



Essex County Council

Essex Health and Wellbeing Board

09:30	Wednesday, 20 March 2024	Committee Room 1 County Hall, Chelmsford, CM1 1QH
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For information about the meeting please contact: Essex Health and Wellbeing Board Secretariat

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		Pages
1	Membership, Apologies, Substitutions and Declarations of Interest	5 - 7
2	Minutes of the Essex Health and Wellbeing Board held on 20 January 2024 and actions arising	8 - 22
3	Questions from the Public A period of up to 15 minutes will be allowed for the Chairman to respond to any questions from members of the public which are relevant to the business of the Board of which advanced notice has been given. Questions must be notified to the Board Secretariat at democratic.services@essex.gov.uk by no later than 10:30am on the third working day before the day of the meeting. Further information is available on the Council's website .	
4	HDRC Essex HWB Update (HWB/08/24) For information only	23 - 24
5	Half Yearly Update on the Better Care Fund (HWB/09/24) 09:50 - 09:55	25 - 37

Will Herbert, Head of Integration Partnerships - ECC

This report seeks endorsement from the Board of Quarter 3 report on the Better Care Fund.

6 One Version of the Truth (HWB/10/24) 38 - 39

09:55 - 10:05

Peter Fairley, Director for Strategy, Policy and Integration - ECC and Tracey Dowling, ICS lead and ICB CEO, NHS Mid and South Essex

This report seeks the endorsement of the Board for an Essex-level dashboard on key performances indicators, to be captured consistently across the three ICBs. Please note that the draft dashboard is to follow.

7 Update on Joint Forward Plans: 3 ICBs strategies 40 - 58
(HWB/11/24)

10:05 - 10:30

Stephen Madden, Associate Director for Strategy and Transformation, Hertfordshire and West Essex ICB.

Emily Hough, Executive Director, Strategy & Corporate Services, Mid and South Essex ICB and Alexander Royan, Deputy Director for Strategic Analytics, Suffolk and North East Essex ICB

This report is to provide an update to the Board on the progress of each of the three Essex facing ICB Joint Forward Plan's (JFP) in refreshing their plans.

8 Joint Health and Wellbeing Strategy (HWB/12/24)
10:30 - 10:40

Ian Davidson, Chief Executive - Tendring District Council

To update on the JHWS. Papers to follow.

9 Introduction to Children's Health and Wellbeing
Workshop (HWB/13/24)

10:40 - 10:45

Chris Martin, Director: Strategic Commissioning and Policy (C&F) - ECC

To receive an introduction to the workshop, with a focus on collective pressures around SEND

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| 10 | Forward Plan
For noting and suggestions. | 59 - 61 |
| 11 | Date of Next Meeting
To note that the next meeting will be held on Wednesday 15th May 2024, in Committee Room 1, County Hall. | |
| 12 | Urgent Business
To consider any matter which in the opinion of the Chairman should be considered in public by reason of special circumstances (to be specified) as a matter of urgency. | |

Exempt Items

(During consideration of these items the meeting is not likely to be open to the press and public)

The following items of business have not been published on the grounds that they involve the likely disclosure of exempt information falling within Part I of Schedule 12A of the Local Government Act 1972. Members are asked to consider whether or not the press and public should be excluded during the consideration of these items. If so it will be necessary for the meeting to pass a formal resolution:

That the press and public are excluded from the meeting during the consideration of the remaining items of business on the grounds that they involve the likely disclosure of exempt information falling within Schedule 12A to the Local Government Act 1972, the specific paragraph(s) of Schedule 12A engaged being set out in the report or appendix relating to that item of business.

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| 13 | Urgent Exempt Business
To consider in private any other matter which in the opinion of the Chairman should be considered by reason of special circumstances (to be specified) as a matter of urgency. |
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Committee: Essex Health and Wellbeing Board (EHWB)

Enquiries to: Essex Health and Wellbeing Board Secretariat [E ssex.partners@essex.gov.uk](mailto:ssex.partners@essex.gov.uk)

Membership, Apologies, Substitutions and Declarations of Interest

Recommendations:

To note:

1. Membership as set out below.
2. Apologies and substitutions
3. Declarations of interest to be made by Members in accordance with the Members' Code of Conduct

Membership

Quorum:

One quarter of the membership and will include:

- At least one Essex County Council Elected Member
- At least one ICB (Integrated Care Board) Representative
- Essex County Council either Director of Adult Social Care, Director of Children's Services or Director for Public Health.

Board Members	
Cllr John Spence (Chairman)	Essex County Council
Cllr Beverley Egan	Essex County Council
Gavin Jones	Chief Executive, Essex County Council
Nick Presmeg	Executive Director of Adult Social Care, ECC
Helen Lincoln	Executive Director of Children's Services, ECC
Lucy Wightman	Director, Wellbeing, Public Health, and Communities, ECC
Paul Burstow	ICS chair / ICB chair, NHS Hertfordshire and West Essex
Dr Jane Halpin	ICS lead and ICB CEO, NHS Hertfordshire and West Essex
Michael Thorne	ICS chair / ICB chair, NHS Mid and South Essex,
Tracy Dowling	ICS lead and ICB CEO, NHS Mid and South Essex
William Pope	ICS chair, NHS Suffolk and North East Essex
Ed Garratt	ICS lead and ICB CEO, NHS Suffolk and North East Essex

Cllr Peter Davey	Essex Association of Local Councils
Sam Glover	Chief Executive Officer, Healthwatch Essex
Ian Davidson	Chair of Essex Partnership Strategic Coordination Group
Dr Freda Bhatti	GP representative for North East Essex
Dr Ian Perry	GP representative for Hertfordshire and West Essex
Dr Anna Davey	GP representative for Mid Essex
Daniel Doherty	Mid Essex Alliance - Officer
Cllr Graham Butland	Mid Essex Alliance - Political Representative (Leader of Braintree District Council)
Ruth Hallett	South East Essex Alliance - Officer
Vacancy	South East Essex Alliance - Political Representative
Laura Taylor Green	North East Essex Alliance - Officer
Cllr Gina Placey	North East Essex Alliance – Political Representative
Toni Coles	West Essex Alliance (Health and Care Partnership) - Officer
Vacancy	West Essex Alliance (Health and Care Partnership) – Political Representative
Pam Green	South West (Basildon and Brentwood) Alliance - Officer
Vacancy	South West (Basildon and Brentwood) Alliance – Political Representative
Alison Wilson	Mind in West Essex (Voluntary Sector)
Lorraine Jarvis	Chelmsford CVS (Community and Voluntary Sector) (Voluntary Sector)
Lance McCarthy	Acute Hospital Representative
Paul Scott	Mental Health representative
Jacqui Van-Rossum	Community Provider Representative

Non-voting Members	
Roger Hirst	Essex Police, Fire and Crime Commissioner
B J Harrington	Essex Police Chief Constable
Deborah Stuart-Angus	Independent Chair of the Essex Safeguarding Adults Board
David Archibald	Independent Chair/Facilitator of the Essex Safeguarding Children Board
Cllr Kay Mitchell	Chair of the Southend HWB
Cllr James Halden	Chair of the Thurrock HWB

Lisa Farrell	HCRG group
Sanjiv Ahluwalia	Head of School of Medicine, Anglia Ruskin University
Nicola Mallett	Data Analytics practitioner

The Minutes of the meeting of the Essex Health and Wellbeing Board, held in Committee Room 1, County Hall, Chelmsford on 24th January 2024.

A YouTube recording of the meeting is to be found [online](#).

The following members were present:

Cllr John Spence	Chairman
Ian Davidson	Vice-Chair and Chair of Essex Partnership Strategic Coordination Group
Peter Davey	Essex Association of Local Councils
Dan Doherty	Mid Essex Alliance
Susannah Howard	ICP Director, NHS Suffolk and North East Essex
Councillor Beverly Egan	Essex County Council
Peter Fairley (substituting for Nick Presmeg)	Director for Integration and Partnerships, ECC
Sam Glover	Chief Executive, Healthwatch
Chris Martin (substituting for Helen Lincoln)	Director of Strategic Commissioning and Policy and Children and Families, ECC
Paul Burstow	ICS chair / ICB chair, NHS Hertfordshire and West Essex
Michael Thorne	ICS chair / ICB chair, NHS Mid and South Essex,
Tracy Dowling	ICS lead and ICB CEO, NHS Mid and South Essex
William Pope	ICS chair, NHS Suffolk and North East Essex
Laura Taylor-Green	North East Essex Alliance - Officer
Cllr Gina Placey	North East Essex Alliance – Political Representative
Jane Gardner (substituting for Roger Hirst)	Deputy Police, Fire and Crime Commissioner
Dr Jane Halpin	ICS lead and ICB CEO, NHS Hertfordshire and West Essex
Ian Tompkins (substituting for Toni Coles)	Hertfordshire and West Essex ICB
Elizabeth Wells (substituting for Paul Scott)	EPUT
Stuart Hooper substituting for BJ Harrington)	Chief Superintendent, Essex Police
Caroline McCarron	Deputy Alliance Director for South East Essex Alliance
Anastasia Simpson	Assistant Director of Partnerships, Tendring District Council
Amanda Cherry	Chair of Healthwatch Essex
Jessica Gallagher	Senior Engagement Manager, ESNEFT
Rachel Jennings	Community lead, SNEE ICB
Andy Vales	Cambridge Health
Lynn Stimson	Associate Director of Integration and Operations - North East Essex Alliance

ECC Officers:

Will Hooper	Senior Strategy Advisor, ECC
Moirra McGrath	Director: Commissioning (ASC)
Clare Burrell	Head of Strategic Commissioning

Rod Cullen	ECC Housing Growth
Rebecca Gipp	Head of Levelling Up Co-ordination, ECC
Will Herbert	Head of Integration Partnerships, ECC
Kate Crofts	Senior Equality and Partnerships Adviser, ECC
Freddey Ayres	Democratic Services Officer
Jasmine Langley	Democratic Services Officer

Apologies were received from the following members:

Toni Coles	Hertfordshire and West Essex ICB
Dr Anna Davey	Primary Care Partner Member on MSE (Mid and South Essex) ICB
BJ Harrington	Essex Police Chief Constable
Roger Hirst	Essex Police, Fire and Crime Commissioner
Gavin Jones	Chief Executive, Essex County Council
Helen Lincoln	Executive Director of Children's Services, ECC
Nick Presmeg	Executive Director of Adult Social Care, ECC
Ed Garratt	ICS lead and ICB CEO, NHS Suffolk and North East Essex
Cllr Graham Butland	Mid Essex Alliance - Political Representative (Leader of Braintree District Council)
Ruth Hallett	South East Essex Alliance - Officer
Simon Williams	South West (Basildon and Brentwood) Alliance - Officer
Alison Wilson	Mind in West Essex (Voluntary Sector)
Lorraine Jarvis	Chelmsford CVS (Community and Voluntary Sector) (Voluntary Sector)
Lance McCarthy	Acute Hospital Representative
Paul Scott	Chief Executive, EPUT
Jacqui Van-Rossum	Community Provider Representative
Richard Comerford	HCRG group (Childrens Mental Health)
Sanjiv Ahluwalia	Head of School of Medicine, Anglia Ruskin University
Nicola Mallett	Data Analytics practitioner
Pam Green	Basildon and Brentwood Alliance

The following Board members attended online:

Lucy Wightman	Director, Wellbeing, Public Health, and Communities, ECC
Deborah Stuart-Angus	Independent Chair of the Essex Safeguarding Adults Board

1. Membership, Apologies, Substitutions and Declarations of Interest

The report of Membership, Apologies and Declarations was received, and it was noted that:

- The Membership of Board remained unchanged from the last meeting.
- Apologies had been received as noted above.
- No declarations of interests were made.

2. Minutes of the meeting held November 2023

The minutes were to be updated to reflect that Tracy Dowling attended at the last Board meeting.

It was **RESOLVED** that, subject to the above amendment, the Board agreed that the minutes were a correct record of the meeting.

3. Matters Arising

The Board noted the updated progress report on the outstanding actions.

Lucy Wightman updated the Board regarding some positive improvements which had been recorded in suicide rates, with key points being highlighted below:

- In 2020/22 female suicide rates in Essex were 3.8 per 100,000, which was a reduction from the previous year, which was 4.7. The figures were under the national rate of 5.2.
- In 2020/22 male suicide rates were 14.1 per 100,000, which was a reduction from the previous year, which was 17.1. These figures were above the nation rate of 16 per 100,000.
- The Board would be receiving a report on suicide which would explore these figures in more detail at the meeting in March.

Lucy thanked the Board for their involvement in the Healthy Weight workshop held after the last Board meeting in November, and advised that a high level healthy weight strategy was being created. Lucy advised that several workshops would be taking place during February to discuss the visions and priorities for the strategy, and Board members were encouraged to attend. Lucy advised that information regarding the workshops and other ways of engaging with the strategy would be sent to Board members directly.

Lucy gave a brief update on the measles outbreak, stating that Essex had not experienced extremely high rates of the measles infection like some other areas. However, as a serious infectious disease, rates could change rapidly. It was confirmed that communications had been sent to schools and early years settings regarding the outbreak and vaccinations. Vaccination coverage in Essex was said to be above 90% in all Alliance areas, which was higher than the national rate of 89.2%, but still lower than the ideal of 95% coverage. Page 10 of 61

4. Questions from the public

There were no public questions.

5. Southend, Essex and Thurrock Mental Health Strategy 2023-28 (HWB/02/24) – Moira McGrath, Director: Commissioning (ASC) and Chris Martin, Director: Strategic Commissioning & Policy (C&F)

Moira McGrath gave a verbal update on progress in implementing the Southend, Essex and Thurrock Mental Health Strategy 2023-2028, which the Board endorsed in July 2023. Andy Vales was also in attendance at the meeting, who had been commissioned by Health and Local Authority partners to support the implementation of the Strategy. Key points are highlighted below:

- The Strategy detailed the 'all age' vision and principles and the outcomes to be achieved over the next five years, guided by a set of 'I-Statements'. The Strategy, which included priorities for both adults and children and young people, was structured around three main areas:
 - Prevention and early intervention
 - Acute and crisis services
 - Supporting recovery
- Work had been ongoing to design an implementation plan and to ensure that it complimented existing work happening in local systems to enable synergy and coordination across systems.
- A strategy implementation group had been established and met bi-monthly, with workshop sessions taking place alongside.
- Mandates were created for each workstream, and colleagues were asked to lead on these across the county with the support of others. There had been good engagement from all organisations, including the Police regarding work on the Right Care, Right Person initiative.
- The strategy had made significant progress over the last few years, evolving the developing community model for adults, including alternatives to crisis admission to A&E.

Childrens Mental Health

Chris Martin spoke on children's mental health, with key points being highlighted below:

- Dr Bird recently presented at the Children and Young People's partnership Board on children's wellbeing, particularly focussing on how children can have improved wellbeing from having greater opportunities to play, spending time outdoors and enjoying and achieving things from a range of activities.
- Dr Bird also spoke about young children whose wellbeing may have been impacted due to covid lockdowns, as they missed out on outdoor recreational experiences. He did, however, state that there were reparations for those young people if they could experience more outdoor recreational activities.
- Chris stated that whilst some of the principles, actions and workstreams within the strategy were adult-focussed, there were some elements that could be

applicable to Children too.

- CAMHS arrangements for children across Essex had been well-established, and a collaborative commissioning forum had been in place for many years, but it had embarked on a new 10-year contract with NALFT which commenced in April 2022. There had been no change to the established arrangements for children and young people, but the strategy and strategy implementation group (SIG) would be integrated to ensure a greater focus on children was maintained.
- One area the SIG had been focussing on was equality, diversity and inclusion. Work was ongoing with Public Health colleagues to gather data and identify one or two key equality objectives to underpin the strategy, given the known significant inequalities in mental health.

Cllr Beverley Egan raised concerns regarding the 'Right Care, Right Person' initiative and confirmed that she would be sharing examples directly with the Police. Cllr Egan also stated that Children's Services had developed an anti-racist practice and the SIG should consider using this to improve practice and remove barriers.

The Board discussed Recovery Colleges and how integrated the approach is within the system.

Action: Stuart (EP) and Jane (PFCC) to follow up with Cllr Egan (ECC) around concerns on Right Care Right Person.

Action: The Strategy Implementation Group, via Moira McGrath, is to provide the Board with a briefing note regarding details of the recovery college offering in Essex. This is also to include whether partners are sufficiently joined up and whether there is sufficient geographic coverage.

Action: Sam Glover to review data from the "Great Bentley Schools" model and see if this can be turned into an empirical evidence base for partners.

Action: Cllr Spence to feedback concerns raised about cuts to children's holiday activity and food clubs funding and impacts on mental health outcomes for CYP.

It was **resolved** that:

- The Board noted the update and endorsed the strategy implementation approach.
- The Board recognised opportunities for parity of the scheme, so it had a more prominent role in the overall system.
- The Board recognised the importance of children and young people and the avoidance and prevention agenda, and specifically asked for any evidence emerging from Great Bentley school on impact.
- The Board recognised the concern regarding Children's Services issues which would be taken up with the Police directly.

6. **Domestic Abuse Whole System Design (HWB/03/24) – Clare Burrell, Head of Strategic Commissioning and Jane Gardner, Chair of the Southend, Essex and Thurrock (SET) Domestic Abuse Board**

Jane Gardner and Clare Burrell gave an overview of the outcome of the systemwide programme of work to redesign the domestic abuse offer of support across Essex, Southend, and Thurrock, with key points being highlighted below:

- 18 months ago, Commissioners across SET undertook a Domestic Abuse Discovery programme of work, which included research, data analysis, focus groups with people with lived experience and numerous collaboration workshops with stakeholders. This helped facilitate a deeper understanding of the experiences of people who had been affected by domestic abuse and identified opportunities to work together and codesign a systemwide offer.
- As a result of the Discovery programme of work, an emerging SET Domestic Abuse Operational Model had been designed to support anyone experiencing or affected by domestic abuse, namely victims, survivors (including children and young people) and perpetrators.
- A pan-Essex Domestic Abuse Commissioning Collaborative was overseeing the design, procurement, and delivery of the Operational Model. This would involve both the pooling and alignment of funding across Essex, Southend and Thurrock Councils and the Police and Crime Commissioner to jointly commission an all-age integrated service from 2025 onwards.
- The SET Central Point of Contact would be available to anyone with concerns of domestic abuse, including professionals, victims, survivors, and perpetrators. It would offer triage, information, advice, guidance and where needed onwards referral for support.
- The success of the project would be in the outcomes and success of people recovering from domestic abuse and seeing good outcomes for children and young people's emotional and psychological wellbeing.
- There were 4000 less victims of domestic abuse reported to the police in the past year.
- School stay at home, we have number of targets aiming to reach self-referrals have proven to increase over few years since recent model as enabled that to be more effective, increasing numbers of victims coming forward earlier. Numbers reached good indication people able to identify be a victim and focus on recovery staying in own home and being safe.
- The Board discussed the work Police were doing with long-term offenders of domestic abuse called Operation Puffin. The operation aimed to understand who was likely to become a perpetrator and the data was used to influence how the Police worked with perpetrators.

Action: Board members were invited to request, through Clare Burrell, representation at their meetings to discuss the Domestic Abuse Whole System Design. Given the discussion during the item regarding geographic focus, the Alliances were particularly encouraged to consider the opportunity.

It was **resolved** that the Board discussed and acknowledged the proposed emerging domestic abuse model and noted the challenges in addressing the range of things that cause domestic abuse, as well as the outcomes benefits.

7. Temporary Accommodation Update and London Bilateral Agreement (HWB/04/24) – Ian Davidson, Chief Executive –Tendring District Council and Rod Cullen, Housing Growth Lead (Homelessness & Rough Sleeping) ECC

Ian Davidson and Rod Cullen gave an update on the recent successful conclusion of discussions with London on the development of a Bilateral Agreement, aimed at reducing both the number and vulnerability of homeless households placed into Essex and where moves did happen, that these moves worked better for both the households and the wider Essex communities. Key points are highlighted below:

- Members and Officers from Basildon, ECC, Epping Forest, Harlow and Tendring councils represented Essex in discussions with London on the development of a Bilateral Agreement.
- Whilst it was not a legal requirement for London Boroughs to notify Essex when they moved people into Essex, for Councils to best support them as well as serving Essex residents, an early warning was vital.
- Essex developed “5 Areas of Ask” of London and formally put them to London Members. These Areas of ask focused on “reducing both the number and vulnerability of the homeless families London placed into Essex and that any moves that did happen should work better both for these households and the wider Essex communities.
- 2074 Essex homeless households were in temporary accommodation in June 2023, which was 14.5% higher than 2022.
- Essex children in Temporary Accommodation increased in each of the last 9 quarters and in June 2023 was 2,922 children, a rise of 15.5% higher than a year previous.
- The total number of Essex homeless households placed into Temporary Accommodation ‘Out of Area’ increased by 9.6% in 2023/24 to 251, which was 40.6% higher than a year previous.
- The average annual net cost of Temporary Accommodation per household for 2022/23 was approximately £9,000.
- 58% of homeless families said their health or their family’s health had suffered because of living in Temporary Accommodation.
- 45% of the families reported visiting their doctor or hospital more frequently since becoming homeless.
- 90% of the parents said their children had suffered as a result of living in Temporary Accommodation. More than a tenth reported that their children found it difficult to make friends and more than a fifth (21 percent) reported that their children were often unhappy and depressed.
- Homelessness significant impacts on children and young people’s mental health, emotional wellbeing & educational attainment.
- Rough Sleepers were more likely to die young, with an average age of death of 47 years old and even lower for women at 43, compared to 77 for the general population, 74 for men and 80 for women.
- There were two areas that were yet to be agreed which were: HHSRS Qualified inspections and Resettlement Levy. It was believed that an agreement would be made on both areas during wider governance discussions, but there was agreement that the agreement should be signed off with no further delays.

Action: It was agreed that a further item on Temporary Accommodation and London Bilateral Agreement would be added to the forward plan to return to the Board with an impact update in January / February 2025.

It was **resolved** that the Board noted the London/Essex Bilateral Agreement and its governance as a tool to reducing both the number of homeless households that London places into Essex and in reducing the wider impact that any move could cause on the household.

8. The Importance of Valuing Lived Experience (HWB/05/24) - Sam Glover, CEO, Healthwatch Essex

Sam Glover gave a presentation on the value of the Lived Experience and the importance of seeking out and listening to User Voice, with key points being highlighted below:

- In November 2023, Healthwatch wrote an open letter to their community and stakeholders, stressing the importance of seeking and listening to User Voice and Lived Experience. The letter was subsequently shared across Essex and Neighbouring areas and provoked a strong and positive approach.
- Healthwatch Suffolk wrote a supporting article to the letter and shared it across their networks and on their website. Subsequently there had been lots of interactions with other organisations who were asking for more support on how to access lived experience and to ensure user voice is reached and embedded in all the work they do.
- Healthwatch England shared the letter with local Healthwatch's to encourage them to start conversations with their key partners about the importance of user voice and how Healthwatch could support them.
- Sam directed Board members to watch a video clip of 'Ben's Story'.
- Sam informed the Board of the different ways and connections they could use to engage with those who have lived experience.
- Sam detailed the ways in which Board members could put adjustments in place for when they engaged with people who have lived experience, and how to ensure they felt valued. Giving feedback to somebody who shared their experience was described as very important to ensure they felt valued.

Action: Board members were asked to watch the 'Ben's Story' video, which was embedded in the report and can also be found here: <https://youtu.be/ZyXoTkBSGOU>

It was **resolved** that the Board noted the letter, presentation and would consider how they, as members of the Board and partner organisations, could widen our Lived Experience.

9. Update on Voluntary and Community Sector (VCS) Infrastructure Commissioning (HWB/06/24) - Charlotte Britton, Head of Strengthening Communities

Cllr Spence informed the Board that procurement for the evaluation had been completed and that the Voluntary and Community Sector (VCS) Infrastructure Commissioning was at a stage in the process whereby no debate could take place. Will Hooper read the following statement:

'The evaluation has been completed for the VCS infrastructure commission from Essex County Council from the 1st April 2024 and we have a preferred bidder, however, we are still within the official procurement standstill period and therefore we are unable to provide an update on the outcome at this time, due to procurement being ongoing.'

Therefore, the ask is that this item is to return at a later date to the Board.'

Action: It was **resolved** that an update on the Voluntary and Community Sector (VCS) Infrastructure Commissioning was to be added to the forward plan to be discussed at a future Board meeting.

10. SNEE Voluntary Community Faith Social Enterprise (VCFSE) Charter (HWB/07/24) - Susannah Howard, Integrated Care Partnership (ICP) Director – SNEE ICS and Rachel Jennings, Community lead, SNEE ICB.

Susannah Howard and Rachel Jennings gave an overview of the work undertaken in Suffolk and North East Essex Integrated Care System (SNEE ICS) to build the resilience of the VCFSE sector, through developing greater understanding and collaborations between the VCFSE and statutory sectors to ensure that the VCFSE sector was an equal system partner. Key points are highlighted below:

- The development of the VCFSE resilience charter ran from February to June 2023 and included an online survey, whole system workshops and 5 task and finish groups with joint senior responsible owners from VCFSE and statutory organisations to consider:
 - Sustainable funding
 - Quality and monitoring
 - Resilience and capacity
 - Trust and culture
 - Co-production
- In addition to developing the principles for the charter, each group agreed a number of recommendations for the ICS to progress, to help embed the work.
- Following recommendations from the charter, members launched work to co-design a good practice guide to grant funding and procurement with ICS partners.
- An assurance process was developed which followed a process of:
 - Self-assessment using a maturity matrix.
 - VCFSE survey of funding experience.
 - Second self-assessment.
 - Peer review.
 - Adoption of the principles and practices checklist.

It was **resolved** that the Board supported collaborative working between the three ICSs in Essex, to share learning and adopt similar approaches and ways of working with the VCFSE sector.

11. Forward Plan

It was **resolved** that Board members noted the forward plan.

12. Any Other Business

Lucy Wightman spoke briefly on the Health Determinants Research Collaboration letter which was circulated to Board members. The letter detailed the outcome of the Health Determinants research bid which led to a £5million research grant for Essex over a 5 year period.

The grant will help Essex to better understand what drives poor health outcomes in the most deprived areas of the county from a wider determinants perspective. Focus is on applying insight into policy change, resource of allocation and levelling up county in respect to access and outcomes.

13. Date of the next meeting

The Board noted that the next meeting would be held on Wednesday 20th March 2024, in Committee Room 1, County Hall.

14. Urgent Business

There was no urgent business.

15. Urgent Exempt Business

There was no urgent exempt business.

There being no further business the meeting concluded at 11:07am.

**Chairman
2024**

ESSEX HEALTH AND WELLBEING BOARD

Action	Action By	Deadline	Update
Minutes of the Essex Health and Wellbeing Board held 22 November 2023 (HWB/01/24a)			
The minutes from the previous meeting are to be updated to reflect Tracey Dowling's attendance.	HWB Secretariat	8 th February	Completed
Southend Essex and Thurrock Mental Health Strategy 2023-28 (HWB/02/24)			
The Strategy Implementation Group, via Moira McGrath, is to provide the Board with a briefing note regarding details of the recovery college offering in Essex. This is also to include whether partners are sufficiently joined up and whether there is sufficient geographic coverage.	Moira McGrath	10 th February	Completed - Please refer to appendices in Agenda Pack for the Mental Health Recovery Colleges Report
Sam Glover to review data from the "Great Bentley Schools" model and see if this can be turned into an empirical evidence base for partners.	Sam Glover	11 th February	Sam Glover has spoken to Great Bentley who have had an independent review completed. They will share this with the Board directly. Please find below the link to the video they have created: https://www.youtube.com/watch?v=BhKb43e76dg&list=PLZKmYTi6Y7THZ--vSJ7wgpKvIM5fii1H2&index=12

Domestic Abuse Whole System Design (HWB/03/24)			
Board members were invited to request, through Clare Burrell, representation at their meetings to discuss the Domestic Abuse Whole System Design. Given the discussion during the item regarding geographic focus, the Alliances were particularly encouraged to consider the opportunity.	All Board members	10 th February	Clare Burrell, ECC, confirmed that they are arranging meetings to further discuss the Domestic Abuse Whole System Design
Temporary Accommodation Update and London Bilateral Agreement (HWB/04/24)			
It was agreed that a further item on Temporary Accommodation and London Bilateral Agreement would be added to the forward plan to return to the Board with an impact update in January / February 2025.	HWB Secretariat	9 th February	Completed
The Importance of Valuing Lived Experience (HWB/05/24)			
Board members were asked to watch the 'Ben's Story' video, which was embedded in the report and can also be found here: https://youtu.be/ZyXoTkBSGOU	All Board members	9 th February	Completed

Essex Health and Wellbeing Board Briefing note: Mental Health Recovery Colleges Approach

Date: February 2024

Enquiries to:

Moira McGrath, Director of Commissioning, ASC

Emily Oliver, Head of Strategic Commissioning: Mental Health,

Summary

In response to a discussion at the January 2024 Health and Wellbeing Board, a briefing paper was requested regarding the approach to Recovery Colleges in Southend, Essex and Thurrock (SET). This briefing paper sets out the current Recovery College offer across SET and details examples of how they could be further embedded into Community Mental Health Support to promote social determinants as a response to poor mental health.

The approach to Recovery Colleges differs across the Southend, Essex and Thurrock. The main difference is the funding and physical building based which is more financially viable in a smaller geography.

Background

- Recovery colleges have been in existence since 2010 in Britain and have been available in Essex since a pilot was launched in Mid Essex in 2015.
- The purpose of a Recovery College is to support people's recovery from mental health issues through learning and education that is co-produced and co-delivered by people with lived experience and people with professional expertise.
- The courses are developed in line with what individuals identify as supporting their recovery and focus on Wellbeing and Resilience. They do this, through helping people to manage their diagnosis, developing coping skills, rebuilding confidence and also learning new skills including qualifications and skills to get back in to work.
- Recovery colleges support the delivery of social determinants such as how to live healthy lives, how to build networks of support and how to build daily living skills.
- In Southend, the charity TrustLinks provides the REACH Recovery College offering a wide range of courses, workshops and activities.
- In Thurrock, NHS Inclusion, Thurrock and Brentwood Mind and EPUT work in partnership to deliver Thurrock Recovery College.
- In Essex, Adult Community Learning (ACL) are offering courses across the ECC footprint. The offer includes a mix of face to face and online courses.

Essex Current Offer and Performance

- Courses run all year round (offer is reduced over the summer as uptake is lower)
- The range of courses on offer are as follows:

2-week courses	6-week courses
<ul style="list-style-type: none"> • Introduction to Mental Health • Introduction To Building Resilience • Goal Setting For Wellbeing • Managing Anxiety • Mental Wellbeing During Change • Stress Awareness • Mental Health In A Man's World • Managing Sleep for Wellbeing • Managing Change In Life And Work 	<ul style="list-style-type: none"> • Self-Care For Resilience • Reducing Anxiety And Staying Healthy • Health And Wellbeing • Positive Thinking for Stress Reduction • Building Self Confidence

- The colleges also trial different courses for different groups such as courses for men, Menopause, and carers but uptake for these has been varied.
- Access to courses dropped dramatically during Covid, but attendance is increasing. Access to courses in West has remained low, but the library in Harlow is now hosting courses and numbers are increasing.

Quadrant Numbers cumulative	Jul-21	Aug-22	Yr to date (1 term) Dec-23
Mid	205	237	69
South West	93	161	43
South East	15	28	7
North East	202	265	105
West	76	54	60
	591	745	284

- ACL have been linked with local networks including Alliances, Neighbourhood teams and with the MH Employment Service to help ensure their offer is embedded into changes in localities and that there are clear referral routes into their services. This is taking time to build, but opportunities are becoming available such as ACL being linked to the Waiting Well project in North East.
- Mid and South ICB launched a Recovery College in 2023 (within the Mid Essex geography), with an initial focus on taking referrals from EPUT. They intend to offer a wider range of courses focusing on situations such as

Domestic Abuse.

- ECC are in regular contact with Mid Essex to learn from their more targeted approach.

Opportunities

- Many of the issues impacting an individual's mental health are about wider social determinants such as housing, work, physical health or isolation. There is an opportunity to be more holistic in designing support to meet these needs.
- As the Community Mental Health Model expands there is an opportunity to work with the ICBs to explore whether the Recovery Colleges could be commissioned with a much wider brief to provide a more personalised offer.
- Work is being undertaken by ECC with ICBs and localities to understand what community provision is available at Place and where the gaps are. There are some strong community networks already in place which we wouldn't want to disrupt, but there may be an opportunity to expand Recovery Colleges to be an umbrella structure to:
 - help with the coordination of community support and a community offer that brings together for example, 1:1 practical support with offers such as community mental health walks.
 - offer a navigation role helping people find the support they need.
 - Connect mental health support with health-based support, for example, linking someone with musculoskeletal issues and poor mental health because of it, directly with health provision such as physiotherapist and sports offers.
 - Direct referral route for Community Teams ensuring the most vulnerable and unwell are supported at the earliest possibility.
 - Offer training support to community groups to build consistency and sustainability in the system.
 - Potentially bring some efficiencies as the coordination could reduce duplication.
 - Support delivery of:
 - Everyone's Essex
 - SET Mental Health Strategy
 - ASC Business Plan
 - NHSE Long Term Plan for Mental Health
 - Expansion of the Recovery Colleges would be coproduced ensuring the values of the original concept are maintained.
 - To support some of the most vulnerable in our communities, the Essex County Council Mental Health Commissioning team are in the process of linking ACL with Mental Health Supported Accommodation settings to support individuals with daily living skills such as budget management, cooking skills etc, but this could be expanded to other Mental Health provision in communities.

Report title: Health Determinants Research Collaboration	
Report to: Essex Health and Wellbeing Board	
Report author: Alastair Gordon	
Date: 20/03/2024	For: Information Only
Enquiries to: alastair.gordon@essex.gov.uk	
County Divisions affected: All Essex	

Purpose of Report

1. This report provides an update to the board on the progress of the HDRC following the successful bid award in November 2023.
2. This is the first update since the successful bid award. It aims to make partners aware of emerging plans for collaboration, and of what to expect over coming months as the programme develops.

Recommendations

3. This report has been provided for information. However, if there are specific partners/ colleagues with whom HWB Board members wish the HDRC to engage at this early stage, we would be grateful if you could share details with Alastair Gordon (alastair.gordon@essex.gov.uk).

Background to the HDRC

4. The HDRC Greater Essex is a partnership between Essex County Council, Southend on Sea City Council, Thurrock Council, the University of Essex and Anglia Ruskin University. It will see the development of a new, nationally recognised centre of research excellence hosted within ECC. The HDRC is funded for five years by the National Institute for Health and Care Research (NIHR). A £5m award was confirmed in November 2023.
5. The overall aim of the HDRC Greater Essex is to improve health outcomes through research. It will focus on delivering, and securing additional funding for, research on themes related to the economic, social and environmental factors that affect health outcomes (the wider determinants of health). The aim is to undertake collaborative place-based research projects, in-step with local partners, with a focus on the priority issues affecting those parts of Greater Essex where health outcomes are poorest.
6. The HDRC's operating model will see a new Delivery team, hosted within ECC, bringing together academic and local authority researchers to deliver a

programme defined by a multi-partner leadership board. This board includes senior local government officers, Directors of Public Health, senior officials from Essex's three Integrated Care Systems, from local universities and members of the public and voluntary sector. This Leadership Board will oversee the HDRC's research work, engaging with local agencies and strategic partnerships to ensure they can influence the research programme.

Mobilisation and progress so far

7. Work to mobilise the HDRC is at an early stage. Contracts have been signed with the NIHR and officers are working to establish formal agreements between ECC and university partners. We hope to begin the process of recruiting new employees into the Delivery team in March 2024.
8. We have identified four broad thematic workstreams to structure future research. These focus on:
 - economic and labour market factors affecting health;
 - educational factors affecting health;
 - environmental factors affecting health; and
 - vulnerabilities affecting health.

Each workstream will benefit from the leadership of a senior academic from a partner university.

9. These workstreams will provide structure to our work, but the specific issues to be addressed, and the research questions to be explored, have yet to be defined. These will be developed through a process of dialogue and engagement with stakeholders across the system over the next six to nine months. We expect that dialogue with system partners on the definition of future research priorities to gain momentum in summer 2024.
10. Ahead of this, the HDRC Director and the academic researchers working within the HDRC are:
 - a. reaching out to partners to raise awareness of the initiative and to begin initial discussions on local priorities and challenges; and
 - b. reviewing existing sources of insight and intelligence on the needs of communities, including the Joint Strategic Needs Assessment, local research and wider sources of insight and community intelligence.
11. If there are specific partners/ colleagues with whom HWB Board members wish the HDRC to engage at this early stage, or specific sources of evidence that should be considered in the early review work, the team would be grateful if details could be shared with the HDRC Director (Alastair Gordon alastair.gordon@essex.gov.uk).

Report title: Better Care Fund Plan Quarter 3 Report 2023-25	
Report to: Essex Health and Wellbeing Board	
Report author: Peter Fairley, Director for Strategy, Policy and Integration	
Date: March 2024	For: Decision
Enquiries to: Will Herbert, Head of Integration and Partnerships will.herbert@essex.go.uk	
County Divisions affected: All Essex	

1 Purpose of Report

- 1.1 This report seeks the endorsement of the board of Quarter 3 report on the Better Care Fund.

2 Recommendations

- 2.1 To endorse the Quarter 3 report on the Better Care Fund, which was submitted to NHSE on 9th February.
- 2.2 To note the performance against the BCF metrics.
- 2.3 To consider any areas where we need greater focus for quarters 4 and into next year.

3 Background and Proposal

- 3.1 The Better Care Fund (BCF) is a pooled fund between Essex County Council and the three NHS Integrated Care Boards in Essex. In 2023/24, the value of the Essex BCF pooled fund is £193.9m, increasing to £209.6m in 2024/25.
- 3.2 The Essex Health and Wellbeing Board will receive quarterly performance reports. Due to the timescales between the publication of the national reporting template and the availability of the national datasets to complete this, it was not possible to bring the completed report to HWB ahead of the due submission date of 9th February 2024. The report has been submitted subject to endorsement from the board.

4 Metrics and performance

- 4.1 There are national metrics used to measure progress published in the Better Care Fund Policy Framework 2023-2025.

4.2 Within the quarterly report we are required to provide an update on the metrics. The reporting template draws from national datasets which provide figures for quarter 2. Metrics used for residential admissions and reablement are only produced annually.

I. **Avoidable admissions (specific to Acute)** - This metric measures the number of times people with specific long-term conditions, who should not normally require hospitalisation, are admitted to hospital in an emergency. These conditions include, for example, diabetes, convulsions and epilepsy, and high blood pressure. The metric includes all ages; the rate is standardised to account for differences in the age and sex distribution of the population.

Planned performance for this measure was 175 per 100,000 people over 65. Actual performance was 158.1.

Assuming that the current trend for that quarter continues, we expect to meet the target.

II. **Permanent admissions to residential and care homes** - This metric measures the rate of permanent new admissions for the over 65 population per 100k.

The target for this year is 350 per 100k. The national data is not provided for the Q3 report.

Since the report was submitted the measure for Essex was rebased at a higher level to account for admissions where an adult had been placed in temporary residential care and then moved into a permanent placement. The rebased numbers show Essex to still be outperforming the national and regional averages. Rates of admission have shown an improving (downward) trend between August and February.

III. **Effectiveness of reablement** - This metric measures the number of people supported to stay at home after receiving reablement.

The target in Essex for 2023/24 is for at least 89% of the people who have received reablement services to remain out of hospital for 91 days following completion of reablement.

Internal figures for Q3 show a fall in the proportion of older people still at home 91 days after discharge from hospital to 86.7%. Further work is required to understand the reasoning for this and how this trend can be reversed. We are focussed on getting the right cases into reablement, where we think someone can truly benefit and where a difference can be made to long term outcomes. This may mean that we work with complex cases, at some risk of hospital readmission. It is our aim in future to ensure that adjacent provision in the NHS can be mobilised alongside our reablement offer, to help ensure people remain in their own homes as long as possible.

IV. Hospital Discharge - The new discharge metric measures the proportion of patients discharged to their usual place of residence. Essex exceeded the target of 93.4% in Q2 with actual performance recorded as 93.5%. The data for Q3 at the time of reporting reported this metric at 93.6%, close to the target of 93.7%. Given the current trends, it is likely that the target of 94% for the year 2023/24 is likely to be met.

V. Emergency Hospital Admissions due to Falls in People Over 65 - This is a new metric for the BCF designed to assess health service utilisation rather than need, as many injurious falls will not result in emergency admission. Our target is 2,000.

Q2 performance was 458.5. At the time of reporting Q3 data (October and November) recorded a figure of 190 per 100,000.

5 Achievements

Part of the report requires us to highlight some of the schemes contributing to the delivery of the metrics. In quarter 3 this included:

Carers intensive Support Team - Since the team began in April 22 until end of December 2023, in line with the reporting KPI's and outcomes they have

- Received 372 referrals
- Interacted with 61 different system partners
- Avoided ED admission for 100% of carers referred
- Avoided emergency respite for cared for living at home for 100% of referrals
- 30 facilitated admissions for Carers to Southend Hospital Day Assessment Unit to support continuation of caring role
- 1/3 of carers have accepted referrals to NHS Talking Therapies to support mental health

Ward Led Enablement – The impact evaluations completed for MSE and North Essex demonstrated an increase in under 7 days Length of Stay (LOS) and reductions in patients with a LOS of 21+ days since the start of ward led enablement.

Integrated neighbourhood teams and locality working on:

- Prevention and self-care – including promoting the uptake of screening programmes, awareness campaigns and community engagement, and sharing intelligence across all PACT partners (health and social)
- Identification -Utilising population health management data, appropriate systems, registers and assessment tools to identify those in need of advice, guidance, care and support.
- Pro-active care planning, care delivery and management of complex patients – through well attended, holistic approach to MDTs and working with providers and system partners to develop / share pathways to provide the right support, in the right place, at the right time.

- Preventing escalation of need - Working together to identify rising risk and putting care plans in place that anticipate need.
- Urgent Care delivered at local level - Timely urgent response based on patient need, providing crisis support to deliver care in an individual's home

6 List of appendices

- BCF Quarter 3 Report.

Better Care Fund 2023-25 Quarter 3 Quarterly Reporting Template

1. Guidance for Quarter 3

Overview

The Better Care Fund (BCF) reporting requirements are set out in the BCF Planning Requirements document for 2023-25, which supports the aims of the BCF Policy Framework and the BCF programme; jointly led and developed by the national partners Department of Health (DHSC), Department for Levelling Up, Housing and Communities (DLUHC), NHS England (NHSE), Local Government Association (LGA), working with the Association of Directors of Adult Social Services (ADASS).

The key purposes of BCF reporting are:

- 1) To confirm the status of continued compliance against the requirements of the fund (BCF)
- 2) In Quarter 2 to refresh capacity and demand plans, and in Quarter 3 to confirm activity to date, where BCF funded schemes include output estimates, and at the End of Year actual income and expenditure in BCF plans
- 3) To provide information from local areas on challenges, achievements and support needs in progressing the delivery of BCF plans, including performance metrics
- 4) To enable the use of this information for national partners to inform future direction and for local areas to inform improvements

BCF reporting is likely to be used by local areas, alongside any other information to help inform Health and Wellbeing Boards (HWBs) on progress on integration and the BCF. It is also intended to inform BCF national partners as well as those responsible for delivering the BCF plans at a local level (including ICBs, local authorities and service providers) for the purposes noted above.

BCF reports submitted by local areas are required to be signed off by HWBs, including through delegated arrangements as appropriate, as the accountable governance body for the BCF locally. Aggregated reporting information will be published on the NHS England website.

Note on entering information into this template

Throughout the template, cells which are open for input have a yellow background and those that are pre-populated have a blue background and those that are not for completion are in grey, as below:

Data needs inputting in the cell

Pre-populated cells

Not applicable - cells where data cannot be added

Note on viewing the sheets optimally

To more optimally view each of the sheets and in particular the drop down lists clearly on screen, please change the zoom level to between 90% - 100%.

Most drop downs are also available to view as lists within the relevant sheet or in the guidance tab for readability if required.

The row heights and column widths can be adjusted to fit and view text more comfortably for the cells that require narrative information.

Please DO NOT directly copy/cut & paste to populate the fields when completing the template as this can cause issues during the aggregation process. If you must 'copy & paste', please use the 'Paste Special' operation and paste 'Values' only.

The details of each sheet within the template are outlined below.

Checklist (2. Cover)

1. This section helps identify the sheets that have not been completed. All fields that appear as incomplete should be complete before sending to the BCF team.
2. The checker column, which can be found on the individual sheets, updates automatically as questions are completed. It will appear 'Red' and contain the word 'No' if the information has not been completed. Once completed the checker column will change to 'Green' and contain the word 'Yes'
3. The 'sheet completed' cell will update when all 'checker' values for the sheet are green containing the word 'Yes'.
4. Once the checker column contains all cells marked 'Yes' the 'Incomplete Template' cell (below the title) will change to 'Template Complete'.
5. Please ensure that all boxes on the checklist are green before submitting to england.bettercarefundteam@nhs.net and copying in your Better Care Manager.

2. Cover

1. The cover sheet provides essential information on the area for which the template is being completed, contacts and sign off. Once you select your HWB from the drop down list, relevant data on metric ambitions and capacity and demand from your BCF plans for 2023-24 will prepopulate in the relevant worksheets.
2. HWB sign off will be subject to your own governance arrangements which may include a delegated authority.
4. Please note that in line with fair processing of personal data we request email addresses for individuals completing the reporting template in order to communicate with and resolve any issues arising during the reporting cycle. We remove these addresses from the supplied templates when they are collated and delete them when they are no longer needed.

3. National Conditions

This section requires the HWB to confirm whether the four national conditions detailed in the Better Care Fund planning requirements for 2023-25 (link below) continue to be met through the delivery of your plan. Please confirm as at the time of completion.

<https://www.england.nhs.uk/wp-content/uploads/2023/04/PRN00315-better-care-fund-planning-requirements-2023-25.pdf>

This sheet sets out the four conditions and requires the HWB to confirm 'Yes' or 'No' that these continue to be met. Should 'No' be selected, please provide an explanation as to why the condition was not met for the year and how this is being addressed. Please note that where a National Condition is not being met, the HWB is expected to contact their Better Care Manager in the first instance.

In summary, the four national conditions are as below:

National condition 1: Plans to be jointly agreed

National condition 2: Implementing BCF Policy Objective 1: Enabling people to stay well, safe and independent at home for longer

National condition 3: Implementing BCF Policy Objective 2: Providing the right care in the right place at the right time

4. Metrics

The BCF plan includes the following metrics:

- Unplanned hospitalisations for chronic ambulatory care sensitive conditions,
- Proportion of hospital discharges to a person's usual place of residence,
- Admissions to long term residential or nursing care for people over 65,
- Reablement outcomes (people aged over 65 still at home 91 days after discharge from hospital to reablement or rehabilitation at home), and;
- Emergency hospital admissions for people over 65 following a fall.

Plans for these metrics were agreed as part of the BCF planning process.

This section captures a confidence assessment on achieving the locally set ambitions for each of the BCF metrics.

A brief commentary is requested for each metric outlining the challenges faced in achieving the metric plans, any support needs and successes in the first six months of the financial year.

Data from the Secondary Uses Service (SUS) dataset on outcomes for the discharge to usual place of residence, falls, and avoidable admissions for the first quarter of 2023-24 has been pre populated, along with ambitions for quarters 1-4, to assist systems in understanding performance at HWB level.

The metrics worksheet seeks a best estimate of confidence on progress against the achievement of BCF metric ambitions. The options are:

- on track to meet the ambition
- not on track to meet the ambition
- data not available to assess progress

You should also include narratives for each metric on challenges and support needs, as well as achievements.

- In making the confidence assessment on progress, please utilise the available metric data along with any available proxy data.

Please note that the metrics themselves will be referenced (and reported as required) as per the standard national published datasets.

No actual performance is available for the ASCOF metrics - Residential Admissions and Reablement - so the 2022-23 outcome has been included to aid with understanding. These outcomes are not available for Hackney (due to a data breach issue) and Westmorland and Cumbria (due to a change in footprint).

5. Spend and Activity

The spend and activity worksheet will collect cumulative spend and outputs in the year to date for schemes in your BCF plan for 2023-24 where the scheme type entered required you to include the number of output/deliverables that would be delivered.

Once a Health and Wellbeing Board is selected in the cover sheet, the spend and activity sheet in the template will prepopulate data from the expenditure tab of the 23-25 BCF plans for all 2023-24 schemes that required an output estimate.

You should complete the remaining fields (highlighted yellow) with incurred expenditure and actual numbers of outputs delivered to the end of the third quarter (1 April to 31 December).

The collection only relates to scheme types that require a plan to include estimated outputs. These are shown below:

Scheme Type	Units
Assistive technologies and equipment	Number of beneficiaries
Home care and domiciliary care	Hours of care (unless short-term in which case packages)
Bed based intermediate care services	Number of placements
Home based intermediate care services	Packages
DFG related schemes	Number of adaptations funded/people supported
Residential Placements	Number of beds/placements
Workforce recruitment and retention	Whole Time Equivalents gained/retained
Carers services	Number of Beneficiaries

The sheet will pre-populate data from relevant schemes from final 2023-24 spending plans, including planned spend and outputs. You should enter the following information:

- **Actual expenditure to date in column I.** Enter the amount of spend from 1 April to 31 December on the scheme. This should be spend incurred up to the end of December, rather than actual payments made to providers.
- **Outputs delivered to date in column K.** Enter the number of outputs delivered from 1 April to 31 December. For example, for a reablement and/or rehabilitation service, the number of packages commenced. The template will pre-populate the expected outputs for the year and the standard units for that service type. For long term services (e.g. long term residential care placements) you should count the number of placements that have either commenced this year or were being funded at the start of the year.
- **Implementation issues in columns M and N.** If there have been challenges in delivering or starting a particular service (for instance staff shortages, or procurement delays) please answer yes in column M and briefly describe the issue and planned actions to address the issue in column N. If you answer no in column M, you do not need to enter a narrative in column N.

More information can be found in the additional guidance document for tab 5, which is published alongside this template on the Better Care Exchange.

Better Care Fund 2023-25 Quarter 3 Quarterly Reporting Template

2. Cover

Version 2.0

Please Note:

- The BCF quarterly reports are categorised as 'Management Information' and data from them will be published in an aggregated form on the NHSE website. This will include any narrative section. Also a reminder that as is usually the case with public body information, all BCF information collected here is subject to Freedom of Information requests.

- At a local level it is for the HWB to decide what information it needs to publish as part of wider local government reporting and transparency requirements. Until BCF information is published, recipients of BCF reporting information (including recipients who access any information placed on the Better Care Exchange) are prohibited from making this information available on any public domain or providing this information for the purposes of journalism or research without prior consent from the HWB (where it concerns a single HWB) or the BCF national partners for the aggregated information.

- All information will be supplied to BCF partners to inform policy development.

- This template is password protected to ensure data integrity and accurate aggregation of collected information. A resubmission may be required if this is breached.

Health and Wellbeing Board:	Essex
Completed by:	Will Herbert
E-mail:	will.herbert@essex.gov.uk
Contact number:	0333 013 6550
Has this report been signed off by (or on behalf of) the HWB at the time of submission?	Yes
If no, please indicate when the report is expected to be signed off:	

Checklist

Complete:

Yes

Yes

Yes

Yes

Yes

Yes

Question Completion - when all questions have been answered and the validation boxes below have turned green you should send the template to england.bettercarefundteam@nhs.net saving the file as 'Name HWB' for example 'County Durham HWB'. This does not apply to the ASC Discharge Fund tab.

Complete

	Complete:
2. Cover	Yes
3. National Conditions	Yes
4. Metrics	Yes
5. Spend and activity	Yes

[<< Link to the Guidance sheet](#)

[^^ Link back to top](#)

Better Care Fund 2023-25 Quarter 3 Quarterly Reporting Template

3. National Conditions

Selected Health and Wellbeing Board: Essex

Has the section 75 agreement for your BCF plan been finalised and signed off?	No	
If it has not been signed off, please provide the date the section 75 agreement is expected to be signed off	29/02/2024	
Confirmation of National Conditions		
National Conditions	Confirmation	If the answer is "No" please provide an explanation as to why the condition was not met in the quarter:
1) Jointly agreed plan	Yes	
2) Implementing BCF Policy Objective 1: Enabling people to stay well, safe and independent at home for longer	Yes	
3) Implementing BCF Policy Objective 2: Providing the right care in the right place at the right time	Yes	
4) Maintaining NHS's contribution to adult social care and investment in NHS commissioned out of hospital services	Yes	

Checklist
Complete:
Yes
Yes
Yes
Yes
Yes
Yes

Better Care Fund 2023-25 Quarter 3 Quarterly Reporting Template

4. Metrics

Selected Health and Wellbeing Board:

Essex

National data may be unavailable at the time of reporting. As such, please use data that may only be available system-wide and other local intelligence.

Challenges and Support Needs Please describe any challenges faced in meeting the planned target, and please highlight any support that may facilitate or ease the achievements of metric plans

Achievements Please describe any achievements, impact observed or lessons learnt when considering improvements being pursued for the respective metrics

Metric	Definition	For information - Your planned performance as reported in 2023-24 planning				For information - actual performance for Q1	For information - actual performance for Q2	Assessment of progress against the metric plan for the reporting period	Challenges and any Support Needs in Q3	Q3 Achievements - including where BCF funding is supporting improvements.
		Q1	Q2	Q3	Q4					
Avoidable admissions	Unplanned hospitalisation for chronic ambulatory care sensitive conditions (NHS Outcome Framework indicator 2.3i)	175.0	161.0	168.0	196.0	176.7	158.1	On track to meet target	none	Figures for Q3 are promising, with the current rate of avoidable admissions at 80. Assuming that the current trend for that quarter continues, we expect to meet the target. Achievements contributing to this
Discharge to normal place of residence	Percentage of people who are discharged from acute hospital to their normal place of residence	93.1%	93.4%	93.7%	94.0%	92.8%	93.5%	On track to meet target	none	Essex exceeded the target of 93.4% in Q2 with actual performance recorded as 93.5%. The most recent data for Q3 records this metric at 93.6%, close to the target of 93.7%. This data currently only includes the
Falls	Emergency hospital admissions due to falls in people aged 65 and over directly age standardised rate per 100,000.				2,000.0	470.8	458.5	On track to meet target	none	Data published by the Better Care Exchange records actual figures for Q1 and Q2 at 506 and 495 emergency admissions due to falls in people aged 65 and over per 100,000. Current data for Q3 (October and
Residential Admissions	Rate of permanent admissions to residential care per 100,000 population (65+)				350	2022-23 ASCOF outcome: 349.3		On track to meet target	none	Figures for the 2022-23 ASCOF demonstrate that Essex was close to the target in the last financial year. Internal data suggests that Essex is on track to meet the target of 350 permanent admissions to residential care
Reablement	Proportion of older people (65 and over) who were still at home 91 days after discharge from hospital into reablement / rehabilitation services				89.0%	2022-23 ASCOF outcome: 86.3%		Data not available to assess progress	In Q1 and Q2, Essex was consistently improving on it's position on this metric. Internal figures for Q3 show a fall in the proportion of older people still at home 91 days after discharge from hospital. Further	We are forecasting an 11% increase in reablement capacity in 2023/24 compared to 2022/23. Our Connect Team has explored how we can

Checklist Complete:

Yes

Yes

Yes

Yes

Yes

6. Spend and activity

Selected Health and Wellbeing Board: Essex

Checklist						Yes		Yes		Yes	Yes
Scheme ID	Scheme Name	Scheme Type	Sub Types	Source of Funding	Planned Expenditure	Actual Expenditure to date	Planned outputs	Outputs delivered to date (estimate if unsure) (Number or NA)	Unit of Measure	Have there been any implementation issues?	If yes, please briefly describe the issue(s) and any actions that have been/are being implemented as a result.
10001	POSC Domiciliary Reablement Main Contract	Home-based intermediate care services	Reablement at home (accepting step up and step	Minimum NHS Contribution	£19,796,400	£14,847,300	5,950	5,006	Packages	No	
10002	POSC Live at Home Service	Home Care or Domiciliary Care	Domiciliary care packages	Minimum NHS Contribution	£21,974,859	£16,481,144	949,254	701,922	Hours of care (Unless short-term in which case it is packages)	No	
10003	Carers Breaks	Carers Services	Respite services	Minimum NHS Contribution	£710,875	£533,156	1,082	352	Beneficiaries	No	
10004	Care Act	Carers Services	Other	Minimum NHS Contribution	£3,451,852	£2,484,875	1,500	1,600	Beneficiaries	No	
12308	MSE ICB - ME Community Services	Bed based intermediate Care Services (Reablement, rehabilitation, wider short-	Bed-based intermediate care with rehabilitation	Minimum NHS Contribution	£3,509,261	£2,631,945	32	32	Number of placements	No	
12310	MSE ICB - ME Community Services	Home-based intermediate care services	Rehabilitation at home (accepting step up and step	Minimum NHS Contribution	£1,588,342	£1,191,256	60	60	Packages	No	
12208	MSE ICB - CPR Community Services	Bed based intermediate Care Services (Reablement, rehabilitation, wider short-	Bed-based intermediate care with rehabilitation	Minimum NHS Contribution	£1,883,821	£1,412,865	17	17	Number of placements	No	
12210	MSE ICB - CPR Community Services	Home-based intermediate care services	Rehabilitation at home (accepting step up and step	Minimum NHS Contribution	£750,953	£563,214	28	28	Packages	No	
12108	MSE ICB - BB Community Services	Bed based intermediate Care Services (Reablement, rehabilitation, wider short-	Bed-based intermediate care with rehabilitation	Minimum NHS Contribution	£2,130,959	£1,598,219	19	19	Number of placements	No	
12110	MSE ICB - BB Community Services	Home-based intermediate care services	Rehabilitation at home (accepting step up and step	Minimum NHS Contribution	£1,146,635	£859,976	44	44	Packages	No	
20001	IBCF meeting social care needs (Care tech)	Assistive Technologies and Equipment	Assistive technologies including telecare	IBCF	£3,785,993	£2,839,495	7,073	8,977	Number of beneficiaries	No	
20003	IBCF meeting social care needs (Nursing)	Residential Placements	Nursing home	IBCF	£19,029,000	£14,271,750	660	604	Number of beds/placements	No	
20004	IBCF meeting social care needs (Dom Care over 85s)	Home Care or Domiciliary Care	Domiciliary care packages	IBCF	£6,740,460	£5,055,345	291,500	215,304	Hours of care (Unless short-term in which case it is packages)	No	
20014	IBCF - Winter Pressure scheme - Reablement (ARC)	Home-based intermediate care services	Reablement at home (accepting step up and step	IBCF	£5,350,000	£4,012,500	4,080	2,074	Packages	No	
40001	ECC discharge - ctywide Incentive Scheme Home Care	Home Care or Domiciliary Care	Domiciliary care packages	Local Authority Discharge Funding	£250,000	£0	250	-	Hours of care (Unless short-term in which case it is packages)	Yes	scheme is being redundant due to funds allocated towards more resourceful scheme - reablement spot
40002	ECC discharge - ctywide Incentive Scheme Residential	Residential Placements	Care home	Local Authority Discharge Funding	£400,000	£0	400	-	Number of beds/placements	Yes	scheme is being redundant due to funds allocated towards more resourceful scheme - reablement spot
40003	ECC discharge - Mental Health Capacity	Workforce recruitment and retention		Local Authority Discharge Funding	£350,000	£31,900		2	WTE's gained	Yes	Recruitment challenges
40006	ECC discharge - Recovery to Home beds	Bed based intermediate Care Services (Reablement, rehabilitation, wider short-	Bed-based intermediate care with reablement	Local Authority Discharge Funding	£1,262,000	£144,494	429	36	Number of placements	Yes	Delays with commencing the wrap around services due to the distribution of the discharge fund to both ICB and LA's and the need to confirm how the costs of this scheme would be split across each allocation. Funding split agreed for 2024/25.
40007	ECC discharge - IRN Block Beds	Bed based intermediate Care Services (Reablement, rehabilitation, wider short-	Bed-based intermediate care with reablement	Local Authority Discharge Funding	£177,000	£362,800	110	129	Number of placements	No	
40008	ECC discharge Cedars Block Beds	Bed based intermediate Care Services (Reablement, rehabilitation, wider short-	Bed-based intermediate care with reablement	Local Authority Discharge Funding	£95,000	£206,600	26	16	Number of placements	No	
40009	ECC discharge - Additional Reablement	Home-based intermediate care services	Reablement at home (to support discharge)	Local Authority Discharge Funding	£1,700,000	£1,877,800	550	841	Packages	No	

40011	ECC discharge - Future Intermediate Care model	Home-based intermediate care services	Reablement at home (to support discharge)	Local Authority Discharge Funding	£0	£0	-	-	Packages	No	
40012	ECC discharge - Bridging	Home Care or Domiciliary Care	Short term domiciliary care (without	Local Authority Discharge Funding	£0	£0	-	-	Hours of care (Unless short-term in which case it is packages)	No	
30101	DFG Basildon Stairlift Grant	DFG Related Schemes	Adaptations, including statutory DFG grants	DFG	£220,000	£129,270	50	35	Number of adaptations funded/people supported	No	
30102	DFG Basildon All other mandatory Grants	DFG Related Schemes	Adaptations, including statutory DFG grants	DFG	£1,098,660	£705,024	85	64	Number of adaptations funded/people supported	No	
30103	DFG Basildon Discretionary Grant	DFG Related Schemes	Discretionary use of DFG	DFG	£120,000	£30,000	8	1	Number of adaptations funded/people supported	No	
30201	DFG Braintree Mandatory DFG	DFG Related Schemes	Adaptations, including statutory DFG grants	DFG	£866,891	£1,007,325	140	129	Number of adaptations funded/people supported	No	
30202	DFG Braintree Discretionary DFG	DFG Related Schemes	Discretionary use of DFG	DFG	£176,320	£23,163	15	5	Number of adaptations funded/people supported	No	
30203	DFG Braintree Handyman Service	DFG Related Schemes	Handyperson services	DFG	£13,230	£13,257	120	111	Number of adaptations funded/people supported	No	
30301	DFG Brentwood Disabled Facilities Grants	DFG Related Schemes	Adaptations, including statutory DFG grants	DFG	£420,142	£277,855	35	11	Number of adaptations funded/people supported	No	
30401	DFG Castle Point DFG related spend	DFG Related Schemes	Adaptations, including statutory DFG grants	DFG	£771,407	£266,879	40	43	Number of adaptations funded/people supported	Yes	delays with HIA so are gradually moving work over to a new HIA
30402	DFG Castle Point DFG related spend	DFG Related Schemes	Discretionary use of DFG	DFG	£60,000	£6,311	3	1	Number of adaptations funded/people supported	Yes	delays with HIA so are gradually moving work over to a new HIA
30501	DFG Chelmsford mandatory assistance	DFG Related Schemes	Adaptations, including statutory DFG grants	DFG	£863,611	£597,067	-	74	Number of adaptations funded/people supported	Yes	no lead officer in housing between January and July 2023 due to resignation and recruitment delays. New appointment in July - training and support required in this area of work
30502	DFG Chelmsford Discretionary disabled facilities assistance - (policy under the Regulatory	DFG Related Schemes	Adaptations, including statutory DFG grants	DFG	£10,000	£0	-	-	Number of adaptations funded/people supported	Yes	no requests/referrals received
30503	DFG Chelmsford Discretionary disabled facilities assistance - (policy under the Regulatory	DFG Related Schemes	Adaptations, including statutory DFG grants	DFG	£10,000	£0	-	-	Number of adaptations funded/people supported	Yes	no requests/referrals received
30504	DFG Chelmsford Discretionary disabled facilities assistance - (policy under the Regulatory	DFG Related Schemes	Adaptations, including statutory DFG grants	DFG	£20,000	£0	-	-	Number of adaptations funded/people supported	Yes	not in implementation, but in reporting - these grant aided works are included in the first figure
30505	DFG Chelmsford Discretionary disabled facilities assistance - (policy under the Regulatory	DFG Related Schemes	Discretionary use of DFG	DFG	£10,000	£0	-	-	Number of adaptations funded/people supported	Yes	no requests/referrals received
30506	DFG Chelmsford discretionary disabled facilities assistance - (policy under the Regulatory	DFG Related Schemes	Discretionary use of DFG	DFG	£5,000	£0	-	-	Number of adaptations funded/people supported	Yes	no requests/referrals received
30507	DFG Chelmsford discretionary top-up assistance	DFG Related Schemes	Discretionary use of DFG	DFG	£100,000	£26,771	-	1	Number of adaptations funded/people supported	Yes	delays associated with landlord agreeing to major adaptations
30508	DFG Chelmsford discretionary top-up assistance	DFG Related Schemes	Discretionary use of DFG	DFG	£18,000	£0	-	-	Number of adaptations funded/people supported	Yes	does not include assistance approved and committed - works in progress
30509	DFG Chelmsford discretionary remaining independent assistance	DFG Related Schemes	Discretionary use of DFG	DFG	£10,000	£0	-	-	Number of adaptations funded/people supported	No	
30510	DFG Chelmsford discretionary remaining independent assistance	DFG Related Schemes	Discretionary use of DFG	DFG	£20,000	£9,751	-	2	Number of adaptations funded/people supported	No	
30511	DFG Chelmsford discretionary remaining independent assistance	DFG Related Schemes	Other	DFG	£5,000	£0	-	-	Number of adaptations funded/people supported	No	
30512	DFG Chelmsford home from hospital key safes	DFG Related Schemes	Handyperson services	DFG	£10,000	£715	-	5	Number of adaptations funded/people supported	No	
30513	DFG Chelmsford Home from hospital / preventing readmission	DFG Related Schemes	Other	DFG	£20,000	£20,112	-	-	Number of adaptations funded/people supported	No	
30601	DFG Colchester Mandatory Disabled Facilities Grant	DFG Related Schemes	Adaptations, including statutory DFG grants	DFG	£1,176,605	£475,414	60	34	Number of adaptations funded/people supported	Yes	Sickness in team. Working with extrenal contractors.

30602	DFG Colchester Fast-Track Grant	DFG Related Schemes	Discretionary use of DFG	DFG	£160,000	£164,750	20	12	Number of adaptations funded/people supported	Yes	Sickness in team. Working with external contractors.
30603	DFG Colchester Home Repair Loan	DFG Related Schemes	Discretionary use of DFG	DFG	£27,000	£71,467	6	4	Number of adaptations funded/people supported	Yes	Sickness in team. Working with external contractors.
30604	DFG Colchester Disabled Facilities Assistance	DFG Related Schemes	Discretionary use of DFG	DFG	£36,000	£0	6	-	Number of adaptations funded/people supported	Yes	Sickness in team. Working with external contractors.
30605	DFG Colchester Stairlift Grant	DFG Related Schemes	Discretionary use of DFG	DFG	£52,500	£189,137	15	27	Number of adaptations funded/people supported	Yes	Sickness in team. Working with external contractors.
30701	DFG Epping Forest Stairlift Grants	DFG Related Schemes	Discretionary use of DFG	DFG	£214,681	£122,986	40	23	Number of adaptations funded/people supported	No	
30702	DFG Epping Forest DFG	DFG Related Schemes	Adaptations, including statutory DFG grants	DFG	£716,532	£421,715	90	50	Number of adaptations funded/people supported	No	
30703	DFG Epping Forest DFG	DFG Related Schemes	Discretionary use of DFG	DFG	£40,000	£318,095	2	46	Number of adaptations funded/people supported	No	
30801	DFG Harlow Fast track Grants	DFG Related Schemes	Discretionary use of DFG	DFG	£337,643	£248,358	65	54	Number of adaptations funded/people supported	No	
30802	DFG Harlow Small Works Grants	DFG Related Schemes	Discretionary use of DFG	DFG	£26,212	£980	6	1	Number of adaptations funded/people supported	No	
30803	DFG Harlow DFG	DFG Related Schemes	Adaptations, including statutory DFG grants	DFG	£443,204	£127,583	45	27	Number of adaptations funded/people supported	No	
30804	DFG Harlow Discretionary DFG	DFG Related Schemes	Discretionary use of DFG	DFG	£67,716	£58,973	4	6	Number of adaptations funded/people supported	No	
30805	DFG Harlow OT Services	DFG Related Schemes	Other	DFG	£30,851	£29,382	1	1	Number of adaptations funded/people supported	No	
30901	DFG Maldon Mandatory DFG related schemes	DFG Related Schemes	Adaptations, including statutory DFG grants	DFG	£612,132	£502,061	100	67	Number of adaptations funded/people supported	No	
31001	DFG Rochford Statutory Spend	DFG Related Schemes	Adaptations, including statutory DFG grants	DFG	£540,059	£458,994	90	52	Number of adaptations funded/people supported	No	
31101	DFG Tendring DFG	DFG Related Schemes	Adaptations, including statutory DFG grants	DFG	£1,704,961	£669,043	175	71	Number of adaptations funded/people supported	No	
31102	DFG Tendring Stairlift Grant	DFG Related Schemes	Discretionary use of DFG	DFG	£140,000	£87,695	40	21	Number of adaptations funded/people supported	No	
31103	DFG Tendring ERG	DFG Related Schemes	Discretionary use of DFG	DFG	£250,000	£44,692	50	12	Number of adaptations funded/people supported	No	
31104	DFG Tendring DFA	DFG Related Schemes	Discretionary use of DFG	DFG	£15,000	£0	1	-	Number of adaptations funded/people supported	No	
31105	DFG Tendring DFG Top Up	DFG Related Schemes	Discretionary use of DFG	DFG	£30,000	£0	1	-	Number of adaptations funded/people supported	No	
31106	DFG Tendring Senior OT in Housing	DFG Related Schemes	Other	DFG	£17,000	£12,750	-	-	Number of adaptations funded/people supported	No	
31107	DFG Tendring Additional Staffing	DFG Related Schemes	Other	DFG	£163,510	£122,632	-	-	Number of adaptations funded/people supported	No	
31201	DFG Uttlesford DFG	DFG Related Schemes	Adaptations, including statutory DFG grants	DFG	£225,576	£186,794	33	23	Number of adaptations funded/people supported	No	
31202	DFG Uttlesford DFG	DFG Related Schemes	Discretionary use of DFG	DFG	£10,000	£4,661	2	1	Number of adaptations funded/people supported	No	
10005	Carers First Contract (Countywide)	Carers Services	Carer advice and support related to Care Act duties	Minimum NHS Contribution	£927,000	£695,250	3000	3,852	Beneficiaries	No	
51003	North ICB - Increased acute Therapies to support discharge	Bed based intermediate Care Services (Reablement, rehabilitation, wider short-	Bed-based intermediate care with rehabilitation	ICB Discharge Funding	£109,392	£34,047	48	20	Number of placements	No	

51009	North ICB - Home to Assess	Home-based intermediate care services	Reablement at home (to support discharge)	ICB Discharge Funding	£426,834	£98,280	60	36	Packages	Yes	Original service was paused in June, and a new specification has been in place since December.
51012	North Additional Discharge Support - carers	Carers Services	Carer advice and support related to Care Act duties	ICB Discharge Funding	£0	£0	-	-	Beneficiaries	No	
52001	MSE ICB - Discharge Spend - Ward Based Enablement	Bed based intermediate Care Services (Reablement, rehabilitation, wider short-	Bed-based intermediate care with reablement	ICB Discharge Funding	£412,311	£309,233	777	887	Number of placements	No	
53004	West - Assistive Tech	Assistive Technologies and Equipment	Assistive technologies including telecare	ICB Discharge Funding	£60,000	£0	-	-	Number of beneficiaries	Yes	We have experienced recruitment difficulties therefore Tech Role is still in recruitment stages, however we continue to have a great focus on assistve technology , We have integrated ECC Tech support into Integrated Neighbourhood team to support Proactive care work.
53005	West - Discharge Project Support	Workforce recruitment and retention		ICB Discharge Funding	£80,000	£0		-	WTE's gained	Yes	We have approved two Delivery Roles to support with discharge projects, we have recruited one person, who is due to start in next month, and we are recruiting for the second role.

Report title: One Version of the Truth	
Report to: Essex Health and Wellbeing Board	
Report author: Peter Fairley, Director for Strategy, Policy and Integration	
Date: March 2024	For: Decision
Enquiries to: Will Herbert, Head of Integration and Partnerships will.herbert@essex.go.uk	
County Divisions affected: All Essex	

1 Purpose of Report

- 1.1 This report seeks the endorsement of an Essex level dashboard on key performances indicators, to be captured consistently across the three ICBs.

2 Recommendations

- 2.1 To endorse the development of the dashboard.
- 2.2 To provide feedback on any amendments or additions required for the next iteration of the dashboard
- 2.3 To note the performance against the measures, consider what the performance data is telling us, and what actions we need to take as a result.

3 Background and Proposal

- 3.1 Each ICB produces performance information for monthly ICB meetings, however we do not have a collective dashboard that allows us to review the overall picture at an Essex level displaying the measures in a consistent format allowing for easy comparison.
- 3.2 To address this, colleagues from across the three ICSs and within ECC have developed a single dashboard consisting of a small suite of key performance indicators across health and care.
- 3.3 The aim of the dashboard is to
- Support open dialogue on performance at an Essex level
 - Support identification and sharing of best practice across Essex
 - Identify where the system is facing strains and challenges and support understanding of how Health and Wellbeing Board partners can help.

4 Proposed Metrics

4.1 The proposed measures for the dashboard will include:

- I. Appointments at GP Practices**
 - Appointments secured within the same day
 - Appointments secured within 2 weeks
- II. Care Home Admissions**
 - Long term support needs of younger adults (18-64) met by admission to residential or nursing care
 - Long term support needs of older adults (65 and over) met by admission to residential or nursing care
- III. Hospital Discharges**
 - Proportion of older people (65 and over) who are still home 91 days after discharge from hospital into reablement services
 - Percentage of hospital discharges to usual place of residence
- IV. Accident and Emergency**
 - Percentage of patients seen in A&E within 4 hours
- V. Hospital Delays**
 - Beds occupied by people 7 days or more after no longer meeting the criteria to reside

5 List of appendices

- Draft Dashboard – **to follow.**

Report title: Update on ICS Joint Forward Plans	
Report to: Essex Health and Wellbeing Board	
Report author: Stephen Madden, Associate Director for Strategy and Transformation, Hertfordshire and West Essex ICB. Emily Hough, Executive Director, Strategy & Corporate Services, Mid and South Essex ICB Alexander Royan, Deputy Director for Strategic Analytics, Suffolk and North East Essex ICB	
Date: 20 March 2024	For: Discussion
Enquiries to: Stephen.madden@nhs.net emily.hough@nhs.net , alexander.royan@snee.nhs.uk	
County Divisions affected: All Essex	

1 Purpose of Report

- 1.1 Each ICB is required to refresh and publish their Joint Forward Plans, that were first published in June 2023, by 31st March to cover the period 2024-2029. The report to the board is to provide an update on the progress of each of the three Essex facing ICB Joint Forward Plan's (JFP) in refreshing their plans.

2 Recommendations

- 2.1 To consider the updates provided by leads and provide any feedback on the progress and proposed process.

3 Background and Proposal

- 3.1 As mandated by the Health and Care Act 2022, ICBs and partner NHS Trusts /Foundation Trusts must prepare a five-year Joint Forward Plan (JFP) engaging positively with local Health and Wellbeing Boards (HWBs).
- 3.2 Each Integrated Care Board published their Joint Forward Plans for 2023-2028 in June 2023.
- 3.3 The JFP's developed by all three Integrated Care Boards (ICB) (Suffolk and North East Essex (SNEE), Mid & South Essex (MSE) and Hertfordshire and West Essex (HWE) and their partner trusts describe how they intend to arrange and provide NHS services to meet their population's physical and mental health needs and how it will work with partners across the Integrated Care System to achieve this. This includes consideration for the delivery of universal NHS commitments and addressing the ICS's four core purposes.
- 3.4 As part of the process of developing the JFPs, they have to come to the HWB(s) which are within the geographic area that the JFP covers to engage the HWB in the process and receive opinion. Specifically the guidance describes required engagement with HWBs as follows:

“ICBs and their partner trusts must send a draft of the JFP to each relevant HWB when initially developing it or undertaking significant revisions or updates. They must consult those HWBs on whether the draft takes proper account of each JLHWS [Joint Local Health and Wellbeing Strategy] published by the HWB that relates to any part of the period to which the JFP relates. A HWB must respond with its opinion and may also send that opinion to us, telling the ICB and its partner trusts it has done so (unless it informed them in advance that it was planning to do so)”

The draft plans for each ICB were shared with the HWB in 2023 ahead of publication.

- 3.5 Given the relative short time frame since the initial JFP's were published each ICB has taken a light touch approach to updating them for 2024-2029.

4 Options

- 4.1 N/A

5 Financial implications

- 5.1 Both JFP's set out the respective ICB's five-year plan and includes a section on Finances. The paper itself though is not asking for financial investment.

6 Legal implications

- 6.1 None identified

7 Equality and Diversity implications

- 7.1 None identified

8 List of appendices

- 8.1 None

9 List of Background papers

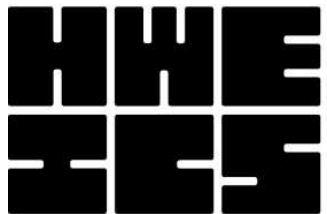
HWE ICB Joint Forward Plan [Hertfordshire and West Essex Joint Forward Plan 2023 - 2028 – Hertfordshire and West Essex NHS ICB](#)

MSE ICB Joint Forward Plan [Joint Forward Plan - Mid and South Essex Integrated Care System \(ics.nhs.uk\)](#)

SNEE [Joint Forward Plan | Lets Talk SNEE](#)

ICS Joint Forward Plans

Update to Essex Health and Wellbeing Board: March 2024



Hertfordshire and
West Essex Integrated
Care System



Mid and South Essex
Integrated Care
System



Suffolk and
North East Essex

Background

- The Health and Care Act 2022 sets out the requirement for each ICB and its partner trusts to prepare a 5-year Joint Forward Plan (JFP) before the start of each financial year.
- As a minimum, the JFP should describe how the ICB and its partner trusts intend to arrange and/or provide NHS services to meet its population's physical and mental health needs.
- Within the JFP guidance it states that each relevant HWB must give an opinion on the plan in relation to whether the JFP takes proper account of each its joint local health and wellbeing strategy.
- Each ICB developed and published their JFP's in 2023, these were shared with Essex HWB in May 2023.
- The JFP is to be reviewed and updated annually and each ICB is currently in the process of refreshing their plans.





Hertfordshire and
West Essex Integrated
Care System

HWE Joint Forward Plan Update:

March 2024

Stephen Madden, Associate Director for
Strategy and Transformation

Working together
for a healthier future



Vision:

A healthy Hertfordshire and West Essex, enabling everyone to live their best lives,
with the greatest possible independence.

Principles:

Integration of health,
care and wellbeing
services

Priority for prevention and
early intervention

Targeted work to
reduce health
inequalities

Involving our citizens
and our staff

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
live and maintain healthy
lifestyles

Priority 4
Enable our residents to age
well and support people living
with dementia

Priority 5
Improve support to people
living with life-long or long
term health conditions or
physical disabilities and to
their families

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

Enablers

Our
Workforce

Delivery at
the right
place

Data and
Insight

Research
and
Innovation

Collaborative
and joint
commissioning

Digital and
Technology

Hertfordshire and West Essex ICB JFP update

- Both the strategy and the high-level delivery plan were developed through engagement with system partners, our staff and residents
- Work is ongoing to baseline our current position to support with effective monitoring of delivery against our priorities.
- Our current JFP
 - takes into account both Hertfordshire and Essex JSNA and our Population Health Management data
 - has been developed incorporating information received from leads within the ICB and our partners



Progress in 23-24

- The trend in both diagnosis and control of hypertension in HWE is improving. We have increased the proportion of people with hypertension who have had a blood pressure check and whose last blood pressure reading is below the age specific threshold.
- The number of people submitting home blood pressure readings have increased significantly
- Extended access for MRI, Audiology is live at Epping Community Diagnostic Centre, with ultrasound available at the Bishops Stortford CDC.
- Theatre productivity rates improved to top quartile nationally (81.7%).
- 1.9% increase in GP appointments in 23-24 compared to 22-23.
- Integrated Neighbourhood Teams have been established on all place footprints and clinical priorities are being agreed and are already in place for some.
- Pharmacy First Service has launched with 255 out of 275 pharmacies in Hertfordshire and west Essex so far signed up
- An increase in the proportion of children with an asthma care plan and a decrease in the rate of Children attending Emergency Department for Asthma
- Improvement in the Sentinel Stroke National Audit Programme (SSNAP) rating for East and North Hertfordshire Trust to a 'B' in September, from previous longstanding 'D' rating
- Have increased CYP mental health access by 44% year on year and have increased support in Early Help by 54%.
- Achieved the Eating Disorder RTT 28 day standard ambition and exceeded the Mental Health Support Team (MHST) target of 23% by 23/24 with Herts and west Essex having 90% SEND MHST coverage across schools.



2024-25 refresh update

- Reflecting changes to operating model, development of HCP's.
- Focussed on same system priorities as last year.
- Additional focus on delivery of 2024-25 priorities, operational and financial plans.
- Developing clearer metrics for measurement –plan for quarterly monitoring and annual summary as part of annual refresh.
- Format updated to make the document more accessible
- Expect to publish update at the end of March and updated Delivery Plan May-June 2024



Hertfordshire and
West Essex Integrated
Care System



Our 2024-25 priorities:

1. A focus on CVD and hypertension
2. Improve UEC through more anticipatory/ Same Day Emergency Care
3. Better care for Mental Health crises
4. Elective care recovery
5. Childrens care backlog reductions

Expected outcomes:

- Reduce under 75 mortality from long-term conditions
- Reduce the rate of ambulatory care sensitive emergency hospital admissions
- Increase in the provision of early help to prevent mental illness and support the health and wellbeing of those with a Severe Mental Illness (SMI), learning disabilities or autism.
- Reduce the numbers waiting for elective activity and diagnostics
- All children will have the best start and live a healthy life



Mid and South Essex
Integrated Care
System



Mid and South Essex

Mid & South Essex Joint Forward Plan: Continued Commitments

March 2024

MSE Joint Forward Plan 2024/25



- Our Joint Forward Plan describes how the NHS in mid and south Essex will work together over the next five years, outlining clear and tangible steps to improve local services for local people.
- All ICBs have a statutory requirement to update their Joint Forward Plans (JFPs) each year (by 31 March)
- MSE is doing that alongside the current Operational Planning round for 24/25
- Our approach is to:
 - Recommit to the Strategic Ambitions that we set out in the 23/24 JFP
 - Highlight progress in delivery against the commitment in the 23/24 JFP
 - Review short and medium term ambitions (1, 3 and 5 years) to identify areas requiring more work
 - Use the Operational Planning process to set out specific actions in 24/25
- In March we expect to publish an updated JFP summary that sets our recommitment to our Strategic Ambitions and progress to date
- Further information on how we will deliver against our ambitions in 24/25 will be published as NHS operational planning is finalised, which is expected in Spring 2024
- ICP priorities are also currently being refreshed



MSE Joint Forward Plan: Strategic Ambitions

- MSE remains committed to the strategic priorities set out in chapter 1 of the 23/24 Joint Forward Plan
- We are looking to group these Strategic Ambitions against three themes

Partnering	Delivering	Enabling
Improve oversight framework rating	Improve quality (access, experience and outcomes)	Supporting our workforce
Let staff lead	Reduce health inequalities	Data, digital, technology
Mobilising and supporting communities	Population health improvement	Financial sustainability
Further developing our system	Operational delivery	Research and Innovation

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MSE Joint Forward Plan: Progress in 23/24 delivery



- MSE's Joint Forward Plan for 2023-2028 set out a total of 403 deliverables
- 176 of those are due for delivery in 2023/24
- As at February 2024:
 - 98 agreed actions have been 'completed'
 - 162 further actions remain 'on track'
 - 59 are defined 'at risk'
 - 84 are currently 'under review'
- The focus for delivery in 2024/25 will be on operational delivery, driving for financial sustainability across the system whilst also maintaining a focus on quality and tackling health inequalities

MSE Joint Forward Plan: Progress in 23/24 delivery



- Achievements to date include:
 - Improved CQC ratings at MSEFT and EEAST coming out of special measures
 - Continued development of the Ageing Well Stewardship programme, which has helped identify 12,000 new people with frailty, dementia and end of life needs since April 2022
 - Launch of nine Integrated Neighbourhood Teams across MSE, early impact from the Basildon INT has helped reduce GP appointments by 48% for a cohort of 643 high users
 - Urgent Care Co-ordination Hub trialled through winter has helped people access urgent care in the most suitable way for them
 - Lung health checks taking place across MSE have helped diagnose 100 new lung cancers in residents
 - Continued investment in addressing health inequalities through funding to support projects, overseen by the Population Health Improvement Board (PHIB)
 - The Healthcare Support Worker academy was launched through the 'One Workforce' initiative
 - Progress in Shared Care Record, which is due to be implemented by summer 2024
 - As at February 2024, around 98,000 patients have participated in the BP@Home programme, reducing the risk of heart disease and stroke for these patients
 - Increased use of Virtual Wards, supported by the Urgent Community Response Team and Hospital@Home
 - Transfer of Care Hubs (TOCHs) established across all four Alliances to support patients onto the right pathway to help them return to independence as quickly as possible

SNEE Joint Forward Plan: Essex HWB update

March 2024

Dr Alexander Royan, Deputy Director for Strategic Analytics

SNEE JFP Strategic Framework



**Suffolk and
North East Essex**

The JFP vision is for everyone at all stages of their life to be able to Live Well across SNEE, with the six domains of the Live Well model defining the outcomes and our delivery commitments. This is underpinned by a focus upon reducing health inequalities and increasing the diversity of the ICB's workforce.

Deliver the best possible health outcomes for every one of the one million people living in Suffolk and north east Essex							
Our outcomes	Start Well: Giving children and young people the best start in life	Feel Well: Supporting the mental wellbeing of our population	Be Well: Empowering adults to make healthy lifestyle choices	Stay Well: Supporting adults with health or care concerns to access support and maintain healthy, productive and fulfilling lives		Age Well: Supporting people to live safely and independently as they grow older	Die Well: Giving individuals nearing end of life choice around their care
Our Five Year Commitments	We will ensure that children and young people have the best chance in life with a particular focus on those most in need	We will support people with mental health needs, including those with learning disabilities or autistic spectrum disorders, to stay mentally well and to get support in the community to live and thrive when they need it	We will empower people to lead healthy lifestyles and reduce the number of preventable deaths	Access to care: We will support people to access the right support, in the right time, in the right place for their health and care needs	Early intervention: We will support adults with timely access to services to enable early detection and diagnosis of disease and risk factors to give people the best chance of maintaining a good quality of life	We will ensure that people who are ageing are able to live safely and independently, experiencing a good quality of life	We will enable people and their families to have high quality care and support from all health and care professionals involved at the end of their life
Cross-cutting priorities	Reduce health inequalities Enshrine equality, diversity and inclusion in our ways of working						
Our Principles	Collaborative Compassionate Courageous Community focused Creative Cost-effective						
Enablers	Workforce Estates Digital Intelligence Procurement Communications & engagement Research & innovation Sustainability						

Our approach to the annual refresh of the JFP included:

- Confirming our continued focus on the long-term targets set out in the 23/24 JFP
- Using the Operational Planning process to set out specific actions in 24/25
- Codeveloping the plan to ensure short- and medium-term plans reflect changes in local and national ambitions
- Updating some of our target indicators to ensure they focus on long-term delivery ambitions whilst reflecting short-term national goals
- Assessing delivery performance in year one of the plan
- Setting up routine monitoring of delivery performance through engagement with the accountable JFP leads for each target indicator and quarterly performance reviews at the Strategic Assurance Oversight Committee
- Expect to publish updated JFP document at the end of March with more detailed delivery plans published May-June 2024

The JFP describes how we will measure performance in achieving the Live Well outcomes through delivery of 21 'target indicators'. A greater number of delivery priorities are articulated through the JFP.

Start well:

1. Increase each year the number of pregnant women from our most deprived and diverse communities who at 29 weeks gestation are receiving Midwifery Continuity of Carer, aiming to achieve the national ambition of more than 75% by 2029*
2. By 2028, no child or young person waits more than 12 weeks for Child and Adolescent Mental Health Services (CAMHS) or 18 weeks for Neurodevelopmental Diagnostic (NDD) Services, prioritising reductions in waiting times for ethnic minorities and those living in the 20% most deprived areas
3. Reduce the hospital admission rate due to asthma of children or young persons living in the most deprived 20% of areas

Feel well:

4. Achieve a 5% year-on-year increase in the number of adults supported by community mental health services
5. Achieve a year-on-year reduction in hospital admission rate for mental health conditions
6. Identify and reduce health inequalities amongst people with severe mental illness, by ensuring at least 90% of people, including those in all disadvantaged groups, receive a full annual physical health check and follow-up interventions by 2028
7. 85% of people aged 14 and over on a Learning Disability register will have had an annual health check and a health action plan completed by end of 2024-25, aiming towards everyone on the Learning Disability register to receive an annual health check and action plan by 2029*

Be well:

8. Halt recent increases in the number of overweight and obese children in reception and year 6 by 2028 and maintain prevalence below the national average
9. Reduce the number of smokers in our population in line with only 5% of the population being smokers by 2030
10. Increase each year the number of units of NHS dental activity delivered

Stay well:

Access to care:

- *Revised indicator, subject to approval by ICB Board.
11. Increase our GP practice teams each year to meet the growing demand whilst increasing the number of trainees and apprentices

Year one achievements across the target indicators include:

- Increasing annual physical health checks for those with SMI
- Halting increases in the number of overweight and obese children in reception
- Increase the number NHS dental units delivered
- Increasing GP practice teams
- Increasing urgent community response activity
- Reducing hospital bed days used by those without a criteria to reside
- Increasing high blood pressure treatment rates
- Increasing AF identification
- Increasing treatment rates for people at high risk of stroke
- Reducing preventable deaths

Our focus for 2024-25 includes putting the wider target indicators on the right trajectory relative to long-term targets.

Essex Health and Wellbeing Board Forward Plan / Proposed Agendas

As of 06/03/2024 (subject to final agreement ahead of each meeting)

HWB 15 May 2024 – 9.30-13.30		
Venue – Essex County Council, County Hall, Chelmsford, Committee Room 1		
	Item and purpose	Leads
	Membership, Apologies, Substitutions and Declarations of Interest	Cllr Spence / Democratic Services
	Minutes of the last meeting and matters arising	
	Questions from the Public	
	Healthwatch Essex: three-year plan 2024-27	
	Joint MSE ARU programme on innovation	Debalina Gupta
	Essex Healthy Weight Strategy	Adrian Coggins
	Dentistry Discussion and Dentistry Map	
	Pharmacy Discussion	
	GP Commissioning	
	One Public Estate	
	Alliance Operational Model	
	Forward Plan	
	AOB	
	Workshop: TBC	Lead TBC

HWB 17 July 2024 – 9.30-13.30		
Venue – Essex County Council, County Hall, Chelmsford, Committee Room 1		
	Item and purpose	Leads
	Membership, Apologies, Substitutions and Declarations of Interest	Cllr Spence / Democratic Services
	Minutes of the last meeting and matters arising	
	Questions from the Public	
	Optometry – link to wider health	
	Update on Health Inequalities	Alastair Gordon
	Overseas Arrival Strategy	
	Forward Plan	
	AOB	
	Workshop: TBC	Lead TBC

HWB 18 September 2024 – 9.30-13.30
Venue – TBC

Item and purpose	Leads
Membership, Apologies, Substitutions and Declarations of Interest	Cllr Spence / Democratic Services
Minutes of the last meeting and matters arising	
Questions from the Public	
Joint HWB Strategy 6-month update	
An update on the East of England Ambulance Service	
Forward Plan	
AOB	
Workshop: TBC	Lead TBC

Items for which a meeting date has not been identified.

Agenda Item(s)	Lead Officer (if known)	Notes / Comments
Principles around approaches to finance and the impact on outcomes.	Lead to be identified	Timeslot and leads to be identified
Items covering: <ul style="list-style-type: none"> - Community Engagement - Business Engagement - Collaboration 	Leads to be identified	ICS leads to work together and advise on how best to cover the topics of Community Engagement, Business Engagement and Collaboration in future Essex HWBB meetings.
Ageing and compression of morbidity - using the Robert Wood Johnson framing	Leads to be identified	To be confirmed
Focus on all age mental health including amongst children	Leads to be identified	To be confirmed

SNEE ICS assessment paper	Leads to be identified	To be confirmed
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Recurring Items to be brought throughout the year

Agenda Item(s)	Lead Officer (if known)	Notes / Comments
Suicide Surveillance Figures Update	Jane Gardner & Gemma Andrews	Recurring item to be brought future meetings (schedule and timings to be agreed)
JSNA – review of new data and reminding partners of its presence and how to access, use etc.	Lucy Wightman	To be brought annually either November or July
Half Yearly Update on the Better Care Fund	Peter Fairley, Will Herbert, Emma Richardson	Suggested January and July meetings.