Norfolk and Suffolk
Integrated Care Board

Questions submitted prior to the meeting of the NHS Norfolk and Suffolk Integrated Care Board

Wednesday 15 July 2026, 10.30am

Main Hall, New Green Centre, New Green Avenue, Thurston IP31 3TG

Question 1

My recollection from statements made in the previous two meetings seem to contradict one another. I am referring to the question about which organisation is responsible for the disgraceful treatment of the Counsellors employed to offer talking therapies in the Lowestoft area. I believe that Faisal on behalf of NSFT told the March meeting that MIND was responsible. In the May meeting in response to a general question the ICB stated that the organisation given the contract to provide the service was ultimately responsible, in this case NSFT. I have already raised this with the ICB after the May meeting with no response to date, hence, I guess, Amanda's invitation to me to submit a question.

Clearly, this preamble is essential to provide background and I would be unimpressed if it was considered as part of the current 10 minute allocation for the agenda item, questions from the public. This preamble can be made available in my view to the ICB members before the meeting so as not to take up precious time in the meeting.

Accordingly, my question is, which is the responsible organisation regarding the talking therapies contract, NSFT or MIND? I am expecting a simple answer.

Question 1 response

The ICB is the commissioner.

- NSFT is the contract holder.
- Norfolk and Waveney Mind is subcontracted to deliver elements of the talking therapies service provision and are the employers of the counsellors where there has been a dispute about pay.

Question 2

At the previous Board meeting, the officer responding to my public question advised that, in the interests of time, only a summary of my submitted question would be presented during the meeting and that the Board's full response would subsequently be published on the ICB website. However, the question presented at the meeting materially abridged the question that had actually been submitted, and the subsequently published response did not address all of the issues raised. Consequently, neither the Board nor members of the public were able to consider the question in the form in which it had actually been asked. I subsequently wrote to the Chair to highlight that the published response had not answered the questions submitted, but I did not receive a substantive response.

Could the Board therefore clarify its governance arrangements for public questions?

Specifically:

- Who determines whether a submitted public question is summarised or amended before it is presented to the Board?
- Are Board members provided with the full, unedited version of each public question before the meeting?
- Who determines whether the published response fully answers the question submitted?
- Are published responses approved by the Board itself or are they officer responses issued on the Board's behalf?
- If Board members neither consider the full question nor scrutinise the published response in public, how does the Board satisfy itself that the public question process provides meaningful accountability rather than simply an administrative exercise?
- Can the Board identify a recent example where a public question resulted in discussion, challenge or direction from Board members rather than simply an officer-prepared response
- Will the board ensure there is sufficient time allocated to public questions within the board to be able to challenge and question the board and for the board to discuss the questions posed?

Question 2 response

We recognise the important role that public questions play in supporting openness, transparency and accountability and we are sorry to hear that you felt your previous question and the response provided did not fully reflect the issues you had sought to raise.

Our intention is always to ensure that members of the public have a meaningful opportunity to engage with the Board and that questions are answered as fully and openly as possible. We welcome the opportunity to clarify our process.

- **Who determines whether a submitted public question is summarised or amended before it is presented to the Board?**
  Public questions are reviewed by officers supporting the Board meeting process. Where a number of questions have been received, or where questions are particularly detailed, a summary may be presented during the meeting to assist with the management of the agenda and available time.
  The intention of any summary is to capture the key substance of the question rather than alter its meaning. Questions are not amended to change the issues being raised.
- **Are Board members provided with the full, unedited version of each public question before the meeting?**
  Board members are provided with the full, unedited version of each question that has been received by the ICB before each board meeting.
- **Who determines whether the published response fully answers the question submitted?**
  Responses are prepared by the relevant executive lead or subject matter experts, supported by officers responsible for the administration of Board meetings. The expectation is that responses address the issues raised in the submitted question.

Where a question contains a number of detailed or complex points, it is possible that further clarification or correspondence may be required to provide a complete response. In addition, questions to the Board must relate to the agenda of the meeting.

- **Are published responses approved by the Board itself or are officer responses issued on the Board's behalf?**
  Responses are generally prepared and approved by the relevant executive officers on behalf of the organisation rather than being individually approved by the Board in public session.
  Board members are, however, accountable for the overall arrangements that govern public participation and engagement within Board meetings.
- **How does the Board satisfy itself that the public question process provides meaningful accountability rather than simply an administrative exercise?**
  The Board views public questions as an important component of its wider commitment to transparency and public involvement. Questions raised by members of the public often highlight issues of concern, provide feedback on services and help inform future discussions. They also enable the Board to explain decision-making, policies and performance in a public forum. While not every question results in a detailed Board debate during the meeting itself, the issues raised are considered within the wider governance and decision-making processes of the organisation.
- **Can the Board identify an example where a public question has resulted in discussion, challenge or direction from Board members?**
  Public questions frequently contribute to broader discussions by drawing attention to issues that Board members may wish to explore further. In some cases, questions have prompted additional information requests, follow-up discussions, or consideration through other governance forums. The Board would be willing to review recent examples and provide further information outside of the meeting where appropriate**.**
- **Will the Board ensure there is sufficient time allocated to public questions to allow challenge, discussion and consideration by the Board?**
  The Board remains committed to ensuring that members of the public can raise questions and concerns. However, Board meetings are required to cover a wide range of statutory and governance business within limited time. We will continue to keep the operation of the public question process under review, including the balance between agenda management and providing sufficient opportunity for public participation. The feedback you have provided will form part of that ongoing consideration.

Questions 3 and 4 (grouped)

Question 3

Following the merger of the former Norfolk and Waveney and Suffolk and North East Essex Integrated Care Boards, different eligibility criteria continued to operate for specialist weight management services across different parts of the newly formed Integrated Care Board.

The practical consequence was that two patients with materially identical clinical circumstances could receive materially different access to the same commissioned specialist service solely because of where their GP practice was located.

A patient registered with a GP practice within the former Suffolk commissioning area could satisfy the local eligibility criteria and access the commissioned specialist service, whereas an otherwise clinically identical patient registered in Norfolk and Waveney could be refused access because the eligibility criteria were more restrictive.

Can the Board explain how it considered that position to be consistent with its statutory duty to reduce inequalities in access to NHS services?

Specifically:

- What assessment was undertaken of the impact of operating materially different eligibility criteria within one Integrated Care Board?
- What governance arrangements were in place to oversee those inequalities whilst services were being harmonised?
- What mitigating measures were implemented for patients disadvantaged solely because they lived within a different legacy commissioning area of the same ICB?

Question 4

The Board has publicly stated that weight management pathways across Norfolk and Suffolk are now being harmonised.

Can the Board explain what arrangements have been made for patients whose referrals were declined or prevented from progressing during the transition period since 1 April 2026 solely because different eligibility criteria operated across the ICB?

Specifically:

- Has the Board undertaken any review of patients affected by the differing criteria?
- Has the Board considered restoring those patients to the position they would have occupied had harmonised arrangements already existed?
- If no such review has been undertaken, how has the Board satisfied itself that the transition to a harmonised service has not perpetuated historic inequalities for patients affected during that period?

Questions 3 and 4 response

The Board acknowledges the importance of ensuring equitable access to services across Norfolk and Suffolk and recognises the concerns raised regarding the historical differences in eligibility criteria for specialist weight management services that existed prior to the formation of the Norfolk and Suffolk ICB.

Since the establishment of the new ICB, there has been an active programme of work to harmonise clinical policies and commissioning arrangements across Norfolk and Suffolk. This includes specialist weight management services. We are fortunate to be working closely with the National Clinical Director for Diabetes and Obesity, whose expertise is supporting the development of a consistent and equitable approach across our geography.

The harmonisation of policies is a priority for the ICB. Bringing together two former organisations with different historical commissioning arrangements inevitably requires a

structured programme of review and alignment. Our aim is to ensure that patients across Norfolk and Suffolk are able to access services through a consistent set of clinical criteria, informed by clinical evidence, national guidance and local population need.

With regard to the specific questions raised:

- **What assessment was undertaken of the impact of operating materially different eligibility criteria within one Integrated Care Board?**
  As part of our wider policy harmonisation programme, we have reviewed several areas where legacy commissioning policies differed across the two former ICB footprints, including weight management services. This work has included consideration of the impacts of those differences on clinical operations and patients and has informed our priority to develop a single harmonised approach across Norfolk and Suffolk.
- **What governance arrangements were in place to oversee those inequalities whilst services were being harmonised?**
  The harmonisation of clinical policies is overseen through the ICB's established commissioning and clinical governance arrangements with involvement from clinical and commissioning leaders from across the organisation. Policy reviews are undertaken through appropriate governance processes to ensure that future arrangements are clinically robust and support greater consistency across the system.
- **What mitigating measures were implemented for patients disadvantaged solely because they lived within a different legacy commissioning area of the same ICB?**
  During the transition period, services continued to operate in accordance with the commissioning policies that were in place within the former organisations while harmonisation work was being undertaken. Clinicians retained the ability to consider individual patient circumstances and, where appropriate, requests could be considered through established clinical exceptionality processes. Our focus has been on progressing harmonisation as quickly and safely as possible to reduce variation and support more consistent access arrangements in the future.
- **Has the Board undertaken any review of patients affected by the differing criteria?**
  The current focus of the programme has been on developing harmonised arrangements for the future. We have not undertaken a retrospective review of all patients who may have been affected by historical differences in eligibility criteria across the two legacy systems.
- **Has the Board considered restoring those patients to the position they would have occupied had harmonised arrangements already existed?**
  At present, no programme of retrospective reassessment has been established. Our priority has been to develop and implement a consistent approach for patients accessing services going forward. Patients whose circumstances have changed, or who believe they may now meet revised criteria, should discuss this with their clinical team or GP, who can advise on the most appropriate next steps.
- **If no such review has been undertaken, how has the Board satisfied itself that the transition to a harmonised service has not perpetuated historic inequalities for patients affected during that period?**
  The Board recognises that differences in legacy commissioning arrangements can create variation during periods of organisational transition. This is precisely why policy harmonisation has been identified as a priority area of work for the new ICB. By developing a single, clinically informed approach across Norfolk and Suffolk, we

aim to reduce variation and support more equitable access to services for the population we serve.
While a retrospective review has not been undertaken, the harmonisation programme has been designed to address historical differences and establish greater consistency going forward. The involvement of national clinical expertise in this work provides additional assurance that future arrangements will be informed by the latest evidence and best practice.
In summary, the ICB fully recognises the importance of reducing inequalities in access to healthcare services. The harmonisation of weight management policies forms part of a broader programme to align clinical policies across Norfolk and Suffolk and ensure that patients receive consistent and clinically appropriate access to services, regardless of where they live within our geography.

Question 5

What is the Board's current policy where a patient has exercised their NHS Right to Choose for a commissioned specialist provider but the referral cannot proceed solely because of differing local commissioning criteria operating within the same Integrated Care Board?

Specifically:

- Does the Board consider that patients should retain the benefit of their original referral once those differing commissioning arrangements have been harmonised?
- If not, what is the Board's rationale for requiring patients to lose the benefit of an existing NHS referral because of historic commissioning arrangements that the ICB itself has subsequently changed?

Question 5 response

This issue is important to many patients and their families who may have experienced different access arrangements depending on where they lived within Norfolk and Suffolk. We acknowledge this can feel frustrating and unfair, particularly where a patient has already taken steps to access a service through the NHS Right to Choose process.

Norfolk and Suffolk ICB is committed to treating patients fairly and consistently. As you are aware, since the formation of the new ICB, we have been undertaking a programme of work to harmonise our commissioning policies across Norfolk and Suffolk, including for specialist weight management services.

Where a patient has exercised their NHS Right to Choose, access to a service must still be in line with the commissioning criteria that are in place at the time the referral is considered. Historically, different arrangements existed in different parts of the two former ICBs, and referrals were assessed against the policies that applied in those areas at that time.

Our focus now is on creating a single, consistent approach across Norfolk and Suffolk so that patients have equitable access to services regardless of where they live.

At present, there is not an automatic process to reinstate referrals that were previously unable to proceed under former commissioning arrangements. However, as harmonised policies are implemented, patients who believe they may now meet the revised criteria should speak with their GP or healthcare professional, who can advise on the most appropriate next steps and whether a new referral is appropriate.

We are not removing access to services or leaving patients without support. Appropriate pathways continue to be available, and our aim is to ensure that future access arrangements are fair, consistent and based on the same criteria across Norfolk and Suffolk.

We appreciate that some patients may feel disadvantaged by historical differences in commissioning policies. That is one of the key reasons why policy harmonisation is a priority for the ICB, and why we are working with clinical experts to develop a more consistent approach for all patients across our area

Question 6

Can the Board explain how it assures itself that decisions relating to access to commissioned services remain consistent with the Board's statutory duties after organisational mergers or service redesigns?

Specifically:

- What reports are presented to the Board identifying inequalities in access to commissioned services?
- How does the Board monitor whether legacy commissioning arrangements create unequal access for clinically comparable patients?
- What role does the Board itself play in scrutinising and challenging executive decisions where such inequalities are identified?

Once the Board became aware that materially different eligibility criteria were operating across different parts of the Integrated Care Board, what action did it take to review, monitor or mitigate the impact of those arrangements in order to ensure equitable access to commissioned services across the Norfolk and Suffolk Integrated Care Board footprint?

Question 6 response

Patients rightly expect access to NHS services to be fair and consistent, regardless of where they live. We understand the concern that can arise when different arrangements exist following organisational changes such as the merger of two integrated care boards.

Reducing health inequalities is one of the ICB's key responsibilities and ensuring equitable access to services is an important part of this.

- **What reports are presented to the Board identifying inequalities in access to commissioned services?**
  The Board receives regular reports on the quality, performance and delivery of services, including information that helps identify variation in access, outcomes and patient experience across Norfolk and Suffolk. In addition, specific service reviews and policy harmonisation programmes may highlight areas where historical differences in commissioning arrangements exist and require further consideration.
- **How does the Board monitor whether legacy commissioning arrangements create unequal access for clinically comparable patients?**
  As part of bringing together the former NHS organisations across Norfolk and Suffolk, we have been reviewing commissioning policies and pathways to identify where differences exist. Where variation is identified, this is considered through our commissioning, clinical and governance processes. This helps us understand

whether different arrangements could lead to different experiences or levels of access for patients and whether harmonisation is required.

- **What role does the Board itself play in scrutinising and challenging executive decisions where such inequalities are identified?**
  The Board provides oversight and assurance that the organisation is meeting its statutory responsibilities, including reducing health inequalities. Board members receive information about key risks, priorities and programmes of work and can seek assurance, ask questions and challenge where they feel further action is needed. The Board also approves the strategic direction and priorities that underpin programmes such as policy harmonisation.
- **What action was taken once the Board became aware that different eligibility criteria were operating across parts of the ICB?**
  Once the new Norfolk and Suffolk ICB was established, work began to identify and review areas where different policies and commissioning arrangements existed across the two legacy organisations. This includes specialist weight management services.
  An active programme of policy harmonisation is now underway, supported by clinical leaders and national expertise, including the National Clinical Director for Diabetes and Obesity. The aim of this work is to develop a consistent approach across Norfolk and Suffolk so that patients are assessed against the same criteria regardless of where they live.
  We appreciate that patients may feel concerned where historical differences in access arrangements have existed. While bringing together policies and pathways across a large geography takes time, the purpose of this work is to reduce variation and support fairer, more consistent access to services in the future.
  Our focus remains on ensuring services are commissioned in a way that is clinically appropriate, evidence-based and as equitable as possible for all the people we serve across Norfolk and Suffolk.

Question 7

The Board has acknowledged that, during the transition to a harmonised specialist weight management service, different eligibility criteria operated across different parts of the Norfolk and Suffolk Integrated Care Board, meaning that some patients were unable to access commissioned Tier 3 weight management services solely because they were registered with a GP practice within a different legacy commissioning area.

Now that those eligibility arrangements are being harmonised, what action is the Board taking to remedy the position of patients whose referrals were declined, delayed or prevented from progressing solely because of those historic differences in eligibility criteria?

Specifically:

- Will the Board undertake a review of all patients whose Tier 3 referrals were declined solely because of the former Norfolk and Waveney eligibility criteria?
- Where such patients are identified, will the Board seek to restore them, so far as reasonably practicable, to the position they would have occupied had harmonised eligibility criteria existed at the time of referral?

- If the Board does not intend to undertake such a review, how does it consider that approach to be consistent with its statutory duty to reduce inequalities in access to NHS services?
- What assurance can the Board give the public that patients affected by these historic inequalities will be identified and treated fairly and equitably across the Norfolk and Suffolk Integrated Care Board footprint?

Question 7 response

We understand that some patients may be concerned that different eligibility criteria were in place across Norfolk and Suffolk during the transition to a single Integrated Care Board. We recognise that patients expect access to NHS services to be fair and consistent, regardless of where they live.

Our priority is to commission a single, consistent weight management service for patients across Norfolk and Suffolk. This work is part of a wider programme to harmonise policies and reduce variation in access to services across the new ICB.

- **Will the Board undertake a review of all patients whose referrals were declined solely because of the former Norfolk and Waveney eligibility criteria?**
  At present, our focus is on implementing a single, harmonised service and ensuring that patients across Norfolk and Suffolk are able to access services through the same eligibility criteria going forward. We have not established a programme to retrospectively review all previous referrals.
- **Will the Board seek to restore affected patients to the position they would have occupied had harmonised criteria existed at the time?**
  There are currently no plans for a blanket retrospective reassessment of all previously declined referrals. However, patients whose circumstances have changed, or who believe they may now meet the harmonised criteria, should speak to their GP or healthcare professional, who can discuss the most appropriate next steps and whether a referral is appropriate under the current arrangements.
- **How is this approach consistent with the Board's duty to reduce inequalities?**
  The Board takes its responsibility to reduce health inequalities seriously. The decision to develop a single weight management pathway across Norfolk and Suffolk is intended to address historical differences and ensure patients are assessed against a consistent set of criteria in the future. Our focus is on creating a fair and equitable service for all patients, regardless of where they live.
- **What assurance can the Board provide that patients will be treated fairly?**
  The Board's commitment is that access to specialist weight management services will be based on a single, consistent approach across Norfolk and Suffolk. The harmonisation of policies is specifically designed to reduce variation and support equitable access to care. We will continue to work with clinical experts and service providers to ensure that services are delivered fairly, consistently and in line with national guidance and local population needs.
  We appreciate that some patients may feel disadvantaged by previous differences in eligibility criteria.
  This is one of the reasons why establishing a single weight management service and harmonised policies across Norfolk and Suffolk remains an important priority for the ICB.

Question 8

Regarding the Board's risk management of outsourced primary care, what specific quality assurance and contract compliance frameworks is this ICB utilising to oversee the Alternative Provider Medical Services (APMS) Special Allocation Service run by the Essex Partnership University NHS Foundation Trust (EPUT) in Ipswich? Given that EPUT is a core participant in the active Lampard Inquiry investigating systemic safety failures, and noting that certain CQC inspection records for elements of these services are significantly outdated, how is the Board ensuring these vulnerabilities do not read across into our local APMS contract?

Question 8 response

We are undertaking a quality review of the service. Although this service is a community one and not part of the Lampard inquiry (which focuses on inpatient mental health), we will ensure any recommendations or learning that comes out of the inquiry is acted upon.

Question 9

In terms of system performance, what explains the stark variance in Special Allocation Service (SAS) figures between neighbouring areas—specifically, 108 patients in Norfolk and Waveney versus 270 in Suffolk? If the Suffolk allocation includes patients from separate specialized or alternative primary care schemes alongside standard immediate-removal cases, what is the actual standalone headcount for the standard SAS cohort in Suffolk?

Furthermore, from a strict compliance perspective, can the Board formally confirm whether 100% of the mandatory patient reviews across all these respective cohorts are entirely up to date?

Question 9 response

The correct figure for SAS in Norfolk is 124 (as of 30/6/26) and 75 for Suffolk (as of 8/6/26).

There are multiple reasons why there are different numbers of patients on the schemes. We have undertaken a review of the patient review service. We continue to work with EPUT to ensure patients only stay on the scheme for the time they need to and to ensure they can be safely returned to mainstream practice.

Question 10

Background

I asked the previous SNEE ICB at the following question ICB Board meeting, 25 March 2025 - NHS Suffolk and North East Essex ICB

"I would like to ask the following question related to Board Assurance Framework Strategic Risk 3: *What is the statistical distribution of Referral To Treatment(RTT) times for patients diagnosed with Parkinson's related conditions in 2023 and 2024?*
And how does this distribution compare to the target of 18 weeks set out in the Board Assurance Framework Jan 2025 Strategic Risk 3?

I don't think there was a reply to this question either at the meeting or subsequently.

Question 10 response

NHS Norfolk and Suffolk ICB does not routinely report Referral to Treatment (RTT) waiting times specifically for people with Parkinson's disease. RTT data is generally collected and reported by clinical specialty, such as Neurology, rather than by individual diagnosis.

The Board Assurance Framework refers to the NHS standard that patients should start treatment within 18 weeks of referral, with at least 92% of patients waiting no longer than 18 weeks on an incomplete RTT pathway.

We recognise that waiting for specialist assessment or treatment can be difficult and worrying for people living with Parkinson's and their families. While we cannot provide a Parkinson's-specific RTT distribution from published data, reducing waiting times and improving timely access to care remains a key priority for the ICB and our partner organisations.

Question 11

"Parkinson's UK reported in Parkinson's prevalence in the UK | Parkinson's UK which reports a drop in diagnosis rates(RTT) post-Covid and ethnic and gender biases.

Are these figures consistent with the figures from the Risk Register/ Board Assurance Framework for RTT for Parkinson in Norfolk and Suffolk or its precursor organisations? Specifically have the diagnosis rates dropped post-covid and are the ethic and gender biases supported by Norfolk and Suffolk Statistics?

Question 11 response

We acknowledge the findings of the study referred to by Parkinson's UK and note that it is based on UK-wide population data. We therefore assume that the conclusions drawn are very much relevant to the Norfolk and Suffolk population. As a consequence, we are going to commission our intelligence function to undertake an analysis of Parkinson's diagnosis rates to confirm this or identify what the trends otherwise are. Alongside this, the Intelligence Function will work with the ICB's medical directorate to understand what the underlying causes are.

Question 12

In light of sickening racist violence in Belfast in which health workers were deliberately targeted, what measures are being put in place to ensure that racist abuse towards staff is dealt with and staff supported?

Will the board urge East Suffolk and North Essex NHS Foundation Trust (ESNEFT) and other hospitals to put up posters by all entrances and along corridors saying that racist abuse to NHS staff will not be tolerated? Does it agree that this will immediately set an anti-racism framework?

Question 12 response

NHS Norfolk and Suffolk ICB is committed to ensuring that all NHS staff are treated with dignity and respect. Racism, discrimination and abuse towards healthcare workers are completely unacceptable, and staff should feel safe and supported at work.

We expect all NHS organisations within our system to have measures in place to prevent and address racist behaviour, support affected staff, and promote inclusive working environments.

Decisions about signage in hospitals, including posters stating that racist abuse will not be tolerated, are made by individual provider organisations such as ESNEFT. The ICB supports clear messages that promote respect and inclusion and recognises that visible anti-racism messaging can help reinforce expectations for patients and visitors. ESNEFT has a Violence and Aggression Reduction Group and is about to refresh its posters as well as working with the national NHS Alliance group to develop a consistent approach across the NHS.

Our priority is that all staff feel safe, valued and supported while providing care to our communities.