

## MSE Integrated Care Partnership, 28 June 2023

### Agenda Number: 7

## Mid and South Essex Integrated Care Strategy – Delivery Plan

### Summary Report

#### 1. Purpose of Report

The purpose of this report is to share draft proposals regarding the Delivery Plan for the Mid and South Essex Integrated Care Strategy, to seek the views of Members and agree the contributions they may make in taking this work forwards. This work is not intended to replace, or supersede the targets identified within the Integrated Care Strategy itself, but rather to identify the operational priorities and resources required to enable these targets to be met.

The paper is intended to act as a starting point for discussions which will take place at a practical workshop session, at the meeting of the ICP on 28<sup>th</sup> June 2023. The workshop will focus on key deliverables.

Members are asked to consider the contents of this report and attend the ICP meeting with proposals for how their respective authorities, organisations, agencies or local alliances can contribute to the delivery of the Integrated Care Strategy and what support they may be able to offer for the task.

#### 2. Executive Lead

- **Name:** Jo Cripps
- **Job Title:** Executive Director of Strategy and Partnerships
- **Organisation:** NHS Mid and South Essex ICB

#### 3. Report Author

- **Name:** Jeff Banks
- **Job Title:** Director of Strategic Partnerships
- **Organisation:** Mid and South Essex ICS

#### 4. Responsible Committees

Mid & South Essex Integrated Care Partnership.

#### 5. Background

The Integrated Care Strategy for Mid and South Essex was agreed by the ICP on 20<sup>th</sup> March 2023 and has been well received by both local partners and nationally.

At its meeting on 20<sup>th</sup> March 2023, the ICP considered a paper - '*Integrated Care Strategy – Theory of Change & Outcomes Framework*' - relating to the relevant Strategy targets (W8 and W9). Two workshops had taken place, at which partners and

stakeholders contributed views as to how the ICP could account for the progress it was making against agreed targets and a proposed outcomes matrix was presented to the ICP.

Members agreed the following:

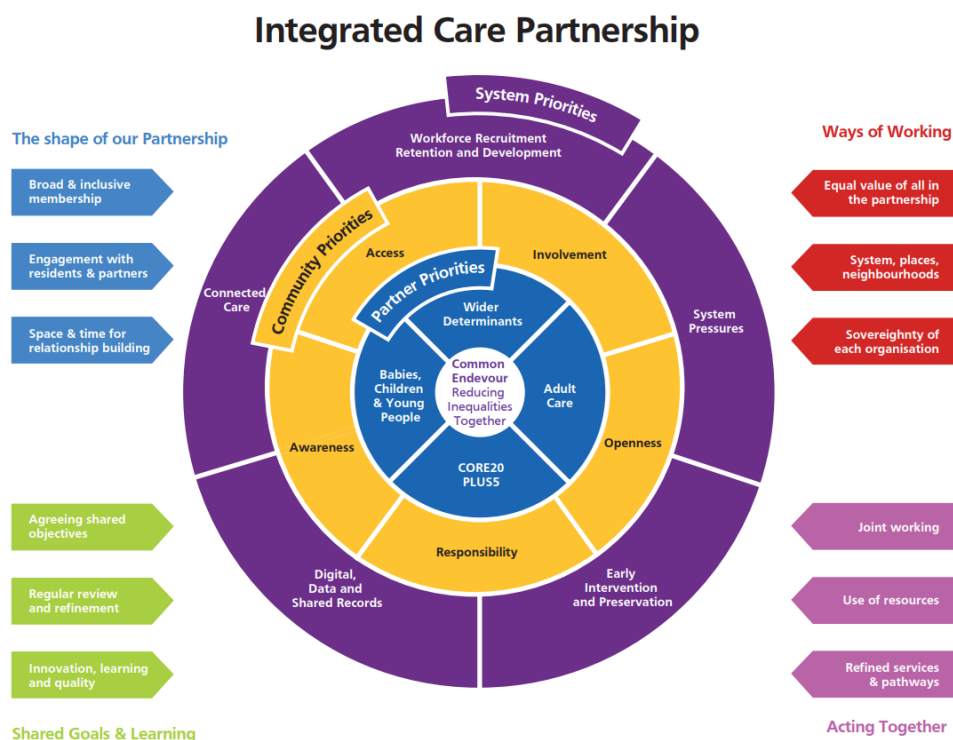
- (1) A traditional linear Theory of Change approach, where inputs and deliverables are reasonably stable and outcomes predictable, may not suit a highly complex system with multiple variables and dependencies
- (2) The draft outcomes matrix would benefit from simplification and greater involvement of partners i.e. through a distributive leadership model.

Following discussion with the Chair, it was agreed that the June ICB meeting would have a substantial workshop element exploring our partnership delivery approach.

Further, it was agreed that existing outcomes frameworks and dashboards available were sufficient to allow oversight of performance against our shared objectives. These should be brought together, from across our Partnership, rather than being reinvented. This will align with the work being undertaken by the ICP's Population Health Improvement Board and will now be brought forward to a future meeting.

## 6. Strategic priorities

The Mid and South Essex Integrated Care Strategy is an ambitious plan that has the potential to transform the health and care system in the region. The strategic priorities within the Integrated Care Strategy are clear and the agreed areas of focus for our Partnership's work well established:



[https://www.midandsouthessex.ics.nhs.uk/content/uploads/2022/12/Integrated-Care-Strategy-2022-2033-30\\_3\\_23.pdf](https://www.midandsouthessex.ics.nhs.uk/content/uploads/2022/12/Integrated-Care-Strategy-2022-2033-30_3_23.pdf)

It is considered important to engage with ICP on a number of key areas of focus considered essential to be key to implementing the Strategy:

- (1) Developing our Partnership
- (2) Reporting on progress
- (3) Communications and engagement
- (4) Identification of resources

The success of the plan will depend on the commitment of all stakeholders, including the NHS, local government, and the voluntary sector. By working together, we can achieve the vision of the Mid and South Essex Integrated Care Strategy and improve the health and wellbeing of our population

## **7. Developing Our Partnership**

The ICP is a joint committee, brought together by the NHS Integrated Care Board, and the three Upper Tier Local Authorities, Essex County Council, Southend-on-Sea City Council and Thurrock Council. It currently comprises a membership of over 50 individuals representing 30 organisations and agencies concerned with improving health and care across Mid and South Essex.

Membership includes both elected Members and board chairs, and senior officers including Chief Executives, Vice Chancellors, Alliance Directors, Executive Directors and Directors of Adult and Children's Services and Directors of Public Health.

The ICP has two sub-committees currently standing:

- Population Health Improvement Board
- Community Assembly (in development)

Two further forums will be established in 2023/4:

- An Independent and Private Providers' Network
- A Community Voices Network

The Integrated Care Strategy notes that the membership of our ICP is well established but will be kept under regular review. Residents, partners, and stakeholders not currently attending the formal Partnership meetings should feel able to influence and inform the work of the Partnership. As our engagement work matures, we will consider whether an alternative, representative membership model may be appropriate, to formalise arrangements, allowing established forums and committees to nominate representatives who may attend the formal Partnership meetings.



*Operational priorities:*

- *Ensure ICP members remain active and involved and prioritise attendance.*
- *Develop the Community Assembly, Independent and Private Providers' Network and Community Voices Network, ensuring the ICP members are influenced directly by a broad range of contributions.*
- *Develop an effective approach for reporting to/from sub-committees and forums.*
- *Ensure the ICP remains broad, inclusive and representative of the communities we serve.*
- *Ensure we are reflecting the views of residents in the work of the ICP.*

**Members will be asked to contribute their thoughts on this key area of focus and identify the part they will play in taking this work forwards**

## 8. Reporting on progress

The ICP is described as a *board of influence* as opposed to a *board of direction*. It does not itself commission or deliver services, it sets an overarching vision for the Integrated Care System, focussing partners attention on key priorities on which we all agree, to ensure collective effort towards our shared Common Endeavour.

However, to ensure progress and maintain momentum, we need to effective governance, oversight and assurance. The ICP must remain up to date on current opportunities and challenges and be able articulate how and why integrated system working is effective in achieving improved outcomes for residents.

The ICP is committed to reviewing progress annually and updating and refreshing the Integrated Care Strategy as required, taking into account progress made, as well as new challenges and opportunities arising. The ICP will review progress on agreed outcomes and measures, publishing an annual report on progress. An annual conference or symposium is proposed.

The Integrated Care Strategy establishes that the Terms of Reference, format and structure of our meetings will be regularly reviewed, in line with good governance standards. Partners have an agreed set of values, developed as part of the formation of our predecessor body, the Mid and South Essex Health and Care Partnership. These will be reviewed and updated as and when required.

The ICP is also required to have a direct and meaningful connection with the NHS Integrated Care Board, and the three Health and Wellbeing Boards of our Upper Tier Local Authorities. The ICP is required to receive and consider Local Joint Health and Wellbeing Strategies, and Joint Strategic Needs Assessments, and in turn, Health and Wellbeing Boards must receive and consider the Integrated Care Strategy. The formal requirement is for each to *'have regard'* for the strategies of the other, but clearly there is a desire to ensure that the strategic prioritisation across the wider Integrated Care System develops iteratively and aligns wherever possible.



*Operational priorities:*

- *Develop an annual work cycle and plan and ensure we are reflecting on our effectiveness as an ICP and agree upon the process for reporting progress.*
- *Ensure we have the right balance between attending to business, receiving reports and updates, and learning opportunities.*
- *Determine the best and most appropriate way to ensure alignment across partners to ensure we are capitalising on opportunities presented by the ICP and best able to address challenges when they arise.*
- *Ensure effective support for and connection with the work of other boards and forums, including the Health and Wellbeing Boards, children and adults' partnership boards, and other specialist boards, and where local authorities and agencies are working to address wider determinants of health.*
- *Develop our reporting processes, including the proposed annual report and annual conference or symposium.*

**Members will be asked to contribute their thoughts on this key area of focus and identify the part they will play in taking this work forwards**

## 9. Communications and Engagement

Our Integrated Care Strategy acknowledges that achieving the change we wish to see, will require a realignment of our efforts, with the ICP acting as the fulcrum for engagement and community mobilisation, working alongside statutory and voluntary services and involving a 're-setting' of Our Partnership with Residents.

We have committed ourselves to developing a simple, accessible, and inclusive campaign model, in which Residents and services agree on a unites Residents and services around our Common Endeavour, which will be owned by Residents and the widest possible range of partners and stakeholders.

Active engagement of partners and stakeholders will not be an occasional duty but a permanent feature of the work of our Partnership. There will be a range of debates, talks, and workshops throughout the year, feeding into and from an annual symposium or conference. These will be open to all contributors, not just those organisations and individuals who attend the statutory Partnership meetings.

We have made good progress in this work, for example through our Spring Conversations, which were used as an opportunity for a wide range of partners to participate in conversations with Residents and stakeholders on current priorities.

In addition, we recognise that maintaining momentum and engagement of our ICP partners, will require improved communications and information sharing.

*Operational priorities:*

- *Draw together partners to undertake work on designing and developing the public-facing campaign model aligned with our shared Common Endeavour.*
- *Determine how partners wish to be informed of the work of the ICP, and how we effectively disseminate our learning.*



- *Ensure we engage fully with our expert colleagues, partners and residents in developing this work.*

**Members will be asked to contribute their thoughts on this key area of focus and identify the part they will play in taking this work forwards**

## 10. Allocation of Resources by Partners

The Integrated Care Strategy establishes a commitment to identifying the resources needed to ensure Our Partnership is able to manage its work effectively. Initially, a small, agile infrastructure will support the work of the Partnership, but this will grow over time as we demonstrate the impact of this way of working and as we identify additional opportunities. All partners will be expected to contribute time, skills and expertise as part of the ongoing work of Our Partnership.

The ICP cannot and should not be seen as an NHS project, but rather one which involves and engages the widest range of partners working together to achieve our shared objectives. We have worked well in identifying and connecting work which is taking place across Our Partnership, and relationships are strong. However, some degree of formalisation of working relationships, and establishment of a virtual team, will help partners feel they are genuinely involved and supporting, and ensure we are better able to make progress at pace.

*Operational priorities:*

- *Identify what support Partners are able to commit to the work of the ICP.*
- *Develop an operational model which brings these resources together to support our Common Endeavour.*

**Members will be asked to contribute their thoughts on this key area of focus and identify the part they will play in taking this work forwards**

## 11. Financial Implications

Members will be asked to consider what financial or in-kind commitment they can offer to support the effective delivery of the Integrated Care Strategy.

## 12. Details of Patient or Public Engagement or Consultation

Extensive engagement of Residents has taken place as part of the development of the Integrated Care Strategy and this work will continue.

## 13. Conflicts of Interest

None identified.

## 14. Recommendation/s

The Integrated Care Partnership is asked to:

- Consider the contents of this report



- Attend the ICP meeting with proposals for how their respective authorities, organisations, agencies or local alliances can contribute to the delivery of the Integrated Care Strategy
- Consider what resources Partners may be able to commit to the task.

***Please note*** – Any reports published to Mid and South Essex’s Integrated Care Partnership will be published on a public website, and members of the public can attend any meeting of the Partnership.

*Please ensure all reports are suitable for public consumption & accessible to the public, avoiding jargon*