Mid and South Essex Integrated Care System

# Minutes of the Integrated Care Partnership

## Held on 28 September 2022 at 09.00am – 12.00pm

## Gielgud Room, Towngate Theatre, Basildon, St. Martins Square, Basildon SS14 1DL

### Members

- Professor Michael Thorne (MT), Chair of Mid and South Essex Integrated Care Partnership (MSE ICB).
- Cllr John Spence (JS), Vice Chair of Mid and South Essex Integrated Care Partnership (Essex County Council)
- Cllr Deborah Arnold (DA), Vice Chair of Mid and South Essex Integrated Care Partnership (Thurrock Council)
- Nigel Beverley (NB), Chair (Mid and South Essex NHS FT)
- Mark Heasman (MH), Chief Executive Officer (Provide)
- Sultan Taylor (ST), Interim Chair, (North East London NHS FT)
- Lucy Wightman (LW), Director of Public Health (Essex County Council)
- Krishna Ramkhelawon (KR), Director of Public Health (Southend City Council)
- Nick Presmeg (NP), Director of Adult Social Care (Essex County Council)
- Stephen LieBrecht (SL), Director of Adult Social Care Operations (Southend City Council)
- Steve Smith (StS), Chief Executive Officer (Haven Hospice)
- Leighton Hammett (LH), Chief Superintendent (Essex Police)
- Camille Cronin (CC), Director of Research and Professor of Nursing (University of Essex)
- Nigel Harrison (NH), Pro Vice-Chancellor & Dean (Anglia Ruskin University)
- Tim Middleton (TM), Vice-Chancellor (Writtle University)
- Lorraine Jarvis (LJ), Chief Officer (Chelmsford CVS – representing MSE CVS Network)
- Grant Taylor (GT), Head of Culture and Health (Basildon Borough Council)
- Cllr Ann Davidson (AD), Councillor (Chelmsford City Council)
- Cllr Penny Channer (PC), Leader of the Council (Maldon District Council)
- Jo Cripps (JC), Executive Director of Strategy & Partnerships (MSE ICB)
- Stephen Porter (SP), Alliance Director – Thurrock (MSE ICB)
- Ruth Hallett (RH), Interim Alliance Director – South East Essex (MSE ICB)
- Daniel Doherty (DD), Alliance Director – Mid Essex (MSE ICB)
- Pam Green (PG), Alliance Director – Basildon and Brentwood (MSE ICB)
- Barry Frostick (BF), Chief Digital and Information Officer (MSE ICB)
- Kirsty O'Callaghan (KO'C), Director of Community Resilience, Mobilisation & Transformation (MSE ICB)
- Jeff Banks (JB), Director of Strategic Partnerships (MSE ICB)

## Other attendees

- Cllr Tricia Cowdrey (TC), Councillor (Southend City Council – On behalf of Councillor Kay Mitchell)
- Maria Payne (MP), Strategic Lead – Public Health (Thurrock Council – On behalf of Jo Broadbent)
- Dr V Raja (VR), Deputy Chief Executive Officer (Essex LMC – On behalf of Brian Balmer)
- Tonino Cook (TCo), Business Manager – Strategy & Partnerships (MSE ICB - Minutes)
- Deborah Jeffrey (DJ), Executive Assistant (MSE ICB)
- Alice Goodheart (AG), Cabinet Assistant (Essex County Council)
- James Hickling (JH), Deputy Medical Director for Quality Assurance & Governance (MSE ICB – On behalf of Ronan Fenton)
- Professor Mariachiara Di Cesare (MDC), Director Institute of Public Health and Wellbeing (University of Essex)
- Dr Robert Stawski (RS), Deputy Director of Institute of Public Health and Wellbeing (University of Essex)
- Caroline Flanagan (CF), Director of Higher Education (Writtle University)
- Dr Greg Deacon (GD), Head of Sport, Health and Wellbeing (Writtle University)
- Dr Sanjiv Ahluwalia (SA), Head of School of Medicine (Anglia Ruskin University)
- Matthew Sweeting (MS), Clinical Lead - Mid Essex (MSE ICB)

## Apologies

- Cllr Kay Mitchell (KM), Vice Chair of Mid and South Essex Integrated Care Partnership (Southend City Council)
- Sheila Salmon (SS), Chair (Essex Partnership University NHS FT)
- Derrick Louis (DL), Chair (Provide)
- Stephanie Dawe (SD), Group Chief Nurse and Chief Operating Officer (Provide)
- Wendy Thomas (WT), Non-Executive Director (East of England Ambulance Service NHS FT)
- Simon Wood (SW), Regional Director of Strategy & Transformation (NHS England)
- Jo Broadbent (JoB), Director of Public Health (Thurrock Council)
- Ian Wake (IW), Corporate Director for Adults, Housing & Health (Thurrock Council)
- Terry Dafter (TD), Director of Adult Social Care (Southend City Council)
- Helen Lincoln (HL), Executive Director for Children, Families and Education (Essex County Council)
- Michael Marks (MM), Executive Director for Children and Public Health (Southend City Council)
- Sheila Murphy (SM), Corporate Director of Children Services (Thurrock Council)
- Brian Balmer (BB), Chief Executive Officer (Essex LMC)
- Sam Glover (SG), Chief Executive Officer (Healthwatch Essex)
- Kim James (KJ), Chief Operating Officer & Strategic Lead (Healthwatch Thurrock)
- Owen Richards (OR), Chief Officer (Healthwatch Southend)
- Mandie Skeat (MS), Deputy Chief Executive Officer (Basildon Borough Council)
- Cllr Lynsey McCarthy-Calbert (LC-C), Councillor (Castle Point Borough Council)
- Cllr Simon Wootton (SW), Leader of the Council (Rochford District Council)

- Cllr Chris Hossack (CH), Leader of the Council (Brentwood Borough Council)
- Jonathan Stephenson (JSt), Chief Executive Officer (Rochford District Council & Brentwood Borough Council)
- Cllr Graham Butland (GB), Leader of the Council (Braintree District Council)
- Boye Tayo (BT), Clinical Lead - Basildon & Brentwood (MSE ICB)
- Manjeet Sharma (MSh), Clinical Lead – Thurrock (MSE ICB)
- Sarah Zaidi (SZ), Clinical Lead – South East Essex (MSE ICB)
- Anthony McKeever (AM), Chief Executive Officer (MSE ICB)
- Mike Thompson (MTh), Chief of Staff (MSE ICB)
- Ronan Fenton (RF), Chief Medical Director (MSE ICB)
- Ruth Jackson (RJ), Chief People Officer (MSE ICB)
- Tiffany Hemming (TH), Interim Executive Director of Oversight & Assurance (MSE ICB)
- Frances Bolger (FB), Interim Chief Nurse (MSE ICB)
- Dawn Scrafield (DS), Interim Director of Resources (MSE ICB) & Chief Financial Officer (MSEFT)
- Claire Hankey (CH), Director of Communications and Engagement (MSE ICB)

## 1. Welcome and Apologies *(presented by Prof. Mike Thorne)*

MT welcomed everyone to the meeting and advised this was the inaugural meeting of Mid and South Essex's Integrated Care Partnership (ICP).

Apologies were noted as listed above.

## *2.* Observance *(presented by Prof. Mike Thorne)*

MT opened the session in a note of observance with a moment for reflection, not only for the passing of Her Majesty the Queen, but another public servant, Kristina Jackson. MT commented on Kristina as the Chief Executive Officer of Thurrock CVS, and locally touched the lives of many in Mid and South Essex, with her kindness and commitment to the residents we serve.

The Partnership joined together in a moment of silence to remember both important figures.

## 3. Minutes of Previous Meeting *(presented by Prof. Mike Thorne)*

MT confirmed that this is the first formal meeting of the Integrated Care Partnership, as such, no minutes of previous meetings are available. An informal introductory workshop was held on 06 July 2022 in Southend, and a note was sent to Members on Friday, 29 July 2022 summarising learning from the meeting.

## 4. Conflicts of Interest *(presented by Prof. Mike Thorne)*

MT requested The Partnership to submit any new declarations of interest relevant to the agenda, taking into consideration that all members have an interest in their own statutory organisation. No declarations of interest were raised.

**Resolved: The Partnership NOTED the addition of no new declarations of interest.**

## 5. Terms of Reference *(presented by Prof. Mike Thorne)*

MT advised that as this is the inaugural meeting of the Integrated Care Partnership, a new Terms of Reference (ToR) will need to be agreed. MT described to members the journey to date, in which ToR proposals were jointly agreed with Upper-Tier Local Authorities and the predecessor Health and Care Partnership Board, then subsequently approved by NHS England.

MT confirmed that the Terms of Reference are not set in stone and will be reviewed annually.

**Resolved: The Partnership AGREED the Integrated Care Partnership (ICP) Terms of Reference (ToR)**

## 6. Questions from the Public *(presented by Jeff Banks)*

There were no questions from the public in advance of the meeting.

## 7. The Integrated Care Strategy *(presented by Jeff Banks)*

JB opened with a thank you to all members of the Partnership who had been involved in the conceptional stages of the Integrated Care Strategy. JB explained the task was challenging, however, a clear commitment within Mid and South Essex that it was driven by the Integrated Care System as a whole, not the NHS, with engagement throughout the process.

JB explained the Integrated Care Strategy was built on existing agreed beliefs and values which the ICP inherited from the predecessor Health and Care Partnership. There is a national requirement for Integrated Care Strategy's to exist for each ICS, which meet the defined ICS objectives from 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**

JB explained the Integrated Care Partnership (ICP) is vital in its role to address wider determents of health across the system, with partnership at the heart to tackle these challenges. JB commented on the importance for a common endeavour in which all partners can unite, similar to the common challenge during COVID-19.

JB confirmed the Integrated Care Strategy has a focus on input from all other strategies within the system and should not exist in isolation or to replace existing organisation priorities. Instead, it will focus on finding shared goals to work together and achieve common goals. This includes involvement from over twenty-five strategies across the system, inclusive of all provider strategies, Health and Wellbeing strategies (HWB), Joint Strategic Needs Assessments (JSNA) and some additional documents across the system.

The next steps for the Strategy included wide ranging engagement in multiple different formats across Mid and South Essex, such as, physical & virtual workshops, 1:1 meetings, an online survey, engagement with Facebook communities, WhatsApp communities and other digital outreach. JB confirmed a focus on reaching out to underrepresented groups.

JB advised that the Strategy will continue to evolve as JSNA & HWB strategies evolve, ensuring the strategy is consistently reviewed to ensure consistent alignment. Although there is a national requirement to have a draft Strategy for December 2022, this will continue to develop in the upcoming year as the Strategy is brought to life from its draft stage.

PC commented on a governance diagram within JB's presentation, in which all arrows direct into the Integrated Care Partnership one way. PC queried how relationships will work across the system, and interface between each organisation, including those at alliance level.

JB advised flow of interfaces across the system is a key focus in the Strategy, including the way in which organisations feed into alliances and can truly work in a partnership way.

NB thanked JB for his presentation, and queried if there is a thorough understanding across the system on clinical risk, and where this sits at an individual organisation level, as this is fundamental to drive integrated care.

JB advised work across the Partnership should be evidence led, not only internal data but also evidence from Higher Education Institutes and the experiences of the communities & residents. JB explained the Strategy will set a tone on how we want to achieve that mission, setting expectations across the Integrated Care Board (ICB), Alliances and individual organisations.

MT agreed on the importance of risk, and any change made to the ICS will have risk implications for the residents the system services, and the professionals charged with their care.

DD provided a further response to NB, detailing a recent executive meeting which took place across MSE ICB & MSEFT, in which the two Medical Directors (Ronan Fenton & David Walker) were given the task to bring together a group of clinical leaders who will look to address the shift in clinical risk across the system. This will then form part of the Strategy.

JS thanked JB for his work to date, and recognised the effort taken to date to ensure the engagement was citizen led, and inclusive of all partners. JS commented the risk issue goes beyond that of just clinical risk, for example, a high percentage of budget for Essex County Council is spent on those with learning & sensory needs. Furthermore, JS commented on the importance of consistent language across the system, raising KO'C's recent reservists programme, with a caution on militaristic language used across the system which will be seen as controlling residents, instead of empowering and inspiring.

LW commented on the engagement to date which felt inclusive of all residents, across all geographies, however, raised a concern where multiple partners may be engaging with the same local community multiple times. LW confirmed the importance to align processes, and approaches, ensuring there is equity across engagement.

LH explained the internal conversations he has had with his team, where there is a lack of awareness, for those not close to health, on what an Integrated Care System is, and how people should engage.

JB agreed with LW & LH, confirming the importance for community understanding and engagement, without overwhelming the residents the system serves. JB explained the aspiration to have a conference in the future, not focused on keynote speeches, but on how residents can be engaged and to share understanding.

TC thanked JB for the language used throughout the process, highlighting an importance to use inclusive language if we are to engage with residents effectively.

MT noted his thanks to JB for the work completed to date, and thanked those in the Partnership who had engaged in the process.

**Resolved: The Partnership NOTED the work completed on the Integrated Care Strategy to date.**

## 8. Population Health Improvement Board *(presented by Lucy Wightman)*

LW explained the development of a new Population Health Improvement Board (PHIB). The PHIB will be an opportunity to bring together work already started, providing one level of truth across the system, and one Population Health strategy. There will be a focus on Prevention, Personalisation, Anchor Institutions and Community based advisory & change.

There will be significant input from enabler functions such as Communications, BI, Finance & Resources, specifically on how data can be equitable across the system, feeding into all workstreams & programmes.

LW confirmed the PHIB governance reports into the Integrated Care Partnership, taking direction, challenge & support where needed.

The Terms of Reference (ToR) were presented to the Partnership. LW explained the focus was to have a smaller group initially, ensuring there is a right foundation, which also was inclusive of the three Directors of Public Health in MSE to ensure UTLA representation.

MT commented on the need to have further work across the group to ensure organisations are leading on specific roles across the system, with colleagues in Thurrock Council providing expert analysis to date on Population Health Improvement (PHM). MT noted his thanks to the Thurrock team on their work, and to LW for her lead in the PHIB.

LW requested approval for the draft ToR from the Partnership.

**Resolved: The Partnership AGREED the creation of a Population Health Improvement Board (PHIB) as a sub-committee of the Integrated Care Partnership (ICP).**

**Resolved: The Partnership AGREED the Terms of Reference (ToR) for the Population Health Improvement Board (PHIB).**

## 9. Health Inequalities Funding *(presented by Jeff Banks)*

JB explained the Health Inequalities Funding started in the predecessor Health and Care Partnership, with a goal to provide funding to specific programmes which will support prevention, and address wider determinants of health & care. There was a key focus on innovation, with a move to resource community assets and partners close to the ground.

The funding opportunity for Alliances requested them to express interest for specific programmes of work, with over 100 Expressions of Interest (EOI) across three of the Alliances, with the fourth still confirming their submissions. JB confirmed that each Alliance is currently going through the process: South East Essex Alliance & Thurrock Alliance are underway with a due-diligence process, Basildon and Brentwood Alliance are about to start the due-diligence, and Mid Essex Alliance confirming their approach for EOI.

JB confirmed that a funding panel was convened, which now meets monthly, and had agreed a portion of the funding would be used for central oversight, evaluation & assurance across all Alliances. The funding allocation was agreed previously based on Alliance population with the Health and Care Partnership Board, however, due to the short timelines it is anticipated not all projects will have benefits realisation in this financial year.

A Microgrants process has been established, which will be supported centrally, however decisions will also be made at Alliance level. These will be small allocations of money £100-£1500 which will allow practical solutions to local population, such as Venue hire, catering, publicity/marketing support etc. The funding panel are currently reviewing options for a community group which will support the administration of the process.

JC confirmed that the Health Inequalities funding was originally allocated by NHS England to all systems nationally, however, it had to be used on underrepresented groups. This provides an important signal from NHS England's new focus on supporting residents & communities at a local level. JC advised the funding has previously been suggested as recurring, however, there is no formal confirmation. JC noted her thanks to JB & Emma Timpson for their work on the process.

JH agreed on the importance of a shift in direction to focus on communities & residents at a local level. JH commented on the money across the system, where every decision made is important and a cost saving in one aspect may inadvertently have a negative impact to other partners in the ICS.

MT advised of the recent work being undertaken across the ICS with service line budgeting, looking at each clinical area as a system, for example, is the money spent across the system on cancer the correct split such as across prevention, detection, treatment etc. There will be no way to effectively capitalise on money across the system if we are unable to track spend on an individual service line level. MT agreed with JH on the importance for this long-term piece of work, where the Health Inequalities funding can alleviate pressure locally and quickly.

GT thanked Emma Timpson for the piece of work, detailing the positive interactions they have both had on the original funding proposal, which was only for new bid submissions, and had been changed to allow existing projects to bid for additional funding to support their

programme further. GT raised a concern on Microgrants, due to the multiple schemes which are ongoing across councils & other forums, which may cause confusion for those looking for additional funding.

JC advised the agreement to use a Microgrants process was by the Health and Care Partnership, however, it will be used as a test and learn. It may not work, however, due to the small risk with minimal money, it will be a positive programme which can have large impact. JC commented on the different uptake across the system, with some local areas historically having a much higher uptake in Microgrant funding compared to others, and it will be a key learning objective for the programme.

KO'C agreed with JC, commenting that the uptake of Microgrants in a local community is indicative of how developed the community is, and its local relationships. The Microgrants process will allow targeted engagement with deprived areas which may have less uptake compared to others.

DD explained Mid Essex Alliance's current position in the programme, where it may be seen as behind the other Alliances. DD advised that the Alliance found uptake to be hard due to promise of recurring funding. Essex County Council were able to support the Alliance with ensuring they could provide a 3-year recurrent funding which has allowed to the process to continue.

MT commented on the need to ensure money is spent, and not left to be used outside of our system, which has happened with previous programmes. MT thanked JB & Emma Timpson for their work.

**Resolved: The Partnership NOTED the work completed on the Health Inequalities & Microgrants process to date.**

## 10. Community Resilience, Mobilisation and Transformation *(presented by Kirsty O'Callaghan)*

KO'C explained the focus on creating shared social missions of purpose across local communities, groups & faith communities with specific focus that a central purpose must be created, and the system will be unable to service its way out of issues. KO'C will host a first workshop to discuss the cost-of-living crisis, and the work taking place at system & place level. Aim is to start a discussion on how the system should support each other, not the function and form which we are currently but uniting behind a common purpose with communities of interest.

KO'C requested approval from the Partnership to create a new Voluntary, Community and Social Enterprise (VCSE) Assembly which aims to look at local place, understanding what assets already exist in the community and how the system can amplify and connect each other to solve a common purpose.

KO'C confirmed the new NHS Reservists programme, mandated by NHS England, has started to take shape. The programme will bring in a flexible workforce by inviting members of the community to become paid members of staff, working with partners across all NHS

providers & beyond, allowing them to support around key times on strain in the system. The invitation will be shared to members of the public in the upcoming weeks inviting them to register, with a 4 hours/month commitment.

NB queried if engagement with provider governors has taken place.

KO'C confirmed this has taken place and will continue to do so as the programme develops.

LW broadly agreed with the paper, however, commented on the strengthening community team at Essex County Council not being made aware of the programme.

KO'C confirmed members of the team have been engaged and was happy to talk outside the meeting with LW on how best to engage with the team further.

**Resolved: The Partnership NOTED the progress on creating a range of community resilience initiatives & NHS Reservists programme.**

**Resolved: The Partnership AGREED to establish a Voluntary, Community and Social Enterprise (VCSE) Assembly as a sub-committee of the Integrated Care Partnership (ICP).**

## 11. Partner Updates *(University of Essex, Anglia Ruskin University & Writtle University College)*

MT explained the importance for each partner in the Partnership to understand each other's priorities, key achievements, and any concerns in which the system can support. Any partners who would like to showcase their organisation at a future meeting are welcome to do so. This meeting will hear from universities across Mid and South Essex.

**University of Essex** *(presented by Mariachiara Di Cesare)*

MDC thanked the Partnership for providing an opportunity to showcase the work taking place across the University of Essex (UOE)

MDC explained the focus of research being a key aspect of how an Integrated Care System functions. Starting with public health and wellbeing, the UOE has invested approximately £21m into an Institute of Public Health and Wellbeing (IPHW), and £12m from research and educational grants. This was based on a community effort to understand the needs of the IPHW, working with local & regional partners to build an infrastructure which will allow research, innovation and development of new skills.

Since the establishment of the IPHW there has already been development of Health Care Hubs within the community which aim to address health inequalities such as rehab clinicals & fall prevention clinics. There has also been a focus to address the health of the population in coastal areas with a Centre for Coastal Communities.

MDC confirmed the key four areas of the institute which flow through to each other, and covers all the work which the system is doing:

- Social, biological, and environmental determinants of health
- Interventions, outcomes, evaluations, and policy
- Wellbeing and health promotion
- Human rights, community participation and voice.

MDC explained all four areas play a different role, however, form together to provide better health and care to citizens, with a specific importance on how research can be used to ensure the ICS is a research informed system. Research exists in pockets, there is work to be done to ensure robust evidence is used to make research-based decisions. Research does not need to be an obstacle, but support the decision-making process.

KO'C thanked MDC for her presentation, and detailed the recent refuge crisis where there is a community of approximately 10,000 refuges, and how the system can offer support to their families. JS expanded to explain there were multiple different refugee groups across Asylum seekers, Ukrainian and Afghans who were all in need of support, with a significant population coming to Essex shortly.

MDC was happy to pick up outside the Partnership on how best to support.

MS explained a positive experience working with the University of Essex previously for the ageing well stewardship group, and thanked MDC for her presentation. MS explained that research can support the system on what is already ongoing, as well as support to new and innovative programmes. The importance is to engage research early to understand what parameters exist. MDC agreed with MS.

MT noted his thanks to MDC & CC for their presentation.

**Resolved: The Partnership NOTED the update from the University of Essex**

**Anglia Ruskin University** *(presented by* Sanjiv Ahluwalia*)*

SA provided an update on the Medical School which is part of Anglia Ruskin University (ARU), a multi-professional faculty focused on health & care and social work. The faculty aims to work with specific networks to support improvement through knowledge exchange, capturing how the system can move forward & bring community assets with it alongside NHS providers, UTLA & voluntary sector. The faculty also aims to provide a large workforce into Essex. SA recognised the importance of primary & integrated care, querying how to improve ambitions in neighbourhoods, communities and directly with residents & patients.

SA reflected on the discussions during the meeting, and queried how can the system build on the work already taking place, and the many strengths already in the ICS, building not replacing.

SP agreed on the importance of academia supporting the system and raised the priorities of residents who are trying to secure a job, a house, relationships, security and other personal priorities. Health concerns are seen as a cycle having to go to GP surgeries, clinics, therapy sessions and pharmacies to get medicine which can become a cycle in their whole life. SP reflected those residents are expert by experience, and questioned how the system can engage and what the Medical School is doing to ensure those experts are involved.

SA agreed on the importance for local experience, and confirmed Patient Partner Groups exist within the school of medicine and are pivotal to the design of curriculum recruitment, delivery & assessment process. The school is working on a programme on how best to engage with patients on a discharge process from hospital to community, working with the ICS. SA recognised further work needs to be done.

RH requested further information regarding connected neighbourhoods, explaining work has taken place locally, however, a robust evaluation process would be helpful. SA agreed to have a discussion with RH.

CC agreed with SA on the importance for experience in the development of the curriculum. CC explained that the University of Essex also engage with service users within the nursing curriculum, and have sessions with students.

MT thanked SA & NH for their presentation.

**Resolved: The Partnership NOTED the update from Anglia Ruskin University.**

**Writtle University College** *(presented by Caroline Flanagan & Greg Deacon)*

CF acknowledged Writtle University College (WUC) as a small, specialist institute compared to the University of Essex & Anglia Ruskin University. The aim is to put science into practice, with a mixed economy institute across higher education from 16-19 years college students to post graduate level. The College encompasses 170 hectares of rural green estate. CF advised the College spent a lot of time understanding how it can expand its portfolio and utilise the large estate it has.

CF explained a revitalised focus on the wider & non-medical determinants of health such as inactivity, inequalities, inclusion, individual confidence & personal resilience. The College has built an on-site Centre for Sport and Health (CSH) with an MDT approach inclusive of partnership working. CF confirmed the importance of building a curriculum with the ICS to build a future workforce fit for purpose.

GD advised on the importance for soul being the heart of data, with hands on experience in the community & projects in the community being a focus of the institute. GD explained a change in curriculum to reflect there are larger aspects then being active to create a healthy individual, from an early age to physical literacy and embedding health into your diet and mindset. Empowering people to be confident in being active. GD advised the green estate of WUC would be used for courses to supplement community health with links to public health & mental health.

GD explained the CSH will be used to bring key assets in the community such as a men's mental health support group, a studio gym for the elderly, a gym setting for at risk youth which allowed physical activity to promote education, all with care coordinators & link workers on site. A focus on taking roles usually found in GPs to an open, welcoming, green estate in the community.

KO'C thanked GD & CF for their presentation and the focus on community based and wider focus on health determents, specifically the gym for the elderly and possible space for work with dementia.

KR agreed with KO'C and raised the purpose of the ICS collaboration across all three Universities, ensuring a partnership approach which will allow embedding in across health & health and wellbeing. KR welcomed the Universities as key partners to the Integrated Care Partnership.

MT noted his thanks to GD & CC for their presentation.

**Resolved: The Partnership NOTED the update from Writtle University College.**

## 12. Any Other Business

There was no other business discussed.

## 13. Date and Time of Next Board meeting

Wednesday, 16 November 2022 at 1.00 pm in Council Chamber, Civic Centre, Duke St, Chelmsford CM1 1JE