

## Meeting of Mid and South Essex Integrated Care Partnership

Wednesday, 11 September at 1.30 pm – 3.45 pm

*Garden Room, Best Western The Thurrock Hotel, Ship Ln,  
Aveley, Purfleet-on-Thames, Purfleet RM19 1YN*

### Agenda

No	Time	Title	Action	Papers	Lead / Presenter	Page No
<b>Opening Business</b>						
1.	1.30 pm	Welcome & apologies	Note	-	Prof. Michael Thorne	-
2.	1.32 pm	Declarations of interest	Note	Verbal	Prof. Michael Thorne	-
3.	1.35 pm	Questions from the Public	Note	Verbal	Prof. Michael Thorne	-
4.	1.37 pm	Approval of minutes of the ICP meeting held on 13 March 2024 and matters arising	Approve	Attached	Prof. Michael Thorne	2 - 16
5.	1.40 pm	Review of Action Log	Note	Attached	Prof. Michael Thorne	17
<b>Partnership Working</b>						
6.	1.45 pm	ICP 'Healthies' Programme Update	Discuss	Attached	Emily Hough	18 – 43
7.	2.00 pm	Alliance Update – South East Essex	Discuss	Attached	Becky Jarvis	44 – 65
8.	2.40 pm	MSE Dental Programme	Discuss	Attached	Nick Barker	66 – 73
9.	3.20 pm	Health Inequalities Programme Update	Note	Attached	Emma Timpson	74 – 92
10.	3.45 pm	Anchor Charter 2024-27	Approve	Attached	Emily Hough	93 – 123
11.	3.55 pm	Closing Remarks	N/A	Verbal	Prof. Michael Thorne	-

## **DRAFT Minutes of Mid & South Essex Integrated Care Partnership (ICP) Meeting**

**Wednesday 13 March 2024, 10:00 – 13:00**

**Committee Room 4a, Civic Centre, Victoria Avenue, Southend-on-  
Sea, Essex, SS2 6ER**

### **Attendees**

#### **Members**

- Professor Mike Thorne (MT), Chair of Mid and South Essex Integrated Care Partnership
- Cllr George Coxshall (GC), Thurrock Health & Wellbeing Board Chair & ICP Vice-Chair, Thurrock Council
- Cllr John Spence (JS), Essex Health & Wellbeing Board Chair & ICP Vice-Chair, Essex County Council
- Tracy Dowling (TD), Interim Chief Executive Officer, MSE Integrated Care Board (MSE ICB)
- Emily Hough (EH), Executive Director of Strategy & Corporate Services, MSE ICB
- Nick Presmeg (NP), Director of Adult Social Care, Essex County Council
- Peter Fairley (PF), Director of Integration and Partnerships, Essex County Council
- Barry Frostick (BF), Chief Digital and Information Officer, MSE ICB
- Kim Anderson (KA), Partnerships, Leisure and Funding Manager, Brentwood Borough Council
- Owen Richards (OR), Chief Executive Officer (CEO), Healthwatch Southend
- Dr Matt Sweeting (MS) Interim Executive Medical Director, MSE ICB
- Robert Parkinson (RP), Chair, Provide Community Interest Company (CIC)
- Mark Heasman (MH), Chief Operating Officer (COO), Provide CIC
- Dr Giles Thorpe (GT), Executive Chief Nurse, MSE ICB
- Mark Bailham (MB), Non-Executive Member (NEM), MSE ICB
- Eileen Taylor (ET), Chair, North East London NHS Foundation Trust (NELFT)
- Grant Taylor (GT), Head of Culture and Health, Basildon Borough Council
- Cllr Jane Fleming (JF), Elected Member, Essex County Council
- Camille Cronin (CC), Director of Research and Professor of Nursing, University of Essex
- Daniel Doherty (DD), Alliance Director, Mid Essex, MSE ICB
- Sheila Salmon (SSa), Chair, Essex Partnership University Trust (EPUT)
- Claire Hankey (CH), Director of Communications & Partnerships, MSE ICB
- Professor Shahina Pardhan (SP), Associate NEM, MSE ICB
- Rebecca Jarvis (RJ), Alliance Director, South East Essex, MSE ICB
- Cllr Julie Gooding, Lead Member, Rochford District Council
- Krishna Ramkhelawon, Director of Public Health, Southend City Council

- Lucy Wightman, Director of Wellbeing, Public Health and Communities, Essex County Council
- Dr Brian Balmer (BB), Chief Executive Officer, Essex Local Medical Committee (LMC)
- Tegan Gardiner (TG), Business Manager, MSE ICB

## Other attendees

- Dr Deepa Shanmugasundaram (DS), System Clinical Lead, MSE ICB
- Dr Boye Tayo (BT), System Clinical Lead, MSE ICB
- Alastair Gordon (AG), HDRC Director and Head of Profession: Research and Citizen Insight, Essex County Council
- Adrian Coggins (AC), Head of Wellbeing and Place Based Public Health, Essex County Council
- Rachel Laurence (RL), Deputy Chief Executive, Centre for Thriving Places (*Virtual*)
- Chris Gasper (CG), Southend Macular Support Group
- May Hamilton (MH), Breath Easy
- Sara Hadden (SH), Southend Association of Voluntary Services (SAVS)
- Peter Blackman (PB), Chair of South Woodham Ferrers Health & Social Care Group

## Apologies

- Chris Martin, Director for Strategic Commissioning (Children and Families), Essex County Council
- Cllr Graham Butland, Leader of the Cabinet, Braintree District Council
- Sheila Murphy, Corporate Director for Children Services, Thurrock Council
- Leighton Hammett, Chief Superintendent, Essex Police
- Professor Nigel Harrison, Vice Chancellor & Dean, Anglia Ruskin University
- Cllr John Mason, Leader of the Council, Rochford District Council
- Jonathan Stephenson, CEO, Rochford District Council
- Professor Victoria Joffe, Dean, University of Essex
- Lisa Adams, Interim Chief People Officer, MSE ICB
- Cllr Richard Siddall, Leader of the Council, Maldon District Council
- Pam Green (PG), Alliance Director Basildon and Brentwood, MSE ICB
- Jennifer Kearton (JK), Chief Finance Officer, MSE ICB
- Steve Smith, Chief Executive Officer, Havens Hospice
- Nigel Beverly, Chair, MSEFT
- Mark Harvey, Director of Adult Social Services, Southend City Council
- Michael Marks, Director of Children Services, Southend City Council
- Paul Dodson, Director of Strategy and Resources, Maldon District Council

## 1. Networking

At the beginning of the meeting there was a short networking opportunity.

## 2. Welcome and Apologies

The Chair welcomed everyone to the meeting and apologies were noted as listed above.

## 3. Declarations of Interest

The Chair asked members to note the Register of Interests and reminded everyone of their obligation to declare any interests in relation to the issues discussed at the beginning of the meeting, at the start of each relevant agenda item, or should a relevant interest become apparent during an item under discussion, in order that these interests could be managed.

Declarations made by ICB Board and committee members are also listed in the Register of Interests available on the ICB website.

### Declared Interest(s):

- Cllr Jane Fleming declared an interest in relation to item 9, *Consultation on Changes to Community Services*. Cllr Jane Fleming was the division member for Maldon.

### Outcome:

- The Chair **NOTED** the declared interest.

## 4. Minutes of Previous Meeting

An amendment to the minutes from the meeting on 6 December 2023 was requested by BF.

BF requested an amendment to the following paragraph on page 8:

*Current Paragraph: "BF advised there is a need to have a system that can support driving workflow and alerting organisations of admissions but there is also a need in culture change for workforce to alter the ways of working. A contract has been signed for a platform which will support this alongside the Shared Care Record but it is important staff know when to use the Shared Care Record to ensure it is not used too late."*

*To be changed to: "BF advised there is a real need for all system leaders to get behind and support the implementation of Shared Care Record. This programme is fundamentally about changing culture and working practices to improve multi-disciplinary working and decision making. The new Shared Care Record has the ability to drive patient workflow and provide auto alerting across organisations. It is critical our frontline staff co-design the capabilities to ensure it supports and tackles items which our Integrated Neighbourhood Teams and other service users are experiencing."*

### Outcome:

- The ICP **APPROVED** the minutes of the previous meeting held on 6 December 2023 as an accurate record, subject to the agreed amendment noted above.

**Action:**

- **TG to issue a copy of the final approved minutes of the previous ICP meeting held on 6 December 2023.**

## 5. Action log

The action log was noted. Updates on the outstanding actions were covered under item 8 of the meeting.

**Outcome:**

- The ICP **NOTED** the action log.

## 6. Questions from the Public

All questions raised by members of the public were submitted in writing prior to the meeting and responses to the questions were shared with the relevant persons after the meeting.

**Mr Peter Blackman** asked the following question:

Mr Blackman noted that there were technical difficulties and inconsistency in the way in which the ICP papers were saved on the ICB's website.

Furthermore, Peter asked *“How will the VCFSE Assembly, including local communities such as that of South Woodham Ferrers, be engaged in discussing priorities and delivery plans? And how will the Assembly be supported to operate generally and specifically to do this in the future?”*

Response provided by Emily Hough:

*“Technical difficulties:*

*We are sorry to note technical difficulties with the links within our website that meant that the ICP papers were not visible in the obvious location on our website. This was rectified as soon as we were aware. There was also an inconsistency in the number of days to submit a question to the ICP, we can confirm that the terms of reference of the ICP ask for questions two working days in advance of the meeting.*

*VCFSE Assembly:*

*We remain committed to ensuring the VCFSE remains engaged in discussing priorities and delivery plans for the health and wellbeing of our community. Following recent changes within the ICB, and with the two vice-chairs of the Community Assembly stepping down, we are currently taking some time to pause and reflect, with our partners, on how we best support communities in MSE to participate and engage in the work of the ICB and ICP. We will be in touch with members of the Community Assembly with more information on this in due course.”*

**Outcome:**

- The ICP **NOTED** all questions raised from members of the public.

## 7. Chief Executive Officer (CEO) Update

TD apologised for the delay in the circulation of this paper. Printed copies were available at the meeting.

### Key Visits

The paper highlighted key visits TD made across Mid and South Essex (MSE) in recent months.

TD visited Corringham Integrated Medical and Wellbeing Centre. Multiple Partners from across the ICB were also in attendance. This visit demonstrated the benefit of having co-location of services and workforce within the community. Each team shared an example of how they came together to share people's needs and put in place effective personalised care plans. This visit also highlighted there is much to learn from the work being undertaken in Thurrock such as cardiovascular disease secondary prevention, where performance is the best in the country.

Following a meeting with the Cancer Stewards, TD visited Southend Hospital to see the diagnostic facilities, radiotherapy provision and the chemotherapy and aseptic preparation services. This visit demonstrated the need for sustainable improvements to cancer services as a shared priority. Mid & South Essex Foundation Trust (MSEFT) and the ICB would be developing a joint cancer strategy and cancer improvement plan to set out improvements to be delivered in the Trust and across the System.

GT and TD visited the Linden Centre to discuss a new model of in-patient care that is being developed by Essex Partnership University Trust (EPUT). This model of care would be very therapeutic to support patients to rapidly become independent within their communities.

TD highlighted the ongoing public consultation for the potential changes to service provision in Maldon.

TD also met with several local Councillors and MPs. There have been some emerging themes from these discussions including, the need for clear data which reflected health and care outcomes across the county, primary care estates and dentistry.

Concerns had been raised in relation to the development of primary care estates and the improvement of access to GPs, particularly in areas where there have been new housing developments. There are constraints on capital monies for primary care within the NHS. Developers are only able to be reimbursed to a level that district valuers set. These constraints affect ICBs across the country.

NHSE published a joint NHS and Department of Health & Social Care (DHSC) plan to recover and reform NHS dentistry. The ICB was embracing the mechanisms within the reformed dental contract as well as progressing their existing dental access pilot and care home dental access project. There is more information expected to be received on the NHSE/DHSC dental plan in the near future.

### Priorities for the ICS/CEO Objectives

TD highlighted the ICB was continuing to develop the Board including members' understanding of its role and the way health and care partners worked together to address issues they face.

The biggest challenge facing the System currently was the financial position across MSE. Planning for 2024/25 was in progress. There was a significant gap between the national expectation and the collective position of the ICB, EPUT and MSEFT. Therefore, there was scrutiny of how money was being spent as well as the plans to control non-pay expenditure and bank and agency spend.

A system recovery plan was being developed by the new System Recovery Director which was unlikely to be completed until May 2024. The plan would review impacts to quality of care and patient safety.

JS observed, there were several different dentistry initiatives underway across the county. Therefore, a full Essex County meeting was being planned, which GP colleagues would have the opportunity to attend.

JS asked if elected representatives could be made aware of new initiatives such as those in relation to mental health and cancer. SS welcomed briefing elected members similarly to MPs and highlighted the success of the work at the Linden Centre.

OR welcomed the work being done around cancer services and advised the Ombudsman published a statement about the number of complaints received in relation to cancer services and highlighted concerns about a local resident who had recently moved to the area.

OR advised a key issue with dentistry was the availability of information to the public. There was a requirement for dentists to update the NHS website every 90 days but there was a concern this has not been happening which made it harder for the public to find dentists when they needed treatment. However, there has been some good work going on across MSE and OR has been able to share this with other Healthwatch organisations across the country.

#### **Outcome:**

- **The ICP NOTED the CEO update from Tracy Dowling.**

## **8. ICP Delivery Plan for 2024/25**

MT thanked those who supported the development of the ICP Delivery Plan for their support to progress this work.

EH advised the paper had been developed as a partnership and was presented with support from colleagues across Essex County Council, Southend City Council, and Thurrock Council.

Since the previous meeting on 6 December 2023, the ICP Delivery Group met twice with a third meeting scheduled on 18 March 2024. The group reviewed emerging priorities and engaged with the Community Assembly to understand potential areas of priority for the ICP during 2024/25, with early intervention and prevention highlighted as key areas of focus.

To support identification and selection of priority areas of work, a set of criteria was developed:

- Value must be added to the System, over and above what individual organisations can do
- Cross boundary working should be included, either due to scale or boundaries that were artificial
- Existing efforts should not be duplicated
- Be an area where the risk of not doing something is too great
- Have demonstrable outcomes associated with the activity
- Be feasible to deliver.

The group had developed '5 Priorities for a Healthy MSE' for 2024/25, each priority area would be progressed by individuals across the System:

- **Healthy Start** – Development of a system-wide strategy to support those born and living in MSE to have the *best start in life* with access to education, housing, and health.

The Growing Well Board had considered the immediate ambitions for Healthy Start. Ambitions highlighted for this priority area were, Special Educational Needs and Disabilities (SEND), including support for neurodiversity, Children and Young People's (CYP) mental health, and oral health in children.

- **Healthy Weight** – System wide approach to supporting people *to live healthy lives* through diet and physical activity, with support and treatment available where needed.

Potential ambitions highlighted for this priority area were coordination of existing activities and the need for a specific, joint ambition.

The Director of Public Health for Southend was the nominated lead for Healthy Weight and had been leading discussions to coordinate and scale up existing work. This programme would sit within the Population Health Improvement Board (PHIB).

- **Healthy Hearts** - Working together to support people living in MSE to have healthy hearts, including support for *adults living with cardio vascular disease (CVD) as a long-term condition*, so that MSE can have the best outcomes in the East of England.

Potential ambitions highlighted for this priority area were upstreaming work to prevent CVD and support for adults living with CVD as a long-term condition.

A CVD working group would be established to bring together Prevention Stewards and the Community Collaborative to develop a proposal for Healthy Hearts.

- **Healthy Minds** - System wide support for *people living with mental health conditions*, providing the right care at the right time, so they can live healthy, productive lives.

The Strategic Implementation Group have been considering ambitions for mental health. Potential ambitions highlighted for this priority area were supporting



individuals, supporting community wide issues and a focus on prevention and recovery.

- **Healthy Housing** - Partnership working to understand and address housing and homelessness issues across MSE to help people live healthy lives.

Potential ambitions highlighted for this priority area were homelessness, temporary housing and building on North and South Essex Housing Partnerships.

EH had a planned meeting with Basildon District Council and advised of a potential roundtable discussion to scope issues and opportunities for partnership working to focus on Healthy Housing.

The aim of these priorities was to focus on delivery, to understand how the Partnership can work together effectively and what enablers would support the delivery of those workstreams.

It was noted these priorities were identified for 2024/25 but might change in the future to support population needs.

EH advised there would be further discussions in the next week to specify ambitions with associated actions. The broader Partnership would be able use their assets to look at these actions to address the wider determinants of health with support from the community.

This work highlighted the value added by the Partnership working together. The group would continue to engage with the Community Assembly and other partners as work progressed.

KR advised Southend Council had agreed to lead on the Healthy Weight priority to look at what could be done collectively within the next year with a plan in place by early May 2024. A 'task and finish group' had been developed with various organisations across the System to embrace and develop the work already undertaken in the community, including linking to oral health, healthy eating, and school menus.

There had been feedback received from clinicians not being able to refer into services directly. Therefore, the task and finish group would look at how this could be changed.

PF advised a lot of joint work had been undertaken around Transfer of Care Hubs (TOCHs) and Integrated Neighbourhood Teams (INTs) but there were still cross boundary and sector areas where collaboration was needed. This collaboration would promote alignment and build on existing partnerships and groups to further develop practice and successful work.

It was noted the Connect Programme, which was jointly funded and developed by partners, could be considered as a useable model to learn from when creating the governance and oversight for priorities during 2024/25.

EH highlighted housing had been raised as a priority from conversations with the Alliances. Local councils had been engaged to support with this priority.

ET asked how the voices of those people not participating in the Community Assembly and in areas where health inequalities might be hidden would be heard.

EH advised there was additional engagement happening through the Alliances as well as the general engagement mechanisms. Once the areas of priority were defined there would be continued engagement with the population through various networks to support with this. There were several assets within the community which would also support with delivery.

BT asked if pregnancy and maternity were being considered under Healthy Start.

GT advised there was already a robust programme for improvements in maternity care across MSE via the statutory Neonatal Safety Board which would feed into Healthy Starts As maternity was a health led service, focusing on Children and Young People allowed for a wider partnership impact, particularly in relation to SEND.

MS highlighted that an aging population was a significant challenge for the System. If all five priority areas were effective, they would compress morbidity and support healthy aging.

It was noted the ICP Delivery Group had a discussion noting the importance of supporting people in both their first 1,000 days of life and last 1,000 days of life.

SP asked how the success of the priorities would be evaluated.

EH advised once the specific priorities were defined how these would be evaluated would be considered, whilst being realistic about the pace and scale of activity. The aim was to drive long-term health impacts which would be difficult to monitor within a 12-month period. Therefore, outcome versus output needed to be considered.

GT advised there was an opportunity for the local councils to work with Alliances to look at Healthy Housing. There was a need for the right information to be shared to get early support to those in the community who needed it to help them stay at home. It was also highlighted there was a need for health colleagues to work with councils to look at homes for the future including long term population needs.

#### **Outcome:**

- **The ICP NOTED the update on the ICP Delivery Plan for 2024/25 from Emily Hough.**

#### **Action:**

- **An update to be provided on the ICP Delivery Plan for 2024/25 at the next ICP meeting on 12 June 2024.**

## **9. Consultation on Changes to Community Services**

Declared Interest – Cllr Jane Fleming declared an interest due to her being the division member for Maldon.

MT NOTED the interest, no further action was taken.

MS provided an overview of the services being consulted upon and emphasised the strength of feeling there was in relation to St Peter's Hospital from the staff and residents in Maldon.

The consultation was on the stroke and Intermediate Care (IMC) beds, the maternity unit, and all other outpatient services at St Peter's Hospital.

There were two options outlined for the stroke and IMC beds, both options involved the closure of St Peter's:

- Option 11 provides 88 IMC and 50 SRU beds. The SRU would be a single unit based at Brentwood Community Hospital occupying Bayman and Thorndon Wards.
- Option 12 provides 91 IMC and 47 SRU beds, the latter being located split between the CICC in Rochford (22 beds) and at Brentwood (Bayman Ward, 25 beds).

The maternity unit was temporarily relocated to Braintree due to urgent works needed to ensure this service was viable. The temporary move allowed for the service to remain open 24/7 and give pregnant people the choice of where they would like to give birth, provided there were no complications. The consultation for the maternity unit proposes making this a permanent change.

All outpatient services were also being consulted upon, including blood testing, x-ray and radiology.

The commitment from the system was to keep services local and the consultation allowed the system to hear from the public and health care professionals about where they would like those services.

CH advised the consultation was on week 7. It was initially an 8-week consultation however, it was announced the previous day that the deadline for responses would be extended by a further 2 weeks to allow more people to respond. The consultation would now close on 4 April 2024.

There had been significant engagement in the consultation with more than 11,000 views on Virtual Views.

The consultation document was produced in several formats including a summary, easy read and online video to ensure it was accessible to as many people as possible.

There had been over 2,500 online survey responses. The uptake of the surveys was being monitored and was weighted in the Maldon area. Therefore, the Team were working with Healthwatch in Southend and other partners to highlight the impact the proposed changes would have on other areas and provide them with an opportunity to respond.

Paper copies of the survey were given to local libraries in South Essex for those unable to access this online.

There had been 14 consultation events so far across MSE which took place in person and online. Detailed qualitative feedback was being received from the survey and consultation events.

There had also been over 130 pieces of media in relation to the consultation.

## **Next Steps**

An independent company would analyse the feedback from the surveys and produce a report that would be published for people to see at the end of the consultation. This report would form part of the decision-making business case to support the ICB Board to decide on the future of relevant services.

It was noted Sir John Whittingdale MP debated the future of St Peter's Hospital in Parliament on 14 March 2023.

JF had received comments from residents advising they experienced difficulties accessing the consultation document on Virtual Views and asked how the gypsy and traveller community had been engaged in this process.

CH advised microgrants had been issued to some voluntary and community sector organisations to help engage with members of the population who do not engage in ways other members of the population do. An outreach group had been identified to support with the engagement of the gypsy and traveller community and would hold focus groups with this population.

It was highlighted Virtual Views was only one way for people to access the consultation documents and survey. Other options for people to provide feedback included by phone, email, writing and in local libraries.

OR suggested the low responses from South East Essex was likely due to people thinking the consultation was just about St Peter's and it was important for local communities understand how it might affect them.

CH confirmed that some of the messaging was adjusted to help people understand that it was not just the Maldon area that would be impacted. The South East Essex Alliance had supported with suggestions on how to engage and reach out to the population which led to the creation of a bespoke communications toolkit. Feedback received throughout the consultation was used to adjust the approach and increase engagement.

TD advised the views around the options for St Peter's would be one of the most complex areas of the decision-making business case and the weight of the engagement in the various populations across MSE needed to be considered.

JS highlighted the pre-election period starting at the end of March.

MS highlighted a vast majority of stroke rehabilitation was done outside of the in-patient care beds and approximately 500 patients would use the stroke beds across MSE a year.

#### **Outcome:**

- **The ICP NOTED the update on the Consultation on Changes to Community Services from Claire Hankey and Dr Matthew Sweeting.**

## **10. Greater Essex Health Determinants Research Collaboration (HDRC)**

Alastair Gordon gave a presentation on the Greater Essex Health Determinants Research Collaboration (HDRC) and asked the ICP for opportunities to link this with ongoing work across the System.

The Greater Essex HDRC was a Partnership between Essex County Council, Southend and Thurrock Councils, University of Essex (UoE) and Anglia Ruskin University (ARU). It formed part of a new network of nationally recognised centres of research excellence based in and led by local authorities.

The HDRC was funded by the NIHR to build research capacity and capability between local government and the academic sector with funding of £1M per year for 5 years. There would be 24 research centres across the country which would focus on exploring what works to influence the wider determinants of health, to enable local authorities to use this research to inform decisions.

The overall aim of this work was to improve health outcomes through research with a focus on bringing partners together around a shared understanding of what works to influence the wider determinants of health that lead to poorer health outcomes.

The HDRC aims to build the capability necessary to develop and deliver a research and evaluation programme to reflect the strategic priorities of Greater Essex. It would also drive a sustained culture change to place the use of research evidence at the heart of the local approach to decision-making across public services.

A new Delivery Team would be hosted by Essex County Council and work to a programme shaped in collaboration with public service partners and communities. The Team consisted of a group of researchers which brought together people directly employed in the programme as well as academics from UoE and ARU. The Team reported to the Directors of Policy and Public Health.

The oversight and steering of this work would be completed by a Leadership Board, which consisted of the Directors of Public Health, representatives from the three Essex Integrated Care Boards (ICBs), other local authorities, Voluntary Sector organisations and members of the public.

The leadership work completed by the Delivery Team would need to be shaped to reflect the needs of the system. Therefore, the various partnerships that existed across Greater Essex would be important consultees on this work programme.

To support the Leadership Board, an Advisory Group and Citizens Involvement Forum would be created to provide advice, constructive challenge and assurance, as well as allowing the public to provide insights from lived experience.

AG confirmed the public would be involved at multiple levels throughout the programme. The HDRC was keen to have members of the public involved in the Leadership Board and Advisory Group. Members of the public would also help with the evaluation of the programme to ensure objectives were met. All public participants would be remunerated, trained and supported to enable them to play their full part within the HDRC.

The Greater Essex HDRC will deliver collaborative and placed-based research with local partners to focus on priority issues and priority places. In addition to the development of an ongoing pipeline of research, funding bids would be submitted across local authorities and academic research to sustain this work beyond the 5-year period.

There were 4 workstreams the programme would work to:

- Economic and labour market factors affecting health
- Education factors affecting health
- Environmental factors affecting health
- Vulnerabilities affecting health.

An academic and local authority lead was assigned to oversee each workstream.

AG asked the ICP what opportunities there were across the system to link HDRC with other ongoing work.

ET advised that a London Trust was working with the University College London Institute of Health Equity and through this work there was a pilot within a London borough to review how the system helped people in the community access funding they might be entitled to but were not aware of. It was suggested this would be a good piece of work to link to the HDRC and expand in Essex.

PF suggested connecting with other areas of the country that have the same funding to share learning across the programmes and to look at how this work could influence other strategies such as local planning.

MS welcomed the programme and suggested linking with the Clinical Stewards within the System as they had been looking at health outcomes.

RJ advised the Citizens Advisory Forum would need to ensure they included local voices across the MSE area and Alliances could support with some of this work.

CH advised the ICB had been funded to create a Research Engagement Network (REN) which reached out to seldom heard groups. In addition, the REN had created Community Champions to support people to understand the values of research and suggested it would be good to link with this work.

KR reassured colleagues that engagement was being undertaken with the Clinical Stewards and confirmed the HDRC was a standing item on the PHIB agenda. This work would also look at community cultures to understand why services may not be utilised and look at how this could be changed.

It was highlighted that often in this type of approach Mid Essex was not featured as much due to it having fewer areas of deprivation than Southend or Thurrock. DD asked for the learning to be shared and reviewed with Mid Essex so it could be implemented to reflect the different levels and spread of deprivation.

AG advised the aim of the work would be to share the research and learning in ways that worked for the local population. In addition to encourage areas that may not be identified as higher priorities to still engage with this work.

TD asked if this work would join with the East of England Applied Research Collaboration (ARC) if they were funded in future years. AG confirmed they are working with the ARCs across the Greater Essex area.

## **Outcome:**

- The ICP **NOTED** the introduction to the Greater Essex HDRC from Alastair Gordon.

## 11. Mid Essex Alliance Showcase: Thriving Place Index Work

Adrian Coggins and Rachel Laurence provided an update on the Thriving Place Index work in mid Essex.

AC advised the Thriving Place work embodied partnership working. A shared team was created in mid Essex called “Team Mid Essex”. There has been an investment from all partners across the ICP. This investment included workshops to look at why partners needed to work together, the outcomes of working together and contributions that each partner could make.

There had been a lot of activity across the System and working as a Partnership, made it possible to turn a shared vision into shared outcomes and activities by focusing collectively on the determinants of the things that all partners were trying to change.

AC explained the importance of a common framework to address health inequalities. Whilst partnership working was part of this, it was not enough to achieve population level outcomes and there was a need to move from single interventions to overall holistic support across all determinants of the outcome.

It was highlighted that lots of activity will not necessarily achieve the outcome required. There was a need to ensure all the determinants of the outcome were being worked on with support by other partners working to the same outcome.

There were many domains with an ability to influence places to thrive and be healthy including neighbourhood design, housing, healthier food, natural and sustainable environments, and transport.

Thriving Places had looked at data in mid Essex to understand areas of greater deprivation and where good outcomes were not being achieved to get a better understanding of what was driving the problem. The challenge was to bring domains together to look at how they impacted upon each other as the future focus would be on place-based system outcomes and less organisation specific outcomes.

For example, to achieve a quantified reduction in the number of people from the most deprived parts of mid Essex admitted to hospital or requiring enhanced primary care management for their respiratory condition, all the determinants of the outcome needed to be looked at for the same people in the same place. Therefore, the Partnership would need to look at all of the following:

- primary care management of respiratory conditions
- addressing damp/mouldy housing conditions
- prioritising this cohort for retrofit insulation
- prioritising this cohort for fuel poverty support
- other interventions.

AC highlighted barriers that prevented this way of working, including pathways not being collectively planned, organisation specific targets that were perceived as more important

system outcomes, and organisation specific budgets as opposed to a shared investment and resource.

The next steps were for two demonstration projects to commence which focused on respiratory illness broader determinants of health management and mid Essex economic growth. In addition to those projects, there was a continuation of learning partnership to ensure growth as a Thriving Place Partnership.

DD advised this project had been led by colleagues within local councils and demonstrated what could be achieved by partnership working.

JF asked how this would align and work with the ICP Delivery plan. AC confirmed this work aligned with the Core20PLUS5 work and added value to the frontline delivery by focusing on the wider determinants of health.

MT welcomed future showcases from other Alliances within MSE at future meetings.

**Outcome:**

- The ICP **NOTED** the update on the Thriving Place Index work from Adrian Coggins and Rachel Laurence.

## 12. Any other Business

No other business was raised.

## 13. Date of Next Meeting

Date: Wednesday, 12 June 2024

Time: 10:00 – 13:00

Venue: To be confirmed



## MSE ICP Meeting Action Log

Action No	Meeting Date	Agenda No	Agenda Item and Action Required	Lead	Deadline	Update/Outcome	Status
3	13/03/1934	8	<b>ICP Delivery Plan for 2024/25</b> An update to be provided on the ICP Delivery Plan for 2024/25 at the next meeting.	Emily Hough	11/09/2024	Complete - Update to be provided within Healthies Programme Update (Item 6)	Complete

## **MSE Integrated Care Partnership, 11 September 2024**

### **Agenda Number: 06**

### **Update on delivering the five priorities for a healthier MSE**

#### **Summary Report**

##### **1. Purpose of Report**

To provide the ICP Board with an update on work in relation to the agreed priorities for a healthier mid and South Essex (MSE) that were identified to provide focus in delivering the Integrated Care Partnership (ICP) Strategy.

##### **2. Executive Leads**

Emily Hough, Executive Director, Strategy & Corporate Services, Mid and South Essex ICB

##### **3. Report Author**

Content from the report has been provided by teams across MSE ICP.

##### **4. Responsible Committees**

Integrated Care Partnership  
ICP Steering Group

##### **5. Link to the ICP's Strategic Objectives**

ICP Strategy Common Endeavour to Reduce Health Inequalities

##### **6. Financial Implications**

N/A

##### **7. Details of patient or public engagement or consultation**

The priorities were developed with input from across the ICP, including the Community Assembly.

Further engagement on specific projects and actions for each Healthy is taking place within each workstream and is described in the supporting annex.

##### **8. Conflicts of Interest**

None identified.

## **9. Recommendations**

The Integrated Care Partnership Board is asked to acknowledge the work taking place across the ICP to support the delivery of the five priorities for a healthier MSE.

Members of the ICP Board are asked to highlight areas where they can further support the actions set out across the priorities, including any additional engagement and resource in key areas.

# Update on delivering the five priorities for a healthier MSE

## 1. Introduction

In March 2024 Mid and South Essex (MSE) Integrated Care Partnership (ICP) confirmed support for the five priorities for a healthier MSE. These priorities were developed through the ICP Deliver Group, with engagement from system partners and the ICP Community Assembly. The five priorities there were agreed are:

1. Healthy Starts: Babies, children and young people
2. Healthy Weight: Healthy Weight Management
3. Healthy Hearts: Cardiovascular Disease
4. Healthy Minds: Mental Health
5. Healthy Housing

These priorities were developed based on qualitative and quantitative evidence on the health and wider determinants that are impacting on the health and wellbeing of people living and working in MSE. Priorities were also tested against a set of selection criteria that aim to ensure work the collaborative work of the ICP priorities can add value to the work of individual partners, reduce duplication and will have demonstrative impact. The full list of selection criteria are provided on slide 2 in Annex 1.

Since March, work has progressed across each of the Healthy priorities to:

- Agree the leadership and governance,
- Develop more specific delivery priorities for 2024/25
- Define the impact impacted from delivery and agree metrics that will demonstrate that impact,
- Develop public and partner engagement in the priority and delivery activities, and
- Highlight key risks and mitigations.

This paper provides a summary of the on work across the five Healthy priorities.

## 2. Progress in delivery across the five Healthy Priorities

Progress in implementing action across the five 'Healthies' has been varied, in part due to the differing starting point of the priorities across the system. Whilst there is much work underway across ICP Partners in each of the Healthies, the level of partnership and collaboration and the ability to draw on existing system infrastructures is variable.

It was agreed that, wherever possible, existing system infrastructure should be used for oversight and assurance of each Healthy, feeding into the ICP Steering Group and ultimately the ICP Board. For some priorities, the refreshed focus on the Healthies has provided an opportunity to review and refresh governance previous governance. However, other priorities do not have existing governance to draw on. Progress in these areas has been slower as system partnerships are coming together.

The section below provides a summary of work in each Healthy, with more detail provided in the annex.

## 1. Healthy Starts

The two priorities agreed for health starts in 2024/25 have been identified as supporting children and young people with Special Educational Needs and Disabilities (SEND) and improving Early Years Oral Health. Progress against these priorities is being overseen by the MSE Growing Well Programme Board (GWPB). The GWPB brings together partners from across MSE to oversee the development and implementation of the ICB's babies, children and young people programme, ensuring alignment with local, regional and national priorities – including the Healthy Start priorities. The terms of reference and membership of the GWPB has been refreshed, with Dr Giles Thorpe, Executive Chief Nursing Officer at the ICB and SRO for Healthy Starts, chairing the group going forward.

Across the SEND agenda, the system is focused on ensuring the voices of Children and Young People (CYP) with SEND are captured and understood, that CYP with SEND have their needs met in a timely way and report positively on their experience of health services. Partners are working closely across the system, and with the East of England region, across the CYP SEND agenda.

Across Oral Health, the focus is on increasing engagement in toothbrushing in early years, with the ambition to reduce rates of tooth extraction and childhood hospitalisation related to dental decay across MSE. The Early Years Oral Health team have participated in a number of community engagement events across MSE and a stakeholder workshop is planned for 4 September to focus on developing effective partnership working and exploring strategies for delivery.

In addition to the governance review, work to progress the two priorities has included:

- **SEND:**
  - o Progress in develop the Essex SEND data dashboard across the three Essex ICBs and Essex County Council;
  - o ongoing development of the SEND Self Evaluation Framework;
  - o the soft-launch of MyCareBridge, a digital referral portal for ASD and ADHD;
  - o identification of opportunities to refresh approach to joint commissioning in Thurrock and Southend.
- **Oral Health:**
  - o Since January 2024 the programme has held or participated in over 75 events; distributed over 4400 toothbrush packages; signposted over 250 children to local dental services; provided oral health provided to over 90 members of the Thurrock Early Years Workforce and co-produced communication resources to improve oral health information across MSE.
  - o Successful 'Brighter Smiles Child Oral Health Programme' campaign has been run to encourage toothbrushing in children.
  - o The ICB has also committed to a CYP Dental Pilot across MSE to further improve engagement of babies, children and young people with dental care and oral hygiene.

Key risks to delivery relate to capacity to support the programme and challenges in recruiting key staff to support implementation of the Early Years Oral Health programme. These risks are being mitigated through regular discussions about prioritisation of work across programme teams.

## 2. Healthy Weight

Two priorities for health weight have been agreed for 2024/25, firstly improving the school food environment for children and young people and secondly to improve access to and utilisation of Local Authority commissioned Tier 2 weight management services for adults. The development and delivery of work to respond to these priorities is being overseen by the Healthy Weight Steering Group. The Steering Group has refreshed its governance and is currently being chaired by Krishna Ramkhalawon, Director of Public Health at Southend Council.

Healthy work has a strong interdependency with a number of other ICP priorities as weight is a determinant of so many health conditions. The healthy weight agenda is therefore a priority for each ICP partner, including all three Health and Wellbeing Boards as well as the ICB.

Initial work to address the food environment for young people has focused on options to strengthen programmes within early years and school settings, including Healthier Menus, Healthy Schools, Bite Back scheme and TuckIn schools. Across adult Tier 2 services the focus remains on improving referrals from all settings, both primary and acute care, and increasing engagement with the public through social marketing.

Risks to delivery in this area relate primarily to contractual and regulatory limitations, such as planning regulations relating to 'superzones' around schools. In addition engagement with broader partners, specifically schools, will also be key.

## 3. Healthy Hearts

Healthy Hearts is focused on improving the identification and treatment of cardiovascular disease (CVD) within the population of MSE. The specific priorities identified for 2024/25 are drawn from the national NHS planning requirements for CVD which include:

1. bringing Mid and South Essex lipid treatment to threshold performance rates in line with the national average (35%);
2. increasing levels of treatment to target for hypertension in line with the national objective of 80% by March 2025;
3. Increasing the percentage of patients aged 25-84 with a CVD risk score greater than 20% on lipid lowering therapies to 65% by March 2025.

The national metrics used to measure performance against these standards is CVD PREVENT, which has a six-month lag on real time data. Based on the March 2024 data, MSE is currently delivering:

1. Lipid treatment to threshold of 35.22%, compared with national average of 35%
2. Hypertension treatment to target of 66.89%, compared with 80% target
3. Percentage of patients with CVD risk score greater than 20% on lipid lowering therapy at 59.98%, compared with national target of 65%.

Oversight of the work to delivery the Healthy Heart priorities is being overseen by the ICB's CVD Programme Board, chaired by the ICB's Medical Director, Dr. Matthew Sweeting. The governance supporting the CVD Programme Board, including the membership and Terms of Reference has been refreshed. The Board brings together partners from across the system including members of the ICB, providers and public health. Broader engagement of partners, including patients and the public, is taking

place at the project or initiative level, such as work to expand BP@Home services and alliance level delivery of activities.

Primary Care is a key partner in improving identification and treatment of CVD in MSE, with projects supporting and incentivising primary care in place across the ICB. Whilst much of this is focused on supporting General Practice, opportunities to work with and support community pharmacists is also central to the programme. Recognising that there are also broader opportunities to support the Healthy Hearts priorities in the community, MSE's Community Collaborative has launched a CVD programme focused on exploring how community services can positively contribute to improving outcomes for people with or at risk of CVD. Their programme, which is supported by NHS Providers' Improving Equity Programme, is focusing on hypertension and case finding in at risks groups.

The CVD Programme Board is playing a central role in bringing together all parts of the system to focus on our collective efforts to address the agreed Healthy Hearts priorities, reducing the risk of duplication and ensuring clarity in the work across all partners.

#### 4. Healthy Minds

The work to delivery on the priorities relating to Healthy Minds is being overseen by the Southend, Essex and Thurrock (SET) all age mental health strategy implementation group (SIG), chaired by Moira McGrath, Director of Commissioning Adult Social Care at Essex County Council..

The work to support all those who live and work in MSE with their mental health through the SIG is broad, but four priorities have been identified for Healthy Minds in 2024/25:

1. **Eating disorders (ED)** – through the full roll out of a fully staffed adult community ED service, with a consistent pan-SET approach
2. **Community accommodation** – improving flow by redesigning the model for community bed-based accommodation, and establishing consistent approaches across SET
3. **Smoking cessation in inpatient mental health services** - increasing the number of people who abstain from tobacco use smoking through mobilisation of pan-SET Tobacco Dependency Service
4. **Access to Children and Adolescent Mental Health Services (CAMHS) and intensive support** – increasing capacity in early support and in community mental health teams and Primary Care Networks (PCNs), to enable CAMHs to focus on children and young people with greatest need

Specific metrics to demonstrate impact across these four priorities have been identified by the SET SIG, see annex 1. These commitments, which form part of the SET Mental Health Strategy, have been developed alongside partners and with public engagement. Delivery will also be supported by service user reference groups which have been established for a number of workstream, e.g. eating disorders.

Work to date across the priorities include:

1. **Eating Disorders** – work commenced on shared care protocols, medical monitoring standard operating procedure drafted, FREED service model agreed

2. **Community accommodation** – SET-wide workstream governance established and project managed agreed, Essex County Council supported accommodation model and pathway implemented (excluding complex and IAB in MSE); scope drafted for SET wide Residential and Nursing provision review, discrepancies between voids in supported accommodation and delayed discharges raised at SIG – need to be reviewed to understand capacity and acuity demand across Essex.
3. **Smoking cessation** – Herts & West Essex ICP have confirmed commitment to equitable provision pan-Essex, unblocking driver of delay to implementation in Mid & South Essex; smoking cessation likely to form one of the priority areas in health inequalities workstream. Agreement in place for the sub-contracting of the smoking cessation services for MH inpatient services to Provide.
4. **Access to CAMHs** - Freed up capacity to specialist CAMHs through Thrive implementation and increased working with PCNs, NHS England assurance targets being met.

A number of risks to delivery of the Health Minds priorities have been identified, with mitigations being worked through to support service mapping and prioritisation to support delivery (see annex for details) . A key interdependency between the community accommodation and availability of affordable housing has also been identified. This interdependency with Healthy Housing is currently being worked through.

## 5. Healthy Housing

The two priorities that have been agreed for Healthy Housing are to improve pathways to support people experiencing, or at risk of, homelessness in MSE and work to support long term planning on housing growth and associated health needs. However, much of the focus for the work to date has been on homelessness as this is current an operational issue across MSE. Across the two priorities, four areas of focus have been discussed by the Healthy Housing Steering Group: data and evidence; processes; training and development and the possibility of a South Essex Housing Summit to build on the success of the North Essex Housing Summit.

To date much of the work in relation to Healthy Housing has focused on bringing together the right partnership and developing shared understanding of definitions, process and data relating to demand, capacity and challenges across MSE. Work to collate the data to support this is ongoing. However, it is clear that there are significant shortages in availability of housing compared with demand, which is creating pressure across the system in both local government and health. Work to respond to these issues will be aligned with the broader focus of Healthy Housing.

As Healthy Housing is an area which has not previously had any ICP-wide governance in place, a new Healthy Housing Steering Group has been established to bring together partners from across health and local government to develop the agreed priorities and a supporting delivery plan. Currently the group is chaired by Emily Hough, Executive Director, Strategy and Corporate Services at MSE ICB.

The terms of reference for the Healthy Housing Steering Group are currently being reviewed as the membership has primarily included the ICB, NHS providers and upper-tier local authorities. However, it is recognised that much of the work relating to homelessness and temporary housing, one of the priorities for Healthy Housing, is overseen by District Councils. Options to extend membership are therefore being



considered. In addition to considering the approach to the Steering Group, more work is required to consider broader engagement on Healthy Housing with VCFSE partners and the public.

One of the greatest risks facing the Healthy Housing priority is a lack of dedicated leadership and capacity to bring together the partnership and delivery plan. Given the interdependencies between this workstream and others in the ICP, the ICB and local government partners, the resource and approach to Healthy Housing will be a key point of discussion at the ICP Steering Group on 5 September 2024.

### **3. Next steps and recommendations**

The work of the five priorities for a healthy MSE will continue to be overseen by the quarterly ICP Steering Group, with updates continuing to be received by the ICP Board. Specific challenges relating to capacity and prioritisation will be discussed at the next meeting on 5 September.

The Integrated Care Partnership Board is asked to acknowledge the work taking place across the ICP to support the delivery of the five priorities for a healthier MSE.

Members of the ICP Board are asked to highlight areas where they can further support the actions set out across the priorities, including any additional engagement and resource in key areas.



Mid and South Essex  
Integrated Care  
System



Mid and South Essex

# MSE ICP – ‘Healthies’ Update

11 September 2024



# A reminder: selection criteria for priorities

- ICP priorities should meet the following criteria:
  - Adding value to the system, over and above what individual organisations can do
  - Cross boundary working, either due to scale or boundaries are artificial
  - Not duplicating existing efforts
  - Risk of not doing something is too great
  - Demonstrable outcomes associated with activity
  - Feasible delivery



# Five priorities for a healthy MSE



## Healthy Starts

- Developing a system-wide strategy to support those born and living in MSE to have the **best start in life** with access to education, housing and health



## Healthy Weight

- System-wide approach to supporting people to **live healthy lives** through diet and physical activity, with support and treatment available where needed



## Healthy Hearts

- Working together to support people living in MSE to have healthy hearts, including support for **adults living with a CVD as a Long Term Condition**, so that we have the best outcomes in the East of England



## Healthy Minds

- System wide support for **people living with mental health conditions**, providing the right care at the right time, so they can live healthy, productive lives



## Healthy Housing

- Partnership working to understand and address housing and homelessness issues across MSE to help people **live healthy lives**



<b>Status</b>	Amber	<b>Reporting Date</b>	September 2024
<b>Lead</b>	Giles Thorpe		
<b>Governance</b>	Growing Well Programme Board		
<b>Priorities for 24/25</b>	<ul style="list-style-type: none"> <li>Support for children and young people with Special Educational Needs and Disabilities (<b>SEND</b>)</li> <li>Improving <b>Early Years Oral Health</b>, including work to address rates of tooth extraction and childhood hospitalisation related to dental decay across MSE</li> </ul>		
<b>Metrics and impact</b>	<ul style="list-style-type: none"> <li><b>SEND:</b> There is particular focus on access to therapies, neurodevelopmental assessments and impact measurement of service improvements. More broadly and in line with Ofsted framework, metrics include but are not limited to: <ul style="list-style-type: none"> <li>Ensuring the voices of Children and Young People (CYP) with SEND are captured and understood, that CYP with SEND have their needs met in a timely way and report positively on their experience of health services,</li> <li>Leaders being ambitious for Children and Young people with SEND, engage with children, young people and families, evaluate services and make improvements and create an environment for effective practice and multi-agency working to flourish</li> </ul> </li> <li><b>Oral Health:</b> <ul style="list-style-type: none"> <li>Ambition to reduce child tooth decay rates, increase child NHS dental attendance, reduce rate of dental extractions under general anaesthetic due to tooth decay and reduce emergency admissions for tooth decay related causes.</li> </ul> </li> </ul>		
<b>Public and partner engagement</b>	<ul style="list-style-type: none"> <li>○ <b>SEND:</b> <ul style="list-style-type: none"> <li>○ New Deputy Director has met with Essex Parent Carer Forum and Southend Send The Right Message chair</li> <li>○ September Meeting planned with Traverse to review CYP engagement completed and planned in 2024</li> <li>○ MSE ICB attendance at SEND Partnership boards and Executive Strategic and Joint Commissioning Groups and par</li> <li>○ Participation in regional task and finish groups to review Neurodiversity opportunities and challenges</li> <li>○ Active role in Balanced System programme relating to Therapies with Commissioner and Provider services</li> </ul> </li> <li>○ <b>Early Years Oral Health:</b> <ul style="list-style-type: none"> <li>• MSE COHI Steering Group in place – pan ICS representation. MSE Bright Smiles child oral health improvement plan refreshed and circulated.</li> <li>• Gap analysis of oral health training need through surveying of early years workforce. Working with CDS and early years teams to increase uptake of oral health training.</li> <li>• Virtual views survey to go live to understand residents’ attitudes and barriers to adopting positive BCYP oral health behaviours.</li> <li>• MSE Bright Smiles resources co-produced to allow for standardised information to increase oral health literacy</li> <li>• Place based VCSF engagement – good engagement with SAVS/ ABSS and Thurrock Family Hubs &amp; VCSFE networks supporting events.</li> <li>• Thurrock Alliance Stakeholder Workshop (4<sup>th</sup> September) to focus on developing effective partnership working and exploring strategies for delivery.</li> <li>• Participation in local Community Engagement events across MSE, including Thurrock Big Lunches, Lakeside Engagement Event and Holiday Clubs</li> </ul> </li> </ul>		



<b>Key areas of Progress since last meeting</b>	<ul style="list-style-type: none"> <li>Growing Well Programme Board (GWPB) Terms of Reference and membership have been reviewed and updated, with new chair agreed (Giles Thorpe). The GWPB will review the National, Regional and local work plans and programmes, including Healthy Starts, and prioritise areas for MSE System wide delivery. <b>SEND:</b></li> <li><b>SEND:</b> Essex SEND data dashboard is progressing across three ICBs and ECC; ongoing development of SEND Self Evaluation Framework; soft-launch of MyCareBridge, digital referral portal for ASD and ADHD; opportunities to refresh approach to joint commissioning in Thurrock and Southend identified.</li> <li><b>Oral Health:</b> since January 2024 the programme has held or participated in over 75 events; distributed over 4400 toothbrush packages; signposted over 250 children to local dental services; provided oral health provided to over 90 members of the Thurrock Early Years Workforce and co-produced communication resources to improve oral health information across MSE. A successful 'Brighter Smiles Child Oral Health Programme' campaign has been run to encourage toothbrushing in children. The ICB has also committed to a CYP Dental Pilot across MSE to further improve engagement of babies, children and young people with dental care and oral hygiene.</li> </ul>
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Activities & Milestones	Owner	Start Date	Complete	RAG
			Date	
Share ToR with Southend and Thurrock for new joint commissioning forum . This would initially focus on SEND progress with a view to developing a framework.	Clare Angell	Aug24	Sep24	
Share first draft of system SEND data set	Steve Gallagher	Jul24	Sep24	
Significant political scrutiny around the ICB statutory function of commissioning health assessments for children who become Looked After. Children should be seen and assessed by a medical doctor within 20 working days. Data shows compliance of between 5 and 50%. The Community Collaborative are leading this project to look at alternative models. ICB expected to support the completion of a business case to executive board.	Marie McEntee/Community Collaborative	May24	Nov24	
Review Self Evaluation Frameworks with Southend, Essex and Thurrock	Clare Angell/Gemma Stacey	Jul24	Oct24	
Complete recruitment to BCYP team to bolster commissioning capacity	Clare Angell	Jul24	Oct24	
Dental CYP pilot going live with focus on increasing CYP dental access. Pilot will also widening scope of the dental team through delivery of community based oral health promotion in schools across MSE	David Barter/ Jackie Graham	Sept '24	Sept '27	
Supervised toothbrushing schemes implementation within Thurrock and Southend	Emily Lawrence/ Erin Brennan-Douglas	Oct '24	Oct '25	
Joint work with DPH to widening access for LAC.	David Barter/ Sophia Morris	Tbc	9-12mths	



Risk (inc consequence)	Mitigation	Risk owner	RAG score
Lack of pace with key programmes due to capacity	Prioritised work programme across the whole team	Clare Angell	
Recruitment challenges in relation to Thurrock Early Years Oral Health Improvement Worker Role	Challenges impacted by ICB restructure and triple lock. Discussions are ongoing to try to resolve this.	Emily Lawrence	
Supervised toothbrushing schemes not implemented in Mid Alliance and Castle Point & Rochford due to financial constraints.	Alliance to consider funding opportunities	Dan Doherty/ Becky Jarvis/Sophia Morris	
Variability in scope of CYP oral health prevention activity - clearer articulation of NHS and each LA/Public Health roles in commissioning oral health promotion interventions would be beneficial for long term goal achievement.	MSE ICB has developed a positive foundation in cross system oral health prevention - further long-term investment planning in Essex & Thurrock for upstream prevention activity required to maintain in MSE's proactive position in progress	Clare Angell/Sophia Morris / DPHs/William Guy	
Capacity of BI to develop data dashboards to monitor progress		Steve Gallagher	
<b>Inter-dependencies</b>	<ul style="list-style-type: none"> <li>Capacity of Community Collaborative following departure of BCYP lead</li> <li>Neighbouring ICB data leads need to ensure system reporting is enabled to MSE ICB</li> <li>Capacity of exec leads in partner trusts and local authorities to priorities the GWPB</li> <li>ICB approval to change BCYP establishment to allow greater resource allocation on SEND priorities</li> </ul>		
<b>Escalations</b>	None		



# Healthy Weight

DRAFT – FOR DISCUSSION



<b>Status</b>	<b>Amber</b>	<b>Reporting Date</b>	September 2024
<b>Lead</b>	<b>Krishna Ramkhelawon</b>		
<b>Governance</b>	Healthy Weight Steering Group		
<b>Priorities for 24/25</b>	<b>2024-25 Plan</b> <b>1. Children and Young People</b> - Improve the school food environment <b>2. Adults</b> - Improve access to LA commissioned Tier 2 Weight Management Services		
<b>Metrics and impact</b>	<ul style="list-style-type: none"> <li>Food environment measures to be developed</li> <li>Initial focus on T2 utilisation across Local authorities (Southend T2 delivery=542)</li> </ul>		
<b>Public and partner engagement</b>	<ul style="list-style-type: none"> <li>Essex CC – Healthy Weight Strategy (2024) signed off by HWB Board - with public and wider consultation</li> <li>Southend CC – Partner engagement with local priorities and will be shared with HWB Board in Sept 2024</li> </ul>		
<b>Key areas of Progress since last meeting</b>	<b>Southend</b> <ul style="list-style-type: none"> <li><i>Diet &amp; nutrition pathway 0-19 in Southend being updated</i></li> <li><i>Updating the Early Years Award for all settings</i></li> <li><i>Tier 1 Healthy eating in schools planned September for primary school</i></li> <li><i>Fussy eating workshop planned for Family Centres and schools</i></li> <li><i>Benchmarking plan from September for all the school food policies, sample menus and food offer</i></li> <li><i>Developing plan for auditing foods in schools with environmental health inspection schedule (joint visit)</i></li> <li><i>Tuck Inn pilot planned for one neighbourhood</i></li> <li><i>Bite Back- one senior school recruited</i></li> <li><i>Draft social marketing brief for barrier to access on tier 2</i></li> <li><i>Work progressing Food policy and CYP Neighbourhood approach to food environment</i></li> </ul>		





Activities & Milestones	Owner	Start Date	Complete Date	RAG
Work with Early Years settings and Primary schools to review & promote 'Healthier Menus'	EBD, SG, EF	Sept 24	March 25	
Strengthen the Healthy Schools programme	EBD, SG, EF	June 24	March 25	
Promote Bite Back scheme within secondary schools	EBD, SG, EF	Sept 24	June 25	
Explore TuckIN in Schools and 800m super-zones	EBD, SG, EF	Sept 24	June 25	
Review T2 referral pathway to include direct referrals from Acute settings	SP, AP, EBD, SG, EF	Sept 24	May 25	
Set clear GP practice level targets based on current obesity prevalence with Dashboard reporting	ET, EBD, SG, EF, PS	June 24	March 25	
Increase promotion of incentives under current GMS LES and use primary care champions, include TTL	AP, EBD, SG, EF	July 24	March 25	
Use social marketing and develop a new promotional approach	SP/EBD, SG, EF	May 24	March 25	



Risk (inc consequence)	Mitigation	Risk owner	RAG score
Contractual leverage with current Wellbeing service providers to increase T2 referral and management	PH Commissioners to agree relevant approach/ contract variation to enhance capacity	DsPH	Red
School willingness to engage with PH and bid for Bite Back scheme	Engagement with Heateachers (Southend); Thurrock; Essex	DsPH	Red
Planning guidance limitations for superzones	Engagement with Planning Team across the 3 LAs	EBD, SG, EF	Red
			Red
			Red
			Red
<b>Inter-dependencies</b>	<i>Essex – T2 commissioning – current performance issues Southend – T2 Commissioning – new Provider mobilising; Social Marketing proposing approved with funding allocated; new FY2 trainee to explore secondary care referral pathway</i>		
<b>Escalations</b>	<i>None currently</i>		



<b>Status</b>	<b>Amber</b>	<b>Reporting Date</b>	September 2024
<b>Lead</b>	<b>Rhiannon Watson</b>		
<b>Governance</b>	CVD Programme Board		
<b>Priorities for 24/25</b>	<ul style="list-style-type: none"> <li>• Bring Mid and South Essex Lipids treatment to threshold performance rates in line with the national average = 35%</li> <li>• Increase levels of treatment to target for hypertension in line with the national objective of 80% by March 2025</li> <li>• Increase the percentage of patients aged 25–84 years with a CVD risk score greater than 20% on lipid lowering therapies to 65% by March 2025</li> </ul>		
<b>Metrics and impact</b>	<ul style="list-style-type: none"> <li>• Lipid management percentage of patients who have been treated to threshold 35.22% (Source: CVD PREVENT March 24)</li> <li>• Hypertension percentage treated to target in MSE at 66.89% compared with 80% target (Source: CVDPREVENT March 24)</li> <li>• Percentage of patients with and a GP recorded QRISK score of 20% or more, on lipid lowering therapy 59.98% (Source: CVDPREVENT March 24)</li> </ul>		
<b>Public and partner engagement</b>	<ul style="list-style-type: none"> <li>• Public and partner engagement planned and being delivery currently of MSECC CVD pilot on BP guidance.</li> <li>• Public engagement scheduled for BP@home</li> <li>• Public engagement proposed for alliance level delivery i.e Canvey place based working</li> </ul>		
<b>Key areas of Progress since last meeting</b>	<ul style="list-style-type: none"> <li>• Refreshed Governance for CVD programme board, including updated membership and agreed focus on priorities – including Healthy Hearts</li> <li>• Hypertension Quality Outcomes Framework (QOF) Extension launched with primary care, creating an enhanced offer locally to support practices working towards the Hypertension treatment to target goal.</li> <li>• Time to learn engagement CVD sessions completed with each of the 4 alliance areas, promoting the current initiatives and educating on CVD data for MSE.</li> <li>• Lipid Pharmacy Adherence Pilot launched in Benfleet and Rayleigh PCN areas with 7 pharmacies participating.</li> </ul>		



Activities & Milestones	Owner	Start Date	Complete	RAG
			Date	
- Extension of Hypertension QOF to increase incentivisation of practices to treat to threshold approved and now being implemented	Emma Timpson	22/05/2024	31/03/2025	Yellow
- CVD LES targeted at practices in areas of high deprivation and for minority ethnic groups initiated	Emma Timpson	01/04/2024	31/03/2025	Green
- Extension of CVDACTION with UCLP – subject to additional funding	Emma Timpson	TBC	TBC	Red
- Community Collaborative CVD programme launched, with support from NHS Providers, focused on increasing diagnosis and treatment through community service engagements	Lianne Jongepier	17/05/2024	TBC	Yellow
- Training, education and engagement with Primary care via Time to Learn on package of CVD schemes including 'Health and wellbeing days, utilisation of outreach van, BP@Home and Lipid management	Rhiannon Watson	01/07/2024	30/09/2024	Yellow



Risk (inc consequence)		Mitigation	Risk owner	RAG score
- Risk of duplication of effort across CVD programme		CVD Programme Board bringing together all health system partners to support coordination	Matt Sweeting	Yellow
- Lack of clarity in Community Collaborative programme		Community Collaborative working to scope options and ensure complementarity	Lianne Jongepier	Yellow
- Primary care capacity to support with competing priorities		Clear alignment with QOF and prioritisation via Alliance teams	Emma Timpson	Red
<b>Inter-dependencies</b>	Links between Hearts and Weight – both focused on supporting people to access NHS health checks and being a healthy weight has a positive impact on CVD outcomes			
<b>Escalations</b>	None			



<b>Status</b>	<b>Amber</b>	<b>Reporting Date</b>	September 2024
<b>Lead</b>	<b>Zephan Trent</b>		
<b>Governance</b>	Southend, Essex and Thurrock (SET) all age mental health strategy implementation group (SIG)		
<b>Priorities for 24/25</b>	<ol style="list-style-type: none"> <li>1. Eating disorders (ED) – full roll out of a fully staffed adult community ED service, with a consistent pan-SET approach</li> <li>2. Community accommodation – improve flow by redesigning the model for community bed-based accommodation, and establishing consistent approaches across SET</li> <li>3. Smoking cessation in inpatient mental health services - increase the number of people who abstain from tobacco use smoking through mobilisation of pan-SET Tobacco Dependency Service</li> <li>4. Access to Children and Adolescent Mental Health Services (CAMHS) and intensive support – increase capacity in early support and in community mental health teams and Primary Care Networks (PCNs), to enable CAMHs to focus on children and young people with greatest need</li> </ol>		
<b>Metrics and impact</b>	<p>SET SIG focus in early stage of programme is on relationship development and agreement of shared priorities and interventions. Work is planned to translate measures into quantitative targets.</p> <ol style="list-style-type: none"> <li>1. Eating disorders – First episode and Rapid Early intervention for Eating Disorders (FREED) team fully rolled out across SET; shared care protocol agreed with acute trusts and PCNs; Severe and Enduring ED (SEED) pathway designed and implemented; numbers of adults supported by the service</li> <li>2. Community accommodation – increased capacity utilisation of facilities; increased throughput; reduction in delayed discharges attributable to community accommodation</li> <li>3. Smoking cessation – measuring reduction from baseline number of patients discharged after inpatient stay &gt;28 days who are smoking on admission. Potential for target reduction to be set once service has been operational for a period of time and potential impact assessed</li> <li>4. CAMHs – reduction in waiting times to access CAMHs; national standards met</li> </ol>		
<b>Public and partner engagement</b>	<ul style="list-style-type: none"> <li>• All the commitments included in the SET MH strategy were developed alongside partners, including public engagement</li> <li>• Many workstreams (for example Eating Disorders and Personality Disorders) have their own service user reference groups</li> <li>• Overall progress in implementing the Strategy is regularly reported (in public) to the three Health and Wellbeing Boards</li> </ul>		
<b>Key areas of Progress since last meeting</b>	<ol style="list-style-type: none"> <li>1. Eating Disorders – work commenced on shared care protocols, medical monitoring standard operating procedure drafted, FREED service model agreed</li> <li>2. Community accommodation – SET-wide workstream governance established and project managed agreed, Essex County Council supported accommodation model and pathway implemented (excluding complex and IAB in MSE); scope drafted for SET wide Residential and Nursing provision review, discrepancies between voids in supported accommodation and delayed discharges raised at SIG – need to be reviewed</li> <li>3. Smoking cessation – Herts &amp; West Essex ICP have confirmed commitment to equitable provision pan-Essex, unblocking driver of delay to implementation in Mid &amp; South Essex; smoking cessation likely to form one of the priority areas in health inequalities workstream. Agreement in place for the sub-contracting of the smoking cessation services for MH inpatient services to Provide.</li> <li>4. Access to CAMHs - Freed up capacity to specialist CAMHs through Thrive implementation and increased working with PCNs, NHS England assurance targets being met</li> </ol>		



Activities & Milestones	Owner	Start Date	Complete	RAG
			Date	
Eating Disorders transformation – Electronic Patient Record (EPR) system mapping, agree medical monitoring pathway SOP, form MDT top create shared care protocol based on literature review	Alfie Bandakpara-Taylor	Nov 2022	Nov 2024	Green
Community accommodation – multi-agency discharge event (MaDE) event to be organised to explore challenges with flow ; launch SET wide work reviewing nursing and residential accommodation	Emily Oliver	Sept 2023	Sept 2024	Green
Smoking cessation – agree detailed scope and contract with Provide, funding agreed, recruitment to be undertaken to mobilise service	Doug Smale	Sept 2024		Orange
CAMHs and Intensive support – further embed early intervention with partners including HCRG as part of development of Thrive	Gill Burns	Jun 2024	Mar 2025	Orange



Risk (inc consequence)	Mitigation	Risk owner	RAG score
Eating Disorders transformation - Current EPR systems not fit for purpose. ED teams use two separate patient record systems (Mobius-South and Paris-North) the systems currently in place have minimal safety features and functionality, for example no failsafe built in to ensure referrals have been sent and received.	Map the service needs and explore all interim options. Identify benefits, impact, costs and feasibility.	Alfie Bandakpara-Taylor	C4 x L4 = 16
Community accommodation - lack of affordable housing flow is a challenge, local capacity is not released causing Out of Area (OOA) placements to increase, market supply and demand	Review AOT variation Review CMHT capacity and variation to ensure appropriate move-on from supported accommodation Map MH rehab and community accommodation links Develop an action plan to deal with findings from above	Emily Oliver/Jackie Bland	C2 x L3 = 6
Smoking cessation - availability of suitably experienced and qualified staff to operate pan-Essex tobacco dependency service	Agreement is in place for the sub-contracting of the MH inpatient smoking cessation service to Provide. Recruitment challenges due to short term fixed term contract until end of march and lack of assurance of service extension, EPUT are looking to try and support Provide with recruitment to enable individuals to apply for the smoking cessation adviser roles through possible redeployment and secondment opportunities. Provide will provide training for staff.	Doug Smale	C3 x L3 = 9
Access to CAMHs - some CYP commitments require services/workforce to be expanded, which will be challenging in the current environment	CYP Task & Finish Team to identify most challenging areas, and develop alternatives approaches (e.g. phasing, revised delivery models)	Gill Burns	C2 x L3 = 6
<b>Inter-dependencies</b>	Interdependencies include links with: - Healthy Housing on community accommodation - Healthy Starts in relation to BCYP agenda and SEND given high prevalence of Neurodiversity assessments being required across MSE and a backlog position. Support whilst waiting is a key component of the programme.		
<b>Escalations</b>	None		





# Healthy Housing

DRAFT – FOR DISCUSSION



<b>Status</b>	<b>Red</b>	<b>Reporting Date</b>	September 2024
<b>Lead</b>	Emily Hough		
<b>Governance</b>	Healthy Housing Steering Group (meets monthly)		
<b>Priorities for 24/25</b>	<ul style="list-style-type: none"> <li>Improving pathways to support people experiencing, or at risk of, homelessness in MSE</li> <li>Strengthening partnership working to support long term planning on housing growth and associated health needs</li> </ul>		
<b>Metrics and impact</b>	<ul style="list-style-type: none"> <li>National numbers of homeless households in temporary accommodation at highest level ever recorded.</li> <li>In Essex homeless households in temporary accommodation increased 2.6% in Q3 2023/24 (2,219 to 2,278).</li> <li>The number of children in temporary accommodation in Essex has increased over the last 10 quarters (to Dec 2023)</li> <li>Homeless households are increasingly being placed in temporary accommodation that is out of area</li> </ul>		
<b>Public and partner engagement</b>	<ul style="list-style-type: none"> <li>Current engagement in the Healthy Housing has been limited to core Steering Group membership</li> <li>Through the current membership, there are links to the Essex Housing Officers Group and local VCFSE partners</li> <li>A plan for broader engagement will be developed over the coming months</li> </ul>		
<b>Key areas of Progress since last meeting</b>	<ul style="list-style-type: none"> <li>Healthy Housing Steering Group established and areas of focus agreed as: Data and evidence; processes; training and development and a possible south Essex Housing Summing</li> <li>Review of definitions of Homelessness and rough sleeping to support consistent monitoring of data and impact for this population group.</li> <li>Review of Essex County Council research on temporary housing, increasing health engagement in the research</li> <li>Insights from North Essex Housing Summit shared</li> <li>Essex Health and Wellbeing Board discussion on housing in July</li> <li>Engagement with Chelmsford City Council homelessness strategy, supporting current survey</li> </ul>		



Activities & Milestones	Owner	Start Date	Complete	RAG
			Date	
Review of current Steering Group ToR to include broader membership	Emily Hough	Aug 2024	Sept 2024	Yellow
Data on current homelessness and impact on services to be shared by all Steering Group members	Steering Group members	July 2024	Oct 2024	Yellow
Plan for stakeholder engagement in healthy housing to be developed	Emily Hough	Aug 2024	Dec 2024	Yellow
Discussion on operational issues relating to housing and discharge from hospital to be planned	TBC	Aug 2024	Oct 2024	Yellow
Review of shared Discharge Protocol into temporary housing across MSE	Kirsty O’Connell / Rod Cullen	June 2024	Oct 2024	Yellow
Homeless Needs Assessment across MSE led by charity expert partner commenced.	Emma Timpson	June 2024	Dec 2024	Green



# Healthy Housing

DRAFT – FOR DISCUSSION



Risk (inc consequence)	Mitigation	Risk owner	RAG score
A lack of dedicated leadership and delivery capacity may delay progress in addressing the priorities identified across the Healthy Housing priority	Discussions on ICP development will include the need to identify capacity to support Healthy Housing	Emily Hough	Red
Without engagement from across all system partners – including District Councils – there is a risk the right people will not be engaged in Healthy Housing	ToR for Healthy Housing Steering Group being developed and reviewed with a view to inviting all district councils to participate going forward	Emily Hough	Yellow
Access to temporary housing is delaying discharge from some areas of the system	System-wide work on discharge is being linked into wider work on Healthy Housing	Rebecca Jarvis	Yellow
Lack of data on current housing status and associated impacts means there is not a clear picture of the challenges and opportunities across the system	Collating data from across Steering Group members	Emily Hough	Yellow
<b>Inter-dependencies</b>	Safe, quality housing can have an impact on most health outcomes – including all other Healthies, however specific interdependency mapping yet to be completed.		
<b>Escalations</b>	Capacity to support Healthy Housing will be considered as part of ongoing discussions about the ICP development		

# MSE Integrated Care Partnership Meeting 11<sup>th</sup> September 2024

South East Essex Alliance  
Healthy Neighbourhoods: A spotlight on working together  
in Canvey Island



# Today's spotlight: working together in Canvey Island

South East Essex Alliance vision and delivery plan 2024-2026

*Rebecca Jarvis, Alliance Director*

*Michelle Cleary, Alliance Delivery & Engagement Lead*

Working together in partnership to improve outcomes for our residents

*Janis Gibson, Chief Executive, Castle Point Association of Voluntary Services (CAVS)*

*Matt King, Chief Executive, Trust Links*

*Lee Monk, Relationship Manager, Active Essex*

*Ian Butt, Director of Place and Communities, Castle Point Borough Council*



# South East Essex Alliance Delivery Plan 2024-2026

Rebecca Jarvis  
Alliance Director

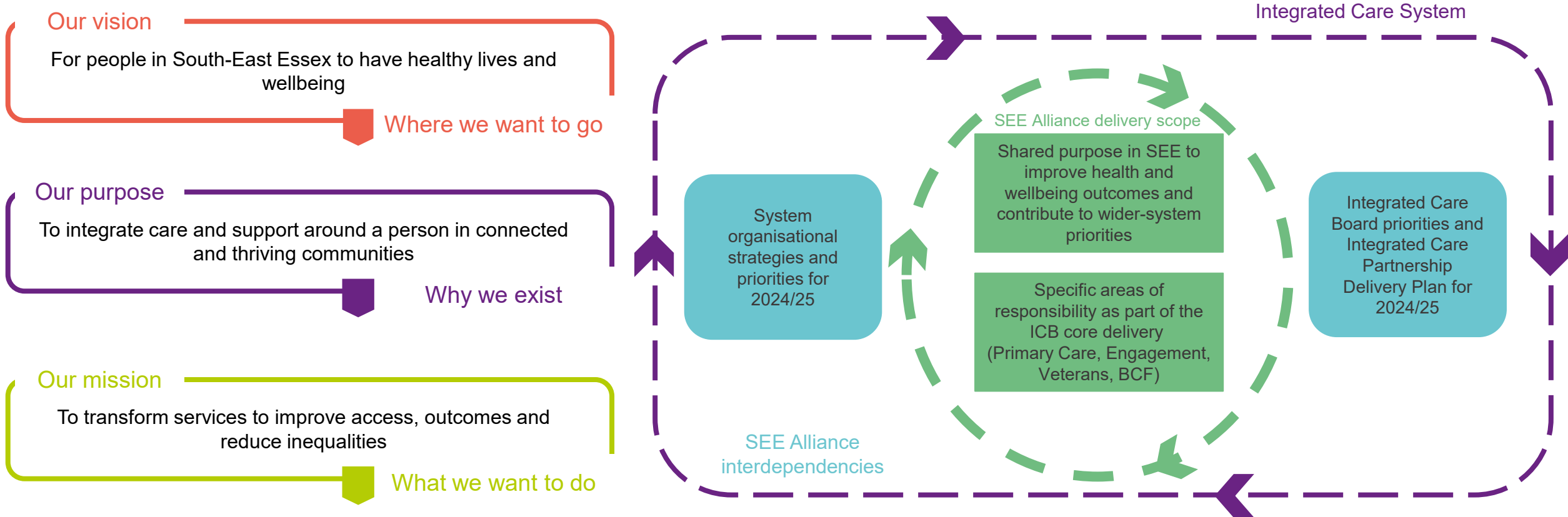


# Ask of ICP

How can the Integrated Care Partnership enhance how we work together in neighbourhoods across SEE to improve outcomes and deliver collaboratively at pace?



# South-East Essex Alliance vision and delivery plan





# Our key outcome and priority areas



1 key outcome



4 priority areas

Priority areas aligned to ICP priorities, using data and insight to inform and shape our local shared outcome and priority areas for 2024/25



## Healthy Minds

People are socially active, resilient and emotionally well

## Healthy Start

Children and young people have the best start in life

## Healthy Living

People are living well and are physically active

## Healthy Ageing

People are living well with good support at the end of their lives

# In conversation with our residents

Using Asset Based Community Development to engage with our residents, inviting **feedback** and **opportunities to collaborate**

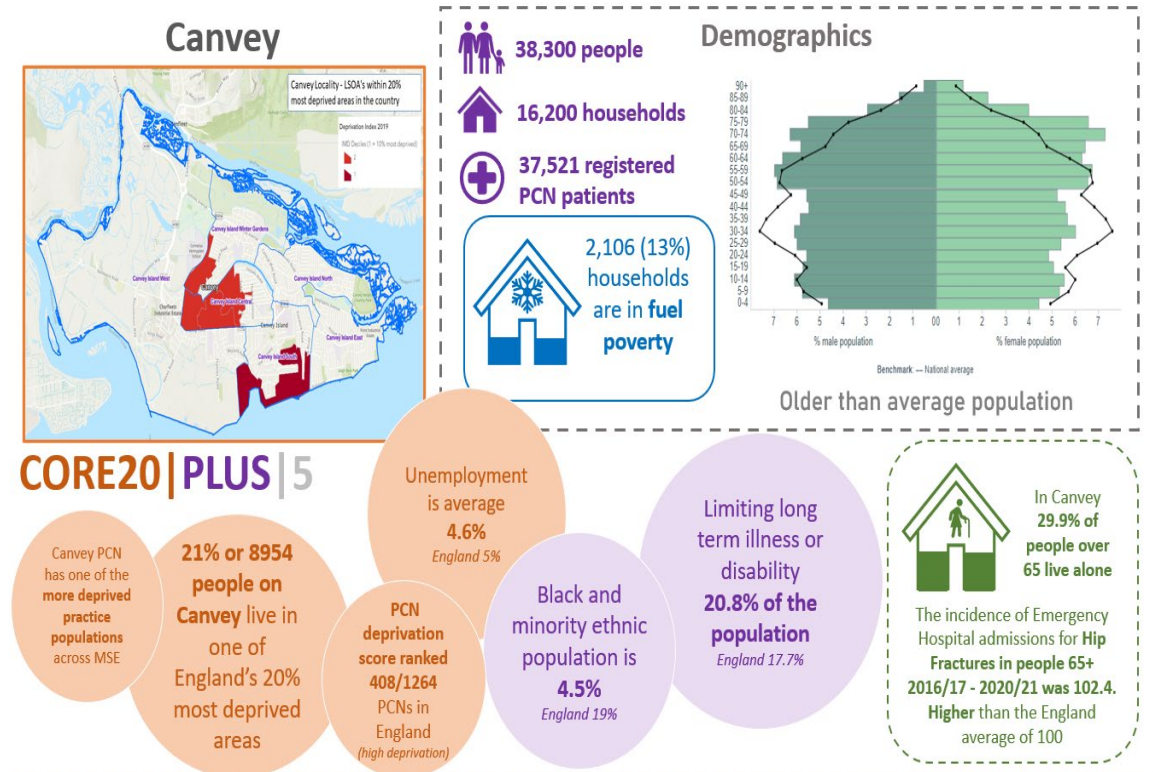
**Meeting people where they are**, in their own communities and working in collaboration with partner organisations. We quickly learned the best way of doing this is attending partner and community events

Utilising **data** and **insights** to inform our Alliance Delivery Plan

Ensuring data gathered is **fed back** through neighbourhood meetings and the Alliance to help focus on future priorities

**304 Conversations**  
in Castle Point and Rochford

**Top 5 themes in Canvey:**  
Community spirit and people  
Crime and safety  
Business and shops  
Transport and traffic  
GPs



# Working in partnership to improve outcomes for our residents

*Janis Gibson, Chief Executive Officer, Castle Point Association of Voluntary Services (CAVS)*

*Matt King, Chief Executive, Trust Links*

*Dr Neil Magee, Canvey Primary Care Network Clinical Team Lead, Mid and South Essex ICB  
Cardiovascular System Lead*

*Lee Monk, Relationship Manager, Active Essex*

*Ian Butt, Director of Place and Communities, Castle Point Borough Council*





Skate Jam



Essex Pedal Power Canvey



# Welcome to Canvey Island

Move It or Lose

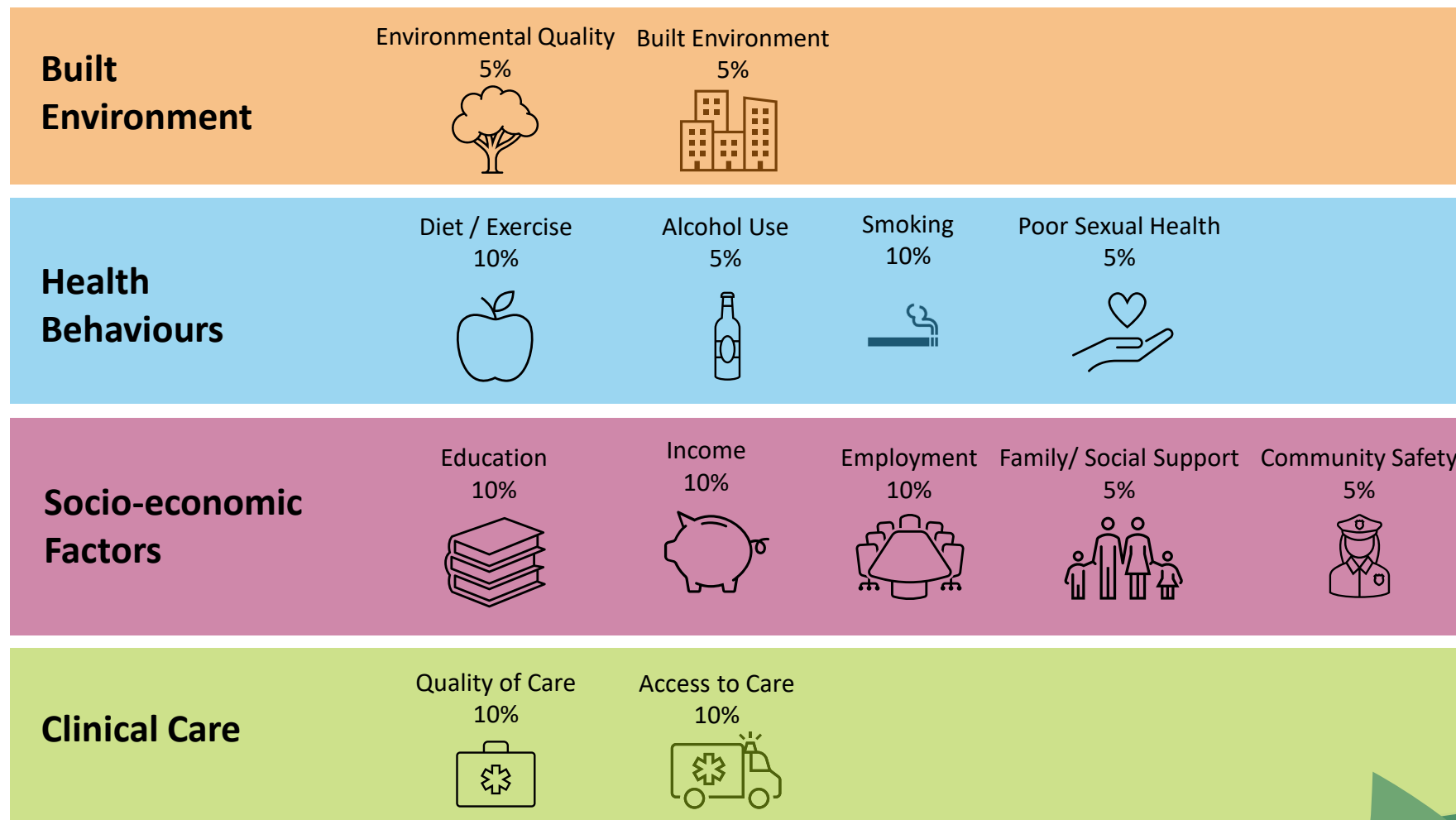
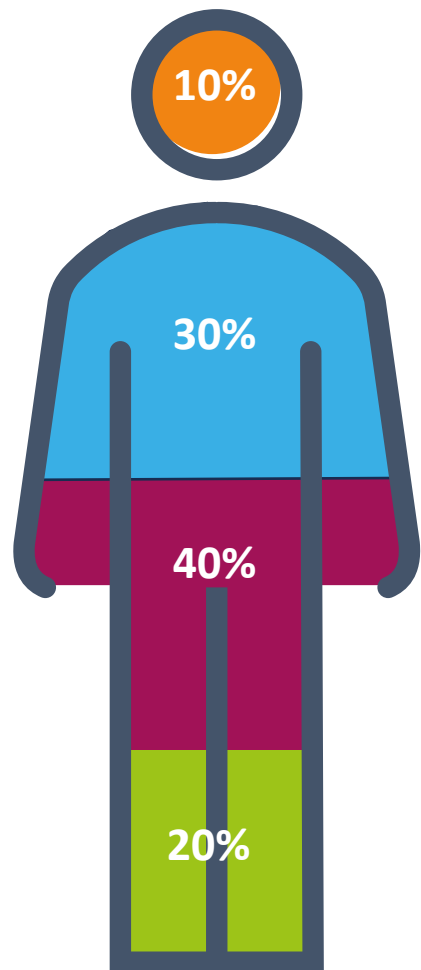


Flying Start



Able Like Mabel

# The wider determinants of health



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

# Local Delivery Pilots

- In 2017, we invited communities from all over England to test a new way of working with us by becoming one of 12 'local delivery pilots'
- The main learnings of the 12 LDPs has shaped Place Partnerships expansion

## Our 12 local pilots

At the end of the process, we had 12 local pilots:

1. Southall
2. Greater Manchester
3. Calderdale
4. Birmingham and Solihull
5. Exeter and Cranbrook
6. Doncaster
7. Withernsea
8. Bradford
9. Essex
10. South Tees
11. Hackney
12. Pennine Lancashire



# Active Essex & Essex LDP - New Ways of Working

From



To



Controlling



Building Trust, distributing leadership and shifting power to communities



Predefined interventions and solutions



Collectively identifying opportunities & co-creating solutions



Informing/ consulting partners & communities



Starting with questions & taking action on things important to communities

From



To



Creating traditional management structures



Building relationships, networks and trust around shared purpose



Egotistical and territorial



Being humble and breaking down silos



Deficit approach



Strengths-based ways of working, developing resilience

# How the LDP is achieving Transformational Change



## Joint Effort

Make use of expert knowledge and local assets



## Bringing People Together

Identifying a common purpose, working together, reduces silo working



## Influence policy and practice

Convince system leaders about ways of working, to influence



## ABCD Training

Introduced a new way of working labelled 'Communities Can'



## Microgrant Programme

Getting active in novel ways



## Community Groups

Enabling groups to gather local info to benefit their communities



## Hardwiring Physical Activity

Understand the needs, opportunities and resources within systems



## Active environments

Making better use of physical activity



## Social Marketing

Promote physical activity opportunities and inspire through social movements



## Monitor and Evaluate

Understand what has worked well and embed learning across the system



## Scale and Replicate

Using evaluation and feedback, upscale successful projects



## Co-Production

Working with multiple partners and stakeholders to develop initiatives



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Home > News and Inspiration > Place Partnerships expanded to help those in greatest need

# Place Partnerships expanded to help those in greatest need

We're investing a further £250 million into this groundbreaking and innovative work.

7th November 2023

We've announced a major and unprecedented expansion of our investment into local communities across England to ensure those in greatest need are able to be physically active.

We're extending our [Place Partnerships work](#) to help more people to be physically active by breaking down the barriers that get in the way.

Tim Hollingsworth, our chief executive, joined Sports Minister Stuart Andrew at Waterside Leisure Centre on Carvey Island – one of the places that will benefit from our new approach – to announce an overall package worth £250 million of National Lottery and Exchequer funding that builds directly on the learning generated by our local delivery pilots since 2017.

This new way of working directly supports the Government's recent [Get Active](#) strategy, which set ambitious targets of getting 2.5m more adults and one million more children active by 2030 to tackle the disparities in activity levels across society.



# Partnerships for Better Outcomes

- Therapeutic gardening and maintenance days
- Community shed activities
- Youth activities with Yellow Door
- Volunteer-led groups e.g. Book Group, Knit and Natter, Coffee Mornings
- Use of building for activities e.g. Recovery College, Adult Community Learning, Citizens Advice, Health Checks
- Community Events
- Heritage and nature related activities



The  
**GUNNY**  
Community  
Project

In the heart of Canvey Island

**TrustLinks**  
Growing Communities • Transforming Lives



# Outcomes

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- Improving social connections and reducing isolation
- Better physical and mental health
- Improved confidence and self-esteem
- Progression to volunteering, training and employment
- Reducing demand on clinical and statutory services
- Prevention and early intervention



# Partnerships for Better Outcomes

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## Partners

- Trust Links – mental health, wellbeing & environment charity
- Canvey Island Big Local
- Canvey Island Town Council
- Yellow Door
- Active Essex – Place Partnership



## Funding

- Local Trust
- Government Community Ownership Fund
- Active Essex
- Trusts & Foundations e.g. Veolia, Edward Gostling
- Castle Point UKSPF
- Local companies & individual donors

Castle Point Association of Voluntary Services  
Integrated Neighbourhood Partnership Working  
— together achieving the best outcomes possible

- CAVS membership - comprising 507 active local organisations.
- Conduit of information provision from partners for membership.
- Hosting community events showcasing local organisations services and support provision.
- CAVS team assisting 1100 people at any one time.
- CAVS has over 350 volunteers underpin CAVS services, throughout the year.
- Promotes volunteering opportunities, which exist in other organisations, within the locality.

# Partnerships

## Driving integrated services for enhanced quality health and wellbeing outcomes

- NHS (Primary Care), Canvey Island – Social Prescribing (+ Rayleigh and Rochford)
- NHS – Ways to Wellness (Hub)
- The National Lottery – Family Mentoring Service (children, young people and parents)
- Essex County Council – BCF Befriending – (loneliness, isolation, mental health)
- Castle Point County Council - support for infrastructure and resident support
- Police
- Active Essex
- Statutory agencies; i.e. housing, DWP, social care, employment, finance
- Health & Wellbeing: Weight Management; Walk Talk & Be Healthy, Computer Learning; Bereavement

# Well-being through partnerships

- Transformation to deliver a better place
- People and place
- We are engaging and listening
  - To residents
  - To businesses
  - To partners
- Well-being is key
- Cyclical – better health boosts life chances boosts better health
- The Council as an enabler



# Key deliverables

- Castle Point Plan
- Infrastructure programme
- SEEPark
- Thames Estuary Festival
- Canvey Active Essex Place Partnership
- Safer Streets Funding
- Businesses
- Right decisions with the right partners

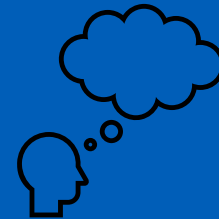




Questions



Comments



Feedback



[www.midandsouthessex.ics.nhs.uk](http://www.midandsouthessex.ics.nhs.uk)

## MSE Integrated Care Partnership, 11 September 2024

### Agenda Number: 08

### Dental Update

### Summary Report

#### 1. Purpose of Report

The purpose of this paper is to:

- a. Inform the Integrated Care Partnership on the key issues and inequalities around oral health, specifically the dental health of the population,
- b. Inform and update the Integrated Care Partnership on the new dental care delegations which transferred to Integrated Care Boards (ICBs) on 1st April 2023,
- c. Share the emerging plans and work already underway to improve access to dental care and to prevent poor dental health and inequalities.

#### 2. Executive Lead

- Name: Pam Green
- Job Title: Alliance Director and Primary Care Executive Lead

#### 3. Report Author

- Name: David Barter
- Job Title: Deputy Director of Commissioning

#### 4. Responsible Committees

The Primary Care Commissioning Committee (PCCC) is the responsible committee for providing assurance in relation to Primary Care Dental Services Contracts.

#### 5. Link to the ICP's Strategic Objectives

- 1.Reducing health Inequalities,
- 3.Supporting health and wellbeing
- 4.Bringing care closer to home
- 5.Improving and transforming our services

**6. Impact Assessments**

Not applicable.

**7. Financial Implications**

There are no direct financial implications.

**8. Details of patient or public engagement or consultation**

Not relevant.

**9. Conflicts of Interest**

None identified.

**10. Recommendation/s**

10.1. That the Integrated Care Partnership notes the contents of this report and the action being taken to improve the dental health of the population by addressing access, prevention, and health inequality.

10.2. The Integrated Care Partnership discusses opportunities for collaborative system actions to improve oral health of the population.

# Dental Update

## 1. Introduction

The Integrated Care Partnership is asked to note the work across the ICP to reduce health inequalities for the population of Mid and South Essex.

## 2. Purpose of the Report

2.1 The purpose of this paper is to:

- a. Inform the Integrated Care Partnership on the key issues and inequalities around oral health, specifically the dental health of the population,
- b. Inform and update the Integrated Care Partnership on the new dental care delegations which transferred to Integrated Care Boards (ICBs) on 1st April 2023,
- c. Share the emerging plans and work already underway to improve access to dental care and to prevent poor dental health and inequalities.

## 3. Impact of oral health on the health and wellbeing of the population.

3.1 Oral diseases are largely preventable. These encompass a range of diseases and conditions that include dental caries (tooth decay), periodontal (gum) disease, tooth loss, oral cancer, oro-dental trauma (injury to the teeth and/or other areas in and around the mouth), and birth defects such as cleft lip and palate. In 2021, treating oral health conditions cost the NHS £3.4 billion. Oral health diseases can result in severe pain and infection that can lead to a reduced quality of life, lost school days, disruption to family life and decreased work productivity.

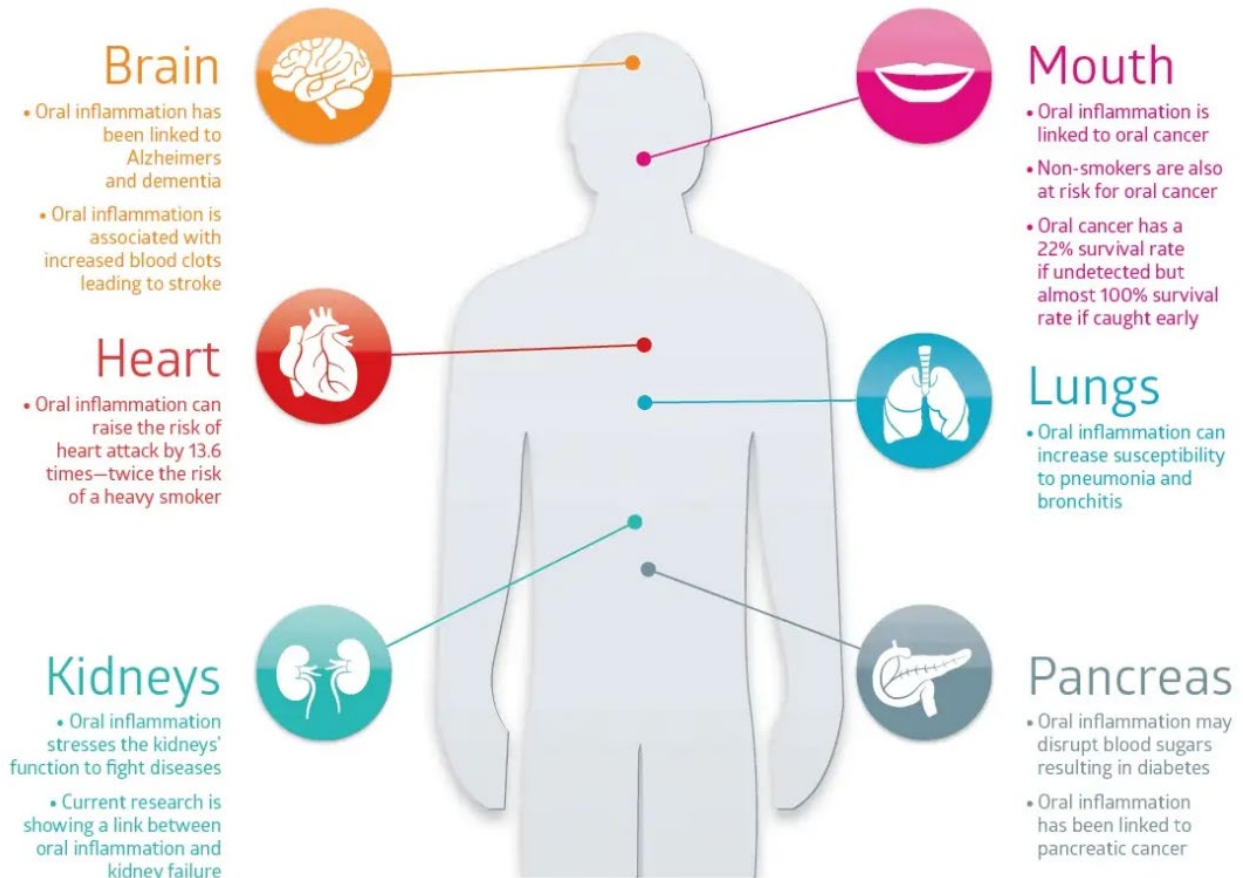
3.2 Oral health is also a key indicator of wider overall health and, wellbeing, and can be an indicator of safeguarding and quality of life more generally. Oral health diseases have been found to be directly associated with coronary heart disease, poor diabetic control, adverse pregnancy outcomes (premature births and low birth weight), dementia, pneumonia in older people, obesity and a range of conditions involving systemic inflammatory markers. Indeed, the evidence base is clear that poor gum health has a bi-directional effect on diabetic health. When one improves, the other concomitantly improves. This is largely true in respect of the other inflammatory conditions too.

3.3 In view of the association between oral and general health, it is key that dental services are clearly linked into wider healthcare services.

3.4 Like other health conditions, good dental health is determined by a range of factors including biological, social, economic, cultural, and environmental determinants of health. Like other aspects of population health, there are inequalities in dental outcomes. People from ethnic minority groups, prisoners, asylum seekers and people with intellectual disabilities and those in lower socio-economic groups are more likely to experience poor outcomes.

### 3.5

The image below illustrates how your oral health affects different organs in the body.



## 4. Inequality in children and young people's dental health needs

4.1. Tooth decay is the most common oral disease affecting children and young people in England, and poor dental health can affect children's ability to sleep, eat, speak, play, and socialise with other children.

4.2. Children who experience early childhood caries are much more likely to develop subsequent problems, including an increased risk of further caries in both their primary and permanent teeth. In the case of advanced tooth decay where dental extraction is required, these children are more likely to develop orthodontic problems as the premature loss of primary teeth can affect the alignment of permanent teeth.

4.3. There are hot spots of dental health inequality among children and young people across Essex (Table 1 below). The data shows that Levelling Up areas of Colchester and Basildon have high rates of paediatric dental issues across the board, whilst Harlow shows an increased rate across two metrics. Other districts that showed higher levels of dental needs include Tendring, Braintree, Brentwood, Malden, and Rochford.

Table 1 – Ranking of districts with the worst rates for four indicators of children and young people dental health.

Rank	Extractions among 0–19-year-olds (2019-2020)	Extractions among 5-year-olds (2019)	Dental decay involving pulp among 5-year-olds (2019)	Incisor decay among 5-year-olds (2019)
1 (Worst)	Tendering	Harlow	Rochford	Colchester
2	Basildon	Colchester	Colchester	Basildon
3	Braintree	Basildon	Basildon	Harlow
4	Colchester	Castle point	Maldon	Epping Forest
5	Brentwood	Maldon	Chelmsford	Brentwood

## 5. Challenges to improving dental health.

5.1. Access to dental services is a key factor in preventing and managing the dental health needs of the population. Access to NHS dental services is a longstanding problem which was exacerbated by the pandemic.

5.2. Access to dental services is influenced by several factors, one of which is being able to access an NHS provider. Findings from an Essex resident survey undertaken in 2022 indicated that 60% of respondents were accessing NHS dentistry, 27% with a private provider and 11% weren't accessing dentistry at all. Long waiting times, dental surgery opening times, quality of care and that dental treatment is not free for all at the point of use are also well documented barriers to accessing dental care.

5.3. Residents unable to access NHS dentistry either have to pay for private dental health services to obtain treatment or are unable to access routine/preventative dental services. The costs of private dental treatment were considered to be unaffordable for the majority residents or leave the problem until emergency care is necessary. Data shows that tooth extractions are four times higher among people in the most deprived communities compared to those in the most affluent. As with other primary care services, men are less likely to access dental care than women.

5.4. The application of NHS England's 2006 dental contracting framework, which focussed on invasive surgical treatment as opposed to prevention and rewarded regular attendees (not the significant contingent of vulnerable patients who often present with complex needs), has led to a reduction in the number of dentists working under NHS contracts. Recruitment and retention of the dental workforce remains a challenge across the whole of Essex. Although Essex University trains many dental care professionals, not all these students are retained in the county.

5.5. A person's dental health is also influenced by factors such as smoking, alcohol and diet, as well as them having the capability, opportunity, and motivation to maintain good dental health. For example, the affordability of toothbrushes and toothpaste, or attitudes, can also be barriers to individuals taking preventative action.

## 6. Integrated Care Board's new dentistry responsibilities

6.1. On 1st April 2023, the contracting and commissioning functions for Pharmacy, Ophthalmic and Dental Services were delegated to Integrated Care Boards (ICB), this included responsibility for:

- a. Primary Care (generally high street dentistry), accessed by patients directly. Primary care commissioned dental activity is based on Courses of Treatment and Units of Dental Activity (UDA).
- b. Community Dental Services – primary and specialist dental care for patients who cannot be managed by a primary care practice and who have additional health and/or social care needs. By referral only.
- c. Intermediate Minor Oral Surgery – by referral from a dentist.
- d. Orthodontic treatment (usually with braces), to improve the appearance, position, and function of crooked or abnormally arranged teeth) – by referral from a dentist.
- e. Urgent care - available via Primary Care practices directly or NHS111. Urgent Care is for conditions clinically assessed as requiring treatment within 2 and 24 hours. This does not include emergency care, which is for dispositions which require a clinical assessment within 2 hours, and which can only be provided by the Accident and Emergency (hospital) pathway.
- f. Secondary care, (in a hospital setting) – specialist service by referral only.

6.2. ICBs also have strategic responsibility for:

- a. Planning of primary, community and secondary dental care services for the local area, including carrying out needs assessments.
- b. Performance management of the Primary Dental contracts in accordance with the General Dental Services Contract and Personal Dental Service Agreement regulations and the NHSE Policy Book for Primary Dental Services, including carrying out mid and end of year contract reviews where appropriate.
- c. Decisions on contractual changes such as: practice relocation, incorporate requests and changes to contract activity levels.
- d. Improving quality, efficiency, and value for money for dental services.
- e. Undertaking appropriate investigations arising from complaints or whistleblowing claims.
- f. Working with other organisations to identify and commission other services to support local population need and improve overall oral health.

6.3. In February 2024, NHS England and the Department of Health and Social Care published an NHS Dentistry recovery and reform plan. The plan outlines changes that aim to support both prevention and improved access to care by:

- a. ICBs working with Local Authorities to focus on prevention and good oral health in young children.

- b. Introducing a New Patient Premium/Tariff for patients who have been unable to access care in the past 2 years from the same provider or practice.
- c. Increase of the minimum unit of dental activity value to a nationally defined level.
- d. Offer of a “Golden Hello” – funding for up to 240 posts across England where recruitment is challenging on the proviso that the dentist commits to stay in post for a full 3 years. MSE ICB has been allocated 3 posts but will need to fund these from the existing dental budget.
- e. Introducing mobile dental services (vans) to provide support in specific areas i.e., rural and/or under-served communities (only ICBs with high levels of rurality are eligible). Mid and South Essex ICB is not part of this initiative.

6.4. Further consultation on the dental reform measures will be undertaken during 2024-25 by NHS England, the Department of Health and Social Care and the Office of the Chief Dental Officer with mobilisation from April 2025 onwards. The two main factors to be incorporated into system reform are the implementation of flexible commissioning and the increased use of the wider workforce dental skill mix. It is envisaged that the introduction of de novo flexible commissioning programmes that involve the wider dental team will directly assist in delivering ICBs strategic responsibilities.

6.5. While all ICBs have the remit for commissioning dental services on behalf of NHS England; NHS England still retains overall accountability and will seek assurances from ICBs that these functions are being delivered safely, effectively, and consistently within legislation and statutory guidance.

## **7. Actions to improve primary dental care access within MSE ICB.**

7.1. Mid and South Essex ICB is taking forward a comprehensive programme of work to improve dental care access this section provides some highlights of that work:

7.2. Mid and South Essex ICB is:

a. Delivering a Dental Access Pilot, which started September 2023 for 18 months to March 2025. Providers paid a sessional fee to open outside of their normal working hours to see patients in need, referred from NHS 111. A total of 10 practices are offering, 3.5 hours Monday to Friday evenings, 5 hours Saturdays, Sundays, and Bank Holidays. Circa 40,000 half hour appointments expected over the lifespan of the pilot. To date (27/8/2024) a total of 15,322 additional patients seen as part of this pilot. Unfortunately, 6% of patients failed to attend. A new appointment booking system is being trialled which will allow NHS 111 to book directly into participating pilot practices. This will allow the full patient pathway to be understood to enable future commissioning intentions, and work undertaken to reduce failure to attend appointments.

b. Delivered a dental care home pilot where providers are paid a fee per care home bed to send dental care professionals into care homes to assess oral health, plus a retention fee to treat and courses of treatment payment to undertake treatment. The dental care home pilot started in November 2023. Total of 10 Practices taking part in the Care Home Pilot. As of April 2024, all 8,417 care home beds will be covered by the scheme in Mid and South Essex ICB.



- c. A cardiovascular disease dental assessment pilot has started May 2024– 3 practices are delivering this service to patients who require a heart procedure but do not have a regular dentist who can sign them off as orally fit.
- d. Implementing the new Patient Premium by ‘opting in’ all 119 dental practices (2 subsequently opted out). This allows practices to achieve the delivery of increased amounts of UDAs as they see patients not seen in two years / new to the practice.
- e. Working with providers to update their availability on the NHS website so patients can seek treatment.
- f. Implementing the minimum £28 per UDA (11 practices) encouraging them to see NHS patients.
- g. Allowing all 119 dental practices to deliver up to 110% for the 2023/24 contract year with many practices reaching this target prior to the cut-off date of 31st May 2024. This has now been extended to the 2024/25 contract year and will allow up to 10% additional access to primary care dentistry.
- h. Continuing to right size (number of commissioned UDAs) contracts and commission UDAs with practices who can deliver them.
- i. Initial figures show the for the 2023/24 year 89.2% of UDA activity was delivered. This is an increase of 8% over the 2022/23 year was around 82%.
- J. Approval has been secured to initiate a Childrens and Young People dental pilot, this pilot will seek to place dental practices at the heart of both oral health instruction and clinical dental treatment where required. Providing education, treatment and guidance to young children, parents and carers, school staff and pre-school children. The pilot will run for 3 years from September 2024 and will increase access to dental services.

7.3. Working with MSE ICB to commission the delivery of a supervised toothbrushing programme in 10 Early Year Settings in Basildon and Brentwood

7.4. MSE ICB are developing plans to deliver a supervised toothbrushing programmes in Rochford and Malden because of the high percentage of children identified with one or more teeth having decay involving pulp and high extraction rates in under 5-year-olds in Maldon.

7.5. MSE ICB is in the process of recruiting to a role of Child Oral Health Promoter. This role will be a community-based position with objective of working with early years workforce and universal services to embed child oral health promotion messaging.

## **8. Recommendation(s)**

5.1. That the Integrated Care Partnership notes the contents of this report and the action being taken to improve the dental health of the population by addressing access, prevention, and health inequality.

5.2. The Integrated Care Partnership discusses opportunities for collaborative system actions to improve oral health of the population.

## MSE Integrated Care Partnership, 11 September 2024

### Agenda Number: 09

### Update on work to address health inequalities in Mid and South Essex – September 2024

#### Summary Report

##### 1. Purpose of Report

This report provides an update on the work taking place across mid and south Essex to address the health inequalities experienced by those living and working in mid and south Essex.

The report has been developed with contributions from the four statutory partners of the Integrated Care Partnership (ICP), Essex County Council, Southend-on-Sea City Council, Thurrock Council and Mid and South Essex ICB. However, it should be noted the delivery of the actions set out in this report include partnership working with many stakeholders across our system.

##### 2. Executive Lead

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##### 4. Responsible Committees

The work set out in this report is overseen by the Population Health Improvement Board (PHIB) as well as the individual Health and Wellbeing Boards within each upper tier local authority.

##### 5. Link to the ICP's Strategic Objectives

Reducing health inequalities together.

## **6. Impact Assessments**

Individual impact assessments have been completed on specific projects to address health inequalities.

## **7. Financial Implications**

Work to address health inequalities is funded from a range of sources, some of which are described in this paper.

## **8. Details of patient or public engagement or consultation**

Patient and public engagement is embedded within the delivery of work to address Health Inequalities in each organisation through the Equality and Health Inequalities Impact Assessments.

## **9. Conflicts of Interest**

None identified.

## **10. Recommendation/s**

The Integrated Care Partnership is asked to note the work underway across the system to address the health inequalities experienced by those living in and working across mid and south Essex and reflect on opportunities for partners to contribute to and accelerate existing work.

# Update on work to address health inequalities in Mid and South Essex – September 2024

## 1. Introduction

Reducing health inequalities is at the heart of the mid and south Essex (MSE) Integrated Care (ICS) strategy, and is one of the key strategic objectives of the ICB and all local authority partners. The gap in life expectancy across MSE is as much as 12 years between some of the wealthiest and most deprived neighbourhoods. An estimated 133,000 people in MSE live in the 20% most deprived areas nationally, that equates to 10.5% of the total population of MSE.

Within MSE the top three contributors to premature mortality attributable to socioeconomic inequality are cancer, cardiovascular disease and respiratory disease. Alongside this, the greatest risk factors impacting on population health and health inequalities are tobacco, blood pressure and dietary risks. However, wider determinates of health, including lifestyle behaviours, socio-economic factors and environment account for up to 80% of variation in health outcomes.

## 2. Purpose of the Report

All partners across the ICP are undertaking work to address health inequalities. Some of this work is coming together through our shared priorities through the '5 Healthies' that have been agreed across the ICP. However, the work to address health inequalities is also embedded across broader programmes of work in each organisation.

A summary of each organisation's work to health inequalities for the citizens they serve is set out in the annexes to this report. This paper provides a summary of some of those actions.

## 3. Addressing health inequalities within and through core services

Across MSE partners are working to address health inequalities in a number of core programmes focused on improving the overall health and wellbeing of the population. These include:

- 1) **Weight Management:** collective action to focus on weight management is taking place through the Healthy Weight Steering group and supporting delivery plan. In addition, focused action by the diabetes Stewards has helped increase referrals into the national Digital Weight Management Service to 15% in June 2024, above the national target of 13% and a 50% increase in referrals to the National Diabetes Prevention Programme in 2024/25 compared with 2023/24.
- 2) **Tobacco Dependency:**
  - a. Essex County Council are investing the £18m central funding to increase stop smoking services in expanding existing services, which will be underpinned by a new 5-year Tobacco strategy.
  - b. Thurrock Council has developed a system-wide tobacco control strategy with clear stop smoking service referral pathways and proactive targeting of patients.

- c. Southend City Council has increased stop smoking service provision in priority population groups including maternity, manual workers and people living with mental-ill health.
  - d. The ICB are continuing to increase access to stop smoking services across both acute and mental health inpatient services through focused work with both Mid and South Essex NHS Foundation Trust (MSEFT) and Essex Partnership University NHS Foundation Trust. As part of this, in-house maternity services are now available across all three MSEFT sites and acute referral pathways into community pharmacy have been established.
- 3) **Drug and Alcohol Services** – Thurrock Council has commissioned a new Integrated Drug and Alcohol Treatment Service which is being delivered The Forward Trust and Open Road.
  - 4) **Sexual Health** – Thurrock Council has commissioned a new Integrated Sexual Health Service which is now delivered by Brook and is based in the Corringham Integrated Medical Centre, with targeted outreach clinics in Family Hubs and GP practices.
  - 5) **Vaccinations:** ICB worked with School Age Immunisation Service to support “catch up” clinics for childhood vaccinations including drop in clinics in communities with particularly low vaccination rates.

More broadly, partners are working to embed action to address health inequalities across all core services. In line with NHS England’s Core20PLUS5 framework, MSE is taking action to addressing inequalities across five core clinical areas:

- **Mental Health** – Health checks for people with Severe Mental Illness continue to increase, and are 20% higher as at July 2024 compared to previous year, above regional and England average.
- **Maternity** – Perinatal mental health services offered and provide equitable access to care, in collaborative with family hubs in areas of deprivation. Maternity and Neonatal Health Inequalities dashboard launched.
- **Respiratory** – Pneumococcal vaccine campaign supported delivery of a 2.6% increase YTD June 2024 compared to previous year. External funding secured for Respiratory diagnostics health inequalities models (RDHIM) to deliver spirometry by utilising the health inequalities funded van to outreach into communities.
- **Cancer** – Improvements seen in cervical and bowel cancer screening rates across all Alliance areas between Jan 2024 and July 2024. Breast screening has shown a reduction in uptake, below regional and national average.
- **CVD** – BP@Home Health inequalities extension scheme with additional machines provided to those practices with the greatest need. CVD LES in planning phase with delivery to start in Q3 2024/25. QOF Hypertension extension scheme to incentive practices to deliver above upper QOF threshold of 77% to support delivery of national 80% target of patients treated to target. Lipid management training

However, action to address health inequalities goes far beyond these services, with each Alliance focused on supporting their most deprived communities through a range of support programmes. West Basildon Primary Care Network (PCN) has established Wellbeing Cafes to support secondary prevention, educational sessions and promote health and wellbeing. Mid Essex Alliance are utilising the Thriving Places Index to inform Healthy housing and economic demonstration projects. PCNs in South East Alliance are undertaking active outreach programmes providing holistic health and

wellbeing events and Thurrock Alliance have a continued focus on health and digital literacy training

All partners are exploring ways they can maximise the use of NHS Health Checks to identify and improve treatment for citizens at risk or living with health conditions. In Q1 Essex sent out over 34,000 invitations to invite people to Health Checks, helping increasing numbers of the eligible population to benefit from the service. In Thurrock work is underway to embed a 'health in all policies' approach which is supported by guidance for creating change to policy, guidance and practice that will contribute to improving the health of the local population. Across MSE, 18 community champions have been trained to support more people from 'PLUS' groups to get involved in health and care research through the Research Engagement Network (REN).

Details on the next steps for these projects, and more, are set out in the annexes to this paper.

#### **4. Addressing health inequalities for specific population groups**

Through the NHS's Core20PLUS5 framework, MSE has identified a number of groups who may benefit from more targeted support to help address the health inequalities they may be experiencing. In addition to the groups identified by the ICB, there is targeted work across all partners to support groups who may be at greater risk of poor health outcomes or health inequalities.

Examples of work to support these specific groups include:

- Increasing health checks for people with Learning Disabilities, which are 35% higher in 2024/25 so far, compared with the same point in 23/24.
- A project to improve access to health services for Gypsy, Roma, Traveller and showmen communities living in Thurrock.
- A safeguarding forum for women involved in street prostitution, supported by a strategy for support in Southend
- A countywide Complex Needs Services for people living in Essex who are living with co-existing needs relating to drugs and alcohol, mental health, criminal justice engagement and / or homelessness and rough sleeping. Many of these individuals may also be considered High Impact Users.
- Health events held in Southend to support different groups including different groups of women and men who may be at risk of experiencing health inequalities.
- Homelessness Prevention provision to help reduce the prevalence of homelessness in Essex, improving the overall health and wellbeing of this group.
- Co-production of Southend's Tackling Poverty Strategy, which includes a campaign on period poverty.
- Support to veterans.

#### **5. Investment in work to address health inequalities**

MSE ICB has made a recurrent commitment to invest £3.55m to support the reduction of health inequalities across MSE. In addition to central programmes, such as those to improve identification and treatment of CVD for those living in areas with highest deprivation, funding has been allocated to each Alliance in MSE to invest in project and programmes aligned to local needs.

In addition to the ICB investment, Essex County Council has continue to invest in projects through their Public Health Accelerator programme, which is focused on addressing inequalities. Programmes that have been successful in securing investment are supporting:

- The physical and mental health of young people not in employment or education;
- The mental health of black men; and
- Physical activity for women and girls from BAME or lower socioeconomic areas.

All programmes receiving these investments will be subject to review and evaluation to assess their impact, informing future programmes and investment.

In addition to this local investment, a number of programmes are funded through national investment and grant funding, for example through the core Public Health Grant and Disabled Facilities Grant.

## 6. Risks

One of the key risks to continuing the successful delivery of work to address health inequalities across MSE is securing sustainable funding and resource to drive and delivery this work.

MSE ICB are looking to secure recurrent investment in the people resources focused on delivering action to reduce health inequalities and increase the focus on prevention. Similarly, Southend are looking to employ a Health Inequalities Lead who can drive forward their strategy and supporting programmes.

Beyond core capacity to run programmes, many of the health inequality initiatives require engagement from healthcare providers, specifically primary care. Programmes continue to work closely with both the ICB's primary care team and local primary care clinicians to maximise engagement and impact across programmes given current workforce and activity pressures.

Many of the programmes highlighted within this paper are supported by national investment and grants. The new government are expected to review the current funding for health and care services as part of a Comprehensive Spending Review, the timing for which is currently unknown.

## 7. Recommendation(s)

The Integrated Care Partnership is asked to note the work underway across the system to address the health inequalities experienced by those living in and working across mid and south Essex and reflect on opportunities for partners to contribute to and accelerate existing work.

## 8. Appendices

**Appendix 1:** Essex County Council health inequalities update

**Appendix 2:** Southend-on-Sea City Council health inequalities update

**Appendix 3:** Thurrock Council health inequalities update

**Appendix 4:** MSE ICB health inequalities update



## Essex CC – Tobacco & Health Checks

### Achievements

#### Tobacco

Smoke Free Generation (SFG) plans  
As part of central governments commitments to tackle smoking prevalence under the command paper 'Stopping the Start' ECC have now received additional funding (£1.86m) from central government to increase stop smoking services and tackle to prevalence rates locally for 2024/2025.

#### NHS health Checks

Health Check performance continues to remain positive following successfully achieving our year-end target of 48,000 checks. Q1 data shows: We have exceeded Q1 target number of invitations sent to those eligible (25,000) sending a total of 34,226 invitations. We remain above national average for numbers of checks delivered to the eligible population, with a growing upward trend, returning to pre pandemic delivery levels.

### Next steps

ECC plan to invest funding received to build increased demand for local stop smoking services and support, expand those services and work to support those most at risk.

Essex Wellbeing service is well placed to act in this regard and crucially they have established subcontracting, shared care and pathway relationships across the health and social care system and are working with a number of partners to extend reach

Plans are also being made to establish a new 5-year Tobacco strategy, to work towards a Smoke free Essex by 2030.

Deliver an additional 2k checks in 2024/25 bringing our target to 50k checks, Deliver an additional Health Inequalities programme investing £100k in 2024/25

### Risks and Issues

Engagement and delivery in Primary Care, for tobacco, NHS health checks and Sexual Health, particularly LARC

## Healthy Weight

### Achievements

### Next steps

#### Healthy weight

- Scoping optimal and effective weight management support options for the LD community
- Scoping methods to improve free school meal uptake in Essex schools
- Commissioning a resident engagement piece, with a focus on priority cohorts referenced in the Essex healthy weight strategy, to understand their views and suggestions regarding healthy weight delivery

### Risks and Issues

## Public Health Accelerator Fund

### Achievements

### Next steps

A number of small and large projects have been supported through the Public Health Accelerator programme that address inequalities. These include programmes to support: the physical and mental health of young people not in employment or education; Black men's mental health; physical activity for women and girls from BAME or lower socioeconomic area.

These programmes will be evaluated and consideration given to extension or roll out.

### Risks and Issues

**Achievements**

**Next steps**

**Improving the health and wellbeing amongst marginalised and underserved groups whose access to support is significantly impacted due to their circumstances and associated stigma.**

- We have successfully tendered and let a 9-year contract for the countywide Complex Needs Service working with individuals presenting with the following co-existing needs in a variety of settings:
  - Drug and Alcohol
  - Mental Health
  - Criminal Justice Engagement (victim/perpetrator)
  - Homelessness/Rough Sleeping

Most clients also present as High Impact Users (HIU) in a variety of settings, and we have continued the pilot looking to reduce ED HIUs and improve health and wellbeing of those individuals.

- We continue to commission the Homelessness Prevention provision (Floating Support) to ensure we reduce the prevalence of homelessness and thereby improve the health and wellbeing of this cohort.
- We continue to commission the Essex Drug and Alcohol treatment system improving the health and wellbeing of this cohort and building recovery across the community.

Ongoing delivery and exploration of additional cohorts and locations (funding dependent)

**Risks and Issues**

Main risks are around sustainable funding. There is a national issue in relation to drug and alcohol grants which are dependent upon the upcoming Comprehensive Spending Review. In addition, projects such as the HIU project are dependent upon ICB funding.



## Southend-on-Sea City Council's initiative to tackle Health Inequalities

Achievements	Next steps
<ul style="list-style-type: none"> <li>• Tackling Poverty Strategy coproduced by residents which includes a campaign on period poverty</li> <li>• Cost of living booklet produced printed yearly</li> <li>• Information on One Southend and website to support with the cost-of-Living crisis</li> <li>• The provision of a mobile dental bus</li> <li>• Purchasing Lift software and targeting households in most need with support to claim benefits</li> <li>• The development of a Hoarding Alliance</li> <li>• Street prostitution strategy and the setup of a safeguarding forum for the women.</li> <li>• Adult Social Care Strategies, Living Well, Caring Well and Ageing Well.</li> <li>• Resident groups set up for ageing well, Learning Disabilities and Carers</li> <li>• Slipper swaps across all neighbourhoods</li> <li>• The set up of the Community Investment Board lead by volunteer Southend residents and hosted by Southend Action for Voluntary Service (SAVS)</li> <li>• The Domestic Violence Strategy and action plan</li> <li>• The provision of Community Builders developing community development and resilience with small sparks funding</li> <li>• The funding of Home Safe, a hospital discharge service run by the voluntary sector, hosted by SAVS.</li> <li>• Two health events targeting Muslim women, homeless women and women with Learning Disabilities (100 attendees)</li> <li>• A men's health event targeted vulnerable adults with mental health issues, single isolated men and men from ethnic minorities (50 attendees)</li> <li>• Undertaking Hindy community health focused conversations</li> <li>• Working with the Trauma Alliance to train staff</li> <li>• Provision of Household Support Funding to the Southend Emergency Fund.</li> <li>• Support to the Food Alliance with the, providing food banks, soupe kitchens and mobile food vans.</li> <li>• Development of the Armed Forces Covenant to provide support to veterans</li> <li>• Increased the suite of Stop smoking service/ provision in priority population subgroups - maternity, manual workers and people living with mental ill -health . Secured Free Generation (Section 31 Grant)</li> <li>• Increased NHS Checks uptake in eligible population groups resident in IMDs 1-4</li> <li>• Revised NHS Check contracts with GPs to improve CVS outcomes and experience for populations with higher CVS risks and needs</li> <li>• Increased vaccination offer to the unvaccinated, under-vaccinated and underprivileged across Southend's most at risk population subgroups</li> </ul>	<p>The employment of a Health Inequalities Lead to drive forward an inequalities strategy and further initiatives.</p> <p>The development of neighbourhood plans and big sparks funding for residents to vote on how it is used to reduce inequalities in their neighbourhood</p> <p>A further year's contract for the dental bus targeting low-income families.</p> <p>The set up of a Hoarding Peer Support group and a psychological pack to support them.</p> <p>The set up of a resident group for mental health.</p> <p>The review of our Disabled Facilities Grants Policy to widen our powers with discretionary grants to support more residents.</p> <p>Purchasing of additional Social Housing including a 4.5M acquisitions programme</p> <p>The Housing Department if applying for DAHA accreditation to improve responses to people fleeing Domestic Abuse.</p> <p>Working with residents to coproduce a damp, mould and condensation strategy</p> <p>To compliment the Healthy Lifestyle contract commencing 1 September 2024</p> <p>Revised contract commenced in April 2024 Lifestyle contract to commence 1 September 2024.A greater focus on PLUS Groups.</p>

Continue to provide walk-in and pop-up community vaccination clinics in areas of deprivation to improve access to vaccinations for vulnerable population groups

**Within the healthy lifestyles contract, which focuses on wider determinants of health, specific targets on proportion of service users from most deprived areas across all service elements have been increased from 35% to 40%. This contract would commence September 2024**

**Risks and Issues**

**Funding pressures**

**Achievements**

Updates from projects funded in 2023/24 from the MSE Health inequalities funding include:

- The following projects have successfully concluded or been embed into BAU.
  - Workplace health champions providing stop smoking advice to employees and referrals into NHS Health Checks
  - Enhancing safeguarding, health and mental health wellbeing for vulnerable young people and young parents
  - Community generated inequalities solutions reference and investment board pilot
  - Health and digital literacy training
  - Open dialogue training to support people with SMI
  - Motivational interviewing training for frontline professionals
  - Obesity transformation in ASOP and SLH PCN
  
- Two funded projects are continuing into the 2024/25 financial year
  - Improving access to health services for Thurrocks Gypsy, Roma, Traveller and showmen communities
  - Improving access to health services for Thurrocks homeless communities

In addition In 2023/24, as a system, we have:

- developed a system-wide tobacco control strategy with clear stop smoking service referral pathways and proactive targeting
- produced health in all policies place-shaping guidance which sets out a strategic framework for creating change to policy, guidance and practice which will contribute to improving the health of our population
- populated the regional MECC link website with the Thurrock offer

**Next steps**

These achievements to date, collectively, will reduce health risks in our population. However, there is still more to do and in 2024/25 we plan to:

- Seek to embed the health in all policies place-shaping guidance across the council
- publish a co-produced CVD Case finding strategy which identifies both opportunistic and targeted approaches to early identification and early intervention for cardiovascular conditions
- Work with system partners to develop a delivery plan for achieving a smoke free generation in line with national policy objectives and the aims of the tobacco control strategy
- review and redesign the Thurrock Healthy Lifestyle Service to ensure the services are appropriately targeted and accessible, are effective and offer value for money
- Refresh the whole systems obesity strategy and develop

- mapped the provision of preventive services available to Thurrock residents
- identified, tested, diagnosed and treated as appropriate hundreds of people who had a previous high blood pressure reading and had not been followed up
- co-designed and implemented multi-morbid, holistic care clinics for patients with two or more CVD conditions who are at a medium risk of cardiac or stroke events. Results suggest a reduction in the risk of an adverse cardiovascular event in more 60% of patients reviewed
- undertaken a programme of multi-agency outreach visits to GRTS sites and commenced pilot outreach at sites to target the homeless population.
- Commissioned a new Integrated Drug and Alcohol Treatment Service which is now being delivered by The Forward Trust and Open Road. This is an all age service designed to deliver services where the community need them
- Commissioned a new Integrated Sexual Health Service which is now delivered by Brook and is based in the Corringham Integrated Medical Centre with further clinics being developed in Family Hubs, PCN/GP practices, and as targeted outreach.

future commissioning intentions for the prevention and management of overweight and obesity based on population need and in consultation with system partners.

- ensure that our intelligence offer supports the breadth of the BCTT strategy including providing quality information to ILTs and PCNs
- identify missed opportunities for prevention of hospital admissions for LTCs
- further develop the provision of support to the homeless population

Specifically from the Health inequalities funding for 2024/25 we currently working on a proposal for primary prevention of CVD and respiratory conditions at micro place level. However other monies will be used to contribute to the above activity.

## Risks and Issues

None identified at this time



## MSE ICB Health inequalities Strategic planning priorities

### Achievements in last 6 months

### Next steps over forthcoming 6 months

#### 1. Restoring services inclusively:

- **Primary care** access recovery programme resourced with Cloud based telephony solutions now in place across most practices, self-referral pathways introduced and a number of practices implemented “Modern General Practice” to improve triage and management of demand
- **Community Collobrative** have worked in partnership with Healthwatch to develop Pulmonary Rehabilitation co-production model engaging with seldom heard groups. Targeted approach piloted for reducing health inequalities and increasing diabetes checks in localities of highest needs.
- **MSEFT** annual health inequalities impact report and evaluation of access and patient experience presented to June 2024 Board. Improved access and DNA reduction, through adoption of User centred design ‘Better Letters programme’. Veterans Aware Accreditation achieved in March 2024.

Consider opportunities for improving the experience of quality of care for those groups that have lower than average experience of GP services (from GP Patient Survey published 2024), i.e. those with mental health conditions, dementia or learning disability.

Review of health inequalities across priority areas of Virtual ward (admissions), Urgent Community Response Team (referrals), IMC and Stroke beds (admissions), and Community Paediatrics.

Improving equity of access to research by using learnings from Research Engagement Network (REN). Implement ImpactEQ digital EHHIA tool. Deliver yearly improvement plans as part of EDS2 - Equality Delivery System commitment by March 2025.

#### 2. Mitigating against digital exclusion

- Good Things Foundation utilised to provide e digital access including SIM cards and devices, for example to support access to Maternity pathways and support resources.

Stocktake against NHS digital inclusion framework, subject to resource identification

#### 3. Ensure datasets are complete and timely

- Primary care data completeness for recording of ethnicity continues to improve, increasing from 90% in March 2022 to 96% in April 2024.
- PLUS groups data and insights developed by PHM to quantify numbers in specific PLUS groups and resulting health inequalities.

Adoption of the PLUS groups insights and dashboard onto Athena platform.

#### 4. Accelerate preventative programmes (not covered under Core20PLUS5)

- **Weight Management.** Establishment of Health Weight Steering Group and delivery plan. Increase in referrals into Digital Weight Management Programme (DWMP) above NHSE Target from 10% eligible referrals in October 2023 to 15% in June 2024 compared to NHSE target of 13%.

Increasing access to Tier 2 services including DWMP.

Procurement of new Tier 3 provider and implementation of revised access criteria.

## MSE ICB Health inequalities Strategic planning priorities

### Achievements in last 6 months

- **Diabetes.** 50% increase in referrals to the National Diabetes Prevention Programme in 24/25 YTD compared to 23/24. Type 2 Diabetes in the Young rolled out across GP practices. Transfer of Colne Valley PCN patients to locally commissioned diabetes service to ensure equity of access.
- **Tobacco Dependency.** In house Maternity service launched in Q4 23/24 and now in place across all 3 hospital sites. Acute referral pathway into community pharmacy for ongoing support established. Pilot staff stop smoking, telephone support, launched in Basildon Hospital.
- **Vaccinations.** ICB worked with School Age Immunisation Service to support “catch up” clinics for childhood vaccinations including drop in clinics in communities with particularly low vaccination rates.

### Next steps over forthcoming 6 months

Improving performance on achieving 8 care processes. Exploring opportunity to integrate foot screening and retinopathy checks.

Launch Mental Health inpatient service, delivered by Provide on behalf of EPUT by November 2024. Develop a Tobacco Dependency business case for substantive funding of service to support recruitment and retention. Improve data recording for stop smoking services.

Autumn/winter plan for Covid/Flu/Pneumovax and RSV in development with focus on areas with anticipated lower uptake.

### 5. Strengthening leadership and accountability

Equality, Diversity and Inclusion strategy with objectives approved by Exec. Committee. Draft internal audit review of Health inequalities provides assurance strong governance and monitoring arrangements in place. Narrowing the Gap report published. EHIA Panel terms of reference drafted. Lunch and Learn session delivered to over 90 staff across ICB .

Engagement and communication of EDI strategy. Establishment of EHIA panel from September 2024. Adoption of Health inequalities action plan within core ICB contracts.

## MSE ICB Core20PLUS5 Frameworks for adults and children

### Achievements

#### Core 20% most deprived

- Alliances continued focus on most deprived communities. Examples include West Basildon PCN Wellbeing Cafes to support secondary prevention, educational sessions and promote health and wellbeing.
- Mid Essex Alliance utilising Thriving Places Index to inform Healthy housing and economic demonstration projects.
- PCNs in South East Alliance undertaking active outreach programmes providing holistic health and wellbeing events.
- Thurrock Alliance continued focus on health and digital literacy training

### Next steps

Health inequalities skills enhancement training for PCN Health inequalities leads

Alignment of Integrated Neighbourhood models and health inequalities plans including focus on high intensity users.

Implementation of CVD HI funded schemes with PCNs by March 2025.

## MSE ICB Core20PLUS5 Frameworks for adults and children

### Achievements

- CVD LES scheme being implemented in 12 out of 14 PCNs with greatest population need

### Next steps

### PLUS groups

- MSE PLUS groups dashboard developed.
- Sport for Confidence 'big health day' took place June 2024 in Basildon to improve care offered to residents with Learning Disabilities
- Health checks for people with Learning Disabilities continue to increase, and are 35% higher YTD 24/25 compared to YTD 23/24, LeDeR review not increased prevalence of health checks undertaken. SET 3 year LeDeR Deliverable Plan 2024-2027 priority is Improving uptake and effectiveness of annual health checks.
- Homeless Needs Assessment across MSE led by charity expert partner commenced.
- Research engagement network (REN), 18 community champions trained. Increased number of people from PLUS groups involved in health and care research.

PHM team to support Alliances in utilising PLUS groups dashboard to prioritise areas of focus.

Roll out of Learning Disabilities GP accreditation scheme

Increase Health Action Plans completed for those with Learning disabilities an uptake of health check in those under 18 years.

Establishment of Homeless Health Inequalities Steering Group to develop action plan arising from needs assessment

Secure further external REN funding to improve sustainability of programme.

### 5 Clinical areas (adults):

- **Mental Health** – Health checks for people with Severe Mental Illness continue to increase, and are 20% higher as at July 2024 compared to previous year, above regional and England average.
- **Maternity** – Perinatal mental health services offered and provide equitable access to care, in collaborative with family hubs in areas of deprivation. Maternity and Neonatal Health Inequalities dashboard launched.
- **Respiratory** – Pneumococcal vaccine campaign supported delivery of a 2.6% increase YTD June 2024 compared to previous year. External funding secured for Respiratory diagnostics health inequalities models (RDHIM) to deliver spirometry by utilising the health inequalities funded van to outreach into communities.
- **Cancer** – Improvements seen in cervical and bowel cancer screening rates across all Alliance areas

Develop standard operation procedure for delivery of SMI health checks "Don't just screen, intervene" and ensure consistency in recording.

Review of Midwifery Continuity of Carer teams to inform further rollout plans. Continue implementation of Saving Babies Lives Care Bundle v3.

Repeat Pneumococcal campaign as part of Winter plan. Implement Respiratory diagnostics health inequalities model from September 2024.

## MSE ICB Core20PLUS5 Frameworks for adults and children

### Achievements

between Jan 2024 and July 2024. Breast screening has shown a reduction in uptake, below regional and national average.

- **CVD –BP@Home** Health inequalities extension scheme with additional machines provided to those practices with the greatest need. CVD LES in planning phase with delivery to start in Q3 2024/25. QOF Hypertension extension scheme to incentive practices to deliver above upper QOF threshold of 77% to support delivery of national 80% target of patients treated to target. Lipid management training course offered to PCNs and Practice to support lipid optimisation.

### Next steps

Education of PCN care and cancer care co-ordinators regarding improving uptake. Working with screening units (including breast screening to change appointment processes.

Implementation of CVD LES and QOF Hypertension extension scheme by March 2025. Engagement with PCNs on Community Outreach Grant Scheme to target patients who have not had BP in last 12 months and incorporate holistic checks including diabetes, respiratory, vaccinations.

### Children and Young People:

- **Child Oral Health** – Bright smiles campaign launched and achieved positive engagement and feedback. Supervised toothbrushing programme rolled out in Basildon and Brentwood.
- **Asthma** – Primary Care guidance document developed with supporting education and training sessions regarding asthma diagnosis and treatment.
- **Epilepsy** - Self assessment completed against national bundle of care for Epilepsy.
- **Diabetes** – GIRFT national visit taken place and recommendations received.
- **Mental Health & Neurodiversity** – Mental Health support teams progressing, with programme of support for schools. Access to CYPMH services is good but challenges remain with reporting. SEND data dashboard completed. SNAP service mobilised to provide pre and post diagnosis neurodiversity support. Multi Schools Council continue to engage with hard to reach groups to inform service development.

Increase CYP dental access through delivery of community based oral health promotion in schools. Recommence Community Dental Service elective GA provision to reduce waiting list.

Development of action plan to address gaps identified from Epilepsy self assessment and Diabetes GIFT national visit.

Procurement of low level mental health offer.

Recruitment to all age neurodiversity lead for ICB.

# MSE Integrated Care Partnership, 11 September 2024

## Agenda Number: 10

### Mid and South Essex Anchor Charter 2024-27

#### Summary Report

##### 1. Purpose of Report

To update the ICP Board on the process to refresh the Mid and South Essex Anchor Charter and seek ICP support for the Charter ahead of the Anchor team supporting organisational adoption by individual Partnership members.

##### 2. Executive Lead

Emily Hough, Executive Director, Strategy & Corporate Services, MSEICB

##### 3. Report Author

Kevin Garrod, Anchor Programme Manager - Local Value Lead, MSEFT

##### 4. Responsible Committees

N/A

##### 5. Link to the ICP's Strategic Objectives

ICP Strategy Common Endeavour to Reduce Health Inequalities

##### 6. Impact Assessments

NA

##### 7. Financial Implications

Financial implications of signing the MSE Anchor Charter would need to be considered by each partner prior to signing.

##### 8. Details of patient or public engagement or consultation

Engagement with system partners has been ongoing through the development of the MSE Anchor Charter.

##### 9. Conflicts of Interest

None

##### 10. Recommendation/s

That ICP Board are asked to:

1. Support the refreshed MSE Anchor Charter for 2024-2027

2. Support the MSE Anchor team in securing member organisational commitment to the Charter before the end of 2024
3. Note the broader updates from the Anchor programme

## Mid and South Essex Anchor Charter 2024-27

### 1. Introduction

Anchor institutions are those which are large organisations whose long-term sustainability is tied to the wellbeing of the populations that they serve. Mid and south Essex (MSE) health and care system has had an Anchor programme to consider how we can use our assets and resources to influence the health and wellbeing of our local communities, beyond the services we directly commission, since 2020.

As part of this, an initial MSE Anchor Charter was established in 2021 (See annex 1). Through the Charter signatories across the MSE health and Care system committed to acting as 'anchors'. The MSE Anchor Charter is now being refreshed to update partner commitment to anchor principles and to reflect the breadth of members of the Integrated Care Partners.

### 2. Purpose of the Report

The report seeks support for the refreshed Mid and South Essex Anchor Charter and asks the Board to note progress across the Mid and South Essex Anchor Programme. The proposed 2024-27 Charter signatory list reflects the increased ICP membership and the breath and diversity of MSE anchor institutions.

Subject to support from the ICP Board, the MSE Anchor team will seek organisational level support for the Charter by the end of 2024.

### 3. Background

The NHS as an anchor institution was established from the Long-Term Plan, published in 2019. The anchor principles recognise that health, and other ICP partners, can have significant impact in their communities through the people they employ, the way they spend their money:

*An anchor institution is one that, alongside its main function, plays a significant and recognised role in a locality by making a strategic contribution to the local economy. 'Anchors' tend to be large, spatially immobile and have a strong social ethos, and traditionally include bodies such as councils, universities, colleges, voluntary, community and social enterprise (VCSE) organisations, sports clubs, increasingly businesses and, of course, the NHS.*

Unlocking the NHS's social and economic potential, NHS Confederation 2022

The MSE anchor programme was one of the first to be established and has been recognised for its successes, specifically in relation to employment and sustainability -active

travel<sup>1</sup>. The 2021 MSE Anchor Charter committed signatories to a collective endeavour to act intentionally to target inequalities and ensure equality of opportunity for all and aligned anchor to the Social Determinates of Health model and subsequently a national framework.

As a system we continue to support the anchor principles in MSE. We have refreshed the 2021-24 Charter using the national framework and its focus on employment, procurement, land and building and sustainability as its foundations.

Anchor and its principles have an existing and potentially important contribution to support reducing health inequalities and the ICB's objectives, acting as a bridge between different parts of the system. There is evidence that its principles are moving into the mainstream and can make a real difference to local communities in time of individual and organisational austerity.

## 1. Social and economic development

ICS Leaders surveying (HSJ, June 24) and the NHS Long Term Plan identify that inclusive employment is a priority in helping to transform services. As an exemplar North Bristol Foundation Trust has become the first to set a deprivation led workforce target.

## 2. Tackling Inequalities

Anchor principles can and are helping to enhance an institutional focus on specific cohorts and their opportunities, often aligning to the ICS' Core 20Plus5 approaches, including Care Leavers, Veterans, and at a time of growing concern, young people with additional needs, and MSE's changing demographics.

## 3. Value for money

Anchor support for intermediary provision such as the NHS England funded ICB Youth Work in Hospital pilots in Southend and Basildon will help to quantify efficiencies and secure longer-term investment.

## 4. Population Health

The MSE anchor programmes advocacy of active travel, air quality and quality work, in tandem, can help to reduce, for instance, the prevalence of childhood asthma where data identifies income as an important component.

## 4. Current position

### MSE Anchor Charter

Recognising the value anchor principles can have to supporting population health and wellbeing, the MSE Anchor Charter has been updated with a refreshed set of commitments across the five areas of:

1. **Employment** – developing skills, creating opportunities and providing quality work for all
2. **Procurement** – buying local where possible, ensuring procurements deliver social value and make it easier for suppliers to work with us
3. **Land and buildings** – considering how to best use our assets to support our communities

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<sup>1</sup> MSEFT and Essex Pedal Power are finalist for the HSJ Toward Net Zero Award,

4. **Environmental sustainability** – ensuring emissions reductions and biodiversity remain a top priority across partners in line with the national Greener NHS programme
5. **Leadership and partnership** – which is accountable, underpins and informs Anchor activity in individual organisations and across our partnership

The draft Charter (see annex 2) has been socialised with a number of ICP partners including: NHS Providers, upper and lower tier authorities, VCFSE representation including Healthwatch's, Alliances and additionally aligns to HEI's Civic Impact Framework.

Subject to the ICP Board supporting the charter, the MSE Anchor team will continue to engage with individual organisations to secure sign up to the 2024-2027, with the aim of all ICP Partners committing to the Charter by the end of 2024.

## **MSE Anchor Programme**

Over the last year, MSE's Anchor programme has continued to focus on driving work across all five of the anchor pillars. In addition to this, the MSE programme has contributed to the development of a national framework, How Strong is Your Anchor: A measurement toolkit for health anchors<sup>2</sup> with activity closely aligned to the Social Determinates of Health model.

More detail on the achievements of the MSE Anchor Programme can be found in the 2023/24 annual Anchor Report (see annex 3).

Priorities for the programme in 2024/25 include:

### **Employment**

- To maintain and develop the system wide coordination of pre-employment activity.
- Developing, further, the multi-Anchor partner Social Spark, the Basildon Healthcare Innovation Incubator, to create a thriving social economy at a community level.

### **Procurement**

- As NHS Essex Anchors to work with Essex Chamber for Commerce<sup>3</sup> to stimulate local and target organisations<sup>4</sup> into our supply chains.
- Developing the ability to realise suppliers social value commitments for MSE's communities using its networks and reach to enhance compliance.

### **Land and buildings**

- MSEFT's Values and Outcomes work will report on how its land and buildings are used by local/ target organisations and actions that support that activity.
- MSEICS Infrastructure Strategy will help to identify opportunities for colocation and the mix of providers and help the system to consider future options.
- The development of Clinical Diagnostic Centres will be able to test the identification and reporting of anchor procurement, employment, and sustainability priorities.

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<sup>2</sup> The national UCLP led framework identifies actions, outputs and outcomes that focus on the following pillars: Employment, Procurement, Land and Buildings, Sustainability and Partnership and Leadership

<sup>3</sup> 31<sup>st</sup> October test event

<sup>4</sup> Procurement including social value and enabling small and local or target organisations such as female owned business.



## **Sustainability**

- An Anchor partners Climate Action Fund (Big Lottery) bid linking climate action to the everyday lives and interests of local communities, inspiring residents to act to increase climate activism and influence decision making.
- Extending the Hospitals Essex Pedal Power variation across geographies and partners through a combination of approaches including active travel

## **Partnership and leadership**

- The Values and Outcomes work that identifies and quantifies intermediary support that begins in hospital and reduces attendance, admission/ readmission and stays.
- The socialising, signing, and reporting of a Mid and South Essex Anchor Charter

## **5. Recommendations**

That ICP Board are asked to:

4. Support the refreshed MSE Anchor Charter for 2024-2027
5. Support the MSE Anchor team in securing member organisational commitment to the Charter before the end of 2024
6. Note the broader updates from the Anchor programme

## **6. Appendices**

1. Mid and South Essex Anchor Charter 2021-24
2. Mid and South Essex Draft Anchor Charter 2024-27
3. Annual ICS Impact Report 2023-24



## Charter for the Mid and South Essex Partnership of Anchor Institutions

Mid and South Essex Health and Care Partnership has huge potential to add social value to the 1.2m people who live in our area, through:

- targeting inequalities
- creating the conditions to attract local investment and economic growth
- increasing educational aspiration and attainment among children and adults
- offering local employment opportunities
- addressing discrimination in all its forms
- creating a culture of diversity and inclusion - ensuring equality of opportunity for all
- leading the way in supporting the health and wellbeing of our workforce and our residents
- addressing concerning trends such as lowering aspirations of young people, and health disparities exacerbated by COVID-19.

An Anchor Institution commits itself to this cause, acting with intent and drive towards this goal.

As partners in our Health and Care Partnership we recognize the key role that we have to influence these areas, and the impact this will have on the health and wellbeing of our local communities. Evidence<sup>1</sup> has shown in the public sector we can make gains in considering our role in employment, education and life chances, procurement and estate, now and in the future through thinking about long-term impacts of our actions and sustainability.

We therefore sign below to recognize our commitment to consider, within our legal and regulatory limits, every opportunity to add social value through our decisions and actions as an organisation and as a Partnership. We will do this deliberately, and agree through this Charter to collaborate with partners to support our Anchor Institutions in this endeavour.

### Our Anchor Partnership Principles

To work, an anchor needs a chain, and the Mid and South Essex Anchor Partnership will only succeed by having strong links and pulling together. We aim to build on existing relationships, engagement, intelligence and investment to deliver greater value and expand opportunity, leading to higher impact.

No single organisation can achieve as much on its own as an Anchor Institution as we can by drawing on, complementing and amplifying the strengths of each other. The Anchor Partnership will measure its success through the achievements of the partners below collectively against our shared goals.

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<sup>1</sup> Building healthier communities: the role of the NHS as an anchor institution, Health Foundation, August 2019

## As employers

### Creating More Opportunity for Good Work

Between us we employ over 40,000 people, many of whom live in the Mid and South Essex area. This fact gives added emphasis when carrying out our statutory duties and responsibilities. As our legal and professional frameworks allow, we will review our approaches and policies to create more opportunity for meaningful, good work locally; ensuring employment practices are as inclusive and accessible as possible, focusing on the opportunity to add social value and reduce inequality.

We will build an ambition to add social value within Mid and South Essex into our education and training portfolio, including through targeted engagement with young people, apprenticeships and career programmes linking to the wider public sector and local business, through widening participation.

We will increase opportunities for local people to volunteer and gather work experience in our organizations where this has been shown to lead to improvements in rates of employment, and aim to make these opportunities as inclusive as possible of those with particular needs or protected characteristics or from under-represented groups. We will also encourage staff to volunteer within their communities, to improve their health and wellbeing and to increase their community assets.

### Health and Wellbeing at Work

We will ensure inclusive, healthy workplace wellbeing schemes, aiming to build active workplaces and supporting those with highest needs. We will encourage staff to help us with this agenda and where appropriate will build health and wellbeing messages into our work with communities e.g. schools.

We also commit to supporting lower paid staff reaching their potential via inclusive personal and professional development, and supporting them more broadly in their health, wellbeing and financial security where possible.

We will disclose how we are doing this and contribute relevant data to the Mid and South Essex Anchor Programme as available.

## As purchasers

### Supporting local enterprise

Insofar as is consistent with our statutory obligations or requirements from our regulators, we will procure locally and in line with good practice principles on procurement to maximize social value. This will include looking to develop routes for locally based micro, small and medium-sized enterprises to take on contracts from our organizations. This will also contribute to reducing our carbon footprint.

### Social and environmental value from procuring goods and services

As regulatory processes allow, we will build social value into our supply chain contracts, expecting providers to quantify the social value returned to Mid and South Essex as part of the contracting process.

We will disclose how we are doing this and contribute relevant data to the Mid and South Essex Anchor Programme as available.

## Leading by example for our environment

We will incorporate sustainability criteria into our contracts to reduce our environmental impact.

We will utilize our estate and facilities in support of staff and local communities e.g. through concepts such as green spaces, encouraging community groups and businesses to use our sites, and promoting active and green travel through and to our sites and processes.

We will work across sectors and industries to innovate and address inequality through access to resources such as energy, transport, housing, health and care and leisure for local communities including our own staff and their families.

We will disclose how we are doing this and contribute relevant data to the Mid and South Essex Anchor Programme as available.

 <b>Professor Michael Thorne CBE</b> <b>Independent Chair</b> <b>Mid &amp; South Essex Health &amp; Care Partnership</b>	 <b>Anthony McKeever</b> <b>Executive Lead, Mid &amp; South Essex Health &amp; Care Partnership</b> <b>Joint Accountable Officer for the 5 CCGs</b>
 <b>Clare Panniker</b> <b>Chief Executive</b> <b>Mid &amp; South Essex NHS Foundation Trust</b>	 <b>Paul Scott</b> <b>Chief Executive</b> <b>Essex Partnership University NHS Foundation Trust</b>
 <b>Oliver Shanley</b> <b>Chief Executive</b> <b>North East London NHS Foundation Trust</b>	 <b>Mark Heasman</b> <b>Chief Executive</b> <b>Provide CIC</b>
 <b>Ian Wake</b> <b>Corporate Director of Adults, Housing &amp; Health</b> <b>Thurrock Council</b>	 <b>Tandra Forster</b> <b>Executive Director (Adults &amp; Communities)</b> <b>Southend-on-Sea Borough Council</b>
 <b>Nick Presmeg</b> <b>Director of Adult Social Care</b> <b>Essex County Council</b>	 <b>Juliet Beal</b> <b>Director of Nursing &amp; Quality</b> <b>East of England Ambulance Service Trust</b>
 <b>Owen Richards</b> <b>Strategic Manager</b> <b>Healthwatch Southend</b>	 <b>Sam Glover</b> <b>Chief Executive</b> <b>Healthwatch Essex</b>
 <b>Kim James</b> <b>Chief Operating Officer</b> <b>Healthwatch Thurrock</b>	 <b>Kristina Jackson</b> <b>Thurrock CVS on behalf of CVS organisations in Mid &amp; South Essex</b>




Mid and South Essex Integrated Care System, its partners, providers and institutions have huge potential to add value by combining their size and spending to improve the health and wellbeing of the whole community including tackling embedded inequality.

Anchor institutions are large, often public-sector, bodies that are ‘anchored’ in place – in other words, unlikely to move – and linked to their local community. Anchors have a responsibility to improve the health, wealth and wellbeing of their local population and reduce inequalities. They also have multiple opportunities to do this, by managing their resources and operations strategically in support of the ICS requirement to support the development of social and economic wellbeing.

Anchors can have a positive impact on the social determinants of health by shifting and targeting the way they employ staff, procure goods and services, use their land and buildings, contribute to environmental sustainability and work in partnership. Anchors can also help support broader social and economic development.

The Mid and South Essex Charter is our collective commitment to act individually and collectively through these themes to improve life chances for our residents, patients and their families.

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### The Mid and South Essex Anchor Approach

As Anchors we are committed to acting intentionally, by focusing on five key pillars that target inequalities, promote inclusion, and ensure equality of opportunity for all.

Our approach covers action to support:

- **Employment** – developing skills, creating opportunities, and providing quality work for all.
- **Procurement** – that is local, by preference, delivers social value and makes it easier for our suppliers to trade with us.
- **Land and Buildings** – sharing, our assets with our communities, and the opportunities new developments can deliver for communities.
- **Sustainability** – ensuring that it remains a top priority through a range of interventions and investment.
- **Leadership and Partnership** - that is accountable, underpins and informs Anchor activity across Mid and South Essex.

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The MSE Anchor Charter builds on our collective experience in working together to address the health and wellbeing challenges facing our communities. Those signing this Charter are committing to both individual and collective action to use our assets to best serve the people living and working in MSE.

Together as Anchors we can make progress by drawing on, complementing, and amplifying individual strengths. The Anchor call to action is for a multi sector approach at place and beyond with its pillar-

based approach<sup>1</sup>, common language and shared information to improve outcomes. As NHS Anchor institutions are new, the evolving learning<sup>2</sup> reveals that their activity can be across various dimensions.

1. Regionally (Greater Essex), anchors align wider relevant public policy and convening examples of good practice and lessons learnt through coordinated network.
2. At System /ICB level, anchors can lead social and economic development and cross sector partnerships and could identify and share funding opportunities.
3. At Place, stimulating local anchor networks and /or activity, local economies and community wealth building approaches and applying local intelligence.
4. Community Anchors such as schools, local libraries, GP surgeries and importantly place and/or cause focused voluntary and community organisations.

**Since the first MSE Charter in 2021** Mid and South Essex has produced yearly Annual Impact Reports that have charted progress, and in 2024 confirms that;

- Its pre-employment work supported over 800 unemployed people into work.
- Procurement, specifically social value and its contractual management can contribute to the Mid and South Essex Anchor approach.
- Our physical assets are being used beyond clinical for an increasingly wide range of psychosocial support that deliver positive outcomes.
- Basildon and its hospital have a groundbreaking active travel project, Essex Pedal Power, that has received attention from national policy makers and leaders.
- That more organisations and people than ever are engaged in local Anchor networks and learning.

These are available at <https://www.mse.nhs.uk/trust-publications-and-reports?smbfolder=126>

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## Our 2024-2027 commitments

**As a signatory of the Mid and South Essex Anchor Charter, we are committing to:**

- Implementing anchor principles into our core business.
- Being explicit in how our work contributes to the ambitions of the Mid and South Essex Anchor mission, including tackling health Inequalities and the wider (social) determinates of health; and
- Developing a clear action plan and report on progress annually.

Organisations that sign the Mid and South Essex Anchor Charter are committing to this across the five anchor pillars. The expectations for how Charter members do this are set out below:

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<sup>1</sup> Employment, Procurement, Land and Buildings, Sustainability, and Partnership and Leadership - How Strong is Your Anchor (2023)

<sup>2</sup> North West Anchor Network



## **Employment**

The NHS in Mid and South Essex employs [x] people, when considering the broader membership of our Integrated Care System that rises to [x]. This demonstrates the scale of opportunities we have, as anchor institutions, to support employment opportunities for those in our communities.

As Anchor institutions, we are committed to:

1. Providing high quality work for local people, supporting local young people and adults, specifically those that are more vulnerable, to be aware of and introduced to opportunities to work in healthcare and public service.
2. Paying the people who work for us the real living wage; or at least the minimum wage,
3. Taking an inclusive approach to recruitment and career development, seeking alternatives to traditional recruitment, incentivises and staff retention.
4. Working together to increase awareness of healthcare and public sector work opportunities, particularly in diverse communities.
5. Reporting on workforces from targeted groups (i.e. Care Leavers) and of those living in the 40% most disadvantage

## **Procurement**

Across the system we spend a huge amount of money purchasing goods and services, the region of £5 billion a year. We want to do that in a way that embeds social value and supports positive environmental, social and economic impacts for our communities.

As Anchor institutions we are committed to:

1. Embedding social value principles into all purchasing and procurements.
2. Seeking to increase the proportion of spend that goes to existing local / target organisations such as community groups, creative industries, and female-owned businesses.
3. Being open to potential new suppliers, particularly local and/or target organisations, and supporting them to supply to the NHS and public sector; and
4. To report on annual addressable spend that is with local and/or target organisations.

## **Land and Buildings**

Partners across Mid and South Essex have access to a wide range of land and buildings. We want to use these assets in a way that allows us to go beyond providing core services, to explore additional ways that we can support the health and wellbeing of our communities.

As Anchor institutions we are committed to:

1. Exploring ways to better use our land and buildings to support the local community.
2. Reporting on how land and buildings are used by local / target organisations and the specific actions taken to support that.
3. Ensuring new development projects include anchor principles; and
4. Identifying and reporting anchor procurement, employment, and sustainability priorities in new developments.

## **Sustainability**

The NHS is a major contributor of carbon emissions in England, as are many other public sector bodies. As Anchors in our community, we have a responsibility to ensure that we are taking action to

reduce our carbon footprint and working to help protect the environment and biodiversity in our local communities.

As Anchor institutions, we are committed to:

1. Delivering on the Greener NHS programme and other local and national commitments to reduce carbon emissions, including a focus on energy, active travel and reducing waste.
2. Protecting and supporting local biodiversity in local communities.
3. Reporting annual emissions to track progress against commitments.
4. Taking action to support active/ sustainable travel and food.

### **Leadership and partnership**

Our focus as Anchor institutions is responding to the needs of our community. To do that we need to work in partnership with our communities and each other to help address local skills and maximise the benefits we can gain from our collective assets.

As Anchor institutions we are committed to:

1. Learning from each other and sharing best practice that is correlated with local evidence and priorities and shaped by lived experience;
2. Engaging with Anchor Institutions Networks and learning, and;
3. Board level support for anchor activities evidenced through an annual report and plan based on appropriate, recognised frameworks<sup>3</sup> and contribute relevant data to the Mid and South Essex Anchor Programme.

***In signing the Charter, I commit my organisation to progressing its Anchor work in 2024-27 and understand that means doing the basics – sharing relevant information, reimagining and changing recruitment and procurement approaches to support residents and businesses, and increasingly, action to mitigate changes to our climate.***

Chief Executive Officer Mid and South Essex ICB	Chair Mid and South Essex ICP <sup>4</sup>	Chief Executive Officer Essex Partnership University Trust
Chief Executive Officer North-East London Foundation Trust	Chief Executive Officer Essex County Council	Chief Fire Officer Essex Fire and Rescue
Principal South Essex College	Chief Executive Officer East of England Ambulance Trust	Chief Constable Essex Police

<sup>3</sup> How strong is your Anchor (and its indicators), NHS Confed ICB Objective 4 Framework, Leeds or Essex Anchors Framework Civic organisations framework.

<sup>4</sup> As a committee of the ICB including MSE Alliances, H&WB Boards, the voluntary and community sector, Healthwatch's.

Anglia Ruskin University	DWP /JCP	University of Essex
Chief Executive Thurrock Borough Council	Chief Executive Southend City Council	Chief Executive Basildon Council
Chief Executive Maldon Council	Chief Executive Castlepoint Council	Chief Executive Braintree Council
Chief Executive Brentwood Council	Chief Executive Chelmsford City Council	Chief Executive Officer Mid and South Essex Foundation Trust
Chief Executive Provide		

DRAFT



Mid and South Essex  
Integrated Care  
System



# Strengthening our Anchor

Our work in 2023/24



# Introduction

## 2023/24 has been an important year for MSE Anchor.

We have considered and updated the programme to take account of national guidance ([How Strong is Your Anchor: A measurement toolkit for health anchors](#)). We also ran a major event that brought together people from every sector across Mid and South Essex wanting to improve health outcomes.

Looking forwards to 2024/25, we are looking to refresh our system’s Anchor Charter. This involves reaffirming our commitment to Mid and South Essex Anchor principles and outcomes, including measuring the collective achievements of all our partners against our shared goals.

Through the Charter, organisations are committing to individual and collective action to improve population health through a focus on the following five areas:



**Employment**



**Procurement**



**Sustainability**



**Land and buildings**



**Leadership and partnership**

The MSE Anchor programme is structured around these themes, with work in each area set out in this report.



### What is an anchor institution?

Anchor institutions are large, often public-sector, bodies that are ‘anchored’ in place – in other words, unlikely to move – and linked to their local community.

Anchors use their assets to improve the health, wealth and wellbeing of their local population and reduce inequalities. They also have multiple opportunities to do this, by managing their resources and operations strategically and intentionally.

Anchors can have a positive impact on the social determinants of health by shifting and targeting the way they employ staff, procure goods and services, use their land and buildings, contribute to environmental sustainability and work in partnership.



## How anchor complements our ICS priorities

### **As Mid and South Essex ICS moves into our second year, what has MSE Anchor brought to the system?**

Integrated care is about seeing the bigger picture around the individual and building connections across the system. Anchor's aims – considering organisations' broader contribution to the economy and to society in general – also support these goals.

The two have different but complementary perspectives. Anchor focuses on the intentional, organisation-led actions that larger institutions can take – in addition to their traditional roles – to support specific populations and neighbourhoods. Meanwhile, the integrated care system aims to improve the health and wellbeing of the population – with a focus on prevention, better outcomes and reducing health inequalities.

They both have effectively the same goal, but each supports it in different ways.

The anchor approach has helped build shared understanding between partners across the integrated care system, from local authorities to the voluntary sector. Many of these players are not healthcare providers. They promote good health through active travel, healthy lifestyles, and work with education, veterans and others.

Working alongside them has helped many providers think differently about our civic responsibility.

Anchor is especially effective at building connections across and within sectors and organisations to tackle common issues. This enables partners to use their combined strengths to create value across the whole system, focusing on population health and social determinants of health.

It's early days. But MSE Anchor's role in making this happen is widely recognised as an example of good practice. And over time, our local residents will see organisations creating more opportunities for local people.

**“By harnessing our combined efforts and financial resources at the local level across our health and care system, we have the potential to make significant strides in supporting our most at-risk residents and communities.**

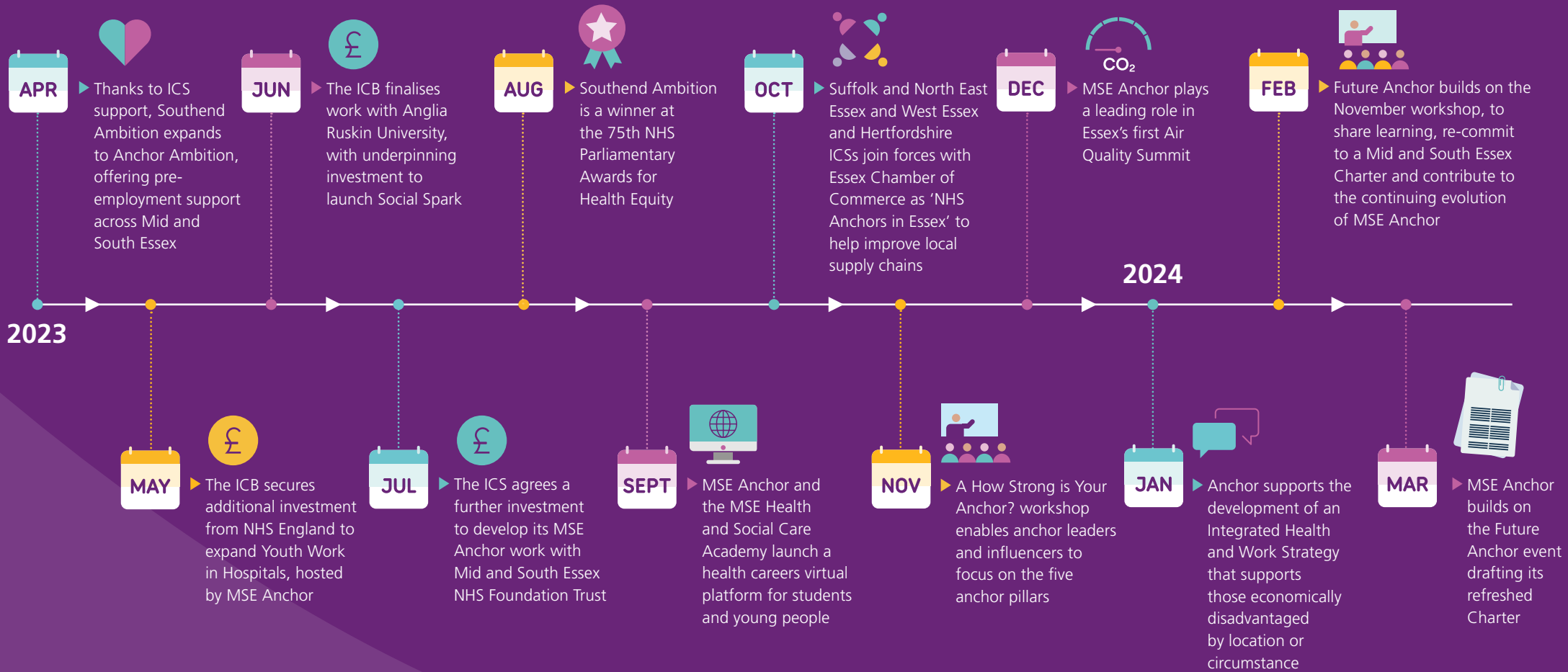
**At the Future Anchor event, it was clear to see how partners across the system are using the anchor approach to actively address inequalities, bolster economic development and enhance overall health, well-being and sustainability.”**

**Nigel Beverley, Chair, Mid and South Essex NHS Foundation Trust**



# Highlights

## Our MSEICS Anchor Year 2023/24



## Working to tackle inequalities across mid and south Essex

### Employment

- **Conducting outreach and partnership work to increase awareness of healthcare careers and support education and training**  
Through its Health and Social Care Academy, the ICB has strategically communicated its pre-employment offers to support people into work.
- **Employment focused participation programmes and support**  
Anchor institutions across the ICS have developed a system-wide Pre-Employment Advisory Group. The network brings together organisations across the system to coordinate delivery activity and ensure that good work opportunities reach the people who will benefit most.
- **Developing recruitment policies, processes and programmes to help people into work**  
North East London Foundation Trust embarked on a project to test out a better way of reaching local people, through adapted communication, application and recruitment processes. It reached local people in Basildon and helped fill several 'difficult to fill' positions.

### Procurement

- **Embedding anchor priorities into social value requirements**  
The MSE Anchor team worked alongside colleagues from MSE NHS Foundation Trust's sustainability team to deliver a series of webinars on social value and its development in mid and south Essex.
- **Developing partnerships at place, system, regional and national levels**  
MSE Anchor has worked with local partners and national support to meet its obligations to its armed forces community, upskilling 200 members of staff and creating a Service Champions Network to support its 38,000 veterans.
- **Building partnerships with other health anchors, at multiple levels**  
National numeracy support programme Multiply has brought ICS anchors work together to develop Every Carb Counts. The programme helps people with type 1 diabetes calculate their carbohydrate intake.







## Sustainability

- **Supporting estate, fleet and waste to deliver sustainability programmes**  
Two MSE anchor organisations (Mid and South Essex NHS Foundation Trust and Essex Partnership University Trust) have jointly procured a linen and laundry service that will aim to reduce existing emissions by 80 per cent in 2032.
- **Supporting staff, patients and communities and being a good employer**  
MSE Anchor and Essex County Council are supporting Essex Pedal Power to test an E-bike loan scheme to support staff with commuting and outreach, resulting in reduced emissions, cost savings, and improved physical and mental wellbeing.
- **Creating green spaces for Southend's Victoria Ward residents**  
Greening Southend Queensway is a new programme improving the outdoor green spaces on the Queensway estate and providing targeted support to improve the health and care of local communities. The project is delivered by charity Trust Links and funded by the South East Essex Alliance Health Inequalities Grant.

## Partnership

- **Partnerships and programmes reaching young people in schools and colleges**  
MSE Anchor has worked with further education colleges and Essex County Council (themselves anchor institutions) to deliver a gamified approach to support young people's work ambitions in health and care.
- **Supporting community co-production to design, deliver and evaluate anchor**  
Basildon and Brentwood Alliance carried out an asset-based community mapping exercise. This identified the importance of prioritising mobility, community cohesion, opportunities for young people and making the most of local space.
- **Developing participation programmes and support to local and target populations**  
Thurrock Alliance's tobacco control strategy and smoking cessation implementation plan is focusing on Thurrock's small businesses, providing training, stop-smoking packs and ongoing support to 16 participating companies.  
  
A common challenge for anchor programmes is devising ways of working with small businesses. This project is a good example of work with businesses on specific health initiatives.

## Leadership

- **Developing strong place-based partnerships with other local organisations**  
Mid Essex Alliance Thriving Places work has generated place-based common outcomes and indicators and, importantly, two demonstrators: wealth creation and respiratory illness and incidence.
- **Supporting partnerships, informing delivery and sharing learning**  
MSE Anchor plays a prominent role in the Essex Anchors Network – bringing individuals together across boundaries of profession, organisation and sector. Its anchor institutions membership includes 133 individuals from 39 different organisations.
- **Co-creating anchor projects alongside local and target communities**  
Community Connectors is a programme working to build a better understanding the lived experience of support and daily life for people living with COPD, to improve support and recognise what works. The programme is delivered with Healthwatch Southend and Southend Association of Voluntary Services and funded by MSE ICB with support from Southend City Council.



# Showcasing activities from across the five anchor pillars



Good employment



Procurement



Sustainability



Land and buildings



Leadership and partnership





# Supporting Mid and South Essex’s response to the NHS Long Term Workforce Plan

**Forging links between local communities and health and care employers opens up new possibilities in which everyone’s a winner.**

“When I was at school, careers days were spent sitting in a hall, listening to someone delivering a talk,” says Rachel Sestak, Head of Systems Workforce at MSE ICS. “It’s not like that now. At our events, you’ll see young people wearing virtual reality goggles, taking part in online quizzes, or doing hands-on tasks with people from clinical backgrounds.”

She continues: “Our community outreach work is important, partly because it helps us recruit and retain much-needed staff, but also because it changes lives. There are people within our local populations who would never think of working in healthcare if we didn’t show them what’s possible. We can broaden their horizons.”

As well as students, Rachel and her team support care leavers or adults who have been unemployed and need to build their confidence to get back into work.

The Anchor Pre-employment Programme (in line with the anticipation of the [NHS Long Term Workforce Plan](#)) plays a specific role in broadening participation.

Applications for health and social care involve a lot of form-filling and checks – and not everyone finds that easy. This programme offers advice and support to steer people through the process.

“Our approach is closely aligned to anchor principles – providing health and care staff while levelling the playing field,” says Rachel.

“Helping somebody into employment can transform other parts of their lives too, including their physical and mental health, lifestyle choices and economic wellbeing. This, in turn, affects their families, friends and wider communities – creating a positive cycle. It’s very rewarding.”

**“By harnessing our combined efforts and financial resources at the local level, across our health and care system, anchor offers the potential to make significant strides in supporting our most at-risk residents and communities.”**

**Alan Tobias, Non-Executive Director and Anchor Champion, Mid and South Essex NHS Foundation Trust**





## Introducing our pre-employment schemes

**Halo** is a four-week programme delivered by Southend Council to help people prepare for healthcare work. It has supported 380 participants, of whom 165 have secured work.

**MSE Prince's Trust** programme has worked with 140 young people, securing 96 job offers.

**Anchor Ambition** supports unemployed people into health work. Of the 179 people who found work through the project in 2023/24, 21 identified as having a disability.

Over the same period, MSEFT increased the proportion of its employees from the most disadvantaged areas by 2%.

This work aligns with findings of a recent HSJ survey that asked ICB leaders about their priorities for transforming services. One of the key priorities highlighted was 'inclusive recruitment' to get long-term unemployed into stable jobs.

## What else has been happening?

- **The College Enrichment Programme** runs regular events to recruit level 2 and 3 NVQ students for volunteering roles, building a pipeline for entry-level healthcare support workers.
- **The Healthcare Assistant Academy** is designed to tackle the high percentage of healthcare assistant candidates who drop out during the recruitment process – supporting them along the way and offering longer-term career advice.





# Embedding social value principles into all purchasing and procurement

How Strong is Your Anchor clearly states the links between anchor activities and economic and social wellbeing. But it goes beyond this too – setting out how institutions can go beyond that – drawing on legislation, regulation and financial constraint to stimulate community wealth building and diverse supply chains.



## £100 million

Mid and South Essex’s Anchors social (local) value expertise has provided end-to-end support for the procurement of more than £100 million of outsourced contracts.

### 1 Making sure social value is an important and prominent component in the way goods and services are purchased

Since April 2021, all relevant NHS procurements have been required to include a minimum of 10 per cent social value weighting. Mid and South Essex’s Anchors social (local) value expertise has provided end-to-end support for the procurement of more than £100 million of outsourced contracts – from support services to digital and clinical testing.

This includes framing the social value questions: most often, support for economic development and wellbeing and then supporting the process assessor with expert opinion.

Submissions have focused on:

- apprenticeships, training, work experience and support for basic skills
- avoiding modern-day slavery in supply chains and staff benefits
- support for community organisations, schools and mentoring local residents.

Mid and South Essex Anchor will continue to work with its supplier base to help localise, tailor and deliver successful proposals.





## 2 Welcoming small social business into the local health economy and investing their wealth locally for stronger, more diverse economies

In Basildon, the Social Spark healthcare innovation incubator is supporting residents, healthcare staff, students and local businesses to develop social and economic innovations that will benefit the local community. It assesses local need, delivers training and builds connections. Its ultimate goal is to build local capacity and harness ideas that will provide long-term solutions to local problems.

Building on ARU's NHS Clinical Entrepreneur Programme, the scheme is a collaboration between Basildon Council, Mid and South Essex NHS Foundation Trust, Essex County Council, Mid and South Essex ICS and Anglia Ruskin University (ARU), along with other higher education institutions.

- Social Spark and Anchor activities are perfectly aligned with the ICB's objective to support broader social and economic development.
- Social Spark is a place-based, multi-sector partnership that embraces and articulates many of the concepts of **At the Helm** to address the social determinants of health.



Drawing on her experience in youth and community work, local resident Miriam Chalkley identified a local need for an ethnically diverse youth organisation and founded a volunteer-led organisation Flex. Today, Flex reaches around 200 young people through weekly youth sessions, 'Mumma and Me' groups, tutoring and a teen café.





## Reducing poor air quality-related illness among staff, patients and community

**Anchor is supporting the ICS to meet its environmental and sustainability targets, through projects ranging from Pedal Power to advocating to improve air quality.**

Many of the actions that reduce carbon emissions also strengthen communities, such as investing in local providers or encouraging walking or cycling, which also improve physical health.

One example is Essex Pedal Power and its Anchor-led work with Basildon Hospital. The initiative provides free bikes to people across Basildon, focusing on disadvantaged communities. In collaboration with Essex County Council, the Active Wellbeing Society and other partners, the project is improving people's physical and mental wellbeing, helping people commute affordably and improving air quality.

Overall, the scheme has distributed 620 bikes across Basildon, including 150 for Basildon Hospital staff on lower pay bands, alongside free learn-to-ride sessions, bike maintenance support and group bike rides.

The scheme has attracted the support of Olympic cyclist and Chair of Sport England Chris Boardman, who visited in October 2023.

Air quality is closely linked with health inequalities, deprivation and the wider determinants of health, so this is a key focus. Improving air quality – both outdoors and within the home – is an important way of improving health outcomes and reducing costs.

Staff travel is one of the biggest contributors to NHS emissions, so changing staff perceptions and enabling active and zero-emission travel is a focus to tackle hospital hotspots – particularly at points where there is greatest staff, patient and visitor exposure. Find out more at [Essex Air](#).



**“ Across our health and care systems, there is so much we can do to boost sustainability and social value.**

**Becky Jones, Head of Sustainability,  
Mid and South Essex NHS Foundation Trust**



### What's been happening on air quality?

- In December 2023, anchor representatives from across Essex came together for the first Essex Air Quality Summit.
- A new working group (part of the Essex Anchors Network's climate action working group) is taking the programme forward, such as supporting schools to reduce school-gate drop-offs.
- MSEFT is currently trialling a testing regime in its loading bays to monitor the impact of engines left running, site congestion and below-standard vehicles on site.



# NHS land and buildings are being used by local organisations such as community groups and creative industries

### **Integrated work is never more evident than in our Youth Worker in Hospitals project, run by Essex County Council Youth Service in A&E departments and for long-term conditions.**

Young people attending A&E often have underlying social needs, but they don't always find it easy to engage with healthcare professionals. Going to A&E can provide a 'reachable moment' when a youth worker can make a connection with them.

"This idea was at the heart of this work," explains senior youth and community worker Helen Newman. "The project was originally funded by the Violence and Vulnerability Unit, but most of the people we see are attending with mental health needs. Many are on waiting lists for CAHMS or don't quite meet their thresholds."

She continues: "Our staff are stationed either in A&E or at our desk space near the unit.

We've worked hard to build relationships with the A&E, CAMHS, crisis and children's play teams and they will refer a young person they feel could benefit from our support."

The service is tailored to each young person. Importantly, some are signposted to community or youth services, but it also runs weekly groups and some have regular one-to-one sessions at school or a local café. The team also carry out advocacy work – for example, attending multi-disciplinary meetings with other providers.

Results have included improvements at home and school, including better ability to manage anxiety and stress and less risky behaviour such as drug use and self-harm. In 2023/24 the service supported 168 young people at Basildon and Thurrock University Hospital A&E.

"It's a really fabulous project," says Helen. "Before, I worked in education, as a deputy head and SENCO, so I've seen the level of need from the other side, too. Every young person needs someone in their corner."

## **168 young people supported**

**In 2023/24 we supported 168 young people at Basildon and Thurrock University Hospital A&E.**

### **What else is happening?**

- Mid and South Essex ICS is developing an infrastructure strategy that will need to consider the role of the NHS as an Anchor through its buildings and spaces.
- Mid and South Essex Foundation Trust is reviewing the current use of its land and buildings by the voluntary and community sector. For example, for many years the Helen Rollason Cancer Charity operated from a standalone site at Broomfield Hospital.

The work will explore how far its land and buildings are used by the voluntary and community sector and whether increasing co-location will reduce admissions and length of stay and expedite discharge.





## Anchor action is supported and sustained at an organisational level

In February 2024, MSE Anchor hosted people working across the health and care system from around mid and south Essex, at Chelmsford's Hylands House. The event, called Future Anchor, was funded by the ICS and brought together people across sectors and organisations.



**Shammi Jalota**  
Head of Partnerships and Equalities, Essex County Council

The Essex Anchor Network faces some challenges – not least, because of the geography of Essex. In cities like Leeds, Bradford, Luton and Manchester anchor plans can be fairly contained. But in a wider geography, such as Greater Essex, it's hard to think about the system response and collective goals. For me, the next step is taking a strategic, system-wide approach so we can add up to more than the sum of our parts.



**Liesel Kennedy**  
Intelligence and Research Programme Manager, Suffolk and North East Essex ICP Secretariat

I work closely with Anchor in Suffolk and North East Essex. In the spirit of sharing learning and good practice, it is really helpful to learn and share with other systems, particularly with our immediate neighbours. At the event, it was gratifying to see how similarly our ways of working and thinking are evolving, and how many opportunities there are to continue to share our learning and practice



**Adam Seomore**  
Lead Nurse for Safeguarding Children, Provide Social Enterprise

I've been looking to create a role within our organisation for a care leaver. My colleague told me about the anchor programme so I wanted to come here and find out more. Anchor is definitely a different way of doing things. It feels more organic – that collective approach.



**Toni Parrish**  
Employer Engagement, ACL Essex County Council

As an adult education provider, we have clear social development goals, so we're very aligned with anchor. For example, recently we've collaborated with community engagement and transport colleagues to help people in coastal communities gain qualifications. We've come here to spread the word about our work and find out what's needed and how to join it all together.



**Anna Bokobza**  
Director of Strategy, EPUT

We look at the whole life experience for the Learning Disability and Autism community, so we work across all key themes of the Anchor programme. It was really refreshing to hear that the programme had teeth and was willing to challenge thinking. The learning was not about process or programmes: it was about ethos and the willingness of the programme to embrace partners, innovation and wider thinking, and deliver structural change.



**Ru Watkins**  
CEO, Hamelin Trust

We look at the whole life experience for the Learning Disability and Autism community, so we work across all key themes of the Anchor programme. It was really refreshing to hear that the programme had teeth and was willing to challenge thinking. The learning was not about process or programmes: it was about ethos and the willingness of the programme to embrace partners, innovation and wider thinking, and deliver structural change.



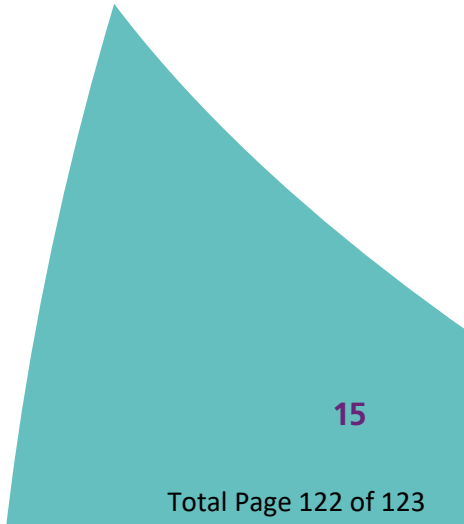
**David Slatter**  
Public policy and strategy manager, Essex County Council

I'm part of the levelling up team within Essex County Council. We tackle the underlying barriers to economic or personal development across Essex – so quite a similar mission to anchor. I have experience in education, skills and employment so I'm here to find out how these link with health-related wider determinants and how to bring them together.



**Grant Taylor**  
Assistant Director for Communities and Health, Basildon Council

I'm working alongside the Anchor partnership on the Social Spark programme to enhance community enterprises and close the gap of active travel inequalities, through Pedal Power. Future Anchor delivered a chance to learn, collaborate and re-set our work together for the betterment of the place. It was an excellent opportunity to meet and collaborate with system partners who are driven to effect positive change with, and for, our communities.





Mid and South Essex  
Integrated Care  
System



**For further information:**

Go to our website at:

[www.midandsouthessex.ics.nhs.uk](http://www.midandsouthessex.ics.nhs.uk)

Watch our short film at:

[tinyurl.com/MSE-Anchor](https://tinyurl.com/MSE-Anchor)

Contact us at:

[mse.anchor@nhs.net](mailto:mse.anchor@nhs.net)



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