NHS Hertfordshire and West Essex ICB Board - held in Public - The Forum

Conference Room 2

The forum

Hemel Hempstead

HP1 1DN

Meeting Book - NHS Hertfordshire and West Essex ICB Board - held in Public - The Forum

HWE ICB Board Meeting Held in Public 28th March 2025

11:30	1. Welcome, apologies and housekeeping		Chair
	2. Declarations of Interest		Chair
11:35	3. Minutes of last meeting held on 31st January 2025	Approval	Chair
	4. Action Tracker	Approval	Chair
11:40	5. Chair's Update	Information	Chair
12:00	6. Chief Executive Officer's Report	Information	Chief Executive Officer
12:10	7. Governance Report	Approval	Chief of Staff
12:20	8. Operating Model	For approval	Michael Watson
12:30	9. Committee summary report ICB Board Sub-Committee Summaries Health and Care Partnership Board Patient Engagement Forum	Assurance	Committee Chairs
12:45	10. Integrated reports for finance, performance, quality and workforce	Assurance/Discussion	ICB Executive Team
13:10	11. Questions from the patient engagement forum and members of the public	Discuss / Information	Chair
13:20	12. What would service users, patients, carers and staff take away from our discussions today?		All
13:30	Close of meeting		Chair
	Date of Next Meeting: Friday 23rd May 2025		

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

Meeting:	*Meeting in public*	☒	*Meeting in private (confidential)*	☐			
	HWE ICB Board				**Meeting Date:**	**28/03/2025**	
Report Title:	**Register of Interests**				**Agenda Item:**	**02**	
Report Author(s):	Gay Alford, IG and Governance Officer Jas Dosanjh, Governance Manager – Conflicts and Policies						
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:	▪ Relevance to all five ICB Strategic Objectives						
Key questions for the ICB Board / Committee:	▪ Please see the 'Recommendations' section						
Report History:	▪ The full ICB Declarations of Interest Register is routinely reported to the Audit & Risk Committee in line with the Committee Workplan and Terms of Reference						
Executive Summary:	▪ The Board Sub-Committees' Register of Interests are maintained in line with the HWE Standards of Business Conduct Policy (incorporating Conflicts of Interest). ▪ All members, and those in attendance must declare any actual or potential conflicts of interest which will be recorded in the minutes. Where a conflict is identified, at the Chair's discretion, the person may be asked to leave the meeting while a particular topic is being discussed.						
Recommendations:	The Committee is asked to: ▪ Note the returned declarations and whether these reflect the current membership/regular attendees for this Committee, ▪ Review any potential conflicts of interest that need to be managed at the meeting in accordance with the agenda, ▪ Remind members and regular attendees that - whenever an individual's role, responsibility or circumstances change in a way that						

	affects the individual's interests (e.g., where an individual takes on a new role outside the ICB or enters into a new business or relationship), a further declaration should be made to reflect the change in circumstances as soon as possible, and in any event within 28 days. The revised declaration will countersigned by their Line Manager or lead, and then forwarded to hweicbwe.declarations@nhs.net for logging.			
Potential Conflicts of Interest:	***Indirect***	☐	***Non-Financial Professional***	☐
	Financial	☐	***Non-Financial Personal***	☐
	None identified			☒
	N/A			
Implications / Impact:				
Patient Safety:	N/A			
Risk:	N/A			
Financial Implications:	N/A			
Impact Assessments:	***Equality Impact Assessment:***		N/A	
	Quality Impact Assessment:		N/A	
	Data Protection Impact Assessment:		N/A	

Key:	White background indicates 2024/25 delcaration received
	Awaiting 2024/25 declaration form / queries
	Full Grey Line indicates staff no longer employed by ICB - declaration to remain on the register for 1 year
	Part grey line indicates the interest has ended.

Hertfordshire and West Essex Integrated Care System

HWE ICB Board Register of Interests

NHS Hertfordshire and West Essex Integrated Care Board

Name:		Current position(s) held in the ICB	Declared Interest (Name of the organisation and nature of business)	Type of Interest					Date of Interest		Action taken to mitigate risk
Surname	Forename			Financial Interest	Non-Financial Professional Interest	Non-Financial Personal Interest	Direct interest	Indirect interest	From	To	
Bailey	Ruth	Non-Executive Member, NHS HWE ICB	Expert advisor to Boston Consulting Group in the Middle East on a public sector project that is not healthcare related.	√					2021	Ended 2022	
			Associate HR Consultant for 3XO. Not engaged on any healthcare related projects.	√					2022	Ended 2022	
			Spouse is Director in UK Health Protection Agency.					√	2016	Present	
			Executive Director of People and Organisational Effectiveness for the Nursing and Midclose relativery Council (job share)	√					2022	Present	
			Non-Executive member of South West London ICB.		√				2022	Ended Aug-24	
Burstow	Rt. Hon. Paul	Non-Executive Member, NHS HWE ICB Chair NHS HWE ICB	As Managing Director of Indy Associates Limited. The company is jointly owned by myself and my spouse and undertakes consultancy, advisory and public policy work: • I have undertaken paid non-proprietary consultancy for AstraZeneca on two occasions in 2023 and at the point of making this entry two occasion in 2024. • I also act as a paid senior adviser to the health practice of MHP Group. The role includes advising on health policy, government decision making, and the health system landscape. I chair, facilitate, and present at events organised by MHP Group with and for their clients in the pharmaceutical sector, patient advocacy groups, NGOs, and professional organisations. • As part of my MHP Group work - in October 2024 – I will be presenting at a Sickle Cell Transition Policy Lab. My role does not involve and I am not being asked to endorse sponsor company products. The sponsors for this event are Novo Nordisk and Pfizer. • As part of my MHP Group work – in late October 2024 – I will act as chair and facilitate a non-promotional* event concerning Cardio Renal-Metabolic disease. The meeting is for the company Boehringer Ingelheim. • On 12th November 2024 – I will be acting as chair for a roundtable event being held at the Houses of Parliament. The event is sponsored by Boehringer Ingelheim, with OVID Health conducting an insight gathering exercise.	√		-	-		May-15	Present	The company does not tender for workfrom NHS organisations. Should a discussion or paper relate to: • AstraZeneca • Boehringer • OVID Health •Ingelheim • MHP Group • OVID Health I will declare an interest either in advance of the meeting or at the point a direct or perceived conflict is identified. I play no part in any tendering, marketing, or lobbying work on behalf of clients of MHP Group or OVID Health. If any NHS organisation within the ICS were to engage the MHP Communications, I would declare the interest and would take no part in the delivery of the work.

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			I am chair of the trading charity, St Andrew's Healthcare. The charity provides a range of secure mental health services, primarily in the Midlands, and several community-based specialist services	√		-	-		Oct-20	Present	I play no part in the charity's tendering processes nor do I play a role in selecting contractors within the ICS. Should a discussion or paper relate to this provider, I will declare an interest either in advance of the meeting or at the point a direct or perceived conflict is identified.
			I am chair of the trading charity, the Social Care Institute for Excellence. The charity undertakes consultancy and improvement support in social care and beyond.	√					Jul-17	Present	I play no part in the charity's tendering processes, nor do I play a role in selecting contractors within the ICS. Should a discussion or paper relate to this provider, I will declare an interest either in advance of the meeting or at the point a direct or perceived conflict is identified.
			I am the chair of the CIC, Technology Enabled Care Services Association. The CIC mission is the product agnostic and non-proprietorial promotion of TEC and the setting and auditing of industry standards. The CIC also offers consultancy services to local government, housing associations, NHS etc	√		-	-		May-20	Ended Jul-24	I play no part in the CIC's tendering processes nor do I play a role in selecting contractors within the ICS. Should a discussion or paper relate to this provider, I will declare an interest either in advance of the meeting or at the point a direct or perceived conflict is identified.
Coats	Matthew	Chief Executive Officer, WHHT Senior Responsible Officer South West Herts HCP	Nil								
Coles	Toni	Place Director - West Essex	Nil	-	-	-	-	-	-	-	-
Crudgington	Scott	ICB & ICB Strategy Committee Member by position (Interim Chief Executive of Hertfordshire County Council) Partner member, Local Authority, HCC	As Interim Chief Executive of Hertfordshire County Council, a number of my services including Public Health, Children and Adult Services will commission or be commissioned by the ICS to deliver services or programmes.	√					Apr-24	Mar-25	Where a decision on funding is required that involves HCC I will declare an interest and either leave the room or not vote.
Disney	Elizabeth	Director of Operations, HWE ICB	Close relative is employed by the ICB. Role sits in a different directorate, no line management overlap.	-	-	-	-	√	Jan-23	Ongoing	No involvement in recruitment process or decision to employ
Dugmore	Catherine	Non -Executive Member, NHS HWE ICB	Cambridgeshire Community Services NHS Trust, Non Executive Director	√					Apr-22	Present	Declare as required.
			Natural England, Board Member	√					Mar-18	Present	Declare as required.
			Housing 21, Board Member	√					Sep-21	Ended May-24	Declare as required.

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			Aldwickbury School Trust, Governor			√			Nov-18	Present	Declare as required.
			Royal Society for the Protection of Birds (RSPB), Trustee			√			Oct-24	Present	Declare as required.
			Institute of Chartered Accountants for England and Wales (ICAEW), Member		√				1992	Present	Declare as required.
Elton	Sharn	ENH Place Based Director	Parish Councillor, Sutton Parish Council, Central Bedfordshire	-	-	√	-	-	May-23	Mar-27	-
Fernandes	Trevor (Dr)	GP Locality Lead - Dacorum Partner Member, Primary Medical Services	Salaried GP at Parkwood Surgery, Hemel Hempstead GP Trainer, GP Appraiser, Joint Injections	-	-	-	√	-	2020	Ended Aug-2024	
			Registered with GP in Hertfordshire			√			1990	To date	
			My spouse works at: Michael Sobell Hospice, Northwood,Middlesex Fonthill Nursing Home, St Albans, Herts St Elizabeth's Centre, Perry Green, Herts	-	-		-	√	Various	To date	
			NHS Complaints Reviewer Birmingham and Solihill ICB Mid and South Essex ICB	√					Dec-22	To date	
			Outpatient at Royal Marsden Hospital London			√			Jan-23	To date	
			GP appraiser East of England (previously included in salaried GP post as paid to practice)	√					2005	To date	
			GP locum Herts/Beds/Bucks	√					Aug-24	To date	
			Attend educational meetings - Spire hospital Harpenden, OSD Healthcare			√			Jan-23	To date	
			Community Medical Examiner employed by WHTHT.	√					Feb-22	To date	
Flowers	Beverley	Director of Strategy , HWE ICB Deputy CEO	Non remunerated Director role with Herts at Home Ltd a company established and fully owned by Hertfordshire County Council to provide care and support within the County. Herts at Home Ltd. Company number 11360947. Registered office address County Hall, Pegs Lane, Hertford, United Kingdom, SG13 8DE.)	-	√	-	-	√	Jan-19	Ongoing	Declare at meetings where relevant. Exclude self from decision making process in meetings if necessary.
Halpin	Jane	Chief Executive Officer, NHS HWE ICB	Nil								-
Hammond	Natalie	Director of Nursing & Quality, HWE ICB	Spouse - company - Aqua Kare, leak detection.	√						Ongoing	Does not commission/tender for work.

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Howard -Jones	Elliott	Role of CEO at Hertfordshire Community NHS Trust Partner Member - Community Provider Representative SRO - East & North Herts HCP	Nil			-	-	-	-		
Joyce	Rachel (Dr)	Medical Director	Married to an NHS consultant who works for East and North Herts Trust.	-	-	-	-	√	Jun-01	Current	To be logged on ICB DoI registers and declared if relevant in meetings/ work
			From 2018 I was a Director for Ranine Ltd - a company that provides private medical services by one consultant (spouse as above) to local independent hospitals. From 1st April 2022, I resigned my role as Director and now act as secretary who also holds shares in the company. The company does not however provide, or intend to provide, services to the NHS, social care, or NHS patients.	√	-	-	-	-	2018	Current	To be logged on ICB DoI registers and declared if relevant in meetings/ work
			Director of Castellan Homes Ltd, a family company for which I am a director.	√					2024	Current	It does not have and has never had a contract with the health or social sector - operating completely out of that environment.
Khan	Iram	Corporate Governance Manager - Board & Committees	Nil	-	-	-	-	-	-	-	-
Lafferty	Thomas	Chief Executive Princess Alexandra Hospital NHS Trust Chair WE HCP Board	Director & Owner; TWL Associates Ltd (dormant)	√					Jun-14	Present	
Lavington	Adam	Director of Digital Transformation	Nil	-	-	-	-	-	-	-	-
Marcus	Tania	Chief People Office	Nil								
Marovitch	Joanna	Chair VCSFE Alliance VCFSE Allinace board member Regular Attendee ICB Primary Care Transformation Committee	CEO of Hertfordshire Mind Network	√					2021	Current	
Martin	Chris	Commissioning Director – Children, Mental Health, Learning Disabilities and Autism Essex County Council Partner member, Local Authority, ECC	Nil								
McCarthy	Lance	Partner Member, NHS and Foundation Trusts - Acute SRO - West Essex HCP	CEO of PAHT - provider in the system	√					May-17	Current	Verbal declaration to be made at the beginning of any meeting as appropriate
			Member of NHS Employers Policy Board		√				Jan-23	Current	Verbal declaration to be made at the beginning of any meeting as appropriate
Moberly	Nick	Non-Executive Member HWE ICB Chair - ICB Strategic Finance & Commissioning Committee	CEO MS Society UK (including Director of MS Society Nominees Ltd and MSS (Trading) Ltd)	√					Jan-19	Present	
			Non-Executive Director, NHS Property Services	√					May-21	Present	

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			Board Adviser/Chair, Dr Morton's Ltd (with small shareholding) – business has now ceased trading	√					Jan-21	Ended Dec-24	Mitigating steps to be taken surrounding Board or committee papers/agenda items.
			Board Adviser/Chair, DKWHS Ltd (new business which has acquired the business and assets of Dr Morton's on a going concern basis). Minority shareholder	√					Jan-25	Present	Mitigating steps to be taken surrounding Board or committee papers/agenda items.
			Trustee - Christian Aid			√			Dec-18	Ended Oct-24	
			Board member, MS International Federation			√			Jun-19	Ended Oct-24	
			Trustee, Medical Aid for Palestinians			√			Mar-24	Ended Oct-24	
Moodley	Pragasen	Partner Member for the ICB - Primary Medical services	Partner at Stanmore Medical Group 5 Stanmore Road, Stevenage, SG1 3QA	√	-	-	√	-	2004	Continuing	Verbal declarations to be made at the beginning of any meeting
			Director of AVM Medical. Suite 3 Middlesex House, Rutherford Close, Stevenage, Hertfordshire, United Kingdom, SG1 2EF. Company number 10507387 I use this company to carry out private medicals and nursing home ward rounds	√	-	-	√	-	2016	Continuing	
			Director North Stevenage PCN	√	-	-	√	-	2022	Continuing	
			Partner at Larksfield Medical Practice	√	-	-	√	-	2018	Continuing	
			Partner is a GP at King George Medical Practice	-	-	√	-	√	2016	Continuing	
Perry	Dr Ian	Partner Member, Primary Medical Services	GP Partner in Maynard Court Surgery	√	-	-		-	2013	To date	Verbal declaration to be made at the beginning of any meeting
			Epping Forest North PCN GP Partner	√					2019	To date	
			Stellar Healthcare Shareholder		-	-		-	2014	To date	
Pond	Alan	Chief Finance Officer, HWE ICB	I am the public sector appointed Director of Assemble Community Partnership Ltd (Company Number 06471276) and associated companies Assemble Fundco 2 Ltd (Company Number 08309498) Assemble Holdco 2 Ltd (Company Number 08309495) Wolverton Holdings (Company Number 08307564) Wolverton Fundco 1 Ltd (Company Number 08306830						Jul-08	Current	My role on the Board of the LIFT Company Group is to represent the interests of the local public sector, provide insight, but also to oversee the financial and governance arrangements of the companies. The Group of Companies was created to provide benefits to the NHS locally and a conflict is highly unlikely to occur. Should any conflict of interest arise, I

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			Assemble Fundco 1 Ltd (Company Number 06471659) Assemble Holdco 1 Ltd (Company Number 06471233) Assemble (MKHQ) HoldCo Ltd (Company Number 06710941) Assemble (MKHQ) Ltd (Company Number 06711023) All of 128 Buckingham Palace Road, London, SW1W 9SA.			√					would excuse myself from both parties for the relevant matter and should an ongoing conflict arise I would resign my director position with the Group of Companies.
			My Partner is a GP Partner of a Practice associated with HWE ICB (at Haverfield Surgery, Kings Langley) and is engaged as a clinical lead by the HWE ICB.	-	-	-	-	√	Aug-10	Current	On matters relating to primary care generally, I would always declare my relationship to my partner so anyone could question me on my motives. For matters relating specifically to Haverfield Surgery only, I will excuse myself from any discussion and take no part in any decision making. I will keep confidential any information I receive that could be of benefit to Haverfield Surgery and/or my partner.
Randhawa	Professor Gurch	Non Executive member, NHS HWE ICB Chair - ICB Strategy Committee Vice Chair - ICB Strategic Finance & Commissioning Committee	Professor of Diversity in Public Health & Director. Institute for Health Research University of Bedfordshire. Honorary Academic Contract, UK Health Security Honorary Academic Contract, Office for Health Improvement & Disparities Expert Advisor, NICE Centre for Guidelines, UK Facilitator, faculty of Public Health accredited Practioner Program, UK Faculty of Public Health Non-Executive Director, Forestry England. Adjunct Professor, Ton Due Thang University, Vietnam, Trustee, Race Equality Foundation, UK National Member, National Black and Minority Ethnic Transplant Alliance, UK Member, British Medical Association Ethics Committee, UK Deputy Lieutenant, Bedfordshire Patron of the Bedfordshire Rural Communities Charity Ambassador, Keech Hospice Care Volunteer, Luton Sikh Soup Kitchen Junior Cricket Coach, Harpenden Cricket club							Current	All interests declared with all parties.
			Patient, Davenport House surgery, Harpenden							Current	To be declared as appropriate.
			Extended family member employed by Harpenden Health PCN							Current	To be declared as appropriate.
Ridgwell	Angie	CEO Hertfordshire County Counci Partner Member to the HWE ICB Board	There may be occasions when ICB are making strategic commissioning or policy decisions that will have an impact on HCC services, creating cost, demand or delivery changes.		√				Sep-24	Current	If a conflict of interest arises this will be discussed with the chair, ICB notified and possible reclusion from the decision.
Sewell-Jones	Adam	Chief Executive East & North Herts NHS Trust Joint Senior Responsible Officer East & North Herts HCP	Nil								

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Shah	Avni	Director of Primary Care HWE ICS	Spouse works for a Pharmaceutical Industry – Scope, who distribute a number of eye products across the UK.					√	Nov-20	Current	As Director of Primary Care I am not directly involved in the local decision making process of new drugs hence managing conflict
			Spouse provides supervision and support via CPPE to foundation year community pharmacist who required support. This is commissioned through HEE and covered London and South East Area					√	Apr-23	Current	This is commissioned directly from HEE to CPPE hence NO involvement in commissioning and contracting of this
Shattock	Frances	Director of Performance	Nil	-	-	-	-	-	-	-	-
Stober	Thelma	Non-Executive Member, NHS HWE ICB Chair - ICB System Transformation and Quality Improvement Committee	Patient , Surgery Berkhamsted	-	-	√	-	-	2018	Current	HWE Conflict of interest Policy . NHS England » Managing conflicts of interest in the NHS and Best practice in corporate governance
			Patient, RNOH Stanmore			√			2005		
			Patient, Stoke Mandeville Hospital			√			2010		
			Employee of Local Government Association	√	-	-	-	-	2013	Current	
			Trustee of London Emergencies Trust			√			2017	Current	
			Trustee of the National Emergencies Trust			√			2020	Current	
			Non-Executive Director, Peabody Trust Non-Executive Director Peabody Trust Board Thamesmead Committee Communities Committee			√			2021	Current	
			Deputy Lieutenant Greater London			√			2022	Current	
Surgenor	Simone	Deputy Chief of Staff - Governance & Policies, NHS Herts & West Essex ICB	Director of Select Project Management Ltd	√	-	-	-		2011	Ongoing	Family company. No contracts held in the health and care sector
			Dependant with Type 1 Diabetes	-	-	-	-	√	2019	Ongoing	Declaration made in meetings where papers or discussions relate to this condition..
			Community Governor – Colne Engaine C of E Primary School (school run by the Vine Schools Trust). Formal appointment pending checks. This role sits at Board level.			√			TBC		The school sits outside of the ICBs geographical area. Declarations will be made in meetings where papers relate to relevant educational matters.
Taylor	Karen	Chief Executive Officer - Hertfordshire Partnership University NHS Foundation Trust	Chief Executive and employee of HPFT	√					Dec-21	Current	Declare interest
			Board Trustee - NHS Providers		√				Jul-23	Current until Jul-26	Declare interest
			East of England Provider Collaborative Lead CEO 2024		√				Jul-24	Current	Declare interest
Turnock	Philip	Managing Director of HBL ICT Shared Services	Nil	-	-	-	-	-	-	-	-
Watson	Michael	Chief of Staff, NHS HWE ICB	Nil	-	-	-	-	-	-	-	-

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Webb	Matthew	ICB Place Director - S&W Hets	Partner is employed as an Associate Director with ArdenGem Commissioning Support Unit	-	-		-	√	Apr-24	Continuing	To be declared when appropriate
			close relative is an employee of Central & North West London NHS Trust	-	-	√	-	√	Dec-20	Ended	
			Close relative is employed in the Talking therapies service at CNWL NHS Trust					√	Apr-24	Present	To be declared when appropriate
Wightman	Lucy	Partner Member, Local Authority	Member of international Advisory Panel for Academic Health Solutions	√					Apr-22	Present	Exclusion from related/conflicted agenda items/papers
			Board Member for Northamptonshire Sport		√				Apr-22	Present	Exclusion from related/conflicted agenda items/papers
			Member of Reform Health Council						Sep-22		Exclusion from related/conflicted agenda items/papers
			Board Member for Intelligent Health & Sport England Advisory Board		√				Aug-22	Present	Exclusion from related/conflicted agenda items/papers
			Student at Anglia Ruskin University		√				Jan-23	Present	Exclusion from related/conflicted agenda items/papers

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 31 January 2025**			
Time:	**11:30 – 15:00**			
Venue:	**Latton Bush Conference Centre, Harlow and remotely via MS Teams**			

MINUTES

Name	Title	Organisation
Members present:		
Ruth Bailey	Non-Executive Member	Hers and West Essex ICB
Paul Burstow (PB)	ICB Chair	Herts and West Essex ICB
Catherine Dugmore (CD)	Non-Executive Member	Herts and West Essex ICB
Trevor Fernandes (TF)	Partner Member (Primary Medical Services)	Herts and West Essex ICB
Beverley Flowers (BF)	Director of Strategy	Herts and West Essex ICB
Jane Halpin (JH)	Chief Executive Officer	Herts and West Essex ICB
Elliot Howard-Jones (EHJ)	Joint SRO ENH Health Care Partnership	ENH Health Care Partnership
Thom Lafferty (TL)	Chief Executive Officer, Princess Alexandra Hospital	Herts and West Essex ICB
Chris Martin (CM)	Commissioning Director	Essex County Council
Nick Moberly (NM)	Non-executive Member	Herts and West Essex ICB
Prag Moodley (PM)	Partner Member (Primary Medical Services)	Herts and West Essex ICB
Ian Perry (IP)	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
Angie Ridgwell (AR)	Chief Executive Officer, Hertfordshire County Council	Hertfordshire County Council
Adam Sewel Jones (ASJ)	Joint SRO ENH Health Care Partnership	ENH Health Care Partnership
Thelma Stober (TS)	Non-Executive Member	Herts and West Essex ICB
Karen Taylor (KT)	Partner Member (NHS Mental Health Trust)	Herts and West Essex ICB
In attendance:		

Toni Coles (TC)	Place Director, West Essex	Herts and West Essex ICB
Rosie Connolly (RC)	Associate Director, Quality Improvement	Herts and West Essex ICB
Sharn Elton (SE)	Place Director, East and North Herts	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
Avni Shah (AS)	Director of Primary Care Transformation	Herts and West Essex ICB
Simone Surgenor (SS)	Director of Corporate Governance	Herts and West Essex ICB
Michael Watson (MW)	Chief of Staff	Herts and West Essex ICB
Matt Webb (MW)	Place Director, South and West Herts	Herts and West Essex ICB
Via Microsoft Teams:		
Tracey Norris	Meeting clerk	Herts for Learning Limited

ICB/01/25	**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: • Natalie Hammond (Director of Nursing and Quality), being deputised by Rosie Connolly • Rachel Joyce (Medical Director), being deputised by Sam Williamson
ICB/02/25	**Declarations of interest**
2.1	The Chair invited members to update any declarations relating to matters on the agenda and reminded them of their responsibility to update their declarations, for example when they had ceased an association with an organisation. All members declarations were accurate and up to date with the register available on the website: Declaration of interests – Hertfordshire and West Essex NHS ICB
ICB/03/25	**Minutes of the previous meeting**
3.1	**The minutes of the previous meeting held on Friday 29 November 2024 were approved as an accurate record.**
ICB/04/25	**Action Tracker**
4.1	There were two open actions (Ref: 82.4 and 93.11) which were both carried forward to the next meeting.
4.2	**The Board noted the updates to the action tracker.**
ICB/05/25	**Deep dive: Objective 5: achieving a balanced financial position**

5.1	**Finance Overview**
	Matthew Webb (MW – Place Director for South and West Herts) presented this agenda item (see pages 24-30 of the document pack) highlighting the following:
	• A System Financial Programme Recovery Board had been created at the start of the financial year.
	• PWC had been commissioned to identify opportunities for cost saving and transformation. The review (mainly in August) did not find significant additional in-year opportunity (estimated at £5-6M gross only) but noted the need to "invest to save".
	• Five workstreams had been created, each with a named lead, an agreed project brief and monthly reporting/monitoring:
	  ○ Productivity
	  ○ Efficiency
	  ○ Workforce
	  ○ Procurement
	  ○ Medicines optimisation
	• Some successes had already been achieved e.g.:
	  ○ Above plan level of elective recovery performance
	  ○ Reduction in bank and agency staff
	  ○ Reduction in prescribing
	• Longer term initiatives included the creation of business cases to address the mental health bed shortage and improve frailty response and prevention.

5.2	**Workforce Overview** Tania Marcus (TM– Chief People Officer) presented this agenda item (see pages 37-43 of the document pack) highlighting the following: • Current context:

	○ 0.6% over operational plan (workforce vacancies were vigorously reviewed through the triple lock process) ○ 1.2% over planned total workforce bill (c£125m) ○ Agency staff use: 1/3rd below projected plan, and a fall from M3, now under 3% of total workforce bill. ○ Bank staffing costs over plan by 1% (£1m). ○ Absence rates 4.5% vs 5.1% national. ○ Turnover rates: 10.6% vs 11.2% national. • Productivity improvements have been recorded eg 14% at West Herts, 3% at PAH. • Aim: Have staff with the right skills in the right place at the right time. To support this, workforce planning tools were being piloted, in collaboration with Hertfordshire University at two different sites and a workforce triangulation tool was being developed. • Back-office functions were being reviewed – need to reduce support staff to pre-2022 levels. • Clinical expansion plans would be reviewed (it was projected that 466 clinicians needed to be trained within the next 5 years). • Two new roles had been created at University of Hertfordshire, working across the system looking at recruitment and retention. • Challenges: placements – there was no placement management system in place, national funding for this had been withdrawn. • Staff across the system were working hard, leaders were mindful of the People Promise and the need to retain and map skills against talent/leadership programmes. The ICS's turnover rate of 10.6% (below national) was encouraging but wellbeing needed to continue to be monitored.
5.3	**Care Closer to Home** Toni Coles (TC – Place Director for West Essex) presented this agenda item (see pages 31-36 of the document pack) highlighting the following: ▪ Increasing care closer to home (CCH) had been identified in Summer 24 as a means of contributing to the long-term plan vis financial sustainability. This was in alignment with the new NSHE Guidelines published on 30 January. ▪ Aim: reduce frailty admissions by 25% (equivalent to 670 admissions per month, potential saving £26m pa). ▪ Model: there were 5 main steps to the CCH model of care which could be delivered in the community or in the individual's place of residence. Patients can step-up and step-down the levels of interventions and care delivered based on their individual health and care needs and risk of escalation need. ▪ The CCH model will have short-term and long-term benefits but would require a cultural change across the system, a new contractual framework and a shift in resources to community. Benefits identified included: ○ Reducing demand on acute hospitals ○ Providing a consistent care model regardless of location. ○ Improving patient experience and outcomes ○ Addressing inequality
5.4	Questions and comments were invited: • All board members were agreed that the way to achieve financial sustainability was through transformational initiatives, CCH was a good example of this. • Some general risks and opportunities were highlighted: ○ Financial pressures might impact the preventative agenda. ○ Cost to system of supporting workforce placements (eg staff time/capacity to support supervision). ○ Barriers to effective placement offering; transport links/geographical location. ○ Vulnerable clinical areas: AHPS, practice nurses and GPs

	○ Need to target under-served communities who don't traditionally attend expo events to improve recruitment from these cohorts. ○ The standardised CCH approach might stifle local innovation/variation. ○ TC was confident that there was already local buy-in, this engagement work was being promoted by HCPs. ○ Comms to patients would need to be comprehensive. CCH at scale would be very different to how patients experience health care currently. ○ Staff knowledge and understanding of the Frimley model needed to be embedded. ○ Better use of data to create a more targeted approach to end of life care was needed with earlier intervention to prevent admissions. ○ Potential risk of holding category 3 and 4 patients in the community safely; were enough alternatives in place. ○ Remote monitoring was an opportunity to develop; the virtual hospital was currently supporting 70 patients. ○ Outcomes and data for people with LD needed to be stripped out from the "adult" cohort. ○ The co-production of implementation guides by clinical leads, frailty, end of life, and HCPs was highlighted. • Alan Pond provided some additional financial information: ○ More non-recurrent savings had been delivered that recurrent which meant the underlying long-term deficit had not yet been negated. ○ During the last four months the system has held its financial position (the rising trajectory seen in months 1-3 has been controlled) which should be celebrated. ○ The projected exit run rate of £100m has been reduced.
Lunch break 12:55 – 13:25	
ICB/06/25	**Chair's update report**
6.1	The Chair referred to his report (see pages 44-49 of the document pack) drawing the board's attention to the following: • Since the board papers had been circulated, NHSE had published its 2025/26 priorities and operational planning guidance (30 January), this document would be reviewed by the executive team, and this would inform the discussions at the February board planning meeting. • The Chair extended the Board's thanks to Iram Khan as this is her last Board meeting and thanked her for her support to the Board and the ICB. • He shared the Board's thanks and best wishes for Catherine Dugmore as this her last ICB Board meeting prior to taking up a new role as Chair at West Hertfordshire teaching Hospitals, her contributions had been much valued.
6.2	There were no questions arising.
6.3	**The Board noted the Chair's update**
ICB/07/25	**Chief Executive Officer's report**
7.1	Jane Halpin (JH) referred to her report (see pages 50-55 of the document pack) drawing the board's attention to the following: • Staff efforts to support winter pressures and financial sustainability targets were highlighted. • Funding for the new hospitals in Watford and Harlow had been confirmed with a start date of 2032. • Summary of progress towards the medium term plan.
7.2	There were no questions arising.
7.3	**The Board noted the CEO's report**

ICB/08/25	**Governance Report**
8.1	Michael Watson (MW) presented the governance report (see pages 56-62 of the document pack) and highlighted the following: • NHS England approved the proposed amendments to the HWE ICB Constitution on 24 December 2024 with version 7.0 being formally adopted. • Better Care Fund Section 75: In support of the ICBs Scheme of Reservation and Delegation, and following an update provided to the Better Care Fund Board and Hertfordshire Health and Wellbeing Board in October and December 2024 - the board noted the revised s.75 has now been finalised for 2023-2025. • Board assurance framework: the corporate risks within the ICB remain unchanged at 17, while the number of risks on the Board Assurance Framework remains steady at 5. Following the System Transformation and Quality Improvement Committee's review, the risk score for risk 608 (failure to meet UEC targets) has increased from 16 to 20 due to winter pressures.
8.2	**The Board noted the Governance report**
ICB/09/25	**Updates from Sub-Committees**
9.1	Each committee chair and executive lead were invited to highlight the risks/challenges in their area. Summary notes of recent meetings were included in the meeting pack (see pages 101-119 of the For Information Document Pack).
9.2	**Audit and risk committee: Catherine Dugmore** • Newly created Executive Sub-group for risk; terms of reference approved. • Workplan amendments to incorporate whistleblowing standing agenda item and EQIA/QIA/DPIA as part of normal assurance documented in each board/committee papers cover sheet. • An extraordinary meeting had been planned for April to focus on annual accounts.
9.3	**System Transformation and Quality Improvement Committee: Thelma Stober** • Performance risks; children's community waits, neurodiversity pathways with concerns raised around funding. • UEC position deteriorated with increased ambulance response times. This has been impacted by the recent region-wide Level 3 Incident. • Performance improvement: Two areas of improvement were highlighted as being de-escalated from the highest risk category namely CHC and Diagnostics. • Quality: work is ongoing to address the challenges within paediatric audiology at ENHT at system level including mutual aid discussions.
9.4	**Strategic Finance and Commissioning Committee: Nick Moberly** • Month 8 finance report and 25/26 baseline budget report, consideration of in-year financial pressures. • HCP planning framework; potential for holistic planning top to bottom in the system, but need for consistency across all HCPs. • Clinical policies would now be reviewed every three years unless there were significant changes to the evidence, guidance or concerns raised. • Recommendations from APC approved.
9.5	**People Committee: Ruth Bailey** • Workforce Transformation Programme Report: Audiology remains of concern task and finish group have received mapping and analysis. • Linking the work of Herts Futures with the requirements set out in the Get Britain Working white paper. • Workforce Risk and Assurance Report: Specialist area recruitment difficulties continued eg paediatric audiology, new national nursing profiles expected summer 2025, evidence

	review and audits required by each employer. Noted the potential financial risks which will require scenario planning. • Clinical Education Expansion: governance structures developing and reporting lines established, positive engagement and impacts from sustained engagement with schools and FE. Challenges in clinical placement management (lack of funding to coordinate), cultural challenges for future workforce re digital engagement. • Talent and Leadership: commitment to push harder on one solution to training and career development tools and programmes in line with the national people operating model. Creative solutions included voluntary sector placements.
9.6	**East and North Herts HCP Board: Adam Sewell-Jones** • Development directors update: discussion on data and interoperability. • Transformation portfolio overview: transformation highlights and primary care (support level framework and national programme). • Discussion on: ○ Care closer to home ○ Outputs from frailty conference ○ INT development approach ○ System dynamic modelling
9.7	**West Essex HCP Board: Thom Lafferty & Toni Coles** • HCP sub-committee reports. • Strategic discussion on delivering HCP priorities. • Opportunity for HCP to lead 2025/26 NHS operational, workforce, and financial planning. • Improved data intelligence was key, with patient voice and co-production essential for success. • Development of pan-West Essex Healthy Places and One Public Estate group to align housing and healthcare planning.
9.8	**MHLDA HCP Board: Karen Taylor** • Opportunity to overlay mental health transformation and better support for people with learning disabilities onto the Care Closer to Home (CCH) framework. This would ensure that all primary care transformation would consider the needs of people with SMI and learning disabilities. • Increasing demand in Primary Care: 40% of GP appointments involve mental health concerns in both adults and children and young people. GPs are handling large and complex case loads of mental health concerns - consideration of what services are available, what they are commissioned to do and how we might best integrate services and support to best effect. The solution will require a multidisciplinary team response. • Mental Health Urgent Care Centre (MHUCC) service at Lister Hospital running with full capacity with the ability to accept self-referrals and walk-ins
9.9	**Patient Engagement Forum: Alan Bellinger** • Paul Burstow had been welcomed to the meeting and supported a strategic discussion on the role of the PEF. • The following had been agreed: ○ Identify a Non-Executive Member of the ICB Board to join the PEF ○ Develop the Patient Engagement Forum report to the board for the ICB to better engage with the PEF. ○ PEF to review their terms of reference, clarifying role and responsibilities – taking into account the same work being undertaken by the Quality Patient Group.
9.10	**The Board noted the Committee updates**
ICB/10/25	**Integrated report for finance, performance, quality and workforce**

10.1	The chair invited each of the area leads to present their highlight report before opening for questions.
10.2	**Quality overview:** Rosie Connolly provided the following update highlighting the key areas to escalate: • Paediatric audiology; regular system level paediatric audiology meeting continues to take place, which reports into regional audiology meetings, which feed into the national improvement programme. • Elysium care homes: two nursing homes have had quality concerns identified (infection prevention and control, medication, feeding and dietetics and safeguarding). Support plans in place. • Hertfordshire Joint Targeted Area Inspection: domestic abuse – system wide response to inspection. • AJM wheelchair services: detailed improvement plan in place with clear trajectories. • Quality of care in pressurised services: This work has been focused around maintaining safe care linked to the Care Quality Commission (CQC) fundamentals of care standards with focused discussions around staff support and wellbeing whilst working under extreme pressure and the impact it can have on staff when they are delivering care in non-optimal environments and conditions.
10.3	**Performance overview:** Frances Shattock provided the following update: • The mean Category 2 ambulance response time was 70 minutes in December. This remains significantly adrift of the national 30-minute standard and is the fourth month in a row when performance has deteriorated, remaining a high performance risk. • Mean C2 response times in HWE are consistently longer than the regional average (Dec-24 = 57 mins) and national average (Dec-24 = 47 mins). EEAST have more vacant operational posts in the HWE sector than elsewhere across the East of England, and work continues to improve staffing levels • ED performance across the system was 69.2% in December. This is low compared to the Mar-Sep period but better than where the system was in Dec-23 (62.6%) • Performance remains below plan but all three Providers have seen improvements in 4 hour performance in January and trend analysis forecasts performance improvements to continue into February. • The overall number of patients waiting >65 weeks has decreased significantly, although the December zero target was not achieved. • There remains variation at place level, with system clearance of 65 weeks is forecast by end of February 25. • The number of patients waiting >52 weeks has been consistently improving since summer 2023 • The 18 week position is of renewed focus and has plateaued around 50% with common cause variation. Delivering the improvement required to meet the recent Reforming Elective Care guidance will be challenging. • The number of children on community waiting lists remains very high with children's community waits now the single area of highest risk. • The % of children waiting less than 18 weeks has fallen for the last 5 months and is now at 35.9%, compared to the national average of 50.4% • Waits over 52 weeks increased in Oct to 3,743, predominantly at ENHT. • The recovery of the 28-day standard is forecast be achieved across the System by Q4 24/25 and is on track with delivery.
10.4	**Finance overview:** Alan Pond (AP) summarised the financial position: • See also update at agenda 5: deep dive. • The Year to Date (YTD - M9) actual position is a deficit of £23m unchanged from Month 8.

	• The adverse variance from plan is now £6.4m which has reduced by £2.2m compared to Month 8. • Based on current predictions on the delivery of existing plans; to deliver breakeven another c£11m in cost reductions in the last 3 months of the year need to be found. • ICS organisations have collectively delivered 96% of the YTD efficiency target of £130m; of the total £125m delivered, £75m (60%) was delivered recurrently. • System capital allocations of £85.014m for the System, including GPIT and voluntary sector grants have been received – this was expected to be fully utilised by the end of the financial year. • An additional £5.8m of capital through recent bidding against National slippage was received and this is also expected to be fully utilised by the end of the financial year.
10.5	**Workforce overview:** Tania Marcus (TM) provided the following update: • See also update at agenda item 5: deep dive. • Audiology: A workforce mapping and analysis exercise has been completed and shared with the task and finish group, an associated action plan will be developed to support culture and career development across the system. • Statutory and mandatory training MOU will cover the 11 Core Skills Training Framework (CSTF) subjects plus learning disabilities and autism training (Oliver McGowan training).
10.7	**The Board noted the integrated reports for finance, workforce, quality and performance**
ICB/11/25	**Questions from the public**
11.1	Four questions had been submitted in advance of the meeting. These had been included in the meeting pack together with the ICB's response at pages 86-88.
11.2	The Board received a late question in relation to West Essex Stroke recovery service which will be formally responded to and shared at the next meeting.
ICB/12/25	**What would service users, patients, carers and staff take away from our discussion today?**
12.1	MTP was golden thread to achieve financial sustainability and right treatment at the right time for patients.
12.2	***ACTION: AS-J and MC to lead a session on Digital and AI.***
Date of next meeting: Friday 28 March 2025	

Herts and West Essex Integrated Care Board Board Meeting Action Tracker Last updated on 18th March 2025								
Private / Public	**Action Tracker Ref No**	**Date of Meeting**	**Subject**	**Action**	**Responsible Lead**	**Deadline Date**	**Comments and Updates**	**Status**
Public	82.4/24	27/09/2024	Mental Health Intensive and Assertive Outreach Review	**Update to Board on NHSE's response to the Mental Health Intensive and Assertive Outreach Review**	B Flowers	~~**31/01/2025**~~ **28/03/2025**	**21.01.2025 - BF updated that there is a delay to the planning guidance for next year, however the work is continuing to progress locally. Further update to be presented at the next meeting.** **18/3/25 - BF update - this programme of work is now part of the response ask to the publication of the Independent Mental Health Homicide Review into the tragedies in Nottingham. A brief update is included in the CEO report and a fuller response paper will be presented at the May Board in line with the revised national timeline.**	**Open**
Public	93.11/24	29/11/2024	Committee Summary Reports	**Board to have future discussion/presentation on estate strategy.** **Local delivery plans to be incorporated into the joint forward plan update to the board in March 2025.**	A Pond / B Flowers	**28/03/2025**	**18/3/25 - BF update - Implementation of actions in 2025/26 to support delivery of the estates strategy are included in the Integrated delivery plans being developed by HCPs.** **Estates strategy has been to Board.** **Delivery plans will go to HCPs and to the Board in future. Date TBC.**	**Open**
Public	12.2/25	31/01/2025		**AS-J and MC to lead a session on Digital and AI.**	A Sewell-Jones / M Coats	**TBC**		**Open**

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

Meeting:	*Meeting in public*	☒	*Meeting in private (confidential)*	☐				
	NHS HWE ICB Board meeting held in Public				**Meeting Date:**	**28/03/2025**		
Report Title:	**Chair's update report**				**Agenda Item:**	**05**		
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

Looking Ahead: Navigating Uncertainty and Transformation

The NHS continues to face significant challenges, including rising demand, financial constraints, and the urgent need for transformation. Last week's announcement about the future of NHS England, including the directive to halve ICB costs and reduce NHS Trust corporate overheads, will reshape how we work in Hertfordshire and West Essex. This scale of change brings uncertainty—not just for our organisations, but for each of us as leaders. It's natural to feel uncertain about what these headlines will mean in practice.

On behalf of the Board, I want to acknowledge the uncertainty among our staff and thank them for their hard work and commitment to the health and wellbeing of our residents.

Despite the challenges, we should recognise the progress we have made as a system since the ICB's creation in July 2022. Our achievements include:

- Improved performance in Urgent and Emergency Care.
- Reduced waiting times, particularly for those waiting longest.
- Successful annual achievement of our financial plans.
- Strong performance across cancer services.
- Development of new facilities, such as our surgical hub and Mental Health Urgent Treatment Centre.
- Staff turnover and absence rates lower than the national average.
- Dramatically reduced spend on agency staff.

We have also agreed and begun to implement a system-wide Medium-Term Plan that will transform health and care across our system by the end of this decade. We are on the brink of implementing an operating model that aligns with many of the changes announced last week.

Leadership is not always about having all the answers. It's about creating clarity in uncertainty, providing direction when the path is unclear, and maintaining focus on what truly matters—delivering safe, high-quality care to the communities we serve.

Now more than ever, we must hold the line on collective purpose, ensuring that financial constraints drive better ways of working together, not fragmentation. This means making tough decisions with integrity, purpose, and a relentless focus on impact.

As we navigate this changing landscape, we must balance change with continuity to ensure that the emerging design delivers the ambitions of the 10-year plan and national planning guidance. The ICB's Medium-Term Plan, aligned with national priorities, provides a fixed point as we steer through this change.

While the precise future functions of ICBs remain under discussion, our core role is clear: balancing the management of present challenges with shaping a sustainable and resilient health and care system for the future.

The coming weeks will bring further clarity on the future of ICBs. In the meantime, we must remain steadfast in our core mission: improving health outcomes for the populations we serve.

Care Closer to Home

Delivering care closer to home remains central to our strategy, reducing reliance on hospitals and enhancing primary and community services. Health and Care Partnerships (HCPs) and Provider Collaboratives will play a key role in this shift, ensuring services are designed around local population needs rather than institutional structures.

The Board will be asked to approve the first phase of delegation as soon as possible, but will have to await clarity about the emerging plans for the future role of ICBs and place based governance.

The intention remains to enable local healthcare providers in South and West Hertfordshire (West Hertfordshire Teaching Hospitals NHS Trust) and West Essex (Princess Alexandra Hospital NHS Trust) to take on the functional integration of key services, including adult community health services, district nursing, and occupational therapy. This transformation will improve team working, streamline care pathways, and increase access to proactive and preventive care, particularly for those with long-term conditions.

The ICB will continue to set the strategic direction while enabling HCPs and Provider Collaboratives to drive local service innovation and integration.

Local Government Reform

Essex is progressing with local government reorganisation, with county elections postponed facilitating the transition. The 15 councils across Greater Essex, along with the Office of the Police, Fire, and Crime Commissioner, have developed an interim plan as a preliminary submission to the government. The final number of unitary councils remains to be agreed.

Councils had to submit initial plans by 21st March 2025, with full proposals due by September 2025 in Essex and November 2025 in Hertfordshire. If approved, Essex could establish shadow unitary councils by May 2026, with full reorganisation implemented by April 2028. Hertfordshire's process is expected to follow, likely running one to two years behind.

Early discussions indicate a preference for five new unitary councils in Essex, though further analysis is needed, particularly around financial impacts, service integration, and council tax harmonisation. In Hertfordshire, the final structure will depend on whether the county forms a Combined County Mayoral Authority (MCCA) with at least one other unitary council outside the county or is divided into several unitary councils.

These timelines are ambitious, and the implications for the NHS and social care are significant. The ICB is committed to working alongside local government partners to ensure a smooth transition and align health and care priorities, and members of our executive team are already working with those partners as they develop their plans. Ensuring that reorganisation enhances, rather than disrupts, the delivery of integrated health and care services will be critical.

Health and Wellbeing Boards

In January, the Essex Health and Wellbeing Board discussed two key papers on children and young people's mental health. The first, from Essex County Council Public Health, highlighted the importance of early intervention and prevention. The Board agreed that all partners should review and respond to the report's key questions.

The second paper examined the experiences of 12 children in care, 10 of whom had been admitted to Tier 4 inpatient services. The Board committed to further discussions on improving pathways for Tier 4 admissions and discharges and exploring the potential for Tier 3.5 services in Hertfordshire and West Essex.

In March, the Hertfordshire Health and Wellbeing Board held a stakeholder event focused on eating well, moving more, income and mental health, and healthy place-making. Discussions reinforced the need for a system-wide approach to prevention, tackling financial insecurity, improving access to healthy food, and embedding physical activity into daily life.

Fostering-Friendly Employers

With more children needing foster placements, fostering-friendly employment policies help staff balance their careers with fostering responsibilities. NHS organisations in the system have now introduced or expanded fostering support in their leave policies, strengthening workforce wellbeing while contributing to better outcomes for vulnerable children.

Strengthening Mental Health Support

A recent visit to the Hertfordshire Mental Health Urgent Care Centre (MHUCC) at Lister Hospital highlighted the positive impact of this 24/7 alternative to A&E. The centre ensures timely, specialist crisis care while reducing pressure on emergency departments. It is a strong example of how the ICB's priorities in mental health are being delivered in practice.

Board Visits and Leadership Updates

As part of our regular Board visits, Jane and I recently met with colleagues at West Hertfordshire Teaching Hospital NHS Trust and East and North Hertfordshire NHS Trust to discuss the implications of the 2025/26 Planning Guidance and funding settlement. We also took the opportunity to thank Phil Townsend for his leadership as he steps down as Trust Chair.

Since we last met, Essex Partnership Trust (EPUT) has confirmed the appointment of Hattie Llewelyn-Davies as its new chair. Hattie has been a great colleague to work with in her capacity as Chair of Princess Alexandra Hospital Trust (PAHT), and I look forward to working with her as she takes up the challenges of her new role. I also welcome Darshana Bawa, who

is currently a non-executive director and senior independent director at the Trust, who will take up the role of interim chair from April for the next year.

At the last Board, I announced several changes in committee assignments. First, appointing Ruth Bailey as chair of the Strategic Transformation and Quality Improvement Committee, alongside her existing duties. Second, appointing Thelma Stober as chair of the Audit and Risk Committee. The recruitment of a successor to Catherine Dugmore has commenced.

Following a successful round of appraisals, I am also pleased to confirm that, subject to agreeing terms of office and a satisfactory outcome to this year's FPPT, I am reappointing Ruth Bailey, Gurch Randhawa, and Thelma Stober. Nick Moberly has a year to run on his current term.

Conclusion

The coming year will be challenging. Financial constraints, local government reorganisation, and growing demand on services will require strong system leadership, close collaboration, and innovative approaches. The ICB will continue to work with partners to ensure high-quality, increasingly integrated care for the residents of Hertfordshire and West Essex, even as we navigate the uncertainties of a changing NHS landscape.

Paul Burstow
Chair
18th March 2025

Meeting:	*Meeting in public*	☒	*Meeting in private (confidential)*	☐				
	NHS HWE ICB Board meeting held in Public				**Meeting Date:**	**28/03/2025**		
Report Title:	**Chief Executive Officer's report**				**Agenda Item:**	**06**		
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

Chief Executives Report – March 2025

Looking Ahead to 2025/26

I am sure that the board will have been surprised by the announcements made by the Prime Minister and others regarding the future direction of the NHS a few weeks ago.

Alongside the far-reaching NHS England reforms, and requirements that our providers reduce their corporate spend, ICBs have been told that our running costs will need to be further reduced as part of the government's planned financial reset across health and social care. Although at the time of writing we have yet to receive any exact details of how these further savings will be met, it is inevitable that we will need to review our operating model and staffing structures, to ensure that we are best able to both deliver the required savings and continue to meet our statutory responsibilities.

Whatever the precise details, these changes will mean that the coming months will be challenging for the ICB and its staff, and for the wider NHS. A change of this nature, in the timeline that has been set out, will inevitably require a great deal of focus to deliver.

However the ICB is committed to continued delivery of our core priorities over that time- agreeing and delivering a system financial plan for 25/26, implementing the elements of our agreed operating model that are in line with the wider changes announced last week and continued delivery of our systems medium term plan- with its focus on ensuring the residents of Hertfordshire and West Essex live better, healthier and longer lives.

System Finances Update

As today's finance report sets out, we remain on track to achieve our financial plan for 24/25. As the board will know, the financial plan for this year was extremely challenging and delivery required the achievement of a high level of efficiency savings. I would like to take this

opportunity to thank everyone across the system who has supported delivery of the plan this year.

Unfortunately, next year's plan is likely to be just as challenging to deliver. At the time of writing, we are continuing to develop our plans for next year- with the aim of achieving a plan which will see the system end the year in financial balance whilst meeting all of our operational targets. We will be able to provide more information on our progress at today's meeting.

Independent Mental Health Homicide Review into the tragedies in Nottingham

On the 5 February 2025, NHS England published an independent Mental Health Homicide Investigation which was commissioned following the fatal stabbings of three people in Nottingham in June 2023. The purpose of the investigation is to help the NHS and partners understand if there are lessons that could be learned from those tragic events that could prevent something similar happening in the future.

https://www.england.nhs.uk/midlands/publications/independent-investigation-reports-for-midlands/

Considerable work has been undertaken across the HWE footprint with our Mental Health Provider Trusts to review levels of care and treatment in line with the July 2024 NHS England (NHSE) published Guidance to integrated care boards on intensive and assertive community mental health care, which directed Integrated Care Boards (ICBs) to review policies and practices regarding the care of people with Severe Mental Illness (SMI) who require treatment but where engagement is a challenge and/or they face barriers to accessing services. Details of this work were reported to the ICB Board in October 2024.

In conjunction with publication of the independent Mental Health Homicide Investigation, NHSE wrote to Trust and ICB Boards asking that local action plans are reviewed to ensure that they address the issues identified in the independent investigation with particular attention to:

- personalised assessment of risk across community and inpatient teams
- joint discharge planning arrangements between the person, their family, the inpatient, and community team (alongside other involved agencies)
- multi-agency working and information sharing
- working closely with families
- eliminating Out of Area Placements in line with ICB 3-year plans

HWE ICB is working with our Mental Health trusts and teams to ensure that our plans are updated to reflect the outcomes of those reviews and any actions identified to make

improvements locally, with a requirement that updated plans will be discussed at both Trust and ICB Public Board meetings no later than 30 June 2025.

Work is in progress, and a report will be presented to the board at its meeting in May.

Update on 2025/26 General Medical Services (GMS) contract

On the 28 February 2025, Dr Amanda Doyle OBE, MRCGP, National Director for Primary Care and Community Services, NHS England, wrote to ICBs, GP Practices and PCN Clinical Leads to update on the 25/26 GP Contract as agreed by Department of Health and the General Practitioners Committee (GPC). The letter sets out the headline changes from April 2025. Detailed supporting information and specifications are not yet available. Key changes to note:

- In 2025/26 there will be an overall increase in investment with a cash growth of 7.2% with an estimated 4.8% real growth on overall 24/25 costs. In addition, there will be a new enhanced service for advice and guidance, which is worth up to £80 million.
- A number of QOF indicators have been retired, which were protected in 2024/25. This builds on the work of reducing bureaucracy within the contract. This includes some number prevalence indicators. A large number of QOF indicators are now targeted towards cardiovascular disease (CVD) prevention, which is a key priority within our Medium Term Plan.
- Building on the good work on Modern General Practice, from 1st October 2025, practices will be required to keep their online consultation tool open for the duration of core hours for non-urgent appointment requests, medication queries and admin requests. This will be subject to necessary safeguards being in place to avoid urgent clinical requests being erroneously submitted online. Guidance will be displayed on practice websites and reflected in the wording of the patient charter.
- This will also be supported by the 25/26 Capacity and Access Improvement Payment (CAIP) which will include incentives for PCNs to risk stratify in accordance with need and identify those what would benefit most from continuity of care. This would support delivery of the ICB priority of implementing integrated neighbourhood teams.
- By no later than 1st October 2025, practices will be also required to ensure the functionality in GP Connect is enabled which:
    - allows read only access to patients' care records. This will apply to other NHS commissioned providers for direct patient care and also to providers of private healthcare where the private provider obtains explicit permission from the patient to access their NHS GP care record and they are providing direct care to the patient. This will support the patient choice agenda.
    - allows Community Pharmacy registered professionals to send consultation summaries into the GP practice workflow – which will reduce administrative burden for general practice teams and integrate community pharmacy further with general practice for initiatives such as the hypertension pathway and pharmacy first.
- In 2025/26 there will be greater flexibility in the recruitment of the Additional Roles

Reimbursement Scheme (ARRS) with no restrictions on numbers or type of staff who are covered – including GPs and practice nurses.

The ICB Primary Care Team will continue to analyse the implications of the changes above and will report back to the board at a later meeting.

Update on 25/26 General Dental Services (GDS) Contract

On 21 February, NHS England identified ICBs' required contribution to the government target to deliver an additional 700,000 urgent dental appointments during 2025/26. ICB contributions have been identified through consideration of unmet need, population size and projected contract delivery in 2024/25. Locally this means that HWE ICB has the lowest contribution across East of England of 5,712 additional urgent appointments, due to maximising the delivery of dental contracts since taking on delegated responsibility but also our local initiatives of commissioning additional urgent access to dental appointments over the last year to reduce unmet need.

We are currently developing our plan to deliver these additional appointments.

Hypertension Screening Pilot

The ICB is participating in an NHSE pilot to provide blood pressure checks in dental and optometry practices. It was one of only two places across England that successfully received funding for both dental and optometry. 14 dental and optometry practices, located in areas of deprivation, are participating. Each practice received a number of digital blood pressure monitors and training for staff, including how to take blood pressures and offering lifestyle advice. Since the launch in September, they have offered 760 checks, of which 553 (72.8%) have been delivered, and of those 108 people (19.5%) have required onward referral.

Hertfordshire Partnership University NHS Foundation Trust (HPFT) - Supporting Neurodiverse Needs.

A clinic room has been transformed into a new nature room at Saffron Ground, one of HPFT's community specialist clinics for children and young people (CYP). Many of the young people have neurodiverse needs and sensory preferences, and therefore HPFT wanted to create a space that cultivated a sense of calm and comfort, engaging all the senses, and adding an element of fun to visits.

Young people's voices played a significant role in shaping how the room looked, sounded and smelled. Thanks to their ideas, the room incorporates floral scents, the sound of water, and has fun and comfortable furniture.

Experience of Care Survey in Herts and West Essex (HWE).

More than 1,100 people aged 65 and over have shared their experiences of local health services, in a survey designed to help the NHS improve the quality of support offered to older residents. The survey, led by the Integrated Care Board (ICB) Nursing and Quality Team, asked participants questions such as their biggest health worries, their experiences of seeing health professionals and what makes them feel confident and safe. Responses highlighted challenges and opportunities in delivering care.

One of the main findings from the survey is that 90% of over 65s would prefer to receive their care and treatment in their local neighbourhoods – at a GP practice, in a local health centre, or at home. Only 10% of those surveyed said they preferred to be treated in hospital, with some commenting that they tried to avoid going to hospital unless it was necessary.

All NHS organisations in HWE are working together to improve care and treatment, with a particular focus on developing more 'neighbourhood' health care. This includes placing a stronger emphasis on helping people stay healthy and well as they age, encouraging individuals to plan ahead and consider their future care needs in advance, and making it easier to access early intervention.

Update on ICB priorities across Health and Care Partnerships

South and West Hertfordshire

Improve UEC through more anticipatory/SDEC care:

Care Coordination

Since 18th November SWH has been trialling an Emergency Department (ED) consultant embedded within the CLCH Care Coordination Centre. This is designed to support decision making regarding ED conveyance and to support patients either to a Prevention of Admission (POA) pathway or to an alternate pathway within the acute.

Since that time 969 patients have been supported. These originate from East of England Ambulance Service (EEAST) (via Access to Stack or Handover at Home), Primary Care and internal CLCH services. Of the 969, a total of 762 of these patients have been successfully directed away from the Emergency Department (ED). This represents 79% of all contacts. Of the remaining 207 that have required ED, it has been possible for the ED consultant to formulate a plan prior to the patient arrival at ED, which has supported the patient journey through ED. A full evaluation of the project is currently underway which will look at the impact

on primary care, EEAST, acute and community services among a host of other metrics. The trial of this new way of working will continue until the end of March.

Elective Care Recovery:

ICS pathology services transferred to a new shared network from 1 March 2025

The new HWE ICS pathology contract with Health Services Laboratories (HSL) has successfully completed the mobilisation phase, with transfer to HSL taking place as planned on 1 March 2025.

HSL is a clinically led provider of pathology and diagnostic services with first-class expertise in the pathology field, especially in delivering outsourced pathology services for NHS trusts.

The contract secures significant investment to modernise pathology services across HWE and provide a sustainable service for our patients. HSL will be responsible for delivering over 20 million tests per year for our population.

HSL are currently developing a new central hub laboratory at Croxley Park, Watford which is planned to be operational from July 2026. Most routine pathology testing, including pathology services for GPs and community providers will be processed at the Croxley Park hub lab, whilst more urgent results will be delivered on each of the three trusts' acute rapid response hot laboratories which are being refurbished.

Decommissioning of the SWH community non-obstetric ultrasound service (NOUS)

We are in the final stages of exit planning for the ceasing of the SWH community ultrasound service from 31 March 2025 delivered by PML. The ultrasound activity will be repatriated to WHTHT with delivery from 1 April 2025.

This will ensure there is no fragmentation of diagnostic services in line with the national directive to develop Community Diagnostic Centres (CDCs).

CDCs offer patients a wide range of diagnostic tests closer to home and greater choice on where and how diagnostics are undertaken, reducing the need for hospital visits, and potentially expediting the start of treatment.

Activity will be delivered through clinic locations at St Albans Community Hospital and Hemel Hempstead Hospital, with an outreach clinic in Elstree Way for Hertsmere residents with evening and weekend appointments available.

East and North Hertfordshire

Ensuring every child has the best start in life

On the 27 February families in Stevenage and north Hertfordshire were able to join the first of 6 free online Community Cookalongs to get some mealtime inspiration and create simple, healthy, tasty and low-cost meals. The sessions run from 4 – 5pm and are designed to get families cooking dinner together, building confidence in the kitchen and shaking up the family menu.

The recipes have been created by Hannah Marsh, a nutritionist with Stevenage FC Foundation, working with Hitchin-based chef Chris Quint who runs a nutrition company, Food for Fuel. The recipes have been designed to appeal to families with primary-aged children - including fussy eaters!

Families joining the session follow Chris and Hannah as they guide you through cooking the dishes from Chris' kitchen.

You can sign up to these sessions by following the registration link below. Once you're signed up, you'll get the link to join the sessions and the recipes for the coming session so that you can have the ingredients ready to hand.

To find out more and to sign up visit: www.hitchinandwhitwellpcn.nhs.uk/cookalong/

GP surgeries in Stevenage and north Hertfordshire have also had a hand in developing Community Cookalongs alongside local councils and Letchworth Garden City Heritage Foundation. They reflect work by the NHS and local services to give every child the best start in life and to support general lifestyle improvements for local people: showing families that healthy eating can be affordable, quick and easy and supporting families to spend quality time together.

Click here for the link to the first session which was held on the 27th February 2025.

Increasing healthy life expectancy and reducing inequality

The North Hertfordshire Carer's Café which is run by Hitchin and Whitwell PCN has recently celebrated its first anniversary. The café has had a highly positive impact, with many repeat attendees and consistent turnout. It has enhanced carers' access to healthcare and local services, making it easier for them to prioritise their own health alongside their caregiving

responsibilities. By reducing social isolation and stress, the café helps to improve the mental health of carers. The availability of peer support and practical guidance from healthcare providers and organisations reduces the risk of burnout and improves overall well-being.

Increasing the number of residents taking steps to improve their wellbeing

GP practices in ENH have received recognition and rewards for their involvement in the Remove the Blues challenge, led by the Herts Sport & Physical Activity Partnership. A total of 215 PCN staff took part in the challenge, which was designed to enhance their health and motivation.

West Essex

Ensuring every child has the best start in life

Good work is continuing between education and health partners in Harlow, who are holding their most recent summit on 20 March. One of the priorities is around parenting skills, speech and language development and school readiness in the 'bump to five' period. A range of activities are underway, including the provision and quality of information given to families and carers during this period. This includes the creation of a 'padlet', the development of which is being helped by media students from Harlow College as part of their course work. Other priorities of the partnership include healthy weight (children and parents/carers) and oral health. Parenting skills lessons are also being launched in and around Harlow.

Increasing healthy life expectancy and reducing inequality

The West Essex Workforce Group is holding its third summit, in April. Nearly 150 representatives from a range of organisations across health, local government, education and employment are members of the group, which is focusing on:

- specifying the skills needed for employment
- creating more work placements
- busting the barriers to employment
- retaining and developing people in work.

The main topic at the April summit is Essex's Connect to Work programme - creating job opportunities for people with health conditions, part of the government's Get Britain Working initiative.

The Mental Health, learning Disability and Autism Health and Care Partnership (MHLDA HCP)

In February 2025, the MHLDA HCP hosted a workshop focused specifically on the needs of people with Young Onset Dementias (YOD) and the people who care for them. Over 40 people contributed to the workshop including frontline staff from MHLDA HCP partner organisations, academics and people with lived experience. Participants spent half the session framing the specific challenges around topics including carer support, referral and early identification and transitions into residential and hospice care. Participants then focused on the specific activity and changes required to address these challenges. A full write-up of the outputs is underway and will be considered by the Dementia Strategy Steering Group.

The new Mental Health Support teams (MHST) in schools in St Albans and Dacorum have begun their training and the onboarding process for the first group of schools they will be supporting. The new teams are an expansion of the existing teams currently in operation in St Albans and Dacorum to allow for an increased offer.

Hertfordshire and West Essex Integrated Care System

NHS Hertfordshire and West Essex Integrated Care Board

Meeting:	*Meeting in public*	☒	*Meeting in private (confidential)*	☐
	HWE ICB Board meeting held in Public		**Meeting Date:**	**28/03/2025**
Report Title:	**Governance report**		**Agenda Item:**	**07**
Report Author(s):	• Simone Surgenor – Deputy Chief of Staff, Governance and Policies • Tatiana Njendu – Risk and Compliance Officer			
Report Presented by:	• Michael Watson, Chief of Staff			
Report Signed off by:	• Michael Watson- Chief of Staff			

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

Which Strategic Objectives are relevant to this report	• 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:	• Board Assurance Framework – is the committee content with the ICB's approach to handling risk? Are there any further questions triggered from the risks reported?
Report History:	• Committee Effectiveness Survey – updates reported to the relevant sub-committees of the ICB Board. • The ICBs Risk Report, Board Assurance Framework and Corporate Risk Register – are also reported to the ICB's Audit and Risk Committee.
Executive Summary:	The purpose of the Governance report is to update the board on key areas relating to governance, key areas for decision and to present the Board Assurance Framework. Today's paper covers: • Governance Handbook updates • Committee Effectiveness Survey • Board Assurance Framework - The Hertfordshire and West Essex Integrated Care Board (ICB) currently oversees 94 risks, with 74 fully approved.

<table>
<tr><td>Recommendations:</td><td colspan="4">Members are kindly requested to:
Approval – Documented updates to HWE ICBs Governance Handbook.
Noting – Committee Effectiveness Survey update.
Noting – Board Assurance Framework.</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">Direct or perceived conflicts identified against updates cited in paragraph 2 – and relating to Elliot Howard-Jones and Adam Sewell-Jones.</td></tr>
<tr><td colspan="5">Implications / Impact:</td></tr>
<tr><td>Patient Safety:</td><td colspan="4">This update provides core governance framework updates, and therefore supports 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">The delegation levels referenced for Primary Care Commissioning Committee do not place any additional financial pressures on the ICB.</td></tr>
<tr><td>Patient or public engagement or consultation:</td><td colspan="4">Noting in addition to note, over and above the work undertaken in support of the documented services.</td></tr>
<tr><td rowspan="3">Impact Assessments:
(Completed and attached)</td><td colspan="2">Equality Impact Assessment:</td><td colspan="2">A separate EIA has not been completed for this paper – as the services, policies or appointments referenced would as part of their due diligence, undertaken relevant impact assessments. This position has been checked with the ICB EDI Lead on 03.03.25. .</td></tr>
<tr><td colspan="2">Quality Impact Assessment:</td><td colspan="2">Please see the response provided against the EIA entry above.</td></tr>
<tr><td colspan="2">Data Protection Impact Assessment:</td><td colspan="2">Please see the response provided against the EIA entry above.</td></tr>
</table>

1. Background – reviews to ICB governance

1.1 The Board is asked to:

a) Approve the Governance Handbook amendments, as documented in paragraph 2 of this report.

b) Note the update provided by HWE ICBs annual Committee Effectiveness Surveys.

c) Note the Board Assurance Framework updates as summarised in paragraph 4 of this paper.

2. NHS Hertfordshire and West Essex ICB - proposed Governance Handbook updates

The ICBs Governance Handbook, brings together all of the ICBs governance documents. In compliance with the ICBs Scheme of Reservation and Delegation - amendments to relating to the regulation proceedings and business are subject to this Boards approval:

The ICBs Board Members, found at page 11. Updates to Board memberships:

- Catherine Dugmore's end of term as Non-executive Member of the ICB from 25th February 2025.
- In compliance with paragraph 3.5 of the ICB's Constitution and a joint nomination process:
    - Elliot Howard-Jones, Chief Executive Officer for Hertfordshire Community Trust. Logged as HWE ICB Board Partner Member – NHS Trusts and Foundations Trusts from 1st July 2024 to 30th June 2025. This post will then on pass to Adam Sewell-Jones, Chief Executive Officer for East and North Hertfordshire NHS Trust from 1st July 2025 to 30th June 2026 completing the tenure for this post.
    - Adam Sewell-Jones (the same as referenced in the paragraph above) – logged as HWE ICB Board Senior Responsible Officer for East and North Hertfordshire Health Care Partnership from 1st July 2024 to 30th June 2025. This post will then pass to Elliot Howard-Jones from 1st July 2025 to 30th June 2026 completing the tenure for this post.

3. Committee Effectiveness Survey

As part of the ICB ongoing annual governance – committee effectiveness surveys have been undertaken and completed on all sub-committees to the board. Each survey result has been or is being reported directly back to that committee and will feed into reviews of Terms of Reference alongside 2025/2026 workplans.

4. Board Assurance Framework

The Board Assurance Framework comprises of strategic risks as defined by the board: the major risks that could prevent the board from fulfilling the objectives in the ICBs strategy. The following report provides assurance on the effectiveness of the ICB's risk management processes, highlighting key changes in corporate risks.

At the core of the ICB's risk management approach is the assurance framework, which consolidates information regarding significant risks (scored 16+) to the achievement of

its strategic objectives. Below is a table illustrating the distribution of 16+ risks across the ICB's strategic objectives:

SO IDs	2022/27 Strategic Objectives	No of risks
SO1	Increase healthy life expectancy and reduce inequality	0
SO2	Give every child the best start in life	0
SO3	Improve access to health and care services	2
SO4	Increase the number of citizens taking steps to improve their well-being	1
SO5	Achieve a balanced financial position annually	1

APPENDIX A: Assurance Framework Report (16+)

SO IDs	2022/27 Strategic Objectives	No of risks	Strategic Leads
SO1	Increase healthy life expectancy and reduce inequality	0	Rachel Joyce
SO2	Give every child the best start in life	0	Prof. Natalie Hammond
SO3	Improve access to health and care services	2	Frances Shattock
SO4	Increase the number of citizens taking steps to improve their well-being	1	Beverley Flowers
SO5	Achieve a balanced financial position annually	1	Alan Pond

Assurance Statement

We assure the Board that we have conducted a comprehensive review of the corporate risks facing the ICB. The Datix Risk Register currently lists 73 risks, of which 22 are identified as corporate risks (rated 12+). Among these, five have been classified as the most critical (rated 16+) and are highlighted in this Board Assurance Framework (BAF). These critical risks are associated with IDs 608, 610, 649, and 679. The Strategy team would like to propose that risk ID 526 be lowered from a risk score of 16 to 12. If approved the risk will be removed from the BAF and will continue to be monitored on the Corporate Risk Register.

The Board, gains further assurance on strategic and system risks that are scored 16 and above, including the rationale for risk scores and the effectiveness of the controls in place to mitigate the identified risks. Additionally, the Board is expected to gain assurance from the alignment of risk management processes with the three lines of defence framework, ensuring that risks are identified, assessed, and managed appropriately throughout the organisation.

RAG rating of overall perfomance: Amber

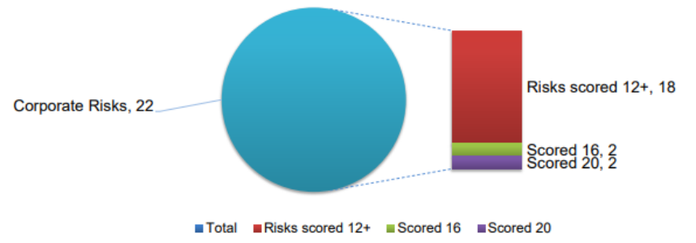
Progress: g

TRIGGER ZONES FOR MANGEMENT ACTION PLANS

Risk Matrix		Consequence (C)				
		1. Negligible	2. Minor	3. Moderate	4. Major	5. Catastrophic
Likelihood (L)	5. Almost Certain			2	1	
	4. Highly Likely			3	2	1
	3. Possibly				13	
	2. Unlikely					
	1. Rare					

No#	HWE ICB Directorates	No of risks (12+)
1	Chief of Staff (Communication, Corporate Governance, Information Governance)	1
2	Finance and Premises	2
3	Medical (Digital Transformation & Medical)	0
4	Operations (3 Places, Contracts & HBLICT)	10
5	Performance (Business Intelligence & Performance)	2
6	Primary Care	2
7	Quality and Nursing	2
8	ICB Strategy (People, Workforce, Strategy)	3
		22

Further breakdown into principal risks scored 12+



RISK ID	Date open	SO ID	Risk Owner	Directorates	Risk Description (16+)	Rationale for current risk score	Risk Appetite	L = Likelihood C = Consequence L	C	Current risk score L x C = RS	Key Controls	Direction	Assurance levels 1st line	2nd line	3rd line
5															
679	16/05/2024	SO5	Alan Pond	Finance & Premises	**Financial Efficiency Risk**: If the Integrated Care System and its component organisations fail to deliver the agreed efficiencies contained within the 24/25 financial plan, and the additional measures required to deliver that plan, then the system will end the year with a financial deficit, resulting in reduced funding in future years and potential harm to future service delivery and organisational reputation.	The System has a control total deficit for 2024/25 of £20m, which is less than the ICB's fair share of resources being retained nationally by NHSE. If achieved there will be no financial consequences. However, to deliver this plan the System needs to deliver efficiency, produsctivity and/or cost savings of 5%. Not all savings are fully identified and there is risk to delivery currently assessed at c£20m. This equates to more than 0.5% of the ICB's budget and without developed plans with action owners is highly likely to materialise as a variance to plan. If such variance arose, the overspend would become repayable over 3 years from 2026/27.	Seek	4	5	20	Budgetary control framework in each organisation and assessment against HFMA governance control and grip framework Triple-lock framework which requires expenditure in scope to be second/third approved by ICB and NHSE Income and expenditure reporting and analysis and maintain oversight of financial position at least monthly Efficiency programme and organisational oversight and reporting through Programme Management Offices	↔	Reasonable	Reasonable	Reasonable
649	08/08/2023	SO3	Natalie Hammond	Nursing & Quality	**Paediatric Audiology Service Delays and Patient Safety Concerns**: If the timeliness and quality of care provided across the HWE paediatric audiology services (recognising current quality challenges identified at ENHT) does not meet the UKAS accredited standards, then there is a risk that access to time critical testing does not occur in a safe and timely way resulting in potential harm to our population both in terms of safety and patient experience.	February 2025 Ongoing challenges at ENHT linked to workforce, estates and availability of mutual aid. Initial harm reviews being undertaken, large volume to be completed. NHSE regional harm review process has now been initiated. Liklihood of further harm being identified is high. System position remains challenged due to limited mutual aid available, and required estates work across the 3 main providers of paediatric audiology services. February 2025- overall risk remains unchanged. Site visit reports have been shared with HCT and PAH, updated action plans being developed. Estates work required at PAH prior to any potential offer to support with mutual aid. Await ABR reviews for PAH and HCT to determine any recalls required. System work is progressing, including recruitment to key posts.	Seek	4	4	16	Further site visits taking place to clarify urgent estate needs. Limited mutual aid in place, discussions taking place within ICS and via NHSE outside the ICS. System - Audiology reviews with all appropriate providers via QI/assurance mechanisms NHSE Desktop reviews completed for PAH and HCT ICB Internal weekly escalation meetings occurring with key leads such as performance and estates Monthly whole HWE system audiology meeting established. Chaired by ICB Director of Nursing/ System Quality Director NHSE/ICB site visits undertaken for PAH and HCT Nov 24 (awaiting reports) Mapping of estates and workforce at system level to support improvement actions Demand and capacity modelling complete. NHSE/ICB site visits undertaken for PAH and HCT November 2024, reports have been shared. NHSE regional and national reporting established. Exploring options for capital estates funding. ENHT - ICB led fortnightly oversight meetings ENHT to progress action plans, trajectories and known interdependencies Regular updates to ICB STQI Committee, System Quality Group, Regional Quality Group, Board etc NHSE oversight and support via new regional PMO team Jumbo clinics in place for over 5 pathway.	↔	Reasonable	Reasonable	Reasonable

RISK ID	Date open	SO ID	Risk Owner	Directorates	Risk Description (16+)	Rationale for current risk score	Risk Appetite	L = Likelihood C = Consequence		Current risk score	Key Controls	Direction	Assurance levels		
5								L	C	L x C = RS			1st line	2nd line	3rd line
610	10/03/2023	SO3	Frances Shattock	Performance, Business Intelligence	**Planned Care Improvement:** If waiting lists for elective and diagnostics 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.	The target to reach zero 65week waits by the end of December is challenging although plans are in place for delivery. DM01 diagnostics rates for September was c56% across the system with variation across each place.	Open	4	4	16	Work is continuing at both system and providers to reduce waiting lists with a focus on 65ww. Performance is discussed at weekly place based senior team meetings and monitored at fortnightly place based performance meetings with providers. ICB wide issues are discussed at the planned care group which will escalate to the Planned Care Committee. Additionally, performance is monitored at the bi-monthly performance Committee and escalated to the ICB board. Work is continuing at both system and providers to reduce waiting lists with a focus on 78ww and 65ww. Work is ongoing regarding the High Volume Low Complexity (HVLC) programme with a focus on improving efficiency and increasing theatre utilisation Quality risks related to elective recovery are discussed at Quality Rview meetings with system partners for IB oversight and escalation as required. Harm oversight linked to elective recovery is maintained through Patient Safety Incident Response Framework (PSIRF) processes.	⇔	Reasonable	Reasonable	None
608	09/03/2023	SO4	Frances Shattock	Performance, Business Intelligence	**Failure to meet UEC Targets:** If UEC targets are not met and patients are not assessed with a management plan and treated, admitted and/or discharged out of the Emergency Department within 4hrs, then there is an immediate risk to patient health and wellbeing, resulting in a significant risk to patient outcomes. Additionally, there is a reputational risk to the ICB which carries a risk of NHSE interventions. The delays in assessment and treatment could cause patients with serious illnesses/conditions to wait for long periods, increasing the risk of harm to their health. These delays could also negatively impact performance targets, leading to reputational risk.	The STQI committee agreed to increase the risk rating to 20 due to the cat2 response times, ambulance handovers and 4hr performance. Performance has been deteriorating over the winter period.	Open	5	4	20	See Operations Directorate UEC plans and Board Assurance Framework related to UEC Priority Metrics. Actions linked to Performance Improvement Trajectories. Cross reference to UEC mitigations for ENH / SWH / WE place required Performance is discussed at weekly place based senior team meetings and monitored at fortnightly place based performance meetings with providers and NHSE. Performance and operational action taken to monthly System Resilience group / Local Delivery Board meetings and discussed in line with UEC action plans with escalations to monthly UEC Board. Additionally, performance is monitored at the bi-monthly Performance Committee with escalations to the ICB board. This risk complements the Operations Directorate UEC plans and Board Assurance Framework related to UEC Priority Metrics. Actions linked to Performance Improvement Trajectories. Cross reference to UEC mitigations for ENH / SWH / WE place required Risks relating to mental health patients in ED units are also being addressed in the appropriare forums and links to risk 609. Clincial harm processes for 12 hour breaches and corridor care are in place across the ICS with minimal harm identified. Quality risks related to UEC performance (including ambulalnce handover times) are discussed at Quality Review Meetings with system partners for ICB oversight and escalation as required. HWE System Incident Meeting is in place providing a system-wide review of patient harm due to delayed 999 responses and identify improvement actions. ICB oversight of patient safety incidents includes those linked to UEC performance. Learning related to UEC performance shared through Patient Safety Incident Response Framework (PSIRF) processes.	⇔	Reasonable	Substantial	None
526	06/09/2022	SO2	Beverly Flowers	Strategy (People, Workforce, Strategy)	**Increased Demand on Children's Community Services:** 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.	The reduction in risk is due to a key piece of work that is supported by a business case and modelling documents that are held with the MHLDA. There are monthly system wide meetings across the partnership. The work is ongoing via the MHLDA. This risk relates to the ASD/ADHD risk, other risks around community paeds are noted in the Herts SEND data uptake and reported through the SEND herts data dash board and the Essex SEND data dashboard. have lowered the risk on the register, the ICB is limited to the potential to invest due current financial position. Providers are working together collaboratively to refine and review the current staffing, services and pathways which is an ongoing piece of work.	Seek	4	4	16	1. Demand and capacity analysis for impacted services has been completed to inform business cases for additional investment. Investment to clear ASD backlog in Herts; some investment for backlog in WE. In September 2022 further money was agreed to clear the ADHD backlog in South and West Hertfordshire. 2. Across the ICB the CYP teams are proposing to develop a Community Paediatric Transformation Programme which will review all community paediatric services including ASD and ADHD to ensure there is consistency of outcomes and financial input, as well as being able to identify the most efficient, effective and high quality way of session issues.Sharing learning across the ICS and Essex systems. 3.Clinical prioritisation is being undertaken within impacted services. Transformation programmes in place for some areas e.g. therapies programmes, ASD/ADHD transformation programmes, community paediatrics transformation (S&W Herts only). 4.Regularly review and monitoring of data through contract management and performance meetings. Escalation of risk to the ICB and within impacted providers. 5.Quality intelligence is reviewed in order to build up a picture of the impact to patients/their families and Quality remains a standing item on the provider CQRMs 6. Focused discussion at WE Transformation Committee, highlighting pressures and contributing factors, escalating concerns with the Place Director, WE Health Care Partnership and advising of need to address the capacity gap. 7. Business case in development.	⇔	Reasonable	Reasonable	Reasonable

Document coding guide

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 amberGood progress, if on green
	←	Losing progress
Progress on actions	Complete	
	On schedule	
	Expected delay	
	Delayed	
	Major delay	
Issues	Progress and Assurance / Issues	Provide an overview of the progress and assurances for this, list any identified issues
	Key workstreams	List the key workstreams that will enable delivery of the objective
5 x 5 Risk Matrix	Indication of risk score	
Assurance level - measures the quantity	**H**	**High** - Oversight functions are provided on the controls. Two or more assurances equals high (H)
	M	**Medium** - Oversight functions are provided on the controls. One assurance equals high (M)
	L	**Low** - Oversight functions are provided on none of the controls equals (L)
ICB Risk Matrix, and colour codes for action		Review no action required.
		Continue to watch. Action is discretionary.
		Action should be taken and / or continued monitoring by the ICB.
		Immediate actions required / and continued monitoring by the ICB.
Assurance rating - measures the quality/strength	*None*	
	Limited	
	Reasonable	
	Substantial	
Risk Appetite Matrix	Averse	Avoidance of risk is a key objective. Activities undertaken will only be those considered to carry virtually no or minimal inherent risk.
	Cautious	Preference for very safe business delivery options that have a low degree of inherent risk with the potential and only a limited reward potential
	Open	Willing to consider all options and choose one most likely to result in successful delivery while providing an acceptable level of reward.
	Seek	Eager to be innovative and to choose options offering higher business rewards (despite greater inherent risk)
	Significant	Confident in setting high levels of risk appetite because controls, forward scanning and respective systems are robust

ICB Risk Domains	Risk Appetite	Appetite statement
Financial How will we use our resources?	Seek	Consistently seek to use available funding to develop and sustain the greatest benefit to health and healthcare for our population and partners, accepting the possibility that not every programme will achieve its desired goals, on the basis that controls are in place.
Compliance and Regulatory: How will we be perceived by our regulator?	Open	Conform with regulatory expectations but challenge them where we feel that to do so would be to improve outcomes for our residents.
Innovations, Quality and outcomes	Seek	Pursue innovation and challenge existing working practices, seeking out and adopting new ways of working and new technologies to the benefit of the residents of Hertfordshire and West Essex Operate with a high level of devolved responsibility Accept that innovation can be disruptive and to use that as a catalyst to drive positive change
Reputation How will we be perceived by the public and our partners	Seek	We will be willing to take decisions that are likely to bring scrutiny to the organization but where potential benefits outweigh the risks.

Meeting:	*Meeting in public*	☐	*Meeting in private (confidential)*	☐
	NHS ICB Board **Public**		**Meeting Date:**	**28/03/25**
Report Title:	**Update- implementation of the new operating model for Hertfordshire and West Essex Integrated Care Board**		**Agenda Item:**	**08**
Report Author(s):				
Report Presented by:	Michael Watson, ICB Chief of Staff			
Report Signed off by:	Michael Watson, ICB Chief of Staff			

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

Which Strategic Objectives are relevant to this report **[Please list]**	▪ To give every child the best start in life. ▪ To increase the number of citizens taking steps to improve their wellbeing. ▪ To increase healthy life expectancy, and reduce inequality. ▪ To improve access to health and care services. ▪ To achieve a balanced financial position annually
Key questions for the ICB Board / Committee:	▪ The board is asked to note the contents of this update report and to agree the recommended approach.
Report History:	N/A
Executive Summary:	
Recommendations:	The board is asked to note this update on the implementation of the Hertfordshire and West Essex operating model.

Potential Conflicts of Interest:	***Indirect***	☐	***Non-Financial Professional***	☐
	Financial	☐	***Non-Financial Personal***	☐

	None identified	X
	NA	
Implications / Impact:		
Patient Safety:		
Risk: *Link to Risk Register*		
Financial Implications:		
Patient or public engagement or consultation:		
Impact Assessments: *(Completed and attached)* *Please detail key impacts the Board/Committee should note:*	***Equality Impact Assessment:***	No
	Quality Impact Assessment:	No
	Data Protection Impact Assessment:	No

Overview

The board will recall that it received a paper at its meeting in January (appendix A) which set out the proposed approach towards the implementation of the new operating model for Hertfordshire and West Essex ICB. The board also discussed the proposed operating model at its board days in December and February. This paper sets out the progress made to date and the potential implications of the announced changes to the role of ICBs earlier this month.

Progress to date.

It was proposed that the Host Provider elements of the operating model, in South & West Herts and West Essex HCPs, began in April 2025. Work has continued on the delegation frameworks which will support this approach, with the intention that these would come to the board for approval at its meeting today. There is an update on this approach in the next section of this paper.

In West Essex there is a proposal that PAH adopt a lead provider approach to the management of the main Adult Community Services contract covering their population.

Following legal advice, there are several steps that need to be taken to enable this to happen, and we are therefore not able to meet an April deadline. It is the intention of both the ICB and the provider to conclude this process in June/July.

In East and North Herts and the Mental Health, Learning Disabilities and Autism HCPs conversations continue to develop their governance arrangements in the new operating model.

Announcement of changes to the ICBs role

As covered elsewhere on today's agenda, a significant change in resourcing and role of ICBs was announced earlier this month.

The principle underpinning this announcement, which is for ICBs to become strategic commissioners with many of their responsibilities being delivered elsewhere, aligns well with the approach we proposed to take in our operating model.

However, the announcement of the reduction in the resourcing of ICBs, and the wider changes to the NHS structure announced alongside it, mean that there will be a need to align the next steps on our operating model with further guidance from NHS England and the Department of Health and Social Care about the future role and structure of Integrated Care Systems.

Next steps

Because of the need to ensure alignment, we are not asking the board to approve the host provider arrangements at today's meeting. This will instead take place at the board day in April. This delay will give the board assurance that we have fully taken into account the wider changes in NHS policy as they emerge, whilst also allowing us to meet our original deadline of an April move to the host provider model (assuming board approval).

Appendix A

Meeting:	*Meeting in public*	☐	*Meeting in private (confidential)*				☒	
	Integrated Care Board- private session				**Meeting Date:**	**31ST Jan 2025**		
Report Title:	**Update on development of future system operating model**				**Agenda Item:**			
Report Author(s):	Michael Watson- Chief of Staff							
Report Presented by:	Michael Watson- Chief of Staff							
Report Signed off by:	Michael Watson, Chief of Staff							
Purpose:	**Approval / Decision**	☐	**Assurance**	☒	**Discussion**	☒	**Information**	☐
Which Strategic Objectives are relevant to this report:	1. Increase healthy life expectancy and reduce inequality. 2. Give every child the best start in life. 3. Improve access to health and care services. 4. Increase the number of citizens taking steps to improve their well-being. 5. Achieve a balanced financial position annually.							
Key questions for the ICB Board / Committee:	The board is asked to consider and comment on the progress made towards developing the future system operating model.							
Report History:	The board considered the proposed changes to the system operating model at its board day on the 13th of December.							
Executive Summary:	Following a strategic review of the current operating model, proposed changes were considered at the ICB board day on the 13th of December. In parallel the relevant system partners have been developing their aspects of the proposed new model. This report provides an update on progress made in further developing those proposals, and the plans for implementation to begin from April 2025. There will be a further opportunity for the board to receive an update on progress at its board day in February, before the final operating model comes to the public session of the board for final approval at its March meeting.							

<table>
<tr><td>Recommendations:</td><td colspan="4">The committee is asked to:

▪ Note the progress in developing the new operating model, and preparations for implementing that model from April onwards.</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>
<tr><td>Risk: Link to Risk Register</td><td colspan="4">The paper is linked to the risk register</td></tr>
<tr><td>Financial Implications:</td><td colspan="4">None identified</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. Background

In September 2024 the ICB CEO, working in partnership with the system CEO group, began a strategic review of our current system operating model with a view to developing it further to:

- Build on the ICBs longstanding commitment to develop Health and Care Partnerships, ensuring they have a greater role in the ICBs work with their local population, including delegated responsibilities where possible
- Ensure we have the right level of system level collaboration to tackle variation across the whole system- making sure that all of our residents can expect a common set of standards and outcomes across our system
- Strengthen our ability to deliver transformation across our system- to support operational and financial transformation

- Consider opportunities for further integration, and in particular to ensure the most efficient use of our resources as a system

The system CEO group developed its proposed new operating model at its weekly meetings, and through two workshops facilitated externally. The outputs of those discussions are set out in section 2 of this paper, and have been shared with the boards of organisations involved. The proposals were shared with the ICB board at its board day on the 13th of December.

2. Proposed changes

The proposed changes to the operating model are designed to move the system to a position where:

The ICB will increasingly focus on its role as a strategic commissioner and convenor:

- drawing on tools and enablers including population health management, digital & workforce strategies, capital and estates and other system wide drivers of change.
    - setting clear direction and expectations for improving health & wellbeing (via joint forward plan and medium term plans), and ensuring the fair and transparent allocation of resources (financial, people etc)
    - With key partners, shaping new approaches and models for appropriate services (for example children's services)
    - Holding HCPs and provider collaboratives to account for improving outcomes, access, experience etc

Across the whole system/more than one HCP:

- The Mental Health, Learning Disability & Autism HCP evolving the partnership to include West Essex, to enable it to drive consistent quality and access, supporting the sharing and embedding of best practice across the system via common and consistent care models
- Establishing acute and community provider collaboratives to drive consistent quality and access, supporting the sharing and embedding of best practice across the system via common and consistent care models

At HCP level:

- HCPs planning, commissioning and delivering acute and community services for their respective local populations; and working closely with primary care, VCFSE and local government partners to develop and deliver integrated neighbourhood health care.

The changes that will enable us to reach this position are:

ICB	Development of a new approach to strategic commissioning, changes to the way its staff interact with HCPs to ensure maximum integration.
Across the whole system/more than one HCP	• Single model of adult community care to be described and developed, with particular emphasis on a common model being in place at PAHT (available to West Essex and East and North Herts populations) by October 2025 • Work with acute provider collaborative, ICB and external support to complete a strategic review to analyse and evaluate options / opportunities that offer more sustainable high-quality elective and non-elective care, with a particular emphasis on supporting a sustainable future for PAHT • Work to begin on common model for key elements of community children's care (recognising community paediatric waiting times and paediatric audiology challenges in particular) • MHLD&A HCP will extend to include West Essex, and set expected outcomes and standards for the whole system. Initial priority area of focus- improved model of support for those in MH crisis in West Essex. • Development of the acute provider collaborative. • Development of the Community provider collaborative
HCP/Org level	• South & West Herts and West Essex HCPs to move to first stage of "host provider" models from April 25 • HPFT to further develop its existing host provider model for MHLD&A • ENH HCP to further develop its existing collaborative approaches

3.Host Provider model:

All of the proposals set out above are scheduled to begin to be implemented in a phased way beginning in April this year. The most significant change in April will be the creation of a host Provider model for West Herts Teaching Hospital Trust and Princess Alexandra Hospital Trust. As mentioned above the current model for Herts Partnership Foundation Trust will also be developed further. East and North intend to achieve the same progress through their existing approach to joint working.

Governance Position

The Health and Care Act 2022 amended the NHS Act 2006 to introduce a new section 65Z5. This section effectively enables 'Relevant bodies' (NHS England, ICBs, NHS Trusts and NHS Foundation Trusts) to arrange for their functions to be exercised* by another relevant body, or to be delivered jointly with a relevant body. This section also covers similar arrangements with local authorities.

As HCPs are not 'relevant bodies' as set out in the legislation, the host provider model being proposed enables the ICB to delegate responsibility for the exercising of some of its functions to HCPs via the host provider, which is covered by the legislation.

*It should be noted that the ICB is prevented by law or NHSE guidance from delegating certain functions, and the team designing the host provider model are not proposing delegation in those areas.

Delegated responsibilities

The level of delegated responsibility that the Host Providers will hold in April 2025 is intended to be a starting point, with further responsibilities to be delegated over time. In the first instance it is proposed that they will assume delegated responsibility for adult community services.

In addition to the formally delegated responsibilities, the model being developed will enhance the influence and involvement of the HCPs in other areas of the ICBs work relating to their populations.

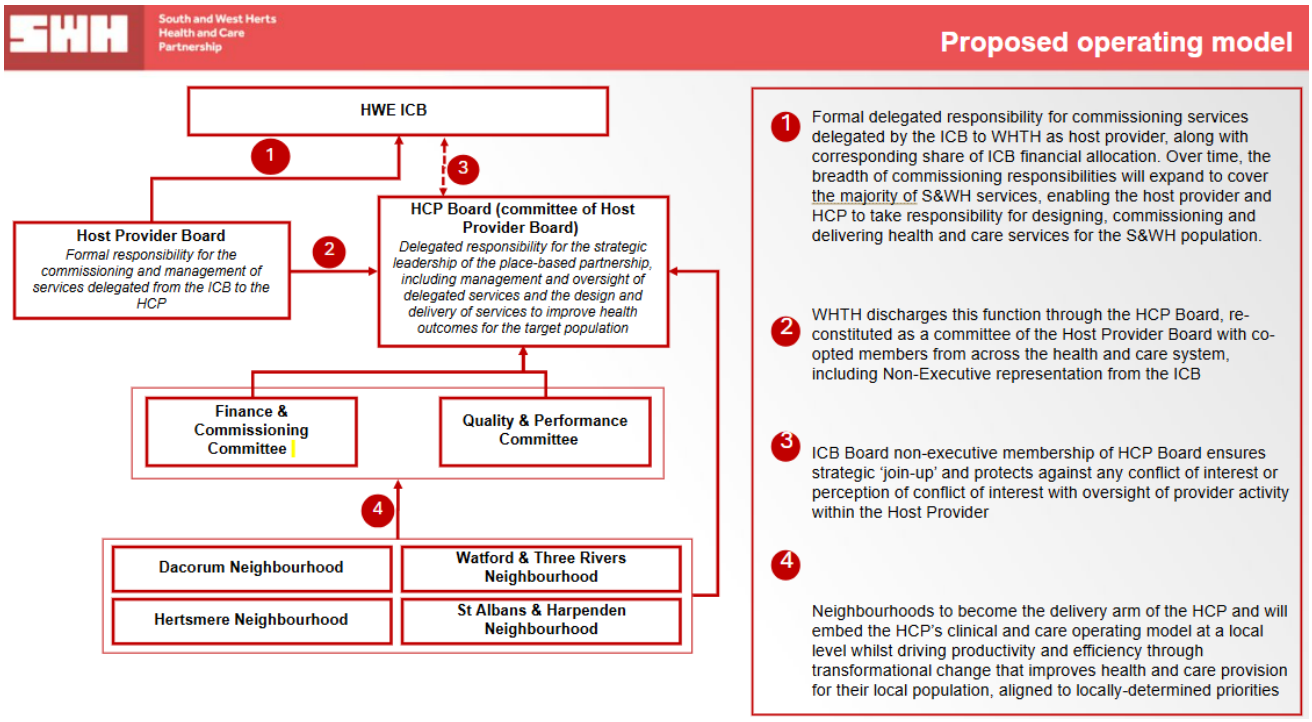
Key elements of the Host Provider Model

The arrangements underpinning the Host Provider model will be set out in a delegation framework, which is currently in an advanced phase of development. The board will be asked to consider the proposed framework at the board day in February. Key elements to bring to the board's attention are:

- Under these arrangements, the relevant provider Chief Executive will remain the SRO of the HCP and will be accountable to the ICB board as at present
- The HCP itself will move from becoming a sub-committee of the ICB board to becoming a sub-committee of the provider board.

- Currently ICB board members sit on the HCP boards- this will continue in the new arrangements.
- The delegation framework sets out clearly the principles of delegation and the key deliverables- including the HCPs continued implementation of the system's Medium Term Plan
- It will also set out arrangements for performance, quality, clinical accountability and financial management.

Example governance arrangement (South and West Herts)



Implementation Plan/progress

To support further development and then implementation of the operating model, the system CEO group agreed the delivery architecture set out below. All elements of that delivery architecture are now in place and the system CEO group are receiving weekly updates on progress.

Of particular interest to the board will be the work being undertaken to design the future approach of the ICB in this new operating model. A more comprehensive update on this work will be shared in February, but the task and finish group developing proposals has been established and is meeting regularly. In the first instance the group's focus is on the changes that will need to made in time for the creation of the host provider models in April.

<table>
<tr><td>Meeting:</td><td colspan="2">Meeting in public</td><td>☒</td><td colspan="2">Meeting in private (confidential)</td><td>☐</td></tr>
<tr><td></td><td colspan="3">NHS HWE ICB Board meeting held in Public</td><td>Meeting Date:</td><td>28/03/2025</td></tr>
<tr><td>Report Title:</td><td colspan="3">ICB Committee Summary Reports</td><td>Agenda Item:</td><td>09</td></tr>
<tr><td>Report Author(s):</td><td colspan="6">Governance Leads, HWE ICB</td></tr>
<tr><td>Report Presented by:</td><td colspan="6">Committee Chairs / Executive Leads</td></tr>
<tr><td>Report Signed off by:</td><td colspan="6">Michael Watson, Chief of Staff</td></tr>
<tr><td>Purpose:</td><td>Approval / Decision</td><td>☐</td><td>Assurance</td><td>☐</td><td>Discussion</td><td>☐</td><td>Information</td><td>☒</td></tr>
<tr><td>Which Strategic Objectives are relevant to this report
[Please list]</td><td colspan="6">▪ 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</td></tr>
<tr><td>Key questions for the ICB Board / Committee:</td><td colspan="6">N/A</td></tr>
<tr><td>Report History:</td><td colspan="6">N/A</td></tr>
<tr><td>Executive Summary:</td><td colspan="6">Each ICB Sub-Committee has produced a summary document providing an update from the last meeting.

All summary reports can be found in the information section of the agenda.

<table>
<tr><th>Committee</th><th>Date of meeting</th><th>Chair</th></tr>
<tr><td>Audit and Risk Committee</td><td>6th February 2025</td><td>Catherine Dugmore</td></tr>
<tr><td>System Transformation and Quality Improvement Committee</td><td>12th March 2025</td><td>Thelma Stober</td></tr>
<tr><td>Strategic Finance and Commissioning Committee</td><td>20th February 2025</td><td>Nick Moberly</td></tr>
<tr><td>Strategy Committee</td><td>5th March 2025</td><td>Gurch Randhawa</td></tr>
<tr><td>East and North Herts Health and Care Partnership Board</td><td>7th February 2025</td><td>Adam Sewell-Jones</td></tr>
</table>
</td></tr>
</table>

	South West Hertfordshire Health Care Partnership	13th February 2025	Matthew Coates
	West Essex Health Care Partnership	30th January 2025	Thom Lafferty
	Mental Health, Learning Disabilities and Autism Health and Care Partnership Board	14th March 2025	Ed Knowles /David Evans – standing in for Karen Taylor/ Chris Badger
	Patient Engagement Forum	11th March 2025	Alan Bellinger

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

ICB Committee Summary Document

NHS Hertfordshire and West Essex Integrated Care Board

HWE ICB Audit and Risk Committee: 07.02.25	
Signed off by Chair and Executive Lead:	• **Catherine Dugmore – ICB NEM** • **Alan Pond – ICB Chief Finance Officer (signed off by Michael Watson for the purpose of this meeting)**

Key items discussed: ***(From agenda)***	• Meeting quorate.
	• Apologies noted. No declarations raised over and above those declared.
	• Minutes from meeting on 06.12.24 approved.
	• Action tracked noted, with relevant outstanding items addressed in papers.
	• Risk and Board Assurance Report – update provided, included work with Executive sub-group. Query surrounding the status of risks that have pending approval, with confirmation surrounding the developing nature of these risks and their pending of sign-off for noting formally. Committee noting concern over the noting of unapproved risks and clarity over the progress of them. Further, identified noting of risks surrounding children and recommendation of a deep dive.
	• Governance update:
	  • ICB seal – noted as seal having not been used since the previous meeting.
	  • Special payments – noted that none identified.
	  • Draft Governance Statement – noted and progress with it, in respect to the development of the ICBs Annual Report and Accounts. Appendix to be issued by email, as does not appear to have been received by all of the committee. Seven days to be provided for comment.
	  • Legal update – noted with assurance provided surrounding wider due diligence.
	  • Declarations:
	  • Conflicts of Interest – noted, with concerns raised about % completion by some directorates. An update to be provided at March Committee.
	  • Quarterly declarations register update – noted and supported by committee for publication.
	  • Gifts and Hospitality register update - noted and supported by committee for publication.
	  • Terms of Reference – noted. Appendix to be issued by email, as does not appear to have been received by all of the committee. Seven days to be provided for comment.
	• Information Governance/SIRO report – noted update surrounding DSPT and intelligence surrounding compliance with the new standards. Noting developing work with research and academic institutions, with noted caution being taken surrounding use and careful scope of data sharing agreements.
	• Freedom to Speak up Guardian Quarter 1 and 2 2024-25 – case work numbers remain low within the ICB. Comparison numbers given with ICBs. Emerging themes – people processes/policies – including Supporting relationships at work, Bullying and harassment and Grievance. Noted increasing case work numbers across the

	country. • Climate Related Financial Disclosures – update noted, and the development in this area. • HWE ICB Annual Accounts Timetable February 2025 – reference to interim audit in support of weekly meetings with the audit group, external auditors and finance team – for the audit to start after the 25th April 2025. • Update on Contracts Awards – requested addition to the template of where the award was approved by, for assurance over links and compliance with the ICBs Scheme of Reservation and Delegation plus Standing Financial Instructions. • Internal Audit Progress Report – noted update and work in finalising the audits. • Local Counter Fraud Specialist Progress Report – noted update. • External Audit update – noted summary of statements from last year and unadjusted differences, with noting of testing that may have to be undertaken. Early notice sought if this testing is needed to avoid delays and meeting filing deadlines. • Workplan – forward plan issues noted, and 25/26 workplan having been shared for further comment. • Note from Audit and Risk Committee chair – and new chair to cover the Committee in March. Chair thanked for her care and support with this Committee.
Key points made / Decisions taken:	• Noted as above
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)***	• Noted as above
Board to note: ***(Highlight quality oversight and identify where further work is required)***	• Committee Summary report to be noted at the ICB Board when it sits in March 2025.
Forward plan issues:	• Deep dive into risks linked with children – for March meeting, with caveat it aligns with linking deep dives. • Current position surrounding holding of a public interest log – relating to Whistleblowing cases.
Date of next meeting	21st March 2025

Hertfordshire and West Essex Integrated Care System

NHS Hertfordshire and West Essex Integrated Care Board

ICB Committee Summary Document –

Alert, Advise and Assure Report to the Board of the Integrated Care Board

[Insert committee/board title] [Date of meeting]:	**ICB System Transformation and Quality Improvement Committee Wednesday 12th March 2025**			
Signed off by Chair and Executive Lead:	**Chair – Ruth Bailey Executives – Natalie Hammond and Frances Shattock.**			
Report Author:	**Simone Surgenor and Jas Dosanjh**			
Report to the ICB Board	**In public**		**In private**	✓

Agenda items covered:

- **Meeting** - quorate
- **Declarations** – outstanding declarations noted with relevant committee members asked to return. Committee also notified that member declarations are being reviewed against regular Committee papers.
- **Minutes** – amendments noted**.**
- **Action tracker** – updates noted.
- **Committee Governance – Committee Effectiveness Survey** – discussions surrounding findings and response rate.
- **Update from Health Care Partnership (HCP) Quality and Performance Committees** – Written updates received from all four HCP supported by representatives attending from all HCPs except South West Herts .
    - Committee discussed: the relationship between this Committee and Health Care Partnerships (HCPs); importance of regular attendance and standard reporting from HCP Committees; the need for HCP Committees to identify, address and report on local performance and quality issues (for example the local and system performance reports now include data cut by HCPs that shows variation across a number of data sets which will need to be addressed by HCPs); reporting on action aligned to transformation priorities in the Medium Term Plan (MTP); and identificartion of blockages that need to be addressed by this Committee at system level. Issues remain with quality data sets that will be addressed jointly.
- **HWE Integrated Quality and Performance Report –**
- **Performance –**
    - Pediatric audiology update on action to address diagnostic waits – including mutual aid and opening of two East and North Hertfordshire Trust pathways. The ICB has met with the national team with update provided.
    - Workforce update regarding staffing and the challenges being faced.
    - Deteriorating performance for Urgent and Emergency Care (UEC) 4 hours standard Category 2 performance and ambulance handovers also noted with deep dive on the agenda.
    - Autism Spectrum Disorder (ASD) and Attention Deficit Hyperactivity Disorder (ADHD) waiting lists. Update received and link made to pending final business plan position. Further noted risks linked to this cohort for patients and their families. National update pending.

- **Quality –**
  - Ambulance service and CQC inspection update. ICB working closing with the lead ICB.
  - Update on fourth system quality meeting to address issues around access to equipment for wheelchair issuers.
  - Update regarding Elysium Healthcare - progress made with required improvements including safeguarding, medicines management and nutrition, ongoing support being provided from ICB, Local Authority and wider commissioners. Assurance provided linking work with Local Authority given length of time since CQC inspections of some Care Homes.
  - Local Maternity and Neonatal System (LMNS) records and digital disclosure update, with quality risks flagged because systems unable to speak to each other (between providers and out of area). Update provided by ICB Medical Director regarding funding for work to start to address interoperability issues and agreement to check the quality risks around interoperability are recorded on the relevant risk register.
  - **HWE ICS Quality Dashboard Highlight Report** –
    - Feedback sought from committee over content, and future additions sought. Support gained from Committee to support one dashboard across the ICB and HCPs. Further identified the Quality Dashboard does not cover all areas covered in the Quality Report. Therefore, to look at scope and depth of detail. Noted further work of task and finish group with this reporting including work with providers to align reporting for basic care measures such as falls and pressure ulcers.
- **UEC and Review of Winter Plan –**
  - **Ambulance update** – noted category 2 calls and conveyance rates against Key Performance Indicator targets. Pending operational plan – this will come back to the Committee in support of further assurance. Actions identified so far focus on short term actions to address workforce issues. Committee requested assurance around long term solutions to workforce pipeline issues and inequity of distribution of workforce across the region.
  - **Early insights from Winter 2024/25** – noted actions taken to Extremis Level 3 incident and winter. The contribution of transformation areas to the ability of the system to recover from level 3 incident was noted with further work required to embed the transformation for winter 25/26. Further assurance required in advance of winter 25/26 on progress against transformation priorities. Noted learning plus work in communications with workforce and public in understanding how we can best use the services and not inadvertently add to pressures, with support from patient representatives to undertake this proactive communication with the public.
- **Case Study - Community Dental –** video shared showing work with Hertfordshire Community Trust supporting Special Care Dental Services and nurse-led dental anxiety management pathway to mitigate against inequity of access. Progress supported by Committee. Noted intention to share learning around anxiety management to other pathways. Chair encouraged other presenters to bring patient stories to the Committee.
- **Medium Term Dashboard – deep dive** – feedback sought from Committee over detail shared, and whether this level of information met the Committees longer term ambition alongside assurance sought. Positive feedback on approach. Further work required on metrics and clarity of where accountability sits. It was noted that performance remains off-track for the majority of metrics.
- **Cardio-vascular disease – deep dive -** update on recent and current work that has been undertaken within the Medium-Term Plan priority; addressing inequalities with a focus on the outcomes for cardiovascular disease (CVD) and hypertension. Work taking place at HCP level noted on variation noted, and communications work developed with patients.
- **ICB Risk Register –** No significantly changes. Noted focus on risks through the meeting.
- **Quality Account Process –** The HWE ICB System Transformation and Quality Improvement Committee is asked to approve the process for review of the Quality Accounts and approval of the Commissioner statements. Delegated approval supported by the Committee.
- **Feedback from the Patient Quality Subgroup –** update noted. Committee Chair will also attend future subgroups to ensure link with patient voice.
- **Continuing Health Care (CHC) Report –** checklist improvements noted against national requirements. Also noted current capacity surrounding the team

and reduction in agency staff. With improvements – recommendation from Committee to move to standard reporting through performance report with commitment to report on closing the variation in performance in West Essex, where performance is worse than across other HCPs.

- **New Risks and Escalations from Committee and Review of Actions.**

Key discussion points and matters to be escalated from the meeting: *(From agenda)*

Alert: Matters that need the Board's attention or action, e.g. an area of non-compliance, safety or a threat to the ICS strategy

- None identified at this stage, with the Board to note areas logged under "Advise" below.

Advise: The Board – of areas subject to on-going monitoring or development or where there is insufficient assurance

- Ongoing review of HCP feed into this committee, the assurance sought and mitigate against potential duplication.
- Developing standardised reporting from Health Care Partnerships.
- Ongoing assurance sought around audiology waits, and wheelchair equipment waits.
- Ongoing review and watch on ASD/ADHD waiting lists – particularly against finance planning for 25/26.
- LMNS – records and interoperability across systems. To keep on this Committee's agenda, but also link with oversight digital groups/Committees.
- Ongoing review of ambulance category 2 calls response times where more assurance is required on long-term solutions.
- Medium Term Plan – progress on reporting dashboard. Noted pending final position on metrics and, performance off-track against commitments.

Assure: Inform the Board – where positive assurance has been received.

- Whilst geographic variation noted, system level cancer performance has improved.
- De-escalation of Elysium Healthcare.
- CHC performance improvement has been sustained.
- Comprehensive program of work within CVD program and some improvement is being deliver, but with further opportunity still to be realised.

Celebrating Success: Share any practice, innovation or action that the Committee considers to be outstanding

- 2024/2025 – actions taken to elevate winter pressures for 24/25 and quicker recovery. Noted how the system worked together and the positive impact.
- Special Care Dental Services and program to address severe anxiety with patient stories shared.

Forward plan issues:	• Medium Term Plan update for June Committee. • Ambulance performance.
Date of next meeting	Wednesday 14th May 2025

Hertfordshire and West Essex Integrated Care System

ICB Committee Summary Document

NHS Hertfordshire and West Essex Integrated Care Board

Strategic Finance and Commissioning Committee – Extraordinary meeting: 20.02.25	
Signed off by Chair and Executive Lead:	**Nick Moberly – Chair** **Alan Pond - Executive**

Key items discussed:
(From agenda)
	• Meeting held but not quorate. Therefore, any decisions taken to be confirmed virtually.
	• Matters for the board's attention or action:
	  • Delivery plans presented to the Committee.
	  • There is a substantial sufficiency ask, that when you layer in a number of factors, it will be larger than 2% and likely to be more 5%.
	  • The scale of that delivery ask is contingent on - things that are already in train, need to continue being recurrent?
	  • The extent to which we are adding in cost pressures – any service development that colleagues are wishing to take, the knock-on impact in other areas in the system.
	  • This is a system problem that everyone must own and come up with a system solution.
	  • Need to make sure time is being made available to understand how discussions are progressing and for decisions to be made.
	  • Committee support that when Board sits for its development session on 28th Feb., a request will be made for ICB CEO to receive delegated approval to approve the ICB's final submission.
	• Risks identified and discussed included – data and ensuring GPs are signed up to the new data platform, to support data flows
	• Assurance - The upcoming board date on the 28th February will be important in receiving assurance over the key areas above.

Key points made / Decisions taken:	• As above.
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)***	• As above

Board to note: ***(Highlight quality oversight and identify where further work is required)***	• As above
Forward plan issues:	• No identified over and above that noted above.
Date of next meeting	20th March 2025

Hertfordshire and West Essex Integrated Care System

ICB Committee Summary Document

NHS Hertfordshire and West Essex Integrated Care Board

HWE ICB Strategy Committee: 5th March 2025	
Signed off by Chair and Executive Lead:	**Chair – Gurch Randhawa** **Executive – Beverley Flowers/Michael Watson**

Key items discussed:
(From agenda)
	• Meeting quorate, & minutes approved .
	• Strategy Committee Effectiveness Survey Results – noting the evolution of this committee and assurance regarding Health Care Partnerships. Triggered discussion surrounding the scope of this committee. Key points - this committee about the big picture strategy and specific initiatives system/ICB want to prioritise and sign-posting to the Health Care Partnerships (HCPs). The HCPs have at the heart of their plans the big levers and get alignment over these. Focus on what success looks like? All committees have a success criterion. A clear line of sight. How do we evolve. For July meeting to come back to this and review terms of reference.
	• System Overview update: final stages in the planning round. Awaiting feedback from regional and national team for feedback.
	  • Medium Term Plan - revised Medium-Term Plan with new outcome measures will come to the May committee. Dashboard scheduled for May committee. Committee request to think from a system perspective and how this works across the various committees.
	  • Joint Forward Plan – public facing document. ICB has a legal duty to have a Joint Forward Plan with an NHS England set template. Pending feedback from NHS England. Key point raised:
	  • Support sought from this committee of the plan for publication. Identified link to dashboard coming to the May committee, and metrics used.
	  • Efficient use of resource – service cession should go last and be the last resort, with focus on allocative efficiency and the value we are getting from our services. Committee identified these points sat outside the template provided by the JFP, therefore to pick-up through the Medium-Term Plan. This will also aid evidencing what we said, and what we did.
	  • Feedback to be received on the JFP by 14th March 2025.

Key points made / Decisions taken:	• Noted as above.
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)***	• Noted as above.

Board to note: ***(Highlight quality oversight and identify where further work is required)***	• Discussion surrounding the Medium-Term Plan and Joint Forward Plan.
Forward plan issues:	• May meeting – Medium Term Plan dashboard. • July meeting – review Committee Terms of Reference
Date of next meeting	Wednesday 7th May 2025.

Hertfordshire and West Essex Integrated Care System

ICB Committee Summary Document – **in private**

NHS Hertfordshire and West Essex Integrated Care Board

East and North Hertfordshire Health Care Partnership Board – 07.02.25	
Signed off by Chair and Executive Lead:	• **Adam Sewell-Jones (Chair)** • **Sharn Elton (Executive Lead)**

Key items discussed:
(From agenda)
	• Quorate meeting - Query surrounding quoracy for this meeting. Confirmed as: ***A quorum will be at least 50% of membership****, but for decisions to be taken on delegated matters, and in line with the ICBs constitution, that must include a minimum of three members of the ICB board or their deputies.*
	• Apologies noted.
	• Declarations of Interests – no declarations raised for items on the agenda. Members reminded over completion of pending declarations highlighted in yellow within the enclosed papers.
	• Action log – updates noted.
	• East and North Hertfordshire (ENH) Development Directors Update:
	  • ENH Health Care Partnership (HCP) is developing a 3-year integrated delivery plan (IDP) that will focus on delivering a more coordinated and efficient health and care system for our local population. The 2025/26 operational planning process has commenced and is due to be completed by 27 March. The HCP is in the process of agreeing its strategic funding priorities. NHSE planning guidance, released on 30/01/25, provides a framework that will enable ENH HCP to develop its approach to planning, delivery and performance to ensure Place, ICB and national priorities are aligned, and services are delivered effectively and sustainably.
	  • The development of Integrated Neighbourhood Teams (INT) in ENH is a fundamental ‘unit’ of service delivery and an enabler to achieving a 25% reduction in Non-Elective (NEL) admissions for our frail population. Initial learning from proactive case management has identified additional resource requirements and a further need for all partners to come together to improve access and create a ‘no wrong door’ approach and nurturing of a patient centered culture.
	  • The next Frailty conference has been scheduled for 30th April 2025, this conference will be led by our INTs across ENH and will be opportunity to share experiences and learning.
	  • Each locality is producing a bi-monthly report which will capture INT development against the plan in addition to the activity data available through the frailty dashboard.
	  • The prioritisation of frailty transformation and activities continues, supported by the UEC frailty workstreams and governed through ENH HCP Care Closer to Home (CCTH) steering group. The aim is to identify frailty programs and activities that deliver the greatest impact on health outcomes for our frail population. This will enable ENH HCP, to make decisions regarding the reallocation and deployment of resources more effectively, is crucial for improving care and achieving better outcomes for this vulnerable group.
	  • A prioritisation framework has been applied to ENH place Adult and Children and Young People transformation

programs. The respiratory delivery group has identified several programs and projects that will be paused or stood down to ensure resources are allocated to those programs which will have the biggest impact on the delivery of the non-elective reduction ambition.

- An options appraisal for cardiac rehabilitation provision is in development. We are working as a partnership to review our current resources and consider new approaches to delivery. The HCP will develop a service specification in line with the agreed framework to meet the needs of our local population
- ENH Communications and engagement leads from ENH partners met with ENH place leads and Community Assembly Lead in January to scope and develop a high-level framework that articulates our approach to patient engagement at ENH place.

- ICB Operating Model - paper for information.
  - The Board was asked to endorse the ENH Health and Care Partnership Proposed model, to be an ICB sub-committee of the ICB board and for ENH HCP Board to take on delegation of commissioning decisions in ENH place and for these to these to remain contractually enacted through the ICB. This model was endorsed by the board.
  - Query raised by Committee surrounding future accountability and noting governance scoping work being undertaken in support of the HCP program of development.
- ENH HCP Finance and Planning
- Board updated on current funding structure and assumptions, with comparisons with funding allocations against historic funding allocated to previous CCG geographical footprints. To support the work required for the Operational planning round the ICB HCPs are currently reviewing its budget and aligned spend at provider level to identify opportunities for transformation.
- Transformation Portfolio Overview.
  - Transformation Highlights (inc. primary care highlights): The diabetes transformation work was discussed, and the board recognised the value in this work being clinically driven. Further additional opportunities identified with digital and remote monitoring with Hospital at Home.
  - Care Closer to Home (CCTH) Update
    - An overview of ICS Strategic Model of Care (CCTH) was presented by Alison Jackson and Ruth Disney. The strategy sets out a new direction of travel for the way we manage our population's health and care needs with a refocus on person centred, preventative and proactive care. Initial area of focus is our frail population. ENH HCP will continue to prioritise frailty related activities that will deliver against CCTH outcomes.
  - Integrated Neighbourhood Team (INT) development approach - a new reporting templated have been developed by GP leads to support the accurate reporting of patient activities onto the GP system
- HCP Governance Sub-committee reports:
  - CFPC - Contracts Finance Planning Committee highlight report noted.
  - QPC - Quality and Performance Committee update and progress noted with the identified strengthening the link to the Clinical Professional and Transformation Group, as potential risk of overlap noted.

	• CPTC - Clinical Professional Group highlight report noted.
	• Performance - performance metric summary provided for noting. Areas identified areas of risk. The Committee noted the quality of the report and thanked the team. Request whether able to model the summary in the same way at ICB Board, as found very helpful.
	• Any other business -
	  • Noted reminded completion of Committee Effectiveness Survey.
	  • Noted non-executive group, and how this links with this HCP board.
	  • Noted change in Non-Executive Director change.

Key points made / Decisions taken:	• Noted as above.
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)***	• Noted as above.
Board to note: ***(Highlight quality oversight and identify where further work is required)***	• This summary will be received by the ICB Board when it sits in March 2025.
Forward plan issues:	• Board to review workplan for feedback. • Noting that the March meeting will be required to sign off the IDP ahead of its submission.
Date of next meeting	4th April 2025

Hertfordshire and West Essex Integrated Care System

ICB Committee Summary Document

NHS Hertfordshire and West Essex Integrated Care Board

SOUTH WEST HERTFORDSHIRE HEALTH CARE PARTNERSHIP BOARD 12 February 2025	
Signed off by Chair and Executive Lead:	**13/02/25**
Key items discussed: ***(From agenda)***	• Conflicts of Interest • Place Directors Report • Quality and Performance Committee • Finance and Commissioning Committee • Update on Delegation • Proactive Care Pilot • HCC residential and nursing home programme
Key points made / Decisions taken:	**Place Directors Report** The report provides updates relating to ICS Financial position and planning, UEC, Planned care, HCP development, Primary care and Adult Community Services. ICS reports FOT breakeven position. Forecast adverse year end position of £18.4m deficit for system. SWH HCP M9 deficit of £23.5m (£13.3m behind plan). SWH HCP is forecasting a deficit of £19m against a control total of £9.7m deficit. YTD overspend of £7m and forecast overspend of £7.7m at M9. Main areas of overspend continue to be Acute, CHC, Community Services and Prescribing. The HCP is undertaking operational planning for 205/26 and developing the Integrated Delivery Plan. The HCP has set up weekly meetings to review transformation schemes which will be incorporated within the final plan. The headline submission will be submitted to the ICB on 24th February and the final submission deadline is 19th March. The HCP will be reviewing the place based projections for budgets within the F&C committee. The HCP will also consider the SWH population data to identify the challenges/opportunities relating to care and population health alongside the financial information. **The Board noted the report** **Quality and Performance Committee Report**: The Board reviewed the detailed service quality and performance oversight for M9. Main areas of risk include ASD rates, slight decline in 18ww. Reducing risk relating to 65ww, now reviewing 52ww. Non-stroke ward bed occupancy increased due to winter pressures. No new quality concerns identified. Further assurance received regarding significant CHC improvements. WHTHT joint 1st regionally for 4hr ED waits. The committee undertake a comprehensive review of diagnostic waits by modality and the committee agreed ongoing review in event of specific modality decline. MSK circle contract transition plan received, and harm review completed – no harm identified. CCTH strategy received. The committee also endorsed the Care Closer to Home Strategy. **The Board noted the report**

Finance and Commissioning Committee Report:
The committee reviewed the Month 9 financial position report, and agreed that future financial reports would include productivity metrics. Contracts performance report provides the M9 position in spending noted.
Discussions related to how new funding arrangements will be incorporated into the annual planning process as well as opportunities relating to savings on repatriation, noting that there is currently £100m flow outside of area and this needs to be considered at an HCP-wide level. In light of planning guidance headlines for efficiency/transformation priorities are: LTCs (including lipid management new requirement), Frailty, UEC and Elective care (including opportunities to move expertise out of the acute setting e.g. through advice and guidance). These transformation priorities align with MTP priorities and will need to have material impact on activity. Financial pressures need to be considered alongside quality and upstream prevention for longer term benefit specifically important when communicating change with the public. HCP board provides the opportunity to do things differently. The F&C committee also endorsed the proactive care business case and recommended that the Board approves this business case. **The Board noted the report**

Update on Delegation
The Delegation Framework sets out the approach agreed with the ICB to establish 'host provider' arrangements for the HCP, with WHTHT acting as the host provider on behalf of the HCP. Under these host provider arrangements the HCP Board will be reconstituted as a committee of WHTHT Board. ICB retains accountability and will delegate commissioning responsibility to the host provider on behalf of the HCP across a range of services in a phased approach, commencing with adult community services commissioned exclusively on behalf of the population of SWH, Some services will not be delegated, e.g. CHC, Mental Health and Primary care but HCP will have increasing oversight, influence and eventual responsibilities across most services. Further detail being worked through, including specific resourcing and expertise requirements to support execution of functions such as Performance and Quality. Digital opportunities need to be fed into the implementation plan. **The Board endorsed the Delegation Framework and approved the next steps for delegation including development of the implementation plan.** ICB Board will be requested to approve the Delegation Framework in March.

Proactive Care Pilot
The HCP has a predicted growth in the over 65 population over next 5 years of 38% and over 60% of WHTHT's bed base is occupied with patients with frailty. The proactive care MDT model will provide more effective care for people with frailty in a community setting and will enable the shift from acute to community care. This model has widespread clinical support. The model will be piloted in Dacorum and will have a phased implementation across all neighborhoods. Several scenarios have been modelled in the business case and the minimum return scenario gives a breakeven position. The base case scenario will deliver c£1m reduction in spend over 5 years which will be scaled as the model is rolled out across the HCP. Funding will not be provided upfront and it is anticipated that the model will avoid cost and absorb growth in non elective admissions and A&E attendances in the first instance before enabling the HCP to pull out cost. Important that the practicalities of impact measurement and tracking, standardised coding set

	at the outset in order to support the expansion of the approach. **The Board approved the business case.** **HCC Residential and Nursing Home Programme** HCC strategy of building and leasing care homes to independent operators creates strategic opportunity to reshape the care market, support system resilience and develop approach to integrated care. HCC's strategy is to reshape the market from residential homes to nursing homes to reflect changing need and increasing demand for nursing homes. To achieve this, HCC is driving investment in dementia and nursing care including improvements to pay and staff retention. Demand significantly outstripping capacity, creating market drivers for high fees for independent funders. HCC is working to address volume, affordability, geographical disparity and supply for those with highest need. Within SWH, Furzewood Lodge 45 beds operated by Quantum care will open by May 2025 and this facility will have 20 dementia beds, addressing significant shortages in 3 Rivers. Collaborative delivery models with HPFT supporting people with significant dementia have proven successful, as exemplified by the Sunflower Ward. Planning authority unable to refuse application on health service capacity grounds but HCC formally influence care home planning process. **The Board noted the report and requested that** ACS activity and spend come to future Board.
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)***	
Board to note: ***(Highlight quality oversight and identify where further work is required)***	
Forward plan issues:	
Date of next meeting	Date of next meeting – 12th March

Hertfordshire and West Essex Integrated Care System

ICB Committee Summary Document

NHS Hertfordshire and West Essex Integrated Care Board

West Essex HCP Board, 30 January 2025	
Signed off by Chair and Executive Lead:	**E Kerby, Development Director 10 March 2025**
Key items discussed: ***(From agenda)***	• Host Provider Model Discussion • Care Closer to Home Model • Intermediate Care Program • Locality Updates • Devolution Update

Key points made / Decisions taken:	• **Host Provider Model**:
	  ○ Proposal for PAH to take responsibility for commissioning adult community services and acute services, emphasizing collaboration.
	  ○ Concerns about the model's impact on different populations and the need for collaboration with other providers outside of the WE footprint.
	  ○ **Decision**: Agreement to proceed with the host provider model, with PAH taking responsibility for commissioning adult community services and acute services.
	
	• **Care Closer to Home Model**:
	  ○ Focus on integrating care pathways and right-sizing resources to address population needs and inequalities.
	  ○ Introduction of a rapid response component for patients at risk of hospital admission.
	  ○ **Decision:** Approval of the Care Closer to Home model and recommendation for ICB approval, integrating it into the delivery plan for the upcoming year.
	
	• **Intermediate Care Program**:
	  ○ Emphasis on continuous improvement, better integration of services, and addressing the complexity of intermediate care.
	  ○ Plans to consolidate data, introduce a new Home to Assess service, and improve Care Act assessments.
	  ○ Decision: Support for the future direction of the Intermediate Care Program, focusing on consolidating data, introducing a new Home to Assess service, and improving Care Act assessments.
	
	• **Locality Updates**:
	  ○ Updates on various projects and initiatives in Uttlesford, Harlow, and Epping Forest, focusing on reducing readmissions and improving care services.

	• **Devolution Update**:
	  ○ Overview of the potential impact of creating a mayoral strategic authority and the timeline for proposed changes
	
	• **Governance**:
	  ○ Approval of the Memorandum of Understanding. The terms of reference will be updated in line with the Host Provider arrangements from April.

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)***	
Board to note: ***(Highlight quality oversight and identify where further work is required)***	• Whilst the concept of the Host Provider model was widely supported, Uttlesford District Council expressed deep concern and "categorical disagreement" with the model as PAH provide services for less than 10% of their population.
Forward plan issues:	• • •
Date of next meeting	20 March 2025

Hertfordshire and West Essex Integrated Care System

NHS Hertfordshire and West Essex Integrated Care Board

ICB Committee Summary Document –

Alert, Advise and Assure Report to the Board of the Integrated Care Board

[Insert committee/board title] [Date of meeting]:	**Mental Health, Learning Disability and Autism Health and Care Partnership Board Friday 14 March 2025**			
Signed off by Chair and Executive Lead:	**Chair – David Evans – as deputy for Karen Taylor Executives – Robin Goold – as deputy for Beverley Flowers**			
Report Author:	**Simone Surgenor**			
Report to the ICB Board	**In public**		**In private**	✓

Agenda items covered:

Quoracy

- The meeting was quorate.

Declarations of Interest

- No declarations made. MHLDA Board considered the register of interests, noted outstanding declarations and prompted relevant committee members to make their return. MHLDA HCP Board notified that member register of interests will be included in the papers at each MHLDA HCP Board meeting.

Minutes

- Minutes from 14 February 2025 were approved as an accurate record.

Action tracker

- The MHLDA HCP Board noted the action tracker and noting the actions that would be covered over the course of the meeting.

Development Director's Report

- The Board noted activity that had taken place across the MHLDA HCP since its last meeting and received updates regarding:
  - **National and regional updates** including the potential implications of the new GP contract on people with serious mental illness (SMI), learning disability and autism particularly in relation to the maintenance of registers for SMI and Learning Disabilities and the removal of the incentive/obligation to provide elements of follow-up in relation to certain diagnoses. MHLDA HCP Board noted that HWE ICB Primary Care Commissioning colleagues will be circulating a briefing note assessing impact.
  - **Development of the MHLDA HCP Operating model** including the activity of a Task and Finish Group and considering whether recent announcements in relation NHS England and ICBs might impact on the future operating model for HWE ICB.
  - **Launch of the Prevention and Health Inequalities Investment Programme** and the potential areas of overlap with MHLDA HCP Board priorities and the opportunity for submitting Expressions of Interest.

- **Name of board** and the proposal to retitle it to the Mental Health, Learning Disability and Neurodiversity Health and Care Partnership to better reflect the areas and activity it covers. With agreement from MHLDA HCP Board members, this will be formally proposed to HWE ICB.
- **Updates from sub-committees and transformation programmes** including the launch of a new resource guide to support carers, families and individuals affected by a relative's suicide attempt and the formal approval of the Hertfordshire Drug & Alcohol Strategy, with co-occurring mental illness and substance use included as a key priority.

NHS Operational Planning Submission –

- MHLDA HCP Board considered the key elements of the headline submission including:
  - Three headline success measures:
    - Reduce average length of stay in adult acute mental health beds.
    - Increase the number of Children and Young Person (CYP) accessing services to achieve the national ambition for 345,000 additional CYP aged 0-25 compared to 2019.
    - Reduce reliance on mental health inpatient care for people with a learning disability and autistic people, delivering a minimum 10% reduction.
  - Additional metrics:
    - Inappropriate adult MH out of areas placements (OAPs)
    - Talking Therapies -reliable recovery at 48%
    - Talking Therapies -reliable improvement at 67%
    - Talking Therapies -completing treatment
    - Perinatal and Maternal Mental Health Access
    - Individual Placement Support Access
    - LD Annual health Checks (14+)
    - Inpatient care for Children and Young People with a learning disability and autistic.
- MHLDA HCP Board considered the challenge of investing in these national asks and what this might mean for other priorities and areas of investment. The Board noted the risk of changes disproportionately affecting disadvantaged communities and agreed to do further work to understand these potential impacts including identifying what we already know across different organisations. The Board noted the importance of all HCPs collaborating in this activity to ensure a joined-up and comprehensive understanding of impact.
- MHLDA HCP Board noted the final submission timeline and agreed delegation of sign-off to the MHLDA HCP Co-Chairs.

Hertfordshire and West Essex Integrated Care System

NHS Hertfordshire and West Essex Integrated Care Board

All Age Autism Strategy Delivery Plan

- The MHLDA Board received a presentation on the delivery plan for the Hertfordshire All-Age Autism Strategy.
- The Board noted the breadth of activity identified and the range of organisations and existing partnerships that would need to be involved in its delivery. MHLDA HCP Board welcomed the update and requested further work to identify risks to delivery. MHLDA requested an update in 6 months time.

Supported Employment Update

- MHLDA HCP Board received a report on activity to develop supported employment activity for people with serious mental illness, learning disabilities and neurodivergent people. The MHLDA HCP Board noted the current strategic and policy context, the outcomes of a local mapping exercise of supported employment provision and the results of a supported employment survey of all MHLDA HCP partner organisations.
- The MHLDA HCP Board endorsed the MHLDA HCP's Supported Employment Toolkit and agreed that it should be considered and taken forward by Chief People Officers and HR leads across the MHLDA HCP's partner organisations.

Committee Effectiveness Survey

- MHLDA HCP Board noted the positive findings of the Committee Effectiveness Survey and its strong response rate.
- MHLDA HCP Board agreed to escalate the issue of HWE ICB finance and medical/nursing representation.

Key discussion points and matters to be escalated from the meeting: *(From agenda)*

Alert: Matters that need the Board's attention or action, e.g. an area of non-compliance, safety or a threat to the ICS strategy

In light of recent developments:

- The Board does not lose sight of our disadvantaged groups including people with serious mental illness, learning disabilities and neurodivergent people and supports HWE ICB-wide activity to consider collective impact and mitigation

Advise: The Board – of areas subject to on-going monitoring or development or where there is insufficient assurance

- Identified need for joint working with HCPs and not inadvertently creating inequalities at place. Agreed position to identify and log as much as is known, about impact.
- Public Sector Supported Employment - ICS organsiations to sign-up to this assessment and pledge.

Assure: Inform the Board – where positive assurance has been received.

• All Age Autism Strategy - positive assurance and governance in place, supporting the strategy and action planning monitoring.	
Celebrating Success: Share any practice, innovation or action that the Committee considers to be outstanding	
• New Carers Resource Guide • Supported Employment update – presentation shared identified the range of roles and the diversity. The standardization resulting in this now being see as an employment issue as well as an inclusion issue.	
Forward plan issues:	• Update on Autism Strategy.
Date of next meeting	11th April 2025

Hertfordshire and West Essex Integrated Care System

ICB Meeting Notes and Actions

NHS Hertfordshire and West Essex Integrated Care Board

Patient Engagement Forum (PEF) – 11 March 2025		
Signed off by Chair and Lead:	**Patient Chair: Alan Bellinger / Michael Watson, Chief of Staff**	
	Patient representatives Michael Carn (East and North Herts Community Assembly patient representative) Leighton Colegrave (ICB Primary Care Transformation Group Citizen representative, East and North Herts) Alan Bellinger- patient Chair (ICB Buddy Scheme patient representative) Justin Jewitt (Patient Safety Partners and Quality Committee patient representative) Andrew Smith – Herts service user representative, Viewpoint Helen Clothier, Patient representative South and West Herts Paul Campion, Quality patient group Nishall Garala – patient and community representative West Essex Mark Hill (SWH patient volunteer) Peter Wilson (ENH patient volunteer) Neela Hibbert (West Essex patient representative) Kevin Minier (SWHerts Co-production Board representative) Leigh Hutchins (WHTH patient panel) Claire Uwins (ENH patient representative) Martin Norman (ENH patient representative) Jan Taylor (PAHT Patients Panel) Sam Glover (Chief Executive, Essex Healthwatch) Joy Das (ICB Primary Care Transformation Group Citizen representative, west Essex) John Wigley (PEF Vice Chair, South and West Herts Health and Care Partnership Co-Production Board patient representative)	**Herts and West Essex Integrated Care Board staff** Michael Watson (Chief of Staff) Lauren Oldershaw (Senior Communications and Engagement Officer) Louise Manders (Deputy Head of Communications and Engagement) Nuala Milbourn (Deputy Chief of Staff, Communications and Engagement) **Apologies** Ron Walker Rajwant Kaur Heather Aylward

Key items discussed: ***(From agenda)***	Main focus: **Agreeing the PEF's Terms of Reference (TOR)** • The group worked through the latest version of the TOR section by section. • This version reflects a clarification of the role of the PEF outlined by ICB chair Paul Burstow at the January meeting (as highlighted in the PEF January board report). It also incorporated patient members' feedback on the draft TOR shared at the PEF meeting in February in Hemel Hempstead. • It was confirmed at the meeting that the latest version of the TOR reflected discussions with the Primary Care Team and the three Primary Care Transformation Committee Citizen representatives about how best to take forward any work to develop PPGs that has been led by the PPG steering group. Michael Watson confirmed that removing responsibility for PPG development would free up to the PEF to focus on other priorities linked to the ICB's strategic objectives. • Membership of the PEF was also reviewed. The ICB has confirmed that Ruth Bailey would be joining the PEF as Non-Executive Member and Kevin Hallahan would be joining as health inequalities lead. Nuala Milbourn clarified that the TOR reflect the minimum membership as set out in the ICB People and Communities Approach and Engagement Framework. The group discussed whether other individual PEF representatives should be listed in the TOR. Sam Glover from Healthwatch Essex advised that having an exhaustive list might exclude people by default. • In response to a clarification question from one of the PEF members, Michael Watson confirmed the PEF is a group of people with links into a number of other networks and understanding of a wide range of patient needs - a strategic advisory board rather than a "sounding board". • The group agreed, following discussions, the TOR would not state a time limit for membership of the PEF, but would include the suggestion of encouraging and recruiting new members and introduce a mentoring system for this. TOR is to be updated to reflect this. • The suggestion of setting a minimum number of attendees at PEF meetings for them to be 'quorate' was discussed. It was agreed that this was not necessary as the PEF is an advisory rather than a decision-making forum. • Regarding chairing arrangements, it was agreed that the election of a chair would take place every two years and that clarity will be given on the role of the vice chairs – the number of which will be looked at when the two current vice chairs reach the end of their allotted time. • Task and finish groups will continue to report back to the PEF • Conflicts of interest will be shared and reviewed at the start of the April 2025 meeting, and on a regular basis thereafter. • Additions were agreed to cover how PEF members can escalate issues or concerns raised with them by their contacts or members of the public. They will seek advice from ICB colleagues who will advise where the issue would need to be directed. • The PEF objectives and workplan for the coming year is to be discussed at the April meeting allowing the NEM Ruth Bailey to be part of these discussions. • The PEF will review whether it is satisfactorily fulfilling its agreed purpose in the autumn of 2025 and annually thereafter and this review will be carried out collectively by the patient and ICB members. • Members agreed to the substance of the Terms of Reference.
Agreed Actions:	• Changes agreed during the meeting to be updated and TOR to be circulated to the PEF members (Nuala / Heather / Lauren)
Items for escalation /	The Board to note the discussions and actions.

Committees / Board to note:	
Date and time of next meeting:	Next meeting: 8 April online when Non Executive Member Ruth Bailey is expected to join and discussions will begin to put together a workplan for the PEF

Hertfordshire and West Essex Integrated Care System

NHS Hertfordshire and West Essex Integrated Care Board

Meeting:	*Meeting in public*	☐	*Meeting in private (confidential)*	☐
	NHS ICB Board		**Meeting Date:**	**28.03.25**
Report Title:	**Integrated report for finance, performance, quality and workforce**		**Agenda Item:**	**10**
Report Author(s):	Executive team			
Report Presented by:	Alan Pond, Frances Shattock, Natalie Hammond, Tania Marcus and Michael Watson			
Report Signed off by:	Alan Pond, Frances Shattock, Natalie Hammond, Tania Marcus and Michael Watson			

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

Which Strategic Objectives are relevant to this report **[Please list]**	▪ To give every child the best start in life. ▪ To increase the number of citizens taking steps to improve their wellbeing. ▪ To increase healthy life expectancy, and reduce inequality. ▪ To improve access to health and care services. ▪ To achieve a balanced financial position annually
Key questions for the ICB Board / Committee:	▪
Report History:	N/A
Executive Summary:	This report provides a summary of the finance, performance, quality and workforce reporting shared elsewhere on the agenda.
Recommendations:	

	Indirect	☐	***Non-Financial Professional***	☐

Potential Conflicts of Interest:	***Financial***	☐	***Non-Financial Personal***	☐
	None identified			X
	NA			
Implications / Impact:				
Patient Safety:				
Risk: *Link to Risk Register*				
Financial Implications:				
Patient or public engagement or consultation:				
Impact Assessments: *(Completed and attached)* *Please detail key impacts the Board/Committee should note:*	***Equality Impact Assessment:***		No	
	Quality Impact Assessment:		No	
	Data Protection Impact Assessment:		No	

1. Summary

This report is a summary of the Quality, Performance and finance reports that are elsewhere on the board agenda for information. It also includes the perspective of the workforce team on many of the issues raised.

In section two of today's report the executive team members involved in the production of the integrated report have highlighted the areas of most significant concern that they would like to escalate to the board for consideration, more information on these areas can be found in this report and in the quality, performance and finance reports before the board today.

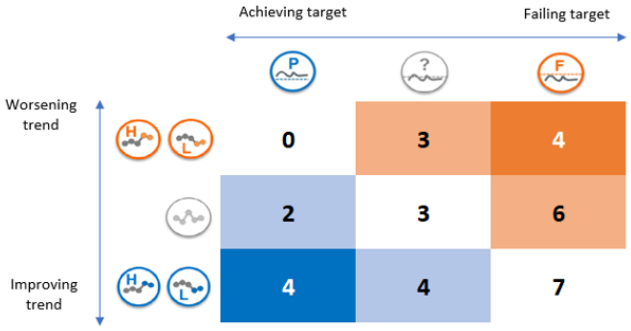
2. **Key issues highlighted**

The executive team would like to bring the follow key areas to the Board's attention, which have an impact on quality and performance- and will need to be considered carefully as we deliver our plans in relation to finance and workforce;

Area of concern/ improvement	Current situation
Finance position	• HWE ICB reported an underspend of £10.9m in month 11, an improvement of £5.7m compared to month 10 and £4.9m better than plan. • The forecast movement between month 11 and 12 looks credible and the ICB expects to make a further £5.35m available to Trusts as System Support. The ICB would then report an underspend of £6.8m as per its agreed plan. • **Conclusion**: ICB has a low risk position at Month 11
Agency spend update	• system's overall workforce WTE grew significantly between M9 and M10, increasing by 243 wte overall, predominantly caused by significant winter pressures felt across all providers, however bank staffing costs are predominantly on plan – and agency staff costs continuing to perform well currently £1.5m under plan. This puts agency at 2.7% of pay bill.
Urgent & Emergency Care performance	• NHS 111 abandoned call performance continues on an improved trend with performance returning to meet the 3% national standard in January; • Following continued increases, Cat 2 ambulance response times improved in January at 47 mins; HWE response times remain adrift of the national 30-minute standard and longer than the regional average however; • Hours lost to handover >15mins remain high at 3,527 in January with performance continuing significantly above our fair shares handover target and moving into our highest risk category; • Although moving from an improved to variable trend, 4-hour ED performance improved in Jan to 72% which was also better than the Jan 24 position of 67.8%; performance remains adrift from the recovery trajectory however and has moved into our high-risk category.
Elective Waiting times	• The overall elective PTL size remains high however 65 wk waits have continued to reduce. HWE did not meet the end of Dec 65 wk wait clearance target with 95 breaches across PAH and ENHT; clearance is currently forecast for end of March 25. 52 wk waits have continued to reduce on a trend of improvement. • The 18 wk position has plateaued at around 55% with common cause variation; this remains significantly below national standard and an area of high risk.
Waiting time for Children & Young People	• The number of children on community waiting lists remains very high with children's community waits continuing as an area of highest risk. Waits over 52 weeks increased in Dec to 3,992, predominantly at ENHT; • 18 week % for children's community waits improved marginally in Dec at 35.5% however remains below the national average of 50.2%. The main pressures continue to be Community Paeds, Therapies and Audiology; • Autism Spectrum Disorder (ASD) waiting lists and times continue to grow as funding/investment remains unresolved; this area is now of highest risk with ADHD services also high risk due to rising demand and waits; • The 28-day CAMHS access standard in Hertfordshire has not been achieved since 2021. Performance has continued to decline since May 24, currently sitting around 40%. Vacancy rates continue to impact; • Children's waits for a Community MH 1st appointment increased slightly to 156 days in December with variation across the system, however continue to better the national average of 253 days.
Continuing Health Care	The Key Performance Indicator (KPI) for determining continuing healthcare eligibility mandates that 80% of assessments are to be

	completed within 28 days of referral. HWE ICB has not met the 28-day standard of 80% for the past year. However, we continue to see significant improvements with an achievement of just under 80% in December, which is now better than the regional and national average. A recovery trajectory has been agreed with NHSE for the HWICB to achieve the 80% standard by the fourth quarter of 2024/25.

Executive Summary: KPI Risk Summary



Further information regarding high level risks can be found within the accompanying Risk Report

Highest Risk	Programme
Ambulance Handovers	UEC
6 Week Waits	Diagnostics
Community Waits (Children)	Community
Autism Spectrum Disorder (ASD)	Community

Lowest Risk	Programme
Learning Disability (LD) Health Checks	Primary Care
28 Day Faster Diagnosis	Cancer
CHC Assessments in Acute	Community
62 Day Standard	Cancer

Low Risk	Programme
2 Hour UCR	UEC
NHS 111 Calls Abandoned	UEC
No Criteria to Reside (NCTR)	UEC
Community Waits (Adults)	Community
% of on the day GP Appointments	Primary Care
31 Day Standard	Cancer

Variable Risk	Programme
Day Case Rates	Elective
% of <14-Day GP Appointments	Primary Care
Dementia Diagnosis	Primary Care
Patients discharged before Noon	UEC
Talking Therapies	Mental Health
Severe Mental Illness (SMI) Health Checks	Mental Health
62 Day Backlog	Cancer
RTT 65 Week Waits	Elective
RTT 52 Week Waits	Elective
CHC Assessments < 28 Days	Community

High Risk	Programme
ED 4 Hour Standard	UEC
18 Week RTT	Elective
Ambulance Response Times	UEC
Out of Area Placements	Mental Health
CAMHS 28 Day Standard	Mental Health
Community MH - CYP Waits for 1st Appt	Mental Health
Community MH - Adult Waits for 2nd Appt	Mental Health
Theatre Utilisation	Elective
Attention Deficit Hyperactivity Disorder (ADHD)	Community

Moved to lower risk category | Moved to higher risk category | No change to risk category

Executive summary

URGENT CARE — **4 Hour Performance** — Region: HWE better than average — National: HWE worse than average

- NHS 111 abandoned call performance continues on an improved trend with performance returning to meet the 3% national standard in January;
- Following continued increases, Cat 2 ambulance response times improved in January at 47 mins; HWE response times remain adrift of the national 30-minute standard and longer than the regional average however;
- Hours lost to handover >15mins remain high at 3,527 in January with performance continuing significantly above our fair shares handover target and moving into our highest risk category;
- Although moving from an improved to variable trend, 4-hour ED performance improved in Jan to 72% which was also better than the Jan 24 position of 67.8%; performance remains adrift from the recovery trajectory however and has moved into our high-risk category.

PLANNED CARE — **18 Week RTT** — Region: HWE better than average — National: HWE worse than average

- The overall elective PTL size remains high however 65 wk waits have continued to reduce. HWE did not meet the end of Dec 65 wk wait clearance target with 95 breaches across PAH and ENHT; clearance is currently forecast for end of March 25. 52 wk waits have continued to reduce on a trend of improvement.
- The 18 wk position has plateaued at around 55% with common cause variation; this remains significantly below national standard and an area of high risk.

DIAGNOSTICS — **6 Week Waits** — Region: HWE worse than average — National: HWE worse than average

- Excluding paediatric audiology, diagnostic performance continues on an improved trajectory at 72% in Dec. There remains significant challenges to paediatric audiology performance however with variation by Trust; a return to reporting of the challenged service at ENHT in June 24 saw a step change decline in performance. Impacting overall diagnostic performance, this is an area which has moved into highest risk.

CANCER — **28 Day FDS / 31 Day / 62 Day** — Region: HWE better than average — National: HWE better than average with exception of 28 day

- 28-day Faster Diagnosis Standard (FDS) performance continues to meet this year's ambition of 77%. 31-day performance also continues to meet the national standard of 96%. 62-day performance continues to meet the 70% planning target but there remains notable variation by Trust with PAH the most challenged. It is a significant achievement that both 28 and 62-day performance KPIs are now areas of lowest risk for the ICB.

MENTAL HEALTH / LD — **Community MH (2nd Appt)** — National: HWE better than average (Adult)

- Learning Disability Annual Health Check (LDAHC) performance remains strong with all Places exceeding their equivalent 23/24 positions; the 75% target was met in 23/24 and remains on track to deliver in 24/25;
- Overall decrease in number of HWE Out of Areas Placements in Dec from last report at 30 against plan of 6. Winter pressures resulted in an increase in out of area bed placements in Herts;
- Community Adult MH median waits for a 2nd contact increased slightly in the quarter to December at 65 days, however this continues to benchmark well against the national average of 95.

CHILDREN — **Various** — Community 18 Week %: HWE worse than national — Community MH 1st Appts: HWE better than national

- The number of children on community waiting lists remains very high with children's community waits continuing as an area of highest risk. Waits over 52 weeks increased in Dec to 3,992, predominantly at ENHT;
- 18 week % for children's community waits improved marginally in Dec at 35.5% however remains below the national average of 50.2%. The main pressures continue to be Community Paeds, Therapies and Audiology;
- Autism Spectrum Disorder (ASD) waiting lists and times continue to grow as funding/investment remains unresolved; this area is now of highest risk with ADHD services also high risk due to rising demand and waits;
- The 28-day CAMHS access standard in Hertfordshire has not been achieved since 2021. Performance has continued to decline since May 24, currently sitting around 40%. Vacancy rates continue to impact;
- Children's waits for a Community MH 1st appointment increased slightly to 156 days in December with variation across the system, however continue to better the national average of 253 days.

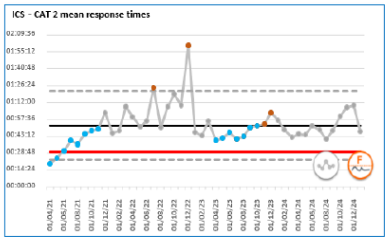
COMMUNITY (Adults) — **% <18 Weeks** — National: HWE better than average — Adult waiting times better than CYP

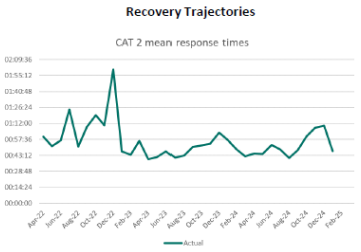
- The % of adults waiting <18 weeks remains comparatively strong at 90.3% compared to the national average of 85.4%;

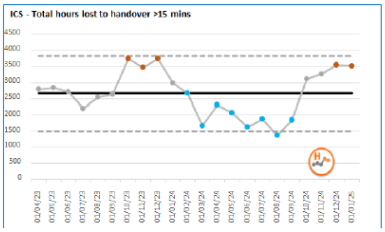
PRIMARY CARE & CHC — **CHC Assessments Within 28 Days:** — HWE better than regional and national average

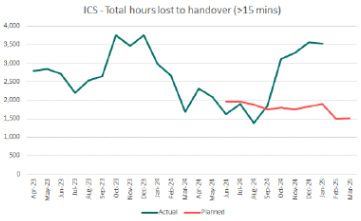
- There has been sustained improvement in the % of gp appts seen on same day, remaining of low risk. The % seen within 14 days continues along the mean and is marginally below this year's plan of 89%;
- CHC assessments <28 days have continued to see significant improvements achieving just under 80% in Dec; moving from high to variable risk, performance is now also better than the regional and national average.

Urgent & Emergency Care (UEC) - Ambulance Response and Handover









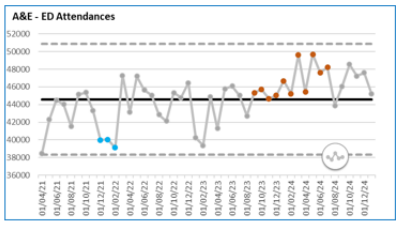
What the charts tell us

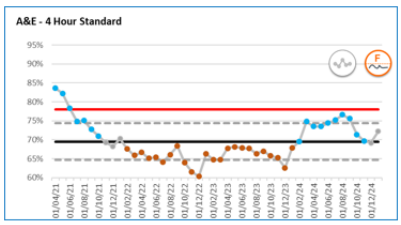
- The mean Category 2 ambulance response time was 47 minutes in January. This is adrift of the national 30-minute standard. However, this is the best performance since Aug-24 and better than the long-term average. Unvalidated performance for Feb is showing further improvement at 40 mins.
- Mean C2 response times in HWE remain longer than the regional average (Jan-25 = 41 mins) and national average (Jan-25 = 35 mins)
- Hours lost to handover >15 mins have remained high since October. In January, 3527 hours were lost across the system. This is significantly above the fair-share target and worse than the Jan-24 performance (2,988 hours)

ICB Issues and actions

- The number of 'hear and treat' and 'see and treat' ambulance incidents in HWE remain high; the number of incidents in Jan-25 was 7% higher than in Jan-24
- However, the number of conveyances / hospital arrivals was similar in Jan-25 compared to Jan-24
- EEAST has put in place a number of initiatives to increase staffing in HWE, including: new joiner incentives, pausing all transfers out of the sector and exploring secondment opportunities from other Trusts / sectors. However, the number of vacancies remains higher in HWE compared to other sectors
- As a result, there was a 7.7% increase in the number of deployed EEAST staffing hours in Jan-25 compared to Jan-24
- The unscheduled care and coordination hub in place since November. There has been a reduction in the face-to-face response rate for day-time C3-C5 patients from 70.7% to 66.5%. There has been a reduction in the C3-C5 conveyance rate (as a % of incidents) from 41.3% to 35.4%
- Increases to handover are primarily being driven by PAH and ENHT and due to high acuity of patients, staffing challenges and flow and capacity issues
- Handover-45 was introduced at the end of November with the goal of limiting the number of handovers >45 minutes and all action plans continue
- Unvalidated data is showing handovers have significantly improved at PAH in Feb at half of the hours lost in Dec, with some improvements also seen at ENHT.

UEC – Emergency Department

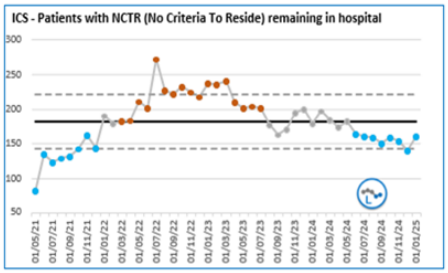


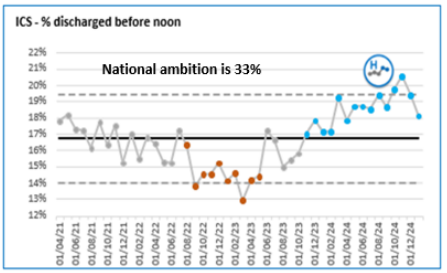


What the charts tell us	Issues	Actions

• In January, the total number of ED attendances returned close to the mean for the first time in five months
• ED performance also improved in January to 72.2% across the system.
• This is below target but is an improvement compared to Jan-24 (67.8%)
• There was an improvement for all three places in January
	• There remains significant variation at place level with PAH the most challenged. In January
	  ○ SWH = 80.3%
	  ○ ENH = 72.7%
	  ○ WE = 60.7%
	• Continued high demand. ED attendances have been 4.7% higher during FY2425 compared to FY2324. However, in Jan-25, attendances were 3.2% lower compared to Jan-24
	• There is some evidence that there has been a general increase in acuity in ED presentations over the past two years
	• Utilisation of the IUATC at PAH reduced to 69% in Jan-25
	• Mental Health (MH) presentations at ED remain high
	• Hospital flow remains challenging with high occupancy rates, especially at PAH where average bed occupancy in Jan-25 was 98.2%
		System
		• The minimum viable product for the Unscheduled Care and Coordination Hub (UCCH) has been effective at reducing the % of C3-C5 patients being conveyed to ED during the day-time
		• Straight to SDEC pathways now in place for EEAST crews
		East and North Herts
		• Additional paediatric registrar between 2pm and 10pm has helped to improve type 1 paediatric performance to 83% in Jan-25
		• CDU changed to non-admitted area on 3rd Feb 2025 which is expected to improve non-admitted performance
		• Work to embed EPIC and nursing roles and responsibilities has accelerated
		West Essex
		• PAH UEC Improvement Plan agreed at Board, and refreshed 4 hour trajectory to achieve 67% in March 25
		• NHSE clinical support package now agreed. Focus on behaviours / culture and non-admitted ED
		• Relaunch trust wide Internal professional standards to support speciality assessment outside of the ED
		• 12 Hours in ED performance significantly improved from highs seen in December and January
		South and West Herts
		• Trial of having an ED Consultant in the care coordination centre been taking place through January and February
		• HAARC developed SOP to support signposting to CLCH services

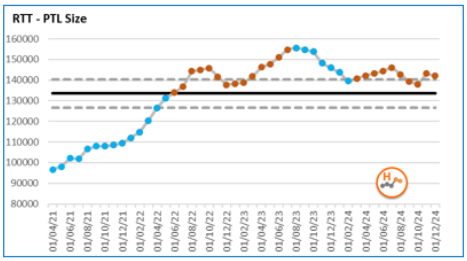
UEC – Discharge & Flow

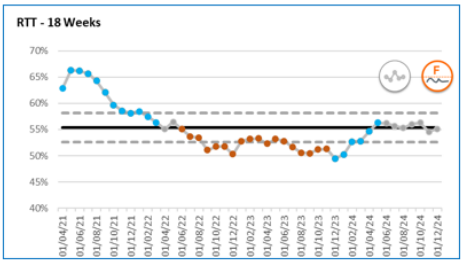


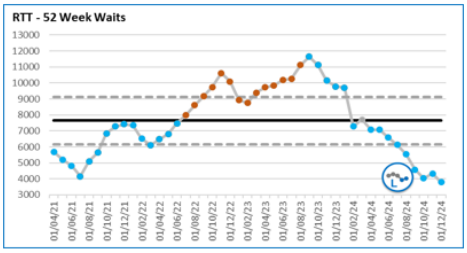


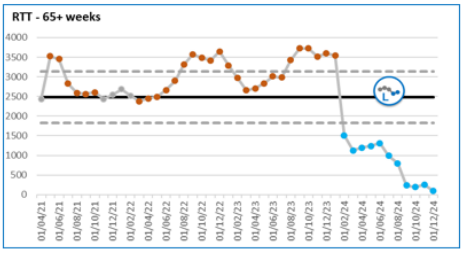
What the charts tell us	Issues	Actions
• The system-level daily average number of patients with no criteria to reside remaining in hospital has generally been reducing over the last two years • However, there was an increase from 140 in Dec-24 to 160 in Jan-25 • The % of patients discharged before noon remains above the historical mean, but has deteriorated over the last two months	• There remains significant variation across the three HWE acute trusts for the % of patients discharged before Noon. In Jan-25: o ENHT – 16.1% o WHTH – 23.7% o PAH – 12.9% • The issues are typical discharge challenges, including: o Availability of out-of-hospital capacity o Complex discharges o Internal process challenges	**East and North Herts** • Change to site management meetings to increase ward ownership and focus on earlier, safer and more effective discharges (to commence 24th February) • Improved CHC process implemented **West Essex** • Virtual Ward / Community Beds Utilisation Workshop 12/12. Good clinical engagement from PAH, EPUT & HCT. Follow up session 20/2 • Discharge Lounge (DXL) project commenced in December - full review and improved processes • Daily push and pull for golden patients to be in DXL within 2 hours of opening • Discharge Improvement Programme re-launched in January with improvements already seen in pre-Noon discharges **South and West Herts** • Discharge improvement programme: 4th ToCH Face to face workshop taken place and first draft SOP produced. Internal professional standards and KPIs being developed • Deep dive to go to BCF board/DTA steering group for decision on funding form BCF

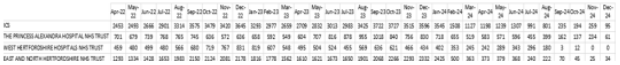
Planned Care – PTL Size and Long Waits











Community Paediatrics patients have been excluded from RTT reporting from February 2024 in line with national guidance
Waiting lists therefore show significant reductions

Planned Care – PTL Size and Long Waits

ICB Area	What the charts tell us	Issues	Actions

HWE	• The overall number of patients waiting >65 weeks has decreased significantly, although the December zero target was not achieved. There remains variation at place level but the ICB overall number of breaches at the end of December was 95
	• The number of patients waiting >52 weeks has been consistently improving since summer 2023 with further improvement in December
	• The overall PTL size remains high with an increase in November and slight decrease in December
	• Due to the change in national guidance, Community Paediatric patients have been excluded from RTT reporting from February 2024. Waiting lists therefore show significant reductions from February 2024. These waits are included within the Community section of this report
		• The national target to reach zero 65w breaches by the end of December was not achieved overall in the ICB although WHTH did achieve zero. ENHT achieved 34 and PAH 61
		• The end of February 65ww forecast (as of 26th February) at HWE is 92:
		  • ENHT: 29
		  • WHTH: 4
		  • PAH: 55
		  • ISP: 4
		• Trauma and Orthopaedics (T&O) remains the main specialty under pressure, with ENT also a notable risk
		• Staffing remains a challenge
			• Princess Alexandra Hospital is in Tier 2 of the national oversight and support infrastructure for Elective (including Diagnostics) recovery. Fortnightly tiering meetings with the NHSE EOE regional team commenced in May
			Management of waiting lists
			• System focus on reducing number of patients waiting >65 weeks, with regional and national oversight
			• Demand, capacity & recovery plans are in place to monitor RTT
			• Weekly KLOEs in place with NHSE to track 104/78/65-week positions
			• Fortnightly performance meetings with each of the three acute Trusts are in place with NHSE support
			• Validation and robust PTL management in place
			Increasing capacity and improving productivity
			• Pro-active identification of pressured specialties with mutual aid sought via local, regional & national processes
			• Outpatients has a full programme of work to increase productivity including PIFU (patient initiated follow up), reducing follow ups including discharging where appropriate, and increasing take up of Advice & Guidance
			• Maximising use of ISP capacity and WLIs where possible
			• ICB wide GIRFT programme to improve productivity: Theatre Utilisation, Ophthalmology, MSK, Urology, Gynae and ENT

Quality Summary

Never Event (NE). Under current escalation to the Regional Quality Group (RQG). Slide 16 and 17.

Position since Previous Report: **NEW.**
- Princess Alexandra Hospital Trust (PAHT) declared 2 NEs. One retained swab following emergency Caesarean section and one wrong site nerve block in the Emergency Department.
- East and North Hertfordshire Trust (ENHT) surgical NE related to incorrect size prosthetic.
- For all NEs; duty of candour has been completed and immediate learning shared.

East of England Ambulance Service Trust (EEAST). Under current escalation to the Regional Quality Group (RQG). Slide 17

Position since Previous Report: **NEW.**
- The Care Quality Commission (CQC) served a notice under Section 29A of the Health and Social Care Act 2008 to EEAST on 10 February 2025 for failing to meet requirements relating to staff training, staffing levels, investigation and mitigation of controlled drug incidents, call wait times, the culture of the service and acting on information from staff to develop and improve the service.
- A Section 64 notice was also served in relation to Regulation 17A and B, and Regulation 12 of the Health and Social Care Act 2008, as Trust systems and processes had failed to ensure compliance in meeting national standards in relation to Category 2 response time.

Paediatric Audiology. Under current escalation to the HWE ICB System Quality Group (SQG) and RQG. Slide 17

Position since Previous Report: **Continued oversight and further improvements required.**
- **System approach to audiology**. Continued focus on requirements outlined in NHS England (NHSE) letter to ICBs regarding the Paediatric Hearing Services Improvement Programme. Harm review panel supported by NHSE has commenced. Hertfordshire Community Trust (HCT) and PAHT site visits took place in November 2024 with outcome reports shared. Collaborative working to support improvements is being driven through regular system meetings.
- **ENHT.** Estates, workforce capability and competencies, securing mutual aid to support waiting list position remain main areas of focus. There has been progress within recruitment, commencement of planned estate work and demand and capacity modelling, although overall position remains challenged.

Elysium Healthcare – Care Home. Under current escalation to HWE ICB SQG and RQG. Slide 21

Position since Previous Report: **Continued oversight with de-escalation from System Wide Risk Intervention**
Work continues to progress key actions in relation to the improvement plan with clear improvements noted in a range of areas. Areas for further focus include nutrition and dietetics and also support regarding pharmacy services due to a transition of provision.
- Partial lifting of embargo agreed across commissioning organizations and move from System Wide Intervention Meeting to Quality Assurance Meeting, due to overall improvement and progress to date.

AJM Wheelchair Services. Under current escalation to HWE ICB SQG and RQG. Slide 19

Position since Previous Report: **Continued oversight and further improvements required.**
- AJM are not meeting wheelchair provision improvement trajectories. Further escalation discussions are underway.
- System Quality Meetings continue to be well supported by the system, identifying improvement actions and engagement.

Reasons to be Proud

East and North Hertfordshire Trust (ENHT) - Staff Awards.

ENHT Professor of Artificial Intelligence and Robotics has received an award in New York. The Baby Lifeline award was received by an Obstetric Consultant.

Hertfordshire Partnership University NHS Foundation Trust (HPFT) - Supporting Neurodiverse Needs.

A clinic room has been transformed into a new nature room at Saffron Ground, one of HPFT's community specialist clinics for children and young people (CYP). Many of the young people have neurodiverse needs and sensory preferences, and therefore HPFT wanted to create a space that cultivated a sense of calm and comfort, engaging all the senses, and adding an element of fun to visits.
Young people's voices played a significant role in shaping how the room looked, sounded and smelled. Thanks to their ideas, the room incorporates floral scents, the sound of water, and has fun and comfortable furniture.

Experience of Care Survey in Herts and West Essex (HWE).

More than 1,100 people aged 65 and over have shared their experiences of local health services, in a survey designed to help the National Health Service (NHS) improve the quality of support offered to older residents. The survey, led by the Integrated Care Board (ICB) Nursing and Quality Team, asked participants questions such as their biggest health worries, their experiences of seeing health professionals and what makes them feel confident and safe. Responses highlighted challenges and opportunities in delivering care.

One of the main findings from the survey is that 90% of over 65s would prefer to receive their care and treatment in their local neighbourhoods – at a GP practice, in a local health centre, or at home. Only 10% of those surveyed said they preferred to be treated in hospital, with some commenting that they tried to avoid going to hospital unless it was really necessary.

All NHS organisations in HWE are working together to improve care and treatment, with a particular focus on developing more 'neighbourhood' health care. This includes placing a stronger emphasis on helping people stay healthy and well as they age, encouraging individuals to plan ahead and consider their future care needs in advance, and making it easier to access early intervention.

Hertfordshire Local Area Partnership – Special Educational Needs and Disabilities (SEND) Learning Framework.

The Hertfordshire SEND Local Area Partnership continue to focus on improving outcomes for Children and Young People and their families and making a positive difference to their lives. The shared vision is to provide services that will make a difference to families because they are joined up, inclusive, easy to access, close to home and adapted to meet individual needs. Hertfordshire is a county where we are proud to say that SEND is everybody's business.

To achieve these aims and to ensure all services continue to learn, improve, and adapt in partnership, work has progressed to develop and implement a multi-agency SEND Learning Framework. The framework encompasses complaints, compliments, appeals to the SEND Tribunal, MP and Local Councillor enquiries, pre-judicial reviews, judicial reviews, SEND mediations, and other general feedback relating to SEND services, across the Hertfordshire Local Area Partnership.

Lampard Enquiry Update

- The Inquiry has released further information for public hearings in 2025 and 2026. These hearings will be held in-person at Arundel House, London, but will also be lived streamed as with previous hearings.
- The next public hearing will take place from Monday 28th April to Thursday 15th May, with the Inquiry intending to hear evidence from healthcare providers and other relevant organisations, with additional areas of focus under consideration and detailed in the report body.
- A series of ongoing programme workstreams were formally established in December 2024 with the cross ICB Joint Project Working Group (Programme Board) meeting monthly. It is supported by several groups with targeted areas of work, these include: safeguarding, communications, Information governance and other subject matter experts including finance, quality, commissioning and contracting.
- MSE ICB leads the 'Safeguarding process' for the 3 ICBs, as set out by the Safeguarding Memorandum of Understanding from the Inquiry. A process for referrals has been agreed, and a weekly scheduled meeting to discuss any safeguarding/safety alerts outstanding.
- MSE, as the lead ICB, met with the Inquiry Team on 4 Feb 25, the first of quarterly review meetings. No concerns regarding the process were raised and it was agreed that the ICBs and Inquiry would review and update the MoU for 25/26
- The Project Team have worked alongside the ICBs' communications teams to develop a dedicated Inquiry space on the respective ICB's intranet, explaining further details about the Inquiry, where to find support, and who to contact; as well as relevant updates aligned with the Inquiry's public hearings from 2024 until 2026.

- The ICBs received a follow up Rule 9 request on 17th February, relating to the Rule 9 request received last summer. This request includes specific questions on the previously submitted draft response, as well as additional requests for further information.
- Individuals from several of the groups have been contacted to facilitate the request. The deadline for this Rule 9 is 17th March 2025 and ICB teams are engaged and responding to the request.

Finance

In Month 11 (February), Hertfordshire and West Essex (HWE) Integrated Care System (ICS) reported a Year-To-Date (YTD) **deficit position of £5.903m,** which is **£2.488m behind plan**.

This indicates an improvement of £7.714m in year-to-date spending compared to Month 10. Part of the improvement is due to the receipt £4m in funding to support the Electronic Patient Record (EPR) implementation at East and North Hertfordshire NHS Trust. The request for funding to cover costs incurred was longstanding, and its receipt now eliminates the previously reported overspend.

Other improvements shown against the ICB relate to updated spending on acute services (including specialist commissioning), dental and primary care. Additionally, an unexpected allocation was received reflecting national overspending on the pharmacy contract. Receipt of this allocation eliminates the overspend the ICB was previously incurring.

The additional underspend in the ICB will be paid over to the Trusts as System support based on the Trust's remaining deficits and their control totals.

The variance to plan in month 11 shows a deterioration solely because of the timing differences to earlier System support, which were paid during the year, but in the original plan had been assumed to be paid in month 11.

Forecast Outturn

The ICS is forecasting achievement of the control total, helped by an additional allocation from NHSE offsetting the previously identified risk associated with the capping of ERF allocations. The additional allocation was £11m.

Agency Cap Compliance

The Providers' spending on agency staff continues to be within 3.1% Agency Cap at 2.6%. Spending is within plan by £3.1m.

Delivery of Efficiencies

ICS organisations have collectively delivered 96% of the year-to-date efficiency target of £166m. However, of the total £159m delivered, only £103m (65%) was delivered recurrently.

Summary position for Trusts

- ENHT reported a small surplus in month 11and expects to achieve better than its control total at year-end, helped with EPR funding. **Conclusion**: ENHT has a low risk position at Month 11.
- HCT reported a small deficit in month 11, but expects to achieve better than its control total at year-end; helped with Advice and Guidance funding. **Conclusion:** HCT has a low risk position at Month 11.

- HPFT reported a reduced deficit in month 11, but expects to miss its control total at year end by £1.6m. The forecast movement between month 11 and 12 looks credible. **Conclusion:** HPFT has a low risk position at Month 11.
- PAH reported a reduced deficit in month 11 and expects to achieve better than its control total at year end by £3.9m; helped by System support. The forecast movement between month 11 and 12 looks credible. **Conclusion:** PAH has a low risk position at Month 11.
- WHTH reported a worsening deficit in month 11, although the in-month deficit was significantly reduced from earlier months. The forecast is for an underspend in month 12 which is based on various factors including asset valuations. **Conclusion**: WHTH has a medium risk position at Month 11.

Summary position for ICB

- HWE ICB reported an underspend of £10.9m in month 11, an improvement of £5.7m compared to month 10 and £4.9m better than plan.
- The forecast movement between month 11 and 12 looks credible and the ICB expects to make a further £5.35m available to Trusts as System Support. The ICB would then report an underspend of £6.8m as per its agreed plan.
- **Conclusion**: ICB has a low risk position at Month 11.

HWE ICS Capital position:

HWE ICS received total system capital allocations of £93.3m including GPIT and voluntary sector grants. This is expected to be fully utilised by the end of the financial year.

Workforce

- **2024/25 Operational Plan Workforce Monitoring**

The system's overall workforce WTE grew significantly between M9 and M10, increasing by 243 wte overall, predominantly caused by significant winter pressures felt across all providers. Additionally, the reduction in TUPE'd pathology staff was put back a month against the original forecasted plan leading to the system being 632 wte over plan, 2.6%. There were significant gains in both substantive and bank staffing over this month (+98 wte and +137 wte respectively).

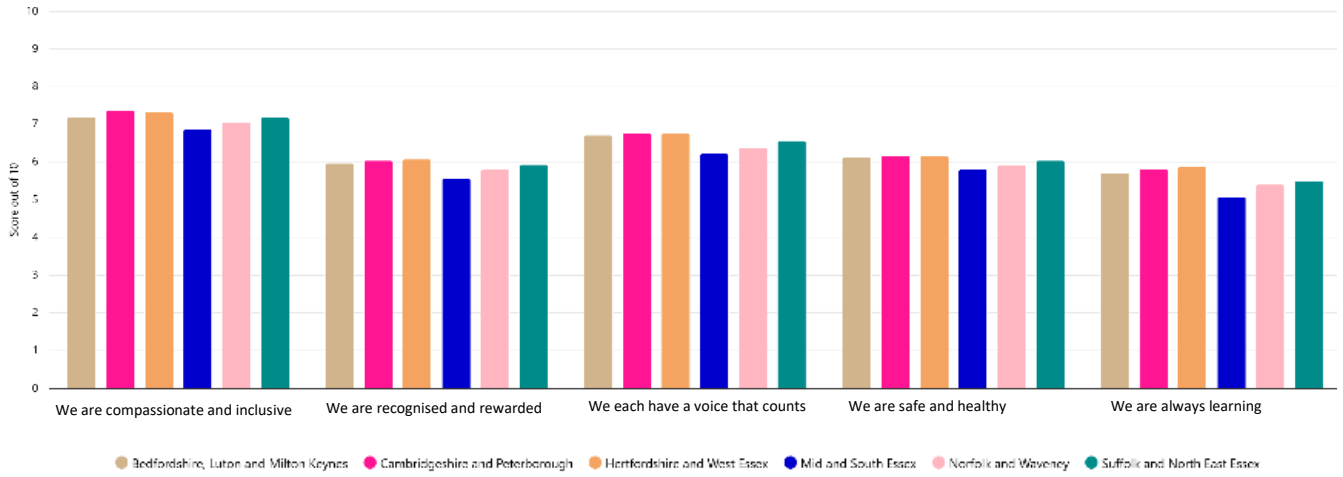
This led to further diversion from plan on pay bill with the system now circa £19m above projected costs – 1.5% for the total workforce. The most significant gap is in substantive staffing which is £19.5m over budget (1.8%) – bank staffing costs are predominantly on plan – and agency staff costs continuing to perform well currently £1.5m under plan. This puts agency at 2.7% of pay bill.

			Nov-24	Dec-24	Jan-25
Operational Plan WTE	Total Workforce	ACTUAL	23,896.68	23,896.14	24,139.94
		MxM Change	-81.44	-0.54	243.80
		PROJ.	23,733.40	23,735.40	23,507.22
		DIFF. ACT v PROJ	163.28	160.74	632.72
		% DIFFERENCE	0.68%	0.67%	2.62%
	Substantive	ACTUAL	21,548.05	21,689.69	21,788.42
		MxM Change	-7.37	141.64	98.73
		PROJ.	21,541.96	21,565.71	21,401.74
		DIFF. ACT v PROJ	6.09	123.98	386.68
		% DIFF.	0.03%	0.57%	1.77%
	Bank	ACTUAL	2,064.07	1,935.62	2,072.68
		MxM Change	-63.93	-128.45	137.06
		PROJ.	1,811.14	1,784.79	1,760.03
		DIFF. ACT v PROJ	252.93	150.83	312.65
		% DIFF.	12.25%	7.79%	15.08%
	Agency	ACTUAL	284.56	270.83	278.84
		MxM Change	-10.13	-13.73	8.01
		PROJ.	380.30	384.90	345.45
		DIFF. ACT v PROJ	-95.74	-114.07	-66.61
		% DIFF.	-33.64%	-42.12%	-23.89%

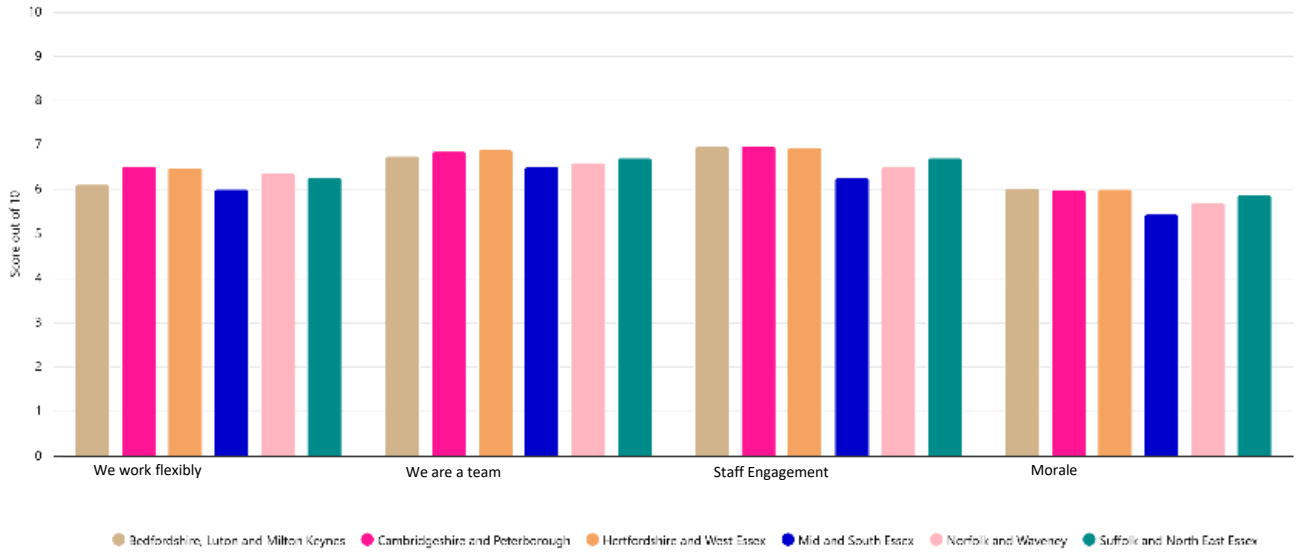
			Nov-24	Dec-24	Jan-25
Costs - £'000	Total Paybill	ACTUAL	£972,007	£1,091,109	£1,215,633
		MxM Change	£121,553	£119,102	£124,524
		PROJ.	£959,588	£1,078,864	£1,196,927
		£ DIFF.	£12,419	£12,245	£18,706
		% £ DIFF.	1.28%	1.12%	1.54%
	Substantive	ACTUAL	£852,146	£958,062	£1,067,840
		MxM Change	£108,151	£105,916	£109,778
		PROJ.	£840,019	£944,553	£1,048,313
		£ DIFF.	£12,127	£13,509	£19,527
		% £ DIFF.	1.42%	1.41%	1.83%
	Bank	ACTUAL	£91,676	£102,332	£114,095
		MxM Change	£10,578	£10,656	£11,763
		PROJ.	£90,724	£102,146	£113,355
		£ DIFF.	£952	£186	£740
		% £ DIFF.	1.04%	0.18%	0.65%
	Agency	ACTUAL	£28,185	£30,715	£33,698
		MxM Change	£2,824	£2,530	£2,983
		PROJ.	£28,845	£32,164	£35,259
		£ DIFF.	-£660	-£1,449	-£1,561
		% £ DIFF.	-2.34%	-4.72%	-4.63%
	Agency as % of Paybill	ACTUAL	2.90%	2.82%	2.77%
		PROJ.	3.01%	2.98%	2.95%

- Substantive staff numbers and costs continue to be the most significant issue for the system to address in getting back to plan. The anticipated TUPE of pathology staff has not yet occurred and is likely to make some difference but will not necessarily get the system back to plan.
- Within high-level staffing groups registered nursing and midwifery bank levels returned to previously high levels, and it is anticipated that this was caused by winter pressures across the system. There remain some categorisation errors at HPFT within support staff and infrastructure support which throw out the numbers, but these are broadly correct.
- Medical and dental agency usage and costs have remained steady and remain predominantly off plan.

- **Staff Survey**



The NHS staff survey results for 2024 have now been published. Initial analysis of the system's results is currently being undertaken and will be shared with relevant 'Retain' committees and working groups across the system over the coming weeks. The People Committee will receive a deep dive into the results and the associated action plans in response at the May 2025 meeting.



- **Virtual Assistant**

The system continues to look at digital innovation and efficiency through the introduction of HR Virtual Assistant AI tool to support the workforce going forwards and is working with regional colleagues on a unique collaboration with Greater Manchester system to undertake a procurement of an appropriate system for use across Herts and West Essex. Some initial pump prime funding has been identified to begin the exercise and regional colleagues are now preparing business cases for organisations to ensure further progress and sign up

- **Oliver McGowan Procurement**

The procurement for a provider of Oliver McGowan training across the system has now been completed and the contract has been awarded to Valentina Group Ltd. The ICB is now working with colleagues across the system, as well as the new provider to ensure an effective mobilisation and smooth transition from our previous provider.

We would like to thank Herts Care Providers Association for all of their hard work and efforts in getting the system to the position it is currently in. As at the end of February the system has managed to train 26% of secondary care and 22% of primary care staff in Tier 1 and 16% of secondary care and 15% of primary care staff in Tier 2 training.

- **Nursing Band 5/6 Evaluation**

The People Committee has highlighted the risk and concern around planning for the evaluation of nursing and midwifery roles and the banding between 5 and 6, particularly the financial risk to organisations and requested that this be flagged with audit and finance committees. The issue was also raised at a joint Chief Nursing Officer and Chief People Officer meeting for review.

- **Supported Employment**

The ICB is working closely with stakeholders across Hertfordshire and West Essex to support the Government's Get Britain Working white paper and Connect to Work schemes locally. A working group has been established to review objectives and link to education, particularly FE colleges, particularly seeking to provide support for over 45s looking at change of career.

A Public Health Investment programme has also been announced in Hertfordshire, securing £3.4 million in funding (underspent year on year and refunds on covid claims). This is now being offered to local partners to bid for projects which are focussed on the following areas: Early Health, Prevention and/or Reducing Health inequalities.

- **West Essex Career Expo**

More than 300 students enjoyed an opportunity to learn about careers in health and social care when they attended the Hertfordshire and West Essex Health and Care Academy's first west Essex careers event at the end of January.

It was held at Harlow college at the end of last month with students from schools and colleges from around the area attending the event, the room was bustling with young people as colleagues from Princess Alexandra Hospital Trust (PAHT), Essex Partnership University Trust (EPUT), ECL Person-centred Care and East of England Ambulance Service helped them consider the different career options as they plan their futures.