Minutes of Mid and South Essex Integrated Care Partnership (ICP)

Held on 20 March 2023, 13.00 – 16.00.

Council Chamber, Civic Centre, Duke St, Chelmsford, CM1 1JE

Members

- Professor Michael Thorne (MT), Chair of Mid and South Essex Integrated Care Partnership (MSE ICB).
- Cllr Deborah Arnold (DA), Vice Chair of Mid and South Essex Integrated Care Partnership (Thurrock Council)
- Cllr Kay Mitchell (KM), Vice Chair of Mid and South Essex Integrated Care Partnership (Southend City Council)
- Anthony McKeever (AM), Chief Executive Officer (MSE ICB)
- Jeff Banks (JB), Director of Strategic Partnerships (MSE ICB)
- Paul Brookes (PB), Public Health & Protection Services Manager (Chelmsford City Council)
- Krishna Ramkhelawon (KR), Director of Public Health (Southend City Council)
- Sheila Salmon (SS), Chair (Essex Partnership University NHS FT)
- Paul Dodson (PD), Director of Strategy, Performance and Governance & Returning Officer (Maldon District Council)
- Kirsty O'Callaghan (KO'C), Director of Community Resilience, Mobilisation & Transformation (MSE ICB)
- Cllr Jeff Henry (JH), District Councillor & Chair of HOSC (Essex County Council)
- Eileen Taylor (ET), Chair (North East London NHS FT)
- Leighton Hammett (LH), Chief Superintendent (Essex Police)
- Robert Parkinson (RP), Chair (Provide)
- Mark Heasman (MH), Chief Executive Officer (Provide)
- Nick Presmeg (NP), Director of Adult Social Care (Essex County Council)
- Owen Richards (OR), Chief Officer (Healthwatch Southend)
- Nigel Harrison (NH), Pro Vice-Chancellor & Dean (Anglia Ruskin University)
- Matthew Sweeting (MS), Clinical Lead – Mid Essex Alliance (MSE ICB)
- Daniel Doherty (DD), Alliance Director – Mid Essex (MSE ICB)
- Jo Cripps (JC), Executive Director of Strategy & Partnerships (MSE ICB)
- Claire Hankey (CH), Director of Communications and Engagement (MSE ICB)
- Camille Cronin (CC), Director of Research and Professor of Nursing (University of Essex)
- Stephen LieBrecht (SL), Director of Adult Social Care Operations (Southend City Council)
- Pam Green (PG), Alliance Director – Basildon and Brentwood (MSE ICB)
- Grant Taylor (GT), Head of Culture and Health (Basildon Borough Council)
- Steve Smith (StS), Chief Executive Officer (Haven Hospice)

Other attendees

- Cllr Holly Whitbread (HW), District Councillor & Deputy Cabinet Member for Health and Adult Social Care (Essex Council – on behalf of Cllr Spence)
- Dr James Hickling (JH), Deputy Medical Director (MSE ICB - On behalf of Dr Ronan Fenton)
- Ruth Harrington (RH), Director of ASC for Adults with Disabilities (Essex County Council)
- Charlotte Williams (CW), Chief Improvement and Strategy Officer (MSEFT)
- Preeti Sud (PS), Head of Strategy Unit (MSEFT)
- Emma Timpson (ET), Associate Director of Health Inequalities and Prevention (MSE ICB)
- Sophia Morris (SM), Clinical Lead – Health Inequalities (MSE ICS)
- Simon Prestney (SP), Head of Community Resilience, Mobilisation & Transformation (MSE ICB)
- Ru Watkins (RW), Member of MSE ICS Community Assembly Coproduction Group (MSE ICS)
- Jo Webb, Member of MSE ICS Community Assembly Coproduction Group (MSE ICS)
- James Green, Member of MSE ICS Community Assembly Coproduction Group (MSE ICS)
- Nick O'Brien, Member of MSE ICS Community Assembly Coproduction Group (MSE ICS)
- Dick Madden (DM), Member of MSE ICS Community Assembly Coproduction Group (MSE ICS)
- Maria Payne (MP), Strategic Lead – Public Health (Thurrock Council – On behalf of Jo Broadbent)
- Dr Greg Deacon (GD), Head of Sport, Health and Wellbeing (Writtle University)
- Caroline Flanagan (CF), Director of Higher Education (Writtle University – On behalf of Tim Middleton)
- Danny Showell (DS), Public Health Consultant (Essex County Council – On behalf of Lucy Wightman)
- Linda Moncur (LM), Director of Nursing for Safeguarding (MSE ICB – On behalf of Frances Bolger)
- Karen Dodson (KD), Senior Local Area Coordinator (Thurrock Council)
- Tania Sitch (TS), Interim Joint Acting Assistant Director of Adult Social Care (Thurrock Council – On behalf of Ian Wake)
- Rob Walters (RW), Structure & Development Manager (Achieve Thrive Flourish – ATF)
- Stuart Long (SL), Chief Executive Officer (Achieve Thrive Flourish – ATF)
- Ash (Ash), ATF Coach (Achieve Thrive Flourish – ATF)
- Lyndsey Barret (LB), Lead Occupational Therapist (Sport for Confidence)
- Mr P Blackman, Member of the Public
- Mr C Gasper, Member of the Public
- Tonino Cook (TC), Business Manager – Strategy & Partnerships (MSE ICB - Minutes)

Apologies

- Cllr John Spence (JS), Vice Chair of Mid and South Essex Integrated Care Partnership (Essex County Council)
- Brian Balmer (BB), Chief Executive Officer (Essex LMC)
- Nigel Beverley (NB), Chair (Mid and South Essex NHS FT)
- Tim Middleton (TM), Vice-Chancellor (Writtle University)
- Mandie Skeat (MS), Deputy Chief Executive Officer (Basildon Borough Council)
- Tiffany Hemming (TH), Interim Executive Director of Oversight & Assurance (MSE ICB)
- Stephanie Dawe (SD), Group Chief Nurse and Chief Operating Officer (Provide)
- Lorraine Jarvis (LJ), Chief Officer (Chelmsford CVS – representing MSE CVS Network)
- Cllr Lynsey McCarthy-Calbert (LC-C), District Councillor (Castle Point Borough Council)
- Dr Boye Tayo (BT), Clinical Lead - Basildon & Brentwood Alliance (MSE ICB)
- Wendy Thomas (WT), Non-Executive Director (East of England Ambulance Service NHS FT)
- Simon Wood (SWo), 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)
- Sam Glover (SG), Chief Executive Officer (Healthwatch Essex)
- Kim James (KJ), Chief Operating Officer & Strategic Lead (Healthwatch Thurrock)
- Cllr Simon Wootton (SWoo), 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)
- Manjeet Sharma (MSh), Clinical Lead – Thurrock Alliance (MSE ICB)
- Sarah Zaidi (SZ), Clinical Lead – South East Essex Alliance (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)
- Frances Bolger (FB), Interim Chief Nurse (MSE ICB)
- Jen Kearton (JK), Director of Resources (MSE ICB)
- Lucy Wightman (LW), Director of Public Health (Essex County Council)
- Cllr Ann Davidson (AD), Councillor (Chelmsford City Council)
- Cllr Penny Channer (PC), Leader of the Council (Maldon District Council)
- Barry Frostick (BF), Chief Digital and Information Officer (MSE ICB)

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

MT welcomed everyone to the meeting and noted apologies as listed above.

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

MT requested members 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 Integrated Care Partnership (ICP) NOTED the addition of no new declarations of interest.

3. Approval of Minutes *(presented by Prof. Mike Thorne)*

MT referred to the draft minutes of the Integrated Care Partnership (ICP) meeting held on 16 November 2022 and asked members if they had any comments or questions, or if they were an accurate record. No comments or questions received. Approved.

Resolved: The Partnership AGREED the minutes of the Integrated Care Partnership on 16 November 2022 to be an accurate record.

4. Approved Committee Minutes *(presented by Prof. Mike Thorne)*

MT noted the addition of sub-committee meetings of the ICP with minutes now being reported formally. Colleagues were asked to raise any questions in regard to the work of the sub-committees. No queries were raised. Approved.

Resolved: The Integrated Care Partnership (ICP) NOTED the minutes of sub-committees for the ICP, including the ICS Community Assembly Coproduction Group and the Population Health Improvement Board (PHIB).

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

Peter Blackman, who was present at the meeting, had submitted the following questions in advance of the meeting:

"One group which suffers inequalities is Carers. The ECC Strategy development and forthcoming contract procurement are welcome. How will the Mid & South Essex Integrated Partnership ensure all partners and the system work together to recognise the role of unpaid carers, their inestimable value and provide joined up support? How can carers help with this and be involved?"

In response to the question, JB noted The MSE Integrated Care Strategy makes specific reference to Carers and Young Carers, both as Plus Groups ("ICS-determined population groups experiencing poorer than average health access, experience and/or outcomes") in the Core20PLUS5 frameworks for Adults and Children and Young People (Section 4.2) and in relation to Adult Care, (Section 4.3) and Babies Children and Young People (Section 4.4). Our local Alliances and local authority partners are significantly engaged in work supporting Carers and Young Carers, including work with SEND Parent Carer Forums, etc.

We would be pleased to explore how partners might wish the Integrated Care Partnership to support this work, and will be receptive to further engagement with organisations advocating for Carers and Carers Forums.

Furthermore, a second question:

"Now that the Alliances/Places are more established and Primary Care Networks are 'surfacing' from the pandemic, how will their partnerships become transparent and engage publicly with their local communities?"

DD responded that Alliances have been working together for some years, building relationships, acting together on shared priorities, working hand-in-hand with our local voluntary sector and communities.

At a system level, we are in the process of establishing our Community Assembly and will shortly be developing a Community Voices Network which will look to bring together learning from the range of engagement activities across our wider ICS partnership.

Locally, the approach will be different in each area, in some of our Alliances areas we are re-establishing local engagement forums and many of our PPGs are re-establishing themselves in much the same way with some looking to co-operate or even merge across PCN or neighbourhood footprints.

The Integrated Care Strategy recognises these strengths and commits us to working at the most appropriate local level possible - building on what's strong, not what's wrong – and finding solutions together, which best meet the needs of local people.

Resolved: The Integrated Care Partnership (ICP) NOTED questions raised from members of the public.

6. Integrated Care Strategy *(presented by Jeff Banks)*

JB started with a thank you to all members of the partnership who have engaged and supported the strategy. There have been a series of minor comments and observations since December 2022 and this meeting, which have all been included in the strategy.

To summarise, the strategy had been developed following review of 27 partner strategies including the Joint Strategic Needs Assessments (JSNAs) produced by the local authorities and aimed to bring together common themes. There has also been extensive engagement process.

The focus of the strategy is shared objectives & priorities, with these being reflected in the central diagram in the document. At the centre of the strategy is a common endeavour, reducing health inequalities together, which is the golden thread which runs throughout everything the partnership does. The common endeavour is supported by partner priorities, including Adult Social Care, Babies, Children & Young People, Wider Determinants of Health & Core20PLUS5. Furthermore, a set of community priorities, including Access, Awareness, Responsibility, Openness, and Involvement. With a final set of system priorities underpinning all of the work: Connected Care, Workforce Recruitment, retention and development, digital, data and shared records, early intervention and preservation and system pressures.

MT noted that within the document it is referenced as Adult Care, and if this could instead be clear to say Adult Social Care. JB noted it was an error and would ensure it is amended in the final copy.

MH thanked JB for the tremendous work and commented on the common endeavour of reducing inequalities. MH noted that this often means coming down to the lowest common denominator, and instead should be about raising the bar to the highest level across the patch. JB agreed on the change in culture required.

Resolved: JB to ensure the Integrated Care Strategy accurately reflects Adult Social Care, not 'Adult Care'.

Resolved: The Integrated Care Partnership (ICP) APPROVED the Integrated Care Strategy.

7. Integrated Care Strategy – Theory of Change & Outcomes Framework *(presented by Jeff Banks)*

JB provided a short update on the Theory of Change & Logic Model work, noting that the strategy commits the partnership to these approaches to ensure effective delivery. JB noted that the documents would take further time to develop, but wanted to reassure partners it is in process, in conjunction with university partners. The focus is to drive down and consider why and how the actions the strategy recommends will have the intended outcome.

Thanks was provided to all who attended the workshops on the matter, and especially those who challenged the idea, as it was all extremely helpful. JB noted specifically that he recognised the complexity of the system, and a simplistic view of easy inputs and outcomes (which is usually the case of a Theory of Change) was not the right approach. However, a set of principles and models were being developed in the background to ensure delivery.

JB reassured colleagues that it was intended that a draft outcomes framework would be developed by end of April. JB noted he would send this out to the partnership in advance of the next meeting in June.

MT noted it would be helpful to ensure we deliver sooner rather than later, and if a few things could start to happen in the meantime that would be helpful. JB agreed, noting that the purpose of the Outcomes Framework was to drill down to individual targets with a clear workplan to deliver, the partnership does not need to see the detail, but work is already underway on many of the individual targets. JB agreed to bring back a summary at the next meeting to show work done to date.

Resolved: JB to provide the Partnership with a first draft of the Outcomes Framework prior to the next meeting in June.

Resolved: JB to provide a summary at the next meeting of the Partnership on work done to date against targets set within the strategy.

8. MSE Anchor Programme *(presented by Charlotte Williams & Preeti Sud)*

MT welcomed PS & CW, noting the amazing work which can be done with Anchor Programmes, and can easily be seen in other parts of the country such as Leeds.

CW opened with a reminder on an Anchor Institution being already in existence across mid and south Essex (MSE), and it is single organisations, coming together, with principles worked across colleagues. A signed charter for MSE was already in existence, and has been since 2021.

The term Anchor Institute primarily derives from the US, when large organisations (typically universities or hospitals) started to care about the wider Health and Wellbeing for their surrounding population. The success of an institution is about wider workforce, and it has since been featured in various think tanks & was referenced (as a one liner) within the NHS Long term plan. CW noted the importance for Anchor Institutes within the partnership, focusing on wider socio-economic responsibilities.

CW advised the purpose of an Anchor Institute is to make decisions both at strategic and operational level which can have a positive influence. There have not been specifics from NHS England on what they must cover, but MSE is not waiting for this and keen to continue work.

A recent diagram was published by NHS Confederation, which showcases all organisations being apart of the broader family to support care. CW noted the focus is to challenge ourselves and each other to think about core principles. It does not have to be a big trust, but important to think about Civic Leadership. Important to identify what is the partnership's civic responsibility, which is more than just an NHS plan.

The Anchor Charter signed in 2021 aimed to show what organisations have a responsibility to the wider socio-economic factors. CW noted gains cannot be ignored, and can be easily implemented such as contracts in place, which must employ 10 local people, or reduce carbon emissions. Marginal gains which can have a large impact on local people. To address equity, but also injustice, and give back to the communities served.

PS noted work which has already been completed to map where staff live within the hospital acute trust, a project which looked at 16,000 staff with securely handled & anonymised data. The focus was to understand the wider drivers and experiences of those working for the trust. For example, a specific deep dive was done on those who were nurses & midwives within Basildon hospital. A high proportion of them lived within multiple areas of deprivation, despite being graduate level individuals, with high prospects. It provided insight into who is coming into work every day, and their wider community. The review also found most workers will be carers up and down, for families and for children. A key anchor principle is understanding your workforce and understanding your local community.

A further example was a workforce initiative which took place within Basildon hospital, which saw 12 interns hired with learning disabilities. They worked across the hospitals in a 9-month rotation, with 9 retained permanently following the programme. The programme was such a success that 32 more were coming this year. PS noted that it was not just about the interns, and providing them an opportunity, but also for service to learn and understand what it means to be inclusive.

PS noted the Southend Ambition 2050, working in collaboration and partnership, and alongside existing assets. Organisations have jobs, and organisations which are skilling people or training them, but there is a disconnect between getting them into those jobs. For example, the NHS and other public sector organisations have lots of opportunities to level

up careers, but do not always market it. There are many benefits within the public sector which is not marketed and valued. A pilot was run within Southend which resulted in 106 NHS Job offers, and 52 job offers in other sectors. PS commented on the importance a job has on mental health, and future use of health services.

PS noted the next steps of the Anchor Institute is to plan for work across the next two years, with a focus on 'do one projects. The hope is to work with various partners, collecting examples across alliances and place level to create an impact report this year, which would report yearly. A lot of progress has been made in the past few years, but an ask was made to the Partnership to go back to their organisations, and see what work is already being done, and how could they think intentionally to local social value, with PS & CW happy to support colleagues in this thinking.

OR thanked colleagues for the presentation, highlighting the importance of the work done to map workforce. OR noted that often we do not talk to our staff enough, and understand what is going on within communities. Staff are also residents, and members of the community, with their own vested interests. CW agreed, noting that there are multiple generations of staff working within our organisations, and specifically with the hospital, 70% staff are local, and once you take out doctors, it rises to about 90% of staff being local to the area, with a predominantly female workforce. Understanding the local community, and supporting it, helps to retain staff, and staff will have more pride in the place they work for.

NH noted that currently 1 in 4 nurses leave within the first four year. Attracting staff to work within MSE is a key factor, and if they have previously had a positive placement within the area, if there is ease of access to travel, the area is safe to travel to on a night shift, they are more likely to want to join. All of the factors described in the report, with no surprise, play a key role in attracting staff.

Resolved: The Integrated Care Partnership (ICP) NOTED the report provided regarding Anchor Institutes.

9. Basildon & Brentwood Alliance – Community Development

(presented by Pam Green, Rob Walters & Lyndsey Barrett)

MT welcomed colleagues from Basildon and Brentwood Alliance, stating he was keen all alliances have an opportunity to showcase the amazing work which is taking place locally.

PG noted that the earlier item on the Integrated Care Strategy showed us what we should do, with the alliance already taking steps to implement and deliver alongside voluntary sector partners and social enterprises. PG noted the presentation is not just about sport, but is about equality and non-judgemental delivery of services, the core services we deliver being fundamentally changed with asset-based community development.

RW introduced himself as Structure & Development Manager with Achieve Thrive Flourish (ATF), an asset-based charity focusing on what's strong, not what's wrong. ATF focuses on areas of disadvantage, inequality and communities at risk, with close partnership with Basildon District Council, Active Essex and Health partners. They provide a range of fund free life opportunities to get involved, across all ages, shapes and sizes. There is a range of different options including group sports, physical activity and fun games. RW noted people

often don't know they are having physical activity if they are having fun. The service aims to build strong relationships with the community, and for the people themselves. For example, two men who met at one of the sessions have formed such a close relationship that one will be the best man at their wedding. In addition to the group activities, there are more targeted sessions including live coaching, volunteering & getting people ready for a job (sometimes for the first time in their lives) and intensive 1:1 support for youth in the criminal justice system.

RW noted that key to the success of ATF has been working closely, hand in hand, with local residents and partners, and being risk positive. Sometimes it includes fits, crying, meltdowns, but this is all part of the process for change, and actual delivery – not just theory.

ATF routinely hold Community Discovery Days which are 90min long sessions which aim to listen to local people from old to young, to understand what are the opportunities, needs and existing assets within the community.

In February 2023, ATF has seen 811 individuals, which resulted in 3806 total engagements. This included sessions at community hubs, free counselling, sports clubs, cooking clubs, parenting classes, coffee/tea mornings, wellbeing activities, group play, youth clubs & other regular engagement with local residents. The aim is to create an engage, they may later engage with counselling, support or advice once they see it is a safe, welcoming and supportive environment.

Ash described how ATF dramatically changed his life. He was living in London, and started to get involved in the wrong crowd and went to 1-year in prison for his first offense. When he came out of prison, he was playing football and Stuart from ATF asked if he would like to join their group sport sessions. Stuart has been a constant support, and saved his life. Ash has since been offered an apprenticeship working with ATF to explore his passion of sports. He has always wanted to be a teacher, and although his DBS will always say he is a criminal for a mistake he made when he was younger, ATF allowed him the opportunity to fulfil his dream. Ash now works as an ATF Coach, and provides an 8-week course with young people at risk, speaking at schools and showing how prison can have a negative effect for the rest of your life.

SL noted that Ash is a real asset to his community, and noted community assets, such as Ash, are often underestimated in the impact and power they have to support local communities. PG agreed on how impactful and powerful Ash's story is.

LB introduced herself as a full time Occupational Therapist from Sport for Confidence (SFC). She has spent the majority of her career in the NHS, however, 8 years ago left to found SFC. The focus is to look at occupational outcomes, understanding how does physical activity support residents. The model is no labels, and is open to everyone, with a focus not on the impairment but their willingness. An independent evaluation of SFC took place, and created a Prevention and Enablement Model (PEM), alongside a strategic partnership with Essex County Council and Active Essex.

SFC has a wide range of sessions, ranging from creative dance, tabletop time, dodgeball, netball and other physical activity, all with an occupational therapy focus tailored to the individual. On average 900 unique users a month access services hosted by SFC. LB noted

that within traditional care models, these users may be seen as low priority, but the services provide can prevent future referrals and help release strain on the system.

LB noted that the work can have high impact on resident's lives, including improved health, wellbeing, confidence and skills alongside routine and structure, which allows independence of an individual. Using the WELLBY measure, individuals who accessed 1-month of PEM were compared to those just starting out, which demonstrated a difference in life satisfaction estimated to equate £22,230 per person, per year. When factoring in direct running costs, PEM could deliver an estimated £58.71 of social value for each £1 invested, which is currently the highest social value on any social activity in the whole country.

PG thanked RW, SL, LB and Ash for their showcase of the work taking place, locally within Basildon and Brentwood. PG noted the importance for alliance supporting behind colleagues, investing behind council partners and Active Essex to deliver positive outcomes for residents.

Resolved: The Integrated Care Partnership (ICP) NOTED the update from Achieve Thrive Flourish, and the benefits of asset-based community development.

Resolved: The Integrated Care Partnership (ICP) NOTED the update from Sport for Confidence and the findings & recommendations of the PEM evaluation report.

10. Community Assembly *(presented by Kirsty O'Callaghan, Simon Prestney, Ru Watkins, Jo Webb, James Green Nick O'Brien & Dick Madden)*

KO'C noted that the ICP previously agreed for a group to be created to co-produce the scope the remit of a future Community Assembly. DM noted the primary focus was to identify best practice which Mid and South Essex could utilise and identify communities which could be engaged within the ICS.

The Community Assembly would be a vital forum to not only provide recommendations, but also challenge, to the ICS - providing feedback on behalf of residents, patients and vulnerable users of the system. The assembly will work alongside place and neighbourhood to drive change, utilising the value of volunteering and colleagues across multiple organisations in the community.

An initial scoping workshop took place which included Local Authorities, NHS and multiple other community colleagues, with a range of positive feedback on the engagement.

James Green and Jo Webb, members of the Coproduction Community Assembly Group, noted their positive interactions and involvement in the group to date. James is a member of the traveller community and praised the opportunity to be heard, with Jo Webb reflecting in agreement, adding that an individual influential figure in a community can provide massive change, which the group aims to utilise across communities in the system.

Resolved: The Integrated Care Partnership (ICP) AGREED to support the development of the Community Assembly working across the system with a suitably qualified chair and deputy chairs working in partnership with colleagues from Alliances, Local Authorities and VCSE.

Resolved: The Integrated Care Partnership (ICP) NOTED that the assembly will provide support and constructive challenge within reasonable parameters of the ICS in surfacing the voice of communities and the voluntary sector.

Resolved: The Integrated Care Partnership (ICP) NOTED that extensive co-production has been undertaken across communities and that further resourcing will be needed to develop sustainability of the VCSE and Assembly.

11. Thurrock Council – Local Area Coordination *(presented by Tania Sitch & Karen Dodson)*

TS opened with a reflection of Local Area Coordination (LAC) over the last 10 years. TS noted that social care was previously only able to see people once they were in crisis, and it was time to provide a different approach, working alongside individuals to improve their health and wellbeing. Local Area Coordination started in 2014 and is now in every part of the borough for Thurrock. Several evaluations took place, which shows the programme saves money, reduces the demand in health, social care and housing.

Local Area Coordination links in with multiple services, it is not one thing. It is a person who is connected to multiple different areas, services and opportunities to support the most vulnerable and challenging individuals at a local level. TS noted the importance of Local Area Coordinators being graded the same as social care staff, recognising the value they would bring. The staff aim to spend 80% time with individuals, and 20% in the community to build strong relationships locally.

KD noted 10 key distinguishing features of LAC:

1. LAC are rooted in communities, not office based. They are accessible, approachable and flexible.
2. An individual's relationship with the LAC lasts for as long as necessary.
3. There is no referral, or eligibility criteria. An introduction to the service can come from anyone, or anywhere, with an initial conversation.
4. There is minimal paperwork.
5. The focus is to take time to get to know people, investing in trusting relationships.
6. They work by having one foot in communities, and another in the service system.
7. They see people as experts in their own life. They do not aim to "fix" people.
8. They work alongside some of the most vulnerable and with the most challenging lives.
9. LAC's look to support people through natural community connections, not services.
10. They help people avoid getting lost in the gaps between services.

KD highlighted the evidence evaluation behind LAC, with an independent evaluation for Leicestershire County Council which showed over 12 months of LAC they supported 53 critical incidents and created an avoidance cost of £4.7 million. In addition, In Derby City Council over 10-12 months 50 people were supported and saved estimated £800k to health and care services.

KD & TS showcased a series of videos from individuals who used the services: Lauren, Ashlee, Chris and Ren. Each with the own story on how LAC has helped them, built trust, and allowed additional resilience in their lives.

Resolved: The Integrated Care Partnership (ICP) NOTED the update from Thurrock Council on Local Area Coordination.

12. Essex Disability Strategy *(presented by Ruth Harrington)*

RH introduced the Essex Disability Strategy, noting that it is not something different, although Essex has not formally had a disability strategy in the past. The strategy aims to bring together, and formalise, the work which has gone on to date, with an emphasis on working together.

There are four main outcomes of the strategy:

1. Importance of relationships, with communities and the people around them, alongside staff.
2. Home, not just bricks and mortar, but importance of "feeling like home"
3. Safe and well, working with health partners, making sure people feel safe.
4. Activity, noting that employment is not always an option, but ensuring people, where possible, have activity in their life.

A 12-week formal consultation has taken place, including 25-30 events across Essex, with over 200 individuals responding to the consultation, alongside interviews. People namely liked the four main outcomes, although there were changes as a result. Firstly, was the importance of financial support, and also the importance of autism. The original first draft stated that autism alone wasn't a disability, however, the strategy now applies to people who feel that autism alone can be disabling.

RH noted a launch event will take place in early May 2023, and will be excited to continue to build with colleagues across the ICS.

Resolved: The Integrated Care Partnership (ICP) NOTED the update from Essex County Council on the newly created Essex Disability Strategy.

13. Approach to Health Inequalities *(presented by Emma Timpson & Sophia Morris)*

SM & ET opened noting the Integrated Care Strategy which was presented earlier in the meeting, reinforcing the common endeavour to reduce health inequalities.

SM outlined the core principles to address health inequalities:

1. Reducing inequalities is everyone's business.
2. Proportionate universalism.
3. Tackling the wider determinants of health.
4. Take a life course approach.

5. Place the voices of our communities and residents.
6. Preventative.
7. Use a Population Health Approach.
8. Act as anchor institutions.
9. Place based action to reducing inequalities.

The importance of being integrated, with equitable access and excellent experiences to create equitable outcomes. SM noted the importance of making sure every contact counts, which requires a whole system approach.

The focus of the programme is to operationalise system delivery at a local level, placing priority on resident and community voice, avoiding a top down approach. A one workforce approach, with resource allocation at scale, working alongside alliances to ensure place plans are focused on inequalities.

SM noted that health inequalities is a large area, and if any change is to be made, it must be done by focusing on a specific set of areas. The ICS have set a number of priority areas within the Core20PLUS5 Framework across clinical priorities and system priorities within Children and Young People (CYP) and Adults:

<u>Clinical Priorities - Children and Young People</u>

- Asthma
- Oral Health
- Epilepsy
- Mental Health
- Diabetes

<u>Clinical Priorities – Adults</u>

- Respiratory
- Maternity
- Cancer
- Mental Health
- CVD

<u>System Priorities – Children and Young People</u>

- Obesity
- Infant Mortality
- Speech and Language
- Immunisation & Vaccination
- Learning Disability
- SEND
- Autism

<u>System Priorities – Adults</u>

- Core20 (Deprivation)
- ‘PLUS’ Groups
- Obesity
- Tobacco Dependency

ET updated on the establishment of a Population Health Improvement Board (PHIB) for MSE ICS. The group is chaired by Lucy Wightman, Director of Public Health for Essex County Council. Minutes of the group are shared with the ICP for transparency of the priorities of the group. There is wide representation from colleagues across the entire system.

ET provided an update on ICS Health Inequalities funding, which was updated at the last meeting. The funding has resulted in some system wide programmes, but majority has filtered down to alliances where it would have the most impact. Some programmes have commenced, and others are in the planning or initiation phase. University of Essex will be doing an evaluation piece across the 80 projects, to enable the ICS to learn, and share learning on how the funding programme could be scaled up in the future. A variety of projects and bids were submitted, from both new organisations to the ICS and those consistently engaged.

Resolved: The Integrated Care Partnership (ICP) AGREED to support the approach outlined to reduce health inequalities in Mid and South Essex

14. Any Other Business

MT thanked all colleagues for their contributions to the session, especially to the speakers & agenda item holders. MT noted the importance, and gratitude, that the meeting has become more than just NHS attendance, and speakers.

MT reiterated that any members can suggest items for future meetings, and specifically suggested SS may wish to present an item on mental health services within EPUT, and Provide may want to talk about innovations within Sexual Health & Wellbeing Agenda. SS & RP agreed to look into the practicalities of presenting at a future meeting.

Resolved: SS to bring a future item on the Perinatal Mental Health Service at EPUT to the ICP.

Resolved: RP/MH to bring a future item on the Innovations with Sexual Health & Wellbeing Agenda at Provide to the ICP.

15. Date and Time of Next Board meeting

Wednesday, 28 June at 10.00 am in Committee room 4a, Civic Centre. Victoria Avenue, Southend on sea, Essex, SS2 6ER