Essex County Council

Health Overview Policy and Scrutiny Committee – member induction 2026

June 2026

Terms of Reference

The Health Overview, Policy and Scrutiny Committee will have the following roles and functions:

i) to review and scrutinise the totality of local services planned and provided including the work of the Health and Wellbeing Board as part of their wider responsibility to seek health improvements and reduce health inequalities for their area and its inhabitants;

ii) to refer contested proposals for major service changes to the Secretary of State;

iii) to scrutinise the social care services provided or commissioned by NHS bodies exercising local authority functions under section 31 of the Health Act 1999;

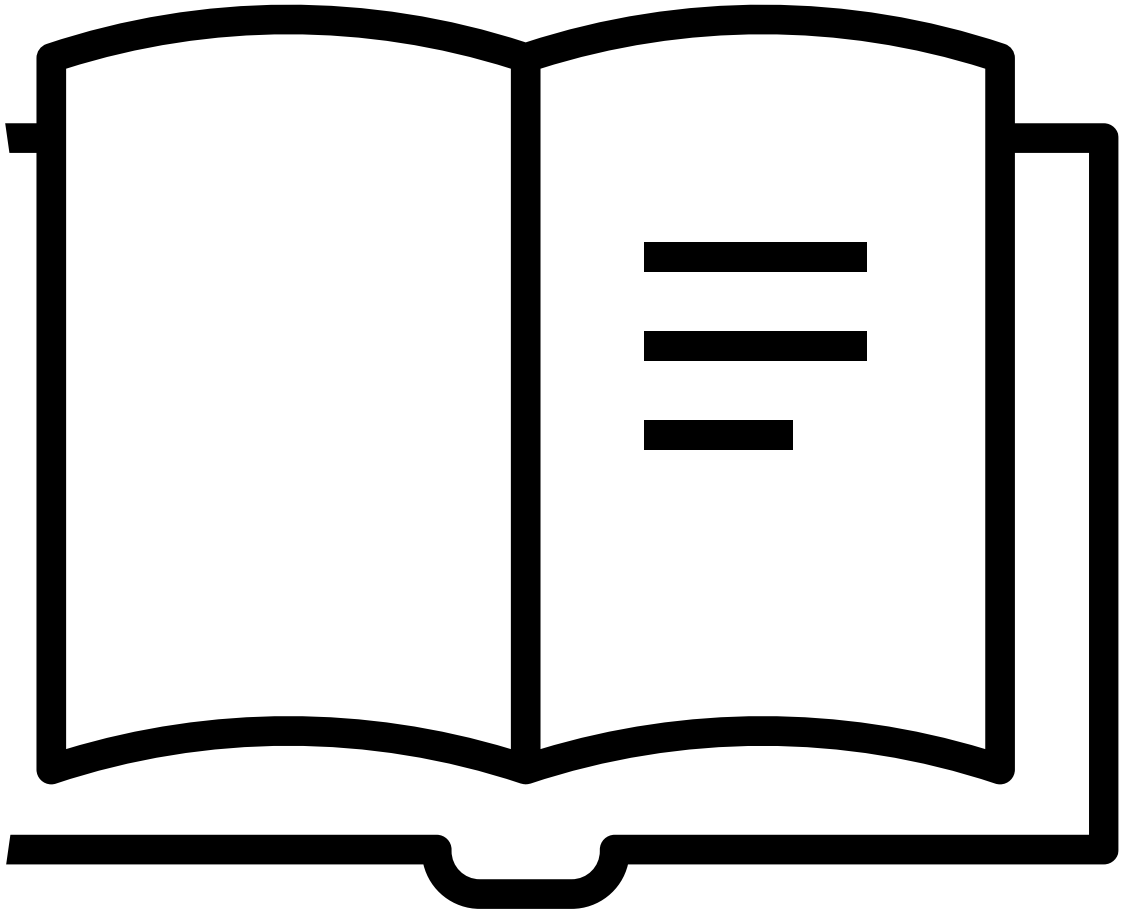
iv) to review or scrutinise health services commissioned or delivered in the Council's area within the framework set out below:

   a) arrangements to secure hospital and community health services to the inhabitants of the Council's area;
   b) the provision of such services to those inhabitants;
   c) the provision of family health services, personal medical services, personal dental services, pharmacy and NHS ophthalmic services;
   d) the public health arrangements in the area; e.g. arrangements for the surveillance of, and response to, outbreaks of communicable disease or the provision of specialist health promotion services;
   e) the planning of health services, including plans made in co-operation with local authorities setting out a strategy for improving both the health of the local population and the provision of health care to that population; and (f) the arrangements made by NHS bodies for consulting and involving patients and the public;

v) to review and scrutinise the totality of local services including social services, planned and provided as part of their wider responsibilities to seek health improvements and reduce health inequalities; and

vi) to act as consultee to an NHS body within the remitted area on issues of:

   a) substantial developments of the health service in the Council's area;
   b) any proposals to make any substantial variation to the provision of such services.



Adult Social Care in Essex

Key People

Cllr Paul Godfrey

Cabinet Member for Health & Adult Social Care

Cllr Paul Godfrey was appointed in May 2026.

Nick Presmeg

Executive Director, Adult Social Care (DASS)

Nick Presmeg was appointed Director, Adult Social Care in January 2017.

Nick has held a number of roles since joining the council in 1999, including Operational Director and Director of Commissioning for Vulnerable Adults, during which time he has championed our agenda of personalisation for social care customers.

Nick has also previously served as Chief Operating Officer for Basildon and Brentwood Clinical Commissioning Group.

Key People: Directors

MCA – Mental Capacity Act
DoLS – Deprivation of Liberty Safeguards

Nick Presmeg
Adult Social Care Executive Director

Peter Devlin
ASC Director, North Essex and Mental Health

Alison Ansell
ASC Director, Mid Essex and Safeguarding, MCA and DoLS

Ruth Harrington
ASC Director, South East Essex and Disabilities

Simon Griffiths
ASC Director, South West Essex and Older People

Jon Dickinson
ASC Director, West Essex and Social Care Practice

Moira McGrath
ASC Director, Strategic Commissioning & Integration

Peter Fairley
ASC Director, Strategy Planning and Assurance

The Director of Strategy, Planning & Assurance has a dual role and is also the managing director of **ECL**.

Essex also has dedicated countywide senior leadership roles for **Principal Social Worker** and **Principal Occupational Therapist**, who work together to develop our professional practice across ASC.

Dr Tanya Moore
Principal Social Worker

Alex Laidler
Principal Occupational Therapist

What is Adult Social Care?

Adult social care covers social work, personal care and practical support for adults with a physical disability, a learning disability and/ or autism, or physical or mental illness as well as support for their family carers.

Adults who cannot perform some **activities of daily living** such as washing, dressing, cooking, or shopping without support have care needs. These needs are often multiple and interrelated with other needs.

Adult Social Care is therefore part of a complex system of related public services and forms of support.

Despite the typical focus in public debate on older people, adult social care is much broader – indeed, ECC spends more on working age adults than we do on older people.

People may need help with:

- Personal care or nutrition
- Keeping their home safe and clean
- Maintaining family or personal relationships
- Participation in work, education or volunteering
- Using community services including public transport
- Caring responsibilities

People's needs may be met through:

- Care & support from family, friends or neighbours.
- Local authority commissioned social services. These are means-tested. Following financial assessment, the person may be asked to pay some or all of their care costs.
- Private care services and support paid for by the adult themselves. (Self-funded)
- Voluntary and community services

Our Legislative Duties

Care Act 2014

The Care Act 2014 imposes duties on Local Authorities to:

- Promote individual wellbeing
- Prevent needs for care and support
- Promote integration and cooperation with health services
- Provide information and advice
- Promote diversity and quality in provision of services
- Assess and meet eligible care and support needs
- Safeguard adults at risk of abuse or neglect

Health and Care Act 2022

The Health and Care Act 2022 established Integrated Care Systems (ICSs) that bring together providers and commissioners of health and care services and other partners to plan health and care services to meet the needs of their local population. The Act includes duties to:

- Establish Integrated Care Boards (ICBs)
- Integrate Services
- Participate in Integrated Care Partnerships (ICPs)
- Collaborate with the Care Quality Commission (CQC)
- Address Health Inequalities

Local Authorities also have duties under:

- **Mental Health Act 1983 (as amended) 2007**
- **Mental Capacity Act 2005**
- **Equality Act 2010**
- **Human Rights Act 1998**

How many people we support in Essex

At any one time in Essex, we support **between 17 – 18,000 people**. This can be roughly broken down into…

Older People

Adults with Learning Disabilities and/or Autism

Adults with physical and/or sensory impairments

Adults with mental health needs

We also support around **4,000 carers.**

Vision and Mission

Our vision: Enabling people to live their lives to the fullest

Our mission: Making the difference every day

The ambition is for people to enjoy:

- Maximised independence and wellbeing
- Choice and control over health and care
- Access to a place called home
- Access to social and employment opportunities
- Positive experience of health and social care
- Reduced inequalities and increased inclusion
- People at risk can live free from abuse, harm and neglect

This focus on **independence**, **wellbeing** and **safety** enables the Council to fulfil its statutory duties under the Care Act 2014.

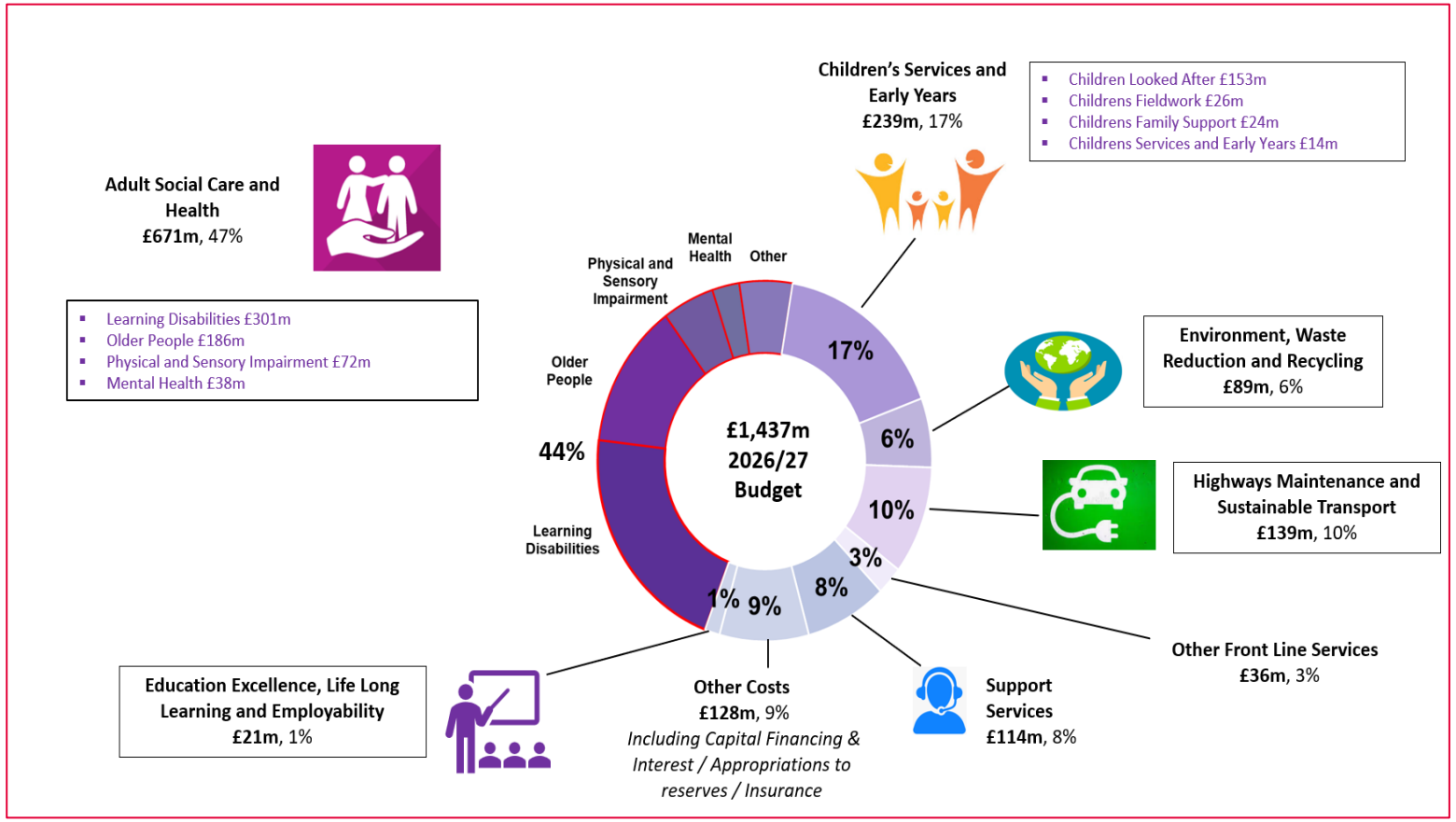
Council budget allocation overview (data based on portfolio)

Adult Social Care is by far our biggest area of spend, at **£671 million, 47%** of the total council budget.

The largest areas of spend within this are **learning disabilities (£301m) and older people's care (£186m),** reflecting both long-term, high-cost support and an ageing population.

The council's overall financial sustainability is heavily dependent on managing demand and cost pressures in Adult Social Care.

The 2026/27 ECC Revenue Budget (Net)



Demand

ASC now has **16.3% more contacts and referrals each year** than in 2019/20.

This is in line with our ageing and growing population.

Our focus on supporting people to be independent has helped us mitigate this demand growth.

We have only seen a **4% increase since 2019/20 in long term care**.

While demand for Adult Social Care grows, we are focussing on ensuring we support people to remain at home and as independent as possible.

7.3% of older people who leave hospital receive reablement, compared to 5.7% nationally. This supports **low residential care rate admissions** (573 admissions per 100k people compared to 592 most recent nationally published data).

Our frontline operational workforce has been static since 2019/20.

The workforce is under pressure due to increasing demand and will struggle to meet future growth.

We are developing new ways to support our workforce and are monitoring team activity levels so we can support teams which complete less activity.

ASC strategic goals and outcomes

The council's key strategic goals are built around helping people with care needs to **live as independently and safely** in their own homes for as long as they can and ensuring they have the support they need to promote their **wellbeing and quality of life**. By doing this, it is also contributing to the council's work around levelling up the county and enables the Council to fulfil its statutory duties under the Care Act 2014.

Adult Social Care Business Plan 2025-28 vison and objectives: ***People in Essex living their lives to the fullest***

- Financial Sustainability
- Maximise Operational Capacity
- Manage Demand
- Improve Customer Experience
- Supported, Happy Workforce

Our major challenges

Growing Demand

Growing and ageing population; greater complexity of need; economic factors.

Financial pressures

Funding struggling to keep pace with demand; national uncertainty on funding.

Workforce

Recruitment and retention a challenge for the sector.

Mental Health

Increasing demand, exacerbated by the pandemic and cost-of-living challenges; challenges with mental health assessments, inpatient support and supporting people out of hospital.

Local Government Reorganisation (LGR)

There are significant implications arising from LGR for ASC, we have commenced work to understand theses implications and start to prepare.

Wellbeing, Public Health and Communities

Helping residents live longer, healthier lives and reducing avoidable demand on council and NHS services.

Sarah Muckle – Director of Wellbeing Public Health and Communities

What is Public Health

Key areas of public health

Health protection: Protecting the community from immediate threats like infectious diseases, environmental hazards, and chemical incidents.

Health improvement: Promoting healthier lifestyles and addressing the social and environmental factors that cause illness, such as poor housing or education.

Healthcare public health: Improving the quality and effectiveness of healthcare systems themselves, ensuring services are based on evidence and are accessible to all.

Public health is the science of preventing disease, prolonging life, and promoting health. It does this by focusing on the health and wellbeing of populations and not just individuals

.

Public Health in Local Authorities

The Local Authority, via the Director of Public Health, has a duty to improve public health under Section 12 of the Health and Social Care Act 2012. This duty is expected to be executed via the delivery of mandated and non-mandated functions that best meet the needs of the local population (including having regards to the Joint Strategic Needs Assessment and Joint Health & Wellbeing Strategy)

Mandated functions include:

- Weighing and measuring of children at reception and year 6 (i.e. the National Weight Measurement Programme)
- NHS Health Check assessment and delivered, offered every 5 years to eligible residents who meet criteria
- Provision of open access sexual health services
- Provision of Public Health advice to the NHS via Integrated Care Boards
- Health protection, including prevention, planning for and responding to emergencies;
- Oral health

Non-mandated functions that have to be delivered:

- Drug and alcohol provision
- Children and young people (Health Visiting and School Nursing)

Budget – Public Health Grant

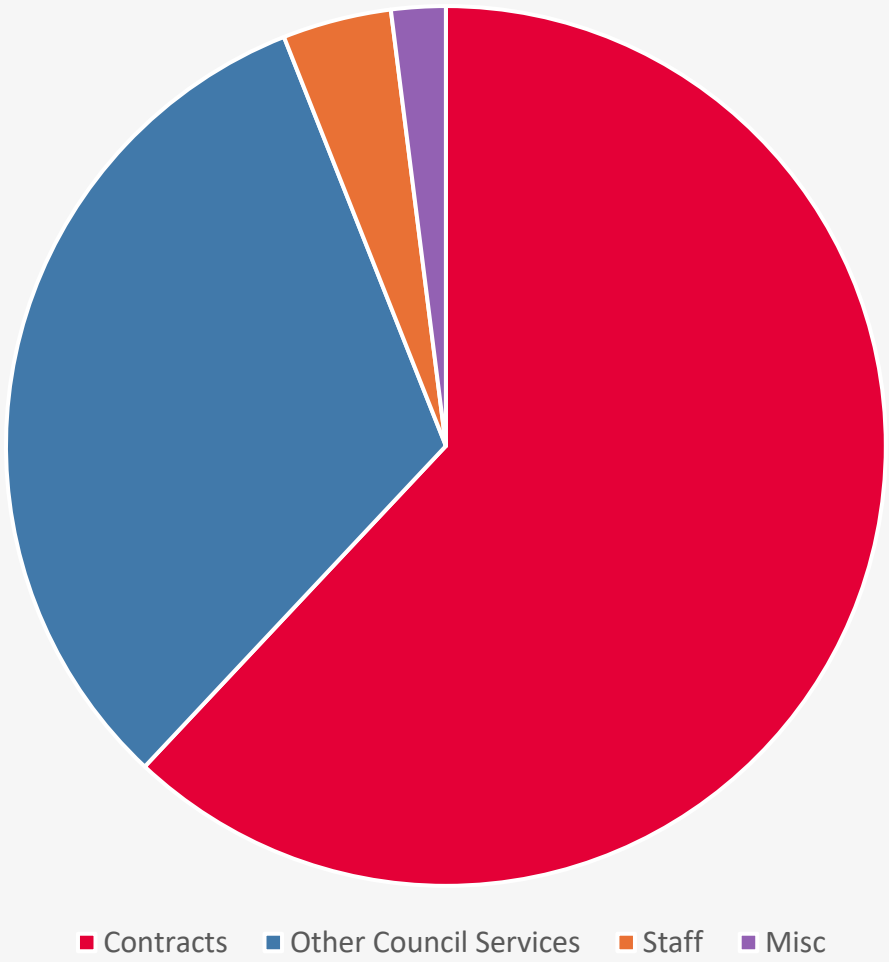
The public health grant is paid to local authorities from the Department for Health and Social Care (DHSC) budget. It is used to provide services that help to improve or protect health of residents.

There is a set of conditions attached to the grant that govern how it can be used

Spend is closely monitored and audited to ensure it meets grant criteria by DHSC.

Largest contracts include:

- Drug and Alcohol Services (£15m)
- Essex Child and Family Wellbeing Service (£25m)
- Sexual Health prevention and treatment services (£9.2m)
- Essex Wellbeing Service (£6m)



Delivering Public Health

2 overarching outcomes:

- Increased healthy life expectancy
- Reduced differences in life expectancy and healthy life expectancy between communities

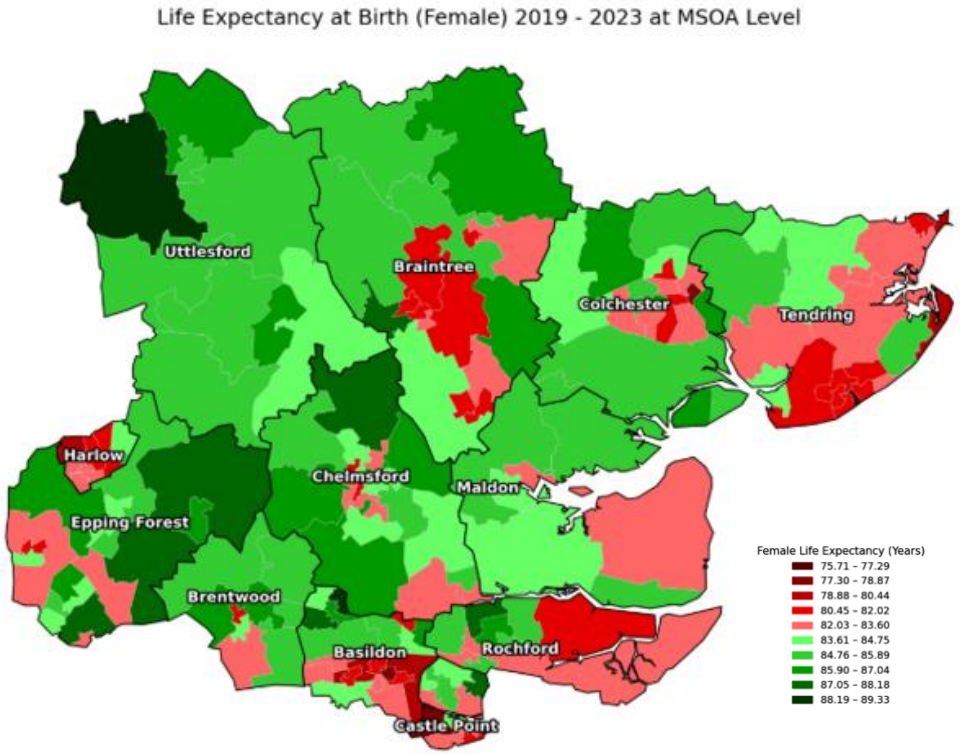
Underpinned by:

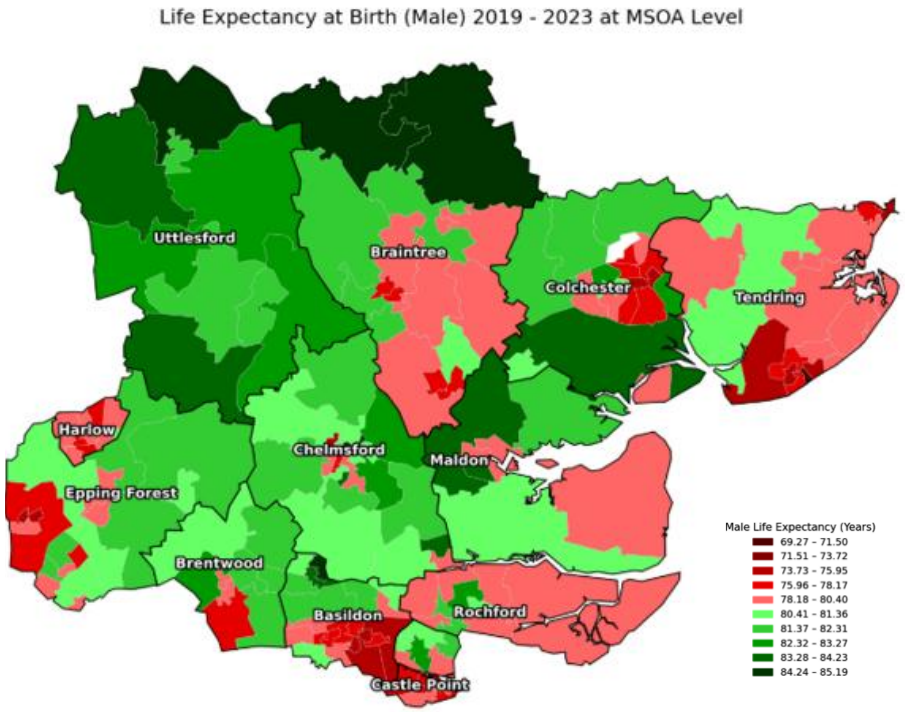
- 75 high level indicator categories
- 161 individual indicators

Essex:

- At County level almost all are green – except road accidents and suicides
- Significant pockets of variation across all domains within Districts that can be overlooked
- Areas that are significantly worse – reflect areas experiencing poverty and deprivation, these areas have multiple competing needs

Life Expectancy in Essex





The average life expectancy for females in Essex is 83.6 years, while that of males is 80.4 years (2019 – 2023).

Another way to look at differences across Essex...

Healthy life expectancy estimates

District	Place	Lowest	Place	Highest	Miles	Difference
Basildon	Chaveldon	56.29	Billericay North East	75.23	7.4	18.94
Braintree	Bocking	61.66	Panfield, Finchingfield, Bardfield	71.08	2.0	9.42
Brentwood	Brentwood South and Warley	67.37	Brook Street and Pilgram Hatch	72.67	1.4	5.3
Castlepoint	Canvey Island North West	60.06	Thundersley Glen	71.58	6.2	11.52
Chelmsford	Melbourne	60.05	Springfield South and Coronation Park	73.67	2.7	13.62
Colchester	Greenstead	56.53	Wivenhoe	71.57	3.7	15.04
Epping Forest	Waltham Abbey North	63.09	Chigwell	71.98	7.5	8.89
Harlow	Potter Street	61.48	Old Harlow and Newhall	68.68	2.7	7.2
Maldon	Maldon North	66.2	Gt Totham, Wickham Bishops and Woodham	72.37	3.8	6.17
Rochford	Rochford Town and Canewdon	63.1	Rayleigh South	72.36	5.9	9.26
Tendring	Clacton Central	51.74	Arlesford	68.86	9.5	17.12
Uttlesford	Takeley, Airport and Mountfitch South	70.31	Audley End, Asdon and The Chesterfords	74.74	13	4.43
England	65.8 years average					

Healthy life expectancy is the average number of years a person is expected to live in "good" or "very good" health, free from limiting illness or disability

Across the county this varies, and within some districts the difference can be over a decade just a few miles down the road.

Essex County Council
PUBLIC HEALTH

Sarah Muckle
Director of Wellbeing, Public Health and Communities
Leadership Assistant: Joshua Blake

Chris French
Assistant Director of Public Health.

- Essex Trading Standards Service
- Sexual Health
- NHS Health Checks
- Workplace Health

Laura Taylor-Green
Programme Director, Wellbeing and Public Health

- Policy, Strategy, integration and Transformation

Katherine Thompson
Public Health Consultant
- Mental Health
- Children & Young People

Danny Showell
Public Health Consultant
- Health Protection

Maggie Pacini
Public Health Consultant
- Healthcare Public Health
- Smoking & Vaping
- Overseas Arrivals Team

Adrian Coggins
Head of Wellbeing & Public Health
- Wider determinants of Health
- Essex County Travellers Unit
- Healthy Weight

Ben Hughes
Head of Wellbeing & Public Health
- Marginalised Groups

Charlotte Britton
Head of Wellbeing & Public Health
- Community Wellbeing
- Countywide
- Health Improvement
- Sexual Health

Jason Fergus
Head of Active Essex
- Active Essex Team
- Countywide

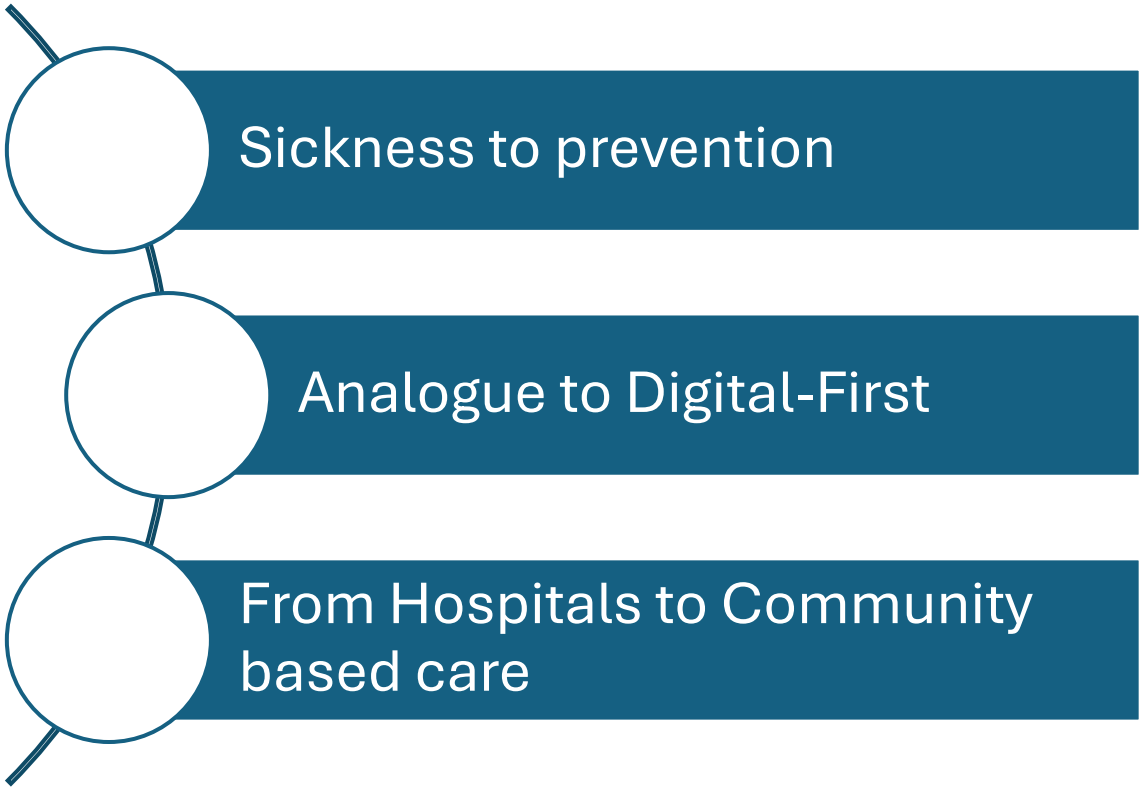
- District/Borough/ City Practitioners
- Expert Support Services

Essex Integrated Care Board (ICB)

The Essex Health and Social Care system

NHS 10-Year Plan

The NHS 10 year plan proposes significant changes to the structure of the NHS and the way it works. Alongside the restructuring of local Integrated Care Boards and a focus on neighbourhood health it proposes three shifts:



Other points to note

- Reform of Better Care Fund (BCF) 26/27
- Neighbourhood Health Plans drawn up by local government, the NHS and its partners (includes social care and BCF)
- National platform to support volunteers in Neighbourhood Teams
- Partnering with national charities to create new formal support for people with a new diagnosis
- New funding flows and year of care payments
- Mayor to be a member of the Integrated Care Board (ICB)
- ICBs will be strategic commissioners of population health
- NHS foundation trust (FT) model place greater focus on partnership working and on population health outcomes.

Role of the Health and Wellbeing Board

Purpose:

- Build strong and effective partnership working to improve the wellbeing of local people.
- Focus on the health and wellbeing needs local people.
- Set the strategic direction to improve health and wellbeing and reduce health inequalities.

Statutory responsibilities:

- Assessing the health and wellbeing needs of their population and publishing a JSNA
- Publishing a joint health and wellbeing strategy (JHWS): priorities for improving the health and wellbeing of its local population and reducing health inequalities, informed by the JSNA.
- The Joint Health and Wellbeing Strategy should inform joint commissioning arrangements at place
- To develop a pharmaceutical needs assessment (PNA) for their area
- Better Care Fund plans – support integration and improved outcomes through pooled budgets
- Integrated Care Boards (ICB) – plans align with JHWS priorities, place based collaboration

Integrated Care Board (ICB) update

ICB Blueprint

- Across the East of England, the number of ICBs reduced from **six to three** in April 2026.
- There is now a **single ICB** covering Greater Essex.
- As part of this the ICB had to reduce running costs to **c.£19 operating cost per head of population**. For our ICBs this seems to be between 25-35%.
- **Changing responsibilities** with some functions transferring to regional teams and providers.
- Some of the changes remain unclear and several appear to require **new legislation**.

Essex Localities

Our **5 localities** are a similar size to individual London boroughs. Our largest (**Mid Essex, 413,000)** and smallest localities **(South-East, 178,000)** have a bigger population than the equivalent largest and smallest London borough.

We **work closely with partners,** and each locality has an acute hospital and multiple lower tier housing authorities.
Each locality has a **specialist social care team** for:

- Discharge to Assess
- Learning Disabilities and Autism
- Physical and/or Sensory Impairments
- Older Adults with Mental Health needs

Total number of locality teams: 44

Within each locality, **neighbourhood teams** align, as closely as possible, to primary care networks with populations of up to 50k.

ICB update what's changing

Focus on strategic commissioning: ICBs will concentrate on improving population health and reducing inequalities, with a clearer national focus on prevention, care closer to home, and digital access whilst commissioning key services such as GPs and dentistry.

Oversight of provider performance: It is expected that some existing ICB functions will be undertaken at a regional level, such as oversight of provider performance – particularly around finance, quality, operational performance, where there are ongoing challenges.

Community transformation shift: Over time, responsibilities such as estates, workforce and medicines optimisation are expected to move from ICBs to emerging neighbourhood care providers. However, the pace of change will be different across the country.

Primary care contracting: ICBs will continue to be responsible for GP contracting, and the delegated commissioning of pharmacy, optometry and dentistry.

Key People in the ICB

Tom Abell
Chief Executive Officer

Michael Watson	Jennifer Kearton	Dr Matthew Sweeting	Dr Giles Thorpe	Emily Hough	Beverley Flowers
Executive Director of Corporate Services	Executive Director of Finance & Commercial	Executive Medical Director	Executive Director of Nursing	Executive Director of Strategy	Executive Director of Neighbourhood Health

Care in the community and primary care

Primary care

- GPs, dentists, opticians and pharmacies.
- Provides diagnosis, treatment, prevention and directs patients to hospital care when needed.
- Commissioned locally by Integrated Care Boards (ICBs).
- Essex ICB is improving primary care through Modern General Practice, better triage, digital tools, workforce transformation and effective partnerships.

Community services

- Deliver free NHS care in people's homes, care homes, clinics and community hospitals.
- Help people to manage long-term conditions, recover from illness and live independently without needing hospital stays.
    - **Urgent Community Response**: rapid crisis care in person's home to prevent hospital admission.
    - **Therapies**: Physiotherapy, occupational therapy, speech & language therapy.
    - **Specialist clinics** for specific needs.
- Essex ICB is reviewing community services to align with the Neighbourhood Health Framework and build on good practice such as the West Essex **Care Closer to Home** model.

Neighbourhoods

The NHS 10-Year Health Plan aims to transform neighbourhood health by shifting care from hospitals to the community, focusing on prevention, and integrating digital tools, creating local Neighbourhood Health Centres with multidisciplinary teams to deliver proactive, accessible care.

Neighbourhoods

- **Population**: Around **30,000–50,000** people.
- **Role**: Integrated teams delivering proactive, personalised, and preventative care. Includes GPs, community services, and voluntary sector partners.

Multi-Neighbourhoods

- **Population**: **100,000–250,000+** people.
- **Role**: Delivery of more complex community services, shared workforce models, and economies of scale. Often aligned with provider collaboratives.

The **Neighbourhood Health Framework** sets out how health and care services will be organised more locally. The aim is to:

- Improve access
- Strengthen prevention
- Reduce reliance on hospitals by expanding care in communities.

It introduces a new model of neighbourhood health, where NHS, local authorities and community partners jointly plan and deliver services for local populations. Includes:

- **Integrated Neighbourhood Teams**
- A network of **Neighbourhood Health Centres** by 2035.
- A focus on **prevention and proactive support** for people with frailty, long-term conditions, children and young people and those needing end-of-life care.
- New **outcome measures** and **commissioning approaches** to support local integration and shift resources to neighbourhood services.

Neighbourhoods – Our aims, principles and key points

Aims

- Enable independence, wellbeing and inclusion
- Provide simple, accessible routes to information, advice and support
- Deliver a preventative, home-first model of care
- Support employment and economic participation
- Ensure services are organised around people, not organisations
- Reduce duplication, bureaucracy and inappropriate demand

Principles

Neighbourhoods must:

- Support delivery of ASC statutory responsibilities
- Deliver measurable return on investment (ROI) and productivity improvements for ASC and wider ECC
- Operate on an all-age / whole-family basis
- Align activity to prevention, early intervention and demand management

Core Features

- **Multidisciplinary teams**: ASC, NHS, mental health, housing, VCSE and employment services
- **Care coordination**: reducing duplication and improving outcomes
- **Whole-household approach**: addressing wider determinants (housing, finance, employment)
- **Asset-based working**: prioritising community and preventative support
- **Continuous care model**: moving the NHS approach from episodic to ongoing support

Key points of discussion with the ICB:

- Cohorts and priorities
- Differing eligibility criteria – social need is not always social care responsibility
- Resourcing –There is not new money for neighbourhoods. Focus is on where we can realign / reprioritise
- Measuring benefit and where it falls
- LGR impacts and misalignment of footprints and governance
- Variability in VCSE and community capacity across neighbourhoods

Better Care Fund

The Better Care Fund (BCF) is a national programme designed to support closer health and social care integration through pooled budgets between local authorities and NHS partners. Joint plans must be endorsed by health and wellbeing boards and assured by NHS England and should aim to deliver more joined-up and preventative care (particularly for people with more complex needs) and help people stay independent for longer. *BCF framework 2026/27*

Background

The BCF was introduced in 2015/16 as a mandated pooled budget between local authorities and the NHS.

Over time, the framework has evolved alongside changing national requirements, with key challenges including:

- Introduction of multiple, highly prescriptive funding streams (now simplified into three core elements).
- Significant NHS structural changes in Essex, moving from five CCGs to three ICBs and, since April 2026, a single Essex ICB aligned to Greater Essex.
- Predominantly one-year planning cycles, often delayed to align with NHS planning, although a provisional three-year settlement is now in place to 2028/29.

Pooled Funding

The minimum value of the BCF for ECC is **£219.5m** in 2026/27, made up of 3 funding streams that must be pooled:

- **NHS Minimum contribution (£147m)**, including a mandatory minimum contribution to adult social care (£55.2m); part of NHS Integrated Care Board (ICB) funding allocations.
- **Local Authority Better Care Grant (£57.2m)**, a specific grant for adult social care to help meet BCF priorities.
- **Disabled Facilities Grant (£15.3m)**, capital funding used by housing authorities for home adaptations, to enable eligible disabled people to continue living safely and independently. Grant funding received by ECC is paid directly to the 12 lower tier authorities.

Mental health

Essex County Council

NHS Essex Partnership University NHS Foundation Trust

Significant increase in demand for Mental Health Act assessments. Health partners also seeing significant pressures on mental health bed occupancy.

A stronger focus on prevention and early intervention. Early Help and Wellbeing Service that is 'needs focused' and open to self-referrals.

Section 75 partnership arrangement in place with Essex Partnership University NHS Trust for specialist community mental health teams.

Lampard Inquiry - Independent statutory inquiry investigating the deaths of mental health inpatients in Essex between 2000 and 2023.

healthwatch Essex

As part of its duties under the Health and Social Care Act, ECC is required to maintain a local Healthwatch service.

Independent Community Voice

Healthwatch Essex is an independent charity that represents resident voices to improve health and social care services in Essex. It also provides information and advice to the public.

Amplifying Underrepresented Voices

Programs like the Trauma Ambassador Group empower people with lived trauma to shape service delivery.

Research and Advocacy

Collaboration with academic studies ensures real-life experiences influence health research and policy decisions.

Impact Through Outreach

Published reports translate lived experience into actionable improvements; recent reports include ‘Journey of a Young Carer to Young Adult Carer’ and ‘Living with Mould’.

Impact so far:

12,949

Calls received

90

Reports published

14,247

Subscribers & followers

Terms of Reference

The Health Overview, Policy and Scrutiny Committee will have the following roles and functions:

i) to review and scrutinise the totality of local services planned and provided including the work of the Health and Wellbeing Board as part of their wider responsibility to seek health improvements and reduce health inequalities for their area and its inhabitants;

ii) to refer contested proposals for major service changes to the Secretary of State;

iii) to scrutinise the social care services provided or commissioned by NHS bodies exercising local authority functions under section 31 of the Health Act 1999;

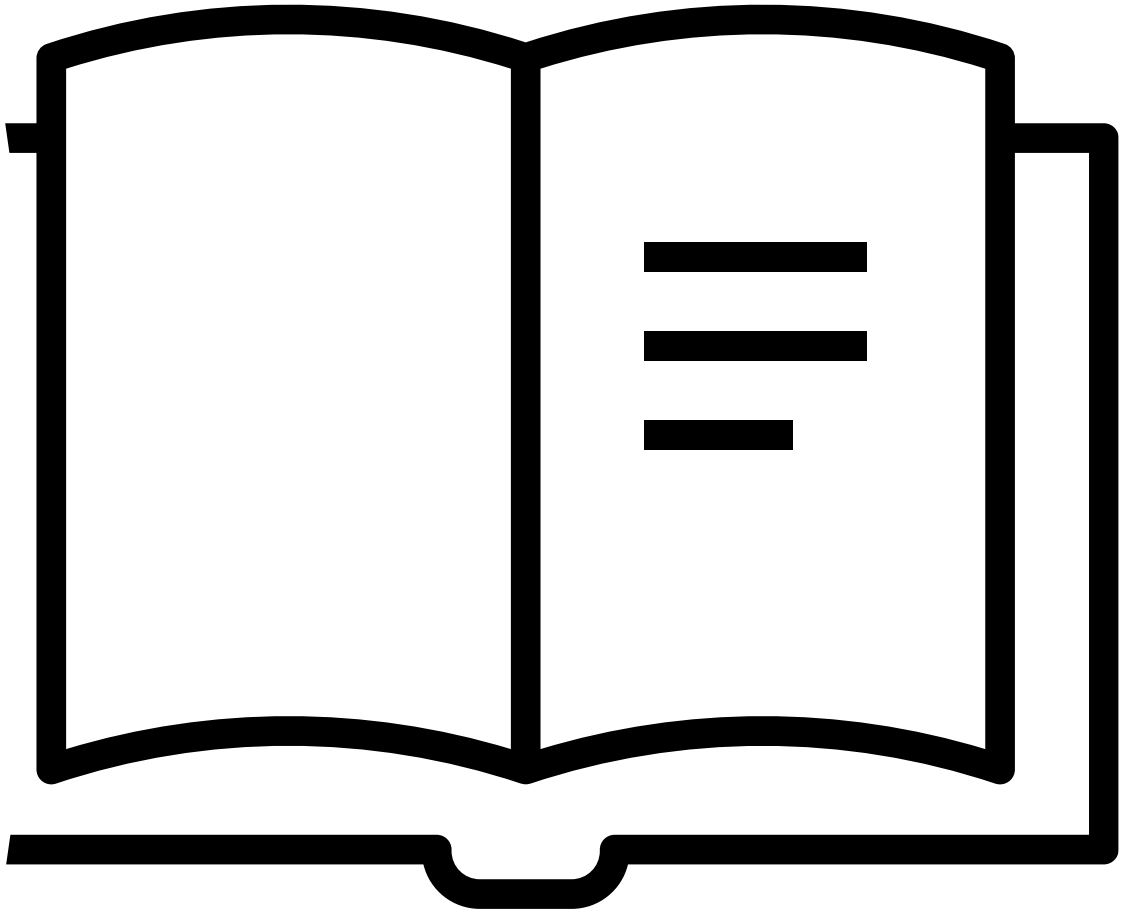
iv) to review or scrutinise health services commissioned or delivered in the Council's area within the framework set out below:

   a) arrangements to secure hospital and community health services to the inhabitants of the Council's area;
   b) the provision of such services to those inhabitants;
   c) the provision of family health services, personal medical services, personal dental services, pharmacy and NHS ophthalmic services;
   d) the public health arrangements in the area; e.g. arrangements for the surveillance of, and response to, outbreaks of communicable disease or the provision of specialist health promotion services;
   e) the planning of health services, including plans made in co-operation with local authorities setting out a strategy for improving both the health of the local population and the provision of health care to that population; and (f) the arrangements made by NHS bodies for consulting and involving patients and the public;

v) to review and scrutinise the totality of local services including social services, planned and provided as part of their wider responsibilities to seek health improvements and reduce health inequalities; and

vi) to act as consultee to an NHS body within the remitted area on issues of:

   a) substantial developments of the health service in the Council's area;
   b) any proposals to make any substantial variation to the provision of such services.



The previous 12 months

Service	Topic
East of England Ambulance Service NHS Trust (EEAST)	NHS League Tables
East Suffolk and North-East Essex NHS Foundation Trust (ESNEFT)	Operational update Overview of the first-year performance of Essex and Suffolk Elective Orthopaedic Centre
Essex Partnership University NHS Foundation Trust (EPUT)	Mental Health Services
Greater Essex ICB transition	General Update
Healthwatch Essex (HWE)	Carers Voices Project Living with Cancer
Greater Essex ICB's	Pharmacies
Mid and South Essex NHS Foundation Trust (MSEFT)	10-year strategy Improvement Plans NHS League Tables operational update
North-East London NHS Foundation Trust (NELFT)	Mental Health Services
Princess Alexandra Hospital (PAH)	Operational update NHS Oversight Framework report Phlebotomy service