

**Mid & South Essex Health & Care Partnership  
Update for Essex County Council Health Overview & Scrutiny Committee  
January 2020**

**Introduction**

The Mid and South Essex Health and Care Partnership (the Partnership) is a collection of organisations working to support our 1.2m residents, comprising three local authorities, three main community and mental health service providers, five clinical commissioning groups, three acute hospitals, nine community and voluntary sector organisations and three Healthwatch organisations. Across the footprint we have over 150 GP practices, which have now formed into 28 primary care networks (PCNs) serving populations of 30-50,000 people. We are also developing four defined “places” across mid and south Essex, where local partners will work together to design and delivery services to support local populations.

The Partnership is now called *Mid and South Essex Health and Care Partnership* (rather than STP), reflecting the desire to become a fully integrated care system by April 2021 as described in the NHS Long Term Plan. This will bring significant benefits to the local area through more funding and joined up planning to avoid wasteful duplication

This paper is in two parts – the first provides an overview of the key parts of our 5-year strategy and delivery plan. The second responds to specific queries raised by the HOSC.

<b>Part 1 - Our 5-Year Strategy &amp; Delivery Plan</b>
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Over recent months, colleagues from across the system have worked to develop our 5-year strategy and delivery plan. We were keen to ensure that this strategy was fully owned by partners and reflective of the work being done at a local level to support our population.

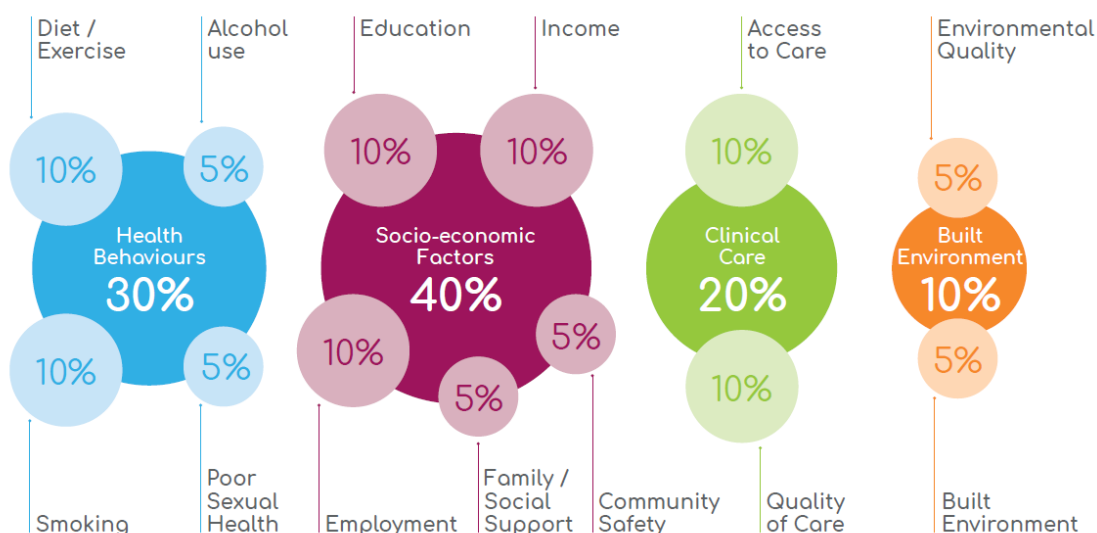
The strategy has been approved by our Partnership Board, which comprises senior officers from health and local authority organisations as well as other key partners. We will be publishing the full strategy and delivery plan in January, alongside a summary version, which will be available on our new website [www.msehealthandcarepartnership.co.uk](http://www.msehealthandcarepartnership.co.uk)

**Developing our Strategy**

Our strategy was formed around some key concepts:

1. The principle of subsidiarity was central to our strategy - the vast majority of interactions with residents take place locally – and this is where we can have most impact on supporting health and wellbeing. The focus of the strategy is therefore on those local plans that are owned by local people and local partnerships, aligned to the relevant Health and Wellbeing Board. The concept of subsidiarity (to deal with issues at the closest level) is key
2. The recognition that an individual’s ability to live a happy and healthy life is heavily impacted by wide-ranging factors such as housing, education and employment, not just the availability of health and care services. Our strategy recognises that it is only by partners working together with communities on the wider determinants of health, that we can hope to positively impact people’s lives and reduce demand for services.

The figure below illustrates the relative impact on an individual's wellbeing of the various factors.



3. The experiences of our residents and patients, which we have collected through the engagement activities of individual organisations, and through the wide-scale public consultation held on acute reconfiguration plans, have helped to shape our strategy and delivery plan. We are keen to ensure that people's voices continue to be heard as we move into implementation and we are currently mapping these opportunities to develop an engagement framework across the Partnership.
4. We also took account of the vast amount of data collected on our populations – working with our Public Health teams to develop a profile pack for the mid and south Essex footprint, as well as information on outcomes for common health conditions. These data helped to shape our priorities for action.

### Our Vision

The Partnership has agreed the following vision:

*"A health and care partnership working for a better quality of life in a thriving Mid and South Essex, with every resident making informed choices in a strengthened health and care system"*

We are committed to supporting:

**Healthy Start** – helping every child to have the best start in life

- supporting parents and carers, early years settings and schools, tackling inequality and raising educational attainment.

**Healthy Minds** – reducing mental health stigma and suicide.

- supporting people to feel comfortable talking about mental health, reducing stigma and encouraging communities to work together to reduce suicide

**Healthy Places** – creating environments that support healthy lives.

- creating healthy workplaces and a healthy environment, tackling worklessness, income inequality and poverty, improving housing availability, quality and affordability, and addressing homelessness and rough sleeping.

#### **Healthy Communities** – spring from participation

- making sure everyone can participate in community life, empowering people to improve their own and their communities’ health and wellbeing, and to tackle loneliness and social isolation

#### **Healthy Living** – supporting better lifestyle choices to improve wellbeing and independent lives

- helping everyone to be physically active, making sure they have access to healthy food, and reducing the use of tobacco, illicit drugs, alcohol and gambling.

#### **Healthy Care** – joining up our services to deliver the right care, when you need it, closer to home

- from advice and support to keep well, through to life saving treatment, we will provide access to the right care in the best place whether at home, in your community, GP practice, online or in our hospitals.

#### **Our Ambitions**

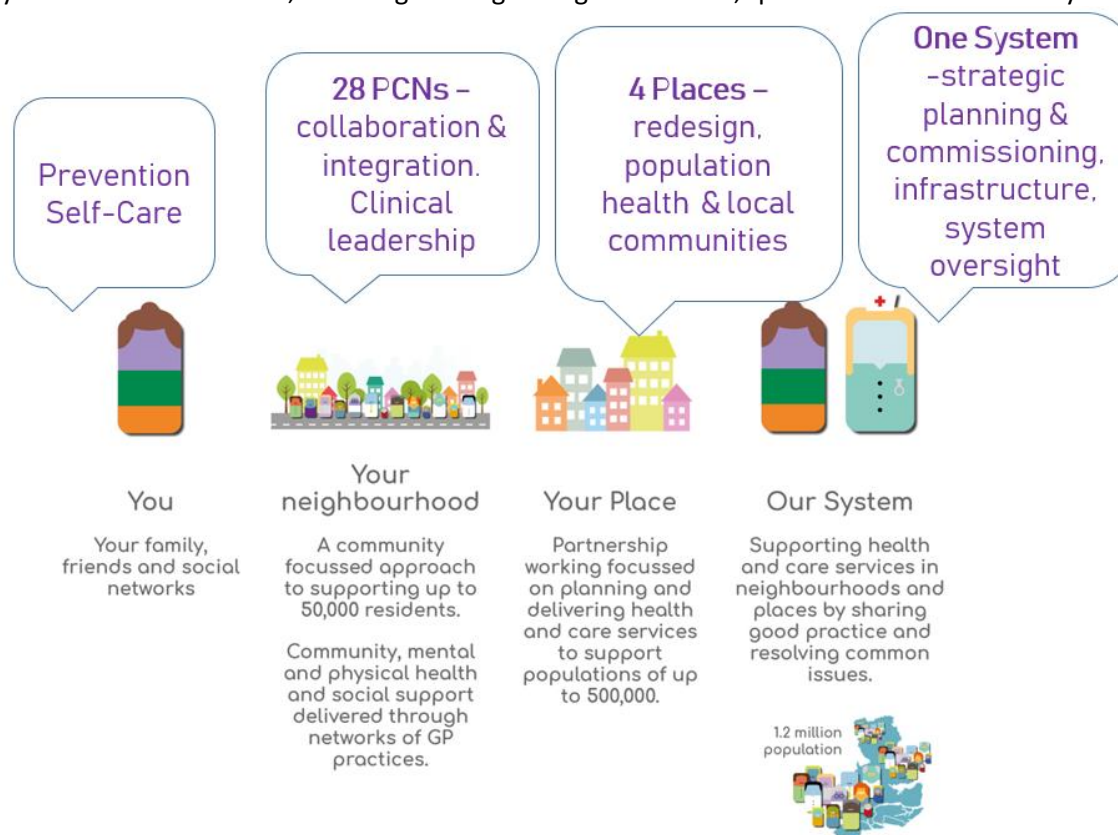
As a Partnership, our overarching ambition is to **reduce inequalities**. We will do this by:



We are currently working to develop an outcome framework that will enable us to track our progress against these ambitions, recognising that some will take several years to show progress.

## Our Operating Model

Our strategy is built around the concept of interconnected layers – starting with the individual, their family and social networks, working through neighbourhoods, places and the wider system:



## Our Places

Our four emerging places will be the lynchpin of delivering the strategy – they are partnerships of primary care networks, commissioners, providers, local authority and community and voluntary sector partners. The strategy describes the emerging plans of the four Places in mid and south Essex which, over time, will become integrated care partnerships (ICPs):

- Basildon and Brentwood
- Mid-Essex
- South East Essex
- Thurrock

Officers are fully engaged with the three partnerships that exist within ECC boundaries.

## Implementation

We have a number of exciting developments happening during 2020/21 that will support implementation of the strategy:

In April 2020, our three acute hospitals, which have been working closely together for some time, will formally merge. We will also see the continued implementation of the changes to hospital services as agreed by the five CCGs. These changes will help us to deliver improvements to our hospital services.

At the same time, our local health and care model will continue to develop – our primary care networks will start to work collaboratively with partners across health and social care to deliver for

patients and the wider community. We will see, through our four places, a real focus on using population health data to design and deliver support for specific community needs.

Early in 2020, we will appoint a Joint Accountable Officer to cover the 5 CCGs – and this person will also become the Executive Lead for the Partnership. The Joint AO/Executive Lead will work with the CCG chairs to develop an application for the CCGs to merge (subject to stakeholder support and NHS England approval) and will work closely with the Independent Chair of the Partnership, Professor Michael Thorne, to achieve Integrated Care System status by April 2021.

In order to achieve ICS status, we have commenced a programme of work to look at our governance, decision-making and financial arrangements,

Our Population Health strategy was approved by the Partnership Board in December 2019, and over the coming months we will develop our approach, with work being led by Thurrock Council public health on behalf of the system. We will also deliver our integrated shared care record to support health and care professionals to work more effectively for people.

Work is underway to develop a joint (health and care) workforce strategy, and there has been good engagement from health and local authority partners to deliver this. Similarly, our approach to estates utilisation has been well supported by partners and we will be taking forward some innovative approaches to making best use of our estates for our population.

We continue to work with residents and patient groups to ensure they have a strong voice in our plans. During 2020, we will launch *Virtual Views*, a demographically representative panel of c1500 residents from across mid and south Essex with whom we can obtain views, test ideas and obtain feedback. This is in addition to the various routes for feedback and engagement that already exist across the system.

Our innovation programme continues to go from strength to strength, we have launched a Quality Improvement Leadership programme across the footprint and have just appointed our second intake of innovation fellows who will receive expert advice and support on bringing new innovations to fruition for the benefit of our residents.

All of this is alongside the work that partners are already engaged in to improve the services and support offered to our local residents.

As a partnership, we have selected two specific areas of focus – cancer, because our outcomes are not where we would want them to be; and the support for older people. We will be holding dedicated summit sessions in the New Year to identify how we can take these areas of work forward in partnership.

## **Part 2 –Specific queries from the HOSC**

Local challenges: *Do you have any unique local challenges and circumstances that have had to be specifically addressed in your latest updated plan? With that in mind, how are you targeting health inequalities in your area?*

We know that there is significant variation in the health outcomes for different populations across the mid and south Essex area. A large proportion of this variance is driven by the levels of deprivation experienced by different communities and results in avoidable inequalities in care and support

experience, morbidity and mortality. The issue of inequalities in health is a complex one, requiring input and action from all system partners to address the many levels of social determinants of health and wellbeing. We are addressing this in a number of ways:

- Commencing with a partnership between ECC and Basildon Hospital, we are looking at the impact our organisations can have as “anchors” in the local community. This work is seeking to address inequalities through encouraging education and employment opportunities in the local community, and specifically supporting people with a learning disability to enter the workforce. We are also looking at procurement policy across our organisations to examine how we might generate growth in the local economy (within existing procurement rules). This work builds on findings from the Health Foundation and its report *Building Healthier Communities; The role of the NHS as an anchor institution*.
- Our population health work will help us to understand the needs of our populations and target clinical and non-clinical interventions to support them. One area of focus will be the capacity and quality of early healthcare intervention once a person is identified as requiring support. The well documented ‘inverse care law’ (where available good medical and social care is imbalanced with the needs of the population) presents a significant risk to a sustainable system through its contribution to avoidable demand in health and care services. With further work to understand the extent of this phenomenon locally, opportunities to direct resources at the populations with the highest level of health inequity will be provided for health and care partners.
- Partners working across our four Places will be taking forward specific activities aimed at addressing inequalities at a local level.

A major challenge for the system is workforce – we are taking a number of steps to address this in 2020:

- Our primary care networks will utilise additional national funding to support a diversification of the workforce in primary care, including social prescribers/link workers to support people with non-medical needs, as well as clinical pharmacists, physiotherapists and new roles in primary care.
- We have high vacancy rates across the Partnership in the nursing workforce –we are enhancing retention policies, ensuring good career development and support and expanding the preceptorship programme for newly qualified nurses.
- In 2020, we will be launching a virtual “School” for mid and south Essex which will bring together a careers framework, support apprenticeships and cadet schemes, working with Skills for Care, Health Education England and the Essex Skills Board, and will develop a system approach to talent management.
- We will launch a joint health and care workforce strategy and local authority partners are fully engaged in this.

Pan-Essex Approach: *To what extent can you ensure a pan-Essex approach is maintained in the commissioning and delivery of services (as part of ensuring consistency of quality of service) ?*

We are committed to ensuring stability in the commissioning of pan-Essex services and recognise that any changes will require open discussions between partners. Members will be aware that we are seeking to appoint a Joint Accountable Officer to work across the five CCGs in mid and south Essex, and this Joint AO will appoint a single executive team as the CCGs prepare an application to merge, This consistency of leadership will simplify discussions across Essex.

ECC officers are already working in partnership with providers and commissioners across our four Places to design services to meet the needs of local populations and we expect this work to develop further over the coming year.

Children & Early Years: *How have you addressed improving support for Children and Early Years (and school readiness) in your updated plan? What challenges do you see here in your area?*

As part of our overarching vision, we are keen to ensure a healthy start in life for our children. This involves pre-natal care, maternity, and early years health and care support for children and families (including immunisations, parenting support, school readiness, reducing childhood obesity, etc). Work across our four Places will link closely with ECC and the district councils to deliver on this agenda locally. We are fortunate to have the experience from the *A Better Start Southend* work programme, which has been lottery funded; the ABSS team are keen to link with colleagues across Essex to share learning.

Shared Care Records: *How far have you progressed with shared care records and what further steps need to be taken to establish these not only across all health sectors but also comprehensively across social care? Are there issues preventing any of this at present?*

We have a plan to commence implementation of our shared care record during 2020; this will link closely with work undertaken in West Suffolk and use the methodology of the *My Care Record* developed in West Essex. We are keen to ensure consistency of approach with our neighbouring areas, firstly for our residents who may cross the “borders” of our system, and secondly for our health and care professionals who may work across Essex and the wider area. It is expected that our shared care record programme will allow both health and care professionals to access the records of patients and residents to support the delivery of seamless care and support.

Assessing the Impact: *How will you assess the success of your plan? How will you evaluate impact and on what timescale?*

We are keen to measure the progress we are making as a partnership and to not solely measure our success on the basis of meeting NHS standards. We have worked with our three Directors of Public Health to develop an overarching outcomes framework for the Partnership so that we can track progress against our five ambitions (as outlined above) over time. We will shortly finalise the framework and develop a dashboard to enable us to monitor our progress.

Working across Essex: *Please provide examples of where you have worked together with adjoining Essex footprints both in sharing learning but also in developing joint approaches and strategies.*

There are a number of examples where we are ensuring alignment across the Essex footprint, working alongside our neighbouring STP/ICS colleagues in Suffolk and North East Essex, and Hertfordshire and West Essex.

Partnership representatives are active participants in the Local Health & Care Records Board, chaired by Cllr Spence, which aims to join up approaches to digital records across the east region. This work links closely with our digital programme and shared care record implementation,

Similarly, we are joining up approaches on population health, and supporting a joint conference in January of the three STP/ICS partners which will enable us to learn from each other and consider how we might best use our collective resources.

We are committed to working in a collaborative manner at system level, and with wider partners across Essex, where we can add value to local interactions and relationships that are developing through the various places/alliances emerging across the area.

**Jo Cripps**

**Programme Director (interim)**

**Mid & South Essex Health & Care Partnership**

**December 2019.**