learning opportunities to support collaboration and sharing of innovation needs, solutions and projects across the system. The aim of this network is to accelerate the use of innovation equitably across the ICS through partnership working, focussed on our local priorities as identified by community voices, Joint Strategic Needs Assessments, our Joint Forward Plan and other strategies and frameworks. The network will also encourage and grow local innovation/innovators by supporting them to access support from Health Innovation Networks and identify funding opportunities. We also aim to establish further links with industry to support the use of innovations to overcome local healthcare challenges.

Using our Norfolk & Waveney ICS innovation values-based culture model, we will continue to support and develop competencies for our system innovation champions and working with the ICS Executive Management Team to ensure that innovation, as part of wider improvement, is embedded in provider plans.

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

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

We will also work with programme teams and commissioning teams to ensure that innovation scoping / horizon scanning informs commissioning, planning, and contracting activities. We will work with teams across the ICB and ICS to plan the integration of innovation activities into future planning rounds and local prioritisation processes.

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

#WeCareTogether, the Norfolk and Waveney People Plan

#WeCareTogether, the [Norfolk and Waveney People Plan for 2020-2025](#), sets out our ambition for the Norfolk and Waveney system to be the best place for health and social care staff to work. We recognise that a refresh of the strategy is required to embed several new NHS and Social Care workforce strategies and policies, notably the NHS Long Term Workforce Plan (June 2023), the Messenger Review (June 2022), and the Future of HR and OD report (Nov 2021), as well as key learnings from the pandemic.

#WeCareTogether refresh

While turnover rates have largely returned to pre-pandemic levels, sickness absence remains higher. Despite the significant reduction in vacancies in Adult Social Care, there continues to be an over-reliance across the ICS on bank and agency staff and international recruitment to meet the increasing care needs of an ageing population across the ICS. The refresh of #WeCareTogether will take a collaborative system approach to building the capacity, capability, competencies, and career structures to create a 'One Workforce' approach across our ICS.

We will ensure our plan is evidence-based and closely aligned to finance and activity planning as set out in our operational planning submission.

The 10 ICS People Function Outcomes

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

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

Our work towards the 10 ICS People Function Outcomes can be summarised as follows:

1. Supporting the health and wellbeing of all staff

We know that if staff feel safe and supported with their physical and mental wellbeing, they are better able to deliver excellent health and care. Over the last four years, as individual employers and as a system, we have significantly strengthened the support for our workforce's wellbeing. The challenges of the post-Covid-19 recovery, the increased level and acuity of demand for health and social services, and system flow challenges, along with above average vacancy levels, continue to impact the wellbeing of our workforce. Low morale, attrition from reduced levels of learners, burn-out, and moral injury are growing challenges which we must address openly across health and social care.

Our ICS-wide Health and Wellbeing Plan (2023-2028) is based on analysis of a wide range of data including staff survey results, Workforce Race Equality Standard (WRES) and Disability Equality Standard (DES) data, and the qualitative analysis of the Health and Wellbeing Framework diagnostic in each NHS organisation. Over the last 18 months we have worked with partners to update policies and procedures and improve access to health and wellbeing support. Using a share, standardise, and scale approach, several health and wellbeing initiatives have been implemented across the system. These include encouraging a culture of flexible working, financial support schemes, trauma-based coaching programmes for frontline leaders, and becoming a

menopause-friendly employer (2023) with over 80 members of staff trained as menopause advocates. The next stage in the system's menopause journey is to broaden this workstream to encompass all Women's Health initiatives, with an ICS Women's Health Initiative group leading the Norfolk & Waveney system in securing accreditation.

The Worker Protection (Amendment of Equality Act 2010) Act 2023 creates a duty on employers to take reasonable steps to stop sexual harassment in the workplace from colleagues and third parties. The Safeguarding Team is leading a workstream, fully supported by the Workforce team, to meet the requirements of the NHS England Sexual Safety Charter, which it signed up to in 2024.

Further work is being completed at a system level to adopt a common approach to the use of Health and Wellbeing passports and to develop a moral injury e-learning package, which should be available for all staff from April 2025.

It has also been identified that there is a lack of consistency in health and wellbeing reporting. The intention is to create a new health and wellbeing dashboard in 2025 so that individual organisations and the ICS will be able to monitor the implementation of initiatives. This will also facilitate collaboration across the system by identifying partners' areas of good practice and opportunity.

Restorative and Justice Culture

Central to our ICS HWB Plan is the building and embedding of a Restorative and Just Culture (RJC) and developing compassionate and transformational leadership with a collective resilience approach. A system-wide approach to RJC has been agreed and a training package developed, which will be digitised and scaled up over the coming year. We are collaborating and learning as system partners how to establish a restorative and just culture by promoting civil and respectful behaviours. These can enhance a sense of psychological safety, and improve retention of staff, through supporting a more compassionate and inclusive culture. Partners have subscribed to regular monitoring of the approach to ensure effectiveness is measured on a regular basis.

The key areas of building and embedding a RJC, further developing compassionate and transformational leadership with a collective resilience approach and becoming an accredited menopause-friendly employer have been pulled together into a Collective Culture programme. The programme will be launched in February 2025 with the keynote speakers including Sidney Dekker, the author of "Just and Learning Culture", and Rich Cook, CEO of Mindset Practice.

2. Growing the workforce for the future and enabling adequate workforce supply

Our integrated workforce planning approach is multi-faceted and relies on each of the 10 People Function outcomes being aligned. Working with health and social care partners to 'check and challenge' plans, we will identify system level opportunities and challenges. Our Careers Faculty will act as our assurance group, monitoring the activity required to outreach to our local communities to develop and promote opportunities for careers in health and social care. Our Careers Faculty will set out our vision for engaging with our local communities, as well as the underpinning values to support that vision: alignment, accessibility, collaboration, inclusivity, and being place-based.

Supporting our role as an Anchor Institute, we will ensure our Health and Care Academy leads our engagement work, linking learners from across the system with relevant experiences and pathways to equip them with the skills to pursue a career in health and social care.

A robust action plan will enable us to deliver the ambitions of the Long-Term Workforce Plan, by developing the means and resources to engage with our local population and build networks that facilitate meaningful and supportive interventions.

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

The Norfolk and Waveney culture for inclusion continues to develop, but we recognise there is much more to do over the coming years so that our people may thrive and develop in compassionate and inclusive environments. Despite some significant improvements, the last Workforce Race Equality Standard (WRES) report for the ICS highlighted continued significant challenges for our

staff from ethnic minority backgrounds, centring around harassment, bullying or abuse from patients, their relatives, and the public. It also highlights higher than average levels of discrimination for these staff from a manager/team leader or other colleagues in the last 12 months. The WRES does also highlight areas of best performance, notably career progression in non-clinical roles.

Anti-racism

Over the last 18 months we have worked as system to deliver the NHS East of England Anti-Racism plan, with a particular focus on refreshing recruitment practices to remove bias and widen participation from applicants from more diverse backgrounds. We have developed staff networks across protected characteristics and increased education and knowledge through the launch of our [Equality, Diversity and Inclusion Resource Hub](#), which is open to both the workforce and the public.

Widening our EDI lens

We recognise that in addition to racism, the ICS needs to focus on women, age, and the impact of inequalities for our coastal populations. Our ambition is to bring together the pillars of health inequalities, population health management and workforce so that we can consider this cultural transformation holistically. A key objective of our ICB Change Programme is to ensure that our organisational infrastructure enables us to work effectively with system partners and our local communities to tackle our biggest challenges, including racism and inequalities.

Creating a great experience

The NHS staff survey has highlighted three key themes of safety, recognition and compassion. Staff experience is an organisational responsibility but as an ICS we are committed to ensuring that our 'One Workforce' ambition allows us to work with partner organisations to establish some shared core principles for staff experience. Board review of employee engagement data is already high, with all local NHS trusts reviewing the data at least quarterly and most monthly. All local NHS trusts either have or are developing a culture improvement plan, compassionate conversation tools, and a recognition action plan as key elements of their plans to improve staff experience further.

4. Valuing and supporting leadership at all levels, and lifelong learning

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

The continued development of a system-wide approach to Leadership Development and management training remains a priority. Common leadership standards and shared learning across the ICS will strengthen delivery of a "One Workforce" culture. Higher quality leadership will also directly improve system working and organisational cultures, as measured by CQC "Well-led" scores, and indirectly improve recruitment, retention, and patient care. All local NHS trusts either have or intend to adopt the NHS Leadership Way. Embedding Scope for Growth across the ICS, including some PCNs, will be a particular focus in 2025/2026. Our partner organisations are actively engaged in ensuring all leadership and management training is tailored appropriately, notably for Adult Social Care.

A Senior OD Practitioner has been recruited to the ICB to deliver our systems leadership and talent development plans. These include Norfolk & Waveney piloting Talent Timebanking in the East of England: a unique platform for connecting talent and providing development opportunities across health and social care.

5. Leading workforce transformation and new ways of working

In 2024/2025 our ambition was to use the "Upscaling HR services" programme to deliver more efficient and effective HR services that released time to care and supported the Norfolk & Waveney "Improving Lives Together" programme. Our strategy and planning were informed by insights from Newton Europe and Viridian that recommended a focus on efficiencies, notably in bank and agency staffing and through the digitisation of recruitment processes. This was underpinned by work on embedding a restorative and just culture and strengthening leadership development, in recognition of their critical contribution to improving productivity. This work formed JFP Ambition 8, Improving Productivity and Efficiency.

The deteriorating financial position has refocused HR effort on immediate cost reductions, notably bank and agency expenditure and restructuring organisations locally. In 2025/2026 the key drivers of improved HR productivity will focus on continuing to support a reduction in bank and agency expenditure, reducing the time to hire, and removing duplication of effort and costs in the development and delivery of management training and leadership development.

In line with the ICS Digital strategy, we will support service redesign through better use of technology to enable new ways of working and make the most of people's skills and time.

6. Educating, training and developing people, and managing talent

In line with the Long-Term Workforce Plan, the Norfolk and Waveney education strategy aims to provide the roadmap to support our ambition to **Train, Retain, and Reform** our workforce:

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

Retain: ensuring that we keep more of the staff we have within the health service by supporting staff better throughout their careers, notably during the critical first 2 years, increasing the opportunities for our staff to work flexibly in ways that suit them and patients, and above all continuing to improve the culture and leadership across NHS organisations.

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

Education is recognised by Norfolk & Waveney as a key driver in developing our staff and equipping them to deliver quality care now and in the future. The development of new roles will be key to supporting our education and workforce plans.

7. Driving and supporting broader social and economic development

Our health and social care organisations collectively employ the largest number of staff in Norfolk and Waveney. The ICS takes seriously its responsibilities as the largest "employer brand" to create a vibrant local labour market, promote local social and economic growth, and to help address the wider determinants of health and inequalities. Investment in our local "Anchor Institutions" will accelerate delivery of this ambition over the next few years. In partnership with our local Higher Education Institutions we are taking a research-led focus to the recruitment, retention and continuous development of our clinical workforce. This is a separate Legal Duty and is set out within this Part 2 in further detail.

8. Transforming people services and supporting the people profession

The integrated care system's financial position has refocused the "Upscaling HR" programme on initiatives that will deliver immediate cost savings, rather than those that are longer term, but more transformative. However, the ICS remains committed to delivering the vision in "The future of NHS human resources and organisational development" of refocussing HR effort from transactional to higher value transformational activities, notably organisational development and workforce transformation. Where possible, key initiatives will be delivered as "business as usual" through collaboration with existing resources across the ICS.

The focus in 2025/2026 will be on completing the development of a consistent approach to leadership development and core management training across the ICS to support our "One Workforce" ambition. In addition, we will continue to simplify and standardise recruitment processes to accelerate the time to hire, improve staff and applicant experience, and release resources for more value-added activities. This work will identify opportunities to leverage digital technology, but any significant digital investment is unlikely before 2026/2027.

The ICS supports the development of the HR function as a more professional resource, with individual trusts starting to assess the competency and training needs of their HR teams. At a system level, the ICS is about to complete the development of a standard set of definitions for the core HR metrics (vacancies, sickness absence etc) and has committed to implementing the new broader set of national metrics when they are available, including the measures of customer satisfaction and HR impact.

9. Leading coordinated workforce planning using analysis and intelligence

The annual operational planning requirement includes a workforce planning submission which is aligned to national operational priorities and available finances for the following financial year.

We realise that the annual submission of plans in isolation is not enough and have implemented an evidence-based, integrated and inclusive approach to workforce planning. This includes regular review of progress against plans with our partner organisations and applying the additional lens of education commissioning to scrutinise future workforce supply.

Feedback has been positive, with partners welcoming the regular review of how we commission education programmes, the retention and career development plans for our clinical learners, and our ambition to reduce bank and agency spend further.

Looking further ahead, our workforce priorities for the next five years include; increasing the number of assistant and associate roles, rapidly building a pipeline of younger people (18+ years old) coming into health and care roles and supporting the training and development of our staff across the system, which is a key driver in retaining our staff and in ensuring that they have the clinical, operational and digital skills needed to deliver care to our patients.

The opportunity to participate in research enhances job satisfaction and contributes to improved recruitment and retention rates. We will work with our colleagues in the Research and Innovation team, provider Research teams and education providers to support research schemes within Norfolk and Waveney to deliver better health outcomes.

Finally, we recognise that fully integrated working across health and social care is a significant challenge. The recently developed national workforce plan for Social Care, with its focus on Train, Retain, and Reform, is welcomed as a significant step towards greater alignment of workforce development across health and social care. We will continue to work in partnership with Norfolk and Suffolk County Councils to promote opportunities to attract and retain our ICS workforce.

10. Supporting system design and development

Our approach to delivering this outcome is set out in section 6 of our Joint Forward Plan about people and culture.

Duty as to climate change

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

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

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

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

Governance

Over the last three years, green plans have progressed but ambitions have had to be kept realistic to align with available resources. Progress on delivery of our Green Plans is co-ordinated by the ICS Green Plan Delivery Group. The group membership is made up of focus area subject matter experts from across the system ICS and Green Plan leads from our member organisations.

Workforce and Resources

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

The system is engaged with the regional Greener NHS team and neighbouring integrated care systems to learn and share ideas and best practice. Through the green plan delivery group work the subject matter experts and sustainability leads collaborate to develop enable ICS Green Plan and Operating plan delivery.

Adapting to the impact of climate change

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

Norfolk and Waveney already experience the effects of considerable coastal erosion and is subject to many flood areas associated with increases in sea levels. Many of the impacts of climate change, including those for health, will be felt locally.

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

Green Plan Refresh 2025-2027

During 2025, NHS organisations and the ICB will be updating our green plans as part of the three-year cycle. Key NHS guidance is due in Spring 2025 that will provide the framework for realistic expectations of delivery.

Addressing the particular needs of children and young people

Leadership has been identified in health and social care to drive forward the agenda and to ensure that the voice of children, young people and families is represented at the most senior level. The Children and Young People's Strategic Alliance Board provides oversight and assurance and is underpinned by thematic sub-groups leading on priority workstreams. The Norfolk and Waveney System Collaborative is well established and there is a joint commitment to working in partnership and actively seeking opportunities to develop shared services and jointly utilise available resource.

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

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

Working with partner organisations, we can link in with seldom heard groups such as CYP with special educational needs and disabilities, looked after children, care leavers, youth advisory boards and asylum seekers. This allows us to ensure that the experience of all our communities is captured and help to shape the future support to enable the best start in life.

Data and insight

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

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

Reducing health inequalities

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

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

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

Safeguarding

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

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

The Safeguarding Team provides training to primary care colleagues on how to recognise clinical presentations that are safeguarding relevant. This will assist GPs to prioritise safeguarding meetings, and to efficiently complete requested reports. Primary Care engagement in safeguarding is further strengthened by the current Family Hubs model and is vital in the multi-agency development

of early intervention and prevention work with families, children and young people.

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

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

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

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

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

Continuing care packages are required "when a child or young person has needs arising from a disability, accident or illness that cannot be met by existing universal or specialist services alone" (National Service Framework for Children

and Young People's (CYP) Continuing Care 2016, p5). Unlike adult continuing healthcare packages, which are entirely NHS funded, these packages can be jointly funded with education and social care and are very complex.

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

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

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

Special Educational Needs and Disabilities (SEND)

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

This includes identification of children and young people with SEND and to enable them to access everyday activities with the right support and adjustments. We share support and resources across agencies for those on NHS waiting lists and up-skilling those working with children and young with key neurodevelopment difficulties, such as autism. We are committed to developing the wider workforce on key areas of SEND and to support workers

to understand their duties and responsibilities. Children and young people with SEND are a vulnerable group and work will continue to drive equity of services and resources by raising awareness of the need and duty on services to make reasonable adjustments.

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

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

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

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

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

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

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

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

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

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

Children and young people's mental health

We aim to improve emotional wellbeing and mental health through early identification of need and the promotion of initiatives that increase resilience. This aims to ensure children and young people are supported earlier around their wellbeing needs and reduce the burden on specialist mental health services in the future.

Through the Strategic Alliance, decisions are made at a system level. Challenges within the system are discussed and resolved in collaboration, and priority areas identified:

- Improving and simplifying access to emotional wellbeing and mental health support for all 0-25 years old through a single integrated front door, known as the Advice, Support and Access service. This is Objective 4c in the JFP.
- Building on the use of the digital platforms, we will ensure all CYP have access to self-help resources and information about resources and support within Norfolk and Waveney.
- Providing early support in schools through Mental Health Support Teams; by 2030 we aim to have 100% coverage of mental health support teams across all schools in Norfolk and Waveney.
- We will adopt a whole family approach to meeting mental health needs across Norfolk and Waveney, with a focus on communities and primary care.

- Mobilisation of a Professional Therapeutic Pathway to maximise system capacity and address health inequalities and to support CYP who need a different approach to have their needs met.
- Continue to focus on supporting CYP with an eating disorder including Avoidant Restrictive Food Intake Disorder (ARFID), with a focus on early identification and support.
- Providing 24/7 assessment and care to children and young people presenting in a crisis through an Integrated Practice Model, bringing together system partners to support children and young people with complex needs that present in crisis.
- Developing a system-wide workforce plan to ensure we have the skills to meet presenting need, and to inform our approach to new roles and training programmes.

Continued development of our Local Maternity and Neonatal System (LMNS)

This is part of Objective 3b within Ambition 3 – Improving Services for Babies, Children, Young People and developing our Local Maternity and Neonatal System (LMNS). You can read more about this in Section 4 of Part 1 of the JFP.

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

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

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

Addressing the particular needs of victims of abuse

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

We have important arrangements in place in Norfolk and Waveney for partnership working on this agenda. The Norfolk & Waveney Integrated Care Board (ICB) is an active member of our two local Community Safety Partnerships:

- Norfolk County Community Safety Partnership (NCCSP), which sits under the jurisdiction of the Office of the Police and Crime Commissioner for Norfolk (OPCCN).
- East Suffolk Community Partnership (ESCSP), which is hosted by the Suffolk County Council.

The Serious Violence Duty (SVD) has been scoped through these partnerships, with both strategies published in January 2024.

The ICB Safeguarding teams currently support the three acute hospital trusts to meet their responsibilities to supply anonymised assault data to the Community Safety Partnerships. With the SVD now live, this reporting stream will be enhanced to meet the new responsibilities.

The ICB is represented on the Norfolk Domestic Abuse and Sexual Violence Group (DASVG) by the designated safeguarding professionals (who represent the health sector).

The designate all-age Safeguarding Team chair the Norfolk and Waveney Domestic Abuse and Sexual Violence Health Action Forum, a sub-group of the DASVG. Within this forum, health provider organisations are joined by

colleagues from specialist domestic abuse and sexual abuse agencies, as well as from public health and mental health services. The forum ensures that the health system is sighted on all the available support services and resources to be able to meet their responsibilities in these areas of work.

The ICB is represented by the Safeguarding Teams at the DASVG's Adult and Children's sub-groups and has strong links with the Office of the Police and Crime Commissioner for Norfolk (OPCCN), the Norfolk Integrated Domestic Abuse Service and similar forums within the Suffolk system representing the Waveney population.

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

- The ICB actively participated in agreeing priorities and finalising the two SVD Partnership strategies which were published in January 2024. There is further detail and links to the strategies in the legal duty to address the particular needs of victims of abuse. On the annual anniversary of this publication, the ICB is engaged in the review of the local Serious Violence Strategies.
- The ICB joined other key system partners in signing up to the White-Ribbon pledge championed by the OPCCN. This is a commitment to a zero tolerance of domestic abuse and unacceptable behaviours by our workforce and towards the development of a strategy where there is a particular focus on addressing and working to prevent men's violence towards women and girls. The ICB has committed to jointly lead this piece of work with Norfolk Constabulary.

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

The Serious Violence Duty (SVD)

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

The ICB actively and fully engages with the two Serious Violence Duty Partnerships. You can find the strategies here:

You can find the strategies here:

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

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

This is going through annual review in conjunction with current local adoption of prevention partnerships.

The ICB is actively engaging in the Duty to Collaborate as required by the Victims and Prisoners Act 2024. This will be exploring health's role in the commissioning of relevant services.

Services within the scope of the NHS Standard Contract must comply with the Domestic Abuse Act 2021 and associated guidance from April 2023.

Implementing any joint local health and wellbeing strategy

The Norfolk and Waveney Integrated Care System covers the whole of Norfolk and part of Suffolk. As upper-tier local authorities, Norfolk and Suffolk each have their own joint Health and Wellbeing Strategy:

- Norfolk’s Joint Health and Wellbeing Strategy (which is also the Integrated Care Strategy for Norfolk and Waveney): <https://improvinglivesnw.org.uk/wp-content/uploads/2024/06/Integrated-Care-Strategy-2024-.pdf>
- Suffolk’s Joint Health and Wellbeing Strategy: <https://www.healthysuffolk.org.uk/asset-library/Health-and-Wellbeing-Strategy-22-27.pdf>

Both strategies were light touch refreshed during 2024/2025 and confirmed as being current, reflecting the most recent Joint Strategic Needs Assessments. There is close alignment between the priorities in the Norfolk strategy and the cross-cutting themes in the Suffolk strategy:

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

The Joint Forward Plan (JFP) is a delivery mechanism for these local health and wellbeing strategies and the Norfolk and Waveney Integrated Care Strategy is specifically referred to in section 1 of the JFP.

We are committed to the implementation of both strategies and the JFP sets out how health services in Norfolk and Waveney will do this. We will continue to involve the Health and Wellbeing Boards through the annual refresh of our JFP and publication of their respective opinion on the JFP. As part of the development of the Norfolk & Waveney Integrated Care Board’s Annual Report, the organisation [reports to the Health and Wellbeing Boards on how they contributed to delivering the priorities in each Joint Health and Wellbeing Strategy](#).

In June 2024, the Norfolk Health and Wellbeing Board also received a co-authored report that showed the progress made against each of the priorities through the combined efforts of system partners, which included work undertaken through the JFP.

Digital and data

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

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

The plan and roadmap are in line with national guidance, such as the [NHS Long Term Plan](#) and the [NHSX What Good Looks Like framework](#), as well as the [Digital Health and Social Care Plan](#). The 10-year Health Plan will include the specific aim of making the shift from analogue to digital.

The digital plan and roadmap are a key enabler to the delivery of the eight ambitions in the JFP. Each ambition is co-dependent with digital and our plans for improvement are consistent so we can ensure all our efforts are joined up and focused in the right areas. You can read more about this in Section 6.

Vision: our overarching aim

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

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



Using digital systems, we will:

- Enable people to access their health and care records securely, quickly and when they want to see information or data.
- Support clinical and strategic decision making through technology, providing health and social care organisations who deliver care access to relevant, accurate and up-to-date information.
- Improve system wide IT services to increase safety and people's health and

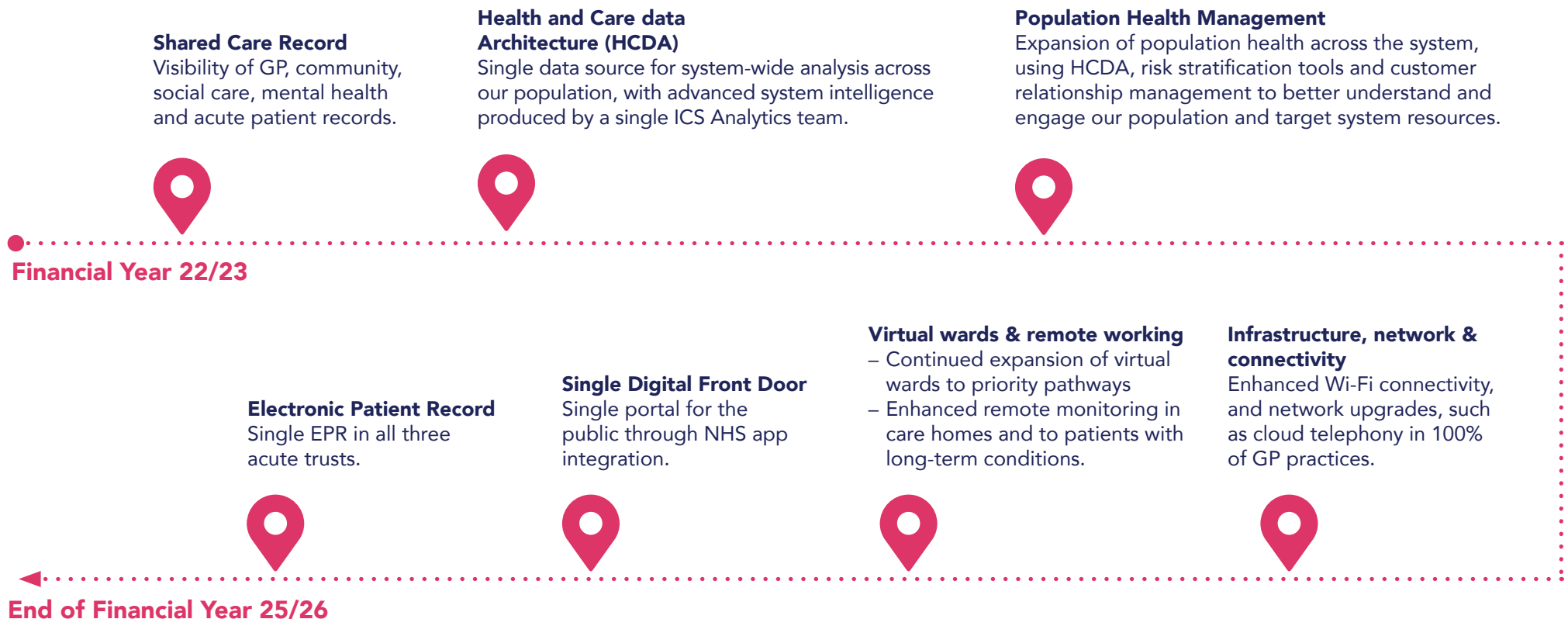
care experiences, whilst reducing duplication and waste.

- Support and empower people to maintain their health and wellbeing through digital solutions.
- Enable health and care staff and services to provide the best care in all settings, particularly via the use of mobile technology.
- Ensure personal health and care information is kept safe and secure.
- Invest in the infrastructure and technologies needed to help drive improvements to services and provide better care.

Digital Transformation Strategic Roadmap

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

Our roadmap details the key milestones:



The Norfolk and Waveney Shared Care Record is now live in all three Acute Hospitals, Norfolk County Council, the Community providers, all GP Practices, Norfolk & Suffolk Foundation Trust, and IC24, the 111 and Out of Hours provider. Usage has reached 7,500 staff per month, accessing the records of 44,500 patients. There are many examples from clinicians of how the information available is saving them time and helping with clinical decision making. Work continues to extend the range of data included in the record and to deliver access to more staff, with the next planned go live giving access for Norfolk Hospices.

The last year has seen the Electronic Patient Record (EPR) implementation across the three Acute Hospitals make good progress. The software is available to staff locally and is being configured ready for use. Clinical areas throughout the hospitals are planning patient pathways and looking at how the new system will best support the delivery of care.

Uptake of the NHS App in Norfolk & Waveney has reached 56%, an increase of 5% in the last year. In an average month, there are 700,000 logins to the App, around 900,000 repeat prescriptions are requested and 400,000 patients view their GP record. All three Acute Hospitals are signed up to the Wayfinder project which means that outpatient appointments and documents are shared via the NHS App.

GP Practices have also been supported to deliver the modern general practice model, enabling patients to request assistance by digital methods and to be signposted to the right help for their issue.

In the last year, 86 GP practices have been supported to move to cloud-based telephony systems, increasing resilience and available lines, and introducing patient call-back. Feedback from both practices and patients has been good. Funding for the telephony systems was provided by NHS England. Cloud telephony is now available in 100% of GP Practices in Norfolk & Waveney.

GP Practices have also seen the completion of major improvements to infrastructure. In a programme supported by funding from the NHSE Future Connectivity Programme, practices have had full fibre connections installed and broadband is now available throughout practice premises. This includes the availability of GovRoam which means that laptops or tablets being used by staff from other organisations that visit practices, such as Midwives and Paramedics, can connect automatically saving valuable time and creating a seamless working experience.

Remote access technology in care homes continues to be supported, with developments over the past year bringing integration with GP clinical systems, making it more straightforward for practice staff to see the remote observations taken by care home staff. Together with GP Connect, this is giving clinicians in out of hours services better information to support clinical decisions and is enabling people to stay in their own homes and receive care there. The Virtual Wards programme is also enabling people to stay at home with support and monitoring which supports Ambition 6, Improving Urgent & Emergency Care.

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

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

Estates

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

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

To realise our strategic vision, we have developed four key goals:

- To improve access – provide smarter and better health and care infrastructure that supports the delivery of transformational models of care, ensures that the right services can be delivered in the right place, and enables multi-disciplinary collaboration and joined up care at every level.
- To improve quality and condition – design, build and operate safe, flexible, modern, fit-for-purpose and well-maintained estate infrastructure that offers an improved working and training environment for our workforce, enhances positive experience and serves the needs of all its users.
- To improve environmental sustainability – develop stronger, greener buildings that support our journey to net zero by implementing interventions to adapt and decarbonise our existing buildings as well ensuring all new estate infrastructure meets the NHS Net Zero Building Standards.
- To improve efficiency – increase collaborative approaches to demand and capacity, prioritised capital investment, procurement frameworks and policy, and workforce planning and recruitment that ensures efficient use of our resources, offers greater value for money and financial sustainability.

System-wide, Person-Centred Estate

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

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

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

Managing the Estate Portfolio

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

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

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

Empowered and Skilled Estates Workforce

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

Net Zero Estate

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

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

Working through the ICS Net Zero Oversight Group, we will explore and implement interventions to decarbonise our estate and reduce carbon emissions arising from our buildings, infrastructure, and services.

Adapting to Climate Change

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

Health and Wellbeing:

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

Operational delivery:

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

Transformed Models of Care

Transforming through the national New Hospital Programme

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

Transforming through digital infrastructure and SMART buildings

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

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

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

Infrastructure Design and Investment

Improving integration through One Public Estate

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

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

Procurement / supply chain

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

This collaboration delivered over £5m of procurement savings in 2024/2025 and will continue to ensure we get the very best value from our non-pay spend.

The three acute hospitals have stated a commitment to work under shared executive leadership. Similarly, NCHC is developing its own plans to work more closely with Cambridgeshire Community Services NHS Trust. NWPC will remain at the forefront of collaboration and will review its delivery model to ensure it aligns with new accountability arrangements and takes full advantage of new opportunities to purchases at the optimum scale.

Reviewed and updated category strategies for each of our key spend areas will continue to identify opportunities for product range consolidation, volume aggregation and commitment to strategic supplier partnerships across the system to support the development of integrated patient pathways. Acute Clinical Networks are now in place and category leads are already working closely with these to co-develop clinically informed category strategies. The system-wide Clinical Product Evaluation Group remains in place to ensure purchasing decisions take every opportunity for standardisation across Norfolk and Waveney where appropriate. This is now supported by the system's first clinical procurement specialist, a matron embedded in procurement, to bring direct insight of product usage into purchasing discussions.

We will also continue to ensure we leverage NHS influence and scale at levels to secure the best commercial deals for Norfolk and Waveney. We will collaborate regionally with partners across the East of England where this makes sense and are already starting to purchase at increased scale where we have joined clinical networks such as the Eastern Diagnostics Imaging

Network and East Coast Pathology Alliance. We will continue our support for the NHS England strategy of using NHS Supply Chain wherever possible, so that nationally there is the greatest opportunity for the NHS in its entirety to leverage its national buying power.

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

The implementation of the new Procurement Act 2023 was delayed by the government until February 2025. We have taken this opportunity to review and further align our procurement processes to not only ensure compliance with the new regulations but to increase our ability to work effectively together. A key change arising from the new procurement act will be increased transparency of our ongoing spend through competitive processes and management of contracts.

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

We have skilled and experienced commercial professionals available across the NWPC partners, with several 'MCIPS' qualified staff which is the gold standard for procurement. NHS England has announced funding for an NHS Commercial

Learning & Development Centre of Excellence which will invest in increasing commercial skills of our people across the NHS, not just procurement, as commercial acumen is a growing key strategic competence required across all departments.

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

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

Population Health Management (PHM)

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

Our ICS Population Health and Inequalities Board is leading the implementation of a new strategy for PHM. This is a specific objective within Ambition 1 of the Joint Forward Plan.

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

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

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

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

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

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

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

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

- Smoking, and smoking in pregnancy
- Serious Mental Illness
- Cardiovascular disease, diabetes and respiratory
- Early cancer diagnosis
- Children and Young People

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

Projects to date have included topics such as:

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

- **Support for people living with Dementia** - linking up people living with dementia with our District and County Council partners to discuss help available to support their health and wellbeing and their carers.
- **NHS Health Checks** - increasing the numbers of eligible people who take up the offer of a NHS Health Check, to help prevent cardiovascular disease.

More details on our PHM strategy and our programme of work can be found on our Norfolk and Waveney ICS website: [Population Health Management - Norfolk & Waveney Integrated Care System \(ICS\)](#).

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

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

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

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

System Development

To create the change that we want to see and to make the most of the opportunity arising from becoming an Integrated Care System, it is vital that we look at and understand what needs changing in our governance, processes, leadership and culture. Information about our plans for developing and strengthening how our system works can be found in the following sections of this plan:

- **Neighbourhood level working:** Working at this very local level is a theme throughout our ambitions and underpinning objectives which are about ensuring provision is very accessible, is what our population needs, and finding out what matters most so it can be delivered as effectively as possible. The continued development of our integrated neighbourhood teams is an important part of this and our plans for developing these teams are set out in section 4.0 of our Joint Forward Plan, under Ambition 2: Primary Care Resilience and Transformation. Neighbourhood health guidelines are part of the 2025/26 operational planning resources with an expectation that these are progressed in advance of the publication of the 10 Year Health Plan.
- **Place level working:** Our place-based approach is set out in Section 6.1 of our JFP.
- **Closer working between providers of health and care services:** Our plans for working collaboratively are set out in Section 6.2 of our JFP.
- **Working with the Voluntary, Community and Social Enterprise (VCSE) sector:** Our plans for developing how we work with the sector, including through our VCSE Assembly, are set out in Section 6.7 of our JFP.
- **Improving the quality of care:** Our plans for how our system will build our capability to identify and address quality challenges are set out in the section about quality of services, included in these legal duties.
- **Our financial performance:** Our plans for how our system will build our capability to identify and address financial challenges are set out in our financial duties, included in these legal duties.
- **New models of care:** These plans are being developed and complement the work being undertaken through the New Hospital Programme to build two new hospitals: the James Paget and the Queen Elizabeth. Part 1 refers to new Models of Care.

- **Delivery of the JFP:** The JFP has been adopted by the ICB and system partners as a strategic vehicle for change. Getting behind the eight Ambitions to bring everything together and lean into these common Ambitions has been a helpful system development tool. System partners have cross referenced the JFP in their own strategies and plans and as part of provider collaboration.

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

A significant amount of work was done in 2024/2025 on the ICB's organisational review. The new structure will enable the ICB to better support system working and collaboration. The structure takes account of the organisation's new functions and role as a convener of the system, as well as what we have collectively learnt since the organisation was formed in July 2022. While the review was challenging for the organisation and hard for staff, the benefits to the system and to local people will be felt in 2025/2026 and beyond.

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

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

Supporting wider social and economic development

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

Our Health Inequalities Strategic Framework for Action describes the role our system has in the social, economic and environmental factors that impact on health and wellbeing outcomes. It recognises the role of Anchor organisations, and there is a clear action for our ICS to undertake a baselining exercise to understand our current position and where we need to make improvements. We have established an NHS Anchor Leadership Group, which brings together leads from across the NHS, and we are utilising the 'How Strong is Your Anchor' toolkit developed by University College London partners to undertake this baselining exercising and develop a local Anchor Charter and Improvement Plan. As part of our NHS Anchor work, and alongside our VCSE Assembly, we will be developing a social value framework that informs our procurement and contracting approach.

We have established a 'Living and Working Conditions' leadership group responsible to our Integrated Care Partnership, which brings together local government, VCSE sector and health colleagues to progress our system approach to having positive impacts on the wider determinants of health.

Working collaboratively with our partners in local government, health, Department of Work and Pensions and the VCSE sector we are building leadership capacity through the 'WorkWell' programme to establish an ICS work and health partnership and develop our future plans in response to

the Government 'Get Britain Working White Paper'. A 'Health and Work Strategy Group' has been established to develop a system strategic plan for work and health integration, led by the ICB and Norfolk County Council and reporting to the 'Living and Working Conditions Group'. Our Community Voices programme is working with VCSE partners to build understanding of the barriers and enablers to workforce opportunities in primary and secondary care within Core20plus communities, to raise awareness of opportunities to support future employment practices.

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

This group connects the work of the eight Health and Wellbeing Partnerships (HWPs) which play a significant role in supporting decision making that reflects community need, assets and strengths, and are referenced in 6.1 of part 1 of the JFP. They provide a platform to engage a wide range of partners at a local level, that can support the design and transformation of services which support the wider determinants of health, whilst ensuring appropriate interconnectivity and integration at a local level. Place Boards support the integration of health and social care and have a role to play in the development and implementation of our Anchors Framework.

Through our HWPs and Place Boards strong equitable relationships exist with local government. Working together we can influence, support and add value to a wide range of programmes that seek to improve access to green spaces, provide access to our collective facilities to support health and wellbeing, support local regeneration and generally provide opportunities for residents to support their own health and wellbeing.