Mid and South Essex Integrated Care System

NHS Mid and South Essex Integrated Care Board

Meeting of the Mid and South Essex Integrated Care Board

Thursday, 20 July 2023 at 3.00 pm – 4.30 pm

Gold Room, Orsett Hall, Prince Charles Avenue, Orsett, Grays, RM16 3HS

Part I Agenda

No	Time	Title	Action	Papers	Lead / Presenter	Page No
		Opening Business				
1.	3.00 pm	Welcome, opening remarks and apologies for absence	Note	Verbal	Prof. M Thorne	-
2.	3.01 pm	Register of Interests / Declarations of Interest	Note	Attached	Prof. M Thorne	3
3.	3.02 pm	Questions from the Public	Note	Verbal	Prof. M Thorne	-
4.	3.15 pm	Minutes of ICB Board meeting held 18 May 2023 and matters arising.	Approve	Attached	Prof. M Thorne	5
5.	3.17 pm	Review of Action Log	Note	Attached	Prof. M Thorne	14
		Items for Decision				
6.	3.20 pm	Southend, Essex and Thurrock Mental Health Strategy	Approve	Attached	F Bolger M Crowley A Bandakpara-Taylor	16
7.	3.30 pm	Southend SEND Strategy	Approve	Attached	F Bolger M Crowley	41
		Standing Items				
8.	3.40 pm	Quality Report	Approve	Attached	F Bolger	71
9.	3.50 pm	Performance Report	Note	Attached	J Cripps	76
10.	4.00 pm	Fuller Stocktake Update	Note	Attached	Dr A Davey	85
11.	4.10 pm	Finance Report Month 2	Note	Attached	A King	90
12.	4.20 pm	General Governance: 12.1 Amendments to Committee Terms of Reference (SOAC and CliMPC).	Approve	Attached	Prof. M Thorne	95

No	Time	Title	Action	Papers	Lead / Presenter	Page No
		12.2 Approved Committee minutes: • Audit Committee • Clinical and Multi-Professional Congress • Finance & Investment Committee • Primary Care Commissioning Committee • Quality Committee • System Oversight and Assurance Committee	Note	Attached	Prof. M Thorne	97 98 102 106 111 120 129
		12.3 Adoption of revised Risk Management Policy and extension of policy review dates.	Approve	Attached	Prof. M Thorne	137
		12.4 Board Assurance Framework	Note	Attached	A McKeever	140
13.	4.25 pm	Any Other Business	Note	Verbal	Prof. M Thorne	-
14.	4.30 pm	Date and time of next Part I Board meeting: Thursday, 21 September 2023 at 3.00 pm, in Committee Room 4a, Southend Civic Centre, Victoria Avenue Southend-on-Sea Essex, SS2 6ER.	Note	Verbal	Prof. M Thorne	-

Mid and South Essex Integrated Care Board Register of Interests - July 2023

First Name	Surname	Job Title / Current Position	Declared Interest (Name of the organisation and nature of business)	Type of Interest Declared			Is the interest direct or indirect?	Nature of Interest	Date of Interest		Actions taken to mitigate risk
				Financial	Non-Financial Professional	Non-Financial Personal Interest			From	To	
Frances	Bolger	Interim Chief Nursing Officer	Suffolk and North East Essex ICB	x			Direct	Director of Midwifery	03/01/23	Ongoing	I will declare this interest as necessary so that appropriate arrangements can be made if required.
Hannah	Coffey	ICB Partner Member (Mid and South Essex Foundation Trust	Mid and South Essex NHS Foundation Trust				Direct	Interim Chief Executive		Ongoing	I will declare this interest as necessary so that appropriate arrangements can be made if required.
Anna	Davey	ICB Partner Member (Primary Care)	Coggeshall Surgery Provider of General Medical Services	x			Direct	Partner in Practice	09/01/17	Ongoing	I will not be involved in any discussion, decision making, procurement or financial authorisation involving the Coggeshall Surgery or Edgemead Medical Services Ltd
Anna	Davey	ICB Partner Member Primary Care)	Colne Valley Primary Care Network	x			Direct	Partner at The Coggeshall Surgery who are part of the Colne Valley Primary Care Network - no formal role within PCN.	01/06/20	Ongoing	I will declare my interest if at any time issues relevant to the organisation are discussed so that appropriate arrangements can be implemented and will not participate in any discussion, decision making, procurement or financial authorisation involving the Colne Valley PCN.
Anna	Davey	ICB Partner Member (Primary Care)	Essex Cares	x			Indirect	Close relative is employed	06/12/21	On-going	I will declare my interest if at any time issues relevant to the organisation are discussed so that appropriate arrangements can be implemented
Peter	Fairley	ICB Partner Member (Essex County Council)	Director for Strategy, Policy and Integration, at Essex County Council (ECC)	x			Direct	Essex County Council (ECC) holds pooled fund arrangements with NHS across Mid and South Essex. I am the responsible officer at ECC for the Better Care Fund pooled fund. ECC commissions and delivers adults and childrens social care services and public health services. ECC has some arrangements that are jointly commissioned and developed with NHS and local authority organisations in Mid and South Essex. ECC hosts the Essex health and wellbeing board, which co-ordinates and sets the Essex Joint Health and Wellbeing Strategy	01/07/22	Ongoing	Interest declared to MSE ICB and ECC. If in potential conflict take the advice of the Chair/ Monitoring Office and if need be absent one's self from the vote/ discussion.
Peter	Fairley	ICB Partner Member (Essex County Council)	Essex Cares Limited (ECL) ECL is a company 100% owned by Essex County Council. ECL provide care services, including reablement, equipment services (until 30 June 23), sensory services and day services, as well as inclusive employment	x			Direct	Interim CEO	03/04/23	Ongoing	Interest declared to MSE ICB and ECC. Be excluded from discussions/deicsions of the ICB that relate to ECL services or where ECL may be a bidder or potential bidder for such services. If in potential conflict take the advice of the Chair/ Monitoring Office and if need be absent one's self from the vote/ discussion.
Ronan	Fenton	Medical Director	Mid and South Essex Foundation Trust	x	x		Direct	Employed as Consultant Anaesthetist	20/06/05	Ongoing	I will declare my interest if at any time issues relevant to MSEFT or anaesthetic services are discussed so that appropriate arrangements can be implemented.
Ronan	Fenton	Medical Director	Mid and South Essex Foundation Trust	x			Indirect	My wife is employed by MSEFT as a Consultant Anesthetist.	24/06/05	Ongoing	I will declare my interest if at any time issues relevant to MSEFT or anaesthetic services are discussed so that appropriate arrangements can be implemented.
Ronan	Fenton	Medical Director	Springfield Hospital/Ramsay Healthcare	x			Direct	I carryout Private Medical Services at Springfield Hospital	20/06/05	Ongoing	I will declare my interest if at any time issues relevant to Springfield Hospital or Private anaesthetic services are discussed so that appropriate arrangements can be implemented.
Ronan	Fenton	Medical Director	Springfield Hospital/Ramsay Healthcare	x			Indirect	My wife carries out private medical services at Springfield hospital	26/06/05	Ongoing	I will declare my interest if at any time issues relevant to Springfield Hospital or Private anaesthetic services are discussed so that appropriate arrangements can be implemented.
Ronan	Fenton	Medical Director	Fentons Limited	x			Direct	I ama a registered officer of "Fentons Ltd" which is a company which offer general and specialist medical services	22/06/05	Ongoing	I will declare my interest if at any time issues relevant to this company or private anaesthetic services are discussed so that appropriate arrangements can be implemented.
Joseph	Fielder	Non-Executive ICB Board Member	Four Mountains Limited	x			Direct	Director	01/05/17	Ongoing	No conflict of interest is anticipated but will ensure appropriate arrangements are implemented as necessary.
Joseph	Fielder	Non-Executive ICB Board Member	North East London Foundation Trust	x			Indirect	Personal relationship with Director of Operations for North East London area (Board Member)	01/03/19	Ongoing	As above.
Joseph	Fielder	Non-Executive ICB Board Member	NHS England and Improvement	x			Indirect	Close family member employed as senior strategy manager	Jan 2023	Ongoing	No conflict of interest is anticipated but will ensure appropriate arrangements are implemented as necessary.
Mark	Harvey	ICB Board Partner Member (Southend City Council)	Southend City Council	x			Direct	Employed as Executive Director, Adults and Communities		Ongoing	Interest to be declared, if and when necessary, so that appropraite arrangements can be made to manage any conflict of interest.
Neha	Issar-Brown	Non-Executive ICB Board Member	Queen's Theatre Hornchurch (QTH)			x	Direct	QTH often works with local volunteer sector including Healthwatch, social care sector for various community based iniaitives, which may or may not stem from or be linked to NHS (more likely BHRUT than MSE).		Ongoing	Info only. No direct action required.
Ruth	Jackson	Executive Chief People Officer	Nil								
Jennifer	Kearton	Executive Director of Resources	Nil								
Anthony	McKeever	Chief Executive of the Mid & South Essex Integrated Care Board	MACS et al Ltd	x			Direct	Director of wholly owned company through which I contract with the NHS for interim and other services.	02/03/20	Ongoing	As of 3/10/2020 I am employed and paid through NHS payroll for my role in Mid and South Essex. However, I will declare my interest in MACS et al Ltd if and where required so that appropriate arrangements can be implemented.

Mid and South Essex Integrated Care Board Register of Interests - July 2023

First Name	Surname	Job Title / Current Position	Declared Interest (Name of the organisation and nature of business)	Type of Interest Declared			Is the interest direct or indirect?	Nature of Interest	Date of Interest		Actions taken to mitigate risk
				Financial	Non-Financial Professional	Non-Financial Personal Interest			From	To	
Anthony	McKeever	Chief Executive of the Mid & South Essex Integrated Care Board	Royal Society of Medicine (RSM)		x		Direct	Fellow	02/03/20	Ongoing	No immediate action required.
Anthony	McKeever	Chief Executive of the Mid & South Essex Integrated Care Board	Faculty of Medical Leadership & Management (FMLM)		x		Direct	Fellow	02/03/20	Ongoing	No immediate action required.
Anthony	McKeever	Chief Executive of the Mid & South Essex Integrated Care Board	NHS IMAS' Strategic Advisory Board - Board Member		x		Direct	Board Member	01/03/23	Ongoing	No immediate action required. Any potential conflict will be managed in consultation with Chair as and when the ICB's business concerns IMAS.
Anthony	McKeever	Chief Executive of the Mid & South Essex Integrated Care Board	UCL Partners Limited - Board Member		x		Direct	Board Member	01/03/23	Ongoing	No immediate action required. Any potential conflict will be managed in consultation with Chair as and when the ICB's business concerns UCL Partners.
Paul	Scott	ICB Partner Member (Essex	Essex Partnership University NHS	x			Direct	Chief Executive Officer	01-Jul-23	Ongoing	I will declare this interest as necessary so that appropriate arrangements can be made if required.
Mike	Thorne	ICB Chair	Nil								
Ian	Wake	ICB Partner Member (Thurrock	Thurrock Borough Council	x			Direct	Employed as Corporate Director of Adults, Housing and	01/03/21	Ongoing	Interest noted on ICB Board register of interests presented to each meeting. Interest to be highlighted where necessary in accordance with
Ian	Wake	ICB Partner Member (Thurrock	Thurrock Joint Health and Wellbeing		x		Direct	Voting member	01/06/15	Ongoing	Interest noted on ICB Board register of interests presented to each meeting. Interest to be highlighted where necessary in accordance with
Ian	Wake	ICB Partner Member (Thurrock	Dartmouth Residential Ltd	x			Direct	99% Shareholder and in receipt of income.	01/10/15	Ongoing	Interest to be declared if and when any matters relevant to this company are discussed so that appropriate arrangements can be implemented.
George	Wood	Non-Executive ICB Board Member	Princess Alexandra Hospital	x			Direct	Senior Independent Director, Chair of Audit Committee,	01/07/19	Ongoing	Clear separation of responsibilities and conflicts.
George	Wood	Non-Executive ICB Board Member	Barking, Havering and Redbridge University Hosptals NHS Trust (BHRUT)	x			Direct	Chairman of hospital charity.	01/01/15	Ongoing	Interest to be declared if and when any matters relevant to BHRUT are discussed so that appropriate arrangements can be implemented.

Minutes of the Part I Board Meeting

Held on 18 May 2023 at 3.00 pm – 4.30 pm

Marconi Room, Chelmsford Civic Centre, Duke Street, Chelmsford, Essex, CM1 1JE.

Attendance

Members

- Professor Michael Thorne (MT), Chair of Mid and South Essex Integrated Care Board (MSE ICB).
- Anthony McKeever (AMcK), Chief Executive of MSE ICB.
- Dr Ronan Fenton (RF), Medical Director, MSE ICB.
- Jennifer Kearton (JK), Director of Resources, MSE ICB.
- Frances Bolger (FB), Interim Chief Nurse, MSE ICB.
- Dr Ruth Jackson (RH), Chief People Officer, MSE ICB.
- Joe Fielder (JF), Non-Executive Member.
- Dr Neha Issar-Brown (NIB), Non-Executive Member.
- George Wood (GW), Non-Executive Member.
- Dr Anna Davey (AD), Primary Care Board Member.
- Hannah Coffey (HC), Partner Member, Mid and South Essex NHS Foundation Trust.
- Peter Fairley (PF), Partner Member, Essex County Council.
- Mark Harvey (MH), Partner Member, Southend City Council.
- Ian Wake (IW), Partner Member, Thurrock Council.

Other attendees

- Jo Cripps (JC), Executive Director of Strategy and Partnerships, MSE ICB.
- Dan Doherty (DD), Alliance Director (Mid and South Essex), MSE ICB.
- Barry Frostick (BF), Chief Digital and Information Officer, MSE ICB.
- Karen Wesson (KW), Director Assurance and Planning, MSE ICB.
- Claire Hankey (CH), Director of Communications and Engagement, MSE ICB.
- Karen Flitton (KF), Patient Safety Specialist, MSE ICB.
- Nicola Adams (NA), Deputy Director of Governance and Risk, MSE ICB.
- Sara O'Connor (SO), Head of Governance and Risk, MSE ICB (minutes).

Apologies

- Paul Scott (PS), Partner Member, Essex Partnership University NHS Foundation Trust.
- Pam Green (PG), Alliance Director (Basildon & Brentwood), MSE ICB.
- Aleksandra Mecan (AM), Alliance Director (Thurrock), MSE ICB.

1. Welcome and Apologies (presented by Prof. M Thorne).

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

MT explained that the ICB was implementing national requirements to reduce the ICB's running costs. Consequently, this would impact upon the scale of its operation. MT noted his thanks to AMcK, RJ and the other Executive Team members for the professional way this was being progressed and confirmed the ICB was currently consulting with its staff on the proposed new structure.

MT advised that he, AMcK, HC and JK recently met with Amanda Pritchard (AP), Chief Executive Officer and Julian Kelly, Chief Financial Officer, from NHS England, regarding the need to improve finances across the mid and south Essex (MSE) system. Progress to-date was acknowledged, as well as work undertaken by HC and her MSEFT colleagues to improve waiting times for cancer and elective care. PS and his EPUT colleagues were also recognised for work undertaken to establish the new mental health facility in Basildon.

2. Declarations of Interest (presented by Prof. M Thorne).

MT reminded everyone of their obligation to declare any interests in relation to the issues discussed at the beginning of the meeting, at the start of each relevant agenda item, or should a relevant interest become apparent during an item under discussion, in order that these interests could be managed.

Declarations made by ICB Board and committee members were listed in the Register of Interests available on the ICB website**.**

Advice had been sought in relation to PF's potential interest in agenda item 8 (Integrated Community Equipment Contract) as he was an employee of the incumbent provider Essex Cares Limited (ECL) and Essex County Council (ECC) which owned ECL. It had been agreed PF could participate in discussions and the decision as ECC/ECL had not submitted a bid for the contract.

3. Questions from the Public (presented by Prof. M Thorne).

MT advised that questions had been submitted by two members of the public, as summarised below.

Mr Peter Blackman asked what the system required from central government and NHS England to provide a satisfactory health and social care service to the people of South Woodham Ferrers in the forthcoming winter and how services would be prioritised.
Mr Tom Kelly asked about engagement with the development of the ICB's strategy and notification of Board meetings.

MT confirmed that written responses would be provided to Mr Blackman and Mr Kelly.

Action: NA to arrange for written responses to be provided to questions raised by members of the public.

4. Minutes of the ICB Board Meeting held 18 May 2023 and matters arising (presented by Prof. M Thorne).

MT referred to the draft minutes of the ICB Board meeting held on 18 May 2023 and asked members if they had any comments or questions. No comments were submitted and there were no matters arising.

Resolved: The Board approved the minutes of the ICB Board meeting held on 18 May 2023 as an accurate record.

5. Review of Action Log (presented by Prof. M Thorne).

The updates provided on the action log were noted and no queries were raised.

Resolved: The Board noted the updates on the action log.

6. Draft Joint Forward Plan (presented by J Cripps and J Kearton)

JC advised that it was a new requirement for the ICB and its NHS partner Trusts to develop a five-year Joint Forward Plan (JFP). The first year of the JFP was an Operational Plan which had been submitted to NHS England (NHSE). The remaining four years set out ambitions for the MSE system. Publication would occur by 30 June 2023.

JC outlined engagement undertaken with residents and partners to develop the JFP which, amongst other things, sought to address inequalities and described how statutory duties would be met. Health and Wellbeing Boards (HWBs) were required to provide an opinion on the JFP, specifically on the extent to which the plan took account of the Integrated Care Strategy, Joint Health and Wellbeing Strategies and Joint Strategic Needs Assessments. Due to recent local government elections this would be progressed in early June.

The draft JFP included priorities and how these would be progressed. The content might change slightly once provider Boards and other stakeholders considered the draft. It was proposed that MT was granted delegated authority to approve the final JFP once any amendments requested by stakeholders were appropriately reflected.

GW commended the draft JFP and asked whether current Alliance projects to address health inequalities were reliant upon the £3.9 million health inequalities funding and queried whether additional schemes had been prepared should funding be received. JC advised that funding for 2023/24 was confirmed enabling several projects to continue. The Population Health Improvement Board would agree the proportion of funding to target the Core20Plus5 Framework, using a 'do once' approach, and what should be deployed to Alliances to support local schemes.

IW endorsed the draft JFP, commenting that it represented a significant positive shift towards health prevention and provided a sense of delegation of power to the Alliances, reflecting the aspirations of the Health and Wellbeing Strategy.

MT thanked JC and her colleagues for their work in developing the JFP and confirmed his support for the current draft, subject to any further comments from stakeholders.

Resolved: The Board:

- **Approved the final draft Joint Forward Plan (JFP), noting there might be changes following receipt of the JFP by provider Boards, Health and Wellbeing Boards and further engagement with stakeholders during May and June 2023.**
- **Delegated final approval of the JFP to achieve publication by 30 June 2023, to Professor Mike Thorne, ensuring that relevant feedback from stakeholders was reflected as appropriate in the final publication.**

7. Shared Care Record (presented by B Frostick)

BF advised that implementing a Shared Care Record (SCR) was a commitment under Section 5 of the Long-Term Plan and would improve the sharing of information to support direct care of residents. MSE was one of the few Integrated Care Systems (ICS) that had not yet implemented a full SCR, although this had provided a good opportunity for MSE to learn from implementation by other systems.

BF outlined the funding arrangements and governance process followed to obtain sign-off of the SCR to-date as set out in the report. MSEFT's Board would be asked to approve the proposal at its May meeting.

MT thanked BF and his colleagues for the work undertaken to prepare the SCR business case.

PF confirmed that ECC had been involved and endorsed the process, commenting that a culture change was required to ensure the workforce used it to full capacity. ECC was also in the process of replacing its social care management system (SCMS) and intended to ensure that its connection to the SCR was done once. However, if timescales did not align this would be revisited, with ECC covering any associated costs.

HC highlighted the significant patient safety benefits of the SCR which would enable clinicians to have information in one repository and would avoid repeated entry of data.

JF referred to an identified £1 million cost pressure due to phasing and asked how confident BF was that this gap could be bridged. BF advised that he was confident this could be managed, explaining this had two elements: the first related to hard supply costs and the second to local implementation and activity, which was relevant to comments made by PF regarding the new SCMS.

Resolved: The Board endorsed the approach adopted to finalising the Shared Care Record Full Business Case and the next steps as detailed within the report.

8. Integrated Community Equipment Contract (presented by K Wesson)

MT noted PF's interest in this matter as detailed in item 2 above.

KW advised she was seeking the Board's retrospective support of the decision to award the Integrated Community Equipment contract to Medequip Assistive Technology Limited. The procurement was commenced by the former MSE Clinical Commissioning Groups (CCGs) and the ICB as their successor organisation, with the assistance of Attain, the CCGs'/ICB's procurement specialist.

The benefits of the new contracted service were that it was fully integrated, being a joint programme between health and local authorities, and would improve the quality of service for end-users. A detailed equality impact assessment was available upon request.

KW advised the financial implications were articulated in section 7 of the report by Partner/Place. South East Essex commissioned the service via EPUT, but Southend had a different service model. Public and stakeholder engagement occurred as set out in the report.

MT invited comments or queries from members. None were raised.

Resolved: The Board retrospectively ratified the award of the Integrated Community Equipment Contract to Medequip Assistive Technology Limited.

9. Quality Report, including Patient Safety Specialist Update (presented by Frances Bolger and K Flitton)

FB presented the quality report that provided an update on the CQC inspection, Essex Mental Health Independent Inquiry (EMHII) and staff survey results at EPUT; the staff survey results for MSEFT; and the CQC inspection at St Andrews Healthcare. FB highlighted the following:

Dr Geraldine Strathdee, Chair of the EMHII, had published an open letter on the Inquiry's website in response to a low number of staff coming forward to provide evidence and an additional 400-500 mental health patient deaths being identified. She further raised concerns regarding the investigation process and views that the inquiry could not meet its terms of reference with a 'non-statutory' status.

A summary of the NHS Staff Survey results for MSEFT and EPUT was included in the report. The outcomes would be discussed by the relevant Trust Boards to agree the actions required to improve staff satisfaction. Although MSEFT scored significantly lower than the previous year for six areas, staff reported that they were encouraged to report patient safety incidents and were treated fairly when they occurred. EPUT's survey results indicated that staff surveyed reported discrimination of staff by other staff due to ethnic origin had increased.

AMcK advised that Rapid Quality Review Group meetings were held following Care Quality Commission (CQC) inspection reports and asked FB to outline progress on developing over-an arching Quality Improvement Plan (QIP). FB confirmed there were several action plans, including those developed following the Chanel 4 'Dispatches' and CQC inspection reports. The over-arching QIP was dependent on all CQC reports being published and a staggered approach was therefore being taken. AMcK confirmed that actions were being progressed on a timely basis, but he wished to highlight to members that the over-arching QIP was not yet available for the reasons provided. NIB, Chair of the ICB Quality Committee, confirmed that she was happy with progress to-date.

FB introduced KF, the ICB'S Patient Safety Specialist, who provided an update on changes to the Serious Incident Framework.

KF provided a presentation on implementation of the NHS Patient Safety Strategy and other national patient safety priorities across MSE ICS.

The workplan to implement the strategy's eight key priorities was ongoing and progress was rated 'Amber', with 3 priorities on the brink of being rated 'Green', namely:

- Implement the Framework for Involving Patients in Patient Safety.
- Involvement in implementing the new Patient Safety Incident Response Framework (PSIRF).
- Improving Patient safety education and training.

KF advised that patients were at the heart of the new PSIRF which focussed on identifying learning at an early stage, whereas the previous process concentrated on identifying the root cause of incidents. A proportionate investigation response would be implemented to enable staff to focus on quality improvement. Two Patient Safety Partners had been recruited who would attend the ICB Quality Committee and System Quality Group to provide a patient

perspective. Patient safety training would become mandatory for staff, with different levels of training required depending on roles.

PSIRF training delivered by MedLed would also be provided for large, small, and charitable providers and the ICB Board would receive bespoke training on 24 August 2023.

In response to a query from MT, KF confirmed there was a trajectory in place to clear the backlog of Serious Incident (SI) investigations by August prior to full implementation of PSIRF.

HC welcomed the introduction of PSIRF as it should reduce the burden on staff and support systemic change and noted that high performing organisations had QIPs at their heart. MSEFT's aspiration was to clear SI investigations by August, but this would be kept under review. The Trust would commence using PSIRF principles to support a smooth transition to full implementation and would work with ICB colleagues to progress implementation.

In response to a query from AMcK regarding the ability of the ICB and its partners to co-operate and collaborate to ensure patient safety, particularly in view of organisational changes at the ICB and NHSE, KF confirmed there was a high level of support for PSIRF at local, regional, and national levels, with colleagues working well together and cross-ICB sharing occurring.

KF advised that primary care was currently excluded from PSIRF, but she planned to attend appropriate primary care meetings to advise of developments and encourage involvement. However, smaller providers were included, and the Duty of Candour would remain.

NIB advised that despite thorough SI investigations, Never Events still occurred and it was anticipated that PSIRF would address this by focussing on quality improvements. KF noted that PSIRF should also ensure learning was embedded swiftly by facilitating urgent responses to incidents.

RF advised that his experience was that clinicians involved in SIs were often shielded from the impact incidents had on patients and suggested that communicating the true impact of an incident to those involved would facilitate changes in practice.

In response to a query from GW regarding how confident staff were that they could report incidents, KF advised that PSIRF focussed on identifying system issues, rather than identifying a person to 'blame', which, along with cultural changes, should eventually improve reporting rates.

In response to a query from JF regarding clinicians' capacity to participate in investigations, KF advised that the national team had mandated proportionate reviews should occur, in some cases taking 1-2 hours, but some incidents would still require significant investigation. The 60-day timeline was lifted, and the investigation length would be negotiated with the patient and/or their family/carers. Quality Improvement Teams were involved in the new arrangements to ensure issues identified were not repeated. If organisations were not undertaking as many root cause analysis investigations, they would have more time to implement improvements.

AMcK thanked KF and advised that he would welcome her input to highlight the need to reduce reliance on bank and agency staff to improve patient safety.

MT requested that PS was asked to provide a brief update on implementation of PSIRF by EPUT at the next Board meeting.

Resolved: The Board noted the Quality Report and Patient Safety Specialist Update.
Action: PS to provide a brief update on implementation of PSIRF within EPUT at the ICB Board meeting on 20 July 2023.

10. Performance and Assurance Report (presented by K Wesson)

KW confirmed that the ICB had completed the May 2023 planning submission. The performance report highlighted data reportable in line with NHS Constitutional requirements. Future reports would include trends for the previous two years.

Urgent and emergency care (UEC) performance remained below standard for ambulance response times and 4-hour waits within emergency departments. A comprehensive UEC plan detailing action being taken by all system partners had been developed. For example, there was a robust service within the Urgent Community Response Team which took patients from the ambulance stack to reduce Category 2 ambulance response times and improve patient outcomes. The Emergency Care System Board monitored progress against the plan.

Diagnostic performance remained below standard. The Diagnostic Board chaired by RF (which included a range of diagnostic providers across the system and ICB), was considering how to reduce variations in patient choice and waiting times to improve performance.

MSEFT had undertaken considerable work to recover cancer services, which had been commended by the national team, and marginally missed the recovery position at end of March 2023. Cancer services remained below standard but a recovery plan, approved by the Cancer Alliance and regional team, remained on trajectory to deliver, with considerable improvements made to-date.

A plan to reduce 65+ week referral to treatment waits to zero by end of March 2024 had been submitted.

Mental Health standards for Improving Access to Psychological Therapies (IAPT) and Early Intervention in Psychosis (EPI) were achieved.

MT advised the report highlighted the importance of establishing new community diagnostic centres. MT also raised concern that the 2 week wait breast symptomatic standard was 28.1% against a standard of 93%. KW explained that this standard was challenged across the region but work to address this was being undertaken by the Cancer Stewards. HC explained there were significant workforce challenges regarding availability of radiologists but acknowledged further work was required to improve pathways.

RJ advised that historically there was a disproportionately low allocation of radiologist trainees to MSE. Consequently, MSE could potentially be allocated a higher number of trainees in future.

AMcK acknowledged the significant improvements over the past year but noted that the metrics were not meeting required standards. Consequently, via the accountability review process, pragmatic prioritisation of pledges would occur in line with financial and operational plans.

In response to a query from DD, KW confirmed that performance information related to Trust performance only. A patient's diagnostic provider and waiting time were predominantly determined by the referral route for their diagnostic test. Work being undertaken would attempt to reduce variation and develop advice for primary care on how to refer patients for

non-MSEFT diagnostic services. In addition, MSEFT could redirect patients to more appropriate external diagnostic providers. Work was also being undertaken to reduce duplication and ensure diagnostic test results 'followed' the patient throughout their pathway.

HC advised that diagnostic growth was exponential and future demand must therefore be managed effectively. HC also highlighted that live performance data indicated further improvements against standards.

Resolved: The Board noted the Performance and Assurance report.

11. Fuller Stocktake Update (presented by Dr A Davey)

AD highlighted the following:

All Primary Care Networks (PCNs) had developed clinical strategies focussing on key strategic themes which echoed the themes within the Fuller review.

AD had visited 21 of the 27 PCNs to-date. Overall, AD had experienced positive engagement with good knowledge and vision amongst PCN Clinical Directors in relation to the Fuller requirements and development of Integrated Neighbourhood Teams (INTs). However, estates issues were regularly highlighted, particularly challenges in accommodating the expanded primary care workforce.

Recruitment to Additional Roles Reimbursement Scheme (ARRS) posts were generally good, particularly in the south-east and west. However, significant concerns regarding recruitment to the GP workforce remained and more work was required to advertise Training Hub support to PCNs.

The INT Programme Reference Group had been established to support the development of INTs. Alliances would oversee local delivery through individual neighbourhoods. Progress made by each Alliance to-date was outlined within the report.

AD highlighted new primary care access recovery imperatives including encouraging GP practices to actively and appropriately sign-post patients during first contact, so they were not asked to 'phone back another day. The number of consultations continued to increase, apart from the south East. It was thought this might be due to excellent work within PCNs to develop the Patient Aligned Care Team (PACT) model to support patients at an early stage and a resultant positive benefit on the number of consultations required, but this would be clarified. The focus during the next quarter would be on defining INTs across MSE.

MT thanked AD and her colleagues for their leadership and work to improve primary care services.

IW advised that there had been a palpable improvement in primary care services within Thurrock, noting 4 PCNs had the best control of high blood pressure in the country.

Resolved: The Board noted the Fuller Stocktake and Our Plan for Patients update.

12. General Governance (presented by Professor M Thorne)

12.1 Amendments to Committee Terms of Reference

MT drew members' attention to the proposed amendments to the Terms of Reference for the Remuneration Committee and Quality Committee which had received prior support from the relevant committee. No objections to the proposed changes were raised

Resolved: The Board approved the revised Terms of Reference for the Remuneration Committee and Quality Committee.

12.2 Approved Committee Minutes.

The Board received copies of the latest approved minutes of the following main committees:

- Audit Committee 7 March 2023.
- Clinical and Multi-Professional Congress, 23 February 2023.
- Finance and Investment Committee, 8 March 2023.
- Primary Care Commissioning Committee, 15 March 2023.
- Quality Committee, 27 January 2023.
- System Oversight and Assurance Committee, 8 March 2023.

Resolved: The Board noted the latest approved minutes of the Audit Committee, Finance and Investment Committee, Quality Committee, System Oversight and Assurance Committee, Primary Care Commissioning Committee and Clinical and Multi-Professional Congress.

12.3 Adoption of ICB Organisational Change Policy

MT advised that the Board was asked to adopt the new ICB Organisational Change Policy (Ref MSEICB 055) which had received prior approval by the Remuneration Committee.

Resolved: The Board adopted the new ICB Organisational Change Policy.

12.4 Board Assurance Framework (BAF)

MT outlined the Board Assurance Framework paper presenting the key risks to the ICB, noting that the issues raised were discussed throughout the agenda and invited further questions from the Board. None were raised.

Resolved: The Board noted the latest iteration of the Board Assurance Framework.

13. Any Other Business

There was no other business discussed.

14. Date and Time of Next Part I Board meeting:

Thursday, 20 July 2023 at 3.00 pm, in the Gold Room, Orsett Hall, Prince Charles Avenue, Orsett, Grays, RM16 3HS.

Mid and South Essex Integrated Care System

Agenda item 5
ICB Board Action Log July 2023

NHS Mid and South Essex

Action No.	Meeting Date	Agenda Item No.	Agenda Item Title and Action Required	Lead	Deadline for completion	Update / Outcome	Status
4	01/07/2022	9	**Appointment of Lead Roles** Include appointment of Deputy Chair of the ICB to the agenda of a future Board meeting.	M Thompson	31/08/2022	Deferred until future Board meeting.	In progress
9	13/10/2022	8	**Digital Strategy and Investment Priorities** Secure investment requirements over future years.	System Leaders Finance Group/ J Kearton	Ongoing	Further funding for Patients Know Best has not been approved for the system money is expected to flow in July 23. The Strategic Data Platform and future provision of Business Intelligence services will form part of the corporate services review moving forward. Board action therefore closed.	Complete
24	16/03/2023	11	**Fuller Stocktake** Investment into mental health nurses in PCNs to be included in future Fuller Stocktake reports.	W Guy	13/07/2023	Included within last paragraph of Section 2 of the July Fuller Stocktake Update.	Complete
25	16/03/2023	13.1	**Delegated Commissioning (Pharmacy, Optometry and Dental)** The Primary Care Commissioning Committee (PCCC) to report back to the Board on the scale of the financial and commissioning challenge with Pharmacy, Optometry and Dental delegation (e.g. supply and demand).	R Fenton/ W Guy	13/07/2023	This was considered at PCCC on 5 July. A report is due to be brought to the 21 September 2023 Board meeting.	In progress

Mid and South Essex Integrated Care System

Agenda item 5
ICB Board Action Log July 2023

NHS Mid and South Essex

Action No.	Meeting Date	Agenda Item No.	Agenda Item Title and Action Required	Lead	Deadline for completion	Update / Outcome	Status
26	18/05/2023	3	**Questions from the Public:** Arrange for written responses to be provided to questions raised by members of the public.	N Adams / S O'Connor	30/06/2023	Responses issued.	Complete

Part I ICB Board Meeting, 20 July 2023

Agenda Number: 6

Southend, Essex, and Thurrock Mental Health Strategy

Summary Report

1. Purpose of Report

To provide the Board with an update on the development of the Southend, Essex and Thurrock Mental Health Strategy from 2023 to 2028; to seek Board endorsement of the draft strategy which has been developed collaboratively with partners and is consistent with our Integrated Care Partnership Strategy and Joint Forward Plan; and to support the establishment of a Strategy Implementation Group to coordinate collaborative working across partners to implement the strategy.

2. Executive Lead

Frances Bolger, Interim Executive Chief Nurse

3. Report Author

Alfred Bandakpara-Taylor, Deputy Director Adult Mental Health.

4. Responsible Committees

ICB Executives have supported the proposal and recommended approval by the ICB Board.

The decision sits within the approval authority of the ICB Board.

5. Link to the ICB's Strategic Objectives

The MSE ICS has embedded mental health as an intrinsic element of its strategic work plan as set out in the Joint Forward Plan.

6. Impact Assessments

Equality and Health Inequality Impact Assessment to be completed as part of the development of the work plans for the delivery of the strategy.

7. Financial Implications

This is within current ICB baseline and in line with the Mental Health Investment Standard (MHIS). No additional investment is required at this stage.

8. Details of patient or public engagement or consultation

Engagement initially took place with a number of different stakeholders as part of the development of the strategy. In addition, Essex Police (EP) have been engaged and are keen to be part of the arrangements established. A range of Voluntary, Community, Faith, and Social Enterprise (VCFSE) sector organisations have also been engaged in developing the strategy and will continue to be key partners in the next phase of implementation.

9. Conflicts of Interest

There is no conflict of interest for provider members of the Board.

10. Recommendation(s)

The Board is asked to:

- Endorse the Southend Essex and Thurrock All-Age Mental Health Strategy, recognising it has been the product of extensive engagement and input from across a diverse range of stakeholders and partners.
- Agree and support the establishment of the Southend, Essex and Thurrock All-Age MH Strategy Implementation Group, recognising it has been the product of extensive engagement and discussion with partners.
- Note it will receive regular updates on progress with implementation of the strategy and development of collaborative working arrangements.

Southend, Essex, and Thurrock Mental Health Strategy

1. Background

1.1. Over the past nine months we have worked with partners across Southend, Essex, and Thurrock (SET), supported by an external consultancy, Tricordant, to:

- Understand the population needs around mental health informed by the Essex JSNA, national and local data and extensive engagement with local professionals, partners and service users.
- Respond to the identified needs within the context of national policy and local ICP strategies through developing a revised 'all age' strategy building on the 2017 version.
- Explore options for working together to support implementation of the strategy.
- Develop supporting enabler and implementation plans.

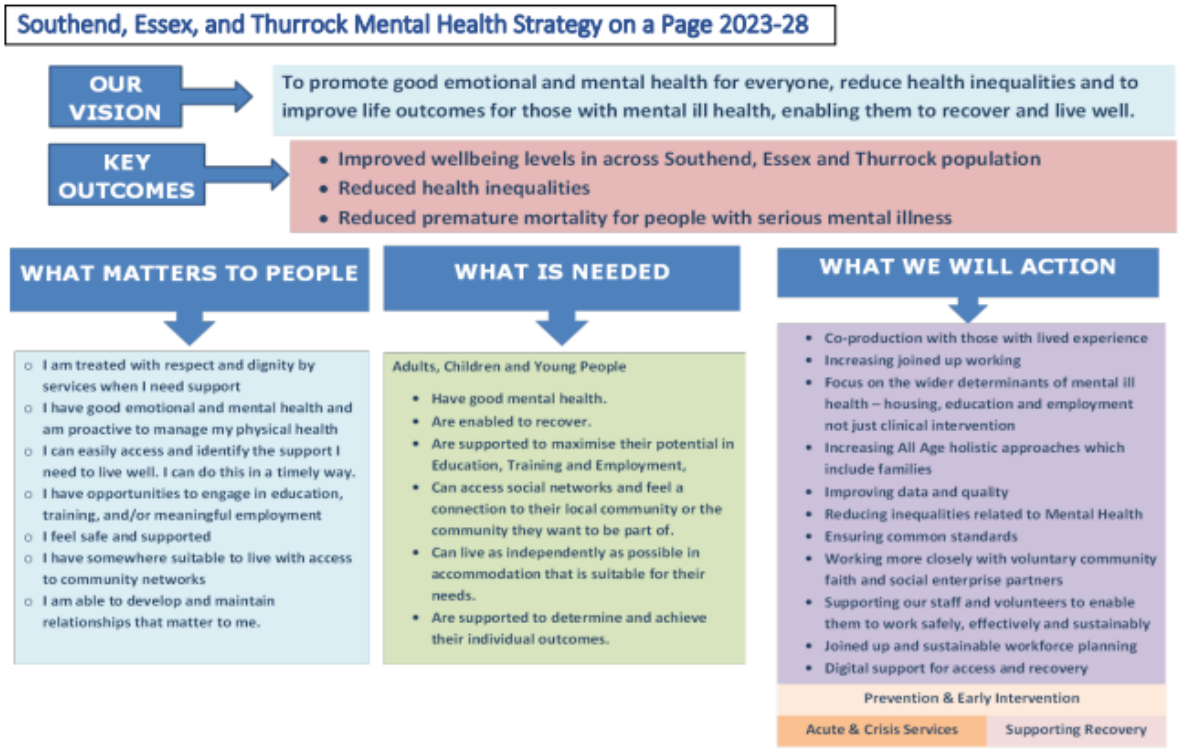
1.2. The core partners have included:

- North East Essex (part of Suffolk and North East Essex ICS) (NEE)
- West Essex (part of Hertfordshire and West Essex ICS) (WE)
- Mid and South Essex ICS (MSE)
- Southend City Council (SCC)
- Essex County Council (ECC)
- Thurrock Council (TC)
- Essex Partnership University NHS Foundation Trust (EPUT) – provider of adult services
- North East London NHS Foundation Trust (NELFT) – provider of children and young people's services

2. Key Issues

2.1. **Developing a refreshed Southend, Essex, and Thurrock All-Age Mental Health Strategy**

The strategy has been developed based on the population health needs analysis and building on previous work. It aims to co-ordinate the approach across the Southend Essex and Thurrock aligned with the local strategies produced by the three Integrated Care Partnerships, covering Mid and South Essex, North East Essex (part of the Suffolk and NEE ICS) and West Essex (part of the Hertfordshire and West Essex ICS). The three ICB Joint Forward Plans provide more detail around local service development. The strategy is deliberately brief and lays out the 'all age' vision and principles we will work to and the outcomes to be achieved over the next five years, guided by a set of I-Statements (what matters to people). It is shown in summary form below.



2.2. Ensuring Implementation of the strategy

A significant challenge of the previous 2017 Strategy was not its content, much is still relevant, but its implementation. The complexity of the local socio-political geography and changing NHS landscape made a joined-up approach challenging. The impact of this complexity is a likely consideration of the current Essex Mental Health Independent Inquiry. In recognition of the complexity the three local NHS systems have previously commissioned a Mental Health Taskforce Review. This review process has helped to develop a more joined up approach across the three ICBs, which provides a good platform for further collaborative working across partners. System partners have therefore been determined to develop effective mechanisms for ensuring implementation of the Strategy whilst recognising most of the delivery will continue to be at local place level within ICBs, local authorities, providers, VCFSE and other partners working together with people with lived experience, typically in local Alliances. Partners have developed proposals for a 'Southend, Essex, and Thurrock All-Age MH Strategy Implementation Group' (SIG) focussed on overseeing a limited range of key strategic issues around overall strategy delivery and SET system development with partners sharing leadership of individual workstreams as appropriate. It will build on the existing informal working arrangements established for oversight of the strategy development itself. The Strategy Implementation Group is proposed as a collective 'decision recommending body' of SROs and equivalent from the core statutory partners, together with people with lived experience. Formal decision making will continue to be in line with individual organisation's internal governance approvals.

The main functions for the group are proposed to be:

(a) Oversight and monitoring of overall SET All Age Mental Health Strategy delivery, recognising subsidiarity at place level. 'Place' in this context means at least local

authority level [ECC, SCC, TC] and also the 6 Alliances across SET, where NHS, local authority and VCSE partners work together.

(b) Delivering SET level outcomes for specialist services [Eating Disorders, Peri-natal, Personality Disorder, and bedded care including Inpatient beds and supported accommodation].

(c) Coordination and alignment across key pathways including MH crisis, including admission and discharge planning, and with the East of England Specialist Mental Health Provider Collaborative, and between adult and Children, and Young People (CYP).

(d) Information sharing and learning with a focus on equity including reporting at Place and SET level on demand, service capacity and performance, locality service models and transformation programmes, outcomes and funding.

(e) Coordination and alignment across key enabler areas such as quality and safety, workforce, digital, public mental health, population health management, contracting, outcomes and performance metrics.

(f) Advising on decisions, system linkages and issues which may be the responsibility of individual Places or organisations, but which can impact across SET. e.g. Substance Misuse, Crisis Concordat, Suicide Prevention, Safeguarding and Police MH Risk Assessment Groups and with Regional groups such as East of England (EoE) Specialist MH Provider Collaborative.

(g) Facilitating alignment and simplification of system governance. It is recognised there are a plethora of ad hoc groups which have been established in lieu of a coordinated and joined up approach across the SET system.

(h) Horizon scanning and sense making. Identifying new and emerging issues and opportunities and facilitating agreement about how they are best addressed.

The Strategy Implementation Group will work with a range of supporting groups, including many which exist already, including:

- The existing Collaborative Children's Forum which oversees a single contract for the commissioning of Children and Young People (CYP) mental health services.

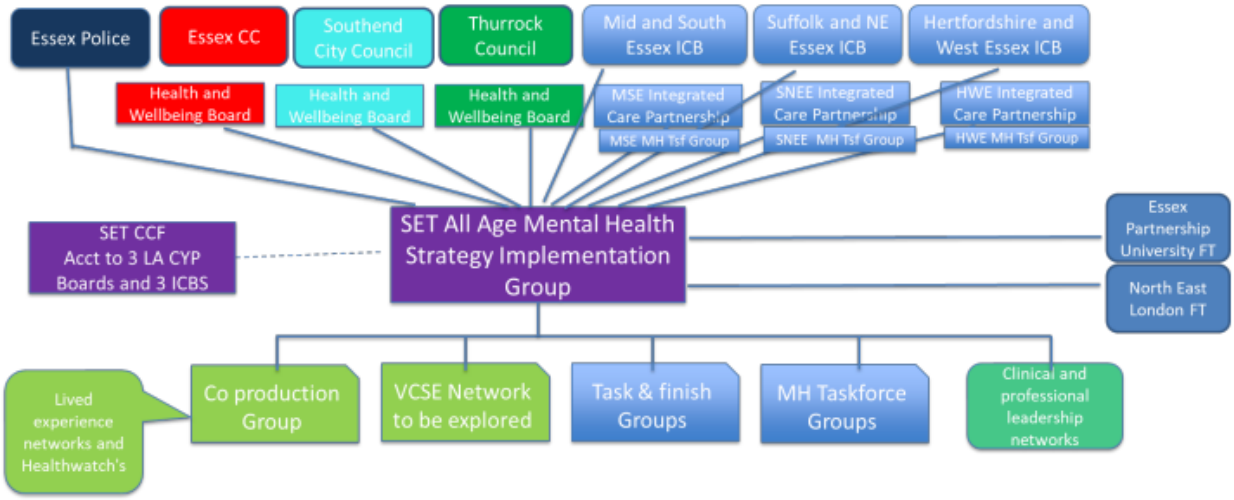
- New supporting groups, only where needed, which are likely to include: Co-production – challenging and supporting the system to ensure co-production is embedded.

- Development of joined up approaches to key enablers such as finance, outcome and performance reporting, workforce and digital.

- Key areas where enhanced focus is needed such as embedding a holistic approach around transition.

It has been agreed by partners that the Strategy Implementation Group is hosted by Essex County Council with support of a jointly funded 'Business Manager' who will coordinate agendas and officer co-working across partners. They will be supported by the growing number of jointly funded partnership roles working across ICBs, local authorities and providers. The initial chair is proposed to be the SNEE ICB Director of Strategy and Transformation.

2.3. The proposed governance of the Strategy Implementation Group is shown below.



The working of the Strategy Implementation Group will be formally reviewed after 6 to 9 months, and following publication of Essex Mental Health Independent Inquiry, to identify any changes required to its operation. This may include more formal development of its governance and working arrangements, including learning lessons from the development of local mental health system collaboratives in Suffolk and Hertfordshire.

Next steps, once agreed by all partners:

(a) The Southend, Essex, and Thurrock All-Age MH Strategy will be published and shared with the public and partners.

(b) The Southend, Essex, and Thurrock All-Age MH Strategy Implementation Group will be formally established and will develop a work programme and supporting working arrangements.

(c) Regular (6 monthly) reports on strategy implementation progress will be produced for each partner.

3. Findings/Conclusion

3.1. The development of the Strategy was supported by external consultants (Tricordant) who worked with a steering group of system leaders. Extensive conversations were held with groups representing those with lived experience covering larger organisations such as Mind and Healthwatch, smaller and more locally based such as Trustlinks and Southend Association of Voluntary Services (SAVS) through to very specific groups such as those representing Bangladeshi women and African men. These were led by a member of the consulting team who is an expert by experience skilled in this work.

3.2. Tricordant engaged with over 100 different individuals, groups, and organisations including clinicians, professionals and leaders from across the partner organisations. They also facilitated two system workshops with a diverse range of stakeholders to develop the shared direction for the strategy building on an analysis of local population

needs, informed by the local Mental Health Joint Strategic Needs Assessment (JSNA) and key national and local data sources.

4. Recommendation(s)

The Board is asked to:

- Endorse the Southend Essex and Thurrock All-Age Mental Health Strategy, recognising it has been the product of extensive engagement and input from across a diverse range of stakeholders and partners.
- Agree and support the establishment of the Southend, Essex and Thurrock All-Age MH Strategy Implementation Group, recognising it has been the product of extensive engagement and discussion with partners.
- Note it will receive regular updates on progress with implementation of the strategy and development of collaborative working arrangements.

Southend Essex and Thurrock

Mental Health Strategy

Contents

Introduction

Health and care leaders across Southend, Essex, and Thurrock (SET) are working to further improve the lives of those who live with mental ill health. This brief and practical all-age strategy sets out the vision and principles we will work to and the outcomes to be achieved over the next five years.

Our vision is to promote good emotional and mental health for everyone, reduce health inequalities and to improve life outcomes for those with mental ill health, enabling them to recover and live well.

This strategy builds on previous work and aligns with the local strategies produced by the three Integrated Care Partnerships[1], covering:

- Mid and South Essex
- North East Essex (part of the Suffolk and NEE ICS[2])
- West Essex (part of the Hertfordshire and West Essex ICS).

Southend, Essex, and Thurrock System Partners

Organisations from across a complex geography are working together in partnership and are committed to ongoing learning as part of the delivery of the strategy:

- North East Essex (NEE)
- West Essex (WE)
- Mid and South Essex ICS (MSE)
- Southend City Council (SCC)
- Essex County Council (ECC)
- Thurrock Council (TC)
- Essex Police (EP)
- Essex Partnership University NHS Foundation Trust (EPUT) – provider of adult services
- North East London NHS Foundation Trust (NELFT) – provider of children and young people's services

People who use mental health services, families, and carers with lived experience, and Voluntary, Community, and Social Enterprise (VCSE) sector organisations have also been engaged in developing the strategy and will continue to be key partners in delivering it.

Appendix 1 contains further detail of each of the individual geographies covering the Place based partnerships.

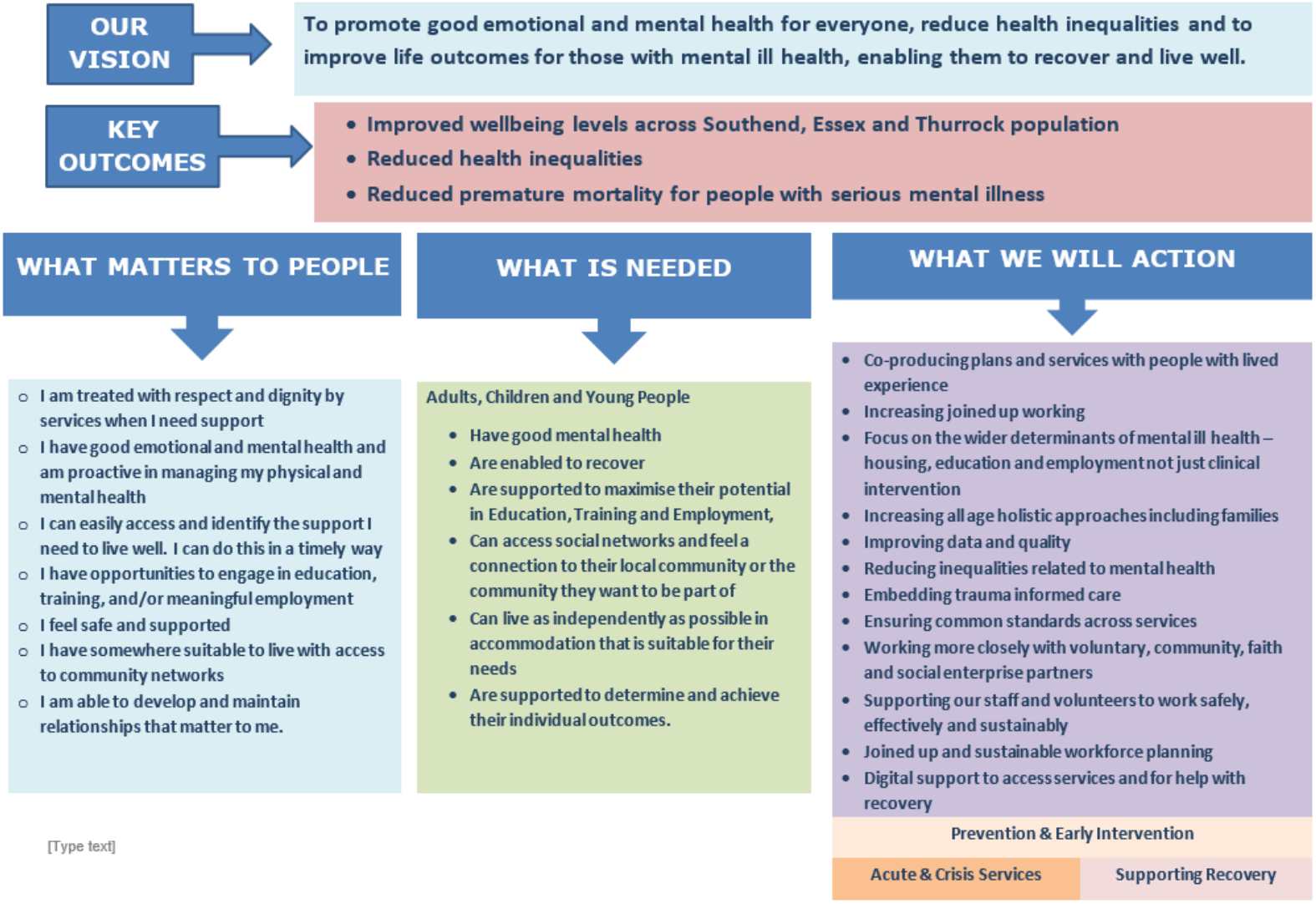
The vision and deliverables of this strategy

We have a clear vision for this strategy, and from working with groups of people with lived experience of mental ill health we have co-produced a list of ''What Matters to People' which informs the outcomes to be delivered through the strategy.

[1] Integrated Care Partnerships (ICP) are a statutory committee jointly formed between the NHS Integrated Care Board (ICB) and all upper tier local authorities that fall within the Integrated Care Systems (ICS) area.

[2] Integrated Care Systems (ICS) are partnerships of organisations that come together to plan and deliver joined up health and care services to improve the lives of people who live and work in the area.

Southend, Essex, and Thurrock Mental Health Strategy on a Page 2023-28



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PRIORITIES FOR THIS STRATEGY – Adults

Prevention & Early intervention

- Provide information and support on wellbeing and managing risks to mental health to help people to maintain good mental and physical health. This could be from non-clinical voluntary services as well as formal services.
- Ensure people have access to local community-based support for their mental health throughout their lives. This should include integrated therapies, especially for people who have complex needs and/ or are particularly vulnerable.
- Ensure people with severe mental illness receive a full annual health check and follow-up interventions
- Improve access to adult eating disorder services
- Increase access to specialist perinatal mental health care for all new and expectant mothers
- Review mental health support for older people recognising the need to support carers, and the impact of social isolation and loneliness
- Improve coordination of support for people through key life transitions especially for 18-25 year olds.
- Embed a 'think family' approach to consider and support the needs of a whole family around a person

Acute and Crisis Services

- Improve pathways and access to community-based support during a mental health crisis to avoid escalation and/ or inpatient admission.
- Ensure prompt access to good quality first response care in an emergency that includes mental health assessment and support
- Improve safety of mental health inpatient environments
- Reduce hospital admissions for mental health conditions, including emergency admissions for self-harm, through improved community support
- Reduce time spent in inappropriate out of area placements by adults needing non-specialist mental health inpatient care

Supporting recovery

- Improve access to effective Talking Therapies for everyone who needs support
- Improve access to integrated, holistic and recovery-focused mental health support for adults with severe mental illness
- Develop supported accommodation in the community to support timely discharge from hospital settings
- Improve and embed integrated pathways to access housing, education, employment, self directed support and skills, particularly for people severe mental illness
- Work with local employers and partners to develop suitable opportunities and roles for people with severe mental illness

Priorities for this Strategy – Children and Young People

Prevention & Early intervention

- Improve access to wellbeing advice and support in communities and schools
- Improve access to FREED (first episode rapid early intervention for eating disorders) and for ARFID (Avoidant restrictive food intake disorder)
- Improve access to trauma informed services through communities or schools
- Improve access to infant mental health services
- Increase access to CAMHS (Children and Adolescent Mental Health Services).
- Increase access to health and justice mental health provision
- Increase provision of mental health in schools teams across Essex
- Continue expansion of non-clinical services to support prevention and a wider determinant of health approach to children, young people, and their families/carers
- Embed a 'think family' approach to consider and support the needs of a whole family around a child
- Develop digital support for children and young people's mental health
- Develop mental health workers in primary care

Acute and Crisis Services

- Improve access to intensive support in the community
- Improve access to the crisis team from hospital or home
- Ensure 24/7 access to crisis care and support and continue to develop these services
- Reduce hospital admissions, especially for those with mental health and learning disabilities/autism
- Reduce length of stays (where appropriate) for inpatients
- Integrate mental health services for children and young people with acute trusts
- Reduce hospital admissions for self-harm by rolling out the self-harm tool kit to schools and other settings
- Expand of the community mental health and CYP learning disability and neurodevelopment team
- Mobilise at risk mental health state (ARMS) teams

Supporting recovery

- Increase access and choice of support and treatment options for young people
- Increase pathways to support the Young Adults 18-25 Transition
- Increase 'step down' services from more intensive to less intensive support
- Improve access to home feeding support teams for eating disorders
- Improve integrated pathways to access education, training, and employment
- Increase access to digital support
- Increase non-clinical support for recovery programmes
- Support children to stay with their families whilst receiving services so that less children with mental health needs entering the care system

How we have developed this strategy

To develop the strategy, we commissioned external consultants (Tricordant) who worked with a steering group of system leaders. Tricordant interviewed the leaders and held two system-wide workshops to obtain a clear sense of direction for the strategy.

Conversations were held with over 100 individuals, groups or organisations representing those with lived experience. This included Mind and Healthwatch, as well as smaller and more locally based organisations such as Trustlinks and Southend Association of Voluntary Services (SAVS) through to very specific groups such as those representing Bangladeshi women and African men.

The Tricordant team included experts by experience. A consultant psychiatrist and an executive mental health nurse carried out research into the specific population needs by working with public health colleagues and local clinicians and professionals and by using data from the local Mental Health Joint Strategic Needs Assessment (JSNA) and key national and local data sources.

Why do we need this strategy?

Societal and Economic cost of mental illness

Poor mental health has a huge impact on the overall health and wellbeing of people and is increasing. Suicide is the leading cause of death for men under 50 with 75% of all suicides being men[3]. Suicide in women aged 24 or under in 2021 saw the largest increase since ONS began recording them in 1981[4]. Depression is now the third most common cause of disability[5]. 1 in 4 people will have mental health challenges at some point in their lives[6].

Poor mental health can impact on schooling and educational attainment, ability to work and stay in work, quality of relationships and experiences of ageing. Half of mental ill health starts by age 15 and 75% develops by age 18[7].

The economic cost of mental ill health is estimated to be approximately £100 billion for the UK [8] which suggests it is around £3.2 billion for Southend, Essex, and Thurrock. 72% of the economic cost is considered to be from lost productivity due to absence from work. The 15-49 age group accounts for 56% of the economic cost and the 50-69 group at 27%. Within Southend, Essex, and Thurrock approximately £400

[3] NHSE Tackling the root cause of suicide https://www.england.nhs.uk/blog/tackling-the-root-causes-of-suicide/
[4] https://mentalhealthinnovations.org/news-and-information/latest-news/ons-report-shows-alarming-rise-in-suicide-rates-among-young-women.
[5] https://www.who.int/news-room/fact-sheets/detail/depression
[6] https://www.mind.org.uk/information-support/types-of-mental-health-problems/statistics-and-facts-about-mental-health/how-common-are-mental-health-problems/
[7] https://mhfaengland.org/mhfa-centre/research-and-evaluation/mental-health-statistics/
[8] https://www.lse.ac.uk/News/Latest-news-from-LSE/2022/c-Mar-22/

million is spent each year by the NHS, Local Authorities, and Police on emotional wellbeing and mental health.

Population needs

Our engagement and research has identified the following key challenges for Southend, Essex, and Thurrock.[9] ICP strategies include more detailed information for their local populations. Many of these facts are not unique to this area and impact much of the UK.

- **Large and growing demand**
  - The number of adults with common (mild and moderate) mental health problems in the population is approximately 1 in 6
  - 1 in 6 children and young people (CYP) also have mental health problems, an increase from 1 in 9 only 5 years ago[10]
  - There is a smaller, but growing, number of people with severe mental ill health causing significant ongoing impact on their daily lives
  - Current services, particularly for adults, do not appear to match population needs and current or predicted demand
  - There has been a significant deterioration in mental health and wellbeing through Covid 19 and the impact is anticipated to be ongoing
  - Mental health services are experiencing unprecedented demand with a 76% increase in new referrals in February 2022 compared to the same month in 2020, which led to approximately 5% more total mental health contacts in that same period. Children and young people contacts increased by 16% during the same period
  - Mental ill health has a strong correlation with deprivation and the cost-of-living pressure is expected to add to challenges for those living in deprivation and increase the number who will suffer anxiety and depression.
  - The older population in Southend, Essex and Thurrock is expected to increase by 32,000 people by 2027. National data indicates that 1 in 4 are likely to be affected by depression and only an estimated 15% will receive NHS help[11]
- **Demand presents across the whole system,** not just specialist mental health providers. It significantly impacts Primary Care, A&E departments, and the Police amongst others

[9] Unless stated data is drawn from the accompanying document 'Mental Health– Population Health Needs in Southend, Essex and Thurrock' or from https://mhfaengland.org/mhfa-centre/research-and-evaluation/mental-health-statistics/.

[10] https://www.youngminds.org.uk/about-us/media-centre/mental-health-statistics

[11] https://www.mentalhealth.org.uk/explore-mental-health/mental-health-statistics/older-people-statistics

- It is estimated nationally that 40% of GP appointments are for mental health related issues
- 15-25% of all incidents Essex Police responds to involve mental health[12]

- **Physical and mental health challenges** are often linked with both experienced by many people
- **Complexity through multiple conditions is common** among individuals with mental illness including links with learning disabilities, substance misuse, offending and social exclusion
- **Certain groups are disproportionately affected** by mental health issues as these can bemade more complex by the interaction of different categories of social identity. For example, people from different genders or ethnic groups, LGBTQ+ people, travellers, young adults, older people, and people living in poverty, may receive **inequitable service provision and care.** This can be perpetuated by the inaccessibility of services e.g., for people with low levels of literacy or where English is not the first language or for other cultural reasons
  - Many people find it difficult to access mental health services via their GP
- **Inequality and service variation**
  - The prevalence of common mental health problems varies across Southend, Essex, and Thurrock
  - There is also significant variation in premature mortality in people with severe mental illness
  - Provision varies across areas even when levels of deprivation and resources are accounted for
  - Many people with mental health needs from London Boroughs are placed in Southend,which increases demand.
- Between a quarter to a half of adult mental illness may be **preventable with appropriate interventions in childhood and adolescence**
- Only half of adults in contact with specialist mental health services are in stable and **appropriate accommodation**.
- People in contact with specialist mental health services have a 73% lower **employment** rate than the general population. T

Across Southend, Essex, and Thurrock there are significant local mental health challenges, for example[13]:

- Southend has high rates of common and severe mental health
- Tendring has challenges around mental and behavioural disorders, admissions for self-harm, and suicide
- Thurrock has increasing numbers of children with social, emotional, and mental health needs, and high

[12] Mental Ill Health Problem Profile 2022, Essex Police

[13] Based on various sources quoted in the Joint Strategic Needs Analysis

premature mortality for people with severe mental illness

Taking these community needs into consideration is key. This strategy aims to ensure that need drives provision and provision meets need. We want to have the right provision in the right place for every citizen across Southend, Essex, and Thurrock who requires support and care for their mental health.

National Policy Drivers

In implementing this strategy we will ensure we meet the specific requirements of relevant national strategies whilst delivering the needs of the local population.

The government Department of Health and Social Care are due to publish a Major Conditions Strategy during 2023. This strategy will tackle the conditions that contribute most to the burden of disease in England, including mental ill health, and the increasing number of people living with multiple conditions. This joined-up strategy will ensure that mental ill health is considered alongside physical health conditions. A separate national suicide prevention strategy will also be produced during 2023.

Several other national initiatives are under way such as:

- reform of the Mental Health Act
- reform of Care Programme Approach (CPA), a package of care for people with mental health problems
- Adult Social Care reform, including charging reform
- refresh of the Triangle of Care, a best practice guide that includes and recognises carers as partners in care
- Levelling Up, the government agenda to improve opportunities for everyone across the UK

All of these initiatives will help contribute to the success of this strategy.

Views from Lived Experience

To develop this strategy, we have listened to individuals and groups with lived experience. We have heard some consistent key themes about what people want:

Availability of services

- More clarity and consistency regarding referral pathways to avoid re-referrals or people falling through the gaps
- Shorter waiting lists, especially for children and young people
- Increased provision of personality disorder services
- More resources directed to early intervention and prevention services
- Improved access to primary care services, including in-person GP appointments

Person centred care

- Less need for people to repeat their stories

- More continuity of care and improved communication, especially for those on waiting lists
- Better care coordination and sharing of information, particularly across organisational boundaries and fragmented services
- More choice regarding therapy and treatments, for example where people would prefer to be referred to voluntary, community, and social enterprise providers (VCSE)
- Better listening to understand and tailor care to meet individual need
- Greater engagement with families and carers as partners in care.

Inequalities and inequities

- More accessible and inclusive services that can meet a range of needs
- Less stigma around mental illness across health, care, and public services
- A more consistent base level-standard to reduce disparities between services across Southend, Essex, and Thurrock.
- Greater engagement with people from ethnic and minority communities
- More meaningful involvement and co-production opportunities to strengthen the voice of lived experience
- Better support for transitions of care, particularly between young people and adult services, and inpatient and community services.

Stories of improvement

Whilst we heard many concerns from those with lived experience we did also hear about good experiences, services, and initiatives that we can continue to build on. A few examples of these are:

- Social prescribing link workers in Southend and the Friends for Lives suicide intervention and prevention service
- The children and young people mental health support team in schools in West Essex and the partnership with EPUT to provide seven mental health coaches integrated with Primary Care Networks (PCNs)
- Projects such as the Trust Links Growing Together project, the Colchester based Bangladeshi Women's Association and the Crisis Café in North East Essex, which all provide additional mental health support including out of hours
- Initiatives by Mind in Mid and South East Essex, such as 'Somewhere to Turn' and their supported housing solutions that give people greater independence
- Integrated PCN mental health teams in Thurrock that have multidisciplinary working and psychiatrists running

clinics within surgeries. They are also changing their use of language, such as using the term ‘transfers’ instead of ‘discharge’ to reduce people’s fear of losing a service.

Moving forward from previous strategy

Many aspects of the previous 2017-21 SET mental health strategy are still relevant, and implementation continues. Despite some of the great work that has happened across the system during challenging times, many people's interactions with, or ability to access health and care services can still be difficult. Many people report that they are not seeing benefits from the changes and investment in services.

Whilst recognising thedifficulties of the previous few years it is important to also acknowledge the areas of success. Examples include:

- An enhanced emotional wellbeing offer for children and young people
- New adult urgent care pathways including mental health facilities at emergency departments
- An improved community offer for adults, including support to primary care
- Enhanced community support for people with personality disorders
- Extended employment support to prevent people losing their jobs
- Integration of physical and mental health community services in West Essex to better meet the needs of older people, in particular those with multiple long-term conditions
- Improved culture of learning and improvement within mental health services

Specific focus on Children and Young People

This is an all-age strategy which also covers children and young people; however, it is important to stress our specific areas of focus for this important group. These are:

- Eating Disorder Services
- Crisis Services
- MH Services and Acute Trusts- improving integration
- Mental Health Support Teams working with Education
- Access and Outcomes
- Use of digital technology
- Young Adults 18-25 transition
- CYP specialist workforce

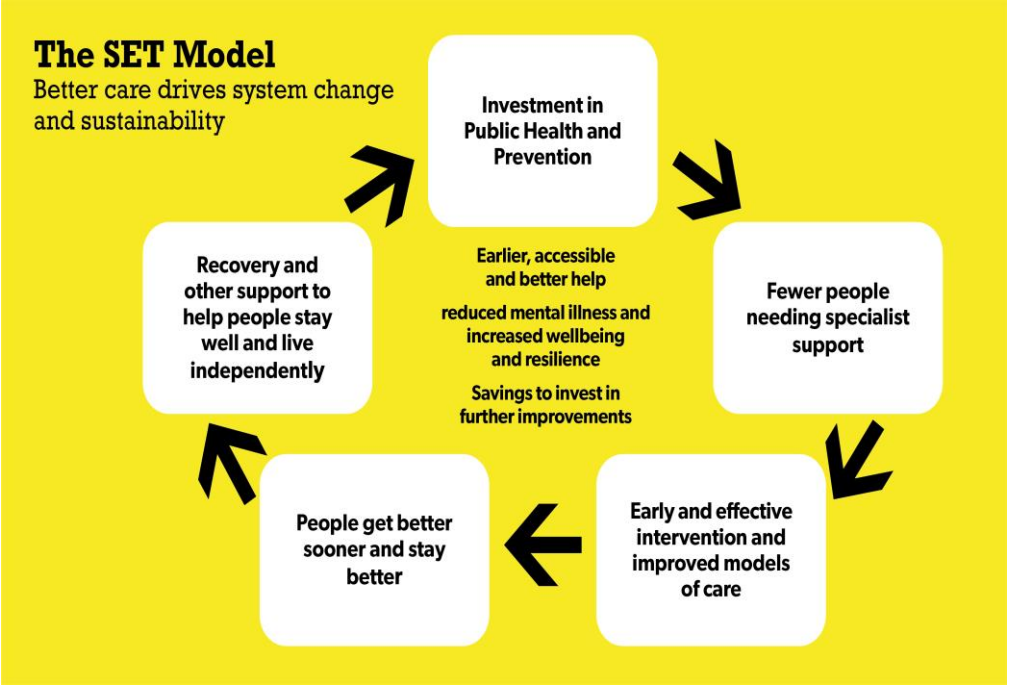
Across Southend, Essex, and Thurrock we will also be working together to support children and young people to manage risks such as the potential for online harm and use of harmful behaviours. This helps enable them to be supported

in the community by preventing need for admission into care or hospital.

There is an annually updated local transformation plan for Children and Young People in place which supports this strategy.

Developing our local model: better care drives system change and sustainability

The diagram below summarises the strategic approach for Southend, Essex, and Thurrock which seeks to further improve our approach to prevention, early intervention, and community support within the context of the wider determinants of mental health, to reduce the need for hospitalised care.



Focussing on the wider determinants of mental health

Wellbeing and mental health challenges affect all of us. Everyone seeks to maintain their own emotional and mental health and support those around us. This is not always easy or possible, especially if there is a background of trauma. When people experience deterioration in their emotional and mental health, this causes distress and can lead to crisis. In our services we want to work with people to understand and address the root of the 'triggers' for deterioration in their

emotional and mental health as well as helping them respond to the symptoms.

It is widely accepted that clinical care only contributes to 20% of the impact on people's general health outcomes. Social and economic factors have double that impact, and in mental health we know that disadvantage and discrimination have a disproportionate impact. We want to work together with communities to develop their capacity to be supportive, inclusive, resilient, and emotionally healthy places for children, young people, and adults.

Whilst the clinical services provided by the NHS have a vital part to play, the role of local authorities and local VCSE organisations and networks is also critical for influencing the factors which support people's mental health.

Local authorities have duties under the Care Act and Children's' Act to promote the wellbeing of individuals and to provide services which help to prevent, reduce, or delay peoples' needs developing, including the impacts on children of adverse childhood experiences. We plan to strengthen our work with families, carers, and schools to improve emotional wellbeing and prevent long term mental ill health in children and young people. Through this strategy we are also committed to further strengthening support for older people.

We are focused on ensuring equity of service provision across the Southend, Essex, and Thurrock geography to improve outcomes for people of all ages in all our communities. We are working together at both the larger geography and local levels to plan and further improve services at the right population level.

Each of the three ICPs have been developing their strategies, with a key leadership role for local authorities in leading, commissioning and coordinating wellbeing, prevention, and community mental health services. There is an active programme of public mental health across SET which aims to develop a prevention strategy to reduce the risk of mental ill health and the need for specialist support. This also links to local approaches to service transformation, Levelling Up and improving Population Health.

Early and effective help and support

Where people do become unwell and need support, this model and the priority areas we have outlined in the strategy will help ensure people can easily access the treatment they need when and where they need it.

Focusing on recovery

Local Authorities have a role in empowering people who have mental illness, as well as their unpaid carers, and wider communities. They enable people to lead fulfilling and independent lives by providing information, advice, advocacy and offering practical support with everyday activities including for example housing, employment, finance and debt advice, direct payments, and technology. We recognise that recovery is enabled as people grow their ability to access a

life with purpose, meaning and a voice. It is more than just the absence of symptoms.

We want to make sure people have the right place to live and can access meaningful activity such as education and employment whilst they are in recovery. A new supported accommodation model is working to help ensure more people live in stable and appropriate accommodation, and there is also work underway to improve support to enter and stay in employment.

Suicide Prevention

The Southend, Essex and Thurrock Suicide Prevention Board strategy and delivery plans will align to support the ambition of this Mental Health strategy and associated plans. The Board has an all-age approach to preventing suicide which is underpinned by the priorities agreed within the national suicide prevention strategy.

Workforce

The organisations working in the SET mental health system face significant workforce pressures. Recruitment and retention are difficult and there are high vacancy and turnover rates; this is a national situation and not just local to Southend, Essex, and Thurrock. The shortage of staff places pressure on our workforce and could limit achievement of our strategic objectives if not quickly addressed.
To overcome this, we are working to reimagine what the workforce could look like and implement new workforce models. Our desire to move care into the community where appropriate, rather than using inpatient facilities, will ease pressure on the inpatient workforce and create the opportunity for different job roles in the community.

We want to create exciting employment opportunities for the workforce to develop new or existing careers within the Southend, Essex, and Thurrock geography. This will include improving support for the wider social care and VCSE workforce within the mental health system and creating positive cultures and working experiences for all of our workforce.

Digital Technology

Digital technology is a key enabler to support people within a joined up mental health care system. During the life of this strategy, we will develop digital technology for staff to share information more easily and for people with mental health needs to access more services online.

We are aware that digital technology is not easy to use for everyone and will work to support digital inclusion and provide alternative options for people using services.

Implementation and monitoring achievement

A plan is being developed to implement the strategy, which will be overseen by a Strategy Implementation Group of senior leaders across the SET mental health and care system. Most of the implementation will be led by partners working in their local places.

There will be clear responsibility and accountability across the system for improving individual outcomes, creating the conditions for promoting good mental health, and delivering services where needed. We will publish information on how partners will work together across the system and the governance arrangements through which decisions will be made. This will include links to other key workstreams such as suicide prevention, and overarching governance boards at Alliances[14], Local Authorities, ICSs and Health and Wellbeing Boards.

An outcomes framework and key performance indicators (KPIs) will be made available with regular ongoing reporting to demonstrate the status of the work and progress achieved to implement the strategy. Measures will include the reported experiences and perceptions from those with lived experience and will be made publicly available.

To measure performance improvement, we will use the financial year 2020-2021 as our baseline, except for where a specific national or local target is already in place.

A key challenge is to ensure that the work to implement this strategy is coproduced with support and input from those with lived experience. This involvement should be genuine and give equal voice to people who traditionally may not have been involved, especially those from ethnic and minority communities. System leaders are working with local lived experience networks to agree the best ways to ensure their meaningful involvement to develop new collaborative decision-making arrangements.

This is an important strategy for the people of Southend, Essex, and Thurrock. The leaders of the local authorities and NHS are determined to make it work and deliver improved prevention and early intervention, as well as high quality care, support, and treatment for those living with mental ill health. Success will come from working together to address the wider determinants of emotional and mental health and reduce the impact of mental ill health.

[14] See appendix 9. There are 6 Alliances across SET, made up of NHS, Local Authority and VCFSE partners focussed on a place covered by a unitary authority and/or district council. These are Thurrock, South east Essex which includes Southend City, Basildon & Brentwood, Mid Essex, West Essex and North east Essex.

Appendix

Local Geographies

West Essex: Population 319,000
Hertfordshire and West Essex ICB works with Essex County Council (ECC) and the 3 District Councils of Epping Forrest, Harlow and Uttlesford, in the West Essex Health and Care Partnership. The partnership has focussed on joining up community mental health services with physical community health services, integrated around primary care.

North East Essex: Population 341,000
Suffolk and North East Essex ICB works with ECC and the 2 Borough/District Councils of Colchester and Tendring in the North East Essex Health and Wellbeing Alliance which is a collaboration of commissioners, providers and other system partners working together to transform the health and wellbeing of the population of North East Essex as an integrated system. Their approach is for everyone at all stages of their life to be able to Live Well, so they work towards outcomes using the 6 domains of the Live Well mode including 'Feel Well; Supporting mental wellbeing' and 'Be Well; Empowering adults to make healthy lifestyle choices.'

Mid Essex: Population 402,000
Mid and South Essex ICB also work with ECC and the 3 Borough/District Councils of Chelmsford, Braintree, and Maldon, in the local NHS Alliance which covers Mid Essex. Existing areas of focus for the Mid Essex Alliance includes suicide prevention.

Southend City Council: Population 183,000
Southend City Council, and Mid and South Essex ICB are the statutory commissioners of mental health services for Southend. The Council's social care vision is to work collaboratively with people to enable them to live safe, well and independently in the community, connected to the people and things they love. This is outlined in **3 key strategies around Living Well, Caring Well and Ageing Well**. Through a strengths-based focus, there is a drive to transform care and support to ensure that there are flexible options that enable independence. In particular, local partners are working together to address the disproportionate number of people in residential care, often placed by London Boroughs.

Thurrock: Population 178,000
Thurrock is a unitary authority area with borough status. It is part of the London commuter belt and an area of regeneration within the Thames Gateway redevelopment zone. The local authority, Thurrock Council, and Mid and South Essex ICB are the statutory commissioners of mental health services and are implementing an ambitious local strategy, Better Care Together Thurrock, developed by local partners through the Thurrock Integrated Care Alliance (TICA). The strategy sets out Thurrock's collective plans to transform, improve and integrate health, care and third sector services for adults and older people, to improve their wellbeing.

Key aspects relevant to this strategy include:

- Human learning Systems as the core guiding approach
- Strengths and assets-based approach to community engagement and development,
- Co-production with residents and communities to develop radically new models of care
- Integrating and transforming community mental health services with General Practice in the context of Primary Care Networks and a wider integrated housing, care and wellbeing workforce
- Transformation in local community mental health services has already begun to see significant reductions in access times and improved quality, and an enhanced focus on recovery
- Focusing on proactive and preventative care using Population Health Management.

Basildon & Brentwood: Population 264,000
Mid and South Essex ICB also work with ECC and the 2 District Councils of Basildon Point and Brentwood in the local NHS Alliance which covers Basildon & Brentwood. The Basildon and Brentwood Alliance is committed to:

- Understanding and working with communities
- Joining up and co-ordinating services around people’s needs
- Addressing non-medical factors that affect the health and wellbeing of local people
- Supporting quality and sustainability of local services

Part I ICB Board meeting, 20 July 2023

Agenda Number: 7

Southend Special Educational Needs and Disability Strategy 2022-26

Summary Report

1. Purpose of Report

To request the ICB Board members to note and approve the Southend Special Educational Needs and Disability (SEND) Strategy, **at Appendix 1**, in line with the ICB's statutory duties as described in the Children and Families Act 2014 and the SEND Code of Practice 2015.

2. Executive Lead

Frances Bolger – Executive Chief Nurse

3. Report Author

Maria Crowley, Director of Children, Mental Health & Neurodiversity MSE ICB.

4. Responsible Committees

The Southend SEND Strategy was presented to and endorsed by the ICB Quality Committee on 21 April 2023.

Southend Council approved the Strategy through their respective governance routes.

5. Impact Assessments

The Strategy takes account of the requirements of the Equality Act 2010 and other related legislation

6. Financial Implications

Not applicable to this report

7. Details of patient or public engagement or consultation

This strategy has been informed through public engagement, consultation and some co-production by the SEND Partnership.

8. Conflicts of Interest

None identified.

9. Recommendation(s)

The Board is asked to note and approve the Southend SEND Strategy 2022-26.

Southend SEND Strategy 2022-26

1. Introduction

The SEND partnership strategy outlines our key five priorities and our aims and ambitions, all of which focus on improving the lived experiences of children and young people with SEND and their families. Following the Care Quality Commission (CQC) and Ofsted Inspection in 2018 many improvements have been made and endorsed by the formal revisit in 2020. However, as a partnership we recognise there is still much work to do.

2. Main content of Report

Working in collaboration. the following 5 priority areas have been identified:

- **Transitions:** Children and young people (CYP) are prepared and supported to thrive at each change in their lives, helping them to feel secure and confident.
- **Early Intervention**: identification, assessment and effective support are provided at the earliest opportunity.
- **Good Mental Health and Wellbeing**: CYP are provided with the best chance to achieve positive mental health, be happy and thrive within their family, education and social lives, develop their potential, build on strong relationships and contribute to their community.
- **Plans**: Educational, health and Care Plans along with wider plans for CYP have the young person at the centre, are well coordinated. Co-produced, timely, and lead to well informed and effective support. Which is regularly monitored and reviewed.
- **The Local Offer**: Southend's Local Offer website is widely and easily accessible resource that signposts to a range of universal, targeted and specialist support services and high-quality provision for CYP and their families.

Accountability for delivery of the SEND Strategy will sit with the Southend SEND Partnership Board which includes senior representation from the ICB and Chaired by Southend Director of Children Services. This is underpinned with a detailed action plan co-produced across the partners with oversight provided by Southend Parent Care Forum, NHS England and Department of Education.

3. Recommendation(s)

The Board is asked to note and approve the Southend SEND Strategy 2022-26.

4. Appendices

Appendix 1 - Southend Special Educational Needs and Disability Strategy 2022-26.

Southend Special Educational Needs and Disability (SEND) Strategy 2022–2026

Helping children and young people with SEND in Southend.

Contents

1. Introduction

Welcome to the 2022 to 2026 Southend Special Educational Needs and Disabilities (SEND) Partnership Strategy for children and young people aged 0 to 25.

This SEND partnership strategy outlines our five key priorities and our aims and ambitions, all of which focus on improving the lived experiences of children and young people with SEND and their families.

Much has been done to improve services for children and young people with SEND since October 2018, when the Care & Quality Commission (CQC) and Ofsted carried out a Local Area joint inspection of the SEND offer in Southend. Four areas of weakness were identified, and the Southend SEND Partnership was formed to oversee the journey of improvement, so that children and young people with SEND in Southend and their families have better experiences.

In 2021 the progress and the difference made was recognised, but the need to keep improving remains.

This strategy has been informed through public engagement, consultation and some co-production by the SEND Strategic Partnership. Details of which are included in the SEND Strategy Engagement Activities. The strategy builds on existing work and shows what will be done to ensure the SEND offer continues to improve. There is a commitment to increase co-production over the lifetime of this strategy and beyond.

Feedback from families tell us that the priorities set out here are important to them. We expect that children and young people with SEND and their families will feel the impact of the work of the Southend SEND Partnership.

The Southend SEND Partnership works together to drive high standards and continuous improvement and is committed to improving the experience of our children and young people with SEND aged from 0 – 25 by providing the right help and support at the right time.

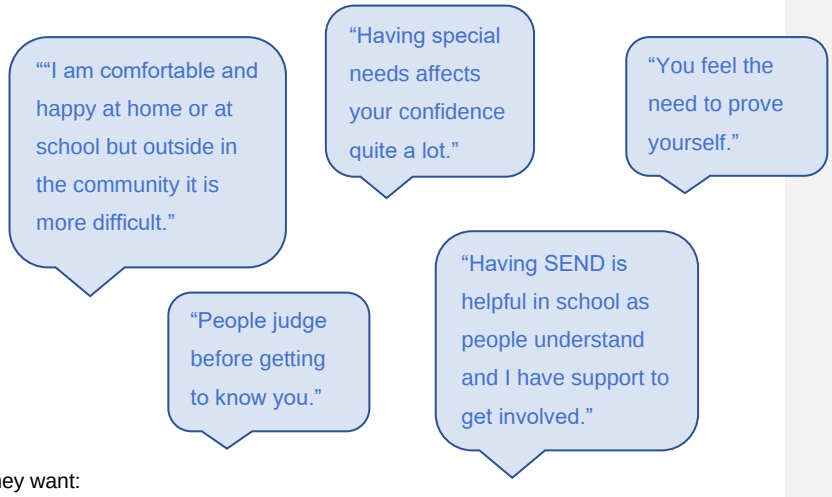
2. What are special educational needs and disabilities?

A child or young person has SEND if they have a learning difficulty or a physical or mental impairment which has a long-term and substantial adverse effect on their ability to carry out normal day-to-day activities, which calls for special educational provision to be made for them.

This is a combined definition from the Children and Families Act 2014 and the Equality Act 2010. These Acts guide the responsibilities and statutory duties of the Southend SEND Partnership to ensure that children and young people have the support they need.

We asked some local children and young people **"What does having SEND actually mean for you?"**

They told us:



They told us they want:

"To be in control and choose what I want to do, feeling welcome"

"Look forward to each day as it comes!"

"A feeling of belonging and inclusion in the school and local community

The Southend SEND Partnership is committed to working together to make things better for children and young people with SEND

3. Local context

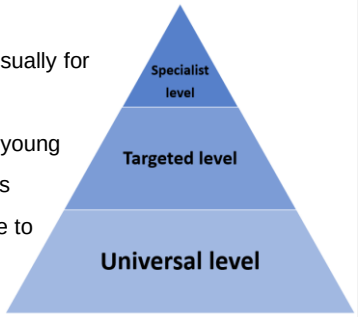
Southend City Council (SCC); the Mid and South Essex Integrated Care System (ICS) and Essex Partnership University Trust (EPUT) work alongside a range of schools and settings, providers, partners, voluntary organisations and other stakeholders to provide high quality provision for all children and young people with SEND.

To understand the prevalence of special educational need across Southend this section provides data about the numbers of children and young people with SEND and their needs* and some context on the range of provision available across education, health, social care and local services at a universal, targeted and specialist level.

Specialist level – services or provision that is highly specialist and usually for children or young people with significant and complex needs

Targeted level – services or provision that is offered to children and young people who need targeted support for a specific type or level of needs

Universal level – services or provision that is offered and is available to all children and young people.



SEN Support

Pupils who have an identified SEN need and require additional (targeted) provision in school are categorised as receiving SEN Support.

Data from the January 2022 schools census shows us those pupils who are recorded as receiving SEN Support in Southend:

- There were 2,966 children at SEN support in our local schools; this equates to 9.25% of the school population.
- This is 3.30% lower than the national average of 12.55%.
- 63% of those pupils at SEN support are male, which is consistent with the national picture.
- The largest cohort of pupils at SEN Support are in year 5 (10.9%).
- Pupils at SEN Support eligible for free school meals is 40.8%, above the national average of 36.4%.

Education Health and Care Plans

Education, Health and Care Plans (sometimes called an EHC Plan or EHCP) are for children and young people up to the age of 25 who require special educational provision *(over and above that which is provided at universal and targeted level),* to meet their special educational needs.

Data from the January 2022 schools census shows those pupils who have an EHC Plan in Southend schools:

- The largest cohort of pupils with an EHC plan are in year 6 (10.1%)
- Pupils with an EHC plan that are eligible for free school meals is 43.3%, compared to 39.7% nationally
- 75% of pupils with an EHC plan are male which is consistent with the national picture.
- The percentage of pupils who have an Education Health and Care plan attending Southend schools is 3.71%
- This is similar to the national average of 3.95%
- Approximately 180 pupils with a Southend maintained EHC plan attend out of area schools
- Approximately 10 pupils with an EHCP are Electively Home Educated
- Of all pupils in Southend special schools, 86% have a Southend maintained EHC plan.

As of September 2022 Southend maintained 1,545 EHC plans.

When looking at the combined picture of all pupils at SEN Support and with EHC plan we know that prevalence of SEND in Southend is highest amongst primary age pupils and drops off in older years groups. This has been consistent over the past 3 years. The percentage of all SEND pupils in Southend schools categorised as having a Social, Emotional and Mental Health primary need is 21.6% (2022) and is the most prevalent need in Southend.

**Different time points for data collection and reporting periods mean that there is not a consistent time point at which data is reported, for example a mixture of calendar, academic and financial years. The schools Census and the DfE SEN2 return, provides the major source of data collected on children and young people with SEND and is published here. This data has been used alongside with Southend's internal reporting dashboard. Some figures have been rounded to the nearest 10 to comply with suppression rules*.

Education Provision

In Southend there is a wide range of educational provision to meet pupil need at a universal, targeted or specialist level:

- 45 mainstream schools spanning infant to secondary age,
- 3 independent schools,
- 5 special schools,
- A special free school, colleges and a university.

As of August 2022 100% of LA Maintained schools (all primary phase) were judged Good or Outstanding in addition to 94% of Primary phase, 83% of Secondary phase and 80% of Special schools *(published on the Ofsted website)*

Southend's special schools cater for a range of needs and age groups:

School Name	Categories of Need	Age Range	Commissioned Places 21/22
Kingsdown School	Type of need - Physical Difficulties, Profound & Multiple Learning Difficulties, Severe Learning Difficulties	Age range 3-14 years	120 places
Lancaster School	Type of need - Physical Difficulties, Profound & Multiple Learning Difficulties, Severe Learning Difficulties	Age range 14-19 years	100 places
St Nicholas School	Type of need - Autism, Moderate Learning Difficulties	Age range 11-16 years	92 places
Sutton House Academy	Type of need – Social Emotional and Mental Health	Age range 5-16 years	65 places
St Christopher School	Type of need - Autism Spectrum Disorder, Moderate Learning Difficulties, Social Emotional and Mental Health	Age range 3-19 years	235 places

Commented [GB1]: These will be a link to a separate document in the final electronic version

Alternative Education Provision in Southend is made by the 2 following registered settings

Victory Park Academy	Type of need – Social Emotional and Mental Health	Age range 5-16 years	85 places
Southend YMCA Community School *(free school)*	Type of need: pupils who have, by reason of illness, disability, social, emotional or mental health issues, require alternative educational arrangements	Age range 14-18 years	50 places

Commented [GB2]: Also a link

In addition to mainstream and specialist settings Southend Local Authority commission a number of resource bases (sometimes called Enhanced Provision) that provide targeted support for pupils with:

- Autism
- Speech, Language and Communication Needs
- Learning Difficulties

School Name	Provision Type	Age Range	Places when fully open
Hamstel Infant School	Autism Resource Base	Age Range 3 - 7	3 places
Temple Sutton Primary School	Autism Resource Base	Age Range 3 - 11	12 places
Blenheim Primary School	Autism Resource Base	Age Range 3 - 11	12 places
Greenways Primary School	Autism Resource Base	Age Range 4 - 11	12 places
Southend High School for Boys	Autism Resource Base	Age Range 11 - 16	15 places
Fairways Primary School	Speech, Language and Communication Resource base	Age Range 4 - 11	15 places
Chase High School	Learning Resource Base	Age Range 11 - 16	12 places
Shoeburyness High School	Learning Resource Base	Age Range 11 - 16	18 places

Commented [GB3]: Also a link

The SEND Strategic Partnership commits to increasing the number of Resource Bases in Southend during the life of this Strategy.

There are a number of pupils that are Electively Home Educated (EHE) in Southend. As of 1st September 2022 there were 403 pupils recorded as EHE.

In Southend there are many post-16 options offering AS/A-levels, vocational qualifications at all levels, apprenticeships, traineeships, supported internships and bespoke packages of learning. There are also 16 to 19 academies, and vocational learning and training providers

The local area encompasses:

- School sixth forms (both mainstream and special schools)
- South Essex College - a further education college offering a variety of courses, apprenticeships and supported internships.
- Southend Adult Community College offers apprenticeships and SEND provision in addition to their specialist Westcliff Centre for 19-21 year olds.

Social Care and Early Help

There is a range of support available for families requiring Social Care input.

- At a universal level 0-19 Early Help Family Support (EHFS) Service provide for children, young people and their families with a range of targeted needs including parenting, family support and youth work. All children and young people are assessed and supported according to their individual specific needs, whether that is SEND, diagnosed or not.
- Children's Social Care provide services under a statutory framework of the Children Act 1989 and Working Together 2018 which include the Children with Disabilities Team. The team provide advice, support and practical help to families with children up to the age of 18 years with a disability, who are substantially affected in their everyday living by profound and severe disabilities.
- The Children with Disabilities Team support children with various care packages that may consist of direct payments for Personal Assistance support, care or activities at home, care or activities away from home such as after school or holiday clubs; or overnight (short term) breaks away from home.
- The Children with Disabilities Team will link closely with all professionals involved in the young person's life from Health, Education and Adult Services and facilitate a transition for a child/young person into adult services beginning preparation from the age of 14 years to the transfer to adult services.

Health provision

Health services for children and young people including those with SEND are delivered at a universal, targeted and specialist level and include the following services:

- Universal care is provided by Primary Care Networks and GP practices
- Children, Young People and Families 0-19 Public Health Services (Southend City Council) offers a universal service for all families, children, and young people which includes Health Visiting and School Nursing. They also offer targeted services for the following:

- The Health Visitor targeted pathways for those children that have specific needs.
- A Specialist Public Health Nurse (SCPHN) for children with Special Educational Needs in mainstream school.
- Specialist Public Health Nurse (SCPHN- EHE) for children who are Home Educated.

- Targeted provision from GP practices for Learning Disability Health Checks (from 14 years of age)
- A Better Start Southend (ABSS) offer targeted Speech and Language Therapy through the Let's Talk programme provided in 6 ABSS ward areas of Southend.
- The Family Nurse Partnership provides a targeted offer for those under 20 expecting their first baby. A family nurse offers pregnancy support, after the birth advice and guidance for up to 2 years.
- The multi-disciplinary team at Lighthouse Child Development Centre provided by Essex Partnership University Foundation Trust (EPUT) offer targeted and specialist services for:
  - Specialised outpatient care for children and young people up to the age of 19 years of age with significant delay or concern and have, or are likely to require, the support from more than one service or discipline.
  - Targeted and specialist support from Community Paediatricians, Physiotherapy, Occupational Therapy and Speech and Language Therapy
  - An integrated pathway for neurodevelopmental assessment for children and young people with suspected Autism and Attention Deficit Hyperactivity Disorder (ADHD) pathways or other neurodevelopmental needs.
- The core mental health service for children and young people up to 19 years of age (up to 25 if they young person has an EHCP) is Southend Essex and Thurrock (SET) Child and Adolescence Mental Health Service (CAMHS). SET CAMHS offer targeted and specialist community-based assessment and treatment. The service is provided by North East London Foundation Trust (NELFT) and includes a central single point of access (SPA) for referrals providing clinical triage leading to; advice and guidance, onward referral to specialist teams (i.e. Eating Disorder, Learning Disability etc.), locality teams and signposting to other services.
- NELFT also provide targeted support in Southend through Mental Health in Schools Teams (MHST). Targeted support is currently offered across 8 mainstream school settings and one further education setting as part of a national pilot.

- Southend University Hospital Foundation Trust (SUHFT) as part of Mid and South Essex Partnership Foundation Trust (MSEFT) offer targeted and specialist services from urgent and emergency treatment, acute paediatric care, outpatient and audiology services
- Specialist referral routes with regional condition specific tertiary centres such as Great Ormond Street, South London & Maudsley, Evelina and Addenbrookes NHS Foundation Trusts.
- Essex Partnership University Trust (EPUT) offer a range of targeted and specialist community paediatric services to support the needs of children and families in Southend:
    - The Paediatric Community Nursing Team provides clinical nursing care for children with complex and on-going health needs.
    - An integrated Diabetes Service (in partnership with MSEFT).
    - Continence Service.
    - Paediatric Asthma & Allergy Service plus dedicated asthma, eczema and allergies training for patients and families.
    - Epilepsy Nursing provision.
    - Service provision is also in place for Specialist School Nursing and Specialist Health Visitors.
    - Community Learning Disability Services.
- The Play and Parenting service (Jigsaws) provides specialist support to families from maternity to age 5, offering support to families with complex and life-limiting conditions.

Support Services and the voluntary sector

The SENDIASS service (Special Educational Needs and Disability Information, Advice Support Service) is jointly commissioned by Education, Health and Social Care is well established and well used by families who require advice and support on SEND issues.

The Department for Education funded parent carer forum; Southend SEND Independent Forum (SSIF) were established at the end of 2020 and provides a great deal of community support and advice to SEND parent carers.

Voluntary sector organisations based in or local to Southend provide a range of universal, targeted and specialist services to support children and young people with SEND and their families. The Local Offer website provides information, advice and guidance on local services and details of organisations and groups in the local area www.southend.gov.uk/sendlocaloffer

4. The Southend SEND Partnership

The Southend SEND Partnership consists of:

- Southend City Council teams responsible for SEND services across Education, Early Years, Children's and Adult Social Care and Public Health.
- Health partners from Mid and South Essex Integrated Care Board (ICB), including The Lighthouse Child Development Centre as part of Essex Partnership University Trust (EPUT) and Southend University Hospital Foundation Trust (SUHFT).
- Southend SEND Independent Forum (SSIF), the Department for Education funded Parent Carer Forum for Southend.
- Representatives from mainstream and special schools, early years and further education settings.
- The voluntary sector and representatives from a range of community initiatives including A Better Start Southend (ABSS) and Healthwatch.

The Southend SEND Partnership commits to listening to the child and young person's voice and hear about their lived experiences. Everything we do will be shaped by better understanding of the individual needs of all children and young people with SEND and their families, no matter their circumstances or need.

Our ambition is for all children and young people to thrive and be happy in communities where families and services work together to help them achieve their potential and fulfil their dreams.

We will achieve this ambition as a whole system partnership, with shared aims and values. Working together we will focus on improving the lived experiences of children and young people with SEND and their families.

5. Our aims

We know that children and young people with SEND, and their families need additional support, and a strong local partnership is essential to achieve our shared ambition.

Our aim is to:

- raise aspirations.
- improve outcomes and opportunities.
- have high quality, accessible, local services.
- support a successful transition into adulthood, enabling independence and resilience.
- ensure children's wishes, dreams and aspirations are at the heart of decision making.
- have an easy to navigate, open and transparent SEND system.
- make a real and measurable impact on the lives of children and young people with SEND and their families.

We want Southend to be a place where all children and young people with SEND and their families:

1) Feel welcomed, are listened to and are equal, respected and valued partners in decision-making.

2) Have high aspirations, choice and control over their future and can make a positive contribution to the wider community.

3) Are communicated with sensitively and compassionately.

4) Feel safe, and are supported by skilled education, health and care practitioners who understand individuals needs and how these can be best met.

5) Have access to consistent high quality childcare, health care, education and training opportunities and employment.

6) Benefit from evidence-based practice.

7) Benefit from a system where practitioners support children and young people to be the best version of themselves and have inclusive and equal access to services and opportunities alongside their peers.

8) Can access services that are responsive and preventative.

9) Receive support that is personal and encourages self-help and resilience to enable individuals to become the best version of themselves.

10) Are supported and encouraged to provide feedback which helps the SEND Partnership to continually improve.

6. Developing the priorities

A programme of engagement with parents, carers, young people, education settings and colleagues who support children and young people with SEND was undertaken to identify the priorities that mattered to them. Various methods of engagement were used including online surveys, group meetings and one to one conversation.

Children and Young People told us:

“Staff need more training to help me and understand what support I need.”

“Share information using videos and animations; they are easier than reading lots of writing.”

“We want our own spaces where we can meet other young people and socialise and know that we have a refuge if we feel unsafe.”

“We feel we have to live up to older people’s expectations and want to be valued for ourselves.”

Parents and Carers told us:

“We need joined up services with a strong parental input.”

“Better and quicker access to services for families.”

“Putting the right people in the important, supportive roles.”

“Help should be timely, not taking years, and appointments should be given in an effective time span.”

“Early mental health intervention.”

“Ensure that what is in the Education Health and Care Plan is delivered. Hold schools accountable so parent doesn't have to fight school alone for provision to be made.”

Members of the Southend SEND Partnership told us:

“We need better systems in place to identify SEND.”

“Ensure health services have capacity to undertake assessment.”

“Smooth transition to adult services.”

“The voice of the child and their family should be central to all decisions made in relation to the young person’s life and future.”

“Ensure our education workforce is fully trained and upskilled in supporting children and young people with SEND and their families.”

“More investment in early intervention and prevention.”

Listening to what matters to families and children and young people has helped to shape our priorities.

7. Agreeing the priorities

The feedback gained from children, young people, their families and members of the Southend SEND Partnership, together with feedback from the SEND inspection re-visit and the SEND improvement programme has identified 5 priorities for action over the next 3 years. These form the basis of this strategy supporting the SEND community from early years to adulthood.

Our 5 key priorities

Transitions **Early intervention**

Good mental health and wellbeing

Plans **The Local Offer**

Transitions: Children and young people are prepared and supported to thrive at each change in their lives, helping them to feel secure and confident

This is important because:

Change is part of everyday life so it is important to help children and families learn how to successfully adapt.

Children and young people with SEND and their families will go through lots of changes. This could be a different school or setting, a different service provider or worker, moving into employment or a change in personal circumstances and needs.

Without effective planning and the right support for children and young people with SEND, transitions can be unmanageable for the child, which can have a lasting impact.

One young person told us a good transition means “Feeling prepared and ready!”

Early Intervention: Identification, assessment and effective support are provided at the earliest opportunity.

This is important because:

Children and young people who have their needs recognised earlier, generally have better outcomes.

Children and young people may find it easier to manage day to day life and access the world around them.

Families feel supported and better able to cope.

The right support can be provided at the right time, in the right place, which may reduce needs or prevent them from increasing.

One young person told us “Good support means being empowered to do things on my own.”

Good mental health and wellbeing: Children and young people are provided with the best chance to achieve positive mental health, be happy and thrive within their family, education and social lives, develop their potential, build strong relationships and contribute to their community.

This is important because:

It helps children and young people cope better with day-to-day life.

It helps children and young people to engage with others and maintain positive relationships.

It helps to build self-esteem and confidence.

It helps children and young people to effectively understand and communicate their own needs.

It helps children and young people to make positive choices.

One young person told us “I see a counsellor and my music has helped me through my thoughts and feelings.”

Plans: EHCPs and other plans for children and their families have the young person at the centre, are well co-ordinated, co-produced, timely, and lead to well informed and effective support, which is regularly monitored and reviewed.

This is important because:

Effective plans show the child or young person’s needs, ensure the correct support is in place and lead to better outcomes.

Children and young people's hopes and aspirations can be turned into meaningful and achievable outcomes.

Children and young people and families are listened to, understood, and well supported.

Those providing the support within the plan know what they are expected to do and when they need to do it.

Timely planning and reviews provide the right support, in the right place and at the right time.

One young person told us "The support I receive is a really big balancing act as it needs to be at the right time in the right way."

The Local Offer: Southend's Local Offer website is a widely and easily accessible resource that signposts to a range of universal, targeted and specialist support services and high quality provisions for Children and Young People with SEND and their families.

This is important because:

Children and young people, families and professionals know who to go to for consistent advice and support.

It helps children, young people, families and professionals to feel empowered, make informed choices and better engage with the community.

A range of high quality provision will help children and young people and families to access support close to home.

Children and young people, families and professionals have relevant and up to date information that can be found quickly and easily.

One young person told us "We need fully accessible sports clubs that are clued up on SEND specific needs."

8. Developing our actions

Once the priorities had been agreed a draft strategy setting out the proposed actions went out for wider consultation.

Feedback was invited from young people, parents and carers of children and young people with SEND and professionals who work with and support children and young people with SEND.

People were able to provide feedback through face to face or online engagement events and also via a survey.

The Parent and Carer Forum (Southend SEND Independent Forum) worked closely with the SEND Partnership to engage a wide range of stakeholders and supported the review of consultation feedback. This is to ensure that the key priorities and the proposed actions reflect the needs of the SEND community.

Through this consultation families said that actions should focus on:

- Improving mental health service provision and waiting lists
- Increased visibility of professionals in the community to meet SEND families
- Simple pathways that support navigation of the SEND system
- Ensuring plans are concise, simple and child focused
- End of school transition support to college or into the workplace
- A reduction in waiting times for diagnosis
- Strong community connections like clubs and sports
- Better promotion of services and provision in the area
- More opportunities to get young people into work
- Keeping families more informed and part of the process
- Undertake appropriate co-production approaches in the delivery of the priorities in the SEND Strategy

The wide range of feedback from the consultation has been collated and is available to view on the Local Offer website www.southend.gov.uk/sendstrategy

9. Making it happen – what we will do.

This strategy provides an opportunity to refresh our planned actions so that children, young people and their families feel the impact of better support, services and intervention.

This section sets out each priority and what we will do over the next 3 years. A Strategy Delivery/Action Plan will provide additional detail of how each priority will be delivered and how outcomes will be measured.

Priority - Transitions: Children and young people are prepared and supported to thrive at each change in their lives, helping them to feel secure and confident
We will: • Ensure assessments are prioritised for children and young people approaching transitions. • Produce and embed guidance that sets out agreed expectations for school-based transitions for children and young people with an EHCP, on SEN Support or with complex medical conditions. • Provide support and training for children and young people parent carers and professionals to ensure all children and young people with SEND are prepared as early as possible for adulthood and the transitions they face. • Develop an agreed set of skills across the Education, Health and Social Care workforce so that practitioners work to the same preparing for adulthood principles, awareness of what good health, social care and education transitions look like and what provision is in place and at which level. • Work as a SEND partnership to share (where appropriate) information to ensure children, young people and families, do not have to repeat their story and that risk or vulnerabilities are mitigated. • Produce and publish a roadmap of what is expected at each stage for key transition points in a child or young person's journey (health, education & social care) so that all professionals are working towards the same goals and pathway. • Provide clear information to parents, children and young people about options at each transition stage so they can make informed choices. • Work with employers and Further Education providers to develop a greater range of options, education, training and employment, for young people when they move on from compulsory education.
Priority - Early Intervention: identification, assessment and effective support are provided at the earliest opportunity
We will: • Ensure there is proactive signposting to early support services so that families experience of the SEND system improves and appropriate support is available at the earliest opportunity.

- Continue the review of therapy provision (the balanced system review) and implement the recommendations.
- Continually review and improve the advice and support available to schools and settings.
- Undertake a capacity and demand review to ensure effective use of resources.
- Embed the Graduated Response across education, health and care with a range of supportive materials which set out the expectations of how children and young people's needs should be met within mainstream schools and local services.
- Build resilience in schools to manage challenging behaviours which will improve the life chances of young people and preventing escalation to crisis and entering the criminal justice system.
- Review SEND decision-making systems and ensure that processes are transparent and understood by families.

Priority - Good mental health and wellbeing: Children and young people are provided with the best chance to achieve positive mental health, be happy and thrive within their family, education and social lives, develop their potential, build strong relationships and contribute to their community.

We will:

- Support community services to be more inclusive to provide better support, improve mental health and life chances.
- Improve data collection to support effective commissioning.
- Review the provision of Counselling Services for all children and young people and publicise what is available on the Local Offer.
- Offer training updates on early identification of need and appropriate sign posting to all frontline practitioners and those that have contact with children and young people.
- Develop a person-centred behavioural approach which provides the support, tools and training needed to build resilience for parents, carers and families to manage challenging behaviour.
- Develop a set of agreed expectations for education settings to support children and young people around emotional wellbeing.
- Support the development of mental health services that are inclusive of SEND.

Priority - Plans: EHCPs and other plans for children and their families have the young person at the centre, are well co-ordinated, co-produced, timely, and lead to well informed and effective support, which is regularly monitored and reviewed.

We will:

- Consistently capture and act upon the voice of the child and young person and their families at the earliest opportunity to influence and shape their plans.
- Get better at reviewing plans so they grow with the child and reflect their current aspirations.
- Provide support and challenge to providers to ensure the support detailed in all plans is delivered effectively.
- Enhance quality assurance processes around EHCPs to ensure a consistent, person centred approach, unique to each child and young person which raises parental confidence in the quality and impact of plans.
- Review the impact and effectiveness of the EHC Hub.
- Improve the timeliness of production of draft EHCPs.

- Produce guidance and information on routes and sources of support for families if they experience difficulties that are not being addressed by settings or if they feel that their child's needs are not being correctly identified or met.

Priority - The Local Offer: Southend's Local Offer website is a widely and easily accessible resource that signposts to a range of universal, targeted and specialist support services and high-quality provisions for Children and Young People with SEND and their families.

We will:

- Develop and implement a communication plan which effectively advertises and promotes the Local Offer as the 'go to' information source for all children and young people with SEND, their families and SEND professionals.
- Work with local groups and holiday support services to ensure there is advice, support and guidance on how to make provision for children and young people with SEND.
- Finalise the evaluation of the Local Offer website and deliver improvements. If necessary, a new codesigned website will be reprocured to ensure that the website is the best it can be.
- Complete a SEND partnership review of provision available for children and young people to close gaps in provision through effective identification of need and joint commissioning involving all partners.
- Complete the delivery of the Southend SEND Capital Programme.
- Produce a clear map of provision across the city that is easily understood and has clear routes on how to access them.
- Complete an audit in reference to inclusion across the local area and educational settings.
- Identify support and resources across settings to better enable children and young people to be educated and participate in activities alongside their peers.
- Promote awareness and understanding of SEND and SEND support services amongst families, practitioners, education settings and our wider communities by recruiting SEND champions.

The Southend SEND Partnership have 5 core commitments:

1. Increase the voice and engagement of children and young people with SEND and their families.
2. Develop our workforce across the Southend SEND Partnership to ensure they have the right knowledge, skills, confidence and resilience, with opportunities to learn together.
3. Be the best we can be focusing on quality, impact, innovation and improvement supported by evidence of what works well.
4. Improve communications across the SEND Partnership and with children, young people and families, professionals, settings and the voluntary sector.
5. Improve joint working and make the best use of available resources.

10. Measuring impact and progress

Ultimate accountability for the delivery of the SEND Strategy rests with the SEND Strategic Partnership Board. The strategy is underpinned by a detailed action plan for which the Southend SEND Partnership is accountable. The partnership will drive the delivery of this strategy and the action plan, with oversight provided by SSIF.

Progress against the strategy will be monitored at least termly, with scrutiny and challenge from:

- Southend SEND Strategic Partnership Board.
- Southend Education Board
- Southend Health and Wellbeing Board.
- The Mid and South Essex Integrated Commissioning Board.
- Southend City Council People Scrutiny committee.
- The Mid and South Essex Children and Young Peoples Growing Well Board.
- SEND Strategy engagement sessions.

Our success will be determined by the lived experience of our children, young people, and families to understand if, and how, they are seeing the difference.

We will monitor impact by:

- Listening to feedback from children and young people, their families and professionals.
- Working with Southend SEND Independent Forum (SSIF) and other groups.
- Working with the SEND Young People's Forum and other youth groups to hear directly from young people.
- Reviewing feedback from regular surveys.
- Designing new and creative ways to capture feedback.
- Reviewing provision arrangements for SEND in Southend schools and settings.
- undertaking appropriate co-production approaches in the regular review of progress against the delivery of the SEND Strategy

11. Keeping you informed

Progress and updates will be published on the SEND Local Offer website: www.southend.gov.uk/sendstrategy. This will provide key documents and opportunities to feedback, ask questions or make suggestions on the progress of the SEND Partnership.

Our SEND Partnership e-newsletter will also provide regular updates on the work being done and the difference it is making sign up with this link Southend-on-Sea City Council (govdelivery.com)

12. Thanks

With special thanks to everyone who contributed to this strategy, including the children, young people and families who took part in the engagement meetings and online survey, Southend SEND Independent Forum (SSIF) - the Department for Education funded parent carer forum in Southend, schools, youth groups and other organisations in Southend who have been involved, local authority teams, the Mid and South Essex Integrated Care Board and other health organisations, and the elected members of Southend City Council.

Appendix 1

13. Legislation and Policy

Legislation driving provision for children and young people with SEND is currently under review by HM Government. We will ensure that this strategy is in line with any changes to legislation, national and local policy and best practice during its lifespan. At present, that legislation and policy is:

National

- Breaks for carers of disabled children regulations 2011
- National strategy for autistic children, young people and adults: 2021 to 2026
- NHS Long Term plan 2019.
- Reasonable adjustments for disabled pupils (2012): Technical guidance from the Equality and Human Rights Commission.
- SEND and Alternative Provision Green Paper (right support, right place, right time) 2022
- Special Educational Needs and Disability Code of Practice 2015
- Supporting pupils at school with medical conditions (2014): statutory guidance from the Department for Education.
- The Autism Act 2009
- The Care Act 2014.
- The Children Act 1989/ 2004.
- The Children Act 1989 Guidance and Regulations Volume 2 (Care Planning Placement and Case Review) and Volume 3 (Planning Transition to Adulthood for Care Leavers).
- The Children and Families Act 2014.
- The Chronically Sick and Disabled Persons Act 1970
- The Education Act 1996.
- The Equality Act 2010
- The Mental Capacity Act 2005.

- The Mental Capacity Act Code of Practice: Protecting the vulnerable (2005).
- Working Together to Safeguard Children (Statutory guidance)

Appendix 2

14. Glossary

ABSS	A Better Start Southend is a partnership of organisations who operate in six local wards – Westborough, Victoria, Milton, Kursaal, West Shoebury and Shoeburyness.
ADHD	Attention Deficit Hyperactivity Disorder is a condition that can affect a person's behaviour, concentration and impulse
ASC	Autistic Spectrum Condition is a lifelong developmental disability which affects how a person communicates, relates to other people and makes sense of the world around them
EHC Plan or EHCP	Education, Health and Care Plan is a statutory plan setting out child's special educational needs and the provision set out to meet them
EHE	Electively Home Educated is a term used to describe a choice by parents to provide education for their children at home - or at home and in some other way which they choose, instead of sending them to school full-time
EPUT	Essex Partnership University Trust – a local health provider
GP	General Practitioner a local health provider
ICB	Integrated Care Board is a partnership of organisations that come together to plan and deliver joined up health and care services, and to improve the lives of people who live and work in their area
LA	Local Authority is responsible for a range of vital services for people in defined areas such as social care, schools
LD	Learning Disability is a term that describes a person with a physical or mental impairment which has a substantial and long term adverse effect on their ability to carry out normal day to day activities
MASH+	Multi agency safeguarding hub a referral point to access children's social care
MHST	Mental Health in Schools Teams are a national pilot offering support for children and young people from trained practitioners in evidence based mental health interventions in schools supervised by NHS staff
MSE ICB	Mid and South Essex Integrated Care Board a new partnership between the organisations that meet health and care needs across mid and south Essex
MSEFT	Mid and South Essex Partnership Foundation Trust – a group of hospitals covering mid and south Essex
NHS	National Health Service – leaders of health care in England
PD	Physical Difficulties a limitation on a person's physical functioning, mobility, dexterity or stamina that has a substantial and long-term negative effect on an individual's ability to do normal daily activities.

PMLD	Profound & Multiple Learning Difficulties is term to describe severe learning disability and other disabilities (such as difficulties with hearing, speaking and moving) that significantly affect a person's ability to communicate and be independent.
RB	Resource base (sometimes called Enhanced Provision) provide targeted support in a setting attached to a mainstream school which enables children to make progress, achieve their identified outcomes and continue to access the mainstream curriculum and school
SCC	Southend City Council is the local government authority providing services for the area
Schools census	An electronic collection of pupil data from primary, secondary, special schools and pupil referral units, which takes place three times a year
SEMH	Social Emotional Mental Health is a term to describe someone who has a range of social and emotional difficulties which manifest themselves in many ways and behaviours.
SENDIASS	Special Educational Needs and Disabilities Information Advice and Support Service is a free**,** impartial and confidential service offering information, advice and support for parents and carers of children and young people with special educational needs and disabilities (SEND) and to young people.
SEND	Special Educational Needs and or Disabilities is a term referring to a learning difficulty and/or a disability that means a child needs special health and education support.
SEND Capital Programme	Funding provided by the Government, through the Department for Education to help local authorities shape facilities for children with Special Educational Needs
SEN Support	Educational or training provision that is additional to or different from that made generally for others of the same age. This means provision that goes beyond the differentiated approaches and learning arrangements normally provided as part of high quality, personalised teaching. It may take the form of additional support from within the school or require the involvement of specialist staff or support services. SEN support is the term used to describe the support that schools provide for pupils who have been identified as having SEN but who do not need an Education, Health and Care (EHC) needs assessment. Pupils at SEN Support are given support that is additional to and different from the majority of children and is paid for out of the school's resources. Most pupils with SEN in mainstream schools are provided for at SEN Support.
SLD	Severe Learning Difficulties is a term to describe significant and profound cognitive difficulties.
SET CAMHS	The Child and Adolescence Mental Health Service provides advice and support to children, young people and families who need support with their emotional wellbeing or mental health difficulties. The service covers Southend, Essex and Thurrock.
SSIF	Southend SEND Independent Forum is Southend's local Parent Carer Forum funded by the Department for Education.
SCPHN	Specialist Public Health Nurse provides support for children with Special Educational Needs in mainstream school.
SCPHN - EHE	Specialist Public Health Nurse provides support for children who are Home Educated
SUHFT	Southend University Hospital Foundation Trust.

Part I ICB Board meeting, 20 July 2023

Agenda Number: 8

Quality Report

Summary Report

1. Purpose of Report

The purpose of this report is to provide assurance to the ICB Board through presentation of a summary of the key quality and patient safety issues, risks, escalations and actions being taken in response.

2. Executive Lead

Frances Bolger, Interim Executive Chief Nurse

3. Report Author

Frances Bolger, Interim Executive Chief Nurse

4. Responsible Committees

Quality Committee

5. Link to the ICB's Strategic Objectives

Improve outcomes by adherence to clinical policies, procedures and standards by enabling services to operate in a safe and effective way.

6. Impact Assessments

None required for this report.

7. Financial Implications

None relevant to this report.

8. Details of patient or public engagement or consultation

None applicable to this report.

9. Conflicts of Interest

None identified.

10. Recommendations

The Board is asked to:

- Note the key quality concerns and escalations as identified by Quality Committee.
- Receive assurance that mitigating actions are being undertaken to address concerns.
- Note the recent Care Quality Commission (CQC) inspections and findings, and the ICB oversight processes for supporting improvement of services.
- **Approve** the proposal that the Southend SEND and OFSTED inspection action plan will be reviewed and monitored via the Quality Committee.
- Note the recent communication regarding the Essex Mental Health Independent Inquiry team and that future updates will be provided to the ICB Board.

Mid and South Essex Quality Report

1. Introduction

1.1 The purpose of the report is to provide assurance to the ICB Board through presentation of a summary of the key quality and patient safety issues, risks, escalations and actions being taken in response.

2. CQC Inspection – Essex Partnership University NHS FT (EPUT)

2.1 The ICB Board has been made aware of potential adverse media. The Trust underwent a full unannounced CQC inspection between November 2022 to January 2023, and a well-led inspection in January 2023. It is expected that the CQC report will be published imminently.

2.2 The current overarching quality improvement plan (QIP), which includes the actions relating to the CEO independent investigation following the Dispatches programme, Claire Murdoch's letter and the Section 29A warning notice, was shared with ICBs and NHS England (NHSE) on 25 May 2023 at the oversight meeting.

2.3 The key factors impacting on the progress of actions relate to the high usage of temporary staff, behaviours of staff and the ability to recruit to key roles such as pharmacists. Although three workshops were held to strengthen quality assurance processes, including the 'reset' of the Evidence Assurance Group meeting, progress has been slow, and this action remains outstanding. The ICB is providing support to progress this action.

2.4 A follow-up Rapid Quality Review meeting will be held once the next CQC report is published and all the actions have been incorporated into the QIP. The ongoing oversight of progress against the CQC actions will be reported to the System Oversight and Assurance Committee (SOAC) and ICB Quality Committee.

3. Statutory Inquiry - Essex Partnership University NHS FT

3.1 The ICB Board has been made aware of recent developments with the Independent Inquiry and the potential risk of adverse media. On 12 January 2023, Dr Geraldine Stradhee, Chair of the Independent Inquiry, published an open letter on the Independent Inquiry website in response to a low number of EPUT staff coming forward to provide evidence, and an additional 400-500 mental health patient deaths being identified, thus impacting on her ability to meet the terms of reference for the investigation (Updates - Essex Mental Health Independent Inquiry (emhii.org.uk)).

3.2 Following the meetings between Dr Geraldine Stradhee and the Secretary of State for Health, the Secretary of State for Health has confirmed that the Essex Mental Health Independent Inquiry (EMHII) will move to a statutory status under the Inquiries Act 2005. The Statutory Inquiry will have legal powers to compel witnesses to provide the required information and give evidence. Dr Geraldine Strathdee has announced she will be stepping down as the Chair of the Independent Inquiry and whilst the government

appoints a new chair, no new evidence will be collated by the current EMHII investigation team.

3.3 The ICB Board will be made aware of any additional announcements made relating to the Statutory Inquiry and the appointment of the Chair.

4. Southend SEND CQC and Ofsted Inspection

4.1 Following the SEND inspection on 6-10 March 2023, the full report has now been published on 10 June 2023 (50219405 (ofsted.gov.uk)).

4.2 Although there is a recognition that improvements have been made, 6 areas for improvement have been identified in the report. A joint action plan is in progress and will be required to be submitted by 21 July 2023 (within 30 working days of publication). The action plan will be reviewed and discussed at the ICB Quality Committee on 18 August 2023 and Southend SEND Partnership Board.

5. CQC Inspection - Mid and South Essex NHS Foundation Trust (MSEFT)

5.1 The ICB Board has been made aware of the recent publication of the CQC report from the unannounced CQC inspections of 'Medical Care (including older peoples services) that occurred on 24 and 25 January and 7 February 2023. The report published on the 16 June rated the domain 'Medical Care, including older peoples services' as 'inadequate' across all three sites. The Trust now has 30 days to complete their actions and submit to CQC.

5.2 The Trust continues to make improvements and test sustainability regarding the actions as stated in the Section 29A warning notice and to share their progress and evidence with the CQC. There are no actions that are overdue. The progress of actions is monitored at the newly established Quality Together meeting, which has representation from the ICB and NHSE.

5.3 The ICB Nursing and Quality Directorate continue to support the Trust in their improvement journey with scheduled quality assurance visits focussing on protected mealtimes and documentation. Visits to the Trust have highlighted steady improvement, with examples of good practice, although this is not yet consistently embedded across all wards. Nursing documentation has recently been refreshed and is being embedded in practice.

5.4 The ongoing oversight of progress against the CQC actions will be reported to the System Oversight and Assurance Committee (SOAC) and ICB Quality Committee. The next Rapid Quality Review meeting is due to meet again on 7 August where the latest version of the QIP will be presented by the Trust.

6. Conclusion

6.1 On the basis of the information supplied and analysed, the specific actions being taken to address the concerns identified, and the detailed work overseen by the Quality Committee, the Board can be assured of the measures being taken to ensure quality of services across MSE.

7. Recommendations

7.1 The Board is asked to:

- Note the key quality concerns and escalations as identified by Quality Committee.
- Receive assurance that mitigating actions are being undertaken to address concerns.
- Note the recent Care Quality Commission (CQC) inspections and findings, and the ICB oversight processes for supporting improvement of services.
- **Approve** the proposal that the Southend SEND and OFSTED inspection action plan will be reviewed and monitored via the Quality Committee.
- Note the recent communication regarding the Essex Mental Health Independent Inquiry and that future updates will be provided to the ICB Board.

Part I ICB Board meeting, 20 July 2023

Agenda Number: 9

Performance and Assurance Report

Summary Report

1. Purpose of Report

This paper is intended to provide members with an overview of the current position (where available) against the NHS constitutional standards and to outline the governance arrangements for oversight and assurance of each area.

To confirm the system submitted the 2023/24 planning round trajectories, where these link to board reported standards, they will be incorporated into the future board papers.

2. Executive Lead

Karen Wesson, Interim Executive Director Oversight, Assurance and Delivery.

3. Report Authors

Karen Wesson, Director of Assurance and Planning.
James Buschor, Head of Assurance and Analytics.

4. Responsible Committees

This paper has been developed using information shared within the ICB assurance cycle meetings. The performance outlined in this paper is within the assurance and planning papers submitted to the System Oversight and Assurance Committee (SOAC).

5. Conflicts of Interest

None identified

6. Recommendation

The Board is asked to discuss and note the performance and assurances contained within the report.

Performance and Assurance Report

1. Introduction

The following section gives the headline position in terms of performance against the NHS constitutional standards[1] and outlines the governance in terms of Boards overseeing performance, planning and assurance. This report for each performance standard now contains trend information as requested by Board members.

2. Performance

2.1 Urgent and Emergency Care (UEC)

The UEC Strategic Board oversees performance and planning for all UEC services (East of England Ambulance Service (EEAST), NHS111, A&E, Urgent Community Response Team (UCRT), Mental Health Emergency Department (ED) and has members from both health and social care.

Key issues for the UEC programme include the following where performance is below standards:

Ambulance Response Times

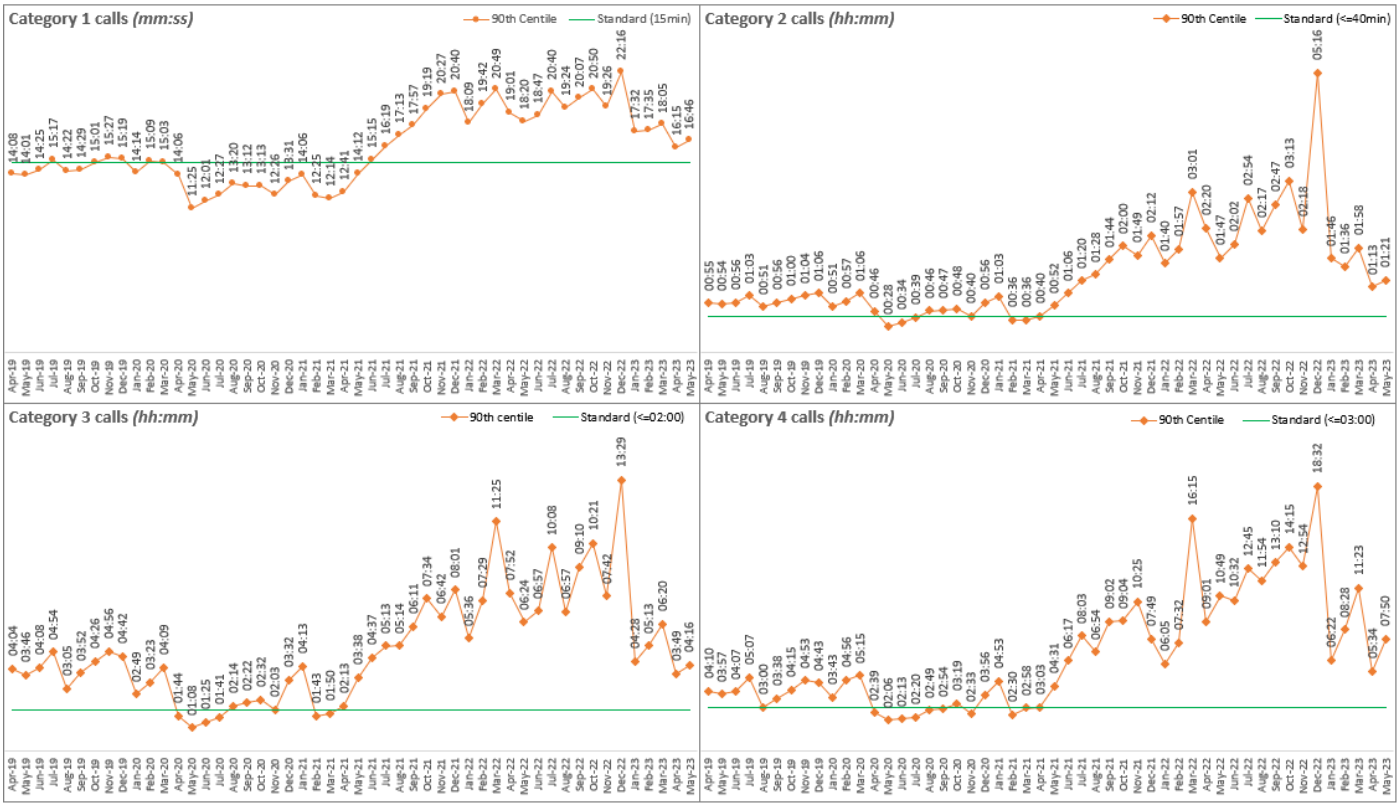
Standards:

- *Respond to Category 1 calls in 7 minutes on average and respond to 90% of Category 1 calls in 15 minutes.*
- *Respond to Category 2 calls in 18 minutes on average and respond to 90% of Category 2 calls in 40 minutes.*
- *Respond to 90% of Category 3 calls in 120 minutes.*
- *Respond to 90% of Category 4 calls in 180 minutes.*

The ambulance response times remain below the NHS constitutional standards.

The following graphs show the 90th centile response times for the East of England Ambulance Service for each of the four categories of calls against their respective standards.

[1] Handbook to the NHS Constitution for England - GOV.UK (www.gov.uk)



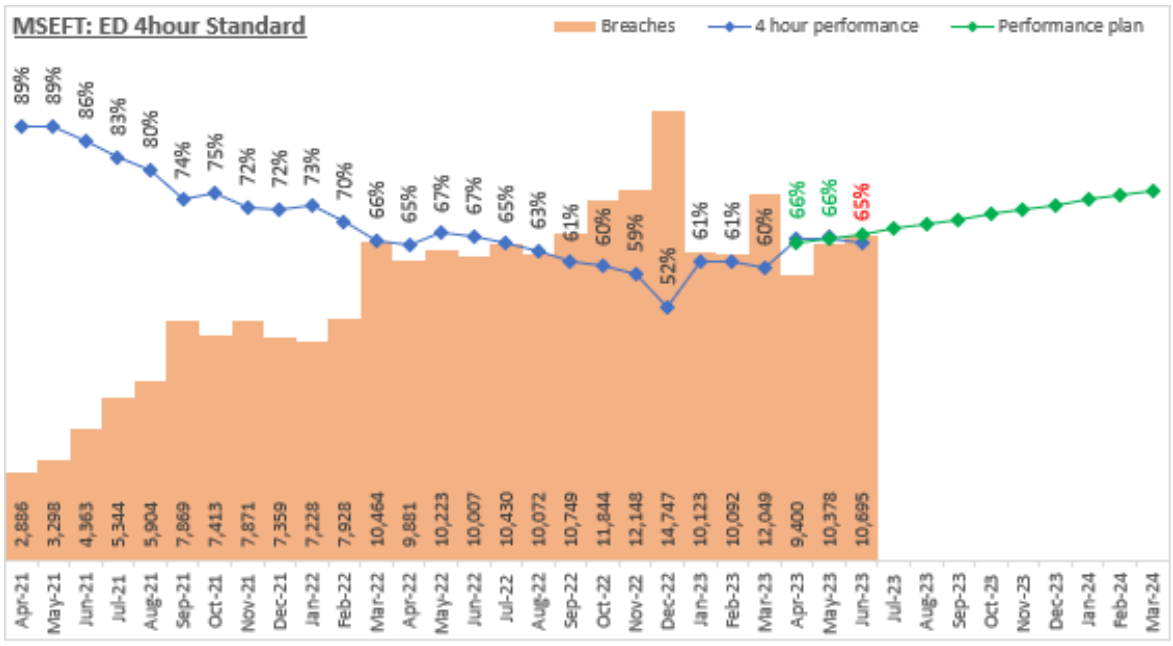
Urgent and Emergency Care (UEC) board are reviewing the UEC recovery plan which will include system actions to support recovery of ambulance response times and arrival to handover.

<u>Emergency Department – waiting times.</u>

Standard:

- *95% of patients have a maximum 4-hour wait in A&E from arrival to admission, transfer, or discharge.*

Within MSEFT A&E (Type 1), the 95% four-hour performance is below the constitutional standard as per the following graph. June 2023 performance is below the 2023/24 plan to increase performance to 76% by March 2024 shown as the green line.



2.2 Elective Care

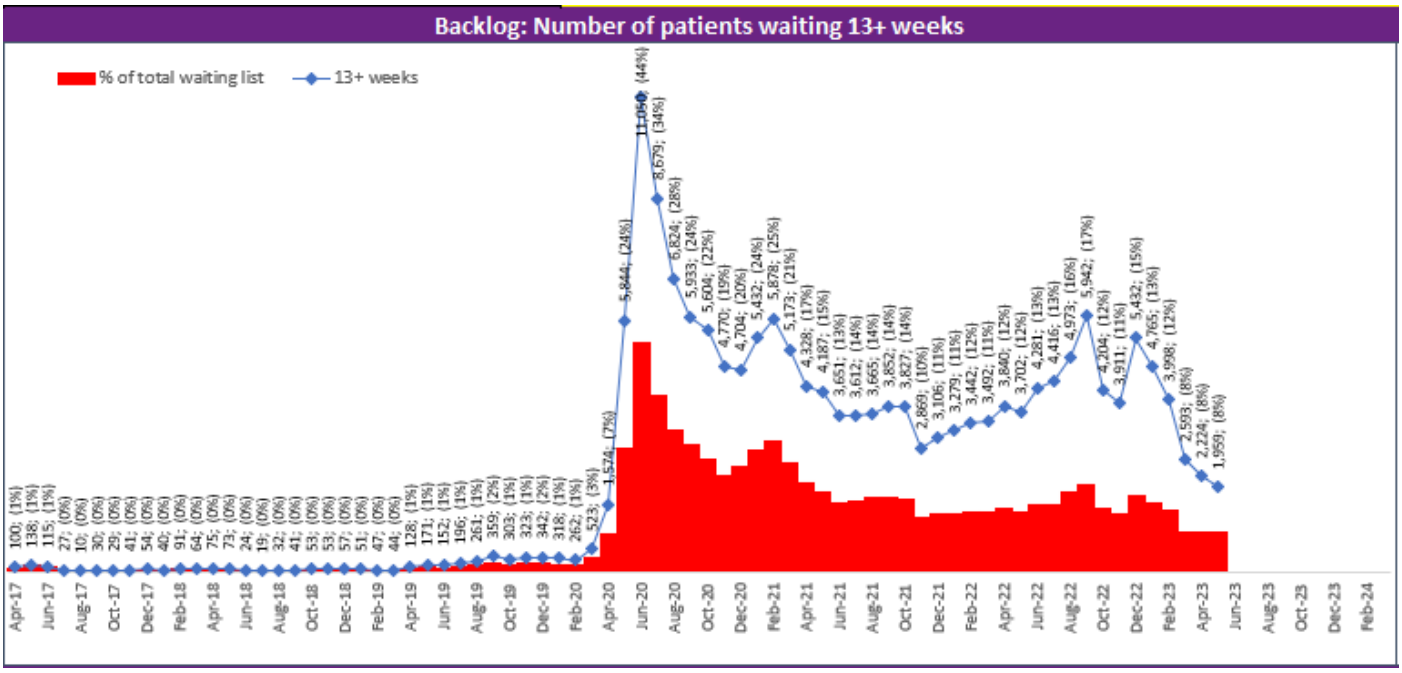
Key issues for the Elective programme include waiting time performance being below standards for Diagnostics, Cancer and RTT (Referral to Treatment).

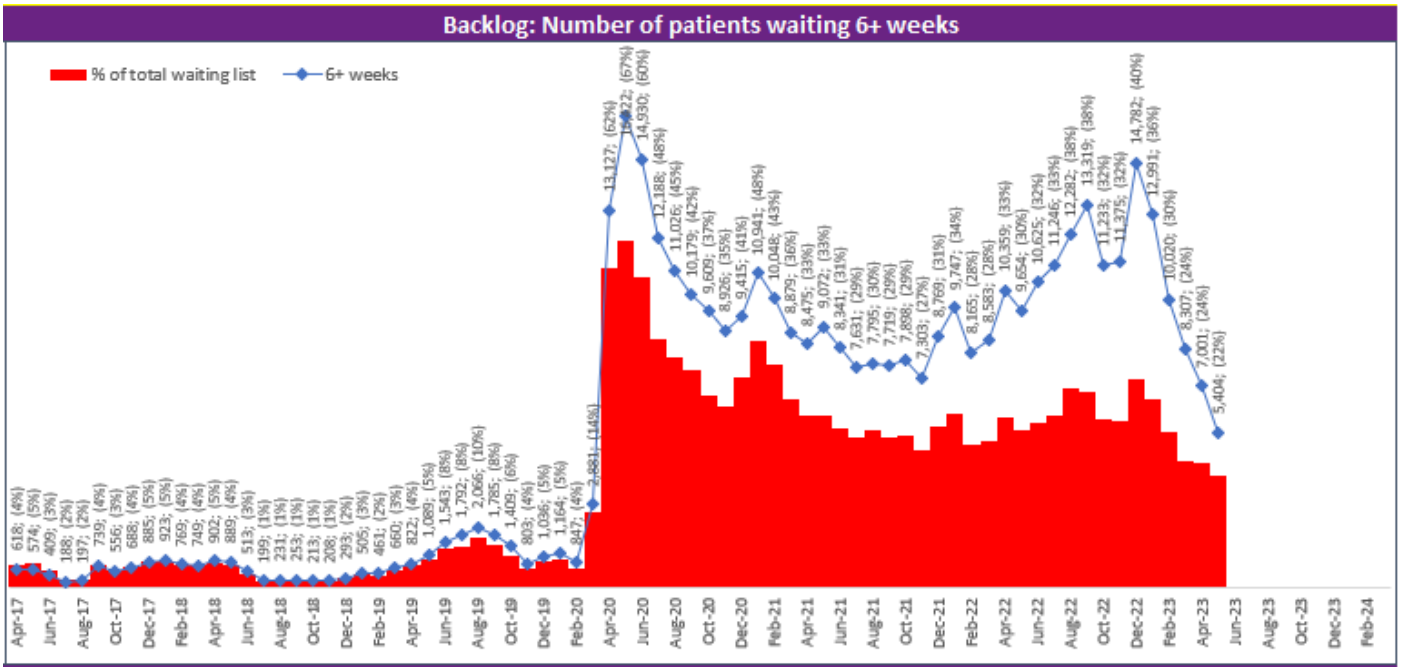
Diagnostics Waiting Times

Standard:

- *The constitutional standard is no more than 1% of patients waiting 6 weeks or more for a diagnostic test and no patients waiting 13+ weeks.*

The waiting times for diagnostic tests remain below the NHS constitutional standards as per following graphs showing the total number of patients waiting 13+ and 6+ weeks across all providers for patients registered to MSE ICS. Both these backlogs have been decreasing in size since January 2023.





The following table shows the latest MSE system position (May 2023) with the number of patients waiting 6+ and 13+ weeks by test.

Test		May-23				
		13+ Weeks		6+ Weeks		Total WL size
		No.	%	No.	%	
Imaging	Magnetic Resonance Imaging	56	1%	880	18%	5,013
	Non-Obstetric Ultrasound	684	11%	1,343	22%	6,070
	Computed Tomography	28	1%	151	5%	2,965
	Barium Enema	0	0%	0	0%	4
	DEXA Scan	42	4%	220	22%	1,022
Endoscopy	Colonoscopy	27	2%	88	7%	1,261
	Cystoscopy	77	26%	130	44%	298
	Flexi Sigmoidoscopy	1	0%	28	7%	399
	Gastroscopy	56	4%	115	9%	1,247
Physiological Measurement	Audiology - Audiology Assessments	234	15%	535	35%	1,530
	Cardiology - Echocardiography	404	10%	1,409	34%	4,189
	Cardiology - Electrophysiology	0		0		0
	Neurophysiology	210	48%	243	56%	434
	Respiratory Physiology - Sleep Studies	134	24%	249	45%	555
	Urodynamics - Pressures & Flows	6	12%	13	25%	51
Total Diagnostic Tests		1,959	**8%**	5,404	**22%**	**25,038**

The System Diagnostic Board oversees performance and planning for diagnostics across MSE supported by sub-groups including assurance.

As highlighted above, a significant acute challenge lies in non-obstetric ultrasound. An identified issue includes workforce capacity regarding Sonographers.

Cancer Waiting Times

Standards: For people with suspected cancer:

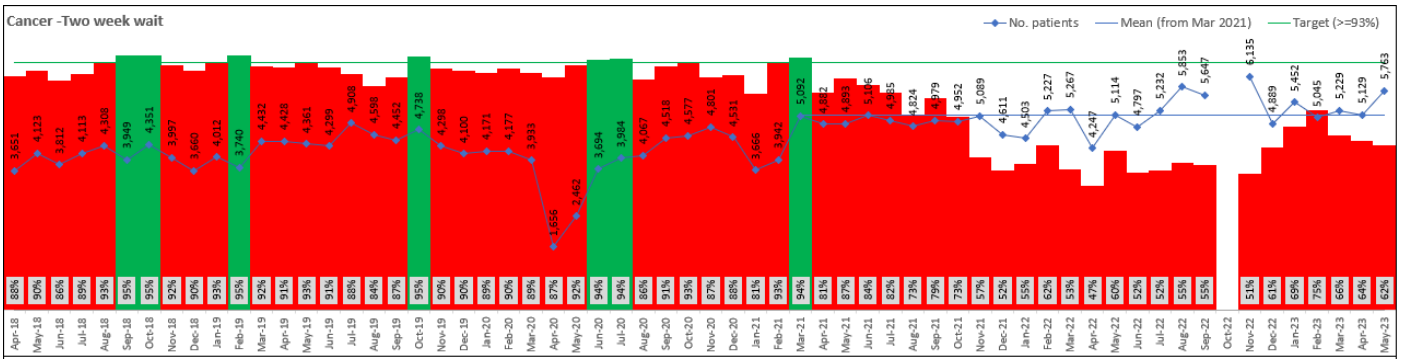
- *To see a specialist within 14 days of being urgently referred by their GP or a screening programme.*
- *To not wait more than 28 days from referral to getting a cancer diagnosis or having cancer ruled out.*
- *To receive first definitive treatment within 31 days from decision to treat.*
- *To start drug, radiotherapy, and surgery subsequent treatments within 31 days.*
- *To receive their first definitive treatment for cancer within 62 days of receipt of urgent referral.*

The waiting times for patients on a cancer pathway remain below the NHS constitutional standards.

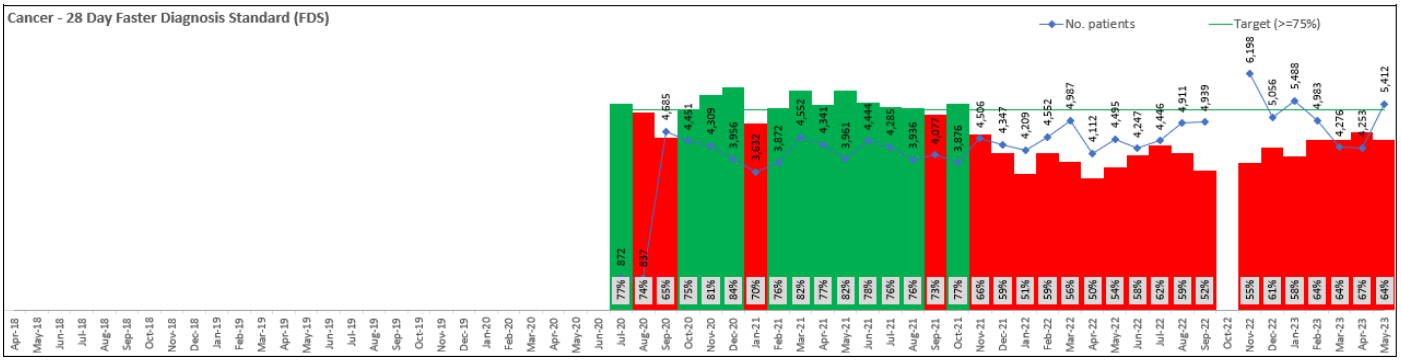
The following table shows the latest MSEFT position (May 2023) for each of the waiting time standards.

Two week wait	Two week wait breast symptomatic	28 Day Faster Diagnosis Standard	31 day first treatment	31 day subsequent treatment Drug Treatments	31 day subsequent treatment Radiotherapy Treatments	31 day subsequent treatment Surgery	62 day standard	62 day standard (Screening)	62 day standard (Upgrade)
Standard (>=93%)	Standard (>=93%)	Standard (>=75%)	Standard (>=96%)	Standard (>=98%)	Standard (>=94%)	Standard (>=94%)	Standard (>=85%)	Standard (>=90%)	
61.9%	30.6%	63.9%	81.9%	89.0%	77.0%	53.8%	42.2%	43.2%	52.2%

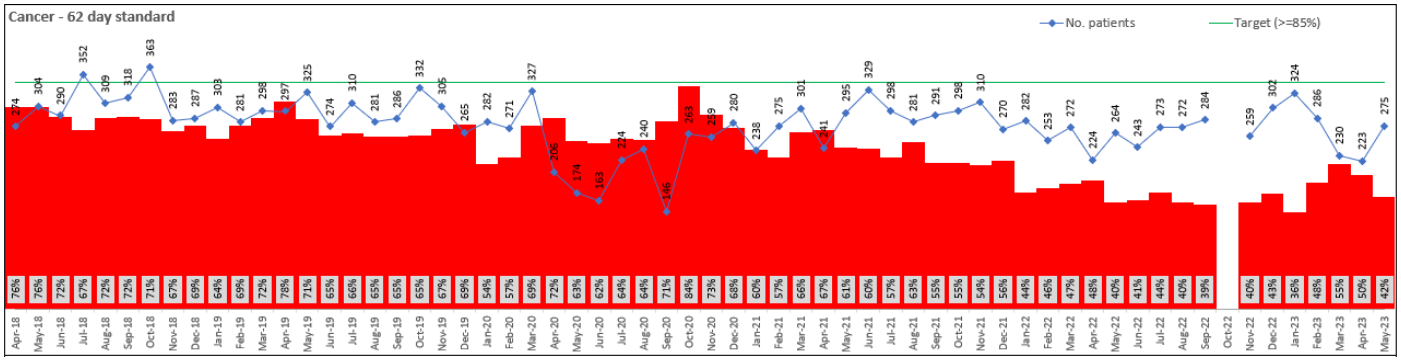
The following graph shows the performance together with the number of referrals on a two-week pathway above pre-covid levels.



The following graph shows the 28-day Faster Diagnosis Standard. The May 2023 position is above the 2023/24 plan to increase performance to achieve the 75% standard by March 2024.



The following graph shows the 62-day standard performance.



The MSE HCP Cancer, Palliative & End of Life Care Board oversees cancer assurance and transformation supported by sub-groups including the Cancer Programme Delivery Group (for assurance and focus on national, regional, and local commitments and deliverables); Quality Cancer meeting; and the Palliative Care Delivery group.

As reported in the Tier 1 national meeting, MSEFT trajectories show recovery of the variance to

plan to review the reduction in the number of people waiting over 62 days.

Referral to Treatment (RTT) Waiting Times

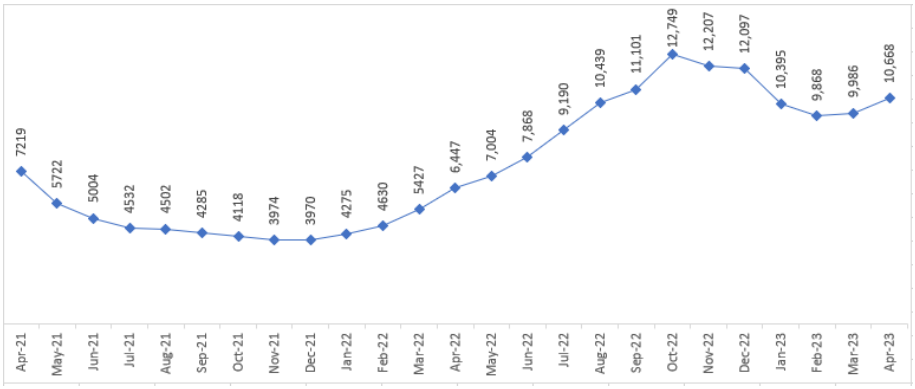
Standards:

- *The constitutional standard is starting consultant-led treatment within a maximum of 18 weeks from referral for non-urgent conditions. Since the significant increase in waiting times following the global pandemic the NHS is working to achieve the following 2022/23 planning round asks:*
  - *eliminate waits of over 104 weeks as a priority by July 2022 and maintain this position through 2022/23 (except where patients choose to wait longer).*
  - *Reduce the number of patients waiting 78+ weeks on an RTT pathway to zero by March 2023.*
  - *Reduce the number of patients waiting 65+ weeks on an RTT pathway to zero by March 2024.*
  - *Reduce the number of patients waiting 52+ weeks on an RTT pathway to zero by March 2025.*

As at April 2023, there was the following number of patients on an RTT pathway at MSEFT:

- zero patients waiting 104+ weeks.
- 77 patients waiting 78+ weeks.
- 2,395 patients waiting 65+ weeks.
- 10,668 patients waiting 52+ weeks.

The following graph shows the number of patients waiting 52+ weeks since April 2021.



The Elective Board oversees RTT assurance for MSEFT, Independent Sector, Community (RTT services) and Tier 2.

2.3 Mental Health

A key issue for the mental health work programme is workforce capacity and constraints with recruitment to mitigate against workforce vacancies. In terms of governance, performance is overseen at the Mental Health Partnership Board.

Improving access to psychology therapies (IAPT)

Standards include:

- *75% of people referred to the improving access to psychology therapies (IAPT) programme should begin treatment within 6 weeks of referral and 95% of people referred to the IAPT programme should begin treatment within 18 weeks of referral.*

The six and 18-week waiting time standards for people referred to the IAPT programme to start treatment is being sustainably achieved across Mid and South Essex (latest position: January 2023).

Early Intervention in Psychosis (EIP) access

Standard:

- *More than 50% of people experiencing first episode psychosis commence a National Institute for Health and Care Excellence (NICE)- recommended package of care within two weeks of referral.*

The EIP access standard is being sustainably met across Mid and South Essex (latest position published January 2023 at 100%.

3. Findings/Conclusion

Through the respective oversight groups the constitutional standards aligned to them are overseen, actions reviewed and progress monitored with escalation to the System Oversight and Assurance Committee where there is a variance to plan.

4. Recommendation

The Board is asked to discuss and note the performance and assurances contained within the report.

Part I ICB Board meeting, 20 July 2023

Agenda Number: 10

Primary Care: Update on the Fuller Stocktake

Summary Report

1. Purpose of Report

To provide a regular update to the Board on progress relating to the Fuller Stocktake as agreed at the Board meeting 13 October 2022 where our action plan was first presented.

2. Executive Lead

Dr Ronan Fenton, Medical Director.
Dr Anna Davey, Fuller Advocate and ICB Member for Primary Care.

3. Report Author

Ed Cox, Director of Clinical Policy
Katherine Smith, Fuller Implementation Lead
William Guy, Director of Primary Care

4. Responsible Committees

Primary Care Commissioning Committee.

5. Link to the ICB's Strategic Objectives

1. Reducing health Inequalities,
3. Supporting health and wellbeing
4. Bringing care closer to home
5. Improving and transforming our services

6. Conflicts of Interest

None Identified for this report.

7. Recommendations

The Board is asked to note and discuss the Fuller Stocktake and Our Plan for Patients Update.

Fuller Stocktake Update

1. Introduction

This report forms part of a regular update to the ICB on progress against our plans to implement the Fuller Stocktake locally.

2. Main content of Report

2.1 Primary Care Network (PCN) Clinical Strategy Development

The development of clinical and estates strategies supported by Health Integration Partners (HIP) has nearly reached conclusion. All PCNs have developed a clinical strategy and shared these with their Alliances.

At the end of June, all PCNs were required to submit their priorities for the Integrated Neighbourhood Team (INT) Scheme for 23/24. This scheme aims to incentivise PCNs to implement elements of the Fuller Stocktake locally.

Broadly, PCNs have identified initiatives that fall within the three separate aspects of Fuller; Urgent and Episodic, Complex Care and Preventative. The proposals will be reviewed and validated by the Alliances and Primary Care team by the end of July. Opportunities to support PCNs with their INT schemes will be identified.

2.2 Oversight and Governance of the delivery of Fuller/INTs

Further workshops have been held with Alliances and wider stakeholders aiming to define an ICB wide approach for the development of INTs.

A further workshop will be held in late July. The output of this workshop is expected to be a support framework that INTs can use to assess their development and development needs.

2.3 Local Progress

There are numerous complementary pieces of work underway presently. As previously outlined the PCN clinical strategies will outline much of the intent and enable multiple streams of work to come together. Notable progress at each place includes:

Thurrock

The PCN Accelerator Programme has been incorporated into the clinical strategies for Stanford-le-Hope (SLH) and ASOP in Thurrock. This feeds into the INT submissions. All four Thurrock PCNs are fully involved in the INT development and have held two workshops for PCN Leads and Clinical Directors (CDs) to discuss common ground and challenges in responding to the Fuller Stocktake. These workshops have been well-attended and have led to requests for regular sessions with Alliance staff.

All 4 PCNs met the deadline for INT submissions, and these are being evaluated currently.

Innovative work with community pharmacies is being undertaken in 3 of the 4 PCN areas, which will contribute to reinforcing the cardiovascular diseases (CVD) local enhanced service (LES) successes and INT developments, which has been supported by the Alliance and central ICB teams.

A large piece of work is ongoing regarding obesity and weight management in SLH, this focus has been adopted by another PCN for development.

The Alliance Clinical Director and the Clinical Leads are well engaged in supporting the PCN's development plans, clinical strategies, and in providing appropriate challenge to inclusions in the INT submissions.

A new initiative involving the Clinical Leads, Alliance staff, Thurrock Healthwatch and Thurrock Council is being taken forward in suicide prevention.

Basildon & Brentwood

The Live Well domains are experiencing progress and gaining momentum. Currently, the Alliance Delivery Leads are working on templates for Outcomes Based Accountability.

On 7 July 2023 there was a Stay Well meeting which centred on INTs. The Central Basildon INT is advancing and creating a proactive arm. The PCN has collected data on the 5 most frequent attenders in primary care that have a mental health diagnosis. Furthermore, they are receiving a dataset from the Trust for patients with over 10 A&E attendances due to a mental health diagnosis. They continue to focus on developing mental health options and exploring total triage across the PCN with the support of Mike Smith and Katherine Smith.

The West Basildon INT is scheduled to launch in September. All system partners will participate in a workshop focused on a frailty cohort. The Wellbeing Café has begun in West Basildon and will be introduced to all PCNs in September. A health inequalities pack is being created for each PCN to ensure a public health management (PHM) approach to inviting people.

South East Essex

The SS9 team is making great strides in their goal to create a Patient Aligned Care Team (PACT) that focuses on Mental Health. They are currently in discussions with EPUT to integrate primary care mental health practitioners into the PACT model. Although a cultural shift for EPUT, they are starting to recognise the value of the model and we expect it to be implemented by early autumn.

The Canvey PACT is progressing rapidly and has now established regular meetings among professionals without external supervision. This is a great indicator of collective ownership. Sarah Mills will continue to lead a small strategic group of partners once a month.

Benfleet is working with EPUT to trial a care home training program that aims to reduce duplication and improve care for residents.

The regional and national NHS England team has taken notice of the PACT model and is considering its inclusion in a national quality toolkit.

Mid Essex

The Mid Essex Alliance are continuing to create the foundations for sustainable collaboration and neighbourhood working. Feedback has highlighted common challenges around the complexity of the system and a lack of knowing who to or where to gain advice when supporting people. Workshops have provided an opportunity for partners to start to connect and build relationships, with several resources subsequently being developed to improve navigation of the system. Data from across the system is being gathered to outline proposals for geographical footprints and operational models.

2.4 New Primary Care Access Recovery imperatives

The Access Recovery Programme has been published. This comprehensive document clarifies a series of initiatives led by NHS England, the ICBs, PCNs and practices with the aim to “tackle the 8am rush and make it easier and quicker for patients to get the help they need from primary care”.

The initiatives span across four overarching programmes of work;

- Empower Patients (access to medical records, NHS App utilisation, self-referral pathways, pharmacy developments).
- Modern General Practice Access (cognitive behaviour therapy (CBT), digital tools, care navigation, training and support).
- Build Capacity (Additional Roles Reimbursement Scheme (ARRS), visas for GPs, pension reforms, planning guidance changes to improve investment from new housing).
- Cut bureaucracy (interface with secondary care, self-certification, Investment and Impact Fund (IIF) and Quality and Outcomes Framework (QOF) streamlining)

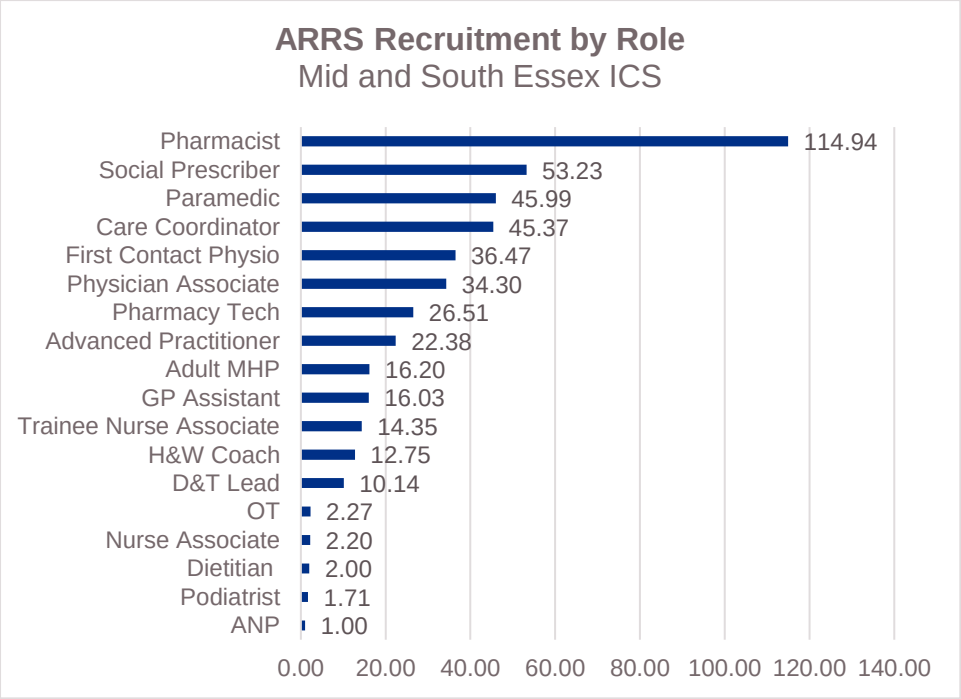
PCNs have had to submit an initial Capacity and Access plan – these are being reviewed by Alliance/Primary Care teams.

The ICB will need to develop a local strategy to deliver Access Recovery based on the national guidance and local priorities identified in the Capacity and Access Plans. This will be presented to the ICB Board in late Autumn 2023.

The ICB facilitated the local response to the national offer to move practices onto Cloud Based Telephony. 47 (of 148 practices) have been identified as “critical” priorities to move onto the national framework provider solutions. We await confirmation of next steps from the national team.

2.5 Workforce

As of May 2023, PCNs in mid and south Essex had recruited 458 FTE additional roles. The following roles are currently in place within the 27 PCNs in mid and south Essex:



Based on the operational plan, it is anticipated that PCNs will recruit a cumulative total of 588 FTE roles by the end of 2023/24

A programme of optimising ARRS roles has been commenced across the ICB. This has started with scoping a series of useful initiatives that could support PCNs.

Progress has been made on the recruitment of Mental Health Practitioners into ARRS roles. At the end of March 23, 16.2 WTE have been recruited with further recruitment underway. A programme of work between EPUT and PCN CDs is underway to try and optimise these roles with a view to then expanding this workforce.

3. Findings/Conclusion

We continue to make significant progress towards the ambitions set out in the Fuller stocktake. The next quarter is critical in defining the INT landscape across Mid and South Essex and identifying the transformative requirements in each of our Neighbourhoods.

4. Recommendation

The Board is asked to note the Fuller Stocktake Update.

Mid and South Essex Integrated Care System

NHS Mid and South Essex Integrated Care Board

Part I ICB Board Meeting, 20 July 2023

Agenda Number: 11

Month 2 Finance Report

Summary Report

1. Purpose of Report

To report on financial performance for the ICB at Month 2 and offer a broader perspective on outturn across partners in the Mid & South Essex system (period ending 31 May 2023).

Given the timing of the July meeting a verbal update on month 3 position (period ending 30 June 2023) will be provided at the meeting.

2. Executive Lead

Jennifer Kearton, Director of Resources

3. Report Author

Resources Team

4. Committee involvement

The month 2 ICB position was reviewed by the Finance and Investment Committee on 21 June 2023. Early escalation was made to the System Oversight and Assurance Committee on 14 June 2023.

5. Conflicts of Interest

None identified.

6. Recommendation

The Board is asked to receive this report for information.

Month 2 Finance Report

1. Introduction

The Financial Performance of the Mid and South Essex Integrated Care Board (MSE ICB) is reported regionally as part of the overall Mid and South Essex System alongside our NHS Partners, Mid and South Essex Foundation Trust (MSEFT) and Essex Partnership University Trust (EPUT).

Our wider Health and Social Care position including Essex County Council, Southend City Council and Thurrock Council, is brought together for information and discussion within the MSE System.

This paper provides the Board with the summary position at month 2, given the timing of meetings a verbal update on the month 3 position will be provided at the July Board.

The system has a nationally negotiated and agreed plan position for 2023/24 of £40m deficit, a £6m improvement on the outturn position for 2022/23. The plan position represents a significant challenge with increasing risks in all parts of our system. MSE Chief Finance Officers will be meeting with the regional team monthly with national escalation meetings scheduled for early August.

Momentum from the 2022/23 Financial Improvement works continues, formalising into a Central Programme Management Office. Management actions continue to be embedded with compliance reporting and assurance reviews at a local level.

The following paper provides the Board with the latest financial position at month 2.

2. Key Points

2.1 Month 2 ICB financial performance

Table 1 below summarises the month 2, financial position for the ICB.

After adjustment for the two reimbursement programmes in operation during 2023/24, the ICB is forecast to deliver its agreed outturn position of £10m. The ICB continues to face pressures within Prescribing and Continuing Healthcare budgets because of market pressures and supply side cost increases. At present it is managing the pressure within the overall position and will continue to escalate as necessary, via monthly review meetings and into the Chief Executive Forum (CEF).

Table 1

Expenditure	Year to Date Plan £m	Year to Date Actual £m	Year to Date Variance £m	Forecast Outturn Plan £m	Forecast Outturn Actual £m	Forecast Outturn Variance £m
Revenue Resource Limit	(404)			(2,477)		
Acute Services	205	205	0	1,240	1,240	0
Mental Health Services	42	42	0	247	247	(0)
Community Health Services	36	36	(0)	220	220	0
Continuing Care Services	21	21	(0)	123	123	0
Prescribing	35	36	(1)	205	209	(3)
Primary Care	55	54	1	333	330	3
Other Commissioned Services	3	3	(0)	19	19	0
Other Programme Services	2	2	(0)	57	57	(0)
ICB Running Costs	4	4	0	23	23	0
Total ICB Net Expenditure	403	403	0	2,467	2,467	0
ARRS and Discharge Funding Reimbursement		0			0	0
ICB Surplus	2	2	0	10	10	0
TOTAL ICB Revenue Resource Limit (ICB)	(404)			(2,477)		
TOTAL ICB Net Expenditure	403	403	0	2,467	2,467	0
TOTAL ICB Surplus/(Deficit)	2	2	0	10	10	0

2.2 ICB Efficiencies

All organisations within the system have a targeted level of efficiencies which they are required to meet to deliver their planned positions. At the start of the financial year the ICB set its budgets net of its efficiency challenge and delivery is monitored within the outturn. Overall budgets are delivering in line with plans and the ICB is reported as delivering both its year to date and forecast outturn efficiency challenge.

The ICB has a significant programme of work aimed at delivering the national requirement to reduce running costs by 30% by the end of 2025/26. The available running cost for future years will be reduced centrally and the Board will continue to be appraised of the progress as the ICB finalises consultation. These savings are not currently reported as part of the overall efficiencies programme.

Table 2

Area of Efficiencies	Year to Date Plan £m	Year to Date Actual £m	Year to Date Variance £m	Forecast Outturn Plan £m	Forecast Outturn Actual £m	Forecast Outturn Variance £m
Acute	3	3	-	16	16	-
Community Healthcare	1	1	-	5	5	-
Primary Care & Prescribing	0	0	-	9	9	
All-age Continuing Care	1	1	-	6	6	-
Other Programme Services	-	0	-	4	4	-
Total	5	5	-	39	39	-

2.3 ICB Finance Report Conclusion

At month 2 the ICB is forecasting to deliver its annual plan. This is a particularly challenging position given the level of inflationary and activity demand it is currently managing. Further validation is required across Prescribing and Continuing Healthcare to understand the likely best and worst outcomes for the overall position which will be completed during quarter 1 deep dive sessions.

The ICB is fully engaged in the Financial Recovery Programme and supporting the work of the Central Programme Management Office, which will ensure control and compliance as well as uncovering further opportunities for efficiencies during the year.

2.4 Month 2 System Financial Performance

At month 2 the overall health system position is a deficit of £16m, this is off plan by £8m. Non recurrent measures have been utilised to support the in-year position and a full reconciliation of the underlying position will be reported for month 3. The year-to-date position largely reflects the current shortfall in efficiency programme delivery which was set to mitigate the impact of rising risk.

The position has been escalated within the system and with regional and national colleagues. A further face to face review with national colleagues is scheduled for early August.

The system continues to face significant and rising risks across all areas of care provision. Workforce summits and with clear management actions have been taking place during May and June as well as assurance reviews. The system continues to engage with the Central PMO to explore further opportunities, benchmarking, and analysis to supplement existing efficiencies schemes and control and compliance actions.

Our local authority partners continue to face sustained pressures across Adults and Children's services. Formal reporting will be included at month 3, in line with LA timescales.

2.5 System Efficiency Position

The System has been working collectively to validate and assure the target efficiencies of £119m required to deliver the agreed deficit plan. The Central PMO continue to work through all projects to align to our core efficiency pillars across, workforce, system flow, independence, and corporate efficiencies. The system is building on the Financial Improvement Works 2022/23 to drive delivery during 2023/24.

At month 2 a total of 45% has been validated through the Central PMO, yielding £53m of efficiency savings, at present it is anticipated that 72% of this value will be recurrent in nature when fully implemented.

The system is driving a focus on the top 10 high value schemes and is refining the system reporting during quarter 1. Progress will continue to be reported via the System Transformation Improvement Group, into CEF and reported monthly to the Finance and Investment Committee.

2.6 System Capital Position

The forecast capital investment during 2023/24 is £139m, at month 2 plans are largely on track.

2.7 System Report Conclusion

The planning round for 2023/24 has presented significant challenges to our already financially challenged system. At month 2 the system is reporting a position adverse to its planned deficit and immediate escalation action has been taken.

The Central PMO is continuing to drive the Financial Recovery Plan providing regular updates to the Board and its sub-committees.

3. Recommendation

The Board is asked to receive this report for information.

Part I ICB Board meeting, 20 July 2023

Agenda Number: 12.1

Committee Terms of Reference

Summary Report

1. Purpose of Report

To request Board approval of revised Terms of Reference for:

2. Executive Leads

Anthony McKeever, Chief Executive Officer
Dr Ronan Fenton, Medical Director

3. Report Author

Sara O'Connor, Head of Governance and Risk.

4. Responsible Committees

The revised Terms of Reference were approved by the relevant committees.

5. Impact Assessments

Not applicable to this report.

6. Financial Implications

Not applicable to this report.

7. Details of patient or public engagement or consultation

Not applicable to this report.

8. Conflicts of Interest

None identified.

9. Recommendation(s)

The Board is asked to approve the proposed amendments to the terms of reference for System Oversight and Assurance Committee and Clinical and Multi Professional Congress.

Committee Terms of Reference

1. Introduction

The Terms of Reference (ToR) for the System Oversight and Assurance Committee (SOAC) and Clinical and Multi Professional Congress (CliMPC) were reviewed and updated as part of the annual reviews of committee effectiveness. The revisions were approved by the relevant committees on the following dates:

- SOAC – 14 June 2023.
- CliMPC – 25 May 2023.

2. Summary of Amendments to Terms of Reference

SOAC Terms of Reference

Several minor amendments were made to terminology to provide clarity within the terms of reference. The following changes were also made:

- Paragraph 3.3.4 – "Lead the development of a framework for peer review and support for the Partnership and oversee its application" amended to:

  "Facilitate a collaborative and supportive forum for peer review and joint accountability for performance to enable system partners to improve."

- Paragraph 3.3.5 – "Make recommendations to the ~~System Leadership Group~~ Chief Executive Forum on the deployment of improvement support across the ICP……."

- Paragraph 3.3.7 – "Make recommendations to the Integrated Care Board and other sovereign Boards on the need for more formal action and interventions where further escalation has been necessary….".

- Paragraph 4.2 (Membership) – It is proposed that a Non-Executive Member of the ICB Board will become a member of SOAC.

CliMPC Terms of Reference

Minor amendments were made to terminology to provide clarity and the sections relating to the committee's purpose and responsibilities were updated, with some points being moved between these two sections. Members have been provided with a separate copy of the revised ToR with tracked changes showing these amendments.

An additional responsibility was added to provide the committee with "delegated responsibility via the Scheme of Reservation and Delegation ……. to make decisions in relation to approving on behalf of the ICB, or endorsing new and/or significant amendments for the Board, of policies and procedures within its remit".

3. Recommendations

The Board is asked to approve the proposed amendments to the terms of reference for System Oversight and Assurance Committee and Clinical and Multi Professional Congress.

Part I ICB Board meeting, 18 May 2023

Agenda Number: 12.2

Committee Minutes

Summary Report

1. Purpose of Report

To provide the Board with a copy of the approved minutes of the latest meetings of the following committees:

- Audit Committee (AC), 11 April 2023.
- Clinical and Multi-Professional Congress (CliMPC), 25 May 2023.
- Finance and Investment Committee (FIC), 11 May 2023.
- Primary Care Commissioning Committee (PCCC), 7 June 2023.
- Quality Committee (QC), 21 April 2023.
- System Oversight and Assurance Committee (SOAC), 14 June 2023.

Members are asked to note that some items within the minutes have been recorded confidentially due to commercial sensitivity, but will be publicly reported at the appropriate time.

2. Chair of each Committee

- George Wood, Chair of AC.
- Dr Ronan Fenton, Chair of CliMPC.
- Joe Fielder, Chair of FIC.
- Sanjiv Ahluwalia, Chair of PCCC.
- Dr Neha Issar-Brown, Chair of QC.
- Anthony McKeever, Co-Chair of SOAC.

3. Report Author

Sara O'Connor, Head of Governance and Risk.

4. Responsible Committees

As per 1 above. The minutes have been formally approved by the relevant committees.

5. Conflicts of Interest

Any conflicts of interests declared during committee meetings are noted in the minutes.

6. Recommendation/s

The Board is asked to note the approved minutes of the above committee meetings.

Minutes of the Audit Committee Meeting

Held on 11 April 2023 at 1.00 pm

Via MS Teams

Attendees

Members

- George Wood (GW), Non-Executive Member, MSE ICB – Chair.
- Peter Fairley (PF), Partner Board Member, MSE ICB.

Other attendees

- Nicola Adams (NA), Deputy Director of Governance and Risk, MSE ICB.
- Mike Thompson (MT), Chief of Staff, MSE ICB.
- Tendai Mnangagwa (TM), Deputy Director of Finance for Financial Services & Management, MSE ICB.
- Darren Mellis (DM), Senior Financial Control Manager
- Jane King (JKi), Governance Lead (Minute Taker), MSE ICB.
- Emma Larcombe (EL), Director, KPMG LLP.

Apologies

- Jennifer Kearton (JK), Director of Resources, MSE ICB
- Colin Larby (CL), Deputy Head of Audit and Assurance, WMAS (not required to attend).

1. Welcome and Apologies

GW welcomed everyone to the meeting and explained that the focus of the meeting was to review the draft ICB Annual Report 2022/23, hence the internal auditors were not required to attend.

Apologies were noted as listed above.

2. Declarations of Interest

GW reminded everyone of their obligation to declare any interests in relation to the issues discussed at the beginning of the meeting, at the start of each relevant agenda item, or should a relevant interest become apparent during an item under discussion, in order that these interests could be managed.

Declarations made by ICB Board and committee members were also listed in the Register of Interests available on the ICB website.

There were no further declarations raised.

3. Minutes and Action Log

The minutes of the last meeting of the ICB Audit Committee on 7 March 2023 were received.

Outcome: The minutes of the meeting held on 7 March 2023 were approved as an accurate record.

The Committee reviewed the Action Log and noted the updates for outstanding actions 23, 24, 26, 28, 30 and 32.

Following distribution of the Risk Register to committee members prior to the meeting (relating to action 24), GW requested that the Risk Register was included on the next agenda for discussion. In response to GW, NA confirmed that Mental Health assurance was included on the Risk Register under Nursing and Quality.

4. Matters Arising

Following the discussion on Conflicts of Interest training at the last Audit Committee meeting, NA advised that NHS England were in the process of developing Conflicts of Interest Management Guidance for ICBs which included an online training module expected for release in Q1 2023/24.

5. Draft ICB Annual Report 2022/23

NA presented the draft ICB Annual Report to the Committee and explained there were a number of drafting comments in the document and that, due to the timescales set by NHS England and the availability of data in some areas, further updates were required. NA suggested that the committee approved the draft Annual Report, subject to any changes required and suggestions made by the committee.

GW invited comments from Members on the content and tone of report.

PF commented that the annual report was succinct and read well, however, was concerned that there was minimal content on social care. PF suggested including greater references to the MSE Connect Programme, low levels of length of hospital stays in mid and south Essex and the constructive relationships with voluntary and housing sectors. GW agreed and also suggested including quotes from local residents to capture patient experience.

ACTION: NA to share updated sections on social care for the annual report for PF's review and comment.

EL remarked that, at this stage, the annual report had not been checked to ensure it met statutory requirements, however she concurred that the report read well and that wider partnerships could be expanded upon. EL added that the report should consider the financial system position and the ICB's role.

The Committee noted the sections on engagement and financial sustainability (risks) needed to be updated and that the performance data was awaited.

NA confirmed, on 16 March 2023, the ICB Board delegated authority to the Audit Committee for the approval of the ICB Annual Report and Accounts 2022/23. NA advised

that draft Annual Report and Accounts were due for submission to NHSE and KPMG on 27 April 2023. The draft Annual Accounts 2022/23 would be reviewed by the Finance Committee.

GW thanked the committee for their comments and agreed to review the draft annual report and changes required with NA outside of the committee meeting.

Outcome: The Committee APPROVED the draft Annual Report, subject to any changes required, for submission to NHS England on 27 April 2023 and noting at the ICB Board in May 2023.

6. External Audit

EL presented the External Audit Plan for Mid and South Essex Integrated Care Board for the nine month period, ending 31 March 2023. EL advised that the audit planning and risk assessment process was still in progress and, although significant changes were not anticipated, the plan was subject to finalisation.

The report highlighted that materiality levels were lower than in previous CCG full period accounts due to the shorter period of accounts and the additional scrutiny of a large ICB in its first year of existence.

The plan reported a significant audit risk for 'fraud risk from expenditure recognition' and set out the audit approach required to respond to the risk identified. No specific additional risks were identified relating to the 'management override of controls' audit. The report noted that Prescribing accruals and CHC provision would also be reviewed as part of the audit work.

EL advised that the Value For Money (VFM) risk assessment (which covered the domains of Financial Sustainability, Governance and Improving economy, efficiency and effectiveness) was complete and that, based on the risk assessment procedures performed, a significant Financial Sustainability risk was identified. The risk had not been associated with the 2022-23 financial performance as the ICB was forecasting a break-even position. However, the risk was identified at the time of undertaking planning relating to the forecast deficit in 2023-24 at a system level around a significant value for money weakness with respect to Financial Sustainability.

GW advised that a meeting between the Boards of the ICB and Mid and South Essex NHS Foundation Trust was due to take place to discuss how the two organisations could work more closely together to bring improvement on their shared agenda and financial sustainability.

EL said that the audit planning work had gone well given that the three and nine month reporting periods had been particularly challenging and there had been good co-operation between the Finance and Audit teams. GW concurred that to close down five predecessor CCGs and create a new ICB organisation was a complex piece of work.

Outcome: The Committee APPROVED the External Audit Plan for the period ended 31 March 2023.

7. Any other business

PF advised the Committee that he had taken on an additional role as Interim CEO of Essex Cares Limited and although he would continue to sit on the ICB Board, he would no longer be a Member of the Audit Committee. GW congratulated PF on his new role and thanked him for his valuable contribution to the ICB Audit Committee.

8. Items to Escalate

To Board – Draft Annual Report 2022/23 for NOTING.

9. Date of Next Meeting

Tuesday, 20 June 2023.

Minutes of Clinical and Multi-Professional Congress Meeting

Held on 25 May 2023 at 09.00 am – 11.00 am

Via MS Teams

Members

- Ronan Fenton, Executive Medical Director (RF) (Chair)
- Peter Scolding, Assistant Medical Director (PS) (Deputy Chair)
- Donald McGeachy, Urgent and Emergency Care (DM)
- Gerdalize Du Toit, Community Care (GDT)
- Gbola Otun, Mental Health (GO)
- Stuart Harris, Acute Care (SH)
- Olugbenga Odutola, Primary Care (OO)
- Russell White, Social Care (RW)
- Babafemi Salako, Primary Care (BS)
- Sarah Zaidi, Primary Care (SZ)
- Jose Garcia, Primary Care (JG)
- Christopher Westall, Acute Care (CW)
- Fatemah Leedham, Pharmacy (FL)
- Feena Sebastian, Mental Health (FS)
- Robert Spackman, Senior Clinical Fellow (RSp)
- Kirsty O'Callaghan, Community Resilience, Mobilisation & Transformation (KC)
- Radha Sehgal (RS), Senior Clinical Fellow (RSe)

Attendees

- Faisal Bin-Reza, MSE NSHFT, Pathology Clinical Director (FBR)
- Margaret Hathaway, MSE NHSFT, Programme Director (MH)
- Paul Nagle, MSE NHSFT, Programme Manager (PN)
- Helen Chasney, MSE ICB Governance Officer (Minutes)

Apologies

- Krishna Ramkhelawon, Public Health (KR)
- Rachael Marchant, Primary Care (RM)

1. Welcome and Apologies

RF welcomed everyone to the meeting, including the three new Congress members, Fatemah Leedham, Head of Pharmacy Department, Basildon Hospital, Feena Sebastian, Deputy Medical Director, Community Care Unit, EPUT and Chris Westall, Clinical Director for Critical Care, MSE NHS FT. Apologies were noted as listed above. It was confirmed that the meeting was quorate.

2. Declarations of Interest

RF reminded everyone of their obligation to declare any interests in relation to the issues discussed at the beginning of the meeting, at the start of each relevant agenda item, or should a relevant interest become apparent during an item under discussion, in order that these interests could be managed.

Declarations of interest made by Integrated Care Board (ICB) members are listed in the Register of Interests available on the ICB website**.**

3. Minutes

The minutes of the last Clinical And Multi-Professional Congress meeting held on 30 March 2023 were reviewed and approved with no amendments requested.

Resolved: The minutes of the Clinical and Multi-Professional Congress meeting held on 30 March 2023 were approved.

4. Matters Arising

There were no matters arising discussed. It was confirmed that any matters arising from the last set of minutes have been dealt with.

5. This item has been minuted confidentially

6. Discussion on Senate format

RF summarised that this report is for Congress to consider the process to follow when asked to view major transformational projects.

PS advised that the format proposed is based on the East of England Senate model and has been tweaked to system requirements, which would provide greater control and flexibility. An overview of the proposed process was provided which concluded with the key recommendations being presented to Board in a detailed format. The standards to be followed were proposed and included the business case format, the process timeline, the backfill costs and the frequency.

RF summarised the proposed process; Congress Leads would meet with the proposed programme team and three quarters from Congress membership will be identified to provide initial focus on behalf of the whole Congress and agree key lines of enquiry, then bring to an appropriate Congress members for discussion, with a report to full Congress a month later.

GDT suggested inviting an independent representative to the initial group to offer a different view and perspective. RF speculated whether adding an additional step of inviting the independent representative to the group to provide their view would add value. PS agreed that balance is necessary and that this would be reviewed.

FL raised concern that diversity of the Congress may be lost and BS raised concern regarding losing the ethos of Senate and that the sub group may take ownership by accident.

KC advised that there may be major transformations that require immediate attention so we would need a route through to expedite and increase pace as needed.

PS suggested keeping the same initial steps then the case would come to a full Congress half day meeting to ensure inclusion.

JG commented that a smaller group may be effective for initial queries and scrutiny to gather information, rather than have input. BS commented that further information can be sourced with the current process through signposting, so unable to understand the rationale for a sub group to be created.

RF advised that the major projects would need to be discussed in detail, with stress testing, so one to two hours may not be enough time to sufficiently review and provide a response, which is the rationale for developing this process. The standard monthly Congress meeting is not set to manage major projects, but the project information would need to come back to Congress meeting for review. PS advised that there would be a judgement call as to when the process is triggered.

PS suggested to implement the process, changing final steps to open to all Congress members and then the process will be reviewed following the first major project.

Resolved: The Congress approved the process, subject to the amendment above and noted that there will be a process review following the first major project.

7. Urology Service Reconfiguration

RF advised that an update on the feedback has been included with the papers and will be sent to the ICB, to provide assurance that the issues have been discussed in detail.

The Congress agreed to share the update report with the Integrated Care Board.

8. Review of Committee Terms of Reference & Self Assessment of Committee Effectiveness

RF thanked PS for the work that has been completed on the Congress Terms of Reference and the Review of Committee Effectiveness.

RF recognised that Congress may need to make decisions on some areas based on expertise and asked how those areas would be identified.

PS advised that Congress had been an advisory group for the last two years. However, there may be issues that require decisions, that need to be agreed in advance where a level of expertise has been developed. Consideration would be required on whether Congress has the appropriate expertise.

RF commented that currently if Congress endorses a decision, it is highly unlikely to be overturned. Concern was raised that the group may become a depository for a number of irrelevant items. The question was asked whether the Congress want to have the ability to make decisions or to remain an advisory group.

OO commented that it would be beneficial to be able to make decisions as Congress would be more influential. The group has diverse experience, but must know limits of expertise

and to recognise when to invite expertise in.

KC agreed that Congress should be a decision making group. The organisation is still in infancy and having clarity and decision making will move that envelope in a wider system and could be a useful lever.

CW commented that Congress should not be a decision making body, however, does raise wider question on how to progress with things as there is not another group like the Congress in the Integrated Care Board (ICB).

PS advised that it is difficult in terms of governance groups. A proviso could be added that there will a review after a year.

In response to a question from RF, PS confirmed that only items from the Integrated Care Board (ICB) would require a decision.

BS raised concern on whether a request is required to become a decision-making group, and would the Constitution or Board allow this requirement. Also concern with conflicts arising, more governance would be required if a decision-making group. Although Congress is currently an advisory group, feedback is usually accepted by Board as well respected.

RF acknowledged the varied views received. Overall the group has accepted to be an advisory group unless clearly asked to make a decision and will be directed by the Board. RF advised that the membership numbers are quoted as 15, however the numbers are 16 or 17. PS will review and amend if necessary.

Resolved: The Congress approved the Clinical and Multi-Professional Congress Terms of Reference, subject to the clarification on the membership query and the Self Assessment of Committee Effectiveness.

9. Horizon Scanning

RF advised that there are a few major projects in the pipeline, which will require consideration by Congress, including the Musculoskeletal (MSK) transformation.

10. Any Other Business

There were no items of any other business raised.

11. Date of Next Meeting

Thursday 29 June at 9.00am – 11.00am via MS Teams.

Minutes of ICB Finance & Investment Committee Meeting

Held on 11 May 2023 at 14.30

Meeting held virtually via MS Teams

Attendees

Members

- Joe Fielder (JF) Non-Executive Member, Committee **Chair,** MSE ICB
- Jo Cripps (JC) Executive Director, Strategy & Partnerships, MSE ICB
- Jennifer Kearton (JK) Director of Resources, MSE ICB
- Dr Tiffany Hemming (TH) Interim Executive Director of Oversight, Assurance and Delivery, MSE ICB
- Janet Wood (JW) Non-Executive Director, EPUT (attending on behalf of Loy Lobo)
- Anthony McKeever (AMcK) Chief Executive Officer, MSE ICB (part)

Other attendees

- Barry Frostick (BF) Chief Digital and Information Officer, MSE ICB - for agenda item 5(a)
- Clare Steward (CS) Programme Director for Digital Transformation, MSE ICB - for agenda item 5(a)
- Jonathan Dunk (JD) Chief Commercial Officer, MSEFT - for agenda item 5(b) and 6
- Nicola Adams (NA) Deputy Director of Governance & Risk, MSE ICB
- Emma Seabrook (ES) Resources Business Manager, MSE ICB (minutes)

1. Welcome and Apologies

The Chair welcomed everyone to the meeting. Apologies were received from:

Loy Lobo (LL) Finance and Performance Committee Chair, EPUT
Julie Parker (JP) Finance and Performance Committee Chair, MSEFT

The Committee were confirmed quorate.

2. Declarations of Interest

The Chair asked members to note the Register of Interests and reminded everyone of their obligation to declare any interests in relation to the issues discussed at the beginning of the meeting, at the start of each relevant agenda item, or should a relevant interest become apparent during an item under discussion, in order that these interests could be managed.

The Committee noted the register of members interests, there were no declarations made in relation to the agenda items.

3. Minutes of the previous meeting

The minutes of the meeting held 19 April 2023 were received. The following point of accuracy was highlighted:

- (Item 12 page 7) second paragraph to be amended to: *JP touched upon the governance arrangements within MSEFT and highlighted clinical representation on the Investment Group that reported to the Finance and Performance Committee, ensured decisions were considered in the context of the clinical aspect.*

Outcome: The minutes of the meeting held on 19 April 2023 were approved as an accurate record subject to the amendment above.

4. Action log/ Matters arising

The Action Log was noted and updated accordingly.
Confirmation of year-end position

JK provided a verbal report on the year end position for 2022/23. The Committee were informed subject to audit that MSE ICB would deliver a surplus of £16.9m

The system reported a deficit of £46.3m for 2022/23, comprising of a £63m deficit within the Mid and South Essex NHS Foundation Trust (MSEFT) £100k surplus within the Essex Partnership University NHS Foundation Trust (EPUT) and the ICB surplus of £16.9m. JK clarified funding of £6m regional support had been received in Month 12 and did form part of the year-end position.

Outcome: The matters arising update on the 2022/23 year-end position was noted.

Farleigh Hospice update

NA reminded Members of the associated action that required an update to the Committee on work undertaken since approval of the business case, reporting on learning that would be used across services during 2023/24.

The Chair thanked the author for the paper, which provided a helpful update on the grip and control for both patient care and value for money.

Outcome: The matters arising update on Farleigh Hospice was noted.

5. Business Case Approvals

(a) Shared Care Record

BF presented the Shared Care Record Full Business Case for endorsement by the Committee. He explained the case had been taken to a number of forums to ensure full visibility and system support.
The Committee were informed of significant interest from bidders following an open procurement approach. Bids had been assessed against the criteria set out in the service specification and further due diligence work had been undertaken.

BF explained 36 Integrated Care System's already had a robust Shared Care Record in place and although Mid and South Essex was one of the few systems who had not yet

implemented this, it had been used as an opportunity to engage and learn from other systems.

Following challenge from the System Finance Leaders Group (SFLG) around the profiling of costs and benefits realisation, a proposal had been shared with members and it was noted that the case would be taken to the next meeting to seek support.

JK highlighted the decision to proceed with the Shared Care Record was made prior to implementation of the double/triple lock control measures and that she would therefore highlight this with the NHS England Regional Director to ensure full visibility.

The Chair asked if there were any material concerns to flag to the Committee. BF highlighted the main risk to the project was sufficient resource and subsequent delay due to the number of strategic programmes currently in train across the Integrated Care System (ICS).

JW asked how this linked into the Electronic Patient Record (EPR) project. BF highlighted the need for integration capabilities into primary care and the local authority, it was explained that the Shared Care Record would provide this interconnectivity.

TH queried the plan to ensure full utilisation of the tool and suggested the need for a mechanism to capture consideration of the Shared Care record in the development of any new service. BF advised the governance approach taken had embedded accountability within each system partner to ensure the activities required to deliver and support the change is owned; this will maximise utilisation and benefits.

Outcome: The Committee endorsed the Shared Care Record Full Business Case and supporting documentation.

Action: ***As the decision to proceed with the Shared Care Record was made prior to implementation of the double/triple lock control measures, JK will highlight the case with the*** **NHS England** ***Regional Director to ensure full visibility.***

(b) This item has been minuted confidentially.

Items for Assurance

6. This item has been minuted confidentially

Items for Assurance

7. Budget Setting

JK informed the Committee of the outputs from the ICB/NHSE Roadshow that took place 27 April 2023 and advised formal feedback was awaited. Although there was recognition the system would not breakeven this financial year there was a push to improve on the 22/23 position. Actions such as consideration of a peer review were noted as already underway following the financial deep dive on 11 April 2023.

JK highlighted an immense amount of work undertaken within EPUT to bring their position

to breakeven following the initial submission of plans. The Committee were informed £8m of the £58m deficit within MSEFT was reliant on receipt of anticipated CDC revenue which was confirmed at the 27 April meeting. This moved MSEFTs position to a £50m deficit.

The System received an additional £8.5m central support to offset the deficit and effectively provided the ICB with a £8.5m surplus. Following an ask from region the ICB agreed to an increased budgeted surplus of£10m which would brings the system position to a £40m deficit for 23/24. JK raised this is not without significant risks and additional required efficiencies.

The Chair welcomed sight of a M1 finance report and asked how the system could best support itself to ensure timely reporting and early warning signs should we go off track. JK reported a dashboard was being developed and spoke of anticipated workforce control measures for providers in deficit. The system had been in discussion with region to request the same functionality of reporting to ensure richness of data and transparency. There were also discussions taking place around the reporting and accountability of performance.

JK presented the high level ICB Budgets for 23/24 and would share the presentation slides for circulation with the minutes. Key highlights were:

- The system efficiency target was in line with the 5% national expectation; a piece of work was underway to ensure individual plans were in place
- £44m residual risks (following mitigation) for 23/24, working closely with MSEFT around the unfunded capacity and escalation beds; £35m was a risk within efficiencies for MSEFT
- Compliant Capital plans have been submitted
- No risk reserve held for 23/24; all system allocations had been distributed
- £49m Elective Recovery Fund (ERF) allocation had been distributed on a 'fair share's' basis, there was uncertainty if there was any claw back mechanisms for under delivery.
- CHC and prescribing was flagged as the largest opportunities for efficiencies.
- CHC and prescribing inflation was flagged as the biggest risk due to variable spend. Inflation levels were held at 5%. It was suggested this was an area for a deep dive at a future Committee meeting.

AMcK thanked the system Directors of Finance for all of their preparation in advance of the ICB/NHSE Roadshow and highlighted the significant improvements made to reduce the historic underlying deficit which was running at c£200m at one point.

Chief Executive Officers and Senior Responsible Officers of the 3 workstreams had combined efforts to enhance and enable the efficiencies to progress at pace to ensure transparency and mutual accountability across organisations. ICB Restructure proposals would be launched next week to support the required £5m organisation cost reduction. AMcK spoke of the focus of the Integrated Care Strategy and the efforts to increase support into mental health, community services and primary care. £200m capital funding was flagged as insufficient to make the necessary improvements within primary care.

Outcome: The Committee approved the ICB Budgets for 23/24

Action: *Presentation slides to be shared as an appendix to the minutes.*

Financial Governance

8. This item has been minuted confidentially.

9. Feedback from System Groups

Outcome: The Committee noted the minutes of the System Finance Leaders Group; there were no comments.

10. Any other Business

External Audit Service Procurement
As per an action at the April meeting an update was shared with members on the procurement of the External audit service. JK added with support from the national team the timeline had been extended to the end of June.

11. Items to Escalate

Nothing raised.

12. Date of Next Meeting

Wednesday 21 June 2023, 10-12.30
Plume Room, Wren House, Chelmsford CM2 5PF

Minutes of ICB Primary Care Commissioning Committee Meeting

Wednesday, 7 June 2023, 9.30 am – 11.30 am

Via MS Teams

Attendees

Members

- Sanjiv Ahluwalia (SA), Associate Non-Executive Member – Chair.
- William Guy (WG), Director of Primary Care.
- Dan Doherty (DD), NHS Alliance Director for Mid Essex.
- Pam Green (PG), NHS Alliance Director for Basildon Brentwood.
- Margaret Allen (MA), NHS Deputy Alliance Director Thurrock (Deputising for Aleksandra Mecan).
- Dr Anna Davey (AD), ICB Primary Care Partner Member.
- Ed Cox (EC), Director of Clinical Policy (Deputising for Ronan Fenton).
- Ashley King (AK), Director of Finance Primary Care and Strategic Programmes (Deputising for Jennifer Kearton).
  Paula Wilkinson (PW), Director of Pharmacy and Medicines Optimisation.

Other attendees

- Jennifer Speller, Deputy Director of Primary Care.
- Simon Williams (SW), NHS Deputy Alliance Director Basildon Brentwood.
- Nicola Adams (NA), Deputy Director of Governance and Risk.
- Vicky Cline (VC), Head of Nursing, Primary Care Quality (Deputising for Viv Barker). Nominated deputy.
- Jane King (JKi), Governance Lead (minute taker).
- Alex Henning (AH), Head of Digital Transformation.
- David Barter (DB), Head of Commissioning.

Apologies

- James Hickling (JH), Associate Medical Director.
- Ronan Fenton (RF), Medical Director.
- Aleksandra Mecan (AM), NHS Alliance Director for Thurrock.
- Caroline McCarron (CMc), NHS Deputy Alliance Director for South East Essex.
- Jennifer Kearton (JK), Director of Resources.

1. Welcome and Apologies

The Chair welcomed everyone to the meeting and a round of introductions took place. The apologies were noted as listed above.

It was noted the meeting was quorate.

2. Declarations of Interest

The Chair asked members to note the Register of Interests (and the register recording details of GP Practices attended by Members) and reminded everyone of their obligation to declare any interests in relation to the issues discussed at the beginning of the meeting, at the start of each relevant agenda item, or should a relevant interest become apparent during an item under discussion, in order that these interests could be managed.

Members noted the register of interests, no further declarations were made.

3. Minutes

The minutes of the ICB Primary Care Commissioning Committee (PCCC) meeting on 3 May 2023 were received.

Outcome: The minutes of the ICB PCCC meeting on 3 May 2023 were approved.

4. Action Log and Matters Arising

The action log was reviewed and updated accordingly.

An update was provided on the outstanding actions 13, 24, 25, 30, 34 and 39. It was noted that actions arising from the committee self-assessment were also included on the action log.

5. Primary Medical Services Contracts Update

JS provided an update on key activities and issues in relation to Primary Medical Services contracts. It was noted that work continued with the IG and Digital Teams to fully resolve the NHS England contract file access issues. The Working Together Framework work continued but it was not known how the forthcoming ICB restructure might affect plans. JS advised that contractual documentation for the APMS procurement was being finalised with all providers.

Dickens Place Closure
All patients affected by the Dickens Place closure had now been safely registered with a new GP. The GP Partners had indicated that the financial losses incurred at Dickens Place were likely to have an impact on their ability to invest in Longfields Medical Practice (LMP) and, consequently, a Section 96 agreement had been made with LMP to support the cashflow issues associated with the closure of Dickens Place. The ICB would recover funds over the coming financial year.

The Surgery, Hawkesbury Road
Following notification from The Surgery of their intention to informally close the patient list due to workforce issues, the Primary Care team and practice had agreed a number of areas of support and the practice's position would be reviewed at the end of July 2023.

Practice Merger Requests
JS gave an update on the practice mergers previously approved by the Committee in between meetings in May 2023. The Milton Road/Grays Surgery merger remained on target for June 2023 and the Thorpe Bay/North Shoebury merger was still on target for September 2023. The Greenwood/Wyncroft target date was now October 2023.

The ICB had been approached for advice on other potential mergers, but no formal applications had been received.

JS advised that recruitment to the PCN Additional Roles Reimbursement Scheme (ARRS) remained a critical priority for the ICB. The impact of the Integrated Neighbourhood Teams works and ICB Organisational Change on programme delivery was under consideration.

The PCN Development and Delivery Group recommended that Time to Learn (T2L) sessions should have an Alliance based approach aligned to local priorities and strategy. The sessions would be extended to the wider primary care clinical team, including ARRS. In response to SW, JS explained that funding for face-to-face T2L sessions would need to be considered as part of a T2L implementation plan.

The Primary Care Team continued to receive a high number of enquiries regarding potential Section 96 support and requests for contractual changes, both of which were having an impact on team capacity. There were also operational pressures in relation to insufficient or inadequate premises capacity affecting primary care.

The Committee were made aware of one Practice that had not signed up to the Primary Care Network agreement, JS was looking into the circumstances and would provide an update to the Committee when more information was known.

ACTION: JS to provide further detail to the Committee on the practice not signed up to the PCN agreement.

Rivermead Gate Medical Centre – Formal closure of Wood Street branch site

The branch surgery had been closed informally since March 2020, however as it had not been formally agreed to close the site, it was still incurring costs. The Committee noted there were a number of issues affecting the site including health and safety, accessibility and value for money concerns. All alternative site options represented significant unfunded costs to the ICB. There was little risk of the permanent closure to the other practices in the vicinity.

In response to SA, WG explained the impact of the closure on patients and other providers was relatively low risk if the decision was delayed until the estates plan was signed off by the ICB Executive Team, however WG highlighted that there was no timeline for this. AK pointed out that until a decision was taken on the branch closure there would be a revenue impact by continuing to have an empty building. PG suggested that the progress of the estates plan should be discussed with the Executive Team and that a Board session would be required to support the direction of primary care estates.

ACTION: A Board seminar session be arranged regarding Primary Care Estate.

VC highlighted to Members that impact assessments should be completed for the branch surgery closure. SA commented there was an important issue around the lack of primary care estates strategy.

Outcome: There was tentative support for permanently closing Wood Street but a number of further actions would be required including an EQIA process, clear plan for managing affected patients including clear alternative options for patients, a communication and implementation strategy.

Special Allocation Service Contract

WG apologised for the late circulation of the Special Allocations Service (SAS) paper which was due to the late availability of information. The Committee noted the commercially sensitive nature of the paper.

Outcome: The Committee APPROVED the following:

1. **Contract Variation for the inclusion of primary medical services for the proposed Asylum Accommodation and Support centre at Wethersfield, Braintree.**
2. **Contract extension until March 2025.**

7. Dental Commissioning & Transformation Group Terms of Reference

WG presented the final version of the Dental Commissioning & Transformation Group (DCTG) Terms of Reference which incorporated the revisions requested at the committee meeting in May 2023. Changes were made to include specified criteria as part of the decision-making process; priority to ensure greater alignment of dental services within PCNs; and responsibility to promote the integration of services and patient experience, as well as the collaboration and alignment between PCNs, Integrated Neighbourhood Teams, networks and Alliances.

Outcome: The Committee APPROVED the updated Dental Commissioning & Transformation Group Terms of Reference.

8. Dental Access Proposal

DB presented the dental access proposal which outlined plans to provide additional dental access to patients in MSE by the implementation of a new pilot service which gives patients access in-hours, out of hours, weekend and bank holidays for 18 months. The proposal was endorsed by the Dental Commissioning and Transformation Group on 17 May 2023.

PW enquired whether the proposal would require patients to seek regular check-ups. DB advised the proposal would first address urgent needs followed by oral stabilisation; subsequent oral support would be undertaken with Dental Care Practitioners (DCPs). DB added that phobia and patient charges were the main reasons patients did not return for regular check-ups but hoped that if patients could build relationships with DCPs this might improve. PW requested that issues around the lack of repeat prescribing be addressed to avoid patients going to GPs for dental related prescriptions.

AK confirmed that dental funding was ringfenced for dental provision by NHS England. In response to SA, AK confirmed that the Finance Team were comfortable that finance was available for the 18-month period of the pilot.

SA commented that the pilot was a well-developed programme of work.

PG remarked that dental workforce challenges remained and queried the reality of reintroducing people back to the dentist if there was not capacity. SA asked whether the DCTG could consider dental workforce capacity for the medium term. DC confirmed the DCTG were looking at all aspects of the dental service, including workforce. SA suggested that if the DCTG had a session on capacity and demand it would be useful for key committee colleagues to attend. DC was happy to consider this.

NA advised that as the financial value of the pilot exceeded the authorised financial limits of the Primary Care Commissioning Committee, the decision would need to be referred to the Finance and Investment Committee for final approval.

Outcome: The Committee ENDORSED the Dental Access Pilot and RECOMMENDED TO the Finance and Investment Committee for approval.

Outcome: The Committee RECOMMENDED to the Dental Commissioning and Transformation Group that key committee colleagues attend discussions on capacity and demand.

9. Primary Care Access Recovery Programme

The NHS England Recovering Access to Primary Care strategy (published in May 2023) set out the requirements for a system wide response across a series of initiatives primarily aimed at improving patient experience of primary care services. The four key programmes of work were 'Empower Patients, Modern General Practice Access, Building Capacity and Cutting bureaucracy'.

WG advised that there was a significant number of requirements outlined in the strategy that were expected to be delivered by practices, PCNs, ICBs and NHSE over the coming 18 months. The ICB had established an Access Task and Finish Group who would oversee the delivery of various elements of this programme. An update on the ICB's Recovering Access Plan would be brought back to the Tommittee in August or September before presentation to Board for endorsement. WG added that a system wide response was required to the access programme, but the ICB had a critical role in bringing pathways together.

PW advised that the Community Pharmacy Service was considering new ways to support the Access Recovery Programme.

AD commented that practices were improving with triaging patients and social prescribing was becoming more ingrained in Primary Care Networks (PCN). AD added that it would be interesting to see how the new web-based patient triage system, Accrux, was received in Chelmsford PCN. It was unknown whether the Accrux model offered a pharmacy referral option.

Outcome: The Committee NOTED the Primary Care Access Recovery update.

10. Integrated Neighbourhood Team (inc. implementation of Fuller Stocktake)

EC provided an update on the progress made against the ICB's plans to implement the Fuller Stocktake and Integrated Neighbourhood Teams (INTs). Primary Care Networks (PCNs) had received funding to incentivise their first steps to evolve towards an INT and had developed their initial clinical strategies focussing on key strategic themes which echoed the themes within the Fuller review. An INT Reference Group had been established to support the development of INTs. Alliances would oversee local delivery through individual neighbourhoods. Progress made by each Alliance to date was outlined within the report.

AD, in her role as Fuller Advocate, had visited PCN Clinical Directors (CDs) in 21 of the 27 PCNS to discuss the Fuller recommendations and provide opportunity for further dialogue.

Overall, AD had experienced positive engagement with good knowledge and vision. However, estates issues were regularly highlighted, particularly challenges in accommodating the expanded primary care workforce.

Recruitment to the Additional Roles Reimbursement Scheme (ARRS) was good. More needed to be done to promote the Training Hub as a source of support to the wider workforce.

The immediate challenge for the system was to enable the localisation of the Fuller/INT approach and work continued to support this through development of an INT framework.

EC advised there were currently no milestones within the framework, however there was a great deal of work organically underway at place. SA remarked that it was useful to have the INT framework to ensure consistency and equity across the system. SA requested that an update on the INT Framework was brought back to the Committee in September 2023.

ACTION: Update on the INT Framework to be presented to the Committee at the September 2023 meeting.

PW asked that Community Pharmacy Teams were linked in to ensure they were fully integrated with INTs. JS expected clinical plans to include Community Pharmacy Teams.

AK enquired whether detailed clinical strategy plans would be received for all PCNs by the June 2023 deadline. WG advised that the majority of the detailed plans had been received but the team were following up on the outstanding plans, if these were not received by the deadline consideration would be given to withdraw funding for those PCNs.

WG advised that the potential impact of changes to the GP contract had been raised as a risk by all 4 PCNs in Thurrock. SA said that the Committee would need to consider how this risk can be mitigated.

AH stressed the importance of digital integration and consideration given to where records were held and what systems were used etc.

Outcome: The Committee NOTED the Integrated Neighbourhood Team update.

11. Primary Care Medical Services Quality Update

VC presented the quality update which provided the Committee with oversight on the reporting/quality assurance needed to ensure that primary care clinical services were providing safe, effective and quality care to the patients across Mid & South Essex (MSE).

Of the 148 GP Practices across MSE, 3 practices were rated as ‘inadequate’ and 7 rated as ‘requires improvement’ by the Care Quality Commission (CQC). Active support was provided to these practices and meetings held with the CQC to ensure assurance required as part of the review process was received.

The system Practice Risk Review Group (PRRG) continued to meet monthly and review practices identified with emerging concerns. As a result, there were five rapid reviews held with the identified practices to ensure swift offers of support/ resolution relating to the concerns raised since the last report.

Under the delegation agreement, freedom to speak up concerns would be investigated by the ICB. To date, there were 2 open cases. There were 9 open serious incident reviews.

A Time to Learn session on Safeguarding was in the pipeline.

In April 2023, 7 new Primary Care concerns/complaints were received directly by the ICB with an additional 10 received from NHSE and signed off by the ICB. All related to different surgeries with most complaints related to access to appointments and registration issues; administration and prescribing/GP medication issues. The number of primary care concerns/complaints received by the ICB had decreased month on month since January 2023.

Outcome: The Committee NOTED the Primary Care Medical Services Quality update.

12. Primary Care Finance Update

AK provided an overview of the financial performance of the ICB in respect of its investments in primary care during 2022/23 and its opening plan for 2023/24.

The ICB and predecessor organisations received several allocations from NHS England that were used for investment in Primary Care from the 'Delegated Fund', the core 'Programme' allocation, 'System Development Funding' and ICB Capital Allocations. AK highlighted that the closing financial position for 2022/23 was in line with that forecast. A summary of the closing revenue position for Primary Care expenditure for 2022/23 was set out in the paper.

In 2023/24 the ICB would again receive the various allocations for utilisation against Primary Care (including Pharmacy, Optometry and Dentistry), budgets were set at levels in line with anticipated contractual expectations. Details of the opening financial plan, as submitted to NHSE at the end of March 2023, were included in the paper.

The key primary care risks the organisation faced in the new financial year were associated with GP Prescribing, Wethersfield Asylum Centre and premises costs. During 2022/23, the prescribing forecast spend increased from £182m in June 2022 to a final spend position of £196m for the year. If growth continued at the rates seen during 2022/23 the ICB would face a significant pressure in this area.

SA acknowledged the challenge in shifting GP prescribing patterns and behaviours and thanked PW and the Medicines Optimisation Team for their work to tackle this issue. PG queried whether it was appropriate for the Committee to escalate concerns around prescribing costs to the Board. SA suggested the Committee first needed to understand the level of challenge before escalation. AK agreed that a more detailed conversation around prescribing pressures was required. SA requested that a discussion on prescribing pressures was added to the next agenda.

PW explained that the Medicines Optimisation resource had been drastically reduced in the organisational change process and there was a risk to having a sudden change to the team's workforce, leadership and knowledge.

ACTION: Add prescribing pressures to the next agenda for discussion to consider whether escalation is required.

In response to SA, AK advised that the ringfenced dental allocation was not expected to cause pressures elsewhere in the system.

Outcome: The Committee NOTED the Primary Care finance update.

13. Risk Management Update

Due to the late availability of information, there was a delay in circulating the primary care risk paper. WG advised that the risks within the remit of the Primary Care Commissioning Committee had been updated as set out in the risk register; there were a total of 11 risks; 1 was rated Red (Primary Care Demand and Capacity); and the remaining 10 were rated Amber. The risk ratings had not changed since the last update, except one (Primary care workforce recruitment and retention plans), which had decreased since then.

The latest Primary Care Board Assurance Framework (BAF) slide submitted to the Part I Board meeting on 18 May 2023 was included in the report. The Committee were advised that the BAF would be updated again prior to the July Board meeting. JS confirmed that the risk around delay premises needed to be updated.

Due to time constraints of the meeting, NA suggested that members emailed any questions on the primary care risks to her and they would be covered off at the next meeting.

SA requested that a more detailed walk through of Primary Care risks was undertaken at the next meeting.

ACTION: Include Primary Care risks on the next agenda to enable a more detailed walk through.

14. Committee Self-Assessment

The final Committee Annual Self-Assessment was shared with the Committee which incorporated the feedback received from members at the meeting in June 2023. SA queried whether members that had not attended any of the meetings could be removed from the terms of reference. NA agreed to discuss with SA outside of the meeting.

ACTION: NA to discuss committee membership with SA outside of the meeting.

15. Decisions taken outside of meetings

JKi advised that three decisions were made virtually in between meetings and therefore needed to be ratified as follows:

- Greenswood/Wyncroft Merger application – approved
- Milton Road/Grays Surgery Merger application – approved
- Thorpe Bay/North Shoebury Merger application – approved

Outcome: The Committee RATIFIED the decisions taken in between Committee meetings to approve the contract change requests as above.

16. Items to Escalate

Escalated From Board: PCCC to navigate and report back to the Board on the scale of the financial and commissioning challenge with POD delegation (e.g., around supply and demand). WG and AK to look at together and bring paper to July PCCC meeting and July Board. WG highlighted that elements of this topic were covered in the Primary Care Finance paper (Item 12) and Dental Access Proposal paper (Item 8) presented at today's

meeting.

ACTION: Consider the scale of the financial and commissioning challenge with POD delegation (e.g., around supply and demand) for the next meeting.

17. Any other Business

WG advised that commissioning requirements from the Home Office for the planned asylum centre in Wethersfield (Braintree District) had not yet been received.

18. Date of Next Meeting

9.30am–11.30am, Wednesday 5 July 2023

Minutes of Part I Quality Committee Meeting

Held on 21 April 2023 at 10.00 am – 12.00 noon

Via MS Teams

Members

- Dr Neha Issar-Brown (NIB), Non-Executive Member and Committee Chair.

Attendees

- Viv Barker (VB), Director of Nursing for Patient Safety, deputising for Frances Bolger, Interim Chief Nursing Officer.
- Jackie Barrett (JB), Deputy Director of Nursing for Patient Safety
- Karen Berry (KB), Maternity Commissioner.
- Eleanor Carrington (EC), Deputy Head of Nursing for Primary Care Quality
- Vicky Cline (VC), Head of Nursing – Primary Care.
- Ross Cracknell (RC), Senior Quality Manager Mental Health.
- Emma Everitt (EE), Business Manager, Nursing and Quality.
- Matt Gillam (MG), Deputy Director of Nursing.
- Sally Hatt (SH), Quality Manager.
- Linda Moncur (LM), Director of Safeguarding.
- Sara O'Connor (SO), Head of Corporate Governance.
- Gemma Stacey (GS), Designated Clinical Officer for SEND.
- John Swanson (JS), Head of Infection Prevention & Control.
- Shelley Wallace (SWa), Quality Manager.
- Paula Wilkinson (PW), Director of Pharmacy and Medicines Optimisation.
- Stephanie Williams (SW), Quality Manager.

Apologies

- Frances Bolger (FB), Interim Chief Nursing Officer.
- Helen Farmer (HF), Deputy Director for Children and Young People.
- Ronan Fenton (RF), Medical Director.
- Karen Flitton (KF), Patient Safety Specialist.
- Gemma Hickford (GH), Consultant Midwife.
- James Hickling (JH), Deputy Medical Director, Quality, Assurance and Governance.
- Carolyn Lowe (CL), Deputy Director of All Age Continuing Care.
- Stephen Mayo (SM), Director of Nursing for Patient Experience.
- Alix McMahon (AMcM), Complaints Manager.
- Caroline McCarron (CMcC), Deputy Alliance Director.
- Greer Phillips (GP), Mid and South Essex Care Sector System Lead
- Eleanor Sherwen (ES), Head of Nursing.

1. Welcome and Apologies

NIB welcomed everyone to the meeting. Apologies were noted as listed above. SOC advised that VB was attending on behalf of FB and could vote on her behalf. The meeting was therefore quorate.

2. Declarations of Interest

NIB reminded everyone of their obligation to declare any interests in relation to the issues discussed at the beginning of the meeting, at the start of each relevant agenda item, or should a relevant interest become apparent during an item under discussion, in order that these interests could be managed.

Declarations of interest made by Integrated Care Board (ICB) members are listed in the Register of Interests available on the ICB website**.**

3. Minutes

The minutes of the last Quality Committee meeting held on 27 January 2023 were reviewed and approved with no amendments requested.

Resolved: The minutes of the Quality Committee meeting held on 27 January 2023 were approved.

4. Matters Arising

There were no matters arising discussed.

5. Action log

The action log was reviewed and updates were noted.

Resolved: The Committee noted the Action Log.

6. Future arrangements for Quality meetings

NIB confirmed that for future Quality Committee meetings, some items would be presented 'as read' to enable the committee to focus on items requiring discussion and/or approval. Urgent items could also be discussed outside of the meeting, if required.

NIB advised that the committee had been asked to develop a Task and Finish Group in preparation for a potential Care Quality Commission (CQC) inspection, which would feature on future committee agendas. Updated guidelines on inspections had recently been published.

Resolved: The Committee noted the verbal update on the future arrangements for Quality meetings.

7. Complaints and Lived Experience Escalations

MG reported that there had been a slight increase in complaints, many of which related to concerns about accessing GP services. A System Primary Care Review meeting was held monthly to discuss and address individual practice concerns. Work was ongoing with NHS

England (NHSE) to transfer their complaints function to the Mid and South Essex Integrated Care Board (MSE ICB).

In response to a query from NIB, MG advised that the three main areas of concern identified for complaints were assessing GP services, including attitude of staff, Individual Funding Requests (IFRs) and All Age Continuing Care. Due to limited capacity within the Complaints Team, data analysis was not currently being undertaken.

VB asked if there were mechanisms in place with primary care to feedback quality issues and common themes to support positive change at Primary Care Network (PCN) level. MG advised that regular meetings were held and any concerns/issues raised were also viewed from an Alliance perspective.

NIB commented that it would be helpful for further analysis to be undertaken to gain a greater understanding of the issues once the complaints team was fully staffed.

Resolved: The Committee noted the Complaints and Lived Experience Report.

8. Patient Safety and Quality Risks

SO confirmed that risks had recently been reviewed and updated. There were 22 risks identified as relevant to the work of the Quality Committee. Of these, 5 were rated red, 15 amber and 2 green. Further work would be undertaken following implementation of the new RLDatix system.

SO advised that the full risk register was submitted to the Audit Committee and the Board Assurance Framework would be updated prior to submission to the Board on 18 May 2023.

VB commented that risk leads were not sufficiently confident, or had not been provided with sufficient assurance from some partner organisations, to reduce risk ratings at this time. Further triangulation of any improvements or deterioration was required.

NIB proposed that those risks rated red should be discussed in detail at future committee meetings to decide whether support was required.

Resolved: The committee noted the update on patient safety and quality risks.

9. Acute Care

JB highlighted that the most recent CQC inspection of Mid and South Essex Hospitals NHS Trust (MSEFT) resulted in a Section 29A Warning Notice. The urgent areas of concern were nutrition and hydration, care of mental health patients, Mental Capacity Assessment and Deprivation of Liberty Safeguards and patients' accessibility to call bells. The Quality and Nursing teams had since undertaken several visits across the three sites.

There continued to be a lack of assurance regarding the Referral to Treatment (RTT) harm review process. Cancer harm reviews were overseen by the Cancer Board and the System Oversight Assurance Committee.

The number of outstanding Serious Incident investigations for MSEFT was of concern. The ICB Quality Team was working closely with the Trust to formulate a concise reporting template with an emphasis on assurance of learning.

VB commented that the draft CQC report into Older Peoples Care in Medicine had been received by the Trust and contained factual inaccuracies.

VB thanked the Quality Managers and the wider Quality Team for their support with site visits which helped to improve services, noting that pockets of improvement had been achieved.

NIB noted that it was proposed that the committee membership would be widened to include representatives from main providers who could provide further information on specific issues, if required.

VB reported that a further Never Event had recently been reported within dermatology. The mirror technique to identify the correct surgery site had not been used.

Resolved: The Committee noted the Acute Care Report.

10. Infection Prevention and Control (IP&C)

JS highlighted the following issues.

The annual threshold for Clostridioides difficile (C.diff) had been breached with rates remaining high. The Infection Prevention and Control (IP&C) team would be attending a C.diff workshop on 11 May 2023 to understand national priorities and share learning.

There had been a significant number of norovirus outbreaks. One case was ongoing at Broomfield Hospital, which was being managed as per policy. There was one hospital onset MRSA reported for a neonate baby born in Southend Hospital and transferred to Luton and Dunstable Hospital (LDH). The Director of IP&C at LDH had declined to share the post infection review outcome. There had been similar issues with other tertiary centres. Discussions were therefore being held to build relationships to facilitate shared learning.

VB advised that several supported visits had been undertaken, but there were still IP&C issues across the three hospital sites.

JS explained that many issues were estates related and although sites had experienced a cluster of C.Diff outbreaks, lessons were not being learnt.

Resolved: The Committee noted the Infection Prevention and Control update.

[Action: JS to include learning from the C.Diff workshop in May within the June IP&C report to Quality Committee.]

11. Mental Health, including final Internal Audit Report

RC highlighted the following issues.

The CQC had published their report following a visit to St Andrews Hospital which downgraded the hospital from ‘Good’ to ‘Inadequate’. The CQC subsequently undertook a follow-up visit and improvements were noted.

Following the Channel 4 ’Dispatches’ programme, a CQC visit was undertook of the Essex Partnership University NHS Foundation Trust’s (EPUT) wards for Adults and Psychiatric Intensive Care Units, which were also downgraded from ‘Good to ‘Inadequate’.

The ICB was awaiting feedback following the Well Led inspection of EPUT and the committee would be updated once the report was published.

Dr Strathdee, Chair of the Essex Mental Health Independent Inquiry, had met with the Secretary of State and continued to report that it was unlikely that the Inquiry's terms of reference would be met. Due to the forthcoming elections, the Government would not be making any announcements until the election purdah period had passed.

VB advised that following a high-profile Inquest, HM Coroner had ruled a death at the Linden Centre was 'avoidable'. Photographs in the media had shown staff sleeping whilst on duty at a one-to-one mental health site.

NIB commented that the mitigations were more related to scrutiny rather than addressing the real issues and asked if there had been any discussion or understanding with regards to the rationale. PW advised that new ways of working with a bigger support system/wrap-around care and investment in community health schemes would provide individuals at high risk with more effective care.

RC advised that the new urgent care centre at Basildon Hospital had resulted in only 10% of those presenting requiring admission. The remaining individuals were signposted to other pathways for ongoing care.

Resolved: The Committee noted the Mental Health update report.

Action: For NIB to be invited to participate in site walkabouts.

12. Adults and Children Safeguarding System Report

LM advised that the statutory Serious Violence Duty applied to the ICB and sat within the portfolio of the Director of Strategic Partnerships. The definition of serious violence now included domestic abuse. The focus would be on a structured response across the system. A Round Table Board and working group would be set up to develop a strategic approach.

The Government had delayed implementation of the Liberty Protection Safeguards. It was anticipated the standards would be launched in April 2024.

Safeguarding teams had reviewed the Looked After Children National Pilot audit and how improvements could be made with nurses across Essex. An update would be provided at the next committee meeting. This would also need reviewing for people in the community to ensure that 'best interests' decisions were complied with.

Resolved: The Committee noted the Adults and Children Safeguarding System Report.

13. Learning Disabilities

VB reported that the annual health checks were continuing, however further work was required in the Thurrock area. Some practices had reported that there were no health checks for patients with learning disabilities (LD) to be undertaken. Those patients who did not receive a health check during 2022/23 would be prioritised in 2023/24.

A business case was currently being developed with EPUT for a significant investment to ensure the needs of individuals were met, although there was an awareness of the current financial challenges within the system.

The number of adult inpatients was currently under threshold. However, the number of inpatient children currently exceeded the threshold. The methodology used for adult inpatients would be adopted with the aim of reducing the number of inpatient children.

VC referred to the annual health checks and commented that the rationale for practices not identifying patients with a LD needed to be understood.

PW reported that stopping over medication of people (STOMP) with a learning disability, autism or both was a challenge across the system. However, a new pharmacist had been appointed at EPUT. Work was ongoing with MSEFT to support individuals when attending appointments at hospitals. It was suggested that this needed to be linked with the annual health checks.

NIB requested this issue was raised at the Thurrock PCN meeting next week.

Resolved: The Committee noted the Learning Disabilities Report.

[Action: VC to speak with Thurrock Alliance Leads regarding stopping over medication of people with a LD, autism or both to ensure discussion at the next Thurrock PCN meeting.]

14. Medicines Optimisation

PW highlighted the five Medicines Optimisation priorities that were being focused on and provided an update on antimicrobial stewardship.

PW advised that there was a system antimicrobial workplan which demonstrated a system wide approach. Information was provided on achievement against national targets and it was highlighted that due to the increase of respiratory disease and Group A Strep the local position had worsened with regards to antibiotic prescribing. Each PCN had been asked to identify a microbial lead to support improvements in this area.

In response to a query on whether this report should be linked with the C.Diff report, it was confirmed that regular meetings were held with JS.

Resolved: The Committee noted the Medicines Optimisation Report.

15. Personal Health Budgets

MG advised that with regards to the wider personalisation agenda, national dataset reporting had been changed to reflect the establishment of the ICB and amalgamated into one matrix.

The areas of focus would include an All Age Continuing Care data cleanse, Section 117 transformation and wheelchair provision. It was reported that the ICB were 17% above the quarterly target and had exceeded the threshold for the end-of-year ambition.

PW asked if there was an understanding of the number of people benefiting from Personal Health Budgets (PHBs) and whether equity of access was ensured. MG advised that although information was received on a granular level, the personalised care agenda group

were still collecting the information on a national level.

NIB requested a review of equity of access to PHBs should be undertaken for reassurance to the Committee.

Resolved: The Committee noted the Personal Health Budgets Report, including the 17% above local target and 28% above national average performance for the prevalence of PHBs in MSE and the initiation of two quality improvement projects.

[Action: MG to liaise with Stevie Attree to arrange for a review of equity of access to Personal Health Budgets to be undertaken to provide assurance to the Quality Committee.]

16. Patient Safety Specialist Updates:

16.1 SOPs for Patient Safety Incident Response Plans and Patient Safety Partners Guidance Document.

JB advised that the report contained three documents: Standard Operating Plans for (1) smaller independent providers and for (2) main NHS providers and (3) a guideline document for recruitment and support of Patient Safety Partners.

In response to a query, JB confirmed that GPs were excluded from the category of smaller independent providers.

VB thanked Karen Flitton, Patient Safety Specialist, and everyone who had supported her with this piece of work. Two Patient Safety Partners had been appointed, one had already commenced employment and the other, who was originally going to MSEFT, would now be coming to the Integrated Care Board and was progressing through the recruitment process.

Resolved: The Committee endorsed the SOPs for Patient Safety Incident Response Framework ICB Sign-off process (for smaller independent providers and main NHS Providers) and Patient Safety Partners Guidelines.

16.2 NHS Patient Safety Updates

The Committee noted the NHS Patient Safety updates dated 31 January 2023, 28 February 2023 and 29 March 2023.

Resolved: The Committee noted the Patient Safety Specialist updates.

17. Preparation for Care Quality Commission Well-Led Inspection of ICB

VB advised that with respect to the new Task and Finish Group, additional members of the Quality Team might need to be nominated to provide another view.

NIB advised that it would not be an individually led Task and Finish Group and a few directors would need to be identified to review the next steps. Following publication of the guidance, the approach of not being complacent should be heeded. At the next committee meeting, an update would be provided on which data was being collected initially. The item would become a standing item on the agenda for future meetings.

Resolved: The committee noted the verbal update on work being undertaken in preparation for the Care Quality Commission Well-Led Inspection of the ICB.

[Action: VB to liaise with FB regarding potentially nominating additional Quality Team members to the CQC Well-Led Inspection Task and Finish Group].

18. SEND update and Southend SEND Strategy

GS advised that the bi-annual update report for Special Educational Needs and Disabilities (SEND) had been submitted for noting, and included the Southend SEND Strategy for approval by the committee.

The Southend SEND inspection had progressed well and the draft report was awaited. The Southend SEND Strategy was approved by the Council's Cabinet in February 2023 and, as it was a partnership strategy, now required approval from the Quality Committee and ICB Board.

LM asked if priorities within the strategies across all three local authority areas were aligned. GS confirmed that although each strategy would run to different timescales, they were broadly similar.

Resolved: The Committee noted the Special Educational Needs and Disabilities (SEND) Biannual report and approved the Southend SEND Strategy 2022-26 prior to submission to the ICB Board for approval.

19. Revised Terms of Reference for ICB Quality Committee, Quality Escalation Committee, MSE System Quality Group and Serious Incidents and Never Event Panel

Quality Committee Terms of Reference
NIB presented the Terms of Reference for the Quality Committee and asked members to refer to the triangular diagram to ensure that the different remits were appropriate. It was reiterated that the Quality Committee's remit was for accountability and assurance purposes and not just for escalation. The System Quality Group was similar; however, its data would arise from trends and the focus would be on investigation and learning.

PW asked that her job title was amended to Director of Pharmacy and Medicines Optimisation.

SOC advised that following a discussion with the Deputy Director of Risk and Governance, the Individual Funding Request (IFR) section was re-instated as the IFR Policy, approved by the Board, confirmed the Quality Committee had responsibility for monitoring the effectiveness of the process via a biannual update report. SO advised that following the organisational change changes, a further review of committee Terms of Reference might be required.

Quality Escalation Group Terms of Reference
RS asked for mental health to be added to the escalation reports.

Resolved: The Committee approved the Quality Committee Terms of Reference for adoption by the ICB Board.

Resolved: The Committee approved the Quality Escalation Group Terms of Reference, subject to mental health being added to escalation reports.

Resolved: The Committee approved the following Terms of Reference.

- **MSE System Quality Group**
- **Serious Incidents and Never Events (SINE) Panel**

[Action: SO to amend job title in the Membership section of the draft revised Quality Committee Terms of Reference to be amended to Director of Pharmacy and Medicines Optimisation prior to submission to the ICB Board for approval.]

[Action: SM to add mental health to escalation reports listed within Quality Escalation Group Terms of Reference].

20. Review of Committee Effectiveness and update on workplan 2023/24

NIB advised that committee's work plan would be reviewed following release of the new staffing structure as part of the organisational change process as this might affect the future role of the committee. In the interim, the committee would follow the current workplan and agenda items would be added as and when required.

Resolved: The Committee:

1. **Approved the annual self-assessment Quality Committee effectiveness and recommended it to Audit Committee and ICB Board for noting.**
2. **Noted the 2023/24 Quality Committee Work Plan would be revised once the new ICB structures were announced.**

21. Discussion, Escalations to ICB Board and reports due for next meeting

SO confirmed that approved minutes of Quality Committee meetings were submitted to the Part I Board ICB meetings. In addition, FB submitted a regularly Quality report to the Board highlighting issues discussed at the committee and any urgent escalations.

22. Any Other Business

VB advised that the ICB was still evolving and as teams changed it was important to be mindful of what individuals' roles meant within the organisation. More context might need to be applied to reporting so that there was more rigour around discussions. There was a need to challenge each other as much as we challenged the providers and to ensure that significant issues were escalated appropriately on a timely basis.

NIB advised that it was important to support the Non-Executive Members of MSEFT as there was a lot of cross collaboration across the system.

23. Date of Next Meeting

Friday, 30 June 2023 at 10.00 am to 12.00 noon via MS Teams.

Integrated Care Board (ICB) System Oversight & Assurance Committee

Minutes of meeting held 14 June 2023 at 1.00 pm – 2.30 pm via Teams

Attendees

Members (Voting)

- Simon Wood (SW), Regional Director for Strategy & Transformation NHSE/I East of England and Joint Chair of the Committee.
- Elizabeth McEwan (EM), Assistant Director of Programmes NHSE/I East of England.
- Jo Cripps (JC), Executive Director of Strategy & Partnerships, MSE ICB.
- Jennifer Kearton (JK), Interim Director of Resources, MSE ICB (items 1 to 6).
- Dr Ruth Jackson (RJ), Executive Chief People Officer, MSE ICB.
- Claire Hankey (CH), Director of Communications & Engagement, MSE ICB.
- James Hickling (JH), Associate Medical Director for Quality Assurance & Governance / Nominated lead from Clinical and Multi-Professional Congress.
- Kostas Karamountzos (KK), EEAST.
- Dan Doherty (DD), Alliance Director (Mid Essex), MSE ICB.

Other attendees

- Diane Sarkar (DS), Chief Nursing Officer, MSEFT.
- Sean Leahy (SL), Executive Director of People and Culture, EPUT.
- Sara O'Connor (SO), Head of Governance and Risk, MSE ICB (minute taker).
- Viv Barker (VB), Director of Nursing – Patient Safety (on behalf of Frances Bolger).
- Vickie Bennett (VBe), Business Manager (People Directorate), MSE ICB.
- Lynnbritt Gale (LG), Director of Community Delivery and Partnerships, South East Essex, Essex Partnership University NHS Trust (EPUT) (on behalf of Alexandra Green).
- Selina Dundas (SDu), Interim Director of Human Resources, MSEFT.
- Annette Thomas-Gregory (ATG), Director of Education, EPUT and MSE ICB.
- Rochael Nicolas-Gaspard (RNG), Head of Workforce Planning, MSE ICB.
- Karen Wesson (KW), Interim Director of Oversight, Assurance and Delivery, MSE ICB (items 1-7)
- James Buschor (JB), Head of Assurance and Analytics, MSE ICB (item 8 only).
- Jonathan Dunk (JD), Chief Commercial Officer, MSEFT.
- Barry Frostick (BF), Chief Digital and Information Officer, MSE ICB (item 13 only).

Apologies Received

- Anthony McKeever (AMcK), Chief Executive Officer and Joint Chair of Committee, MSE ICB.
- Selina Douglas (SDo), Executive Director of Partnerships, North East London Foundation Trust.
- Frances Bolger (FB), Interim Chief Nurse, MSE ICB.
- Alexandra Green (AG), Chief Operating Officer, EPUT.

1. Welcome and Apologies (presented by S Wood)

SW welcomed everyone to the meeting and noted apologies listed above. SO confirmed the meeting was quorate. It was agreed that item 9 (Finance) would be discussed first to enable JK to leave the meeting.

2. Declarations of Interest (presented by S Wood)

SW reminded everyone of their obligation to declare any interests in relation to the issues discussed at the beginning of the meeting, at the start of each relevant agenda item, or should a relevant interest become apparent during an item under discussion, in order that these interests could be managed. Declarations made by ICB Board members are listed in the Register of Interests available on the ICB website**.**

There were no declarations of interest raised.

3. Minutes (presented by S Wood)

The minutes of the last SOAC meeting held on 10 May 2023 were reviewed and approved.

SO noted a minor amendment was required to the 'Outcome' under item 3 (approval of minutes) to confirm the minutes of the meeting held on 8 March 2023 were approved subject to minor amendments requested by EMcE.

Outcome: The minutes of the meeting held on 10 May 2023 were approved subject to the minor amendment noted above.

4. Action log and Matters Arising (presented by S Wood)

Members noted the action log and the following verbal updates were provided:

- **Action 97 (Nitrous Oxide Serious Incident at MSEFT)**: DS advised that the independent investigation report was not yet available.
- **Action 109 (Trajectory for reducing use of bank/agency staff):** RJ confirmed this would be covered under item 6.
  Action 119 (Advice and Guidance): DD confirmed this issue had been discussed further, but whether Alliances should actively promote Advice and Guidance (A&G) amongst GPs and whether there was sufficient capacity within Consultants' job plans had not yet been definitively answered. DD and Dr Fenton would discuss this further with Dr Walker. SW advised that AMcK had requested him to agree any items for escalation to the Chief Executives Forum (CEF) and suggested A&G should be escalated if not resolved soon.

Outcome: The committee noted the updates on the action log.

5. MSE ICB Review Meeting, 17 April 2023 (Letter from Clare Panniker)

This item was discussed under item 8.

6. Workforce Priorities (presented by R Jackson)

RJ advised that the format of slides had been updated to show the number of staff in post for MSEFT and EPUT.

A workforce summit held the previous week discussed trajectories and the shortfall of undergraduates. Universities were reporting a 21% decline in undergraduate numbers for nursing and to some extent midwifery for September 2023. The summit also discussed opportunities to build the system's own pipeline of staff, including apprenticeships. High level commitments were made regarding areas that organisations would collaborate on. A follow-up meeting with Chief Executives and other senior Executives would be held to develop a robust plan to address local workforce challenges.

The staff in post trend for MSEFT indicated a positive start to the year, but with some hotspots. The staff in post trend for EPUT was slightly off-plan by 49. Adherence to Plan data indicated MSEFT's trajectory was slightly upward whereas EPUT's trajectory was now downward.

Vacancies for support workers at MSEFT had been consistently 400-440 and would be focussed upon. EPUT nursing and support to clinical staff vacancies had decreased, but vacancies for registered scientific, therapeutic and technical staff had increased slightly. Both Trusts had not achieved their April bank and agency use targets.

SW acknowledged the significant work undertaken to address workforce challenges. However, although there appeared to be circa 375 extra WTE staff at MSEFT, he was concerned that sufficient controls still did not appear to be in place and queried whether this should be escalated to the CEF with a request to initiative a governance review of workforce, as it was the key factor behind the 2022/23 financial deficit.

RJ confirmed detail discussions regarding the plan for bank and agency had occurred, particularly at MSEFT which was in deficit. It was anticipated additional bank/agency/vacancy controls would be nationally mandated, although the Trust had already implemented fairly detailed controls. However, in light of early drift against plan CEF would discuss at its next meeting. In addition, the follow-up meeting in July with both organisations would start to develop robust plans.

LG advised that temporary staff were engaged by EPUT to deliver vaccination services over a footprint beyond mid and south Essex (MSE). Consequently, there would be surges of temporary staff required during spring and autumn. RJ asked LG to meet with her to quantify this for recording in future reports.

SDu outlined action being taken by MSEFT to reduce reliance on bank and agency staff, including requiring every division to commit to an agreed financial recovery plan, and use of bank/agency to be approved by the medical / nursing advisory group with finance and HR directors providing additional scrutiny. The key difference during 2023/24 would be greater focus on rosters and advising staff on the implications upon finances when wrong decisions were made.

DS confirmed the number of qualified nurse vacancies had reduced. A workforce hub with designated matrons undertaking the recruitment and management of staff was proving beneficial in terms of workforce key performance indicators. Safer Care was in use at all three hospital sites to varying degrees and would support better roster management, realising both quality and financial benefits.

JK welcomed the reassurance provided, but noted the committee needed to understand where to focus support if compliance was not being achieved.

In response to a query from JH, RJ agreed to review the number of staff in post reported for April and advised that she would provide a deep dive on the primary care workforce at the next meeting.

Outcome: The Committee noted the Workforce Priorities Report.

- **Action 221:** RJ and LG to meet to quantify temporary staff required to delivery vaccinations in spring and autumn for recording in future SOAC workforce reports.
- **Action 222:** RJ to review the number of primary care staff in post reported for April.

7. Quality Report (presented by V Barker)

VB advised that the System Quality Group last met on 7 June 2023 at which the Regional Mental Health Team presented their findings following a recent suicide prevention study, which resulted in four recommendations. The findings could be shared with members if required.

VB provided a verbal update on the CQC Inspection of MSEFT; the joint CQC and Ofsted inspection of Southend SEND services; the CQC inspection of EPUT and the NHS staff survey results at MSEFT and EPUT, as detailed within the report. MSEFT and EPUT had shared the NHS Staff Survey findings with their Boards and workshops would be help to improve organisational culture.

In response to a query from SW regarding the Staff Survey findings, VB advised the ICB had been reassured, as opposed to assured, that appropriate action was being taken, but the Trusts had openly acknowledged changes were required.

DS advised that there was evidence of sustained improvement in practice following issues identified by the CQC. To achieve this, staff had almost stopped audits as they were not identifying new issues. Matrons now took an assurance approach by quickly solving identified problems which supported a change in practice. This approach would remain and had introduced an element of healthy competition between wards, with some wards now wanting the CQC/ICB to revisit to see progress made. However, further work was required to ensure consistency of documentation and risk assessment which remained areas of challenge.

Outcome: The Committee noted the Quality Report.

8. Performance Report (Presented by J Buschor)

SW commented the report was comprehensive but suggested that future reports should comment on how organisations would move to the next phase to further improve performance and should escalate issues to be resolved to SOAC.

JB advised that the report followed the planning round submission and guidance for 2023/24 and highlighted the current position and mitigating actions where organisations were off-plan. JB summarised current performance as set out in the report.

In response to a query from SW, JB confirmed performance was discussed at the Elective Care Board and Diagnostic Board.

EMcE suggested the impact of industrial action on performance should be reflected in the next report.

JC advised that she was drafting the CEF agenda and would include performance along with any other items agreed for escalation at the end of the meeting. SOAC's terms of reference were clear that if organisations were off-track, escalations to CEF and, where necessary, sovereign Boards would be progressed. However, MSEFT was receiving additional support and therefore performance was already being discussed and monitored in various forums. AMcK was also establishing accountability reviews.

EMcE confirmed that various elements of performance were being discussed via Tier 1 meetings and elective care was very focused on the 78 week position, but it was concerning that the waiting list increasing by circa 1,000 a week. If that continued, the 52 week target would not be met. Therefore, a system response was required to significantly reduce waiting list growth.

JD suggested managers with the relevant expertise, e.g. Andrew Pike, needed to be involved in discussions but confirmed there was significant work being undertaken at MSEFT to improve performance.

Outcome: The committee noted the performance report.

9. Finance Report (Presented by J Kearton)

JK confirmed that the Month 2 position had been reported to NHS England (NHSE) and would be discussed at the next CEF meeting.

The System financial position was off-plan by circa £8 million deficit, with additional pressures being experienced within EPUT due to workforce pressures and delayed efficiencies. The ICB continued to report a surplus, although pressures on prescribing and continuing health care budgets were increasing. The cash position within MSEFT was challenging and during Quarter 3 a request would be made for an additional drawn down to support this. The capital position at M2 was broadly as expected.

There was currently no requirement to change the year-end forecast. Significant work continued across the system to achieve efficiencies and improve value. An update on the Financial Recovery Programme would be provided at the July SOAC meeting.

JK advised that she intended amending the format of financial reporting to SOAC to ensure it was concise, brief and focussed on the underlying financial position, but would welcome comments from committee members on future reporting requirements. SW confirmed he supported the proposed new format.

Outcome: The committee noted the finance report.

10. Primary Care (presented by Dr J Hickling)

10.1 Dental Access

JH advised that dental services were delegated by NHSE to the ICB on 1 April 2023. Access to dental services across England had reduced and was currently worse than during the pandemic, although Essex was faring slightly better than some areas. Dental practices agreed Units of Dental Activity (UDAs) at the start of each year and attempted to perform to that level by year-end. In the event of under-performance the relevant funding was reclaimed.

MSE performance for 2022/23 was currently 83.9%, however practices could submit forms for 2022/23 up to 31 May 2023, so this should increase. Prior to the pandemic performance was circa 97%. The ICB proposed to use any 'clawback' monies to invest in six providers that were

willing and had capacity to provide additional sessions during weekends/evenings, particularly for individuals requiring urgent care to divert them from 111 or Emergency Departments.

In response to a query from SW, JH explained that under-performing contractors was likely to remain a challenge, but according to plans the ICB would spend the ring-fenced money and fulfil UDAs one way or another. Annual negotiations occurred to reduce UDAs where contractors consistently under-performed but these could be time-consuming.

It was anticipated that the new national dentistry contract would improve the focus on prevention and poor oral health. SOAC would be updated once the reinvestment scheme was in place.

Outcome: The committee noted the dental access report.

10.2 GP Access

JH advised that NHS England published its strategy for recovering access to primary care in May 2023. The strategy contained four key things ICBs needed to do, namely: empowering patients; implementing modern GP access; building capacity; and cutting bureaucracy, as detailed within the report.

DD advised that most enquiries from public representatives/MPs across all Alliances related to access to GP and dental services. It was therefore vital to maintain communication with local organisations and Health and Wellbeing Boards regarding these services.

AM confirmed that within Thurrock discussions with the Council/Health Watch regarding oral health were high on the agenda, particularly for children. Also, accommodation for dental services was discussed with Estates colleagues.

JH advised there were a high number of relationships to maintain within primary care, including 147 GP contractors. AMcK had the foresight to support Integrated Medical Teams which gave them a head start when looking at access models. It was important to constantly communicate with the public and patient groups to ensure they knew how to access the right services and to reassure them regarding work underway to improve access and patient outcomes.

Outcome: The committee noted the GP access report.

11. This item was minuted confidentially.

12. Progress on Planning 2023/24 (presented by J Cripps).

JC confirmed that feedback from NHSE on the Forward Plan had been noted and the Operational Planning which formed Year 1 was approved by the ICB, MSEFT and Provide.

13. This item was minuted confidentially.

14. Review of SOAC Effectiveness (presented by S O'Connor)

14.1 Review of SOAC Self-Assessment of Effectiveness

SO advised that the ICB undertook an annual review of all its main committees. AMcK, JC and Nicola Adams (NA), Deputy Director of Governance and Risk, had reviewed the draft SOAC self-assessment. Committee members were invited to submit their own comments on the findings to SO by 16 June 2023.

SO drew members' attention to Appendix 5 of the assessment and asked members to approve the proposed committee action plan.

JC advised that it was important to ensure the committee's Terms of Reference were followed, including agreeing escalations to the CEF and sovereign Boards at the end of each committee meeting.

RJ agreed and advised that should a committee member be unavoidably absent from a meeting they should nominate a suitable deputy to attend on their behalf. RJ also suggested that future meetings should focus on areas where performance was off plan to ensure appropriate action was taken at an early stage, with managers who had relevant expertise attending meetings.

SO confirmed that she would add these comments to the final assessment.

Outcome: The committee approved the SOAC Self-assessment of Effectiveness for 2022/23 and associated action plan (Appendix 5), subject to committee members' additional comments being included within the final version.

14.2 Draft SOAC Workplan 2023/24

SO advised that the draft workplan included the usual standing items plus several items she was aware the committee needed to consider later in the year. SO asked members to advise her of any additional agenda items for inclusion.

SW suggested that the frequency of reporting from primary care should be reviewed. SO and JH agreed to meet to discuss this.

Outcome: The committee agreed the SOAC workplan 2023/24, subject to the frequency of primary care reporting being agreed.

- **Action 224:** JH and SO to meet to discuss future primary care reporting to SOAC.

14.3 Revised SOAC Terms of Reference

SO advised that the committee's ToR had been updated following the review of effectiveness as per the tracked changes, with AMcK, JC and NA also providing input. It was suggested that a Non-Executive Member of the ICB should become a member of the committee and that future chairing arrangements of the committee should be discussed between AMcK and SW.

SW referred to the membership and reiterated that suitable deputies should attend when members were unavoidably absent. SO advised that once the revised ToR had been adopted by the ICB Board she would share them with partner organisations asking them to confirm their nomination to the committee to ensure membership remained appropriate. The requirements regarding deputies would also be highlighted to ensure each organisation was represented at future meetings. SO also highlighted that the ICB was currently undergoing organisational change and consequently the job titles of some ICB staff might need to be updated within the revised ToR once the new structure was known.

Resolved: The committee approved the revised SOAC Terms of Reference and recommended them to the ICB for adoption.

- **Action 225:** AMcK and SW to discuss future chairing arrangements for SOAC.

- **Action 226:** SO to share the ICB Board approved version of the revised SOAC ToR with partner organisations requesting them to confirm their nomination to the committee and to reiterate requirements regarding deputies to ensure all organisations are represented at future meeting.

15. Escalations

It was agreed that the following issues would be escalated to the CEF:

- ICE Incident
- Advice & Guidance
- Bank and Agency Staff
- RTT and growing waiting list, noting that this was already subject to scrutiny via other forums.

JC suggested that the CEF should agree if any of the above issues should then be escalated to sovereign Boards.

SW advised that a discussion regarding progress with the discharge of MSEFT's Legal Undertakings would take place following the committee meeting.

16. Any Other Business

There was no other business discussed.

17. Date of Next Meeting

12 July 2023 – 1.00 pm to 3.00 pm via MS Teams.

Part I ICB Board Meeting of 20 July 2023

Agenda Number: 12.3

MSE ICB Policies for Review

Summary Report

1. Purpose of Report

To assure the ICB Board that policies with a review date of July 2023 have been assessed and either updated or their review date extended to ensure that the ICB operates within a current and up-to-date policy framework.

2. Executive Lead

Anthony McKeever, Chief Executive Officer.

3. Report Author

Nicola Adams, Deputy Director of Governance and Risk.

4. Responsible Committees

Each policy is allocated a sponsoring committee that has delegated authority through the ICB scheme of reservation and delegation to oversee and approve policies on behalf of the Board. Policies have therefore been presented to the Audit Committee, Quality Committee and Remuneration Committee.

5. Impact Assessments

Equality Impact Assessments are carried out for all policies. There were no issues identified within the assessments undertaken.

6. Financial Implications

None identified.

7. Conflicts of Interest

None identified.

8. Recommendation/s

The Board are asked to note the review and extension of the policies listed in Appendix A and to adopt the updated Risk Management Policy (available upon request as approved by the Audit Committee).

Policies for Review

1. Introduction

During 2022, prior to the formation on the Integrated Care Board (ICB), a suite of policies were developed to enable the ICB to discharge its duties. The policies were subsequently approved by the MSE ICB Board on 1 July 2022.

2. Main content of Report

Thirteen ICB policies were due for review (listed at **Appendix 1)** in July 2023.

Four Human Resources policies (Greivance; Absence Management; Disciplinary and Dignity at Work) were reviewed with no changes to terms and conditions, as indicated on **Appendix 1.** In addition, the Risk Management Policy was updated to reflect changes to the Board Assurance Framework reporting process and to address minor recommendations from the ICB Internal Auditors. The revised policy was presented and approved by the Audit Committee which is now recommending it for adoption by the Board.

Due to the current organisational change process, whereby there may be a requirement to amend the job titles and responsibilities contained within the policies, it was not considered effective/efficient to update the remaining eight policies now. It was therefore proposed to extend their review dates to 31 December 2023, when the organisational change process should have completed, subject to any urgent requirement for review such as legislative changes.

Policy owners confirmed that the eight policies can be extended as there is currently no need for specific changes. These proposals were subsequently approved by the respective sponsoring committee.

3. Recommendation(s)

The Board is asked to:

- Note the review of the five policies referred to above.
- Adopt the updated Risk Management Policy (available upon request as approved by the Audit Committee).
- Agree to extending the review date of the remaining eight policies to 31 December 2023.

4. Appendices

Appendix 1 – ICB Policies due for review in July 2023.

Appendix 1 – Policies due for review in July 2023.

Policy No	Policy Name	Work Area	Responsible Committee	Policy Author
017	Risk Management Policy **(Reviewed and updated)**	Governance	Audit Committee	Sara O'Connor
010	Information Governance Management & Framework Policy	Information Governance	Audit Committee	Jane Marley / Iain Gear
018	Conflicts of Interest, Gifts & Hospitality and Commercial Sponsorship	Governance	Audit Committee	Sara O'Connor
019	Standards of Business Conduct Policy	Governance	Audit Committee	Sara O'Connor
021	Health & Safety Policy	Governance	Audit Committee	Rob Hunt
032	Health Inequalities Impact Assessment Policy	Equality & Health Inequalities	Quality Committee	Sara O'Connor
042	Grievance Policy **(Reviewed, no changes required)**	HR	Remuneration Committee	Senior HR Business Partner
044	Absence Management Policy **(Reviewed, no changes required)**	HR	Remuneration Committee	Senior HR Business Partner
045	Disciplinary Policy **(Reviewed, no changes required)**	HR	Remuneration Committee	Senior HR Business Partner
046	Hybrid Working Policy	HR	Remuneration Committee	Senior HR Business Partner
054	Appraisal Policy	HR	Remuneration Committee	Senior HR Business Partner
056	Dignity at Work Policy **(Reviewed, no changes required)**	HR	Remuneration Committee	Senior HR Business Partner
067	Serious Incidents Process Policy	Quality	Quality Committee	Stephen Mayo

Part I ICB Board meeting, 20 July 2023

Agenda Number: 12.4

Board Assurance Framework

Summary Report

1. Purpose of Report

To share the latest version of the Board Assurance Framework (BAF) with the Board.

2. Executive Lead

Anthony McKeever, Chief Executive Officer and named Directors for each risk as set out on the BAF.

3. Report Author

Sara O'Connor, Head of Governance and Risk

4. Responsible Committees

Each committee is responsible for their own areas of risk.

5. Conflicts of Interest

None identified.

6. Recommendation/s

The Board is asked to consider and comment upon the Board Assurance Framework and seek any further assurances required.

Board Assurance Framework

1. Introduction

The ICB Board is responsible for ensuring that adequate measures are in place to manage its strategic risks. This is discharged through oversight of the Board Assurance Framework (BAF) by the Audit Committee which reviews the BAF at each committee meeting.

2. Risks currently on the Board Assurance Framework

The current BAF, provided at **Appendix 1**, includes the following strategic risks:

- Workforce
- Primary Care
- Capital
- Unblocking the Hospital
- Diagnostics, Elective Care and Cancer Performance
- System Financial Performance
- Inequalities
- Mental Health Services

The BAF also includes an updated summary of Mid and South Essex NHS Foundation Trust and Essex Partnership University NHS Foundation Trusts' red risks as of May 2023 (as set out in the relevant Board reports available on their websites).

3. Recommendation(s)

The Board is asked to consider the latest iteration of the Board Assurance Framework and seek any further assurances required.

4. Appendices

Appendix 1 - Board Assurance Framework July 2023.

Mid and South Essex Integrated Care System

NHS
Mid and South Essex

Board Assurance Framework

July 2023

Contents

- Summary Report.
- Individual Risks - controls, barriers, assurance and actions.
- Main provider risks (MSEFT & EPUT).

BAF Risks – Summary Report

No	Risk and Key Elements	SRO(s)	Key Assurances (further information on individual risk slides)	RAG
1.	**WORKFORCE:** • Workforce Strategy • Primary Care Workforce Development (see Primary Care Risk) • Provider recruitment • Managing the care market	R Jackson	• Regular Workforce reporting to System Oversight and Assurance Committee (SOAC) and People Board • Regional Provider Workforce Return (PWR). • Reduction in unfilled vacancies and Improved attrition and turnover rates. • Reduction in bank and agency usage leading to positive impact on patient safety/quality. • Improved resilience of workforce.	**4 x 5 = 20** ⟺
2.	**PRIMARY CARE** • Primary Care Strategy • Workforce Development • Primary Care Network Development • Financial and contractual framework.	R Fenton	• Patient Survey Results. • Workforce Retention. • Improved Patient to GP Ratio. • Better patient access, experience and outcomes	**4 x 5 = 20** ⟺
3.	**CAPITAL** • Making the hospital reconfiguration a reality • Estates Strategy • Integrated Medical Centre Programme • Digital Priorities and Investment	J Kearton	• Throughput of business cases to FIC. • Delivery of Estates Strategy. • Progress reporting on investment pipeline. • Monthly reporting of capital expenditure as an ICS to NHSE.	**4 x 4 = 16** ⟺
4.	**UNBLOCKING THE HOSPITAL** • Managing 111 and Out-of-Hours • Flow, Discharge, Virtual Ward projects • Discharge to Assess	K Wesson	• MSE Strategic UEC Board (monthly) oversees programme and reports into System Oversight and Assurance Committee (SOAC) and ICB Board. • Delayed hospital discharges monitored hourly/daily by hospitals and shared with both social care and CHC teams via situational awareness 10.00 am system call.	**5 x 4 = 20** ⟺
5.	**DIAGNOSTICS, ELECTIVE CARE AND CANCER PERFORMANCE** • Clearing waiting list backlogs	K Wesson	• SOAC maintains oversight of performance against all NHS Constitutional Standards. • Diagnostics: MSE Diagnostic Reporting to System Diagnostic Board & Diagnostic Performance Sub-Group. • Cancer: MSEFT Cancer performance report: Fortnightly meetings with National Team as a Tier 1 Trust. • RTT: Elective Care Board: MSEFT RTT Long Wait Report. 52+ week waiting list size growth is the significant risk overseen via elective board. Fortnightly meetings with National Team as a Tier 1 Trust.	**5 x 4 = 20** ⟺
6.	**SYSTEM FINANCIAL PERFORMANCE** • Financial Improvement Plan • System Efficiency Programme • Use of Resources	J Kearton	• Finalise Medium Term Financial Plan • Agree trajectory for financial breakeven • Delivery of system efficiencies programme for 2023/24.	**5 x 4 = 20** ⟺
7.	**INEQUALITIES** • Inequalities Strategy • Data Analytics • Population Health Management	J Cripps	• Monitoring of Slope Index of Inequality (measure of social gradient in life expectancy) in MSE. • Improvement in access and reduction of health inequalities as shown in the performance metrics, of which our priorities are currently being developed. • Continued restoration of NHS services inclusively resulting in improved access to services and patient outcomes for the MSE population.	**4 x 5 = 20** ⟺
8.	**MENTAL HEALTH QUALITY ASSURANCE** • Workforce challenges • Demand and capacity • Performance against standards • External scrutiny • Addressing health inequalities/equitable offer across MSE.	F Bolger K Wesson	• MSE ICB inpatient rapid review outcome. • Clinical Quality Review Group. • Quality Assurance visits. • Improved flow and capacity, reduction in Out of Area placements. • Mental Health Partnership Board & Whole System Transformation Group. • Reports to SOAC identify key quality/performance risks and action being taken. • Internal Audit of Oversight of Mental Health Services - Reasonable Assurance. • Accountability review with focus on performance.	**4 x 4 = 16** ⟺

Risk Narrative:	**WORKFORCE:** Risks associated with the ICB and partner organisations not taking effective action to improve recruitment and retention of permanent staff to reduce reliance on bank/agency staff; and not taking effective action to ensure there is an reliable pipeline of staff to fill future vacancies.	**Risk Score: (impact x likelihood)**	**4 x 5 = 20**
Risk Owner/Dependent:	Ruth Jackson, Executive Chief People Officer	Directorate: Committee:	People Directorate System Oversight & Assurance
Impacted Strategic Objectives:	Diverse and highly skilled workforce	BAF Risk Ref:	PO1

Current Performance v's Target and Trajectory

Recruitment and Retention rates remain static against recruitment trajectory.

How is it being addressed? (Current Controls)

- System Workforce Strategy in place.
- Data cleansing of Electronic Staff Records (ESR) by providers and focus on accurate data to facilitate agreement on current vacancy rates.
- System recruitment campaign (launched October 2022).
- Regional funding received for further international recruitment campaign (Live in November 2022).
- Dedicated recruitment campaigns for hotspots e.g. Emergency Department, Paediatrics, Critical Care and Maternity.
- System Health Care Support Worker recruitment campaign and establishment of an Academy to support recruitment, retention and progress (funding received) to support the social care and health market.
- Volunteering and reservist function (recruitment commenced).
- System-wide retention programme to mitigate factors which cause high levels of turnover.
- Initiatives around the establishment and embedding of Physician Associates, Advanced Care Practitioners and trainee Nursing Associates.
- MSEFT Senior nursing support provided to candidates, e.g. flexibility regarding interview arrangements, as well as new appointees.
- EPUT implementing revised recruitment trajectories based on planning to support vacancy reduction in Nursing & Midwifery

The above actions should considerably reduce vacancy rates across providers and professional workforce groups as per trajectory agreed by System Oversight and Assurance Committee (SOAC) (also see Next Steps).

Barriers (Gaps)

- Accurate workforce dataset required.
- Very large volume of vacancies in a domestic market which is already challenged.
- Reliance on international recruitment and inadequate focus on establishing a local pipeline of staff.
- Reliance on bank and agency.
- Limit to current supervisory capacity to support mass recruitment initiatives.
- Insufficient emphasis on defining, developing and marketing system offer.
- Reluctance to adopt / embed new roles.

How will we know controls are working? (Internal Groups and Independent Assurance)

- Regular Workforce reporting to SOAC (monthly) and People Board (quarterly).
- Regional provider workforce return (PWR).
- Reduction in unfilled vacancies.
- Improved attrition and turnover rates.
- Reduction in bank and agency usage leading to positive impact on patient safety/quality.
- Improved resilience of workforce.

Next Steps:

- Workforce Summit held (June 2023) /Workforce accountability review held (July 2023) with plans being delivered and overseen by People Board with exec sponsors in each provider supported by system team
- Workforce Support Plan in development with Moorhouse (final sign off due July 2023).
- People Board to be refreshed with KHLOE established (July 2023)
- Education Demand Scoping underway (August 2023)

Governance monitoring to be agreed through SOAC (May 2023) in addition the oversight of workforce financial controls as part of the triple lock to commence in (August 2023).

Risk Narrative:	**PRIMARY CARE:** As a result of workforce pressures and demand outstripping capacity, patient experience and pathways may not adequately meet the needs of our residents.	**Risk Score: (impact x likelihood)**	**4 x 5 = 20**
Risk Owner/Dependent:	Dr Ronan Fenton, Executive Medical Director. William Guy, Director of Primary Care.	Directorate: Board Committee:	Clinical and Professional Leadership Primary Care Commissioning Committee
Impact on Strategic Objectives/ Outcomes:	Patient Experience, Harm, Access, ARRS, Hospital performance, reputational damage.	BAF Risk Ref:	CPLPC02

Current Performance v's Target and Trajectory

Workforce:

- Additional Roles Re-imbursement Scheme: Good progress has been made on the recruitment of Additional Roles Reimbursement Scheme (ARRS) staff. 120 FTEs recruited in 22/23. 87% of planned recruitment successfully delivered.
- Fellowship scheme: New scheme now in place and first fellows have commenced roles.
- Patient to GP Ratio: BB/Thurrock in top 10 worst ratio in country.

Demand/Capacity:

- Patient Experience National Survey: Poor performance locally in terms of access.
- Available Appointments: 185k more consultations in 22/23 than in 21/22.
- Impact should be noticeable in the 23/24 (published July 24) survey.

Barriers (Gaps)

- National workforce challenges (recruitment and retention).
- Resource for investment in infrastructure (estate, digital, telephony etc).
- Increase in overall demand on primary care services.
- Overall funding of primary care.

How is it being addressed? (Current Controls)

- Local response to the National Access Recovery Plan.
- Workforce development e.g. Additional Roles Reimbursement Scheme (ARRS) workforce and practice level initiatives. (impact over 3-5 years).
- Investment in Primary Care workforce / digital / estates (impact over 3-5 years).
- Initiatives for new GPs/ Partners and to support other roles in Practice Teams.
- Supporting succession planning.
- PCN Development.

How will we know its working? (Internal Groups & Independent Assurance)

- Patient Survey Results.
- Workforce Retention.
- Improved Patient to GP Ratio.
- Resulting in better patient experience and access.

Next Steps (and date):

- Cloud based telephony – as part of NHS E programme (first wave by Dec 23).
- PCNs Demand and Capacity responses (to be reviewed by end of July 23).
- Integrated Neighbourhood Team Scheme – sign off 23/24 proposals by end of July 23.
- Care Navigation (new pathways established) – go live by end of Sept 23.
- Recruitment of ARRS roles – ongoing (ARRS utilisation review currently underway).
- Secure additional Tiger Team Capacity – September 23.

Risk Narrative:	**CAPITAL:** Failure to deliver the estates strategy as a result of insufficient capital means re-prioritisation will need to be completed in order to stay in the allocation. This could result in delays to improvements impacting on access to and quality / performance of services.	**Risk Score: (impact x likelihood)**	**4 x 4 = 16**
Risk Owner/Dependent:	Jennifer Kearton, Director of Resources Ashley King, Director of Finance Primary Care & Strategic Programmes	Directorate: Board Committee:	System Resources Finance & Investment Committee (FIC) Primary Care Commissioning Committee
Impacted Strategic Objectives / Outcomes:	Patient Experience, Equality of Access, Workforce, Harm	BAF Risk Ref:	SREST02

Current Performance v's Target and Trajectory

- Delivering the capital plans as per the investment plan (pipeline).
- Future decisions to be made based on available capital and revenue resources.

Barriers (Gaps)

- There is currently no prioritisation framework to guide the investment pipeline beyond the next 18 months.
- There is insufficient capital funding to meet the needs of the strategy and the expectations of stakeholders.
- 'New' accounting rules relating to the capitalising of Leases has resulted in greater affordability risk.
- Impact of financial position ('triple lock').

How is it being addressed? (Controls & Actions)

- Developing prioritisation criteria for pipeline of investments.
- Oversight by Finance & Investment Committee, System Finance Leaders Group and Executive / Senior Leadership Team.
- Working with NHSE / Trusts to deliver the Acute Reconfiguration Programme.
- Prioritisation framework for Primary Care Capital now established.
- Prioritised list of investments developed to inform the submission of the capital plan (submitted first week of May 2023) as part of overall financial plan.
- Current years plan within capital envelope.

How will we know its working? (Assurance)

- Throughput of business cases to FIC.
- Delivery of Estates Strategy.
- Progress reporting on investment pipeline.
- Monthly reporting of capital expenditure as an ICS to NHSE.

Next Steps:

- Training for Board & Exec (senior managers) on capital funding framework (September 2023).
- Prioritisation framework (September 2023).
- Infrastructure Strategy (Dec 2023).

Risk Narrative:	**UNBLOCKING THE HOSPITAL:** Risk of not maximising hospital discharge opportunities by prioritising patients and appropriately identifying discharge pathways.	**Risk Score:** (impact x likelihood)	**5 x 4 = 20**
Risk Owner/Dependent:	Karen Wesson, Interim Executive Director of Oversight, Assurance and Delivery. Samantha Goldberg, Urgent Emergency Care System Director	Directorate:	Oversight, Assurance and Delivery.
		Committee:	MSE Strategic UEC Board and System Oversight and Assurance Committee (SOAC).
Impacted Strategic Objectives:		BAF Ref:	PLACE04

Current Performance v's Target and Trajectory

Emergency Department performance below constitutional standard, as are Ambulance response times, although improvement in reducing handover long delays and 60 minutes delays (significant reductions at Broomfield and Southend Hospital): Handover delays and capacity continues.

Barriers (Gaps)

- Health and Social Care capacity to facilitate discharge into the right pathway impacts on MSEFT flow and community.
- Workforce challenges (See Risk PO1).

How is it being addressed? (Current Controls)

- Capacity physical/virtual beds at acute ended 30 June 2023, Hospices (Post FIC approval) ending 31 July 2023 and Community continue under review completed.
- MSEFT 'UEC Improvement Programme' launching in March 2023, focusing on improving a reduction in admissions, improving flow and discharge, and reducing length of stay. Collectively contributing towards 76% A&E (all-type) performance against the four-hour standard, 30 minutes category 2 ambulance handovers and 92% bed occupancy.
- Trajectories for delivery of the 76% A&E (all-type) performance against the four-hour standard will be compiled by hospital site, feeding into one aggregated MSEFT trajectory, and will factor in the improvement programme milestone.
- Increased focus on discharging those pathway zero patients.
- Community and Voluntary Sector (CVS) engagement in progress to support admission avoidance and discharge.
- Alliance plans for Transfer of Care Hubs continues.
- SHREWD Resilience now fully operational.
- System Control Centres now operational and core function of the ICB overseeing Surge and proactively working with system partners.
- MSE is an early adopter for Alternative to Emergency Departments (A-tED) - tool identifying improvement opportunities to optimise utilisation of services.

How will we know controls are working?
(Internal Groups and Independent Assurance)

- MSE Strategic UEC Board (monthly) oversees programme and reports into System Oversight and Assurance Committee (SOAC) and ICB Board.
- Delayed hospital discharges monitored hourly/daily by hospitals and shared with both social care and CHC teams via situational awareness 10.00 am system call.

Next Steps (and date)

- Compile MSE UEC Recovery Programme from national UEC Recovery Plan. Oversight and responsibility with UEC System Director to track progression of action delivery with ICS partners at 'UEC Transformation & Improvement Board' (July 2023 UEC Board).
- Missed opportunities audits, to be linked into the UEC Recovery Programme action plan (July 2023).
- Review of measurements, trajectories and mitigations to align to the UEC Recovery programme and ensure recovery/delivery via monthly ICB Assurance meetings pre-SOAC.
- 'Call before Convey' to maximise alternative pathway direct referrals / attendance/admission avoidance (Soft launch scheduled June 2023).
- 2023/24 MSEFT bed model progressing for acute capacity pressures and impact of mitigation (Presentation at May 2023 UEC Board).
- Introduction of Pathway light in IC24 (Completed).
- MSE system with AGEM to create and adopt a MSE system bed/capacity & demand model – pilot commenced 5 July 2023

Risk Narrative:	**DIAGNOSTICS, ELECTIVE CARE AND CANCER PERFORMANCE:** Risk of not meeting relevant NHS Constitutional Performance Standards.	**Risk Score: (impact x likelihood)**	**5 x 4 = 20**
Risk Owner/Dependent:	Karen Wesson, Director Assurance and Planning	Directorate: Committee:	Oversight, Assurance & Delivery. System Oversight & Assurance.
Impacted Strategic Objectives:	Recovery of constitutional waiting times standards for diagnostics, cancer and Referral to Treatment (RTT)	BAF Ref(s):	OAD2, OAD3 and OAD4

Current Performance v's Target and Trajectory

Diagnostics: Decrease in both 13+ and 6+ week backlogs for 5 consecutive months to May 2023.
Cancer: Waiting times remain below NHS constitutional standards. MSEFT recovery of the variance to 23/24 plan submission in the number of people waiting over 62 days, expected by end of July-23.
Referral to Treatment:

- 65+ week wait: plan submitted to reduce to zero people by 31/03/24 to meet national expectation. As at April 2023 there were 2,395 patients.
- 52+ week waits: 2023/24 plan submission to reduce. Required in order to meet the national expectation position of zero people by March 2025. As at April 2023 there were 10,668 patients.

Barriers (Gaps)

- **Cancer -** requires one registry – work now in place with programme group to introduce one Somerset cancer registry across the three MSEFT sites. **Cancer -** requires best practice pathways in place – programme refresh to enable this work to happen – supported by Stewards.
- **Workforce - Cancer -** FIC (Finance and Investment Committee) approved top slicing cancer SDF monies to pay for workforce to mitigate risk. 2023/24 plan will incorporate sustainability for fixed term posts and includes CNS review and alternate workforce/skill mix.
- **UEC pressures impacting on elective capacity -** with implementation of full capacity protocols across MSEFT sites. System support and oversight to expedite flow in place – see hospital flow BAF
- **Data Quality –** Group overseeing the validation work across MSEFT and EPUT before return to reporting. Potential risk of long waiters when return to reporting happens.

How is it being addressed? (Current Controls)

Diagnostics:

- MSEFT developed recovery plans for all modalities and trajectories working through.
- Working with Trust to ensure clinical prioritisation and chronologically booking – initial assigned risk code remaining in clinical system.

Cancer:

- Day Zero Patient Tracking List (PtL) –focus across focussed specialities. Daily review of PTL and next steps with all tacking focused on trajectory compliance.

Referral to Treatment (RTT):

- Implementation and use of Gooroo software across the three MSEFT sites to maximise capacity utilisation for long waits through optimal clinical prioritisation and chronological booking.

How will we know controls are working? (Internal Groups and Independent Assurance)

- SOAC maintains oversight of performance against all NHS Constitutional Standards.
- **Diagnostics:** MSE Diagnostic Reporting to System Diagnostic Board & Diagnostic Performance Sub-Group.
- **Cancer:** MSEFT Cancer performance report: Fortnightly meetings with National Team as a Tier 1 Trust.
- **RTT:** Elective Care Board: MSEFT RTT Long Wait Report. 52+ week waiting list size growth is the significant risk overseen via elective board. Fortnightly meetings with National Team as a Tier 1 Trust.

Next Steps (Actions to be implemented by end June 2023)

RTT and Cancer:

- Fortnightly Tier 1 meetings continue with the national and regional team with oversight of actions and performance position.

Risk Narrative:	**SYSTEM FINANCIAL PERFORMANCE:** Due to the level of operational pressure within the system, the system will did not breakeven in the 2022/23 financial year. The 2023/24 financial plan was to deliver a £47m deficit – this has improved to £40.3m deficit following further central funding, but it remains essential to be able to deliver financial stability to ensure transformation and service developments in the medium to long tem.	**Risk Score: (impact x likelihood)**	**5 x 4 = 20**
Risk Owner/Dependent:	Jennifer Kearton, Director of Resources	Directorate: Committee:	System Resources Finance & Investment Committee
Impacted Strategic Objectives:	Financial sustainability	Risk Ref:	FIN01

Current Performance v's Target and Trajectory

The System plan was a £47m deficit for 2023/24. Further central funding confirmed just after plan submission has seen this position improve to £40.3m deficit (MSEFT £50m deficit, EPUT breakeven, ICB £9.7m surplus)

(The ICB itself will deliver a surplus, so the risk relates to the ICB responsibility for meeting the system control total)

Barriers (Gaps)

- Meeting system efficiency target.
- System pressures to manage delivery (capacity).
- Headroom to make the necessary changes to deliver the traction from the last couple of years.

How is it being addressed? (Controls & Actions)

- Forecast Outturn Protocol implemented.
- Focus on system efficiency programme and grip and control measures, leading to the development of the recovery programme.
- Continued triangulation of system plans.
- Regional oversight.
- Local oversight.

How will we know controls are working? (Internal Groups & Independent Assurance)

- Delivery of the agreed position at year end. Forecast is £40.3m in line with plan and agreed additional funding.
- Improved delivery throughout the medium term (5 years) to system breakeven.
- Being overseen by the Finance & Investment Committee and the Chief Executives Forum, also discussed at SLFG and SOAC.
- Internal and External Audits planned.

Next Steps:

- Finalise Medium Term Financial Plan
- Agree trajectory for financial breakeven
- Delivery of system efficiencies programme for 2023/24.

Risk Narrative:	**INEQUALITIES**: Identification of groups at most risk of experiencing health inequalities and taking action to reduce these by improving access and outcomes.	**Risk Score: (impact x likelihood)**	**4 x 5 = 20**
Risk Owner/Dependent:	Jo Cripps, Executive Director of Strategy and Partnerships Emma Timpson, Associate Director of Health Inequalities and Prevention	**Directorate: Committee:**	Strategy and Partnerships Population Health Improvement Board.
Impacted Strategic Objectives:	Reduction of Health Inequalities	**BAF Ref:**	SP1

Current Performance v's Target and Trajectory

- Basildon, Southend-on-Sea and Thurrock identified as having lower life expectancy and a greater inequality in life expectancy within their populations (source ONS 2020) .
- Core20PLUS5 (Adult) inequalities data packs are being actioned by the Alliances.
- Core20PLUS5 (Children & Young People) inequalities data packs are currently being developed by the PHM team and will be shared with the Growing Well Board.
- Population Health Improvement Board will be establishing MSE system priorities. Key metrics and a dashboard will be established over coming months in collaboration with PHM and BI teams.

Barriers (Gaps)

- Availability of BI and PHM resource.
- Quality improvement support for interventions.
- Financial resources are not yet sufficiently adjusted to reflect needs of population groups (proportionate universalism).

How is it being addressed? (Current Controls)

- Population Health Improvement Board provides system wide co-ordination and oversight for reducing health inequalities. PHIB along with the Alliances will provide oversight and direct priorities for the £3.4m 2023/24 health inequalities funding.
- Health inequalities stocktake (Q4) provided to NHS England against the 2022/23 planning requirements and delivery against the Core 20 plus 5 framework, reported to Health Inequalities Delivery Group.
- Integrated Care Partnership Strategy sets the common endeavour of reducing inequalities. PHIB has agreed the 'Plus' groups within MSE that are risk of the greatest inequalities; Ethnic minority, Learning Disabilities, Homeless, Carers, Gypsy, Roma and traveller groups, veterans and a number of specific children and young people's plus groups
- Health inequalities funding of £3.4m (2022/23) projects have commenced across Alliances with University of Essex commissioned to undertake project evaluation. Micro-grants scheme distributed £100k to support local community groups in addressing health inequalities. PHIB has established prioritises for 23/24 funding and framework for delivery.
- Equality and Health Inequalities Impact Assessments (EHIIA) undertaken for each project. Development of digital EHIIA tool funded through the HI funding commenced to embed common approach across the system.

How will we know controls are working? (Internal Groups and Independent Assurance)

- Monitoring of Slope Index of Inequality (measure of social gradient in life expectancy) in MSE.
- Improvement in access and reduction of health inequalities as shown in the performance metrics, of which our priorities are currently being developed.
- Continued restoration of NHS services inclusively resulting in improved access to services and patient outcomes for the MSE population.

Next Steps (Actions to be implemented by September 2023)

- Population Health Improvement Framework and work plan approved (Aug 2023)
- Creation of a health inequalities dashboard (Sept 2023)
- Mobilisation of 2023/24 HI Funded Projects (September 2023)
- Launch of digital EHIIA tool (September 2023)
- Improvement in identification of groups at greatest risk anticipated by (December 2023)
- 1 of 7 ICSs identified as a CORE20PLUS accelerator site (March 2024)

Risk Narrative:	**Mental Health Quality Assurance:** MSE Mental Health (MH) services have been identified as experiencing significant issues impacting on patient safety, quality and access which could result in poor patient outcomes.	**Risk Score: (impact x likelihood)**	**4 x 4 = 16 (based on the highest rated risk referred to below)**
Risk Owner/Dependent:	Frances Bolger, Executive Chief Nurse Karen Wesson, Interim Executive Director Oversight, Assurance and Delivery	Directorate: Committee(s):	Nursing & Quality/Oversight Assurance & Delivery. Quality / System Oversight & Assurance
Impacted Strategic Objectives:	Patient Experience, Workforce, Reputational Damage	Risk Ref(s):	GOSD15, MHLD01, 02, 04, & 12 and MEN11 (also related to PO1, Score =20)

Current Performance v's Target and Trajectory

- Sub-Optimal performance against several quality and contract indicators, lack of formal contractual oversight for escalation.
- Demand, capacity and flow issues resulting in continued out of area (OOA) placements of patients above the Long Term Plan (LTP) expectation.
- Significant external scrutiny from media, Care Quality Commission (CQC) / Regulators.
- Confirmation that the Essex Mental Health Independent Inquiry (EMHII) will be a statutory Inquiry (announced 8 June 2023).
- Multiple HM Coroners cases with expected Prevention of Future Deaths Reports (PFDR).
- Lack of equitable offer of services across MSE e.g. Autistic Spectrum Disorder.

Barriers (Gaps)

- Strategic approach to all age Mental Health service delivery pan-Essex.
- Data Quality issues and IT systems.
- Workforce challenges impacting on all services (see Workforce Risk PO1 - slide 4).
- System pressures to manage delivery (capacity).

How is it being addressed? (Controls & Actions)

- System Oversight and Assurance Committee (SOAC) monitor performance and quality of services.
- Monthly 'Quality Together' meeting attended by NHSE, EPUT and ICB senior staff.
- EPUT and ICB 'Safety huddles' held on a weekly basis.
- Ongoing Quality Assurance Compliance Visits.
- MH workforce subgroup established and ongoing.

How will we know controls are working? (Internal Groups & Independent Assurance)

- MSE ICB inpatient rapid review outcome.
- Clinical Quality Review Group.
- Quality Assurance visits.
- Improved flow and capacity, reduction in OOA placements.
- Mental Health Partnership Board & Whole System Transformation Group.
- Reports to SOAC identify key quality/performance risks and action being taken.
- Internal Audit of Oversight of Mental Health Services - Reasonable Assurance.
- Accountability review with focus on performance.

Next Steps:

- Risk summit scheduled for 7 July 2023 (as part of WSTG).
- Regular multi-agency discharge events (MADE) to be undertaken to ensure good flow and capacity (to be held weekly on Fridays with system partners).
- Implement recommendations from CQC inspections and HM Coroner's PFDR (August 2023).
- Mental Health Task Force evaluation (July 2023).
- ICB Board endorsement of Southend, Essex & Thurrock Mental health strategy (July 2023).
- Implementation of recommendations from England Rapid Review into Inpatient Services published June 2023 with focus on recommendations which state twelve months (June 2024).

Partner Organisation Self Identified Key Risks (and score)

MSEFT - 10 Red Risks at May 2023 (no change in scores since March unless indicated).

- Financial Sustainability (25)
- Constrained Capital Funding Programme (25)
- Workforce Instability (20)
- Capacity and Patient Flow Impacting on Quality and Safety (20)
- Estate Infrastructure (20)
- Planned Care and Cancer Capacity (16) ⬇
- Delivery of Clinical and Operational Systems to Support delivery of business objectives (16)
- Health and Wellbeing Resources (16)
- Knowledge and Understanding (16)
- Cyber Security (15)

Partner Organisation Self Identified Risks

EPUT as at May 2023:

4 Red **Strategic** Risks (all scored 20)

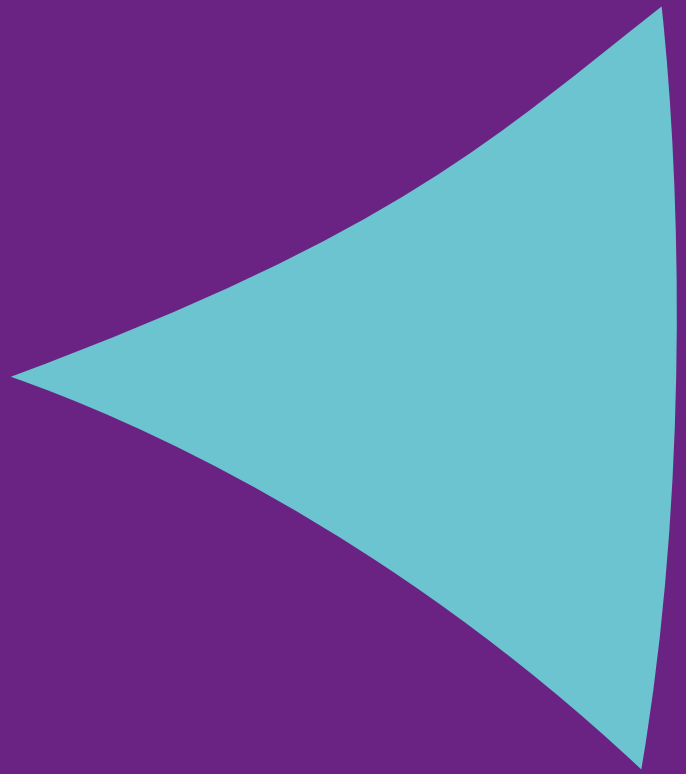
- People (workforce capacity)
- Demand and Capacity (services)
- Capital resource for essential works and transformation programmes.
- Use of Resources to meet financial control target

2 **Corporate** Risks (both scored 20)

- Engagement and Supportive observation
- Pharmacy Resource

Mid and South Essex Integrated Care System

NHS
Mid and South Essex



Nicola Adams
Deputy Director Governance and Risk
Nicola.adams15@nhs.net

Sara O'Connor
Head of Governance and Risk
sara.oconnor@nhs.net

www.midandsouthessex.ics.nhs.uk