Hertfordshire and West Essex Integrated Care Board

ICB Board Meeting [Public Session]

Friday 24 March 2023

Conference Room, Niland Conference Centre

Rosary Priory

93 Elstree Road

Bushey Heath , WD23 4EE

09:30 - 13:00

Hertfordshire and West Essex Integrated Care Board

Meeting Book - ICB Board Meeting [Public Session] Friday 24 March 2023

HWE ICB Board Meeting Held in Public Session

09:30	1. Welcome, apologies and housekeeping		Chair
	2. Declarations of Interest		Chair
09:35	3. Minutes of last meeting held on Friday 27 January 2023	Approval	Chair
	4. Action Tracker	Approval	Chair
09:40	5. Questions from the public	Discuss / Information	Chair
	PART ONE - ICB Business		
	Any items for discussion from the Chair and CEO reports must be flagged with the Chair in advance of the meeting		
09:50	6. Chair's update report	Information	Chair
09:55	7. Chief Executive Officer's report	Information	Jane Halpin
10:00	8. Integrated reports for finance, performance, quality and workforce	Assurance/Discussion	Michael Watson
10:20	9. HWE ICS 2023/24 Operational Planning Report	Information	Frances Shattock
	10. Financial Planning report 2023/24	Information	Debbie Griggs
10:50	11. Clinical Priorities	Decision	Rachel Joyce
	Exception reports - Items from reports shared for information - Chair to be notified in advance if members wish to discuss any parts of the reports		
11:10	12. Quality Escalation Report	Information	Rosie Connolly
	13. HWE ICS Performance Report	Information	Frances Shattock
	14. Finance Report Month 10 2022/23	Information	Debbie Griggs
	15. Governance report including Risk report	Information	Simone Surgenor

	16. Committee summary reports	Information	Committee Chairs
	11:30 - 11:45 Comfort Break		
	PART TWO - System, Leadership and Strategy		
11:45	17. Patient experience and deep dive: General Practice and Primary Care	Assurance/Discussion	Avni Shah
12:35	18. Integrated Care Partnership update	Information	Beverley Flowers
12:45	19. What would service users, patients, carers and staff take away from our discussions today?		Chair
12:55	20. Close of meeting		Chair
	Date of next Meeting: Friday 26 May 2023		

Herts & West Essex Strategic Framework- 2022-2027

Our mission

Better, healthier and longer lives for all

We will achieve this by

- **Improving physical and mental health across our population**
- **Tackling unequal access, experience and outcomes**
- **Enhancing productivity and value for money**
- **Ensuring the NHS supports broader social and economic development.**

In the first 3-5 years we will

- Increase healthy life expectancy, and reduce inequality
- Give every child the best start in life
- Improve access to health and care services
- Increase the numbers of citizens taking steps to improve their wellbeing
- Achieve a balanced financial position annually

The ICB will deliver this by:

- Setting direction for the NHS in Hertfordshire and West Essex
- Allocating NHS resources fairly and effectively
- Supporting, equipping, and empowering our people
- Working with and pooling resources with our partners
- Enabling improvement and driving change, with a focus on quality
- Using data and evidence to generate insight and assess impact

Hertfordshire and West Essex Integrated Care System

Hertfordshire and West Essex Integrated Care System

NHS Hertfordshire and West Essex Integrated Care Board

DRAFT MINUTES

Meeting:	**NHS Herts and West Essex Integrated Care Board** **Board meeting held in Public**			
	Meeting in public	☒	*Meeting in private (confidential)*	☐
Date:	**Friday 27 January 2023**			
Time:	**9:30 – 13:15**			
Venue:	**Council Chamber, County Hall, Hertford and remotely via MS Teams**			

MINUTES

Name	Title	Organisation
Members present:		
Paul Burstow (PB)	ICB Chair	Herts and West Essex ICB
Ruth Bailey (RB)	Non-Executive Member	Herts and West Essex ICB
Catherine Dugmore (CD)	Non-Executive Member	Herts and West Essex ICB
Elliot Howard-Jones (EHJ)	Partner Member (NHS Community Trust)	Herts and West Essex ICB
Jane Kinniburgh (JK)	Director of Nursing	Herts and West Essex ICB
Lance McCarthy (LM)	Partner Member (NHS Acute Trust)	Herts and West Essex ICB
Owen Mapley (OM)	Partner Member (Local Authority, HCC)	Herts and West Essex ICB
Joanna Marovitch (JM)	VCFSE Representative	Herts and West Essex ICB
Prag Moodley (PM)	Partner Member (Primary Medical Services)	Herts and West Essex ICB
Alan Pond (AP)	Chief Finance Officer	Herts and West Essex ICB
Gurch Randhawa (GR)	Non-Executive Member	Herts and West Essex ICB
Nicolas Small (NS)	Partner Member (Primary Medical Services)	Herts and West Essex ICB
Karen Taylor (KT)	Partner Member (NHS Mental Health Trust)	Herts and West Essex ICB
In attendance:		
Elizabeth Disney (ED)	Director of Operations	Herts and West Essex ICB
Sharn Elton (SE)	Place Director, East & North Herts	Herts and West Essex ICB
Beverley Flowers (BF)	Director of Strategy	Herts and West Essex ICB
Iram Khan (IK)	Corporate Governance Manager	Herts and West Essex ICB
Tania Marcus (TM)	Chief People Officer	Herts and West Essex ICB

Frances Shattock (FS)	Director of Performance	Herts and West Essex ICB
Simone Surgenor (SS)	Associate Director of Integrated Governance and Organisational Alignment	Herts and West Essex ICB
Michael Watson (MW)	Chief of Staff	Herts and West Essex ICB
Stephen Madden (SM)	Associate Director for Strategy and Transformation	Herts and West Essex ICB
James Benson (JB)	Interim Chief Executive Officer	Central London Community Healthcare NHS Trust
Paul Scott (PS)	Chief Executive	Essex Partnership University NHS Foundation Trust
Tracey Norris (TN)	Meeting Clerk	Herts for Learning
Via Microsoft Teams:		
Rachel Joyce (RJ)	Medical Director	Herts and West Essex ICB
Adam Lavington (AL)	Director of Digital Transformation	Herts and West Essex ICB
Avni Shah (AS)	Director of Primary Care Transformation	Herts and West Essex ICB
Thelma Stober (TS)	Non-Executive Member	Herts and West Essex ICB
Phil Turnock (PT)	Managing Director of HBL ICT Shared Services	Herts and West Essex ICB
Lucy Wightman (LW)	Partner Member (Local Authority ECC)	Herts and West Essex ICB
Alexandra Green (AG)	Chief Operating Officer	Essex Partnership University NHS Foundation Trust
Adam Levy (AL)	Deputy Director of Strategy & Transformation	Hertfordshire Community NHS Trust
Apologies:		
Jane Halpin (JH)	Chief Executive Officer	Herts and West Essex ICB
Ian Perry (IP)	Partner Member (Primary Medical Services)	Herts and West Essex ICB

ICB/01/23	**Welcome, apologies and housekeeping**
1.1	The Chair welcomed all to the meeting. He confirmed that this was not a public meeting but a meeting being held in public (members of the public were welcome to attend to observe the meeting).
1.2	Apologies for absence had been received from: • Jane Halpin • Ian Perry • Lance McCarthy (who would join the meeting at 11am) The following members were joining the meeting remotely: Rachel Joyce, Thelma Stober, Phil Turnock, Lucy Wightman, Adam Lavington and Avni Shah.
ICB/02/23	**Declarations of interest**
2.1	The Chair invited members to update any declarations relating to matters on the agenda: • None declared. All members declarations are accurate and up to date with the register available on the website: Declaration of interests – Hertfordshire and West Essex NHS ICB
ICB/03/23	**Minutes of the previous meeting**
3.1	**The minutes of the previous meeting held on Friday 18 November 2022 were approved as an accurate record.**
ICB/04/23	**Action Tracker**
4.1	The action tracker was reviewed, and the current status of the following actions were shared, all other items had been completed: • ICB/12.4/22: lived experiences: this remained open and was a regular item on each agenda. • ICB/45.2/22: review of lived experiences: ongoing, to be reviewed in May. • ICB/37.4/22: postponed until the March meeting.
4.2	**The Board noted the updates to the action tracker.**
ICB/05/23	**Questions from the public**
5.1	Three questions had been submitted in advance of the meeting, a full written response would be shared with each individual concerned and recorded in the minutes, the Chair provided a brief response in the meeting:
5.2	Question 1: Mr Pike "*Are Providers of NHS services currently bound by the NHS Constitution and in particular by the requirement to offer patient choice? If so, does this apply to NHS Dentists*?"
5.3	Answer: All NHS bodies and private third sector providers supplying NHS services are required by law to take account of the NHS Constitution in their decisions and actions. This includes NHS dental services. The details on patient choice and the service patients, the public, and staff can expect from the NHS found on our Hertfordshire and West Essex ICB website and typing 'patient choice' in the search bar.
5.4	Question 2: Mr Wigley "*Why have the leaders of the ICS, Dr Halpin and Mr. Burstow, refused to have at least one designated patient representative to the Board or attending it or attached to it, with the right to take a full part in its discussions (as was the case with the HVCCG's Board)*? "
5.5	Answer: Patient, service user and carer voice is important to this Board and is reflected in our constitution. Our approach to including patient, service user and carer perspectives continues to evolve and membership of the Board is kept under review.

	We are committed to establishing a Patients Assembly to act as a forum for engaging with people who use services and carers. This would include public participation forums to feed into the Primary Care, Nursing and Quality Directorates. I hope that we will be able to announce more details of the Assembly soon and begin the process of convening it. We are also committed to working with Healthwatch in both Hertfordshire and Essex to bring a rich and diverse range of patient, carers and service experience to the work of the ICB and this Board.
5.6	Questions 3: Mr Jordan "*Could the ICB please provide an update on the status of Continuous Glucose Monitoring and Flash Glucose Monitoring for Type 1 diabetics, and the technology's availability within the ICB's regional remit, per updates to NICE's guidance in Q1 2022.*"
5.7	Answer: The updated guidance issued by the National Institute for Health and Care Excellence that recommends widened access to continuous glucose monitoring is not a NICE Technology Appraisal. Technology Appraisals are a very specific type of NICE guidance, and their implementation is mandatory. Other NICE Guidance are not mandatory and NHS organisations are expected to consider such guidance in the context of local and national priorities for funding. I understand that while the NICE guidance on insulin pumps is not being updated NICE has recently published a Multiple Technology Appraisal consultation document on hybrid closed loop systems for type 1 diabetes. Hybrid closed-loop systems, also known as an artificial pancreas, continually monitor blood glucose and automatically adjust the amount of insulin given through a pump. The consultation document states that at current prices, the technology is not cost effective but outlines which cohorts should receive the technology if the suppliers and NHS England can agree a cost-effective price. Because this concerns a Technology Appraisal, if the final guidance recommends the technology, then ICBs will be required to make funding available and would support the implementation. At this stage we await the final guidance.
ICB/06/23	**Patient/carer experience**
6.1	Three patient/carers experiences were shared via video presentation: • Philip's story: following a fall in the garden, Philip's mobility was impacted, and his confidence knocked, he and his wife described how they didn't know where to turn, who to go to. They felt Philip was not treated as a person until they made contact with community outreach physiotherapist • Joan's story: Joan described her recovery following a stroke, six nights in hospital and six weeks recovery at home with daily tailored support. This approach ensured Joan's long-term recovery was good. • Brian's story: following a knee replacement, Brian became a patient on the virtual ward. Brian is the primary carer for his wife and needed to be at home.
ICB/07/23	**Board deep dive: Community Services**
7.1	Elliot Howard-Jones (EHJ) presented the community services deep dive (the presentation would be circulated after the meeting): • Community services in Hertfordshire and West Essex were huge, but not always visible: ○ Each year community services had contact with 2.5million adults.

	○ There were 550,000 new referrals each year (West Herts Hospital Trust receives 200,000 in comparison). ○ District nurses, occupational therapist and other staff deliver 30,000 at home appointments each month. ○ Community services supported 50 neuro rehabilitation beds and treated patients in patients' homes, care homes and schools. • Community services covered a wide range of services: ○ For adults: specialist bladder and bowel treatment, sexual heath, palliative care, prevention of admissions, support of long-term conditions, etc ○ For children: school nurse, universal pre-school visits, early diagnosis, school immunisation programme, specialist services, child development – audio, optometry and neuro. • Community services have adopted and adapted to remote technology. • The complexity of patients at home is increasing and without community service support they would require hospital bed. • Community service delivered the Covid 19 mass vaccination programme and moved at speed to deliver this, it responds to other urgent unplanned issue as and when required, eg the housing and health management of asylum seekers. • Demand has increased by 16% with spikes in some services, eg referrals to PALMS was up by 50%. • There was vulnerability of services across HWE due to commissioning variations, eg the lack of community dental services in ENH. • Waiting lists for services were increasing, the service was working at 97% activity of pre-covid levels and was aiming for 100% and beyond. • Four areas of priority had been identified: ○ Delivering care close to home; ○ Prevention; ○ Funding to sustain delivery; and ○ Workforce: recruitment and retention. • Next steps: ○ Community service would continue delivering its breadth and depth of support (it was not just about discharge). ○ Establish rotational posts to aid staff retention. ○ Support system capacity. ○ Ensure equality of provision. ○ Reduce waiting lists and identify and address hidden waiting lists. ○ Conduct more pilots, working in an integrated way with other providers, eg in children's neuro development and disability. • The creation of the ICB was an opportunity to work across the community to expand the opportunity for patients to remain at home for longer; with the right intervention at the right time there was a real opportunity to reduce long term dependency.
7.2	Questions and comments were invited: • Board members thanked EHJ for his presentation which had increased their knowledge and understanding of this valuable sector. • Relationships between community services and general practice was a key area to explore. From the patient's perspective, this should be seamless. • GPs were not always aware of the services offered by community service and often bypassed these options and directed patients directly to secondary care. • Greater integration between all areas of care; GPs, ambulance, social care, acute, mental health etc was key. • There was a willingness from all organisations to achieve this, the next step was the "how" and the usual barriers needed to be overcome, ie investment decisions, IT integration, clear pathways, stable and secure workforce, visibility of services. • The need for transformation in urgent care was raised – a change in culture was needed.

	• Public health management was needed to inform where and when the ICB should focus services.
	• Q should future deep dives focus on a different sector of HWE describing its operational activities or would more be gained from having a system wide outcome focused deep dive? For example, was the ICB doing enough around community aspects to support discharge.
	• A deep dive into SEND pressures would be useful – should this be a systems approach or an individual service provider approach?
	• Issues raised from the patient experience videos to follow up: way-finding – Q how should this be addressed?
	• The ICB needed to look at issues from a public/population viewpoint and not always through the service lens.
	• It was necessary to understand the breadth and depth of community services to ensure that all parts of the organisation were able to work together to maximise this potential.
	• The increasing demand on Children's Services (following the pandemic) eg speech and language, autism, SEND needed to be addressed with a system wide approach and this had begun in part with the MH and autism collaboration which was exploring the relationships between ASD/SEND/LD.
	• It was noted that the families of children and young people were very engaged but frustrated with the lack of access.
	• EHJ noted the excellent collaborations between social care and community services re the creation of advanced care homes. Integration across the system was happening at some levels.
	• Improvements in technology would support great integration between community services and primary care.
	• The on-going tensions between urgent "now" waiting lists and longer-term public health management outcomes was noted.
	• EHJ suggested that there were possibilities for earlier intervention and preventative measures eg the winter access funding (non-recurrent but received every November) - a decision could be taken to assume this funding was coming and start planning now for the most effective way to deploy this.
	• Community services should no longer been seen as a "bolt on" to primary care; on average 12,000 people were seen daily in HWE; this quality and quantity of service needed to be included in the ICB's strategic overview.
	• Prevention was possible in primary, secondary and tertiary care – all with different lead times and metrics eg:
	  ○ Preventing a disease occurring;
	  ○ De-escalating conditions more quickly;
	  ○ Improved speed of recovery and at home rather than in hospital; and/or
	  ○ Reducing deterioration.
	• The People Board were hoping to address the mismatch in university/college courses to better support the skills needed in community care.
	• Public engagement and participation (eg with virtual ward expansion to high intensity users to proactively monitor) was needed but for this to happen, the services needed to be more visible/easily accessed.
	• All providers were in agreement that "prevention was better than cure"; it was suggested that some growth funding should be ringfenced for this – patients needed to be more engaged in their own physical and mental well-being.
	• The measurement of outcomes and the strategic commissioning of services was key with money ring-fenced for prevention.
	• The need to treat patients as individuals was raised; some patients experienced illness because of an intervention from a health care provider. As a result, more personalised care was being offered eg frailty, anticipatory care plans, social prescribing.
	The Chair thanked all for their comments, he suggested the following:

	• The comments made during the discussion should be pulled out into a separate meeting note. • Updates on the system wide integration of community services with wider care to be shared in the coming months. • The Population Outcome and Improvement Committee and the Finance and Investment Committee should look at opportunities in 2023/24 and over the next five years to allocate an increasing share funding for prevention. • Prevention should be included in the five-year financial plan.
7.3	**The Board noted the deep dive presentation on Community Services**
7.4	***ACTION: Update on the system wide integration of community services at a future meeting and proposals on increasing the share of funding earmarked for prevention. To be linked with Population Outcome and Improvement Committee and Finance and Investment Committee – E Howard-Jones / B Flowers / A Pond.***
ICB/08/23	**Chair's update**
8.1	The Chair referred to his update (see pages 16-21 of the document pack) drawing the board's attention to: • The Chair and the CEO had attended various board meetings across the system and noted the high-level good quality discussions taking place between members. • He would welcome the opportunity to bring together colleagues from different trusts and partners.

8.2	Comments and questions were invited:
	• Q Was there any update available on the Hewitt Review? The Chair was part of this review and noted that:
	  ○ There had been a good response to the evidence call made in December.
	  ○ There was a uniform view emerging of the need to step back from micro-managing, reduce the collection of unnecessary data, or data that serves no purpose, reduce the reporting requirements that have been historically attached to small pots of money and the creation of set of rules/behaviours to allow different part of the system to collaborate more easily.
	  ○ The review is expected to report to the Secretary of State in March.

8.3	**The Board noted the Chair's update**
ICB/09/23	**Chief Executive Officer's report**
9.1	Beverley Flowers (BF) presented the CEO's report in JH's absence (see pages 22-37 of the document pack) drawing the board's attention to: • The difficult balance between operational delivery, the response to challenges and the need to continue to push innovation. • The expansion of the OPEL framework to General Practice was an example of such innovation.
9.2	Questions and comments were invited: • A joined-up approach to the PCB planning guidance (received in December 2022) and planning guidance shared with individual providers was needed – all plans needed to aligned with the strategic partnership goals. See agenda item ICB/14/23 for update outlining the process of submitting operational plans which are then combined into a system plan. • The CEOs had agreed to meet to review high level issues that span all organisations and it was hoped that the "spirit" of planning would be captured here. A system leaders group meeting would be held w/c 30 January to discuss this further. • LW welcomed a joined-up approach to working with the Home Office and the challenges providing the support required for refugees and asylum seekers. • It was noted that JH was chairing a regional group looking at the specific needs of asylum seekers and refugees.

	• It was suggested that the CEO's report was too narrowly focused on NHS provider services and pressures – it would be useful if an overview of all partners were included, eg pressures on social housing (NB specifically in relation to asylum seekers).
9.3	**The Board noted the CEO's report.**
The meeting paused for a 10-minute comfort break. Lance McCarthy and Stephen Madden joined the meeting at this point.	
ICB/10/23	**Integrated report for finance, performance, quality and workforce**

10.1	Michael Watson (MW) presented the integrated report (see pages 38-45 of the document pack) drawing the Board's attention to:
	• This was the first iteration of an integrated report and MW welcomed feedback from colleagues; he expected the report to evolve over time and become more data driven.
	• He clarified that the report covered the five areas agreed by the board:
	  ○ Diagnostic capacity;
	  ○ Workforce- recruitment, retention, sickness and absence;
	  ○ Demand for services;
	  ○ Barriers to discharge; and
	  ○ Funding and other constraints (for example estate).

10.2	The Chair acknowledged the work that had been undertaken to develop the report and that triangulating performance, quality, finance and people was not a straightforward task. Questions and comments were invited, the Chair encouraged all provider partners to share their views: • How could the report better articulate how well the performance of the system was on track to deliver the ICB strategy? • Was the detail too high-level? Should there be more links between strategic objectives and the financial risks facing the ICB. For example, the ICB was projecting a breakeven position at year end but within that some organisations were in deficit. • How did the report identify what factors were preventing the ICB from achieving its strategic objectives? • Work was ongoing behind the scenes with the PHM team to ensure the right metrics were captured and shared. • Should the aim of the report focus on cause and effect and the interdependencies between funding/staffing/performance/quality? For example, the lack of money meant that some organisations could not recruit staff, the lack of staff meant that performance fell and coupled with increasing demand this has an impact on quality etc. • Were some of the assumptions in the report to narrowly focused on the narrative and not the data? Did the data prove or disprove the narrative, for example? • How could the Board establish if poor quality was linked to low staffing numbers or higher waiting times? • Could findings from each deep dive be linked to the integrated report in some way, bringing discussions back to data and decision making? • At what point should the Board make a decision to change direction when no improvement had been seen in the data? • Was it appropriate for the quality committee to report on the assurances given by providers to the Board when the provider representatives were on the board and in the room? It was noted that provider representatives on the Board were not there to represent their individual organisation but to represent the views of their sector. • Should the integrated report have sight of risks and metrics from the local authorities? • The time delay in validated data being shared with the Board was noted; provider partners were looking at live (unvalidated data) so had different understandings of the current situation vis service delivery, performance and quality.

	• This report did not need to result in a discussion on the performance management of different parts of the system but on what areas needed to improve to deliver better outcomes. • The conversation at Board level needed to be about integration rather than bilateral updates; a move away from performance management to performance improvement. • Applying a system lens to the report would highlight for example, the risk from the lack of funding in the system in 2023/24 and raise the question: what issues does the Board need to attend to which are causing financial pressures. • The report needed to be linked to outcomes. • The integrated report needed to be shared back with each committee to ensure triangulation of information and actions. • Targets (and therefore metrics) were not always linked to strategic priorities. • The performance/role of individual organisations were being scrutinised in other committees and provider boards. MW welcomed the useful discussion and constructive comments; he would consider how to formulate the next iteration of the report for the next meeting with input from Board members.
10.3	**The Board noted the Integrated Report for Finance, Performance, Quality and Workforce and the development work being undertaken to develop the report.**
ICB/11/23	**Quality Escalation report and quality dashboard**
11.1	Jane Kinniburgh (JK) presented the quality escalation report (see pages 46-69 of the document pack) drawing the Board's attention to: • The report contained lots of detail about individual performance which, following the last discussion, might not be what the Board wanted. • The report included a deep dive into mental health, CHC, the national patient safety strategy and children's safeguarding. • A recent CQC inspection of maternity services at Lister had resulted in the service being rated inadequate. • A section 31 enforcement action letter had been issued to EPUT and a rapid review meeting had been held on 14 December.
11.2	Questions and comments were invited: • Was the ICB in danger of "normalising" patient safety concerns/CQC ratings? How much were workforce issues impacting quality and if this was the case, how was the system responding to this? • JK noted the efforts being made to retain staff and support their wellbeing but felt that a tailored approach to different cohorts of staff might be beneficial, eg maternity workforce deep dive. • The correlation between organisational culture and quality was not always visible but existed nevertheless, for example the use of agency staff, the sometime limited numbers of trained staff on duty. • Could the quality report identify what was having the biggest system impact on patients, assuming individual organisations were aware and looking to address their own quality issues. • The various national and regional maternity reports all identified culture as an issue, this needed to be understood and addressed. With the right leadership in place there would be better outcomes. • The report was heavily focused on safety – what were the most effective safety metrics to use? • It was noted that the CQC baselines for maternity inspections had increased and all maternity services which had been inspected in the last 12 months had seen their grading deteriorate. JK thanked the board for their comments, she noted that the biggest area of impact was currently ambulance (in her opinion) but this was not visible in the report so would adapt future reports accordingly.

11.3	Quality Dashboard Jane Kinniburgh (JK) presented the quality dashboard report (see pages 70-90 of the document pack) drawing the Board's attention to: • This was the first iteration of the quality dashboard with comments and feedback welcomed. • There was as yet, no guidance nationally on what this should look like.
11.4	Questions and comments were invited: • It was suggested that the metrics being presented were ones that the ICB had to report on but were not necessarily the data that would help it develop system performance. • The addition of trend analysis (direction of travel) would be useful. The Chair invited colleagues to send further comments directly to JK.
11.5	**The Board noted the Quality Report and the quality dashboard**
ICB/12/23	**Performance report**
12.1	Frances Shattock (FS) presented the Performance Report (see pages 91-135 of the document pack) drawing the Board's attention to: • The Performance Committee had met on 26 January and reviewed the following: ○ Cancer performance against the 62-day standard was good despite the high referral levels. ○ Waiting times for adults and children to access the expanded community dentist service. ○ Concern around hidden waits; no one was waiting for longer than 78 weeks other than in ADHD where waiting times were much longer – this data was not yet available. ○ Productivity rates for theatre usage: aim to achieve 85% productivity. ○ Deep dive into productivity. • Performance issues to escalate: ○ Urgent and emergency care: HWE were performing worse than regional/national averages although the unvalidated data showed an improvement. This would continue to be monitored. ○ Mental health services – demand pressures on both adult and child services. KPIs were being met in crisis demand.
12.2	Questions and comments were invited: • Was there overlap between callers to 111 and attendance at urgent and emergency care – was this tracked? Would it be useful to understand a patient's route to A&E ie via 111 or via the GP or self-referral? • It was felt that many patients accessed A&E as it was seen as the path of least resistance despite the long wait. • SE noted the extensive work happening at different levels to improve access; from on the day patients who have minor injuries to the management of complex needs and high intensity users. This was running alongside a national programme "Making every adult matter".
12.3	**The Board noted the Performance Report.**
ICB/13/23	**Finance Report: Month 8**
13.1	Alan Pond (AP) presented the ICB finance report for month 8 (see pages 136-152 of the document pack) drawing the Board's attention to: • Year to date projections continued to predict financial balance. • £10million reserves to support wider system overspends. • Period 9 was not yet ready for circulation but showed a similar picture. • Pressure points were unchanged: CHC costs and prescribing (temporary price rises because of supply shortages). • Only some cost pressures were non-recurrent. • There remained an imbalance in CHC costs in south west Herts compared to the

	rest of HWE. This had been investigated in more detail (see page 146-148 of the report): ○ There were more care homes in south west Herts and a greater in-flow of patients from out of county. ○ Care delivered in a care home was more expensive than care delivered at home. • All organisations had undertaken a financial governance review in September 2022. The outcomes of which had been reviewed by the internal auditors in November. • A benchmarking report produced by The Internal Audit Network (TIAN) showed that HWE was ranked 8th out of 16 ICBs across the audited areas.
13.2	Questions and comments were invited: • What information did the finance report have on spending on agency staff, projections and caps? • AP noted that the caps on agency staff were targets for Trusts rather than ICBs and that these would be more stretching in 2023/24. All organisations in the ICS, including the ICB, had a clear strategic intent to reduce agency staff use both for financial reasons but also operational reasons. • The People Board was working closely with agencies to ensure organisations within HWE received competitive bank rates and ceilings for agency rates were established and held to wherever possible. There were often hot spots in each area which required a flexible approach. • EHJ noted that judgements re staffing always had a reference to quality, the preference was always permanent staff first, then bank then agency.
13.3	**The Board noted the ICB finance reports for month 8 2022/23**
CB/14/23	**HWE ICS Planning Report**
14.1	Frances Shattock (FS) presented the HWE ICS Planning Report (see pages 172-209 of the document pack) drawing the Board's attention to: • The planning report provided an overview of the requirements of the 2023/24 operational planning guidance, a summary of the ICB's current status and a timeline for process and completion. • The interim plan was due for submission to NHSE on 23 February. • Board discussion/approval in March. Alan Pond (AP) provided the following update on the 2023/24 financial allocation: • Headline growth rate: 5.1% • Net increase: 4.4% • Planning to assume 2% pay award as a holding position with funding to be updated once a pay award was known. • Non-pay inflation: 5.5% • Expected efficiencies: 1.1% • Known pressures: prescribing/CHC costs will increase by more than inflation. • Capacity and discharge funding have increased slightly. • Elective recovery fund: £60m, an increase of £15m on 2022/23. • Reduction in Covid funding by 80% from its height in 2020/21, challenge is to take put costs.
14.2	Questions and comments were invited: • All providers were looking at significant financial pressures. • Board members acknowledged the difficulty in achieving a fully integrated plan in such a tight time frame. • The next board development session would look at system wide approaches to financial pressures.
14.3	**The Board approved the ICS Planning Report**

ICB/15/23	ICP Integrated Care Strategy
15.1	Stephen Madden (SM) presented the ICP Integrated Care Strategy (see pages 162-205 of the document pack) drawing the Board's attention to: • The Health and Care Act 2022 requires Integrated Care Partnerships (ICP) to write an Integrated Care Strategy (ICS) to set out how the assessed needs of local people of all ages can be met through the exercise of the functions of the Integrated Care Board and partner local authorities. • The Strategy was agreed by the HWE ICP Board on 15th December 2022 and published on the ICP website on 23rd December 2022. • The strategy was initially developed with local strategy leads through a series of workshops and then further developed through stakeholder engagement via a survey, focus groups and various groups and boards across the HWE system. • The proposed strategy is a 10-year strategy covering 2023-2033 and has 6 specific priorities: ○ Priority 1: give every child the best start in life. ○ Priority 2: support our communities and places to be healthy and sustainable. ○ Priority 3: support our residents to maintain healthy lifestyles. ○ Priority 4: enable our residents to age well and support people living with dementia. ○ Priority 5: improve support to people living with life-long conditions, long term health conditions, physical disabilities, and their families. ○ Priority 6: improve our residents' mental health and outcomes for those with learning disabilities and autism. • Four key principles and opportunities were: ○ Prevention and early intervention. ○ Reducing problems and more complex issues. ○ Reduce avoidable difference in health care access and outcomes. ○ Use of lived experiences. • The key enablers within the system were: ○ Workforce plus the voluntary sector ○ Utilising different health care partnerships already in existence in each place.
15.2	Questions and comments were invited: • The delivery plan was key to success; what metrics would be used to track this and how would these be included in the IPR? • Robust delivery plans needed to reflect the changing environment. • Stakeholder engagement with the delivery plans was essential – via feedback roadshows for example, exposure at other events and via different mediums including everyone's website. • How would the disadvantaged/hard to reach groups be engaged with? • The system delivery plan was the "*what";* each place has it own local delivery plan: the "*how*". • SM confirmed that the team were working on identifying the best operational metrics and that there was a commitment to engage with focus and community groups. • This was a ten-year strategy which would be continually refreshed and reviewed.
15.3	**The Board approved the ICP Integrated Care Strategy**
ICB/16/23	**HWE Better Care Fund Adult Social Care Discharge fund allocation 2022/23**
16.1	Elizabeth Disney (ED) presented the Better Care Fund (see pages 206-220) of the document pack) drawing the Board's attention to:

	• Additional funding had been allocated to the adult social care fund in November 2022. • This information had been shared with the board in the interest of good governance. • The team were working with system partners to make sure the right decisions were made.
16.2	No questions were raised.
16.3	**The Board noted the HWE Better Care Fund Adult Social Care Discharge Fund Allocation 2022/23**
ICB/17/23	**Governance report**
17.1	Simone Surgenor (SS) presented the Governance report (see pages 221-241) of the document pack) drawing the Board's attention to the items requiring approval: • ICB Governance handbook: Updated Terms of Reference for Quality Committee and Population Outcome and Improvement Committee. see report for changes required. These were approved. • For information: ICB Constitution: Approval by NHS England on 4 January 2023 for the addition of a new Board member. The ICB approved this change at the November 2022 Board meeting subject to final approval by NHS England.
17.2	No questions were raised.
17.3	**The Board approved proposed changes to the ICB governance handbook and noted the governance report**
ICB/18/23	**Committee summary reports**
18.1	Summary reports had been prepared by committee chairs and the corporate governance team (see pages 242-255 of the document pack) and were intended to be a more transparent and digestible way to share discussion and actions from committees.
18.2	Questions and comments were invited: • AP noted an error in the Finance and Investment Committee summary: the £28m deficit was a forward projection for 2023/24 not the current position.
18.3	**The Board noted the committee summary reports**
ICB/19/23	**What would service users, patients, carers and staff take away from our discussion today?**
19.1	The following was noted: • Time was spent talking about how to frame discussions; this did not directly attend to patient need. • Care was needed to ensure the vast amounts of data produced and shared have impact. • The Board needed to be more forward looking.
Date of next meeting: Friday 24 March 2023	
The meeting closed at 13:15	

Herts and West Essex Integrated Care Board Board Meeting Action Tracker Last updated on 15 March 2023							
Private / Public	**Action Tracker Ref No**	**Date of Meeting**	**Subject**	**Action**	**Responsible Lead**	**Deadline Date**	**Comments and Updates**	**Status**
PUBLIC	ICB/12.4/22	27/07/2022	Patient and lived experience stories	**Ensuring patient and lived experience stories are built into the ICB Governance Framework and ensuring that learning from best practice and across the system is incorporated.**	M Watson	**Ongoing**	On-going action	**Open**
PUBLIC	ICB/45.2/22	18/11/2022	Patient/carer story	**Board to review the impact of lived-experience section in May 2023**	M Watson	**26/05/2023**	Due in May	**Open**
PUBLIC	ICB/37.4/22	23/09/2022	UEC Assurance Framework	**Draft long term UEC strategy to be shared at next meeting**	E Disney	~~**18/11/2022**~~ ~~**27/01/2023**~~ ~~**24/03/2023**~~ **26/05/2023**	**07/11/22 -** E Disney updated - A workshop is scheduled for 29 November which will draft a framework and high level priorities for the Strategy **Jan 2023** - Postponed to 24 March 2023 **09/03/2023** - Postponed to 26 May due to aligning paper to the Board with the finalised 23/24 operational planning, and need to complete further work and sign off with the UEC Board in March/April.	**Open**
PUBLIC	ICB/7.4/23	27/01/2023	Deep Dive: Community Services	**Update on the system wide integration of community services at a future meeting and proposals on increasing the share of funding earmarked for prevention. To be linked with Population Outcome and Improvement Committee and Finance and Investment Committee**	E Howard-Jones A Pond B Flowers	**26/05/2023**	Due in May	**Open**

RAG Rating Key:	
Red	**Open (overdue)**
Amber	**Open (on-going)**
Green	**Completed / Action Closed**

Hertfordshire and West Essex Integrated Care System

NHS Hertfordshire and West Essex Integrated Care Board

Meeting:	*Meeting in public*	☒	*Meeting in private (confidential)*	☐			
	NHS HWE ICB Board meeting held in Public				**Meeting Date:**	**24/03/2023**	
Report Title:	**Chair's update report**				**Agenda Item:**	**06**	
Report Author(s):	With contributions from the ICB Executive Team and Partner Members						
Report Presented by:	Paul Burstow, ICB Chair						
Report Signed off by:	Paul Burstow, ICB Chair						
Purpose:	**Approval / Decision**	☐	**Assurance**	☒	**Discussion**	☐	**Information** ☒
Which Strategic Objectives are relevant to this report **[Please list]**	▪ Increase healthy life expectancy and reduce inequality ▪ Give every child the best start in life ▪ Improve access to health and care services ▪ Increase the number if citizens taking steps to improve their wellbeing ▪ Achieve a balanced financial position annually						
Key questions for the ICB Board / Committee:	N/A						
Report History:	N/A						
Executive Summary:	This report provides the ICB Board with a high-level update of the range of key operational & transformational workstreams across the organisation and wider system.						
Recommendations:	The Board is asked to note the contents of the report.						
Potential Conflicts of Interest:	***Indirect***	☐	***Non-Financial Professional***	☐			
	Financial	☐	***Non-Financial Personal***	☐			
	None identified			☒			
	N/A						
Implications / Impact:							

Patient Safety:	*N/A*	
Risk: *Link to Risk Register*	*N/A*	
Financial Implications:	*N/A*	
Impact Assessments: *(Completed and attached)*	***Equality Impact Assessment:***	N/A
	Quality Impact Assessment:	N/A
	Data Protection Impact Assessment:	N/A

Chairs Report to the Integrated Care Board

I would like to begin this Board report by thanking all those who have worked together to create the system plans that the meeting will discuss today. Producing this plan requires the labours of many people both ICB staff and colleagues in our partner NHS Trusts. Whilst next year will be a challenging one for our system, as it will be for the whole of the NHS, the plans submitted represent a genuinely collaborative approach - which will be the only way we will be able to overcome those challenges.

Integrated Care Partnership

We have seen considerable progress on the Integrated Care Strategy since it was endorsed by the ICB at our meeting in January. The strategy has now been formally published to the public, supported by an accompanying press release and video, which can be seen here: https://youtu.be/N4_hllxpTUI.

Work is taking place across the partner organisations to develop the delivery plan for the strategy- which will be available from April. My thanks go to the members of the ICB team that are working in partnership with local government and VCFSE colleagues across the ICS on this - colleagues can view the final strategy here: Our strategy for a healthier Hertfordshire and west Essex – Hertfordshire and West Essex Integrated Care System (hertsandwestessexics.org.uk).

A few weeks ago we also held an ICP development session, which focused on ensuring close working between the ICB and ICP- building on our already strong ties. The importance of a regular flow of information between the two boards was recognised- and as a result there will be a place on our agenda at each meeting to receive a report from the ICP (beginning with todays meeting) and the equivalent on future ICP agendas. We are also proposing that there is a joint session between the ICP and the ICB annually.

Reduction in the ICBs Running Cost Allowance

Colleagues will be aware that NHSE has informed the ICB of its expectation that the ICB will make a 30% reduction in its running costs by 2025/26. Jane sets out the next steps to begin to achieve this reduction in her report to the board- however I did want to take this opportunity to recognise the level of concern that this will cause our staff, and the importance of not allowing this request to impact on the delivery of our strategic objectives. I am committed to ensuring that the board are kept updated of progress towards achieving the reduction.

Hewitt Review

As I mentioned in my report to the last meeting of the board, I was asked by the Rt Hon Patricia Hewitt to chair a workstream of her review, looking at Regulation, Autonomy and Oversight. The work of the workstream has now concluded- and the report is planned to be released towards the end of March.

I hope that when it is published colleagues will agree with me that the recommendations represent a vision for Integrated Care Systems and in particular ICBs that will enable them to deliver their core purposes supported by a reset in their relationship with NHS England and other organisations. I have asked that we find time on the agenda of our May meeting to discuss the reports implications.

ICB System Partners Conference- 24th of May

Looking ahead- members of the board will have received an invite to our first System Partners Conference on the 24th of May, to be held at Harlow Rugby Club.

This conference, which I hope to hold twice a year, is an opportunity for colleagues from across the system to come together to discuss our mutual priorities and to consider the action being taken to deliver both our Integrated Care Strategy and the ICBs five strategic objectives. We will be sharing more information over the next few weeks- and I look forward to seeing you there.

Board Development

Thank you for those members of the Board that we are able to join our development session in February focusing on our purpose and approach as a board- and then our March session on Equality, Diversity and Inclusion.

I think the February session was a crucial step in our evolution as a board- and today is the first board meeting in which we will test out the new approach that we agreed at that session. I would again like to remind colleagues of how important it is that we operate as a unitary board- all voices are important, and I would encourage every board member to contribute to the important debates we will have today.

Members of the board will also have noted that elsewhere on todays agenda we have set out plans for the recruitment of a fifth Non-Executive Member. This reflects our greater understanding, after 9 months of operation, of the workload experienced by Non-Executive Members.

At our next board day we will review the effectiveness of the changes and can make further improvements as needed.

Hertfordshire and West Essex Integrated Care System

NHS Hertfordshire and West Essex Integrated Care Board

Meeting:	*Meeting in public*	☒	*Meeting in private (confidential)*	☐			
	NHS HWE ICB Board meeting held in Public				**Meeting Date:**	**24/03/2023**	
Report Title:	**Chief Executive Officer's report**				**Agenda Item:**	**07**	
Report Author(s):	With contributions from the ICB Executive Team and Partner Members						
Report Presented by:	Jane Halpin, Chief Executive Officer						
Report Signed off by:	Jane Halpin, Chief Executive Officer						
Purpose:	**Approval / Decision**	☐	**Assurance**	☒	**Discussion**	☐	**Information** ☒
Which Strategic Objectives are relevant to this report **[Please list]**	▪ Increase healthy life expectancy and reduce inequality ▪ Give every child the best start in life ▪ Improve access to health and care services ▪ Increase the number if citizens taking steps to improve their wellbeing ▪ Achieve a balanced financial position annually						
Key questions for the ICB Board / Committee:	N/A						
Report History:	N/A						
Executive Summary:	This report provides the ICB Board with a high-level update of the range of key operational & transformational workstreams across the organisation and wider system.						
Recommendations:	The Board is asked to note the contents of the report.						
Potential Conflicts of Interest:	***Indirect***	☐	***Non-Financial Professional***	☐			
	Financial	☐	***Non-Financial Personal***	☐			
	None identified			☒			
	N/A						
Implications / Impact:							

Patient Safety:	*N/A*	
Risk: *Link to Risk Register*	*N/A*	
Financial Implications:	*N/A*	
Impact Assessments: *(Completed and attached)*	***Equality Impact Assessment:***	N/A
	Quality Impact Assessment:	N/A
	Data Protection Impact Assessment:	N/A

Hertfordshire and West Essex Integrated Care System

NHS Hertfordshire and West Essex Integrated Care Board

Chief Executive Officer's Report

In Herts and West Essex our operational and financial planning process continues- we have now had feedback from NHS England on our initial plans and are working through changes that need to be made before the next submission which will be discussed at board today. In line with all systems, our financial position for 23/24 remains very challenging- and this has been a key area of focus in previous weeks. Across the system we have been working together to test the assumptions that underpin our current proposals and identify further steps we can take to move us towards a more financially balanced position.

As the board will be aware, we have received a letter from NHS England confirming a 30% reduction to our running costs allocation between now and 25/26. As you would expect there is a need for us to act promptly to understand the potential implications of this ask and to begin to identify the opportunities for reductions. As a result I have asked a working group led by our Chief of Staff Michael Watson to begin work on this immediately. We are determined to deliver what will be a difficult programme of change without disruption to our work on key priorities – and will continue to keep the board updated on progress.

Next year will also see us welcome staff transferred from NHS England to the ICB as we take on responsibility for pharmaceutical, general ophthalmic and dental services. This will include hosting the entire pharmacy and optometry team on behalf of all systems in the East of England. We look forward to welcoming our new colleagues, and there is more detail on the transfer elsewhere in this report.

I also thought it would be helpful to let everyone know about some forthcoming reviews that will be taking place across the system, as we continue to establish our new ways of working. The first is that as part of the ongoing work of developing a system approach to UEC, we will be starting some work to look at our system Urgent Treatment Centres. Shirley Potter will be supporting this work, so you may hear more from her soon. Toni Coles is also shortly to begin some work looking at adult community services commissioned by Hertfordshire and West Essex ICB, with a view to highlighting good practice, understanding variation and identifying opportunities for the future.

One very positive piece of news I wanted to share is the NHSE decision to recognise the progress West Herts Hospitals NHS Trust have made on the delivering zero 78 week wait programme and de-escalate the trust from tier one to tier two of the programme. This is a reflection of the fantastic work of trust CEO Matthew Coats and everyone involved at the Trust. This good news follows a similar de-escalation for East and North Hertfordshire NHS Trust earlier this year.

I had the great pleasure of meeting the digital leads at both East and North Herts and Princess Alexandra Trusts in recent weeks; and hearing more about the trusts' digital programmes and recent investments made in digital. I was joined by Adam Lavington, our Director of Digital Transformation, and we were able to discuss the digital strategy for the ICS and our partnership approach to delivering it. If you would like to read the strategy you can do so here.

I was delighted on Wednesday 8th March to join a reception at the House of Commons, co-hosted by Cllr Louise McKinlay, Deputy leader of Essex County Council and Harlow MP Robert Halfon, to hear about the first year of Essex County Council's work with partners, including the NHS, on how they have begun to level up opportunities for people across Essex. We heard from colleagues at Essex County Council, Rt Hon Justine Greening from 'This Is Purpose', and from residents who shared their experiences of how the levelling up work had transformed their lives.

Hertfordshire and West Essex Integrated Care System

NHS Hertfordshire and West Essex Integrated Care Board

The ICB will continue to work with Essex County Council, district council colleagues and other partners in West Essex on this important work- as part of our strategic objective for 2022-2027 to increase healthy life expectancy and reduce inequality.

We also held our Health and Care Cluster Partnership Programme workshop this month. This was the start of work alongside the University of Hertfordshire and Health Education England to develop practical ways in which core local public sector organizations can collectively make a bigger difference to people's lives through access to training and employment. The workshop identified some of the key areas of focus for the partnership and the partnership approach which would support delivery

Thank you for your ongoing support for the work of the Integrated Care Board.

Jane Halpin
CEO

Hertfordshire and West Essex Integrated Care System

NHS Hertfordshire and West Essex Integrated Care Board

Appendix A: Key Updates

1. Strategy Update

Since the endorsement of the Integrated Care Strategy at the January Board meeting. There has been the formal publication of the strategy to the public, supported by an accompanying press release and video (https://youtu.be/N4_hllxpTUI). Leads from within the ICB along with those from our partner organisations have been commencing work on the delivery plan for the strategy which is expected to be finalised in April. Full details of the strategy can be found here: Our strategy for a healthier Hertfordshire and west Essex – Hertfordshire and West Essex Integrated Care System (hertsandwestessexics.org.uk)

Work on the ICB's Joint Forward Plan (JFP) has also commenced and will link in closely with the 23-24 Operational Plan and Integrated Care Strategy Delivery plan. To support the JFP development public and stakeholder engagement has commenced and will be concluded following the upcoming Purdah period. The JFP is due to be published in July with a first draft due at the end of March.

2. Primary Care Update

1.1 Delegated Commissioning of Dental, Optometry and Community Pharmacy

From 1st April 2023, ICB's will assume responsibility for pharmaceutical, general ophthalmic and dental services under the terms of a Delegation Agreement with NHSE.

1.2 Hosting of Pharmaceutical Services and Optometry Contracting

Hertfordshire and West Essex ICB will host the pharmacy and optometry (P&O) team for the whole of the East of England (six ICBs) in line with a Memorandum of Understanding (MOU). The MOU is not a legally binding agreement and does not change the statutory roles and responsibilities or functions of either Party.

Whilst HWE ICB is hosting the P&O Contracting Team, all ICB's signing up to this agreement have equal responsibility for ensuring the effective commissioning and contracting of P&O services.

The MOU supports the national requirements as set out in the Delegation Agreement and each ICB will be responsible for compliance to the requirements as set out in this.

1.3 Delegation Agreement

The ICB has now received the final version of the Delegated Agreement of transferring responsibility for Pharmacy, Optometry and Dental services from April 2023 for signing.

Overall, we have self-assessed as AMBER across a number of in our final Safe Delegation Checklist submission. This is similar across all ICBs in East of England due to financial risk raised following sharing of budgets and the gaps in process and knowledge shared by NHSE.

1.4 Finance

Allocations and budgets have been shared with ICB finance teams. There has also been confirmation that the recurrent underspend in Dental contracts is ring-fenced to dentistry. This has previously been used by region to cover the large overspend in Community Pharmacy contracts. All this has been flagged to NHSE as it is a national issue of underfunded contracts that local commissioners will have no control over. This issue is similar across all East of England ICBs and NHSE Region are raising this issue with the National Team. Further information has not been received as part of the Mandated Guidance on Dental budgets which notes, where dental budgets are underspent, or forecast to underspend, and the underspend has not been directed to be used on other commissioning priorities by NHSE in discussion with ICB, then NHSE reserves the right to recover some or all of the value of the underspend from ICB budgets. These concerns have been highlighted to NHSE as part of the SDC submission and a letter of assurance has been provided to all ICBs which indicates of NHSE wanting to work closely with ICBs as we take on this delegated and support us through their new revised model.

1.5 TUPE/Running Costs

For HWE we are awaiting the final headcount but indicative whole-time equivalents (WTE) are Finance 2 WTE, 2.6 WTE for Dental, 11.03 WTE for P&O, the full transfer of GP Contracting team at 6 WTE, and 0.5 WTE for Head of Primary Care post – these figures include vacancies. The number of complaints staff is yet to be confirmed, however this transfer will be in July.

NHSE have also noted that with the development of the new operating model of NHSE with the merger of HEE/NHSE/NHSI, currently there are 19.4 WTE primary care transformation staff and it is proposed they will be part of the restructure. The current view is that 12 WTE of this resource will move to ICBs across EoE, however they will be part of the second phase of the consultation with a plan to transfer this resource to ICBs in July 2023.

HR colleagues have raised concerns that the process for transfer from NHSE side is slow and have flagged this as a risk to timely transfer from April 23. With the announcement of ICB's having to make efficiencies in running costs by 2025/26, the staff TUPE'd with this delegated responsibility aligned to HWE will be part of that being part of the ICB. Being a host for Pharmacy and Optometry contracts, discussions are underway with NHSE and all other ICBs to ensure it is only the proportion aligned to HWE who will form part of our local running costs programme.

1.6 Quality

There are no quality staff aligned to POD contracts at NHSE, quality review and input to these provider groups is extremely limited. This is a high risk as there is likely to be unknown issues across providers particularly dentistry where there are high risk procedures, infection prevention and control risks amongst other concerns. This is likely to have resourcing impacts for Quality teams workloads which has been highlighted on the risk register for Primary Care Directorate and will be reviewed as assume responsibility and embed the workplan.

There has also been a late addition to the delegated functions to move both complaints and the national call centre for complaints to ICBs. This is currently being scoped by a separate workstream but note that the staff aligned and proposed to transfer under TUPE from July 23 is limited to possibly 1-2 WTE. The workstream also needs to consider the IT and staffing required for the complaints contact function.

1.7 HWE Governance

As part of the ongoing preparation for the transfer of responsibilities, and as discussed at previous Committees, Terms of Reference (TOR) for Primary Care Commissioning Committee, Primary Care Board and their subgroups have been updated to reflect responsibility for the incoming primary care contracts in Pharmaceutical Services, Optometry and Dental Services. All terms of references of the Primary Care Commissioning Committee and subgroups have been approved by Primary Care Commissioning Committee and ratified at Commissioning Committee this month in preparation for April 2023.

1.8 Pharmaceutical Services Regulations Committee (PSRC)

The TOR for the Pharmaceutical Services Regulations Committee (PSRC) will be updated in line with the Pharmacy Manual and shared once available reflecting the change from NHSE to HWE as hosts
The substantive change here is that in EoE Region, Fitness to Practice for Pharmacists has to date been delegated to the Professional Advisory Group (PAG) in the medical directorate. This delegation is no longer permitted so from April 2023 this will sit with PSRC. HWE is working through this with NHSE Medical Directorate how this is safely transferred. It is proposed that later in the year the administrative support for this function also transfer to HWE. As outlined with the regional TOR, this group will be chaired by Director for Primary Care Transformation.

1.9 Independent Dental Clinical Advisor Support

Primary Care Commissioning Committee (PCCC) has approved recruitment of a Dental Advisor. HWE will continue to have access to the Clinical Dental Professional Advisors through the Medical Directorate at NHSE for performer and contract queries and issues. A standard operating procedure is currently being developed to ensure we all clear on roles and responsibilities and how the relationship between NHSE advisors and each ICB is being developed. The new HWE post will fulfil a similar role to the independent GPs on our PCCC, providing non-conflicted professional input and support to contracting team outside of PCCC.
NOTE. In relation to community pharmacy, we already have appointed our community pharmacy integration role under the Head of Medicines Management who with the support from Head of Medicines Management will provide this function from a community pharmacy perspective.
For all three professionals, the team are meeting the chairs, CEO, secretaries of our local professional groups across Hertfordshire and Essex and they are all keen to work locally with the ICBs and be part of the development of primary care strategic delivery plan and how we improve services for our patients.

1.10 GMS Contract Changes 23/24

NHSE published the contractual changes for 2023/24 on 6th March. This is the final year of the 5-year framework agreement which was set out in the *Investment and Evolution*. As set out in the Autumn statement the proposed contractual changes are to support practices and PCNs to improve access during 2023/24. We all recognise the pressures on general practice and across HWE general practice has seen an increased demand for appointments which ranges from 11-15% pre-covid through 2022/23. The aim of the changes is to improve patients experience and satisfaction through freeing up workforce capacity through changes to Impact and Investment Fund (IIF) and Quality

Outcomes Framework (QOF) indicators. Further detail on the access recovery plan is to be published later in the month.

Headlines the key requirements include:

a. Patients to be offered an assessment of need or signposting to an appropriate service for patients when first contacting practice – patients can't be told to contact practice at a later time. Note appropriate service is not just what is to be offered by general practice but what is the range of services out in the community hence close working with all partners in a seamless way.
b. Patient access to prospective record by 31 October 2023
c. Mandates use of advanced cloud-based telephony
d. Increase flexibility of ARRS roles which includes: Advanced nurse practitioner roles can now be included in the ARRS funding; increasing cap on Advanced practitioners to 3 per PCN; removing caps on MH practitioners and clinical pharmacists able to be supervised by advance practice pharmacists. The letter also provides assurance to General Practice and PCN that the funding for ARRS staff employed through this scheme will be considered part of core General practice cost base moving forward and hence encouragement to offer permanent contracts.
e. Changes to the imms and vaccs schedule - reducing the lower thresholds to decrease the number of practices receiving no payment across the three indicators. Also Personalised Care Adjustment to be introduced for patients who registered at the practice too late
f. Simplification of GP registration

Development of Primary Care Strategic Plan for 2023

We are currently developing our primary care strategic delivery plan and this will encompass the key recommendations from the Fuller Stocktake Report, our local strategies including ICS, People and Digital and Urgent and Emergency care.
As part of developing our primary care delivery framework we had scheduled a large transformation event with all GP practices and system partners on our ICB footprint for 8 March, this included local authorities, community services acute hospital trusts, mental health providers, voluntary organisation sector and our service users. The aim of this event was to share the direction of travel from national and local, share the good practice and work to date across HWE, understand views, barriers challenges and possible solutions to help deliver transformation in these two key areas: same day access models and establishment of Integrated Neighbourhood Teams.
However, due to planned industrial action it was necessary to ultimately cancel this event. We have therefore developed an alternative strategy to progress these key discussions until we are able to reschedule this event.

1.11 Covid Vaccination Programme

The Autumn booster programme ended on 12th February 2023 and HWE uptake was 62% of the eligible population.

The JCVI has announced the spring booster programme with the eligible cohorts being:

- Adults aged 75 years and over
- Residents in a care home for older adults
- Individuals aged 5 years and over who are immunosuppressed, as defined in the Green Book

The spring booster programme will commence with visits to care homes beginning Monday 3rd April 2023 and the Spring 2023 COVID-19 Booster Campaign planned to formally commence on Monday 17th April 2023 and end on Friday 30th June 2023. In line with JCVI advice the offer of booster vaccinations will cease outside campaigns.

Across HWE, building on the learning since the start of the COVID vaccination programme the spring booster programme will be delivered via:

- Community Pharmacies
- Primary Care Networks
- Roving and Outreach

3. Operations and Commissioning

- Significant preparations have been made by EPRR teams across the system to mitigate risks associated with planned nursing, ambulance and junior doctors strikes.
- **UEC:** planning for 23/24 and the ICS strategy has resulted in the following agreement at UEC Board in our system approach to UEC services transformation and delivery:
    - Ongoing operational response and coordination will continue at organisation and system level, this includes the development of our System Control Centre and associated escalation frameworks and surge plans
    - Ongoing tactical and performance improvement response will be delivered through place level UEC partnerships and through performance monitoring at organisational level
    - The UEC Board Terms of Reference will be refreshed to ensure robust arrangements for overseeing system performance, improvement, and transformation. The Board will also identify specific areas for greater focus in line with the population needs analysis e.g. meeting need of children and young people, access for individuals with mental health needs
    - A draft UEC Strategy will be agreed at UEC Board followed by review at the ICB Board in April 2023
    - Delivery of the strategy, which focused on both transformation and recovery or UEC access will be reflected in a 23/24 Delivery Plan:
        - Programme of prioritised work drawing on whole of ICS resources to support
        - Focusses on delivery of National Recovery Plan requirements and 23/24 operational planning priorities
        - Priorities to be delivered at place and system level including priorities reflected in the work programme for HCPs

UEC Strategy:

- Outline for our UEC Strategy includes the following six key areas:
    1. Dynamic modelling – meeting demand with alternative prioritised capacity
    2. System coordination capability and flow improvement
    3. Implementation of preventative and pro-active models of care outside of hospital
    4. Effective and efficient emergency care pathways
    5. Improved access for same day urgent need across the care continuum
    6. A focus on end of life, frailty and dementia pathways and support

Focus will be placed on the following key enablers:

1. Innovative workforce and digital solutions
2. Leadership for change

3. Population engagement

- Following the ongoing work of the HCPs' leadership teams and the HCP Development Network, the work programmes for the four HCPs will be presented for review and comment at a System Leaders HCP Development workshop on 28 March.
- Alongside priorities for 23/24, System Leaders will also be asked to discuss proposals on four key enabling areas:
- 1. Embedding a Population Health Management approach
- 2. Financial frameworks
- 3. Accountability and assurance functions
- 4. Commissioning and contracting.

4. Place-based Updates

4.1 East and North Herts

Key successes in the last 2 months
Key successes include: progress refreshing the partnership strategy, Target Operating Model (TOM), and development plans; the firming-up and refresh of our transformation priorities based on Population Health Management analyses; the commencement of the partnership's culture programme led by Tricordant and funded by the NHS Leadership Academy; discussions to develop a local Commissioning Board by changing the former ENHCCG's Commissioning Committee Terms of Reference; a further away day session by Virtual Transformation Team (VTT) colleagues; agreement to pool respective capabilities to tackle inequalities in cardiovascular disease outcomes; further development of the 'care closer to home' pilots to be implemented in the Spring; implementation of the Managing Heart Failure @ Home pathway with the onboarding of the first patient; the Quality Group signed off its first clinical pathway for implementation; the first Lived Experience Advisory Panel (LEAP) was held for Hospital at Home patients, with other LEAPs due to go live for other priority areas this year; new Communications Manager role onboarded for the HCP.

Upcoming opportunities, key events, and challenges
Opportunities include: completion of the strategic refresh will put the partnership in a strong position for embedding its strategy, operating model, and priority areas for 23/24; the partnership is hoping to agree the Terms of Reference for its Commissioning Board which will be a key group for driving population-level improvements; potential investment for identified priorities with completed business cases (e.g. Integrated Heart Failure Service); completion of the first phase of the culture programme for review; implementation of the care closer to home pilots, in alignment with existing MDT-style approaches in localities; deepen collaboration within the VTT, and explore similar arrangements in other teams (e.g. finance) and the development of consistent transition arrangements for 'places' via the HCP Development Network.
Challenges include senior capacity to drive both short-term and long-term priorities; on-going lack of mechanisms that enable joint re-allocation and/or investment into population-based priorities (mitigated by the anticipated Commissioning Board); incorporation of wider partners to drive the delivery of an approach focused on health inequalities, personalisation, and prevention.

4.2 South and West Herts

Key successes since the last meeting

- The enhanced primary care attention deficit hyperactive disorder (ADHD) service that was approved by the ICB in September 2022, is due to go live week commencing the 20th March. The team includes a GP, ADHD prescribers (nurse/pharmacists) and administrators. The clinical model is designed to increase capacity to tackle the immediate identified demand and the needs of those on the waiting list for ADHD services in south and west Hertfordshire. Progress will be reported to the commissioning committee in 9 months' time.
- An ICS-wide Community Paediatric and Neurodiversity Programme Board started in February. The board will review the autism spectrum disorder (ASD) and attention deficit hyperactive disorder (ADHD) pathways across the whole of the ICS, with an aim to reduce waiting times. There will be an update on the development of the model later in 2023/24.
- On 8 March, the ICB hosted a virtual patient engagement session on community services that are being reviewed in south and west Hertfordshire. Over 30 patients attended the session. The feedback received will support the development of the future commissioning models for six community services: enhanced gynaecology, community ear nose and throat, community ophthalmology, community musculoskeletal, ultrasound, and integrated diabetes services. A paper with subsequent recommendations will be taken to commissioning committee in May for approval.

Upcoming opportunities, key events and challenges

- Preparations to launch frailty and acute respiratory infection pathways in April are underway for (SWHHCP) virtual hospital. These will add to the heart failure and chronic obstructive pulmonary disease pathways that are already in place.
- In development over the next three to six months are pathways for a children and young people virtual hospital which will also be run by SWHHCP. Some initial pathways have been agreed, including jaundice in new-born babies. Others will be informed by models already in place across the country, as well as through feedback from engagement with parent and carer representatives.
- Following an ICS-wide procurement process for pathology and diagnostic services, approval has been given by the HWE ICS Board and all three Trust Boards (East and North Hertfordshire, Princess Alexandra Hospital and West Hertfordshire Teaching Hospitals NHS Trusts) to award a contract to the preferred bidder HSL (Health Services Laboratories). A nine-month mobilisation period will start from the contract signature, planned for the end of March. During this period, the ICS pathology business unit and the three trusts will prepare to hand over the pathology services to HSL. A new central lab will be built to deliver most of the routine pathology testing, including pathology services for GPs and community providers. The existing labs on each hospital site will be converted to deliver essential on-site pathology services for inpatients and the emergency department for a quick turnaround time. These labs will be refurbished to new requirements along with new equipment.
- SWHHCP are developing a 'living well' model of care. This is a prevention project to support people who are at risk of developing long term conditions. People will be supported to understand how best to look after their health and wellbeing by attending a regular course including support from exercise specialist. The model is in the development phase, with the intention to the HCP governance process for approval in quarter one of 2023/24.
- Services moving to St Albans City Hospital (SACH): elective care hub (working through engagement for full business case), temporary move of infusion from ambulatory care unit at Watford to SACH and move of urology to SACH in April or May.

4.3 West Essex

Development of the West Essex Health Care Partnership

WEHCP is to agree its strategic priorities and associated delivery plan for 2324 at its March board. This will be the partnership's contribution to the delivery of the ICB Operational Plan, Joint Forward Plan and ICP Strategy. Priorities have been informed by population needs. Priorities are to be agreed at the HCP Development Workshop on 28th March. The supporting delivery plan will be concluded through the operational and financial planning process during March. The emerging priorities are provided below.

1. Improving same day access.
2. UEC recovery through prevention of admission and optimising use collective resources to improve patient flow.
3. Focus the development of our integrated models of care on older people and those at end of life and accelerating our approach to prevention and proactive management. This being delivered through our Integrated Neighbourhood Teams.
4. Working with communities to take a targeted geographical focus to address health inequalities in areas of greatest need – Harlow, Waltham Abbey, and Debden. This including supporting community asset building through developing the health and wellbeing offer of Community Hubs and the expansion of wider roles of social prescribers and community connectors.
5. Working together through the Anchor network to improve opportunities for employment.

Transformation and delivery through WEHCP Expert Oversight Groups
Below are some examples of current development to support transforming services in West Essex led by our Expert Oversight Groups

UEC and Frailty Expert Oversight Groups

- Working with PHM team to agree our target population cohorts and core offer for Integrated Neighbourhood Teams for 2324. The outcome will be to manage a higher proportion of this population cohort in the community preventing attendances or admissions to our acute hospitals.
- A new Falls Car services has been approved for implementation 1st April. This will bring west Essex in line with services offered in Hertfordshire and will improve the community response to support people in their homes avoiding an ambulance conveyance to hospital
- Following a delay in agreement of Information Sharing Protocols the Intermediate Care Programme working with Bearing Point is now underway. Due to report now the end of April.

Planned Care and Long-Term Conditions Expert Oversight Groups

- As part of the Clinical Diagnostic Centre programme the EOG is developing the pathway for upper GI symptoms incorporating cytosponge and a model for triaging breathlessness at PCN level using FeNo and Spirometry. To be implemented during 2324.
- To support improving waiting list developing alternative pathways for ophthalmology including Ophthalmology eERS - reviewing the possibility of direct referrals using accredited optometrists who already provide MECS, GRR and Post Operative Cataract Surgery.

Addressing health inequalities
Below are some examples of recent activities of the Health Inequalities Programme overseen by the WEHCP Health Inequalities Committee and Levelling- Up Taskforce.

- **Community Hub Survey:** A survey of community hubs across west Essex has highlighted the need for choice, accessibility and convenience in the provision of help and advice services. A range of providers took part in the survey, which was undertaken by the West Essex Health & Care Partnership to establish what is being offered, and where, and to get a better understanding of demand, effectiveness and resourcing needs. One provider had made over 2000 signposts to 130 health and wellbeing services in a three-month period. Another helped residents in one of the most deprived areas receive a total of nearly £70k in unclaimed income benefits. It's hoped

the findings of the survey will help make these services more sustainable and identify greater collaboration between providers.

- **Harlow Levelling Up:** The Harlow Levelling Up taskforce – which the Herts & West Essex ICB is a member of, along with representatives from local authorities, further education, the police and voluntary sector – is progressing work on two priority areas: skills and employment and health and wellbeing. The level of employment in Harlow is relatively good, but many people are in low-paid jobs because they lack skills. One in four adults have no qualifications at all. Improving school attainment, post 19 education, lifelong learning and raising aspiration generally, is therefore a key priority. As is the need to try and remove some of the barriers to better jobs, such as affordable childcare. A programme of health and wellbeing activity is also being developed in support of Levelling Up. Based on the NHS Core20Plus5 priorities, and Harlow's health and wellbeing strategy, it will include intensive and targeted action around obesity, health checks and screening and tooth decay and wider determinants of health.

- **Harlow pilot population health management programme:** This programme, as mentioned in the January update, is continuing. It involves around 300 patients of working age who live in some of the most deprived parts of the town, are on multiple waiting lists and frequent users of primary care or attenders at PAH A&E with no admission. They are being contacted by social prescribers to identify any themes and gaps in services that could more appropriately support them or other members of their households.

- **NHS Core20Plus Connectors Project:** This project is being implemented in four areas of west Essex by Rainbow Services, the Harlow voluntary services organisation. The aim of the project is to engage and recruit local people with lived experience of health inequalities and to feed this insight to the local health care system to identify any barriers and improve access to services, user experience and outcomes. The 'Plus' group focus is the Traveller, Roma and Gypsy Communities. Here, the project is working to support engagement to address early cancer diagnosis in a health inclusion group that has worse cancer outcomes than the general population. Working in partnership with Macmillan Cancer Support and One Voice 4 Travellers, Rainbow Services has arranged two engagement events to build trust and awareness of the project within these communities. The response from people has been good, with some signposted to other support services. One attendee expressed an interest in volunteering for Rainbow's community builder project, to give her a focus and purpose whilst seeking employment. Three people signed up for healthy cooking sessions. One participant commented "It is so nice to be listened to for once".

5. Herts Mental Health, Learning Disabilities and Autism Health and Care Partnership

Since the last update to the ICB Board, the Hertfordshire Mental Health, Learning Disabilities and Autism Health and Care Partnership (HCP) has continued to deliver against its key transformation priorities while developing and mobilising partnerships beyond health and social care.

The MHLDA HCP successfully delivered a Winter Crisis communications campaign, producing digital and printed material on the range of support available across communities to support people's mental wellbeing. This material was distributed and disseminated through 80 different partners including local libraries and Samaritans partnered with the HCP to include its materials along with our mailshot to partners.

Recognising the prevalence of mental illness as both a cause and symptom for people experiencing multiple disadvantages, the MHLDA HCP is supporting Hertfordshire's Making Every Adult Matter (MEAM) programme. This will identify a cohort of people experiencing multiple disadvantages including homelessness, substance misuse and mental illness and coordinate multi-agency activity to best support them. The goal is to improve the outcomes for these people, while identifying the systemic changes required in our systemic processes and practices to make our collective support more effective.

A joint HWE ICP and MHLDA HCP Dementia Friendly Hertfordshire event took place on Tuesday 28 February 2023 at the Fielder Centre to launch the new Hertfordshire Dementia Strategy. Over 85 people attended the event from a wide variety of organisations and partners, including Hertfordshire Constabulary, Town and Parish Councils and the University of Hertfordshire. The aim of the event was to identify and mobilise a wider group of partners, beyond health and social care, to improve the services and support available to people with dementia and their carers. The output from the event is being compiled and will be presented at the April MHLDA HCP Board meeting along with the programme structure, delivery plans and partner commitment required to deliver the strategy going forwards.

There has been further work across MHLDA HCP partners to better support people in crisis with the development of a new Standard Operating Procedure to identify decision making, responsibilities and legal considerations when people are detained under section 136 of the Mental Health Act, and when the person is nearing the end of detention or when an appropriate bed cannot be identified.

Following approval of the output of the Substance Misuse and Mental Health Task and Finish Group by the MHLDA HCP in December 2022, discussions took place in early February to establish how the proposed programme of work would be resourced and the determine the potential routes for future investment. Initially a discussion between Hertfordshire County Council's Public Health team and the Herts and West Essex ICB, this has now expanded to include Hertfordshire Constabulary and the Office of the Police and Crime Commissioner recognising the interdependencies of this work with the National Drug and Alcohol Strategy and the Serious Violence duty on all partners. It has been agreed in principle that the County Council, the NHS and Police and Crime Commissioner will jointly fund the programme and commissioning resource required to take this activity forward on behalf of all partners.

6. Medical Directorate:

In urgent care and frailty, to support the current pressures on the system including ambulance pressures, we have developed a number of pathways for alternatives to ambulance conveyance and alternatives to admission which links with and supports our other work on #handover at home and urgent community response/ virtual hospital.
We have also developed two pathways to support admission avoidance for those who have fallen who might ordinarily be conveyed to hospital but of whom some might be managed safely at home. The management of long lies will be delivered via our UCR / hospital at home teams and guides clinicians through diagnosis and management within the community. Once we have implementation dates from place, we aim to work with EEAST and our acutes to achieve a system wide approach. The other pathway is for the management of those who have fallen and are on anticoagulants. This second pathway, once approved, will be piloted within one nursing at home at place before rolling out wider to ensure the care homes are supported. Both pathways are currently with the frailty board membership for sign off.
The urgent care needs analysis supported by the PHM team has been informing the drafting of the

urgent care strategy. The PHM team have also drafted an outcomes framework set of indicators which they are now engaging the programmes about. The intention is to bring this to a board workshop in May. In addition, the ICB has been through a process of identifying its clinical priorities articulated in the 'Clinical Priorities' paper. This lays out the clinical areas the ICB will need to continue to focus on to improve health gain or drive efficiencies.

The process of defining our clinical priorities has involved understanding the needs of our population as well as building a stocktake of HWE current programme or project activity through cross directorate working. Agreeing the clinical priorities will enable delivery of our strategic ambitions and the impact of delivery will be monitored through the HWE outcomes framework.

Pharmacy and Medicines Optimisation Team:

In regard to the work of the pharmacy and medicines management team, Hertfordshire and West Essex (HWE) Area Prescribing Committee (APC) continues as the strategic local decision-making group for medicines so that formulary decisions are made across the ICS and are integrated for the whole patch. Recent harmonised recommendations include treatment pathways for rheumatoid arthritis and ulcerative colitis and the adult palliative care formulary. Consistent ICB Over the Counter Medicines Guidance, Medicines in Schools Guide, Rebates Process and CQC Medicines Management Resources have also been agreed.

System wide working continues on implementing cost effective medicine choices and quality initiatives, including engagement with clinicians across the system to encourage safe prescribing of opioids. During the Group A Streptococcus (GAS) Infections and Scarlet Fever there was a temporary lower threshold for treating sore throats with antibiotics which has increased prescribing of antibiotics across the ICS. A targeted programme of work to support appropriate antibiotic prescribing in practices that benchmark high is planned.

A pilot will go live in April 2023 for community pharmacists to manage uncomplicated urinary tract infections in two localities in South and West Herts with a plan to submit a business case for ICB wide implementation if successful. An application to NHSE has been submitted to participate in the Community Pharmacy Independent Prescribing Pathfinder Programme. This programme aims to establish a framework for the future commissioning of NHS community pharmacy clinical services incorporating independent prescribing for patients in primary care. The team are planning a training event with University of Hertfordshire, supported by funding from a successful HEE bid, to build innovative and sustainable placement capacity for pharmacy undergraduates within the HWE system.

7. VCFSE Alliance

An EOI has been submitted by the ICS/Alliance to Connecting Health Communities 2023-5 for a two-year programme of support to address Health Inequalities by supporting cross-sector partnerships. If successful, this could really help bed in our joint work on the Health Creation Strategy with grass roots groups. The inaugural meeting of the Health Creation Strategy Group on 17 January finalised the terms of reference and agreed a process for managing the work. The 27 February meeting focused on 2 strands of the strategy: No Wrong Door and Integrating the Wellbeing Offer (both themes relate to ensuring all residents have access to the support they need, and health inequalities are actively addressed).
Packs of data about how relevant services work, and do or can work together, were pulled together in this way for the first time for the ICS and this will be a crucial step in analysing how to develop our

approaches going forwards. A Task and Finish group will be set up to focus on:

- Mapping the network
- Improving public awareness of how to seek help
- Building on learning about models of proactive outreach to those facing particular challenges

The March meeting of the group will focus on Commissioning and Data. This work will feed into a report to Commissioning Committee in September on creating a more integrated and strategic approach to commissioning of the sector, focused on
evidence of need and impact of the work of the VCFSE, as well as addressing issues around predictability and transparency of funding.

The Head of Community Resilience is contributing to regional and national work (NHSE/RSM) around measuring the impact of the VCFSE on both how ICSs function and the wellbeing of the population which should produce a draft of a new framework
by the end of March.

Chair and vice-chairs of the Alliance and The Head of Community Resilience are also regular attenders at regional and national webinars on the embedding of the VCFSE in ICSs.

8. Local Authority – Herts County Council

Hertfordshire County Council faces significant financial and operational pressures, due to the impact of inflation, global financial volatility, and increased demand for council services. Officers have worked hard in this challenging context to draw up plans for a balanced budget for 23/24. The final plan, which protects frontline services, was approved by Councillors in February, and provides a budget of just over £1 billion for the new financial year. This includes investment of:

- £38m for adult care providers, including an average 9.68% wage increase for care staff to ensure that Hertfordshire adult care wages are well above both the national and real living wages. This builds on the significant investment in care workers' pay that has been funded over the past few years in Hertfordshire and recognises how much we value our care staff and the vital role they play in the health and care system.
- £9.5m to support increased numbers of older people, adults with disabilities and adults with mental health needs need support
- £19m for Children's Services, focused on giving every child the best possible start in life, such as through an extra £5.2m to support children in our care and £10m to help children with Special Education Needs and Disabilities

Supporting the social care workforce has also been a priority for the Council in allocating funds from the Adult Social Care Discharge Fund. The funding has been used to provide workforce retention payments to 9,700 care staff of £300 per worker this winter. This is on top of the £600 per worker we paid last year. The funding has also been used to support hospital flow and discharge through investment in a number of areas including homecare, reablement care, residential and nursing care, and the voluntary sector.

We are delighted that the recent OFSTED inspection of Children's Services in Hertfordshire awarded us an overall rating of "outstanding." The inspectors found that children in Hertfordshire benefit from consistently high-quality and effective support, reducing the number of children coming in to care and ensuing smooth transitions between early help and statutory services. Hertfordshire's multi-agency strength-based model was praised, including our early help service and family safeguarding teams.

The inspection flagged areas for development which we will be taking forward with partners, including support to enable care leavers to access and understand their health histories.

There are advanced preparations in place in adult social care for Care Quality Commission (CQC) inspection in view of CQC's new duty to review council adult social care services. We have invited the Local Government Association (LGA) to carry out a mock inspection in March. This will help us identify our achievements, the evidence that underpins them, and highlight areas for improvement. We appreciate the time and support NHS and ICB colleagues gave to the OFSTED process and will be giving to the LGA review in March.

9. Our People / HR

Chief People Officers and HR representatives continue to work closely together to provide coordinated response, support and share best practice in relation to the strike action being held by junior Drs and other roles across the country.

The system has been working together on its operational planning submission for the forthcoming year and projecting workforce figures for a further two to five years. This supports a longer-term piece of work the system is undertaking to support triangulation of workforce, performance and quality data to ensure improvements in trend analysis and workforce forecasting.

The University of Hertfordshire launched the Health and Care Cluster programme of work on 8 March, bringing key representatives from across the area together to develop research areas of work linking people and workforce; community cohesion and inequalities; and service innovation.

February's People Board received a deep dive presentation into the work being undertaken as part of the retention pathfinder programme, and regional teams have confirmed continued funding for the system's retention lead post to support delivery of the regional retention strategy which launches shortly. One of the key concerns in relation to this area was the sustainability of our psychological support service, Here for You, and we are pleased to confirm that we have been able to gain support for a further six months and are working with both system and regional colleagues to identify a sustainable service model beyond this period.

Finally, the system is proactively supporting ADASS and other regional colleagues in preparing a bid to undertake international recruitment for social care positions across the region.

ODL:

We will be using NHS Professionals from mid-April as our temporary staffing solution, this will give the ICB greater control and transparency of its usage of agency staff and bring down the costs of temporary staffing. The HR team have been managing the implementation of this large project and it is on track

The national staff survey results were published on 9th March 2023. These will be the first results published as an ICB and gives us a true benchmark to build upon and reflects on how the creation of the ICB has been perceived by our staff. We will be working closely with the Staff Partnership Forum to do a deep dive into the results and develop any actions that can improve the working lives of our employees whilst ensuring we achieve the ambitions of the ICB.

In terms of overall positive scores, our organisation is placed 10th of 42 ICBs, which is particularly heartening given we had only formally merged the three CCGs as the ICB was set up. Compared to

the national average results, we did significantly better in 24 of the questions and significantly worse in two and remained comparable in the remainder (70). Where scores have decreased, these were areas that we expected a decline and already have in track plans to address this.

We have been working across the system on introducing new policies which embrace a culture of restorative justice and are about to introduce new disciplinary and grievance policies. These policies truly move the focus of our employee relations work into a one that reviews all incidents in a holistic manner and has the key aim of learning from errors.

We are introducing a new appraisal system for all our staff, we had recognised that our previous system was clunky and didn't give us the full benefits we could achieve, this was one of questions that declined in the staff survey, and we had started the implementation of this well before the staff survey results were published. This new system will come online in April 2023 and with it we can ensure that every member of staff has a good quality appraisal, with the ability to set objectives for staff and review them throughout the year.

Equality Delivery System:

Further to the EDI Board Development session on the 17th March 2023 where there was a discussion on the Equality Delivery System the Board are asked to note the EDS paper shared today.

Specifically, the Board are asked to note the scores for the three domains, the action plans set out to improve upon our position and to approve the publication of the report.

Hertfordshire and West Essex Integrated Care System

NHS Hertfordshire and West Essex Integrated Care Board

Meeting:	*Meeting in public*	☒	*Meeting in private (confidential)*	☐
	NHS HWE ICB Board meeting held in Public		**Meeting Date:**	**24/03/2023**
Report Title:	**The NHS Equality Delivery System (EDS)**		**Agenda Item:**	**< BOLD >**
Report Author(s):	Paul Curry, Equality and Diversity Lead			
Report Presented by:	N/A			
Report Signed off by:	Tania Marcus, Chief People Officer			

Purpose:	**Approval / Decision**	☒	**Assurance**	☐	**Discussion**	☐	**Information**	☒

Which Strategic Objectives are relevant to this report	▪ Improving outcomes in population health and healthcare ▪ Tackling inequalities in outcomes, experience and access
Key questions for the ICB Board / Committee:	N/A
Report History:	N/A
Executive Summary:	This paper reports, at the time of writing, the results of the ICB grading for the 2023 NHS Equality Delivery System (EDS).
Recommendations:	• It is recommended that Board note the results of the EDS grading. • The Board is asked to allow the publication of the results, with any updates that may arrive, by the deadline of 31 March 2023. If there are changes, the final report will be circulated to Board.

Potential Conflicts of Interest:	***Indirect***	☐	***Non-Financial Professional***	☐
	Financial	☐	***Non-Financial Personal***	☐
	None identified			☒
	N/A			

Implications / Impact:		
Patient Safety:	*N/A*	
Risk: *Link to Risk Register*	*[Refer to latest Risk Register when completing]*	
Financial Implications:	*None Identified.*	
Impact Assessments: *(Completed and attached)*	***Equality Impact Assessment:***	N/A – The report does not require a decision that start, stops or changes a policy, practice or procedure that could impact, positively or negatively, on a protected quality group. However, understanding the results and the implementation of the action plan will support the ICB to meet the requirements of the Public Sector Equality Duty. Paul Curry, Equality and Diversity Lead, 19 March 2023
	Quality Impact Assessment:	N/A
	Data Protection Impact Assessment:	N/A

1. Background

1.1 All NHS providers are required to implement the EDS, having been part of the NHS Standard Contract from since April 2015 (SC13.5 Equity of Access, Equality and Non-Discrimination). In addition, NHS Commissioning systems are required to demonstrate 'robust implementation' of the EDS as set out in the Oversight Framework.

1.2 A report on the ICB's approach to implementing EDS was taken to Board on 17 March 2023.

1.3 EDS evidence is assessed and graded by interested and third parties. The grades available are undeveloped, developing, achieving and excelling.

1.4 Appendix 1 is the completed report template required by NHSE for EDS returns.

2. ICB EDS Results

2.1 Domain 1: Commissioned or provided services. The ICS agreed that for this first year of EDS providers would review and grade their own services. Where evidence was needed from the ICB, such as contract information, the ICB would provide it. At the time writing, two providers are reporting that they are not likely to grade this year, two will grade but are not able to share the results yet, three have graded as Developing and one has graded as Achieving. The report will be updated one the missing providers results are known.

2.2 Domain 2: Workforce health and well-being. This was reviewed and graded by the ICB Staff Partnership Forum and Black, Asian and Minority Ethnic (BAME) Network. Of the four questions in the domain there was an equal split between developing and achieving. Overall, the grading result is Developing.

2.3 Domain 3: Inclusive leadership. This domain must be reviewed and graded by the ICB Trade Unions and an independent organisation. We have asked Suffolk and North East Essex and Bedfordshire, Luton and Milton Keynes ICBs to review our evidence. At the time of writing, they have not given us their grades. comments, actions and grading. The results presented in

Appendix 1 are from the ICB trade unions. The report will be updated once the external ICBs have given their grades and comments. On that basis the provisional grade result is Developing.

3. Next Steps

3.1 The final EDS report and action plan should be published, on the ICB website, by 31 March 2023.

3.2 The action plan will be incorporated into the ICB Public Sector Equality Duty report and action plan, due to be completed in June 2023. This will be brought to Board before publication.

4. Recommendations

4.1 It is recommended that Board note the results of the EDS grading.

4.2 The Board is asked to allow the publication of the results, with any updates that may arrive, by the deadline of 31 March 2023. If there are changes, the final report will be circulated to Board.

NHS Equality Delivery System (EDS)

Name of Organisation	**Hertfordshire and west Essex ICB**	**Organisation Board Sponsor/Lead**	
		Beverley Flowers Director of Strategy	
Name of Integrated Care System	Hertfordshire and west Essex		

EDS Lead	Beverley Flowers, Director of Strategy	**At what level has this been completed? ICB**	
			***List organisations**
EDS engagement date(s)	Various – Domain 1 10 March 2023 – Domain 2 TBC – Domain 3	**Individual organisation**	Hertfordshire and west Essex ICB
		Partnership* (two or more organisations)	
		Integrated Care System-wide*	

Date completed	March 2023	**Month and year published**	March 2023
Date authorised		**Revision date**	

Completed actions from previous year	
Action/activity	**Related equality objectives**
Not Applicable. EDS2 work suspended during the pandemic, and we restarted with EDS2022	

EDS Rating and Score Card

Please refer to the Rating and Score Card supporting guidance document before you start to score. The Rating and Score Card supporting guidance document has a full explanation of the new rating procedure, and can assist you and those you are engaging with to ensure rating is done correctly

Score each outcome. Add the scores of all outcomes together. This will provide you with your overall score, or your EDS Organisation Rating. Ratings in accordance to scores are below

Undeveloped activity – **organisations score out of 0** for each outcome	Those who score **under 8,** adding all outcome scores in all domains, are rated **Undeveloped**
Developing activity – **organisations score out of 1** for each outcome	Those who score **between 8 and 21,** adding all outcome scores in all domains, are rated **Developing**
Achieving activity – **organisations score out of 2** for each outcome	Those who score **between 22 and 30,** adding all outcome scores in all domains, are rated **Achieving**
Excelling activity – **organisations score out of 3** for each outcome	Those who score **31 and above,** adding all outcome scores in all domains, are rated **Excelling**

Domain 1: Commissioned or provided services

<table>
<tr><th>Domain</th><th>Outcome</th><th>Evidence</th><th>Rating</th><th>Owner (Dept/Lead)</th></tr>
<tr><td rowspan="4">Domain 1: Commissioned or provided services</td><td>1A: Patients (service users) have required levels of access to the service</td><td colspan="3" rowspan="4">The ICB is not a provider of services. We commission services, including from NHS Trusts and NHS Foundation Trusts, who are required to complete EDS as part of the NHS Standard Contract.

As an ICS it was agreed that, for the first year of the new EDS, each provider would review and assess their own domain 1 services. Where evidence was needed from the ICB, for example contract or contract monitoring information, this would be given to the provider.

Each provider was required to let the ICB know their grade, or if they wouldn’t grade this year. At the time of writing some providers are in the process of obtaining their final grades and this report will be updated when those results are known. The results are:

HWE ICB Providers Domain 1 rating

East and North Hertfordshire NHS Trust: Developing
Princess Alexandra Hospital: TBC
West Hertfordshire Hospitals NHS Trust: Ungraded
Hertfordshire Community NHS Trust: Developing
Hertfordshire Partnership University NHS: Achieving.

Providers who cover more than one ICB, including HWE

Essex Partnership University NHS Foundation Trust: TBC
Central London Community Healthcare NHS Trust: Developing</td></tr>
<tr><td>1B: Individual patients (service users) health needs are met</td></tr>
<tr><td>1C: When patients (service users) use the service, they are free from harm</td></tr>
<tr><td>1D: Patients (service users) report positive experiences of the service</td></tr>
</table>

		East of England Ambulance Service NHS Trust	Ungraded	
Domain 1: Commissioned or provided services overall rating			N/A	

Domain 2: Workforce health and well-being

(evidence portfolio and grading assessment available on request)

Domain	Outcome	Evidence	Rating	Owner (Dept/Lead)
Domain 2: Workforce health and well-being	2A: When at work, staff are provided with support to manage obesity, diabetes, asthma, COPD and mental health conditions	Employees are supported in ways that are likely to work for them, be it sessions with Mental Health First Aiders, learning through webinars and online presentations, or professional support (e.g. Employee Assistance Programme, Hertfordshire and Essex Here for You Service, My Health My Way).	1	Chief People Officer
	2B: When at work, staff are free from abuse, harassment, bullying and physical violence from any source	The ICB has very clear policies to prevent abuse, harassment, bullying and physical violence. There are very few disciplinary cases for abuse, harassment, bullying and physical violence in the previous CCGs or the ICB.	1	Chief People Officer

	2C: Staff have access to independent support and advice when suffering from stress, abuse, bullying harassment and physical violence from any source	Employees have various routes to independent support, including sessions with Mental Health First Aiders in the ICB or professional support through the Employee Assistance Programme, the Hertfordshire and Essex Hear For You Service and the My Health My Way service, as examples. The NHS Freedom to Speak Up Guardian is a role specifically to support and encourage employees who want to raise issues and concerns. This role was embedded in each CCG and a new ICB Freedom to Speak Up Guardian has recently been appointed to the ICB. There is an ICB Black, Asian, and Minority Ethnic (BAME) Network within the ICB. This is run by staff and senior leaders are invited to attend as required by the Network. This group supports individuals and looks to support organisational change where needed. Trade Unions are supported within the ICB and their independence is recognised.	2	Chief People Officer
	2D: Staff recommend the organisation as a place to work and receive treatment	Using the 2021 staff survey, 71% of staff would recommend this as a place to work. The previous CCGs results on staff's view on the organisation as a place to receive treatment shows that the CCGs were above average for CCGs (67% for HWE compared to 61% CCG average)	2	Chief People Officer
Domain 2: Workforce health and well-being overall rating			1	Developing

Domain 3: Inclusive leadership

Domain	Outcome	Evidence	Rating	Owner (Dept/Lead)
Domain 3: Inclusive leadership	3A: Board members, system leaders (Band 9 and VSM) and those with line management responsibilities routinely demonstrate their understanding of, and commitment to, equality and health inequalities	Very clear that there is significant understanding and commitment to equality and health inequalities. Significant collaborative work and oversight. Evidence for elements of both Achieving and Excelling were present in the pack. Was unable to see reference to the Leadership Framework for Health Inequalities Improvement and its implementation. Would be happy to review score if further evidence is presented or for clarification to be provided as to the weighting of this particular framework.	1	Beverley Flowers, Director of Strategy
	3B: Board/Committee papers (including minutes) identify equality and health inequalities related impacts and risks and how they will be mitigated and managed	There is clear evidence of a core focus on Equality and health inequalities but not standing agenda items on all boards and committees. Impact assessments signed off for policies but were unable to see evidence of this for projects due to reasons for papers going to Board (for information rather than approval) There is clearly a focus on ensuring robust governance processes within the ICB demonstrate due regard under PSED. BME staff risk assessments were undertaken and monitored in the legacy CCGs but not thought to be relevant currently.	1	Beverley Flowers, Director of Strategy

	3C: Board members and system leaders (Band 9 and VSM) ensure levers are in place to manage performance and monitor progress with staff and patients	There is a strong focus within the evidence pack on patient population and a focus on ensuring robust governance processes within the ICB. The ICB is a new organisation and has not yet had the opportunity to see year on year improvements in data, but the legacy information shows a number of improvement areas and there are clear plans to continue monitoring metrics through relevant Boards and Committees. There is a little way to go in terms of a representative workforce which is required for 'Achieving'.	1	Beverley Flowers, Director of Strategy
Domain 3: Inclusive leadership overall rating			1	Developing

Third-party involvement in Domain 3 rating and review	
Trade Union Rep(s): Anna Cason – Unison Gary Cobden - Unit	**Independent Evaluator(s)/Peer Reviewer(s):**

EDS Organisation Rating (overall rating): Developing
Organisation name(s): Hertfordshire and west Essex ICB

EDS Action Plan	
EDS Lead	**Year(s) active**
Beverley Flowers, Director of Strategy	2023-4
EDS Sponsor	**Authorisation date**
Beverley Flowers, Director of Strategy	

Domain	Outcome	Objective	Action	Completion date
Domain 1: Commissioned or provided services	1A: Patients (service users) have required levels of access to the service	To coordinate the application of and learning from EDS across the ICS.	1.The ICB will work with ICS partners to review the 2022/23 EDS process and learning that can be taken into 23/24. 2. The ICB will work with ICS partners to identify services to review in 23/24. This will look at both services for ICS wide review and services for local (Trust level) review.	1. June 2023 2. June 2023
	1B: Individual patients (service users) health needs are met			
	1C: When patients (service users) use the service, they are free from harm			
	1D: Patients (service users) report positive experiences of the service			

ain 2: Workforce health and well-being	2A: When at work, staff are provided with support to manage obesity, diabetes, asthma, COPD and mental health conditions	1. Create awareness of the support available to help staff with obesity, diabetes, asthma, COPD and mental health. 2. Improving the return to work for those with mental health conditions 3. Help staff know their health	1. Highlight these conditions specifically in lunch and learn sessions, staff briefings and newsletters. As well as making a staff intranet space clearer and more visible. Include speakers from these services to attend whole organisational staff briefings or run separate events for those interested and those managing others. 2. Offer a health and wellbeing one to one template on Actus that can be used to support line managers and their teams to have conversations. Put this step in the return-to-work guidance and policy. 3. Offer an in the office height, weight, blood pressure check clinic at each office site that can support people to access local services or on the spot support for issues related to obesity, diabetes, asthma, COPD and mental health 4. As Occupational Health contract is retendered over the course of 23/24-	1. Ongoing from May 2023 2. April 2023 3. Ongoing from June 2023 4. New contract to be implemented in April 2024

			ensure that criteria for consideration of any new provider specifically includes the above health conditions	
	2B: When at work, staff are free from abuse, harassment, bullying and physical violence from any source	1. Civility and respect at work 2. Increased visibility of the Freedom to Speak Up Guardian. 3. Implementation of 360 feedback model available across the ICB	1. a. creating and implementation of civility policies adhering to the principles of restorative justice b. offering training to the organisation on civility and respect 2. Appointment of an independent freedom to speak up guardian. Revitalise the freedom to speak up champions' network 3. Share the 360 feedback model function available in Actus to provide informal opportunities to tackle unwanted behaviour.	1. October 2023 2. July 2023 3. September 2023

	2C: Staff have access to independent support and advice when suffering from stress, abuse, bullying harassment and physical violence from any source	1. Create awareness of the support available for those suffering stress, abuse, bullying, harassment and physical violence 2. Increased visibility of freedom to speak up guardian and champions. 3. Create more opportunities for staff to share their experience	1. Promote the EAP and Hear For You service to staff to offer support to staff 2. Highlight the offers of support specifically in staff briefings and newsletters. As well as making a staff intranet space clearer and more visible. Include speakers from these services to attend whole organisational staff briefings or run separate events for those interested and those managing others. 3. Appointment of an independent freedom to speak up guardian. 4. Revitalise the freedom to speak up champions network and widely promote how staff can speak up	1. Ongoing from April 2023 2. Ongoing from April 2023 3. May 2023 4. July 2023

	2D: Staff recommend the organisation as a place to work and receive treatment	1. Increase the uptake of exit interviews 2. Actively seek feedback from staff on an ongoing basis 3. Create more opportunities for staff to interact	1. Automate the provision of a leavers survey as part of the revised leavers policy and process 2. Roll out of staff recognition activities 3. Implement a pulse survey to capture an up to date picture of staff experience 4. Provide face to face learning events where staff can informally network and encourage togetherness as an ICB. As well as encouraging divisions to run whole team away days.	1. May 2023 2. August 2023 3. July 2023 4. July 2023

Domain	Outcome	Objective	Action	Completion date
Domain 3: Inclusive leadership	3A: Board members, system leaders (Band 9 and VSM) and those with line management responsibilities routinely demonstrate their understanding of, and commitment to, equality and health inequalities	To be explicit in the use, implementation and measurement of progress against the Leadership Framework for Health Inequalities Improvement or alternatively provide clarity that the framework(s) used within the ICB leads to similar prioritisation and improvements.	The ICB will introduce the Leadership Framework for Health Inequalities. https://www.nhsconfed.org/articles/leadership-framework-health-inequalities-improvement	March 24
	3B: Board/Committee papers (including minutes) identify equality and health inequalities related impacts and risks and how they will be mitigated and managed	To provide evidence that Boards and Committees are actively discussing and reflecting on equality and health inequalities and the relevant impact assessments.	Board and Committee minutes to, when appropriate, clearly show how equality was discussed and informed decision making.	May 2023
	3C: Board members and system leaders (Band 9 and VSM) ensure levers are in place to manage performance and monitor progress with staff and patients	To move towards A Model Employer representation targets by 2028. Report on data breakdown from exit interviews.	1. Create a plan with explicit improvement targets to move towards A Model Employer representation targets with improvement actions and priority areas refreshed annually to ensure a focus on meeting the targets. 2. Produce data analysis, including equality data, of exit/leavers interview results annually.	1. July 23 2. March 24

Hertfordshire and West Essex Integrated Care System

NHS Hertfordshire and West Essex Integrated Care Board

Meeting:	*Meeting in public*	☒	*Meeting in private (confidential)*	☐			
	NHS HWE ICB Board meeting held in Public				**Meeting Date:**	**24/03/2023**	
Report Title:	**Integrated reports for finance, performance, quality and workforce**				**Agenda Item:**	**08**	
Report Author(s):	ICB Executive Team						
Report Presented by:	Debbie Griggs, Frances Shattock, Tania Marcus, Rosie Connolly, Michael Watson						
Report Signed off by:	Alan Pond, Frances Shattock, Tania Marcus, Jane Kinniburgh, Michael Watson						
Purpose:	**Approval / Decision**	☐	**Assurance**	☒	**Discussion**	☐	**Information** ☐
Which Strategic Objectives are relevant to this report **[Please list]**	• Increase healthy life expectancy, and reduce inequality • Give every child the best start in life • Improve access to health and care services • Increase the numbers of citizens taking steps to improve their wellbeing • Achieve a balanced financial position annually						
Key questions for the ICB Board / Committee:	Areas for discussion are identified in the summary section of the paper						
Report History:	N/A						
Executive Summary:	This report provides a summary of the quality, performance and finance reporting shared elsewhere on the agenda, whilst also providing an update on workforce across the ICS. In recognition of the deep dive topic for today's meeting being Primary Care the report contains a section on Primary Care performance and quality. **Board members should also review the more detailed reports in the for information section of the agenda and flag any issues they would like to discuss with the Chair**						

Recommendations:	The Board is asked to consider the report and the areas highlighted for discussion.			
Potential Conflicts of Interest:	***Indirect***	☐	***Non-Financial Professional***	☐
	Financial	☐	***Non-Financial Personal***	☐
	None identified			☒
	N/A			
Implications / Impact:				
Patient Safety:	*N/A*			
Risk: *Link to Risk Register*	*N/A*			
Financial Implications:	*N/A*			
Impact Assessments: *(Completed and attached)*	***Equality Impact Assessment:***		N/A	
	Quality Impact Assessment:		N/A	
	Data Protection Impact Assessment:		N/A	

1. Summary

The paper below summarises the reports from the Finance, Quality and performance teams which are elsewhere on the agenda for information. Those reports contain further information on any of the areas covered below.

In producing this report, the relevant executives have agreed that they would like to bring the key areas below to the attention of the board, and would suggest them as areas for further discussion

- The Integrated Care Systems current forecast deficit for 23/24 and the steps being taken to bring that position closer to financial balance (Director of Finance)
- The challenging performance picture across Hertfordshire and West Essex despite some improvements in areas such as cancer and UEC (Director of Performance)
- The ongoing effort to deliver improvements in Maternity Services and the impact of the recent CQC inspection into ENHT (deputy to the Director of Nursing & Quality)
- The ICBs assessment of serious incidents relating to ambulance service pressures (deputy to the Director of Nursing & Quality)
- An update on progress in improving staff retention across the ICS (Chief People Officer)

To support todays deep dive topic this report also contains more detail on performance and quality of Primary Care in Hertfordshire and West Essex.

2. Overview by area

Performance

Metric	Latest month	Measure	Variation	Assurance	Mean	Lower process limit	Upper process limit
A&E - 4 Hour Standard	Jan 23	63.5%			67.3%	61.6%	73.0%
A&E - % spending more than 12 Hours in Dept	Nov 22	8.8%			6.6%	4.9%	8.2%
A&E - ED Average Attendance	Jan 23	37036			40307	33906	46708
Trolley Waits	Jan 23	225			180	-37	396
2 Hour Community Response	Dec 22	77.7%			83.5%	67.2%	99.7%
14 day LOS	Dec 22	26.2%			25.0%	21.0%	29.0%
Ambulance - Handover >60 Mins	Dec 22	1178			948	665	1231
EEAST: Cat 1 - Mean (<7min)	Dec 22	00:11:55			00:09:41	00:08:03	00:11:20
EEAST: Cat 2 - Mean (<18 Mins)	Dec 22	02:00:45			00:55:25	00:20:54	01:29:55
RTT - 18 Weeks	Dec 22	50.3%			57.8%	54.6%	61.1%
RTT - 52 Week Waits	Dec 22	10095			7101	5617	8586
RTT - PTL Size	Dec 22	137708			120457	112719	128195
RTT - 78 weeks	Dec 22	915			1018	674	1362
Diagnostics - 6 Week Wait	Dec 22	57.7%			64.9%	57.1%	72.7%
Diagnostics - PTL Size	Dec 22	22185			24610	19900	29319
Cancer - 2 Week Wait Standard	Dec 22	85.4%			80.0%	67.3%	92.6%
Cancer - 2 Week Wait Referrals	Dec 22	4439			5230	4036	6423
Cancer - 62 Day Standard	Dec 22	74.0%			74.3%	65.5%	83.2%
Cancer - 62 Day Total Waiting	Jan 23	577			610	388	833
Cancer - 104 Day Total Waiting	Jan 23	202			153	102	205
Cancer - 28 Day Faster Diagnosis Standard	Dec 22	74.7%			69.4%	59.2%	79.6%
Mental Health - Out of Area Bed Days	Dec 22	1289			900	539	1261
Mental Health - Dementia Diagnosis	Dec 22	62.3%			61.5%	60.9%	62.2%
Mental Health - IAPT Entering Treatment	Dec 22	1815			2389	1557	3222
Early Intervention in Psychosis	Dec 22	70.0%			83.6%	66.3%	101.0%

Narrative

Area	Position Regionally/nationally	Further info
Urgent Care	Calls abandoned- worse than national/regional position. ED 4 hr performance- better than regional position but worse than national position	In line with significant increase in demand, performance declined in December but signs of improvement in Jan. Data suggests that plans are starting to deliver small improvements in some areas but performance against improvement trajectories for UEC remains off track.
Cancer	62-day performance- better than regional and national position	Performance against 28 day standard continues to improve- just under national ambition. ENHT have de-escalated from tier one to tier two and WHHT have been removed from the tiering entirely due to consistent week on week improvement. Trajectory of patients waiting >62 days improving but behind plan- this is a risk.

Planned care	Worse than regional and national position	No 104-week waiter breaches. 78 week waits remain a risk-in particular driven by ENHT, and with the impact of industrial action. The number of patients waiting over 52 weeks decreased in December after 8 months of increases- but remains of concern.
Diagnostics	Worse than regional and national position	Data does not show significant improvement, with static PTL and performance declining against standard and national benchmarking. System wide plan in place with recovery trajectories for all challenged modalities.
Community	N/A	Decline in adults on waiting list but increase in children. Improvement seen in the % of adults waiting over 18 weeks.
Mental Health	N/A	Demand remains high but some signs of stabilisation. Out of area bed days remain high but did decrease in December. Dementia diagnosis performance improved but remains challenged in Hertfordshire.
Primary Care and Continuing Healthcare	N/A	Primary Care appointments remain higher than pre-pandemic levels, proportion of face to face meetings continues to increase. Number of CHC appointments remains a challenge in SW Herts.

Quality

Key areas

Area	Position	Further info
Safeguarding workforce	Gaps in the ICB workforce has the potential to impact on safeguarding work	This is a new issue- a business case is being processed to tackle short term issue with a longer-term strategy to develop the ICS pipeline
Infection Prevention and Control- C.difficile.	Improving	There has been a national increase in c.difficile rates but all 3 place levels are below regional rate, as are PAHT and WHTHT. However ENHT are currently above the regional rate
Infection Prevention and Control- Methicillin-sensitive staphylocous aureus (MSSA) blood stream infections (BSI)	Worsening	3 place levels of the ICBs below the national rate but all three acute trusts are above the regional rate. The 3 acute trusts are currently jointly implementing actions to improve risk from IV access. Ongoing monitoring and surveillance.

Maternity	Worsening	East and North Herts Hospital Trust (ENHT). Re CQC inspection report (January 2023) Maternity Services were rated Inadequate. Areas for improvement relate to training , staffing , infection control , risk assessment ,reporting and mitigation and maintenance , equipment and facilities. Section 29A and Annual CQC Maternity Report Findings pin- point further areas of concern. CQC Improvement plan has been developed by the Trust to respond to the areas of concern identified.

Patient Experience and Safety- ICB

ICB area	Complaints	PALS	MPs	Quality Review System (GP queries)	Whistleblowing	Serious Incidents	Never Events
ENH Place	2	25	5	51	0	30	0
S&W Place	7	45	11	3	0	27	1
WE Place	6	45	5	39	0	5	0
Other	2	15	1	0	0	8	0
Total	**17**	**130**	**22**	**93**	**0**	**70**	**1**

ICB area	Key themes/ risks	Improvement actions/ Mitigation
Herts and West Essex	Primary care has ongoing concerns with requests from secondary care; issuing of prescriptions following secondary care appointment, onward referrals, following up tests .	Concerns are raised via GP queries. At Princess Alexandra Hospital the Trust is supporting medical teams to ensure that systems and processes are in place to conclude all secondary care activity before transferring patient care back to primary care for ongoing management. Plan to discuss these themes with East North Herts Trust and West Herts Teaching Hospital Trust.
Herts and West Essex	System Serious Incidents – ambulance service Delays in reaching patients at home/in public who require emergency ambulance assistance, due to vehicles being at other locations within the health service (acute hospitals).	The Herts and West Essex Urgent and Emergency Care (UEC) System Serious Incident Tactical Group was established in November 2022 – this type of group was initiated in North- East Essex and Suffolk to address the same issue. The Tactical Group is comprised of colleagues from acute Trusts, ICB and East of England Ambulance Trust. All system SI are reviewed to identify learning and changes to process across the system to develop safer care within the limitations of the current operational demands.

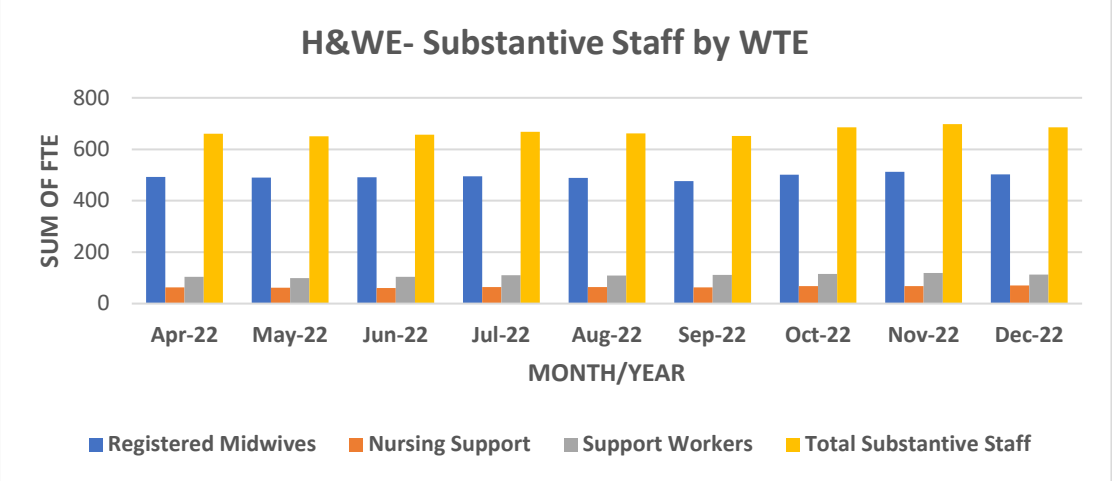
Maternity

Priority Area	Issues and Care Quality Commission (CQC) Overview	Mitigation
Workforce	Maternity workforces across all Trusts remains challenging related to recruitment and retention / absenteeism . Impact on service delivery and workforce training compliance against core competency framework.	Workshop planned with key providers in March 2023 and ICB/LMNS workforce leads , to enhance existing improvement plans.
Transformation	Princess Alexandra Hospital Trust (PAHT) - Recent developments include the service opening a maternity triage service in November 2022 which has enhanced services for pregnant women and people.	Improvement workstreams include maternity helpline, foetal growth, transitional care and Diabetes.
Safety	East and North Herts Hospital Trust (ENHT). Re CQC inspection report (January 2023) Maternity Serivces were rated Inadequate. Areas for improvement relate to training , staffing , infection control , risk assessment ,reporting and mitigation and maintenance , equipment and facilities.	CQC Improvement plan has been developed by the Trust to respond to the areas of concern identified. Governance and reporting arrangements alongside support in place to oversee action plan implementation.
	West Herts Teaching Hospital Trust (WHTHT) have one open action linked to the CQC action plan (Oct 2021 visit) relating to Entonox levels.	Central monitoring snap-shot audit indicates controlled and safe levels across the units- action to remain open until body worn monitoring is complete.
Annual CQC Maternity Survey	ENHT – 4.4% improvement since previous year. Lower scores include linked to information about COVID restrictions and information /advice about induced labour risks. WHTHT – 73.3% improvement since last year. Lower scores include linked to access of midwives and support around feeding. PAHT – 80% improvement since last year. Lower scores linked to offering a choice about where the baby is born.	Further details available in maternity deep dive and ENHT Improvement Plan which are attached as appendices to this report.

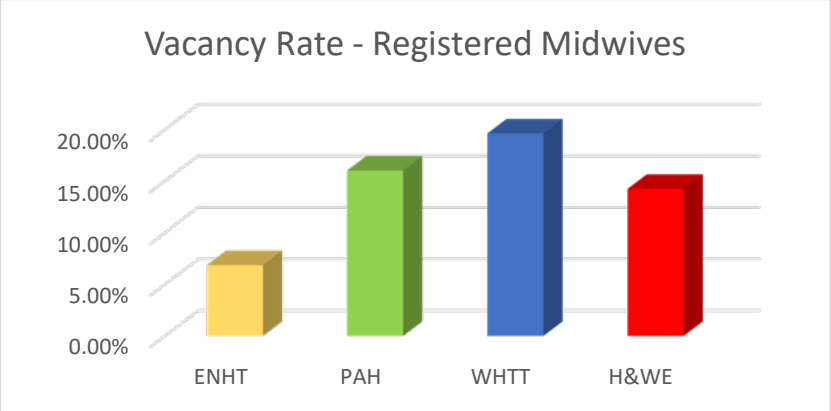
ICB Risk	Geographical Area	Issue	Mitigating Action
Yes	Herts and West Essex	Maternity workforce related issues continue to impact delivery and safety /experience.	Detailed recruitment , retention plans in place alongside mitigations, recovery plans and trajectories

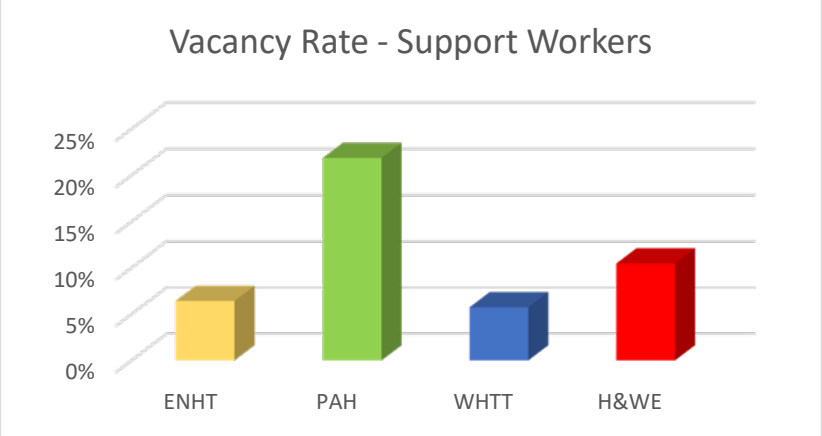
Midwifery Workforce

- The total substantive midwifery staff shows 685.28 FTE. This shows a 4% increase since April 2022 to Dec 22.
- The highest FTE staff group role shows as registered midwives with 502.58 FTE. This shows an increase of 2% since April 2022.
- The lowest FTE staff group shows as Nursing Support staff in Maternity Services with a 69.92 FTE across the 3 NHS Trust providers. This shows a 9% wte growth since April 22.



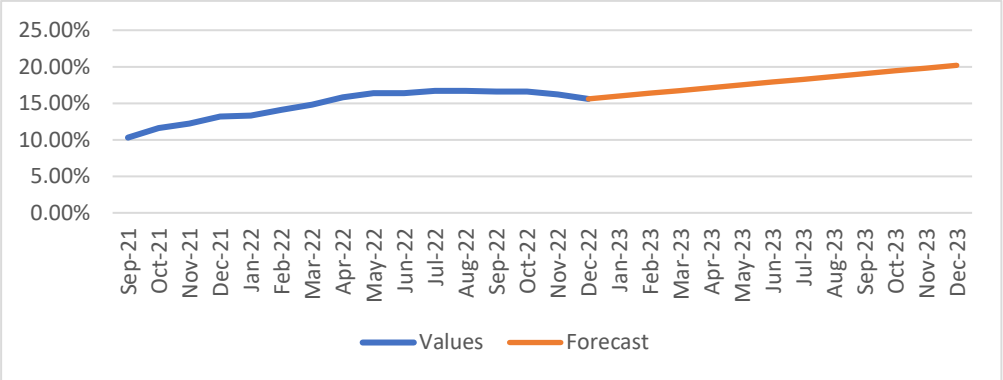
- As of December 2022, there were 83.47 FTE registered Midwives vacancies, which equates to 14.26% vacancy rate
- There were also 13.19 FTE Support workers vacancies, which equates to a 10% vacancy rate
- WHTT (19.63%) & PAH (16.02%) are the clear Providers for concern which have the highest vacancy rate for Registered Midwives.
- All Providers have significantly reduced their FTE vacancy rate for Support workers showing a 13.19 FTE vacancy rate compared to 37.70 back in April 2022. This shows a 35% reduction in vacancies since April 22.





Turnover

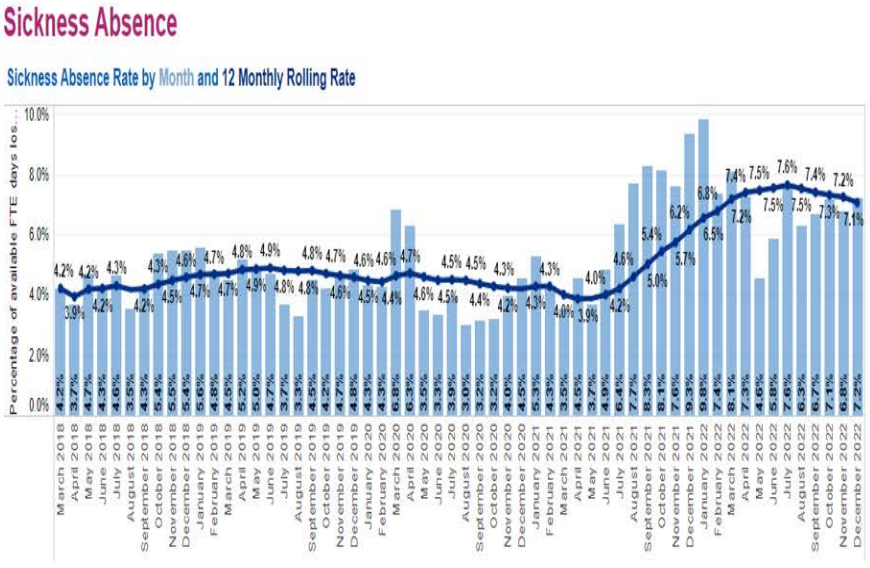
- As at November December 22 the turnover rate for maternity staff rolling 12 months was 15.60% down by 0.60% from the previous month. The peer average is 13.2% and the national average is 12.8%.
- This shows an average of 14.78% month on month
- The forecast linear line shows that by December 2023 the system can see a turnover rate reach 20.20%, an increase of 4.60%.

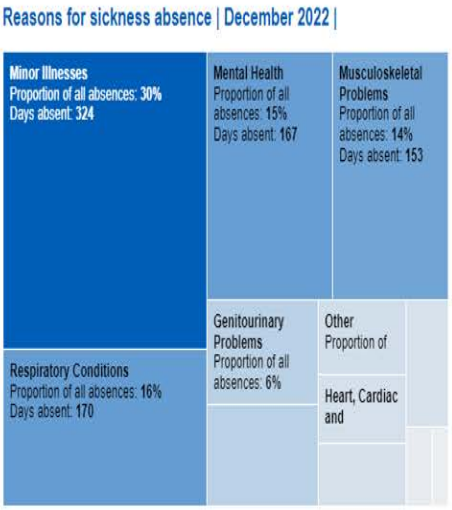


Top 3 Reasons for Leaving
Work Life Balance
Relocation
Retirement

Sickness absence

- In relation to staff sickness, we have seen significant growth between June 2021 (4.0% – December 2022 (7.1%) Rolling 12 month. This is above the national average of 5.2% (ONS)
- The most common factor that attributed to absences is recorded as Minor illnesses, equating for 30% of absences. Mental Health also shows a high reason for absence, equating for 15% of absences.





Finance

22/23 Position

Hertfordshire and West Essex Integrated Care System is forecasting a breakeven position for this financial year. This is being achieved by utilising underspends, mostly from the Integrated Care Board, to offset deficits in two trusts (PAH and ENHT).

The ICS is therefore carrying an underlying deficit forward into 23/24. This has been caused by a number of factors:

- Loss of Covid funding where costs remain
- Additional unfunded inflationary pressure
- Lower productivity
- Non-delivery of efficiency savings

23/24

2023/24 HWE ICB Allocations

The Hertfordshire and West Essex (HWE) Integrated Care Board's (ICB) Allocation was issued on 10 January 2023. The allocation is for two years; 2023/24 and 2024/25.

The Allocations are based on an annualised system funding envelope and now includes the Delegated Pharmacy, Ophthalmic and Dental (POD) Services that are transferring to the ICB from NHS England (NHSE) from 1 April 2023.

The national average growth percentage on core programme allocations is 5.3%. HWE ICB receive 5.11% as the HWE population is estimated to grow at a slower then average rate. Growth is based on 2023/24 pay awards at 2%. Growth will be revised once pay awards are known – intended to be cost neutral to local Systems.

There is a continuation of the convergence adjustment to move the ICB towards a fair share funding distribution and is above general efficiency requirements. For 2023/24, the rate is -0.71% on the core programme allocation.

Delegated Primary Medical Care Allocation has been uplifted by 5.5% in 2023/24, with a convergence reduction of 0.38% Delegated POD Allocation has been uplifted by an average 3.1% with convergence reduction of 0.29%. Pharmacy funding reduces.

Running Costs Allowance remains the same as 2022/23 with ICBs having to absorb pay awards and inflationary cost pressures

	Financial Year 2022/23	Financial Year 2023/24												
	Adjusted Recurrent Baseline £000	Base Growth (%)	Base Growth (£000)	Convergence (on baseline + growth) (%)	Convergence (on baseline + growth) (£000)	Convergence (on baseline only) (£000)	Recurrent Allocation (£000)	Recurrent Growth (%)	Plus COVID - Recurrent (£000)	Plus ERF (£000)	Plus Additional Discharge Allocation (£000)	Plus Additional Physical/Virtual Capacity (£000)	Expansion of Ambulance Capacity (£000)	Service Development Fund (SDF) (£000)	2023/24 Combined Allocation (£000)
Core Programme Allocation	2,418,311	5.11%	123,564	-0.71%	(18,047)		2,523,828	4.36%	10,702	60,079	7,230	13,576	0	20,857	2,636,272
Running Costs	28,995	0.00%	0	0.00%	0		28,995	0.00%	0	0	0	0	0	0	28,995
Primary Medical Care	246,625	5.50%	13,553	-0.38%	(989)		259,189	5.09%	0	0	0	0	0	0	259,189
ICB Allocation Subtotal	2,693,930		137,117		(19,036)	0	2,812,012		10,702	60,079	7,230	13,576	0	20,857	2,924,456
Delegation - Dental	85,707	4.02%	3,445	-0.29%		(253)	88,900	3.73%	0	0	0	0	0	0	88,900
Delegation - Ophthalmic	15,163	4.22%	640	-0.29%		(45)	15,758	3.93%	0	0	0	0	0	0	15,758
Delegation - Pharmacy	29,083	-0.35%	(102)	-0.29%		(86)	28,895	-0.64%	0	0	0	0	0	0	28,895
Delegation - Property Costs	214	0.00%	0	-0.29%		(1)	213	-0.29%	0	0	0	0	0	0	213
POD Allocation Subtotal	130,166		3,984		0	(384)	133,767		0	0	0	0	0	0	133,767
Total ICB Allocation	2,824,097		141,102		(19,036)	(384)	#######		10,702	60,079	7,230	13,576	0	20,857	3,058,223

The Hertfordshire and West Essex ICS submitted a draft 23/24 financial plan on 23rd of Feb 2023. **This plan indicated a deficit of £107m, which equates to 3.7% of income.** This level of deficit is forecast despite the ICS planning for efficiencies worth 2.8% of spending, higher than the 2.2% target set in the NHS planning guidance.

Conversations are ongoing between the systems CEOs and Directors of Finance, with two key objectives:

- To test the assumptions of the current plan and reduce the forecast deficit to a more manageable level, including the best approach to utilising the limited growth available
- To consider how we are utilising the current 2.9bn of spend across the ICS, and identify opportunities for improvements and efficiencies.

Key steps that will need to be taken to improve the system deficit include:

- Funding added to budgets for COVID needs to be identified and costs taken back out
- Productivity losses since 2019/20 need to be reversed so we can deliver increased elective activity at lower cost
- Greater joint working across Places and Providers to maximise utilisation of our most costly capacity or reduce the capacity required
- Push for greater cash releasing efficiency savings
- Slow down the pace of service developments to meet Long Term Plan requirements
- Make choices and decommission services that add least value to the population

ICB Financial Position

2023/24 DRAFT ICB Financial Plan

The 2023/24 **DRAFT** Financial Plan was submitted on Friday 17 February 2023.

This was consolidated with the Draft Financial Plans for the HWE ICS Providers and submitted, as an ICS System Financial Plan on 23 February 2023.

The current position for the ICB is a deficit of £16.093m, which is mainly in relation to the cost pressures the ICB is experiencing on Continuing Healthcare and Prescribing spend and a share of the convergence factor.

The Final Financial Plan is expected to be submitted on 30 March 2023.

Category of Planned Spend	Total (£000)
ICB Acute Service Expenditure	
Acute Services - NHS	1,517,289
Acute Services - Independent / Commercial Sector	41,162
Acute Services - Other Net Expenditure	8,081
Total ICB Acute Service Expenditure	**1,566,532**
ICB Mental Health Service Expenditure	
Mental Health Services - NHS	255,314
Mental Health Services - Independent / Commercial Sector	911
Mental Health Services - Other Net Expenditure	53,144
Total ICB Mental Health Service Expenditure	**309,369**
Total ICB Community Health Service Expenditure	**273,710**
ICB All-age Continuing Care Service Expenditure	
CHC Adult - Fully Funded - Standard and Joint Funded	90,260
CHC Adult - Fully Funded Personal Health Budgets - Standard	24,145
CHC Adult - Fully Funded - Fast Track	25,501
Children's Continuing Care	5,058
Funded Nursing Care	21,181
Continuing Care Assessment and Support	5,170
Total ICB All-age Continuing Care Service Expenditure	**171,315**
ICB Primary Care Service Expenditure	
Prescribing	237,852
Community Base Services	21,494
Out of Hours	16,916
PC - Other	7,831
Total ICB Primary Care Service Expenditure	**284,093**
Total ICB Other Programme Service Expenditure	**2,961**
Total ICB Other Commissioned Service Expenditure	**23,590**
ICB Primary Medical Services Expenditure	
General Practice - GMS and PMS	123,409
Other List-Based Services (APMS incl.)	2,874
Premises cost reimbursements	45,522
Enhanced services	16,664
QOF	68,905
£1.50 per head PCN Development Investment	1,816
Total ICB Primary Medical Services Expenditure	**259,190**
Total ICB Commissioning Service Expenditure	**2,890,760**
Total ICB Running Costs	**28,995**
Total ICB Reserves / Contingencies	**38,343**
Total ICB Expenditure	**2,958,098**
Total ICB Allocation	**(2,942,005)**
Total ICB (Surplus)/Deficit	**16,093**

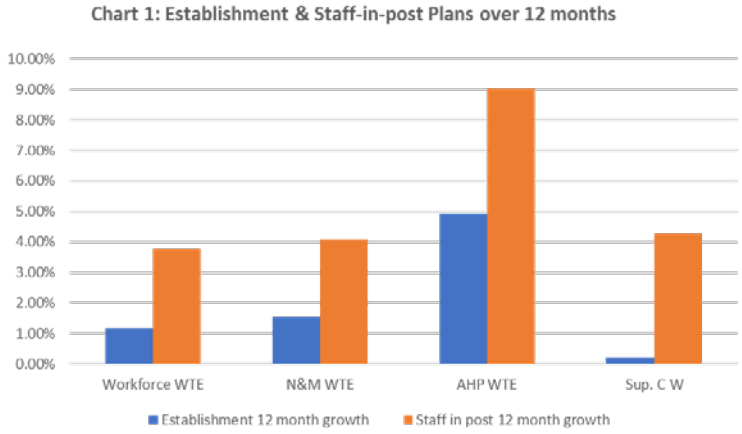
Workforce 23/24 operational plan

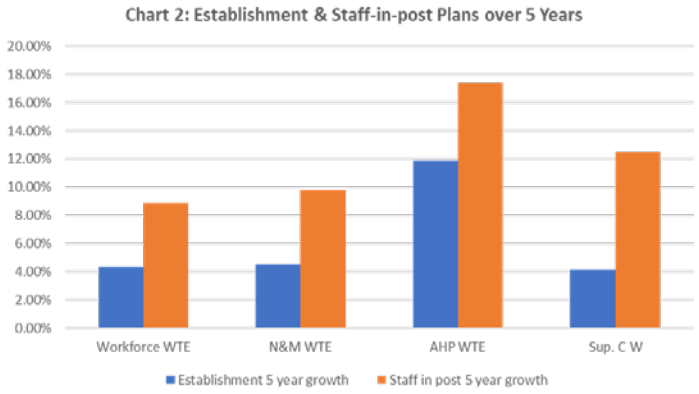
12-month Plan

- The initial workforce draft shows establishment plans of a 1.18% growth over the 12-month period. Staff in post aspirations are more ambitious with a 12-month growth of 3.76% confirming the system's ongoing commitment to move staff from agency/bank to substantive.
- AHP plans show the largest establishment growth of 4.94 % over 12 months of the 3 clinical staff groups. Support to clinical services plans show a small growth of 0.21% over a 12 month period. However, staff-in-post are planned to grow by a much larger 4.26% over the same period.

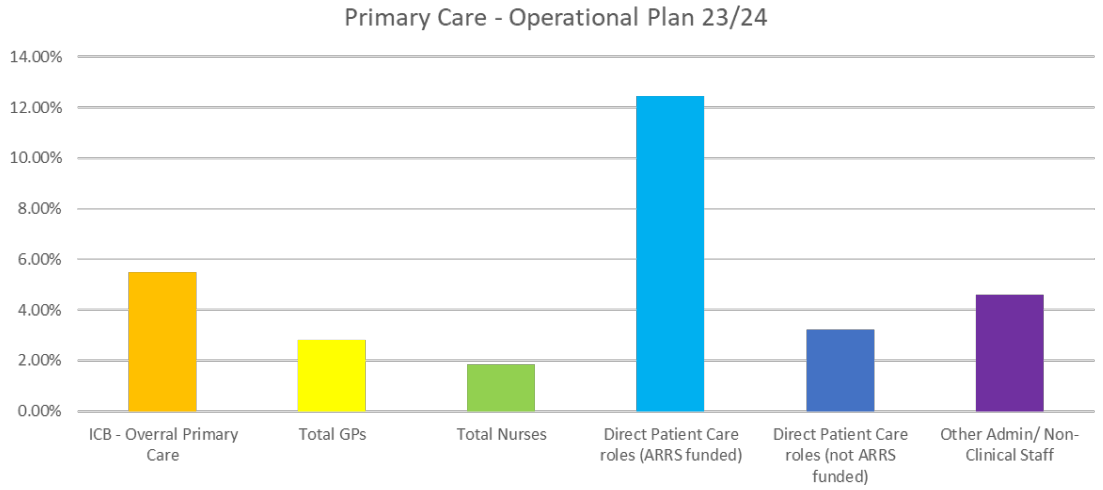
5 year plan

- Plans for the next 5 years indicate a growth in establishment of 4.35% and 8.35% for staff in post for the whole workforce. Again, AHP plans are the most ambitious with an increase of 11.9% in establishment and a 17.37% increase in staff-in-post over the same period.



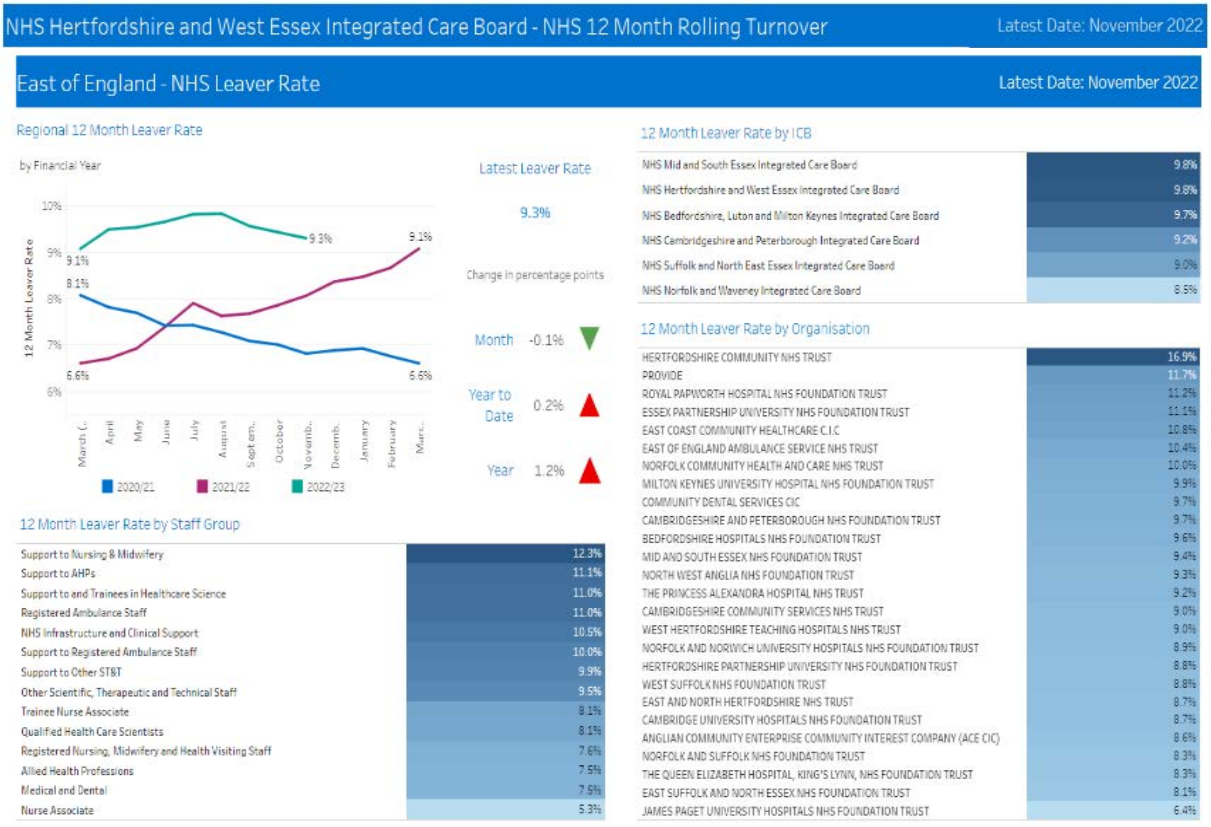


- Hertfordshire and West Essex primary care staff in post plans show a 5.49% growth over a 12-month period
- Direct Patient Care roles (ARRS funded) show the largest staff in post growth of 12.43% over 12 months this is followed by Other Admin/Non-Clinical Staff 4.60% growth.



Workforce: Retention/Sickness Absence

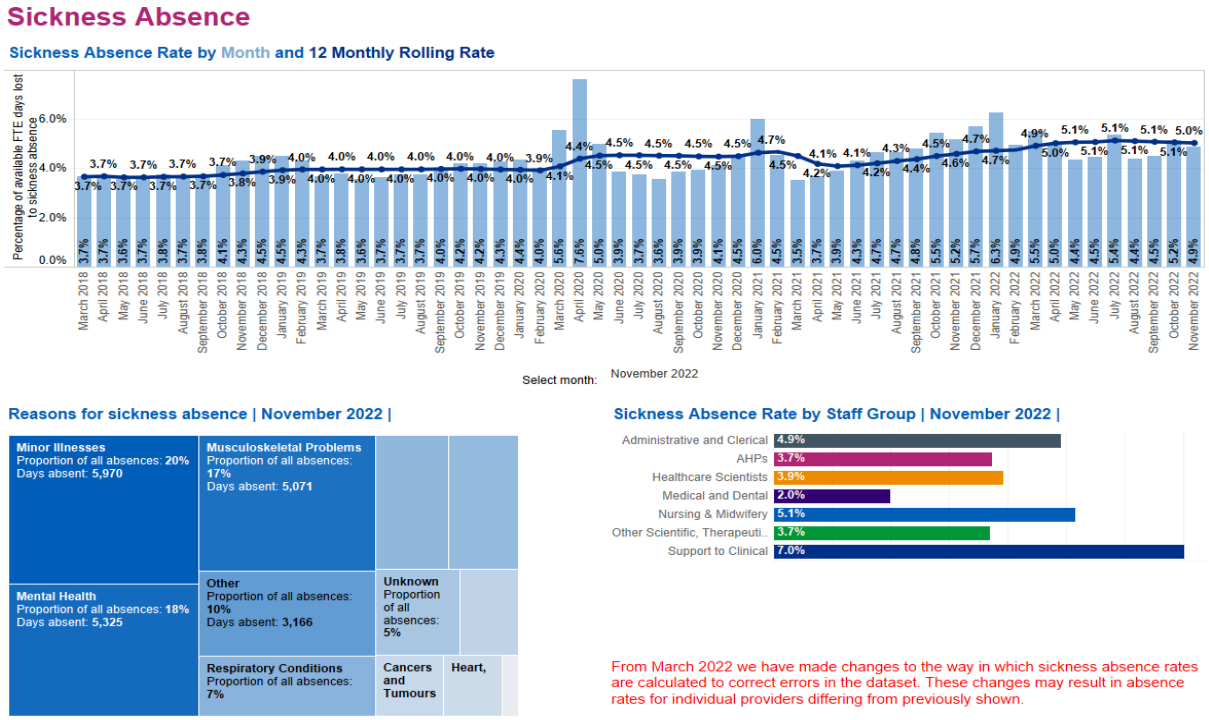
- As at November 22 the rolling turnover rate was 17.2%, down by 0.3% in a month and down by 0.8% year to date.
- There has been focussed work on improving the retention of care support worker roles across the system, and we are starting to see declines in turnover trends relating to this, showing a 2.2% decline month on month over 12 months within Support to Clinical Staff
- However, we need to address key areas such as nursing and midwifery and STTs who are showing longer term signs of turnover growth.



- The system shows as joint top leaver rate as at Nov 22 with a rate of 9.8%. Hertfordshire Community NHS Trust shows the worst 12-month leaver rate (16.9%) by organisation within East of England, although some of this will be accounted for by their role in the mass vaccination campaign
- The primary reason for leaving remains voluntary resignation (relocation & work life balance).
- There is currently a retention deep dive piece of work being undertaken focussing on flexible working, career development & on boarding.

Sickness/Absence

- There has been little change to our sickness/absence rate – over the previous 12-month rolling period. The ICB is averaging 4.96% month on month and closed at 5.0% in November, which is in line with the whole of England.
- Minor Illnesses, Mental Health & Musculoskeletal problems were the prime reasons for sickness absence.
- The top two staff groups showing a high sickness absence are Support to Clinical Staff (7.0%) & Nursing & Midwifery (5.1%)



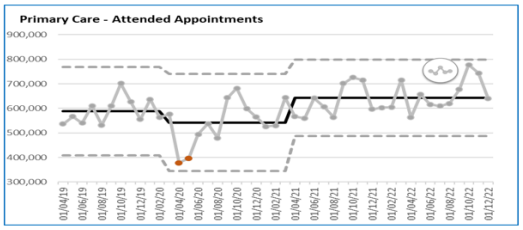
- Staff survey results have just been published nationally, and the system is now working on an analysis and understanding of the results to be shared at the next People Board.

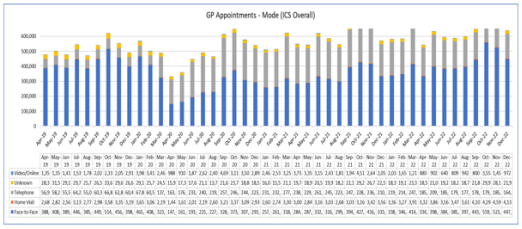
Primary Care-ahead of the deep dive

Today's board deep dive is on the topic of Primary Care- to support that we have highlighted the key performance and quality issues below.

Performance

Primary Care





ICB Area	What the charts tell us	Issues	Actions	Mitigation
ICB	• Total appointments increased significantly in September, October and November • December saw reduced appointments, but this is likely explained by the bank holidays/Christmas period • The proportion of face to face appointments continues to increase and was over 70% in October, November and December.	• General Practice continues to see increases in demand against a backdrop of working through the backlog, workforce pressures and negative media portrayal • Significant pressure from Respiratory illness • Rapid increase in 'spot booking' hotels set up without notice by Home Office to house asylum seekers with significant health needs, including Scabies and Diphtheria outbreaks.	• Continue to implement actions funded by the Winter Access Fund, inc. advanced telephony and offsite storage of notes • An MDT group has been established to review the National GP Patient Survey (GPPS) data, and to develop an access framework and work programme • Working closely with BI team to develop an access dashboard for better monitoring of pressures • Primary Care Commissioning Committee (PCCC) has approved ICB funding for additional winter capacity in general practice. Funding is the same as last year at £1.43 per weighted patient • There is national repurposing of Investment & Impact Fund monies to support additional capacity • Acute Respiratory Infection hubs set up to assist with system pressures and minimise flow back to General Practice from 111 and ED • Enhanced Commissioning Framework re-prioritised to assist with practice capacity • Practices offered an extended period (additional 3 months) in which to achieve their QOF targets to recognise the ongoing prioritisation of on the day demand over winter.	• Continue to support return of business as usual to General Practice through the relaunch of the ECF across the ICB, supported by investment reporting to free up practice capacity • QOF period extension means that some annual review action for LTC will be reprofiled to spring and should have a benefit next winter • Continued access trend analysis in the 3 places to identify individual practices with poor access through complaints and patient contacts • PCCC and Primary Care Board oversight of the GPPS results, and action plan developed through the Access MDT Group • Recruitment & Retention of Primary Care Workforce – a number of initiatives are offered to the Primary Care Workforce to support recruitment and retention which are supported by the HSE ICB Training Hub • Continued funding for spot booking hotels for health checks and MDT site visits agreed by PCCC at the February meeting • Daily review of OPEL reporting by practices and follow up by place Primary Care Teams with individual practices continuing.

Quality

Assurance and Oversight- Primary Care

Primary Care	ICB Place	Inadequate	Requires Improvement	Good	Outstanding	No published rating	Total
	East North Herts (ENH)	0	3	45	0	0	48
	South and West Herts (SWH)	0	0	50	1	2	53
	West Essex (WE)	1	0	28	1	0	30

GP Practice	Issue	Mitigating Action	Timescale to meet required standard
• Stockwell Lodge • Buntingford • Medical Centre • Garden City Practice	3 practices in ENH are currently rated as 'Requires Improvement' overall by the Care Quality Commission (CQC)	• Support provided by ICB Primary care & Quality Teams to address the issues raised by the CQC • Support from ICB specialist teams as required for example , Medicines, IPC, Safeguarding • Action Plan monitoring with support	By the time of the next CQC inspection – usually within 1 year of the previous one
Lister Medical Centre, Harlow, West Essex	Practice rated 'Inadequate' overall (published 23.6.22) & placed in special measures by CQC . Practice re-inspected January 2023- outcome awaited. Practice population of approximately 20,000	As above plus:- • Regular ICB formal review meetings • Support with Quality Improvement initiatives through process mapping • ICB Contract/ Quality visit on 28.11.22 provided assurance of significant progress	Outcome of CQC inspection awaited- this will then inform next timescales
All Practices in Hertfordshire & West Essex	As a result of pressures caused by the pandemic & winter pressures, many practices have not been undertaking their usual reviews of policies & processes. Also, with rapid implementation of new ways of working there is a potential risk that practices may have documents that don't align with current processes. As a result, practices may not meet the required CQC standards.	• CQC Masterclass programmes • IPC Training, webinars & audits • Development of a programme of supportive contract/ quality visits to be informed by a resilience index dashboard enabling timely provision of support • Themes identification to target support • CQC preparation support from ICB • Medicines/ prescribing CQC preparation resource pack	Supportive Contract/ Quality Visits to commence within 3 months. Identification of themes to target further support will be ongoing.

Hertfordshire and West Essex Integrated Care System

NHS Hertfordshire and West Essex Integrated Care Board

Meeting:	*Meeting in public*	☒	*Meeting in private (confidential)*	☐			
	NHS HWE ICB Board meeting held in Public				**Meeting Date:**	**24/03/2023**	
Report Title:	**HWE ICS 2023/24 Operational Planning Report**				**Agenda Item:**	**09**	
Report Author(s):	Alison Studer, Head of Performance, South and West Herts, Hertfordshire & West Essex ICB						
Report Presented by:	Frances Shattock, Director of Performance and Delivery, Hertfordshire & West Essex ICB						
Report Signed off by:	Frances Shattock, Director of Performance and Delivery, Hertfordshire & West Essex ICB						
Purpose:	**Approval / Decision**	☐	**Assurance**	☐	**Discussion**	☐	**Information** ☒
Which Strategic Objectives are relevant to this report **[Please list]**	▪ ***Increase healthy life expectancy, and reduce inequality*** ▪ ***Improve access to health and care services*** ▪ ***Achieve a balanced financial position annually***						
Key questions for the ICB Board / Committee:	▪ The ICB Board are asked to note the contents of the report						
Report History:	• Performance Committee						
Executive Summary:	The planning report gives an overview of the operational planning which will be submitted on 30th March 2023						
Recommendations:	The ICB Board are asked to note the contents of the report						
Potential Conflicts of Interest:	***Indirect***	☐	***Non-Financial Professional***	☐			
	Financial	☐	***Non-Financial Personal***	☐			
	None identified			☒			

	N/A	
Implications / Impact:		
Patient Safety:	*The 2023/24 operational planning focuses on how we will deliver activity that will reduce waiting times and backlogs and therefore support improvement to patient safety.*	
Risk: *Link to Risk Register*	*n/a*	
Financial Implications:	*n/a*	
Impact Assessments: *(Completed and attached)*	***Equality Impact Assessment:***	N/A
	Quality Impact Assessment:	N/A
	Data Protection Impact Assessment:	N/A

Hertfordshire and West Essex Integrated Care System

Operational Planning Report 2023/24

March 2023

Working together
for a healthier future

Background to 23/24 operational plan

The three tasks for 2023/24 are:

- Recovering our core services and productivity
    - Improve **ambulance response** and **A&E waiting times**, reduce **elective long waits** and **cancer backlogs**, and improve performance against the core **diagnostic standard**; make it easier for people to access **primary care**, particularly **general practice**
- Make progress in delivering the key NHS Long Term Plan ambitions
    - Core commitment **to improve MHLDA services** and embed measures to **reduce inequalities** (including CYP services)
    - **Primary and secondary care prevention priorities** and the effective management of **long term conditions** to improve population health and curb demand
- Transforming the NHS for the future
    - Putting the **workforce on a sustainable footing** for the long term
    - Levelling up **digital infrastructure** and drive greater connectivity

Key themes

- Supporting local decision making: **empowering local leaders** to make the best decisions for their local populations
- **Fewer, more focused national objectives**: a greater emphasis on outcomes and less prescription on how to achieve them
- The financial allocation growth only meets the forecast inflationary pressures. The **sustained recovery in core services and productivity improvements (2.2% efficiency target) have to be delivered within the same funding envelope as 2022/23, in real terms**. The exceptions are: additional funding when elective recovery targets are exceeded; growth of the Better Care Fund to support timely discharge

23/24 Operational Plan vs Joint Forward Plan

	23/24 Operational plan	Joint Forward plan
Footprint	• Built up of NHS provider plans from ENHT, PAH, WHTHT, HCT, HPFT and the ICB. • Majority of acute measures based on Trust footprint, rather than HWE population	• Fully aligned with the wider system partnership's ambitions, building on existing local strategies and plans as well as reflecting the universal NHS commitments. • Public engagement requirements include showing how people and communities were engaged in the development of the plan, it is part of wider legal duties of ICBs to involve people and communities
Scope	• Tactical NHS services plan, responding to NHSE operational guidance based on narrow set of largely acute operational 'asks'	• Delivery focussed, including specific objectives, trajectories and milestones. • There are 17 specific statutory requirements that must be included including reducing inequalities and improving quality of services
Timeline	• Draft plan 23 February • Final plan 30 March	• Draft plan by 31 March • Final plan by 30 June

Key Messages

- Each trust and the ICB has undertaken a rigorous annual planning process which includes financial, workforce, quality and performance.
- Activity plans are based on detailed demand and capacity modelling and assessment of actions and investments required to deliver wider planning targets and requirements
- Our intention is to commit to a plan which delivers national objectives wherever possible, but not to put in plans which are undeliverable
- Our plan is ambitious in terms of delivery:
    - Our urgent care, diagnostic and cancer plans all forecast delivery of the national ask to deliver significant improvement against the A&E 4hr standard, expansion of virtual wards, growth in diagnostic activity and reduction in cancer backlogs;
    - Our plan delivers reduction in elective patients waiting longer than 65weeks, however we will continue to have a cohort of community paediatric patients who have waited longer than 65 weeks and we will need to look to system solutions to further reduce the waiting lists. This work will continue post submission of the operating plan.
    - We are forecasting improvement against the key mental health and learning disability targets, specifically a reduction in out of area placements, improvement in dementia diagnosis and annual heath checks for patients with learning disabilities.

Urgent care – key issues

	Nov-22 Actual	Nov-23 Plan	Growth	Apr23-Mar24 avg.	Trend	Notes
Total Beds Available	1,646	1,769	7.5%	1,741		Number of beds open at the start of any given day.
NEL Beds Occupied	1,434	1,510	5.3%	1,495		Number of beds occupied at the start of any given day.
0 day NEL Admissions	101	115	13.9%	112		Admissions per day (Apr-Nov)
1+ day NEL Admissions	209	208	-0.4%	208		Admissions per day (Apr-Nov)
Avg. LoS for 1+ day NEL	6.9	7.3	5.7%	7.2		(Apr-Nov)
Virtual Ward Beds Occupied	338	393	16.3%	377		Number of Virtual Beds occupied at month end.

	Nov-22 Actual	Nov-23 Plan	Growth	Mar-24	Trend	Notes
4hr A&E	62.4%	73.8%	11.4%	76.1%		(Apr-Nov)

- We are forecasting continued growth in NEL demand, however expansion of Same Day emergency care will enable us to shift the balance towards 0 day LoS and improve flow
- Physical and virtual ward bed numbers are increased in 23/24 to reflect the increased demand.
- Ambitious trajectory planned to deliver the 76% performance against the A&E 4hr standard
- Virtual Ward beds have been planned at occupancy rate of 80%. There is potential to improve that rate to enable better capacity utilisation

Note: Data shows position at 22 March. Provider plans have not yet been signed off by provider boards, which may result in minor changes pre final submission

Elective and diagnostics – key issues

	19/20 Actual (000s)	20/21 Actual (000s)	21/22 Actual (000s)	23/24 Plan (000s)	Growth (19/20 to 23/24)	Trend	Notes
Total DC+EL+OPPROC	339	239	290	445	31.3%		
OP Follow-up w/out Procedures	640	894	840	588	-8.1%		21/22 Actual is 12 months to Oct'22
Total Diagnostic Activity	388	323	390	431	11.1%		21/22 Actual is 12 months to Nov'22

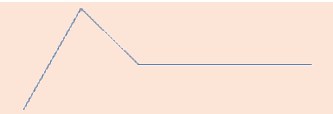
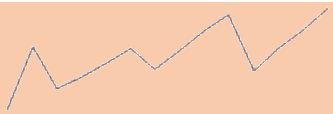
	Nov-22 Actual	Mar-24 Plan	Growth	Trend	Notes
65ww	6,836	1,535	-77.5%		Target is 0 by Mar'24

- Plan delivers significant growth in elective and diagnostic activity vs prior year and 19/20. All three acute providers are forecasting to meet the levels of Value weighted activity required to earn ERF. (103% for both PAH and WHTH and 115% for ENHT)
- Reduction in Outpatient numbers and improvement in PIFU is forecast but not at the levels anticipated in the planning guidance. There are backlogs of follow ups who need a clinical review making achievement of this target very challenging.
- The numbers of patients who will have waited for 65 weeks on 31 March 24 is forecasted as 0 with the exception of 1,535 community paediatric patients at ENHT where we are working on a system response to reduce this waiting list.

Note: Data shows position at 22 March. Provider plans have not yet been signed off by provider boards, which may result in minor changes pre final submission

Note: Data shows position at 22 March. Provider plans have not yet been signed off by provider boards, which may result in minor changes pre final submission

Mental Health and Learning disability – key issues

	22/23 Actual	23/24 Plan				Trend	Notes
	Q2	Q1	Q2	Q3	Q4		
Inappropriate OOA Bed Days	6,980	3,070	2,585	1,703	633		
Dementia Diagnosis Rate	61.6%	62.7%	63.4%	64.0%	64.7%		
CYP Mental Health Access	14,765	15,932	16,417	16,894	17,357		
Learning disability registers and annual health checks delivered by GPs	26.7%	18.2%	36.4%	54.7%	72.9%		Cumulative performance
Women Accessing Specialist Community Perinatal Mental Health Services	1,715	701	1,103	1,421	1,831		

- Out of area placements are planned to reduce significantly, due to additional beds being commissioned within area and operational changes to improve flow within HPFT.
- Perinatal plans are in line with the national long term plan expectation, however as previous performance has been ahead of these levels, it is likely that we will over deliver.
- Please note the Q2 22/23 OOAP and perinatal baseline data is currently being investigated, hence should not be used to compare to plan.

Note: Data shows position at 22 March. Provider plans have not yet been signed off by provider boards, which may result in minor changes pre final submission

Summary of operational planning delivery of key targets

Type	Description	Indicator	Target	Result	Meets Target?
Cancer	Reducing 62 day waits	E.B.32	Reduction	-219	Y
Cancer	Faster Diagnosis - 75% receiving diagnosis within 28 days	E.B.27	75%	75%	Y
				75%	Y
Diagnostic Waits	Progress to <5% waiting 6 weeks or more	E.B.28	5%	22%	Y
Unplanned Care	76% of A&E attendances under 4 hours	E.M.13	76%	76%	Y
	2hr Urgent Community Response standard (70%)	E.T.1		2,183	
Outpatients	Reduction in OP Follow-ups by 25% against 19/20	E.M.38	-25%	-14%	N
				5%	N
Elective	Reducing 65 week waits to 0	E.B.20	0	1,535	N
				3,750	Y
	Total Outpatients	E.M.32	Increase	+31.4%	Y
				+6.4%	Y
	Total Elective/DayCase Spells	E.M.10	Increase	0%	N
				-3.8%	N
Diagnostic Activity	Increased activity, supporting backlog clearance	E.B.26	Increase	11%	Y
				22%	Y
Beds	G&A Bed Occupances under 92%	E.M.30	92%	93%	N
Mental Health	Inappropriate adult acute mental health Out of Area Placement (OAP) bed days	E.H.12	0	633	N
	Estimated diagnosis rate for people with dementia	E.A.S.1	66.7%	63.7%	N
Non-Elective	Number of Non-Elective Spells	E.M.11		127,238	n/a

Hertfordshire and West Essex Integrated Care System

Note: Data shows position at 22 March. Provider plans have not yet been signed off by provider boards, which may result in minor changes pre final submission

Key Points Workforce planning

- In terms of overall system growth the plan is realistic and matches previous years of growth. The higher risk part of the plan is the transfer of staff from bank/agency to substantive, which will be more difficult to achieve, but certainly not impossible, and that's what our strategic plans will hopefully support.
- The longer term plans (years 2-5) show an increased growth in community and MH workforce which would be consistent with our system strategy to undertake greater levels of support in the community, but this is not triangulated with broader commissioning/service transformation plans as yet.
- Triangulation with activity will be worked on between the interim and the draft submission, predominantly due to the triangulation tool not working effectively.
- It is expected there will be challenge from stakeholders around productivity and efficiencies.
- As a system we have volunteered to be part of a new regional diagnostic tool relating to productivity and will be reviewing other areas of productivity gain, such as job planning.

Hertfordshire And West Essex ICS – Workforce Operational Plan overview 23/24

Hertfordshire and West Essex establishment plans reflect a **2.00%** growth in staff establishment over a 12 month period. Substantive staff in post over a 12 month period shows a **6%** growth for the year ahead.

This growth is largely inflated by HCT's planned growth in both establishment (10.1%) and SIP (8.8%), this is predominantly caused by growth in some services, but also substantial non-recurrent projects around vaccinations and virtual ward work. Outside of this areas have been highlighted where organisations are showing ambitious growth in substantive staff-in-post, supported by a reduction in usage of bank and agency. This is clearly an appropriate (albeit ambitious) strategy based on previous years trends.

		BASELINE (MARCH 23)		FORECAST 1 YR (MARCH 2024)				FORECAST 5 YRS (MARCH 2028)			
ORG/PLAN	CATEGORY	SIP	EST	SIP	% CHANGE	EST	% CHANGE	SIP	% CHANGE	EST	% CHANGE
HPFT	TOTAL	4379.01	4203.98	4510.86	3.0%	4273.68	1.7%	4781.17	9.2%	4412.94	5.0%
	SUBSTANTIVE	3607.82	4203.98	3894.86	8.0%	4273.68	1.7%	4268.27	18.3%	4412.94	5.0%
	BANK/AGENCY	771.19		616	-20.1%			512.9	-33.5%		
WHHT	TOTAL	5564.79	5448.66	5673.62	2.0%	5506.56	1.1%	5692.62	2.3%	5524.56	1.4%
	SUBSTANTIVE	5015.79	5448.66	5151.99	2.7%	5506.56	1.1%	5170.99	3.1%	5524.56	1.4%
	BANK/AGENCY	549		521.63	-5.0%			521.63	-5.0%		
HCT	TOTAL	2065.9	2065.9	2248.6	8.8%	2273.8	10.1%	2636.13	27.6%	2712.69	31.3%
	SUBSTANTIVE	1943.96	2065.9	2160.44	11.1%	2273.8	10.1%	2567.12	32.1%	2712.69	31.3%
	BANK/AGENCY	121.97		88.16	-27.7%			69.01	-43.4%		
ENHT	TOTAL	6586.07	6626.48	6715.23	2.0%	6715.43	1.3%	6794.95	3.2%	6918.3	4.4%
	SUBSTANTIVE	5936.16	6626.48	6352.04	7.0%	6715.43	1.3%	6575.98	10.8%	6918.3	4.4%
	BANK/AGENCY	649.01		363.2	-44.0%	0		218.97	-66.3%		
PAH	TOTAL	4042.13	4010.68	4042.01	0.0%	4042.51	0.8%	3972.01	-1.7%	4116.4	2.6%
	SUBSTANTIVE	3563.94	4010.68	3703.81	3.9%	4042.51	0.8%	3703.83	3.9%	4116.4	2.6%
	BANK/AGENCY	478.2	0	338.18	-29.3%			268.18	-43.9%		
HWE ICS	**TOTAL**	**22637.9**	**22355.7**	**23190.32**	**2.4%**	**22812**	**2.0%**	**23876.9**	**5.5%**	**23684.9**	**5.9%**
	SUBSTANTIVE	**20067.67**		**21263.14**	**6.0%**			**22286.2**	**11.1%**		
	BANK/AGENCY	**2569.37**		**1927.17**	**-25.0%**			**1590.69**	**-38.1%**		

Hertfordshire and West Essex Integrated Care System

Hertfordshire And West Essex ICS – Workforce Operational Plan overview 23/24: Mental Health and Primary Care overview

Primary Care growth has been forecast for 2024 in line with historical trends and aligned with training projections given by Health Education England. Mental Health workforce is a comparatively small establishment growth, although again, as per the secondary care analysis there is a substantial focus on recruiting staff to substantive posts from bank and agency over the course of the next year.

		BASELINE (MARCH 23)			FORECAST 1 YR (MARCH 2024)			
ORG/PLAN	CATEGORY	SIP	EST		SIP	% CHANGE	EST	% CHANGE
MENTAL HEALTH	NHS MENTAL HEALTH TOTAL	3688.55	4347.97		4009.38	8.7%	4427.97	1.8%
	NON-NHS MENTAL HEALTH	349.54	370.64		346.83	-0.8%	385.93	4.1%
	NON-MENTAL HEALTH TRUST	68.72	68.72		71.21	3.6%	71.21	3.6%
	TOTAL	**4106.8**	**4787.33**		**4427.42**	**7.8%**	**4885**	**2.0%**
PRIMARY CARE	TOTAL GPs	960			988	2.9%		
	TOTAL NURSES	318			324	1.9%		
	DPC (ARRS funded)	740			845	14.2%		
	DPC (NOT ARRS funded)	180			186	3.3%		
	ADMIN/NON-CLINICAL	1782			1868	4.8%		
	TOTAL	**3980**			**4211**	**5.8%**		

Hertfordshire and West Essex Integrated Care System

Hertfordshire and West Essex Integrated Care System

NHS Hertfordshire and West Essex Integrated Care Board

Meeting:	*Meeting in public*	☒	*Meeting in private (confidential)*	☐
	NHS HWE ICB Board meeting held in Public		**Meeting Date:**	**24/03/2023**
Report Title:	**Financial planning report 2023/24**		**Agenda Item:**	**10**
Report Author(s):	Debbie Griggs, Deputy Chief Finance Officer			
Report Presented by:	Alan Pond, Chief Finance Officer			
Report Signed off by:	Alan Pond, Chief Finance Officer			
Purpose:	**Approval / Decision** ☐	**Assurance** ☐	**Discussion** ☐	**Information** ☒
Which Strategic Objectives are relevant to this report [Please list]	▪ Improve access to health and care services ▪ Achieve a balanced financial position annually			
Key questions for the ICB Board:	Given the current planning position and lack of financial balance, are there any performance areas that the Board consider most important and should be protected? Are there any areas of performance the Board believes should be given a lower priority?			
Report History:	This report has been presented and noted at the Finance and Investment Committee on 14 March 2023			
Executive Summary:	This report provides the Hertfordshire and West Essex (HWE) Integrated Care Board (ICB) with information on the Draft 2023/24 Financial Plan for the Integrated Care System (ICS) and the principles that have been applied to the funding sources within the ICB's allocation. The ICS has submitted a deficit draft Financial Plan for 2023/24 of £106.689m, which is caused by the underlying deficit carried by the ICS organisations in 2022/23, the non-achievement of Elective Service Recovery in 2022/23, which has resulted in productivity improvements being behind where they were expected to be and the aggregate loss of COVID funding since 2021/22 of £76m, but without being able to recurrently reduce the spend. The report also provides details of the ICB's draft Financial Plan for 2023/24 which is showing a deficit of £16.093m, which is a result of the continuing cost pressures for Prescribing and Continuing Healthcare. The			

<table>
<tr><td></td><td colspan="4">funded inflationary uplift for both of these areas are significantly below the actual inflation levels being seen, which has also compounded the issue.

The report provides information on the planned application of growth and the approach taken with contract negotiations with NHS Providers.</td></tr>
<tr><td>Recommendations:</td><td colspan="4">It is recommended that the Board:
▪ Note the 2023/24 Financial Plan for the HWE ICS, which is currently draft
▪ Note the 2023/24 Financial Plan for the HWE ICB, which is currently draft</td></tr>
<tr><td rowspan="4">Potential Conflicts of Interest:</td><td>Indirect</td><td>☐</td><td>Non-Financial Professional</td><td>☐</td></tr>
<tr><td>Financial</td><td>☐</td><td>Non-Financial Personal</td><td>☐</td></tr>
<tr><td colspan="3">None identified</td><td>☒</td></tr>
<tr><td colspan="4">N/A</td></tr>
<tr><td colspan="5">Implications / Impact:</td></tr>
<tr><td>Patient Safety:</td><td colspan="4">[Consider the impact of the paper on patient safety, e.g. Does the paper support improvement in patient safety and mitigate risks to patient safety]</td></tr>
<tr><td>Risk: Link to Risk Register</td><td colspan="4">[Refer to latest Risk Register when completing]</td></tr>
<tr><td>Financial Implications:</td><td colspan="4">Given the current operational plan fails to achieve financial balance, NHSEI will require the ICS to undertake further work identifying additional efficiency savings and/or cost reductions to achieve financial balance. At this point the operational plan is failing to meet the ICB's statutory duty to keep its own expenditure and that of its provider Trusts within the resources available.</td></tr>
<tr><td rowspan="3">Impact Assessments:
(Completed and attached)</td><td colspan="2">Equality Impact Assessment:</td><td colspan="2">N/A</td></tr>
<tr><td colspan="2">Quality Impact Assessment:</td><td colspan="2">N/A</td></tr>
<tr><td colspan="2">Data Protection Impact Assessment:</td><td colspan="2">N/A</td></tr>
</table>

Hertfordshire and
West Essex Integrated
Care System

Presentation on:

2023/24 Financial Planning

Working together
for a healthier future

Financial Forecast Outturn for 2022/23

The HWE System is forecasting breakeven for 2022/23, but with deficits in 2 Trusts offset by underspends mostly in the ICB

Breakeven was achieved following receipt of non-recurrent funding, use of non-recurrent reserves and following NHSEI's decision not to clawback "unearned" elective recovery funding.

The ICS is therefore carrying forward into 2023/24 an underlying deficit as a result of loss of COVID funding where costs remain, additional unfunded inflationary pressure, lower productivity, non-delivery of efficiency savings

The forecast position for 2022/23 is set out in the table below.

Organisation	Income	Spend	Deficit		Efficiencies	
	£000	£000	£000	% Income	£000	% spend
HWE ICB	707,038	685,632	(21,406)	-3.0%	14,066	2.0%
ENHT	582,346	590,306	7,960	1.4%	12,251	2.0%
HCT	139,275	139,052	(223)	-0.2%	3,806	2.7%
HPFT	364,331	364,331	0	0.0%	5,600	1.5%
PAH	336,549	350,219	13,670	4.1%	11,662	3.2%
WHTH	483,297	483,297	0	0.0%	15,000	3.0%
TOTAL	**2,612,836**	**2,612,836**	**0**	**0.0%**	**62,385**	**2.3%**

ICB income and spend excludes that associated with NHS Trusts to avoid double counting and dilution of efficiencies and is for period Jul22-Mar23

2023/24 HWE ICB Allocations

The Hertfordshire and West Essex (HWE) Integrated Care Board's (ICB) Allocation was issued on 10 January 2023. The allocation is for two years; 2023/24 and 2024/25.

The Allocations are based on an annualised system funding envelope and now includes the Delegated Pharmacy, Ophthalmic and Dental (POD) Services that are transferring to the ICB from NHS England (NHSE) from 1 April 2023.

The national average growth percentage on core programme allocations is 5.3%. HWE ICB receive 5.11% as the HWE population is estimated to grow at a slower then average rate. Growth is based on 2023/24 pay awards at 2%. Growth will be revised once pay awards are known – intended to be cost neutral to local Systems.

There is a continuation of the convergence adjustment to move the ICB towards a fair share funding distribution and is above general efficiency requirements. For 2023/24, the rate is -0.71% on the core programme allocation.

Delegated Primary Medical Care Allocation has been uplifted by 5.5% in 2023/24, with a convergence reduction of 0.38% Delegated POD Allocation has been uplifted by an average 3.1% with convergence reduction of 0.29%. Pharmacy funding reduces.

Running Costs Allowance remains the same as 2022/23 with ICBs having to absorb pay awards and inflationary cost pressures

	Financial Year 2022/23	Financial Year 2023/24												
	Adjusted Recurrent Baseline £000	Base Growth (%)	Base Growth (£000)	Convergence (on baseline + growth) (%)	Convergence (on baseline + growth) (£000)	Convergence (on baseline only) (£000)	Recurrent Allocation (£000)	Recurrent Growth (%)	Plus COVID - Recurrent (£000)	Plus ERF (£000)	Plus Additional Discharge Allocation (£000)	Plus Additional Physical/Virtual Capacity (£000)	Expansion of Ambulance Capacity (£000)	Service Development Fund (SDF) (£000)	2023/24 Combined Allocation (£000)
Core Programme Allocation	2,418,311	5.11%	123,564	-0.71%	(18,047)		2,523,828	4.36%	10,702	60,079	7,230	13,576	0	20,857	2,636,272
Running Costs	28,995	0.00%	0	0.00%	0		28,995	0.00%	0	0	0	0	0	0	28,995
Primary Medical Care	246,625	5.50%	13,553	-0.38%	(989)		259,189	5.09%	0	0	0	0	0	0	259,189
ICB Allocation Subtotal	2,693,930		137,117		(19,036)	0	2,812,012		10,702	60,079	7,230	13,576	0	20,857	2,924,456
Delegation - Dental	85,707	4.02%	3,445	-0.29%		(253)	88,900	3.73%	0	0	0	0	0	0	88,900
Delegation - Ophthalmic	15,163	4.22%	640	-0.29%		(45)	15,758	3.93%	0	0	0	0	0	0	15,758
Delegation - Pharmacy	29,083	-0.35%	(102)	-0.29%		(86)	28,895	-0.64%	0	0	0	0	0	0	28,895
Delegation - Property Costs	214	0.00%	0	-0.29%		(1)	213	-0.29%	0	0	0	0	0	0	213
POD Allocation Subtotal	130,166		3,984		0	(384)	133,767		0	0	0	0	0	0	133,767
Total ICB Allocation	2,824,097		141,102		(19,036)	(384)	#######		10,702	60,079	7,230	13,576	0	20,857	3,058,223

2024/25 HWE ICB Allocations

National average growth on core programme allocations is 3.22%. HWE ICB receives 3.06%. Convergence adjustment increases to -1.34%

No allocations announced yet for Physical/Virtual capacity or SDF, although funding is expected.

Delegated Primary Medical Care Allocation has been uplifted by 3.62%, with a convergence reduction of 0.40%.

Delegated POD Allocation has been uplifted by an average 2.3% with convergence reduction of 0.31%. Pharmacy funding reduces again.

Running Costs Allowance not yet announced for 2023/24, at best will remain at 2023/24 levels, but highly likely to actually be reduced meaning headcount reductions are likely.

	Recurrent Baseline (£000)	Base Growth (%)	Base Growth (£000)	Convergence (on baseline + growth) (%)	Convergence (on baseline + growth) (£000)	Convergence (on baseline only) (£000)	Recurrent Baseline (£000)	Base Growth (%)	Plus ERF (£000)	Plus Additional Discharge Allocation (£000)	Plus Additional Physical/Virtual Capacity (£000)	Service Development Fund (SDF) (£000)	2024/25 Combined Allocation (£000)	
Core Programme Allocation	**2,534,530**	3.06%	77,466	-1.34%	(35,001)		**2,576,995**	1.68%	61,954	12,179	TBC	TBC	**2,651,128**	
Running Costs	**28,995**	0.00%	0	0.00%	0		**28,995**	0.00%					**28,995**	TBC
Primary Medical Care	**259,189**	3.62%	9,390	-0.40%	(1,074)		**267,505**	3.21%					**267,505**	
ICB Allocation Subtotal	**2,822,714**		**86,857**		**(36,075)**	**0**	**2,873,496**		**61,954**	**12,179**	**0**	**0**	**2,947,629**	
Delegation - Dental	**88,900**	3.32%	2,951	-0.31%		(274)	**91,578**	3.01%					**91,578**	
Delegation - Ophthalmic	**15,758**	2.25%	355	-0.31%		(48)	**16,064**	1.94%					**16,064**	
Delegation - Pharmacy	**28,895**	-0.81%	(235)	-0.31%		(89)	**28,572**	-1.12%					**28,572**	
Delegation - Property Costs	**213**	0.00%	0	-0.31%		(1)	**213**	-0.31%					**213**	
POD Allocation Subtotal	**133,767**		**3,071**		**0**	**(412)**	**136,427**		**0**	**0**	**0**	**0**	**136,427**	
Total ICB Allocation	**2,956,481**		**89,928**		**(36,075)**	**(412)**	**3,009,922**		**61,954**	**12,179**	**0**	**0**	**3,084,055**	

Hertfordshire and West Essex Integrated Care System

2023/24 HWE ICB – Planned Application of Growth on Core Allocation

The table shows the value of the 5.11% growth for Core Programme Services and how it is planned to be applied.

The table shows an over commitment of this allocation by £319k), which is expected to be recovered during budget setting.

Delegated budgets for Primary Medical Care Services, Pharmacy, Optometry and dental services have separate allocations and are not included within this table.

Running Cost Allowance for the ICB did not receive an uplift in 2023/24. This will mean that any agreed pay award and inflationary cost pressures will need to be matched with an equal saving.

Growth Resource Available	Base Growth (%)	Base Growth (£000)
Core Programme Allocation	5.11%	123,564
Net Inflationary Uplift		
Inflationary uplift	2.90%	70,131
Efficiencies	-1.10%	(26,601)
Net Inflationary Uplift	1.80%	**43,530**
Capacity	0.90%	11,464
		54,994
Known Growth Commitments	2.84%	**68,570**
Mental Health Investment Standard (MHIS)	5.01% above Net Inflation	19,336
Better Care Fund (BCF)	3.86% above Net Inflation	2,663
Pharmacy uplift above Net Inflationary uplift	2% above Net Inflation	8,394
CHC uplift above Net Inflationary uplift	7.01% above Net Inflation	11,628
Primary (non-Delegated Services)	1.91% above Net Inflation	2,032
Community Services	3.91% above Net Inflation	6,504
Acute (non-Elective services)	1.91% above Net Inflation	13,819
Ambulance Service (EEAST)	2.41% above Net Inflation	1,938
Change in NCA value (which includes LVAs)		1,117
All other Non-NHS contracts	1.91% above Net Inflation	1,457
		68,889
Balance of Growth Allocation	-0.01%	(319)

2023/24 HWE ICB – Inflationary Assumptions

The table below shows the Inflationary and Growth assumptions that are being built into the 2023/24 Financial Plan.

The requirement to maintain investment in Mental Health services is acknowledged with the additional uplift shown in the Mental Health Investment Standard (MHIS) column. This was an indicative value and will be refined during the planning round to ensure achievement of the standard.

There is also a requirement to increase the Better Care Fund (BCF) by 3.86% above net inflation.

The 2023/24 Planning Guidance also requires the ICB to allocate 1.20% of total contract value for COVID to Ambulance Trusts.

Planning Assumptions	Inflation	Efficiencies	Convergence	Capacity	COVID	Growth	MHIS
Acute Providers	2.90%	-1.10%	-0.71%	0.90%	0.60%	1.91%	
Ambulance Providers	2.90%	-1.10%	-0.71%	0.90%	1.20%	2.41%	
Mental Health Providers	2.90%	-1.10%	-0.71%		0.60%	2.71%	1.70%
Continuing Healthcare	2.90%	-1.10%	-0.71%			7.72%	
Community Providers	2.90%	-1.10%	-0.71%		0.60%	3.91%	
Better Care Fund	2.90%	-1.10%				3.86%	
Primary Medical Care Service	2.90%	-1.10%	-0.38%			3.70%	
Primary Care Services	2.90%	-1.10%	-0.71%			1.91%	
Prescribing	2.90%	-1.10%	-0.71%			2.00%	

Growth on non-elective services only

Resources Available to the HWE ICS System

Funding Source	ENHT £	HCT £	HPFT £	PAH £	WHTH £	CLCH £	EPUT £	Not Yet Assigned £	Fair Share of £380m	TOTAL £
Capacity funding (0.9% of contract value)	2,688,828	0	0	1,920,149	2,737,589	0	0	0	0	**7,346,566**
Additonal physical and virtual capacity funding	0	0	0	0	0	0	0	8,452,406	0	**8,452,406**
2023/24 Virtual Ward funding (£k)		1,975,837				2,117,555	1,030,202			**5,123,594**
New Capacity based on fair share	0	0	0	0	0	0	0	0	9,234,000	**9,234,000**
Growth for elective activity	6,141,919	0	0	(2,094,918)	(3,597,863)	0	0	0	0	**449,138**
Elective Recovery Fund (ERF)	13,142,353	0	0	8,242,014	14,155,035	0	0	0	0	**35,539,402**
Other Growth	4,393,622	3,118,655	9,892,443	4,064,700	5,297,427	2,176,430	2,732,301	0	0	**31,675,578**
Total Funding Source	**26,366,722**	**5,094,492**	**9,892,443**	**12,131,945**	**18,592,188**	**4,293,985**	**3,762,503**	**8,452,406**	**9,234,000**	**97,820,684**
Convergence - requires additional Efficiency Savings	(2,353,332)	(598,639)	(1,405,012)	(1,942,842)	(2,683,729)	(413,428)	(253,471)	0	0	**(9,650,453)**
Less ERF received in 2022/23	(10,203,200)			(6,094,112)	(10,408,238)					**(26,705,550)**
Estimated Reduction in COVID funding	(8,289,183)	(428,656)	(2,418,638)	(4,490,463)	(6,567,559)	not known	not known			**(22,194,499)**
Real Growth	**5,521,007**	**4,067,197**	**6,068,793**	**(395,472)**	**(1,067,338)**	**3,880,557**	**3,509,032**	**8,452,406**	**9,234,000**	**39,270,182**

	ENH Place	SWH Place	WE Place	ICB Total
Funding Source	£	£	£	£
Capacity funding (0.9% of contract value)	3,192,441	2,869,218	1,284,907	7,346,566
Additonal physical and virtual capacity funding	3,380,962	3,380,962	1,690,481	8,452,406
2023/24 Virtual Ward funding (£k)	1,975,837	2,117,555	1,030,202	5,123,594
New Capacity based on fair share	3,693,600	3,693,600	1,846,800	9,234,000
Growth for elective activity	4,968,945	(3,187,806)	(1,332,001)	449,138
Elective Recovery Fund (ERF)	15,221,472	14,790,117	5,527,813	35,539,402
Other Growth	13,063,927	12,989,739	5,621,912	31,675,578
Total Funding Source	**45,497,184**	**36,653,385**	**15,670,114**	**97,820,684**
Convergence - requires additional Efficiency Savings	(4,085,759)	(3,985,332)	(1,579,362)	(9,650,453)
Less ERF received in 2022/23	(11,706,807)	(10,907,760)	(4,090,983)	(26,705,550)
Estimated Reduction in COVID funding	(10,879,726)	(8,245,918)	(3,068,855)	(22,194,499)
Real Growth	**18,824,893**	**13,514,375**	**6,930,914**	**39,270,182**

	ICB	ENHT	HCT	HPFT	PAH	WHTH	Total
	£'000	£'000	£'000	£'000	£'000	£'000	£'000
COVID funding 2023/24	0	3,042	566	1,882	1,819	2,548	9,856
COVID funding 2021/22	10,976	27,972	2,474	10,665	15,584	22,510	90,181
Reduction from 2021/22	(10,976)	(24,930)	(1,908)	(8,783)	(13,765)	(19,962)	(80,324)

Hertfordshire and West Essex Integrated Care System

2023/24 HWE ICS Financial Plan

The HWE ICS submitted a draft 2023/24 Financial Plan on 23 February 2023. This plan indicated a deficit of £107m.

The deficit equates to 3.7% of income. This is despite the ICS planning for efficiencies worth 2.8% of spending which is higher than the 2.2% efficiency target set out in the 2023/24 priorities and operational planning guidance.

Causes of the deficit include – underlying deficit carried into 2023/24, non-achievement of elective recovery requirements in 2022/23 meaning productivity improvements are behind where they were expected to be, aggregate loss of COVID funding since 2021/22 of £76m, but how much cost has actually be taken out?

Financial settlement is extremely tight and doesn't provide any real terms growth to deal with other service developments in the Log Term Plan or service pressures.

Organisation	Income	Spend	Deficit		Efficiencies	
	£000	£000	£000	% Income	£000	% spend
HWE ICB	985,905	1,001,960	16,055	1.6%	17,432	1.7%
ENHT	574,626	603,653	29,027	5.1%	25,566	4.1%
HCT	136,003	140,160	4,157	3.1%	4,338	3.0%
HPFT	371,691	396,692	25,001	6.7%	7,062	1.7%
PAH	334,343	354,392	20,049	6.0%	16,692	4.5%
WHTH	483,369	495,769	12,400	2.6%	16,000	3.1%
TOTAL	**2,885,937**	**2,992,626**	**106,689**	**3.7%**	**87,090**	**2.8%**

ICB income and spend excludes that associated with NHS Trusts to avoid double counting and dilution of efficiencies

How do we solve this?

Funding added to budgets for COVID needs to be identified and costs taken back out

Productivity losses since 2019/20 need to be reversed so we can deliver increased elective activity at lower cost

Greater joint working across Places and Providers to maximise utilisation of our most costly capacity or reduce the capacity required

Push for greater cash releasing efficiency savings

Slow down the pace of service developments to meet Long Term Plan requirements

Make choices and decommission services that add least value to the population

2023/24 DRAFT ICB Financial Plan

The 2023/24 **DRAFT** Financial Plan was submitted on Friday 17 February 2023.

This was consolidated with the Draft Financial Plans for the HWE ICS Providers and submitted, as an ICS System Financial Plan on 23 February 2023.

The current position for the ICB is a deficit of £16.093m, which is mainly in relation to the cost pressures the ICB is experiencing on Continuing Healthcare and Prescribing spend and a share of the convergence factor.

The Final Financial Plan is expected to be submitted on 30 March 2023.

Category of Planned Spend	Total (£000)
ICB Acute Service Expenditure	
Acute Services - NHS	1,517,289
Acute Services - Independent / Commercial Sector	41,162
Acute Services - Other Net Expenditure	8,081
Total ICB Acute Service Expenditure	**1,566,532**
ICB Mental Health Service Expenditure	
Mental Health Services - NHS	255,314
Mental Health Services - Independent / Commercial Sector	911
Mental Health Services - Other Net Expenditure	53,144
Total ICB Mental Health Service Expenditure	**309,369**
Total ICB Community Health Service Expenditure	**273,710**
ICB All-age Continuing Care Service Expenditure	
CHC Adult - Fully Funded - Standard and Joint Funded	90,260
CHC Adult - Fully Funded Personal Health Budgets - Standard	24,145
CHC Adult - Fully Funded - Fast Track	25,501
Children's Continuing Care	5,058
Funded Nursing Care	21,181
Continuing Care Assessment and Support	5,170
Total ICB All-age Continuing Care Service Expenditure	**171,315**
ICB Primary Care Service Expenditure	
Prescribing	237,852
Community Base Services	21,494
Out of Hours	16,916
PC - Other	7,831
Total ICB Primary Care Service Expenditure	**284,093**
Total ICB Other Programme Service Expenditure	**2,961**
Total ICB Other Commissioned Service Expenditure	**23,590**
ICB Primary Medical Services Expenditure	
General Practice - GMS and PMS	123,409
Other List-Based Services (APMS incl.)	2,874
Premises cost reimbursements	45,522
Enhanced services	16,664
QOF	68,905
£1.50 per head PCN Development Investment	1,816
Total ICB Primary Medical Services Expenditure	**259,190**
Total ICB Commissioning Service Expenditure	**2,890,760**
Total ICB Running Costs	**28,995**
Total ICB Reserves / Contingencies	**38,343**
Total ICB Expenditure	**2,958,098**
Total ICB Allocation	**(2,942,005)**
Total ICB (Surplus)/Deficit	**16,093**

2023/24 Contract Negotiations with HWE Intra NHS Providers (ENHT, HCT, HPFT, PAH and WHTH)

The financial principles for negotiating the 2023/24 contract value were agreed with the HWE ICS Finance Directors on Friday 10 February 2023. These principles are detailed below:

- The starting position will be the 2022/23 contract baseline less the full year impact of the Employers National Insurance Contributions (0.28%)
- The System Top-ups will be added to the contract baseline, excluding the 2022/23 COVID System Top-up, which will be replaced with the COVID allocation set out below
- Inflationary uplifts will be actioned against the contract baseline, which are Inflation at 2.9%, Efficiencies reduction of (1.1%) – a net uplift of 1.8%
- Further allocations for COVID at 0.60% and Capacity at 0.90% (acute trusts only) will be calculated on the contract baseline
- For Acute Providers, the total contract value will be split into fixed and variable elements. Growth of 1.91% on the fixed element (excluding elective activity) is available in the national settlement. It is proposed that funding at this level be made available to Places to invest in transformational services. The level has not yet been agreed.
- For Community Provider, growth of 3.91% is available in the national settlement. It is proposed that funding at this level be made available to Places to invest in transformational services. The level has not yet been agreed.
- The Mental Health Investment Standard target requires mental health spending to increase by 6.81% in total (i.e. including inflation).
- The totals of the above will then be reduced by 0.71% representing the Convergence factor. For HPFT the value would be limited to the System Top-Up brought forward. An additional reduction within the ICS may be required should the ICB not be able to fully recover the allocation reduction through contract negotiations with Inter System NHS Providers
- ERF will be added to the Acute Providers in line with their fair shares of the total ICS ERF allocation. This fair shares will be based on the information provided by NHSE on the weighted elective services targets. Where those providers are not currently delivering at the funded levels of 102.1% of the 2019/20 activity levels, an additional reduction in the contract value will be made. Where those providers are delivering above, additional funding will be added to the contract value

2023/24 Contract Negotiations with HWE Inter NHS Providers

The financial principles for negotiating the 2023/24 contract value are detailed below:

- The starting position will be the 2022/23 contract baseline less the full year impact of the Employers National Insurance Contributions (0.28%)
- There are five NHS Providers who will now receive System Top-ups from HWE ICB and these will be added to the contract baseline. The ICB has received additional allocation to support this payment.
- Inflationary uplifts will be actioned against the contract baseline, which are Inflation at 2.9%, Efficiencies reduction of (1.1%) – a net uplift of 1.8%
- Further allocations for COVID at 0.60% (ambulance services 1.2%) and Capacity at 0.90% (acute and ambulance trusts only) will be calculated on the contract baseline
- For the Acute Providers, the total contract value will be split into fixed and variable elements. Growth for the fixed element, which will include all the non-elective services, will be considered on a case by case basis and to a maximum of 1.91% on the fixed element of the contract.
- For Community Provider, growth of 3.91% is available in the national settlement. It is proposed that funding at this level be made available to Places to invest in transformational services. The level has not yet been agreed.
- The total of the above will then be reduced by (0.71%) for the Convergence factor.
- The Mental Health Investment Standard target requires mental health spending to increase by 6.81% in total (i.e. including inflation).
- ERF will be added to the Acute Providers in line with their fair shares of the total ICS ERF allocation. This fair shares will be based on the information provided by NHSE on the weighted elective services targets. Where those providers are not currently delivering at the funded levels of 102.1% of the 2019/20 activity levels, an additional reduction in the contract value will be made. Where those providers are delivering above, additional funding will be added to the contract value

2023/24 Contract Negotiations with HWE Low Value Agreement (LVA) NHS Providers

These contracts are not negotiated, as the contract values are mandated by NHS England.

The contract values are based on the average activity levels from a rolling three year period; this has led to a fluctuation in contract values, with a net increase of £471k above net inflation, COVID and Capacity allocation increases.

There are several LVA Providers that also qualify for their fair share of the ERF Allocation and this funding (£215k) is being used to offset the net increase detailed above.

Hertfordshire and West Essex Integrated Care System

NHS Hertfordshire and West Essex Integrated Care Board

Meeting:	*Meeting in public*	☒	*Meeting in private (confidential)*	☐			
	NHS HWE ICB Board meeting in held in Public				**Meeting Date:**	**24/03/2023**	
Report Title:	**Clinical Priorities**				**Agenda Item:**	**11**	
Report Author(s):	Emma Nicol, Sam Williamson, Gemma Thomas, Charlotte Mullins						
Report Presented by:	Rachel Joyce, ICB Medical Director						
Report Signed off by:	Rachel Joyce, ICB Medical Director						
Purpose:	**Approval / Decision**	☒	**Assurance**	☐	**Discussion**	☐	**Information** ☐
Which Strategic Objectives are relevant to this report **[Please list]**	▪ Increase healthy life expectancy, and reduce inequality ▪ Give every child the best start in life ▪ Improve access to health and care services ▪ Increase the numbers of citizens taking steps to improve their wellbeing ▪ Achieve a balanced financial position annually						
Key questions for the ICB Board:	N/A						
Report History:	N/A						
Executive Summary:	This paper lays out the proposed areas the ICB will need to prioritise in 2023/24. These priorities have been identified as those that offer a significant opportunity to improve health gain or create efficiencies and also align to the ambitions in our ICP Strategy, JHWB strategies and Operational Plan.						
Recommendations:	▪ Approve the identified clinical priorities and support further scoping of identified areas for improving efficiencies. ▪ System and Place leads to review alignment of current resource to support delivery of agreed priorities ▪ Develop and embed a systematic process for programmes to scope and assess current and new opportunities for improvements in health outcomes or productivity gains						

Potential Conflicts of Interest:	***Indirect***	☐	***Non-Financial Professional***	☐
	Financial	☐	***Non-Financial Personal***	☐
	None identified			☒
	N/A			
Implications / Impact:				
Patient Safety:	*N/A*			
Risk: *Link to Risk Register*	*N/A*			
Financial Implications:	*N/A*			
Impact Assessments: *(Completed and attached)*	***Equality Impact Assessment:***		N/A	
	Quality Impact Assessment:		N/A	
	Data Protection Impact Assessment:		N/A	

1. Executive summary

This paper lays out the proposed areas the ICB will need to prioritise in 2023/24. In line with the developing ICB role in reducing health inequalities and improving population outcomes whilst delivering financial value, these priorities have been identified as those that offer a significant opportunity to improve health gain or create efficiencies. Through the High-Level Needs Analyses, we have identified 5 key areas with 10 Clinical Priorities;

Area	Clinical Priority
CYP	• Improved Readiness for school in children eligible for FSM • Reduce rates of Childhood obesity • Reduced unnecessary A&E attendances and admissions
Prevention and Health Inequalities	• Reduced premature mortality rate for CVD
LTC & Frailty	• Reduce attendance and admissions for falls, people with frailty and people in last year of life • Development of more proactive, preventative care models for management of LTC and Frailty
Mental Health	• Reducing suicide rates and attendances/ admission rates for self-harm • Reducing rates of A&E attendances involving substance misuse and violence
Maternity	• National recommendations to be implemented and linked quality issues with local providers requiring ICB clinical transformation support. • Neonatal urgent care pathways

In addition, there are 6 further areas to be scoped that provide opportunity for improving efficiencies. It is acknowledged that these 16 key workstreams are variously aligned to, or in addition to the NHSE requirements, with varying resource allocated across the system, creating potential duplication or gaps in supporting delivery.
To maintain system oversight on the number of work streams and capacity of teams going forward, this paper proposes the following three recommendations:

- Approve the identified clinical priorities and support further scoping of identified areas for improving efficiencies.
- System and Place leads to review alignment of current resource to support delivery of agreed priorities
- Develop and embed a systematic process for programmes to scope and assess current and new opportunities for improvements in health outcomes or productivity gains

1. Introduction

A review and collation of system wide and place-based programmes of work took place to better understand the transformation delivery across the ICB. The total system wide programmes of work are listed in Appendix 1.

Alongside this, the PHM Team produced a High-Level Needs analysis which has been reviewed by to identify areas of clinical priority for our local population

(available here: Population health management – Hertfordshire and West Essex Integrated Care System (hertsandwestessexics.org.uk)

As part of reviewing the clinical priorities work, we have also collated the deliverables, targets and NHSE requirements as detailed in the Operational Planning guidance (appendix 2).

An Outcomes framework is being developed to support the assessment of health needs within the population and the identification of target areas of work and cohorts who would most benefit from care.

2. Current state

Review of the current project work across the ICB identified areas with clear system or population benefits, some with insufficient capacity, as well as projects with multiple and varying allocations of capacity, focused on the same area. This could present an opportunity to engage across the directorates. With a clearer view on system clinical and transformation priorities, this could present an opportunity to engage with directorate leads and create a clearer structure and more efficient deployment of capacity to support transformation and delivery.

3. Priorities based on Needs Analyses

The clinical priorities identified through the High-Level Needs Analysis and focussed analysis on disease areas are detailed below with the evidence that supports the need for prioritisation, as well as the current status of ongoing work. These priorities also align to the ambitions in our ICP Strategy, JHWB strategies and Operational Plan.

Table 1 Clinical Priorities identified through local needs analyses

Area	Clinical Priority
CYP	• Improved Readiness for school in children eligible for FSM • Reduce rates of Childhood obesity • Reduced unnecessary A&E attendances and admissions
Prevention and Health Inequalities	• Reduced premature mortality rate for CVD
LTC & Frailty	• Reduce attendance and admissions for falls, people with frailty and people in last year of life • Development of more proactive, preventative care models for management of LTC and Frailty
Mental Health	• Reducing suicide rates and attendances/ admission rates for self-harm • Reducing rates of A&E attendances involving substance misuse and violence
Maternity	• National recommendations to be implemented and linked quality issues with local providers requiring ICB clinical transformation support. • Neonatal urgent care pathways

4. Improving efficiencies

In addition to the priorities identified though assessing needs, there are also areas of opportunity to improve efficiencies or productivity to maximise NHS resources.

Initial areas that have been identified as opportunities for productivity gain include High Volume Low Complexity, Outpatient transformation, Pharmacy and medicines optimisation, Evidence Based Interventions and Neurology services.

5. NHSE priorities

The ICB receives a number of requests from NHSE to implement changes and require the ICB to take a proportionate response. These will need to be considered and prioritised in the same way as the ICB prioritises other potential work streams. Some priorities will have already been identified locally, whilst others will need to be reviewed, to identify if there is a local issue and if capacity needs to be aligned to the work.

6. Next Steps

To support the delivery of these priorities, we will need to work with system and Place leads to agree a robust structure which more efficiently aligns our system resource to avoid duplication and siloed working. This will mean concluding some of our current projects that do not align to NHSE requirement or the identified clinical priorities.

These clinical priorities will need to form part of the HCP ongoing discussions regarding partnership working. It is anticipated there will be some natural alignment due to system wide engagement to date in operational planning and ICP strategic ambitions.

Going forward, we will need to develop a clearer process and governance for reviewing and agreeing new pieces of work to ensure we maintain system oversight on the number of work streams and capacity of our teams.

7. Recommendations

- Approve the identified clinical priorities and support further scoping of identified areas for improving efficiencies.
- System and Place leads to review alignment of current resource to support delivery of agreed priorities
- Develop and embed a systematic process for programmes to scope and assess current and new opportunities for improvements in health outcomes or productivity gains

Appendix 1 - List of current ICB projects

Programme	Workstream	Disease area or strategic area	Current projects	ICB / Place
	Integrating care	A&E attendances and managing urgent care needs	Clinical pathways A&E attendances in CYP - increase access to alternative pathways and resources e.g. community pharmacy, Healthier together website information etc. Including Acute and Community Asthma pathway in ENH and WE. Tranformation of Jaundice pathway	Asthma - ENH & WE Jaundice - Herts
		Proactive management of complex children (5+)	Heawlthier together case management MDT Education Integrated working with and partner organisations SEND	
		Multi-disciplinary education and Networking		ICB
		Co-ordinating care and MDT working	Care co-ordinators in complex cases	
		Healthier together		ICB
	Best start in life CYP Prevention & inequalities	School readiness	Identified as opportunity for ICP in high level needs analysis: School readiness - % of children with FSM status achieving a good level of development at the end of reception. School pupils with social, emotional & MH needs, % school pupils with social, emotional & MH needs Issue more for Herts than Essex	Hertfordshire
		Health equity and prevention / Core20Plus5	CYP core20plus5 in scoping phase	
		Emotional health & wellbeing	YP Mental Health Support Workers within PCNs Government initiative being implemented in SET. Working with other PCN-based roles, MHPs can address the potential range of biopsychosocial needs of patients with mental health problems, as part of a multi-disciplinary team. Initially, only 2 MHPs can be appointed however it is expected that NHSE will increase allocations for this initiative to allow full roll out across all PCNs.	
e		Childhood Obeisty (link with Prevention)	Identified as an opportunity for ICP in High Level Needs Analysis.	

Children & Young Peopl	LTC & Complex care	Community Paediatrics All community paediatric services including ADHD and ASD. Paediatric Transformation Plan: Proposal to develop an ICB Community Paediatric Transformation Programme to review all community paediatric services	Including: Growth in demand for community peadiatrics, ADHD and ASD services Long waits for community paediatrics, ADHD and ASD across the ICB Different levels of community nursing cover in ENH for CYP attending PAH Childrens community therapy service capacity and increasing demand links with EHCP	ICB
		Allergy / Dietetics Growth in Demand for Children's Allergy & dietetics services - sustainability planning	Services historically have minimal staffing resource and there has been increased referrerals. The provider has put forward a proposal for merging of the Dietetics and Allergy services, whilst also increasing capacity (+0.5 Dietician, +0.5 Allergy Nurse, +0.5 Admin) thereby no longer being reliant on individual part-time staff, having the ability to respond to demand and better support primary care, particularly with prescribing.	West Essex
		NHS E Asthma Transformation	Asthma Friendly schools going live April, training role out for professionals, working with councils regarding air polution	ICB
		NHS E Diabetes Transformation	Transition pathways and diabetes care pathways and benchmarking	ICB
		NHS E Epilepsy Transformation Inequality of Access to Epilepsy Nurse Specialist (Best Practice)	Mapped servics and identified gaps against NICE and the epilepsy 12	ICB
		Health input into SEND provision - Workstreams including joint commissioning across both WE and Herts in response to CQC and OfSted Inspections, and DMO capacity, tics & Tourettes and Children's therapies and special school nursing	Joint commissioning across ICS in response to CQC and OfSted inspections DMO Capacity Tics and Tourettes Childrens Therapies Special school nursing	ICB
	Personalised care	Shared understaqnding of personalisation	Mapping / scoping phase	ICB
		Whole family approach	Mapping / scoping phase	ICB
		Social Prescribing	Planning and strategy development - ICB group formed. Ensure there is a CYP social prescribing model. Bernardos bid to support development of CYP specific social prescribing	ICB
		Care-cordination and navigation	Mapping / scoping phase	ICB
	~~Healthy Weight~~	~~12.0 Health Weight - Beezee Bodies - HCC Public Health Lead - ICB contribution~~	Covered within Herts co-commissioning of integrated T2-3 service but needs contract renewal - liniked to obesity obesity	
	Engagement	ICB Youth Council	Youth Counil model approved and safeguarding policy developed. YOuth Councikl to go live April 2023	Hertfordshire
	Local Maternity and Neonatal system transformation programme	This is an NHSE funded transformation programme for materntiy services		ICB

Prevention	Tobacco	Tobacco grouped Implementation of the national Tobacco dependency plan (all inpatients - acute, MH, community; all pregnant women). Mobilisation for the roll out and implementation of NHSE community SMI pathways in MH trusts in 23/24 Link tobacco dependency and weight management support into planned care projects including Waiting Well and shared decision making.	Nationally funded programme. Funds allocated to participating organisations. Implementation and monitoring ongoing. Mobilisation	
		Mobilisation for the roll out and implementation of NHSE community SMI pathways in MH trusts in 23/24	Mobilisation	
		Link tobacco dependency and weight management support into planned care projects including Waiting Well and shared decision making.		
	Weight management	Weight Management grouped: Redesign weight management pathways to provide more effective, holistic, joined-up care which is easier to navigate for patients and clinicians, including supporting appropriate access to evidence-based T3 medications (inc suxenda) Link with childhood obesity in CYP	Comprehensive review of current services, gaps, what good should look like and national targets to inform new Core HWE ICS model	
		Co-commission a herts-wide integrated T2-3 weight management service (for children, adults, pregnant women) and an Integrated Heatlh and Wellbeing Service	Duplication? No, Herts only and only a section of the wider HWE pathway work	

	Health Inequalities	Harlow Levelling Up Programme (also links to the ICB HIU work)	As part of the West Essex Health Inequalities and Prevention Committee there are four workstream action groups; Built Environment, Clinical Care, Healthy Behaviours & Socio-economic which make up the foundations of the RWJ model of the wider determinants of health. Resource per workstream requied to enable a project based approach in a more agile way when responding to agreed identified priorities.	West Essex
		Community Hub Development	To build upon the work of developing Community Hubs across West Essex to ensure an integrated approach with the VCFSE to respond to the impact of the wider determinants of health and achieve improved outcomes for patients. This will provide an opportunity to embed the work made possible by the NHSEI Health Inequalities non recurrent funding the system received in 22/23.	
Cancer	Earlier Detection and Diagnosis	Mandated 75% diagnosed at stage 1 & 2 - Particular issue for lung, pancreas & mouth with late presentations or advanced disease presentations	Improving Bowel, Colon, Rectal will have big impact on improving detection Development of Community Breast Pain Clinics WIP - ENHT to go live Jan 2023, WHTH & PAH scoping for end of 2022/23 Improve Screening uptake Education to patients and primary care Targetted lung health checks in Harlow will be rolled out ICS wide when national funding is in place Improving use ot FiT in primary care	
	Personalised Care	Provider personalised cancer care for patients	Review and develop an ICB Psychological workforce structure of support - may take 1-2 years Macmillan bid to provide cancer specific social prescribing (ICB) use the results of the QOL and NCPES surveys to support identification of gaps in service delivery or the patient experience that require some support to resolve and improve upporting improved patient experience and engagement via: * Further development of the OSAAT (One Step At A Time) initiative within the West Essex Place and potential wide roll out across the ICB * Wider patient education and engagement through focussed nurse led education events specifically targeting our hard to reach populations and supporting reducing health inequalities Chemotherapy closer to home (WIP) Complete delivery of Personalised Stratified Follow Up Pathways are in place for Breast, Prostate and Colorectal including digital remote monitoring Develop and implement PSFU for two further cancer pathways supported with an adapted pathway follow up pathway including remote monitoring.	
	Faster Diagnosis and Operational Performance	Improve operational performance against CWT standards including recovery and delivery of FDS	Faster Diagnosis: Accelerate roll-out of Non Site Specific pathways - ENHT BAU, WHTH model implemented in Oct, PAH pilot in place Implement Best Practice Timed Pathways (prostate, lower GI, gynaecology, head and neck, oesophago-gastric) Link in with developed of community diagnostic centres Expansion of telederm Ensure patients are supported by single point of contact through their pathway	

Planned Care	MSK	Optimisation of MSK Pathways	Review pathways across ICS to incoportating GIRFT recommendations SWH community contract coming to an end and procurement being recommended Reduce LoS for T&O Reduce emergency readmissions Reduce RTT without a decision to admit ENH Fibromyalgia pathway reduce number of patients on high does opioids for non-malignant chronic pain Procurement in SWH as contract is coming to an end	ICB with procurement in SWH
	Ophthalmology	Optimisation of opthalmology pathways	Implemement standardised pathways across all opthalmology pathways Commission retinopathy screening services across the ICS Increase Ranibizuman biosimilar update Implementaion of eERS Reduce backlogs Risk Stratification for new and follow up patients including failsafe processes SWH procurement Improve out of hours provision for the ICS population, currnetly provision is provided out of area	ICB with procurement in SWH
	Gynaecology & Vasectomy	Future Commissioning of Termination of Pregnancy Services and vasectomy services	Contracts are due to come to an end so future comissioning options need to be developed across the ICS	Vasectomy - ICB ToPS - Herts
	Gynaecology	Optimisation of Gynaecology Pathways	Reveiw of pathways across the ICS to incoporate GIRFT Recommendations SWH community contract coming to an end. Opprotunity to consider alignment across ICS.	ICB with assurance process in SWH
	ENT	Review of pathways across the ICS, incorporating GIRFT recommendations and including optimal role of (and procurement of) Enhanced Community ENT Service	Review of pathways acroos the ICS incorporating GIRFT recommentations SWH community contract coming to an end. Opprotunity to consider alignment across ICS.	ICB with procurement in SWH
	Dermatology	Redesign of dermatology pathways, including tele-dermatology pilots (incl 2ww)	Different models and pathwyas being piloted across ICB. Opportunity to share learning and potentially align. Telederm implemented across ICS	ICB
	Outpatients	Outpatient optimisation and transformation	Implement GIRFT clinically-led specialty guidance (15 specialties) other than those captured in existing workstreams Implement shared decisison making to empower patients and to support demand managament NHS E Outpatient Programme - increase use of virtual consultations, referral optimisation and outpatient optimisations (including PIFU) Reduce DNAs Theatre utilisation Understand and reduce health inequalities in relation to the outpatient transformation initatives	ICB
		Digital	Implementation of digital portals to support patient self-management, communication between patients and clinicians, and patient outcomes	ICB
	Diagnostics	Community Diagnostic Centres	Implementation of CDCs arcoss the ICB. Business cases have been approved nationally	ICB
		Redesign & commissioning of Community Direct Access Ultrasound	Contract in SWH due to come to an end so future commissioning options being developed	South West Herts

	GP Provider Services	Procurement project underway from November 2022 to tender GPSI led services x 2 in the West Essex footprint. Mainly relates to planned care activity undertaken in the community as an alternative to secondary care.	Requires Transformation resource input to manage from tendering to implementation in West Essex	West Essex
	Inequalities in Disease detection	Improved disease detection for LTC - Particularly diagnoses with low observed to expected prevalence (e.g. heart failure)	ECF - disease detection: identify conditions with a lower than expected prevalence and	
	Diabetes	Diabetes programme Linked to transformation funding and national priorities.	Development of a strategic plan for managment of diabetes Restore 8 care processes and 3 treatment targets for diabetes •ECF - 8 care processes (supporting QOF) •Primary care staff development and training to support the delivery of 8 care processes and 3 treatment targets •Engagement of hard to reach and high risk groups with core care processes Improve referrals and uptake of NDPP and structured education services •Implementation of new NDPP provider •ECF - referral of appropriate cases to NDPP •Review of engagement officer roles / lifestyle coach roles Recovering outpatient waiting list times Roll out of NICE guidance for CGM Development of integrated community diabetes services •Review of community services across ICS to establish service gaps and commissioning intentions •Current plans for review of SWH HIDS serviceand develop commissioning options for 2024 NEW: Development of services for high risk groups with diabetes •To be scoped •Potentially to include: transition services, mental health, eating disorders, cardiorenal comorbidity and other multi-morbidity.	ICB
	Cardiovascular	Atrial fibrillation Improve identification and management of people with AF	- Improve core/universal care through delivery of care processes on an annual basis via ECF - Improve diagnosis of AF in Stevenage among deprived and BAME communities - Inrease the use of edoxaban as a proportion of all DOACs prescribed	ICB
		Hypertension Increase detection of hypertension and improve management	•Rollout of the BP Optimisation toolkit - Optimise management of people with HTN •Expansion of BP@Home with rollout of HBPM devices •Development of Community pharmacy blood pressure checks and integration with general practice hypertension pathways	ICB
		Lipid management Improve the detection of hypercholesteroloaemia and the management of secondary hypercholesterolaemia and familial hypercholesterolaemia	Development of a local lipid pathway and community lipid management service Development of referral pathways to regional FH clinic GN Comment: WE in talks with EASHN about potentially pilot sites may be rolled out here first or across all three.	ICB

Long term conditions	Cardiovascular	Heart failure Improve core/universal care for people with heart failure Development of an integrated heart failure service in ENH Improve heart failure diagnostic pathways and access to ECHO	ECF - enhanced annual reviews, including referral to appropriate services NEW/PROPOSED: Review/develop consistent HF pathways and services to improve access to diagnostic services (including pro-BNP and Echo)	ICB
		CKD programme	ECF - Improve core/universal care for people with CKD through enhanced annual reviews Virtual Chronic Kidney Disease clinic and pathway (vCKD) - Nephrology service set up searches in primary care systems to identify patients at risk (ENH/WEHCP)	ICB
		Cardiology GIRFT Cardio OP referral Transformation	GIRFT potential to do once across ICB Starting in SWH with expansion to other areas	ICB
	Stroke	Stroke programme Linked to LTP priorities, ICSS requirement and GIRFT recommendations	Restoration of stroke services to SSNAP-A and improvement in thrombolysis and thrombectomy rates Delivery of the national Integrated Community Sroke Service specification •Development of a plan for community services to be compliant with national ICSS •Pilot for an ICSS vocational rehab service •Enhanced Early Stroke Discharge Service & Neurological Early Transition Team - SWH Improvements to the TIA pathway and clinic Stroke Support Services Retender •Contract extension secured. Review of future options underway before proceeding to potential tendering during Q4 2022/23, or decommissioning	ICB
	Respiratory	Respiratory programme	Transformation of Integrated Respiratory Service incl assurance process Improve the diagnosis and core/universal care for people with long term respiratory conditions •Asthma Diagnostic Hubs in Primary Care (ICB) •Spirometry training and accreditation to imrove COPD diagnosis. •Improve core/universal care for people with COPD through enhanced annual reviews Implementation of 5 year Pulmonary Rehab plan Medicines Optimisation for respiratory conditions •Reduce the carbon footprint associated with inhalers prescribed •Reduce high dose inhaled corticosteroid prescribing •Deliver training to primary care staff on current prescribing guidance Physicians Associate for Respiratory •Funding outside of ARRS programme. To have 1x PA work split role between PAH Respiratory team and Old Harlow Health Centre. Focussed on supporting LTC management (mainly resp). Project stalled currently as candidate may not be suitable (going through induction)	ICB
		Long Covid	Move Long Covid services to BAU (ICB) Existing services with annual funding. Requires longer term plan to move services to BAU.	ICB
	Neurology	Redesign Community Neuro Transformation		ICB

	Management of complex, multi-morbid patients	Development of a pilot for Proactive Managmeent of LTC based on ChenMed & Ribera Salud model. CM: ?? Links with Integrated Neighbourhood Team Development (priority identified by AS) - GT no i think this is seperate.	CM: Comm Pharm role in LTC management (AS priority) - again i think this is seperate GT	SWH HCP
Urgent and Emergency Care	UEC - Prevention	Continuation of enhancing rapid response service using Ageing well funds	SWH Should this be UEC or frailty/EOL?	SWH
		Review of SDEC pathways across system	Reduce emergency admissions for ambulatory care sensitive conditions, particularly COPD and Heart Failure. Improve access to SDEC services.	
		UTI Prevention	UTI prevention and management including catheter management	
		Virtual Ward model	3 place models but coordinated at HWE and sharing of best practice	ICB
		BAU development of hand over at home / Harris Model to take patients straight from EEAST stack to community services	ongoing work to improve selection of cohorts and roll out	ICB
	UEC - Access	Urgent and Emergency Care and Frailty - CM cross cutting with MH etc.. High Intensity Users / Integrated Neighbourhood Teams - work collaboratively with primary care, secondary care, community services and voluntary sector	Community DVT Pathway - PHIL IS THIS ALL PLACES? potentially two cohorts - frail/EOL/ LTC high attenders, and those with more social/ MH conditions. Scope models of care	
		Minor IllnessSame Day Access & PCN Ugenty Care Model Hertsmere urgent care proposal - Minor illness bookable hub. National direction of travel	? Right capacity ? Right Place ?	SWH
		Watford Urgent Treatment Centre (UTC)	PHIL - THIS IS SWH What about other places?	SWH
		Same Day Access	Development of PCN / Localities fo support SDA (identified AS priorities)	
		NHS 111 Integrated Urgent Care contract due to expire in June 2024 - Current contract is Herts. But WE is also on the same timeframe so opportunity for ICB wide contract	Needs to go out to procurement. Procurement process likely to take 18-24 months.	ICB
		Dental Transformation	Community dental (urgent & routine access) AS priority	
		Optomotrists	Direct Access to acute / specialists. Potential access to urgent eye appointments (AS priority)	
		???? EEAST 999 contract coming to an end in 2024 (ICB / Regional)		
	UEC - Demand	Integrated Neighbourhood Teams - shift of demand to community shift from reactive to proactive mangaement and anticipatory care. Links with HIU's	Fedback from TC and included within AS feedback	

	UEC - Discharge	Care Co-ordination Centre/Hub	PHIL - what of other places?? Including scoping of locality/neioghbourhood MDTs in SWH WE - Network of care coordination hub This is ICB wide and will link to the work Toni is leading on to review community services across the ICB - GT	ICB
		Intermediate Care New model of care (WE only)		WE
Frailty & EOL	Frailty	Aiming to reduce conveyances and acute admissions for our frail and EoL patients	Ensuring early identification of frailty and EoL patients within the community and ensuring those patients who are moderate / severely frail and/or in the last 12 months of life have an hollistic assessment including TEP and ACP	ICB
			Ensuring early identification of frailty and EoL within ED	ICB
			Frailty and EoL training pack development	ICB
			Frailty Transformation to review and streamline current services – review completion of MDTs, frailty clinics and CCCs	ICB
	Falls	Falls Prevention Reduction in conveyances and ED attendances	Proactive management of falls	ICB
			Rehabilitation and Reablement post falls	ICB
			*Management of people on anticoagulants with potential head injury	ICB
			*Management of someone with a long lie post fall	ICB
			*Enhancing urgent community response to falls	ICB
			*Deprescribing	ICB
			*Osteoporosis identification and management	ICB
	Nutrition and Hydration	Aiming to identfy those who are severely frail and EoL and develop an ACP to support management	Implementation of Risk Feeding pathways – ensuring those at risk of aspiration have TEP /ACP in place	ICB
			Reduce the over prescribing of nutritional products that are prescribed	ICB
	Tissue Viability		Service re-design for Leg ulcer (ENH only)	ENH
			Well leg clinics – (SWH only)	SWH
	Dementia		Development of a system wide delirium pathway: improving identification and management of delirium	ICB
			Ensuring those with dementia have an ACP in place	ICB
			Ensuring those with MCI have a TEP in place	ICB

	End of Life		Support and encourage completion of ACP including training of clinicians and others to start the conversation with patients - increase no. of patients with CPR status recorded - increase no. of patients with PPD recorded - increase no. of patients with PPC recorded	ICB
	Proactive Care	Proactive health and care intervention at individual and population levels to achieve specified outcomes Targeted towards people living with frailty, multi-morbidity and/or complex needs to help them stay independent and healthy for as long as possible at home or the place they call home focusing on what is important to the individual.	Care co-ordinaton centres Integrated Neighbourhood Teams	
	Care Homes		12 month pilot to increase number of Advanced Care Plans for care home residents	SWH
			Supporting home care and care homes in the implementation of digital social care records and falls prevention technology	ICB
			WHZAN Monitoring tool kits	WE
	Core/ Universal care	Improve acess for CYP to NHS commissioned services (including Eating Disorder Services)		
	Core/ Universal care	Improve acess for adult/older adult to psychological therapies		
	Core/ Universal care	Benchmarking existing ICB MH inpatient bed capacity		
	Core/ Universal care	Improve (all age) flow pathways and delayed transfers of care for mental health admissions		
	Core/ Universal care	Continue to transform clinical pathways to delivery integrated primary and community mental health services offering suport to 18-25 yo, adults and older adults with the most complex needs, including personalisty disorder, eating disorder pathway and community rehabilitation developments.		
	?? Where do these fit - mentioned in ICP Strategy ?? Drug and Alcohol	To develop and monitor strategies collaboratively with LA funded community alcohol services/teams via relevant programmes to support patients, reduce alcohol & Drug related admissions, close gap in Health & Inequalities with targeted support in high admission and deprivation areas and improve outcome for patients/families/communities	What is the project here? Not on WE list of projects? Through NHS LTP commitment, support healthcare systems to ensure they have optimal acute alchohol services in GD hospitals. To establish specialist Alcohol Care Teams to manage addictions in identified inpatients and support patients to prevent potential alcohol related addictive tendencies.	

	?? Where do these fit - mentioned in ICP Strategy ?? Earlier identification of addiction	Links with risky behaviours eg gambling, violence et al	Added following meeting with Med Team on 7/12/22	
Medicines	Universal	reduce inappropriate antibacterial prescribing in line with national targets		
	Stoma	Cost effective use of stoma related products		
Prioritisatio		Co-developing Evidence based policies to support high value planned care		
		Work with providers and clinical teams to implement EBI policies		
Other	Workforce	Medical workforce transformation		
		Non-Emergency Patient Transport (ICB)		

	Priority level	Resource level	Gaps
	Highest strategic priority (for ICB Board)	NA	NA
	High priority	Fully resourced	No gaps identified
	Medium priority	Limited resource or resource is in other areas of the system	Small resourcing gaps or gaps can be managed with exisiting resource
	Low priority	Not currently resourced	Significant resource gaps, even if reorganisation of exisitng resource
	Unalbe to assess priority or resource level and need more information to progress		

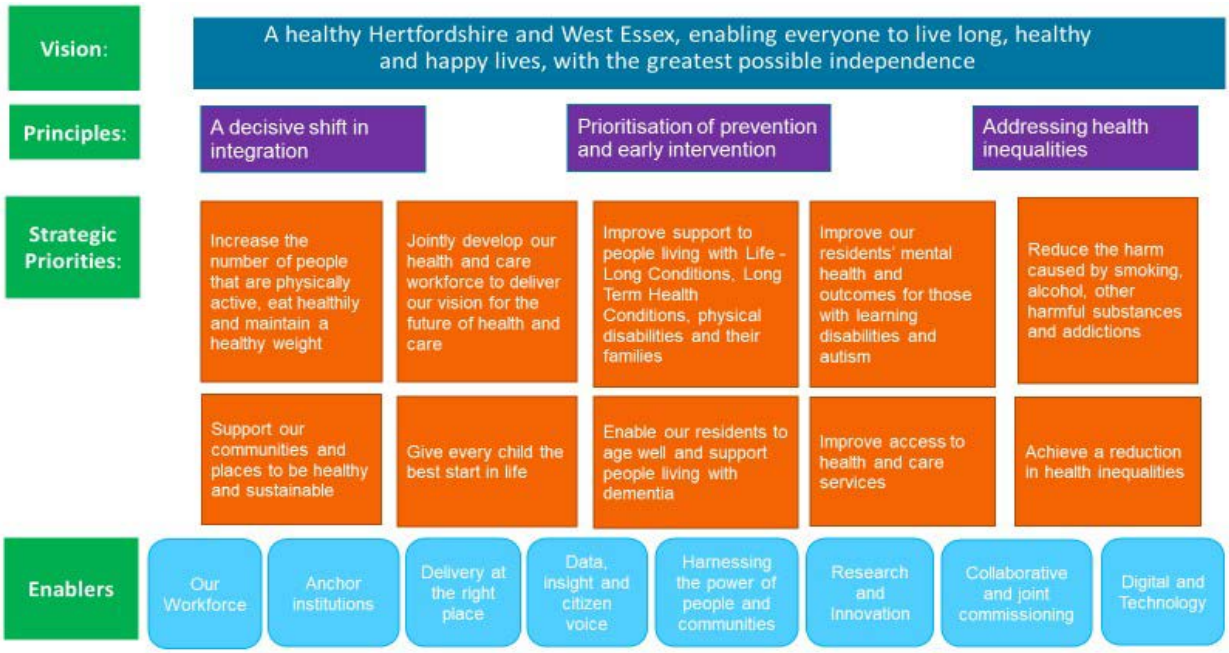
Strategic Fit	*This section aims to assess how the service under scrutiny currently meets the set targets or mandates of the organisation/ system. Anything classified as a national "must do", necessary to uphold the NHS or covered by a NICE Technology Appraisal will score Very High by default, as will other non-optional services which must be provided by the organisation/ system. These services will be unsuitable for disinvestment but may still be candidates for pathway redesign.* *Within this section please consider the following areas;* • *Meet or support the delivery of the organisation/ place-based system/ ICS priorities and objectives? If so which objectives does the proposal meet?* • *How does the proposal align to social care strategic priorities, or work of the local councils, voluntary sector etc?* • *Promote and strengthen existing partnerships – will it affect relationships with other key partners or with existing integrated work?* • *Will any other providers or agencies be impacted by the proposal, including social care or VCSE?* • *Meet any recognised quality standards? Such as meeting NICE guidance or royal college guidance.* • *Consider the adverse impact on the reputation for the organisation; will it attract adverse publicity/public interest?* • *Consider any contractual implications for organisations across the system.* Is the proposal aligned to the local place based and ICS strategic priorities **Yes/ No**
Evidence of effectiveness on Health & Wellbeing	*Assessment regarding whether evidence is available, and the strength of evidence available relating to clinical effectiveness, or the effectiveness on health and wellbeing of the population. When rating the evidence, consider the strength of the evidence available. Please ensure clarity when describing a lack of evidence- is there no evidence at all, or no evidence of improved outcomes?* *Within this section please consider the following areas;* • *Does the proposal demonstrate how it will deliver best practice based on best available clinical evidence.* • *What evidence is available to demonstrate the non-clinical benefits to the population and the system?* • *Does the available evidence indicate any potential for patient harm?* • *If there is limited evidence of improved outcomes, is there still a clear rationale regarding the progression of the business* • *Is there an evaluation plan in place to measure the anticipated health benefits to the population and the system?* • *Is there evidence of research relating to the proposal, or could the proposal be linked to research studies?* Have these considerations been covered in the business case? **Y/N**
Anticipated Health Benefits/ Health Gains	*This section is used to understand any potential benefits for the population accessing the service/ treatment. This could include life expectancy, quality of life, population health, decreased morbidity etc.* *This section should be completed focussing on the five domains of the NHS Outcomes Framework as described below;* *Within this section please consider the following areas;* • *Detail each of the 5 domains, specifically advising of any positive/negative impact for each of the domains under the following headings:* *1. Preventing people from dying prematurely* *2. Enhancing the quality of life* *3. Helping people recover from episodes of ill health or following injury* *4. Ensuring people have a positive experience of care* *5. Treating and caring for people in s a safe environment and protecting them from avoidable harm.* • *Does the proposal link to current prevention strategies across health and social care?* • *What proportion of the population will benefit ie significant health gain for a small proportion of the population, moderate* • *Does the proposal support recovery and consider risk to self/ others* Have these considerations been covered in the business case? **Y/N**
Quality, Safety and Patient Experience	*This section includes what would have previously been in a standalone Quality Impact Assessment. (Governance processes must include a specific quality sign off as part of the overall approval process for the Prioritisation Framework).* *It is expected that all services commissioned, or changes to services must look to ensure improved quality and patient experience. As a minimum all proposals must demonstrate no negative impact on the quality of service delivered or patient experience. Where any potential risks are identified, mitigating actions must be considered.* *Within this section please consider the following areas;* • *Consider access to the service in terms of geography of services (eg travel) as well as individual sites?* • *Consider the impact (positive or negative) on patient choice and access compared with current provision.* • *Consider any impact on quality or patient experience as a result of waiting times?* • *Ensure safe and appropriate staffing levels and skill mix for the service (and are their likely to be challenges recruiting necessary workforce)?* • *Demonstrate robust clinical governance and clear accountability?* • *Consider the need to maintain high standards in Infection Prevention and Control?* • *Ensure that all patients will be treated with dignity, respect and compassion?* • *Identify how the proposal supports the promotion of self-care for patients?* • *Consider the impact the proposal will have on the patient's right to make choices about the care they receive?* • *Consider any legal implications eg Human Rights Act, Mental Capacity Act etc?* • *Demonstrate appropriate measures are in place to monitor the service and measure any potential impact on quality?* • *Specifically reference whether there is likely to be any impact (positive or negative) on safeguarding children or adults. For example, if due consideration has not been made for agreed safeguarding training for staff, or if monitoring/tracking attendance at appointments is not considered, this must be described.* • *Demonstrate how the service will improve the quality of care and patient experience for patients; will they have to stay in hospital for shorter period of time? Will they feel more assured because of more robust processes or information for example?* • *Consider any impact the proposal may have on family members or carers of the patient.* • *Describe any mitigations in place where there is a potential for a negative impact on quality* • *Provide evidence of co-production, or involvement of patients or service users in business proposal, or service development.* **Where the business case covers areas detailed above please reference this; however this section must be completed within the**
Cost effectiveness (inc. comparison to alternative	*Some services are expected to reduce overall costs. By seeing a positive return on investment with new services or service rearrangements (whilst maintaining outcomes) costs can be saved which can be assigned elsewhere. This section considers evidence or expectation of improved value for money? How does this proposal compare in terms of cost effectiveness to alternative services/service models for the same patient group or conditions?* *This could be measured through contracting benchmarking, Right Care and NHS benchmarking tools. Other ways of measuring this include cost-utility such as the Quality Adjusted Life Years measure (QALY).*

models of care)	*Within this section please consider the following areas;* • *Consider evidence from existing services in other geographical areas in relation to cost-effectiveness?* Have these considerations been covered in the business case? **Y/N**
Affordability (inc. impact on wider health and care system)	*Everything that is commissioned takes funding from a limited budget that could potentially be funding something else. Here the feasibility of funding this service based on anticipated costs should be considered, as well as the effect that this could have on other existing or potential services for the geographic area. This includes any impact that potential changes could have on the health and care system on a wider level (e.g. costs shifted onto other services)* *Within this section please consider the following areas;* • *Consider how the proposal could impact financially on the wider health system?* • *Detail the anticipated costs of the proposal?* • *Consider the potential financial impact on other organisations across the ICS (eg could it de-stabilise another organisation)?* • *Consider affordability across the wider health and social care system?* • *Consider the overall feasibility of the proposal based on the limited funding available to the organisation and system?* • *Consider how the proposal could impact on activity on other services within the system?* Have these considerations been covered in the business case? **Y/N**
Impact on Health Inequalities	*This section specifically links to the information considered and contained within the Equality Impact Assessment. All proposals require an EIA to be completed, considering how the proposal could support reducing health inequalities as well as considering any positive or negative impact on the specific protected characteristics including carers.* ***1.What evidence have you considered to determine what health inequalities exist in relation to your work?*** • *What health inequalities currently exist with regard to the health issue that your policy/procedure aims to address?* • *What factors have created, maintained or increased health inequalities in access to, and outcomes from healthcare services?* • *Who will be affected by your work and what are the demographics of the population affected?* • *How is the health issue that your work is aiming to address distributed across different population groups and across different geographical locations?* ***2. What is the potential impact of your work on health inequalities?*** • *How will your work affect health inequalities?* • *Can you demonstrate through evidenced based consideration how the health outcomes, experience and access to health care services differ across the population group and in different geographical locations that your work applies to?* • *Will the work address need across the social gradient or focus on specific groups?* • *Will the policy/procedure have an unintended differential impact on different population groups and across different geographical locations?* • *Would providing services in an integrated way reduce health inequalities?* ***3. How can you make sure that your work has the best chance of reducing health inequalities?*** • *What can you do to make it more likely that the work reduces health inequalities?* • *What have you done to mitigate against any failure to reduce health inequalities?* • *Are there any dependencies or interdependencies that may impact on the work's ability to address health inequalities? For example, are delivery partners sufficiently engaged in addressing health inequalities? Are there any resource implications that may affect the delivery?* • *Will the work be equitably delivered to all population groups, with a scale and intensity proportionate to the level of disadvantage?* ***4.How will you monitor and evaluate the effect of your work on health inequalities?*** • *How will you know whether your work has an impact on reducing health inequalities?* • *Have you captured the evidence and recorded how the need to reduce health inequalities has been taken into account in the development of this work?* • *Are there any gaps in the evidence that need to be addressed through further consultation or research?* • *What will you do based on the gaps, challenges and opportunities you have identified in the evidence?* • *Can you produce both whilst developing this work and at the end of the work, for assurance and risk mitigation, accessible records of all decisions and the decision making processes?*
Feasibility	*This section considers the overall 'do-ability' of the proposal.* *Within this section please consider the following areas;* • *Re there any potential risks in relation to workforce or recruitment within the proposal?* • *Are there any other risks or factors that should be considered that could affect the feasibility of progressing the proposal?*

Whole Population Outcomes

- INCREASE life expectancy / INCREASE average age at death in adults.
- REDUCE gap in age at death between most and least deprived deciles.
- INCREASE disease-free life expectancy
- REDUCE rates of suicide
- REDUCE proportion of population who are digitally excluded either by lack of equipment, connectivity, skills, cost, or confidence to be able to access clinical services.

"Generally healthy"	Living with Illness	Lower Complexity	Advanced Disease & Complexity	End of Life, Frailty & Dementia
Who is in this group? • Children and adults in the general population who are not otherwise captured in other segments. • Most likely receive episodic care due to accidents and injuries or linked to maternity and CYP routine services. • No diagnosed conditions.	**Who is in this group?** • Includes people with single illnesses (including MH), that are currently controlled or able to self-manage and will receive most of their care in a planned way through primary care. • Includes people with social or behavioural risk factors for more advanced disease.	**Who is in this group?** • Includes people with moderate levels of morbidity and complexity. This is either as a result of: Multi-morbidity (2 4 long term conditions), Mild frailty and/or Social complexity.	**Who is in this group?** • Advanced disease and complexity represents a cohort of people with one or more significant illnesses that impact on their day to do functioning as well as people with significant risk from social complexity	**Who is in this group?** • End of Life, frailty and dementia is the first segment in the logic and is the first set of criteria on which people are assessed. The segment includes: people who are identified as being in their last year of life, or on the palliative disease register as well as people with incurable cancer. This segment also includes those with severe frailty and/or severe dementia.
Social & Clinical Outcomes • INCREASE screening. • IMPROVE experience of Maternity services. • REDUCE rates of childhood obesity in reception and year 6. • REDUCE rate of infant mortality. • REDUCTION in proportion of people diagnosed with low mood and/or depression.	**Social & Clinical Outcomes** • INCREASE proportion of patients who feel able to self-manage their condition. • REDUCE prevalence of behavioural risk factors for more advanced diseases, including: obesity, smoking status and drug abuse. • REDUCE episodes of ill -health requiring emergency admissions for long term condition. • INCREASE percentage of people with mental health problems in employment. • INCREASE proportion of people who are able to maintain life routines considered important to the individual, e.g work, .. • REDUCE emergency attendances due to alcohol -related harm.	**Social & Clinical Outcomes** • INCREASE proportion of patients who feel able to self-manage their condition. • REDUCE rate of emergency admissions for people with lower complexity. • INCREASE proportion of patients offered personalised care and support planning. • REDUCE prevalence of behavioural risk factors for more advanced diseases, including: obesity, smoking status and drug abuse.	**Social & Clinical Outcomes** • INCREASE five year survival from cancer. • REDUCE rate of emergency admissions in people with advanced disease or complexity. • REDUCE the difference in average age of death between people with learning disability/SMI compared to general population. • REDUCE proportion of whole population who are living with advanced disease and/or complexity.	**Social & Clinical Outcomes** • REDUCE dependency for emergency care services e.g A&E attendances and emergency admissions. • INCREASE proportion of people who die in their preferred place of death. • INCREASE identification of frail and complex patients, including those with dementia or at end of life. • REDUCE proportion of days disrupted by emergency care in last year of life. • INCREASE number of days spent at home in last year of life. • INCREASE proportion of people supported at home instead of in residential care.


Vision:
A healthy Hertfordshire and West Essex, enabling everyone to live long, healthy and happy lives, with the greatest possible independence
Principles:
A decisive shift in integration
Prioritisation of prevention and early intervention
Addressing health inequalities
Strategic Priorities:
Increase the number of people that are physically active, eat healthily and maintain a healthy weight
Jointly develop our health and care workforce to deliver our vision for the future of health and care
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
Reduce the harm caused by smoking, alcohol, other harmful substances and addictions
Support our communities and places to be healthy and sustainable
Give every child the best start in life
Enable our residents to age well and support people living with dementia
Improve access to health and care services
Achieve a reduction in health inequalities
Enablers
Our Workforce
Anchor institutions
Delivery at the right place
Data, insight and citizen voice
Harnessing the power of people and communities
Research and Innovation
Collaborative and joint commissioning
Digital and Technology

NHS Objectives 2023/24

	Performance Objective	Target	Time frame	Current Status	Plan 23/24
UEC	• Improve A&E waiting times so that no less than 76% of patients are seen within 4 hours by March 2024 with further improvement in 2024/25 • Improve category 2 ambulance response times to an average of 30 minutes across 23/24 with further improvements towards pre-pandemic levels in 24/25 • Reduce G&A bed occupancy equal to 92% or below	76% 30 mins 92%	March 24 March 24 TBC	• Nov'22: 59.1% within 4 hours • Nov'22: Avg. 1hr10m16s	• 76.1% (March 24) • (N/A not an ambulance trust plan) • 98% (March 24; ENHT to be adjusted pending agreed schemes)
Community Health	• Consistently meet or exceed the 70% 2-hour urgent community response (UCR) standard • Reduce unnecessary GP appointments and improve patient experience by streamlining direct access and setting up local pathways for direct referrals	70% TBC	TBC TBC	• Nov'22: 83.82% achievement	• Target achieved • TBC in final plan
Primary Care	• Make it easier for people to contact a GP practice, including by supporting general practice to ensure that everyone who needs an appointment with their GP practice gets one within two weeks • Urgent GP contacts assessed the same or next day according to clinical need • Continue to recruit 26,000 Additional Roles Reimbursement Scheme (ARRS) roles by the end of March 2024 • Recover dental activity, improving units of dental activity (UDAs) towards pre-pandemic levels	100% 100% TBC TBC	TBC TBC March 24 March 24	• Oct'22: 81.2% appointments within 2 weeks	• Number of appointments only on plan • Not specified on activity plan • Not specified on activity plan • TBC in final plan

NHS Objectives 2023/24

	Performance Objective	Target	Time frame	Current Status	Plan 23/24
Elective Care	• Zero waits over 65 weeks by end of year excluding patient choice and/or specific specialties • Deliver agreed activity plans as per operational plan	Zero>65 w TBC	March 24 March 24	• Oct'22: 3,296 waiting 65 weeks or more	• 0 (March 24)
Cancer	• Reduce number of over 62 day patients • Meet faster diagnostics within 28 days standard for all 2ww suspected cancer cases to rule it in or out • Increase % of stage 1 & 2 cancer cases being diagnosed as per 75% faster diagnosis ambition by 2028	389 75% 75%	March 24 March 24 March 28	• Oct'22: 798 waiting 62 days or more • Oct'22: 68% diagnosed within 28 days • 53.7%	• 388 (March 24) • 75% (March 24) • Not part of the activity plan
Diagnostics	• Improve DM01 diagnostics within 6 weeks performance working towards 95% by March 2025 • Deliver agreed diagnostic activity levels to support elective and cancer backlog reductions and DM01	95% TBC	March 25 March 24	• Oct'22: 62.9% tested within 6 weeks • Oct'22: 32,543 per month	• 85% within 6 weeks (March 24) • 32,408 (March 24, Provider Total)
Maternity	• Improve performance by reducing stillbirths, neonatal & maternal mortality and serious intrapartum brain injury • Increase workforce fill rates against funded establishments	TBC	TBC	• ICB is top quartile performance nationally for still birth rate	
Use of resources	• Deliver a balanced net system financial position in year	TBC	March 24		

NHS Objectives 2023/24

	Performance Objective	Target	Time frame	Current Status	Plan 23/24
Mental Health	• Increase access for CYP in line with the national ambition for 345k more 0-25 years olds accessing services • Increase number of older people accessing IAPT treatment • 5% growth in number of adults and older people supported by community MH services • Work towards eliminating adult acute out of area placements • Recover dementia diagnosis rate to 66.7% • Improve access to perinatal MH services	• TBC • TBC • TBC • TBC • 66.7% • TBC	TBC	• Nov'22: 87.7% • Oct'22: 1,322 Out of Area Bed Days • 61.6%	• TBC in final plan • Total only in plan, not by age • 10% increase • 633 OOA Bed Days (Q4) • 64.72% (Q4) • TBC in final plan
Learning Disability and Autism	• 75% of over 14 years olds on GP LD registers have an annual health check and action plan by end of the year • <30 adults with LD&A per million and =/ <12-15 under 18s are inpatients in a designated facility by the end of the year	75% <adults =/<12-15 under 18s	March 24 March 24	• 21/22: 62.5% 22/23 cumulative until Nov 22: 37.6% • Adults: 30 CYP: 20	• TBC in final plan • Adult: 32 (inc.Specialised Commissioning, Q4) CYP: 3 (Q4)
Prevention & Health inequalities	• 77% of patients with hypertension treated to NICE guidance by end of the year • Achieve 60% of 25-84 year olds with a CVD risk score of >20% being on lipid lowering therapies • Address health inequalities by delivering the CORE20PLUS5 approach	• 77% • 60% • TBC	March 24 TBC TBC	• 21/22: 61.2% • Mar 22: 58.4%	• Not in the activity plan

Hertfordshire and West Essex Integrated Care System

NHS Hertfordshire and West Essex Integrated Care Board

Meeting:	*Meeting in public*	☒	*Meeting in private (confidential)*	☐
	NHS HWE ICB Board Meeting in Public		**Meeting Date:**	**24/03/2023**
Report Title:	**Quality Escalation Report**		**Agenda Item:**	**12**
Report Author(s):	David Wallace, Mary Emson, Shazia Butt, Hayley Mounsey			
Report Presented by:	Rosie Connolly ICB Deputy Director Quality Improvement and Patient Safety			
Report Signed off by:	Jane Kinniburgh, Director of Nursing			
Purpose:	**Approval / Decision** ☐	**Assurance** ☐	**Discussion** ☐	**Information** ☒
Which Strategic Objectives are relevant to this report [Please list]	▪ Improving outcomes in population health and healthcare ▪ Tackling inequalities in outcomes, experience and access ▪ Enhancing productivity and value for money ▪ Develop the ways of working and profile of the Integrated Care System to ensure that its operating model is capturing the opportunities presented by closer system working			
Key questions for the ICB Board / Committee:	N/A			
Report History:	HWE Quality Committee /02/03/2023			
Executive Summary:	This paper provides oversight of the quality of commissioned services of all categories and providers, and includes: ▪ Quality summary key reports ▪ Risks and escalations ▪			
Recommendations:	The Board is asked to note the content of the report			
Potential Conflicts of Interest:	***Indirect***	☐	***Non-Financial Professional***	☐
	Financial	☐	***Non-Financial Personal***	☐

	None identified	☒
	N/A	
Implications / Impact:		
Patient Safety:	*Patient Safety is a driving principle and at the core of the Quality Report. The paper flags areas of good practice, identifies risks to patient safety and provides information about mitigation and actions to manage risks to patent safety.*	
Risk: *Link to Risk Register*	*Correlation between risk register and report content.*	
Financial Implications:	*N/A*	
Impact Assessments: *(Completed and attached)*	***Equality Impact Assessment:***	N/A
	Quality Impact Assessment:	N/A
	Data Protection Impact Assessment:	N/A

Hertfordshire and West Essex Integrated Care System

NHS Hertfordshire and West Essex Integrated Care Board

Herts and West Essex Integrated Care Board (HWE ICB) QUALITY COMMITTEE - Quality Escalation Report

March 2023

Herts and West Essex (HWE) Integrated Care Board (ICB) Quality Committee – 2nd March 2023	
Paper Title:	**Quality Escalation Report – March 2023** ☐ Meeting in Public **X** Meeting in Private (Confidential)
Paper Author: Report Signed Off By:	David Wallace/Hayley Mounsey - West Essex, Mary Emson- East & North Hertfordshire , Shazia Butt South- West Herts Jane Kinniburgh Director of Nursing HWE ICB
Purpose	☐ **Approval** ☐ **Decision** **X Discussion** ☐ **Information**
Report History	This paper gives the current Quality position across Hertfordshire and West Essex, comprising both NHS Quality, Performance and system delivery standing items, current risks, key reports and items by exception
Executive Summary	This paper gives the current Quality position across West Essex, Herts Valley and East and North Hertfordshire, the Quality Committee meeting agenda is summarised as follows: • **Quality Summary Key Reports** • **Extraordinary Items** verbal update
Recommendations	Committee is asked to note the report for discussion and recommend areas for further development ensuring this is aligned to the Quality Committee Terms of Reference
Potential Conflicts of Interest	☐ **Indirect** ☐ **Financial** ☐ **Non-Financial Professional** ☐ **Non-Financial Personal** **X None Identified** Review the Register of Interests (Board/relevant committee membership), and highlight any potential conflicts, which the Chair needs to manage or state N/A if none
Impact Assessments	***Equality Impact Assessment:*** *Not Applicable* ***Quality Impact Assessment:*** *Not Applicable* ***Data Protection Impact Assessment:*** *Not Applicable*
Strategic Objective(s) / ICS Primary Purposes supported by this report:	**X** Improving outcomes in population health and healthcare ☐ Tackling inequalities in outcomes, experience and access **X** Enhancing productivity and value for money ☐ Helping the NHS support broader social and economic development **X** Successfully complete and embed the transition of staff and functions from the three clinical commissioning groups into the Integrated Care Board **X** Develop the ways of working and profile of the Integrated Care System to ensure that its operating model is capturing the opportunities presented by closer system working

Hertfordshire and West Essex Integrated Care System

Report Contents

NHS Hertfordshire and West Essex Integrated Care Board

Executive Summary

Topic/ Area	Headline	Slide Number	Position since previous report (New, improving, deteriorating)
Safeguarding Workforce - Adults and Children	Gaps in workforce in ICB team has the potential to impact on safeguarding work.	9 / 10	New – business case in train to support short-term recruitment. Consideration of longer- term strategies to support development of ICS Pipeline
Infection Prevention & control	National increase in C.difficile rates. All 3 place levels within the ICB are below the East of England regional rate as are PAHT and WHTHT. However, ENHT are above the regional rate and are close to meeting their set trajectory.	12	Improving - There is ongoing monthly monitoring /surveillance.
Infection Prevention & Control	Methicillin-sensitive staphylocous aureus (MSSA) blood stream infections (BSI) All 3 place levels within the ICB are below the East of England regional rate. However, all 3 acute Trusts are above the regional rate	12	Worsening - The 3 acute trusts are currently jointly implementing actions to improve risk from IV access. Ongoing monitoring and surveillance.
Maternity	East and North Herts Hospital Trust (ENHT). Re CQC inspection report (January 2023) Maternity Serivces were rated Inadequate. Areas for improvement relate to training , staffing , infection control , risk assessment ,reporting and mitigation and maintenance , equipment and facilities. Section 29A and Annual CQC Maternity Report Findings pin- point further areas of concern.	16	Worsening - CQC Improvement plan has been developed by the Trust to respond to the areas of concern identified. ENHT Improvement Plan.

Sharing Best Practice/ Learning from Excellence

Reasons to be Proud

Princess Alexandra Hospital

Achieved a gold award letter from UNICEF for their Baby Friendly. The Trust Maternity Service has been awarded this accreditation after months of hard work and dedication, and this represents a significant achievement as only 37 Maternity units in the United Kingdon have been successful in receiving this award and PAHT were the only hospital to be assessed in the previous 12 months. The accreditation will last for 6 years providing relevant progress continues. They were assessed on leadership, culture, monitoring and progression and the assessing team found that under relatively new leadership there was a strong and positive culture.

Further details can be found at: Learn more about the UNICEF UK Baby Friendly Initiative

West Hertfordshire Teaching Hospital Trust (WHTHT) Caring for Carers Service - Winner of the 2022 Royal College of Nursing , Nursing Awards.

Led by the Patient and Carer Experience Nurse, WHTHT has coproduced a carer support service. The service listens and responds to carer concerns and needs, providing support, advice and signposting and supporting the carer assessment to understand what matters most to them. Key element of the service supports communication for carers in patients' treatment, care and discharge process. Where carers stay to support the individual on site and they care beyond usual visiting times, free parking, a Carer Lanyard (to ensure staff are aware of the importance of their role) and a meal voucher is provided.

Southend Essex and Thurrock CAMHS - Affinity Programme.

Affinity is a restorative programme embedded within education where practitioners work in schools, with families and education staff to maintain the child's social and emotional wellbeing and attendance. 670 children have been seen in one year with service demand increasing. The health and justice team have funded additional support to expand the programme and a joint visit with the team and national NHSE colleagues took place in Feb 2023 , resulting in positive feedback. The national team would like to work with Affinity to promote case studies and learning at a national level to highlight the need for recurrent funding and build on good practice including use of peer support workers.

The Hertfordshire Children Young People Mental Health Service (CYPMH).

First Steps ED is a new early help eating disorder service. Partnership approach with HPFT has supported reducing overall waiting lists and enabled the system to stabilise. Service also support for Children and Young People (CYP) from 5-18 years of age with emerging eating disorders/disordered eating and for their families and the professionals that support them.

Service offers hybrid face to face and digital one-to-one support sessions, weekly psychoeducation and group support programmes. Parents, carers and older siblings gain access via First Steps ED's Parent Support Programme. The Programme is based on the New Maudsley collaborative skills model including weekly online Skills for Carers workshops. Additional support for key care givers includes free access to counselling and psychotherapy.

The new service has supported over 150 CYP (up to end of December 2022).

Key Priority Areas

Patient Experience and Safety- ICB

ICB area	Complaints	PALS	MPs	Quality Review System (GP queries)	Whistleblowing	Serious Incidents	Never Events
ENH Place	2	25	5	51	0	30	0
S&W Place	7	45	11	3	0	27	1
WE Place	6	45	5	39	0	5	0
Other	2	15	1	0	0	8	0
Total	**17**	**130**	**22**	**93**	**0**	**70**	**1**

ICB area	Key themes/ risks	Improvement actions/ Mitigation
Herts and West Essex	Primary care has ongoing concerns with requests from secondary care; issuing of prescriptions following secondary care appointment, onward referrals, following up tests .	Concerns are raised via GP queries. At Princess Alexandra Hospital the Trust is supporting medical teams to ensure that systems and processes are in place to conclude all secondary care activity before transferring patient care back to primary care for ongoing management. Plan to discuss these themes with East North Herts Trust and West Herts Teaching Hospital Trust.
Herts and West Essex	System Serious Incidents – ambulance service Delays in reaching patients at home/in public who require emergency ambulance assistance, due to vehicles being at other locations within the health service (acute hospitals).	The Herts and West Essex Urgent and Emergency Care (UEC) System Serious Incident Tactical Group was established in November 2022 – this type of group was initiated in North- East Essex and Suffolk to address the same issue. The Tactical Group is comprised of colleagues from acute Trusts, ICB and East of England Ambulance Trust. All system SI are reviewed to identify learning and changes to process across the system to develop safer care within the limitations of the current operational demands.

National Patient Safety Strategy Implementation

Priority area	Current position	Status (for Herts and West Essex ICB)
Just Culture	Ongoing work with HR within ICB (for example staff survey results) and working with providers regarding psychologically safe and just culture across system.	In progress, significant ongoing work required
Medical Examiner System for community deaths	All 3 local Medical Examiner Offices continue to roll out scrutiny to community providers including primary care. National expectation for requirement for all non-coronial deaths to be reviewed by Medical Examiner by April 2023 remains, however anticipated delay to statutory requirement.	On track locally, some national delays impacting on delivery
Patient Safety Incident Response Framework (PSIRF)	ICS implementation plans in progress. Monthly implementation workshops ongoing to support ICS system implementation for main NHS Trusts. Discussions also taking place with independent sector providers to understand position and offer support where required.	In progress, significant ongoing work required.
Involving Patients in Patient Safety	First two Patient Safety Partners joined the ICB on 1st February and are currently going through induction. They will be joining Quality Committee and System Quality Group moving forwards.	On track
National Patient Safety Alerts	Robust processes within ICB and across main NHS Trusts to review and act upon alerts.	On track
Transition from NRLS and STEIS to Learning from Patient Safety Events (LFPSE)	Assurance being sought from providers regarding transition plans- national timescale delayed from April 2023 to September 2023. ICB developing plans for transition of STEIS to LFPSE.	On track, working with primary care to introduce LFPSE
Improving quality of patient safety incident reporting	Robust processes for oversight of provider incident reporting, ongoing work with primary care	On track, focus to be on primary care incident reporting
Patient safety education and training	Level 1 training made mandatory within ICB with good uptake (approximately 85%). Level 2 training made mandatory within ICB and launched on 3rd February 2023.	On track (NHSE requirement for all staff to be trained in L1 by Q1 23/24)
National Patient Safety Improvement Programmes	All programmes led by local Patient Safety Collaboratives, await publication of local plans for the 5 key programmes.	On track, await Patient Safety Collaborative update

Safeguarding Adults

Risk	Issue	Mitigating Action
1.	**Domestic Abuse (DA)** Support for Victims and Perpetrators Legislation changes placing additional duties on whole family safeguarding – Impact likely increased referrals and demands for service without increased workforce to support. Lack of sufficient Independent Domestic Violence Advocacy (IDVA) services - already working beyond capacity. (Herts) Service also no longer 24/7 due to retention issues following contractual changes	Out of hours 'suspended' to improve retention and prevent impact of caseload increases on remaining staff. DA toolkit launched to support practitioners. Close liaison with DA partnerships and stakeholders to be assured of appropriate referral for advocacy and support for victims. Scoping to explore how changes impacts and solution to closing the gap to meet increased need, including business case development to improve visibility of IDVAs in settings rather than being co-located.
2.	**Mental Capacity Act 2005 (MCA)** Lack of sufficient workforce capacity and expertise relating to Deprivation of Liberty Safeguards/Liberty Protection Safeguarding (DoLS/LPS) within ICB. Awaiting updates to framework to support ICB requirements for Hertfordshire. Mid and south Essex ICB have employed a programme manager that incorporates west.	Robust MCA training and request for assurance of its application in use including evaluation of impact post learning. Narrative requested from system partners as to how providers are assured that they are embedding the MCA (16+) into practice. System partners working in collaboration with Workforce Need Analysis and training delivery/support.
3.	**Workforce both** - Internal ICB vacancies and external ICS/Partners Insufficient numbers of suitably skilled staff in safeguarding. Increased workload on potentially less skilled or experienced staff.	Recruitment in progress for permanent post Safeguarding. Business case agency to cover approved– agency placement underway
4.	**Legal literacy across ICB and partners** on new and existing legislation and their interactions to apply lawful legal frameworks for safeguarding people (Adults at Risk and 16+)	Reputable industry provider sourced to upskill GP in legal literacy this quarter.

Details of new Reviews/ Reports

No New Domestic Homicide Reviews (DHRs).
New /Published Safeguarding Adult Review (SARs) **– 1 Pending** (January 2023) request for SAR by family member following death of a person. Currently under review/consideration by Herts Safeguarding Adult Board Chair/Adult services Herts CC.
Themes: DHRs - Poor risk management, legal literacy – inc. DA, Care Act, - DA in Older Persons and Dementia - Weapons use and/or threat of.
Carer risks/stresses not identified, Isolation geographical location/frequent movers, lack of professional curiosity.
Themes: SARs - Poor legal literacy – inc. DA, Care Act, (DA in Older Persons and Dementia) Poor risk management.

Safeguarding Children

ICB Risk	Geographic Area	Issue	Mitigating Action
1.	ENH Place	East & North Hertfordshire NHS Trust Maternity CQC Inspection rated safeguarding as requires improvement due to staffing, safeguarding training and supervision compliance and collaboration with agencies.	ICB Designated safeguarding team facilitating a review of the safeguarding function and strategic planning. Oversight and scrutiny by NHS East of England. Meeting with ICB senior staff and ENHT to review situation.
2.	ICS	Workforce – insufficient skilled staff across systems to maintain the safeguarding agenda and respond effectively to support early intervention.	Business continuity plans in place across some provider services to ensure prioritisation is given to the most vulnerable children and families. Oversight is maintained through contract arrangements/ provider governance committees
3.	Hertfordshire	Child death commissioning is under review to facilitate HWEICB/ Hertfordshire County Council (HCC) statutory arrangements for all child death is provided in Hertfordshire.	Business case with commissioning recommendation awaiting funding decision –March 2023. 2nd business case to support Designated Team provide interim arrangements-vacancy panel.
4.	West Essex	Statutory timeframe for Initial Health Assessments compliance is not achieved	Review of ICB funding arrangements to provide resource to reduce waiting list, improve compliance. Identification of additional clinical specialists to support.
5.	Hertfordshire	Out of County statutory review health assessments requests are impacted by delays in receiving provider service	ICB to contribute to National Statutory health assessments for looked after children data collection SOP, Escalation process in place.
6.	ICB	Embedding MCA within practice for all 16- and 17-year-olds with Special Educational Needs and Disabilities	Working with NHS Regional Leads to ensure the health economy across the ICB becomes compliant.

Details of new Reviews/ Reports

Hertfordshire – No new Child safeguarding Practice Reviews(CSPR's) this quarter. One CSPR (Child R) awaiting publication. Learning – prevention of abusive head trauma (ICON).
Hertfordshire Care Leaver Practice Review – one in progress pending identified learning
West Essex – CSPR (Child S) awaiting publication following conclusion of criminal procedures.
West Essex – Rapid Review (Child K) submitted. Learning identified in relation to Primary Care engagement in child protection processes.

Basic Care Measures

Key metrics and updated Mitigations

VTE Assessment. Acute Trusts – Varied compliance , West Herts Teaching Hospital Trust(WHTHT) achieving 98%. East and North Herts Trust(ENHT) completed 62.5% stage 1 and 36.1% stage 2,3 and/or 4. Compliance remains low . Actions include new nerve centre VTE risk assessment to be rolled out in early 2023.

Sepsis Six Bundle Compliance. Acute Trusts – Varied Compliance . In Dec 2022 ENHT reported overall compliance for inpatients at 75% and ED compliance at 72.7% both against a 95% target which is an improving position. WHTHT data collection around NEWS and Sepsis inconsistent due to Electronic Patient Record implementation and workforce challenges. Action plan under development.

Pressure Ulcers (PUs) . Acute Trusts - PU rates remain stable across acutes. In December 2022 category 2-4 PUs reported for ENHT was 15, WHTHT 12 and for PAH PUs grade 3, 4 & unstageable was 10. ENHT report lack of repositioning as a main theme of learning reviews and WHTHT have real time monitoring in place to assist. Tissue Viability Nurse Team to help improve categorisation and admission skin assessments across acutes continues.

Community Trusts – In Dec 2022 Central London Central Healthcare (CLCH) pressure ulcer levels remained low with 1 category 2 pressure ulcer reported. There is no consistent rise in the number of pressure ulcers acquired in Herts Community Trust(HCT), however the number of patients with pressure ulcers has increased within the Integrated Care Teams (ICT) due to the complexity of patients within caseloads. HCT has increased requirement for staff to attend PU training. HCT has purchased a number of "automated wireless ankle-brachial index measuring systems" which will identify underlying circulatory conditions as well as indicate the best course of treatment for lower leg wounds.

Falls - **Acute Trusts -** Varying levels of falls across acutes. In Dec 2022 ENHT falls data remains as previous months with 4.6% falls per 1000 bed days with 2.8% resulting in serious harm, and 2 falls with moderate harms. Rapid Incident Review to be completed and to present in Serious Incident (SI) review panel to identify learning. WHTHT reported 17 falls with harm in Dec 2022 with close monitoring of the rate alongside reviewing best practices for preventative measures. PAH falls total for minor, moderate & severe harm was 24. New falls strategy in place for 2022/23 and a new method for validating falls with harm is in place.

Community Trusts –In Dec 2022 CLCH falls with harm was 0. For HCT Q3 there were a total of 33 falls , none were moderate or severe , 8 were low harm. Falls per 1000 bed days 7.2% slight increase from Q2 6.2%. No special cause variations have been identified.

ICB Risk	Geographical Area	Issue	Mitigating Action	Timescale
	Herts and West Essex	Current reporting around basic care measures differs across key provider groups hence some gaps and complexity has been identified in fully establishing aligned analysis across place / Herts and West Essex.	ICB partnership working with key provider Directors of Nursing to agree aligned metrics and reporting approach , and which will inform development of ICB quality dashboard , and enable early sight of issues for focus for action.	Workshop on 23rd February and further actions to be agreed.

Infection Prevention and Control

	ICB	East and North Herts Hospital Trust (ENHT)	Princes Alexandra Hospital Trust (PAHT)	Wets Herts Teaching Hospital Trust (WHTHT)	HCT/ CLCH/ EPUT/ HPFT
C.difficile	S&WH –16 (cumulative 115) trajectory 144 - Below regional rate E&NH– 4(cumulative 121) trajectory 136 – Below regional rate WE – 4 (cumulative 51) trajectory 96 – Below regional rate	2(cumulative= 57) Trajectory =59 Above regional rate	1(cumulative=29) Trajectory =56 Below region rate	7(cumulative= 50) Trajectory =58 Below region rate	0
Klebsiella	S&W –15 (cumulative 96) - Above regional rate E&NH– 6(cumulative 79) - Below regional rate WE – 7 (cumulative 54) - Above regional rate	1 (cumulative =16) Trajectory=23 Below regional rate	1 (cumulative =13) Trajectory=18 Below region rate	3(cumulative=38) Trajectory=34 Above region rate	0
MSSA	S&WH 10(cumulative 78) - Below regional rate E&NH– 6(cumulative 82) - Below regional rate WE – 6 (cumulative 42) - Below regional rate	2 (cumulative =24) Trajectory=None Above regional rate	4 (cumulative=14) Trajectory=None Above region rate	2 (cumulative=25) Trajectory=None Above region rate	0

ICB Risk	ICB/ Provider	Issue	Mitigating Action	Timescale to meet required standard
NO	Herts and West Essex ICB/ ENHT/PAHT/WHTHT	**Risk of outbreak** of C.difficile, Methicillin sensitive Staphylococcus aureus (MSSA) and Klebsiella blood stream infections resulting in loss of acute bed days and therefore negative impact on system flow. Risk of increased mortality. Negative impact on patient experience **C.difficile** National increase in C.difficile rates. All 3 place levels within the ICB are below the East of England regional rate as are PAHT and WHTHT. However, ENHT are above the regional rate and are close to meeting their set trajectory. **MSSA blood stream infections (BSI)** All 3 place levels within the ICB are below the East of England regional rate. However, all 3 acute Trusts are above the regional rate **Klebsiella Sp. blood stream infections** S&W and WE place are above the regional rate whilst WHTHT are also above the regional rate and have already exceeded their trajectory.	- All cases subject to root cause analysis and antibiotic review - Review of themes in learning identified through RCA - Discussion of all trust cases at divisional governance meetings - Implementation of the 3 commitments agreed at the national C.difficile workshop – improving cleaning standards, early specimen collection, review of isolation pathways - ICS Antimicrobial Stewardship Technical Working Group now established - Healthcare associated infection oversight group being developed. - The 3 acute trusts are currently jointly implementing an IV access project, designed to improve IV cannula insertion, after care, prompt removal, as well as staff training in relation to IV access. PAHT also has a working group focussing on MSSA BSI reduction. This reports to the trust IPC Committee which is attended by the ICB. - Re-establishment of the urinary tract infection workstream to address Gram negative BSIs, with appropriate membership currently being established.	There is ongoing monthly monitoring of surveillance

Mental Health- Children

Key metric	Hertfordshire	West Essex
Children and Young People Eating Disorder Service	Meeting waiting time standards for all Children and Young People (CYP)with the exception of 1. All CYP are being seen within 15 days. Currently 6 CYP who are ED inpatient beds, and 3 currently waiting for a inpatient bed.	95% CYP are seen within 1 week if urgent and 4 weeks if routine
Mental health access targets	Herts position at the end of Nov 22 was 12,115 rolling 12 -month 1 x contacts, 91% of local transformation plan target.	(October) -2570 patients seen in the service, rolling 12 month contract - one of only 3 nationally to be meeting the target .
Crisis Support	Children's crisis, assessment and treatment team -C-CATT has achieved and maintained their recovery position and is meeting all KPIs. Twilight and Saturday 7 day follow up clinics in the community continue. Recruitment and retention - all advertised posts having successful recruitment. Working with acutes to facilitate timely discharge and improve flow. CCATT working with wider system for preventative measures.	
Out of County Placements	7 Hertfordshire CYP out of county inpatient, 5 of whom are transforming care (ASD).	

Reputational damage due to high complaint levels	Southend, Essex and Thurrock Child and Adolescent Mental Health Service (SET CAMHS)	Parents and professionals inconsistent understanding of referral criteria for SET CAMHS service could result in increasing numbers of complaints due to declined referrals.	Wider education undertaken by the provider to ensure Children and young People (CYP) are appropriately referred and referrers understand the remit of the service	On-going as referrers constantly changing
CYP may not receive specialist support required as the service does not have capacity to address their needs.		Increasing demand on the service to support CYP with Autism Spectrum Disorder and /or additional needs who do not have a co-morbid mental health presentation	Additional services have been procured (YCT, Circle of security parenting course, NOW is the time for change) to support CYP and their families and a post diagnostic ASD resource package is currently under development	On-going as needs and gaps are identified
Depleted numbers of staff and challenges in recruitment are having an impact on service delivery and waiting times.		Increase in the vacancy rate across the service which is impacting on waiting times. The numbers of 18+ week waiters are greater within the Mid and West hub where teams are experiencing significant staffing pressures.	Recruitment drives continue with the service proactively considering and implementing ways to attract new staff. Staff are well supported by management who monitor staff wellbeing. Use of agency staff continues to support the service.	On-going

Mental Health - Adults

Key metric	ENH Place	S&W Place	WE Place	ICB Total
Community eating disorder services meeting 28 day wait	94.59%	91.18%		
Community mental health team meeting 28 day wait	68.47%	40.48%		
Inappropriate out-of-area placements for adults	1080 bed days in December 2022. Reduction when compared to November 2022.		209 bed days in December 2022.	1289

ICB Risk	Area	Issue	Mitigating Action	Timescale
Eating Disorders	Herts	Capacity issues due to increase in referrals	Additional agency staff and review of pathway in progress	March 2023
Adult Mental Health (AMH) 28 Day waits	Herts	Initial assessment waits, staffing vacancies and variance across Herts	Recovery action plan in place Contract management through Contract Review Meeting (CRM)	March 2023
Out of Area Placements (OAP)	Herts	OAP / Bed capacity issues / delayed transfers of care	NHSE Getting it Right First Time (GIRFT) engaged. / Additional oversight arrangements in place. Integrated Discharge Team being developed Consultant-led daily OAP reviews.	March 2023
Eating Disorders	West Essex	Need identified to increase the workforce and protocols for high- risk patients that are treated in the community for the whole region.	Strategic workplan being developed to review current service and any gaps. ICB to review investment and use of one-off funds to initiate the programme.	April 2023
Mild Cognitive Impairment (MCI)	West Essex	No MCI pathway commissioned, clinical risk to patients and carers. Many people with MCI have unmet needs, such as mental health problems, social isolation, and frequent falls.	Service proposal complied and shared with senior managers and clinical leads to investigate funding via COMF funds.	April 2023

Learning Disabilities and LeDeR

Key metric	ENH Place	S&W Place	WE Place	ICB Total
Annual Health Checks (AHC) - Dec 2022 data	50.4%	48.5%	37.7%	47.7%

ICB Risk	Geographical Area	Issue	Mitigating Action	Timescale to meet required standard
Risk of reduced quality AHC	Across ICB	AHC data and LeDeR review evidence shows that not all patients received a Health Action Plan (HAP) following Annual Health Check	Learning Disability Nurses and Learning Disability GP leads are working collaboratively to address the gap through advice to practices on how to record HAPs on the system and promoting the importance of the HAP.	Ongoing. Data reviewed monthly to monitor for improvements.
		Differences in AHCs used by GP across the ICB	ICB LD GP Lead working with Ardens to create consistent template based on best practice from each area.	Expected Q4 2023
		Although examples of excellent practice is noted, there are some Issues with quality of annual health checks identified through LeDeR reviews.	Auditing of quality of Annual Health Checks included in Enhanced Commissioning Framework.	Paused due to Winter pressures. Anticipated to restart April 2023.

Maternity

Priority Area	Issues and Care Quality Commission (CQC) Overview	Mitigation
Workforce	Maternity workforces across all Trusts remains challenging related to recruitment and retention / absenteeism . Impact on service delivery and workforce training compliance against core competency framework.	Workshop planned with key providers in March 2023 and ICB/LMNS workforce leads , to enhance existing improvement plans.
Transformation	Princess Alexandra Hospital Trust (PAHT) - Recent developments include the service opening a maternity triage service in November 2022 which has enhanced services for pregnant women and people.	Improvement workstreams include maternity helpline, foetal growth, transitional care and Diabetes.
Safety	East and North Herts Hospital Trust (ENHT). Re CQC inspection report (January 2023) Maternity Serivces were rated Inadequate. Areas for improvement relate to training , staffing , infection control , risk assessment ,reporting and mitigation and maintenance , equipment and facilities.	CQC Improvement plan has been developed by the Trust to respond to the areas of concern identified. Governance and reporting arrangements alongside support in place to oversee action plan implementation.
	West Herts Teaching Hospital Trust (WHTHT) have one open action linked to the CQC action plan (Oct 2021 visit) relating to Entonox levels.	Central monitoring snap-shot audit indicates controlled and safe levels across the units- action to remain open until body worn monitoring is complete.
Annual CQC Maternity Survey	ENHT – 4.4% improvement since previous year. Lower scores include linked to information about COVID restrictions and information /advice about induced labour risks. WHTHT – 73.3% improvement since last year. Lower scores include linked to access of midwives and support around feeding. PAHT – 80% improvement since last year. Lower scores linked to offering a choice about where the baby is born.	Further details available in maternity deep dive and ENHT Improvement Plan which are attached as appendices to this report.

ICB Risk	Geographical Area	Issue	Mitigating Action
Yes	Herts and West Essex	Maternity workforce related issues continue to impact delivery and safety /experience.	Detailed recruitment , retention plans in place alongside mitigations, recovery plans and trajectories

Provider Oversight and Assurance

Assurance and Oversight- Acute and Urgent Care

Trust	Overall Care Quality Commission Rating	Areas of Concern	Mitigating Action
East and North Herts Trust (ENHT)	Requires Improvement	Maternity Section 29A. Maternity service rated Inadequate (CQC report published January 2023).	Improvement plan developed to address CQC concerns. Maternity improvement senate has been established. Support offered and regular agenda item at joint Quality Performance Meeting.
Princess Alexandra Hospital Trust (PAHT)	Requires Improvement	Emergency Department Section 31A	Action plan has been implemented by the Trust, regular reporting to CQC, NHSE and ICB. The Trust has formally requested CQC review of section 31 and is awaiting review and re-inspection.
West Herts Teaching Hospital Trust (WHTHT)	Requires Improvement	None	
East of England Ambulance Service Trust (EEAST)	Requires Improvement	The Trust entered the Recovery Support Programme in 2020 due to concerns around its leadership and safeguarding measures.	Improvement plan in place monitored by Suffolk & North -East Essex (SNEE) ICB. CQC inspection of May 2022 identified improvement with a Requires Improvement overall .SNEE asked to provide an updated Improvement plan.

ICB Risk	Issue	Mitigating Action	Timescale
Key Acute services across Herts and West Essex (HWE)	Continued high demand for UEC due to workforce pressures due to sickness absence / vacancy factors. Business Continuity impacts continue resulting in flow being impeded and impacting patient experience and safety.	• Clinical prioritisation and harm reviews. • internal improvement plans in place • Safe staffing levels focus with patients assessed by senior decision makers on arrival and treatment commenced if handover delays. • System wide Multi Agency Discharge Event in January 2023 to enhance patient flow and discharge processes.	Interim national operational planning target is to achieve 76% by the end of 23/24 against 4 -hour target re admissions.

Assurance and Oversight- Acute and Urgent Care

ICB Risk	Issue	Mitigating Action	Timescale to meet required standard
East and North Herts Trust (ENHT) and West Herts Training Hospital Trust (WHTHT)	**Discharge Summaries** In ENHT challenges continue with the quality and timeliness of discharge summaries. Some improvements have been seen in unplanned care, but challenges remain in Children's Assessment Unit. WHTHT missing discharge letters were identified in November 2022 due to the impacts on ongoing care within the Primary care setting.	• ENHT have commenced targeted work to support improvement including additional training provided to ward clerks and weekly performance data shared with divisions. • WHTHT set up task and finish group to establish length of historic review of patients previously discharged without discharge summaries and oversee harm reviews. Bespoke, targeted education resources have been produced for relevant staff. Key findings via task and finish group have identified failures linked to national EPR system which have now been rectified with safety netting.	ENHT - monthly updates and regular assurance is provided via quality and performance and assurance meetings. WHTHT – task and finish group actions now closed.

Assurance and Oversight- Community

Trust	Overall Care Quality Commission Rating	Areas of Concern	Mitigating Action
Herts Community Trust (HCT)	Good	None	
Central London Community Healthcare (CLCH)	Good	None	
Essex Partnership University Trust (EPUT). Note - physical health provision	Good	None	
Cheshunt Minor Injuries Unit	Good	January 2023 CQC published report- rated service as Good overall and across the domains.	No mitigations rated good across all domains

ICB Risk	Trust	Issue	Mitigating Action	Timescale to meet required standard
No	HCT	There are clinical policies that are overdue a review, this is on HCT risk register as there is a potential harm to patients if clinical policies do not reflect best evidence.	A working group has been established to undertake the review of all policies. A senior clinical resource (Project lead) is in place reviewing all clinical policies to align them to best practice. Any urgent clinical updates are made to the Clinical Advisory Group, and overall policy review status is monitored through clinical governance sub - committee.	6 months

Assurance and Oversight- Primary Care

Primary Care	ICB Place	Inadequate	Requires Improvement	Good	Outstanding	No published rating	Total
	East North Herts (ENH)	0	3	45	0	0	48
	South and West Herts (SWH)	0	0	50	1	2	53
	West Essex (WE)	1	0	28	1	0	30

GP Practice	Issue	Mitigating Action	Timescale to meet required standard
• Stockwell Lodge • Buntingford • Medical Centre • Garden City Practice	3 practices in ENH are currently rated as 'Requires Improvement' overall by the Care Quality Commission (CQC)	• Support provided by ICB Primary care & Quality Teams to address the issues raised by the CQC • Support from ICB specialist teams as required for example , Medicines, IPC, Safeguarding • Action Plan monitoring with support	By the time of the next CQC inspection – usually within 1 year of the previous one
Lister Medical Centre, Harlow, West Essex	Practice rated 'Inadequate' overall (published 23.6.22) & placed in special measures by CQC . Practice re-inspected January 2023- outcome awaited. Practice population of approximately 20,000	As above plus:- • Regular ICB formal review meetings • Support with Quality Improvement initiatives through process mapping • ICB Contract/ Quality visit on 28.11.22 provided assurance of significant progress	Outcome of CQC inspection awaited- this will then inform next timescales
All Practices in Hertfordshire & West Essex	As a result of pressures caused by the pandemic & winter pressures, many practices have not been undertaking their usual reviews of policies & processes. Also, with rapid implementation of new ways of working there is a potential risk that practices may have documents that don't align with current processes. As a result, practices may not meet the required CQC standards.	• CQC Masterclass programmes • IPC Training, webinars & audits • Development of a programme of supportive contract/ quality visits to be informed by a resilience index dashboard enabling timely provision of support • Themes identification to target support • CQC preparation support from ICB • Medicines/ prescribing CQC preparation resource pack	Supportive Contract/ Quality Visits to commence within 3 months. Identification of themes to target further support will be ongoing.

Assurance and Oversight- Care Homes

Care Homes	ICB Place	Inadequate	Requires Improvement	Good	Outstanding	No published rating	Total
	ENH	6	18	87	2	7	120
	S&W	3	20	101	7	6	137
	WE	0	9	38	2	0	49

ICB Risk	Trust	Issue	Mitigating Action	Timescale
No	Care homes	Discharge to assess beds in Hertfordshire - poor handover information on discharge paperwork leading to concerns with appropriate care delivery, failed care home admissions and/or services unable to meet complex needs. Poor experience for residents as support services not available.	Escalated at Support to Care Home (STCH) meetings. ICB discussed with local authority commissioners (Hertfordshire). Care home staff have been empowered to ask pertinent questions prior to accepting residents to ensure appropriate referrals are able to be accepted. Care concern/safeguarding raised where poor experience/failed discharge occurs.	Ongoing
No	Care homes	Staffing recruitment impacting on care delivery in homes. High use of agency staff leading to poor resident/professional experience. Movement of managers and several homes struggling to recruit Homes declining to take complex residents as unable to meet needs. Communication with GPs impaired.	Discussed at STCH meetings. Homes referred into Hertfordshire Care Providers Association/local authority for advice on recruitment. Agency staff block booked as much as possible. Managers identifying a key person to be able to liaise with GPs/attend MDT meetings. Care concern/safeguarding raised where direct impact on resident care.	Ongoing
No	Care homes	9 care homes being monitored within Serious Improvement Process (SIP) - concerns relating to management/leadership oversight, poor documentation, care planning, governance, staff culture and/or infection prevention and control issues. 2 homes have an admission embargo, 1 home is in the process of closure following a CQC notification.	Joint visits are undertaken by ICB and county council colleague operational teams for action planning, improvement oversight and assurance. 6 weekly system-wide partner formal strategic management meetings, led by the county council are held to ensure assurance, improvement and sustainability. Where risk is identified between meetings these are escalated. Planned and routine contract monitoring visits, led by the county council with attendance by ICB colleagues, occur via a risk-based approach. Concerns are discussed at the STCH meetings (Hertfordshire) and the monthly Multi Agency Care Provider Hub meetings in West Essex.	Ongoing
534	Jacobs and Gardens Care Home	ICB does not have a formal contract in place with the controlling organisation of Jacob and Gardens, it may not be possible to hold the provider to account on the serious patient safety and quality concerns	Provider has been put into ongoing Multi-agency Decision Making Meetings(MDMM) to constantly review the Quality of care. Task and finish group has been established to discuss future commissioning intentions for the services. Visits are being undertaken by ICB to provide support and staff training. NHSE and ICB discussions are taking place to determine if the change in control process is relevant. Legal advice may be sought afterward.	Timeframes to be decided in the Task and finish group

Acronyms

CAMHS	Child Adolescent & Mental Health Services
CHIT	Care Home Improvement Team
CLCH	Central London Community Healthcare NHS Trust
CQC	Care Quality Commission
DTA	Discharge to Assess
EEAST	East of England Ambulance Service NHS Trust
ED	Emergency Department
ENHCCG	East and North Hertfordshire Clinical Commissioning Group
ENHT	East and North Hertfordshire NHS Trust
EPUT	Essex Partnership University NHS Foundation Trust
GP	General Practitioner
HCPA	Hertfordshire Care Providers Association
HCT	Hertfordshire Community NHS Trust
HPFT	Hertfordshire Partnership University NHS Foundation Trust
HUC	Herts Urgent Care
HVCCG	Herts Valleys Clinical Commissioning Group
ICB	Integrated Care Board
ICS	Integrated Care System
IPC	Infection Prevention and Control
LMNS	Local Maternity and Neonatal System
MDT	Multi Disciplinary Team
NHS	National Health Service
NHSE&I	NHS England and NHS Improvement
PAH	Princess Alexandra Hospital NHS Trust
RFL	Royal Free London NHS Trust
SIP	Safety Improvement Process
STCH	Support to Care Homes
WECCG	West Essex Clinical Commissioning Group
WHTHT	West Hertfordshire Teaching Hospitals NHS Trust

Hertfordshire and West Essex Integrated Care System

NHS Hertfordshire and West Essex Integrated Care Board

Meeting:	*Meeting in public*	☒	*Meeting in private (confidential)*	☐			
	NHS HWE ICB Board meeting held in Public				**Meeting Date:**	**24/03/2023**	
Report Title:	**HWE ICS Performance Report**				**Agenda Item:**	**13**	
Report Author(s):	• Stephen Fry, Head of Performance West Essex, Hertfordshire & West Essex ICB • Jo O'Connor, Deputy Director of Performance, Hertfordshire & West Essex ICB • Alison Studer, Head of Performance, South and West Herts, Hertfordshire & West Essex ICB						
Report Presented by:	Frances Shattock, Director of Performance and Delivery, Hertfordshire & West Essex ICB						
Report Signed off by:	Frances Shattock, Director of Performance and Delivery, Hertfordshire & West Essex ICB						
Purpose:	**Approval / Decision**	☐	**Assurance**	☒	**Discussion**	☒	**Information** ☒
Which Strategic Objectives are relevant to this report **[Please list]**	▪ Improve access to health and care services ▪ Increase healthy life expectancy, and reduce inequality						
Key questions for the ICB Board / Committee:	▪ Are there any further actions the Board would recommend for assurance beyond those already being taken by the Performance Committee?						
Report History:	HWE ICB Performance Committee, 8th March 2023 Escalations and recommendations of note to Board: ▪ ENHT will not achieve zero patients waiting over 78ww by end of March 23 as per trajectory. Further risk to delivery of 78 weeks across the ICS with impact of Industrial Action. ▪ The Performance Committee are not assured regarding Mental Health performance; of particular concern are continued pressures within CAMHS, Crisis and Out of Area Placements (OOAP). Whilst noting that recovery plans are in place for CAMHS and Crisis, both of which forecast recovery in Q4, the Committee have asked for a deep dive at the next meeting to give better assurance regarding						

<table>
<tr><td></td><td>the delivery of these recovery plans. The Committee also noted the OOAP position and that a trajectory for improvement would be included in the 23/24 operating plan; the Committee have asked that a report be brought back to the next meeting setting out the actions being taken to improve OOAP to provide assurance of improvement delivery.
▪ The Performance Committee noted that UEC continues to be of concern in terms of overall performance. Performance remains below the forecast improvement trajectories, however some performance improvements have been seen in past month across a number of UEC priority metrics. The Committee noted the green shoots of improvement but agreed to continue to monitor, with a further assurance update at the next meeting.</td></tr>
<tr><td>Executive Summary:</td><td>The ICS Performance report provides an overview of the performance of services being delivered by the system against key standards and benchmarks. Issues are escalated by exception with a focus on actions and next steps being taken to address.

Following the Board session ‘Making Data Count’ and a recommendation to summarise the areas that we are meeting target and assured and areas where we are failing or deteriorating, a summary matrix has now been developed and included in the report on page 2.

Performance is challenged across the board as highlighted under the Executive Summary on page 3 of the report; Urgent and Emergency Care (UEC) and Mental Health (MH) are the main escalation areas. Improvements in performance have been seen in Cancer, however there has been a deterioration in RTT and Diagnostics.</td></tr>
<tr><td>Recommendations:</td><td>To note escalations from Performance Committee and agree deep dive areas for further assurance.</td></tr>
<tr><td>Potential Conflicts of Interest:</td><td><table>
<tr><td>Indirect</td><td>☐</td><td>Non-Financial Professional</td><td>☐</td></tr>
<tr><td>Financial</td><td>☐</td><td>Non-Financial Personal</td><td>☐</td></tr>
<tr><td colspan="3">None identified</td><td>☒</td></tr>
<tr><td colspan="4">N/A</td></tr>
</table></td></tr>
<tr><td colspan="2">Implications / Impact:</td></tr>
</table>

Patient Safety:	*Actions detailed by programme area to support timely patient flow through the system, reduce length of waits for treatment and mitigate risk to patient safety where performance is poor.*	
Risk: *Link to Risk Register*	*Linked to Performance Directorate Risk Register:* • UEC: non delivery of standards and performance improvement trajectories; • Mental Health: high demand, non delivery of stds and continued high number of out of area placements; • Elective recovery: non delivery of 78 weeks by end of March 23 and impact on delivery to 65 weeks, with further impact expected from Industrial Action.	
Financial Implications:	*N/A*	
Impact Assessments: *(Completed and attached)*	***Equality Impact Assessment:***	< N/A >
	Quality Impact Assessment:	< N/A >
	Data Protection Impact Assessment:	< N/A >

Hertfordshire and
West Essex Integrated
Care System

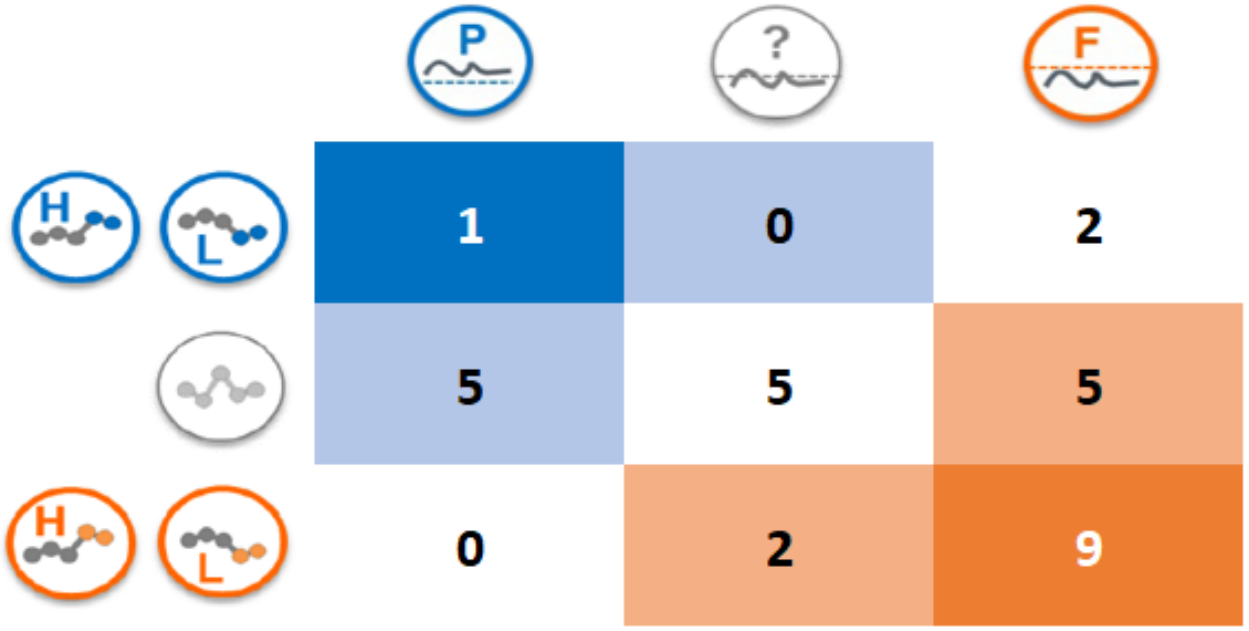
Presentation to: HWE ICB Board

HWE ICS Performance Report

March 2023

Working together
for a healthier future

Executive Summary – KPI Risk Summary



Highest Risk	Programme
ED 4 Hour Standard	UEC
% in ED > 12 Hours	UEC
Ambulance Handovers	UEC
Ambulance Response Times	UEC
6 Week Waits	Diagnostics
Out of Area Bed Days	Mental Health
Adult 28 Day Standard	Mental Health
HPFT Early Memory Diagnosis (EMDASS)	Mental Health
RTT 52 Week Waits	Elective

Lowest Risk	Programme
RTT 104 Week Waits	Elective

Low Risk	Programme
2 Hour UCR	UEC
90% Stroke Unit	Stroke
Mental Health EIP	Mental Health
Adult Crisis 4 Hour	Mental Health
CHC Assessments in Acute	Community

Variable Risk	Programme
Dementia Diagnosis	Primary Care
GP Appointments	Primary Care
28 Day Faster Diagnosis	Cancer
62 Day Backlog	Cancer
Community Waits (Adults)	Community
CHC Assessments < 28 Days	Community
RTT 78 Week Waits	Elective

High Risk	Programme
% Not Meeting CTR	UEC
NHS 111 Calls	UEC
4 Hour Stroke Unit	Stroke
Thrombolysed < 1 Hour	Stroke
2 Week Waits	Cancer
62 Day Standard	Cancer
Community Waits (Children)	Community

Executive Summary

URGENT CARE, Slides 7-13: Calls abandoned performance = worse than national and regional position; ED 4 hour performance = better than regional position but worse than national position

- In line with a significant increase in demand related to Strep A, 111 performance against calls abandoned and calls answered declined in December, however improvements have been seen in January;
- Cat 2 mean ambulance response times further deteriorated in December reaching over 2 hours. Although ambulance handover performance remains poor, improvements have been seen in Nov and Dec;
- ED 4 hour performance declined further in December however saw an improvement in January; whilst remaining worse than the national position, the latest performance has improved above the regional average and to just under the ICS performance improvement trajectory. An improvement was also seen in the % of patients spending more than 12 hours in department in the latest data, although the position remains high. ED attendances continue above historical averages however did see a decline in January;
- Data suggests that plans are starting to deliver small improvements in some areas however overall performance against improvement trajectories for UEC remains off track.

CANCER, Slides 21-22: 62 day first performance = better than regional and national position

- Improved performance levels continue to be delivered against 28 day Faster Diagnosis Standard with performance improving to just under the 75% national ambition in December at 74.7%;
- Although continuing below standard, December also saw a return to improved 62 day first performance with the ICB ranking the 7th highest nationally; ENHT returned to meet the 85% standard delivering 91%. The number of patients waiting >62 days improved in January following an increase in December, however remains behind recovery plan which is at risk;
- ENHT have been de-escalated from Tier 1 to Tier 2 in line with performance improvements and WHTHT have been removed completely from the tiering system with consistent week on week improvements.

PLANNED CARE, Slide 18: 18 week performance = worse than regional and national position

- Continued delivery of 104 week recovery with zero capacity breaches;
- Number of patients waiting over 78 weeks increased in December with activity falling just behind recovery trajectory; pressure remains predominantly in Trauma and Orthopaedics and Community Paediatrics at ENHT which are not forecast to meet 0 by March 23. Further potential risk to 78 week trajectory from Industrial Action. WHTHT and ENHT have been de-escalated from Tier 1 to Tier 2 for 78 week recovery;
- The number of patients waiting over 52 weeks decreased in December ending an 8 month upward trend, however remain high and of concern.

DIAGNOSTICS, Slide 19: 6 week performance = worse than regional and national position

- Data does not show a significant improvement in diagnostic position with a static PTL and performance declining against standard and national benchmarking;
- System-wide diagnostic improvement plan in place, including recovery trajectories for all challenged modalities. All modalities are expected to be 6 week compliant by March 23 with exception of Audiology, Non-Obstetric Ultra Sound, MRI (ENHT), ECHO (WHTHT) and DEXA (WHTHT and ENHT) with longer recovery trajectories in place.

Community, Slides 14-17

- Decline in number of adults on total list waiting list in December with an improvement also seen in proportion waiting <18 weeks; longest wait of 67 wks in adults and 71 weeks in children;
- Increase in number of children on total waiting list in December with percentage waiting <18 weeks remaining low; pressures remain in community paediatrics, therapies and audiology services.
- Widening inequalities in timely access to community services between adult and children patient groups.

MENTAL HEALTH, Slides 26-32

- Demand continues to remain high in Adult, Older Adult and CAMHS services, however has started to stabilise together with demand for crisis services which is returning to historic baselines;
- Pressure for Mental Health Assessments and acute beds continues, with Out of Area Bed Days continuing to remain high; a decrease was seen in December however;
- Dementia diagnosis remains challenged in Hertfordshire however has seen an improvement in performance in the latest data;

PRIMARY CARE AND CONTINUING HEALTHCARE, Slides 33-34

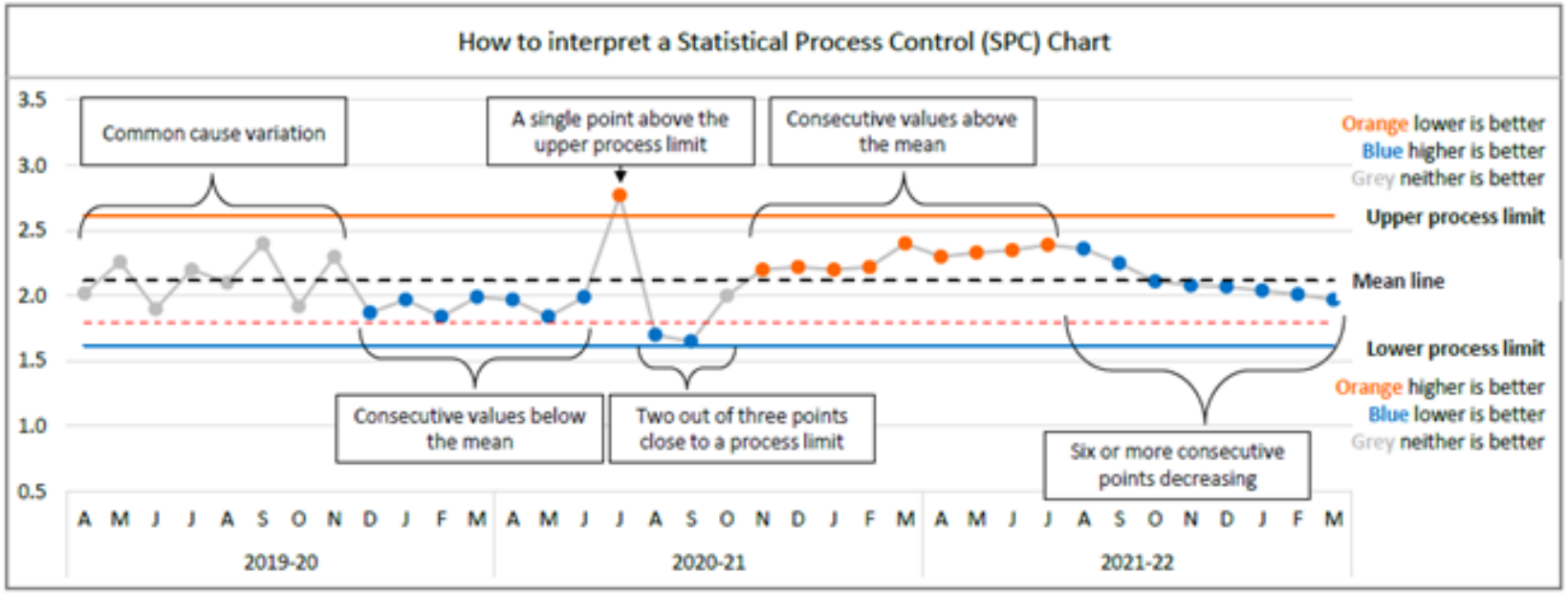
- Total number of GP appointments remain higher than pre-pandemic levels although did see a decline in December, potentially due to the holiday period. The proportion of face to face appointments continue to increase, reaching over 70% for the last three months;
- The number of CHC assessments completed within 28 days remains a challenge in South West Herts with a decline in performance in December

Executive Summary – Performance Overview

Metric	Latest month	Measure	Variation	Assurance	Mean	Lower process limit	Upper process limit
A&E - 4 Hour Standard	Jan 23	63.5%			67.3%	61.6%	73.0%
A&E - % spending more than 12 Hours in Dept	Nov 22	8.8%			6.6%	4.9%	8.2%
A&E - ED Average Attendance	Jan 23	37036			40307	33906	46708
Trolley Waits	Jan 23	225			180	-37	396
2 Hour Community Response	Dec 22	77.7%			83.5%	67.2%	99.7%
14 day LOS	Dec 22	26.2%			25.0%	21.0%	29.0%
Ambulance - Handover >60 Mins	Dec 22	1178			948	665	1231
EEAST: Cat 1 - Mean (<7min)	Dec 22	00:11:55			00:09:41	00:08:03	00:11:20
EEAST: Cat 2 - Mean (<18 Mins)	Dec 22	02:00:45			00:55:25	00:20:54	01:29:55
RTT - 18 Weeks	Dec 22	50.3%			57.8%	54.6%	61.1%
RTT - 52 Week Waits	Dec 22	10095			7101	5617	8586
RTT - PTL Size	Dec 22	137708			120457	112719	128195
RTT - 78 weeks	Dec 22	915			1018	674	1362
Diagnostics - 6 Week Wait	Dec 22	57.7%			64.9%	57.1%	72.7%
Diagnostics - PTL Size	Dec 22	22185			24610	19900	29319
Cancer - 2 Week Wait Standard	Dec 22	85.4%			80.0%	67.3%	92.6%
Cancer - 2 Week Wait Referrals	Dec 22	4439			5230	4036	6423
Cancer - 62 Day Standard	Dec 22	74.0%			74.3%	65.5%	83.2%
Cancer - 62 Day Total Waiting	Jan 23	577			610	388	833
Cancer - 104 Day Total Waiting	Jan 23	202			153	102	205
Cancer - 28 Day Faster Diagnosis Standard	Dec 22	74.7%			69.4%	59.2%	79.6%
Mental Health - Out of Area Bed Days	Dec 22	1289			900	539	1261
Mental Health - Dementia Diagnosis	Dec 22	62.3%			61.5%	60.9%	62.2%
Mental Health - IAPT Entering Treatment	Dec 22	1815			2389	1557	3222
Early Intervention in Psychosis	Dec 22	70.0%			83.6%	66.3%	101.0%

A Dashboard including Place and Trust based performance is included within Appendix A of this report

Statistical Process Control (SPC)

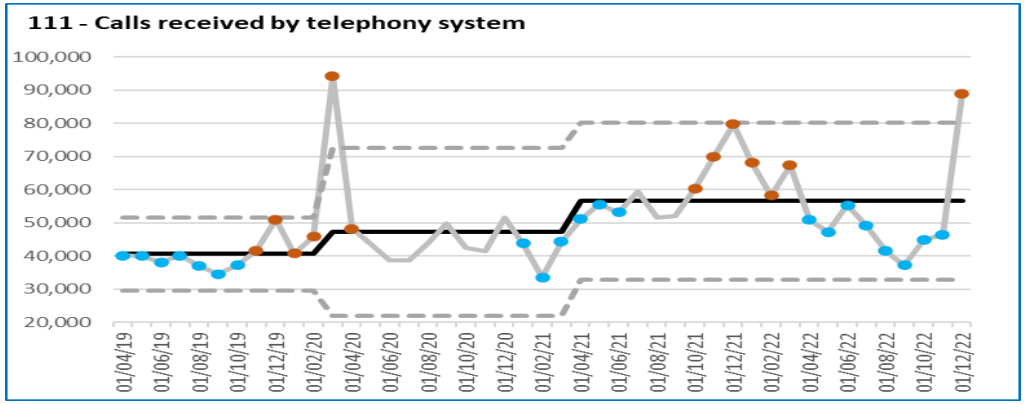


Variation	
H L	Special cause variation of concerning nature due to Higher or Lower values
H L	Special cause variation of improving nature due to Higher or Lower values
	Common cause variation No significant change

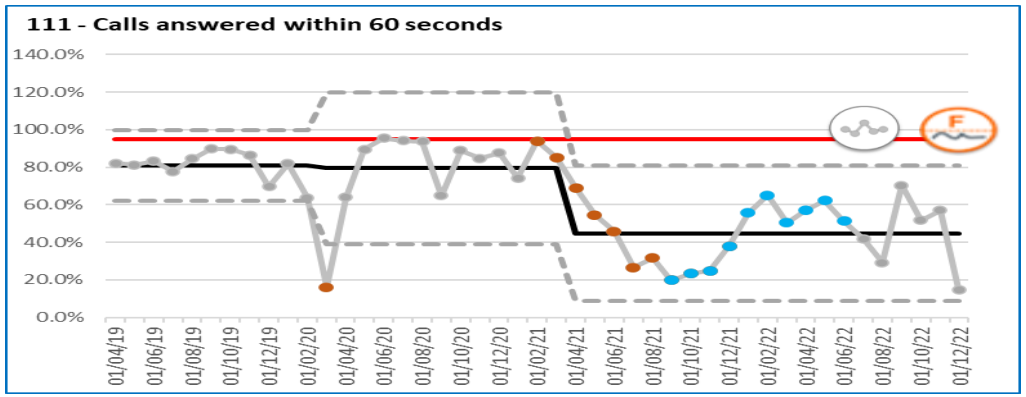
Assurance	
F	Consistent Failing of the target Upper / lower process limit is above / below target line
P	Consistent Passing of target Upper / lower process limit is above / below target line
?	Inconsistent passing and failing of the target

Performance by Work Programme

NHS 111



	Apr-19	May-19	Jun-19	Jul-19	Aug-19	Sep-19	Oct-19	Nov-19	Dec-19	Jan-20	Feb-20	Mar-20	Apr-20	May-20	Jun-20	Jul-20	Aug-20	Sep-20	Oct-20	Nov-20	Dec-20	Jan-21	Feb-21	Mar-21	Apr-21	May-21	Jun-21	Jul-21	Aug-21	Sep-21	Oct-21	Nov-21	Dec-21	Jan-22	Feb-22	Mar-22	Apr-22	May-22	Jun-22	Jul-22	Aug-22	Sep-22	Oct-22	Nov-22	Dec-22
Hertfordshire	31,7	31,6	30,2	31,9	29,6	27,7	30,1	33,3	41,1	32,8	37,1	75,7	38,4	35,1	31,5	31,1	35,5	40,3	34,0	33,3	41,2	35,1	26,8	3541	40,9	44,2	42,7	47,2	41,1	41,2	48,1	59,0	67,4	58,7	50,2	5801	40,9	38,1	44,6	39,7	33,4	30,0	35,9	37,4	72,5
West Essex	8,46	8,36	7,90	8,20	7,40	6,83	7,08	8,33	9,93	7,97	8,78	18,4	9,75	8,59	7,09	7,57	8,58	9,52	8,37	8,22	10,3	8,71	6,71	8877	10,1	11,2	10,4	12,1	10,5	10,7	12,1	10,9	12,4	9,54	8,01	9377	9,90	9,16	10,6	9,45	8,02	7,25	8,86	9,12	16,4
ICS	40,1	40,0	38,1	40,1	37,0	34,5	37,2	41,6	51,0	40,8	45,9	94,2	48,2	43,7	38,6	38,7	44,1	49,8	42,3	41,5	51,5	43,8	33,5	44,2	51,1	55,5	53,1	59,4	51,7	52,0	60,2	70,0	79,8	68,2	58,2	67,3	50,8	47,2	55,3	49,1	41,5	37,2	44,8	46,5	89,0



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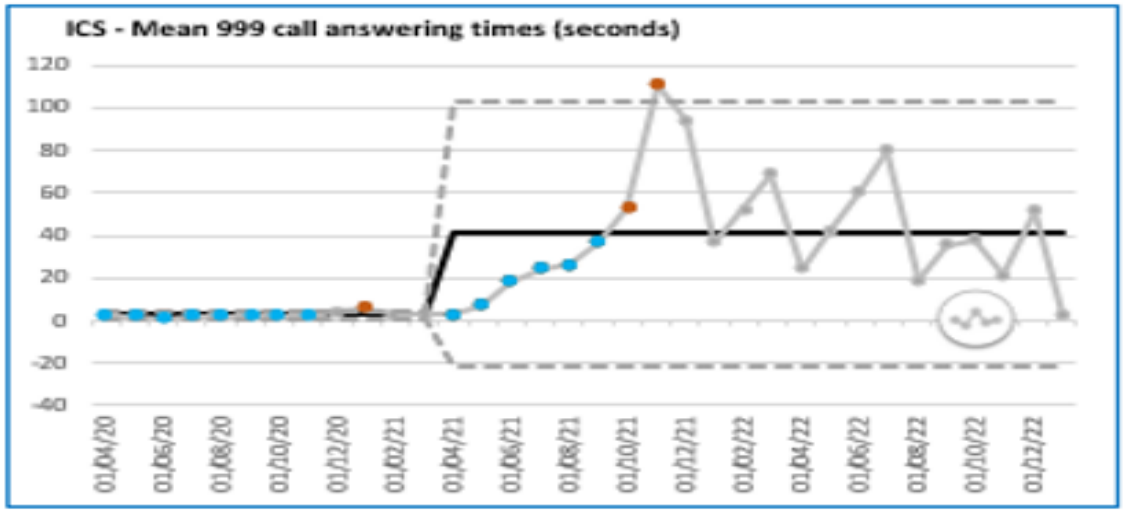
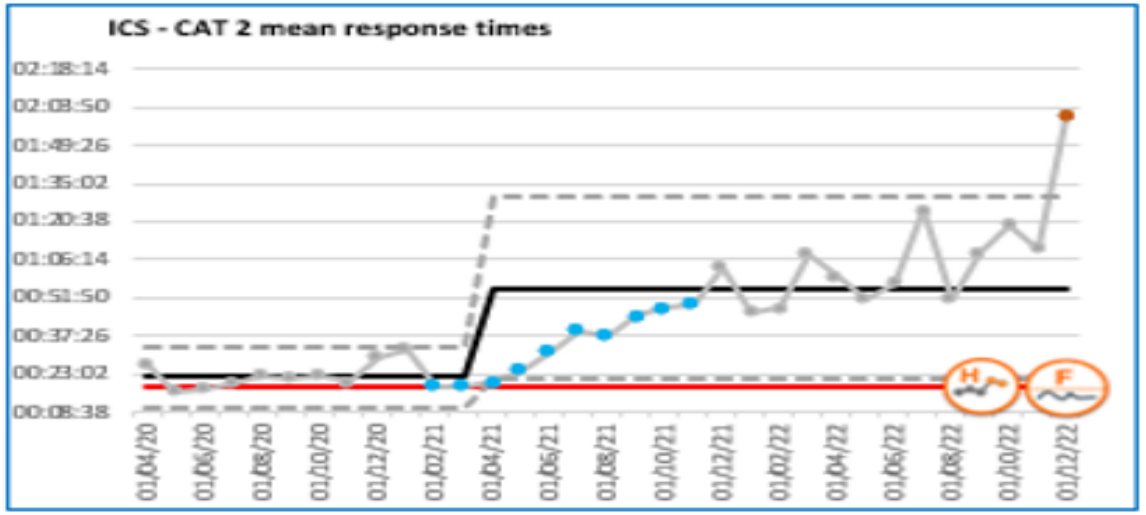
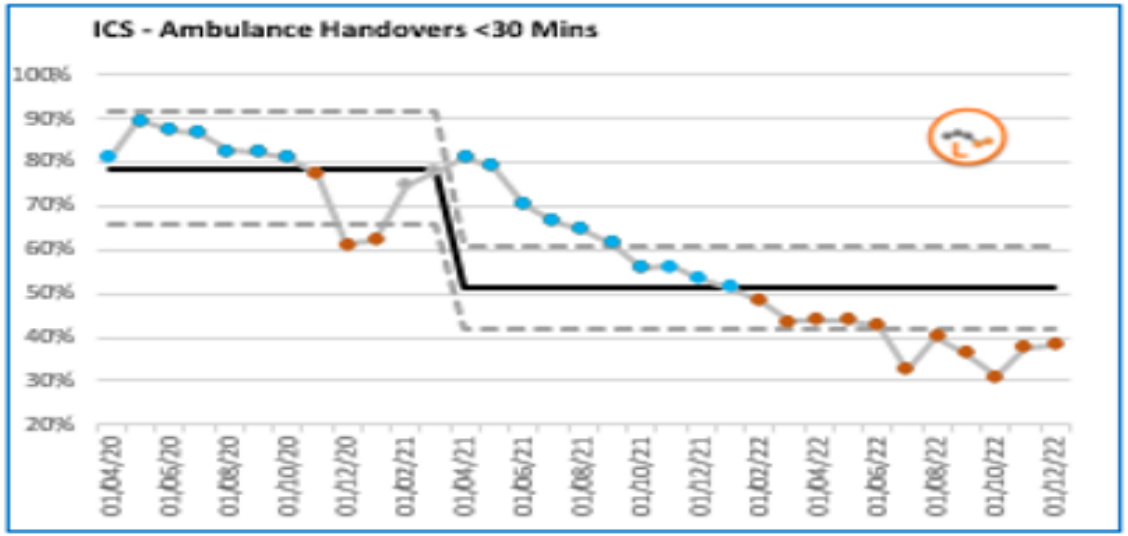
Hertfordshire	83.0	81.6	84.1	78.4	84.6	89.7	89.8	86.9	70.1	82.1	64.3	16.2	64.2	89.6	95.2	94.3	93.9	65.0	88.8	84.8	87.7	74.3	94.0	85.2	69.4	54.9	45.8	26.6	31.5	19.7	23.4	25.0	38.2	55.7	65.4	50.4	56.9	62.2	51.6	42.7	29.5	70.6	52.1	57.4	14.5
West Essex	78.4	79.8	79.6	75.6	83.9	90.4	88.4	84.7	68.1	81.1	61.8	15.8	62.7	89.5	96.3	94.3	93.5	64.7	88.9	84.3	87.6	74.2	93.5	85.2	67.7	53.1	45.5	26.3	31.8	20.2	23.2	24.4	37.2	55.5	63.8	50.8	57.0	62.1	50.2	38.9	28.2	68.9	50.6	55.4	15.6
ICS	82.0	81.2	83.2	77.8	84.4	89.8	89.5	86.5	69.7	81.9	63.8	16.1	63.9	89.6	95.4	94.3	93.8	64.9	88.8	84.7	87.7	74.2	93.9	85.2	69.1	54.5	45.8	26.6	31.6	19.8	23.4	24.9	38.0	55.6	65.1	50.4	56.9	62.2	51.3	41.9	29.3	70.3	51.8	57.0	14.7
Target	95.0	95.0	95.0	95.0	95.0	95.0	95.0	95.0	95.0	95.0	95.0	95.0	95.0	95.0	95.0	95.0	95.0	95.0	95.0	95.0	95.0	95.0	95.0	95.0	95.0	95.0	95.0	95.0	95.0	95.0	95.0	95.0	95.0	95.0	95.0	95.0	95.0	95.0	95.0	95.0	95.0	95.0	95.0	95.0	95.0

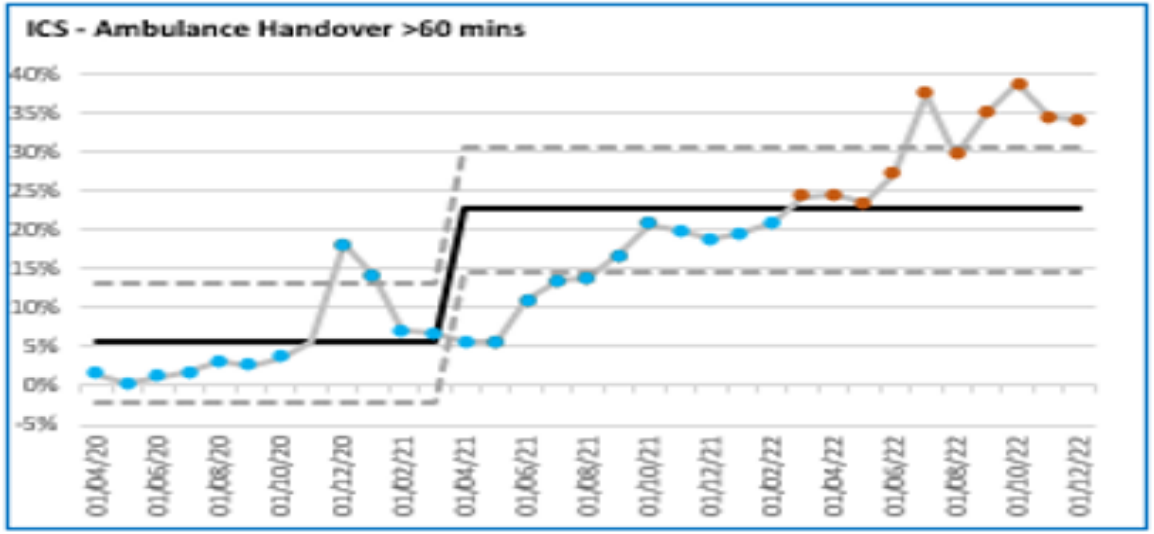
ICB Area	What the charts tell us	Issues	Actions	Outcomes
HUC	• Unprecedent spike in calls received by NHS111 in December. Linked to the National Strep A alert • 50-60% of all calls were answered within 60 seconds in October / November. This dropped to c.15% in December. January 23 data shows significant improvement to c.50% • Abandoned calls also increased significantly in December – up to c.45% against the 5% standard. As above, January is showing considerable improvement to c.15%	• Critical Incident declared in December due to significant increase in call volumes • Staffing issues due to the unprecedented number of calls • Strep A alert contributing towards high call volumes, longer queues and higher abandonment rates	• Escalation calls established to manage response in respect of high call volumes in December • Mutual Aid requests sent out by the Provider; both within HUC organisation and outside • Respiratory Hubs established until end of March 2023 to divert activity away from 111 and ED • Weekly IUC Overview Reports from the Provider with monthly updates on workforce • Non-critical meetings and reporting stood down in January to allow the service to recover • Pooled CAS continued to provide additional clinical support • Range of staff support and welfare measures put in place by HUC	• Escalation calls identifying most critical issues and assigning appropriate actions • Mutual Aid request answered and pooled CAS in place, allowing HUC to assign additional staff where most appropriate • Respiratory Hubs and standing down certain meetings and reporting as contributing factors to service returning to business as usual in January 23

UEC - Ambulance Response and Handover



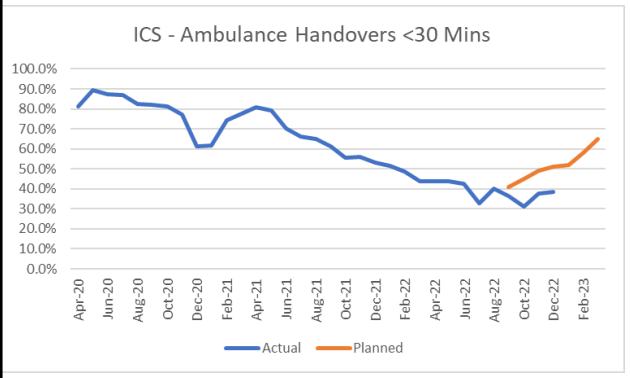


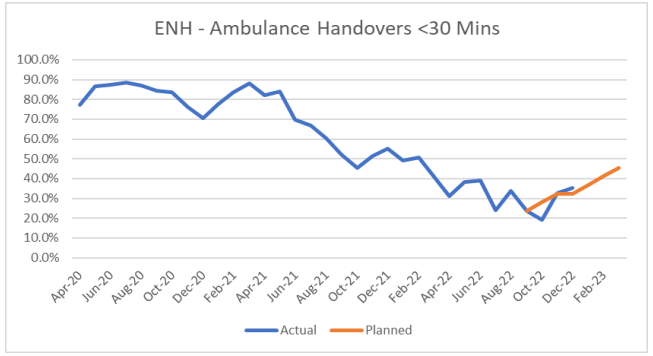


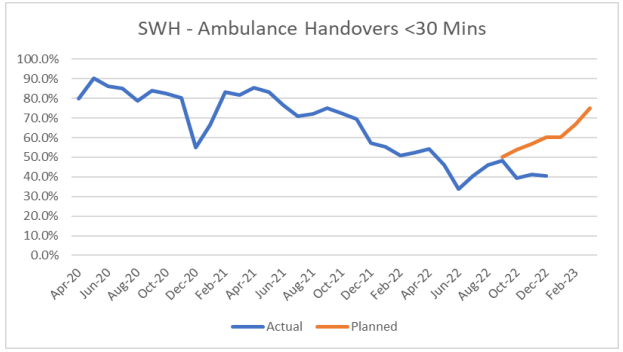


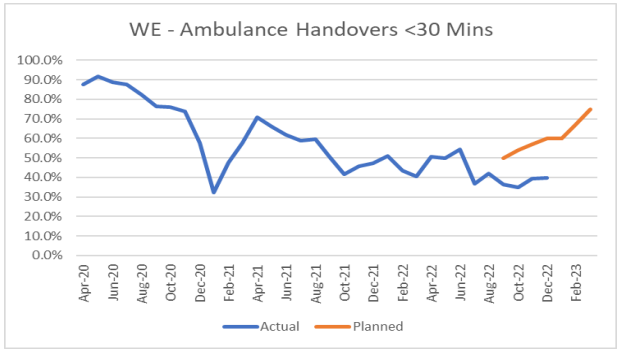
UEC - Ambulance Handover Improvement Trajectories

< 30 Minute Ambulance Handover Trajectories

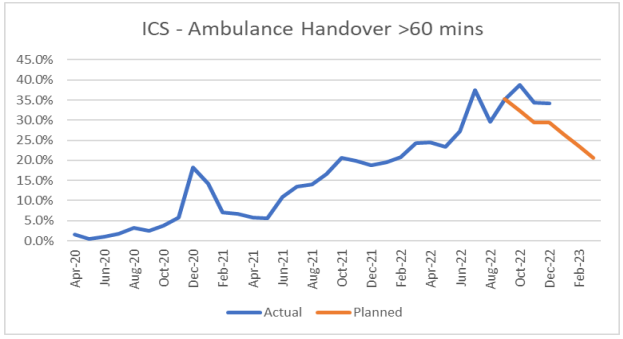


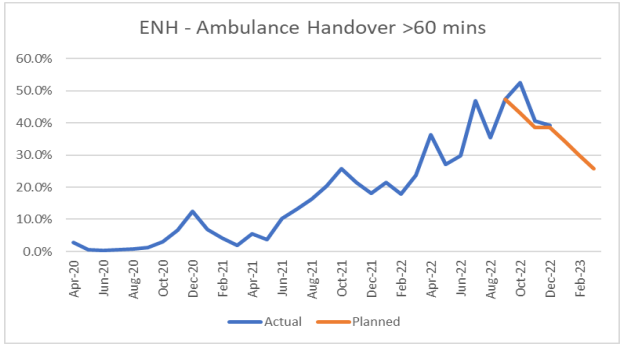


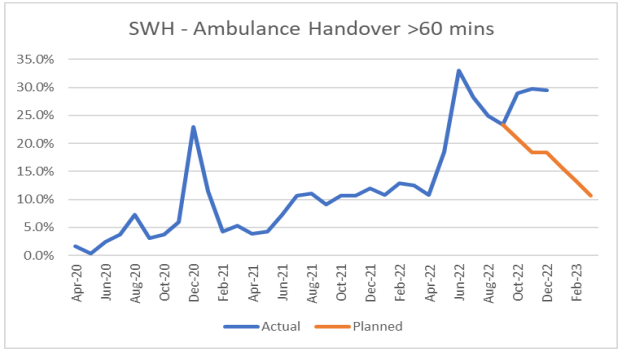


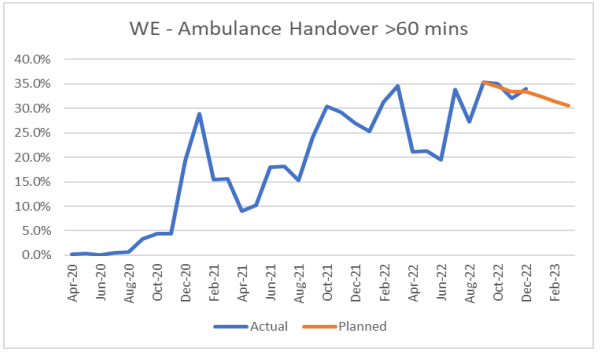


> 60 Minute Ambulance Handover Trajectories

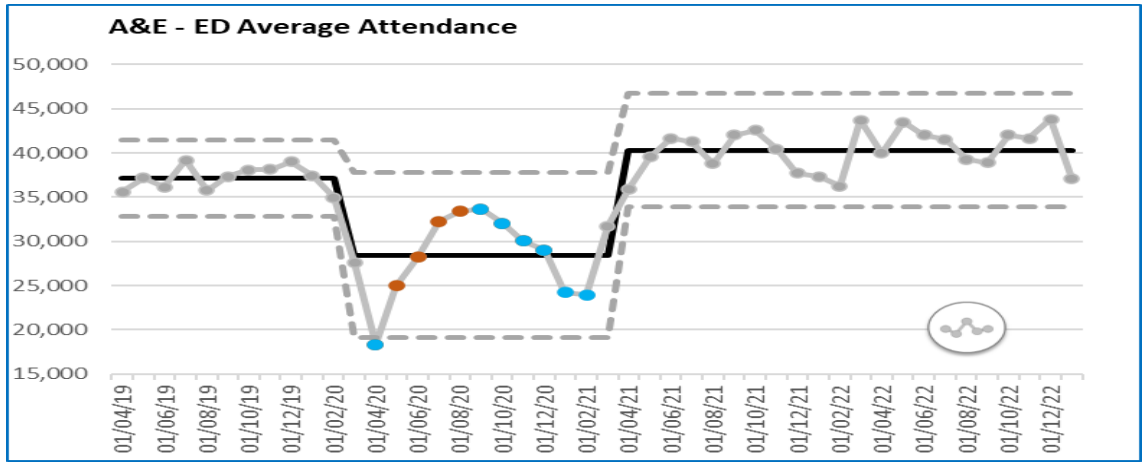




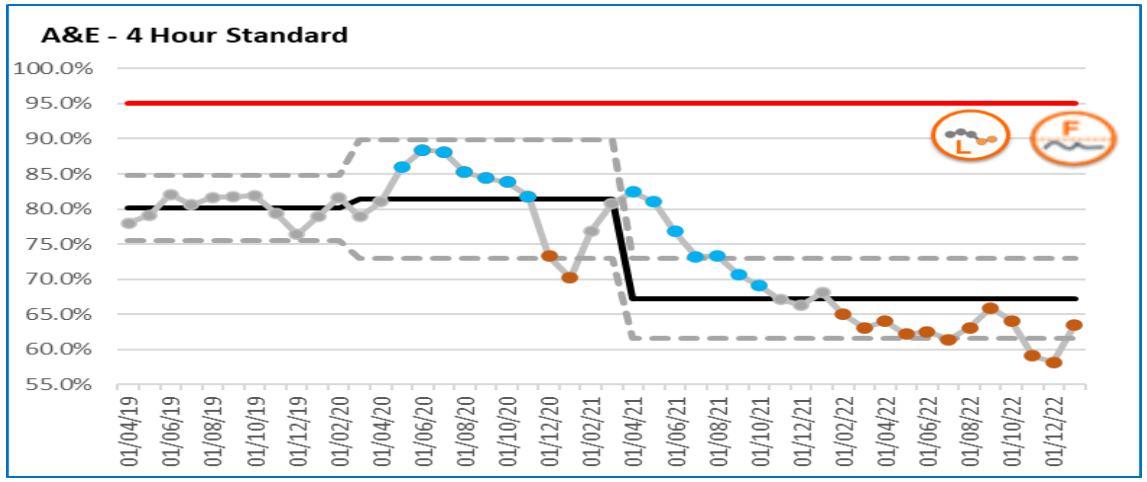




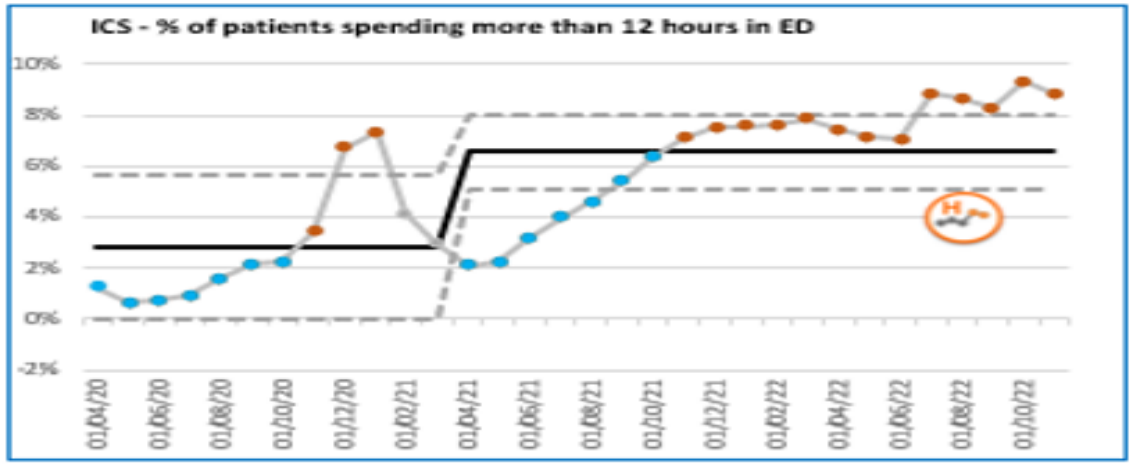
Urgent & Emergency Care (UEC)



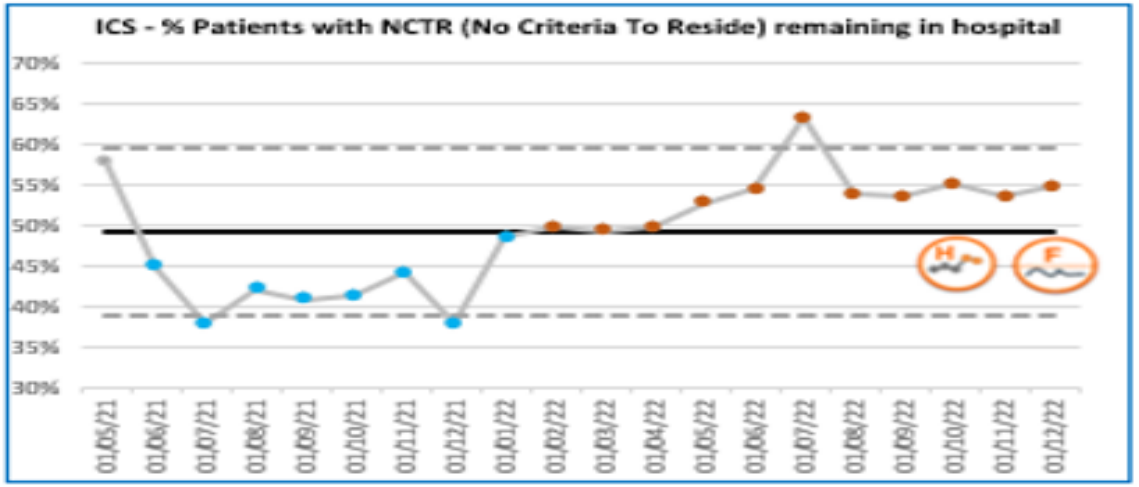
	Apr-19	May-19	Jun-19	Jul-19	Aug-19	Sep-19	Oct-19	Nov-19	Dec-19	Jan-20	Feb-20	Mar-20	Apr-20	May-20	Jun-20	Jul-20	Aug-20	Sep-20	Oct-20	Nov-20	Dec-20	Jan-21	Feb-21	Mar-21	Apr-21	May-21	Jun-21	Jul-21	Aug-21	Sep-21	Oct-21	Nov-21	Dec-21	Jan-22	Feb-22	Mar-22	Apr-22	May-22	Jun-22	Jul-22	Aug-22	Sep-22	Oct-22	Nov-22	Dec-22	Jan-23
East And North Hertfordshire NHS Trust	13,4	14,3	13,6	14,8	13,6	14,0	14,6	14,5	14,8	14,2	13,2	10,4	7,22	9,83	11,0	12,2	12,5	12,8	12,1	11,3	10,8	9,31	9,07	11,9	13,4	14,7	15,8	15,6	14,9	16,3	16,5	15,6	14,8	14,1	14,0	16,7	14,7	16,4	15,4	15,6	14,6	14,4	15,6	15,4	15,9	13,6
West Hertfordshire Hospitals NHS Trust	13,1	13,7	13,5	14,5	13,1	13,8	13,8	13,9	14,3	13,5	12,8	10,2	6,61	8,85	9,99	11,7	12,3	12,0	11,3	10,6	10,7	8,86	8,68	11,4	13,2	14,4	15,1	15,2	13,9	14,9	15,2	14,5	13,4	13,5	13,0	15,5	14,7	15,6	15,6	15,1	14,8	14,1	15,5	15,5	16,6	14,1
The Princess Alexandra Hospital NHS Trust	9,00	9,15	8,93	9,82	8,92	9,42	9,55	9,62	9,75	9,63	8,90	6,94	4,48	6,29	7,15	8,21	8,47	8,82	8,50	7,99	7,40	6,03	6,15	8,34	9,22	10,4	10,5	10,3	9,89	10,6	10,7	10,3	9,59	9,63	9,23	11,4	10,4	11,4	10,9	10,7	9,77	10,3	10,8	10,6	11,1	9,25
ICS	35,5	37,1	36,1	39,1	35,7	37,3	38,0	38,1	38,9	37,4	34,9	27,6	18,3	24,9	28,2	32,2	33,3	33,6	32,0	30,0	29,0	24,2	23,9	31,7	35,8	39,5	41,6	41,2	38,7	42,0	42,5	40,4	37,6	37,3	36,2	43,6	39,9	43,4	42,0	41,5	39,2	38,8	42,0	41,6	43,7	37,0



	Apr-19	May-19	Jun-19	Jul-19	Aug-19	Sep-19	Oct-19	Nov-19	Dec-19	Jan-20	Feb-20	Mar-20	Apr-20	May-20	Jun-20	Jul-20	Aug-20	Sep-20	Oct-20	Nov-20	Dec-20	Jan-21	Feb-21	Mar-21	Apr-21	May-21	Jun-21	Jul-21	Aug-21	Sep-21	Oct-21	Nov-21	Dec-21	Jan-22	Feb-22	Mar-22	Apr-22	May-22	Jun-22	Jul-22	Aug-22	Sep-22	Oct-22	Nov-22	Dec-22	Jan-23
East And North Hertfordshire NHS Trust	80.5%	81.6%	84.5%	81.5%	86.1%	85.1%	85.8%	81.5%	79.8%	81.5%	80.2%	79.0%	83.4%	89.8%	88.1%	90.1%	87.1%	84.8%	84.5%	82.4%	79.2%	79.2%	79.8%	85.2%	82.8%	84.1%	79.6%	74.8%	73.3%	79.5%	80.1%	78.6%	79.5%	78.9%	78.7%	76.6%	76.6%	78.6%	79.2%	78.7%	73.6%	78.4%	81.2%	81.4%	84.6%
West Hertfordshire Hospitals NHS Trust	81.2%	79.9%	79.8%	82.1%	81.3%	80.5%	83.0%	83.1%	82.2%	79.4%	81.7%	80.7%	87.1%	79.8%	93.9%	87.1%	85.9%	88.3%	84.3%	84.3%	82.1%	88.4%	87.5%	85.2%	89.8%	85.1%	86.0%	88.3%	89.9%	96.1%	97.7%	93.6%	90.0%	90.5%	93.5%	95.7%	92.7%	88.8%	92.1%	88.8%	92.1%	90.5%	89.0%	84.6%	80.2%	80.0%	88.4%
The Princess Alexandra Hospital NHS Trust	69.6%	74.0%	78.2%	78.3%	76.5%	74.9%	74.2%	76.8%	78.2%	91.2%	97.7%	79.7%	98.8%	98.2%	99.0%	79.8%	83.3%	85.8%	83.9%	83.4%	80.7%	93.2%	96.8%	90.8%	91.4%	96.9%	93.9%	91.0%	90.0%	86.4%	82.9%	86.1%	89.6%	85.7%	89.1%	85.1%	83.8%	84.1%	89.7%	86.1%	87.5%	84.6%	90.4%	89.1%	82.6%	84.4%	90.8%	84.4%
ICS	78.0%	79.1%	82.1%	80.6%	81.7%	81.1%	79.4%	79.4%	78.4%	79.8%	81.7%	78.9%	81.1%	86.0%	88.4%	89.8%	85.3%	84.4%	83.9%	81.8%	79.3%	79.0%	79.2%	80.8%	82.5%	81.0%	79.6%	78.3%	76.3%	79.0%	78.9%	79.1%	78.7%	76.3%	78.1%	75.0%	78.3%	79.4%	78.2%	79.2%	82.5%	81.4%	79.3%	78.5%	79.1%	78.2%	83.5%
Target	95.0%	95.0%	95.0%	95.0%	95.0%	95.0%	95.0%	95.0%	95.0%	95.0%	95.0%	95.0%	95.0%	95.0%	95.0%	95.0%	95.0%	95.0%	95.0%	95.0%	95.0%	95.0%	95.0%	95.0%	95.0%	95.0%	95.0%	95.0%	95.0%	95.0%	95.0%	95.0%	95.0%	95.0%	95.0%	95.0%	95.0%	95.0%	95.0%	95.0%	95.0%	95.0%	95.0%	95.0%	95.0%	95.0%	95.0%



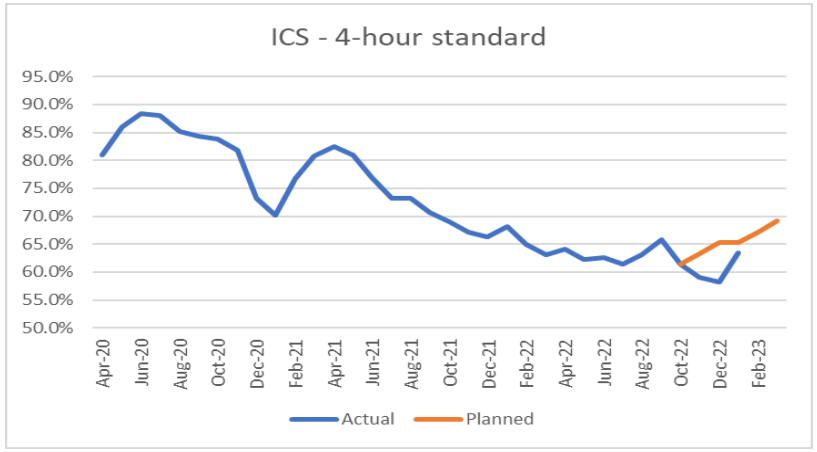
	Apr-19	May-19	Jun-19	Jul-19	Aug-19	Sep-19	Oct-19	Nov-19	Dec-19	Jan-20	Feb-20	Mar-20	Apr-20	May-20	Jun-20	Jul-20	Aug-20	Sep-20	Oct-20	Nov-20	Dec-20	Jan-21	Feb-21	Mar-21	Apr-21	May-21	Jun-21	Jul-21	Aug-21	Sep-21	Oct-21	Nov-21	Dec-21	Jan-22	Feb-22	Mar-22	Apr-22	May-22	Jun-22	Jul-22	Aug-22	Sep-22	Oct-22	Nov-22
East And North Hertfordshire NHS Trust	3.0%	2.3%	2.1%	3.0%	1.5%	2.1%	2.1%	3.4%	3.8%	3.7%	3.0%	3.7%	1.6%	0.8%	0.6%	0.6%	1.0%	2.4%	2.2%	4.1%	5.8%	6.8%	3.4%	1.7%	2.7%	2.1%	3.8%	4.9%	6.6%	7.3%	8.9%	9.5%	9.7%	10.1%	10.2%	9.4%	8.9%	7.8%	8.3%	10.2%	7.4%	8.3%	8.9%	9.8%
West Hertfordshire Hospitals NHS Trust	1.9%	2.5%	1.7%	1.6%	2.5%	1.6%	2.1%	1.7%	1.9%	1.5%	1.6%	1.5%	0.9%	0.7%	0.7%	0.8%	1.6%	1.0%	1.1%	1.6%	7.0%	7.2%	1.8%	1.2%	0.8%	1.3%	1.4%	1.7%	1.9%	1.6%	1.6%	2.9%	4.3%	4.0%	4.0%	3.4%	4.0%	4.6%	4.7%	5.0%	7.0%	4.5%	6.5%	5.4%
The Princess Alexandra Hospital NHS Trust	4.6%	2.7%	2.0%	2.2%	2.2%	2.4%	2.8%	6.3%	7.5%	4.6%	2.7%	2.5%	0.9%	0.4%	0.9%	1.4%	2.0%	2.6%	2.8%	4.4%	7.5%	8.8%	7.6%	6.3%	3.6%	4.2%	5.3%	6.1%	6.1%	8.1%	9.5%	10.6%	9.5%	9.4%	9.1%	9.6%	10.7%	10.5%	9.4%	13.4%	13.8%	12.4%	13.8%	13.1%
ICS	3.2%	2.5%	1.9%	2.3%	2.1%	2.1%	2.4%	3.9%	4.5%	3.4%	2.4%	2.5%	1.1%	0.6%	0.7%	1.0%	1.6%	2.1%	2.1%	3.5%	6.9%	7.7%	4.5%	3.4%	2.2%	2.4%	3.3%	4.0%	4.8%	5.5%	6.3%	7.3%	7.6%	7.6%	7.6%	7.2%	7.4%	7.2%	6.7%	8.8%	8.9%	8.1%	9.3%	8.8%



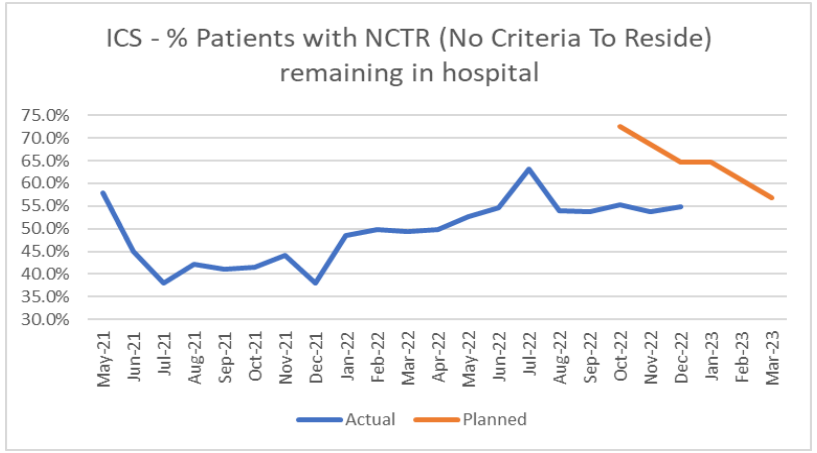
Place	Patient Journey	Area	Indicator	Target	Previous Month	Current Month	Latest Month	Month Change
WE CCG	At Hospital	Hospital flow	% Patients with NCTR (No Criteria To Reside) remaining in hospital	-	49.8%	49.7%	January	↓
SWH CCG	At Hospital	Hospital flow	% Patients with NCTR (No Criteria To Reside) remaining in hospital	-	54.1%	55.7%	January	↑
ENH CCG	At Hospital	Hospital flow	% Patients with NCTR (No Criteria To Reside) remaining in hospital	-	52.5%	52.9%	January	↑

Urgent & Emergency Care (UEC) Improvement Trajectories

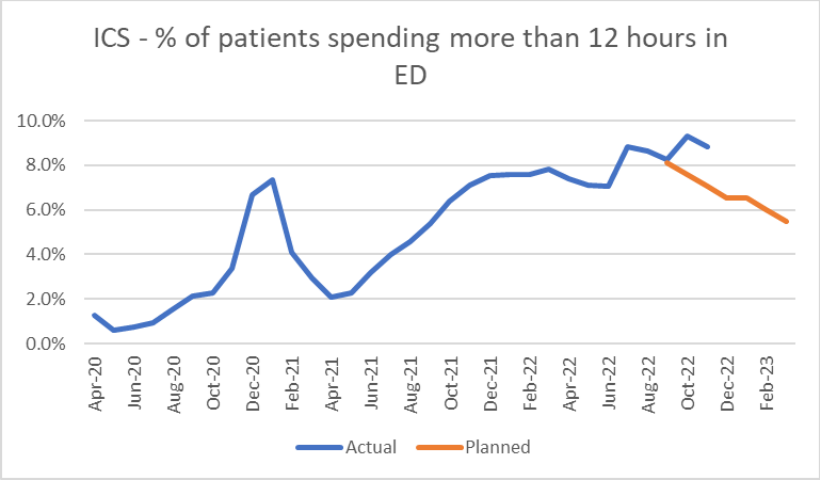
4 Hour Standard Improvement Trajectory



No Longer Meet Criteria to Reside (NLMCTR) Improvement Trajectory



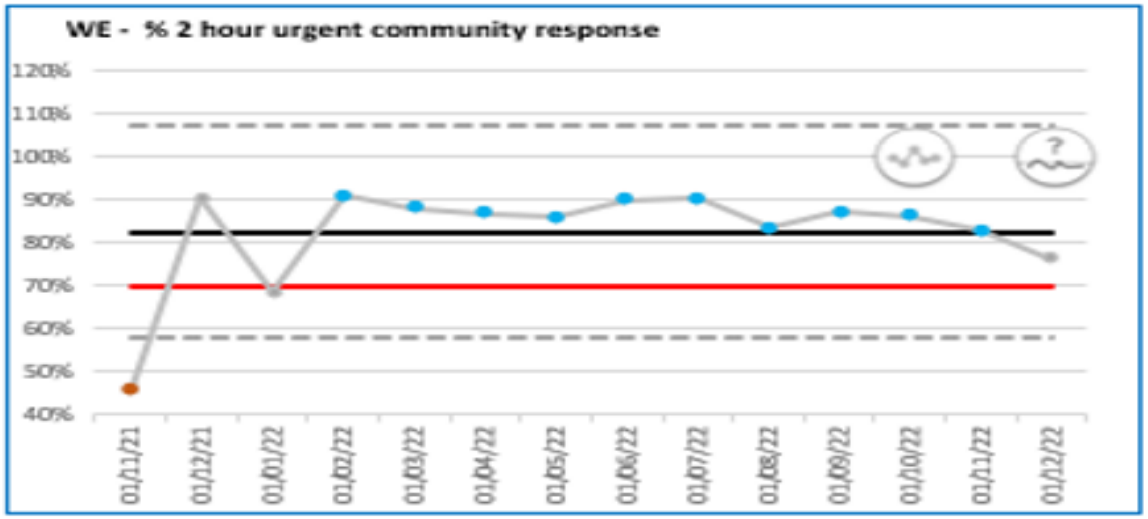
12 Hours in ED Improvement Trajectory

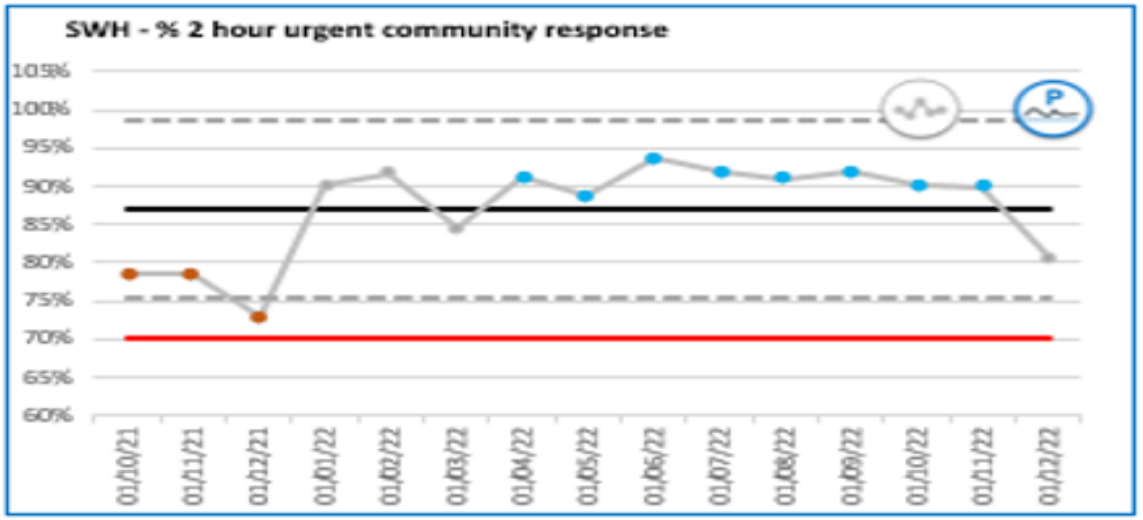


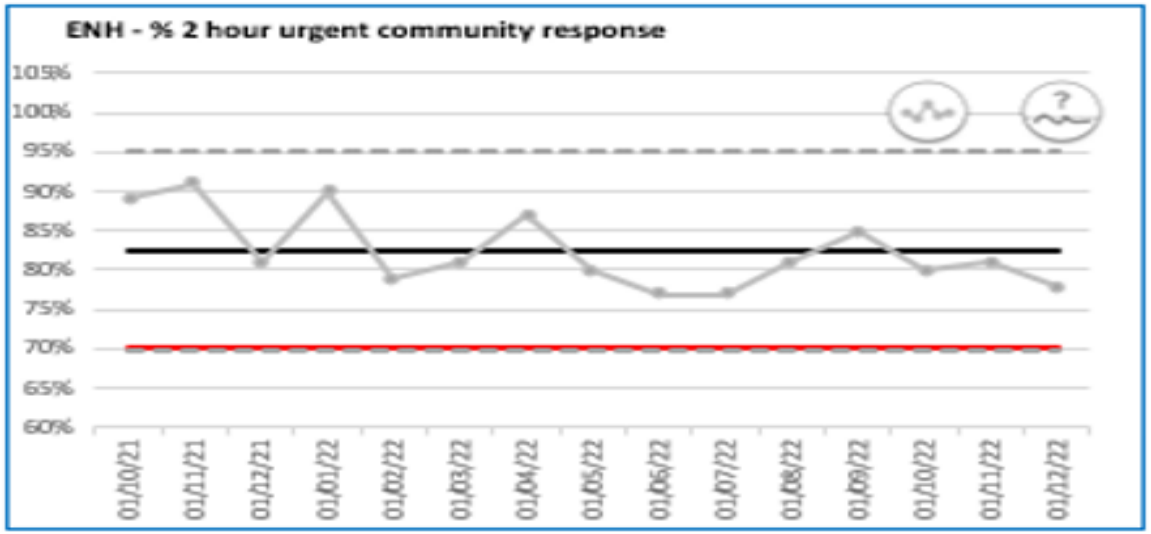
Urgent & Emergency Care (UEC)

ICB Area	What the charts tell us	Issues	Actions
ICB	• Category 2 ambulance response times deteriorated significantly in December to reach over 2 hours; • After reaching the lowest levels to date in October, performance against ambulance handover (withing 30 minutes and over 60 minutes) improved across the two months to December; • ED attendances have remained consistently above historical averages over the last 12 months coinciding with a continuing deterioration in performance against the 4hr standard, however did see a decline in Jan; • 4-hour performance remains of concern, however following further decline in December, saw an improvement in performance in January; • The percentage of patients spending more than 12 hours in the ED department remains high, although did see an improvement in the latest data available; • The percentage of patients who no longer meet the criteria to reside and who have not been discharged by 5pm have remained at significantly higher levels throughout 2022; • Above data points suggest EDs are experiencing exit block due to issues with discharge from wards; • Whilst data suggests that plans are starting to deliver small improvements in some areas, overall performance against improvement trajectories for UEC priority metrics remains off track. • Please see Appendix B, slide 35 for detail of performance by Place.	• Continued high demand for UEC services • Increased ambulance conveyance and ambulance handover delays remain high • Increased Covid/Flu admissions and acuity of patients • Workforce availability and impact of Covid/Flu on the UEC workforce • MH assessment delays and bed shortages • Strep A impact from December onwards • Acute capital build in some areas impacting on the management of current and future demand until completion in December	**Alternatives to ED/reducing attendances:** • Implementation of the HARIS/Unscheduled Care Co-ordination (which includes call before convey and access to the Stack) to provide health care professionals working within our system access to appropriate clinical support to make the best use of services across the system and to reduce delays to improve performance. This program has commenced with support to EEAST Ambulance service (East of England Ambulance service); the HARIS proof of concept week was successful in reducing ambulance conveyance and demonstrated a related improvement in 30 & 60 minute handover times. Challenges continue with establishing a sustainable model and work continues with colleagues and region to develop. **System Strategy:** • Participation in the integrated Urgent and Emergency Care (iUEC programme) supported by the National Improvement team. The ICB is one of two systems that are participating in the pilot programme. The aim of the programme is to support development of a UEC strategy, support UEC recovery and reduce overcrowding in the EDs through diagnostics based on population health needs and service redesign. • Agreed Winter Action Plan and performance improvement trajectories set against Board Assurance Framework UEC priority metrics, aligned to Action Plan. New UEC Performance report to monitor delivery against trajectories with further supporting metrics covering the 8 Winter Domains. Adult Social Care Discharge fund agreed in December. • Strengthening of ICB and Place oversight and assurance arrangements linked to local escalation surge plans, and quality and performance frameworks. • Each acute provider has its own internal UEC improvement plan. • Please see Appendix B, slide 35 for detail of actions by Place.

UEC - Urgent 2 Hour Community Response





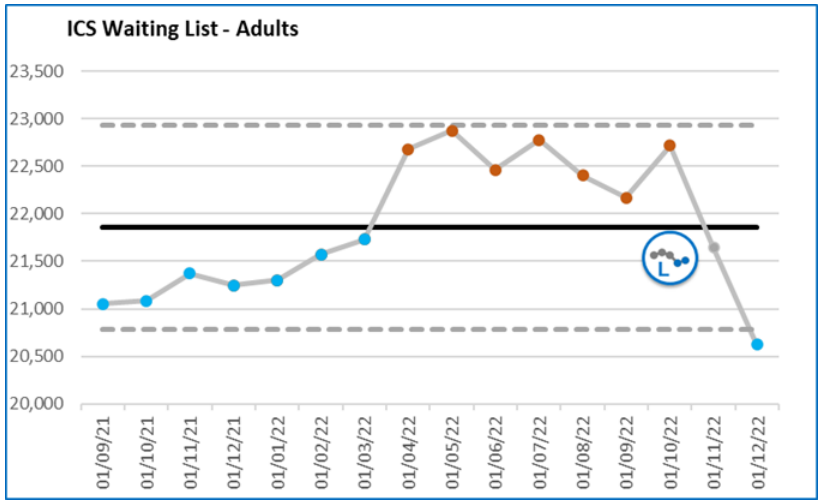


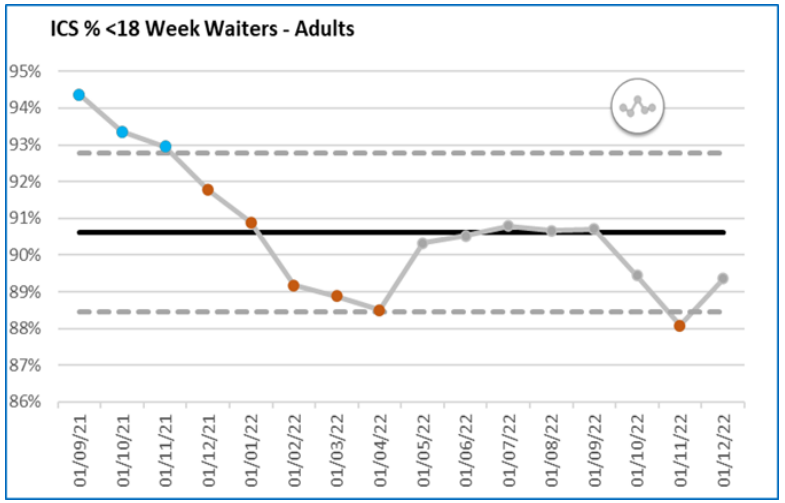
Activity	Apr-22	May-22	Jun-22	Jul-22	Aug-22	Sep-22	Oct-22	Nov-22	Dec-22
West Essex	289	353	468	465	428	337	451	519	387
East & North Herts	94	145	166	160	195	204	168	158	232
South & West Herts	147	142	157	162	165	124	163	139	165

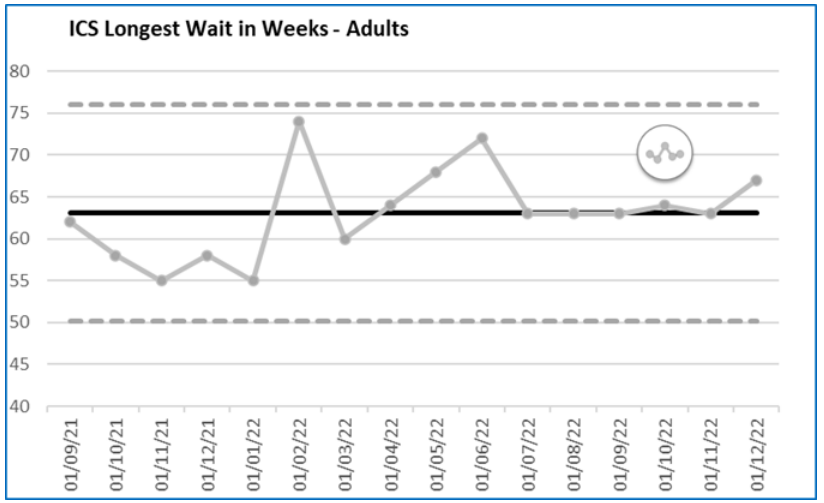
ICB Issues, escalation and next steps

- % within 2 hours performance dipped in all three places in December, but remains compliant with the expected 70% standard
- Further investigation into the activity levels across the three places has identified additional Hertfordshire activity that is reportable under the banner of Urgent Community Response
- Work is underway to capture this additional activity and we expect overall Hertfordshire activity to increase going forward

Community Waiting Times (Adults)







		Patients Waiting			% waiting <18 weeks			Longest wait (weeks)			
Place	Age	Previous Month	Current Month	Month Change	Previous Month	Current Month	Month Change	Previous Month	Current Month	Month Change	Latest data
ICS	Adults	21641	20624	↓	88.08%	89.35%	↑	63	67	↑	December

		Patients Waiting			% waiting < 18 weeks			Longest wait (weeks)			
Place	Provider	Previous Month	Current Month	Month Change	Previous Month	Current Month	Month Change	Previous Month	Current Month	Month Change	Latest data
ENH	HCT	9816	9005	↓	83.58%	85.94%	↑	46	50	↑	December
ENH	AJM/Millbrook	341	313	↓	76.83%	82.43%	↑	38	37	↓	December
ENH	**All**	**10157**	**9318**	↓	**83.35%**	**85.82%**	↑	**46**	**50**	↑	**December**

		Patients Waiting			% waiting < 18 weeks			Longest wait (weeks)			
Place	Provider	Previous Month	Current Month	Month Change	Previous Month	Current Month	Month Change	Previous Month	Current Month	Month Change	Latest data
SWH	CLCH	2513	2553	↑	87.43%	85.23%	↓	63	67	↑	December
SWH	Connect	5081	4903	↓	91.30%	91.72%	↑	52	50	↓	December
SWH	HCT	899	862	↓	95.55%	95.59%	↑	45	49	↑	December
SWH	AJM/Millbrook	387	351	↓	77.78%	86.04%	↑	36	35	↓	December
SWH	**All**	**8880**	**8669**	↓	**90.05%**	**89.96%**	↓	**63**	**67**	↑	**December**

Place	Provider	Previous Month	Current Month	Month Change	Previous Month	Current Month	Month Change	Previous Month	Current Month	Month Change	Latest data
WE	EPUT	2497	2522	↑	99.88%	100.00%	↑	20	19	↑	December
WE	EPUT - Wheelchairs	107	115	↑	98.13%	95.65%	↓	18	24	↑	December
WE	**All**	**2604**	**2637**	↑	**99.81%**	**99.81%**	↑	**20**	**24**	↑	**December**

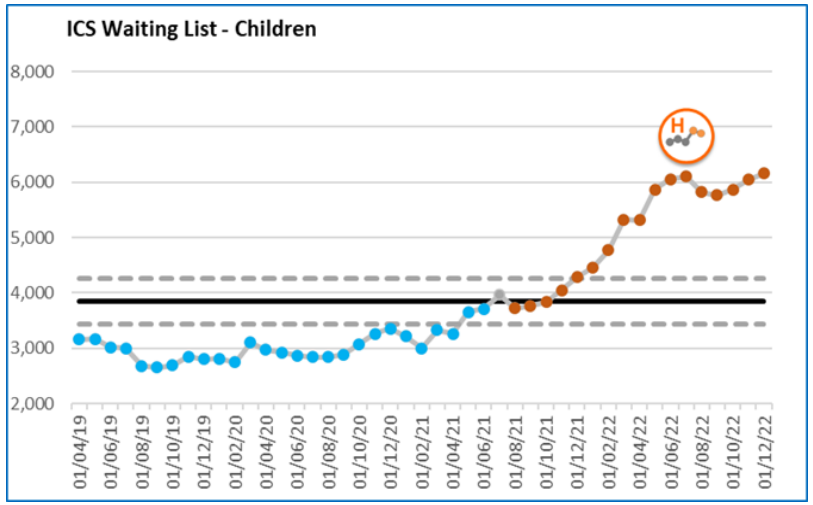
*** NOTE: CLCH Respiratory data is not included in the above data. Will be incorporated from next month**

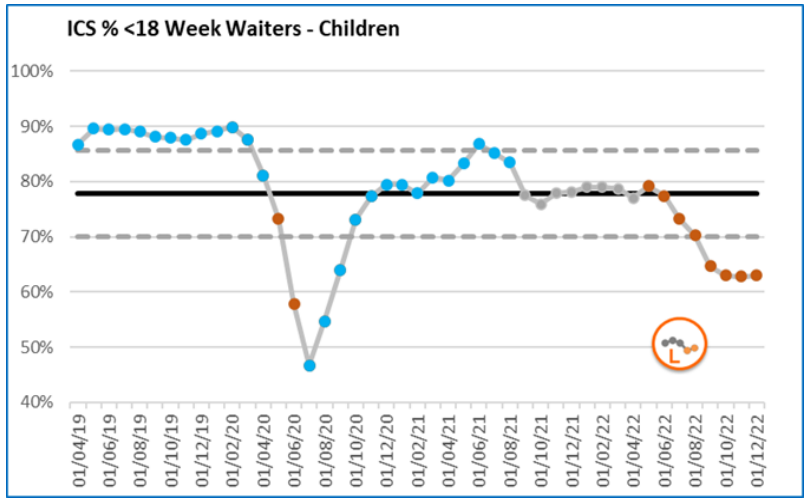
Community Waiting Times (Adults)

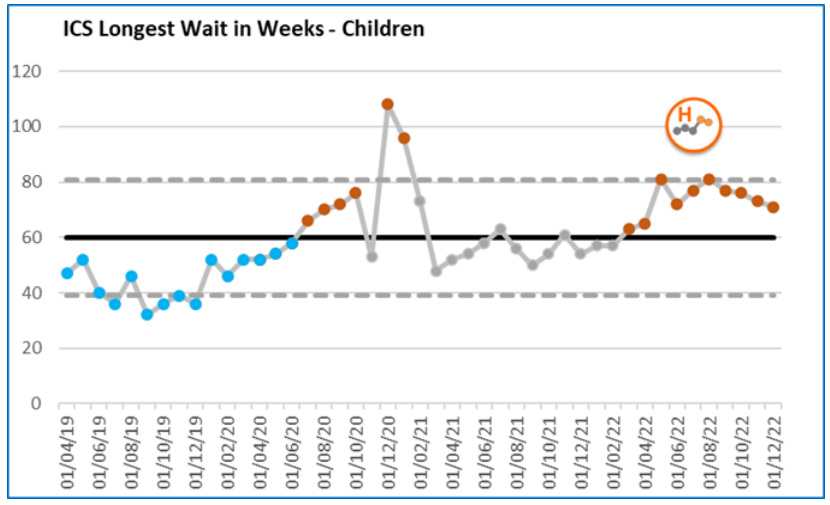
The NHS 18 week Referral to Treatment (RTT) standard only applies to consultant led services. For Adult community services this include Skin Health (ENH), Respiratory (S&W), and Podiatric Surgery (WE). Other services have locally agreed waiting times standards which may be 18 weeks or less. All services are shown compared to an 18 week target for an overall view of waiting time performance. Full detail of commissioned services in HWE is contained within Appendix D, slide 40.

ICB Area	What the charts tell us	Issues	Actions
ICB	• The total number of adults waiting on waiting lists improved significantly in both November and December. Across the System, there were 1,017 less patients waiting in December than in November • The majority of the waiting list reduction related to HCT services in East & North Herts; CLCH services in South & West Herts saw a small reduction in waiting lists; West Essex waiting lists saw a small increase of 33 patients overall • The % of patients waiting less than 18 dropped to a post-Covid low of 88.1% in November, but improved to 89.4% in December • The overall longest wait has increased from 63 to 67 weeks in December. This is in relation to an Acquired Brain Injury (ABI) patient within the Neurology Rehab service at CLCH • Consultant led 18 week RTT performance: ENH Skin Health – 85% SWH Respiratory – 65% WE Podiatric Surgery – 100%	**East & North Hertfordshire (ENH)** • Waiting times for the Neuro Service remain below target, with referrals up YTD by 11% • Waiting times for the MSK Physio Service remain below target, with reduced activity compared to 2019/20, but now with a significant reduction in the overall number of waiters • Pain Management waiting lists and contacts have increased due to demand from Long Covid **South & West Hertfordshire (SWH)** • Referrals have increased across multiple services • Respiratory holds the majority of long waiters. Consultant clinic capacity does not meet demand • Staff sickness and vacancies are improving, but there is more to do • Respiratory service holds the majority of long waiters. Demand cannot be met with current provision of consultant clinics • There are 5 x patients > 40 weeks in Neurology Rehab. These are all ABI patients waiting for Psychology input, which is a gap within the service **West Essex (WE)** • There are 5 adult Wheelchair patients who have been waiting more than 18 weeks, with a longest wait of 24 weeks • The small specialist HCT Lymphoedema service is under pressure due to an increasing caseload	**East & North Hertfordshire (ENH)** • The Neuro service has been reconfigured to increase capacity with more virtual appointments and self-management • Increasing MSK Physio capacity though estates and recruitment. Also continuing to review pathways. Initiatives working well • Pain Management service pilot of screening tool highlighted the need for clearer criterion to help patients benefit from the service **South & West Hertfordshire (SWH)** • Continue to review respiratory long waits daily, prioritising those waiting the longest • Temporary Respiratory consultant capacity via bank and alternative Hospital Trusts • Exploring insourcing Respiratory consultant sessions with external provider. Potential February start and will focus on clearing follow up backlog which will free up existing consultant clinics to focus on 1st appointments • External provider in place to support Neuro Rehab long waits. Initially 1,000 appropriate patients have been referred and seen. Further patients being explored • Division specific recruitment plan developed which includes developing videos to compliment adverts and targeting social media channels • On going discussions with two Trusts with regards to ABI patients **West Essex (WE)** • Wheelchair breaches all relate to the ordering of bespoke equipment and supplier delays. The service is still achieving 96% for RTT, and all patients have expected completion dates and suitable wheelchairs in the interim • Improving pathways for the Lymphoedema service utilising additional clinics and utilisation of telehealth to support less complex referrals

Community Waiting Times (Children)







		Patients Waiting			% waiting <18 weeks			Longest wait (weeks)			
Place	Age	Previous Month	Current Month	Month Change	Previous Month	Current Month	Month Change	Previous Month	Current Month	Month Change	Latest data
ICS	Children	6048	6159	↑	62.85%	62.98%	↑	73	71	↓	December

		Patients Waiting			% waiting < 18 weeks			Longest wait (weeks)			
Place	Provider	Previous Month	Current Month	Month Change	Previous Month	Current Month	Month Change	Previous Month	Current Month	Month Change	Latest data
ENH	HCT	991	1007	↑	77.70%	80.24%	↑	73	59	↓	December
ENH	AJM/Millbrook	98	90	↓	76.53%	85.56%	↑	32	33	↑	December
ENH	**All**	**1089**	**1097**	↑	**77.59%**	**80.67%**	↑	**73**	**59**	↓	**December**

		Patients Waiting			% waiting < 18 weeks			Longest wait (weeks)			
Place	Provider	Previous Month	Current Month	Month Change	Previous Month	Current Month	Month Change	Previous Month	Current Month	Month Change	Latest data
SWH	HCT	4273	4312	↑	53.59%	52.50%	↓	67	71	↑	December
SWH	AJM/Millbrook	81	81	→	83.95%	82.72%	↓	46	50	↑	December
SWH	**All**	**4354**	**4393**	↑	**54.16%**	**53.06%**	↓	**67**	**71**	↑	**December**

Place	Provider	Previous Month	Current Month	Month Change	Previous Month	Current Month	Month Change	Previous Month	Current Month	Month Change	Latest data
WE	EPUT - Wheelchairs	26	21	↓	100.00%	100.00%	→	17	17	→	December
WE	HCRG / Virgin	579	648	↑	98.79%	99.07%	↑	52	36	↓	December
WE	**All**	**605**	**669**	↑	**98.84%**	**99.10%**	↑	**52**	**36**	↓	**December**

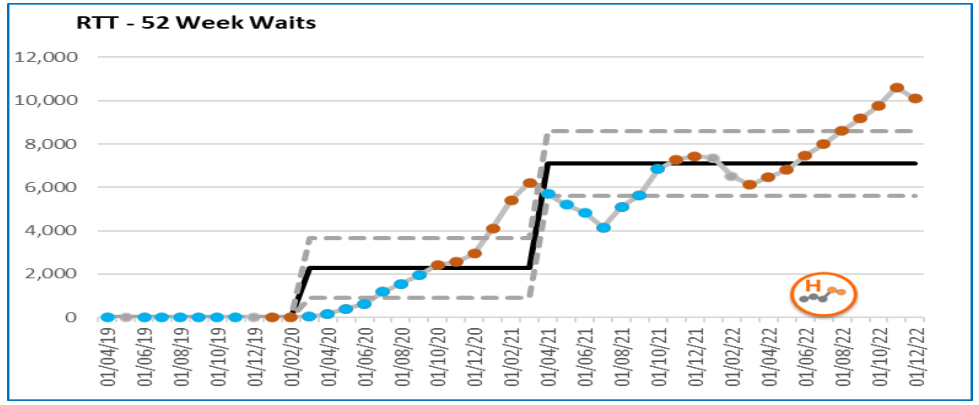
*** NOTE: Community Paediatrics data for ENH Place is not currently included in the above data. Development work underway with ENHT to include in future reporting**

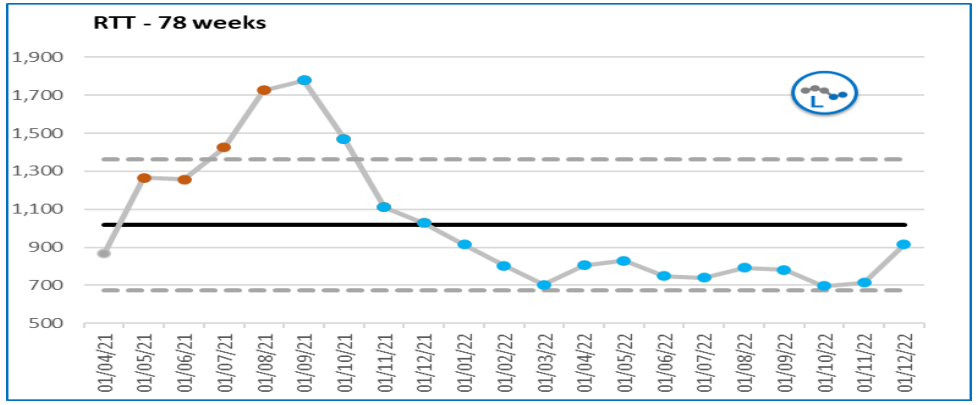
Community Waiting Times (Children)

The NHS 18 week Referral to Treatment (RTT) standard only applies to consultant led services. For Children's community services this include Community Paediatrics (ICS wide) and Children's Audiology (SWH). Other services have locally agreed waiting times standards which may be 18 weeks or less. All services are shown compared to an 18 week target for an overall view of waiting time performance. Full detail of commissioned services in HWE is contained with Appendix D, slide 41.

ICB Area	What the charts tell us	Issues	Actions
ICB	• Overall, the total number of children waiting on waiting lists increased for the third consecutive month. There were 111 more children waiting in December than in November across the system • The trend of declining 18 week performance has bottomed out. There was a small improvement of 0.1% between November and December • Longest waits have reduced for the 4th consecutive month, but remain above the historic mean average • HCT services in South & West Herts remain the most challenged with 18 week performance at 52.5%, and a maximum wait of 71 weeks • Consultant led 18 week RTT performance: SWH Community Paediatrics – 42% SWH Children's Audiology – 41% ENH Community Paediatrics – 25% WE Community Paediatrics – 98%	**Hertfordshire** • Waiting times across Hertfordshire for Children's Therapies (OT, Speech & Language and Physiotherapy) are below target • Waiting times in the SWH HCT Community Paediatrics service remains challenged. Referrals have increased by 27%, although service productivity has also improved - up by 31% • The Paediatric Audiology service in SWH remains challenged, with only 42% being seen within the target wait time **West Essex (WE)** • There are no particular issues of concern to report for December. There are only 6 patients exceeding 18 weeks across all services – all within Community Paediatrics	**Hertfordshire** • Children's Therapies – increasing capacity through recruitment, waiting list initiatives and outsourcing • Working closely with commissioners on wider improvements across Special Education Needs (SEN) / Education, Health & Care Plan (EHCP) processes • Community Paediatrics in SWH is receiving non-recurrent additional investment, increasing workforce capacity and introducing new specialist nursing posts. Risk remains on recruitment to these roles. Transformation Programme group established to take forward service redesign • Paediatric Audiology in SWH is focusing on higher priority appointments, especially follow up appointments. Signposting to interim advice whilst awaiting assessment. Analysis underway for workforce business case, as capacity is not currently sufficient to meet demand **West Essex (WE)** • WE Community Paediatrics Business Case has now been received from HCRG and is under review. Commissioners have raised a number of queries with the provider and local negotiation is continuing prior to proceeding to formal governance.

Planned Care – 52 & 78 Week Breaches



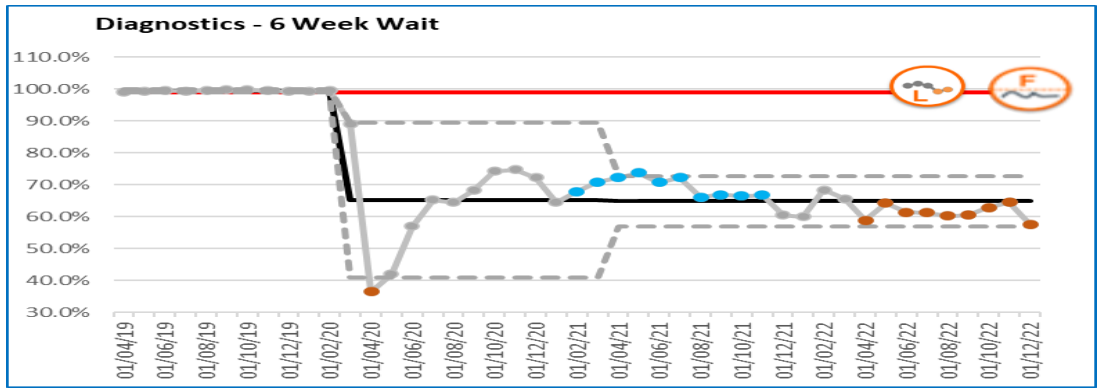


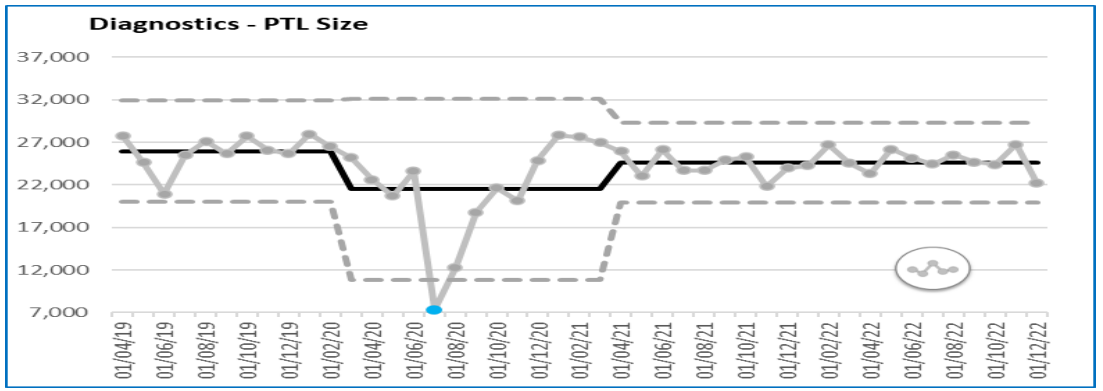
	Apr 1	May 2	Jun 3	Jul 4	Aug 5	Sep 6	Oct 7	Nov 8	Dec 9	Jan 10	Feb 11	Mar 12	Apr 1	May 2	Jun 3	Jul 4	Aug 5	Sep 6	Oct 7	Nov 8	Dec 9	Jan 10	Feb 11	Mar 12	Apr 1	May 2	Jun 3	Jul 4	Aug 5	Sep 6	Oct 7	Nov 8	Dec 9
						201920												202021												202122					
Other	8	4	5	2	3	4	6	9	8	9	11	17	101	179	391	564	741	917	1021	1068	1197	1577	2004	4082	3740	3162	2782	2578	2447	2441	2394	2296	2321	3348	2853	2868	3033	2496	2412	2648	2532	2437	2533	2570	2728
THE PRINCESS ALEXANDRA HOSPITAL NHS TRUST	0	0	0	0	0	0	0	0	0	0	2	27	60	140	213	272	363	420	467	657	914	1177	1286	1302	1249	1143	1269	1394	1536	2141	2321	2486	2613	2221	1737	1818	1674	1785	1911	1909	1898	1804	1721	1773
WEST HERTFORDSHIRE HOSPITALS NHS TRUST	2	3	4	4	1	3	0	0	0	0	1	3	53	135	302	484	669	855	1075	1112	1131	1463	1733	1702	1462	1162	898	789	800	838	878	862	927	1006	1103	1059	1193	1431	1660	1783	2078	2587	3413	4272	3544
EAST AND NORTH HERTFORDSHIRE NHS TRUST	4	5	21	19	21	18	16	15	25	22	24	37	90	209	190	483	604	735	931	987	1158	1724	2499	3221	2936	2791	2785	2095	2910	3259	3818	4102	4016	3739	3184	3313	3473	3699	4027	4294	4628	4688	4527	4618	4778

	Apr-21	May-21	Jun-21	Jul-21	Aug-21	Sep-21	Oct-21	Nov-21	Dec-21	Jan-22	Feb-22	Mar-22	Apr-22	May-22	Jun-22	Jul-22	Aug-22	Sep-22	Oct-22	Nov-22	Dec-22
THE PRINCESS ALEXANDRA HOSPITAL NHS TRUST	0	231	218	288	378	434	399	325	283	260	243	190	223	266	281	296	248	208	141	108	157
WEST HERTFORDSHIRE HOSPITALS NHS TRUST	353	389	364	388	407	362	271	189	169	162	140	111	144	155	143	133	137	116	92	69	69
EAST AND NORTH HERTFORDSHIRE NHS TRUST	516	646	674	748	940	983	800	598	577	492	420	401	439	408	324	312	407	458	464	548	689

ICB Area	What the charts tell us	Issues	Actions	Mitigation
HWE	• No capacity breaches over 104 weeks • Dec has increased number of patients >78 weeks however numbers have fluctuated across last 6 months and improvements have been seen in January • The number of patients waiting over 52 weeks decreased slightly in Dec ending an 8 month upward trend, however remain high and of concern.	• Whilst there has been a reduction of longest waiting patients, not enough activity is being delivered to manage backlog effectively • 78 wks not projected to deliver '0' by March 23 • High referral volumes in early 21/22 now reaching their 52 week wait • UEC pressures impacting operating & bed capacity • Diagnostic waiting times • Staffing remains a challenge, particularly around anaesthetics • Lack of WLI additional capacity due to rate change • Trauma and Orthopaedics and Community Paediatrics remain the main areas of pressure for long waiters	**Management of waiting lists:** • System focus on reducing number of patients waiting >78 weeks, with regional and national oversight; • WHTHT has been de-escalated from Tier 1 to Tier 2 for 78 weeks in February 2023; • PAH & WHTHT are on track to meet the '0' 78 week target by March '23 with ENHT also ahead of trajectory; • Demand, capacity & recovery plans in place with weekly specialty trajectories to monitor 78 weeks; • Weekly KLOEs in place with NHSEI to track 78 week position; • Fortnightly performance meetings with NHSEI support; • Validation and robust PTL management in place. **Increasing Capacity and Improving productivity:** • Pro-active identification of pressured specialties with mutual aid sought vial local, regional & national processes; • All providers signed up to Digital Mutual Aid System (DMAS) and have completed training; • Maximising use of ISP capacity and WLIs where possible • Community Paediatrics escalated to national level for mutual aid to support recovery; • Business case completed and has been through ICB governance for a system high volume low complexity elective hub to add elective capacity from 24/25. It has been submitted to NHSE; • Mapping of elective programme in the UEC Winter Plan; • Theatre Utilisation Programmes in place including an ICB wide programme; • Anaesthetist recruitment	• Actions delivering overall reductions in long waiting patients • National emphasis on prioritising patients in order of clinical need resulting in longer waits for routine patients • Clinical harm reviews and regular patient contact to manage patient safety and experience.

Planned Care – Diagnostics





ICB Area	What the charts tell us	Issues	Actions	Mitigation
HWEICB	• Patients waiting over 6 weeks increased in December, most noticeably in ENHT • Demand is increasing - a mix of routine, Cancer and UEC. • WHHT Imaging is performing well, with the exception of DEXA. This should start to improve in 2023 • The PAH position slipped in December, most notably in MRI, NOUS and Endoscopy, but is now improving • ENHT is performing well in Audiology and Cystoscopy, but Imaging is challenged. DEXA has started at the CDC	• Workforce is the key challenge, particularly for DEXA, Audiology, NOUS and ECHO • Urgent/Cancer referrals have increased and are being reviewed for appropriateness. Initial work indicates that they are • There is no additional revenue funding available for mobile units • ENHT estates and staffing issues for mobilising the CDC DEXA service. Activity has now commenced. • Time for onboarding and training of international Radiographer recruits at ENHT and PAH	• New QEII CDC – over 10k new investigations undertaken. DEXA has now commenced. Additional CDC modalities will be live from April 2023 (Respiratory and Holter monitoring) • WHHT investigating insourcing and mobile DEXA options and will share resources with ENHT. Imaging Network also supporting with options to improve the DEXA position • iRefer CDS has been implemented at PAH. Early signs indicate that it is having a positive impact • WHHT is working through internal governance processes to offer ENHT mutual aid for MRI • System-wide diagnostic improvement plan in place. Includes recovery trajectories for all challenged modalities. All modalities are expected to be DMO1 compliant by March 23 with exception of following challenged areas with longer recovery trajectories: Audiology, Non-Obstetric Ultra Sound, MRI (ENHT), ECHO (WHHT) and DEXA (WHHT and ENHT) • Audiology system wide review. Challenges are at PAH and WHTH. Initial actions are to review the ENHT service for learning, analysis of benchmarking data, and looking at mutual aid for PAH. • CDC mobilisation commenced at WHHT and PAH. WHHT expecting to be live from March 2024; PAH TBC, but looking at what could be bought forward if revenue funding received • ENHT secured funding as part of the diagnostic focus month in March for backlog improvement • PAH have received 1 months funding for additional NOUS activity in March 2023 • WHHT and PAH funding from NHSE to replace a number of x-ray rooms across their CDC sites	• Continued use of insourcing / outsourcing • WHHT flexing operational hours for each modality • PAH MRI mobile unit on an ad-hoc basis to try and manage waiting times • Ambitions for the 2023/24 operational plan build on the existing work around increasing activity levels and decreasing waiting times

Planned Care – Theatre Utilisation

March 22

Theatres	ENH	PAH	W Herts
Utilisation - Capped	77%	62%	68%
Utilisation - Uncapped	80%	65%	77%
Average late starts (Minutes)	30	48	50
Average inter case downtime (minutes)	14	18	28
Average early finish (Minutes)	81	109	80
Average unplanned extensions (Minutes	30	61	96
Average cases per 4 hour session	2.6	1.8	2
BADS Day Case	79%	60%	71%

Source: Model Health System, NHSE & I

October 22

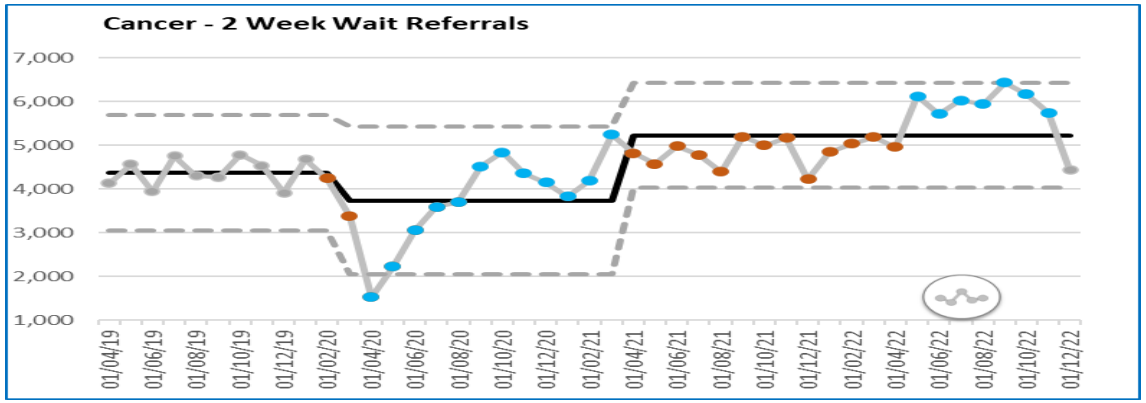
Theatres	ENH	PAH	W Herts
Utilisation - Capped	83%	69%	59%
Utilisation - Uncapped	85%	73%	62%
Average late starts (Minutes)	29	61	38
Average inter case downtime (minutes)	15	16	22
Average early finish (Minutes)	57	76	128
Average unplanned extensions (Minutes	32	51	125
Average cases per 4 hour session	2.5	1.8	1.7
BADS Day Case	83%	77%	67%

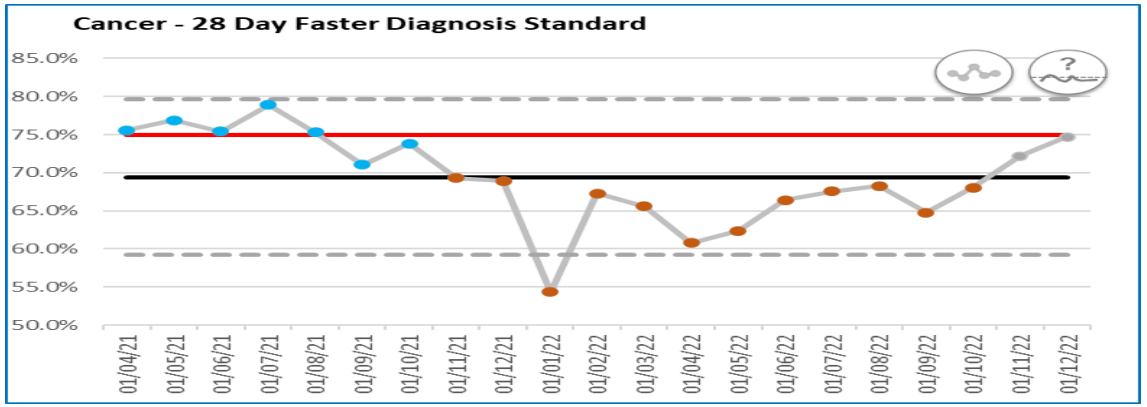
Worst quartile — Best Quartile

Source: Model Health System, NHSE (9/10/22)

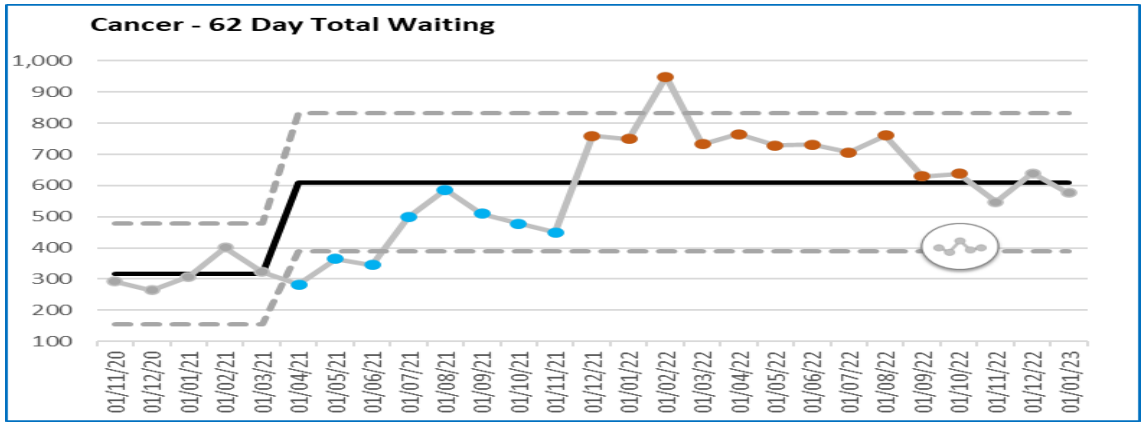
ICB Area	What the charts tell us	Issues	Actions
HWEICB	• No further data updates on October 22; • Comparison of Model Hospital theatre utilisation data from March 22 to October 22, rag rated against quartile performance; • Both capped and uncapped utilisation has improved at ENHT and PAH but declined at WHTHT; • BADs Day Case Rates have improved at ENHT and PAH but declined at WHTHT.	• All Trusts need to further improve their theatre capped touch time utilisation to reach the 85% target • All Trusts need to further improve their BADs Day Case Rates to reach the 85% target • Self assessment of current status will identify specific issues and actions to form delivery plan	GIRFT High Value Low Complexity Targets (HVLC): 1. Theatres Capped Touch time Utilisation = 85% 2. Theatres Capped Touch time Utilisation for HVLC = 85% 3. BADS Day Case Rates = 85% • A system wide theatre efficiency and productivity group has been established which first met in December 2022; • The group will pull together the work programmes of each of the three providers which are already established; • The three focus points will be; delivery plan to improve compliance to the 85% target, a self assessment of the current status, and looking at right procedure, right place.

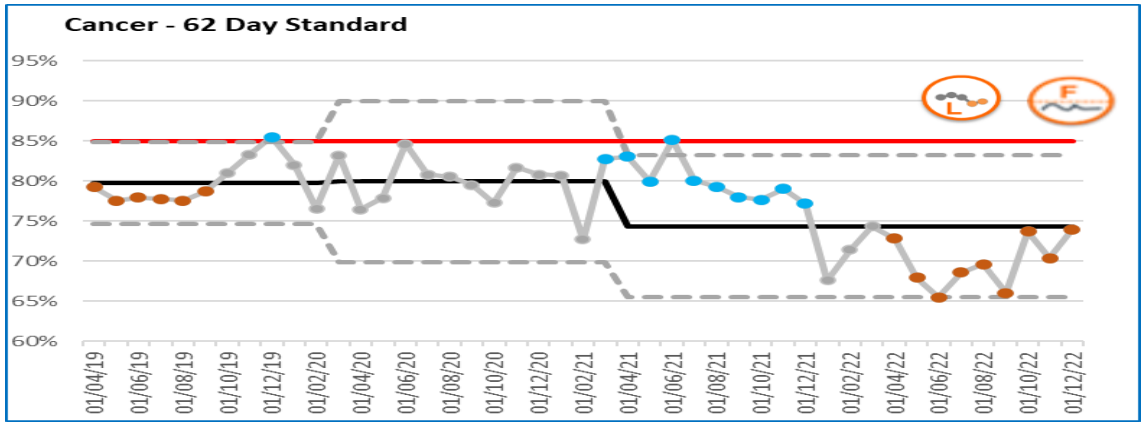
Cancer





	Apr-21	May-21	Jun-21	Jul-21	Aug-21	Sep-21	Oct-21	Nov-21	Dec-21	Jan-22	Feb-22	Mar-22	Apr-22	May-22	Jun-22	Jul-22	Aug-22	Sep-22	Oct-22	Nov-22	Dec-22
EAST AND NORTH HERTFORDSHIRE NHS TRUST	72.1%	75.6%	76.2%	76.7%	72.0%	71.8%	76.5%	74.8%	74.1%	64.2%	72.9%	74.6%	68.0%	64.2%	70.6%	71.7%	72.6%	69.7%	71.5%	71.7%	77.4%
WEST HERTFORDSHIRE HOSPITALS NHS TRUST	81.3%	79.8%	81.4%	82.1%	77.8%	77.2%	77.7%	71.9%	64.7%	47.0%	59.2%	54.6%	51.3%	57.7%	55.6%	60.3%	60.2%	57.8%	63.2%	71.5%	72.7%
THE PRINCESS ALEXANDRA HOSPITAL NHS TRUST	72.3%	74.6%	66.8%	77.1%	75.9%	62.9%	65.1%	60.6%	66.8%	50.9%	69.4%	69.3%	64.1%	65.9%	74.3%	72.3%	72.8%	68.3%	70.4%	73.7%	74.5%
ICS	75.6%	76.9%	75.4%	78.9%	75.3%	71.1%	73.8%	69.3%	68.9%	54.4%	67.3%	65.6%	60.8%	62.4%	66.4%	67.5%	68.3%	64.8%	68.0%	72.2%	74.7%





	Nov-20	Dec-20	Jan-21	Feb-21	Mar-21	Apr-21	May-21	Jun-21	Jul-21	Aug-21	Sep-21	Oct-21	Nov-21	Dec-21	Jan-22	Feb-22	Mar-22	Apr-22	May-22	Jun-22	Jul-22	Aug-22	Sep-22	Oct-22	Nov-22	Dec-22	Jan-23
WEST HERTFORDSHIRE HOSPITALS NHS TRUST	73	76	96	105	79	83	109	88	132	179	130	128	129	331	347	374	307	261	297	297	277	270	257	233	195	191	184
THE PRINCESS ALEXANDRA HOSPITAL NHS TRUST	129	118	200	187	127	107	141	161	212	224	201	190	127	175	176	303	194	182	156	128	125	162	152	163	149	193	182
EAST AND NORTH HERTFORDSHIRE NHS TRUST	90	70	120	106	117	92	114	96	155	184	178	160	193	253	226	272	232	322	275	306	304	329	221	242	203	256	211

	Apr-19	May-19	Jun-19	Jul-19	Aug-19	Sep-19	Oct-19	Nov-19	Dec-19	Jan-20	Feb-20	Mar-20	Apr-20	May-20	Jun-20	Jul-20	Aug-20	Sep-20	Oct-20	Nov-20	Dec-20	Jan-21	Feb-21	Mar-21	Apr-21	May-21	Jun-21	Jul-21	Aug-21	Sep-21	Oct-21	Nov-21	Dec-21	Jan-22	Feb-22	Mar-22	Apr-22	May-22	Jun-22	Jul-22	Aug-22	Sep-22	Oct-22	Nov-22	Dec-22
EAST AND NORTH HERTFORDSHIRE NHS TRUST	80.6%	75.4%	75.5%	79.8%	79.6%	81.1%	85.4%	87.6%	83.5%	87.0%	87.4%	87.3%	85.9%	87.3%	89.2%	85.3%	90.1%	86.9%	86.6%	87.0%	86.9%	83.4%	87.4%	91.1%	88.2%	85.0%	90.3%	86.1%	87.5%	86.1%	89.9%	86.2%	89.5%	87.6%	84.1%	86.0%	81.1%	82.4%	86.0%	82.6%	81.8%	80.7%	81.0%
WEST HERTFORDSHIRE HOSPITALS NHS TRUST	77.8%	83.3%	81.2%	82.8%	81.7%	86.7%	78.2%	78.9%	81.9%	83.0%	86.0%	80.0%	86.8%	90.3%	86.4%	94.7%	85.7%	83.7%	80.0%	83.1%	81.1%	83.1%	83.4%	84.5%	84.9%	95.0%	86.8%	80.1%	89.8%	90.9%	95.0%	97.2%	95.1%	87.3%	92.5%	92.6%	90.2%	85.1%	86.1%	88.8%	89.6%	90.2%	88.7%	84.4%	89.5%
THE PRINCESS ALEXANDRA HOSPITAL NHS TRUST	78.7%	94.7%	96.5%	82.6%	78.9%	85.2%	85.3%	87.2%	97.5%	96.7%	99.7%	98.1%	93.1%	95.6%	95.0%	96.3%	96.3%	94.9%	97.3%	88.4%	85.4%	88.6%	88.3%	93.1%	88.9%	98.4%	96.1%	98.4%	99.8%	94.1%	92.5%	93.8%	97.7%	91.4%	98.8%	98.1%	91.7%	99.2%	95.0%	96.8%	91.2%	91.9%	95.3%	95.7%	97.4%
ICS	79.3%	97.6%	97.9%	97.8%	97.6%	98.7%	91.1%	90.3%	85.5%	82.0%	96.6%	83.2%	96.5%	97.7%	94.6%	90.8%	80.6%	99.5%	97.3%	91.7%	91.7%	90.8%	80.7%	92.7%	92.8%	93.1%	90.0%	85.1%	90.0%	93.9%	98.0%	97.7%	99.0%	97.2%	97.6%	97.1%	94.4%	94.2%	98.8%	98.0%	85.5%	88.6%	89.6%	96.0%	95.7%	90.4%	94.0%
Target	85.0%	85.0%	85.0%	85.0%	85.0%	85.0%	85.0%	85.0%	85.0%	85.0%	85.0%	85.0%	85.0%	85.0%	85.0%	85.0%	85.0%	85.0%	85.0%	85.0%	85.0%	85.0%	85.0%	85.0%	85.0%	85.0%	85.0%	85.0%	85.0%	85.0%	85.0%	85.0%	85.0%	85.0%	85.0%	85.0%	85.0%	85.0%	85.0%	85.0%	85.0%	85.0%	85.0%	85.0%	85.0%	85.0%	85.0%

Cancer

ICB Area	What the charts tell us	Issues	Actions	Mitigation
West Essex / PAH	• 2 ww cancer referrals reduced for the last 3 months and were at the lower end of the control range in December • 28d FDS performance has improved for the last 3 months and fell just short of the 75% national ambition in December at 74.7% • Recovery of the 62 day backlog stalled over the festive period, but returned to an improving position in January; further work required to meet March 23 ambition of 427 – see slide 22	• Continued high referral levels • Cancer management, tracking and coding capacity • Urology and Lower GI capacity and workforce – other tumour sites are achieving, or close to plan • 2 week wait Tele-Dermatology service launch on hold due to lack of provider interest	• Demand & capacity work completed in Urology indicates significant workforce increase is required. Business planning underway & discussions with CA re. potential funding • Dedicated biopsy clinics taking place through February / March • Tele-Dermatology plans being reassessed for alternative models of provision • Breast pain clinic pilot went live in early Feb. Minimal patients but will expand • Super PTL days is in place to target booking and validation on a service by service basis	• System support and oversight in place with bi-weekly meetings • Weekly Key Lines of Enquiry (KLOE) process in place with Cancer Alliance • Cancer Harm Review process in place
South West Herts / WHTHT		• Breast symptomatic performance remains non compliant at 67% on account of the backlog and continued increase in demand, however this is a marked improvement on the November 2022 position (38%) ; • Although improving, 62 day performance remains non-compliant: increase in demand, slow diagnostic pathways, delays for some OPA appointments, delays in partner providers & delay in availability of letters all contributing factors; • The number of patients >104 days continues to decrease however slow diagnostics and some difficulty with patient engagement (making contact and holiday season) are slowing the whole pathway including those waiting over 104 days; • The number of patients >62 days is decreasing but at a slower rate than those over 104 days.	• The breast service is actively seeking ways to increase capacity - provision of ad hoc clinics, recruitment of locum breast consultant, outsourcing, switching routine OPA slots to 2ww slots. • Work continues to develop a community based Breast Pain Only clinic. • All efforts to regain the 2ww position will contribute to improving the FDS position • All services have actions to improve the management of their pathways as part of the Trust's improvement plan. • Capacity and demand modelling being completed for all specialties based on FDS pathways. • Patients are tracked bi weekly and escalations sent to services twice/ week. • Performance reviewed in weekly meetings. • All services are working on improvements. • Long Waiters Reviews now beginning at 49 days across all specialties. • Patient-level scrutiny for all long waiters during the weekly Cancer Long Waiters' meeting. • The principles of the "spotlight on cancer" weeks continue in many services. • Work starting to enable services to have a validated PTL to prevent tip-ins (days 49 to 62)	• Although no longer in any tier for cancer, 62 day backlog scrutinised in fortnightly Tier One and oversight meetings • All patients remain on eRS until booked when they are entered onto the Cancer PTL where they are tracked. • Clinical harm reviews for those who have a cancer diagnosis and waited >28 days for a 2WW appointment, patients who are treated after Day 62 and patients found to have cancer after 104 days. • Clinical reviews are requested by MDT trackers as they track patients and escalated as necessary
East & North Herts / ENHT		• Improvements in 62 day backlog and return to meet 62 day first performance standard in Dec; • Breast Radiology continues to face issues with capacity and staffing, likely to continue to impact 62-day cancer; • Staffing shortages remain an issue for the Anaesthetic department; • Challenges with late referrals to ENHT as a tertiary centre impacting PTL waits >62 days	• Trust has been moved from Tier 1 to Tier 2 based on progress in reducing 62-day backlog • Tier 1 Action plan remains in place with Breast, Skin, Upper and Lower Gastrointestinal, MDT team, Histopathology and Radiology actions to improve MDT follow-up, reporting and more timely communication of diagnosis and next steps, particularly for patients who do not have cancer; • Deep dives for tumour sites continue; • Additional scrutiny and support leading to improved performance; • Timed pathways now in place for all Tumour sites to improve and sustain 62-day standard and deliver the Faster Diagnosis Standard performance. • Continue to analyse breaches by Tumour Site to identify issues & resolve pathway delays.	• Weekly Key Lines of Enquiry (KLOE) process in place with Cancer Alliance • Fortnightly Tier 2 performance meetings and review of recovery • Robust weekly PTL management in place; clinical and operational review of patients waiting >62 and 104 days with clinical harm reviews in place

Performance v. 22/23 Operational Plans

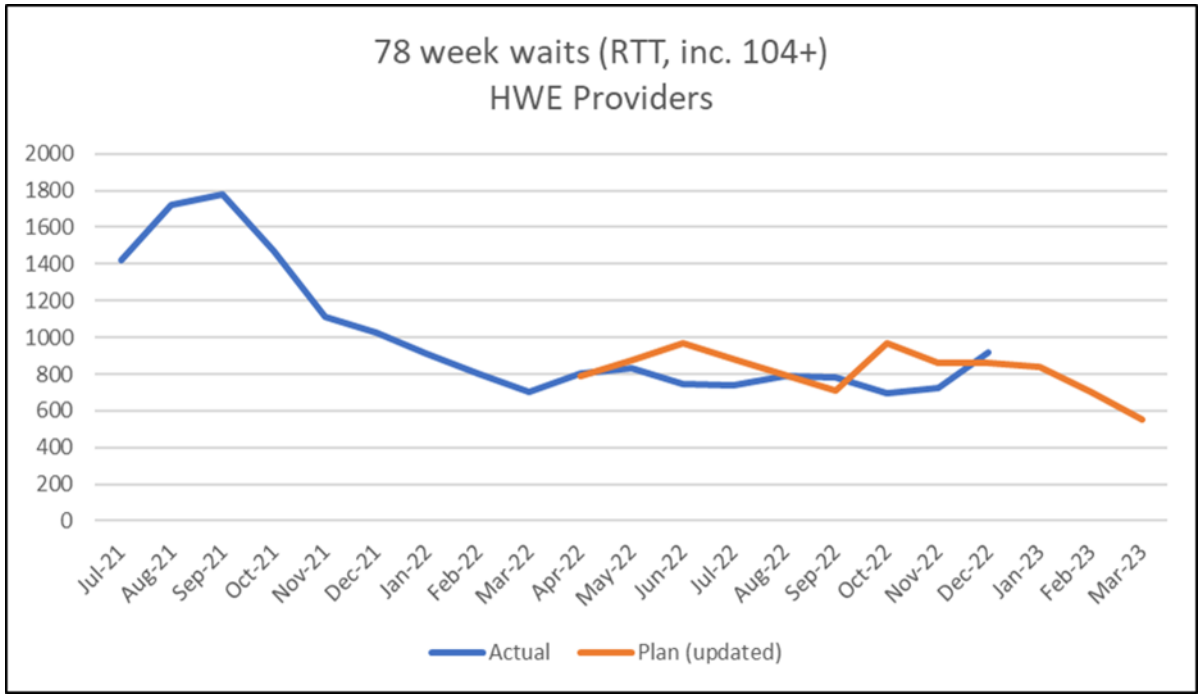
Herts and West Essex Providers (please see Appendix C, slide 37 for performance by Place)

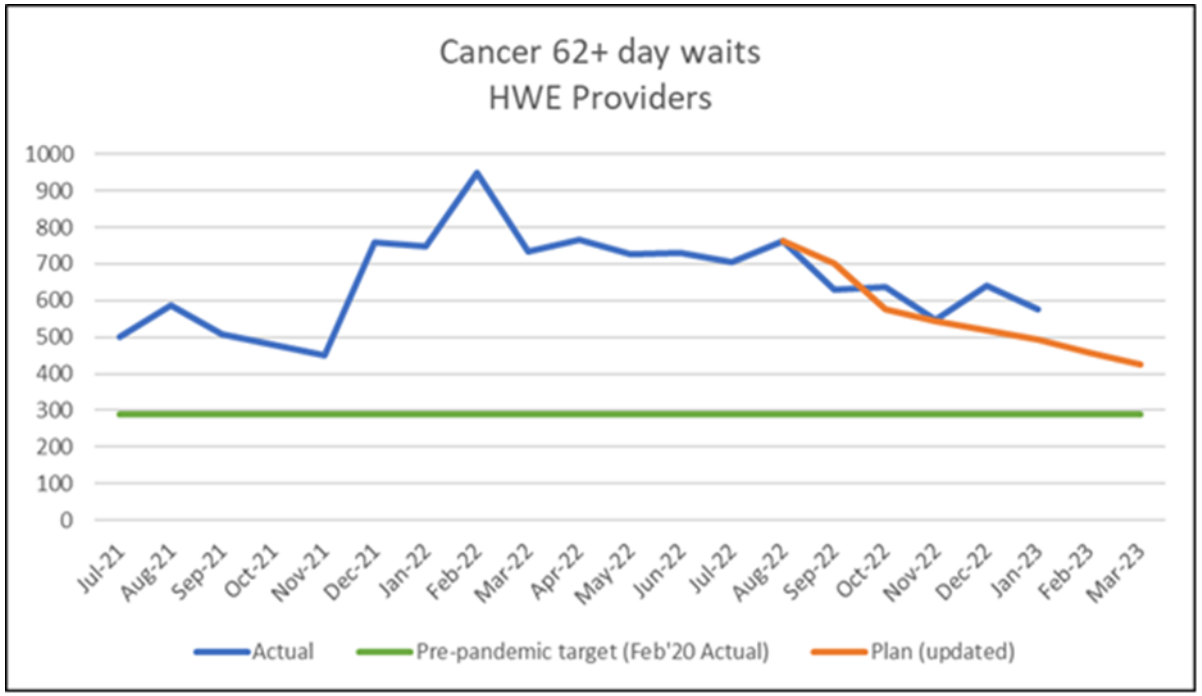
Baseline	22/23 Activity Plan	22/23 M1-9 Activity Plan	Area	Target		April	May	June	July	August	September	October	November	December	Total	Target Achievement @ M9
246,604	330,131	238,432	Activity	10% elective activity increase (19/20 levels RTT pathway)	Plan	16,815	19,497	22,586	30,620	29,143	30,317	30,467	31,091	27,896	**238,432**	-7%
	+34%				Actual	16,815	20,581	19,866	18,336	18,833	20,939	21,207	23,267	17,409	**177,253**	
					Variance	0	1,084	-2,720	-12,284	-10,310	-9,378	-9,260	-7,824	-10,487	**-61,179**	
N/A	0	2	Waitlist	104 week waits eliminated by Jul 22 (waitlist, end of Jun 22)	Actual	124	77	35	15	9	5	4	5	3	**3**	Trending down
N/A	0	426		Eliminate 78 week waits by Apr 23 (waitlist, end of Mar 23)	Actual	806	829	748	741	792	782	697	725	915	**915**	Increasing
6,109	6480	6945		52 week waits trending down across 22/23	Actual	6484	6804	7472	7988	8615	9173	9744	10611	10095	**10095**	Trending up
956,620	890,984	677,879	Outpatients	25% reduction in outpatient follow-ups by 2023	Plan	72,089	76,682	73,718	82,239	74,852	75,573	77,741	76,117	68,868	**677,879**	-7%
	-7%				Actual	70,256	79,357	72,553	71,481	72,114	72,744	72,809	80,399	72,722	**664,435**	
					Variance	-1,833	2,675	-1,165	-10,758	-2,738	-2,829	-4,932	4,282	3,854	**-13,444**	
N/A	3.1%	2.2%		5% of outpatients moved or discharged to PIFU	Actual	0.7%	0.9%	0.9%	0.7%	0.8%	0.8%	0.8%	0.8%	0.8%	**0.8%**	0.8%
8%	25%	26%		25% of consultations via video/telephone	Actual	23%	22%	23%	23%	22%	23%	23%	24%	24%	**23%**	23%
N/A				16 specialist advice requests per 100 outpatient firsts	Actual	25	25	25	27	27	25	25	25	23	**25**	25
417,182	448,818	337,892	Diagnostics	20% increase in diagnostic capacity against 19/20 levels	Plan	33,749	36,708	35,018	39,879	37,842	38,186	39,654	38,376	37,551	**336,963**	-16%
	+8%				Actual	30,029	33,868	31,968	32,034	33,068	32,603	32,543	35,116	29,716	**261,993**	
					Variance	-3,720	-2,840	-3,050	-7,845	-4,774	-5,583	-7,111	-3,260	-7,835	**-74,970**	
289	267	366	Cancer	Reducing cancer 62+ day waitlist to pre-pandemic levels	Actual	765	728	731	706	761	630	638	547	640	**640**	Trending down
69%	69%	77%		Reduction in missed 28 day cancer decisions *(Measure is % decisions delivered in 28 days or less)*	Actual	61%	62%	66%	68%	68%	65%	68%	72%	75%	**66%**	% within 28 days increase at M8

ICB Issues and escalations

- Activity significantly off planned levels for both elective and diagnostics (as seen nationally);
- Revised recovery trajectories agreed with NHSE/I and planning submissions updated;
- Good delivery against patients waiting over 104 weeks, with remaining patients a result of choice;
- Patients waiting over 78 weeks increased in December; whilst trajectory is not forecast to deliver zero by March 23, activity remains largely to plan – see next slide;
- 52 week waits remain high and are a significant area of concern;
- Out Patient programmes of work remain largely on track however percentage of patients moved or discharged to PIFU remains low;
- Cancer backlogs have reduced, however further work required to reduce to the revised March 23 ambition of 427 – see next slide.

Performance v. 22/23 Operational Plans

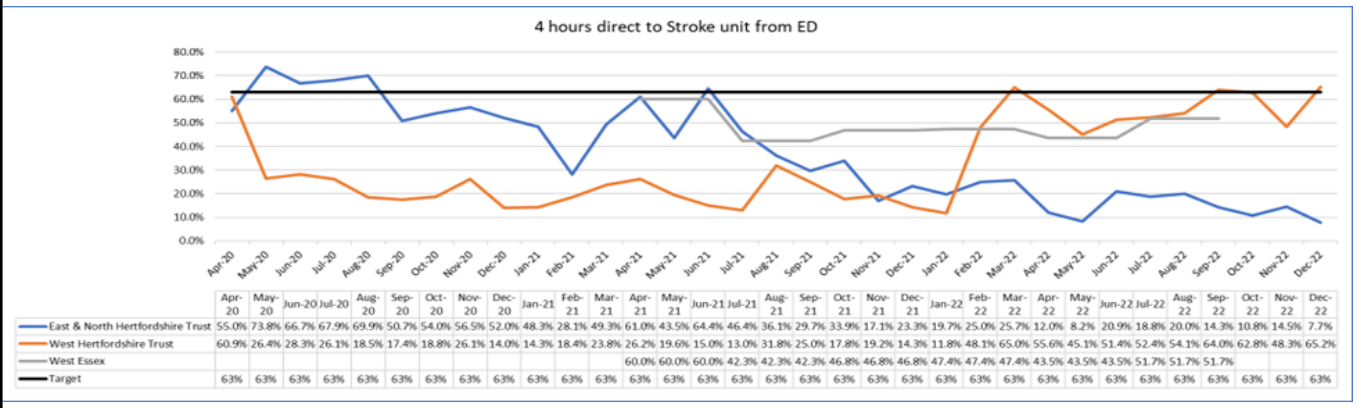




ICB Issues and escalations

- 78 week activity remains largely to revised plan, however the number of patients did increase in December. As at 12th February, the unvalidated 78 week backlog had declined to 785;
- Potential risk to 78 week recovery trajectory from Industrial Action;
- Cancer 62 day backlogs improved in January after seeing an increase in December, however remain behind Plan. As at 12th February, the unvalidated 62 day backlog had declined further to 508; delivery of 62 day backlog trajectory in March 23 is at potential risk.

Stroke



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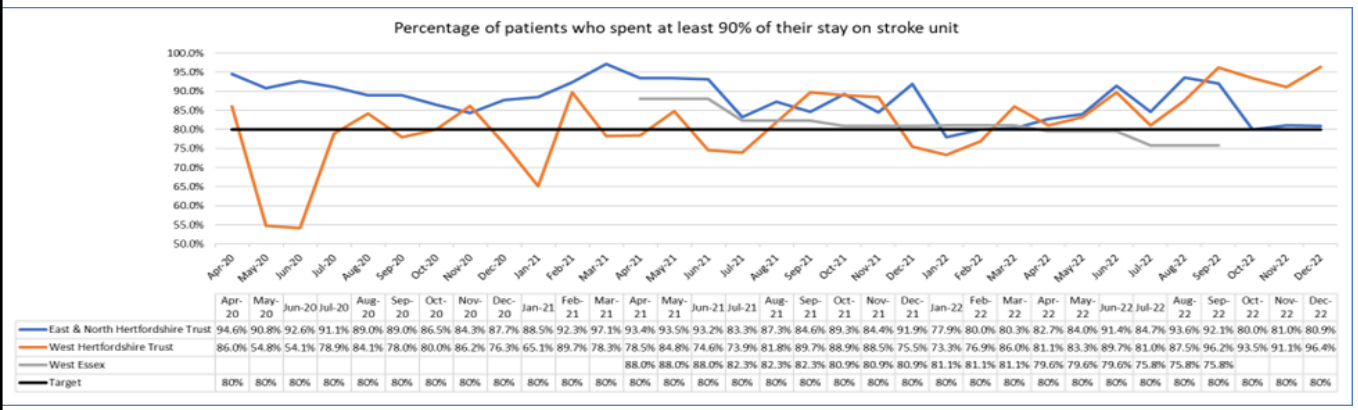
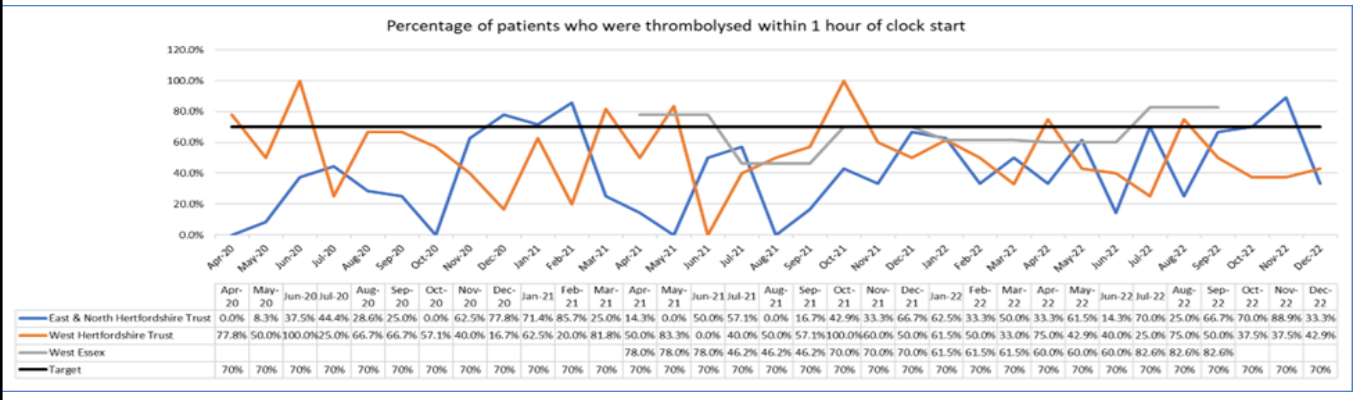
East & North Hertfordshire Trust	55.0%	73.8%	66.7%	67.9%	69.9%	50.7%	54.0%	56.5%	52.0%	48.3%	28.1%	49.3%	61.0%	43.5%	64.4%	46.4%	36.1%	29.7%	33.9%	17.1%	23.3%	19.7%	25.0%	25.7%	12.0%	8.2%	20.9%	18.8%	20.0%	14.3%	10.8%	14.5%	7.7%
West Hertfordshire Trust	60.9%	26.4%	28.3%	26.1%	18.5%	17.4%	18.8%	26.1%	14.0%	14.3%	18.4%	23.8%	26.2%	19.6%	15.0%	13.0%	31.8%	25.0%	17.8%	19.2%	14.3%	11.8%	48.1%	65.0%	55.6%	45.1%	51.4%	52.4%	54.1%	64.0%	62.8%	48.3%	65.2%
West Essex													60.0%	60.0%	60.0%	42.3%	42.3%	42.3%	46.8%	46.8%	46.8%	47.4%	47.4%	47.4%	43.5%	43.5%	43.5%	51.7%	51.7%	51.7%			
Target	63%	63%	63%	63%	63%	63%	63%	63%	63%	63%	63%	63%	63%	63%	63%	63%	63%	63%	63%	63%	63%	63%	63%	63%	63%	63%	63%	63%	63%	63%	63%	63%	63%



	Apr-20	May-20	Jun-20	Jul-20	Aug-20	Sep-20	Oct-20	Nov-20	Dec-20	Jan-21	Feb-21	Mar-21	Apr-21	May-21	Jun-21	Jul-21	Aug-21	Sep-21	Oct-21	Nov-21	Dec-21	Jan-22	Feb-22	Mar-22	Apr-22	May-22	Jun-22	Jul-22	Aug-22	Sep-22	Oct-22	Nov-22	Dec-22
East & North Hertfordshire Trust	94.6%	90.8%	92.6%	91.1%	89.0%	89.0%	86.5%	84.3%	87.7%	88.5%	92.3%	97.1%	93.4%	93.5%	93.2%	83.3%	87.3%	84.6%	89.3%	84.4%	91.9%	77.9%	80.0%	80.3%	82.7%	84.0%	91.4%	84.7%	93.6%	92.1%	80.0%	81.0%	80.9%
West Hertfordshire Trust	86.0%	54.8%	54.1%	78.9%	84.1%	78.0%	80.0%	86.2%	76.3%	65.1%	89.7%	78.3%	78.5%	84.8%	74.6%	73.9%	81.8%	89.7%	88.9%	88.5%	75.5%	73.3%	76.9%	86.0%	81.1%	83.3%	89.7%	81.0%	87.5%	96.2%	93.5%	91.1%	96.4%
West Essex													88.0%	88.0%	88.0%	82.3%	82.3%	82.3%	80.9%	80.9%	80.9%	81.1%	81.1%	81.1%	79.6%	79.6%	79.6%	75.8%	75.8%	75.8%			
Target	80%	80%	80%	80%	80%	80%	80%	80%	80%	80%	80%	80%	80%	80%	80%	80%	80%	80%	80%	80%	80%	80%	80%	80%	80%	80%	80%	80%	80%	80%	80%	80%	80%



	Apr-20	May-20	Jun-20	Jul-20	Aug-20	Sep-20	Oct-20	Nov-20	Dec-20	Jan-21	Feb-21	Mar-21	Apr-21	May-21	Jun-21	Jul-21	Aug-21	Sep-21	Oct-21	Nov-21	Dec-21	Jan-22	Feb-22	Mar-22	Apr-22	May-22	Jun-22	Jul-22	Aug-22	Sep-22	Oct-22	Nov-22	Dec-22
East & North Hertfordshire Trust	0.0%	8.3%	37.5%	44.4%	28.6%	25.0%	0.0%	62.5%	77.8%	71.4%	85.7%	25.0%	14.3%	0.0%	50.0%	57.1%	0.0%	16.7%	42.9%	33.3%	66.7%	62.5%	33.3%	50.0%	33.3%	61.5%	14.3%	70.0%	25.0%	66.7%	70.0%	88.9%	33.3%
West Hertfordshire Trust	77.8%	50.0%	100.0%	25.0%	66.7%	66.7%	57.1%	40.0%	16.7%	62.5%	20.0%	81.8%	50.0%	83.3%	0.0%	40.0%	50.0%	57.1%	100.0%	60.0%	50.0%	61.5%	50.0%	33.0%	75.0%	42.9%	40.0%	25.0%	75.0%	50.0%	37.5%	37.5%	42.9%
West Essex													78.0%	78.0%	78.0%	46.2%	46.2%	46.2%	70.0%	70.0%	70.0%	61.5%	61.5%	61.5%	60.0%	60.0%	60.0%	82.6%	82.6%	82.6%			
Target	70%	70%	70%	70%	70%	70%	70%	70%	70%	70%	70%	70%	70%	70%	70%	70%	70%	70%	70%	70%	70%	70%	70%	70%	70%	70%	70%	70%	70%	70%	70%	70%	70%

ICB Issues, escalation and next steps

West Essex: Barking, Havering and Redbridge Trust (BHRT) is the main provider of Stroke for West Essex patients, reported quarterly via the national SSNAP database. Q3 data is yet to be published.

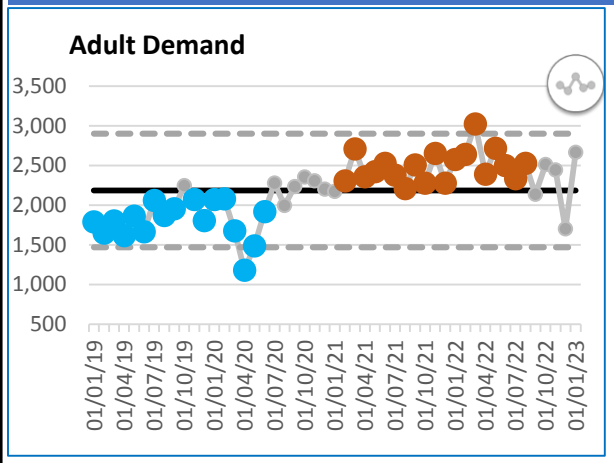
- West Essex Stakeholder Programme Group overseeing 23/24 work programme including:
  - Pathway for 6 month reviews and closer working with patients, GPs and carers
  - Stroke Passport development by Stroke Association – presentation to March meeting
  - Pre-hospital Stroke Video Assessment pilot. Ambulance crews suspecting a stroke can call a consultant directly via ipad to support the most appropriate / timely next steps
- T&F group established to review the pathway between PAH and Queens. Specific concerns re staffing to meet HASU standards, and increased DNAs from patient reluctance to travel
- Stroke Association contract extended to March 23. Business case discussed and agreed to extend for a further 2 years to align with Hertfordshire arrangements
- ICB Squire bid successful for CLCH and HCT nominated staff to complete a gap analysis of community across the ICB. Outcomes to be reported in April 2023
- Catalyst funding bid successful to pilot the implementation of vocational rehab, EPUT are the leading provider to be provided for all the community providers across the ICB. Starting in April

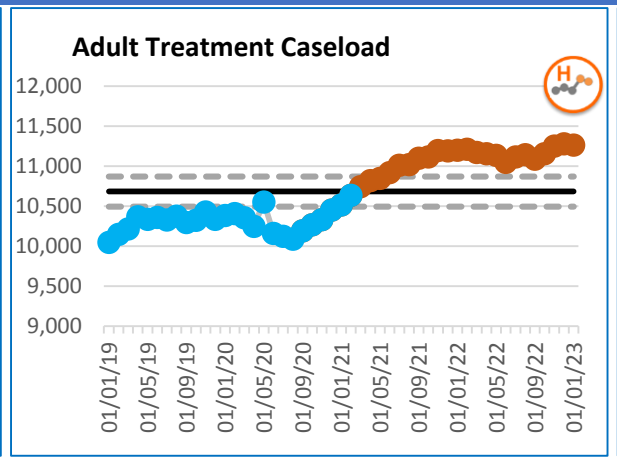
Herts: WHTHT SSNAP performance (July–Sept 22) returned to an A rating although the Team report this doesn't reflect how difficult it has been to achieve. ENHT remains at a D rating. Performance continues to meet standard for the percentage of patients who spent at least 90% of their stay on a stroke unit, at 96% in WHTHT and 80% at ENHT in December. Performance remains below standard against the percentage of patients who were thrombolysed within 1 hour of clock start with WHTHT achieving 43% in December (Local target 50%) and ENHT 33%. A review and validation of the reasons patients were not thrombolysed within the one hour window has been undertaken which showed clinical factors and complexity on presentation. As seen nationally, performance remains below standard for 4 hours direct to stroke unit from ED at both Trusts, however WHTHT have seen a slight improvement in performance at 65% in Dec; ENHT saw a further decline in performance to 7.7% in Dec due to Trust wide capacity issues and a high number of medical outliers and ambulance handover delays. Continued assurance that patients receive stroke consultant input and specific recommendations for their care while waiting for admission to stroke unit. Current pressures on the system as a whole, present increased challenges around patient flow and bed occupancy. Workforce remains a challenge, especially within the OT and SLT workforce. ESD performance also impacted by increased referrals and workforce issues.

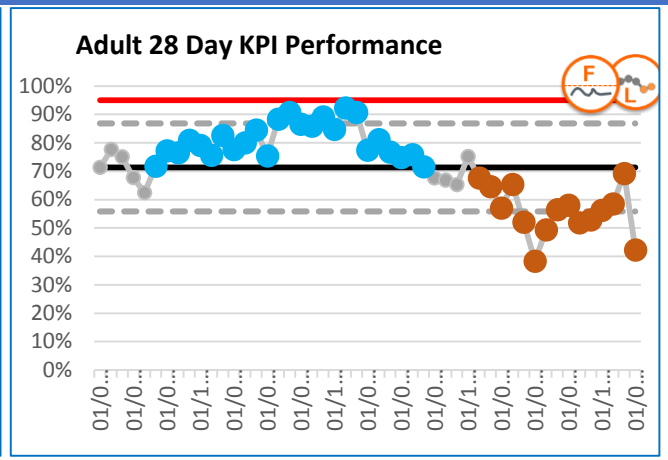
Next Steps

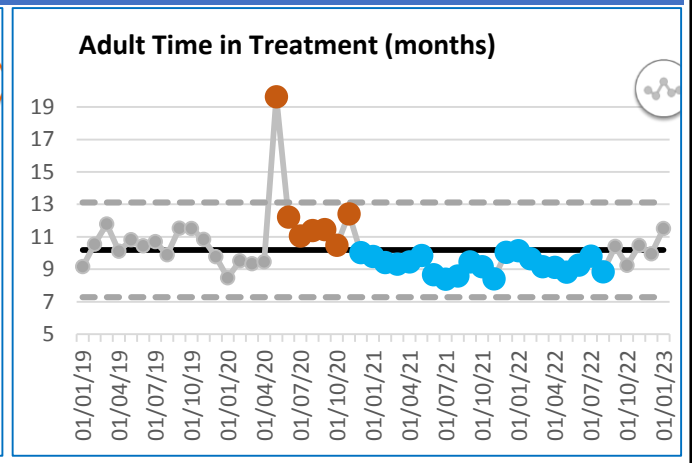
- WHTHT maintaining ring fenced beds on the HASU and a ring-fenced side room for patients requiring thrombolysis whilst awaiting swab results. ENHT have ringfenced Stroke bed capacity increasing it from 3 to 4 beds; escalation beds (4) available within Stroke to support capacity when required
- Clinical teams at WHTHT agreed to share 'good practice' around SSNAP Performance with E&NHT
- ENHT Stroke team working with ED and external ICS working group on pathway review to support Stroke pathway from admission to discharge. Ongoing meetings between Stroke team and Non-exec to support Stroke priorities.

Mental Health – Adult Services



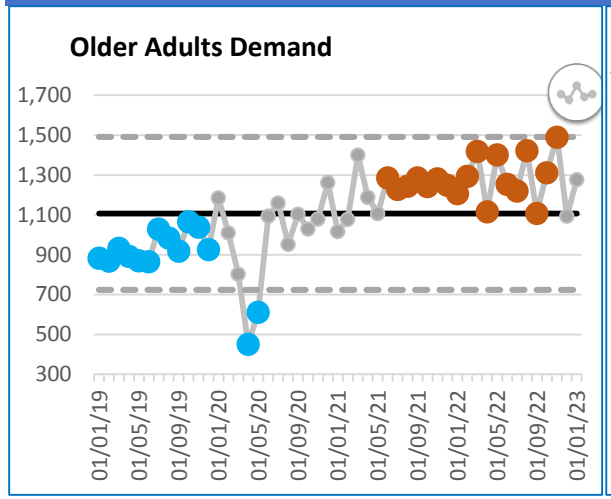


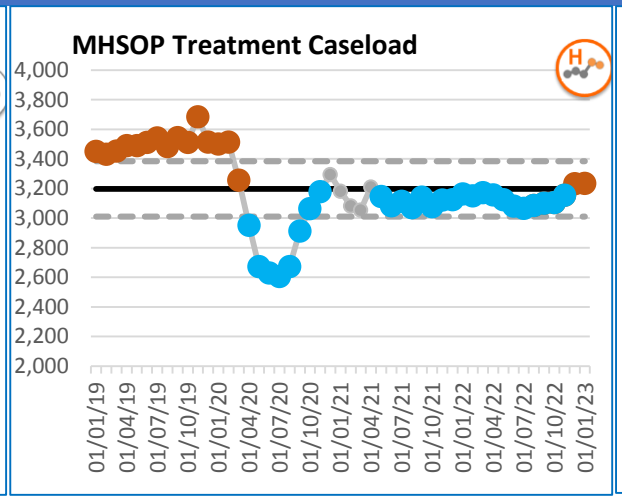


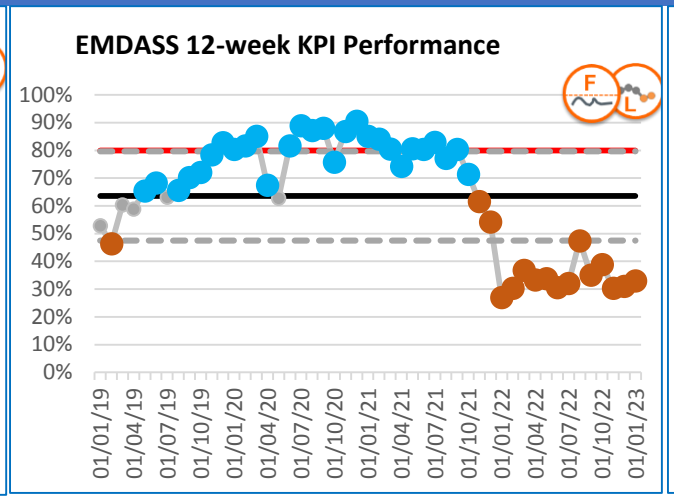


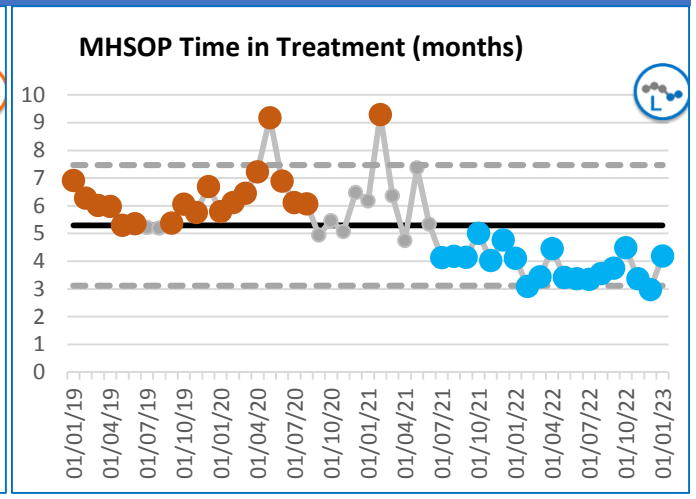
ICB Area	What the charts tell us	Issues	Actions	Mitigation
Adult Community Mental Health Services	Increased referral demand has flatlined in the last quarter but remains above Pre-Covid levels. There are c800 more service users in treatment now than there were at the start of the pandemic. The time it takes from referral to assessment has increased in line with high referral volumes and caseloads.	Sustained high demand has resulted in a waiting list for initial assessments in HPFT, with high levels of vacancies in some teams where recruitment is particularly challenging. Reduction in wait times; 95% of overall services users are seen within 59 days in HPFT. However, nearly all service users in EPUT are seen within 28 days.	Agency staff recruited, who are currently undertaking additional assessments every week. Additional administrative support extended to community mental health teams Commissioned external process efficiency consultant (LEAN) to optimise current processes in HPFT. Out of hours clinics to provide extra capacity from substantive staff and make access easier for service users	Flow continues across the adult community pathways. Continuing to develop flow through improvement of the service model. Community Transformation continues to see more service users in primary care. Recovery for performance is expected at the end of Q4.

Mental Health – Older Adults Services



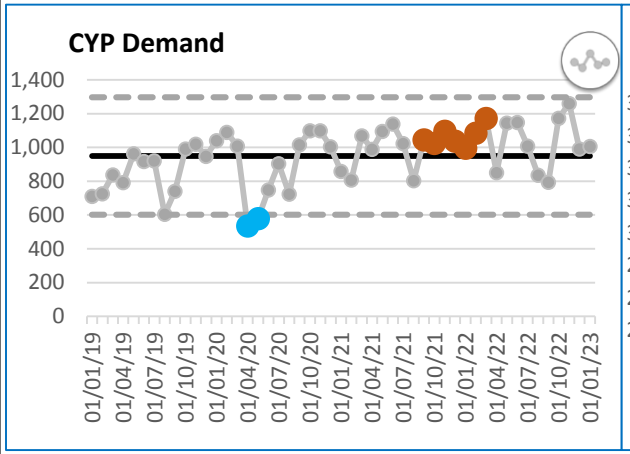


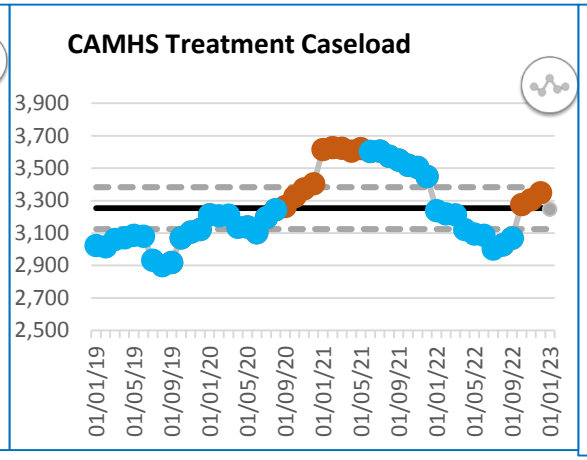


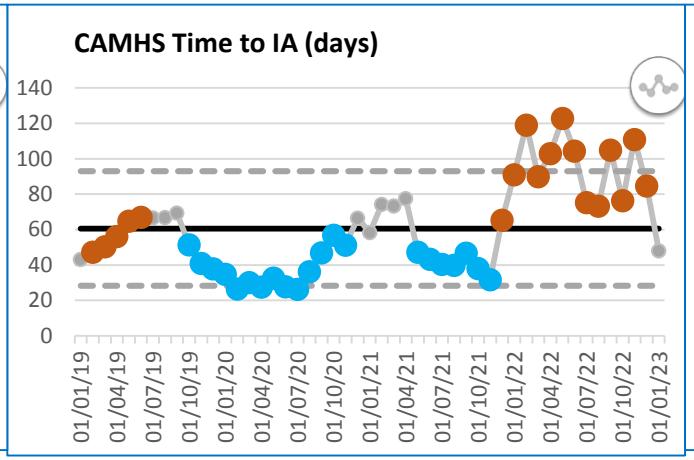


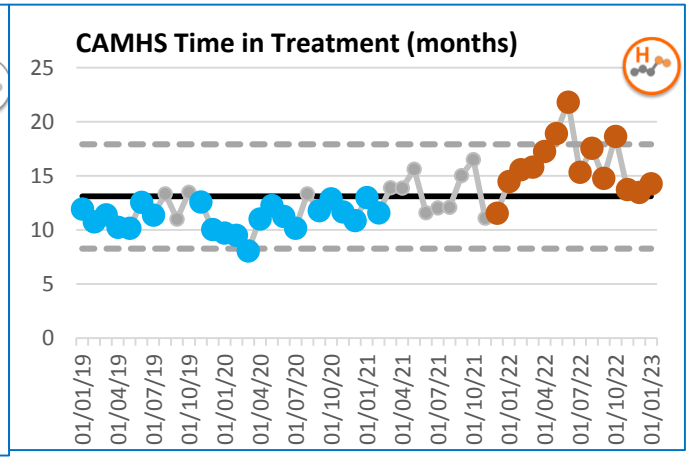
ICB Area	What the charts tell us	Issues	Actions	Mitigation
Older Adult Community Mental Health Services	Step change increase in referrals for Dementia assessments has been seen, however appears to be stabilising. In Herts the EMDASS service was temporarily halted due to re-deployment of staff over the winter in 2021-2 which led to a backlog of diagnosis. Overall time spent on treatment pathways has reduced in all older adult services. Net impact on treatment caseload is that they remain flat overall with a slight increase in January.	Not meeting access standards for referral to diagnosis for Dementia (EMDASS) Recruitment vacancies for Consultants, Registered Nurses, OT's in West Essex – impact Occupational Therapists Demand and capacity modelling indicates that demand is going to outstrip capacity across the ICB. Access to specialist brain imaging/scanning in West Essex	Recovery programme activity for EMDASS diagnosis service in HPFT – expected to recover in Q1, 2023 New targeted workforce taskforce to look at recruitment in West Essex Future expansion of community diagnostic capacity across ICB; see slide 18. Assessing impact of new dementia drugs and impact on diagnostic and imaging services, to be updated in Qtr 4.	Risk review and prioritisation for service users who have been waiting Additional clinics for evening and weekends to improve waiting times Primary care dementia diagnosis nurses improving activity with a focus in West Essex on care home population. Sharing of best practice across the ICS.

Mental Health – CAMHS Services



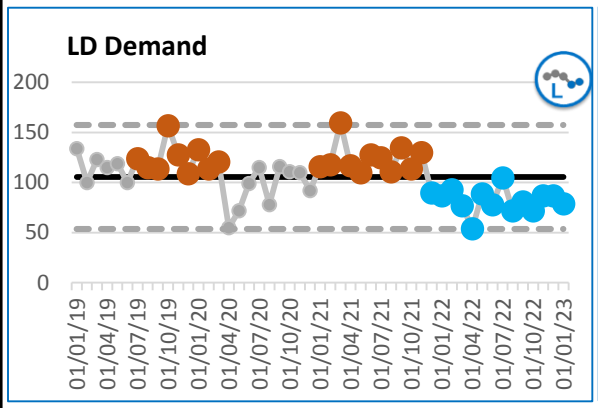


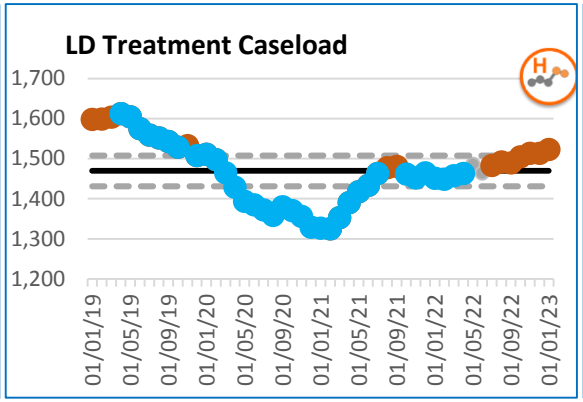


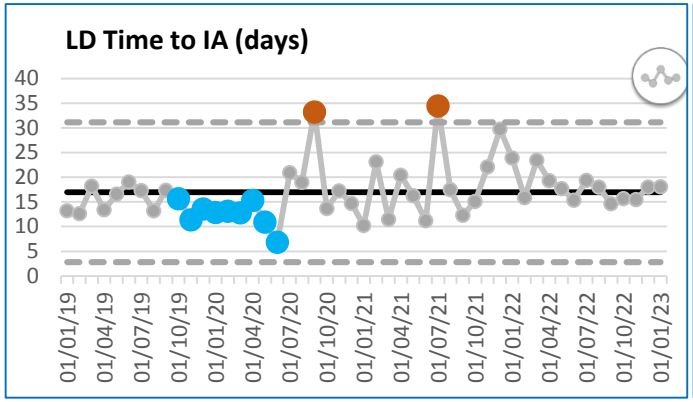


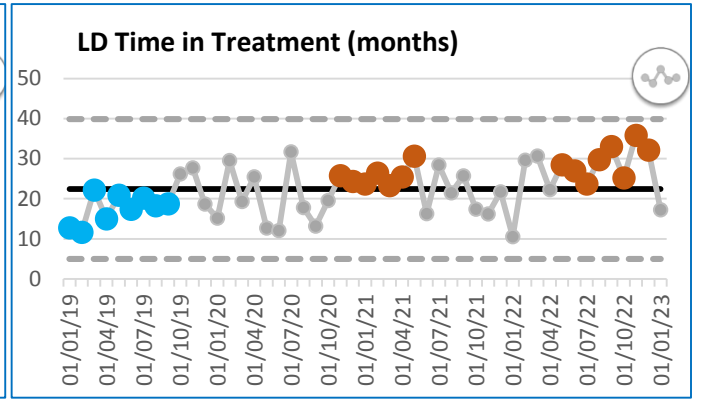
ICB Area	What the charts tell us	Issues	Actions	Mitigation
CAMHS	Referrals into CAMHS have passed 1,000 per month over the last 12 months (20% up from pre-pandemic levels). This has translated to pressure on initial assessments but has not yet converted into increased caseloads in CAMHS. From Jan 2022 we have not met the performance KPI for initial assessments (Choice) – in Hertfordshire Referral to treat times are reported as being met across the ICB – Herts and West Essex Length of time from referral to discharge has started to improve over the last few months with robust processes in place.	Referral demand has led to an increase in the number of initial assessments we need to provide. Some services have seen unexpected demand (e.g. Tier 3 Specialist CAMHS ED, Crisis, and Looked after children).	Recovery programmes in place for CAMHS i.e. 28 days, CAMHS ED, CAMHS Crisis, due to recover in Q4. Roll out in January for ADHD diagnostics and medicines initiation pathway. Recruitment underway for additional nurse and consultant support in South Hertfordshire. In West Essex we invested early in growing the Crisis and Eating Disorder Team resulting in being in the top 5% of ED performance nationally.	SPA Triage Tool improved to meet 5 day pass on to teams Job planning to continue in all quadrants to ensure personalised care Demand and capacity review underway to assess post-covid requirements. Recovery for referral to assessment times to 28 days expected in Q4 2022/23. Focus on prevention and community support in West Essex to help alleviate demand and improve service user experience through early intervention.

Mental Health – Learning Disabilities Services



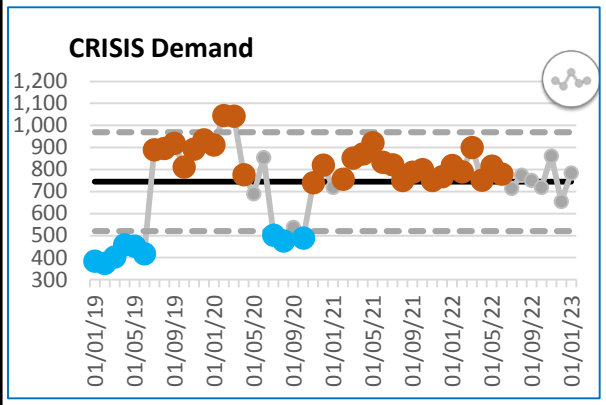


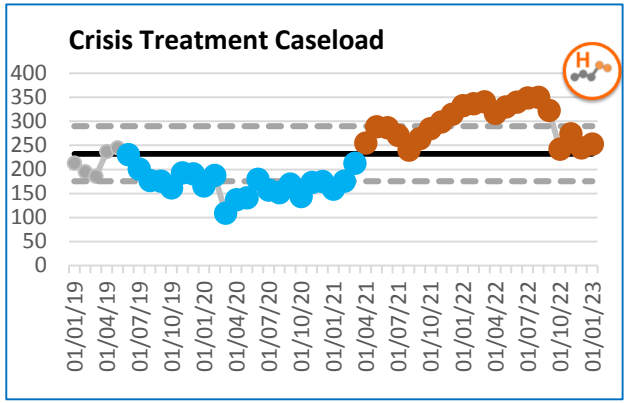


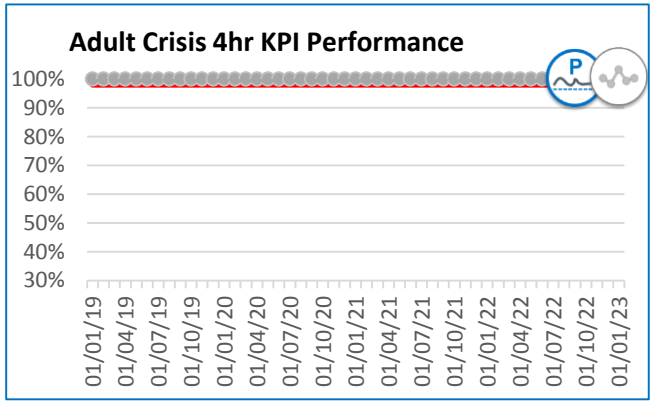


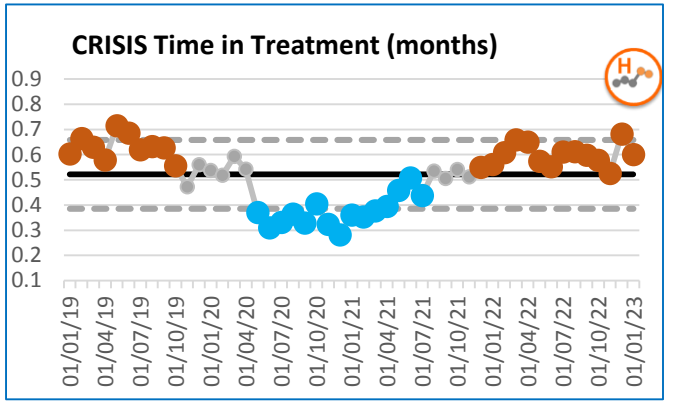
ICB Area	What the charts tell us	Issues	Actions	Mitigation
Learning Disabilities Service Herts only	Referrals and caseloads services dropped during Wave 1 and Wave 2 of the pandemic but have returned to pre-pandemic levels. Service Users are seen consistently within 28 days of referral and the average time it takes from referral to a completed assessment is 17 days	None to report Successful re-integration of LD services in Essex enabling further opportunities for integrated learning and service delivery.	New service user and carer engagement and involvement programme aimed at improving care planning, service delivery and outcomes for LD service users across Herts and Essex.	Focus on reducing secondary waits and care co-ordination and risk management during wait periods. Working with commissioners ensure that GPs are aware and know how to refer directly into LD services.

Mental Health – Crisis Services



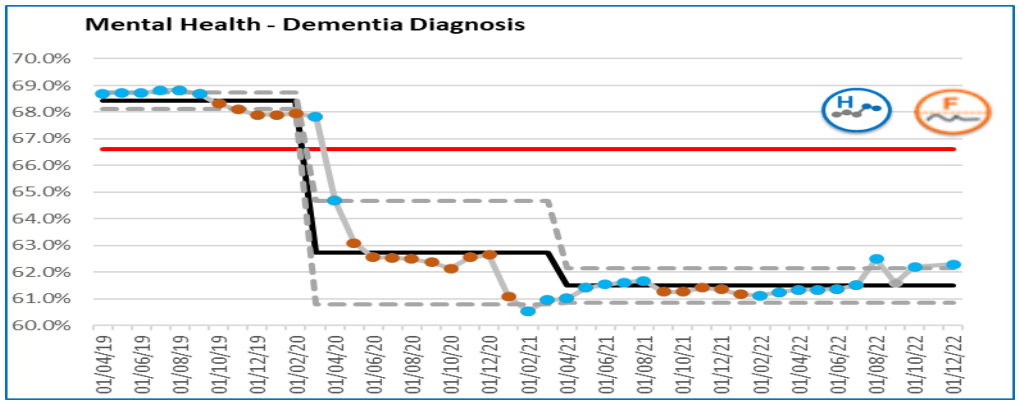






ICB Area	What the charts tell us	Issues	Actions	Mitigation
Crisis Services – Adults and Older Adults	Crisis demand has flattened over the last quarter bur referrals remain 46% higher than historic baseline levels. Caseload levels are reducing but remain high when compared to historic baselines. Service Users are seen consistently within 4 hours of referral and the average time under caseload management in the Crisis and Home Treatment Team is 1 month Note: In Essex, Crisis teams do not own team caseloads in favour of being an extension of the community team	High turnover on the Crisis and Home Treatment Team (CRHTT) led to pressure on the service.	Rolling recruitment and training for CRHTT. Reviewing different models of care including to improve safety, patient experience and outcomes.	Agency support for community teams releasing staff stepping up into CRHTT roles. Developed range of crises alternatives in third sector including Night Light, Night Owls, Trinity and Sanctuary.

Mental Health – Dementia Diagnosis and Early Intervention in Psychosis (EIP)



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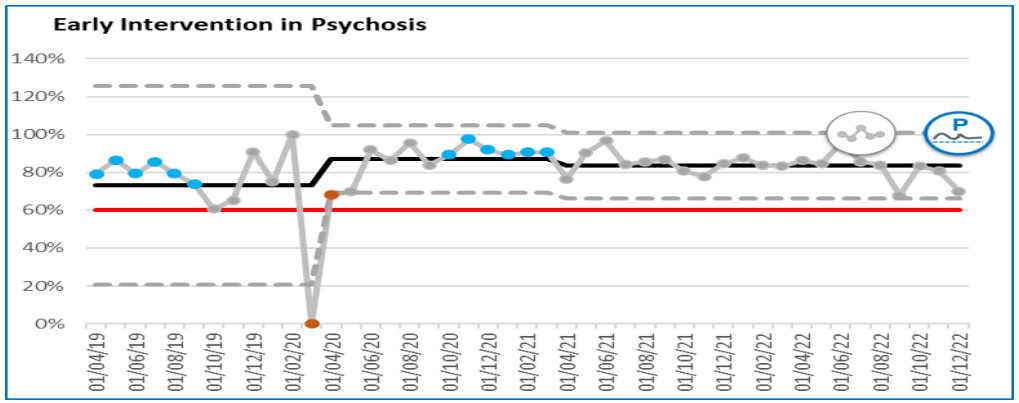
NHS EAST AND NORTH HERTFORDSHIRE CCG	66.6	66.6	66.7	66.9	67.1	67.0	67.4	66.9	66.8	66.6	66.6	66.4	64.1	62.5	61.7	61.8	62.0	61.5	61.3	61.6	61.1	59.5	59.2	59.2	59.4	59.7	60.2	60.2	60.2	59.2	59.5	59.3	59.5	59.2	59.0	58.8	59.2	59.2	59.2	59.0	59.1	60.9	59.0	59.8	59.7
NHS HERTS VALLEYS CCG	69.4	69.4	69.3	69.1	69.3	69.1	68.1	68.2	68.0	67.7	67.9	67.6	63.2	61.4	61.0	60.4	60.1	60.4	59.8	60.2	61.0	59.0	58.3	58.4	58.9	59.2	59.6	59.8	60.2	59.0	59.8	60.1	60.3	60.6	60.5	60.6	60.4	60.6	60.8	60.7	60.6	61.2	60.9	61.3	61.7
NHS WEST ESSEX CCG	71.2	71.2	71.4	71.7	71.0	71.0	70.3	70.0	69.7	70.7	70.6	71.0	68.6	67.5	67.2	67.9	68.1	67.8	68.1	68.9	68.7	67.5	67.0	67.4	67.6	68.0	67.7	67.7	67.7	67.6	67.3	67.1	67.1	66.7	66.4	66.5	66.6	66.6	66.5	66.6	66.9	67.6	67.7	67.6	68.5	68.3
ICS	68.7	68.7	68.7	68.8	68.8	68.7	68.3	68.1	67.9	67.9	68.0	67.8	64.7	63.1	62.6	62.5	62.5	62.4	62.1	62.6	62.6	61.1	60.5	61.0	61.0	61.4	61.5	61.6	61.7	61.3	61.3	61.4	61.4	61.2	61.1	61.2	61.3	61.3	61.4	61.5	62.5	61.6	62.2	62.3	62.3
Target	66.6	66.6	66.6	66.6	66.6	66.6	66.6	66.6	66.6	66.6	66.6	66.6	66.6	66.6	66.6	66.6	66.6	66.6	66.6	66.6	66.6	66.6	66.6	66.6	66.6	66.6	66.6	66.6	66.6	66.6	66.6	66.6	66.6	66.6	66.6	66.6	66.6	66.6	66.6	66.6	66.6	66.6	66.6	66.6	66.6



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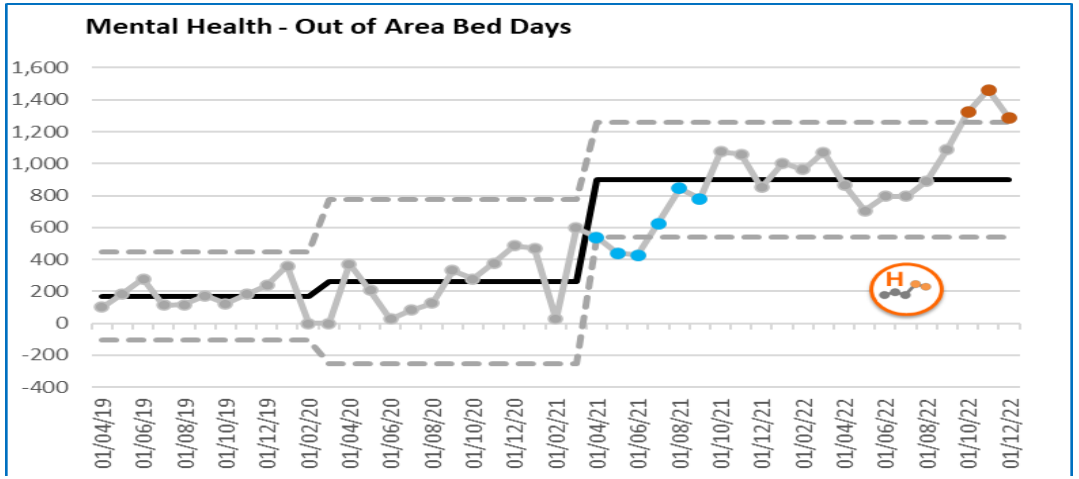
ENHCCG	100%	77.7	75.0	91.6	71.4	90.9	66.6	88.8	100%	66.6			100.	91.7	100.	91.7	100.	80.0	80.0	100.	100.	91.7	94.7	93.8	81.3	88.9	91.7	85.7	80.0	100.	88.9	71.4	72.7	87.5	87.5	92.9	87.5	100.	87.5	93.8	75.0	50.0	83.3	90.0	60.0
HVCCG	60.0	92.3	68.7	76.9	75.0	57.1	40.0	54.5	83.3	85.7			52.9	60.0	90.0	85.7	100.	81.3	100.	95.0	81.3	85.7	81.8	90.0	75.0	100.	100.	75.0	87.5	80.0	91.7	83.3	88.9	90.0	78.6	66.7	80.0	70.0	100.	75.0	100.	58.3	81.8	75.0	77.8
WECCG	80.0	100.	85.7	100.	91.6	60.0	83.3	33.3	100.	80.0	100.		100.	50.0	83.3	66.7	85.7	90.0	80.0	100.	100.	100.	100.	83.3	66.7	66.7	100.	87.5	87.5	80.0	60.0	85.7	100.	83.3	88.9	85.7	90.9	88.9	100.	75.0	80.0	100.	100.	66.7	57.1
ICS	79.2	86.5	79.3	85.7	79.4	73.9	60.7	65.2	90.9	75.0	100.	0.0%	68.0	69.7	91.9	86.2	95.7	83.9	89.3	97.6	91.9	89.3	90.6	90.6	76.5	90.5	96.7	84.2	85.7	87.0	80.6	77.8	84.6	87.5	83.9	83.3	86.2	84.6	95.5	85.7	84.0	67.7	83.3	81.0	70.0
Target	56%	56%	56%	56%	56%	56%	56%	56%	56%	56%	56%	56%	60%	60%	60%	60%	60%	60%	60%	60%	60%	60%	60%	60%	60%	60%	60%	60%	60%	60%	60%	60%	60%	60%	60%	60%	60%	60%	60%	60%	60%	60%	60%	60%	60%

ICB Area	What the charts tell us	Issues	Actions	Mitigation
ICB	• Recorded Dementia Diagnosis in January 2023 for Hertfordshire improved to 59.95% although remains below standard. The estimated population numbers for Hertfordshire changed in the national data collection for these publications. A total of 868 people are required to meet the target. West Essex continue to meet target at 68.3%. • The EIP national standard continues to be achieved in all three Places.	**Dementia Diagnosis Herts** • Waiting list remains high at 800 • Only 37% are seen within 12 weeks (80% target) • Commissioners chasing for Practice Data to review monthly in order to offer support to the poor performing practises.	**Dementia Diagnosis Herts:** • Recovery action plan agreed with actions commencing in January 2023 • Staffing: Now fully recruited to the total number of four Dementia Specialist Nurses, who are working at the Primary Care Networks, and focusing on the over 80s • Conversion rate is improving at 61% with the support of region • Framework (ECF) for GPs to complete coding exercise to capture true diagnosis rate • Admin role in Primary Care Diagnosis Service to free Nurse Specialists	**Herts:** • Continue with current actions to increase access to Dementia Diagnosis services • Dementia Diagnosis actions will deliver recovery to trajectory by 2023/24 • Bring Recovery Action Plans into one forum to ensure central oversight • Ongoing support to identify causes of low conversion rates at memory clinics

Mental Health – Out of Area Bed Days



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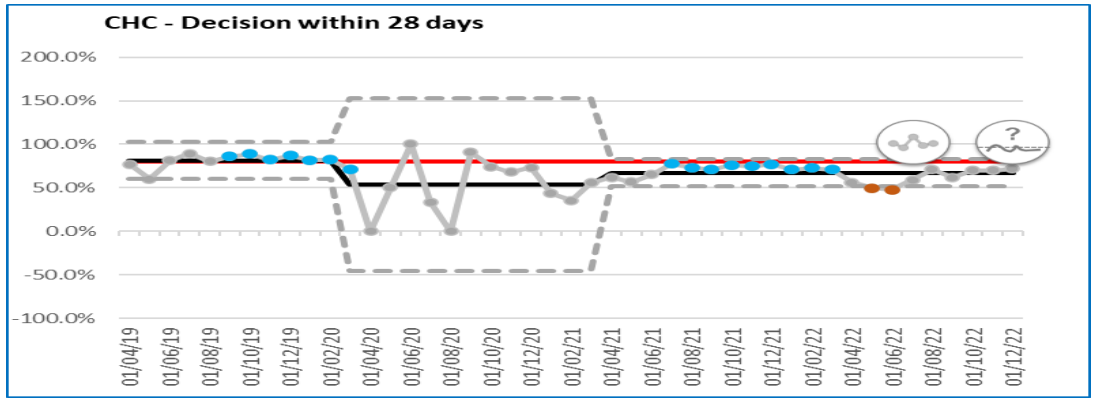
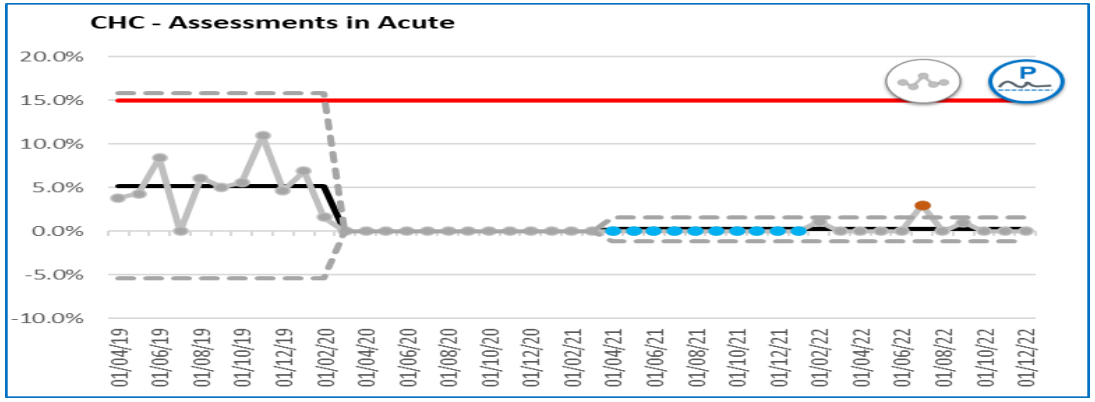
Hertfordshire	100	185	277	114	118	172	124	182	239	360			372	207	26	83	125	331	277	376	486	471	26	596	452	337	336	574	834	759	936	745	674	779	830	987	767	691	775	757	817	1034	1177	1221	1080
Hertfordshire Target	66	132	200	58	116	175	50	100	150	42			33	33	34	20	20	20	10	10	10	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
WECCG																									86	102	90	51	12	22	140	314	177	225	134	83	100	16	21	38	76	55	145	242	209

ICB Area	What the charts tell us	Issues	Actions	Mitigation
West Essex / PAH	• Out of Area Bed Days peaked in November, but from December started to reduce as forecast • Indicative January data is showing a further small improvement	• Pressure for Mental Health increased substantially over the Covid period, and has continued post-Covid, coupled with winter pressures, leading to a national shortage of beds, high occupancy rates and use of OOA beds	• SMART (Surge Management and Resilience Toolset) providing real time ward data • Essex review of bed model has identified county-wide issues with oversight and availability of bed stock and voids. Further work underway to address • Multi Agency Discharge Event (MADE) completed in January will inform bed model further work above	• Out of Area Placement (OOAP) Elimination & Sustainability Impact System Group (Essex wide) in place to monitor the impact of the NHSE OOAP Action Plan • Continued engagement with national Getting It Right First Time (GIRFT) programme to identify areas of improvement
Herts	• Out of Area Bed Days remain high in December but did see a reduction from November	• Demand is continuing to exceed capacity • Low number of beds per population • Pressure for MH beds increased substantially over Covid, and post-Covid, a national shortage of beds, high occupancy rates and use of OOA beds is likely to continue • Challenges finding suitable placements for service users with complex needs • Workforce recruitment across inpatients & community, affecting capacity.	• Robust Gatekeeping process; on call gatekeeping consultant and clear reasons for admissions •Daily OOAP reviews /dedicated clinical ownership for OAP •Multi Agency Discharge Event (MADE) in January highlight issues, review DTCs and plan discharges with ongoing regular MADE events • Plan to increase block beds to improve flow across the system • 1st regular meetings with ICB, HPFT and Performance to review the inpatient data in Feb 2023.	• Bed management system and new arrangements in place to monitor demand and capacity • In addition, new standard operating procedures in place to improve flow • Integrated Discharge Team approach is being scoped out in Herts to improve coordination of discharges for service users with complex needs requiring multiagency support

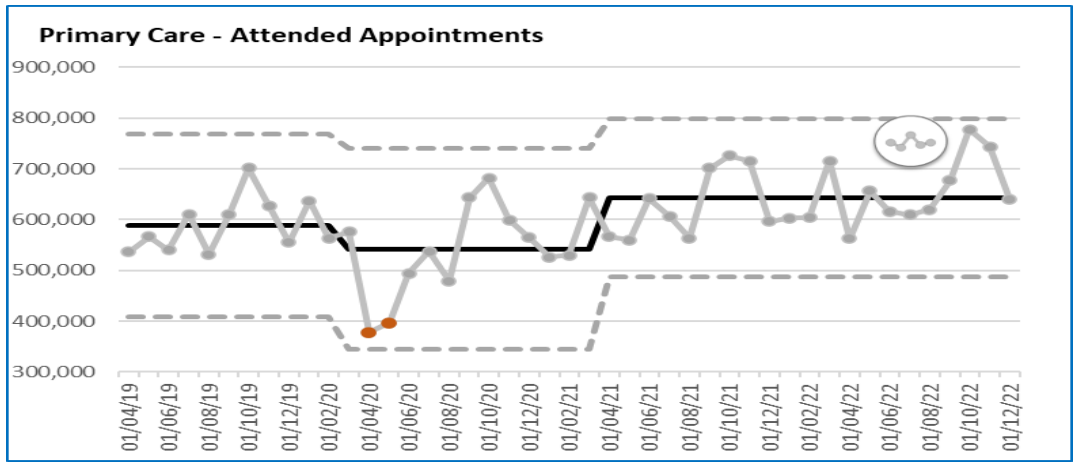
Continuing Health Care (CHC)

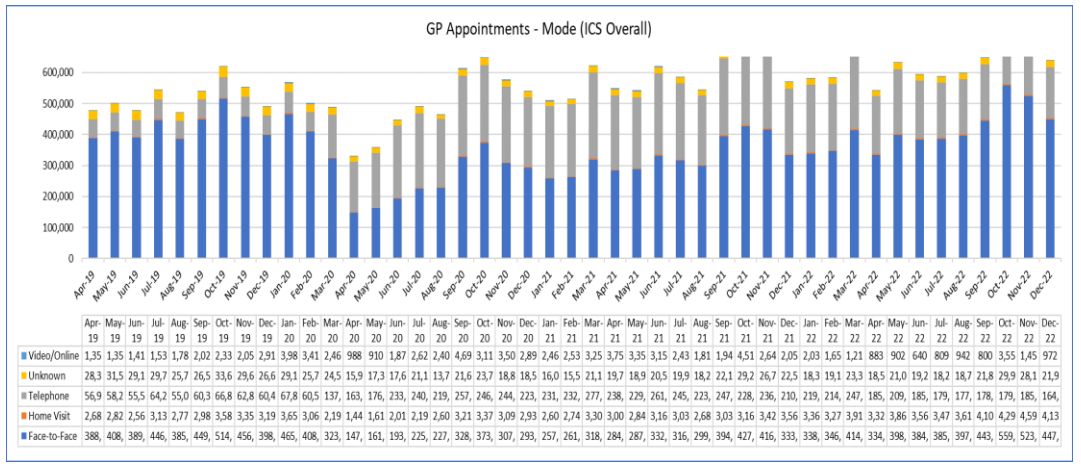




ICB Area	What the charts tell us	Issues	Actions	Mitigation
West Essex / PAH	• 78% of CHC referrals in West Essex resulted in a decision within 28 days, falling below target. • No patients received assessments in an acute setting	• Further deterioration in performance forecast for Jan, but significant improvement expected in Feb. Team are optimistic that the 80% target will still be achieved across Q4 • Delayed allocation of Social Workers from Essex CC during Dec & Jan • An increasing trend in the number of D2A cases received. • Ongoing increasing backlog of CHC, FT and FNC reviews due to prioritising new assessments.	• The West Essex CHC Team continues to work alongside EPUT to provide additional resource and support. • Recruitment for vacancies ongoing. 1 nurse recruited in the last round of interviews. • New reviews project commenced to try and reduce increasing backlog.	• SWH action plan in place, supported by NHSEI • Performance standards continue to be monitored, issues escalated and risks mitigated • Agency cover requested for vacancies whilst recruitment continues • Setting trajectory and drive on clearing cases over 28 days
South West Herts / WHTHT	• Performance against decisions within 28 days remains below the expected 80%; most recently at 58%. • No patients received assessments in an acute setting.	• Workforce issues, progress with recruitment • Ongoing backlog of CHC & FNC reviews due to prioritising new DSTs and checklist completion. • Referrals numbers continue to be high. • Workforce issues including high number of resignations within the senior members of the team.	• Recruitment drive continues, interim cover in place to support the gaps. • Prioritisation of fast track and 1:1 reviews. • Allocation and weekly tracking of 28 day assessments remains a priority • Case management in place for all cases over 6 weeks. • Collaborative working with system partners; weekly meetings with LA. • Face to face Nursing needs assessments are completed and evidenced. • Focus on checklist completion, resulting in backlog reducing.	
East & North Herts / ENHT	• 88% of CHC referrals in East & North resulted in a decision within 28 days, meeting standard. • No patients received assessments in an acute setting	• Workforce issues such as sickness and annual leave • Ongoing delays receiving signed assessment paperwork from community, particularly Mental Health, may impact performance going forward	• Weekly tracking of referrals over 28 days by caseload and CHC manager • Performance levels expected to be achieved	

Primary Care





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Video/Online	1,35	1,35	1,41	1,53	1,78	2,02	2,33	2,05	2,91	3,98	3,41	2,46	988	910	1,87	2,62	2,40	4,69	3,11	3,50	2,89	2,46	2,53	3,25	3,75	3,35	3,15	2,43	1,81	1,94	4,51	2,64	2,05	2,03	1,65	1,21	883	902	640	809	942	800	3,55	1,45	972
Unknown	28,3	31,5	29,1	29,7	25,7	26,5	33,6	29,6	26,6	29,1	25,7	24,5	15,9	17,3	17,6	21,1	13,7	21,6	23,7	18,8	18,5	16,0	15,5	21,1	19,7	18,9	20,5	19,9	18,2	22,1	29,2	26,7	22,5	18,3	19,1	23,3	18,5	21,0	19,2	18,2	18,7	21,8	29,9	28,1	21,9
Telephone	56,9	58,2	55,5	64,2	55,0	60,3	66,8	62,8	60,4	67,8	60,5	137,	163,	176,	233,	240,	219,	257,	246,	244,	223,	231,	232,	277,	238,	229,	261,	245,	223,	247,	228,	236,	210,	219,	214,	247,	185,	209,	185,	179,	177,	178,	179,	185,	164,
Home Visit	2,68	2,82	2,56	3,13	2,77	2,98	3,58	3,35	3,19	3,65	3,06	2,19	1,44	1,61	2,01	2,19	2,60	3,21	3,37	3,09	2,93	2,60	2,74	3,30	3,00	2,84	3,16	3,03	2,68	3,03	3,16	3,42	3,56	3,36	3,27	3,91	3,32	3,86	3,56	3,47	3,61	4,10	4,29	4,59	4,13
Face-to-Face	388,	408,	389,	446,	385,	449,	514,	456,	398,	465,	408,	323,	147,	161,	193,	225,	227,	328,	373,	307,	293,	257,	261,	318,	284,	287,	332,	316,	299,	394,	427,	416,	333,	338,	346,	414,	334,	398,	384,	385,	397,	443,	559,	523,	447,

ICB Area	What the charts tell us	Issues	Actions	Mitigation
ICB	• Total appointments increased significantly in September, October and November • December saw reduced appointments, but this is likely explained by the bank holidays/Christmas period • The proportion of face to face appointments continues to increase and was over 70% in October, November and December.	• General Practice continues to see increases in demand against a backdrop of working through the backlog, workforce pressures and negative media portrayal • Significant pressure from Respiratory illness • Rapid increase in 'spot booking' hotels set up without notice by Home Office to house asylum seekers with significant health needs, including Scabies and Diphtheria outbreaks.	• Continue to implement actions funded by the Winter Access Fund, inc. advanced telephony and offsite storage of notes • An MDT group has been established to review the National GP Patient Survey (GPPS) data, and to develop an access framework and work programme • Working closely with BI team to develop an access dashboard for better monitoring of pressures • Primary Care Commissioning Committee (PCCC) has approved ICB funding for additional winter capacity in general practice. Funding is the same as last year at £1.43 per weighted patient • There is national repurposing of Investment & Impact Fund monies to support additional capacity • Acute Respiratory Infection hubs set up to assist with system pressures and minimise flow back to General Practice from 111 and ED • Enhanced Commissioning Framework re-prioritised to assist with practice capacity • Practices offered an extended period (additional 3 months) in which to achieve their QOF targets to recognise the ongoing prioritisation of on the day demand over winter.	• Continue to support return of business as usual to General Practice through the relaunch of the ECF across the ICB, supported by investment reporting to free up practice capacity • QOF period extension means that some annual review action for LTC will be reprofiled to spring and should have a benefit next winter • Continued access trend analysis in the 3 places to identify individual practices with poor access through complaints and patient contacts • PCCC and Primary Care Board oversight of the GPPS results, and action plan developed through the Access MDT Group • Recruitment & Retention of Primary Care Workforce – a number of initiatives are offered to the Primary Care Workforce to support recruitment and retention which are supported by the HSE ICB Training Hub • Continued funding for spot booking hotels for health checks and MDT site visits agreed by PCCC at the February meeting • Daily review of OPEL reporting by practices and follow up by place Primary Care Teams with individual practices continuing.

Appendix A – Performance Dashboard

December 2022

Herts & West Essex ICS (Commissioner)

Area	Activity	Target	Latest published data	Data published	Trend *1	Variation	Assurance	National position (ICB vs National)	Regional position (ICB vs EoE Region)	ICB Ranking
111	Calls answered < 60 seconds	95%	14.7%	December 22	-287.78%			20.52% (Worse)	15.75% (Worse)	11th lowest
	Calls abandoned after 30 seconds	5%	42.4%	December 22	82.75%			34.88% (Better)	32.26% (Worse)	17th (middle)
A&E	% Seen within 4 hours	95%	66.2%	January 23	8.91%		F	72.4% Worse)	54.35% (Better)	8th lowest
	12 Hour Breaches	0	225	January 23	-46.67%			42,735	3,654	7th highest
Cancer	2ww All Cancer	93%	85.0%	December 22	3.39%		F	80.29% (Better)	72.33% (Better)	18th highest
	2ww Breast Symptoms	93%	78.0%	December 22	1.53%			72.47% (Better)	53.70% (Better)	21st highest
	31 day First	96%	94.7%	December 22	0.94%			92.67% (Better)	92.55% (Better)	20th highest
	31 day Sub Surgery	94%	80.3%	December 22	-4.55%			81.86% (Worse)	75.32% (Better)	18th lowest
	31 day Sub Drug	98%	99.0%	December 22	0.23%			97.89% (Better)	97.40% (Better)	21st highest
	31 day Sub Radiotherapy	94%	94.9%	December 22	0.60%			90.71% (Worse)	92.63% (Better)	22nd lowest
	62 day First	85%	70.5%	December 22	7.20%		F	61.76% (Better)	62.80% (Better)	7th highest
	62 day Screening	90%	81.6%	December 22	22.05%			73.00% (Better)	76.19% (Better)	12th highest
	62 day Upgrade	85%	79.5%	December 22	10.79%			77.41% (Better)	78.06% (Better)	19th highest
RTT	Incomplete Pathways <18 weeks	92%	54.3%	December 22	-2.86%		F	58.02% (Worse)	54.81% (Worse)	11th lowest
	52 weeks	0	12,021	December 22	7.35%	H	F	382,090	55,828	8th lowest
Diagnostics	6 week wait	1%	36.7%	December 22	18.01%		F	31.28% (Worse)	35.96% (Worse)	16th lowest

Individual Trust

ICS Aggregate Provider	Trend	ENHT	Trend	PAH	Trend	WHTHT	Trend
14.7%	-287.78%	See individual CCG performance in the table below					
42.43%	82.75%						
66.20%	8.91%	64.60%	4.88%	54.40%	6.50%	68.40%	12.35%
225	-46.67%	123	-55.28%	80	-73.75%	22	100.00%
85.36%	1.84%	94.49%	-2.75%	72.60%	-8.05%	87.20%	11.75%
78.11%	-0.51%	92.42%	-8.20%	84.38%	-10.34%	66.67%	42.86%
95.58%	0.78%	97.13%	1.03%	91.36%	2.98%	95.68%	-0.09%
93.94%	-0.85%	94.59%	-2.07%	77.78%	-7.14%	100%	4.55%
99.55%	-0.08%	100%	0.00%	93.75%	-6.67%	100%	3.57%
97.31%	5.44%	97.31%	5.44%	N/A		N/A	
73.98%	4.77%	90.95%	11.30%	47.37%	-17.49%	69.53%	7.44%
74.14%	23.30%	70%	-4.76%	83.33%	68.00%	70%	4.76%
75.63%	12.17%	71.05%	3.24%	85.45%	11.58%	61.54%	10.11%
50.33%	-2.95%	50.52%	-6.68%	48.41%	-4.33%	51.16%	2.00%
10,095	-5.11%	4,778	3.35%	1,773	2.93%	3,544	-20.54%
42.30%	16.25%	50.65%	14.98%	35.47%	27.14%	35.04%	14.00%

Herts & West Essex ICS (Commissioner)

Area	Metric	Target	Latest published data	Data published	Trend *	Variation	Assurance	National position (ICB vs National)	Regional position (ICB vs EoE Region)	ICB Ranking
111	Calls answered < 60 seconds	95%	14.7%	December 22	-287.78%			20.52% (Worse)	15.75% (Worse)	11th lowest
	Calls abandoned after 30 seconds	5%	42.4%	December 22	82.75%			34.88% (Better)	32.26% (Worse)	17th (middle)
Mental Health	Dementia Diagnosis rate	66.6%	62.3%	December 22	0.13%		F	62.50% (Worse)	60.20% (Better)	n/a
	OOA placements	0	1,289	December 22	-13.50%		F	n/a	n/a	n/a
CHC	% of eligibility decisions made within 28 days	80%	72.1%	December 22	3.12%		F	n/a	n/a	n/a
	% of assessments carried out in acute	15%	0.0%	December 22	0.00%		P	n/a	n/a	n/a

Individual CCGs

ICS Aggregate Provider	Trend	East & North Herts	Trend	South & West Herts	Trend	West Essex	Trend
N/A		14.46%	-297.05%			15.65%	-253.86%
		41.76%	82.31%			44.90%	80.40%
		59.70%	-0.14%	61.67%	0.64%	68.34%	-0.28%
		1,080	-13.06%			209	-15.79%
		88.46%	21.21%	57.58%	-9.50%	77.78%	-4.76%
		0%	0.00%	0%	0.00%	0%	0.00%

LEGEND On/above target | Below target | Improvement on previous month's performance | Decrease on previous month's performance | No change on previous month's performance

*1 Against last month's performance

Variation: Special Cause Concerning variation | Special Cause Improving variation | Common Cause

Assurance: Consistently hit target | Hit and miss target subject to random variation | Consistently fail target

Appendix B: Urgent & Emergency Care (UEC) by Place

ICB Area	What the charts tell us	Issues	Actions	Mitigation
West Essex / PAH	• Attendances peaked in December, but January saw a reduction to the lowest level this year • Number of patients experiencing handover delays >30 minutes in December was largely unchanged. The recovery trajectory is not being achieved • 13.1% of patients spent >12 hours in ED, continuing a 12 month above average trend • The number of patients treated, admitted or discharged in under 4 hours just 50.9% in December, but did improve by 3.5% in January	• Continued high attendances • Ambulance Handover Delays • ED staffing, vacancies & sickness • Covid patients within the Trust and contact beds closed impacting capacity and flow • MH assessments and bed shortages (national issue) • Estate footprint & size of dept	• Daily joint working with all system partners to create ED capacity aligned to local oversight arrangements • Daily calls and CCG support with discharges and Transport • Daily calls with EEAST to review pressures across local Trusts and enact “load levelling” • Nightingale Ward (18 beds) available as per escalation plans and staffing availability • Continue with established safety huddles and harm review arrangements • March 23 improvement ambitions for the 6 national UEC priority metrics have now been agreed across the ICS and will be overseen in West Essex at the Local Delivery Board (LDB) • IN / OUT patient flow programmes established • Recent appointments of an ED Nurse Consultant and a UEC Head of Nursing • Relocation of the discharge lounge to create additional ED capacity - delayed until February	Actions in place to ensure that patient safety is maintained SRG/LDB work plans agreed in line with NHSE planning guidance and Board Assurance Framework. Performance Improvement Trajectories aligned to action plans; Feb UEC Board and SRG/LDB focus on further actions required to return performance to improvement trajectories
South West Herts / WHTHT	• High number of attendances continued throughout December (16,600), with a sharp decrease in January 2023 to 14,100 • 4 hour ED performance improved throughout December and January (mirroring attendances). December saw performance of 60% with an improvement to 68% in January 2023 • 5.4% of patients spent >12 hours in ED during November; this was an improvement on the previous months figure of 6.5% • 55.7% of patients with NCTR remaining in hospital is an increase on the previous month (54.1%)	• The high number of MH presentations continued during December but the numbers have sharply declined in January (both in ED and on the wards). • Continued high numbers of NMCTR in both WHTHT and CLCH beds • MH assessments and bed shortages (national issue) • 120+ surge beds open during Dec	• St Albans Integrated Urgent Care Hub (IUCH) in fourth month of operation. Substantive staff recruited and in place . Radiology issues Mon-Fri have been resolved with full minor illness and minor injury profile available. Weekend radiology under development between ICB and WHTHT. • Care connect a challenge in facilitating GP referrals to the IUCH. Workaround remains in place • Utilisation of the IUCH steadily increased and amendments been made to the DOS ranking to facilitate increased 111 referrals to the IUCH; raised utilisation to >60%. • Tranche 3 schemes continue to be implemented where they can • EEAST working with WHTHT to convey appropriate patients direct to Watford UTC • 35 nurses recruited across Emergency Medicine and 4 additional consultant posts approved • Virtual Ward capacity expanding	
East & North Herts / ENHT	• Handover performance improved over the two months to December, returning to meet improvement trajectory for <30 mins; • ED attendances remain at higher levels however a reduction was seen in January to lowest in 22/23; • ED 4 hour performance continued to see a second month of improvement in Jan at just under 65%; • The % of patients spending more than 12 hours in the dept remains high increasing to 10.5% in the latest data; • % of patients not meeting criteria to reside & not discharged remains high.	• Increased levels of ED attendances through to December with acuity remaining high • Ambulance handover delays • ED staffing - vacancies and sickness/isolation • Covid and Flu patients within the Trust, contact beds closed impacting capacity and flow • MH assessments and bed shortages	• 2 key elements of the UEC Transformation action plan have been successfully introduced, including the opening of the new Assessment/SDEC area and the 'pull for safety ' model across the speciality assessment areas; • Wider pull for safety actions continue to take pace with an incremental roll out over the coming weeks; • Zero tolerance to excess handover delays continue and reduced to 1 hour in Jan; • Paediatrics were given 60 GP slots per day for redirection to support increased activity associated to STREP A; • The temporary Ambulance Handover Unit opened in late December, providing 5 additional ED trolley spaces. • Tracking against March 23 improvement trajectories for UEC priority metrics overseen in ENH through the SRG.	

Appendix C: Performance v. 22/23 Operational Plans by Place

East and North Herts Trust

Baseline	22/23 Activity Plan	22/23 M1-9 Activity Plan	Area	Target		M1-9 Actual										Target Achievement @ M9
						April	May	June	July	August	September	October	November	December	Total	
104,880	138,641	101,728	Activity	10% elective activity increase (19/20 levels RTT pathway)	Plan	7,816	8,554	11,535	12,112	12,688	12,688	12,112	12,688	11,535	**101,728**	+0%
	+32%				Actual	7,816	9,494	9,139	8,072	8,241	9,353	9,015	10,187	7,364	**78,681**	
					Variance	0	940	-2,396	-4,040	-4,447	-3,335	-3,097	-2,501	-4,171	**-23,047**	
N/A	0	0	Waitlist	104 week waits eliminated by Jul 22 (waitlist, end of Jun 22)	Actual	96	56	21	9	7	2	2	3	3	**3**	Trending down
N/A	0	237		Eliminate 78 week waits by Apr 23 (waitlist, end of Mar 23)	Actual	439	408	324	312	407	458	464	548	689	**689**	Up at Month 9
3313	2914	3151		52 week waits trending down across 22/23	Actual	3473	3699	4027	4294	4628	4688	4527	4618	4778	**4778**	Increasing
400,242	359,706	278,384	Outpatients	25% reduction in outpatient follow-ups by 2023	Plan	33,377	33,990	31,737	34,856	28,372	28,950	31,901	30,135	25,066	**278,384**	-2%
	-10%				Actual	30,904	34,899	31,661	31,545	32,011	33,021	32,679	35,982	32,050	**294,752**	
					Variance	-2,473	909	-76	-3,311	3,639	4,071	778	5,847	6,984	**16,368**	
N/A	4.7%	3.1%		5% of outpatients moved or discharged to PIFU	Actual	0.6%	0.7%	0.7%	0.6%	0.8%	0.8%	0.9%	1.0%	1.2%	**1.2%**	1.2%
0%	26%	26%		25% of consultations via video/telephone	Actual	26%	26%	26%	27%	25%	26%	26%	27%	26%	**26%**	26%
N/A				16 specialist advice requests per 100 outpatient firsts	Actual	24	24	23	24	24	22	22	21	20	**23**	23
180,261	184,372	142,809	Diagnostics	20% increase in diagnostic capacity against 19/20 levels	Plan	14,839	16,359	16,071	16,432	15,611	15,674	16,429	15,456	15,009	**141,880**	-13%
	+2%				Actual	11,414	13,529	13,068	12,957	13,040	13,439	13,731	14,492	12,734	**118,404**	
					Variance	-3,425	-2,830	-3,003	-3,475	-2,571	-2,235	-2,698	-964	-2,275	**-23,476**	
87	87	155	Cancer	Reducing cancer 62+ day waitlist to pre-pandemic levels	Actual	322	275	306	304	329	221	242	203	256	**256**	Remains high
75%	74%	75%		Reduction in missed 28 day cancer decisions	Actual	68%	64%	71%	72%	73%	70%	72%	72%	77%	**70%**	% within 28 days increasing

Appendix C: Performance v. 22/23 Operational Plans by Place

PAH

Baseline	22/23 Activity Plan	22/23 M1-9 Activity Plan	Area	Target
70,011	75,816	56,028	Activity	10% elective activity increase (19/20 levels RTT pathway)
	+8%			
N/A	0	0	Waitlist	104 week waits eliminated by Jul 22 (waitlist, end of Jun 22)
N/A	0	160		Eliminate 78 week waits by Apr 23 (waitlist, end of Mar 23)
1737	3,059	3,206		52 week waits trending down across 22/23
225,486	271,151	202,475	Outpatients	25% reduction in outpatient follow-ups by 2023
	+20%			
N/A	2.0%	1.7%		5% of outpatients moved or discharged to PIFU
4%	27%	27%		25% of consultations via video/telephone
N/A				16 specialist advice requests per 100 outpatient firsts
110,523	117,630	88,074	Diagnostics	20% increase in diagnostic capacity against 19/20 levels
	+6%			
121	75	75	Cancer	Reducing cancer 62+ day waitlist to pre-pandemic levels
61%	73%	75%		Reduction in missed 28 day cancer decisions

	M1-9 Actual										Target Achievement @ M9
	April	May	June	July	August	September	October	November	December	Total	
Plan	5,317	5,941	6,678	6,643	5,902	6,232	6,484	6,824	6,007	**56,028**	-1%
Actual	5,317	6,088	5,911	5,646	5,644	5,953	6,076	6,220	4,669	**51,524**	
Variance	0	147	-767	-997	-258	-279	-408	-604	-1,338	**-4,504**	
Actual	14	12	10	3	0	0	0	0	0	**0**	At Zero
Actual	223	266	281	296	248	208	141	108	157	**157**	Up at Month 9
Actual	1818	1674	1785	1911	1909	1898	1804	1721	1773	**1773**	Remains high
Plan	19,736	22,231	23,018	23,120	22,398	22,968	23,099	23,179	22,726	**202,475**	+3%
Actual	19,754	22,354	19,593	18,917	18,371	17,497	18,088	19,628	20,769	**174,971**	
Variance	18	123	-3,425	-4,203	-4,027	-5,471	-5,011	-3,551	-1,957	**-27,504**	
Actual	0.9%	1.4%	1.5%	1.3%	1.4%	1.4%	1.4%	1.6%	1.2%	**1.2%**	1.2%
Actual	27%	27%	28%	28%	27%	28%	28%	31%	31%	**28%**	28%
Actual	5	5	5	5	6	5	5	5	4	**5**	5
Plan	9,258	9,852	9,852	9,852	9,852	9,852	9,852	9,852	9,852	**88,074**	+3%
Actual	9,258	9,793	9,073	9,604	10,193	9,242	9,491	9,888	8,087	**84,629**	
Variance	0	-59	-779	-248	341	-610	-361	36	-1,765	**-3,445**	
Actual	182	156	128	125	162	152	163	149	193	**193**	Remains high
Actual	64%	66%	74%	72%	73%	68%	70%	74%	75%	**70%**	% within 28 days increasing

Appendix C: Performance v. 22/23 Operational Plans by Place

West Herts Teaching Hospitals Trust

Baseline	22/23 Activity Plan	22/23 M1-9 Activity Plan	Area	Target		M1-9 Actual										Target Achievement @ M9
						April	May	June	July	August	September	October	November	December	Total	
71,713	115,674	80,676	Activity	10% elective activity increase (19/20 levels RTT pathway)	Plan	3,682	5,002	4,373	11,865	10,553	11,397	11,871	11,579	10,354	**80,676**	-22%
	+61%				Actual	3,682	4,999	4,816	4,618	4,948	5,633	6,116	6,860	5,376	**47,048**	
					Variance	0	-3	443	-7,247	-5,605	-5,764	-5,755	-4,719	-4,978	**-33,628**	
N/A	0	2	Waitlist	104 week waits eliminated by Jul 22 (waitlist, end of Jun 22)	Actual	14	9	4	3	2	3	2	2	0	**0**	At Zero
N/A	0	29		Eliminate 78 week waits by Apr 23 (waitlist, end of Mar 23)	Actual	144	155	143	133	137	116	92	69	69	**69**	Decreasing
1059	507	588		52 week waits trending down across 22/23	Actual	1193	1431	1660	1783	2078	2587	3413	4272	3544	**3544**	Increasing
330,892	260,127	197,020	Outpatients	25% reduction in outpatient follow-ups by 2023	Plan	18,976	20,461	18,963	24,263	24,082	23,655	22,741	22,803	21,076	**197,020**	-21%
	-21%				Actual	19,598	22,104	21,299	21,019	21,732	22,226	22,042	24,789	19,903	**194,712**	
					Variance	622	1,643	2,336	-3,244	-2,350	-1,429	-699	1,986	-1,173	**-2,308**	
N/A	2.1%	1.7%		5% of outpatients moved or discharged to PIFU	Actual	0.7%	0.9%	1.0%	0.8%	0.8%	0.6%	0.4%	0.1%	0.1%	**0.1%**	0.1%
8%	25%	24%		25% of consultations via video/telephone	Actual	15%	13%	14%	13%	13%	14%	14%	14%	13%	**14%**	14%
N/A				16 specialist advice requests per 100 outpatient firsts	Actual	47	46	46	50	48	45	45	44	41	**46**	46
126,398	146,816	107,009	Diagnostics	20% increase in diagnostic capacity against 19/20 levels	Plan	9,652	10,497	9,095	13,595	12,379	12,660	13,373	13,068	12,690	**107,009**	-38%
	+16%				Actual	9,357	10,546	9,827	9,473	9,835	9,922	9,321	10,736	8,895	**58,960**	
					Variance	-295	49	732	-4,122	-2,544	-2,738	-4,052	-2,332	-3,795	**-48,049**	
81	105	136	Cancer	Reducing cancer 62+ day waitlist to pre-pandemic levels	Actual	261	297	297	277	270	257	233	195	191	**191**	Decreasing
72%	69%	79%		Reduction in missed 28 day cancer decisions	Actual	51%	58%	56%	60%	60%	58%	63%	72%	73%	**60%**	% within 28 increasing

Appendix D: HWE Adult Community Services

Elective & Specialist	E&NH	S&WH	West Essex
Cardiac Rehab	HCT/ENHT	CLCH	EPUT
Diabetes	HCT	HCT	EPUT
Continence services	HCT	CLCH	EPUT
Nutrition and Dietetic Service	HCT	HCT	EPUT
Speech and language therapy	HCT	CLCH	EPUT
Podiatry	HCT	CLCH	EPUT
Specialist palliative care	HCT	CLCH	EPUT
Heart failure service	-	CLCH	EPUT
Lymphoedema	HCT	CLCH	HCT
Tissue Viability	HCT	CLCH	EPUT
Leg Ulcer	HCT	CLCH (Herts one)	EPUT
Respiratory	HCT/ENHT	CLCH/WHHT	EPUT
MSK	HCT	Connect	EPUT
Chronic pain management	HCT	Connect	EPUT
Community Neuro/rehab	HCT	CLCH	PD/MS only
Pulmonary Rehab	HCT	CLCH	EPUT
Specialist Dentistry	HCT	HCT	-
Community Dermatology	HCT	-	GP Fed
Community ENT	-	Communitas	-
Community Gynaecology	-	The Gynaecology partnership	-
Long Covid	HCT	CLCH	EPUT
Diabetes eye screening	ENHT	HCT	Health intelligence Ltd
Sexual Health Services	CLCH	CLCH	Provide

Urgent & Emergency Services	E&NH	S&WH	West Essex
2 hour urgent response	HCT	CLCH	EPUT
Hospital at home/rapid response	HCT	CLCH	EPUT
Discharge to assess (at home)	HCT	CLCH	EPUT
Virtual ward/hospital	HCT	CLCH/WHHT	EPUT
Inpatient rehab beds	HCT	CLCH	EPUT
Inpatient stroke Neuro rehab beds	HCT	CLCH	EPUT
Respiratory services	HCT	CLCH	EPUT
Stroke (Early supported discharge)	HCT	CLCH	EPUT
Neuro ESD (NETT)	-	CLCH	-

Core community Services	E&NH	S&WH	West Essex
District Nursing	HCT	CLCH	EPUT
Community therapies (OT/PT)	HCT	CLCH	EPUT
Frailty clinics	HCT	CLCH	PAH
Enhanced health in care homes	HCT	CLCH	EPUT

Appendix D: HWE Children's Community Services

Children's Services within Hertfordshire and West Essex ICS is complex with a range of existing governance forums and a broad range of services provided primarily by NHS Trusts, but with a number of independent and 3rd sector organisations

Service	E&NH	S&WH	West Essex
ADHD	ENHT	HPFT	HCRG
Advocacy	KIDS	KIDS	Rethink / Open Door
Allergy	ENHT	WHHT	HCRG / PAH
ASD	ENHT	HCT	HCRG
Asthma Nurse specialist	n/a	HCT	To be established
Audiology	ENHT	HCT	PAH
Wellbeing Practitioners	HCT	HCT	HCRG
CHIS	HCT	HCT	Provide
Com. Nursing	ENHT	HCT	HCRG
Comm Paeds	ENHT	HCT	HCRG
Continence	n/a	HCT	HCRG
Continuing Care	ENHT	HCT	HCRG & Various Independent
CSAIS	EPUT (s/c HCT)	EPUT (s/c HCT)	EPUT
CYP Counselling	YCT, Youthtalk, Signpost, Rephael House & Safespace.	YCT, Youthtalk, Signpost, Rephael House & Safespace.	YCT
CYP Therapies	HCT	HCT	HCRG (SLT inclusive of dysphagia, PT inclusive of MSK)
Designated Medical Officer for SEND	ENHT	HCT	HCRG
Diabetes Nurse Specialist	ENHT	WHHT	PAH
Dietetics	HCT	HCT	HCRG / PAH
Eating Disorders	HPFT	HPFT	NELFT / BEAT
Epilepsy Nurse Specialist	ENHT	WHHT	PAH
Equipment	HCT	HCT	EPUT
Eye Care	ENHT	HCT/WHHT	PAH

Service	E&NH	S&WH	West Essex
Family Hubs/Children's Centres	Family Centre Services/Family Support Services/ HCT	Family Centre Services/Family Support Services/ HCT	HCRG
Health Visiting	HCT	HCT	HCRG
Hospice Care	Keech	Keech/Noah's Arc/ Rennie Grove	Haven House, EACH
Infant Mental Health	HCT	HCT	EPUT
LAC	HCT	HCT	HCRG
Lymphoedema	HCT	n/a	HCT
Mental Health Support Teams	HPFT/HCT	HPFT/HCT	West Essex Mind (mainstream) / HPFT (special schools)
Neuro-Rehab	Specialist commissioned	Specialist commissioned	Tadworth Children's Trust
Palliative Care Respite Service (EPIC)	Noah's Arc	Noah's Arc	Little Haven's
Palms	HCT	HCT	n/a
Parenting Support	HCC	HCC	Triple P (YCT from April)
Perinatal Mental Health	HPFT	HPFT	EPUT
School Nursing	HCT	HCT	HCRG
Sickle cell	HCT	HCT	PAH
Special care dentistry	HCT	HCT	PAH
Specialist CAMHS	ENHT	HPFT	NELFT
Specialist Healthcare Tasks	n/a	n/a	Provide
Specialist school nursing	ENHT	HCT	HCRG
Step 2 Service	JHCT	HCT	n/a
Therapeutic Health Based Coaching	n/a	n/a	NOW
Tier 4 CAMHS	HPFT	HPFT	EPUT
Transition coordinators	HCT	HCT	HCRG
Weight Management & other wellbeing services	Beezee Bodies	Henri/ Beezee Bodies	Provide

N.B. Virgin Care has now been transferred to HCRG Care Group

Glossary of Acronyms

>104 days	Cancer backlog greater than 104 days
>104 weeks	Elective Care backlog greater than 104 weeks
>62 days	Cancer backlog greater than 62 days
A&E	Accident & Emergency
AAU	Ambulatory Assessment Unit
AHC	Annual Health Check
BAME	Black Asian & Minority Ethnic
BAU	Business As Usual
CAMHS	Children & Adolescent Mental Health Service
CCATT	Children Crisis Assessment & Treatment Team
CCG	Clinical Commissioning Group
CDC	Cancer Diagnostic Centre
CEO	Chief Executive Officer
CHC	Continuing Healthcare
CISS	Community Intensive Support Service
CLCH	Central London Community Healthcare NHS Trust
CMO	Chief Medical Officer
CO	Carbon Monoxide
CQC	Care Quality Commission
CT	Computerised Tomography (scan)
CYP	Children Young People
D2A	Discharge to Assess
DMAS	Digital Mutual Aid System
DQ	Data Quality
DST	Decision Support Tool
DSX	DSX Systems (Digital Health Solutions)
DWP	Department for Work & Pensions
EAU	Emergency Assessment Unit
ECHO	Echocardiogram

ED	Emergency Department
EEAST	East of England Ambulance Service NHS Trust
EIP	Early Intervention in Psychosis
EMDASS	Early Memory Diagnosis and Support Service
EMIS	Supplier of GP Practice systems and software
ENHCCG	East & North Herts Clinical Commissioning Group
ENHT	East & North Herts NHS Trust
EPR	Electronic Patient Record
EPUT	Essex Partnership University NHS Foundation Trust
F2F	Face-to-Face
FDS	Cancer 28 day Faster Diagnosis Standard
FHAU	Forest House Adolescent Unit
FNC	Funded Nursing Care
GP	General Practice
HALO	Hospital Ambulance Liaison Officer
HCA	HealthCare Assistant
HCT	Hertfordshire Community Trust
HEG	Hospital Efficiency Group
HPFT	Hertfordshire Partnership NHS Foundation Trust
HUC	Hertfordshire Urgent Care
HVCCG	Herts Valley Clinical Commissioning Group
IAG	Inspection Action Group
IAPT	Improving Access to Psychological Therapies
ICB	Integrated Care Board
ICP	Integrated Care Partnership
ICS	Integrated Care System
IPC	Infection prevention and control
IS	Independent Sector
IUC	Integrated Urgent Care

JSPQ	Joint Service, Performance and Quality Review Meeting
LA	Local Authority
LAC	Look After Children (team)
LD	Learning Disability
LeDeR	Learning Disability Mortality Review Programme
LFT	Lateral Flow Test
LMNS	Local Maternity Neonatal System
LMS	Local Maternity System
LoS	Length of Stay
MDT	Multi Disciplinary Teams
MH	Mental Health
MHSOP	Mental Health Service for older People
MOU	Memorandum Of Understanding
MRI	Magnetic Resonance Imaging
MSE	Mid & South Essex NHS Foundation Trust
NHSE / I	NHS England & Improvement
NICE	The National Institute for Health & Care Excellence
NLMCTR	No Longer Meets Criteria To Reside
NO	Nitrous Oxide
NOK	Next Of Kin
OHCP	One HealthCare Partnership
OOAP	Out of Area Placements
OT	Occupational Therapy
PAH / PAHT	The Princess Alexandra Hospital NHS Trust
PCN	Primary Care Network
PCR	Polymerase Chain Reaction (test)

PEoLC	Palliative & End of Life Care
PIFU	Patient Initiated Follow-Up
PMO	Project Management Office
PRISM	Primary Integrated Service for Mental Health
PTL	Patient Tracking List
RCA	Root Cause Analysis
REAP	Resource Escalation Action Plan
RESUS	Resuscitation
RTT	Referral to Treatment (18-week elective target)
SACH	St Albans City Hospital
SAFER	Tool to reduce patient flow delays on inpatient wards
SDEC	Same Day Emergency Care
SLT	Speech & Language Therapist
SMART	Surge Management and Resilience Toolset
SRG/LDB	System Resilience Group / Local Delivery Board
SSNAP	Sentinel Stroke National Audit Programme
T&O	Trauma and Orthopaedic
TTA	Take Home Medication (To Take Away)
UEC	Urgent Emergency Care
US	Ultrasound Scan
UTC	Urgent Treatment Centre
WAF	Winter Access Fund
WECCG	West Essex Clinical Commissioning Group
WGH	Watford General Hospital
WHHT	West Herts Hospital Trust
WW	Week Waits

Hertfordshire and West Essex Integrated Care System

NHS Hertfordshire and West Essex Integrated Care Board

Meeting:	*Meeting in public*	☒	*Meeting in private (confidential)*	☐
	NHS HWE ICB Board meeting held in Public		**Meeting Date:**	**24/03/2023**
Report Title:	**Finance Report for Month 10 2022/23**		**Agenda Item:**	**14**
Report Author(s):	Debbie Griggs, Deputy Chief Finance Officer			
Report Presented by:	Alan Pond, Chief Finance Officer			
Report Signed off by:	Alan Pond, Chief Finance Officer			

Purpose:	**Approval / Decision**	☐	**Assurance**	☐	**Discussion**	☐	**Information** ☒

Which Strategic Objectives are relevant to this report **[Please list]**	▪ Improve access to health and care services ▪ Achieve a balanced financial position annually
Key questions for the ICB Board / Committee:	N/A
Report History:	This report has been presented and noted at the Finance and Investment Committee on 14 March 2023
Executive Summary:	This report provides the Board with information on the financial position of the Herts and West Essex (HWE) Integrated Care Board (ICB) for Month 10 2022/23. At Month 10, the ICB is reporting a year-to-date underspend position of £17.9m and a forecast outturn of £21.5m surplus. This is an increase on the £10m headroom reported at month 8, following confirmation that the ICB would receive c£7m in funding to support breakeven (badged as a contribution to drug tariff price increases resulting from stock shortages) and lower than expected 2022/23 spending on some community services contracts. The ICB's position is therefore able to offset the deficits previously identified as likely to arise in two of our Trusts, bringing the ICS as a whole to financial balance. Continuing Healthcare (CHC) continues to experience cost pressures, and remedial actions continue to be taken by the CHC Team. This affects both West Essex (WE) and South and West Herts (SWH) Healthcare

<table>
<tr><td></td><td colspan="4">Partnerships (HCP), where SWH is a continuation of the pressures experienced in the legacy Clinical Commissioning Group (CCG) of Herts Valleys. Further work is also being undertaken by the Finance Team to review the forecast assumptions.

GP Prescribing is experiencing cost pressures deriving from areas of spend which are difficult to mitigate because they are either national issues or issues which pose a reputational risk if the ICB does not implement changes to guidance. The Pharmacy and Medicines Optimisation Team (PMOT) are working towards mitigating some of these pressures.</td></tr>
<tr><td>Recommendations:</td><td colspan="4">It is recommended that the Board:
Note the Month 10 forecast outturn financial position of £21.5m surplus
Note the risks to the financial position specifically linked to CHC and GP Prescribing
Note the delivery of the financial performance targets for the year</td></tr>
<tr><td rowspan="4">Potential Conflicts of Interest:</td><td>Indirect</td><td>☐</td><td>Non-Financial Professional</td><td>☐</td></tr>
<tr><td>Financial</td><td>☐</td><td>Non-Financial Personal</td><td>☐</td></tr>
<tr><td colspan="3">None identified</td><td>☒</td></tr>
<tr><td colspan="4">N/A</td></tr>
<tr><td colspan="5">Implications / Impact:</td></tr>
<tr><td>Patient Safety:</td><td colspan="4">[Consider the impact of the paper on patient safety, e.g. Does the paper support improvement in patient safety and mitigate risks to patient safety]</td></tr>
<tr><td>Risk: Link to Risk Register</td><td colspan="4">[Refer to latest Risk Register when completing]</td></tr>
<tr><td>Financial Implications:</td><td colspan="4">Positive assurance on the ICB's ability to achieve breakeven both for itself and the wider ICS.</td></tr>
<tr><td rowspan="3">Impact Assessments:
(Completed and attached)</td><td colspan="2">Equality Impact Assessment:</td><td colspan="2">N/A</td></tr>
<tr><td colspan="2">Quality Impact Assessment:</td><td colspan="2">N/A</td></tr>
<tr><td colspan="2">Data Protection Impact Assessment:</td><td colspan="2">N/A</td></tr>
</table>

1. Executive summary

The Herts and West Essex (HWE) Integrated Care Board (ICB) was established on 1 July 2022, following the demise of the three CCGs, namely East and North Hertfordshire, Herts Valleys and West Essex CCGs.

This report provides the Committee with information on the financial position of the ICB for its seventh month, Month 10 (January) 2022/23. At Month 10, the ICB is reporting a year-to-date underspend of £17.917m and forecast outturn underspend of £21.498m.

The ICB's position is therefore able to offset the deficits previously identified as likely to arise in two of our Trusts, bringing the ICS as a whole to financial balance.

2. Background

It was originally intended that the ICB would be established on 1 April 2022, to coincide with the NHS Financial Year End and NHS England issued the annual allocation for 2022/23 to the ICB on this basis.

However, with the delay on the start date of the ICBs to 1 July 2022, this required the ICB allocation to be distributed for Quarter 1 (April to June 2022) to the three CCGs and for those CCGs to report on financial performance for the Quarter and produce the Annual Accounts for this period.

The intention remains that the ICBs will be responsible for the System as a whole, including the CCGs that they replaced. To support this achievement, the three CCGs were allocated with the funding needed to achieve a breakeven position, with the balance of the funding to be carried over to the ICB.

3. Financial Performance

Allocations notified

The table below shows the notified allocations of £8.518m that the ICB has received in Month 10 2022/23. Of these allocations, £4.689m relates to Tranche 2 of the Discharge Funding and £1.371m relates to Central Funding for Additional Pension contributions. All allocations are for identified funding streams and have committed expenditure plans against them.

A comprehensive breakdown of the allocations for the year can be seen in Appendix 1.

HWE ICB Financial Plan	CCGs Q1	ICB Q2-Q4		TOTAL
		Recurrent	Non Recurrent	
	£'000	£'000	£'000	£'000
Allocations Q1	667,042			667,042
Allocations Month 4 - Month 9		2,000,441	191,217	2,191,658
Closing Allocation at Month 9	667,042	2,000,441	191,217	2,858,700
New Allocations Month 10				
Integration implementation - managed service			18	18
Cyber Security			65	65
Cancer Alliance Fair Shares Distribution Q4			797	797
Cancer Allaince CCE Q4			4	4
Cancer Alliance Additional SDF Pay Uplift			58	58
Cancer Alliance Cytosponge Q4			80	80
PCT GP ACCELERATE PROGRAMME			26	26
PCT Asylum Health - Contingency Hotels			37	37
PCT Supporting Mentors			13	13
PCT Local GP Retention			19	19
PCT ARI hubs month 10 tranche 1			486	486
SDF CVD: Funding for the 22/23 Managing Heart Failure at home pilot			100	100
M10 quarterly payment Tobacco (Impatient and Maternity Fairshares)			163	163
DOAC rebates Q2 22_23			592	592
ICB Q2-Q4 Additional 6.3% Pension			1,371	1,371
22/23 discharge funding - tranche 2			4,689	4,689
Sub-Total New Allocations Month 10			8,518	8,518
Closing Allocation at Month 10	**667,042**	**2,000,441**	**199,735**	**2,867,218**

As set out previously, The ICB has received partial return of the historical CCG Surplus as an allocation from NHS England (NHSE). The amount returned is the value of the surplus above the 1% required in NHSEI business rules and total £16.7m.

However, as laid out as a national directive, the ICB is not able to access this funding without prior approval from NHSEI and NHSEI has not given approval for any drawdown and spending in 2022/23. This amount is therefore not available to add to expenditure budgets.

Two further allocations are expected, but had not been received by month 10, so although not included above are included in the financial reports below. These allocations are:

- £3.987m for expenditure against the Primary Care Additional Roles Reimbursement Scheme (ARRS) where PCNs receive a budget but not all of the funding is held within the ICB. The balance is held by NHSEI and only allocated to ICBs when their allocation is fully spent. The PCNs are forecasting higher spend than the ICB holds and so an additional allocation is expected. This is ultimately cost neutral to the ICB because if costs go down so will the additional allocation to the ICB.

- £7.1m to support ICS breakeven and badged as a contribution to drug tariff price increases resulting from stock shortages. This funding is dependent on the ICS breaking even and has not yet been formally received.

The total available to the ICB to spend is as set out in the table below.

HWE ICB Financial Plan	£'000
Notified Allocations - CCGs and ICB	2,867,218
Less allocated to CCGs	(667,042)
Less historical surplus	(16,703)
Plus ARRS	3,987
Plus System support	7,100
Total Allocation	**2,194,560**

Expenditure as at Month 10 2022/23

The summary position of the ICB at Month 10 2022/23 is a year-to-date underspend of £17.917m and a forecast outturn underspend of £21.498m.

Summary Expenditure Position as at Month 10 (January) 2022/23							
	Year to Date				Forecast		
	Budget £'000	Actual £'000	Variance £'000	Expenditure Category	Total Budget Mths 4 to 12 £'000	Outturn £'000	Variance £'000
1	906,425	904,962	(1,463)	Acute Services	1,160,127	1,159,386	(740)
2	76,866	88,331	11,466	Continuing Healthcare Services	99,778	114,272	14,494
3	15,407	15,407	0	Corporate Services	24,197	24,197	0
4	177,093	177,769	676	Mental Health Services	227,505	227,828	323
5	162,138	161,700	(438)	Primary Care Services	220,390	219,828	(562)
6	135,309	138,249	2,941	Prescribing	173,103	177,357	4,254
7	159,053	155,497	(3,556)	Community Services	204,535	201,833	(2,702)
8	10,055	9,740	(315)	Other Commissioned Services	13,287	12,486	(801)
9	23,366	20,990	(2,376)	Other Programme Services	37,283	35,875	(1,409)
10	24,852	0	(24,852)	Reserves	34,354	0	(34,354)
	1,690,563	1,672,647	(17,917)	Sub-Total Expenditure	2,194,560	2,173,062	(21,498)

Acute Services

The reported position at Month 10 is a year-to-date underspend of £1.463m and a forecast year end underspend of £0.740m. This underspend is primarily due to underspends on independent sector contracts where less elective activity has been undertaken. Unlike NHS Trusts who received an elective recovery fund allocation which was not clawed back for underperformance, independent providers have only been paid for the activity actually undertaken.

1. Acute Services by Place							
	Year to Date				Forecast		
	Budget £'000	Actual £'000	Variance £'000	Expenditure Category	Total Budget Mths 4 to	Outturn £'000	Variance £'000
1	342,196	340,366	(1,831)	East & North Herts Place	438,187	436,141	(2,047)
2	373,482	374,124	641	South & West Herts Place	477,547	478,602	1,055
3	190,746	190,360	(386)	West Essex Place	244,382	244,634	252
4	0	113	113	Unaligned/ICB	10	10	0
	906,425	904,962	(1,463)	Total Expenditure	1,160,127	1,159,386	(740)

Continuing Healthcare (CHC)

The reported position at Month 10 is a year to date overspend of £11.466m and a forecast year end position of £14.494m above plan. This is an increase in the outturn overspend variance of £3.607m compared to the Finance Report for month 8 and is the result of continued price and volume pressures.

The previously identified remedial action continues to be undertaken by the CHC Team, with further analysis of spend and trend analysis being undertaken by the Finance Team. There is additional information in the 'Identified Issues' section later in the report.

2. Continuing Healthcare by Place

	Year to Date				Forecast		
	Budget £'000	Actual £'000	Variance £'000	Expenditure Category	Total Budget Mths 4 to 12 £'000	Outturn £'000	Variance £'000
1	27,278	28,377	1,099	East & North Herts Place	35,072	37,504	2,433
2	33,685	41,401	7,715	South & West Herts Place	44,257	51,515	7,258
3	13,314	16,531	3,216	West Essex Place	17,118	21,814	4,696
4	2,588	2,024	(565)	Unaligned/ICB	3,331	3,438	107
	76,866	**88,331**	**11,466**	**Total Expenditure**	**99,778**	**114,272**	**14,494**

Mental Health Services

The reported position at Month 10 is a year-to-date overspend of £676k and a forecast overspend of £0.323m. The forecast outturn is on track to achieving the Mental Health Investment Standard (MHIS) with an increased investment of 5.40% rather than the required 5.36%.

4. Mental Health Services by Place

	Year to Date				Forecast		
	Budget £'000	Actual £'000	Variance £'000	Expenditure Category	Total Budget Mths 4 to 12 £'000	Outturn £'000	Variance £'000
1	70,018	70,916	898	East & North Herts Place	88,354	89,439	1,085
2	74,278	74,002	(277)	South & West Herts Place	98,546	97,756	(790)
3	32,759	32,852	92	West Essex Place	40,493	40,633	140
4	37	0	(37)	Unaligned/ICB	112	0	(112)
	177,093	**177,769**	**676**	**Total Expenditure**	**227,505**	**227,828**	**323**

Primary Care

The reported position at Month 10 is a year-to-date underspend of £0.438m and a year-end forecast underspend of £0.562m.

5. Primary Care by Place	Year to Date				Forecast		
	Budget £'000	Actual £'000	Variance £'000	Expenditure Category	Total Budget Mths 4 to 12 £'000	Outturn £'000	Variance £'000
1	65,750	65,953	203	East & North Herts Place	84,098	84,360	262
2	66,449	66,202	(247)	South & West Herts Place	88,292	87,974	(318)
3	29,320	29,304	(16)	West Essex Place	44,293	44,272	(20)
4	619	241	(378)	Unaligned/ICB	3,708	3,222	(486)
	162,138	**161,700**	**(438)**	**Total Expenditure**	**220,390**	**219,828**	**(562)**

Prescribing

The reported position at Month 10 is a year to date overspend of £2.941m, which is expected to increase by the end of the year as an overspend of £4.254m. The reported position is an improvement, but only because of the additional allocation to be received of £7.1m. Without this allocation the forecast variance would have worsened by £4.436m since the month 8 Finance Report.

More detail and explanation of the pressures in prescribing is explained in the Identified Issues section that follows later in this report.

6. Prescribing by Place	Year to Date				Forecast		
	Budget £'000	Actual £'000	Variance £'000	Expenditure Category	Total Budget Mths 4 to 12 £'000	Outturn £'000	Variance £'000
1	54,381	55,286	905	East & North Herts Place	69,911	70,680	768
2	48,674	49,874	1,200	South & West Herts Place	61,926	64,581	2,655
3	29,041	30,867	1,826	West Essex Place	37,300	39,191	1,891
4	3,214	2,222	(991)	Unaligned/ICB	3,965	2,905	(1,060)
	135,309	**138,249**	**2,941**	**Total Expenditure**	**173,103**	**177,357**	**4,254**

Community Services

The reported position at Month 10 is a year-to-date underspend of £3.556m, which is expected to end the year as an underspend of £2.702m. This underspend has grown since the month 8 report and is largely attributable to lower than expected spending on in-year contracts with some investments being delayed.

7. Community Services by Place	Year to Date				Forecast		
	Budget £'000	Actual £'000	Variance £'000	Expenditure Category	Total Budget Mths 4 to 12 £'000	Outturn £'000	Variance £'000
1	60,575	60,201	(374)	East & North Herts Place	77,969	77,739	(230)
2	65,593	63,388	(2,205)	South & West Herts Place	84,195	82,183	(2,012)
3	32,625	31,639	(987)	West Essex Place	42,036	41,577	(459)
4	261	270	9	Unaligned/ICB	335	335	(1)
	159,053	**155,497**	**(3,556)**	**Total Expenditure**	**204,535**	**201,833**	**(2,702)**

Identified Issues

The Committee is asked to note the following identified risks:

Continuing Healthcare

Continuing Healthcare (CHC) continues to experience significant cost pressures, despite the remedial actions being taken by the Team.

The main drivers for the increase in expenditure are:

- Increased 1:1 spend due to Covid isolation requirements
- Discharge to Assess (DTA) breaches which have occurred due to staffing shortages and delayed 7-stage Decision Support Tool (DST) assessments
- Backlog of reviews due to staffing shortages.
- Increases in demand for CHC Placements
- Increase in overall cost of care packages - SW Herts Place reported the highest cost pressure contributed by increased number of over £40k a month care packages compared to previous year and an increased average cost of less than £40k packages despite a reduction of the number of patients becoming newly eligible in year.
- Outstanding reconciliation of Personal Health Budgets (PHB) accounts

The forecast outturn for the CHC spend has been refined by the finance team to ensure that all spend has been reflected in line with the reported placements within iChord (the CHC database). This has resulted in an increase in the FOT variance of c£3.6m, however, this has given the finance team greater insight into how the costs are entered into the database and provided added assurance that the information is being captured contemporaneously.

There are still areas where the forecast outturn may be overstated, such as the recording of packages of care from an independent provider where the individual may be in block contracted beds and where the payment of invoices has not been accurately recorded on the database which could lead to an overstating of costs. This will continue to be reviewed by the finance team.

Prescribing

GP Prescribing is experiencing cost pressures deriving from areas of spend which are difficult to mitigate because they are either national issues or issues which pose a reputational risk if the ICB does not implement and follow guidance.

Chiefly these areas are:

- **Supply difficulties** leading to nationally rising prices - stock outages of essential medication causing costs to rise.
- **High tech diabetes monitoring is recommended by NICE** to be used in more cohorts, spend is rising and expected to continue.
- **NICE technical appraisals** (TAs) and guidance have had financial impacts.
- **Workload increase due to Streptococcus A outbreaks** leading to increased numbers of GP, 111 & A&E consultations, increased prescribing and causing antibiotic shortages in some pharmacies.

The Pharmacy and Medicines Optimisation Team (PMOT) continues to work to mitigate some of these cost pressures.

The increase in the FOT variance of c£4.4m over two months is due to the continued increase in monthly charges, which are submitted two months in arrears. The seasonal reduction in spend on prescriptions and drugs over the summer months did not crystalise and added together with the impact of No Cheaper Stock Obtainable (NSCO), this has resulted in a sustained cost pressure continuing into the latter part of the year.

Financial Control

Better Payment Practice Code

The ICB is required to pay 95% of invoices within 30 days of receipt of a valid invoice. This has been achieved in the seven months to Month 10.

BPPC Paid Period	Invoice Count	Invoice Count (Passed)	% Passed	BPPC Amount	Invoice Amount (Passed)	% Amount Passed
Jul-22	2,207	2,204	**99.86%**	198,395,267.62	198,391,180.92	**100.00%**
Aug-22	6,030	5,929	**98.33%**	218,646,321.29	217,819,695.55	**99.62%**
Sep-22	5,423	5,269	**97.16%**	245,498,285.17	244,659,079.70	**99.66%**
Oct-22	4,585	4,495	**98.04%**	204,401,661.42	203,033,669.91	**99.33%**
Nov-22	5,123	4,957	**96.76%**	225,769,354.67	222,937,258.91	**98.75%**
Dec-22	5,183	5,082	**98.05%**	212,883,672.81	211,984,392.21	**99.58%**
Jan-23	4,794	4,677	**97.56%**	224,130,545.53	222,374,501.26	**99.22%**
YTD	33,345	32,613	**97.80%**	1,529,725,108.51	1,521,199,778.46	**99.44%**

Year To Date						
Period Covered	**Jul-22**	**to**	**Mar-23**			
	Number of Bills Paid			**Value of Bills Paid**		
	In Total Period	**Within Target**	**%**	**In Total Period**	**Within Target**	**%**
				£'000	**£'000**	
Non NHS	32,499	31,817	**97.90%**	506,845,342.12	501,218,734.15	**98.89%**
NHS	846	796	**94.09%**	1,022,879,766.39	1,019,981,044.31	**99.72%**
Total	**33,345**	**32,613**	97.80%	**1,529,725,108.51**	**1,521,199,778.46**	**99.44%**

ACCOUNTS RECEIVABLE

Jan 2023 ACCOUNTS RECEIVABLE						
ORG. TYPE	**Total Amount**	**Current**	**1-30 Days**	**31-60 Days**	**61-90 Days**	**90+**
	£	**£**	**£**	**£**		**£**
NHS	7,175,958.54	3,962,640.42	423,360.47	402,693.79	2,112,467.24	274,796.62
Non NHS	183,092.74	3,081.00	59,863.86	57,868.53	25,799.43	36,479.92
Unspecified	-40,082.52	0.00	-22,993.45	-2,497.33	-6,466.74	-8,125.00
Local Authorities	208,392.31	6,362.18	172,153.30	0.00	6,457.05	23,419.78
TOTAL DEBTORS	7,527,361.07	3,972,083.60	632,384.18	458,064.99	2,138,256.98	326,571.32
Paid since 31 Jan	- 1,740,581.48	- 1,045,048.68	- 388,668.03	- 268,981.56	- 37,883.21	-
Balance remaining	5,786,779.59	2,927,034.92	243,716.15	189,083.43	2,100,373.77	326,571.32

Of the £327k over 90 Days, £23k relates to Local Authorities, £38k relates to East of England Ambulance Service NHS Trust (EEAS EEAST requested further backing on 12 Dec, £286k relates to NHS England and there is a credit of £56k on E&N Herts NHS Trust. The remainder is made of of small value invoices and credits.

ACCOUNTS PAYABLE

ACCOUNTS PAYABLE JAN 2023 INVOICES APPROVED NOT YET PAID - to be paid on next payment run.					
ORG. TYPE	**Total Amount**	**1-30 Days**	**31-60 Days**	**61-90 Days**	**90+**
NHS	6,899,933.12	4,883,253.03	602,118.96	1,405,128.00	9,433.13
NHSE	37,251.74	37,251.74	0.00	0.00	0.00
ICB	1,959,324.01	1,837,798.47	0.00	0.00	121,525.54
NON NHS	4,076,969.92	3,651,160.09	335,898.06	22,844.52	67,067.25
OTHER	1,121,809.83	1,035,815.00	33,518.87	26,656.62	25,819.34
TOTAL	14,095,288.62	11,445,278.33	971,535.89	1,454,629.14	223,845.26

ACCOUNTS PAYABLE JAN 2023 INVOICES NOT YET APPROVED					
ORG. TYPE	**Total Amount**	**1-30 Days**	**31-60 Days**	**61-90 Days**	**90+**
NHS	7,379,919.48	3,896,330.93	1,756,209.03	1,244,285.42	483,094.10
NHSE	11,713.75	6,240.75	5,473.00	0.00	0.00
ICB	420,008.19	45,003.35	336,275.16	35,020.00	3,709.68
NON NHS	20,712,283.11	6,749,346.55	3,017,361.91	2,836,468.70	8,109,105.95
OTHER	777,275.89	401,406.89	68,472.32	14,496.98	292,899.70
TOTAL	29,301,200.42	11,098,328.47	5,183,791.42	4,130,271.10	8,888,809.43
TOTAL CREDITORS OUTSTANDING	**43,396,489.04**	**22,543,606.80**	**6,155,327.31**	**5,584,900.24**	**9,112,654.69**

Of the £8.109m Non NHS over 90 Days, £2.020m relates to Hertfordshire County Council invoices relating to CHC, £1.286m relates to Hertfordshire Eye Hospital, and £645K relates to NHS Property Services. Work is ongoing to clear all outstanding balances.

8. Recommendations

The Finance and Investment Committee are asked to note the following:

- The ICB's year to date and forecast outturn position of £21.5m surplus.

- The potential risks to the financial position linked to the Continuing Healthcare (CHC) costs and GP Prescribing.
- The delivery of financial performance targets for the year.

Appendix 1: Detailed Allocations 2022/23

The table below provides additional information on the allocations received by the original three CCGs, which together gives the total allocation for the current financial year.

It should be noted that there are 90 individual funding streams below £100k which have been grouped together in the table, totalling £3,276k.

HWE ICB Financial Plan	CCGs Q1	ICB Q2-4		TOTAL
		Recurrent	Non-Recurrent	
	£'000	£'000	£'000	£'000
ICB Programme allocation	604,610	1,813,832		**2,418,442**
ICB Primary Medical Care Services	59,350	178,051		**237,401**
ICB Running Costs	7,249	21,746		**28,995**
ICS Elective Services Recovery Funding	11,344		34,031	**45,375**
ICS Service Development Funding	10,903		34,287	**45,190**
Balance of CCG Allocations at end of Q1 - transferred to ICB	(26,414)		26,414	**0**
ICS Pay Award Funding		31,860	5,227	**37,087**
ICS Removal of Employers' National Insurance Contributions		(3,915)		**(3,915)**
ICS Demand and Capacity Funding (Winter)			6,886	**6,886**
Virtual Ward Funding			3,402	**3,402**
System Risk Share Repayment - BLMK			2,334	**2,334**
Funding for Long Covid Services			2,141	**2,141**
NHS 111			1,218	**1,218**
Non-recurrent schemes - where scheme is below £100k in value			3,276	**3,276**
Cancer Alliance			872	**872**
CYP Eating Disorders			523	**523**
PCT Transformational Funding			452	**452**
DWP Employment Advisors in IAPT			404	**404**
LDA Autism and Keyworkers			388	**388**
Audit and Salary costs for double running in 22/23 Q1			328	**328**
Treatment and care, recovery and implementation costs			327	**327**
COVID Programme System Funding			300	**300**
DOAC Rebates			299	**299**
Legacy Remote Monitoring project extension (Babylon funding)			238	**238**
Partnership Awards - Digital Care Models			190	**190**
Tobacco (Maternity and Inpatient)			163	**163**
Pulmonary rehabilitation services			136	**136**
Children and Young People's Transformation Programme			115	**115**
The Families' SPOC			110	**110**
FTA 2223 Adjustment			(153)	**(153)**
Virtual Wards - to be paid in month 7			3,261	**3,261**
Cancer Fair Shares Distribution Q3			797	**797**
InHIP Project Funding. David Saunders, david.saunders9@nhs.net			100	**100**
Diagnostics Recovery and Renewal Programme			167	**167**
Imaging Network - diagnostics			500	**500**
ICB System Capability & Tobacco Top Slice Funding			135	**135**
Reversed - ENIC funding removed from ICB ESRF allocations		218		**218**
Reversed - ENIC funding for 01Apr22-06Nov22 - ICB ESRF allocations - in year			(130)	**(130)**
West Essex - NHS 111 capacity			288	**288**
SDF Mental Health - M6 - Winter Pressures 19.1			223	**223**
M7 quarterly payment Tobacco			163	**163**
Supporting people at home Regional Scaling Programme 22/23			273	**273**
Virtual Wards - to be paid in month 7 - reversal as paid in month 5			(3,261)	**(3,261)**
ICB Covid Therapeutics Allocation - Tranche 1			958	**958**
MH Capital Grants from central budgets			384	**384**
DOAC Rebate Q1 22/23			536	**536**
Delegation of Pharmacy, Optometry & Dental staffing (POD)			150	**150**
Workforce - International recruitment			203	**203**
SDF Diabetes: Treatment and care, recovery and impln part 2			328	**328**
CCG Historic Surplus greater than 1% surplus requirement 21/22			16,703	**16,703**
22/23 discharge funding - tranche 1			3,126	**3,126**
PCT Local GP Retention Fund			127	**127**
Regional Scaling Programme 22/23			125	**125**
Community Diagnostic Centre Year 2 Continuation revenue 22/23 Q3 & Q4			391	**391**
LDA Winter Strategy Funding leah.mullins@nhs.net			107	**107**
Funding to support "end to end" validation of waiting lists			140	**140**
Integrated Community Stroke Service transformation (catalyst funds)			184	**184**
COVID Programme System Funding			100	**100**
COVID Programme System Funding			200	**200**
Cancer Alliance Fair Shares Distribution Q4			797	**797**
PCT ARI hubs month 10 tranche 1			486	**486**
SDF CVD: Funding for the 22/23 Managing Heart Failure at home pilot			100	**100**
M10 quarterly payment Tobacco (Impatient and Maternity Fairshares)			163	**163**
DOAC rebates Q2 22 23			592	**592**
ICB Q2-Q4 Additional 6.3% Pension			1,371	**1,371**
22/23 discharge funding - tranche 2			4,689	**4,689**
Total Allocation	**667,042**	**2,041,792**	**158,384**	**2,867,218**

Hertfordshire and West Essex Integrated Care System

NHS Hertfordshire and West Essex Integrated Care Board

Meeting:	*Meeting in public*	☒	*Meeting in private (confidential)*	☐
	NHS HWE ICB Board meeting held in Public		**Meeting Date:**	**24/03/2023**
Report Title:	**Governance Report**		**Agenda Item:**	**15**
Report Author(s):	• Simone Surgenor – Deputy Chief of Staff – Governance and Policies • Iram Khan – Corporate Governance Manager – Board and Sub-Committees • Leon Adeleye – Corporate Governance Manager - Risk • Jas Dosanjh – Corporate Governance Manager – Policies • Anna Cason – Corporate Governance Manager – Information Governance • Gay Alford – Information Governance and Corporate Governance Officer			
Report Presented by:	Simone Surgenor, Deputy Chief of Staff – Governance and Policies			
Report Signed off by:	Michael Watson, Chief of Staff			
Purpose:	**Approval / Decision** ☒	**Assurance** ☒	**Discussion** ☒	**Information** ☒
Which Strategic Objectives are relevant to this report **[Please list]**	▪ Increase healthy life expectancy and reduce inequality ▪ Give every child the best start in life ▪ Improve access to health and care services ▪ Increase the number if citizens taking steps to improve their wellbeing ▪ Achieve a balanced financial position annually			
Key questions for the ICB Board / Committee:	N/A			
Report History:	The paper will take the Board through a sequence of governance related items, clearly referencing what actions are being sought from NHS Hertfordshire and West Essex Integrated Care Board			
Executive Summary:	1.1 This is the sixth meeting of NHS Hertfordshire and West Essex Integrated Care Board. 1.2 The Board will be asked to consider the following: a. ICB Constitution - update b. ICB Governance Handbook – update			

<table>
<tr><td></td><td colspan="4">c. Policy Update

Board and Risk Assurance - It should also be noted that the governance team are also considering the current approach to scoring risk, with a view to ensuring that the scores accurately reflect the potential impact of the risk and likelihood of the risk occurring. The outcome of this work will be reflected in the next report to this committee.</td></tr>
<tr><td>Recommendations:</td><td colspan="4">For approval –
• The Board is asked to approve:
• ICB Constitution:
  • Placing NHS England on formal notice of the Boards approval to increase its membership by one – with the appointment of a fifth Non-Executive Member to the Board. This role is currently met as a regular participant at paragraph 2.2.3 f) and 3.11 in the ICB's Constitution;
  • Subject to NHS England accepting the above, the Board is asked to approve a submission to NHS England for an amendment to its Constitution at paragraphs 2.2.3 f) and 3.11, and subsequent adoption of these amendments.
• ICB Governance Handbook: to approve the amendments referenced at section 2.2 and 2.3 of this paper.
• Policy – Where policies are approved by those Committees who hold delegation under the Scheme of Reservation and Delegation and are sat in the Governance Handbook in their current form, the Board is asked to approve the Governance Handbook is updated to ensure continuity and that the Governance Handbook at all times contains up-to-date information.
For noting -
• Board and Risk Assurance</td></tr>
<tr><td rowspan="4">Potential Conflicts of Interest:</td><td>Indirect</td><td>☐</td><td>Non-Financial Professional</td><td>☐</td></tr>
<tr><td>Financial</td><td>☐</td><td>Non-Financial Personal</td><td>☐</td></tr>
<tr><td colspan="3">None identified</td><td>☒</td></tr>
<tr><td colspan="4">N/A</td></tr>
<tr><td colspan="5">Implications / Impact:</td></tr>
<tr><td>Patient Safety:</td><td colspan="4">N/A</td></tr>
</table>

Risk: *Link to Risk Register*	*N/A*	
Financial Implications:	*N/A*	
Impact Assessments: *(Completed and attached)*	***Equality Impact Assessment:***	This work forms part of an overarching transition Equality Act compliance, with impact assessment connected to specific pieces of work.
	Quality Impact Assessment:	N/A
	Data Protection Impact Assessment:	N/A

1. Executive summary

1.1 This is the fifth meeting of NHS Hertfordshire and West Essex Integrated Care Board.

1.2 The Board will be asked to consider the following:

a) ICB Constitution update – the NHS England addition of a new Board member with subsequent updates to the Constitution
b) ICB Governance Handbook – updates to identified ICB sub-committee Terms of Reference.
c) Policy Update
d) Board and Risk Assurance - update

1.3 The points referenced above will be addressed in turn.

2 Items for Consideration

2.1 NHS Hertfordshire and West Essex ICB Constitution update – for an additional Non-Executive member to be appointed to the Board – for approval

2.1.1 Further to Schedule 2 of the Health and Care Act 2022, an Integrated Care Board must have a Constitution.

2.1.2 On 1st July 2022, HWE ICB adopted its Constitution having received formal approval for this document from NHS England on 1st June 2022.

2.1.3 On 13th September 2022, the ICB received notification of further amendments sought by NHS England to the Constitution. These amendments were approved by the Board for submission to NHS England on 23rd September 2022 – with NHS England approval for adoption being received on 4th October 2022.

2.1.4 Further, changes were approved by NHS England in January 2023, with the increased membership of this Board following the approved transition of HWE VCFSE regular participant is to be recognised as a full member of the Board.

2.1.5 The Board is asked to approve the following – that a new Non-Executive Member be appointed, taking this independent representation from four to five. If the Board approves the proposal a formal request for this increase will be made to NHS England

who have already been placed on initial notice. At this point and subject to NHS England accepting the proposal:

- a formal paper will be lodged with the ICBs remuneration committee for recommended approval over their formal appointment and remuneration. This recommendation will come before the Board for final ratification.
- a revised Constitution will be lodged with NHS England encompassing the following proposed changes:

    - Paragraph 2.2.3 f) – ~~*four*~~ *five non-executive members* (page 12)
    - Paragraph 3.11 – ~~*Four*~~*r Five Non-executive members* (page 26)

This application will be supported by:

- A template NHS England ICB Constitutional Change Request
- Equality Impact Assessment
- Covering letter from the ICB Chief Executive Officer and Chair.

2.1.6 Board is asked to note and comment on the above, approving the proposed steps.

2.2 ICB Governance Handbook – approval of proposed updates

2.2.1 The current NHS Hertfordshire and West Essex Governance Handbook, was adopted on 1st July. This adoption was on the understanding that further changes would be sought as the ICB bedded down, sub-committees started to meet and the governance supporting this new organisation evolved.

2.2.2 In support of this development the following material changes are sought for approval:

Scheme of Reservation and Delegation (SoRD) – currently sat at Appendix 14 in the ICBs Governance Handbook (for ease of reference pages numbers have been included in the appendix):

b) Commissioning Committee – reference made to Policies concerning dispute resolution for Primary Care, Community Pharmacy, Optometry and Dentistry contract holders will be referred to the Primary Care Commissioning Committee for approval. (page 8).

c) Further and in addition – that Evidence Based Interventions (EBI) Policies – are delegated for approval to the ICBs Clinical Policies Group.

d) For Primary Care Board to be added – with the following entry:

- *Lead the development of the primary care strategy and make recommendations to the Integrated Care Board*
- *Oversee the implementation and delivery of the primary care strategy and work plan*
- *Provide a single forum for the oversight of primary care services transformation and innovation across the Integrated Care System, using best practice and a population health management approach to the development and integration*

of services at a system, place and neighbourhood level. This includes enabling functions including workforce, digital, estates.

- *Oversee the system approach to the transfer of Community Pharmacy, Optometry and Dental services to the ICB from April 2023*
- *To drive quality and reduce unwarranted variation in outcomes for patients in primary care across HWE using quantitative data and appropriate qualitative data from partners including Healthwatch.*
- *The Primary Care Board is accountable to the Integrated Care Board. Where there are financial and contractual implications of strategic decisions undertaken by the Primary Care Board, in line with the organisation's Standing Financial Instructions these will be referred to the Primary Care Commissioning Committee for a decision.*
- Further – policies concerning dispute resolution for Primary Care, Community Pharmacy, Optometry and Dentistry Contract holders will also be referred to the Primary Care Commissioning Committee for approval. (Pages 8/9)

e) **Signatories** – explicit reference to ICB signatories from pages 11 to 13, with those signatories being references as the ICB Chair, ICB Chief Executive Officer, and ICB Chief Finance Officer.

f) **Pharmacy, Optometry and Dentistry (POD) delegation** - From page 21 to 24 – updated reference to delegation of POD services – with the wording taken substantively from the draft Delegation Agreement as of 27 February 2023)

2.2.3 Terms of Reference - the Board will note the following updates:

- Performance Committee - the temporary appointment of a vice-chair
- People Board – the appointment of a vice-chair

2.3 Policy Updates – for approval

2.3.1 The Board will be aware that the ICB has a number of policies progressing through its governance.

2.3.2 Where policies are approved by those Committees who hold delegation under the Scheme of Reservation and Delegation and are sat in the Governance Handbook in their current form, the Board is asked to approve the Governance Handbook is updated to ensure continuity and that the Governance Handbook at all times contains up-to-date information.

2.4 Board and Risk Assurance reporting – for noting

2.4.1 Further to updates noted at Board sub-committees including Audit and Risk, the Board is asked to note the following:

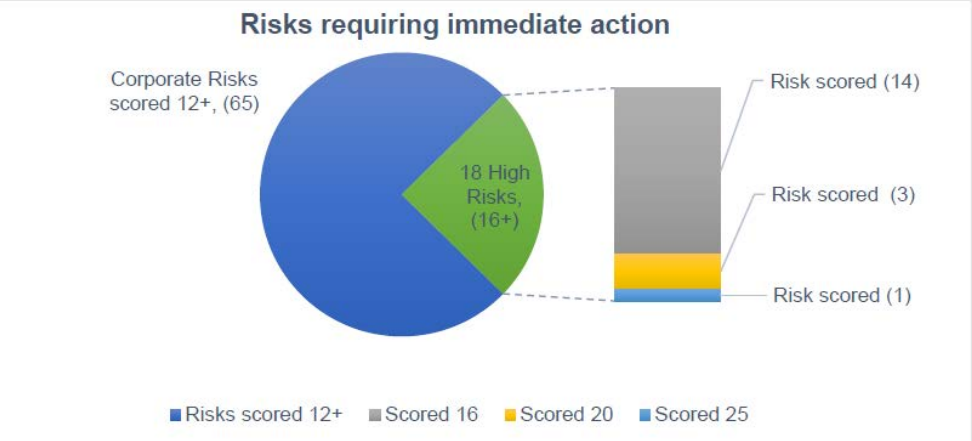
The following Strategic Objectives have been set for 2022/27:

- SO1: Increase healthy life expectancy, and reduce inequality
- SO2: Give every child the best start in life
- SO3: Improve access to health and care services
- SO4: Increase the number of citizens taking steps to improve their well-being
- SO5: Achieve a balanced financial position annually

As we align current risks and identify potential new ones that may impact the achievement of the strategic objectives mentioned above, we have mapped the reported risks.

There are currently 65 corporate risks being reported. Of these, 18 risks are scored 16+ with the following Risk IDs: 123, 346, 351, 455, 485, 486, 498, 526, 530, 534, 577, 578, 582, and 610. Additionally, three risks have a score of 20 with the following Risk IDs: 608, 609, and 616. There is also one risk that has a score of 25 with Risk ID 61. This makes a total of 18 risks scored 16+ reported in this paper.

There is also one risk that has a score of 25 with Risk ID 616, as depicted in the pie chart below:



It should also be noted that the governance team are also considering the current approach to scoring risk, with a view to ensuring that the scores accurately reflect the potential impact of the risk and likelihood of the risk occurring. The outcome of this work will be reflected in the next report to this committee.

Over all status (RAG)	**Red**	Effective controls may not be in place and / or appropriate assurances are not available to the ICB
	Amber	Effective controls thought to be in place but assurances are uncertain and / or possibly insufficient
	Green	Effective controls definitely in place and the Board is satisfied that appropriate assurances are available
Risk Directional Movement	⇆	New
	↑	Higher
	↔	No Change
	↓	Lowered
Overall performance (RAG)	↔	No Change
	→	Progress, if on amber Good progress, if on green
	←	Losing progress
Assurance rating - measures the quality/strength	*None*	
	Limited	
	Reasonable	
	Substantial	
Risk matrix colour keys		
Green Zone:	Review no action required. Risk in this zone should be review every quarter or as required	
Yellow Zone:	Continue to watch. Action is discretionary. Risk in this zone which are scored below 12 should be review quarterly but if rated above 12 then review monthly	
Amber Zone:	Action should be taken and / or continue to monitor. Risk in this zone scored below 12 should be review quarterly but if rated above 12 then review monthly	
Red Zone:	Immediate actions required / or continued monitoring by the ICB; review every month	

APPENDIX A: Corporate Risks (16+) and Assurance Levels

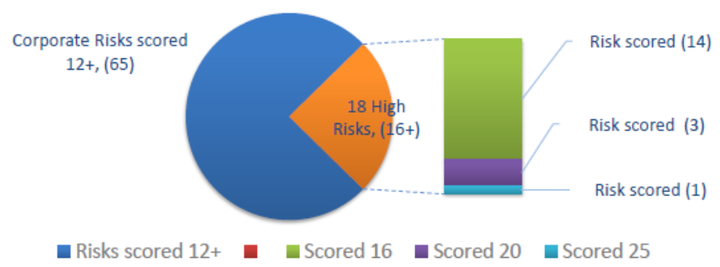
SO IDs	2022/27 STRATEGIC OBJECTIVES	No of risks
SO1	Increase healthy life expectancy and reduce inequality	4
SO2	Give every child the best start in life	1
SO3	Improve access to health and care services	7
SO4	Increase the number of citizens taking steps to improve their well-being	3
SO5	Achieve a balanced financial position annually	3

TRIGGER ZONES FOR MANGEMENT ACTION PLANS

Risk Matrix

Likelihood (L)	Consequence (C)				
	1. Negligible	2. Minor	3. Moderate	4. Major	5. Catastrophic
5. Almost Certain				3 risk	1 risk
4. Highly Likely				14 risks	
3. Possibly					
2. Unlikely					
1. Rare					

Data Analysis



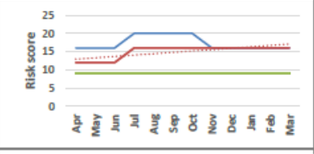
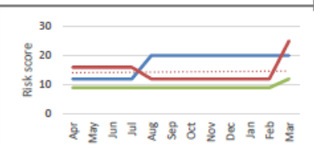
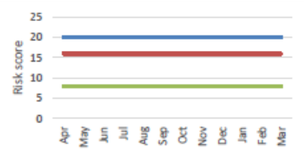
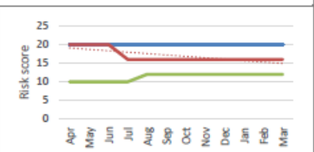
RAG rating of overall perfomance: **Amber**

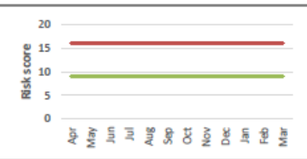
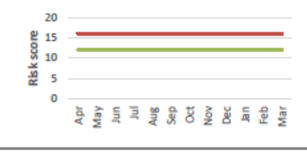
Progress: →

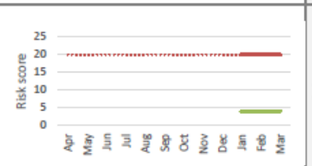
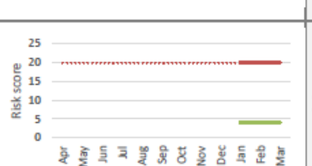
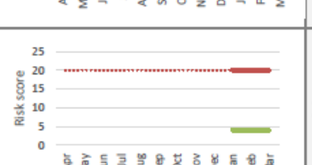
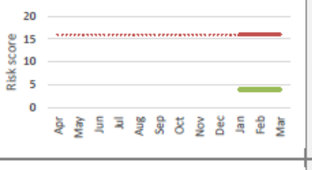
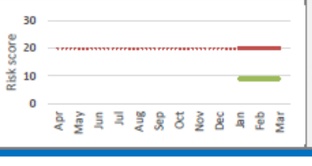
Brief comments on the adequacy of assurance

According to the risk register, there are currently 65 corporate risks being reported. Of these, 18 risks are scored 16 with the following Risk IDs: 123, 346, 351, 455, 485, 486, 498, 526, 530, 534, 577, 578, 582, and 610. Additionally, three risks have a score of 20 with the following Risk IDs: 608, 609, and 616. There is also one risk that has a score of 25 with Risk ID 616, as depicted in the pie chart above.

The risk matrix on the left indicates that 17 risks may have major consequences, of which three are almost certain to occur. There is another risk that is almost certain to occur, and if it does, it will have a catastrophic impact on the objectives.

RISK ID	SO ID	RISK LEAD		RISK DESCRIPTION	CURRENT SCORE	Current risk score directional movement		ASSURANCE LEVEL		
18 records		Initials	Directorates		L x C = RS	Initial — Current — Target		1st line	2nd line	3rd line
123	SO1	AR, SG	Medical	If GPs or doctors within the Trust prescribe high doses of opioid analgesics for chronic pain (especially above 120mg oral morphine equivalent) which are not regularly reviewed in line with up-to-date national guidance (also due to long waiting times for referral to specialist services), then there is a risk that patients would continue to be prescribed very high doses of opioid analgesics, sometimes inappropriately which do not provide any additional clinical benefit and can increase patient harm and mortality resulting in potentially serious harm to patients including dependency, reduction of quality of life and reputational damage to the ICB.	16		↔	Substantial	Substantial	Substantial
124	SO1	AR, SG, SC	Medical	If external factors cause prices of medicines to increase (for example due to national medicines shortages causing price increases) and when NICE technology appraisals and guidance are implemented (legal infrastructure around implementation) then the ICB may overspend on the annual prescribing budget (despite QIPP targets being met) resulting in an additional significant financial burden on the ICB. Linked to risk 307 (finance and contract)	25		↑	Reasonable	Reasonable	Limited
346	SO3	ME, DW, CH	Nursing and Quality	If the ICB is ineffective in supporting our acutes to progress from RI to Good, and the Trusts fail to adequately address current and emerging quality issues. Then- there is a risk relating to the quality and safety of care provided. Resulting in- harm to patients(N&Q).	16		↔	Substantial	Substantial	Reasonable
351	SO3	JB, MH, GS, AY	Operations	If there is a pandemic flu/Influenza type disease (pandemic), infectious outbreak or disease including - Localised legionella or meningitis outbreak - Major outbreak of a new or emerging infectious disease Then- this will cause additional pressure on healthcare services and organisational business continuity issues. Resulting in- the increased potential for compromised patient care and safety and organisational business continuity failures(EPRR)	16		↔	Substantial	Substantial	Substantial

RISK ID	SO ID	RISK LEAD		RISK DESCRIPTION	CURRENT SCORE	Current risk score directional movement		ASSURANCE LEVEL		
18 records		Initials	Directorates		L x C = RS	Initial Current Target		1st line	2nd line	3rd line
455	SO3	CH, AS	Nursing and Quality	IF there is a lack of information from NHSE&I regarding delegation of functions to the ICB including timescales and expectations, THEN there is a risk that relevant Teams will have inadequate time to prepare for the delegation of primary care quality oversight and improvement, primary care complaints, additional safeguarding and IPC requirements etc, RESULTING IN a lack of robust processes being in place to maintain oversight of quality and safety, and provide a responsive services. Transition Workstream Risk Register Ref: R029	16		↔	Limited	Reasonable	Limited
485	SO1	SG, RA, AK	Medical	If HWE ICB publish updated summary guidance based on national recommendations for managing patients with gender dysphoria (GD), on the assumption GPs would prescribe and monitor medicines outside of license with limited support from specialist teams then there could be renewed concern expressed by GPs that there is still no support for them to prescribe and monitor medicines outside of license in a very vulnerable group of people resulting in patient safety risk and patients not receiving the support they need.	16		↔	*None*	*None*	*None*
486	SO3	AR, SG, AK	Medical	If HWE ICB do not publish a decision on continuous glucose monitoring (CGM) following the publication of NICE guidelines NG 17, NG 18 and NG 28 published 01/04/22 then healthcare professionals will continue to receive patient enquiries on when can they access the technology and the ICB will continue to receive PALS complaints from patients and their MPs resulting in reputational damage including MP letters, patient complaints, FOI requests and Patha Kar, NHSE Diabetes Lead tweets damaging messages about organisations which are slow in the uptake of diabetes technologies.	16		↔	Reasonable	*None*	*None*
498	SO1	ME	Strategy	If the Integrated Care System does not address the workforce supply issues within key hot-spot areas as well as broader entry/support roles performance issues will continue to be effected.	16		↔	*None*	*None*	*None*
526	SO2	MP, RF, KC	Nursing and Quality	If the demand for children's community services continues to increase then statutory requirements will not be met resulting in delays to accessing care, poor patient experience and poorer patient outcomes (wellbeing and educational)The main services impacted include: Community Paediatrics incl. ASD/ADHD, Children's Therapies (OT/SLT), Community Allergy and Dietetics, Community Audiology, Special School Nursing.	16		↔	Reasonable	Reasonable	Reasonable
530	SO3	DW, KC, RC	Nursing and Quality	If a number of organsiations across the HWE ICB are issued with CQC notices and/or are rated as Requires Improvement, Inadequate and/or are placed in Special Measures then those organsiations are not achieving the levels of quality and safety expected. As a result patient experience, patient outcomes and patient safety will be negatively impacted with the number of complaints and serious incidents increasing and poorer outcomes reported. Organisational reputation may also be affected which could impact attracting a skilled and experienced workforce.	16		↔	Reasonable	Reasonable	Limted
534	SO5	JS	Finance & Contract	If the ICB does not have a formal contract in place with the controlling organisation of Jacob and Gardens, it may not be possible to hold the provider to account on the serious patient safety and quality concerns flagged by HCC.	16		↔	Limted	*None*	*None*
577	SO5	SS	Chief of Staff	If senior management and the Board are not able to effectively discharge their duties, then the ICB will be unable to achieve its strategic goals, resulting in decreased operational efficiency and productivity, quality of care for patients, stakeholder trust and confidence in the ICB; financial loss; and reputational damage	16		⇅	*None*	*None*	*None*

RISK ID	SO ID	RISK LEAD	RISK DESCRIPTION		CURRENT SCORE	Current risk score directional movement		ASSURANCE LEVEL		
18 records		Initials	Directorates		L x C = RS	Initial — Current — Target		1st line	2nd line	3rd line
578	SO5	SS	Chief of Staff	If the Board fails to maintain sufficient oversight of the Integrated Care Board's (ICB) processes, then regulatory breaches may occur, resulting in negative consequences such as financial penalties, reputational damage, and decreased stakeholder trust and confidence.	16			None	None	None
582	SO4	MJ, TP	Operations	If patients are not assessed with a management plan and treated, admitted and/or discharged out of the Emergency Department within 4hrs then patients will be waiting for long periods resulting in an increased risk of harm to those in the department with a serious illness/condition that requires a quick response. Delays could also negatively impact performance targets, causing reputational risk.	16			None	None	None
608	SO4	AS	Performance	If: UEC targets are not met Then: there is an immediate risk to patients health and wellbeing Resulting in: significant risk patient outcomes. Additionally there is a reputational risk to the ICB which carries a risk of NHSE interventions.	20			Reasonable	Reasonable	None
609	SO4	AS	Performance	If: Mental Health targets are not met Then: there isa risk to patients Resulting in: potential deterioration of patients health and wellbeing	20			Limted	Reasonable	Reasonable
610	SO3	AL	Performance	Elective recovery If: waiting lists are not reduced, there a risk to patient health and outcomes. Then: patients conditions may worsen Resulting in: deterioration of patient health. Additionally there is a reputational risk to the ICB which carries a risk of NHSE interventions.	16			Reasonable	Reasonable	None
616	SO3	GN, PS	Operations	There is currently no formal arrangement of out of hours cover for Ophthalmology patients. If patients require urgent treatment after 5:00 pm on weekdays or at weekends or on bank holidays, then they will be unable to access commissioned services until the next available services day, resulting in the possibiity of a deteriorating condition and more sever consquences for the patient.	20			None	None	None

Hertfordshire and West Essex Integrated Care System

ICB Committee Summary Document

NHS Hertfordshire and West Essex Integrated Care Board

People Board Thursday 23 February 2023	
Signed off by Chair and Executive Lead:	**T Marcus and R Bailey**
Key items discussed: ***(From agenda)***	• Workforce transformation programme report • Operational Planning 23/24 – analysis of HWE data • Staff retention deep dive • Workforce productivity
Key points made / Decisions taken:	• Narrative of operational planning forecast to follow from providers ahead of end of March submission. Plan to implement a monthly data comparison software tool to enable better analysis of system wide data. • Staff retention deep dive on 5 high impact actions and agreement of local retention strategies • Need to create an in-depth view of forward looking workforce system risks based on triangulated data. • Key areas of productivity data comparison needed and key areas of improvements need to be identified. Need to identify and share areas of good practice. Productivity tool awaited from region
Committees to note: **As example of information sought:** ***(Positive progress on numbers waiting for specialist CAMHS in-patient care (for MHLDA collab to note, for cross-ref by performance committee)***	• Positive increases in roles from Sept 22-Feb 23, B5 midwife roles increase of 22%, B6 midwife role increase of 10%, Nursing roles increase of 1%, GPs training increase of 11% • Turnover rate in HWE 17.66%, higher than regional rate of 13.7%. Increase in turnover across all staff groups over the last 12 months of 1.2%. 12% lost through retirement. Significant work being undertaken across staff groups with a focus on those staff group with highest turnover rates. • Region will be working with Trusts to understand their productivity data and then begin to disuss with People Board ways to improve productivity at a strategic system level
Board to note: ***(Highlight quality oversight and identify where further work is required)***	• Work currently being undertaken to refine and articulate workforce system risks
Forward plan issues:	• Subcommittee governance discussion carried over to the next committee meeting • Forward planner to be further developed for July People Board
Date of next meeting	18th May 2023

Hertfordshire and West Essex Integrated Care System

ICB Committee Summary Document

NHS Hertfordshire and West Essex Integrated Care Board

Primary Care Board – Thursday 26 January 2023	
Signed off by Chair and Executive Lead:	**A Shah and N Small**
Key items discussed: ***(From agenda)***	• Primary Care Directorate Report • Risk Register • Update from Health Watch • Patient Participation Groups • Deep Dive – Primary Care Workforce report • Primary Care Transformation • Update on Primary Care Commissioning Committee [Private session] • Prescribing and Medicines Optimisation team priorities [Private session] • Risk Resilience toolkit: Development and approach to implementation [Private session] • Update on Primary Care Strategy/Delivery Plan [Private session]
Key points made / Decisions taken:	• The directorate report provided updates on digital, transformation and workforce noting the continued focus on winter and primary care access and covid and flu vaccination. • The winter response to Strep A had evolved to Acute Respiratory Hubs. • Further work underway to include the general practice appointments delivered through PCNs under Enhanced Access and how tools such as EConsult and Accurx are included in here too. • Continued support for the increasing numbers of vulnerable migrants across HWE • Estates: good progress in developing PCN clinical strategies (completion date, March 2023). • Delegation of community pharmacy, dental and optometry contracts were on track for completion by April 2023. • PCB approved proposed changes to the risks that have been reviewed and the new risks proposed - If the growth in the placement of Asylum seekers in local hotels together with growing pressures in general practice continues; then agreeing suitable arrangements to register and provide care for this vulnerable cohort of patients becomes increasingly challenged; resulting delays in providing effective care and potential ongoing impact on local 111/A&E services. • Interim finding from Healthwatch Hertfordshire and Essex noting carer's views and experience of accessing support from their GP practice and less 10% of patients knowing additional services available from community pharmacies.

	• The ICB commissioned the Patient Association (PA) to provide development support for GP practice patient groups (PPGs) and the take up of participation in the Enhanced Commissioning Framework. The first phase of the project had been completed; four workshops had been held and an action plan for the next six months had been created. • 42% of practices had responded (there had been two surveys issued) and 33% of these practices had already made changes to their PPGs. As discussed the PCB supported for the work to continue on enhancing PPG at practice and PCN level and would support through 1:1 support. Information and guidance have been prepared for practices outlining the benefits of an active PPG for approved which will be disseminated across all following Jan PCB meeting. • Deep Dive – Primary Care Workforce report - The report provided an understanding to the specific workforce challenges within primary care but this needed to be expanded beyond general practice Steady increase in the number of full-time equivalent roles. • 461 new ARRs roles have been created. • Continued focus on general practice staff recruitment and retention through the implementation of PCN education teams since October, initiation of monthly protected time to learn events. • Primary Care Transformation –Work progresses on the understanding and development of two priorities identified in line with Fuller Stocktake including same day access and strengthening integrated neighborhood teams. HWE Primary Care event organized for the 8th of March as a way to build on this and inform the strategic delivery plan for primary care transformation from April 2023. • Identified limitations as workforce, IT and estates. These would need to be worked through for each neighborhood depending on what infrastructures are already in place.
Committees/Board to note:	• As above.
Forward plan:	• Deep Dive – Estates and PCN clinical strategies • Deep Dive: Digitalisation
Date of next meeting	Thursday 23 March 2023

Hertfordshire and West Essex Integrated Care System

ICB Committee Summary Document

NHS Hertfordshire and West Essex Integrated Care Board

Performance Committee – Thursday 26th January 2023, and 8th March 2023	
Executive Lead and Chair Sign off: F Shattock and T Stober	

Key items discussed / Decisions taken:	• <u>January 2023</u>:
	• Terms of Reference – agreed that committee membership attendance be amended to 50% for quoracy. Committee agreed for one community representative, one acute representative and one mental health representative to attend each meeting based on their own rotation system of attendees.
	• Performance overview – two additional sets of information have been included in reporting to the committee –
	  • Firstly, the community data set has been expanded and shows high but stable waiting times for both adults and children.
	  • The second set of new information added is on productivity and data has been included on theatre utilisation day case rates across the three providers.
	• Planned care deep dive – key issues for awareness:
	  • The reductions of long waits are broadly being delivered, however there is a long elective waiting list compared to peers and this continues to grow;
	  • There is an opportunity for clinical transformation and productivity but as a system, rather than as an organisation;
	  • The elective hub programme is well underway and moving forward;
	  • The focus of actions is on standardising pathways and reducing variation;
	  • Ophthalmology and MSK groups are the most developed and have a full action plan;
	  • Urology and theatre productivity started in December 2022;
	  • Other HVLC workstreams are beginning discussions;
	  • The overall target is for improved day case rates and theatre productivity.
	• HWE ICB Planning Report: the interim draft plan will be submitted by the deadline of 23rd February and the final plan will go to Board for approval at the March meeting prior to the final submission date of 30th March.
	• <u>March 2023:</u>
	• Terms of Reference – agreed that NEM Ruth Bailey will sit as vice chair for this committee in the short term.
	• Performance overview – the following are for noting by the Board:
	  - East and North Herts Trust are forecasting not to deliver 0 78 week wait on 31 March 2023. There may also be further risk due to the impact of Junior Doctor industrial action at Princess Alexandra Hospital and West Hertfordshire Hospital Trust and this is being reviewed currently.

	- Committee not assured regarding Mental Health performance – particularly noted the continued pressures within CAMHS, Crisis and Out of Area Placement (OOAP). Committee noted that recovery plans are in place for CAMHS and Crisis both of which forecast recovery in Q4, however asked for a deep dive to give better assurance regarding the delivery of these recovery plans. Committee also noted the OOAP position and that a trajectory for improvement would be included in the 23/24 operating plan – committee asked that a report be brought setting out the actions being taken to improve OOAP to provide assurance. - Urgent Emergency Care (UEC) – noted that this continues to be of concern in terms of overall performance. Remain below the forecast improvement trajectories, however seen some improvement in past month across a number of those trajectories, Committee noted some early signs of improvement but agreed it will continue to monitor delivery closely Deep Dive – Urgent Care and Delivery of Winter Plan:
Committees to note:	• The Committee is to note the discussions and decisions above.
Board to note: ***(Highlight quality oversight and identify where further work is required)***	• The Board is to note the discussions and decisions above. • The Committees revised Terms of Reference remain under review. • The Committees Workplan remains under review for 2023/24.
Forward plan issues:	• No forward plan issues identified.
Date of next meeting:	• 10 May 2023

Hertfordshire and West Essex Integrated Care System

ICB Committee Summary Document

NHS Hertfordshire and West Essex Integrated Care Board

Population Outcome and Improvement Committee - this summary covers the meeting held on 14th March 2023	
Executive lead and Chair sign off: B Flowers and G Randhawa	

Key items discussed / Decisions taken:	**March 2023 Committee:**
	• VCFSE Alliance and the Health and Creation Strategy – update received from 21 February 2023.
	  • VCFSE Alliance:
	  • Confirmation received of a new co-ordinator having been appointed, with the post starting 6 March 2023.
	  • Expression of Interest noted as having been submitted to Connecting Health Communities 2023-5 for a two0year programme of support to address Health Inequalities by supporting cross-section partnerships.
	  • Health Creation Strategy – noted that the Health Creation Strategy Group met for the first time on 17 January 2023 and then on 27 February 2023. Terms of Reference have been finalised alongside a work plan. Focus from the February Committee centred on 2 strands of the strategy: No Wrong Door and Integrating the Wellbeing Offer.
	• Population and Outcomes update:
	  • Verbal update received over the ICB Outcomes Framework
	  • Verbal update received over Clinical Prioritisation and link to Public Health Management.
	  • Draft Terms of Reference received for: PHM Steering Group and, Research Steering Group. The latter triggered wider discussion surrounding a wider strategy by the ICB and the ICBs ambition. With both Groups – input received over increase in membership and scope.
	• Understanding the Impact of addictions and violence on the HWE ICS health system – paper received. Key points: awareness of services, the level of data available on gambling, with confirmation that the research is ongoing. Keenness amongst the committee to ensure traction with wider forums alongside the actions and the continued promotion of joined up work. The paper was warmly welcomed.
	• PHM workplan - Weekly basis meet across the ICB with County Councils regarding need for analysis and PHM. The allocate those requests. Work referenced to wider directorates in the ICB over how data can be used and transferring this through to transformational colleagues. PHM champions in place to support scoping and analytics. On radar – Pharmacy, Optometry and Dentistry – unclear what kind of data the ICB will be receiving. Care being taken that workplan is balanced against capacity.
	• Joint forward plan update – verbal update received. Will be one single document for the ICB. 31st March 2023 for the first draft.
	• Business Intelligence and Population Health Management platform update – verbal update received.
	• Escalation from other groups – as part of the committees development, greater link with where papers have been before this committee in understanding wider work, the journey of projects and research.
	• Governance Update – Committee effectiveness survey for noting, alongside workplan for comment.

Committees to note:	• The Committee is to note the discussions and decisions above.

Board to note: ***(Highlight quality oversight and identify where further work is required)***	• Minutes noted and approved from January 2023 meeting. • Items referenced above.
Forward plan issues:	• No forward plan issues identified.
Date of next meeting:	• 3rd May 2023

Hertfordshire and West Essex Integrated Care System

ICB Committee Summary Document

NHS Hertfordshire and West Essex Integrated Care Board

Quality Committee – Thursday 02 March 2023 ***(As the committee was not quorate, virtual approval was sought by the Director of Nursing and the Medical Director).***	
Signed off by Chair and Executive Lead:	**R Connolly and T Stober**
Key items discussed: ***(From agenda)***	• Committee Effectiveness survey • Equality Impact Assessment overview – Training session • ICB Quality Risk Register • ICS Quality Strategy Update • ICB Quality Dashboard • Quality Escalation report • Deep Dive: Maternity Services • Continuing Healthcare report • Patient Safety Incident Response Framework (PSIRF) ICB Sign Off Process for Provider Patient Safety Incident Response Plans (PSIRP) • Youth Council Safeguarding Document • Sub-groups minutes • Quality Committee work plan
Key points made / Decisions taken:	• A new risk has been added due to delegated responsibility from NHS England to the Integrated Care Board regarding the management of primary care complaints. • Closure of risks; Risk 11 *(children and young people are not placed in the best place for them when they need admission for a mental health crisis),* Risk 347 *(GP health checks to patients with learning disabilities) and* Risk 157 *(GP health checks to patients with a severe mental illness).* • The committee approved the Standard Operating Procedure (SOP) for approval of provider Patient Safety Incident Response Plans (PSIRPs) and policies as part of the Herts and West Essex ICS implementation of the new Patient Safety Incident Response Framework (PSIRF). • The committee recommended for approval the Youth Council Safeguarding document. This will be shared with the ICB Commissioning Committee for approval on 09 March 2023. • Deep dive into maternity services across HWE, highlighting work based on national deliverables, Local Maternity and Neonatal System Milestones and LMNS updates relating to digital development, co-production, and reducing inequalities. A summary of the maternity and neonatal transformation work, key risks and mitigations, themes and learning from patient safety incidents and patient feedback, areas of good practice and key challenges across the 3 acute trusts.

Committees to note:	• Equality Impact Assessment overview – Training session. To note importance of completing impact assessments for all reports.
Board to note:	As above.
Forward plan:	• To share future deep dive topics • Patient Safety Incident Response Framework - governance processes for approval of provider's individual plans to be brought before committee.
Date of next meeting	Thursday 04 May 2023

Hertfordshire and West Essex Integrated Care System

ICB Committee Summary Document

NHS Hertfordshire and West Essex Integrated Care Board

Commissioning Committee - this summary covers the meeting held on Thursday 09 March 2023 The meeting was quorate as per the Terms of Reference adopted by HWE ICB on 01 July 2022	
Executive lead and Chair sign off: E Disney and G Randhawa	

Key items discussed / Decisions taken:	• Minutes from the Committee January meeting – approved.
	• Governance Updates:
	  • Terms of Reference:
	  - Proposals to the Committee to be discussed and agreed before the next meeting, including - appointment of a Vice Chair. A final position remains pending.
	  - Primary Care Commissioning Committee Terms of Reference received and approved.
	  - Primary Care Medical Services – Local Dispute Policy – received and approved.
	• Forwarding planning 2023/24 – mapping NHSE guidance – received. Paper for assurance.
	• NHS Delegation of Specialised Services – the Committee received an update report and approved the direction of travel. A further briefing has been welcomed.
	• Alcohol Care Team and Community Service – business case received and approved.
	• Child Death Business Case –received and approved. This included a recommendation that the process be managed within one organization, including alignment.
	• Clinical Priorities update received and approved. Areas included:
	  - A new clinical policy on Continuous Glucose Monitoring
	  - A proposal to extend the existing Fertility Services policy for a further 12 months.
	• Hertfordshire and West Essex Area Prescribing Committee (HWE APC) Report (meeting update received from 02.02.2023), and Fast Track NICE technology appraisals for sometrogon and upadacitinib (being discussed at the HWE APC 30.03.2023)
	  • Approve – updated HWE APC Terms of Reference.

Committees to note:	• The Committee is to note the discussions and decisions above.
Board to note: *(Highlight quality oversight and identify where further work is required)*	• The Board is to note the discussions and decisions above. • The Committees revised Terms of Reference remain under review. • The Committees Workplan remains under review for 2023/24.
Forward plan issues:	• No forward plan issues identified.
Date of next meeting:	• 11 May 2023

Hertfordshire and West Essex Integrated Care System

NHS Hertfordshire and West Essex Integrated Care Board

Meeting:	*Meeting in public*	☒	*Meeting in private (confidential)*	☐			
	NHS HWE ICB Board meeting held in Public				**Meeting Date:**	**24/03/2023**	
Report Title:	**Report from the Integrated Care Partnership**				**Agenda Item:**	**18**	
Report Author(s):	Sarah Perman, Director of Health and Care Integration, Hertfordshire County Council, and HWE ICP Lead Officer						
Report Presented by:	Beverley Flowers, Director of Strategy						
Report Signed off by:							
Purpose:	**Approval / Decision**	☐	**Assurance**	☐	**Discussion**	☐	**Information** ☒
Which Strategic Objectives are relevant to this report **[Please list]**	▪ Increase healthy life expectancy and reduce inequality ▪ Give every child the best start in life ▪ Improve access to health and care services ▪ Increase the number if citizens taking steps to improve their wellbeing ▪ Achieve a balanced financial position annually						
Key questions for the ICB Board / Committee:	N/A						
Report History:	N/A						
Executive Summary:	This report is a high level summary of recent activity by the Hertfordshire and West Essex Integrated Care Partnership (ICP). Reports will be brought regularly to the ICB Board to ensure that there is a flow of information between the ICP and the ICB Board.						
Recommendations:	The Board are asked to note the contents of this report.						
Potential Conflicts of Interest:	***Indirect***	☐	***Non-Financial Professional***	☐			
	Financial	☐	***Non-Financial Personal***	☐			
	None identified			☒			

Implications / Impact:		
Patient Safety:	*N/A*	
Risk: *Link to Risk Register*	*N/A*	
Financial Implications:	*N/A*	
Impact Assessments: *(Completed and attached)*	***Equality Impact Assessment:***	*N/A*
	Quality Impact Assessment:	*N/A*
	Data Protection Impact Assessment:	*N/A*

1. Executive summary

This is an update on recent activity from the Hertfordshire and West Essex Integrated Care Partnership (ICP). Brief updates from the ICP will be provided regularly to the ICB Board.

Officers from the Integrated Care Board and the Integrated Care Partnership have been considering how to ensure there is a flow of information between the ICP and ICB Board to ensure alignment of strategies and priorities, and so that opportunities are made to consider key strategic issues of relevance to both bodies. To facilitate this, we have agreed that the ICP will provide a regular update to ICB Board meetings, and the ICB Board will do the same for ICP meetings.

Other proposals to strengthen the relationship between the ICP and ICB Board are also under consideration, such as an annual joint meeting of the ICB Board and the ICP to discuss areas of common interest.

2. Background

Following establishment in July 2022, the Hertfordshire and West Essex ICP has continued to meet regularly. Early work has focused on developing the ICP's identity and purpose, with actions in recent weeks focused on supporting a move towards delivery.

In autumn 2022, the King's Fund facilitated three sessions of the ICP which enabled ICP members to better understand each other's sectors and organisations, and to agree the purpose and form of their partnership.

Through these facilitated sessions, members agreed to focus on the issues that influence our health (the wider determinants), be responsible for system-wide action on prevention, early help and health inequalities, encourage innovation and transformation by our staff, and take ownership of the integrated care strategy.

Members also agreed that the ICP would not be a body for reporting or oversight of our core business, i.e. our current health and care operational issues, recognising that there are governance arrangements in place to cover this.

3. Integrated care strategy

Following approval of the integrated care strategy at the ICP meeting on 15 December 2022, the final version of the strategy has now been published on the ICP website. A public-facing summary of the strategy has also been produced as well as a short animation which explains what the ICP is, shows the different health, social and environmental factors which go into making healthy communities, and explains

the six priority areas for the strategy and describes how people can find out more and get involved. These communications materials supported the public launch of the integrated care strategy in early March.

Senior leads across the system, supported by executive champions for each priority, are now working to develop a high level delivery plan for the integrated care strategy that sets out outcomes, key deliverables and indicators. The plan will be submitted for approval to the ICP at its April meeting.

The purpose of the plan is to set out to residents and stakeholders the actions we will take to improve population health and how residents will be involved in shaping and delivering these plans. The plan will also act as a framework for measuring progress and for holding ICP member organisations to account. The plan will provide a summary of existing activity, indicating how this will be amplified and done differently through the Partnership, and will outline proposals for new areas of work.

Officers are also working at pace to develop plans for the ICP's four areas of focus that members identified were important for driving improvements in health in the short term. The four areas are:

- Ageing well and assistive technology
- Best start in life for children and families
- No wrong door (wayfinding) – signposting and referring residents to sources of help and support
- Supported employment for people with learning disabilities or severe mental illness

The first five year ICB Joint Forward Plan will set out how the ICB and NHS partners intend to support delivery of the integrated care strategy.

4. Other activity

The ICP supported the launch of the Herts County Council Dementia Strategy at an event for staff and carers, organised by the Hertfordshire Mental Health Learning Disabilities and Autism Health and Care Partnership, in February, with the focus being on creating Dementia Friendly Hertfordshire. The Strategy recognises that dementia (including early on-set dementia) is a cross-organisational issue, and that it affects all parts of society, including infrastructure, businesses, housing, and community services such as libraries and leisure facilities.

In response to the *Awaab Ishak: Prevention of future deaths report*, initial discussions have taken place between the district council Heads of Housing Group and the ICP secretariat to consider how to strengthen links between councils and the NHS on housing related health issues, particularly to improve understanding of roles and to support referral and escalation routes. This will be followed up with further work to improve join up in relation to housing-related health issues.

5. Areas for development in 2023/242

In addition to delivery of the integrated care strategy, priorities for 2023/24 include:

- Strengthening engagement with ICP members, particularly non-statutory partners including the VCSFE Alliance and care providers. Officers are also considering the role of the ICP in supporting the work of other system partners and partnerships, such as further and higher education, Local Enterprise Partnerships and the Criminal Justice Boards.

- Working with the Essex Health and Wellbeing Board - early work is underway between the three Essex ICSs to develop processes that will support join up and coordination for delivery of the three integrated care strategies for Essex, so that there is, as far as possible, coherence and consistency for residents.

- Public engagement - we have identified the need to articulate more clearly how we will bring residents into the work of the ICP. Officers will work with Healthwatch and other partners to make public ICP meetings genuinely public facing. We are also considering holding a public event in 2023 to bring the work of the ICP closer to residents.

- District councils - bringing district and borough councils more closely into the work of the ICP, drawing on recent meetings in which district councils expressed an ambition for a closer working relationship between local authorities and the NHS

6. ICP secretariat

Hertfordshire County Council continues to provide the main functions of the ICP secretariat. The ICP team is made up of staff from Hertfordshire County Council and the ICB. This is supported by an ICP Senior Officers Advisory Group, made up of lead officers across the system, and an ICP Leadership Planning Group which enables Cllr Richard Roberts, the Chair of the ICP, to meet with Paul Burstow, ICB Chair, and Cllr John Spence the Chair of Essex Health and Wellbeing Board on a regular basis.