NHS
Norfolk and Suffolk
Integrated Care Board

A special meeting of the NHS Norfolk and Suffolk Integrated Care Board

Wednesday 4 November 2026, 4.30pm

The meeting will be held online and is available to watch live on YouTube.

Chair: Will Pope

Item	Agenda Item	Purpose	Lead
1.	**Welcome, introductions and apologies**	N/A	**Chair**
2.	**Declarations of interest** To declare any interests that board members may have specific to agenda items that could influence the decisions they make. Declarations made by members of the ICB Board are listed in the ICB's Register of Interests.	N/A	**Chair**
3.	**Norfolk and Waveney Hospital University Group Case for Change**	Decision	**Richard Watson** Deputy Chief Executive and Executive Director of Strategy, Digital and Commissioning; and **Amanda Lyes** Executive Director of People, Governance & Corporate Services

Date, time and venue of future Public Board Meetings:

- Wednesday 16 December 2026 – 2pm Online
- Wednesday 27 January 2027 – 10.00 am Anglia Room, Breckland Council, Elizabeth House, Walpole Loke, Dereham, Norfolk, NR19 1EE.
- Wednesday 24 March 2027 – 10.00am King's Lynn Town Hall, Saturday Market Place, PE30 5DQ

Norfolk and Suffolk
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NHS Norfolk and Suffolk Integrated Care Board Meeting

Agenda Item number: 3
Date: 04 November 2026

Title: Norfolk and Waveney Hospital University Group Case for Change

Lead Directors: Richard Watson, Deputy Chief Executive and Executive Director of Strategy, Digital and Commissioning and Amanda Lyes, Executive Director of People, Governance & Corporate Services

Author: Lizzie Mapplebeck, Associate Director of Strategic Planning, Resilience and Change

Purpose: To determine whether the Norfolk and Waveney University Hospital Group (NWUHG) Case for Change provides sufficient evidence to justify developing and assessing options for acute hospital services in the best interests of patients and the population of Norfolk and Waveney. If so, to task the Executive Committee with commissioning and overseeing the development of a Pre-Consultation Business Case (PCBC).

Recommendation: The Board is asked to:

1. **Agree** that the Case for Change provides sufficient evidence to justify the ICB commissioning work to develop and assess options for acute hospital service changes in the best interests of patients and the population of Norfolk and Waveney. This does not approve a preferred service configuration or authorise formal public consultation;
2. **Task** the Executive Committee, subject to agreement of the Case for Change, with commissioning and overseeing an ICB-led PCBC to develop and appraise reconfiguration options against population health needs and best interests and to ensure the completed PCBC returns to the Board for a separate decision before formal consultation;
3. **Note** the NWUHG's preliminary scenario evaluation, provided for context only. These are not fully developed options, and the Board is not being asked to approve or endorse any scenario or future service configuration;
4. **Note** that the Healthwatch Norfolk report is forthcoming and recognise that its findings will be considered and reflected in the development of the PCBC.

1. Executive summary

The Norfolk and Waveney University Hospitals Group (NWUHG) has developed a Case for Change as the first stage of its review of acute hospital services across Norfolk and Waveney. This paper asks the Board to determine whether the evidence establishes a sufficiently compelling need for change and, if so, to task the Executive Committee with commissioning and overseeing the development of the PCBC. The accompanying scenario evaluation document is included for context only and is not presented for approval or endorsement.

Subject to the Board confirming the Case for Change and commissioning the next stage, the Executive Committee will oversee an ICB-commissioned, commissioner-led PCBC that develops and appraises a full range of options through an open, evidence-led approach. It will agree the detailed commissioning and mobilisation arrangements, subject to the safeguards in section 4.

Subject to Board approval, the Case for Change will be shared with NHS England for a strategic sense check. The commissioner-led next phase will include ongoing clinical leadership, patient and public involvement, equality and health inequalities assessment, scrutiny engagement, financial and workforce appraisal, legal oversight and NHS England assurance.

2. Background and context

The NWUHG has been developing a Case for Change since July 2026 to establish whether changes to acute hospital services are needed. Its work has been clinically led, including input from a Clinical Advisory Group and supporting clinical working groups, alongside external clinical and commissioner engagement and an engagement programme led by Healthwatch Norfolk.

The Case for Change brings together evidence relating to population need and demand, quality and operational performance, workforce sustainability, service fragility, financial pressures, estate constraints, travel and access, inequalities, neighbourhood health and the opportunity created by investment through the New Hospital Programme. The Case for Change reasons that maintaining the current model would not preserve the status quo and could result in unplanned or reactive service change.

The accompanying scenario evaluation paper sets out potential approaches identified by the NWUHG for further consideration. It is provided for context only, not for Board approval, and does not constitute an approved long list or shortlist of options. Through the formal PCBC process, these scenarios would need to be tested alongside other credible options, including a do-minimum comparator.

3. Basis for the Board’s decision

The Board is being asked to determine whether the Case for Change is sufficiently compelling to justify further options development and, if so, to task the Executive