

Subject:	Executive Lead report
Presented by:	Melanie Craig, Executive Lead, Norfolk and Waveney Health and Care Partnership
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Submitted to:	The interim Integrated Care System Partnership Board, 5 August 2021
Summary:	
<p>The Executive Lead report covers:</p> <ul style="list-style-type: none"> A. Becoming an Integrated Care System B. ICS Stocktake with the regional NHS team C. Launch of the East of England Anti-Racism Strategy D. Hearing from colleagues on the frontline E. General practice F. Reservist programme G. System leaders' housing event H. The 73rd birthday of the NHS 	
Recommendation:	
<p>The interim Integrated Care System Partnership Board is asked to:</p> <ul style="list-style-type: none"> • Note the report. 	

A. Becoming an Integrated Care System

The publication of the [ICS Design Framework](#), the second reading of the [Health and Care Bill](#) and the Secretary of State's decision about [ICS boundaries](#) provide us with much needed clarity over some key aspects. This means we can now plan with greater certainty for the creation of our statutory Integrated Care System. Although in many respects we have been working towards this for a number of years and have been preparing for the new legislation, there is still much for us to do in relatively a short space of time.

I am pleased to be part of a national steering group on ICS implementation covering the transformational aspects such as provider collaboratives, place-based working and governance. It was helpful to have been involved in the development and drafting of ICS Design Framework, along with other leaders, CEOs and council colleagues.

The guidance is very permissive, which is positive. We can build on our existing arrangements, strong local relationships and understanding each other's pressures, as well as look to build on the opportunities for closer working with the VCSE sector and councils, who have played such a vital role in the pandemic. Further guidance will be published in the coming weeks and months which will help to answer outstanding questions. I look forward to working with colleagues to further develop our approach and build our ICS.

I was very pleased to see the employment guarantee for CCG staff below Board level. I think the whole tone of the document was caring and centred around valuing staff. These restructures can be a huge distraction; I am glad this has been recognised and hope that we can minimise disruption and focus on addressing the significant challenges we face.

Just on the ICS boundary decision, I am pleased that the new Secretary of State has come to a timely conclusion as this really is vital for our planning. I know that all partners remain as committed as ever to working with Suffolk County Council, East Suffolk District Council and other local organisations involved in the Suffolk and North East Essex ICS to ensure that people living in Waveney receive high quality, joined-up care.

B. ICS Stocktake with the regional NHS team

System partners recently met with regional NHS colleagues to review progress, achievements and challenges over last year. It was very good to hear praise for our progress with workforce planning and innovation, our acute provider collaborative, Protect NoW and work to address health inequalities, and the way our system is working together operationally. Our improvements in mental health transformation were also noted. These are all good ingredients for a successful Integrated Care System. We're faced with some clear challenges though, including addressing our elective waiting lists and improving the digital infrastructure in our acute trusts, and we discussed our approach to tackling these.

C. Launch of the East of England Anti-Racism Strategy

I recently attended the launch of the East of England Anti-Racism Strategy, along with many colleagues from across the system. It was an incredibly powerful event. Everyone that attended was asked to make a personal pledge, which I have done and which we will be encouraging our staff to do as well.

This work is vitally important. I'm already seeing staff from BAME backgrounds speaking out about their experiences, as well as those of friends and family members, of racist abuse from both colleagues and patients while at work for the NHS.

We have a zero tolerance to racist abuse, and we all have a duty to make the NHS anti-racist. There is a strong commitment in our system to take forward this important agenda.

D. Hearing from colleagues on the frontline

I have recently visited each of our three hospitals in person to meet with colleagues and to hear from some of those on the frontline.

I was delighted to visit the JPUH last month and also the Louise Hamilton Centre which is being used for vaccinations, plus our Market Gates vaccination site and two of the PCNs in Gorleston and Great Yarmouth. It was great to see first-hand where some of the 1.3 million doses of vaccine have been given in Norfolk and Waveney.

This was followed by a visit to the NNUH, where I met with Sam Higginson, their Chief Executive, and Chris Cobb, their Chief Operating Officer. I also took the opportunity to visit the critical care unit with Dr Tim Leary, the Clinical Director, and learnt how the hospitals surged during first two waves to increase capacity and their escalation plan. The numbers of patients with COVID-19 in all our hospitals are now very low, but they have clear escalation plans in place to surge up if numbers do increase.

I thoroughly enjoyed meeting Caroline Shaw and her executive team in person at the QEH after all this time of meeting virtually. Chief Operating Officer Denise Smith showed me various parts of the hospital including the new Sandringham elective unit, a completely self-contained unit with en-suite rooms for surgical patients. Every member of staff that I met on my tour buzzed

with enthusiasm, was totally focused on patients and it was evident that they all wanted the very best for the people of West Norfolk and for the hospital.

My visits made me think again about the CCG staff who were deployed to work alongside providers (about a quarter of the CCG workforce). We've listened to their experiences as an organisation; this has been very humbling and I'm just incredibly proud of the way they have stepped-up in such challenging circumstances.

I'm also arranging visits to the mental health trust, NCH&C, ECCH and more PCNs over the summer.

E. General practice

I have also been spending time with GPs and system partners to understand the pressure on GP practices. They report never having been busier, both with their routine work of seeing and treating patients, but also with the continued and very successful rollout of the COVID-19 vaccination programme. My thanks go once again to everyone working in general practice for everything they are doing.

But my thanks alone are not enough; we need to continue to find ways new ways to support general practice that will enable them to thrive. There is concern about the present levels of pressure and workload. And I know that sometimes there is a lack of tolerance and frustration from patients, which is wholly unacceptable and will not be tolerated – colleagues in general practice are working tirelessly to care for their patients and must be respected.

I am discussing the pressure on general practice with partner chief executives. It is vital that the NHS operates together and that we act as a system to manage demand, ensure patients get the care they need and that our workforce is supported.

Despite all the changes and challenges over the past 18 months, the majority of practices have scored well in the latest [national GP survey](#). The results show that local practices scored higher than the national average in a number of key areas, such as overall experience, the helpfulness of staff and how quickly patients received care.

This is particularly pleasing given the impact of the pandemic and provides evidence that practices have worked hard to maintain patient access despite the problems caused by COVID-19. Whilst this is a national survey, we do need to remember that this is not the views of all patients, we know that some patients may feel different and may have experienced issues in terms of access. Nonetheless, it is good to see that we have improved our scores locally in many areas.

F. Reservist programme

It is great to see the success of the [reservist programme in Norfolk and Waveney](#). Last year, a national pilot launched in Norfolk calling for former health workers to return to the NHS; it has been hailed such a success that there are moves to make the project permanent. The pilot was part of a national campaign delivered locally with all regions inviting back hundreds of supporters who expressed an interest in helping the NHS during the height of the COVID-19 pandemic. Hundreds of people answered the call to come back and help with the huge task of caring for the large numbers of the public admitted to hospital and the subsequent vaccination programme. What was expected to be a local response turned into what became the biggest one-off recruitment programme in the history of the NHS.

Across the ICS, there was a clear desire to make this programme sustainable beyond COVID-19 and so plans were put in place to develop a cohort of reservists, who would work in a more planned and strategic way than bank or agency staff. Since the recruitment began, Mark Rodgeron, Programme Manager at NNUH and his team have recruited and trained 90 Reservists, with 30 more in the pipeline and ambitious plans for 500 in the team by 2023. Many of the Reservists have come out of retirement and whilst skilled and suited for the available work want planned and limited hours. I'd like to say a big well done to all colleagues that have supported this great programme within and outside our workforce team.

G. System leaders' housing event

I was very pleased to be invited to attend Norfolk County Council's system leaders' event, along with district council colleagues and housing providers. At the beginning of the pandemic, the Government charged local authorities with getting 'everyone in' and supporting everyone sleeping rough to move into self-contained accommodation. The event was organised by the Norfolk Strategic Housing Partnership who successfully organised 'everyone in' locally. The focus of the session was 'Building the Conditions for System Wide Transformation through No Homeless in Norfolk'.

It is vital to have a system focus on housing, including homelessness, as a root cause of illness. Intentionally creating a space for some reflection on what works well and where improvements can be made can be hard to carve, especially in context of the last year, which is why this event was so helpful in giving us time and space to consider how we work together in future on this really important agenda.

H. The 73rd birthday of the NHS

The NHS turned 73 on 5 July and a range of celebrations were held to recognise the health service and those who work for it. These included the #NHSBigTea, which is a campaign organised by www.nhscharitiestogether.co.uk to raise money and celebrate 'our amazing NHS staff; ordinary, yet extraordinary people who continue to go above and beyond'

A special service took place at St Paul's Cathedral in London to celebrate the contribution of NHS staff to the pandemic and the vaccination roll out. It was also a thanksgiving for those who lost their life during the last 18 months from COVID-19. Howard Martin attended, our Director of Population Health Management and Health Inequalities, along with Terry Davies, a volunteer at Fakenham Medical Practice, in recognition of their work during the pandemic.

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.