Hertfordshire and West Essex Integrated Care System

NHS
Hertfordshire and West Essex
Integrated Care Board

Working together
for a healthier future

Hertfordshire and West Essex Joint Forward Plan 2024 - 2029

Foreword

Since the Hertfordshire and West Essex Integrated Care Board (ICB) was formed in July 2022, we have made progress together across a number of areas, some of which are set out in this plan.

However, as a system we are facing an unprecedented demand for many of our services and a constrained financial situation. Alongside this we have projected changes in the demographics of our communities which will make both of those challenges greater.

Our Joint Forward Plan sets out the key actions we plan to take, together with our partners, over the next five years and has been endorsed by both Essex and Hertfordshire Health and Wellbeing Boards.

Our plans have in part been guided by our Medium Term Operational and Financial Plan, which is in development, which will be published later this year. This will set out the significant changes we need to make to our model of care and our key areas of focus, as we seek to ensure we are a sustainable health and care system that delivers the best for its residents.

Both the Joint Forward Plan and the ICB's Medium Term Plan are based around the changes we need to make as a system to:

- reduce health inequalities
- have a more anticipatory, community-based model of care
- deliver true integration of our services
- support patients to engage in self-management and collaborative care planning
- deliver annual financial plans which will ensure we are able to sustainably maintain and improve our services whilst delivering our wider priorities.

With the commitment, expertise and resources of the Hertfordshire and West Essex Integrated Care System behind us, we are confident that we can deliver on our ambition to help build a brighter and healthier future for everyone who lives and works in our area.

Dr Jane Halpin, Chief Executive
Hertfordshire and West Essex
Integrated Care Board (ICB)

Rt. Hon. Paul Burstow, Chair
Hertfordshire and West Essex
Integrated Care Board (ICB)

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1. About us

The Hertfordshire and West Essex Integrated Care Board (ICB) was established on 1 July 2022, following the introduction of the Health and Care Act 2022.

Our role is to plan and oversee how NHS money is spent to support our 1.6 million residents. We have a budget of £3.3 billion and our role is to join up health and care services, improve health and wellbeing and reduce health inequalities across our area.

The board is one of two key components of our area's 'Integrated Care System' (ICS). The second is the Integrated Care Partnership (ICP), a statutory joint committee, established jointly by Hertfordshire County Council, Essex County Council and the ICB. It was formally constituted on 1 July 2022 and is made up of representatives from the following organisations:

- Elected members and executive directors from Hertfordshire and Essex County councils
- Chief executive and Chair of the Integrated Care Board
- Council leaders and Chief Executives from district and borough councils
- Directors and Chairs of the Health and Care Partnerships
- Leads from the Voluntary, Community, Faith and Social Enterprise (VCFSE) Alliance
- The Care Providers' Association
- Healthwatch
- Police, Fire and Crime Commissioners.

Our vision for Hertfordshire and West Essex is one in which ***all of our residents can live better, healthier and longer lives.*** Critical to this will be ensuring that:

- our whole system delivers high quality, fully integrated care that is accessible in a timely manner
- no patient is treated in a hospital setting when it would have been possible for them to receive their treatment at home or in the community
- the health experience and outcomes of all Hertfordshire and west Essex residents matches the experience and outcomes of those who with the best outcomes
- we are a proactive system that is as focused on interventions to prevent illness and reduce the risk of hospitalisation, as we are on the management of illness
- decisions about health and care services are based on the needs of the population and are taken as locally to the end user as possible, except for where there is a clear benefit to doing something at scale.

We have a number of statutory duties that the ICB and its partner trusts are required to fulfil by law. Throughout this document we demonstrate how we are fulfilling these duties, Appendix 1 provides further details of these duties and compliance.

The NHS Long Term Plan (2019) (LTP) sets the direction for NHS organisations delivering care to patients across the country. Delivering the ambition of the NHS LTP to ensure that the NHS can achieve the ambitious improvements needed for patients over the next ten years; the LTP sets out how the challenges that the NHS faces, such as staff shortages and growing demand for services, can be overcome by:

Doing things differently: we will give people more control over the health and the care they receive, encourage more collaboration between GP practices, their teams and local community-based health services – so that they increase the services they provide jointly - and increase the focus on NHS organisations working with their local partners, as 'Integrated Care Systems', to plan and deliver services which meet the needs of their communities.

Preventing illness and tackling health inequalities: the NHS will increase its contribution to tackling some of the most significant causes of ill health, including new action to help people stop smoking, overcome drinking problems and avoid Type 2 diabetes, with a particular focus on the communities and groups of people most affected by these problems.

Backing our workforce: we will continue to increase the size of the NHS workforce, by training and recruiting more professionals – including thousands more clinical placements for undergraduate nurses, hundreds more medical school places, and more routes into the NHS, such as apprenticeships. We will also make the NHS a better place to work, so more staff stay in the NHS and feel able to make better use of their skills and experience to benefit patients.

Making better use of data and digital technology: we will provide more convenient access to services and health information for patients, with the new NHS App as a digital 'front door', better access to digital tools and patient records for staff, and improvements to the planning and delivery of services based on the analysis of patient and population data.

Getting the most out of taxpayers' investment in the NHS: we will continue working with doctors and other health professionals to identify ways to reduce duplication in how clinical services are delivered, make better use of the NHS' combined buying power to purchase commonly used products for less, and reduce spend on administration.

The delivery of our Joint Forward Plan by the ICB and our partners will support the delivery of the NHS Long Term Plan.

2. Our population

Our Integrated Care System provides health and social care to the 1.6 million people living in Hertfordshire and west Essex.

A high proportion of our residents are in good health and life expectancy is longer than the national average.

However, although the health and wellbeing of our population is similar or better than in England as a whole, there is considerable variation within our area. In some communities, life expectancy is relatively low, with people struggling to live with the health and wellbeing impacts of deprivation. The average healthy life expectancy for our residents, which is the average number of years that a person can expect to live in full health, is 65.4 years for men and 65.7 years for women, compared with a total life expectancy of 81 for males and 84 for females.

Key partner organisations across our system recognise that the main factors affecting deprivation, such as social, economic and environmental factors, sit outside direct health and social care provision, and that health and care services need to do more to support our more deprived populations.

In addition, we know that changes to the demographics of our population will further test both the services we provide and the budget which we have to provide them with, in the latter part of this decade. Our area, which already has a higher proportion of residents aged over 85 than many others, will see a further steep growth in our older population over the next six years.

This is welcome news, but it does mean that our services and approach will need to change to match the changing demographics of our residents.

We also recognise that pockets of deprivation and health inequalities exist in Hertfordshire and west Essex. Any plan that covers the remainder of this decade must consider the role that the Integrated Care Board should have in bringing the experience and outcomes of the residents currently experiencing our worst outcomes to the level of those in our communities with the best outcomes.

The combination of health inequalities and an ageing population mean that the demand faced by our health and care services outstrips their capacity, and this will only worsen without action.

A health overview of our Integrated Care System population can be found here: Health needs of the Hertfordshire and west Essex (HWE) population. Assessments of the needs of the whole of Hertfordshire and Essex can be accessed using these links: Hertfordshire Joint Strategic Needs Assessment Essex Joint Strategic Needs Assessment

This plan has been informed by detailed information about our population including our local Joint Strategic Needs Assessments (JSNA) and the health and social care needs of our communities. We have used this information to assess the health of our communities in comparison with each other, and against the national average, identifying the areas where the needs are greatest.

2.1 Learning from people and communities

The views of our residents, patients, staff and communities have informed and shaped the development of this plan.

Using an approach guided by our policy and best practice - including a wide-ranging literature review, focus groups, stakeholder engagement events and surveys - we have explored what makes healthy living tough, particularly for people facing inequalities.

More than 1,100 people shared their personal experiences and recommendations for action in a survey specifically commissioned to support this plan, supported by our Healthwatch partners.

2.2 Supporting our places

Our system includes most of the county of Hertfordshire, with its 10 district and borough councils (with the exception of Royston in the north of Hertfordshire) and the three district and borough councils to the west of the county of Essex.

The Integrated Care System also falls under two county council areas (Essex and Hertfordshire) and is a key partner of both Essex and Hertfordshire Health and Wellbeing Boards and the delivery of their health and wellbeing strategies that cover 2022/26.

- Essex Joint Health and Wellbeing Strategy 2022 - 2026
- Hertfordshire Health and Wellbeing Strategy 2022 – 2026

Our area has a number of hospitals and in-patient units to meet people's physical and mental health needs. Watford General Hospital, Lister Hospital in Stevenage and Princess Alexandra Hospital (PAH) in Harlow are our three biggest 'acute' hospitals. Both Watford General and PAH are part of the nationally funded New Hospital Programme with new hospitals to be put in place by 2030, which will transform the services provided by these hospitals.

Residents in our area can also access care and support from mental and community health organisations such as the

- Essex Partnership University Foundation NHS Trust (EPUT),
- Hertfordshire Community NHS Trust (HCT)
- Central London Community Healthcare NHS Trust (CLCH) and
- Hertfordshire Partnership University NHS Foundation Trust (HPFT).

Figure 1 is an overview of the geographic coverage of our three place-based HCPs.

Within Hertfordshire and West Essex we have four Health Care Partnerships (HCPs). Three of these are based around geographical areas (places) covering west Essex, south and west Hertfordshire and east and north Hertfordshire. These partnerships are a collaboration of NHS, local authority and voluntary and community organisations that help to design and deliver services together in a way that meets the needs of their local communities.

An overview of the main providers of our Healthcare services is provided in Figure 2 on the next page.

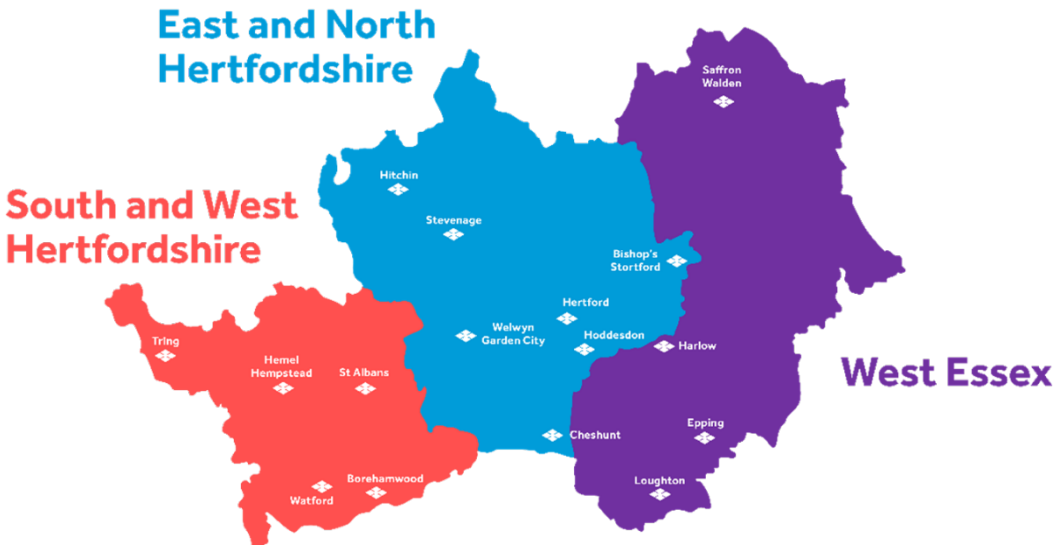

Figure 1: A map showing our geographically-based Health and care Partnership areas

Figure 2: A summary of the main commissioned providers of healthcare in our area.

Provider	East and North Hertfordshire	South and West Hertfordshire	West Essex
Acute services	East and North Hertfordshire NHS Trust (ENHT)	West Hertfordshire Teaching Hospitals NHS Trust (WHTHT)	Princess Alexandra Hospital NHS Trust (PAH)
Community Services	Hertfordshire Community NHS Trust (HCT)	Central London Community Healthcare NHS Trust (CLCH)	Essex Partnership University NHS Foundation Trust (EPUT)
Mental Health Services	Hertfordshire Partnership University NHS Foundation Trust (HPFT)		Essex Partnership University NHS Foundation Trust (EPUT)
111/Integrated Urgent Care	HUC		
Emergency and non-emergency transport services (including 999 services)	East of England Ambulance Service Trust (EEAST)		
GPs; Pharmacy; Opticians; Dentists	135 GP practices serving our communities, working in groups of 41 'Primary Care Networks' (PCNs) 300 community pharmacies providing medicines expertise and advice on minor ailments 225 optometrists (opticians) working across Hertfordshire and west Essex 243 dental practices providing NHS dental care across Hertfordshire and west Essex		

The Hertfordshire Mental Health, Learning Disability and Autism Health and Care Partnership (HMHLDA HCP) brings together the local organisations with a responsibility for supporting people living with a mental illness, autism and learning disabilities in Hertfordshire, to support them to live longer, happier and healthier lives. Essex is served by three Integrated Care Boards, and an integrated adult mental health strategy is currently being developed to serve the greater Essex area.

The local Voluntary, Community, Faith, and Social Enterprise sector (VCFSE) consists of many thousands of organisations, from small volunteer-led charities and community-based faith groups to large social enterprises employing hundreds of staff and serving thousands of people. Our VCFSE Alliance is a network of these organisations which works closely with the NHS, councils, and other partners within the Integrated Care System to help make sure everyone can find the right support, when and where they need it. The Alliance has recently developed a strategy to value, promote and enhance the VCFSE sector in promoting health and wellbeing and addressing the wider determinants of health across our system.

2.3 Building our operating model

In April 2024, our Health and Care Partnerships will become a more formal part of our system. This will mean that:

- The role and ways of working of the partnerships will be underpinned by a Memorandum of Understanding (MOU) and they will have a clearer place within the ICB's governance.
- Financial, performance, quality and workforce data will be developed and aligned to support HCP decision making- this will be a priority for the ICB.
- The Chief Executive from a local organisation which provides health and care services will take formal responsibility for the leadership of each HCP. Developing and maintaining the working relationships between the partners in each HCP will be critical to its success.

- All of the work of the HCPs will be underpinned by a Population Health Management approach underpinned by the new data platform.

The main task of our HCPs during 2024-25 will be to develop and implement delivery plans around our five priorities for the year (see section 5).

3. The principles that underpin the shift in care we will see over the next decade

Collaboration within and between local and national organisations and working towards an agreed number of shared priorities are widely agreed as being fundamental principles for any system that wants to achieve a healthier future for their population.

We recognise that to meet the changing needs of our population and create a sustainable health and care system, we need to build our model of care around the following principles:

3.1 The integration of health, care, and wellbeing services

We will prioritise **opportunities for integrated planning, commissioning and delivery of health, care, and wellbeing services** so that people's experience of support and services is more joined up. We recognise that it is already routine for health and care staff to work together across teams and between organisations.

This strategy is about the big strategic changes where a more joined-up approach will bring local authority, NHS, and voluntary sector services much closer together to improve health and wellbeing at every opportunity.

In addition to this and to support the ambitions of our new Medium Term Plan, we will encourage a shift in our care model to an improved model of continuous integrated NHS care, with a strong emphasis on joining up NHS services to provide our residents with the best possible outcomes.

See sections 4 and 5 for further detail.

3.2 Moving from reactive, urgent care to preventative, anticipatory and community-based care

We will prioritise **prevention and early intervention**, learning from evidence that shows it is better to identify and deal with needs earlier rather than to respond when difficulties have become complex, which will then require intensive action by services.

Preventative services are particularly effective in improving the longer-term life chances of children, young people, and their families.

We will look at how we can shift investment across our system so that we can support the priorities we have set ourselves for early intervention and prevention, while still striving to improve services for those who need help now.

As a key partner of the Integrated Care Strategy, the ICB is focussed on prevention and early intervention.

See sections 4 and 5 for further details.

3.3 Targeted work to reduce health inequalities

We will prioritise targeted work to reduce health inequalities across our population and across all services and settings, reducing avoidable and unfair differences in health between different groups in society. We will use local intelligence including population health management systems, to enable health and care staff to identify people who are most at risk of ill health. We will identify areas where health inequalities are greatest to ensure that resources are targeted at people with the greatest needs.

See section 5 and 6 for further details.

3.4 Involving our residents and our workforce

We will involve our residents, their carers, our communities, and our staff - engaging with them at the earliest stages of service design, development, and evaluation. We recognise that those with 'lived experience' of a particular issue or condition, their families and carers, and the staff that support them are often best placed to advise on what support and services will make a positive difference to their lives. listen to what they tell us, and respond to their needs.

See Section 2.1 for further detail.

4. Our priorities

In alignment with our principles, this Joint Forward Plan is aligned to the six priorities of our Integrated Care System (ICS) and our local health and wellbeing strategies. The ICS comprises different organisations from across Hertfordshire and West Essex including both Essex and Hertfordshire County Councils, healthcare providers and the Voluntary, Community, Faith, and Social Enterprise sector (VCFSE) Alliance.

The Integrated Care System brings together these organisations to design and implement joined up health and care services, and to improve the lives of its residents. The six priorities for the Hertfordshire and West Essex ICS, which are shared by all partners, are:

Priority 1: give every child the best start in life:
We will ensure that children in Hertfordshire and west Essex have the best opportunity to be safe and well and to reach their potential at school and beyond.

Priority 2: support our communities and places to be healthy and sustainable:
We will work with our communities to improve our residents' health and wellbeing by reducing health inequalities and taking action on the wider determinants of health including housing, employment and the environment.

Priority 3: support our residents to maintain healthy lifestyles:
We will support people to be physically active, eat healthily and maintain a healthy weight, and we will provide support and advice to prevent tobacco, alcohol and substance misuse.

Priority 4: enable our residents to age well and support people living with dementia:
We will ensure our residents are supported to age healthily, with access to advice and services that enable them to live well and independently for as long as possible.

Priority 5: improve support to people living with life- long conditions, long term health conditions, physical disabilities, and their families:
We will support people living with lifelong conditions, long term health conditions, physical disabilities and their families, assisting them to take more control of their health and live a good quality of life.

Priority 6: improve our residents' mental health and outcomes for those with learning disabilities and autism:
We will provide early help to our residents to prevent mental illness and support the health and wellbeing of those with a Severe Mental Illness (SMI), learning disabilities or autism.

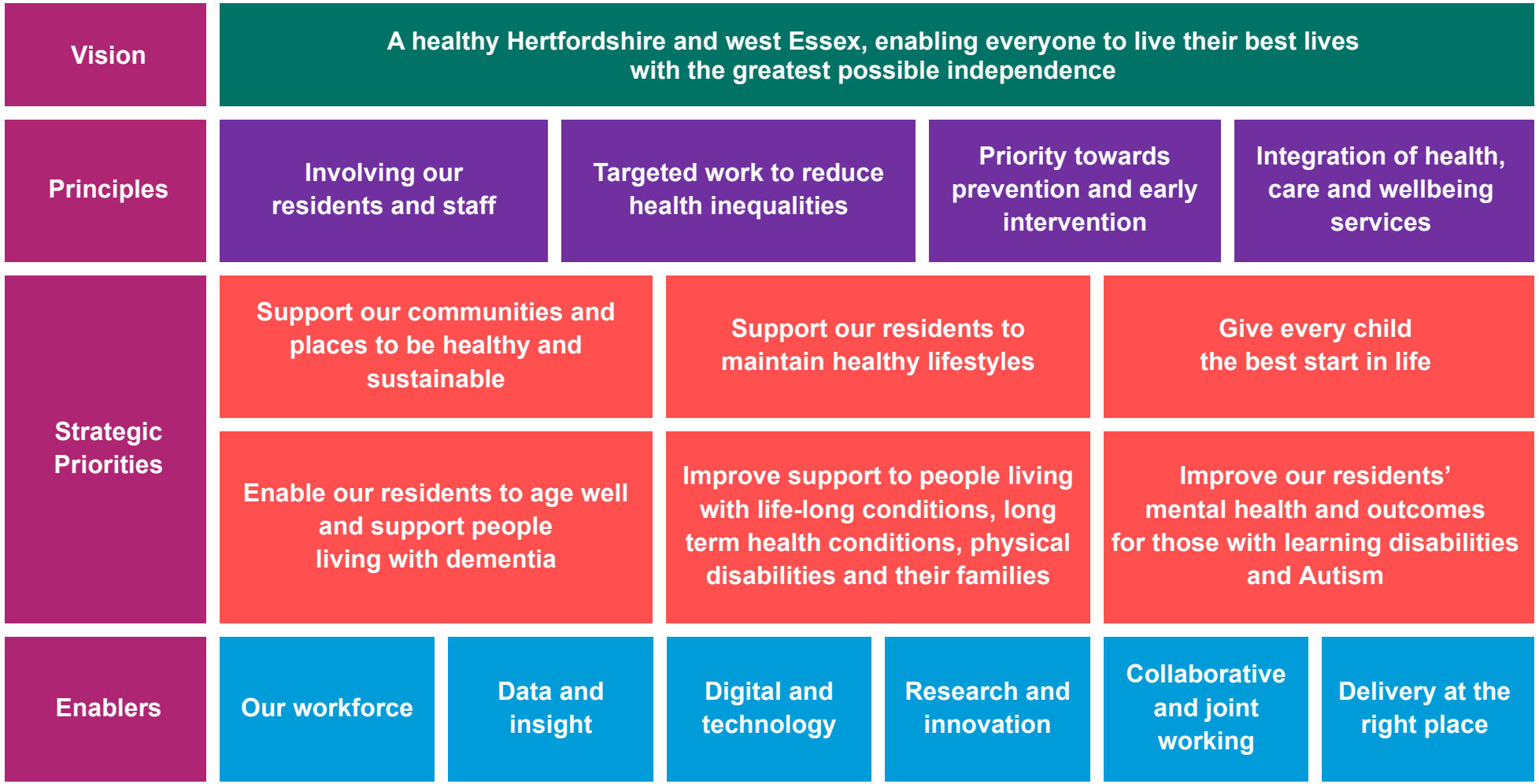

Figure 3: The Hertfordshire and West Essex Integrated Care Strategy

5. The role of the ICB

In its Medium-Term Plan, the ICB will set out its priorities for 2024-2030, focusing on:

- Increasing healthy life expectancy and reducing inequality – through a focus on reducing cardiovascular disease (CVD) and high blood pressure (hypertension). We will also focus on reducing dependency on alcohol, drugs and tobacco and deliver our suicide prevention strategy.

- Giving every child the best start in life – through a focus on reducing waiting times in targeted children's services (such as community paediatrics, paediatric audiology), making improvements to services for children with special educational needs and disabilities (SEND) and improving our emergency pathways for children. We will also continue our system journey of improvement in maternity services, including implementing the 'Saving Babies Lives' care bundle'.

- Improving access to health and care Services – by improving same day access for urgent and emergency care (UEC), expanding our mental health crisis support and child and adolescent mental health services (CAMHS). Also by continuing our work on reducing the waiting times for non-emergency care and treatment, delivering sustained improvement in cancer services (such as 'time to diagnosis' and 62 day referral to treatment standards) and developing our community diagnostic centres (CDC) and elective care and treatment hub, as well as providing improved care for people at the end of their lives. We also aim to increase the number of citizens taking steps to improve their wellbeing – through mental health work in schools and improved frailty support in residential care and nursing homes.

- Successfully delivering our financial plan each year – by utilising the resources available to us as best we can to deliver our priorities and to maximise the benefits for residents and staff. This will include maximising the opportunities from the New Hospital Programme, reviewing our community services and developing and utilising improved care models such as Integrated Neighbourhood Teams (INTs).

The ICB will work directly to deliver improvements in the areas within its remit, such as access to services, and in partnership to achieve those priorities that need a whole system partnership approach to be successfully delivered. The ICB's Medium Term Plan will include more detail on how it will deliver these priorities.

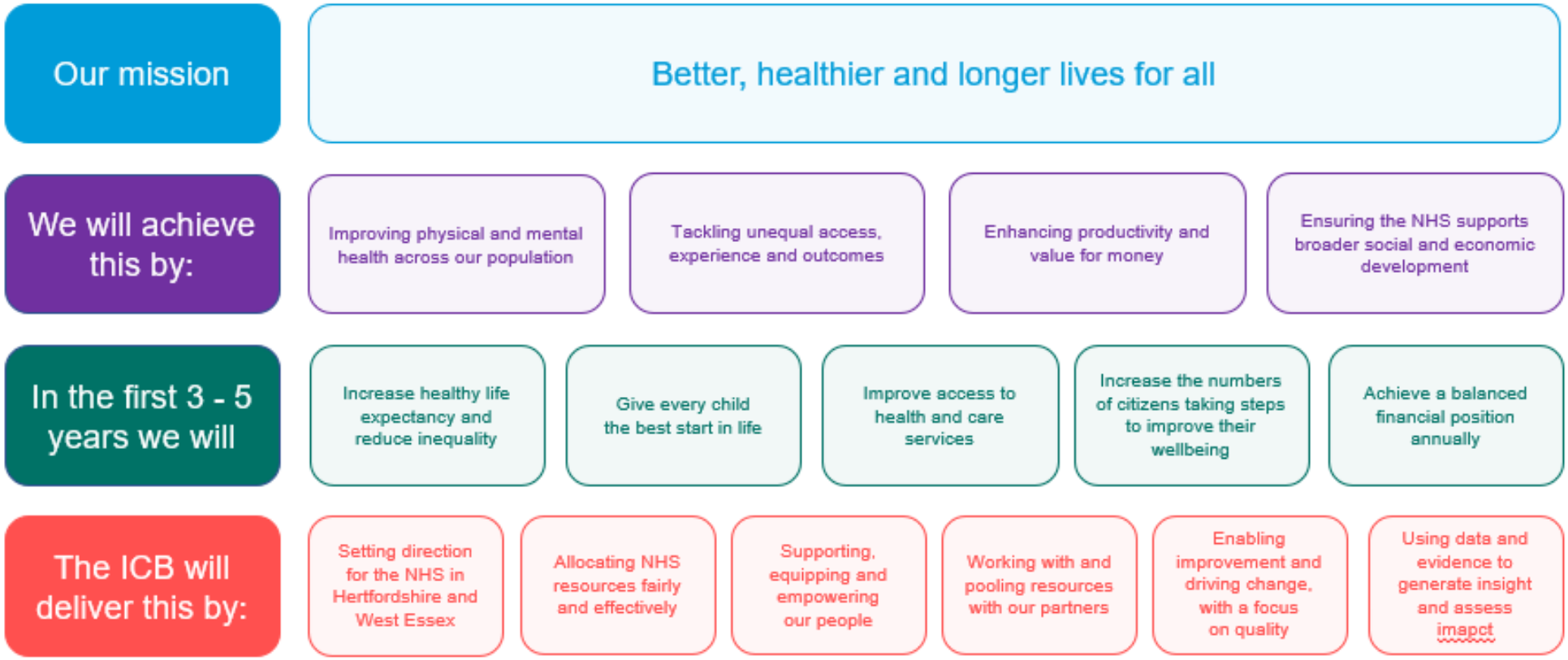

Figure 4: HWE ICB Strategic Framework

The ICB has agreed five key NHS objectives for the year 2024-25. They are aligned with our strategic principles and priorities and are as follows:

1. Reduce inequality with a focus on reducing cardiovascular disease (CVD) and high blood pressure (hypertension):

We are seeing a fall in life expectancy due to health conditions including heart disease and widening health inequalities. Through better detection and treatment, this should reduce avoidable life expectancy gaps through reducing heart attacks, strokes and reducing hospital admissions.

2. Improve the availability of urgent and emergency care (UEC) by providing more anticipatory and same day emergency care services:

By enhancing our urgent and emergency care services, we should improve outcomes for our frail residents, by reducing deconditioning and providing better support closer to home. This will also improve ambulance handover times, reduce hospital attendances and admissions, and decrease our spending on surge and escalation beds. It will also support our growing older population to stay healthy for longer.

3. Better care for people in mental health crises:

Improving our crisis support should provide better care and outcomes for our residents by reducing long waits and Section 136 demand, and reducing out of area placements, preventable admissions and suicides.

4. Reducing waiting lists for non-emergency care:

We aim to reduce waiting times and the number of people waiting for treatment, as well as reduce unwarranted variation across clinical networks. This focus will improve our achievement of the national cancer standards, provide improved patient outcomes and experience by waiting times, and improve the quality and safety of our services.

5. A reduction in the backlog for children's care:

This can be achieved by developing improved and integrated services for children and young people, including services for children with special educational needs and disabilities (SEND). Success would improve equity in access to services, enable the waiting times for community paediatric services and Attention Deficit Disorder (ADHD) assessment to be reduced and improve outcomes for children to support giving them the best start in life.

An overview of all of priorities is included in Appendix 2.

6. Delivering our priorities

To support the delivery of this Joint Forward Plan, we will develop an updated delivery programme, outlining our key plans for the next five years. Within this we will link our plans to the health needs of our population, and the challenges faced by our communities, along with feedback we have received from residents. This will be published in the summer of 2024.

To ensure that these deliverables are focused on the right areas, they are aligned to our Integrated Care Strategy, our ICB's strategic priorities and our ICB's Medium Term Plan. Our plans incorporate work with our ICS partners as well as a focus on the things we directly act on to support the delivery of the Integrated Care Partnership's wider system priorities.

They will also support us to achieve the outcomes that are outlined in figure 5 over the next 5 years, with the indicators being used to demonstrate progress:

ICB priority	Indicators	Expected outcome
Reduce inequality with a focus on outcomes for CVD and hypertension	• To increase the hypertension QOF prevalence across HWE by 2% by March 2026. • Increase in Percentage of patients with GP recorded hypertension in whom the last blood pressure reading was within target range to 77% • To increase the age standardised prevalence of hypertension in the most deprived 20% of the ICB population from 17.6% to 19% by March 2026.	Reduce under 75 mortality from long-term conditions
Improve Urgent and Emergency Care (UEC) through more anticipatory and more Same Day Emergency Care	• Decrease rate of emergency admissions for falls within the community for people aged 65+ by 5% by March 2027. • Reduce the percentage of deaths with 3 or more emergency admissions in last 90 days of life (all ages) from 6% to 5% across HWE by March 2027.	Reduce the rate of unplanned hospitalisations for chronic ambulatory care sensitive conditions (Reduce unwarranted ED attendances & admissions)
Better care for Mental Health crises	• Increasing our response to Urgent Referrals to Community Crisis Services (CCS) referrals in 2024/25 from 64% to 67%. • Reduce the use of out of area inappropriate beds for adults requiring a mental health inpatient stay across the ICS from 16 people to 4 by March 2025. • 72 hours post discharge follow up: 75% of the inpatient discharges to have 72 hour follow up by March 2025.	Increase in the provision of early help to prevent mental illness and support the health and wellbeing of those with a Severe Mental Illness (SMI), learning disabilities or autism.
Elective Care Recovery	• Reduce number of patients waiting more than 65 weeks for treatment, to 0 by 30 September 2024. • 85% of surgery across HWE is consistently undertaken as a day case by March 2026 • Reduce the number of patients waiting more than 6wks for diagnostic services year on year and by March 2025 ensure that 95% of patients have their diagnostic within 6weeks.	Reduction in the numbers waiting for elective activity and diagnostics (reduced PTL size).
A reduction in the backlog for Childrens Care	• Reduction in wait for community paeds services to 65 wks. by April 2026. • Reduction in ED attendance and admission rates for children and young people by 5% by 2028	All children will have the best start and live a healthy life

Figure 5: ICB priorities, indicators and outcome measures

7. Supporting change

The following areas and initiatives will support the delivery of our strategic priorities and improve health outcomes for our residents.

Armed Forces Community

The Armed Forces Act 2021 requires public sector bodies to take account of the unique needs of the armed forces community, through legislation which came into effect in November 2022.

We have worked closely with our two upper-tier local authorities (Hertfordshire and Essex County Councils) as well as the voluntary sector including Hertfordshire and Essex Healthwatch organisations, who provide specific Joint Strategic Needs Assessments for our armed forces community, which includes serving personnel and reservists, veterans and their families.

We work closely with both counties' Armed Forces Covenant Boards and chair a Health subgroup of the Hertfordshire Armed Forces Community Board.

We are focused on four key areas:

1. Social prescribing – we run a community Single Point of Contact (SPOC) advice service across the ICB which supports serving and reservist families as well as veterans and their families.
2. General Practice - accreditation with the Royal College of General Practitioners as 'veteran friendly'.
3. Local NHS Trusts and the Veteran Healthcare Alliance to gain accreditation as 'veteran aware' as well as achieving Employers' Recognition Scheme accreditation
4. Improving the identification of veterans and members of the armed forces community in our communities, so that we can commission services that meet their needs.

Our five-year vision is to help deliver locally the national vision of England being the best place to be a veteran, with a fully integrated system wide approach to improve health and wellbeing outcomes for our armed forces community.

Climate Change and Sustainability

The delivery of our Green Plan 2022 – 2025 will support the ICB and our partners to deliver against the national NHS net-zero targets. The sustainability agenda will be embedded into the Estate Infrastructure Strategy, as well as addressing the newly released Biodiversity Net Gain requirements and NHS Travel and Transport Strategy in the revised Green Plans, which will emphasise the delivery and monitoring of progress across the ICS.

Each of these elements will also help to mitigate the health harms of climate change, for instance air pollution alone contributes to 1 in 20 deaths in the UK and increases the number of cases of cancer, heart disease and asthma.

We will continue to share and learn from our colleagues, such as the Cheshire 10-point plan, outlined in Figure 6, to support general practices to reduce their environmental impact in line with the NHS Net Zero ambitions, by adopting similar approaches in our estates planning and procurement.

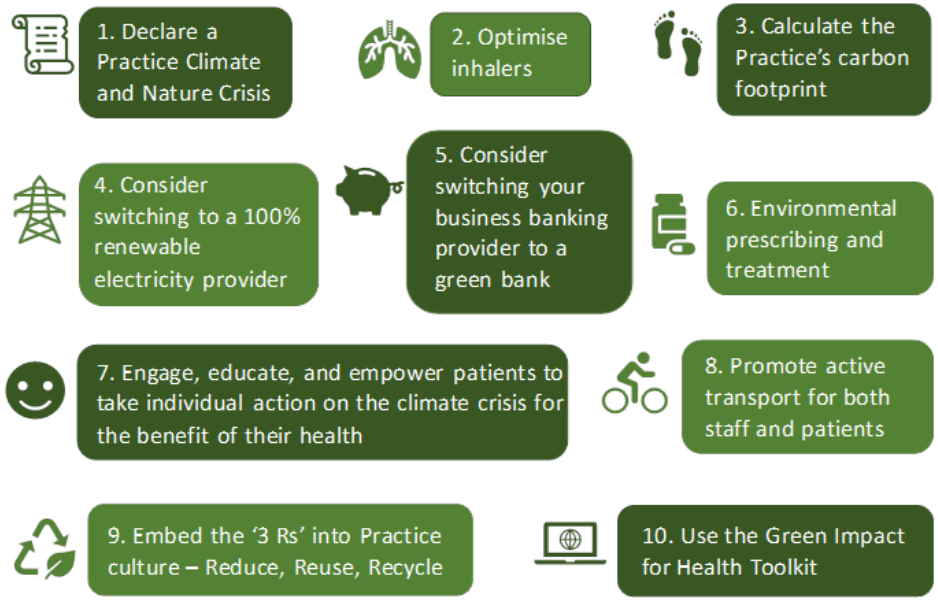

Figure 6: Cheshire 10-point plan for General Practice

In addition to our ICS-wide Green Plan, each Health and Care Partnership(HCP) is committed to creating stronger, greener and healthier communities and working to reduce their environmental impact through reducing resource consumption in support of delivering the national Net Zero NHS targets. Each of the provider organisations within our HCPs have published their sustainability commitments and Green Plans to deliver their individual goals. All business cases that are considered by each HCP must demonstrate a commitment to achieving our green goals as part of their governance process.

Key deliverables of the ICS Green Plan

2024/25

- Implementation and delivery against action plans
- Co-ordinate communications and launch system wide campaign
- Review and communicate our progress against actions
- Measurement and reporting of system carbon reductions – targets will be fully embedded across all partners with supporting policies and procedures
- Review of Green Plan reflecting on changes and new guidance, such as strategic estates, travel and transport strategy and bio-diversity net gain, creating a new five year plan across the ICS partners.
- Ongoing communications and engagement, including training and carbon literacy (mandatory training)

2025/26

- Focus on hard to deliver and outstanding actions
- Reflect on what is working and what can be improved moving forward

Key Performance Indicators

- Leads assigned to each workstream
- System wide campaign launched

Milestones

- Creation and ratification of refreshed ICS Green Plan – March 2025
- Strategic Estates Plan – sustainability section

Clinical Leadership

We are committed to local implementation of programmes aimed at clinical and care professional leadership, as identified in Chapter 4 of the NHS Long Term Plan.

In keeping with system objectives with a greater emphasis on partnership working across health, inside and outside the NHS, and the broader public sector, the following are three key components in our plan for clinical and professional leadership:

a. Broadening the clinical and professional backgrounds of those in clinical and professional leadership positions.
b. Promoting clinical and professional leadership at all levels of seniority, including but not limited to, leadership for quality improvement, development of future senior leaders and encouraging practice at the top of one's licence.
c. A multidisciplinary forum, similar to a Clinical Senate, which establishes broad-based clinical and professional oversight of the above activities and other appropriate multi-professional initiatives such as medicines management and research.

Digital

We agreed our 10-year Digital Strategy in 2022 which focuses on digital improvements that will help us to improve patient care. We have identified five key themes as our digital strategy mission, covering new technology, strengthening our digital skills as a workforce, helping our residents access online services, and collaborating and sharing information to improve care. Our key plans for digital improvements include:

- Replacement cancer digital solution for the cancer network i.e. single solution across all 3 acute trusts (2024/25)
- Ensuring that advanced care plans are in place for groups of patients that are believed to be approaching the end of their lives (2024/25)

- New electronic patient records at Princess Alexandra Hospital (PAH) and East and North Hertfordshire East and North Hertfordshire NHS Trust in (2024/25)
- Increased uptake of the NHS App across our area
- Fully deployed electronic patient consent system in place across our three acute trusts.
- 80% of all Care Quality Commission (CQC) registered care home providers will have digital care records.
- Enhancements to Shared Care Record capabilities - however this is currently unfunded and we need to find the funding source.
- Advanced cloud-based telephony in GP practices to support patient access to care and advice.

Estates

We recognise the need to ensure our buildings are suitable to meet the health and care needs of our population, now and in the future.

Modernising and transforming our buildings is critically important, and will enable us to deliver improved access to services and make our health and care system more efficient. We will build on our estates plans to include additional and flexible capacity in primary care; development of integrated neighbourhood care hubs; and acute hospital estate improvements.

This will build on existing organisational and system estate plans, including our work on a major capital investment at Epping and Bishop's Stortford to improve the available of diagnostic tests and treatments in local communities.

To deliver our ambitions, we are working in collaboration with national and regional colleagues from NHS England, building on our previous strategies and learning, incorporating the outputs from the National Primary Care Network Estates Toolkit.

There are exciting plans in development to improve hospital provision for the benefit of patients in our area through the New Hospitals Programme, which include funding for a new Princess Alexandra Hospital in Harlow and a new Watford General Hospital. This investment in our hospital infrastructure will be welcomed by communities and staff – and make it easier to deliver the modern, integrated health and care services that we all want to see.

Core ICB capital allocations for 2022/23 to 2024/25 have already been published and remain the foundation of capital planning for future years. These allocations broadly cover operational lifecycle costs and equipment replacement, with limited scope for major strategic change. Capital funding for large scale programmes is currently retained by NHS England for their targeted allocation.

Finance

Information about the ICB's financial duties is included in Appendix 3.

NHS England have issued a revenue allocation for 2024/25, which remains flat in real terms with the continuation of some limited additional funding that was made available in 2023/24 to expand capacity. The national planning assumption is to deliver a balanced net system financial position for 2024/25 and to achieve core service recovery objectives, efficiency and productivity improvements.

While future allocations beyond 2024-25 are still to be published, it is expected that future year efficiency and productivity targets will not reduce, and efficiency levels in particular are likely to increase to ensure financial sustainability.

Longer term the system will need to be more transformative and increase investment on prevention services in order to improve the health of our population, improve the quality of our services, and improve value for money for taxpayers.

To support the delivery of financial balance, the ICB and partner trusts work together as a single system, but also in place-based collaboratives to explore clinical and service delivery models and opportunities for transformation of services.

Whilst each individual organisation agrees through its own governance processes an operational and financial plan for its organisation, this plan does reflect the spirit of the duty to collaborate.

Risk management remains a vital part of system planning and system plans take account of financial risks and how they will be managed. A key aspect of the system's approach to risk and performance management is the regular sharing of data in a transparent way. This helps to identify any increasing likelihood of risks crystallising and affecting underlying financial performance. This allows for peer review and discussions on the opportunities to mitigate emerging financial problems. To support this the Finance Directors across the system meet regularly to review performance and agree actions to be taken.

The ICB's Finance and Investment Committee regularly sees financial performance information relating to the ICB and also for each of the partner trusts mapped to the ICS.

Patient Choice and Personalised Care

Personalised care represents a shift in focus from traditional medical models to approaches that enable people to have greater choice and control over the way their care is planned and delivered, based on what matters to them and their individual strengths, needs and preferences.

We are working hard to improve opportunities for people to make choices about their care. We want to ensure that all patients can discuss with their GP or healthcare professional the different options available including pros and cons, and where appropriate, whether to have treatment. By enabling choice of provider and services that best meet people's needs, we will uphold people's legal rights in line with statutory requirements and guidance.

Patient choice has both constitutional and legal commitments which are embedded in key policy drivers within the NHS, including the NHS Long Term Plan and Universal Personalised Care. Choice is also highlighted as a key enabler of elective care recovery within the Delivery Plan for Tackling the COVID-19 Backlog of Elective Care.

The ICB has a Choice policy statement available on our website and we will engage with healthcare providers and professionals to promote choices available to ensure patient awareness, and information on patients' legal rights to choose is publicised and promoted.

Population Health Management (PHM)

Within the next five years we expect the ICS will have built the capabilities to utilise Population Health Management information to drive a data led focus on person-centred care. This should enable us, through our partnerships, to begin to see an impact of improved population health outcomes described within our outcomes framework and deliver our overarching system level outcomes. This is described in more detail in our recently developed PHM Strategy.

Our PHM strategy, which has been developed through a series of collaborative work across Hertfordshire and west Essex, will enable our workforce to understand the needs of the population and the opportunities for improvement. This will therefore support improvements in population outcomes and health inequalities through the development of right services/high impact interventions for the right cohort of individuals at the right time. Adopting this approach will help ensure that proactive care models are considered across the system and our services are responsive and able to meet the needs of the population. The strategy summarises our key activities over the next five years to help us achieve our ambitions.

The delivery of our PHM data platform and tools will enable the identification of needs and opportunities, including scenario modelling, measurement of the impact of evidence based high impact interventions, supporting new financial models and incentive schemes. The tools described above will be implemented in 2024, through close working with the University of Hertfordshire and the ICS expects to develop key analytical capabilities to develop our workforce. This will support the ICS to develop its 'Intelligence Function' as described within Integrating Care: Next Steps to building strong and effective integrated care systems across England.

Our PHM resources can be accessed here: [Population health management – Hertfordshire and West Essex Integrated Care System (hertsandwestessexics.org.uk)]

Procurement

The procurement regulations for healthcare services have recently changed with the introduction of the Provider Selection Regime (PSR). New procurement legislation which will become law in October 2024 will introduce significant changes to the way in which non-healthcare services are procured. The ICB is developing systems and processes to implement PSR and planning for the legislative changes in October 2024.

The ICB is also undertaking a detailed review of the local contracts and services during 2024/25 to develop future commissioning and procurement plans and recommendations that will support the decision making that is being delegated to the HCPs during 2024/25.

The review will also explore and identify opportunities to improve efficiency, productivity, optimise spending, and shape the procurement plan for 2024/25 and 2025/26. The reviews are being aligned with the pathway and service model work streams under the following areas:

- Long Term Conditions.
- Planned Care.
- Urgent and Emergency Care.
- Out of Hospital Care (Community Services and End of Life).
- Continuing Health Care.
- Children, Young People and Maternity.
- Mental Health and Learning Disabilities.

Quality

Our goal is to set out a single vision of quality in our system based on the need to provide high quality personalised and equitable care for all now and into the future, ensuring that quality is central to planning and decision making within our health and care system. To meet our ambitions and support deliver, we will adopt the National Quality Board (NQB) 'Seven Steps' outlined below:

1. **Setting clear direction and priorities**
   To deliver a new service model for the 21st century, which delivers better services in response to local needs, invests in keeping people healthy and out of hospital, and is based on clear priorities, including a commitment to reducing health inequalities.

2. **Bringing clarity to quality**
   Setting clear standards for what high quality care and outcomes look like, based on what matters to people and communities.

3. **Measuring and publishing quality**
   Measuring what matters to people using services, monitoring quality and safety consistently, sharing information in a timely and transparent way, using data effectively to inform improvement and decision-making.

4. **Recognising and rewarding quality and learning**
   Recognising, celebrating and sharing outstanding health and care, learning from others and helping others learn, recognising when things have not gone well.

5. **Maintaining and improving quality**
   Working together to maintain quality, reduce risk and drive improvement.

6. **Building capability for improvement**
   Providing multi-professional leadership for quality; building learning and improvement cultures; supporting staff and people using services to engage in coproduction; supporting staff development and wellbeing

7. **Staying ahead**
   By adopting innovation, embedding research and monitoring care and outcomes to provide progressive, high-quality heath and care policy

In 2023 the ICS Quality Strategy was developed with quality leads, a range of system partners and with valuable contributions from members of our communities. Five quality principles (as outlined in Figure 7) were agreed as areas of focus across the system for the next 3 years and a range of defined actions have been taken and aligned to evidence our progress and successes against each of those principles.

The Quality Principles of the Hertfordshire and West Essex Integrated Care System

The development of the 5 local Quality Principles for the Hertfordshire and West Essex Integrated Care System occurred following a Quality Strategy event attended by each of the below organsiations, as well as members of our population. These build on the National Quality Board's Principles and are tailored to the needs of our system.

Figure 7: Hertfordshire and West Essex's Five Quality Principles

This is a sample of the key actions taken or planned:

- To have a fully developed system in place to gather feedback from our GP colleagues regarding feedback they, or their patients, want to give regarding NHS services. This is to understand where important quality improvement work can be focussed and is part of the Seven Step quality cycle
- To establish systems and processes to learn from deaths across the health and care system to improve patient safety.
- To create ways to understand family and carer feedback following end of life care.
- To explore how to effectively share key pieces of information to and for our communities, initially via GP practice websites, whilst being mindful of those who are digitally excluded.
- To increase the promotion of Freedom to Speak Up Guardians to ensure they are accessible and available to all staff.

Progress against all the actions has begun and will remain closely monitored whilst also considering potential further opportunities for improvement that can be aligned to the Quality Principles.

The Quality Strategy, as well as an easy-read version, has been published on the ICB's website. Following feedback from members of our community regarding simplicity, a Quality Strategy Plan on a Page has also been developed to condense all the essential information on one page. This will be shared with colleagues across the ICS.

Reducing Health Inequalities

Our continued plans for reducing health inequalities over the next five years set out our ambition to improve health equity, in line with our Integrated Care Strategy and principles of the NHS LTP. This plan sets out the approach we will take in closing the gap in variances of outcomes for people that may be due to ethnic background, circumstances in which they live or other factors outside of their control. In the first year of the plan, we will work to clarify our performance in the Core20Plus5 framework for adults and children and young people. This plan outlines the ambition to ensure performance metrics are clear in respect of Core20Plus5 and will also assure that the ICB is meeting its responsibilities in respect of its legal duties to tackle health inequalities.

We will continue to deliver an overall picture of health needs including wider determinants for the population of the ICS, targeting specific groups such as ethnically diverse groups, those who may be unpaid carers, veterans and members of the Gypsy, Roma Traveller community, refugees and migrants, victims of domestic violence and those living with a serious mental health issue or learning disability. In collaboration with system partners, an outcomes framework is being developed with clear performance metrics and tiered outcomes, that will identify areas where modifiable risk factors can be better prevented through the use of asset-based community development, community connectors and social prescribing.

In Hertfordshire and west Essex we have areas of significant deprivation and inequalities. Through partnership work with colleagues including the VCFSE sector we aim to narrow the gap in varied outcomes, building longevity into actions, ensuring they are sustainable and benefiting our communities.

To achieve this aim, we will need to collaborate with partners to better understand their data, ensure data collected and categorised is correct allowing for better and easier data manipulation and interrogation. Working with our Population Health Management team and system partners, we will develop an in-depth understanding of the local population needs and areas of inequity, supported by the continued development of system partnerships.

During the coming year of the plan and beyond, we will continue to work to drive down inequalities in outcomes for members of communities most at risk. Through enhanced neighbourhood working between 'Primary Care Networks' of GP practices and VCFSE partners, enhancing current partnership working with sustainable models for engagement, communication and delivery.

The PHM team will build reporting from the linked record data through our new data platform so that progress in achieving outcomes will be viewable by geography, age, population segment and other cohorts, supporting for example inequalities work such as Core20Plus5.

Research and Innovation

Hertfordshire and west Essex has well established research capabilities embedded within our provider organisations. The Health and Care Act 2022 enables our ICS to develop an integrated approach to research and ensure this capability and capacity aligns with the delivery of our key priorities. The ICB has appointed a Head of Research and Innovation and is working with the University of Hertfordshire to mobilise a research and innovation hub to further strengthen our research and innovation capacity and capability across our ICS.

The ICS has developed a research strategy which incorporates the findings of a recent project to understand our systems' research capacity and ensure representation in research for our whole population. Its guiding principles are:

1. Embed the benefits of research, innovation and evaluation to better meet the needs of the health and social care system and enable the delivery of this Joint Forward Plan

2. Ensure that research, evidence, innovation and evaluation underpins the way we enhance, transform or devise services using a well governed approach to manage risk, ensure patient safety and public confidence.

3. Ensure that the voice of all our residents inform all we do, promoting inclusion, and represent good value for our taxpayers.

4. Make the HWE ICS a national exemplar for the use of research, innovation and evaluation to meet the needs of our residents and workforce and deliver the integrated care strategy to improve population health outcomes.

5. Aim to achieve financial sustainability by 31 March 2026.

Safeguarding Specific Research and Innovation

Over the next five years the safeguarding team will provide leadership through innovative practice through collaborative research, including:

1. Evaluative research to test effectiveness of Learning and Improvement in Practice. (Hertfordshire University, Hertfordshire Safeguarding Adults Board, HSAB /Hertfordshire Safeguarding Children's Partnership HSCP).

2. Improve the life chances for infants and children through collaborative research into the cause and prevention of suicide. Findings from the Child Death Overview Panel (Essex Safeguarding Children Board ESCB /Bedfordshire University/HSCP/ Public Health.
3. Collaborative working between Child Death Overview Panel (CDOP) Essex and Hertfordshire to reduce child death linked to unsafe sleeping.

4. Contributing to the 'Innovative Domestic Abuse Perpetrator' programme in collaboration with the University of Bedfordshire safeguarding children partnership and community safety partnerships.

5. To reduce non accidental death and traumatic injury in childhood through the introduction and innovative practice of the 'ICON' infant crying programme.

6. Leading on national development for the primary care 'Community of Practice', to strengthen learning and innovative practice.

7. Supporting the national drive for a domestic abuse 'Community of Practice' to develop research-led intersection of risk assessment.

Safeguarding

Legislation, statutory guidance, multiagency policies and procedures support organisations, practitioners, drive the agenda of safeguarding children and adults. These include Working Together 2023, the Children Act 19896/2004; The Mental Capacity Act, 2005; The Care, Act 2014; The Children and Social Work Act, 2017; Domestic abuse Act, 2022; The Health and Care Act, 2022. The recent legislation on Domestic Abuse Act 2021 and the Serious Violence duty January 2023 is driving our system to embed practice to meet these legislative requirements.

In Essex we continue to work collaboratively with the Suffolk and North East Essex, (SNEE) and Mid and South Essex (MSE) systems to develop an evidence based Strategic Needs Assessment and operational plan. HWE is also committed to reducing inequalities identified within the national agenda to address the disproportionate amount of Violence Against Women and Girls. Including, those impacted by serious violence, going beyond the scope of domestic abuse with specific focus on children as victims in their own right. There is work to strengthen the application of research on the support for perpetrators.

The HWE ICB continue to work with partners to ensure that the application of the Mental Capacity Act (MCA) 2005 is consistently applied for people aged 16 and above, who are or who need to be deprived of their liberty in order to enable their care or treatment, and lack the mental capacity to consent to care and arrangements are supported in the most proportionate, least restrictive way ensuring legislative requirements are met. We are using findings from Statutory reviews to work in partnership to ensure that the principles of the MCA and making safeguarding personal is embedded in the planning and delivery of care for the local population, both children and adults.

Our safeguarding teams work in partnership with our local authorities' children's and adult services to promote the health and welfare of children and support adults at risk and promote a learning culture to act as a preventive measure towards improving the lives of all of our communities This work is supported by several partner safeguarding plans and strategies including Hertfordshire 2022-2024 for adults, strategic priorities 2023-2025 for children and Essex Children Board plan 2022-27, Southend Essex Thurrock Domestic Abuse Board strategy 2020-2025, Hertfordshire Domestic Abuse Strategy 2022-2025 and our HWE ICB Safeguarding Strategy for children.

The safeguarding teams will drive leadership to improve the safety of looked after children in residential settings in response to the national review phase one, and two of the Hesley report 2022 and 2023 to ensure that safe efficient and appropriate provision for children with disabilities and complex needs are aligned with local inclusion plans when planning for care through regional care cooperatives. We will also work to strengthen and improve access for adults with complex physical, and mental health needs.

We monitor and share with partners safeguarding children and adult Key Performance Indicators (KPIs) on a quarterly basis to understand trends in referrals to children's and adult services, domestic abuse referrals by health, local authorities and police so we can respond to emerging trends and themes to promote and support safe care. We will use the findings of current evaluative research to strengthen the way we deliver learning from local, national and wider reviews.

The ICB as part of Corporate Parenting Board have prioritised the lived experience of Care Leavers and children with care experience. This includes strengthening opportunities for employment and further education through the Deed of Covenant for Looked After Children (children looked after by the local authority). The aim is to improve equity, access to employment and further education and to reduce health inequality for these children.

Safeguarding priorities across the lifespan

Embedding and promoting the principles of 'Making Safeguarding personal' across the lifespan

Priority 1
Work with statutory partners to promote models of early interventions for babies, children, young people and adults in west Essex and Hertfordshire.

Priority 2
Work collaboratively with ICPs and safeguarding partnerships to support the embedding of lessons learned to bring about change by capturing and sharing learning from national and local reviews.

Priority 3
Strengthen the transition to adulthood for young people to ensure that their welfare is protected and take steps to continue to address the impact of adverse childhood experiences and to prepare them for adulthood.

Priority 4
Adopt the statutory partnership and safeguarding boards' priorities to reduce inequalities, challenge unconscious bias and address the impact of serious violence.

Priority 5
Promote the welfare of adults at risk and ensure that the principles of making Safeguarding Personal are embedded in all learning activities for adults and children

Supporting wider social and economic development

Part of our role as an 'anchor institution' is to support the NHS to develop broader social and economic development. We will use all the levers at our disposal, and partners' support as anchor institutions to improve the economic wellbeing of residents as one of the key determinants of health and wellbeing. This includes improving employment outcomes for our residents and improved social value through our commissioning and procurement activities. We are developing our role to support this in several ways, which are outlined below:

- **Anchors Network** - 30 public sector organisations in Essex, including the West Essex Health & Care Partnership, have come together as the Essex Anchor Network (EAN) to drive greater prosperity and a better quality of life for their local population – through employment and workforce strategies, procurement and supply chain policies, investments and use of estates. This is with an aim of raising aspiration within a community, by engaging with schools and mentoring people.

The Essex Anchors Group within this network is currently focusing on bringing employers and colleges closer together to specify skills needed for the future. The group is also looking to improve opportunities for work placements and apprenticeships.

Building on the learning from Essex, the University of Hertfordshire has been working with partner organisations across Health, Local Authority and the Voluntary Sector to help identify early system priorities that would benefit from delivery in partnership. These areas are focused on positively impacting our Workforce, Research and Innovation and our communities. Following on from the official programme launch attended by over 100 representatives of the wider Hertfordshire and West Essex system partners, this year we will focus on developing and articulating a strategic plan to capture both the early benefits of the agreed work and agree how ambitious the future plan for partnership working across Health and Care partners can be.

- **VCFSE sector and the VCFSE Alliance**
  This sector is worth more than £1bn and is a large employer. The website 'Working Herts' has been launched to promote working in the VCFSE sector in Hertfordshire, to provide free promotion of jobs to encourage more people into the sector, and to provide an easy way for registered partners to fill short term and part time roles by drawing on the capacity of those currently working in the sector who wish to build a portfolio.

  The VCFSE sector also uses thousands of volunteers, with positive impacts for the volunteer's wellbeing and, where appropriate, their acquisition of new skills and employability. The VCFSE Health Creation strategy has a workstream on further developing volunteering roles to fit 21st Century lifestyles and to encourage Anchor Institutions to offer their staff opportunities to contribute to their communities too. This sector is also crucial in helping the most disadvantaged residents' access full benefit entitlements and other help. The Herts Cost of Living Group and the Better Life Chances partnership are forums where VCFSE and statutory sector work together to maximise the impact on those facing the greatest financial challenges.

- **Unpaid Carers** - A significant segment of the working population has caring responsibilities including 30% of the national NHS workforce. The pressure on social care is making it harder for many carers to work and care. We have been awarded 'Accomplished' (level 2) status by Employers for Carers for our work to support carers who are juggling their unpaid carer role with being employed by the ICB. Work with local authority partners also focuses on helping carers to stay in or return to work where possible.

Workforce

Our workforce continues to be recognised as a key enabler in delivering both the broader Integrated Care Strategy and Joint Forward Plan. Across the HWEICS we currently employ over 51,000 Full Time Equivalent (FTE) staff to provide health and care services. Our system-oriented workforce transformation programme continues to seek to strengthen collaboration ensuring the most effective and efficient delivery of health and care services for our population.

The programme is supported by wider activities of the system's Primary Care Training Hub and Allied Health Profession Faculty.

We have seen substantial progress in meeting our People Strategy priorities over the first year of the Joint Forward Plan.

Additionally, we have seen the publication of the national NHS Long Term Workforce Plan and associated regional priorities. These actions fall into three priority areas:

- Train: increases to education, training apprenticeships and alternative routes into professional roles. Development of new roles designed to better meet the changing needs of patients and support the ongoing transformation of care.
- Retain: ensure we keep more staff by supporting people throughout their careers, improving flexible working options as well as the wider culture and leadership across organisations.
- Reform: improving productivity by working and training in different ways, building flexible skills, and ensuring staff have the right skills to take advantage of new technology.

Key to the delivery of our People Strategy and Joint Forward Plan will be an improvement and triangulation of workforce data. We are working with colleagues within performance, quality and across the system, to improve our understanding, analysis and forecasting of workforce requirements across health and social care.

Within the first year of delivery we have achieved the following areas of progress against our People Strategy aims and ambitions, which are monitored and governed by the systems' People Board, and directed by respective sub- committees:

We will produce a long-term workforce plan for the whole system, based on the needs of our population and accounts for the skills required to deliver those services.

- We are developing a system to improve access and analysis of workforce data across health and care.
- Pilot projects reviewing Allied Health Professionals workforce and establishment review.

We will create communities empowered and enabled to provide the best possible care through innovation and integrated working.

- Working with IBM and our stakeholder organisations we are seeking to apply new technological HR solutions.
- We are also seeking to implement the national digital staff passport to enable easier transfer of staff across organisations.

We will develop sustainable workforce attraction strategies, particularly through domestic supply routes, to reduce system vacancies.

- We have supported targeted recruitment to care support worker roles and have improved vacancy rates in those areas.
- We continue to provide long-term strategic support to the system through the use of the Health and Care Academy.
- We have introduced a 36-week NHS and Care Cadet Scheme along with a dedicated campaign to attract young people into a career within the Health Service or Social Care.

8. 2023-2024 Progress

Our first Joint Forward Plan was published in June 2023, since its launch we have seen the following progress against our ICB Priorities, which also support our ICS Integrated Care Strategy ambitions:

Reduce inequality with a focus on outcomes for CVD and hypertension

- **CVD**: The trend in both diagnosis and control of hypertension in HWE is improving. We have increased the proportion of people with hypertension who have had a blood pressure check and whose last blood pressure reading is below the age specific threshold. The number of people submitting home blood pressure readings have also increased significantly.
- **Stroke:** improvement in the Sentinel Stroke National Audit Programme (SSNAP) rating for East and North Hertfordshire Trust to a 'B' in September, from previous longstanding 'D' rating

Improve Urgent and Emergency Care (UEC) through more anticipatory and more Same Day Emergency Care:

- **Falls**: We have successfully implemented a 'Long lie' pathway (a long lie fall is when a person who has fallen spends a prolonged period of time on the floor because they are unable to get up) supporting those who have had a fall in the community.
- **Leg ulcers**: A revised leg ulcer service has been introduced to deliver equitable management provision, both specialist and non-specialist, for all registered patients.
- **End of Life:** East and North Hertfordshire have continued the rollout of advance planning (ReSPECT) documentation for patients in the last year of life and advanced care planning. This supports greater understanding, awareness, leading to reduced number of inappropriate and avoidable admissions resulting in patients dying in hospital rather than their preferred place of death.
- **Primary Care:** in 2023-24 there was a 3.7% increase in GP appointments in 23-24 compared to 24-25. This has been supported by an increased number of Full Time Equivalent (FTE) staff in a number of roles across primary care. This

includes staff employed through the Additional Roles Reimbursement Scheme (ARRS), such as pharmacists, paramedics and physiotherapists, which has enabled patients access to the right care more quickly. An example of a service being supported by ARRS staff is minor illness clinics working at PCN level to support patients (in Stort Valley and Villages and Hertford and Rurals PCNs).

Integrated Neighbourhood Teams (INTs) have been established on all place footprints and clinical priorities are being agreed and are already in place for some. The establishment of INTs provides a multidisciplinary approach to care provision for selected groups of patients, with the aim of improving the outcomes and experience of the local population.

ICB Priority: Better care for Mental Health crises:

- **Children and Young People (CYP):** We have increased CYP mental health access by 44% year on year and have increased support in Early Help by 54%.

  We have achieved the national Eating Disorder RTT (referral to treatment) 28-day standard ambition.
  Herts CYP mental health services successfully procured a digital access portal, to enable functionality including automated referrals, an Advice and Guidance 'Passport', secure instant messaging and live updates.

  We have exceeded the Mental Health Support Team (MHST) target of 23% by 23/24 with Herts and west Essex having 90% SEND MHST coverage across schools.

- **Mental Health Urgent Care Centre (UCC):** Phase 1 of our UCC has been complete and the centre is now open with 3 rooms with the full facility expected to be open in June 2024. Since its launch it has seen a good steady flow of patients from ED with most supported in the community post discharge without the need for an inpatient admission.

  We have established a System Implementation Group across Greater Essex including partners from across the three Essex facing ICBs and the county and unitary councils. The group has created a single development and work plan for Essex with leads identified for each area of the plan. This approach should prevent fragmentation and deliver better outcomes across Essex.

- **Reducing Out of Area Placements:** HPFT have made significant strides to significantly reduce the number of patients they place outside of Hertfordshire and west Essex, with more residential placements now being made in Hertfordshire.

- **Supported Living:** We have successfully transitioned patients from longstanding specialist residential services (SRS) into a supported living service in Hertfordshire. This meant that patients who had spent significant years of their lives in specialist hospitals were able to be cared for in the community.

ICB Priority: Elective Care Recovery

- Clinical networks established for urology, gynaecology, theatres and perioperative care, musculoskeletal (MSK) and children and young people. Resources secured for elective hub planning, mobilisation underway and building work has now commenced. The new QEII Hospital Community Diagnostic Centre (CDC) is fully operational.

- Extended access for MRI, Audiology is live at Epping Community Diagnostic Centre, with ultrasound available at the Bishops Stortford CDC.

- Operating theatre productivity rates improved to top quartile nationally (81.7%).

A reduction in the backlog for Children's Care:

- **SEND:** We have reviewed and made the necessary changes to our skill mix of our therapies teams and we have appointed new education leads.

  Additional clinics have been offered on Education, Health and Care Plans (EHCPs) to reduce waiting times for assessments; we have launched the new children and young people's integrated therapy services website.

  We have also completed a number of specifications focused on speech and language therapy and occupational therapy and physio and our new prioritisation framework is enabling resources to target children with the highest need.

- **Engagement:** A ICB Health Youth Council has been established, providing a structured and consistent framework to hear the voices of children and young people and undertake co-production.

  To complement this work and help patient groups understand what young people need from healthcare, a series of eight short videos have been produced and shared across multiple platforms.

Other updates supporting wider system ambitions:

- **Maternity** Work is underway and on track to deliver 70% compliance in line with the Year 5 Maternity Incentive Scheme (MIS) by February 2024; our aim is to reach 100% compliance by March 2024 aligned to the Three-year Single Delivery Plan. The Local Maternity and Neonatal System (LMNS) has been successful in delivering the year 5 Maternity Incentive Scheme (MIS), which supports the delivery of safer maternity care, designed to improve the delivery of best practice in maternity and neonatal services.

- **Respiratory:** We have established an asthma board to oversee asthma improvements, including delivery of the National Childrens' Asthma Bundle of Care sharing learning across our system. Children and young people asthma clinical leads are in post. We have provisional funding to provide our Trusts with children and young people diagnostic equipment and we have launched Asthma Friendly Schools across our system. We have increased the proportion of children with an asthma care plan and there has been a decrease in the rate of children attending Emergency Departments with asthma

- **Kidney Disease:** In East and North Hertfordshire the evaluation of a 'Virtual Chronic Kidney Disease' (vCKD) pilot has shown that the service has significantly increased the number of patients with chronic kidney disease who are able to be safely managed within primary care in the community, to 98%.

  As a result, the average waiting time for a first appointment at the Lister Hospital is down from 14 weeks to 6 weeks.

- **Autism**: The autism outreach service has been successfully commissioned, with the launch expected in May 2024; the planning and roll out of the autism in schools programme implementation will continue in 2024-2025. The autism spectrum disorder psychoeducational resource project was also launched across Essex for parents, carers and young people.

- **Digital:** Links established with the wider NHS, universities, Academic Health Science Networks and others aligned to exploring and testing new technologies for care in line with the NHS Long Term Plan.

- **Obesity:** We have increased referrals into the national Digital Weight Management Programme, with Hertfordshire and west Essex now in the top 10 for highest eligible referrals.

- **Smoking Cessation:** We have implemented the national Tobacco Dependency Programme pathways, in maternity, acute inpatient (in limited) but high impact specialities; community inpatient and mental health inpatient settings.

Appendix 1 – ICB Statutory Duties

As an ICB we have a number of statutory duties that it is required to fulfil by law. This Joint Forward Plan includes details as to how these duties will be delivered. We will exercise our statutory duties with the aim of:

- **Meeting our population needs** through commissioning of healthcare services and working with our partners in health and social care to deliver services that meet the needs of our population. ***See sections 1 and 2 for further details.***

- **Promoting integration** within our system by working with our providers as well as our health and social care partners to build on existing integration and collaboration to better align and integrate our services to create efficiencies and benefits for our residents. ***See section 3 for further details.***

- **Having regard to the wider effects of healthcare decisions** through our governance and decision-making processes at system, place and neighbourhood levels. Ensuring that the NHS triple aim is considered in our decision making and evaluation processes. The triple aim being better health and wellbeing of the people of England (including by reducing inequalities with respect to health and wellbeing), better quality of NHS health care services (including by reducing inequalities with respect to the benefits obtained by individuals from those services), more sustainable and efficient use of resources by NHS bodies. ***See sections 2, 3, 4, 5 6 and 7 for further details.***

- **Achieving a balanced financial position**: To support delivery of financial balance the ICB and partner trusts work together as a single system, but also through our Health Care Partnerships to explore clinical and service delivery models and opportunities for transformation of services. So, whilst each individual organisation agrees through its own governance processes an operational and financial plan for its organisation, this plan reflects the spirit of the duty to collaborate. ***See section 7 and Appendix 1 for further details.***

- **Improving the quality of services** in line with our duty to continually improve the quality of care and outcomes and to deliver the ambition set out for us within the National Quality Board Guidance – 'A Shared Commitment to Quality' and the Long-Term Plan's ambition for quality in the NHS. Our goal is to provide high quality personalised and equitable care for all now and into the future ensuring that quality is central to planning and decision making within our health and care system.

Also that it is aligned with Public Health and Adult Social Care, the NHS Patient Safety Strategy and the People Plan. ***See section 7 for further details.***

- **Reducing health inequalities** across our population and across all services and settings, reducing avoidable and unfair differences in health between different groups in society. We will utilise local intelligence including population health management systems to enable health and care staff to identify people most at risk of ill health and identify areas where health inequalities are greatest to ensure that resources can be targeted at people with the greatest need. We will also work in an integrated way to reduce the factors that contribute towards health inequalities. ***See sections 2, 5 and 6 for further details.***

- **Promoting involvement and patient choice** of each person by expanding the choices and control that people have over their own care. Through social prescribing the range of support available to people will widen, diversify and become accessible across the area. Enhanced digital capabilities will ensure that people are empowered and will have the ability to access, manage and contribute to digital tools, information and services. articulated throughout our JFP. ***See sections 2 and 7 for further details.***

- **Involving our residents** who use our services, their carers, and communities, along with our staff that deliver our services. We will engage with them at the earliest stages of service design, development, and evaluation. We recognise that those with 'lived experience' of a particular issue or condition, their families and carers, and the staff that support them are often best placed to advise on what support and services will make a positive difference to their lives. In HWE we utilise the views from our patient engagement forum and health youth council to support our decision making. We are committed to working with our residents to improve our services and will listen to what our residents tell us and respond to their needs. ***See sections 2 and 7 for further details.***

- **Addressing the needs of victims of abuse** by ensuring that the proper systems are in place to help. We will continue to develop best practice to safeguard children who are subject to abuse and neglect, including victims of criminal or sexual exploitation. Adults or older people with greater vulnerabilities or complex needs will have specialist integrated drugs and alcohol support. Specialist support recognises and tackles the complexity of vulnerable adults' needs such as victims of domestic abuse or sexual assault, sex workers, homeless people, veterans and older people.

We will develop effective pathways to integrated services for domestic abuse victims and perpetrators. Agencies will collaborate to help everyone in the family affected by domestic abuse. The Serious Violence Duty (January 2023) will drive the ICS to embed practice to meet the legislative requirements. ***See section 7 for further details.***

- **Promoting innovation** by utilising and realising the benefits of innovation to enable positive change in the way that we deliver our services. We will look to use innovation to improve our interactions with the public, patients and their families and develop new improved models of care. We will also look to advancements in technology to improve the management and delivery of care and deliver new treatments. ***See section 7 for further details.***

- **Promoting education and training** through the delivery of our ICS People Strategy we will strengthen our health and care workforce and enable career development by embedding a culture of training and development across the system. This will be done by developing a system-oriented career and leadership pathway, ensuring staff from all backgrounds can access appropriate training and development opportunities and developing a system-led talent management process.

We will also work with educational institutions to develop training and placement opportunities to address key skills gaps. ***See section 7 for further details.***

- **Obtaining appropriate advice** to enable us to successfully discharge our functions through our ICB governance arrangements that incorporate expert advice and also through broader engagement of the public (as outlined in section 2 and throughout this document). Also by strengthening relationships with national and regional clinical networks, academic health science networks and our local university to support with innovation and review pathways. ***See section 7 for further details.***

- **Supporting delivery of our local health and wellbeing strategies** through alignment with our plans and strategy detailed in our JFP and also with the Integrated Care Strategy***. See sections 4 and 5 for further details***.

- **Utilising, facilitating and promoting both local and national research** – we have well established research capabilities embedded within our provider organisations. Through research engagement network development (REND) funding will build on initial progress to develop an ICS research strategy. ***See section 7 for further details.***

- Delivering against our targets to **tackle climate change** by building on our initial progress and delivering our ICS Green Plan 2022-25 in collaboration with our partners. ***See section 7 for further details.***

- **Providing children and young people with the best start in life** irrespective of where they were born and live. Our aim is to improve the health and care system to ensure that services are joined up and easy to access when and where they are needed and to ensure that the voice of the child is at the heart of all we do. Over the next 5 years we want to see improvements in the health of children and young people as a result of the work we do across the ICS, and with our neighbouring partners across Essex. ***See section 4, 5 and 6 for further details.***

- **The Public Sector Equality Duty (section 149 of the Equality Act 2010) (PSED) -** requires that public bodies should place considerations of equality, where they arise, at the centre of formulation of policy, side by side with all other pressing circumstances of whatever magnitude. The general equality duty not only applies to general formulation of policy, but also applies to decisions made in applying policy in individual cases.

The views of our residents, patients, staff and communities in west Essex and Hertfordshire have informed and shaped the development of this plan. This was done using an approach that includes a wide- ranging literature review, focus groups, stakeholder engagement events and surveys. What our residents have said is included in each of the priorities covered in this plan.

We acknowledge that our responsibilities under the Public Sector Equality Duty are ongoing, and any work undertaken to deliver on the priorities will ensue that the views, and needs, of the nine protected equality groups will be included, where appropriate.

Appendix 2 – Overview of Hertfordshire and west Essex priorities

Owner and Timeframe	Priorities					Delivered by
ICP Integrated Care Strategy (2022 – 2032)	Give every child the best start in life	Support our communities and places to be healthy and sustainable	Support our residents to maintain healthy lifetsyles			ICB, county, district and borough councils, VCFSE and health providers
	Enable our residents to age well and support people living with dementia	Improve support to people living with life-long conditions, long term health conditions, physical disabilities and their families	Improve our residents' mental health and outcomes for those with learning disabilities and Autism			
ICB Medium Term Plan (2024-2030)	Increasing healthy life expectancy and reduce inequality	Giving every child the best start in life	Improving access to health and care services	Increasing the numbers of citizens taking steps to improve their wellbeing	Successfully delivering our financial plan each year	ICB and health providers
ICB short term ambitions (2024-2005)	Reduce inequality with a focus on CVD and hypertension	Reducing waiting times in targeted children's services	Reducing UEC demand by delivering more anticipatory/same day care	Provide better care to people in mental health crises	Continue our elective care recovery	ICB and health providers

Appendix 3 – ICB financial duties

As set out in section 223M of the National Health Service Act 2006 ("the 2006 Act") (as inserted by section 29 of the Health and Care Act 2022), each ICB and its partner trusts must exercise their functions with a view to ensuring that, in respect of each financial year:

- local capital resource use does not exceed the limit set by NHS England
- local revenue resource use does not exceed the limit set by NHS England.

Furthermore, under section 223L of the 2006 Act (as amended) NHS England may set financial objectives for ICBs and their partner trusts, and each ICB and its partner trusts have a duty to seek to achieve those objectives. NHS England has set the objective that each ICB, and the partner trusts whose resources are apportioned to it, should deliver a financially balanced system, which may be referred to as a 'duty on breakeven'.

ICBs also have a duty to deliver financial balance individually (section 223GC of the 2006 Act). This is to promote careful financial management and to reflect legislation that requires NHS England and ICBs to manage within a fixed budget.

Where an ICB considers it necessary to deliver overall system financial balance but with a deficit in the ICB itself, NHS England should be notified at the earliest opportunity. Additionally, each ICB should ensure it does not exceed the running cost allocation limit, which will be published as part of ICB allocations.

Under the legislation, the system financial duties rest on each ICB and its partner trusts. As each trust may be the partner of more than one ICB, the legislation provides for NHS England to apportion a trust's resource use for these purposes to one or more ICBs. NHS England has apportioned the revenue and capital resources of all trusts exclusively to a single principal ICB. The objective of this approach is to ensure that the ICB and trusts' mutual responsibilities are clear, e.g. to meet system financial balance, and to provide stability and continuity in planning relationships.

While the measure of system financial balance will be based on the mapping of a trust to a principal 'host' system, this does not change the requirement for all commissioners to work with the providers of their commissioned services to support financial sustainability and agree contractual terms that underpin this. Likewise, trusts that are formal partners of more than one ICB are required to confirm that their operational and financial plans are compatible with and align to all relevant system plans.

Given the requirement for systems and ICBs to seek to deliver a breakeven position each year, they should not plan for any in-year surplus or deficit.

Any system or ICB that is overspending is expected to take all necessary steps to correct its rate of expenditure to address the overspend. In the event a system does overspend against its allocation for the year, the amount of the overspend will be carried forward and maintained as a cumulative system position. Cumulative system overspends will need to be repaid.

Access to any historical surplus for non-recurrent expenditure will be aligned with performance through the NHS Oversight Framework, and subject to national affordability. Any approved drawdown must be used for non-recurrent investment. The brought forward balance for the ICB £16.7m.

Glossary of terms

Acronym	Full Term
ARRS	Additional Roles Reimbursement Scheme
AFC	Armed Forces Community
AHP	Allied Health Professionals
Anchor Institution	Typically refers to large, typically non-profit, public sector organisations whose long-term sustainability is tied to the wellbeing of the populations they serve
CAMHS	Children and Adolescent Mental Health Service
CDC	Community Diagnostic Centre
CETRs	Care, Education and Treatment Reviews
CVD	Cardiovascular disease
CYP	Children and Young People
CPCS	Community Pharmacy Consultation Service
CQC	Care Quality Commission
DNA	Did not Attend
DSR	Dynamic Support Register
EAN	Essex Anchor Network
EEAST	East of England Ambulance Service Trust
ENH	East and North Hertfordshire
FH	Familial Hypercholesterolaemia
FIT	Faecal Immuno Testing
FDS	Faster Diagnosis Standard
FSM	Free School Meals
GIRFT	Getting it Right First Time
HCP	Health and Care Partnership
HEE	Health Education England
HIU	High Impact User
HMLDA	Hertfordshire Mental Health, Learning Disability and Autism
HWE	Hertfordshire and West Essex
HUC	HUC (formerly Herts Urgent Care)
ICB	Integrated Care Board
ICP	Integrated Care Partnership
ICS	Integrated Care System
INT	Integrated Neighbourhood Teams
JFP	Joint Forward Plan
JSNA	Joint Strategic Needs Assessment
LDCT	Low-Dose Computed Tomograph
LD	Learning Disabilities
LoS	Length of Stay

LTP	Long Term Plan
MDT	Multi-Disciplinary Team
MHST	Mental Health Support Teams
MOU	Memorandum of Understanding
MSE	Mid and South Essex ICB
MSK	Musculoskeletal
NHS LTP	NHS Long Term Plan
NDDP	NHS Diabetes Prevention Programme
NQB	National Quality Board
ND	Neuro Diversity
OPA	Outpatient
OPFA	Outpatient First Appointment
PCN	Primary Care Network
PHM	Population Health Management
PROMs	Patient Reported Outcome Measures
PTL	Priority Target List
RTT	Referral To Treatment
SDEC	Same Day Emergency Care
Section 136	Legal powers of the police to take someone to a place of safety if they think they have a mental disorder and need care or control.
SEND	Special Educational Needs and Disabilities
SPOC	Single Point of Contact
SMI	Severe Mental Illness
SWH	South and West Hertfordshire
TLHC	Targeted Lung Health Check
UCR	Urgent Community Response
UCC	Urgent Care Centre
UEC	Urgent & Emergency Care
UDA	Units of Dental Activity

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