

# MSE Integrated Care Partnership, 28<sup>th</sup> September 2022

**Agenda Number: 07**

## **The Integrated Care Strategy**

### **Summary Report**

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

To provide the Integrated Care Partnership an update on the Integrated Care Strategy, including it's working group.

#### **2. Executive Lead**

- Name: **Jeff Banks**
- Job Title: **Director of Strategic Partnerships**

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

- Name: **Jeff Banks**
- Job Title: **Director of Strategic Partnerships**

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

Not applicable

#### **5. Financial Implications**

Not applicable

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

Not applicable

#### **7. Conflicts of Interest**

None identified

#### **8. Recommendation/s**

The Integrated Care Partnership is asked to note the update from the Strategy working group, and it's progress to date.



Mid and South Essex  
Integrated Care  
System



Mid and South Essex

# Mid & South Essex ICP Integrated Care Strategy Process Proposals

Jeff Banks, Director of Strategic  
Partnerships

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

# Contents

- Objectives
- Our beliefs and values
- Requirements and published guidance
- Broad approach and indicative timetable
- Component parts
- Partner Engagement Workshops
- Resources



# ICS objectives

As defined by the Government:

- **Improve outcomes** in population health and healthcare
- **Tackle inequalities** in outcomes, experience and access
- **Enhance productivity** and value for money
- Help the NHS to support **broader social and economic development**



# ICP objectives

- Improving health and care outcomes for people who use health and care services, carers and communities
- Improving their experience of health and care services
- Developing prevention to promote health, wellbeing and independence, and tackle health and wider inequalities so the demand for statutory, intensive or long-term services will be reduced.



*ICP's central role is in the planning and improvement of health and care. They should support place-based partnerships and coalitions with community partners which are well-situated to act on the wider determinants of health in local areas. ICP's should bring the statutory and non-statutory interests of places together.*

*Integrated Care Partnership Engagement Document: Integrated Care System Implementation*





# Our Beliefs and Values

- **Subsidiarity** - devolving planning and delivery to the lowest possible level.
- **Respect for sovereignty** of statutory organisations
- **Collaboration** to bring about improved Standards, Outcomes and the application of Common Clinical Policies
- **A shared agenda** driven and owned by partners working together with a focus on **reducing health inequality**
- **Data Driven:** serving the individual needs of our population, not organisations
- **Delivery of integrated care**, with meaningful engagement with our communities
- **Asset and strengths-based approaches**, delivering care according to people's preferences
- **A focus on healthy lives** – prioritising prevention and self-care
- **Clinical and Care Professional engagement** at the earliest opportunity
- **Empowering front line staff to do the right thing** – through distributed leadership
- **Pragmatic pluralism** – differing needs across our populations require different approaches. Not a one size fits all approach
- **Innovative** - trying new and innovative approaches, test and learn

# Our Beliefs and Values





# What we want to achieve

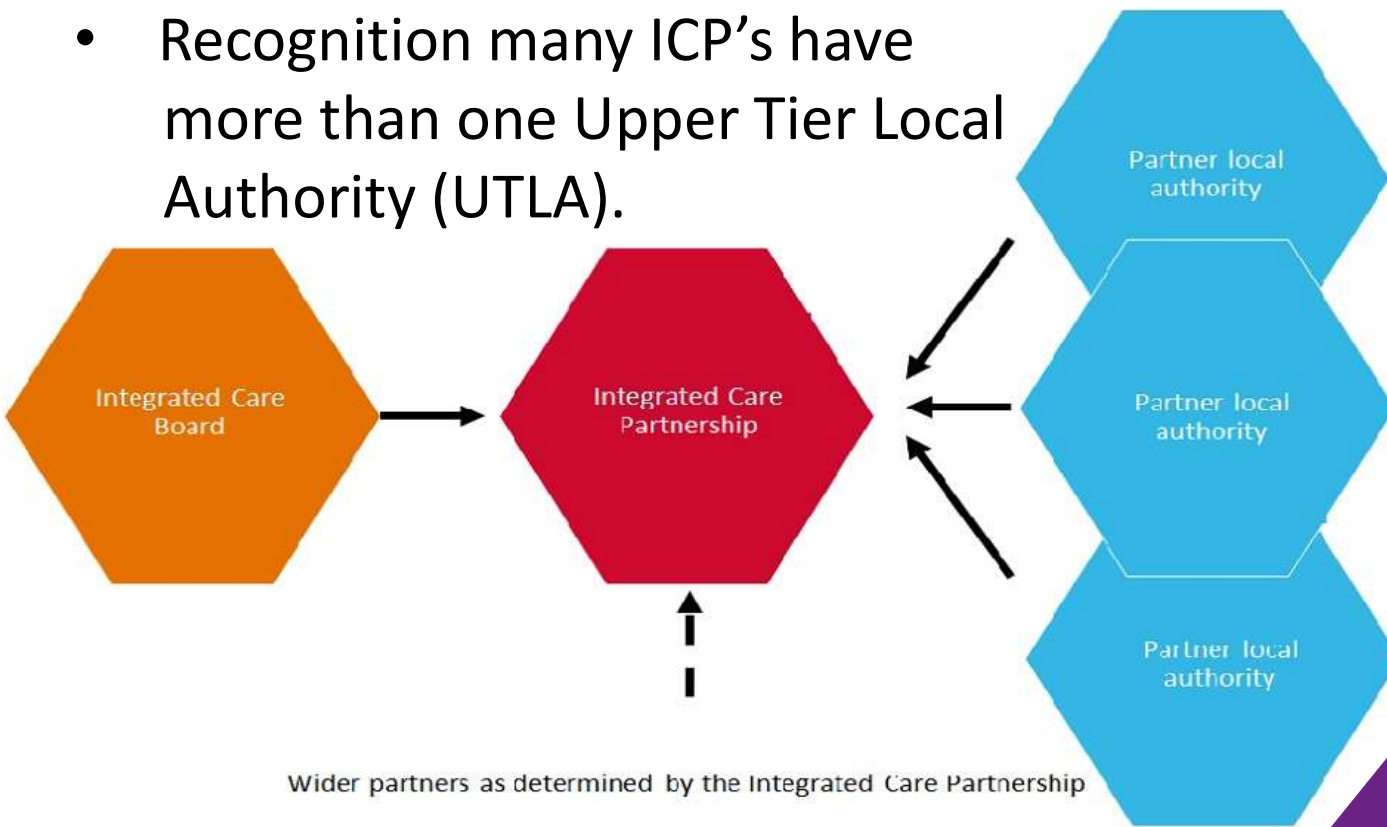
- **Raise our game:** improve outcomes, enhance quality and reduce disparities
- **Integrate care:** so people don't fall through gaps between services or settings.
- **Support an individual's independence, autonomy, choice and control:** through personalised approaches
- **Promote positive, healthy lives** – enabling prevention of ill health and self-care
- **Enable the safe sharing of records** – including data sharing agreements to smooth care provision
- **Incentivise** organisations to have shared outcomes
- **Deploy resources imaginatively** to prioritise upstream interventions which improve population health
- **Drive forward by decisive leadership,** engaging with local people and taking clear joint accountability for delivery
- **Develop an ever more capable, confident workforce together** which is deployed in a way that allows us to wrap services around individuals, their families and carers.
- **Base blended teams around individuals** to exploit opportunities for joint resourcing at all levels
- **Focus on universal quality** in the services we provide and reshape the market to achieve this
- **Integrate where it makes sense** for individuals and families.
- **Establish joint planning functions** at System and Alliance level
- **Achieve financial sustainability** to support our aspirations

# Strategy Requirements

- The Integrated Care Partnership will need to define a single **Integrated Care Strategy for Mid & South Essex**. This will be built directly from:
  - Joint health and wellbeing strategies of our upper tier local authorities
  - Insight from and engagement with our residents and wider interest groups
  - NHS Long Term Plan requirements
  - Experience and views from our clinical and professional leaders
- The Integrated Care Board will need to have regard to the strategy in delivering its functions and accountabilities

# Guidance (1)

- Guidance on the preparation of Integrated Care Strategies was published 29 July 2022
- Recognition many ICP's have more than one Upper Tier Local Authority (UTLA).



Wider partners as determined by the Integrated Care Partnership

# Guidance (2)

- Joint Strategic Needs Assessment (JSNA) and the Joint Local Health and Wellbeing (JHWS) strategies remain central
- LA's must *“consider revising the joint local health and wellbeing strategy on receiving a new integrated care strategy”*
- ICP's must *“consider revising the integrated care strategy whenever they receive a joint strategic needs assessment”*
- ICB's and NHS bodies must refresh their 5-year forward plan annually
- ICPs will continue to develop and refine the integrated care strategy on an ongoing basis.

# Guidance (3)

- Strategies must be data driven, *“drawing on additional intelligence such as assessments of local communities and needs developed by providers; the perspectives of local communities, and evidence from research and practice to build on their understanding of health and care needs and further articulate how those needs can be met”*

# Guidance (4)

- Local authority and Integrated Care Board leaders are central, but *“In two-tier local authorities, district councils should be closely involved in the preparation of integrated care strategies”*
- Healthwatch bodies must be actively involved
- Involvement of clinicians, providers (e.g. ASC), VCSE, and wider interest groups e.g. housing providers, businesses, etc..

# Guidance (5)

- Wide-ranging engagement with *“people who live and work in the area”* is important.
- There remains a strong focus on *“Under-represented groups”* and the need to remove *“unwarranted variation, and disparities in health and care outcomes”*

# Guidance (6)

- *However, it is recognised the process will be developmental and “2022 to 2023 is a transition year, and the level of engagement might need to vary, according to the time and resource available to engage people and organisations in the preparation of the initial integrated care strategy [...] we do expect this engagement to increase as the integrated care partnerships mature, and integrated care strategies develop”*



# Guidance (7)

- The following '*musts*' are detailed:
  - **Must** set out how the 'assessed needs' from the joint strategic needs assessments (JSNA) in relation to its area are to be met by the functions of integrated care boards for its area, NHSE, or partner local authorities
  - **Must** involve in the preparation of the integrated care strategy: local Healthwatch organisations whose areas coincide with, or fall wholly or partly within the integrated care partnership's area; and people who live and work in the area

# Guidance (8)

- **Must** consider whether the needs could be more effectively met with an arrangement under section 75 of the NHS Act 2006
- **Must** publish the integrated care strategy and give a copy to each partner local authority and each integrated care board that is a partner to one of those local authorities
- **Must** consider revising the integrated care strategy whenever they receive a joint strategic needs assessment

# Broad approach

- Process designed and agreed by the ICP, with specific input from the Chairs of the three Health and Wellbeing Boards and the three Healthwatch bodies
- An open and engaged process, with ample opportunity for contribution
- Building on the existing strategy, identifying shared outcomes and priorities

# Broad approach

- Strong involvement of;
  - NHS and local authority partners
  - The four Alliances
  - VCFSE and infrastructure bodies
  - The three Healthwatch organisations
  - Wider partners including housing, higher education, policing, etc.
  - Citizens - experts by experience
- The Healthwatch bodies have strongly recommended a mixed approach to engagement, with a wide range of partners and stakeholders included in open dialogue and 'conversation-style' events in neutral community settings

# Component parts

- **Working Group**

A small, agile working group meeting fortnightly, with Terms of Reference and operational support provided by the Strategy and Partnerships Directorate. Membership includes Directors or Public Health, Directors of Adult Social Care, Healthwatch lead officers and NHS Clinical leads.

- **Partner, alliance and place engagement**

Meaningful engagement with our partners and Alliances, ensuring that subsidiarity is clearly incorporated into the Strategy

- **Citizen engagement**

There is a strong commitment to strengths-based (ABCD) work and co-production with citizens and representative groups, Healthwatch, VCS. This will grow the scope and range of our partnerships, which is essential for effective prevention and early intervention work.

- **Clinical input**

Input from ICP clinical leads and DPH's, alongside providers, primary, secondary/acute and community, will be essential to aid prioritisation and delivery.

- **Workshops and digital engagement**

A series of mixed-group 'conversations' with a variety of formats/times/venues will be facilitated over September and early October, alongside a digital engagement process, both offering the opportunities for diverse groups and individuals to contribute to the Strategy development.

# Component parts

- **Review of existing 'Input Strategies'**

A comprehensive review of existing strategies will ensure effective focus on shared objectives and where possible, seamless alignment across partners. 25 'Input Strategies' have been identified and are under review.

- **Concept paper**

It is proposed that after the initial rapid engagement and 'ideation' phase, a concept paper will be presented to partners for agreement, establishing the overarching principles and approach proposed for the Strategy.

- **Guidance**

The detailed Guidance is awaited, but the process is designed to receive inputs based upon further guidance and clarification as it emerges.

- **Design and publication**

Communications (Media, Marketing, Campaigns & Design) will be essential in ensuring the Strategy is well presented and understood by the wider ranging partners and stakeholders.

# Partner Engagement Workshops

Mid and South Essex  
Integrated Care Partnership

Integrated Care Strategy  
Partner Engagement Workshops  
28<sup>th</sup> September to 11<sup>th</sup> October 2022

<https://bit.ly/3UgpMAz>



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

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



“

*As part of the Strategy development, the Partners invite you to attend one or more workshops, which will explore what is working well in health and care in Mid and South Essex, the challenges we face and how we can best work together as partners, and alongside our communities, to address these.*

”



# Partner Engagement Workshops

- **Wednesday 28th September**, 6.00pm – 8.00pm - MS Teams
- **Saturday 1st October**, 2.00pm – 4.00pm - Witham Community Hub, 17 The Grove Shopping Centre, Witham, Essex. CM8 2YT
- **Tuesday 4th October**, 2.00pm – 4.00pm - St Edmunds Hall, St Edmund's Close, Southend-on-Sea, Essex SS2 4AS
- **Wednesday 5th October**, 2.00pm – 4.00pm - Witham Community Hub, 17 The Grove Shopping Centre, Witham, Essex. CM8 2YT
- **Thursday 6th October**, 6.00pm – 8.00pm - Happy Hub, Eastgate Shopping Centre, Basildon, Essex, England, SS14 1AE
- **Monday 10th October**, 10.00am – 12.00pm - Aveley Community Hub, Recreation Ground, High Street, Aveley, South Ockendon, RM15 4BX
- **Tuesday 11th October**, 10.00am – 12.00pm - Happy Hub, Eastgate Shopping Centre, Basildon, Essex, England, SS14 1AE.

<https://www.eventbrite.co.uk/e/mid-and-south-essex-integrated-care-strategy-workshops-tickets-415838864237>

www.midandsouthessex.ics.nhs.uk

# Resources

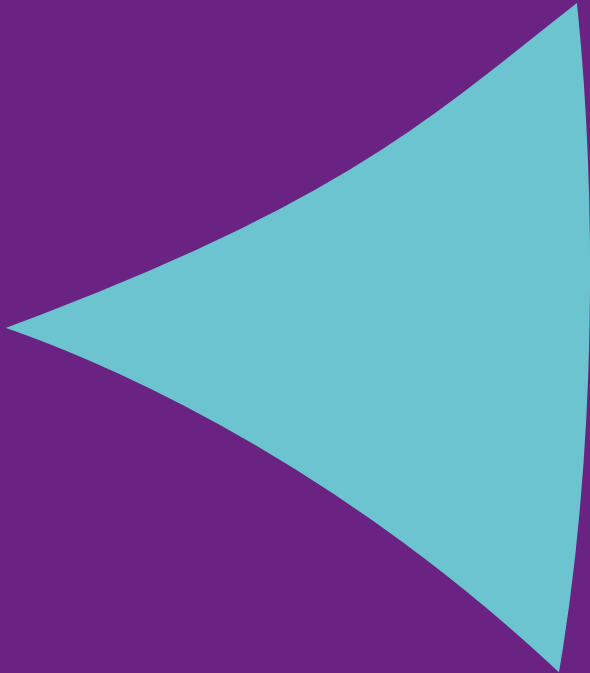
- Process led by the ICP with support from the Working Group and the **Director of Strategic Partnerships**, with input from the Strategy & Partnership Directorate and wider Partners.
- An open and engaged process, with commitment from partners and stakeholders within the ICB/ICP being essential.
- A budget for engagement and co-production has been identified
- Detailed project plan developed and will be reviewed by the Working Group.



Mid and South Essex  
Integrated Care  
System



Mid and South Essex



## Jeff Banks, Director of Strategic Partnerships

[jeff.banks2@nhs.net](mailto:jeff.banks2@nhs.net)

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

 MSEssex\_ICs

 MSEssex\_ICs

 MSEssex\_ICs

 Mid and South Essex Integrated Care System