

Essex County Council HOSC Update from Integrated Care Systems

Introduction

This paper has been prepared jointly by the three integrated care systems (ICS) that partner with Essex County Council:

- Hertfordshire and West Essex ICS
- Mid and South Essex ICS
- Suffolk and North East Essex ICS

The paper answers specific questions outlined by the HOSC chair and is provided for information. Officers from the three ICSs will be in attendance at the HOSC.

Background

Integrated Care Systems have existed for some time (although not on a formal, statutory basis). Essex County Council elected members and senior officers have been fully involved in the development of the three ICSs, including the development of 5-year strategies at the end of 2019.

The Health and Care Act 2022 enacted the government's judgement on ICS configuration and placed integrated care systems (ICS) on a statutory footing. Locally and nationally, ICSs bring together NHS, local authority and third sector bodies with the explicit aim of supporting communities and delivering better, more integrated care.

On 1 July 2022, 42 ICSs were formally established across England. Each ICS now includes two new statutory elements:

- An NHS ICB (Integrated Care Board): responsible for NHS services, funding, commissioning, and workforce planning across the ICS area
- An ICP (Integrated Care Partnership): drawing together a broad range of partners concerned with improving the care, health and wellbeing of the population. ICPs are jointly convened by upper tier local authorities and the NHS ICB. Partners include upper tier local authorities, district, city and borough councils, VCSE partners, Healthwatch, higher education partners, police, and NHS organisations. Each ICP has a formal responsibility to develop a single Integrated Care Strategy for its population, drawing on resources and strategies of Health and Wellbeing Boards and other partners. The ICB will need to have regard to this integrated care strategy in its conduct of business. This presents a real opportunity to ensure that the NHS is more outward facing and cognisant of its wider responsibilities for population health and wellbeing.

Place based delivery is also vital to the success of the ICSs in supporting local communities. Across Essex, the following Alliances (or place-based partnerships) exist to bring together more local partners (including, but not limited to district, city, and borough councils, VCSE partners, NHS organisations, primary care networks, local delivery pilots, businesses, education, and others), to support the delivery of health and care services locally. These are:

Hertfordshire & West Essex	Mid & South Essex	Suffolk & North East Essex
East & North Hertfordshire Health and Care Partnership	Basildon & Brentwood	North East Essex
South & West Hertfordshire Health and Care Partnership	Mid-Essex	
West Essex Health and Care Partnership	South East Essex Thurrock	

Questions posed by HOSC

What are the priorities of the ICSs?

In response to the NHS Long Term Plan, each ICS established its 5-year strategy in 2019. Each strategy was developed in partnership with ECC (and wider partners); they therefore have much in common, but reflect the particular needs of different places. The three separate documents were discussed with the Essex Health and Wellbeing Board. The key shared ambitions of the 5-year strategies are summarised below (links to the full documents can be found at the end of this document):

Herts & West Essex ICS	Mid & South Essex ICS	Suffolk & North East Essex ICS
<p>-Meeting people's health and social care needs in a joined-up way in their local neighbourhoods, whenever that's in their best interests</p> <p>-Adopting a shared approach to treating people when they are ill and prioritising those with the highest levels of need, reducing the variations in care which currently exist.</p> <p>-Placing equal value and emphasis on people's mental and physical health and wellbeing</p> <p>-Driving the cultural and behavioural change necessary to achieve the improvements we need.</p> <p>-Ensuring that we have the workforce, technology, contracting and payment mechanisms in place to support our strategy, delivering health and care</p>	<p>Reduce health inequalities by:</p> <ul style="list-style-type: none"> - Creating opportunities - education, employment, housing, socioeconomic growth - Supporting health and wellbeing - with a focus on prevention, self-care and early intervention - Bringing care closer to home – where safe and possible - Improving and transforming our service – to deliver the best outcomes for our residents 	<p>A primary ambition to reduce the health inequalities caused by deprivation.</p> <p>Other Higher Ambitions:</p> <ul style="list-style-type: none"> - Every child to have the best start in life - A health life for everyone - Earlier diagnosis and treatment for cancer - Support for those living with obesity - Zero suicide - The best quality of life as we grow older - The support and compassion we deserve at the end of life

support efficiently, effectively and across organisational boundaries		
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What is the NHS commitment and focus to the wider determinants of health - levelling up, deprivation indices etc? If there was a more systemic commitment then perhaps even better outcomes could be achieved?

Integrated Care Systems have been established with four core purposes:

- Improve outcomes in population health and healthcare
- Tackle inequalities in outcomes, experience and access
- Enhance productivity and value for money
- Help the NHS to support broader social and economic development

The final bullet point could be perceived as a relatively new concept for the NHS, however, we have had anchor programmes running for a considerable period – recognising that, as major employers and contributors to the local economy, we all have a part to play in supporting socioeconomic growth and the levelling up agenda.

In Mid and South Essex, partners have been working together across Essex on anchor-related work including successful partnership work between ECC and MSEFT to bring employment opportunities to local residents, including internships for young people with learning disabilities in Mid and South Essex. All partners have signed up to an ICS Anchor Charter.

Similarly, Herts & West Essex has formed a West Essex Anchors Group with local partners, including colleges, and also leads the Essex-wide workstream on *Employability* in the public sector. [

Suffolk and North East Essex ICS has brought partners together through an ICS Anchors Programme. The Anchor Programme Board, chaired by Helen Taylor, Chair of East Suffolk and North Essex NHS Foundation Trust (ESNEFT), comprises stakeholders from organisations, Alliances, and a variety of ICS groups and forums to provide strategic oversight and to ensure an effective, joined-up whole system approach aligned to our Primary Ambition of 'enable health equality for everyone'. NHS and wider health and care organisations have signed up to an ICS Anchor Charter that underlines their commitment and a dashboard to monitor progress is being developed. NHS England and NHS Improvement has identified the ICS as a new National Accelerator site and we are committed to sharing our learning with other systems through local, regional and national networks through an online Community of Practice containing information, case studies and links to other reading materials.

Also in Suffolk and North East Essex ICS, the Clacton Place programme seeks to improve health outcomes through employment and skills, in recognition that good employment and having the right skills to find work are the most effective way to turn back the tide on the long-term decline in living standards and health inequalities. The

project is also considered by NHS England to be a national exemplar. [NHS England » Reducing health inequalities in Clacton-on-Sea](#)

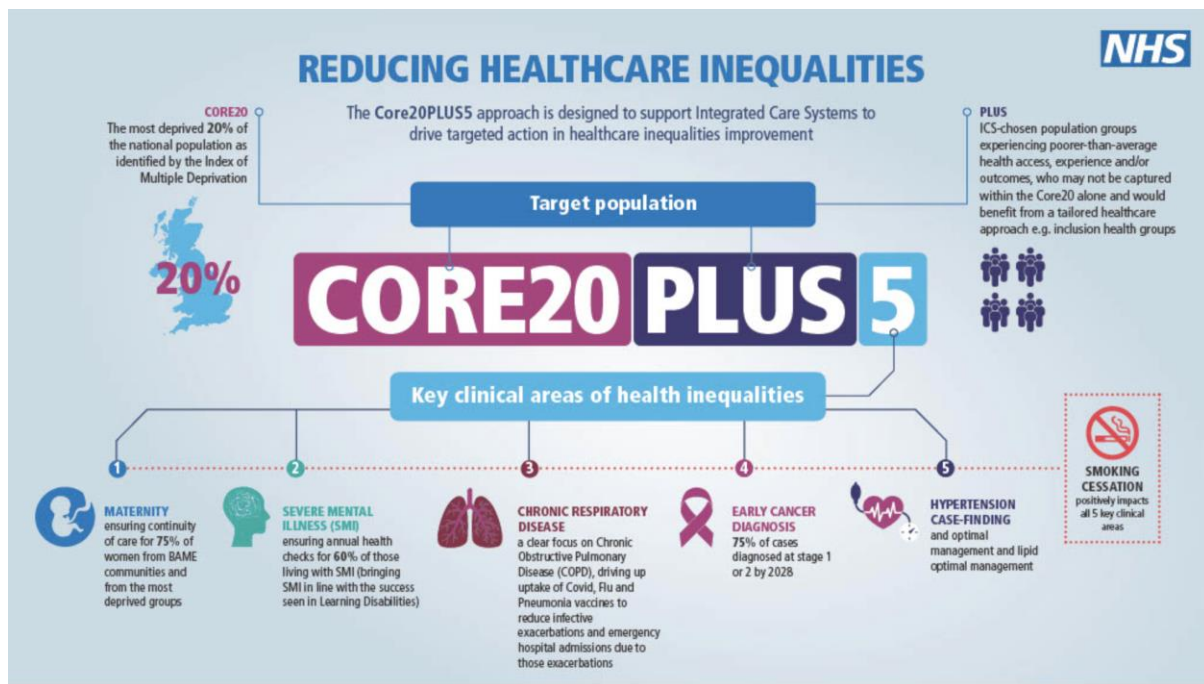
All of this activity is reported through the Anchor Network, chaired by Cllr Ian Davidson.

In addition, the NHS has a programme aimed at supporting the reduction of health inequalities at national and system level – called ‘Core20PLUS5’, the approach defines target populations as:

- The **‘core’ 20% most deprived populations**, as identified by the national index of multiple deprivation.
- **‘Plus’** populations where we would expect to see health inequity – these include ethnic minority communities; people with learning disabilities and/or autism; coastal communities with pockets of deprivation hidden amongst relative affluence; people with multi-morbidities; protected characteristic groups; and inclusion health groups (including people experiencing homelessness, drug and alcohol dependence, vulnerable migrants, Gypsy, Roma and Traveller communities, sex workers, people in contact with the justice system, victims of modern slavery and other socially excluded groups)
- **Five** clinical areas of focus. These are
 1. Maternity: ensuring continuity of care for 75% of women from Black, Asian and minority ethnic communities and from the most deprived groups.
 2. Severe mental illness (SMI): ensuring annual health checks for 60% of those living with SMI (bringing SMI in line with the success seen in learning disabilities).
 3. Chronic respiratory disease: a clear focus on Chronic Obstructive Pulmonary Disease (COPD) driving up uptake of COVID, flu and pneumonia vaccines to reduce infective exacerbations and emergency hospital admissions due to those exacerbations.
 4. Early cancer diagnosis: 75% of cases diagnosed at stage 1 or 2 by 2028.
 5. Hypertension case-finding and optimal management and lipid optimal management: to allow for interventions to optimise blood pressure and minimise the risk of myocardial infarction and stroke.

The framework is now underpinned with activities to encourage smoking cessation – this is described in the illustration, below.

All ICSs have a range of activities on-going around the CORE20+5 framework, and these involve local authority partners.



All three ICSs work closely with local authority Public Health Directors and have agreed population health management (PHM) programmes in place. Along with the relevant JSNAs, these PHM programmes provide the 'engine room' to enable ICSs, alliances and other partners to understand and address the needs of the populations they serve in terms of deprivation, health inequality and burden of disease, enabling ICSs to target their resources effectively to increase health equity and wellbeing. There are many examples of how ICSs are focussed on reducing health inequalities – a selection of which is given below:

Herts & West Essex:

- The HWE ICB West Essex team is targeting health inequalities, working closely with local partners as part of the West Essex Health & Care Partnership. Mirroring the Essex HWB strategy of adopting the Robert Wood Johnson model the partnership is actively involved in a range of short and longer-term initiatives across these pillars. The HWE team have also arranged two west Essex summits to consider the potential impact of the cost of living on people's health, sparking joint action between partners on priorities such as income maximisation and debt management support, as well as better intelligence and information sharing between service providers. The summits have also strengthened support for further development of community hubs.
- HWE ICS is playing a leading role with Harlow District Council in initiating work around the Levelling Up agenda. A workshop was held on 21 July to map the many different schemes and activities underway in the town and bring them together.

Mid & South Essex:

- Mid and South Essex is using NHS funding targeted at health inequalities (c£3m for 2022/23) to work with our Alliances, using health inequality information provided through the population health programme, to target investment in local communities where it will have most impact for deprived communities. This will be led through Alliances and include the provision of 'microgrants' to support grassroots community led support.
- MSE ICS has been awarded funding for a Community Connectors programme, based in the most deprived wards of Southend and focussed on individuals living with, or at risk of developing COPD.
- Mid and South Essex pioneered the Vaccination Van, in a partnership with Fords, to bring vaccination opportunities to seldom heard communities and enabling targeting towards communities with low take-up. This has now been repurposed to support spirometry in the community.

Suffolk and North East Essex ICS:

- Comprehensive Equalities and Health Inequalities Impact Assessments (EHIIAs) have been undertaken for all our major programmes including elective care, maternity, mental health, COPD, cancer and hypertension. These assessments include an action plan with identified mitigations and prioritises these. The approach builds on learning from the Covid19 Vaccination programme. Resources have been shared on the ICS website [Covid-19 Vaccine Programme - Suffolk & North East Essex Integrated Care System \(sneeics.org.uk\)](https://www.sneeics.org.uk)
- The ICS has a mature digital, data & technology strategy and delivery plan, operating across the whole system. Following rapid adoption of Video Consultation, Remote Care, Virtual Wards, Care Tech, Apps, Channels and Portals in the first wave of Covid we worked with Healthwatch Suffolk & Healthwatch Essex to create the exclusion. This work has allowed assessments of many of our current capabilities. Key findings are:
 - o Digital First not Digital Only – all services are offered as face to face also
 - o Data collected around people and access – usage / utilisation (particularly by pseudonymised people / by characteristics) is hard to get to, siloed and often incomplete. Would be useful for trend against outcome, and with more timely data we could consider where we were 'turning the curve'
 - o Most systems capture people's communication preferences, but these aren't shared
- The ICS has recently been awarded funding to develop CORE20PLUS Community Connectors. Working in partnership with African Families in the UK the ICS is utilising their established Community Ambassador model to recruit and develop volunteers, initially in Colchester and later rolled out across the ICS. This is enabling ways in which Connectors can have their voice heard at PCN, Alliance and system levels of the ICS.
- The [Community Ambition](#) programme has invested funding from NHS Charities Together in projects led by grassroots minority ethnic organisations co-producing new solutions to addressing inequalities. Areas include understanding community health needs, culturally competent maternity and

mental health services, and healthy lifestyles. Linking these communities to statutory services and strategic forums has enabled these groups' voices to be heard across our system.

- [Health Equity](#) workshops have been delivered to over 200 people in our system who have then been supported to undertake an ICS 100-day health equity challenge.

How are the ICSs intending to deliver the priorities within the Health and Wellbeing strategy approved by the Health and Wellbeing Board?

HOSC members will be familiar with the illustration below, from the Robert Wood Johnson Institute, demonstrating the impact on the overall health and wellbeing of individuals across various aspects of wider determinants. ICSs all recognise that access to, and quality of, healthcare contributes a very small proportion towards overall health and wellbeing - it is only by partners working together that we can hope to address the wider determinants of health.



SOURCE: Robert Wood Johnson Foundation and University of Wisconsin Population Health Institute in US to rank countries by health status

HOSC members will see that the key ambitions of the ICS 5-year strategies, as outlined above, are entirely coherent with the ECC Health and Wellbeing Board strategy and the strategies of partner County and upper tier local authorities across each ICS.

As described above, each ICP will have responsibility to develop a single integrated care strategy for the population of the ICS – these will be built from the priorities identified in the health and wellbeing strategies of our local authorities.

Suffolk and North East Essex ICS has adopted consistent Outcome Based Approaches across the ICS, training in excess of 700 people. This approach will inform the way that the ICP will monitor progress at system and place in delivery against the JSNAs/JHWS in both Essex and Suffolk.

Also in Suffolk and North East Essex ICS progress on VCSE development has been identified as a national area of good practice. Key developments include plans for a VCSE Assembly and Chair, development of a VCSE Resilience Charter, and a VCSE Workforce review. The Secretary of State for Health held a roundtable with local VCSE leaders in Clacton on 14 February 2022 to hear about this work.

How do you co-ordinate work across the 3 ICSs and on what?

ICB chief executives and local authority officers work closely and regularly together on a range of cross-ICS activities both formally and informally. These include:

- At regional level – to coordinate across the three ICSs covering Essex and with ICSs across the east of England region – for example on critical care networks, regional social care fora.
- At a greater Essex level – for example:
 - o The SEND agenda
 - o Developing an all-age mental health strategy and developing the mental health collaborative
 - o Children and Young People's work
 - o The Newton Connect programme
 - o Planning for the Better Care Fund
 - o The Essex Resilience Forum, which has demonstrated, through the Covid pandemic, joined up strategic oversight and operational delivery
 - o The 'Community Flow' forum convened to align approaches to the delivery of health and social care both strategically and operationally.
- At a more local level – for example through our Alliances sharing resources and learning together.

There are a range of ICS specific programmes of work in which Essex County Council colleagues (elected members and officers) are fully involved, and thus able to bring perspectives of ECC and share learning with Council colleagues – these include:

- ECC as a 'partner member' on each of the Integrated Care Boards of the three ICSs.
- Health and Wellbeing Board Chairs, Directors of Adult Social Services and Children's Services, as well as Public Health colleagues, being members of the three ICPs
- Officers being part of key ICS programmes including data and digital, workforce, anchor, estates, urgent care, and PHM
- ECC officers forming part of senior leadership groups across individual ICSs where there are regular meetings and interactions.

What do you think should be co-ordinated across the three ICS areas?

The ICSs are committed to coordinating work at a strategic level where this adds value and is meaningful for our residents.

We are all committed to the principle of subsidiarity – and so place-based autonomy is a vital aspect in our collective success. By continuing to ensure we work in partnership with local communities, we would expect to see different approaches being adopted across our Alliances while managing to ensure the respective statutory duties of partners are delivered.

The three Integrated Care systems are also currently exploring a joint approach to developing an integrated whole system approach to the health and care needs of veterans- working closely with Essex Healthwatch.

What are your major challenges and are you working across the three ICSs on them?

Covid has exacerbated the already significant health inequalities that we see across the population. We therefore consider the reduction of health inequality as a major priority across all three ICSs. Addressing this issue will involve a variety of national, regional, pan-Essex and local approaches.

Residents from across the county experience delays in accessing and receiving care – be that in terms of accessing a GP, waiting for planned hospital treatment or requiring urgent or emergency care. The NHS has various programmes on-going that seek to address these significant issues, many of which are in partnership with local authority colleagues.

One area where we all share concern is on social care, and the poorer outcomes our residents experience through delays in receiving care and support. The Connect programme has shown significant improvements in some areas, but there is more to do. There is work underway through a pan-Essex 'home first' programme, but there is no doubt that there are significant underlying problems, including a lack of funding, a destabilised market and unprecedented demand.

What service changes have been/are being planned that will affect residents?

Each ICS will wish to engage with HOSC on specific programmes.

What do you think still needs to be done as regards service delivery and accessibility and reconfigurations?

There is much work to do to continue to improve services across health and care. Primary care access remains a concern and each ICS has work underway to address this. Covid has exacerbated already long waiting lists across the region for both elective care and access to mental health services. Our acute partners are working to improve pathways and waiting times. The mental health collaborative will be seeking to address mental health service improvements working alongside ECC partners.

Herts & West Essex, together with partners, are keen to see further development of community hubs, both fixed and mobile, as a means of improving access to local services generally, including primary. This includes using social prescribers to help

with hospital discharge, for instance, and agencies such as Citizens Advice, MIND and DWP having a presence in health centres. The ICB is also exploring a *One Public Estate* approach with Uttlesford District Council and the development of key worker housing across Essex.

In Mid and South Essex, the implementation of acute reconfiguration proposals from 2018 has been delayed by referrals to the secretary of state and then a lack of access to the earmarked capital funding to enable the changes to take place. Progress is being made to access capital funding.

New research in June 2022 from Carnall Farrar demonstrates strong progress across all three Alliances in Suffolk and North East Essex ICS. To enable ICSs to reflect on their level of integration, Carnall Farrar developed an ICS Insight & Collaboration Engine (ICE), with the Institute of Public Policy Research (IPPR), which considers the level of service integration and outcomes across the three key areas in the NHS Long Term Plan: physical and mental health, community-based care and hospital-based care and health and social care. It does this by taking 40 selected indicators and creating an overall index based on equal weighting. The indicators were selected in collaborative work with IPPR and CF as good composite markers of service integration on the one hand and outcomes on the other. The data used was sourced from Public Health England and NHS Digital and has been ingested, cleansed and indexed in a format that can be updated routinely and is able to drill down to more granular level. Suffolk and North East Essex ICS was rated the second highest in the country on the integration index with North East Essex Alliance in particular bucking a national trend in the relationship of the individual metrics with deprivation. Further information is available online here: [Exploring the relationship between deprivation and integration in ICSs - CF \(carnallfarrar.com\)](https://carnallfarrar.com/exploring-the-relationship-between-deprivation-and-integration-in-ics/)

What do you perceive as the future role of the community hospital sites?

This will be different for each ICS.

Hertfordshire and West Essex ICB is continuing to develop its approach to the use of public estate including community hospital facilities, to support its population to receive health and care services including in bedded provision, outpatients, assessments and diagnostics in community rather than hospital-based settings. The work is a key part of the interim West Essex place-based strategy. We would be happy to update the committee further at a later date

Mid and South Essex have completed some engagement with communities about the future provision of bedded capacity in the community – and this needs to be considered alongside emerging ‘virtual ward’ arrangements, urgent care response teams and the Connect programme. Further discussions will be sought with the HOSC as we develop proposals further. The introduction of new community diagnostic centres, a new national programme in the NHS, will bring diagnostic capacity closer to communities and be very much linked with primary care networks and Alliances. The detail of wider centres (locations, clinical models) is currently being worked through.

In Suffolk and North East Essex ICS, a new £22million diagnostics centre at Clacton Hospital will help tackle the Covid-19 waiting-list backlog by enabling people living in Clacton to access diagnostic tests more locally without travelling to Colchester. X-rays, MRI and CT scans ultrasound scans, blood tests, physiological measurements, pathology, and an endoscopy service are available. The hub will lead to earlier diagnoses for patients through easier, faster, and more direct access to a full range of diagnostic tests needed to understand patients' symptoms including breathlessness, cancer and ophthalmology.

The Fryatt Community Hospital has been the main site for delivery of the Covid-19 Vaccination Programme to the local community in Harwich and surrounding areas. Supported by an extraordinary team of local volunteers co-ordinated by CVS Tending the vaccination programme in Harwich was one of the fastest in the country.

ICSs will, of course, wish to discuss these future arrangements with the HOSC.

What will ICS approach to a scrutiny session be?

As ICS we respect the statutory role of overview and scrutiny functions and the democratic accountability of our local authorities. ICS intend to fully engage with HOSCs. As ICSs are partnership arrangements, we expect that the views of our local authorities and residents to be well represented as we develop plans together.

Links to ICS strategies

Herts & West Essex:

<https://www.healthierfuture.org.uk/publications/2019/july/our-integrated-health-and-social-care-strategy-2019>

Mid & South Essex:

<https://www.midandsouthessex.ics.nhs.uk/publications/3268/>

Suffolk & North East Essex:

<https://www.sneeics.org.uk/resources/flipbooks/fiveyearsystemstrategicplan/8/>