

<b>31 January 2020</b>		<b>ITEM: 5</b>
<b>Health &amp; Wellbeing Board</b>		
<b>Mid &amp; South Essex Health &amp; Care Partnership 5-Year Strategy &amp; Delivery Plan</b>		
<b>Wards and communities affected:</b> All	<b>Key Decision:</b> For noting and approval	
<b>Report of:</b> Jo Cripps, Interim Programme Director, Mid & South Essex Health & Care Partnership Mandy Ansell, Accountable Officer, Thurrock CCG Roger Harris, Corporate Director of Adults, Housing and Health, Thurrock Council		
<b>Accountable Head of Service:</b> Not applicable external report		
<b>Accountable Director:</b> Not applicable external report		
<b>This report is</b> Public		
<b>Date of notice given of exempt or confidential report:</b> Not applicable		

## Executive Summary

This paper presents the final draft 5-Year Strategy and Delivery Plan for the Mid and South Essex Health and Care Partnership (the Partnership), for noting and approval (see Appendix 1). The draft summary plan is also attached at Appendix 2.

The paper provides an overview of the strategy content and an update on Partnership activities.

Health & Wellbeing Board members are asked to note that Ian Wake, Director of Public Health for Thurrock Council, is now a member of the Partnership Board.

### 1. Recommendation(s)

- 1.1 The Health & Wellbeing Board is asked to note and approve the draft 5-year Strategy and Delivery Plan, recognising that the draft has been approved by the Partnership Board and is in line with national NHSE/I expectations on finance and key metrics for delivery.
- 1.2 The Health & Wellbeing Board is invited to note and offer comment on the current work of the Partnership and the future relationship with the Thurrock Health and Well-Being Board.

## **2. Introduction and Background**

- 2.1 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 also have four defined “places” across mid and south Essex, where local partners will work together to design and delivery services to support local populations, of which Thurrock is one.
- 2.2 The Partnership is now called the *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. The Partnership is not an organisation, it is a collection of partners working together.

## **3. 5-Year Strategy & Delivery Plan**

- 3.1 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 previous update to the Thurrock Health & Wellbeing Board provided information on how the strategy was being developed in partnership, including engagement with local residents led by Thurrock Healthwatch.

The strategy has now 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 shortly, in line with national timescales. The document will be available on our new website [www.msehealthandcarepartnership.co.uk](http://www.msehealthandcarepartnership.co.uk)

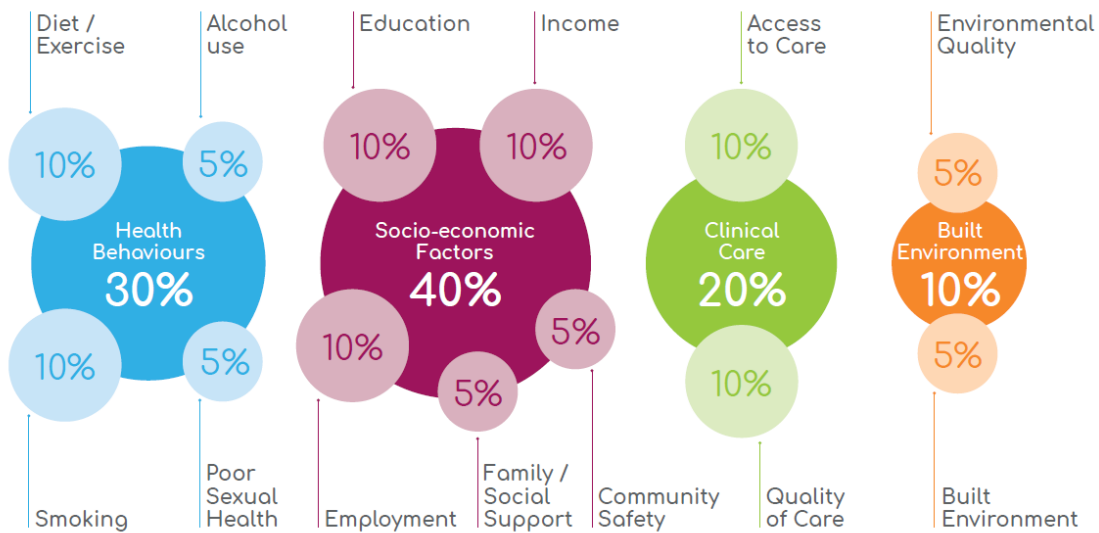
The final draft of the strategy is presented here for noting and approval.

- 3.2 Our strategy was formed around some key concepts:

- 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 residents 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.
- 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.



- 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, and the work that Thurrock Healthwatch led on engagement on the NHS Long Term Plan, 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.
- We also took account of the vast amount of data collected on our populations – working with our three 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.

### 3.3 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.

### 3.4 Our Ambitions

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

Creating opportunity by working with our partners  
*Education, Housing, Employment, Growth*

Supporting healthy lifestyles by influencing our population  
*Prevention of ill health*

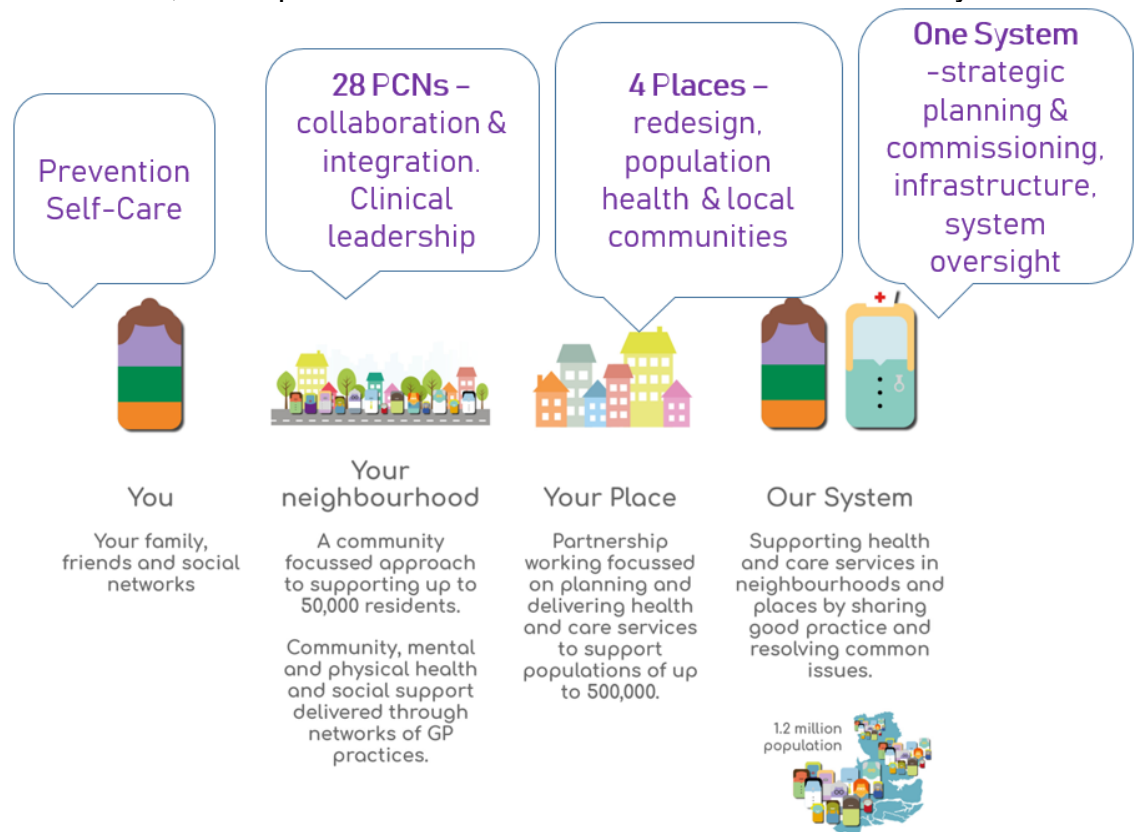
Bringing care closer to home by creating more local services  
*Primary Care Networks, Place-based support*

Transforming & improving our services – to be the best  
*Primary Care, mental health, cancer, etc*

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. This work is being led by Ian Wake.

### 3.5 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:



### 3.6 Our Places

Our four 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):

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

As Board members will be aware, the Thurrock model is well developed and already delivering on improvements for local residents.

#### 4. **Implementation**

We have a number of 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, a Joint Accountable Officer (to cover the 5 CCGs) and Executive Lead for the Partnership will be appointed. 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.

#### 3.8 As we work towards Integrated Care System status, we have commenced a number of work programmes:

A task and finish group has been established to look at: governance at the system level; arrangements between the system and the four places; and arrangements at place level. This work aims to be person-centric and not focussed on organisations, and to be as “light touch” as possible, recognising that the Partnership is not an organisation and that individual organisations must maintain their statutory obligations. The principle that decisions should be taken as close to the resident as possible (subsidiarity) will be an overriding concept. The MoU drafted by Thurrock Council to support defining arrangements between the system and the four places has been instrumental in this work, which we hope will conclude in the spring.

We have established a finance leaders group, comprising local authority and NHS finance leaders to support work on developing a financial framework for the system and an integrated approach to risk, investment, etc, where this is permissible by individual organisations. This work will report in the spring.

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 Ian Wake, Director of Public Health for Thurrock Council, on behalf of the system. We have secured resources to support this work.

During 2020 we will also start to implement 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.

- 3.9 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 spring to identify how we can take these areas of work forward in partnership.

#### **4. Reasons for Recommendation**

- 4.1 The Health & Wellbeing Board is asked to note and approve the draft 5-year strategy and delivery plan – recognising that the strategy has been co-developed with partners across the system, has been approved by the Partnership Board and is in line with national NHSE/I expectations.

#### **5. Consultation (including Overview and Scrutiny, if applicable)**

- 5.1 N/A

#### **6. Impact on corporate policies, priorities, performance and community impact**

- 6.1 N/A

#### **7. Implications**

7.1 **Financial**

Implications verified by: **NA External report**

7.2 **Legal**

Implications verified by: **NA External report**

7.3 **Diversity and Equality**

Implications verified by: **NA External report**

7.4 **Other implications** (where significant) – i.e. Staff, Health, Sustainability, Crime and Disorder)

NA

8. **Background papers used in preparing the report** (including their location on the Council's website or identification whether any are exempt or protected by copyright):

9. **Appendices to the report**

- Appendix 1: Draft 5-Year Strategy & Delivery Plan of the Mid and South Essex Health & Care Partnership
- Appendix 2: Draft Summary of the 5 Year Strategy

**Report Author:**

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