



Mid and South Essex
Integrated Care
System



Mid and South Essex

NHS Mid and South Essex Joint Forward Plan 2023-2028



Summary document

About this document

This document is a summary of the first Joint Forward Plan (JFP) for NHS Mid and South Essex.

The Joint Forward Plan describes how NHS partners across mid and south Essex will work together over the next five years to meet the needs of local people. The plan describes how the NHS will play a key part in delivering the objectives of the [Mid and South Essex Integrated Care Strategy](#), developed with our wider partners.

It is no secret that this is a challenging time for the NHS. Achieving the ambitions in this plan will need us all to work together differently. Together we will shift our focus from treatment to prevention by supporting people to make healthier choices while also improving our services and the way we provide care.

The Joint Forward Plan for mid and south Essex has three sections:



Part 1 explains the **collective ambitions and shared commitments** of NHS partners: how we will meet local needs, promote fairness and achieve the best value for taxpayers.



Part 2 describes **how we will achieve** our ambitions and commitments: through integrating services at every level, working with our communities and through cross-system leadership to help to find solutions to improve outcomes and value for money.



Part 3 features our **plans to deliver** on the national NHS Long Term Plan commitments and how we will deliver on our legal duties.



These plans are based on conversations we have had with local people, staff and partners recognising our collective strength in working together.

In 2022, we started a conversation to get views on key health and care areas to inform our Integrated Care Strategy. We continued discussions in our Spring Conversations in 2023 and through various online channels and means. Thank you for getting involved, a summary of feedback can be found on page five.

Foreword from our chair

I'm delighted to present this, our first Joint Forward Plan, as the Mid and South Essex Integrated Care System. This plan outlines the joint ambitions of NHS partners in mid and south Essex, which both respond to, and support the joint health and wellbeing strategies of our three upper tier local authority partners (Essex County Council, Southend City Council and Thurrock Council), and the Integrated Care Strategy that we have jointly developed, under the auspices of the Integrated Care Partnership.

As is the case for many newly established Integrated Care Systems, we face a number of challenges. The Covid pandemic has exacerbated health inequalities in our population, our primary care services are under extreme pressure. Demand on our mental health, urgent and emergency services are significant, we have long waits for planned treatments and we are not meeting nationally set standards in relation to cancer care. Collectively, our providers are carrying significant vacancies and we over-rely on bank and agency staff to fill rotas – as a result the quality of care we offer can sometimes suffer. We have a significant underlying structural deficit and we are not meeting our planned financial position.

Within these many challenges, we are also a system that has high ambitions to improve the health and wellbeing of the population that we serve. We have delivered a number of impressive and

long-lasting improvements and have had many successes. This plan will look to continue to build on those positives. It incorporates detailed operational and financial plans for the first year, 2023/24, in line with NHSE guidance, and outlines the ambitions and plans of NHS partners over the coming five years in key areas.

We are committed to continuing to work together to do all that we can to improve outcomes for our local population.

**Professor Michael Thorne CBE,
Chair, NHS Mid and South Essex
Integrated Care Board**



Our Vision

A health and care partnership working for a better quality of life in a thriving mid and south Essex, with every resident enabled to make informed choices in a strengthened health and care system.

Central to our vision is our desire to come together in a broad and equal partnership of individuals, organisations and agencies. Working together, our shared focus will be on fairness, prevention, early support and

providing high quality, joined-up health and social care services when and where people need them.

Our Integrated Care Strategy explains our commitment to work alongside our local authority partners, voluntary, community and faith groups, along with social enterprise organisations, our local residents and others to help improve local health and wellbeing.

What our population and partners have told us

This Joint Forward Plan was informed by health and care partners and people living within the local community.

We invited residents to join us in a range of workshops based in community settings across mid and south Essex, including open access sessions and sessions targeted at specific groups who experience inequality in access, experience and outcomes.

Things we have heard include:

- Timely and easier access to health and care services is very important.
- Faster and easier access to better quality primary care services such as GP, pharmacy and dental services.

- Work with communities to build on shared ambitions.
- Community care teams should work together more to offer seamless care.
- Community services should be delivered closer to where people live.
- Patients want more involvement in the decision making around their care.
- Make sure we understand what our workforce needs to help us plan for the future.
- Wherever possible, to ensure our universal services are accessible to all.

The scale of the challenge we face

We must be realistic about the challenges faced by the NHS nationally and locally. As the demand for complex care across all services rises and our population ages, we often duplicate care or fail to deliver joined-up, personalised support.

Key challenges we recognise:

Recruitment and retention of workforce is an ongoing challenge. We face particular shortfalls in primary care, doctors, nurses, support workers and allied healthcare professionals (in some clinical specialist areas) in recent years.

We struggle to maintain national standards in some areas and more people are ending up in hospital, some stay longer than necessary.

Demand for our local health and care services has grown. The cost of delivering care is more than the funding we are given.

Staff shortages mean we rely on more expensive agency staff to fill our rotas. We are seeing more people with multiple long terms conditions struggling to cope (and ending up in our hospitals) means the cost of providing care is more than it should be in mid and south Essex.



Our commitments and priorities

NHS partners in mid and south Essex have agreed to collective ambitions to improve and better join up the care residents experience:

- A focus on **reducing health inequalities** across our population.
- The **delivery of local, personalised, coordinated services** through integrated neighbourhood teams, managed through four local alliances in Basildon and Brentwood, mid Essex, south east Essex and Thurrock.
- To make significant progress on **reducing preventable deaths** from cancer, cardiovascular disease and respiratory conditions.
- **Increase our work, in partnership**, by providing advice and support on the following preventative activities: help to stop smoking, healthy weight and physical activity.
- Continue our work to amplify **clinical and professional leadership in our system**, using our Stewardship programme and leadership development opportunities. It is important that our doctors, nurses and clinical professionals have the skills and support to lead.

- Increase the amount of money we spend **to help people from becoming ill (prevention)**.
- **Use data and insight** to guide where we invest to achieve the best health outcomes and results for our population.
- **Have a clear shared view of the capacity we need** so that we can make decisions together to benefit all patients in our local population.
- Make sure we properly invest in and support the **voluntary and community sector**.
- Continue to work side by side **with our communities** so our services work with and for them.
- Place an emphasis on **equality, diversity and inclusion** for our workforce and for patients.
- To learn from and build upon existing and future **innovative practice**.
- To consider **social value** in our approach (linking to our [Anchor Charter](#)).



The Chief Executive Officers of all key NHS local organisations and their respective Boards have further committed to:



Continue to improve **quality of the care**.



Support our workforce to learn and develop.



Investment and development of complex **IT and data systems** to support patient care.



Support communities to meet their needs, particularly those in vulnerable groups.



Continue to **develop and improve our systems** to provide the best quality care.



Ensure **value for money** and reduce waste.



Encourage **staff leadership**.



Support and learn from **research and innovation**.



Improve our **System Oversight Framework rating** to provide better quality and outcomes for patients.



Help frontline services to understand **current health and care needs** and predict what local people will **need for the future**.



Improve the way we **plan and deliver** services and functions.

How we will work differently

Our priority is to join up care for people, places and our population.

Neighbourhoods



Integrated neighbourhood teams will help people to access support and care locally. We will continue to strengthen local community networks including community and voluntary sector services, and health and care services. Neighbourhoods will enable our teams to focus on smaller populations and provide greater flexibility to find unique solutions to more local challenges.

Alliances



Local alliances bring together organisations responsible for arranging and delivering health and care services in a locality or community. They involve the NHS, local government, Healthwatch and providers of health and social care services, including the voluntary, community and social enterprise sector. Four alliances; Basildon and Brentwood, mid Essex, south east Essex and Thurrock are building relationships and partnerships locally and will take a role in delivering and coordinating work on health inequalities and prevention.

System



At a system-level, health and care partners work together to develop shared plans to improve health and care services and improve health and wellbeing outcomes.

The importance of local delivery

Alliances take a lead role in delivering and coordinating work on health inequalities and prevention, using data to deliver evidence-based interventions, with a clear focus on the wider determinants of health. From an NHS perspective, a key deliverable is to make improvements in primary care (including GP services) and ensure local health services better meet the needs of the local population. The golden thread to our approach is to work with local communities and the local alliances have made positive steps to link with residents and the voluntary and community sector locally.

Stewardship:

Stewardship is our flagship programme, unique to mid and south Essex. These groups will bring together resource users (NHS frontline and support staff, managers and residents) together within specific care areas (such as cancer or urgent and emergency care) to act as 'stewards' delivering the greatest value for residents from pooled knowledge and resources.

We are already starting to see great progress resulting from the work of stewardship groups:

Cancer: with active support and encouragement from the cancer stewards, a new approach was launched in November

2022 to change how we track cancer patients through diagnosis and help speed things up so that patients who do not have cancer are told more quickly. This means those with cancer get the treatment and help they need faster. Before the new approach, there were 1,000 patients waiting over 62 days for a diagnosis after being referred by their GP. This has been reduced to 595 and is expected to be under 100 by March 2023. The teams' next focus will be on the patient journey for prostate cancer.

Ageing Well: Our ageing well stewards are helping to make sure our frail residents and those with complex needs receive better joined up care, earlier. The guidance and efforts of the ageing well stewards has resulted in a new electronic frailty care coordination system register being designed, built and launched in April 2022. It now has more than 8,000 people with frailty and dementia added. The team has also championed a new hotline that connects health and care professionals with specialist advice from a frailty consultant. The helpline takes over 350 calls each month helping keep people safe and well in the community, helping to avoid unnecessary hospital admissions by up to 80%.



Our enablers

At the heart of our work is the desire to improve the health of our population. We know that we can only do this by working in partnership with others including local authorities, public health teams, health and social care staff, service providers and residents themselves.

Our clinical and professional teams work across the health system to transform and improve health services every day. There are a number of activities that support this work:



Population Health Management

Helping front line services to understand current health and care needs and predicting what local people will need for the future.

Workforce and Clinical Leadership

Ensuring that healthcare clinical professionals provide leadership across the health and care workforce.

Estates

Ensuring that NHS buildings and the grounds around them are a safe and pleasant environment for patients and staff and that they are maintained and fit for purpose in providing care.

Finance

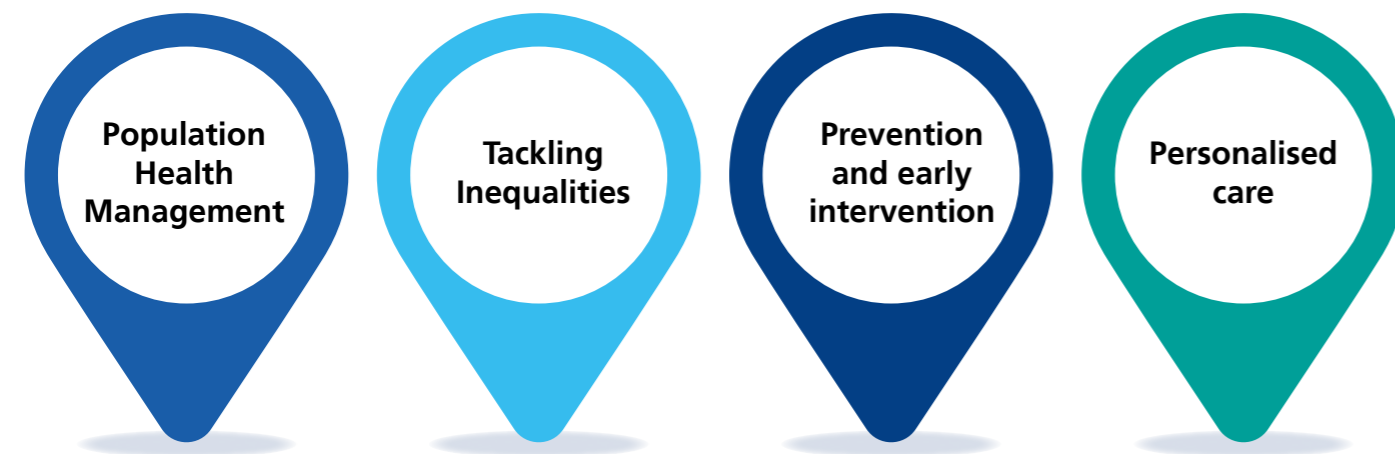
Setting and managing budgets while tracking and checking them to ensure value for money.

Digital and Data

Investment, development and roll out of complex IT systems and data to support patient care, including booking systems, security and data protection and data analysis.

Population Health Improvement

To help guide our efforts and maintain accountability we have established a Population Health Improvement Board. This brings together our partners to align our work around:



Through the Population Health Improvement Board, we will:

- Look at systems and services together and take a holistic view of need and provision for specific groups that face poorer health outcomes.
- Improve how we record data to identify gaps and inequalities.
- Work with partners to map out community assets, including those

intangible assets – the social networks, the trusted local groups and the commitment of individuals.

- Further develop a community engagement programme to listen, engage and co-produce future service needs with the community.

Central to our Integrated Care Strategy is a 'Common Endeavour' of **reducing inequalities together**.

Reducing health inequalities - the Core20PLUS5 Frameworks

Health inequalities are avoidable and unfair differences in health between different groups of people. As an integrated care system, our priority is to work closely with our residents, communities and partners to reduce the inequalities faced by many. For those using our health and care services we want to ensure we achieve fairer access, excellent experience and the best results for all.

Core20PLUS5 is a national approach to reduce healthcare inequalities.

Within the NHS we have prioritised our work around the Core20PLUS5 framework for adults and children, this enables us to:

- Concentrate efforts on the 20% of most deprived communities.
- Identify and work with 'plus groups' – communities that may experience poorer access to good health outcomes.
- Focus on a small number of clinical conditions as outlined below.

Clinical conditions

Adults

- Maternity
- Severe Mental Illness
- Chronic respiratory disease
- Early cancer diagnosis
- Hypertension

Children and young people






















- Asthma
- Diabetes
- Epilepsy
- Oral health
- Mental health

Improving performance

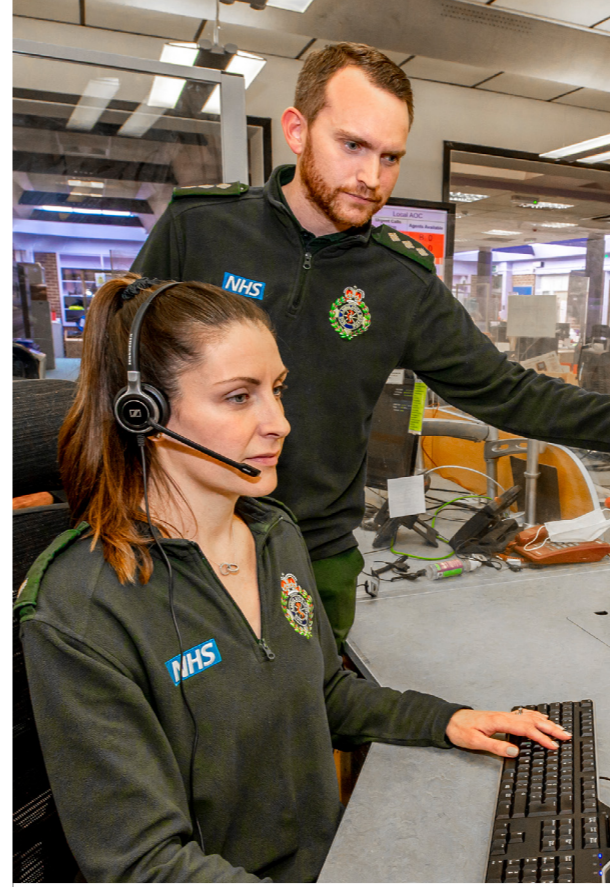
Our teams work incredibly hard to deliver safe and effective care every day. We are aware, however, that many of our services are at risk of not meeting the requirements of the NHS Constitution and we experience

challenges in delivering high quality care consistently.

We have a number of long-term plans in place to improve operational performance in these areas:

- | | | |
|--|---|--|
|  Maternity services |  Babies, children and young people's services |  Cardiac services |
|  Elective care (including patient choice) |  Urgent and emergency care services |  Cardiovascular services |
|  Cancer services |  Respiratory breathlessness services |  Palliative and end of life care services |
|  Primary care |  Outpatients services |  Diabetes services |
|  Adult mental health services |  Diagnostic services |  Dermatology services |
|  Mental health services for under 18s |  Stroke services |  Eye care services |
|  Neurodiversity services |  Pharmacy and medicines optimisation |  Musculoskeletal and pain services |

Part 3 of the full Joint Forward Plan contains further detail on these plans.

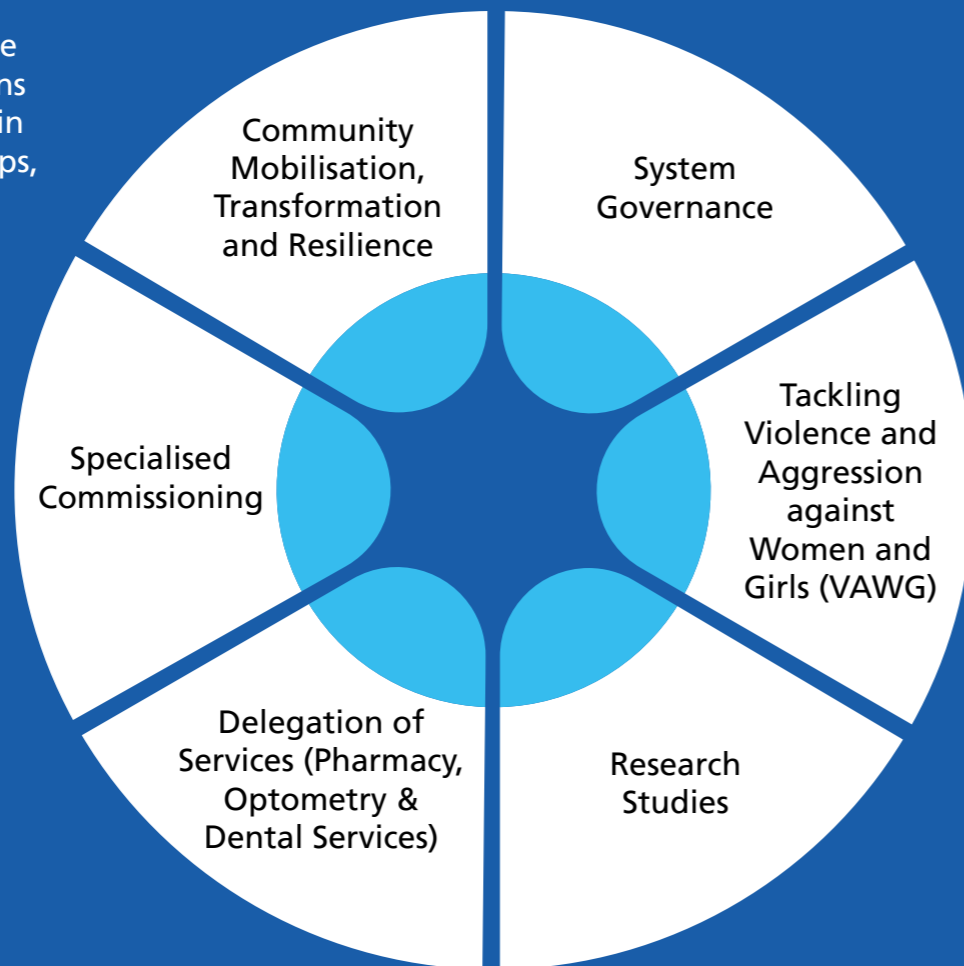


Supporting wider system developments

Integrated Care Systems bring partner organisations together to:

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

In the Joint Forward Plan we set out our longer term plans to support how the system in mid and south Essex develops, focusing particularly on:



Next steps

A **fundamental next step** is to remove traditional barriers between services so people can access the support and care they need from NHS and social care services when they need it.

The Integrated Care Board will do this by:



Developing targeted action plans for all commitments and priorities set out in the plan.



Focusing on functions aligned to our commitments and plans in the short to medium term. This will help us to develop a clear map of future actions for the ICB over the next five years.



Creating a detailed dashboard which will show our agreed metrics and outcomes for 2023 to 2028.



Continuing to engage with key partners, communities and people on the implementation of the plan.



This is a summary document of our Joint Forward Plan. An easy read version and the full plan are also available on our website: midandsouthessex.ics.nhs.uk

If you need information or documents in a different format such as large print, Braille or on audio CD or audio file, please get in touch by email or phone:

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



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