Norfolk and Waveney
University Hospitals Group

# Report to the Group Board in public: 2 November 2026

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| **Agenda item number** | 3 | | |
| **Title** | Clinical Strategy - Case for Change | | |
| **Author(s)** | David Roberts, Strategy and Engagement | | |
| **Executive sponsor** | Lesley Dwyer, Group Chief Executive | | |
| **Purpose of report** | **For decision** ☒ | **For discussion** ☐ | **For information** ☐ |


**Executive summary**

The Norfolk and Waveney University Hospitals Group (NWUHG) Case for Change (Parts 1 and 2) sets out the evidence and clinical rationale for changes to acute hospital services across Norfolk and Waveney, informed by clinical advice, commissioner and stakeholder engagement, and externally-led engagement conducted by Healthwatch Norfolk.

If the Group Board approves the Case for Change, it will be considered by the NHS Norfolk and Suffolk Integrated Care Board (ICB) on 4 November 2026 and by the Norfolk Health Overview Select Committee (HOSC) on 19 November 2026. The ICB will subsequently determine whether to proceed towards public consultation having received feedback from the HOSC.

If progressed, the next stage will be an ICB-led Pre-Consultation Business Case, involving detailed options appraisal, clinical and financial modelling, impact assessments and implementation planning.

The full Case for Change is attached and a presentation on the Case for Change will be provided at the meeting.

**Recommendations**

The Group Board is asked to:

- **Agree** that there is a compelling case for change, as set out in the attached Case for Change Part 1 and Part 2 documents.
- **Review and approve** the Case for Change Part 1 document for submission to the NHS Norfolk and Suffolk ICB and onwards to the Norfolk Health Overview Select Committee.
- **Review and approve** the Case for Change Part 2 document on potential future service delivery scenarios for submission to the Norfolk and Suffolk ICB and onwards to the Norfolk Health Overview Select Committee.

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|---|---|
| **Alignment to Board Assurance Framework risk(s)** | BAF Principal Risk 14 (corporate governance) |
| **Previously considered by** | n/a |
| **Any background papers in Admin Control Reading Room** | No |

# Norfolk and Waveney University Hospitals Group

## Group Board in public: 2 November 2026

## Clinical Strategy – the Case for Change

### 1. Status of the Case for Change

1.1 The Norfolk and Waveney University Hospitals Group has been developing a Case for Change since July 2026. A Case for Change is the first document in a service reconfiguration programme. It explains why services need to change, using evidence about population needs, current provision and the challenges facing the health and care system. It makes the case for action and explores scenarios without necessarily setting out a preferred solution.

1.2 The Case for Change has been developed with clinical advice and steer at its core through: the work of the Clinical Advisory Group (CAG); external clinical and commissioner engagement within the final meeting series to test and refine the advice of the CAG; and an externally-led programme of engagement conducted by Healthwatch Norfolk to inform this work through an interim report to be received ahead of submission of the Case for Change to the NHS Norfolk and Suffolk Integrated Care Board (ICB). The Group Board and the Board's Strategy, Technology, Investments and Partnerships Committee has reviewed and discussed the developing work on a regular basis.

1.3 If approved by the Group Board on 2 November 2026, it will be considered by the ICB at an extraordinary Board meeting in public scheduled for 4 November 2026.

1.4 If the Group Board and subsequently the ICB Board agree that the documents present a compelling case for change and the scenarios are feasible routes to address the opportunities and challenges identified, the Case for Change will be submitted to the Norfolk Health Overview Select Committee (HOSC) meeting on 19 November 2026.

1.5 The Norfolk and Suffolk ICB would then receive feedback from the HOSC on whether the potential scenarios constitute sufficient potential change to trigger statutory consultation requirements. The ICB will consider and decide whether the potential changes constitute 'substantial development or variation'. Within this they will decide whether to begin preparations for a consultation process.

### 2. Substantial Development or Variation

2.1 There is no legal definition of 'substantial development or variation' and for any particular proposed service change commissioners and providers should seek to reach agreement with the local authority on whether the duty is triggered. Regular local authority engagement should continue through the lifecycle of service change.

2.2 In considering whether a service change is 'substantial', generally the degree of impact of the change upon patients, carers and the public who use, or have

the potential to use, a service should be considered. Changes in accessibility of services, the impact of the proposal on the wider community, the degree to which patients are affected, changes to service models and methods of service delivery are also considered.

## 3. The next stage – Pre-Consultation Business Case (ICB-led)

3.1 If the ICB decides that the potential changes are 'substantial' it will commission a Pre-Consultation Business Case (PCBC).

3.2 The PCBC is a much more detailed analysis and development process. It will draw from and build upon the outputs from the Case for Change. Each one is addressing a specific context, a specific set of drivers, and addressing a different, specific requirement for change. Even PCBCs that are proposing changes to the same kind of services will not be identical. However, there are some broadly common areas that will form the core analysis.

| Area | Analysis Examples |
|---|---|
| 1. Clinical models and activity | Develop proposed models of care; model activity, demand, capacity and site-level consequences; demonstrate clinical quality, safety and viability, including co-dependencies. |
| 2. Options development and appraisal | Define evaluation criteria; produce a comprehensive longlist, assess options transparently, shortlist viable alternatives and explain any preferred way forward. |
| 3. Financial and economic appraisal | Model capital and revenue requirements, affordability, transitional and recurrent costs, financial sustainability and value for money for each option. |
| 4. Workforce | Assess workforce requirements, availability, skill mix, recruitment, retention and the deliverability of proposed clinical models. |
| 5. Travel, access and transport | Analyse changes in journey times and distances, patient access, ambulance implications and potential mitigations. |
| 6. Integrated Impact Assessment | Assess clinical, equality, health inequality, access, environmental and other relevant impacts of each option, including mitigations. |
| 7. Benefits and outcomes | Develop a benefits framework identifying expected clinical and non-clinical benefits, how they will be measured and how they will be realised. |
| 8. Engagement and consultation | Demonstrate how patients, clinicians, staff, commissioners, partners and local authorities have influenced development; prepare the formal consultation approach. |
| 9. Implementation and deliverability | Develop initial implementation, estates, transition and resourcing plans, with timelines, dependencies, risks and governance. |
| 10. Assurance and approval | Demonstrate compliance with the four service-change tests and fifth bed test where relevant; incorporate independent clinical review, scrutiny and NHS England assurance. |

## 4. Key meeting dates and next steps

| Date | Body | Purpose |
|---|---|---|
| 2 November 2026 | NWUHG Group Board (Public) | Decision on approval of the Case for Change |
| 4 November 2026 | ICB Board (Public) | Decision on approval of the Case for Change |
| 19 November 2026 | Norfolk Health Overview Select Committee (HOSC) | Assurance review, followed by commissioner decision on whether to consult |

## 5. Recommendations

5.1 The Group Board is asked to:

- **Agree** that there is a compelling case for change, as set out in the attached Case for Change Part 1 and Part 2 documents.
- **Review and approve** the Case for Change Part 1 document for submission to the NHS Norfolk and Suffolk ICB and onwards to the Norfolk Health Overview Select Committee.
- **Review and approve** the Case for Change Part 2 document on potential future service delivery scenarios for submission to the Norfolk and Suffolk ICB and onwards to the Norfolk Health Overview Select Committee.

## 6. Appendices

NWUHG Case for Change – Parts 1 and 2