NHS
East of England
Community Health and Care
NHS Trust

Agenda item:	7
Date of meeting:	18 November 2026
Report to the:	Trust Board
Title of report:	Annual Plan
Report author:	Andrew Butcher, Assistant Director of Strategy and Business Development
Executive sponsor:	Anita Pisani, Deputy Chief Executive/Chief People Officer Laura Clear, Director of Strategy and Transformation
Recommendation:	Discuss

Assurance level:	**Substantial** ☐ **Reasonable** ✓ **Partial** ☐ **Minimal** ☐
Rationale:	Through the updates provided in this report and attachments

1.0 Executive Summary

Context

1.1 This report covers quarter 2 of 2026/27 of the delivery of the Trust's Annual Plans, Post Transaction Implementation Plan, benefits realisation and our Clinical and Care Strategy. The Board will recognise that, as the Clinical and Care Strategy covers a period of 5 years, the key focus in this report is upon identifying any matters that that would indicate that the strategy will not be able to be delivered or that any of the factors assessed in its creation have changed.

1.2 The full year update will consider the progress against the strategic success metrics – identified for measurement at 2 and 5 years of delivery. In this report 'Reasonable' progress includes the assessment of the continued appropriateness of the actions identified for progression, and the longer term direction of, the Clinical and Care Strategy.

Annual Plan

1.3 As part of the Trusts annual planning cycle, individual Service Directors have confirmed progress on actions identified within operational planning that will support delivery of our strategic priorities, which have been discussed and challenged as part of this review.

1.4 This assessment supports the regular assurance delivered through the Service Assurance Committee structure

1.5 Annual Plan updates and Service Director assessment of progress have been received (Appendix 1) as follows:

Service Area	Assessment of progress
Children and Young People	**Reasonable**
Luton and Bedfordshire Adults & Older People Services	**Reasonable**
Ambulatory	**Reasonable**
Norfolk Adults	**Reasonable**

1.6 In addition updates have been received from key supporting services (also included in Appendix 1):

Service Area	Assessment of progress
People	**Reasonable**
Quality	**Reasonable**
Digital	**Reasonable**
Estates	**Reasonable**

1.7 All assessments have concluded that **Reasonable** progress is being made against the identified Annual Plan commitments and no material issues have been identified that would impact on delivery in the remainder of 2026/27.

Merger Benefits and delivery of our post transaction implementation plan

1.8 In the Trust's business cases for merger several benefits were identified. A summary of the current tracking of benefit realisation is included at Appendix 2, and progress is assessed as **Reasonable**.

1.9 An update on progress on the delivery of our post transaction integration plan is attached as Appendix 3. and progress is assessed as **Reasonable**.

Clinical and Care Strategy

1.10 The Trust's Clinical and Care Strategy identified 4 priority areas, progress against which has been assessed as follows:

Service Area	Assessment of progress
Best start in life	**Reasonable**
Support for children and young people with complex care needs	**Reasonable**
Neighbourhood care	**Reasonable**
Unscheduled care	**Reasonable**

1.11 The Trust's assessment has concluded that **Reasonable** progress is being made against the priority areas identified in the Clinical and Care Strategy.

2.0 How the report supports tackling Health Inequalities

2.1 Delivery of the Trust's Annual Plan and Clinical and Care Strategy will support the reduction of health inequalities across the services that we provide.

3.0 Links to Board Assurance Framework / Trust(s) Risk and Issue Registers

3.1 The following risks have been identified from the Board assurance framework. Risk owners are comfortable that mitigations and controls are in place to manage these risks:

- Risk 3914 – There is a risk that there is insufficient leadership and support service capacity and capability to deliver the clinical and care strategy and the 26/27 annual plans, which may impact on the delivery of high-quality services.
- Risk 3916 – There is a risk that staff morale may reduce as we work to develop and implement single support service structures, which in turn could impact on the level of service delivered to clinical teams.
- Risk 3904 – There is a risk that insufficient resource and funding for digital development and implementation will prevent the organisation from delivering a patient engagement portal, limiting people's ability to be informed, involved and in control of their care.
- Risk 3917 – There is a risk that staff suffer change fatigue as we continuously look to innovate and transform our services, which in turn may impact on staff morale and the delivery of services.

4.0 Legal and Regulatory requirements

4.1 Delivery of the 10-year health plan and integrated neighbourhood teams

5.0 Previous consideration by Committee or Executive

5.1 The Trust's Clinical and Care Strategy and Annual Plan was approved by the Board on 1 April 2026. The quarter 1 update on progress was considered by the Board in July 2026.

6.0 Report

Annual Plan Updates

6.1 Attached as Appendix 1 are the progress updates on the delivery of all approved annual plans, both clinical and support services.

6.2 All assessments have concluded that **Reasonable** progress is being made against the identified Annual Plan commitments and no material issues have been identified that would impact on delivery in the remainder of 2026/27.

Highlights of activity include:

Children and Young People (CYP)

6.3 Services are actively engaging with the new 'Experts at Hand' service model, with direct award being made in some geographies and tender submissions undertaken where required.

The focus on reducing Neurodevelopmental waiting lists has continued with additional funding secured to accelerate improvements whilst work continues on implementing a sustainable service model.

Luton Adults

6.4 The service is actively pursuing opportunities to lead integration across Luton and the wider area – for example in potentially developing a provider-neutral single point of contact for the whole of Bedfordshire and Luton to provide patients with a single channel for accessing health care.

Dental

6.5 The service has been successful in expanding its services in new geographies through new contract awards in:

- North and West Northamptonshire (Oral Health Promotion)
- Suffolk (Supervised toothbrushing)
- Norfolk and Suffolk (Dental Checks in Residential Special Educational Settings)

6.6 The service continues to seek opportunities to expand commissioned capacity and support activity reduction through patient education.

Integrated Contraception and Sexual Health services (iCaSH)

6.7 Following the successful renewal of the Norfolk iCaSH contract the service has relocated to Trust freehold premises at Rowan House (vacating a leasehold property, contributing to the delivery of the estate plan), delivering improved conditions and accessibility for service users and colleagues.

6.8 The Norfolk service has worked closely with commissioners to embed the revised service and support the development of the new digital offering.

6.9 Across the wider service expanding digital opportunities remains a key focus.

Musculoskeletal (MSK) Services (Now MSK and Dynamic Health)

6.10 Work has continued to bring together the two MSK services to leverage skills and learning as a single business unit – with learning and best practice coming from both services – with shared governance and clinical advisory groups now in place.

6.11 The Trust's successful partnership with FLOK Health (providers of AI physiotherapy) continues with recognition of the partnership being demonstrated by the following awards:

- HSJ Primary and Community Care Project of the Year
- HSJ Driving Change through AI and Automation Award
- Finalist in HSJ Best Contribution to Improving the Efficiency of NHS Services award

Norfolk Adults

6.12 The Norfolk Adults service continues to focus on delivering increased operational capacity and stability to allow transformation to be implemented.

6.13 Neighbourhood models are in development with partners across places, together with system wide programmes for Hospital at Home and un-scheduled care. The service is also supporting the pan-system review of palliative care provision.

6.14 Two key areas of Annual Plan delivery are dependent upon partner support – integrated health and social care which relies heavily upon Norfolk County Council transformation plans and the expansion of Urgent Community Response/Virtual Ward provision which requires system investment. The Norfolk Adults Service Assurance Committee will review and support any changes required to the Annual Plan to reflect these external factors.

Merger Benefits and delivery of post implementation transaction plan

6.15 Attached as Appendix 2 is a summary of the benefits identified to date. These are monitored through the Integration Programme Board.

6.16 Progress is assessed as **Reasonable**.

6.17 Attached as Appendix 3 is a progress update on the delivery of our Post Transaction Integration Plan. Progress is assessed as **Reasonable.**

Advanced Foundation Trust status

6.18 The Trust was approved for prospective Advanced Foundation Trust (AFT) status as part of the government's 10-year health plan – as identified within our business case for merger.

6.19 The formal conversion of the Trust must now await the passing of legislation (anticipated in mid-2027) but certain financial freedoms will now be available to the Trust – supporting the delivery of the Annual Plan and Clinical and Care Strategy.

Clinical and Care Strategy

6.20 The Trust's Clinical and Care strategy identified 4 priority areas to focus on; these are consistent with but have superseded the patient benefit cases identified in the full business case for merger. In year actions supporting delivery are captured and reported within Annual Plans, and the summary below reflects the wider activities that are ongoing to support the priority areas and the assessment of progress.

6.21 The strategic nature of the priority areas means that progress is reliant upon system (and wider) agreement and development of aligned and symbiotic planning with stakeholders.

6.22 Two of our service priorities focus upon children and young people:

- Best start in life
- Support for children and young people with complex care needs

6.23 These priorities recognise that up to 22% of families in the area we serve are in the low income bracket and there are areas within our geography that are among the most deprived in England; that we currently have unacceptably long waiting times for neurodevelopmental assessments and our referral rates are below the population prevalence levels. Children with complex needs also, currently, must travel to centres outside of the East of England for their neurodisability.

Best start in life

6.24 Our services continue to work with systems partners on the delivery of the areas identified to deliver this priority, which are:

- School readiness
- Adverse childhood experience and trauma-informed care
- Children and young people neighbourhood care and support

Our work to deliver 'Experts at Hand' from a multi-disciplinary skill base is a key example of our Clinical and Care strategy underpinning service development

Support for children and young people with complex care needs

6.25 Discussions have continued in relation to the development of a regional centre for neuro-disability with system partners including the regional children's programme board and Cambridge University Hospitals NHS Foundation Trust, as part of the development of the children's tertiary hospital.

6.26 We have continued to focus on the reduction in neurodevelopmental waits and are on track with our plans to reduce waits to <18 weeks by March 2028 with a recovery steering group in place and regular reporting, with additional funding recently agreed with Commissioners to seek to accelerate the delivery trajectory in Norfolk.

6.27 The remaining two service priorities are focussed on adults and older people:

- Neighbourhood care
- Unscheduled care

6.28 These priorities recognise that some of the counties we serve are home to a higher proportion of elderly people than the national average, for example in Norfolk 25% of the population is over 65, compared to the national average of 18% and that we also serve some of the UK's most deprived areas where people are 2.3 times more likely to be living with multiple long-term conditions.

Neighbourhood care

6.29 We have continued system discussions across all areas to support the development of integrated neighbourhood teams. These discussions have included workshops and forums, with the frailty Integrator Function being developed across Central East and in Norfolk and Suffolk ICB, the focus being on population stewards to develop an all age population based model.

6.30 The formal process supporting the development of the two neighbourhood hub locations (Princess of Wales, Ely and Dereham hospitals) continues.

Unscheduled care

6.31 We have continued to take a leading role in the delivery of urgent care services (including Hospital at Home and Virtual Wards) in Luton and Norfolk including working with our commissioners on developing business cases for service expansion, as well as close collaboration with delivery partners for service development.

6.32 Our review of community nursing and therapy services in Norfolk Adults continues, to stabilise and increase capacity giving operational flex to implement improvements to aid our unplanned care.

6.33 Recognising the strategic nature of the priorities within the Clinical and Care Strategy we have concluded that **Reasonable** progress is being made.

Conclusion

6.20 At the end of quarter 2, **Reasonable** progress is being achieved in delivery of all our plans. Regular reviews take place in relation to capacity and capability to deliver these plans. This work is led by the Director of Strategy and Transformation and regularly discussed at our executive team meetings. There are no areas of escalation at the current time.