

Subject:	Executive Lead report
Presented by:	Melanie Craig, Chief Officer, NHS Norfolk and Waveney CCG, and Executive Lead, Norfolk and Waveney Health and Care Partnership
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Submitted to:	The interim Integrated Care System Partnership Board
<p>Summary:</p> <p>The Executive Lead's report covers:</p> <ul style="list-style-type: none"> • Becoming an Integrated Care System • NHS 2021/22 priorities and operational planning guidance • Pressure on the system • COVID-19 vaccination programme • QEH Leadership Summit 	
<p>Recommendation:</p> <p>The interim Integrated Care System Partnership Board is asked to:</p> <ul style="list-style-type: none"> • Note the report. 	

Main body of report

A. Becoming an ICS

The launch of our Integrated Care System and the first meeting of our interim Partnership Board is a really proud moment for me and our health and care system. It is testament to the excellent partnership working over the past few years, and particularly to the close collaboration over the past twelve months in response to the COVID-19 pandemic.

In February, NHS England and NHS Improvement (NHSE/I) published its paper setting-out a series of recommendations to Government and Parliament, which are detailed in this paper: ['Legislating for Integrated Care Systems: five recommendations to Government and Parliament'](#). The paper takes account of the thousands of responses that NHSE/I received about their proposals published in November last year to strengthen ICSs and put them on a statutory footing.

Based on NHSE/I's legislative proposals, the Department of Health and Social Care has set out new proposals to streamline and update the legal framework for health and care in

its white paper: '[Integration and Innovation: working together to improve health and social care for all](#)'.

There is a lot in both papers and much to welcome; they both follow the direction of travel we were expecting and align with much of what we wrote in our system's response to NHSE/I. The white paper includes a clear statement that from April 2022 ICS's will have some different responsibilities to what we first thought; in particular, it proposes that each ICS will consist of two statutory bodies - an ICS NHS Statutory Body and a statutory Health and Care Partnership.

As a result, we will need to have conversations about what this means for our system and our governance arrangements. We plan to start these conversations in May, after the local government elections. Along the way we will have to submit our plans to NHS England and Improvement. We currently expect to have to submit our plan by the end of June.

I will continue to keep the Board updated on developments as discussions take place locally, regionally and nationally. Subject to parliamentary business, the intention is still that the legislative proposals will begin to be implemented in 2022. As I've said before, in Norfolk and Waveney the management structure for the new CCG was designed with system working in mind and we are as prepared as we can be for any change in legislation.

B. NHS 2021/22 priorities and operational planning guidance

On 25 March, NHS England and Improvement published the [2021/22 priorities and operational planning guidance](#) for the NHS. The guidance identifies six priority areas:

- A. Supporting the health and wellbeing of staff and taking action on recruitment and retention
- B. Delivering the NHS COVID-19 vaccination programme and continuing to meet the needs of patients with COVID-19
- C. Building on what we have learned during the pandemic to transform the delivery of services, accelerate the restoration of elective and cancer care and manage the increasing demand on mental health services
- D. Expanding primary care capacity to improve access, local health outcomes and address health inequalities
- E. Transforming community and urgent and emergency care to prevent inappropriate attendance at emergency departments (ED), improve timely admission to hospital for ED patients and reduce length of stay
- F. Working collaboratively across systems to deliver on these priorities.

All of these are familiar and are areas that we have been working on because they are set-out in the NHS Long Term Plan, indeed our work on many of these has been accelerated during the pandemic. The document is also very much in line with the direction of travel set-out in the white paper. I'd particularly like to draw attention to priority A; supporting our workforce to recover from the last year is hugely important, as is increasing workforce supply.

The planning guidance also says that, in general, ICSs should be coterminous with upper tier local authorities, although a final decision on this will not be made until June. Further

discussions on this matter, particularly with elected councillors, will take place after the May elections.

Colleagues from across the health and care system are working together to develop and submit draft plans to NHS England and Improvement by 6 May and final plans by 3 June.

C. Pressure on the system

In line with the lowering of the UK's coronavirus alert level a few weeks ago, the very significant pressure that the NHS and care services were experiencing over winter is lessening. That said, we know that all parts of the health and care system remain under pressure and busy. While the pressures related to treating COVID-19 patients are reducing, the number of people accessing health and care services are still very high and we are, for example, seeing increasing numbers of patients in A&E. The rapid rollout of the vaccination programme also continues to be a significant amount of work, particularly for general practice who have administered the majority of vaccines in Norfolk and Waveney.

We know that health and care staff are tired, and as a system we are taking action to support our workforce. We of course want to make sure that all patients get the care they need. We will have to find the right balance between helping those who need it, including those who've had to wait longer as a result of the pandemic, with also needing to support our workforce to recover from the pressure they've been under.

We are rightly now shifting more time and focus to transformation post COVID-19 and are resetting business as usual. While many members of staff are of course still heavily involved in the challenging work of rolling out the vaccination programme and managing the pandemic, it is important we start to increase our focus on planning for the future and being able to care for all those people who need our services, as well as preparing for any futures waves of the virus.

Overall though, I continue to be impressed at the level of system working and commitment to quickly adapting and solving problems as a partnership. We continue to work together as a health and care system to provide the best care we can to local people in these challenging times.

D. COVID-19 vaccination programme

As you will have seen, the latest national data about our vaccination programme shows that we continue to make really good progress. 65% of adults living in Norfolk and Waveney have now had their first dose of vaccine, compared to 57% of adults in England, making us third out of the 42 health systems in England.

Despite the announced reduction in vaccine supply, from 1 to 30 April 2021, local COVID-19 vaccination services will continue to provide second doses at pace. I would also like to reassure the Board that second dose supply remains unaffected – enough doses will be delivered to ensure that everyone who is due to have their second dose will be invited forward and receive theirs within the 12-week timeframe.

In line with the national steer, we continue to focus our attention on cohorts 1-9 and encourage people to accept their invitation. We will not be vaccinating any individuals in cohort 10 (those under 50 without underlying health conditions) until vaccine supply is resumed for first doses at the end of April. It is important to note that 99% of mortality from

COVID-19 can be reduced by vaccinating those in cohorts 1-9, so these groups were always a priority, both nationally and locally.

As we move through the cohorts set out by the Joint Committee on Vaccination and Immunisation (particularly related to age), people's needs, expectations and lifestyle habits will be different; it is with this in mind, that we continue to look at where and how people can and want to access COVID-19 vaccinations.

From our own experience across Norfolk and Waveney, and in line with national trends, we know that some people prefer late afternoon/early evening/weekend appointments and others benefit from a more bespoke model. So how we deliver the vaccination programme going forward will include more choice and targeted clinics at specific locations to provide easier access for harder to reach and more vulnerable groups.

I'm really proud of all the work our system is doing to make it easier for everyone to get vaccinated. Tracy Williams, Queen's Nurse and CCG Governing Body member, is chairing a group with oversight of COVID-19 vaccine inequalities, made-up of a wide range of statutory and voluntary sector partners, which leads our work on this.

Some of the actions we're taking to make the vaccination programme accessible include: expanding our outreach programme for vaccinating those experiencing homelessness and rough sleepers following the change in national guidance, running bespoke clinics for people with learning disabilities, autism and severe mental illness, supporting the Gypsy Roma and Traveller community to get vaccinated, taking extra steps to identify unpaid carers not in receipt of Carers Allowance or recorded as being carers, and putting in place new ways to get the vaccine to people, such as drop-in, mobile and pop-up vaccination clinics. I look forward to discussing the vaccination report which details this work.

E. QEH Leadership Summit

I recently attended the inspirational #QEHLeadershipSummit. Along with colleagues from across the health and care system, I offered my reflections on the last year and what I've learnt about leadership, which included:

- **The value of having single teams made-up of colleagues from different organisations.** Not only is this way of working very rewarding, it enables us to go faster and help people quicker. The teams who've supported critical care, our local testing service and of course the current vaccination programme are testament to this. We've seen this work across organisations but also within the CCG, with staff deployed to work together in the ICC, the PPE team, Protect NoW and more.
- **We must continue to work closely with volunteers, voluntary organisations and district and county councils.** The last year has taught me much more about the incredibly important roles they play in supporting people's health, wellbeing and care, and shown me that there is so much more we could be doing together.
- **It is really important to give people the space to innovate.** When I think about the huge changes we've gone through and the pace at which we've done it, it is very clear that much of this happened as a result of empowering people to act. Protect NoW, for example, has massively advanced our approach to population health and management and to providing people with proactive care.

- **During the pandemic we've had the greatest focus on staff during my career in the NHS.** We must continue to prioritise and support the health and wellbeing of our workforce.
- **We all need to look after ourselves, leaders included.** We often neglect ourselves, but keeping well is part of good leadership.

Governance	
Meetings that this report has been, or is going to be, discussed at:	This report has not been discussed at any other boards, committees or meetings.