Mid and South Essex Integrated Care System

Integrated Care Strategy

2023-2033

Summary document

Introduction

Our ten-year integrated care strategy explains our plans for improving health and care for residents in mid and south Essex. It sets out what will be different and how we will work together to achieve our shared objectives.

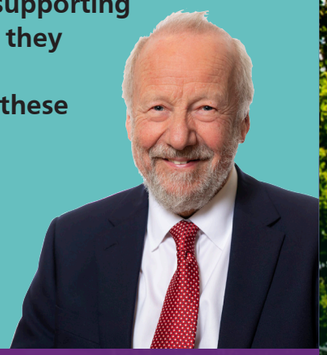
We know we won't make things better just by providing more and more services. We need to work together on all the things that affect people's lives, like tackling loneliness and isolation, unsuitable housing, the environment, the impacts of unemployment or being in debt.

These are known as the "wider determinants of health" and are affecting our most vulnerable communities more than ever.

If we can improve the wider determinants of health, we can improve everyone's health and wellbeing and reduce unfair inequality that exists. That is the central theme of our strategy – to tackle inequalities, together.

"It is a pleasure and a privilege to chair the Integrated Care Partnership, a fantastic group that brings together all the key players who can really help us make a difference in health and care outcomes for our residents. But for me and my three Vice Chairs, it's not just about who attends our partnership meetings, it's about how we work together with residents - having those important conversations about what is working well and where we can do better and supporting residents to be part of the change they want to see. It is only by working together that we will really make these things happen!

Professor Michael Thorne CBE, Chair, Mid and South Essex Integrated Care Partnership



What we do

Mid and South Essex Integrated Care System (ICS) brings together all the organisations which support local people with their health and care, from the NHS and local authorities to community groups and the voluntary sector.

We all want to work better together to improve health care and wellbeing for everyone who lives and works here.

Mid and South Essex Integrated Care System was formed on 1 July 2022.

We provide health, care and wellbeing services to more than 1.2 million people.

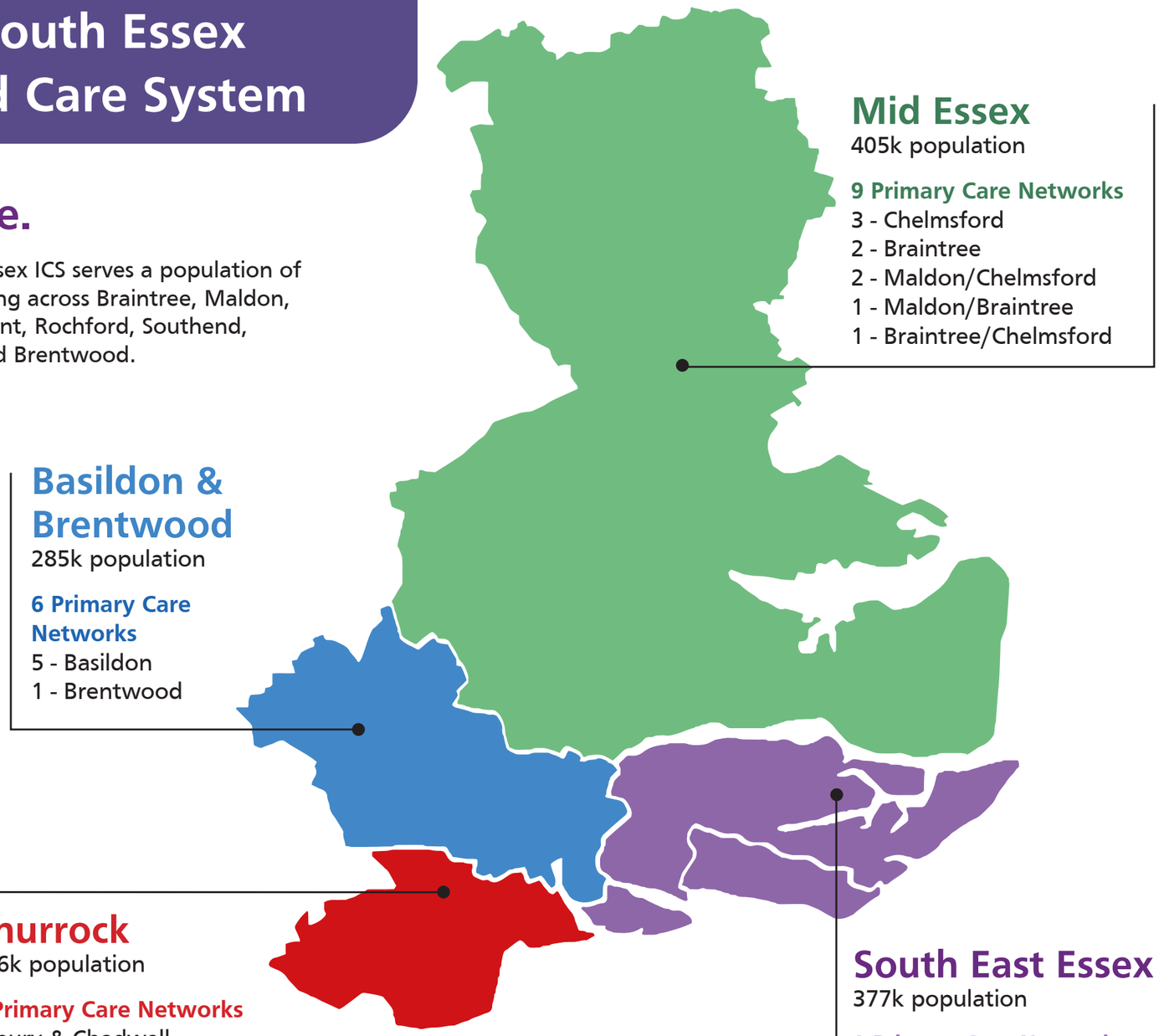
One of the first things our ICS was responsible for was to develop a strategy to set out a shared vision for health and care over the next ten years.

This work has been done by the Integrated Care Partnership which includes members from local government, NHS, voluntary and community sectors, Healthwatch, local universities and others.

Mid and South Essex Integrated Care System

Who we are.

The Mid and South Essex ICS serves a population of 1.2 million people, living across Braintree, Maldon, Chelmsford, Castle Point, Rochford, Southend, Thurrock, Basildon and Brentwood.



Mid Essex
405k population

9 Primary Care Networks
3 - Chelmsford
2 - Braintree
2 - Maldon/Chelmsford
1 - Maldon/Braintree
1 - Braintree/Chelmsford

Basildon & Brentwood
285k population

6 Primary Care Networks
5 - Basildon
1 - Brentwood

Thurrock
176k population

4 Primary Care Networks
Tilbury & Chadwell
Grays
Purfleet
Corringham

South East Essex
377k population

8 Primary Care Networks
2 - Castle Point
2 - Rochford
4 - Southend

Our partnership comprises the following:

Three top tier local authorities and **seven** district, borough and city councils

Nine voluntary and community sector associations

One hospital trust with main sites in Southend, Basildon and Chelmsford

Three main community and mental health service providers who work as a community collaborative

One ambulance trust

Three healthwatch organisations

Over **149** GP practices, operating from over **200** sites, forming **27** Primary Care Networks

A range of other partners, including Essex Police and our three local universities

For more information about Mid and South Essex Integrated Care System, visit our website.

The context

The Mid and South Essex Integrated Care Partnership (ICP) brings together a broad alliance of partners concerned with improving the health and wellbeing of the population.

The ICP has the responsibility for producing an Integrated Care Strategy setting out the ambitions of the partnership to help meet the health and wellbeing needs of the population.

In preparing the strategy, we undertook extensive engagement work with our partners and local residents and had regard for the regulatory and statutory requirements, particularly the four key aims established for ICS:

- Improving outcomes in population health and healthcare.
- Tackling inequalities in outcomes, experience and access.
- Enhancing productivity and value for money.
- Supporting broader social and economic development.

We also reviewed the 'triple aim' established for NHS bodies which requires them to consider the effects of decisions on:

- The health and wellbeing of the people of England (including inequalities in that health and wellbeing).
- The quality of services provided or arranged by both them and other relevant bodies (including inequalities in benefits from those services).
- The sustainable and efficient use of resources by themselves and other relevant bodies.

Integrated Care Systems (ICSs):

All of the organisations that come together to plan and deliver joined-up health and care services and to improve the lives of people who live and work in their area.

Integrated Care Board (ICB):

A statutory NHS organisation responsible for developing a plan for meeting the health needs of the population, managing the NHS budget and arranging for the provision of health services in the Integrated Care System area.

Integrated Care Partnership (ICP):

A statutory committee jointly formed between the NHS ICB and all upper tier local authorities that fall within the ICSs area (councils with responsibility for children's and adult social care and public health).

The challenges

This is a time of great challenge across the health and care system.

There is rising demand for health and care services with many people having more complex needs.

Our workforce is tired having fought through the pandemic and now recovering services, whilst managing the challenges of increased vacancies and sickness rates.

And we are experiencing significant financial pressure both organisationally and personally as the cost-of-living increases.

Some of the things we have traditionally done are no longer working. Increasingly we must embrace the opportunity of collaborative working to meet our challenges and invest in our future.

The Health and Care Act (2022) established forty-two ICSs across England on a statutory basis on 1 July 2022.

Three overarching themes featured across our 27 partner strategies:

Persistent inequalities – particularly impacting Basildon, Thurrock and Southend

Growing and ageing population – impacting on health conditions such as dementia, cardiovascular disease, cancer, diabetes, chronic obstructive pulmonary disease, leading to challenges for frailty, social isolation and the need to bring care closer to home.

Mental health conditions – focusing on, suicide rates, support to talk about mental health, reducing stigma and bringing communities together.

Our ambition

Throughout our strategy, we describe the desire to tackle the inequalities some communities face, together.

Health inequalities are the avoidable differences in health and care outcomes that exist between different groups within our society.

Tackling these differences is our shared ambition which we refer to as our "common endeavour".

To achieve this, we know it is not enough to do things differently; we need to be prepared to do different things.

This includes how we work with and involve residents so they can improve health and care outcomes for themselves, their families and their neighbourhoods.

We have set out our commitment to supporting personalised care through shared decision making, choice and self-management of health conditions.

We will need to work with all sectors within our health and care system in a new model of partnership, particularly those of our voluntary, community and charity sector.

And we know things work better when we act locally so we will support our local partnerships, including 27 primary care networks and four local alliances, to thrive.

Our common endeavour is to tackle unfair and avoidable differences in health and care outcomes across the population and between different groups within society.

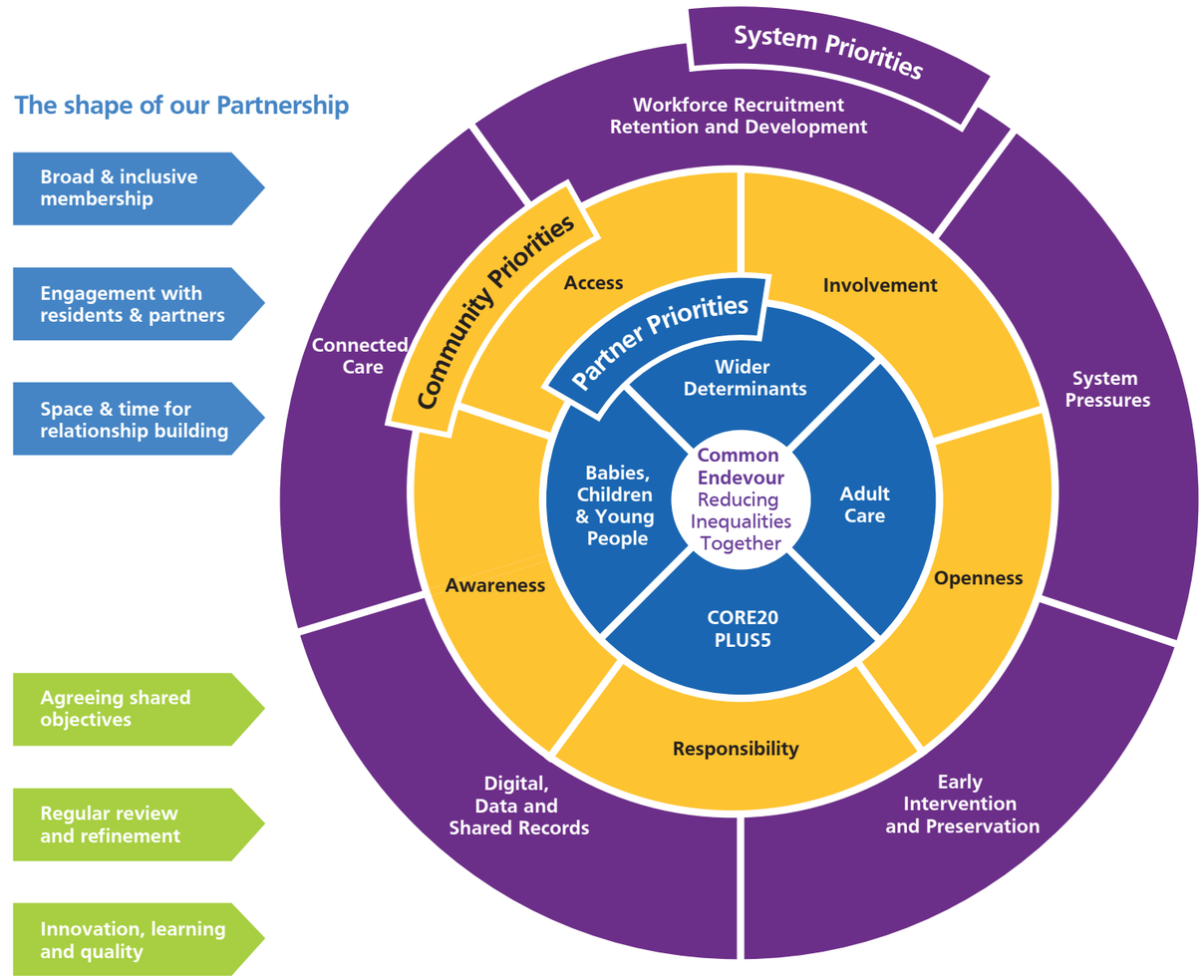
The first 5,000

We will support everyone who lives and works in mid and south Essex. However, the first 5,000 households will be the initial focus of our "common endeavour" to tackle inequalities. We will identify priority families and individuals who experience the worst health and care outcomes across our 1.2 million population. A key focus will be supporting early intervention and prevention for some of the most vulnerable members of our community.

As a partnership we will work to:

- Define who is in this group
- Understand their needs
- Develop and deliver collective action
- Learn, collaborate and innovate

Integrated Care Partnership



What is important:

Our strategy priorities have evolved through engagement with stakeholders and the communities we serve and are drawn from:

The three local authority Health and Wellbeing Strategies, reflecting the needs identified in their Joint Strategic Needs Assessments

National guidance about the design of ICSs and the development of Integrated Care Strategies

More than 27 partner strategies and health inequality data

Key themes emerging from public and stakeholder engagement.

What is important to us as partners:

- **The wider determinants of health –** recognising that health and wellbeing is impacted by many things, not just clinical care.
- **Core20PLUS5 -** the NHSE framework which recognises groups across all ages are most likely to experience poor health outcomes in specific health conditions when linked to deprivation.
- I**mproving the outcomes of adult care** including a focus on:
  - The ageing population
  - Mental health and suicide prevention
  - Learning disabilities and autism
- **Improving the health and wellbeing for our babies, children and young people** including a focus on:
  - Maternity
  - Mental health
  - Special educational needs
  - Healthy schools programme

What is important to our community:

- **Access –** focusing on primary care, emergency care and increasing community-based and personalised care.
- **Openness –** being open and honest when things aren't working to build greater trust with residents.
- **Involvement -** creating more and varied opportunities for residents to be involved in their own care and the work of our Partnership.
- **Awareness –** support a better understanding of the health and care system and breaking down barriers.
- **Responsibility –** encouraging people to look after themselves and helping to build strong communities.

What is important in our health and care system:

- Tackling **system pressures** and challenges together.
- Recruiting, retaining and developing **our workforce**.
- Earlier **intervention and prevention**.
- **Connecting and integrating** the care we provide.
- **Improving data**, expanding digital support and developing a shared care record.

Why change is needed

Population

14.70%
Over 15 years

Population growth by **14.70%** over the next **15 years**

2024

2039

We have an aging population, with **one** in **seven** people expected to be aged **over 75** by 2039

Life expectancy

78.3 years

84.7 years

Life expectancy varies from **78.3 years** if you are a male living in Thurrock to **84.7 years** if you are female living in Brentwood

The gap in life expectancy in some areas is as mush as **12 years** between wealthiest and most deprived neighbourhoods

Finances

Demand for health and social care services has grown faster than the funding provided from central government

Demand

Increasing demand for services, including more people needing **GP services , A&E** and **social care**

Working together

To deliver this strategy we need to work differently together, sharing common plans, resources and information.

Key to this will be:

a **broad and inclusive membership for our partnership** – drawing on the strengths of all better together.

Regular engagement with residents and partners – continuing to have two-way conversations.

Space and time to build relationships – **stronger collaboration** will make health and care work better together.

Making a difference

If we are successful people will:

- **Be supported to live a healthy, happy and fulfilled life**, with the knowledge and resources to prevent ill health and maintain their independence at home
- **Find it easier to access the health and care services** they need wherever they live and have more say over the services they receive and greater trust in their quality, effectiveness and safety
- **Receive appropriate and timely care** when they need it, from skilled and valued staff.

In the strategy, we provide more detail about the differences we hope to achieve. These are described through a series of WE and I statements. We have summarised these over the next two pages to give a feel for how we describe our objectives.

I am able to:

I know that all partners will be working to the same plan to achieve shared ambitions to improve population health and that progress on local outcomes will be regularly tracked and reported over the next 10 years.

I understand the wider shared ambitions of the Integrated Care Partnership and team effort involved in supporting people to live in a healthy neighbourhood with a good home, good work or education, a good environment and a good local community.

I will see improvements in my health and care journey but not having to repeat my story and being supported to prevent ill health at an early stage so that I can stay healthy and independent for as long as possible.

I will know how I can engage with and contribute to the ongoing work of the Partnership.

I understand my role in adopting and maintain healthy behaviours and I am able to be active, eat well, sleep well and maintain good mental wellbeing.

I will feel my care is closer to home and more personalised.

We are able to:

We will be united, tackling health inequalities together in partnership with our residents and with the widest possible range of partners - strengthening ways of working and sharing resources where necessary.

We will have robust processes to make sure all partners feel valued with an equal voice and opportunity to achieve our objectives and that work is captured and reported in the right place at the right time.

We will know what success looks like with a clear set of outcome measures and adapt our plans in line with what matters to local people and partners.

We will test and learn together through developing and delivering a plan to better understand and support the needs of those households experiencing poor health and care outcomes.

We will improve the health and care journey for local people through investing in prevention and creating ‘one front door’ for residents to access the vast majority of health and care services.

We will improve shared data and digital systems across the Partnership to make sure we are making evidence-based, insight-led decisions.

We will be open and honest about what is and isn’t going well, why and what we can all do to make things better.

We will adopt a ‘one workforce’ approach, making people feel more valued, empowered, developed and respected to support recruitment and retention of our staff.

All our local partners have contributed to the development of our first integrated care strategy. And it is important it remains flexible and evolves with local needs.

We want it to be a collective, central resource that is accessible by all, to enable everyone to be part of the work of the Integrated Care System going forward.

It is only through listening and working together that we will successfully make the change that will bring about the necessary improvements in the health and wellbeing of our population.

For more information please visit www.midandsouthessex.ics.nhs.uk

To get involved, please email mseics.getinvolved@nhs.net

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