

Future Focus – Development Draft

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Introduction

The Trusts' have, for 2025/26, two separate strategies and annual plan processes. For 2026/27 there will be a single strategy and process across the whole organisation.

This paper considers progress against service annual plans as shown in each Trust's operational plan, as well as considering the assurance level for future delivery through to the end of the year. The 'Sun-ray' diagrams are colour coded – if individual actions are of concern they are highlighted and quarterly performance (both past and future is RAG rated).

This paper is in development and will evolve over future iterations to include additional detail on project delivery at an organisational level (including the development and delivery of the plans for integrating trust operations into a single organisation, the Post Transaction Integration Plan (PTIP). Feedback is welcomed as this paper is developed.

Each service has also considered material future events that they are aware of – e.g. procurements.

In addition to service plans a summary has also been provided of progress against digital objectives and the transaction delivery for combining the two Trusts.

The strategic objectives supported by the Trusts' operating plans are:

CCS	NCHC
Provide outstanding care	Continually improving standards of excellence
Be collaborative	Deepening our integration with partners
Be an excellent employer	Attracting and developing brilliant and fulfilled teams
Be sustainable	Being a future-focussed organisation
	Advancing our use of data and technology

Children and Young People

Annual Plan progress



Bedfordshire and Luton

Good progress has been made across most Q1 objectives. Two areas have not been fully delivered namely internal transfer mapping and gap analysis by service re: evidence of impact. Mapping transfers will now move to Q2 and gap analysis of impact will be combined with the recently completed CQC self-assessments.

Highlights of Q1 delivery include:

- We now have a target operating model for our health hub and implementation has commenced. We have also linked in Sarah Buchan for digital opportunities both locally and across our group establishing an CYP group wide access programme.
- The senior leadership group has monitored and discussed CoP with an understanding of those in place and to be developed.
- A forum with each LA senior team across Bedfordshire and Luton has been established to build relationships and discuss 'wicked' issues with a view to joint solutions.
- A plan to scale up the Bedford borough and Luton place-based ND pilot has been agreed. An evaluation for the Central Bedfordshire pilot is due in September/October 2025.
- The BI dashboard is increasingly being used to inform performance with equalities data available for HCP areas.
- Local staff survey action has been finalised focusing on one area to maintain and one to improve.
- A series of leadership masterclasses continues with operational leads focused on topics of their choosing and needs.

Future development

In Children's services across Bedfordshire and Luton (Including continuing care in Milton Keynes) we have been awarded through the new PSR process a 7-year (plus 2) contract from 1st April 2025.

Children and Young People

Annual Plan progress



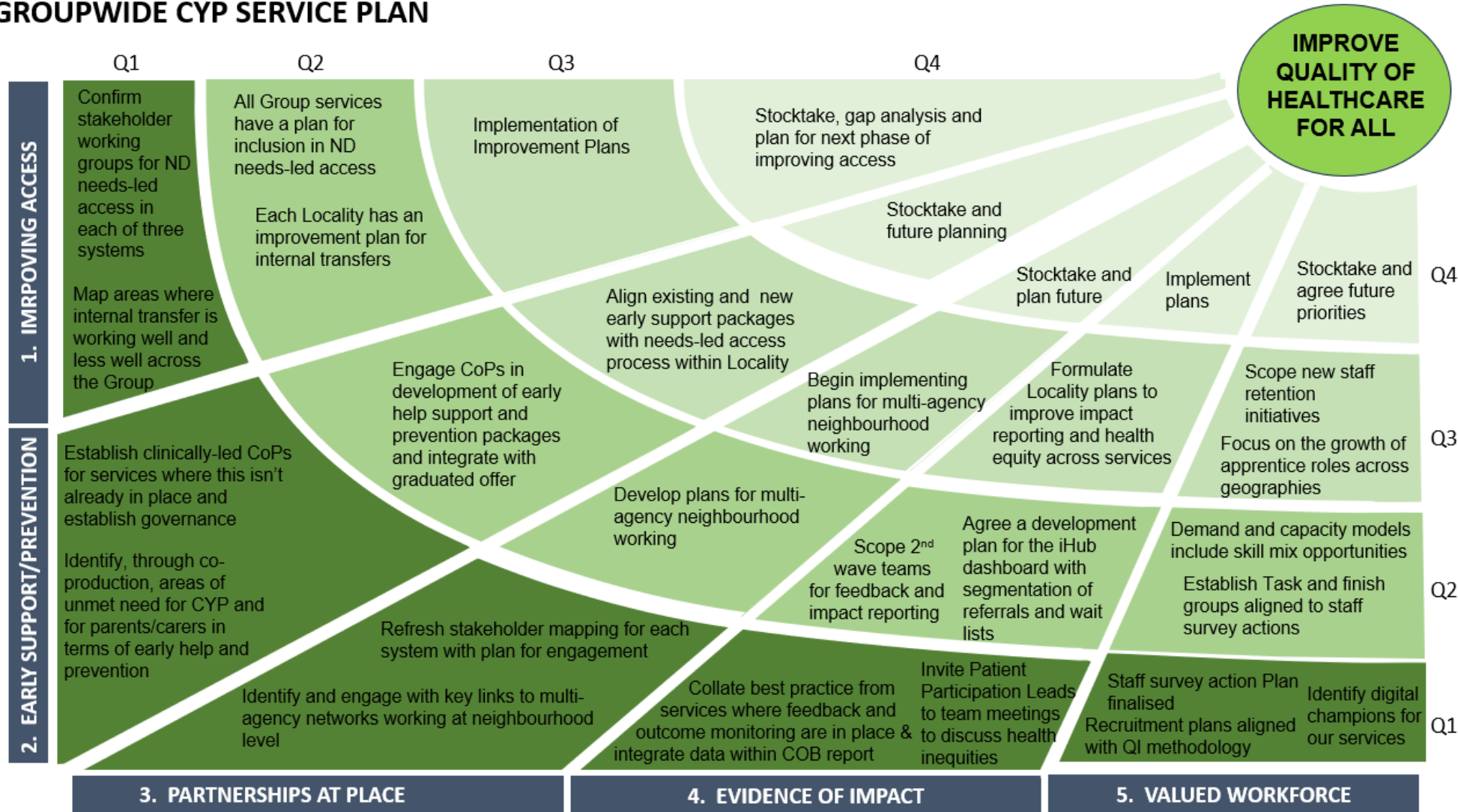
Norfolk and Waveney

Overall, good progress has been made on delivery of actions to support the annual plan delivery. Highlights include:

- The scoping of development opportunities for the development of JON has led to this being a workstream within the ND Transformation project which will also include the mapping of triage and referral process – bringing these actions together within the same workstream to ensure efficient transformation and delivery.
- The embedding of existing CoPs on a Groupwide basis with LAC CoP and Safeguarding CoPs in development. In addition the reporting and feedback mechanisms have been agreed through Strategic Leadership Team, N&W Clinical Governance, N&W Transformation Group and N&W Business Unit meetings
- Service level stakeholder mapping is complete with directorate level mapping underway and due to be completed in the next two weeks.
- The draft N&W digital transformation strategy is complete, having been coproduced by clinical teams and digital support serviceoss Group.
- The newly formed N&W CYP Clinical Governance meeting is currently reviewing best practice across services across the directorate, and this is also an identified workstream within the ND transformation project.
- There have been minor delays to two actions as identified in the ‘sun-ray’ diagram (invitation to patient participation leads and digital champions) but it is not anticipated that these delays will impact upon overall delivery.

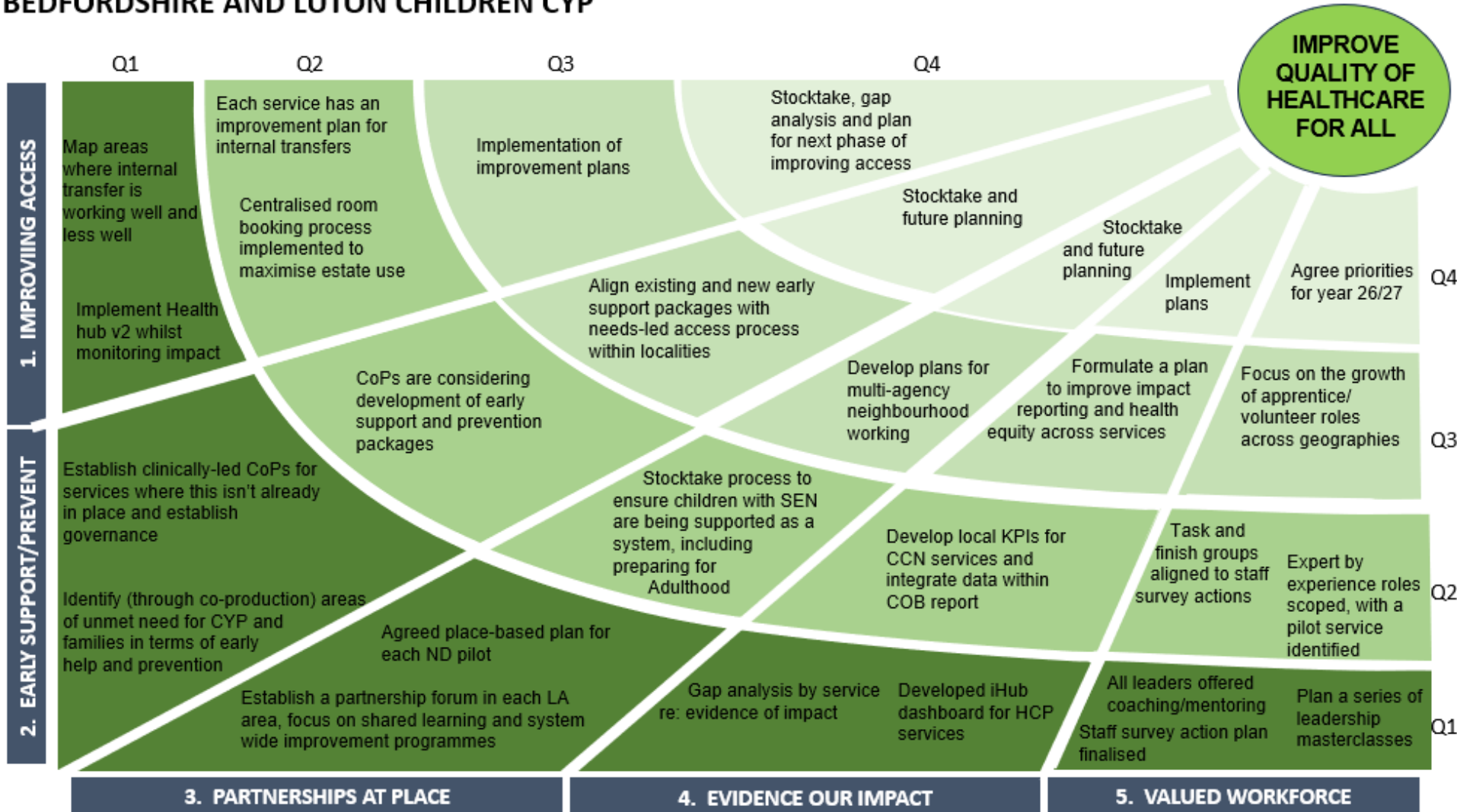
Children and Young People

GROUPWIDE CYP SERVICE PLAN



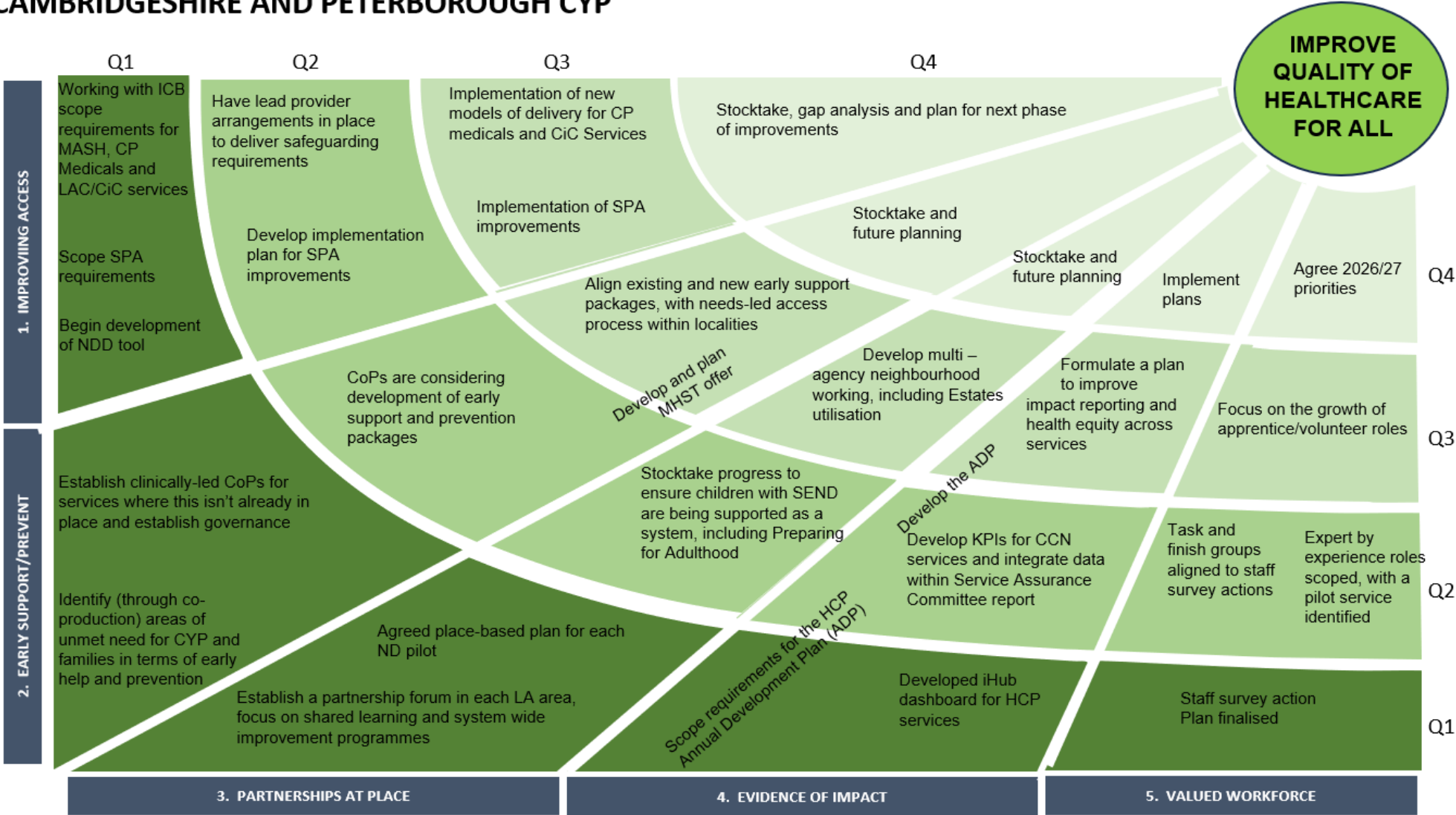
Children and Young People

BEDFORDSHIRE AND LUTON CHILDREN CYP



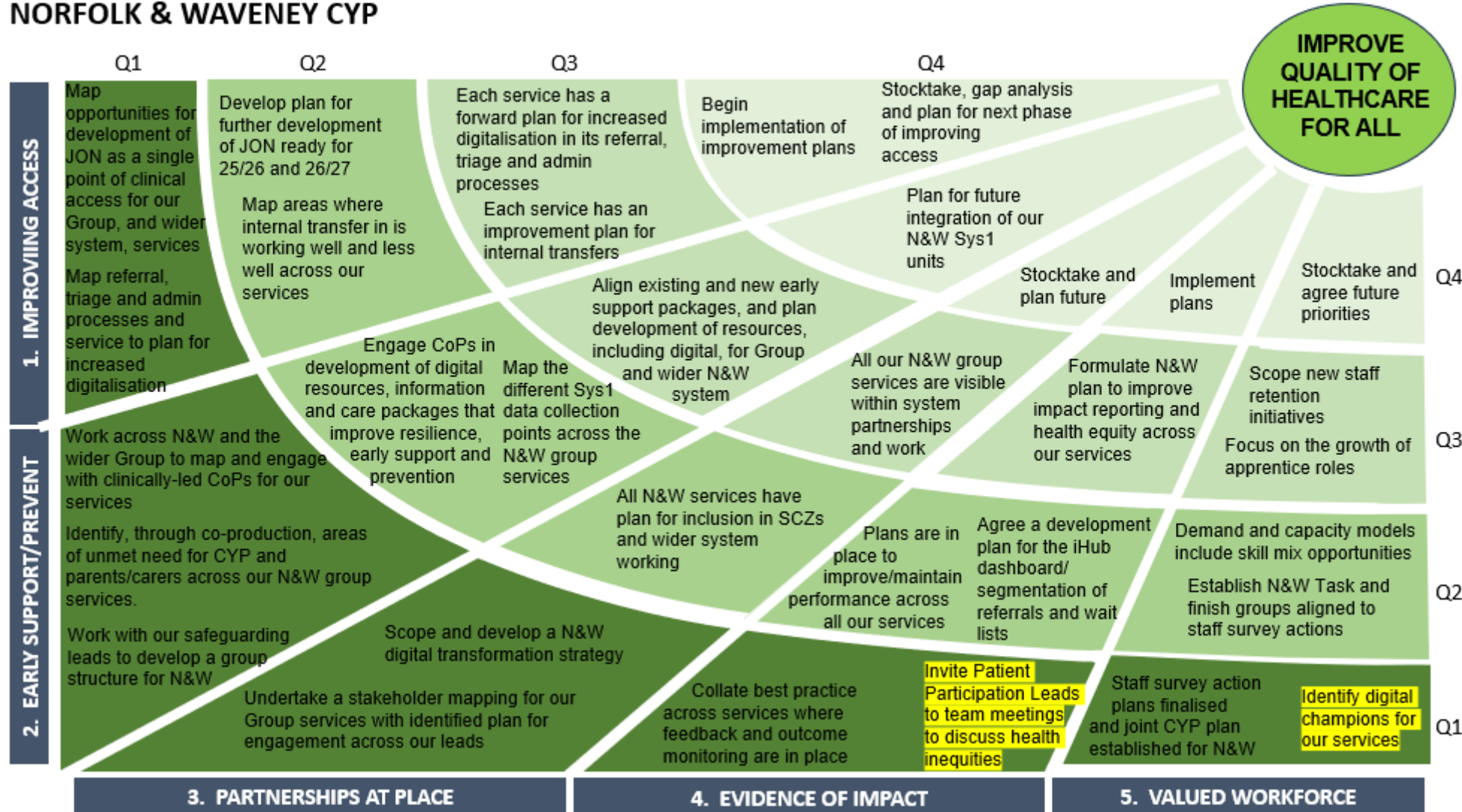
Children and Young People

CAMBRIDGESHIRE AND PETERBOROUGH CYP



Children and Young People

NORFOLK & WAVENEY CYP



Luton and Bedfordshire Adults & Older People Services, and Ambulatory

Annual Plan progress

Reasonable
Assurance

Luton and Bedfordshire Adults & Older People

All Q1 actions have been delivered, highlights include:

- The implementation of the newly devised RR health roster has allowed for better coverage across the entirety of the 24 hour service, allowing us to improve performance in areas like access to the stack and VW.
- The new locality model within the DN service is in place with the team having moved from a structure of 3 locality teams to 5. While it is early days there does seem to be a corresponding rise in the metrics around schedule efficiency and productivity since the change.
- Phase 1 of the unscheduled care hub, inclusive of call before convey – is in place and the call before convey element went live in March. In June there were 371 calls made from ambulance crews on scene with 60% of those resulting in an averted conveyance to hospital.

Dental

There have been delays to Q1 actions as highlighted on the 'Sunray' diagram

- Cambridge relocation, awaiting confirmation of costs to complete assessment of benefit
- Delivery of 'dentally smart' software solution is delayed due to delays in software functionality; and
- Whilst RPA has commenced for Mino Oral Surgery (MOS), Special Care Dentistry (SCD) has been delayed

Despite these minor delays Service assurance for annual delivery is reasonable.

Luton and Bedfordshire Adults & Older People Services, and Ambulatory

Annual Plan progress

Reasonable
Assurance

ICaSH

Financially sustainability remains the main focus for the service. Workstream pathways have recommended service delivery changes, which have been agreed through the iCaSH governance structure and are being mobilised and implemented in 2025.

Highlights of delivery in Q1 include:

- Clinical EPR system upgrade and development of further functionality is underway to support IT innovations e.g. expand online booking,
- LARC group consultation model established in MK and Beds and will be rolled out across iCaSH in 25/26.

Dynamic Health

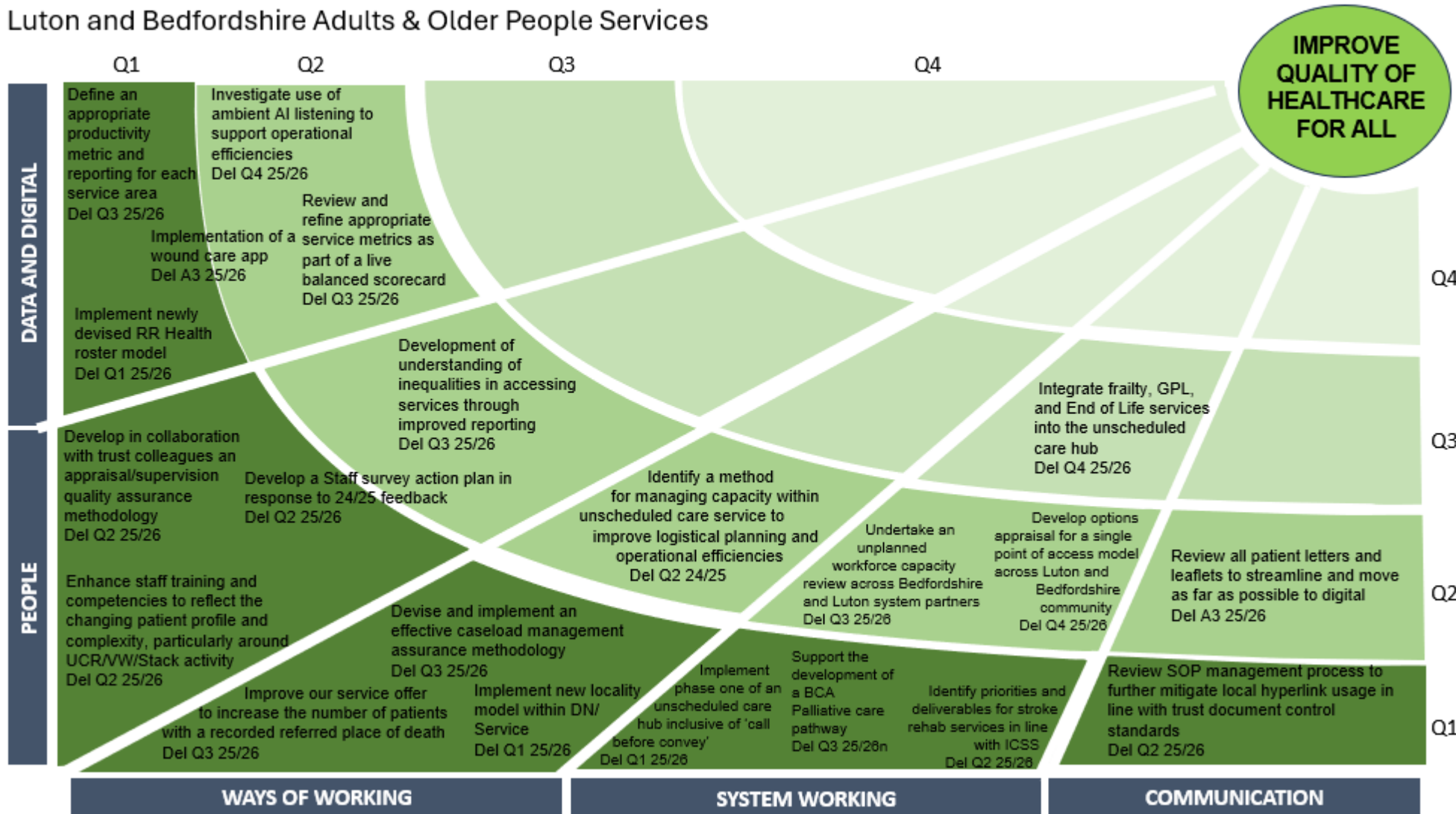
Q1 actions have been progressed as planned, with the exception of the outcomes of the feasibility study for RPA that has identified that SystemOne is not a viable option and so alternative plans are being developed to deliver the same outcomes.

Future development

A market engagement process is commencing in the week ending 13 July with commissioners for Bedfordshire, Luton and Milton Keynes (BLMK) seeking engagement to support their transformation programme for Adults Community Health and Mental Health across BLMK which is anticipated to result in a formal procurement process in late 2025 / early 2026.

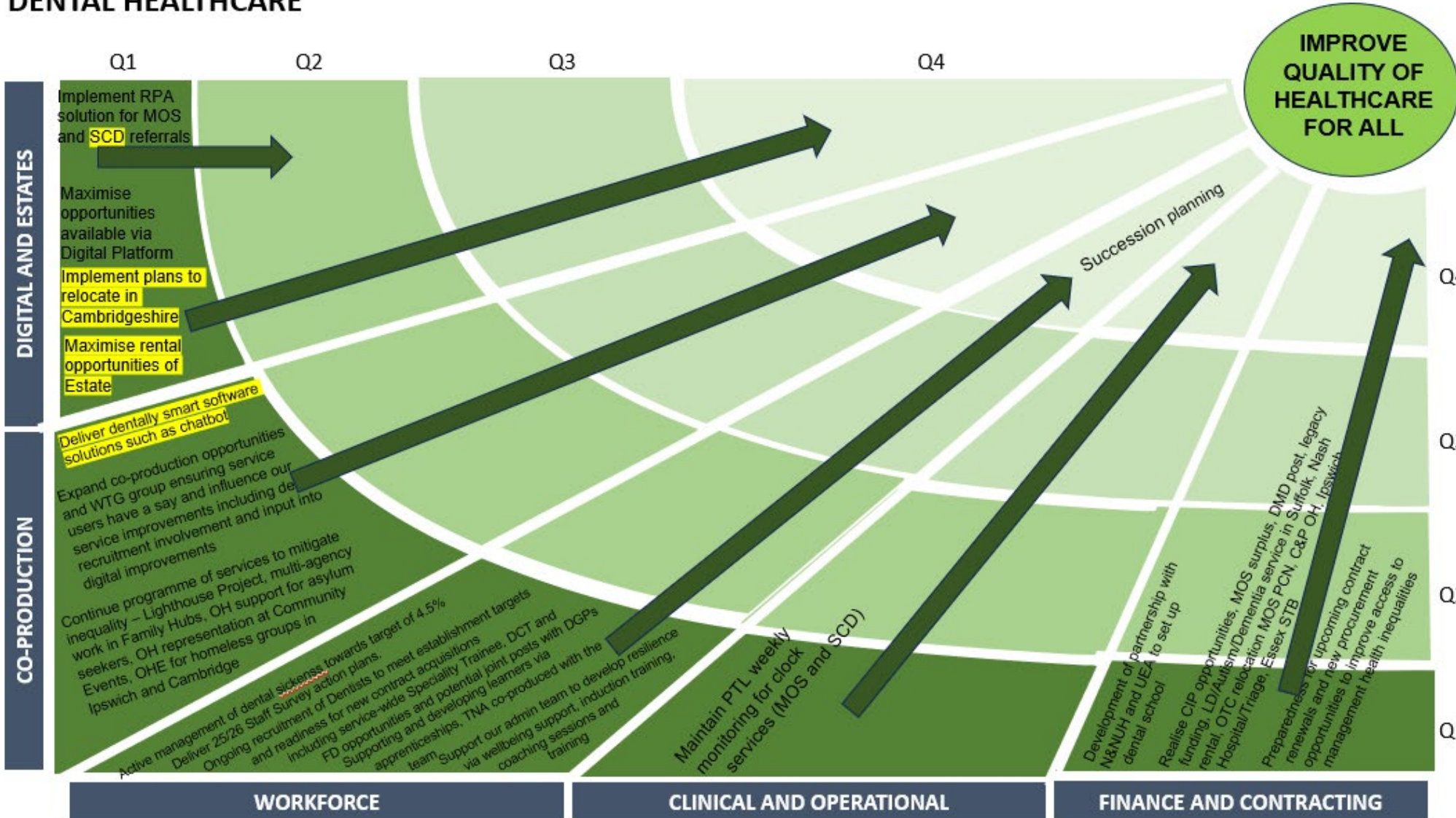
Luton and Bedfordshire Adults & Older People Services, and Ambulatory

Luton and Bedfordshire Adults & Older People Services



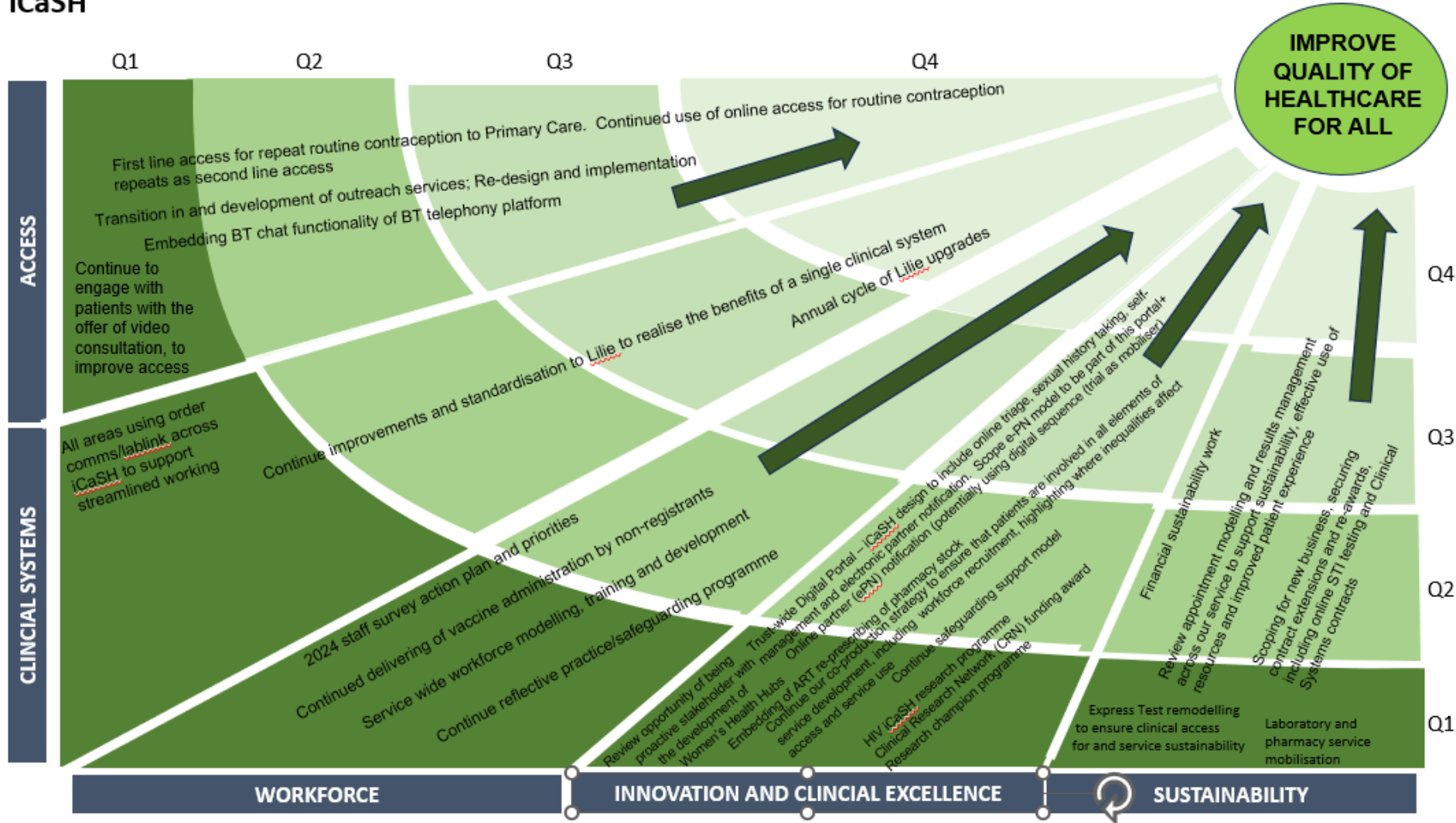
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DENTAL HEALTHCARE



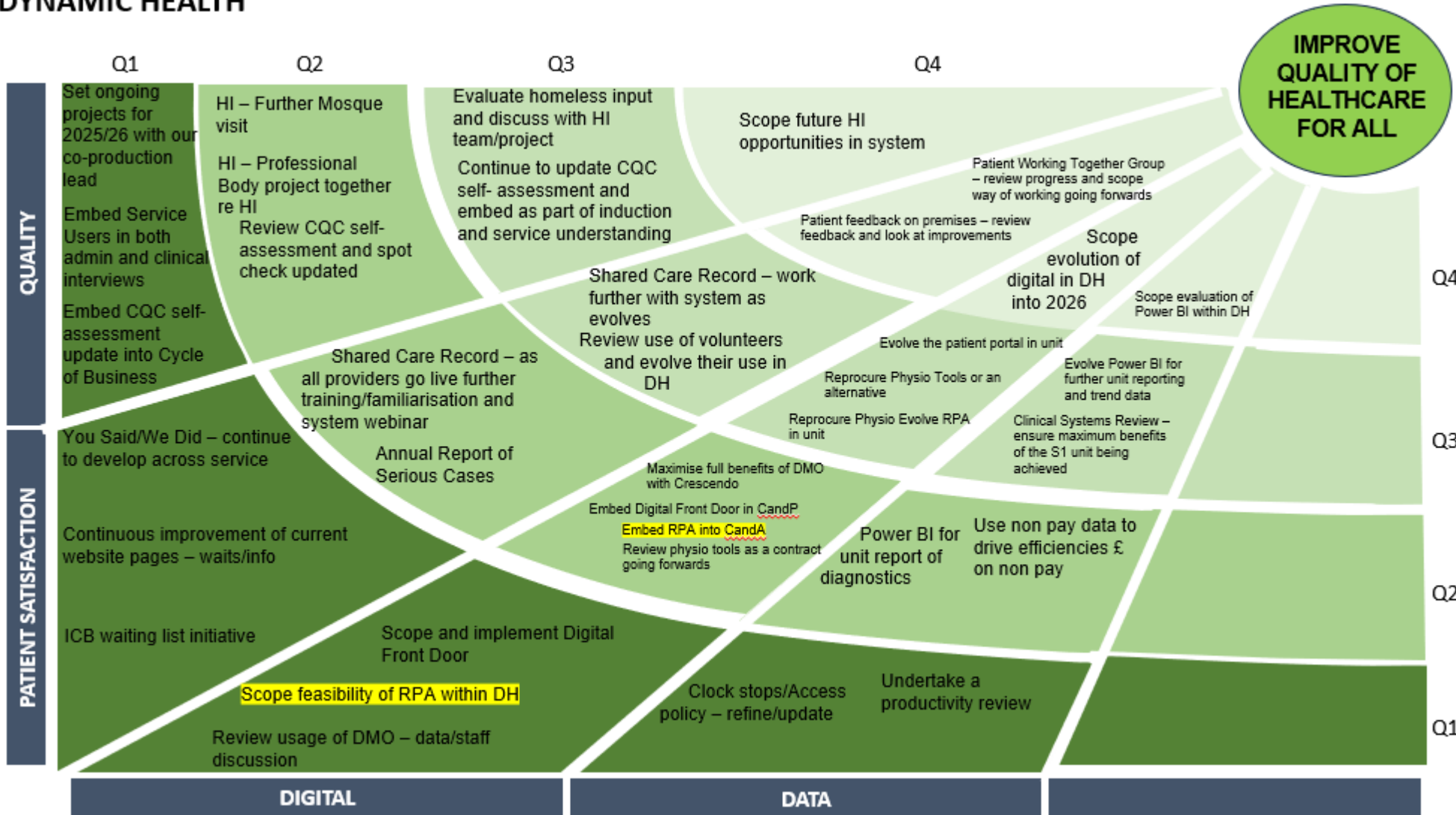
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iCaSH



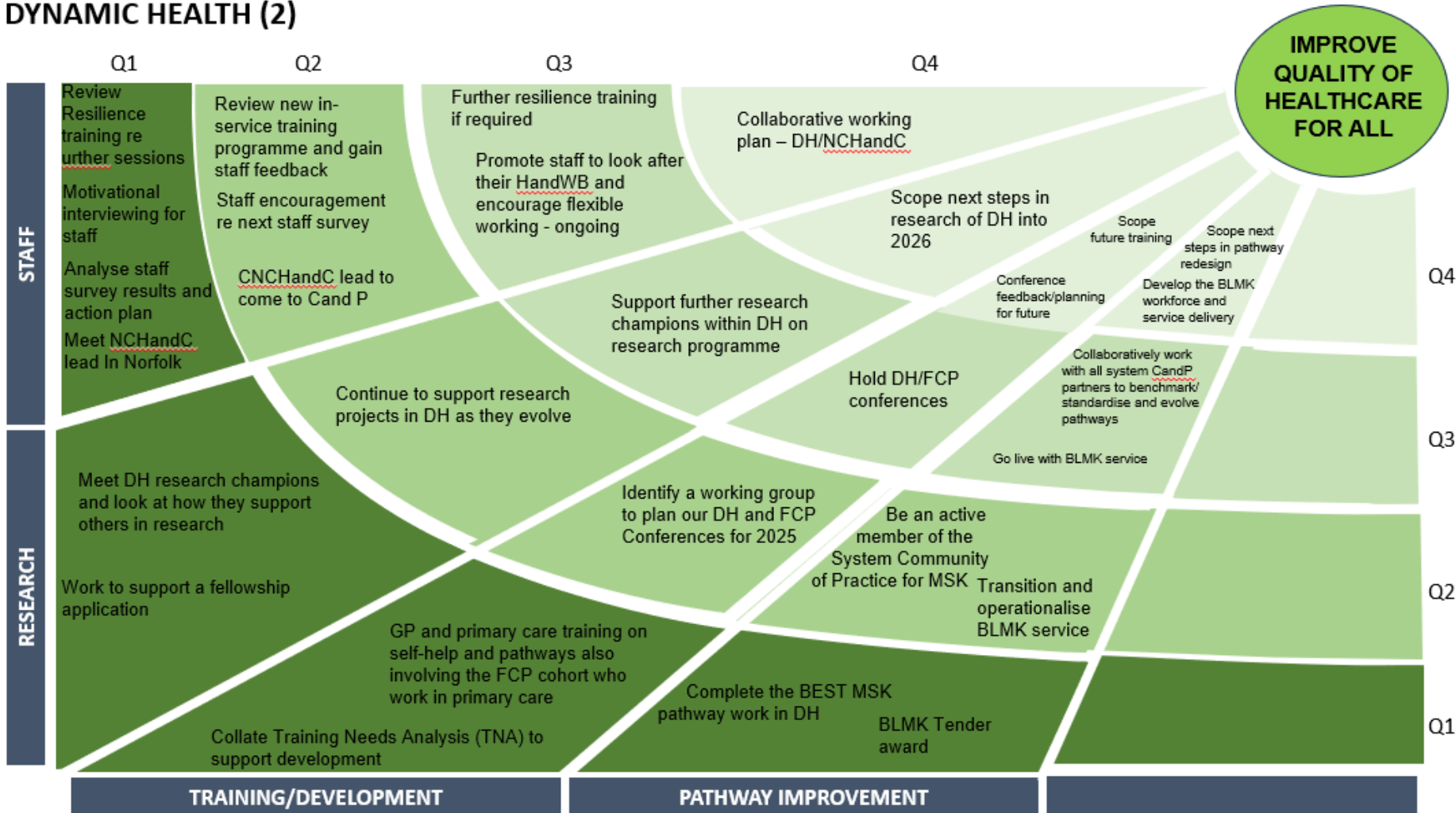
Luton and Bedfordshire Adults & Older People Services, and Ambulatory

DYNAMIC HEALTH



Luton and Bedfordshire Adults & Older People Services, and Ambulatory

DYNAMIC HEALTH (2)



Annual Plan progress



Progress has been made on all aspects of the annual objectives. Key highlights include:

- Establishment of joint working projects with NNUH, including the appointment of joint roles, in particular for
 - Virtual Ward (VW) - support the use of growth funding and the delivery of a single VW model
 - Stroke Services – to support the redesign of service provision whilst meeting the Trust’s objective for financial delivery
- Commencement of the Intermediate Beds Review project, including:
 - Reviewing future bed stock based on the modelling of patient demand and need, developing demand and capacity plans and, within the project, looking at the roles and leadership of ward management, ACP’s medical input et
 - Identification and delivery of efficiency opportunities
- Urgent Community Response: For the first time all places are reporting over 80% against 2-hour target. This is a significant milestone. The Out of Hours (OOH) team have also performed at almost 80% with reduced handovers from day teams.
- Implementation of the new integrated operational and governance structure across Norfolk Adults, including recruitment into new roles.

Future opportunities

With the re-organisation of Norfolk and Waveney ICB there may be opportunities to support the transfer of ICB responsibilities into the community (e.g. CHC). Similarly the Norfolk and Suffolk footprint of the new ICB will, hopefully, allow increased influence in Suffolk where NCHC previously provided community services

Norfolk Adults

Norfolk Health and Care Objectives 2025 - 26

Objective	Applicable to
Manage budgets effectively including providing accurate monthly forecasting. Deliver a break even or surplus position at year end.	All Places / Services
To develop a people plan in response to, and to improve staff engagement and measured by improved staff survey results	All Places / Services
Delivery of Integrated neighbourhood teams across health and care	All Places
Implement and develop Community led Support Social Care Model	All Places
Develop plan to deliver improved strength based practice social care model - including associated place based QI&A systems and governance to drive improvement and learning	All Places
Develop and deliver reviews recover plan to reduce overdue reviews to no more than 6 months overdue by October 25	All Places
Integrate reablement into place delivery, and implement reablement led reviews at 4 week stage post reablement period	All Places
Develop increased evidence and activity of learning from and with patients/Service Users/residents across portfolio areas	All Places / services
Conduct a review of medical and ACP roles, responsibilities, and coverage to ensure alignment with service needs.	Intermediate care and UCR
Review ward leadership structure to ensure clear lines of accountability and increased clarity over clinical model, outcomes and quality assurance framework	Intermediate care and UCR
Review future bed stock based on patient demand and need types to develop demand and capacity plans and associate business case for transformation	Intermediate care and UCR
To deliver identified NCHC efficiencies including reduction of bedded unit cost to delivery NCHC CIP	Intermediate care and UCR
Deliver 80% UCR performance	Intermediate care and UCR
Develop reporting and management of patient flow across inpatient settings to drive improved outcomes, reduced length of stay and greater efficiency	Intermediate care and UCR
Work with system partners to develop a single sustainable VW model across all places	Intermediate care and UCR
Develop a cross place improvement plan for the quality and capacity planning of diabetes specialist and community management	Diabetes Management
Lead the planning and co-ordination of improvement in specialist palliative and community palliative services into one pathway with clear evidence of improvement in access, timeliness of support and lived experience	Palliative care services
Review the clinical and operational leadership and strategy for specialist neuro and rehab services with aim to strengthen leadership and have sustainable plan for service delivery	Specialist Neuro Services
Stroke inpatient funding shortfall and associated clinical risk to be managed and mitigated	Stroke services
To link TVN roles close to place with consistent wound care, care plans in place and develop demand and capacity future planning to meet wound care needs across system.	Tissue viability

Support services

Annual Plan progress

Digital Spotlight



Both Trusts have Digital strategic plans focussed upon 5 key areas:

CCS	NCHC
Digital Patient/Care Pathways	Digital capabilities
Digital Workforce	Digital Workforce
Digital Partners	Digital Partners
Digital Infrastructure	Accessibility
Digital Intelligence, Knowledge and Insights	Data and Insights

Good progress is being made against these strategic objectives and, whilst there are no changes to delivery dates at present the work ongoing in developing plans for delivery of the merger transaction may mean that priorities need to be managed as new, key, priorities (e.g. NHS Mail) become clear. Some delivery highlights include:

- All new starters now receive devices with Windows 11. Over 50% of devices have now been updated to Windows 11
- CCS website Minimum Viable Product (MVP) including Recruitment and QI mini sites completed and are live.
- The new Dynamic Health website is in testing with service with a proposed live date of 14th July 25.
- The new iCaSH website will be in testing in late July 25 – so that by beginning of August 25 all sites will be off the Sitefinity web server.

Annual Plan progress

People, quality, estates



Assurance on progress has been confirmed through committee review, and rolling spotlights will be provided in future papers.

Transaction Delivery

Delivery Plan progress

Reasonable
Assurance

To achieve the Trusts' goal of a single organisation requires the approval of NHSE, based upon the submission of a Full Business Case (FBC).

The FBC will largely reflect the underlying activities that we are progressing to deliver a successful move to 'one organisation' and the Programme now includes the following workstreams:

- Clinical and care strategy
- Organisational development plan
- Workforce systems
- Digital systems
- Financial / resourcing systems and processes
- Trust name change
- Quality and clinical systems
- Informatics and BI systems
- Full business case (FBC)

Each workstream has an allocated project manager and progress is monitored at a project and programme level. Additional resource has been allocated to the programme to ensure delivery.

The FBC workstream includes monthly meetings with the NHSE review team, to manage communications and relationships, together with fortnightly meetings with our Legal advisors to ensure all relevant legal aspects and advice is being progressed.