

Hertfordshire and West Essex ICS  
Charter House  
Parkway  
Welwyn Garden City  
Hertfordshire  
AL8 6JL

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Dear stakeholder,

We are very pleased to pass on the news that on 28 April the Health and Care Bill, the draft legislation designed to reform health and care services and the way they work together, was granted 'Royal Assent' by the Queen. This means that the measures in the Bill will become law in the UK, under the Health and Care Act 2022.

The new Act means that the CCGs can progress as planned to becoming a new organisation, the Hertfordshire and West Essex Integrated Care Board, from 1 July 2022. Our colleagues have been working very hard to prepare our teams, our processes and the people and organisations we work with for this change. We can now move on with certainty towards that 1 July milestone.

The contents of the Bill have been thoroughly debated in both Houses of Parliament in recent months, with amendments made along the way by MPs and members of the House of Lords. The impact of the new legislation will be wide ranging. It is designed to build on the proposals for legislative change set out by NHS England in the Long Term Plan and incorporate the lessons learnt from the pandemic, in order to benefit patients and staff. Systems and structures will reform how health and adult social care work together, with the aim of tackling waiting lists and addressing challenges including a growing and ageing population, the need to support people with chronic conditions and inequalities in health outcomes.

You can read more about the new Health and Care Act, and reactions to yesterday's news from organisations including Healthwatch and the NHS Confederation, in the government announcement [here](#).

## ICS Development

We continue to develop the draft Constitution for the ICB with engagement from wider stakeholders. We submitted our latest draft to NHS England and Improvement last week. The support from stakeholders with this work continues to be greatly appreciated.

Over the past few weeks, leaders of ICSs across the country have received emails from residents concerned about the role of private companies in local decision making. We thought it would be helpful to reiterate for stakeholders what our position is.

Integrated care systems (ICSs) are partnerships of health and care organisations that come together to plan and deliver joined up services and to improve the health of people who live and work in their area. They exist to achieve these four aims:

- improve outcomes in population health and healthcare
- tackle inequalities in access, experience and outcomes
- enhance productivity and value for money
- help the NHS support broader social and economic development.

The new bodies, due to become statutory organisations in July 2022, are all public bodies and will not, and indeed cannot, be controlled by private providers. ICSs have two constituent parts - an Integrated Care Partnership (ICP) and an Integrated Care Board (ICB). The ICB will be the body responsible for commissioning health services, bringing in members from a range of other public bodies including NHS provider organisations (such as mental health trusts, acute trusts, community trusts and primary care) and local authorities.

Our ICB will meet in public, with agendas and papers published in advance. Members of the public will be able to pose questions in advance to be answered during meetings and minutes will be published online after meetings.

As Chair and Chief Executive Designates of the Hertfordshire and West Essex Integrated Care Board, we will work with the other board members to ensure that the NHS provides the highest quality of services possible, on a financially and operationally sustainable footing, free at the point of use, based on need. The important role that NHS organisations play in their local communities - caring for and supporting their employees, and by extension, their families, neighbourhoods, and the local economy - is a responsibility that all local health leaders feel very strongly about. Indeed, the establishment of our ICS gives us more opportunity for the local NHS to play a bigger role in supporting and developing communities, not just to respond to needs for healthcare.

The government made two amendments to the Health and Care Bill which made it clear that individuals cannot be part of an Integrated Care Board or ICB committees if the ICB chair considers that the appointment could reasonably be regarded as undermining the independence of the health service because of the candidate's involvement with the private healthcare sector or otherwise. This amendment is important as organisations which may on the face of it appear to be private companies, could be community interest companies or charitable bodies, or as with a number of GP practices – operate as formal partnerships.

This is in addition to significant safeguards in the Act that ensure the interests of the public and the NHS are always put first. The ICB chair will have the power to veto members of the board if they are unsuitable, and NHS England has the power to issue guidance to ICBs in relation to appointments as part of its general guidance-making power. These measures sit alongside the robust requirements on ICBs to manage conflicts of interests, including publishing and maintaining a register of Members' interests.



## Working with People and Communities

We are currently working with stakeholders including Healthwatch Essex and Healthwatch Hertfordshire to develop the new ICB's strategic approach to working with people and communities. We need to ensure that the voices of the people who live in our area and use health, care and voluntary services are heard at the centre of decision making and governance, at every level of our system. Our developing approach outlines core principles and highlights the ICB's commitment to building positive relationships with communities, so that we can understand their needs and have a positive impact on reducing the inequalities that some of our residents face.

The developing strategy highlights and builds on the good practice, trust and partnership working which has helped to support the population of west Essex and Hertfordshire throughout the many challenges posed by the COVID-19 pandemic.

## Health and care priorities for 2022

### Keeping our maternity services safe

At the start of this month, the final report was published into failures at Shrewsbury and Telford NHS Hospitals Trust which contributed to hundreds of babies' deaths over 20 years. The Ockenden Review, lead by senior midwife, Donna Ockenden, independently examined what went wrong in that organisation and what actions are needed across healthcare settings to prevent similar tragedies happening again.

Maternity and neonatal services in Hertfordshire and west Essex are continuing to implement the urgent and immediate actions needed, with compliance monitored at Board level in each Trust and at the Local Maternity and Neonatal System (LMNS) to ensure momentum is maintained. Areas which are receiving particular focus include: ensuring all women with complex pregnancies have a named consultant lead; securing ringfenced funding for maternity staff training; carrying out risk assessments at every contact during the antenatal period and ensuring these are accurately recorded; and ensuring trust websites have up to date information in formats suitable for people's communication needs. Our Local Maternity and Neonatal System continues to keep local parents-to-be up to date on how safe and high quality care is being delivered through their [Twitter](#) and [Facebook](#) pages, so please follow them if you'd like more information about local services.

### COVID update

While COVID may not be dominating the news headlines any longer, health and care services continue to be affected by the combination of high numbers of patients and service users with the virus, as well as staff absence due to sickness and COVID isolation. Figures for the week ending 16 April estimate that across the UK, 3.8 million, or 1 in 17 of us had COVID. Our GP practices, the ambulance service which serves our region, and our area's acute hospitals are severely impacted and are putting in place contingency measures to maintain service delivery. It still remains a requirement for patients to wear face coverings in health settings, in order to protect staff and fellow patients. We would be grateful for your support in getting this message out to your networks and communities.

The next phase of the vaccination programme is well underway with more than 63,000 spring booster vaccines having been given across our ICS area at the last count. It is now even easier to see the full range of vaccination options in each district or borough council area on the Hertfordshire and west Essex COVID vaccination website, which is updated regularly. The [‘COVID-19 vaccinations near you’](#) section of the website brings together information about which pharmacies, GP practices, large vaccination centres and mobile and pop-up services are in the local area.

We are seeing a surge of interest from parents of 5-11 year olds in protecting their children against COVID. Appointments are being booked up and walk-in options are now being made available at weekends to keep up with demand. Staff at our large vaccination centres are going to great lengths to put children and their parents at their ease, with child-friendly activities and settings designed to make sure that being vaccinated is a positive experience for everybody. More appointment slots are opening up on the national booking site regularly: [www.nhs.uk/covidvaccine](http://www.nhs.uk/covidvaccine), or anyone can ring 119 to book an appointment.

### **Getting community-based health services back on track**

In previous letters we have updated you on how hospital services are working differently to tackle the backlogs created by the pandemic. There is similar focus and determination in our community services to deliver more care for patients as quickly as possible, with the impact of increased demand and staff sickness and isolation causing additional challenges.

To support the wider health and care system at this time of pressure, our community providers have been prioritising care for those with the greatest need, as well as focusing on services which support the health service to deliver urgent and emergency care, such as ‘rapid response’ teams. In east and north Hertfordshire, where clinical need, urgency and risk is equal, operational teams prioritise patients living in the most deprived areas to help those facing the biggest daily challenges to their health and wellbeing. Making the best use of remote monitoring technology and ‘hospital at home’ services is also helping to make sure that people receive their care in the place which will best aid their recovery.

Additional staff and funding are being deployed in service areas including community neurological rehabilitation, children’s audiology services and long COVID support, to tackle waiting lists.

Increased COVID-related sickness absence and the need to redeploy staff to support critical services has resulted in an increase in some waiting times. This is being monitored closely to ensure that any risk of harm to patients is minimised and services get back on schedule as soon as possible. NHS England and Improvement has recently issued new guidance to relax social distancing in some clinical settings, which will have a positive impact on the opportunities for patient group activities which were paused for the period of the pandemic.

Prime Minister Boris Johnson, Chancellor Rishi Sunak and Secretary for Health and Social Care Sajid Javid visited the New QEII Hospital in Welwyn Garden City recently, seeing for themselves the progress being made at the hospital’s Community Diagnostic Hub. A wide range of vital diagnostic tests are being carried at the hospital out at an increased range of

times, making them more convenient for patients and reducing waiting times. We will continue to keep you updated on progress with addressing waiting lists in future letters.

## Local partnerships driving improvements

Our area's three health and care partnerships, which represent the interests of the areas currently served by the three Hertfordshire and west Essex CCGs, plus the Hertfordshire-wide collaborative for mental health, learning disabilities and autism, continue to develop and establish their priorities. Here is an update from each partnership:

- **West Essex's One Health and Care Partnership** has been selected by the ICS to participate in a national programme to develop positive health outcomes for residents in the area.

The eight-week programme brings the NHS together with stakeholders from social care, district councils and members of the public to focus on health inequalities and 'levelling up' in areas most in need. The programme covers digital, data and analytics, governance, functions and finance, ambition, vision and leadership, population health management and integrated transformation. Some elements of the programme will be implemented across the ICS, with the others focusing on the specific issues relating to health inequalities in Harlow and Epping.

A dedicated working group from across health, social care, local authorities and the third sector is enabling effective collaboration and action.

- Over the last few months, the **South West Herts Health and Care Partnership** has:
  - launched its 'virtual hospital', including treatment pathways for both heart failure and chronic obstructive pulmonary disease, building on the successful COVID virtual hospital
  - signed off a clinical model for diabetes as part of the existing Herts Integrated Diabetes Service in our area.
  - considered priority areas for transformation in 2022/23. These will be shortlisted by the integrated clinical and professional advisory group before being reviewed by the board at the end of May.
  - developed a partnership agreement and operating model to support work during its shadow period (runs until July 2022). These documents are being reviewed and updated to ensure that the partnership can evolve in line with the development of the ICB and ICP over the next few months.
- **East and North Hertfordshire Health and Care Partnership** has developed its partnership strategy and has established a portfolio of ten priority transformation programmes including:
  - *Heart failure* – a new clinical model has been designed that focuses on prevention and long term condition management led by teams with different clinical expertise coming together

- *'Waiting Well'* – a pilot programme to provide support to vulnerable patients waiting for hospital treatment through Hertfordshire's 'Community Navigator' service
- *Stroke and neurological care* – which aims to deliver an integrated stroke service that meets the new national standards
- *Frailty* – a broad programme of work which includes end of life care, community-based clinics and supporting people with their skin, tissue and wound care.

The partnership is looking at how it can build on existing relationships with the voluntary sector and have a stronger focus on inequalities and the wider factors which determine people's health and wellbeing.

- **Hertfordshire's Mental Health, Learning Disabilities and Autism (MHLDA) Collaborative** is working at both a strategic and operational level to improve services for our residents. This has included a wide-ranging analysis of the scale of mental health demand in our area and the resource required to meet it. A collaborative approach to designing services which will better support children and young people with attention deficit hyperactivity disorder (ADHD) is also underway. Thanks to a concerted effort by all the organisations which support people with learning disabilities and serious mental illness, COVID-19 vaccination rates are good for these groups.

Significant outreach has taken place to discuss the role of the Collaborative and its transformation priorities for 2022/23. These priorities have been discussed and tested with a range of partners and organisations since the start of the year. And include activity to transform service delivery, to design strategic solutions to longstanding complex issues and to lead on prevention and positive health and wellbeing.

All Collaborative partners are experiencing very high demand on services and there has been rising demand for mental health beds, which has been made worse by the higher number of delays when people are ready to be discharged from hospital. Partners have been working together to identify the right next steps for these patients, recognising that all parts of the system are experiencing high demand and workforce issues.

## Service developments

### Understanding GP practice pressures

To help Hertfordshire and west Essex GP practices to provide high quality patient care when they are under significant pressure, we have been trialling a new digital reporting framework and set of co-ordinated support measures which can be promptly deployed.

The approach is already used to address pressures in hospitals and community health services. By adapting the framework for primary care use, organisations across health and care are now more aware of the pressures facing GPs, so they can respond accordingly.

GP practices report the challenges they face that morning, using an app or computer. This information is visible to colleagues in the CCG, hospitals, community and mental health




trusts. When operational pressures are high, a mobile alert informs the CCG's Primary Care Team, triggering a follow-up call to co-ordinate a response. This could include:

- releasing additional appointments to patients in affected practices via NHS 111
- supporting practices with their call handling, so more patients can get through.

This co-ordinated approach supports practices in the delivery of safe patient care, helping to prevent health problems from worsening and requiring urgent treatment.

We hope you have found this a useful update. As always, we welcome your feedback. Please contact [enhertsccg.communications@nhs.net](mailto:enhertsccg.communications@nhs.net) with your views.

Yours faithfully,



Dr Jane Halpin  
Joint Chief Executive Officer  
Hertfordshire and West Essex ICS & CCGs

CEO Designate, Hertfordshire and West Essex  
Integrated Care Board



Rt Hon Paul Burstow  
Independent Chair  
Hertfordshire and West Essex ICS

Chair Designate, Hertfordshire and West  
Essex Integrated Care Board

