



Agenda Reports & Other Papers

Presented to the
Meeting of the
**Hertfordshire & West Essex Integrated Care
Partnership**
on
Wednesday, 20 March 2024

Meeting:	HERTFORDSHIRE AND WEST ESSEX (HWE) INTEGRATED CARE PARTNERSHIP
Format:	PUBLIC
Date:	WEDNESDAY 20 MARCH 2024
Time:	13:30 – 16:00
Venue:	BEECH ROOM, ROBERTSON HOUSE, STEVENAGE, SG1 2FQ
Chair:	CLLR RICHARD ROBERTS

MEMBERS OF THE BOARD (28) - QUORUM 3

Richard Roberts – Chairman	Chair of Hertfordshire Health and Wellbeing Board
Paul Burstow – Vice Chairman	Chair of Hertfordshire and West Essex ICB
Councillor John Spence – Vice Chairman	Chair of Essex Health and Wellbeing Board
Councillor Tony Kingsbury	Cabinet Member for Adult Care, Health and Wellbeing, Hertfordshire County Council
Councillor Fiona Thomson	Cabinet Member, Children, Young People and Families, Hertfordshire County Council
Councillor Jane Fleming	Deputy to Cabinet Member for Health and Adult Social Care, Essex County Council
Chris Badger	Executive Director, Adult Care Services, Hertfordshire County Council
Jo Fisher	Executive Director, Children's Services, Hertfordshire County Council
Sarah Perman	Director, Public Health, Hertfordshire County Council
Chris Martin	Director for Strategic Commissioning (Children and Families), Essex County Council
Katherine Thompson	Public Health Consultant, Essex County Council
Councillor Elizabeth Dennis	Leader, North Herts District Council
Richard Cassidy	Chief Executive, East Herts District Council
Georgina Blakemore	Chief Executive Epping Forest District Council
Dr Jane Halpin	Chief Executive Officer, Hertfordshire and West Essex ICB
Sharn Elton	Place Director, East and North Hertfordshire Health and Care Partnership
Matthew Coats	Chair, South and West Herts Health and Care Partnership Board, and Chief Executive of West Hertfordshire Hospitals NHS Trust

Karen Taylor	Co-Chair, Hertfordshire Mental Health Learning Disabilities and Autism Collaborative Partnership Board, and Chief Executive Officer, Hertfordshire Partnership University NHS Foundation Trust
Toni Coles	Place Director, West Essex Health Care Partnership
Alex Green	Chief Operating Officer, Essex Partnership University NHS Foundation Trust
David Lloyd	Police and Crime Commissioner for Hertfordshire
Leighton Hammett	Chief Superintendent and Strategic Lead for Partnerships and Prevention Essex Police
Joanna Marovitch	VCFSE Alliance Chair, (representing Hertfordshire)
Charlotte Blizzard-Welch	VCFSE Alliance Vice Chair, (representing Hertfordshire)
Kate Robson	VSFSE Alliance Vice Chair (representing West Essex)
Neil Tester	Chairman , Healthwatch Hertfordshire
Amanda Cherry	Chair of Trustees, Healthwatch Essex
Sharon Davies	Chief Executive Officer, Hertfordshire Care Providers Association
Wendy Wills	Pro Vice-Chancellor (Research and Enterprise) University of Hertfordshire

AGENDA

At a meeting of the Hertfordshire and West Essex Integrated Care Partnership any member of the public who is a Hertfordshire or West Essex resident or a registered local government elector of Hertfordshire or West Essex may put a question to the Partnership about any matter over which the Partnership has power or which directly affects the health and wellbeing of the population. Written notice, including the text of the proposed question, must be given to Hertfordshire County Council's Director of Law and Governance at least 5 clear days before the meeting.

Members are reminded that all equalities implications and equalities impact assessments undertaken in relation to any matter on this agenda must be rigorously considered prior to any decision being reached on that matter.

Members are reminded that:

(1) if they consider that they have a Disclosable Pecuniary Interest in any matter to be considered at the meeting they must declare that interest and must not participate in or vote on that matter unless a dispensation has been granted by the Standards Committee;

(2) if they consider that they have a **Declarable Interest** (as defined in paragraph 5.3 of the Code of Conduct for Members) in any matter to be considered at the meeting they must declare the existence and nature of that interest. If a member has a **Declarable Interest** they should consider whether they should participate in consideration and vote on the matter.

Approx Time	Item No.	AGENDA	Action	Presenter	Paper
13:30	1.	Welcome, introductions and declarations of interest	Assurance	Cllr Richard Roberts, Chair and Leader of Hertfordshire County Council	Verbal
13:35	2.	Minutes of the last public meeting held on 26 November 2023 and Actions	Approval	Cllr Richard Roberts, Chair and Leader of Hertfordshire County Council	Paper
13:40	3.	Public Questions	Approval	Cllr Richard Roberts, Chair and Leader of Hertfordshire County Council	Verbal
13:45	4.	Lead Officer's Report – Update on activity and reflection on the ICP development session and next steps <i>[Purpose: Members to consider outcome from the ICP development session]</i>	Information and Decision	Sarah Perman, Director of Public Health, Hertfordshire County Council and HWE ICP Lead Officer Hertfordshire and West Essex Integrated Care System	Verbal
13:55	5a.	Housing theme 1 – Projected need for housing for older people – dementia, care home and extra care <i>[Purpose: to present projected housing need for older people in our ICS system, with a particular focus on dementia, care homes and extra care, including highlighting challenges, gaps and opportunity for collective</i>	Information and Discussion	Helen Maneuf, Operations Director, Hertfordshire County Council, Oliver Jackson, Head of Housing Operations, Dacorum Borough Council and officers from Essex County Councils and	Paper and Presentation

		<i>action to respond to identified needs]</i>		District Councils	
14:40	5b	Housing theme 2 – Housing conditions relating to children and young people with a particular focus on decent homes, damp and mould. <i>[Purpose: to present a paper on housing conditions as it relates to children and young people in our ICS system, with a focus on decent homes, damp and mould, including highlighting learning from the Awaab's case, challenges, gaps and opportunity for collective action to respond to identified needs]</i>	Information and Discussion	Officers from County Councils, Districts, Housing Associations & Hertfordshire and West Essex Integrated Care Board	Paper and Presentation
15:25		Comfort Break			
15:35	6.	Integrated care strategy delivery plan - progress highlight reports <i>[Purpose: to receive progress highlight reports on the delivery plan]</i>	Assurance	Christine Oker Programme Manager, Hertfordshire County Council	Paper
15:45	7.	Update from the Hertfordshire & West Essex Integrated Care Board <i>[Purpose: update on the activity of the HWE Integrated Care Board]</i>	Information and Comments	Michael Watson Chief of Staff Hertfordshire and West Essex Integrated Care Board	Paper
15:55	8.	Other Urgent Business Such other Part I (public) business which the Chairman agrees is of sufficient urgency to warrant consideration.		Cllr Richard Roberts, Chair and Leader of Hertfordshire Council	Verbal



Hertfordshire and
West Essex Integrated
Care Partnership

Minutes:	HERTFORDSHIRE AND WEST ESSEX INTEGRATED CARE PARTNERSHIP
Format:	<i>Meeting in public</i> <input checked="" type="checkbox"/> <i>Meeting in private</i> <input type="checkbox"/>
To:	All Members of the Hertfordshire and West Essex Integrated Care Partnership
From:	Legal, Democratic & Statutory Services, Hertfordshire County Council
Ask for:	Elaine Manzi
Tel:	01992 588062
Date:	Thursday 23 November 2023

Members present:	
Name	Organisation
Richard Roberts – Chair	Leader of Hertfordshire County Council
Councillor Tony Kingsbury	Cabinet Member for Adult Care, Health and Wellbeing, Hertfordshire County Council
Sarah Perman	Interim Director of Public Health, Hertfordshire County Council
Matthew Coats	Chair, South and West Herts Health and Care Partnership Board, and Chief Executive of West Hertfordshire Hospitals NHS Trust
Neil Tester	Co-Chair, Healthwatch Hertfordshire
Elizabeth Dennis	Leader of North Herts District Council
David Lloyd	Hertfordshire Police & Crime Commissioner
Prof Jackie Kelly	Dean of Health and Social Work University of Hertfordshire
Jane Fleming	Deputy Cabinet Member for Adult Social Care and Integration, Essex County Council

Nicole Rich	Operations Director, Essex Partnership University NHS Trust, <i>attending on behalf of Alex Green, Chief Operating Officer, Essex Partnership University NHS Trust</i>
Chris Badger	Executive Director, Adult Care Services, Hertfordshire County Council
Katherine Thompson	Public Health Consultant, Essex County Council
Sharn Elton	Place Director, East and North Hertfordshire Health and Care Partnership
Michelle Airey	Head of Quality & Education, Hertfordshire Care Providers Association, <i>attending on behalf of Sharon Davies, Chief Executive, Hertfordshire Care Providers Association and Essex and Hertfordshire Care Providers Association</i>
Toni Coles	Place Director, West Essex Health Care Partnership
Jane Halpin	Chief Executive Officer, Hertfordshire & west Essex Integrated Care Board

Also attended:

Christine Oker	Programme Manager Hertfordshire County Council
Elaine Manzi	Democratic Services Officer Hertfordshire County Council
Claire Hamilton	Chief Executive of Dacorum Borough Council
Donna Nolan	Chief Executive of Watford Borough Council
Peter Holt	Chief Executive of Uttlesford District Council

1.	WELCOME	
1.1	The Chairman welcomed attendees to the meeting and outlined the agenda for the day.	
1.2	The Chairman advised Sarah Perman had been appointed Interim Executive Director of Public Health in Hertfordshire.	
2.	MINUTES	
2.1	The minutes of the last public meeting held on 26 September 2023 were agreed. The Chairman reminded the attendees that actions outlined at the previous meeting should be completed.	
3.	PUBLIC QUESTIONS	
3.1	There were no public questions.	
4.	HERTFORDSHIRE AND WEST ESSEX INTEGRATED CARE PARTNERSHIP LEAD OFFICER REPORT	
	Officer Contact: Sarah Perman, Interim Director of Public Health, Hertfordshire County Council, 01992 588335	
4.1	ICP Members received a report outlining the recent activity to support the Hertfordshire and West Essex Integrated Care Partnership and progress on the delivery of the integrated care strategy.	
4.2	RESOLVED	
	ICP Members noted the information provided in the report on recent activities to support development of the Partnership.	
5.	UPDATE FROM HERTFORDSHIRE AND WEST ESSEX INTEGRATED CARE BOARD	
	[Officer Contact: Michael Watson, Chief of Staff, Hertfordshire and West Essex Integrated Care Board, 01707 685000]	
5.1	The ICP received a report outlining the activity of the Herts & West Essex Integrated Care Board since the last meeting of the ICP.	
5.2	In response to a query from an ICP member, officers agreed to be more mindful about the use of acronyms within the report going forward.	Michael Watson
5.3	The Chairman advised the partnership of the outcome of the recent Special Educational Needs and Disabilities (SEND) Ofsted Inspection, acknowledged the inspection findings and confirmed that Hertfordshire County Council would be working closely with health colleagues to respond to and deliver the improvements required as outlined within the report. The link to the report can be found here: CQC/ Ofsted Area SEND Inspection for Hertfordshire	
5.4	RESOLVED	
	The ICP noted the content of the report.	

6. LOCAL GOVERNMENT IN THE HERTFORDSHIRE AND WEST ESSEX INTEGRATED CARE SYSTEM

Officer contact: Sarah Perman, Interim Director of Public Health, Hertfordshire County Council Tel: 01992 588335

- 6.1 The Partnership considered a report proposing a clear role for local government, and specifically district and borough councils, within the Hertfordshire and West Essex Integrated Care System (ICS). Partnership Members received a presentation during the meeting to provide further detail on the work being undertaken in West Essex and Hertfordshire. This can be found here:

[Agenda for Hertfordshire & West Essex Integrated Care Partnership on Thursday, 23 November 2023, 2.00 pm | Hertfordshire County Council](#)

- 6.2 ICP Members welcomed the report and noted that although partnership work already existed between health partners and district and borough councils, the formalising and focusing of this would enable better outcomes for residents. It was noted that there would be opportunities and challenges in achieving this.

- 6.3 The Partnership discussed the need for councils and health partners to consider increased partnership working to create more supported housing for residents with mental and physical needs, residential nursing care and keyworker housing for employees to support them within Hertfordshire and West Essex are key strategic issues. Operationally, 5 percent of complex needs cases requiring support will be closely involved with district/borough councils. It would be really helpful and responsive if we could routinely mechanise how we work with this group of residents to maintain their independence in the short and long-term.

- 6.4 A comment noted that whilst the work of the Health and Care Partnerships is locally based, it would be incomplete without the involvement of districts.

- 6.5 A comment stating that parish councils and the constabularies should be considered within the work was noted.

Sarah Perman

- 6.6 Consideration of discussions regarding affordable housing, workforce and education needs to be joined up to be able to work holistically to avoid duplication, share good practice and learning and maximise our finite resource to improve health and wellbeing outcomes for our residents.

Sarah Perman

6.7 RESOLVED

ICP members considered the findings from the research and collectively committed to a direction of travel and further engagement around:

- Recognising the role local government plays in prevention and the wider determinants of health
- Creating opportunities for senior officers and elected members from local authorities to lead within the ICS
- Investing in building relationships between councils, commissioning staff and NHS workforce at county and district level
- Embedding district councils in work to deliver the integrated care strategy agreeing local priorities for joint working
- Committing to three strategic priorities: growth/planning, good quality housing and local priority setting that partners will work together to deliver.
- Developing an accelerator or pilot programme for district councils who want to advance more quickly to pilot different interventions to improving health outcomes.
- Creating opportunities for district councils to access funding from the ICB/NHS/county councils for preventative projects
- Exploring opportunities for enhanced data sharing for a more holistic overview of the health needs of communities and groups in Hertfordshire.

7. **HWE ICP INTEGRATED CARE STRATEGY MONITORING FRAMEWORK REPORT**

Officer Contact : Christine Oker, Programme Manager, Hertfordshire County Council Tel: 01992 555178

- 7.1 The HWE ICP were invited to discuss and approve the Integrated Care Strategy Monitoring Framework as attached at appendix A to the report.
- 7.2 Partnership Members noted and welcomed the report and commented that it broadly mirrored the framework that is being developed by the ICB, therefore helpful to have a similar approach.
- 7.3 It was suggested it would be helpful to identify one longer term and short term indicators to demonstrate move in the right direction with the integrated care strategy priorities.
- 7.4 **RESOLVED**
The Integrated Care Partnership discussed and approved the Integrated Care Strategy monitoring framework.

Christine Oker

8. **HWE ICP REVISED CONSTITUTION REPORT**

Officer Contact: Christine Oker, Programme Manager, Hertfordshire County Council, Tel: 01992 555 178

- 8.1 The ICP Members received a report outlining proposed changes to the ICP constitution, requesting to seek approval for these changes. The updated constitution was attached at appendix A to the report.

- 8.2 **RESOLVED**
ICP members reviewed and approved the updated Hertfordshire and West Essex ICP constitution, as detailed in appendix A of the report.

9. **OTHER URGENT BUSINESS**

- 9.1 None recorded.

HERTFORDSHIRE AND WEST ESSEX INTEGRATED CARE PARTNERSHIP MEETING

WEDNESDAY 20 MARCH 2024 AT 1:30PM

LEAD OFFICER'S REPORT – UPDATE ON ACTIVITY AND REFLECTION ON THE ICP DEVELOPMENT SESSION AND NEXT STEPS

Author:- Sarah Perman, Director of Public Health, Hertfordshire County
Council and HWE ICP Lead Officer– Tel: 01992 01992 588335

ICP Member:- Cllr Richard Roberts, Paul Burstow and Cllr John Spence

1. Purpose of report

- 1.1. To update the Hertfordshire and West Essex Integrated Care Partnership (HWE ICP) on the recent activity of the partnership.

2. Summary

- 2.1 The partnership will receive a verbal update from the HWE ICP Lead Officer.

3. Recommendations

- 3.1 ICP members are invited to note and comment on the update.

4 Financial Implications

- 4.1 There are no financial implications at present.

Report signed off by	Sarah Perman, Director of Public Health, Hertfordshire County Council and HWE Lead Officer, HWE ICS
Sponsoring HWE ICP Member/s	Cllr Richard Roberts, Paul Burstow and Cllr John Spence

HWE ICP Strategy priorities supported by this report	<ul style="list-style-type: none"> <input checked="" type="checkbox"/> Give every child the best start in life. <input checked="" type="checkbox"/> Support our communities and places to be healthy and sustainable. <input checked="" type="checkbox"/> Support our residents to maintain healthy lifestyles. <input checked="" type="checkbox"/> Enable our residents to age well and support people living with dementia. <input checked="" type="checkbox"/> Improve support for people living with life-long conditions, long-term health conditions, physical disabilities, and their families. <input checked="" type="checkbox"/> Improve our residents' mental health and outcomes for those with learning disabilities and autism.
HWE ICP Strategy priorities key enablers	<ul style="list-style-type: none"> <input checked="" type="checkbox"/> Workforce <input checked="" type="checkbox"/> Delivery at the right place <input checked="" type="checkbox"/> Collaborative and joint commissioning <input checked="" type="checkbox"/> Data and insight <input checked="" type="checkbox"/> Research and innovation <input checked="" type="checkbox"/> Data and technology
Needs assessment (activity taken) None directly arising from this report	
Consultation/public involvement (activity taken or planned) None directly arising from this report	
Equality and diversity implications None directly arising from this report	
Acronyms or terms used. e.g.:	
Initials	In full
HWE ICP	Hertfordshire and West Essex Integrated Care Partnership

HERTFORDSHIRE AND WEST ESSEX INTEGRATED CARE PARTNERSHIP MEETING

WEDNESDAY 20 MARCH 2024 AT 1:30PM

**HOUSING THEME 1 – PROJECTED NEED FOR HOUSING FOR OLDER PEOPLE
HOUSING THEME 2 – HOUSING CONDITIONS, CHILDREN AND YOUNG PEOPLE**

Author:- Christine Oker, Programme Manager, Hertfordshire County Council –
Tel: 01992 555178 and Sarah Perman, Director of Public Health,
Hertfordshire County Council HWE ICP Lead Officer Hertfordshire and
West Essex Integrated Care System – Tel: 01992 588335

ICP Member:- Cllr Richard Roberts, Paul Burstow and Cllr John Spence

1. Purpose of report

- 1.1. To inform discussion by the Hertfordshire and West Essex Integrated Care Partnership (HWE ICP) about current housing provision and need across the ICS, as it relates to projected housing need for older people with a focus on dementia, care home and extra care; and housing conditions relating to children and young people with a focus on decent homes, damp and mould.

2. Summary

- 2.1 At the last meeting in public of the HWE ICP, members endorsed the recommendations outlined in a report on *Local government in the ICS* which noted the opportunities within Hertfordshire and West Essex for closer collaboration between county, district and borough councils with the NHS and the Integrated Care Board, particularly on growth and development and housing. Members requested a follow up item at their next meeting on housing, noting that housing is a key theme in priority two of the integrated care strategy: *Support our communities and places to be sustainable and healthy*.

- 2.2 At today's meeting partners across the system will present information on two housing-related themes. The first theme is current housing provision and need, focusing on older people with dementia and those who require care home and extra care. The second theme is housing conditions relating to children and young people with a focus on decent homes, damp and mould.
- 2.3 Both themes will highlight learning and good practice, challenges, gaps and opportunity for collective action.

3. Recommendations

ICP members are invited to consider the following issues and questions:

3.1 Housing need for older people:

- Are we sufficiently joined up in support of the development of communities where older people can actively age / age well? (HWE ICS Strategic Priorities 2 and 4).
- The role of local councils/elected members in development of local plans and as the local planning authority in development of communities that enable people to age well with physical build, infrastructure and community development" (HWE ICS Strategic Priority 4.3 and 4.7)
- How do we combat social isolation where people are increasingly living at home? (HWE ICS Strategic Priority 2. 4 and 6)
- How does health see its role and support, and what are the implications for health partners?
- Promoting dementia inclusive design principles/standards – across public space and buildings, general needs housing and specialist housing, (HWE ICS Strategic Priority 4.3 and 4.7)

3.2 Housing need for children and young people:

- What lessons can we learn locally from Awaab Ishak's case?
- Can we identify touchpoints and opportunities to prevent the impact of damp and mould across the system?
- How assured do we feel as a system that we do not have children at risk like Awaab?

4. Background

- 4.1 Housing has been identified as a key theme for discussion by the ICP. Population growth forecasts for Hertfordshire and West Essex show an ageing population. More people will require housing that meets their needs as they age.

- 4.2 The number of older people that have some form of care need is also significant and predicted to rise as is the number of over 65s living with a limiting long-term illness where daily activities are affected either significantly or in a minor way.
- 4.3 A safe, warm, dry, accessible, well maintained, and affordable home in a location that provides access to local services and opportunities for social connections is a vital component of a happy and healthy life and ageing.
- 4.4 Everyone can be vulnerable to the health impact of damp and mould, but people with certain health conditions, infants and young children and older adults are [at greater risk](#) of more severe health impacts. The death of Awaab Ishak in 2020, which could have been prevented, highlighted the serious risk and harm that damp and mould can have on children and young people.

5 Financial Implications

- 5.1 There are no financial implications at present.

Report signed off by	Sarah Perman, Director of Public Health, Hertfordshire County Council and HWE Lead Officer, HWE ICS
Sponsoring HWE ICP Member/s	Cllr Richard Roberts, Paul Burstow and Cllr John Spence
HWE ICP Strategy priorities supported by this report	<input checked="" type="checkbox"/> Give every child the best start in life. <input checked="" type="checkbox"/> Support our communities and places to be healthy and sustainable. <input checked="" type="checkbox"/> Support our residents to maintain healthy lifestyles. <input checked="" type="checkbox"/> Enable our residents to age well and support people living with dementia. <input checked="" type="checkbox"/> Improve support for people living with life-long conditions, long-term health conditions, physical disabilities, and their families. <input checked="" type="checkbox"/> Improve our residents' mental health and outcomes for those with learning disabilities and autism.
HWE ICP Strategy priorities key enablers	<input checked="" type="checkbox"/> Workforce <input checked="" type="checkbox"/> Delivery at the right place <input checked="" type="checkbox"/> Collaborative and joint commissioning <input checked="" type="checkbox"/> Data and insight

	<input checked="" type="checkbox"/> Research and innovation <input checked="" type="checkbox"/> Data and technology
Needs assessment (activity taken)	
None directly arising from this report	
Consultation/public involvement (activity taken or planned)	
None directly arising from this report	
Equality and diversity implications	
None directly arising from this report	
Acronyms or terms used. e.g.:	
Initials	In full
HWE ICP	Hertfordshire and West Essex Integrated Care Partnership

HERTFORDSHIRE AND WEST ESSEX INTEGRATED CARE PARTNERSHIP MEETING

WEDNESDAY 20 MARCH 2024 AT 1:30PM

HWE ICP INTEGRATED CARE STRATEGY DELIVERY PLAN – PROGRESS HIGHLIGHT REPORTS

Report of the Director of Public Health and HWE ICP Lead Officer, Hertfordshire County Council

Author:- Christine Oker, Programme Manager, Hertfordshire County Council
Tel: 01992 555178

ICP Members:- Cllr Richard Roberts, Paul Burstow and Cllr John Spence

1. Purpose of report

- 1.1. To invite Hertfordshire and West Essex Integrated Care Partnership to note, discuss and comment on highlight reports for delivery of the integrated care strategy and progress to finalise a strategic monitoring framework for the integrated care strategy delivery plan.

2. Summary

- 2.1 Strategic leads have put together a progress highlight report for some of their priority areas to update on progress made during 2023/24 in delivering actions in the delivery plan, including highlighting achievements, challenges and risks. They have also included specific asks of the ICP where relevant. The highlight reports are appended to this report – Appendix 1.
- 2.2 We have continued to work with strategic leads to review and streamline the draft monitoring framework that was shared with the partnership in November, to produce a small basket of indicators for each of the six strategic priorities in the integrated strategy, aligned to outcomes set out in the strategy. The ICB Population Health Management team have started to populate the indicators with baseline data. An updated set of indicators with completed baseline data will be brought back to the ICP in June. We have identified some challenges in the process of completing baseline data and this is highlighted in section 6.1 of this report.

3. Recommendations

3.1 The Integrated Care Partnership is asked to:

- note progress to date and comment on the challenges and issues identified in the progress highlight reports
- note progress on work to finalise indicators and comment on the challenges identified
- note work being undertaken by Healthwatch Hertfordshire and Essex to review and propose options to seek feedback from residents and individuals as part of monitoring progress of the strategy using the “I” statements in the strategy and delivery plan.
- agree an annual update on selected indicators for the integrated care strategy

4. Progress update highlight reports

4.1 The progress highlight reports shared are for the following strategic priorities:

- Priority 1 – Give every child the best start in life
- Priority 2 – Support our communities and places to be healthy and sustainable
- Priority 3 – Support our residents to maintain healthy lifestyles
- Priority 4 – Enable our residents to age well and support people living with dementia
- Priority 6 – Improve our residents’ mental health and outcomes for those with learning disabilities and autism

4.2 Strategic leads have identified a number of challenges and risks with delivery. These include:

- *Priority 1 – Give every child the best start in life*
 - Linking in with Maternity and neonatal Services within the Trusts. Working with the LMNS to engage with them exploring universal antenatal offer.
 - Data sharing between partner organisations
 - Funding pressures
- *Priority 2 – Support our communities and places to be healthy and sustainable*
 - VCFSE sector is under huge pressure with statutory funding uncertain and decisions still not made about 24/25
 - Increasing demand, staff burnout in VCFSE and problems recruiting and retaining staff

- *Priority 3 - Support our residents to maintain healthy lifestyles*
 - A lot of prevention work across the HWE ICB is on a county footprint, so identifying joint work is tricky, which often means meetings translate into updates and shared learning.
 - Identifying priority work areas is tricky as we find the balance between working on needs / gaps, which resourcing also needs to align to support.
 - Narrowing remit of the 'prevention strategic group' to siloed healthy behaviours to achieve a focus has presented its problems – demonstrating we are being short-sighted as behaviours are likely the cause of wider determinants of health / life experiences – this crosses over into the wider determinants of health remit.
- *Priority 4 – Enable our residents to age well and support people living with dementia*
 - Breadth of priority area and efficiency of gathering assurance on progress given complex governance landscape
 - Identifying capacity to progress any genuinely cross cutting / added value areas
- *Priority 6 – Improve our residents' mental health and outcomes for those with learning disabilities and autism*
 - Employment support – engaging all stakeholders around their existing work within their full-time roles
 - Ensuring that efforts aren't duplicating work that is already happening within HPCT/HCC and the wider system
 - Effective co-production i.e., getting a range of perspectives/experiences from people who have SMI/LD/ND across both organisations
 - Mental health accommodation – identification of suitable properties at a locality level for Complex need remains a challenge.
 - Suicide prevention – to date funding to continue this programme hasn't materialised. Options paper was produced and presented to different boards within the system and final decision is yet to be made with the future of this workstream

5. The ask of the Integrated Care Partnership

5.1 Strategic leads would like to highlight the following areas to the ICP:

Priority 2

- To make No Wrong Door as effective as possible we need full buy in from ICP including political and CEO support, commitment to work with HertsHelp and Essex Wellbeing Service from all 'front of house' across system
- The need for full integration of social prescribing and VCFSE resources with primary care and community and acute NHS services

- Infrastructure needs to be looked at – though it will be for other parts of governance to identify funding if this is to be expanded

Priority 3

- Escalation of buy in and funding for an alcohol support system within ED and acute trusts.
- How to balance our public health business as usual work and wider determinants of health, which has the potential to duplicate work undertaken within Priority 2 (Support our communities and places to be health and sustainable).

Priority 4

- Consider what emphasis the ICP wishes to place on mild cognitive impairment – is there a case for greater focus here as a way of preventing / delaying the development of greater need?
- Health checks – developing demographic information on reach of health checks across target groups including older people, those with a learning disability and autism and those with other protected characteristics, people who are more socio-economically deprived; also information to understand the impact of increased uptake (in terms of services received, changes in health status etc).
- Carers – whilst this is a feature of the ageing well priority, we recognise that carers are all age including young carers. Whilst there is work going on with young carers, it's not clear where this fits within the strategy/work plan. Does the ICS need to reflect this more?
- Continue to support introduction of technological solutions such as Assistive Technology as BAU across all community providers.
- Increase the visibility of how Assisted Technology supports the management of people at home.
- Some capacity to progress joint projects and resolution of data sharing issues

Priority 6

- Support with rolling the supported employment pledge out to wider ICP organisations when appropriate
- No centralised suicide prevention delivery programme across HWE ICS post 31 March 2024

6. Indicators and monitoring framework – challenges and the I statements

- 6.1 The majority of the indicators identified are in the national [Public Health Outcomes Framework](#) (PHOF) and the [NHS Outcomes Framework](#) (NHSOF).

Many of the indicators included are updated annually and some have not been updated in 2009 (e.g. Gap in healthy life expectancy between deprived and least deprived) as shown in priority 2. Most of the data are currently published at unitary LA level or higher but not at ICS level. This will require some analysis work to produce all data at ICS level and this may not be possible for some area, and areas that require local indicators are still to be identified.

- 6.2 While we were aiming to provide the ICP with progress on delivery twice a year, we have now established that the national update on most of our selected indicators will be available annually. As such, we are proposing to provide progress delivery report twice a year with an update on indicators provided annually at the end of the year.

7. Work on the “I” statements in the strategy and delivery plan

- 7.1 We asked Healthwatch Hertfordshire and Essex to review the “I” statements in the integrated care strategy. The ‘I statements’ describe what good care, support and experience should look like from the perspective of someone who accesses health and care services across our system, as we implement the integrated care strategy and delivery plan. We have asked Healthwatch Herts and Essex to check these are easily accessible and understandable by residents, recommend any changes to the statements, including identifying some options for the ICP to consider on how best to seek feedback from residents and individuals using qualitative narratives and case studies.
- 7.2 Healthwatch Essex and Healthwatch Hertfordshire have completed their review and have shared with us a proposal on how they will support targeted public engagement for this, capturing lived experience and qualitative data. As the I statement framework focuses on a selection of demographic groups, Healthwatch are proposing to engage with a particular cohort to capture their lived experience every so often.
- 7.3 The first cohort Healthwatch Essex and Healthwatch Hertfordshire are proposing to look to engage with is unpaid carers, utilising their existing connections within Hertfordshire and West Essex to identify the experiences of unpaid carers living and working in the area. This will focus predominantly on ICP Strategic Priority 5, as well as other relevant Priorities areas. This work will take three months to complete.

5 Next Steps

We will:

- Continue to work with strategic leads and discuss with ICP partners the need for some local specific indicators – there are some areas of the delivery plan that require the development of local measures in

consultation with partners to ensure the contributions of all ICP partners across the ICS system in delivering the strategic priorities can be monitored and reported collectively. For example, the contribution of the VCFSE sector and the added value of volunteering to improving health and wellbeing of volunteers and residents through the many services delivered in the community and acute settings is not currently reported collectively at system level.

- Continue to work with Healthwatch and other partners on how feedback from residents can be pulled together for the “I” statements in the integrated care strategy.

6 Financial Implications

- 6.1 There are no financial implications at present / or include financial implications.

7 Appendices

- 7.1 Appendix 1: Strategic priorities 1, 2, 4 and 6 highlight progress reports for 2023/24.
7.2 Appendix 2: Updated indicators monitoring framework for Integrated Care Strategy

Report signed off by	Sarah Perman, Director of Public Health and HWE ICP Lead Officer, Hertfordshire County Council
Sponsoring HWE ICP Member/s	Cllr Richard Roberts, Paul Burstow and Cllr John Spence
HWE ICP Strategy priorities supported by this report	<input checked="" type="checkbox"/> Give every child the best start in life. <input checked="" type="checkbox"/> Support our communities and places to be healthy and sustainable <input checked="" type="checkbox"/> Support our residents to maintain healthy lifestyles. <input checked="" type="checkbox"/> Enable our residents to age well and support people living with dementia. <input checked="" type="checkbox"/> Improve support for people living with life-long conditions, long-term health conditions, physical disabilities, and their families. <input checked="" type="checkbox"/> Improve our residents' mental health and outcomes for those with learning disabilities and autism.
HWE ICP Strategy priorities key enablers	<input checked="" type="checkbox"/> Workforce <input checked="" type="checkbox"/> Delivery at the right place <input checked="" type="checkbox"/> Collaborative and joint commissioning <input checked="" type="checkbox"/> Data and insight <input checked="" type="checkbox"/> Research and innovation

	<input checked="" type="checkbox"/> Data and technology
Needs assessment (activity taken) None directly arising from this report	
Consultation/public involvement (activity taken or planned) None directly arising from this report	
Equality and diversity implications None directly arising from this report	
Acronyms or terms used. e.g.:	
Initials	In full
ICB	Integrated Care Board
ICP	Integrated Care Partnership
NHSOF	NHS Outcomes Framework
PHOF	Public Health Outcomes Framework
VCFSE	Voluntary, Community, Faith and Social Enterprise

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Care Partnership

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HWE ICP Monitoring & Progress Highlight Report – March 2024

Highlight progress report Pack

Strategic priorities 1, 2, 3, 4 and 6

Working together
for a healthier future



HWE ICP Monitoring & Progress Highlight Report – March 2024

Project highlight reports in this pack include:

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Strategic priority 1 – Give every child the best start

Strategic priority 2 – Support our communities and places to be healthy and sustainable

Strategic priority 3 – Support our residents to maintain healthy lifestyles

Strategic priority 4 – Enable our residents to age well and support people living with Dementia

Strategic priority 6 (3 highlight reports) – Improve our residents' mental health and outcomes for those with learning disabilities and autism

1. ICP Area of Focus/Priority 6 – ICP Area of Focus/Priority 6 – Supported employment for people severe mental illness (SMI), learning disabilities, (LD) and neurodiversity (ND)
2. ICS Suicide Prevention as part of priority
3. Mental Health Accommodation



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HWE ICP Monitoring & Progress Highlight Report – March 2024

Report compiled by: **Apolline Festraets**

Date: 06/03/2024

Strategic Priority 1 – Give every child the best start in life

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ICP Strategic Priority:	Priority 1 :Give every child the best start in life
Key Enablers: Please delete as appropriate	Workforce / Delivery at the right place / Collaborative and Joint Commissioning / Data & Insight / Research & Innovation / Data & Technology

Programme Leads	
Exec Champion / SRO	Jo Fisher
Strategic Lead(s)	Sally Orr, Mel Powell, Mary Emerson
Key contacts	Apolline Festraets

Project Context / Aims:
<ul style="list-style-type: none">• Work together to coordinate support, make every contact count and reduce duplication between services through the development of the Family Hubs model• Prioritise early help and early intervention so that families have access to universal information and available support, through the Family Support service recommissioning• Jointly plan and deliver early help across the SEND system, so that children with additional needs and their families have the right support at the right time. Delivery of the SEND priority actions, improving joint working to deliver the SEND strategy and better data to improve understating of provision• Ensure parents of children under 5 years old have access to information, advice and parenting support through our ‘No Wrong Door’ approach to enable them to support and prepare their children for the start of school.• Work in partnership with Maternity Services, Early Years Special Educational Needs and Disabilities (SEN) & Private, Voluntary and Independent Childcare Providers (PVIs) to identify families that require support and ensure timely coordinated early help support to remove barriers to early learning

Key Milestones / Indicator Measures (within the next quarter)	Target Date	Update
<i>Please delete/add more rows as required</i>		
Complete the procurement process for the Family Support Service contract	July 2024	On schedule the tender is live currently.
First circles to start for the Pregnancy and Parenting Circles pilot.	March/April 2024	Staff training has taken place, more underway. Recruiting parents for the circles
Family Hub Partnership event for partners and organisations to come together and build a picture of the current offer, and the direction of travel.	27 th March 2024	On schedule
The first phase of the childcare expansion programme will be up to fifteen hours of free childcare for eligible 2-year-old children (term after they turn 2) of working parents	1 st April	On schedule

Progress to date (June 2023 – Feb 2024)

Achievements/Success:

- Consultation process for the Family Support service in Hertfordshire which has informed the new Family Support Service procurement which is now live for tender.
- Family Hub development is underway phase one of the Family Centre recommissioning is on track. Planning is happening around how we bring together phase 2. The Family Hub Strategic Group had their first meeting and will look to take forward actions from the partnership event including how we co-produce this programme with children, young people, and families.
- Reducing parental conflict evaluation has been completed, streamlined offer for families and staff. The year 3 bid has been agreed by DWP and additional funding provided.
- FOLLOW group set up to look at speech, language and communication in the Early years. This group is multiagency and will be delivering a campaign this term.
- School readiness Lite Bite JSNA has been developed and published and work underway to identify actions
- Childcare expansion underway. An Early Years finance consultation was undertaken with providers from January to February, there was an overwhelming positive response to the payment rates for the new entitlements
- Early pathway in the red book, developed by multiagency group giving parents and overview of what to expect at every stage of their child's early years journey and where to access additional information. Looking into the development of a down syndrome pathway

Challenges:

- Linking in with Maternity and neonatal Services within the Trusts. Working with the LMNS to engage with them exploring universal antenatal offer.
- Data sharing between partner organisations
- Funding pressures

Priorities:

- Complete the procurement of the Family Support Service as phase one of the Family Hub model and start working on integrating phase 2

Partners/organisations involved/contributed to the delivery of this work:

HCC, LMNS, VCFSE, Family Centre, DWP

Areas to highlight for further support from the ICP

No further support needed at the moment

Risks (add more rows as required)	likelihood	Impact	RAG
Possible delays to the Family Support Service procurement	Low/medium	Medium	Amber
Wide range of stakeholders and projects to feed into this priority. Risk of duplication	Medium	low	Amber



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HWE ICP Monitoring & Progress Highlight Report – March 2024

Report compiled by: Tim Anfilogoff

01/03/2024

Strategic Priority 2 - Support our communities and places to be
healthy and sustainable

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ICP Strategic Priority:	Priority 2: Healthy and Sustainable Communities
Key Enablers: Please delete as appropriate	Workforce / Delivery at the right place / Collaborative and Joint Commissioning / Data & Insight / Research & Innovation / Data & Technology

Programme Leads	
Exec Champion / SRO	Charlotte Blizzard-Welch
Strategic Lead(s)	Tim Anfilogoff, Kristy Thakur, Will Herbert
Key contacts	Tim Anfilogoff

Project Context / Aims:
<ul style="list-style-type: none">Carers strand of Health Creation Strategy (HCS) + HCC and ECC led carers' strategies impact Indicator 1A great deal of work being done through the VCFSE Alliance/ICS set out in HCS signed off by ICP, Dec 2022. Due for review when new Alliance Committee is elected (April 2024)Now Wrong Door (NWD) strand is key to 5 x / <i>statements</i> re access to help and opportunities. Draft NWD implementation plan to ICP in June. Links to all indicators but especially 2 and 5Role of VCFSE and Social Prescribing (SP) in addressing loneliness well established (HCNS uses Campaign to End Loneliness tool to measure). Role of HCS in demonstrating VCFSE impact (Prevention Sub-Group)SP is well developed in ICS, but data not consistently collected. Referrals data from ARRS. More detailed output and outcomes data from HCNS and Frontline where used. Need to develop system wide approach. IT solutions under discussion

Key Milestones / Indicator Measures (within the next quarter)	Target Date	Update
<i>Please delete/add more rows as required</i>		
1. Percentage carers with as much social contact as they'd like (18+ yrs.)	PH data	PH
2. Percentage of adults who feel lonely often or always or some of the time	PH data	PH
3. Gap in healthy life expectancy between deprived and least deprived	PH data	PH
4. Number of people participating in regular volunteering	May decision re Volunteering for Health bid. Scope for ICS wide baseline. If no luck need plan b)	<ul style="list-style-type: none">HCF survey 2023: volorgs in Herts vary 1 to 500; median (exc Trustee Board) 23.5 volsHCF survey 2019: 102,987 vols (excl trustees) – giving 356,103 hours per week
5. Increase in the proportion of adults accessing social prescribing	NHSE data not complete (staffing) ARRS data not currently shared	As at Dec 2022: 85 ARRS funded SPLW and c30 in HCNS (highest number of SPLW FTE in region)

Progress to date (June 2023 – Feb 2024)

Achievements/Success:

- First year of Health Creation Strategy (HCS) has created new profile for VCFSE and the wider determinants of health
- Agreement by ICB of draft principles for commissioning VCFSE – now working with LAs on next steps
- Expansion of Social Prescribing (SP), including CYP SP and Health and Wellbeing Coach (HWBC) roles across the footprint
- Partnership between Assura Foundation and Primary Care to develop grass roots work addressing Health Inequalities
- ICB Volunteering Policy – work to share skills with VCFSE
- Health Inequalities Community of Practice sharing good examples
- New partnership ICS wide to make Volunteering for Health Bid

Challenges:

- VCFSE sector under huge pressure with statutory funding uncertain and decisions still not made about 24/25
- Increasing demand, staff burnout in VCFSE and problems recruiting and retaining

Priorities:

- Clarify resourcing of VCFSE and ensuring all partners are working together to improve networking and maximising impact of stretched resources

Partners/organisations involved/contributed to the delivery of this work:

- VCFSE Alliance (200 members)
- Other partners through the HCS Group and task and finish groups

Areas to highlight for further support from the ICP

There are more appropriate leads from strands regarding employment, housing and environment etc.

To make No Wrong Door as effective as possible we need full buy in from ICP including:

- Political and CEO support
- Commitment to work with HertsHelp and Essex Wellbeing Service from all 'front of house' across system
- Full integration of social prescribing and VCFSE resources with primary care and community and acute NHS services
- Infrastructure needs to be looked at – though it will be for other parts of governance to identify funding if this is to be expanded

Risks (add more rows as required)	likelihood	Impact	RAG
Lack of adequate resourcing for VCFSE to deliver these ambitions	High	High	Red
Lack of ownership of the vision	Low	High	Amber
Vision too broad/catch all	High	Medium	Amber



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HWE ICP Monitoring & Progress Highlight Report – March 2024

Report compiled by: Strategic leads - Louise Savory,
Katherine Thompson and Samantha Chepkin

March 2024

Priority 3 – Support our residents to maintain healthy lifestyles

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for a healthier future



Workstream / Area of focus:	ICS Strategic Priority 3 – Support our residents to maintain healthy lifestyles	Report Date:	7/03/2024	RAG	G / A / R
ICP Strategic Priority:	ICS Strategic Priority Three - Support our residents to maintain healthy lifestyles				
Key Enablers: Please delete as appropriate	Workforce / Delivery at the right place / Collaborative and Joint Commissioning / Data & Insight / Research & Innovation / Data & Technology				

Programme Leads	
Exec Champion / SRO	Sarah Perman
Strategic Lead(s)	Louise Savory, Katherine Thompson and Samantha Chepkin
Key contacts	Louise Savory and Samantha Chepkin
Project Context / Aims:	
<p>We want to take an all-age approach to improving healthy behaviours, to provide opportunities for Hertfordshire and West Essex residents to live healthy and fulfilling lives, reducing the risk of illness in later life. Aligning to our Health and Wellbeing strategies we will seek to achieve to the following outcomes;</p> <ol style="list-style-type: none"> Help Hertfordshire and West Essex residents access health and wellbeing information. Provide Hertfordshire and West Essex residents with access to early health and wellbeing support services to support behaviour change (e.g. weight management services, physical activity opportunities, smoking cessation and drug and alcohol services). Work in partnership with our communities and local health and wellbeing services (including primary care, secondary care, healthy hubs) to support them to help our Hertfordshire and West Essex residents be healthy. 	

Key Milestones / Indicator Measures (within the next quarter)	Target Date	Update
<i>Please delete/add more rows as required</i>		
Percentage of adults (aged 18+) classified as overweight or obese	March 31st	No real change.
Prevalence of overweight in year 6	March 31st	Increasing prevalence of Year 6 being overweight across Herts and Essex.
Number of individuals accessing alcohol services for support	March 31st	Increasing number of individuals seeking alcohol support across Herts and Essex.
Proportion of alcohol related admissions and mortality.	March 31st	Trend data not available.
People receiving an NHS Health Check (40-74 years) per year.	March 31st	Improvements in numbers of individuals receiving a Health check across Essex and Hertfordshire.

Progress to date (June 2023 – Feb 2024)

Achievements/Success:

- Sharing healthy behaviour activity across the system has increased awareness and understanding of prevention, the importance of behaviour change and services.
- A forum to update partners on healthy behaviour activity to ensure duplication is avoided and to share learning.
- Diversion of Tier 2 weight management referrals to NDDP and Digital weight management (due to better triaging in Primary Care) has improved usage of these services (with individuals being provided support better suited to their needs).
- T2/T3 weight management procurement between HCC and HWE ICB is under-way.
- Sharing CVD work programme with group has identified opportunities for partnership working e.g. linkages between Public Health and HWE ICB.
- A forum to work through problems to recommend solutions.
- Health check delivery has increased across West Essex and Hertfordshire during 2023/24,

Challenges:

- A lot of prevention work across the HWE ICB is on a county footprint, so identifying joint work is tricky, which often means meetings translate into updates and shared learning.
- Identifying priority work areas is tricky as we find the balance between working on needs / gaps, which resourcing also needs to align to support.
- Narrowing remit of the 'prevention strategic group' to siloed healthy behaviours to achieve a focus has presented its problems – demonstrating we are being short-sighted as behaviours are likely the cause of wider determinants of health / life experiences – this crosses over into the wider determinants of health remit.

Priorities:

- Review & develop weight management services / pathways, including NDDP /DWMP.
- Procure T2/T3 weight management services (Herts specific)
- Increase opportunities for IBA across the HWE patch



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- Invest in an alcohol support system that is linked with ED to link individuals to continuity community care and recovery support.
- Review health checks offer / and opportunities to bring in additional screening e.g. drug use/gambling screening, cognitive decline.
- Review clinical pathways to identify prevention opportunities, signposting to lifestyle services.

Partners/organisations involved/contributed to the delivery of this work:

Project management support

HCC and ECC (Public Health and Adult Care Services), HWEICB (including clinical leads), Active Essex, VCSFE, provider services.

Areas to highlight for further support from the ICP

- PM support
- Escalation of buy in and funding for an alcohol support system within ED and acute trusts.
- How to balance our public health business as usual work and wider determinants of health, which has the potential to duplicate work undertaken within Priority 2 (Support our communities and places to be health and sustainable).

Risks	Likelihood	Impact	RAG
Wide remit and lack of focus	High	Medium	
Limited financial resources will lead deprioritisation of work programmes.	Medium	Medium	



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HWE ICP Monitoring & Progress Highlight Report – March 2024

**Report compiled by: Strategic Leads – Amy Jackson, Cath Fenton,
Helen Maneuf, Magdalena Piwowarczyk, Cathy Mansfield**

March 2024

ICP Strategic Priority 4 – Enable our residents to age well and support
people living with Dementia

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ICP Strategic Priority:	ICP Strategic Priority 4 – Enable our residents to age well and support people living with Dementia
Key Enablers: Please delete as appropriate	Workforce / Delivery at the right place / Collaborative and Joint Commissioning / Data & Insight / Research & Innovation / Data & Technology

Programme Leads	
Exec Champion / SRO	Sharn Elton
Strategic Lead(s)	Amy Jackson, Cath Fenton, Helen Maneuf, Magdalena Piwowarczyk, Cathy Mansfield
Key contacts	

Key Achievements to date:
<p>Key Achievements:</p> <p>Herts Public Health to commission work to assess how Age Friendly Hertfordshire is; work will take place in 2024/25</p> <p>Development of proposals to introduce local Dementia Friendly Accreditation schemes</p> <p>Princess Alexandra Hospital ‘ward led enablement’ pilot reached evaluation phase with report due end of March 2024 – will share learning with Hertfordshire in due course</p> <p>Targeted older people’s health checks and screening for mild cognitive impairment (MCI) were raised at the ICB Prevention Board; the board felt that whilst a broader age range could be provided with information on dementia it would not be possible or appropriate to screen for MCI. There is a plan to increase the number of health checks provided in Herts and to broaden accessibility through use of the Health bus (though we do not yet have details of targeting).</p> <p>Assistive Technology implementation into Business-As-Usual offer as part of the ‘Data Inspired Living’ work within HCC and virtual ward and hospital at home services provided by our 3 community services providers (EPUT, CLCH and HCT)</p>

Progress to date (June 2023 – Feb 2024)

1. Challenges:

- Breadth of priority area and efficiency of gathering assurance on progress given complex governance landscape
- Identifying capacity to progress any genuinely cross cutting / added value areas

2. Partners/organisations involved/contributed to the delivery of this work:

- Numerous partners work in this area across NHS, Local Authorities, District and Borough Councils, VCSFE

3. Funding:

- A complex picture but in summary funding is by business-as-usual local authority, District and Borough Councils and NHS funding sources, including Better Care Fund

4. Engagement/involvement of those who use the service/ the target population/residents:

- We are committed to co-production where possible and there are numerous examples of this across the breadth of the work captured in this priority; For example:

[A Carers Strategy for Hertfordshire 2022 - 2025 V4](#)



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Areas to highlight for further support from the ICP

Consider what emphasis the ICP wishes to place on mild cognitive impairment - is there a case for greater focus here as a way of preventing / delaying the development of greater need?

Health checks – developing demographic information on reach of health checks across target groups including older people, those with a learning disability and autism and those with other protected characteristics, people who are more socio-economically deprived; also, information to understand the impact of increased uptake (in terms of services received, changes in health status etc).

Carers – whilst this is a feature of the ageing well priority, we recognise that carers are all age including young carers. Whilst there is work going on with young carers, it’s not clear where this fits within the strategy/work plan. Does the ICS need to reflect this more?

Continue to support introduction of technological solutions such as Assistive Technology as BAU across all community providers.

Increase the visibility of how AT supports the management of people at home.

Some capacity to progress joint projects and resolution of data sharing issues

Risks (add more rows as required)	likelihood	Impact	RAG
N/A			

HWE ICP Monitoring & Progress Highlight Reports – March 2024

Project highlight reports for strategic priority 6 – Improve our residents’ mental health and outcomes for those with learning disabilities and autism

3 highlight reports)

- ICP Area of Focus/Priority 6 – ICP Area of Focus/Priority 6 – Supported employment for people severe mental illness (SMI), learning disabilities, (LD) and neurodiversity (ND)
- ICS Suicide Prevention as part of priority
- Mental Health Accommodation





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HWE ICP Monitoring & Progress Highlight Report – March 2024

Report compiled by: Ed Knowles

19/02/2024

ICP Area of Focus/Priority 6 – Supported employment for people severe mental illness (SMI), learning disabilities, (LD) and neurodiversity (ND)

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Workstream / Area of focus:		Inclusive and supported employment for people with LD and SMI		Report Date:	29/02/2024	RAG	G / A / R				
ICP Strategic Priority:		2.2: Support people with disabilities or health conditions to get back to work or remain in work through inclusive employment practices, 6.7: Work with local employers and partners to ensure they develop suitable opportunities and roles for people with LD and SMI to access and maintain employment and to develop new skills and help employers feel able and confident to be making the reasonable adjustment required to help them to prosper in work.									
Key Enablers: Please delete as appropriate		Workforce / Delivery at the right place									
Programme Leads											
Exec Champion / SRO								Sarah Perman / Jo Humphries / Temi Fawehinmi / Ed Knowles			
Strategic Lead(s)											
Key contacts								Jasmine Smith-Taylor / Monika Wodecka / Ben Hodgson			
Project Context / Aims:											
<div>Agenda Back Page 41</div> <ul style="list-style-type: none">The ambition of this programme is to develop an inclusive employment environment where people with severe mental illness (SMI), learning disabilities, (LD) and neurodiversity (ND) can find paid employment that:<ul style="list-style-type: none">Supports their own individual strengths, skills and ambitionsSupports career development and progressionSupports organisation development, reducing and removing barriers to employmentSupports teams, managers, support services, partners and colleagues by developing awareness of SMI, LD and ND in the workplaceSupports Connected Lives principlesSupports changing perceptions and breaking down stigma around SMI, LD and NDThe project objective is to develop a proposal for a Supported Employment Pledge and supporting principles for HPFT and HCC to sign up and commit toOnce impact has been demonstrated within HPFT and HCC, the aim is to roll the pledge and framework out to wider ICP organisations		Key Milestones / Indicator Measures (within the next quarter)		Target Date	Update						
		Please delete/add more rows as required									
		Understanding the picture within HPFT/HCC		November 2023 - February 2024	Work has been undertaken to scope out HPFT and HCC's inclusive practices and data						
		Completing a GAP analysis to determine areas of focus		Feb – March 2024	Identifying gaps and areas of focus based on the scoping and data gathering exercise						
		Co-production exercise		Jan - March 2024	Engagement with staff networks has started, with the aim of gathering a focus group to understand the experiences of employees who have SMI/LD/ND						
Draft proposals		Feb – March 2024	Developing a draft proposal based on the information gathered for a proposed pledge framework and set of principles								

slide

Progress to date – March 2024

Achievements:

- Task & Finish group established and key stakeholders across HPFT and HCC identified
- Data collection and scoping completed to understand the current picture
- Focus group identified for HPFT made up of existing employees, to understand their experiences and insights
- Outline of key areas to include in the pledge and framework agreed

Challenges:

- Engaging all stakeholders around their existing work within their full-time roles
- Ensuring that efforts aren't duplicating work that is already happening within HPFT/HCC and the wider system
- Effective co-production i.e., getting a range of perspectives/experiences from people who have SMI/LD/ND across both organisations

Partners/organisations involved/contributed to the delivery of this work:

- HPFT
- HCC

Areas to highlight for further support from the ICP

- Support with rolling the pledge out to wider ICP organisations when appropriate

Risks (add more rows as required)	Likelihood	Impact	RAG
There is a risk that capacity for HR officers and managers to engage in the redesign process will be limited due to pressure of work	Low	Medium	
There is a risk that poor co-production techniques will result in services that do not address the concerns of individuals within the workplace	Medium	Medium	
There is a risk that poor data management across multiple partners may result in under-reporting, unrealised benefits, poor cost and staff planning or system failure	Medium	Medium	
There is a risk of poor data collection resulting in unreliable information and a failure to capture an accurate picture within HPFT/HCC and wider organisations	Low	Medium	
There is a risk that there will be resistance from HPFT and HCC to sharing any significant findings more widely, should it be seen to show the organisations in a negative light	Low	Medium	



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HWE ICP Monitoring & Progress Highlight Report – March 2024

Report compiled by:

Hinda Mohamed, ICS Suicide Prevention Programme Lead / Clair Clements,
Project Manager

29/02/2024

ICS Suicide Prevention as part of priority 6 – Improve our residents' mental
health and outcomes for those with learning disabilities and autism

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Workstream / Area of focus:	Reduce suicide through a focus on system support of suicide prevention and having addressed the seven national priorities as set out in Suicide Prevention: policy and practice	Report Date:	29/02/2024	RAG	R
ICP Strategic Priority:	Priority 6. Improve our residents' mental health and outcomes for those with learning disabilities and autism				
Key Enablers: Please delete as appropriate	Workforce / Delivery at the right place / Collaborative and Joint Commissioning / Data & Insight / Research & Innovation / Data & Technology				

Programme Leads	
Executive Champion / SRO	Chris Badger, Executive Director, HCC ACS Karen Taylor, Chief Executive, HPFT
Strategic Lead(s)	Ed Knowles, Development Director, MLDA HCP James Sawtell, Ass Director of SC, EPUT Emily Oliver, Head of MH Commissioning, ECC
Key contacts	

Project Context / Aims:
<p>In 2018 NHSE commenced a 3-year suicide prevention programme worth £25 million with an aim to reach the whole country by 2021. HWE were part of Wave 4 of the NHSE initiative to reduce suicides across the country and first received funding from 2021.</p> <p>HWE ICS currently receive 2 funding streams 1) Suicide Prevention - £303,000 per annum ending 31 March 2024 & 2) Postvention - £64,000 per annum.</p> <p>Funding has been used for suicide prevention work in line with national guidance focusing on:</p> <ul style="list-style-type: none">- Place-based community prevention work focussing on local risk groups (middle aged men, people who self-harm, children and young people with learning disability or autism, people affected by domestic violence) and Primary care support (cross-agency working including with LA public health teams, VCSE and education partners schools, colleges and universities)- Suicide reduction within services: mental health services; self-harm incl. within acute hospitals- Real time suicide surveillance: capturing timely and accurate data across systems (including self-harm data)- Responding to impact of covid-19 increased pressure on individuals and services and the impact on health inequalities.

Key Milestones / Indicator Measures (within the next quarter)	Target Date	Update
<i>Please delete/add more rows as required</i>		
N/A for Suicide Prevention programme - will cease 31 March 2024		
Postvention: HWE Suicide Bereavement Service contract extension Postvention training for Primary Care and frontline professionals contract extension		

Progress to date (June 2023 – Feb 2024)

Achievements/Success:

Community Fund Projects - 20 projects currently funded by the programme across HWE being delivered by local voluntary/third sector organisations supporting individuals in high-risk groups and those not accessing mental health services

RTSS - System links to the suicide bereavement service and provides data in relation to clusters, high risk locations and local communities to drive targeted support in identified locations, groups, districts, boroughs and cohorts. Programme handover to HCC Public Health

HWE Suicide Bereavement Service - It provides support to everyone directly affected by suicide, 65% of whom are at risk of taking their own lives.

Primary Care suicide prevention and postvention training - has increased staff awareness of suicidal ideation in service users

Targeted groups work - reduces uptake of mental health services and individuals going into crisis

Challenges: To date funding to continue this programme hasn't materialise. Options paper was produced and presented to different boards within the system and final decision is yet to be made with the future of this workstream.

Priorities: Finalise the cease of the programme and produce End of Programme Report.

Partners/organisations involved/contributed to the delivery of this work:

- Community Fund - VCSFE groups
- RTSS – Police, HPFT, CLG, HCC
- HWE Suicide Bereavement Service – CHUMS
- Training – Mind, Harmless, HPFT
- Targeted Groups – HCC & ECC, EPUT, service users

Areas to highlight for further support from the ICP

No centralised suicide prevention delivery across HWE ICS post 31 March 2024.

Risks (add more rows as required)	likelihood	Impact	RAG
Reduced suicide prevention collaboration, integration and partnership working across the HWE geography	Almost certain	Very high	Red



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HWE ICP Monitoring & Progress Highlight Report – March 2024

Report compiled by: Strategic Leads

06/03/2024

Mental Health Accommodation – Priority 6 Improve our residents' mental health and outcomes for those with learning disabilities and autism

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ICP Strategic Priority:	
Key Enablers: Please delete as appropriate	Workforce / Delivery at the right place / Collaborative and Joint Commissioning / Data & Insight / Research & Innovation / Data & Technology

Programme Leads	
Exec Champion / SRO	Beverley Flowers
Strategic Lead(s)	
Key contacts	

Project Context / Aims:
<p>For every individual to be able to live as independently as possible and to enjoy a good and meaningful life. Within Mental Health Services the focus is on recovery, resilient communities and networks, and services fostering good mental health for all.</p> <p>Health and Essex County Council (ECC) plans for its new model of Mental Health Supported Accommodation, to develop an integrated health and social care response to meet the needs of individual who require supported accommodation.</p> <p>Intensive Assessment Beds (IAB) discharge to assess service in the community</p> <p>Tier 1 – Complex Needs, a recovery based model within psychologically informed environment</p> <p>Tier 2 – High, care and support for individuals with complex needs and SMI</p> <p>Tier 3 – Medium/Low, individuals on the recovery pathway and may be ready to move on</p>

Key Milestones / Indicator Measures (within the next quarter)	Target Date	Update
<i>Please delete/add more rows as required</i>		
Tender and procurement of new services for high, med & low services	Completed	
New complex service in place	March 2024	
IAB service to go live	April 2024	

Progress to date (June 2023 – Feb 2024)

Achievements/Success:

Full review of patients' health and social care needs followed by mobilisation of the new services for High/Med/Low risk people, moving them back to the community and out of inpatient beds.

Bed voids are now easier to identify and manage

Challenges:

Identification of suitable properties at a locality level for Complex. Service provider given until end of March 2024

Priorities:

Alternative accommodation (Complex) being used to support as interim solution,. Conversations with ELS underway to understand what ECC's options are should provider not be able to achieve this by end of March.

Partners/organisations involved/contributed to the delivery of this work:

Essex County Council, MSE ICB, SNEE ICB, EPUT

Areas to highlight for further support from the ICP

Risks (add more rows as required)	likelihood	Impact	RAG
Complex West site closing, and no alternative property identified to date	4	3	12

HWE
ICP

Hertfordshire and
West Essex Integrated
Care Partnership

HERTFORDSHIRE AND WEST ESSEX INTEGRATED CARE PARTNERSHIP MEETING

WEDNESDAY 20 MARCH 2024 AT 1:30PM

UPDATE FROM HERTFORDSHIRE & WEST ESSEX INTEGRATED CARE BOARD

Author:- Michael Watson, Chief of Staff, Hertfordshire and West Essex
Integrated Care Board. Tel: 01707 685000

ICP Member:- Jane Halpin, Chief Executive Officer, Hertfordshire and West Essex
Integrated Care Board

1. Purpose of report

- 1.1. To update the Hertfordshire and West Essex Integrated Care Partnership (HWE ICP) on the recent activity of the Integrated Care Board.

2. Summary

- 2.1 The partnership will receive a verbal update on recent activities of Hertfordshire and West Essex Integrated Care Board

3. Recommendations

- 3.1 ICP members are invited to note the content of this report.

4 Financial Implications

- 4.1 There are no financial implications at present.

Report signed off by	Michael Watson Chief of Staff Hertfordshire and West Essex Integrated Care Board
Sponsoring HWE ICP Member/s	Jane Halpin, Chief Executive Officer, Hertfordshire and West Essex Integrated Care Board
HWE ICP Strategy priorities supported by this report	<input checked="" type="checkbox"/> Give every child the best start in life. <input checked="" type="checkbox"/> Support our communities and places to be healthy and sustainable. <input checked="" type="checkbox"/> Support our residents to maintain healthy lifestyles. <input checked="" type="checkbox"/> Enable our residents to age well and support people living with dementia. <input checked="" type="checkbox"/> Improve support for people living with life-long conditions, long-term health conditions, physical disabilities, and their families. <input checked="" type="checkbox"/> Improve our residents' mental health and outcomes for those with learning disabilities and autism.
HWE ICP Strategy priorities key enablers	<input checked="" type="checkbox"/> Workforce <input checked="" type="checkbox"/> Delivery at the right place <input checked="" type="checkbox"/> Collaborative and joint commissioning <input checked="" type="checkbox"/> Data and insight <input checked="" type="checkbox"/> Research and innovation <input checked="" type="checkbox"/> Data and technology
Needs assessment (activity taken)	
None directly arising from this report	
Consultation/public involvement (activity taken or planned)	
None directly arising from this report	
Equality and diversity implications	
None directly arising from this report	
Acronyms or terms used. e.g.:	
Initials	In full
HWE ICP	Hertfordshire and West Essex Integrated Care Partnership